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**Submitted to the Subcommittee on Children and Families
U.S. Senate Health, Education, Labor and Pensions Committee
Tuesday July 29, 2008**

Introduction

Chairman Dodd, Ranking Member Alexander, and Members of the Subcommittee, we thank you for this opportunity to address the important topic of childhood obesity. All of us have a role in fighting this epidemic. Finding and implementing solutions will require broad participation from multiple sectors, leadership from policymakers at all levels, and dedicated funding from Congress to support research and programs.

Partnership for Prevention[®] is a national membership organization dedicated to building evidence of sound disease prevention and health promotion practices, and advocating their adoption by the public and private sectors. Partnership achieves its mission by

- analyzing scientific research and identifying effective policies and practices that should be adopted to accelerate progress toward better health for all Americans;
- convening diverse stakeholders and facilitating dialogue among them to assess critical issues, find mutually agreeable solutions, and set priorities for public and private sector action; and

- educating decision-makers in every sector about innovative, scientifically sound policies and practices and advocating adoption of these approaches.

Background

Childhood obesity rates have increased dramatically over the past few decades. Today 16.3% of children and adolescents aged 2-19 years are obese and almost one third are at risk for obesity.¹ Despite the grim statistics, national data analyzed by the Centers for Disease Control and Prevention (CDC) has revealed that the persistent rise in childhood obesity rates has stalled.² However, this does not amount to a victory. Instead it presents an opportunity to reverse the trend. Many factors have led to the dramatic increase in childhood obesity and it will require a comprehensive and coordinated national effort to turn the tide.

At its most basic level, obesity is caused by consuming more calories than are used, which causes the body to store fat. Eating healthier and being more active are nearly universally recommended behaviors for both better health and to reduce and prevent obesity. Unfortunately, it has become increasingly difficult for Americans to make healthy choices; for many poor urban communities, which are overrun with fast food outlets and offer few, if any, safe places for children and youth to be physically active or to buy healthful foods, it is nearly impossible. We must change the environments where people live, work, play, and learn to support healthy behaviors in order to effectively reverse this epidemic.

¹ Ogden CL, Carroll MD, Flegal KM. High body mass index for age among U.S. children and adolescent, 2003-2006. *JAMA*. 2008;299(20):2401-2405.

² Ibid

Obesity is associated with a number of adverse health and social consequences in children and adolescents. Rates of hypertension,³ type 2 diabetes,⁴ and even early heart disease⁵—conditions once exceedingly rare in the pediatric population—have been keeping pace with the increase in childhood obesity. Obese children are more likely than non-obese children to be diagnosed with other medical conditions, such as joint and bone disorders and mental health disorders, which can result from being stigmatized and bullied by peers.⁶ Children treated for obesity are 3 times more expensive for the healthcare system and are 2-3 times more likely to be hospitalized than the average insured child.⁷ Obese children are also likely to incur future medical costs because obese children often remain obese as adults. A study published in the *New England Journal of Medicine* found that after age six, the probability of an obese child being an obese adult at age 25 was more than 50%.⁸ A recent study conducted by the CDC found that the probability of an obese adolescent age 16-17 being an obese adult age 37-38 was 80% for boys and 92% for girls.⁹ The same study found that girls overall were more likely to be obese as adults than boys, even if they were of normal weight. For example, adolescent girls with a BMI of 24—which is normal—still had a 43% chance of being obese as an adult. These statistics underscore the need for prevention efforts that include **all** children and adolescents, not only those who are already obese or are at risk for obesity.

³ Flynn JT. Pediatric hypertension: recent trends and accomplishments, future challenges. *Am J Hypertens*. 2008; 21(6):605-612.

⁴ Cruz ML, Shaibi GQ, Weigensberg MJ, Spruijt-Metz D, Ball GDC, Goran MI. Pediatric obesity and insulin resistance: chronic disease risk and implications for treatment and prevention beyond body weight modification. *Annu. Rev. Nutr.* 2005;25:435-468.

