



Risk Factors: Indicators and Findings, cont'd.

Child Abuse Cases Reported to Department of Children and Families, 2003 – 2008

2007					
Bethel	236	30	18	13.0%	0.10%
Bridgewater	--	--	--	--	0.00%
Brookfield	120	27	16	23.0%	0.10%
Danbury	1,334	224	131	17.0%	0.17%
New Fairfield	160	28	17	18.0%	0.12%
New Milford	460	81	48	18.0%	0.17%
Newtown	--	--	--	--	0.00%
Redding	--	--	--	--	0.00%
Ridgefield	--	--	--	--	0.00%
Sherman	--	--	--	--	0.00%
Connecticut	78,150	20,174	9,422	26.0%	0.27%
2008					
Bethel	185	25	20	14.0%	0.11%
Bridgewater	9	2	1	22.0%	0.05%
Brookfield	102	4	4	4.0%	0.02%
Danbury	1,142	174	116	15.0%	0.15%
New Fairfield	98	32	13	33.0%	0.09%
New Milford	372	59	34	16.0%	0.12%
Newtown	127	29	13	23.0%	0.05%
Redding	26	2	2	8.0%	0.02%
Ridgefield	11	20	8	18.0%	0.03%
Sherman	9	--	--	--	0.00%
Connecticut	--	--	--	--	--

Source: CT Department of Children and Families, accessed 4/21/2008, updated 1/9/2009
<http://www.ct.gov/dcf/cwp/view.asp?a=2565&q=317652>

Notes: For confidentiality reasons, data for towns with 10 or less Children Substantiated as Abuse/Neglect/Uncaared For will not be reported as an individual town

Data are reported for Department of Children and Family's fiscal year (July 1 - June 30)

Based on 2007 population estimates from Connecticut State Data Center, University of Connecticut, <http://ctsd.c.uconn.edu/Projections.html>, accessed 1/9/2009

Childhood Obesity

According to the Centers for Disease Control, "the prevalence of obesity among children aged 6 to 11 more than doubled in the past 20 years, going from 6.5% in 1980 to 17% in 2006. The rate among adolescents ages 12 to 19 more than tripled, increasing from 5% to 17.6%." The long-term health implications are serious. Children who are obese are more likely to experience social and psychological problems due to poor self-esteem. They are likely to be overweight adults, and consequently at a greater risk for heart disease, type 2 diabetes, stroke, osteoarthritis and cancer. Children become overweight when they have poor eating habits and little or no physical activity.

According to the National Survey of Children's Health:

- Approximately 98,000 of 357,000 Connecticut children ages 10 to 17 years (27.3%) are considered overweight or obese according to Body Mass Index (BMI) for age standards.
- African-American children in Connecticut are almost two times more likely than white children to be overweight or obese (44.9% to 23.2%).
- Almost one in three (32.4%) Hispanic children in Connecticut are obese or overweight.

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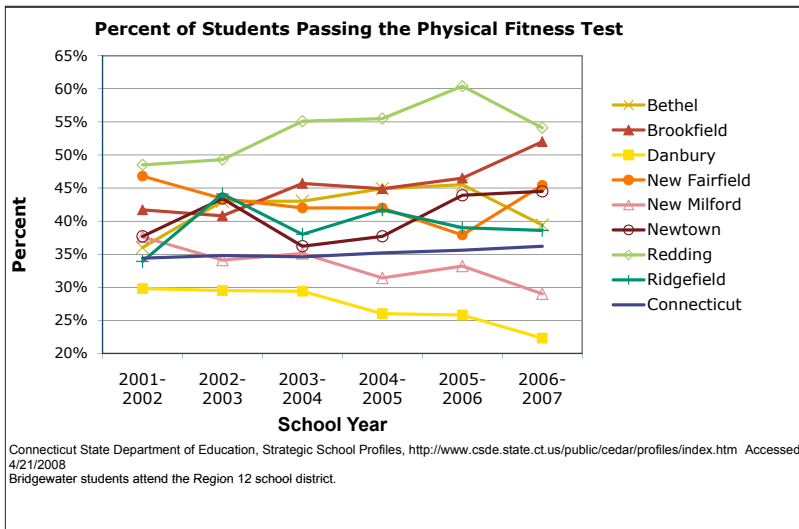
Childhood Obesity, cont'd.

- Connecticut children are less likely than their counterparts nationwide to be physically active for at least four days per week, and more likely to spend two hours or more a day in front of a television or computer screen.
- According to the 2006 Pediatric Nutrition Surveillance System (PedNSS), which assesses weight status of children from low-income families participating in Women,

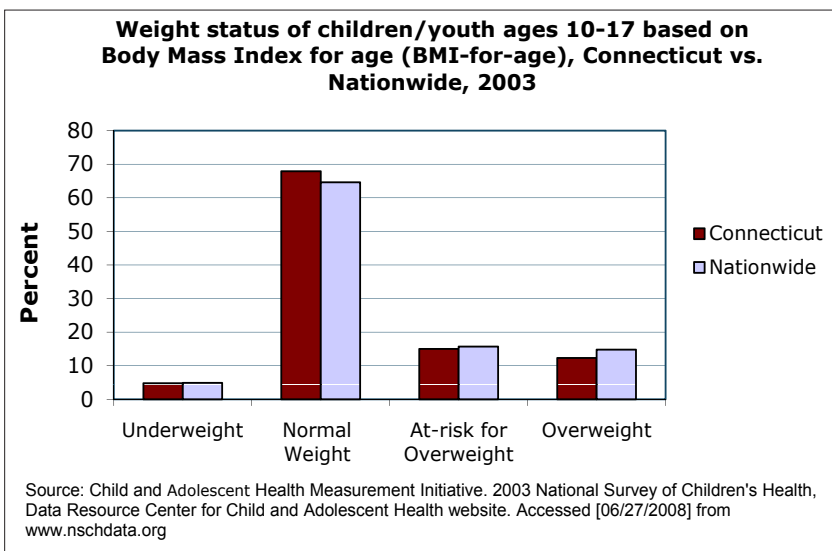
Infants and Children Program (WIC), 32.7% of low-income children ages 2 to 5 years in Connecticut are overweight or obese.

For more information on obesity and children in Connecticut go to www.nschdata.org.

The graph provides information about the percentage of children in our community who have passed the physical fitness test. The students are tested in three areas of fitness: cardio-respiratory, muscular strength and endurance, and flexibility. Standards are based on age/grade level. The students need to be able to run a mile in a specified time period, properly execute a specified amount of sit-ups and push-ups, and be able to reach forward while in a seated position. While some communities exceed the state levels, the percentages show that there is room for improvement.



The bar chart provides information comparing Body Mass Index for children in Connecticut and nationwide. Body Mass Index is a proxy measure for overweight obesity, which is calculated based on the child's height and weight as reported by a parent or guardian. Children in Connecticut are slightly healthier than the national average.



Findings: Both graphs indicate that childhood obesity is growing across the U.S. and in our region. We may trend ahead of Connecticut regarding the percent of students passing the Physical Fitness Test, but a large percentage of students are failing. Additionally, the second graph shows a lower percentage of Connecticut children are overweight or at risk. Children in Connecticut are slightly healthier than the national average and less inclined to be overweight, at-risk or obese generally.