

The Satcher Health Leadership Institute



Children and Families Subcommittee of the HELP
The State of the American Child

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Children and Families Subcommittee of the HELP The State of the American Child

I am Dr. David Satcher and I am Director of the Satcher Health Leadership Institute at Morehouse School of Medicine. From October 1993 to February 1998, I served as Director of the Centers for Disease Control and Prevention in Atlanta and from February 1998 to February 2002, I served as the 16th Surgeon General of the United States. For three of those years, 1998-2001, I also served as the Assistant Secretary for Health and was responsible for providing leadership for the development of *Healthy People 2010*.

I am pleased to join you for this important discussion on the state of the American child. I am especially grateful to be a part of this last hearing before Senator Dodd, who has contributed so much to improving the conditions of child health in America, including critical support for the Child Health Insurance Program of 1996.

Today I am pleased to express my appreciation and that of my colleagues, who work daily to improve the health of children, to Senator Dodd for all that you have been and done on behalf of the children in this country and the world.

As Surgeon General, I stated that the best investment that we could make as a nation was to invest in the health and future of our children. One of the greatest responsibilities of leaders is

to speak for those who cannot speak for themselves. Children, especially, need advocates and they need leaders like Senator Dodd.

Today I want to comment briefly on four aspects of the health of children. First, the impact of reproduction and in utero; second, the impact of the environment on the brain; third, childhood obesity; and fourth, the social determinants of health.

First, children are greatly impacted by reproductive health and the conditions of pregnancy and their in utero experience. According to *America's Children in Brief: Key National Indicators of Well-Being, 2010*, "Infants born preterm and with low birth weight are at high risk of early death and long-term health and developmental problems. Following many years of increases, the U.S. preterm birth rate declined for the second straight year, from 12.8 percent in 2006 to 12.7 percent in 2007 to 12.3 percent in 2008. Decreases in preterm rates between 2007 and 2008 were seen for each of the three largest race and ethnicity groups: White, non-Hispanic, African American, non-Hispanic, and Hispanic women."

Children in utero need to be nourished by good nutrition and a safe environment. They need protection from toxins of various kinds, including alcohol, tobacco, lead, and various forms of substance abuse. Likewise, it is important that children in utero are protected from infectious diseases, trauma, and violence. Irreversible damage is done to the health of children and adults by adverse in utero experiences. There is also increasing evidence that the environment in the womb

plays a role in later development in childhood and adulthood of obesity, type 2 diabetes, high blood pressure, and heart disease.

The most important target organ for all of our efforts to improve the health of children and of adults is the brain. The conditions to which the brain is exposed in utero and in early childhood are most critical to healthy outcomes in children and adults. A recent survey reveals that 20 percent of children will suffer some mental or behavioral disorder each year including substance abuse.

We know that high-quality nutrition during gestation and after delivery is critical to the healthy development of the child. The avoidance of toxins in utero is critical to the normal development of the brain—toxins such as lead, tobacco, alcohol, and other drugs. The brain needs nutrients including vitamins, minerals, and others. And the brain needs it from the earliest period of development. In fact we know that inadequate intake of folic acid by the mother before and following conception is a major risk factor for neuro-tube defect. Likewise, the impact of other nutrients from the earliest period of development is crucial.

The brain not only needs the nutrients of nourishing foods and drink but also the nutrients of a positive social relationships beginning with parents. Language development and other social skills are greatly impacted during this early period of life. Programs that aim to enhance early child development are worth their weight in gold and some countries are now investing heavily in this period of life.

At birth, children face conditions that stem from their in utero experience and new challenges to their health and well-being from their new environment. Children need to be immunized against common infectious diseases that can damage the developing brain, causing ongoing problems. In early childhood children need special nurturing relationships with parents in order to develop appropriate social skills and optimal brain development. Early childhood and parental immunizations have reduced the incidence of rubella and general measles, preventing or protecting the brain from serious damage from these infectious diseases.