⁵ Freedman DS, Dietz WH, Srinivasan SR, Berenson GS. The relation of overweight to cardiovascular risk factors among children and adolescents: the Bogalusa Heart Study. *Pediatrics*. 1999;103(6):1175-1182.

⁶ Marder WD, Chang S. Childhood obesity: costs, treatment patterns, disparities in care, and prevalent medical conditions. Thomson Medstat Research Brief. Available at: http://www.medstat.com/pdfs/childhood_obesity.pdf.

⁷ Ibid

⁸ Whitaker RC, Wright JA, Pepe MS, Seidel KD, Dietz WH. Predicting obesity in young adulthood from childhood and parental obesity. *N Engl J Med*. 1997;337(13):869-873.

⁹ Wang LY, Chyen D, Lee S, Lowry R. The association between body mass index in adolescence and obesity in adulthood. *J Adolesc Health*. 2008;42:512-518.

In addition to the grave health consequences, there are less obvious but perhaps equally dire consequences if the childhood obesity epidemic is not reversed.

- An obese population undermines our national security. Military recruits are increasingly overweight and unfit to serve, leaving the United States with a dwindling pool of eligible candidates to protect our country. A study by Johns Hopkins University and the University at Buffalo examined national data and found that at least 13% of men and 17% of women age 17-20 years would fail the weight requirements of all four military services.¹⁰ Obesity is now the leading cause for medical disqualification for youth applying to the military.¹¹
- An obese population threatens our economic security and reduces our competitiveness in an increasingly global market. Obesity costs the U.S. economy \$98-\$129 billion in healthcare and other costs.¹² Obese workers are more likely to miss days of work, file more injury claims, and use more healthcare than non-obese workers, all of which affect businesses' bottom line.¹³ Higher healthcare costs also divert resources from other social programs, such as education, that help to ensure a productive workforce.¹⁴ Some employers are beginning to understand the effect obesity has on productivity and offer wellness programs, but more needs to be done to get Americans of all ages active and eating healthier if the U.S. is to stay a leader in an increasingly competitive world market.

¹⁰ Nolte R, Franckowiak SC, Crespo CJ, Andersen RE. U.S. military weight standards: what percentage of U.S. young adults meet the current standards? *Am J Med.* 2002;113:486-490.

¹¹ Hsu LL, Nevin RL, Tobler SK, Rubertone MV. Trends in overweight and obesity among 18-year-old applicants to the United States military, 1993-2006. *J Adolesc Health.* 2007;41:610-612.

¹² Institute of Medicine. *Preventing Childhood Obesity. Health in the Balance.* Washington, DC: National Academies Press; 2005.

¹³ Ostbye T. Obesity and worker's compensation. Results from the Duke health and safety surveillance system. *Arch Intern Med.* 2007;167:766-773.

¹⁴ Heinen L. Obesity in (Corporate) America: large employer concerns and strategies of response. *NC Med J.* 2006;67(4):307-309.

What can we do?

Just as a single cause did not result in the obesity epidemic, a single change will not reverse it. A comprehensive and coordinated national effort across multiple sectors and using multi-component interventions is needed to effectively turn our society from one that encourages obesity to one that promotes health and supports healthy behaviors. Such a national effort must include changes to agriculture, transportation, and education policy, which can greatly impact the nutrition and physical activity environments, and interventions that occur in both clinical and community settings, including schools and workplaces. We too often think only of clinical prevention and the role of medicine in improving health, but there are many beneficial and cost effective community-based measures that prevent disease and promote health that ought to be the foundation for any national movement to fight obesity.

