

New CDC Study Reports Decline in Obesity Rates Among Young Children: Good News for the U.S. But Not for Connecticut

Good News: Obesity Rates Show Slight Decline in 19 States

There was good news for the nation earlier this week when the Centers for Disease Control (CDC) released a report indicating that, for the first time in a long while, the rates of obesity among low-income young children declined slightly in 19 of 45 states and territories from 2008 through 2011. The study included approximately 11.6 million children aged 2-4 years from 40 states, the District of Columbia and two US Territories. Data were collected from the Pediatric Nutrition Surveillance System (PedNSS) that monitors the nutritional status of low-income children from birth through age 4. The CDC reported that in 2009-2010 about one in eight (12%) preschoolers between the ages of 2 and 5 in the United States were obese. Rates were quite a bit higher for black (19%) and Hispanic (16%) children.¹

Bad News: Connecticut's Rates Among the Highest, With No Sign of Improvement

The bad news for Connecticut is that we are among the 21 states included in the study that demonstrate no change. (See Connecticut data below). Connecticut also had the distinction of being one of ten states/territories with an obesity prevalence $\geq 15\%$ in 2011. The prevalence of obesity among the states/territories in that year ranged from 9.2% to 17.9%.

Change in Obesity Rates Among Low Income Children Ages 2-4 in Connecticut

2008		2009		2010		2011	
No.	%	No.	%	No.	%	No.	%
25,623	15.5	28,432	16.0	28,401	15.8	27,561	15.8

History of Attention to Childhood Obesity in CT

The lack of improvement in Connecticut is not for lack of attention to the problem. Over the past five years there have been many obesity related initiatives including taskforces, forums, coalitions, policies, programs, and advocacy efforts that have produced an array of recommendations. Ultimately, however, they have not produced very much in the way of results.

Since 2004, Connecticut has passed laws that generally address nutrition and physical activity in schools, including restrictions on beverage choices, nutritional standards for food sold to students, and requirements for periods of physical activity. During the most recent legislative session, Public Act 13-173 was passed to establish another Task Force on Childhood Obesity to: (1) gather and maintain current information regarding childhood obesity that can be used to better understand the impact of obesity on children's health; (2) examine the nutrition standards for all food procured by the state; (3) explore ways to increase physical activity in children; (4) recommend the implementation of a pilot program through one local or regional board of education to schedule recess before lunch in elementary school; and (5) advise the General Assembly and Governor concerning the coordination and administration of state programs that may reduce the incidents of childhood obesity.

CHDI Ready to Invest in Obesity Prevention

As an Institute focused on the health of children in Connecticut, CHDI cannot ignore the extent of obesity and its long-term health consequences, particularly as it affects those populations that are most at risk for poor health and developmental outcomes. Not only are one third of low-income children in the U.S.

classified as overweight or obese before their fifth birthday, but children insured by Medicaid or the Child Health Insurance Program (CHIP) are much more likely to be obese than those covered by private insurance, and as stated above, rates are higher among black and Hispanic children.

As the result of a strategic planning process this year, CHDI is committing to undertake a concerted effort to address obesity. Given CHDI's focus on prevention and promoting healthy development beginning in the earliest years, our attention will be on preventing obesity in very young children. During the next year we will prepare an IMPACT summarizing the findings on evidence-based approaches to obesity prevention, especially for very young children and their families, and gather information to report on the myriad efforts underway in Connecticut. We are especially interested in the role of child health providers and early care and education providers in working with parents of newborns. This information gathering will inform recommendations about the next steps for Connecticut, which we are prepared to facilitate and support.

For more information on this topic, please contact Judith Meyers at meyers@adp.uchc.edu or 860-679-1520.

A fact sheet about the CDC study results is available at <http://www.cdc.gov/vitalsigns/ChildhoodObesity/index.html>

¹ More information about the study results can be accessed at:
http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6231a4.htm?s_cid=mm6231a4_w