Fortunately, improvement and access to quality prenatal care have enhanced birth outcomes and have continued to help decrease infant mortality. Yet as a nation, we continue to trail other industrialized countries and some developing countries in infant mortality. According to the CDC, in 2004 (the latest year that data are available for all countries), the United States ranked 29th in the world in infant mortality. In 2005, the U.S. infant mortality rate was 6.86 infant deaths per 1,000 live births, not significantly different than the rate of 6.89 in 2000.

Children are also needlessly exposed to environmental toxins early in life with second-hand smoke probably being the most prevalent and damaging and most preventable. In 2007-2008, 53 percent of children ages 4-11 had detectable blood cotinine (a breakdown product of nicotine) levels, down from 64 percent in 1999-2000 and 88 percent in 1988-1994. The percentage of children with cotinine levels indicating high levels of secondhand smoke exposure declined from 26 percent in 1988-1994 to 18 percent in 1999-2000. However, the percentage did not change significantly from 1999-2000 to 2007-2008. We have also made

dramatic progress over the last 30 years in reducing the exposure of children to lead in early childhood and that progress needs to continue.

Environmental agents of various kinds have led to an increase in childhood asthma in recent years, especially in inner city children. In 2008, 9 percent of children had asthma that was either active or well-controlled. This percentage increased slightly from 2001 to 2008. Efforts to clean up the environment and reduce/eliminate toxins of all kinds are critical to the ongoing health of children.

Childhood obesity is one of the greatest threats to child and adult health that we are facing today. The risk of childhood obesity begins in utero and those risks include obesity of the mother during the pregnancy. Today in America, almost one-third of pregnant women are obese and among African-American mothers, the figure is closer to 50 percent. Obesity in the mother is a major risk factor for obesity in the child. On the other hand, children who are breastfed are less likely to be obese and programs to increase breastfeeding need to continue in all populations.

In early childhood we have witnessed a dramatic increase in obesity and in the Surgeons General Report of 2001 we pointed out that between 1980 and 2000 obesity had doubled in children and tripled in adolescents. We call this an epidemic. Poor nutrition and increasingly sedentary lifestyles have spread from adults to children in the United States. Even our schools no longer require physical education in grades K-12 and are often not modeling good nutrition

but contributing to the development of both the habits of sedentary lifestyles and poor nutrition. It is almost as if home, school, and community have conspired to produce an epidemic of childhood obesity. This was our concern in *The Surgeon General's Call to Action to Prevent and Decrease Overweight and Obesity, 2001* as we called upon all of these sectors to work together in combating the epidemic of childhood obesity.

Not only are children who are overweight and obese more likely to be overweight and obese adults with increased risks of cardiovascular disease, diabetes, and cancer, but children who are overweight and obese are at increased risks for depression, diabetes, and hypertension. In addition, as we pointed out in the Action for Healthy Kids Report of 2005, entitled the *Learning Connection*, children who eat well and are physically active learn and perform better on standardized exams in reading and math. These children are also better disciplined and less likely to be absent from school.

There are signs from recent CDC data that the epidemic of childhood obesity is plateauing but the battle must continue. It is much too early to declare any kind of victory in the battle against childhood obesity.

The Commission on Social Determinants of Health makes the following recommendation:

- Commit to and implement a comprehensive approach to early life, building on existing child survival programs and extending interventions in early life to include social/emotional and language/cognitive development.

I would like to close with the following thoughts and recommendations:

- As a nation we need to invest more in the health and well being of our children – our greatest natural resource.
- In our work to improve access to quality healthcare, pre- and perinatal care must receive priority attention. Damages in this period are usually irreversible.
- The role of parents and parenting is vital to child health and development especially mental/behavioral health and violence prevention.
- Our best hope for reversing the child obesity epidemic is to provide optimal environments of opportunity and motivation for regular physical activity and good nutrition.
- The most cost effective investment that we can make in the health of children is to invest in improving the social determinants of health — education, safety, social inclusion and bonding to name a few.

There is no greater investment that a nation can make than to invest in the health of children and their early development. By so doing, we not only prevent diseases in childhood but most of the problems of adulthood including major disparities in health among different racial and socioeconomic groups.