The Guide to Community Preventive Services: What Works to Improve Health?, developed by the CDC-supported Task Force on Community Preventive Services, recommends several evidence-based community-level practices that increase physical activity.¹⁵ Recommendations include: 1) enhancing physical education (PE) classes in schools so that students are more physically active during class time, 2) creating new or improving access to existing places where people can be physically active (e.g., trails, gyms, community fitness centers), and 3) establishing programs that encourage participants to support each other as they initiate or maintain physical activity.

To help promote these three effective practices, Partnership for Prevention[®] has developed guides that translate the scientific recommendations into practical implementation

¹⁵ The Task Force on Community Preventive Services. *The Guide to Community Preventive Services. What Works to Improve Health?* New York, NY: Oxford University Press; 2005

guidance to assist communities in getting children of all ages to be more active.¹⁶ However, isolated action by highly motivated communities or states will not be enough to stop this epidemic. What is needed is a clear demonstration of federal leadership and adequate funding to ensure that all children and youth benefit from effective programs and policies, not only those lucky enough to live in certain areas.

The American public is ready for and supports decisive action. A 2008 national poll by Opinion Research Corporation found that 82% of Americans believe that food companies should do more to reduce the fat, sugar, and salt in their products, and only 36% think that food companies are doing enough to limit junk food advertising to children.¹⁷ A 2005 Wall Street Journal Online/Harris Interactive Health-Care Poll found that 84% of parents agree that public schools should do more to limit students' access to unhealthy foods such as snacks, sugary soft drinks, and fast food; 93% of adults agree that public schools should do more to promote regular exercise; and 56% think that the government should play a more active role in regulating food marketing and advertising to children.¹⁸ A 2003 poll conducted on behalf of the Robert Wood Johnson Foundation found that 81% of teachers and 85% of parents favor requiring students to take PE every day at every grade level, and 92% of teachers and 91% of parents favor converting the selections in school vending machines to healthy foods and beverages.¹⁹

¹⁶ Partnership for Prevention. *The Community Health Promotion Handbook: Action Guides to Improve Community Health*. Washington, DC: Partnership for Prevention; 2008.

¹⁷ Center for Science in the Public Interest. Americans and Europeans want tougher action on childhood obesity and diet-related disease. Available at: <http://www.cspinet.org/new/200804022.html>.

¹⁸ The Wall Street Journal Online. More adults this year see childhood obesity as a major problem in the U.S. Available at: http://www.harrisinteractive.com/news/newsletters/wsjhealthnews/WSJOnline_HI_Health-CarePoll2006vol5_iss11.pdf.

¹⁹ Robert Wood Johnson Foundation. National polls show parents and teachers agree on solutions to childhood obesity. Available at: <http://www.rwjf.org/programareas/resources/product.jsp?id=21648>.

Health authorities recommend targeting six behaviors to prevent and reduce childhood obesity. These target behaviors are:

- Increasing consumption of fruits and vegetables
- Reducing consumption of energy dense foods
- Reducing consumption of sugary beverages
- Increasing physical activity
- Reducing time spent watching television, playing video games, or online
- Promoting breastfeeding

Schools represent an excellent setting to positively influence many of these behaviors in children and youth. Several school-based programs and curricula (SPARK, CATCH, and Planet Health) are effective at increasing physical activity and/or improving dietary intake and reducing obesity. Most children and adolescents attend school and spend large portions of their days there. For many low-income children, school may be the only place where they receive a nutritious meal and can be physically active in a safe environment. Unfortunately, limited resources have led many schools to implement practices that contribute to childhood obesity and can undermine parents' efforts to raise healthy children. Many schools have reduced or eliminated recess and few require daily PE,²⁰ sell unhealthy foods outside of the federal meal programs,²¹ and allow advertising of low-nutrition foods/beverages.²²

Upcoming reauthorization of the No Child Left Behind Act; the Child Nutrition and Women, Infants, and Children (WIC) Reauthorization Act; and the Safe, Accountable, Flexible, Efficient Transportation Equity Act: A Legacy for Users (SAFETEA-LU) present Congress with a wealth of opportunities to address childhood obesity by improving physical activity and nutrition for America's students.

²⁰ Lee SM, Burgeson CR, Fulton JE, Spain CG. Physical education and physical activity: results from the school health policies and programs study 2006. *J School Health*. 2007;77(8):435-463.

²¹ Wootan M, Henry H, Robert D, Johanson J. State school foods report card 2007. Available at: <http://www.cspinet.org/2007schoolreport.pdf>.

²² Molnar A, Garcia DR, Boninger F, Merrill B. A national survey of the Types and Extent of the Marketing of Foods of Minimal Nutritional Value in Schools. Tempe, AZ: Commercialism in Research Unit, 2006.

The following are potential actions that the Subcommittee can support during reauthorization of the No Child Left Behind Act:

- **Expand funding for the Carol M. White Physical Education Program (PEP) to \$100 million.** This program is the only source of federal dollars for physical education programs, but funding has increased only marginally or remained flat since 2005.
- **Amend the allowable activities funded by 21st Century Community Learning Centers (Title IV, Part B) to include physical fitness and wellness programs.** Millions of children and youth participate in before- and after-school programs funded through this program, yet fundable activities exclude fitness and physical activity. Amending allowable activities can be accomplished by supporting S. 1557 (a bill to amend Part B of Title IV of the Elementary and Secondary Education Act of 1965) and the FIT Kids Act (S. 2173).
- **Amend the Safe and Drug-Free Schools and Communities Act (Title IV, Part A) to allow for the promotion of Safe Routes to Schools (SRTS) programs.** The number of children who walk or bicycle to and from school is at an all time low. Amendment of this Act would allow for increased promotion of and participation in existing Safe Routes to Schools programs.

Although this Subcommittee does not have jurisdiction over the remaining policy recommendations, you can and should encourage fellow lawmakers in the appropriate Committees to support them. The following are potential actions that Congress can take during reauthorization of the Child Nutrition and WIC Reauthorization Act:

- **Update standards for foods of minimal nutritional value (FMNV).** FMNV are often sold in vending machines, a la carte during the lunch period, or in student stores and therefore “compete” with food available through the federal meal programs that is required to meet the Dietary Guidelines. Updating these standards would require competitive foods to adhere to the same standards as the school meal programs, thus evening the playing field. The Child Nutrition Promotion and School Lunch Protection Act of 2007 (S. 771) and the Back to School: Improving Standards for Nutrition and Physical Education in Schools Act of 2007 (S. 2066) would accomplish this.
- **Strengthen the Local Wellness Policy requirement to include nutrition, physical activity, physical education, and health education standards, implementation and evaluation guidance, and increased accountability.** These policies vary widely in quality and extent of implementation. Such variance limits their intention of ensuring that students are provided nutrition education and opportunities for physical activity at school.
- **Expand the USDA Fresh Fruit and Vegetable Pilot Program.** This program has been successful, yet only 14 states and a few tribal organizations are funded. Increased funding for program expansion would allow many additional students to benefit from fresh fruits and vegetables they may not otherwise have access to.

Separate legislation, the Stop Obesity in Schools Act (H.R. 1163), calls on the Secretary of the Department of Health and Human Services to develop a national strategy to reduce childhood obesity and represents a step in the right direction.

Although schools should play a major role in reducing childhood obesity given their prominence in children’s lives, they cannot shoulder the responsibility alone. Other policy

changes must also be made to create environments that support healthy behaviors. Additional policy options Congress ought to consider are:

- **Increase federal funding for child obesity programs funded by the Centers for Disease Control and Prevention.** Funding should be increased for CDC’s Division of Adolescent and School Health (DASH) and Division of Nutrition, Physical Activity, and Obesity (DNPAO). Both divisions have seen their funding for key programs decrease over recent years and fewer than half of states benefit from these programs.
- **Increase funding for non-vehicular transportation during the reauthorization of the Safe, Accountable, Flexible, Efficient Transportation Equity Act: A Legacy for Users Act (SAFETEA-LU).** This Act contains many opportunities to increase physical activity for children and families while improving the environment by reducing vehicular transportation. Funding for non-vehicular programs such as Safe Routes to Schools, Recreational Trails Program, and the Transportation Enhancements program should be increased.
- **Increase funding for research on the economic and other social drivers of obesity and obesity prevention.** A review of obesity-related grants supported by the National Institutes of Health reveals little work examining factors that led to the current epidemic (and could therefore be changed to reverse the trend) or on effective preventive measures.²³
- **Reduce marketing and advertising of unhealthful foods and beverages to children.** Some companies and regulatory bodies have recently taken voluntary measures to limit advertising to children. Should those measures fail to produce significant results,

²³ Brescoll VL, Kersh R, Brownell KD. Assessing the feasibility and impact of federal childhood obesity policies. *Ann Am Acad Pol Soc Sci.* 2008; 615:178-194.

Congress should consider mandating action to protect children from advertising designed to encourage consumption of unhealthful foods and drinks.

- **Support measures to promote breastfeeding.** Breastfeeding has been shown to prevent childhood obesity and should be strongly encouraged. The Breastfeeding Promotion Act of 2007 (H.R. 2236) would provide tax incentives to businesses to establish private lactation areas, thus helping working mothers to continue to breastfeed their infants.

States and communities have been taking a variety of measures to reduce obesity in both children and adults that have potential for national implementation and that Congress might consider.

- **Menu Labeling:** Four localities have passed legislation that requires fast food and chain restaurants to post calories on menus and menu boards, and more than 20 states and locales are currently considering such legislation.²⁴ Most people are unaware of the calories contained in foods served in restaurants and are unable to identify the most calorie-laden foods.²⁵ In an age of super-sized portions, menu labeling allows consumers to make informed choices that affect their health and that of their children.
- **BMI Report Cards:** In 2003, Arkansas passed legislation that required schools to measure children's BMI and to notify parents of the score. A 2007 survey found that many parents do not recognize their own children as being obese or of being at risk for

²⁴ Center for Science in the Public Interest. Nutrition labeling in chain restaurants. State and local bills/regulations 2007-2008. Available at: <http://www.cspinet.org/nutritionpolicy/MenuLabelingBills2007-2008.pdf>.

²⁵ Rudd Center for Food Policy & Obesity. Menu labeling in chain restaurants. Opportunities for public policy. Available at: <http://www.yaleruddcenter.org/what/policy/pdfs/YaleRuddCenterMenuLabelingReport2008.pdf>.

obesity.²⁶ BMI notices would help parents to recognize that their child is already obese or is at risk of becoming obese, and to take corrective action.

Conclusion

Turning the tide against childhood obesity will not be easy, but we have reason to hope that the change has already begun. Although some progress has been made, we must redouble our efforts to see the current plateau in rates start to decline. Childhood obesity is largely caused by too little physical activity and too much consumption of unhealthful foods. It is, therefore, a preventable condition for most of the children and youth currently affected. Because it is largely preventable, it is within our control to alter.

We must gather the collective will to develop a comprehensive and coordinated national plan to confront this epidemic, as has been done with other imminent health threats. We encourage the Subcommittee to work closely with other Senate committees to develop and implement a comprehensive approach to addressing the epidemic of childhood obesity.

We hope that our testimony, and that of others presented to the Subcommittee, has outlined effective and feasible recommendations that will be seriously considered. Congress has many opportunities to bolster existing state and local action and to spur action in locales not currently able due to inadequate resources. Doing nothing will virtually guarantee that our current obesogenic environment will continue, threatening our nation's future.

²⁶ CBS News. Study: many parents blind to kids' obesity. December 24, 2007. Available at: <http://www.cbsnews.com/stories/2007/12/24/health/main3644579.shtml>.