

Reducing Childhood Obesity: Public-Private Partnerships to Improve Nutrition and Increase Physical Activity in Children

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Testimony

Mr. Chairman, Members of the Committee, thank you for this opportunity. I'm Dr. Dixie Snider, Acting Chief of Science at the Centers for Disease Control and Prevention (CDC), which is part of the U.S. Department of Health and Human Services (DHHS). Today, I'll present an overview of the overweight epidemic among children and adolescents and identify a number of DHHS initiatives and programs to combat this epidemic.

Since 1980, the prevalence of overweight has more than doubled among children and tripled among adolescents. The latest data available from CDC shows that, between 1999 and 2002, 16 percent of children and adolescents were overweight, and another 15 percent were at risk for overweight. The increases in overweight among children and adolescents cut across all regions of the Nation, ages, and racial and ethnic groups; however, more African-American and Mexican-American youth are overweight compared to white youth.

The primary concern of overweight and obesity is one of health and not appearance. An estimated 400,000 adult deaths and \$117 billion in costs each year in the U.S. are associated with obesity. Most of the disease associated with overweight and obesity occurs in adults, but children who are overweight often develop risk factors for diseases such as type 2 diabetes, high blood pressure, and elevated cholesterol levels. Sixty percent of overweight children have at least one additional risk factor for cardiovascular disease, and 25 percent have two or more. Type 2 diabetes, which is strongly associated with obesity, was virtually unknown in children and adolescents 10 years ago; today, it accounts for almost 50 percent of new cases of diabetes among youth in some communities. Childhood overweight is also associated with discrimination, poor self-esteem, and depression.

Furthermore, overweight adolescents have a 70 percent chance of becoming overweight or obese adults...and childhood overweight that persists into adulthood is typically more severe than overweight or obesity that develops during adulthood. For example, in the Bogalusa Heart Study, 50 percent of those with severe obesity (a BMI \geq 40) had its onset in childhood.

Overweight and obesity represent a major long-term public health crisis. If not reversed, the gains in life expectancy and quality of life seen in recent decades will erode, and more health-related costs will burden the nation.

Overweight and obesity result from an imbalance between caloric intake and caloric expenditure. Many factors have contributed to the unfavorable trends in physical activity and nutrition that have fueled the obesity epidemic. Consequently, there will be no silver

bullet, no single change strategy to solve these problems. Multiple strategies addressing multiple factors, such as physical inactivity and excessive television viewing, will be needed. The critical challenge is to help young people and their families adopt healthy eating and physical activity behaviors. The Institute of Medicine's recent report, *Reducing Childhood Obesity: Health in the Balance*, underlines the importance of all of these strategies.

Addressing overweight and obesity is a top priority for DHHS Secretary Thompson. I'll briefly describe seven key components of the Department's comprehensive, multi-component approach to reduce overweight and obesity.

First is providing strong, national leadership through President Bush's Healthier US initiative and Secretary Thompson's Steps to a HealthierUS initiative, which promotes community programs that motivate and enable responsible health choices. At the heart of this program lies both personal responsibility for the choices Americans make and social responsibility to ensure that policy makers support programs that foster healthy behaviors and prevent disease. The Steps initiative envisions a healthy, strong, U.S. population supported by a health care system in which diseases are prevented when possible, controlled when necessary, and treated when appropriate. The Steps Cooperative Agreement Program is part of this initiative. This program aims to help Americans live longer, better, and healthier lives by reducing the burden of diabetes, obesity, and asthma and addressing three related risk factors – physical inactivity, poor nutrition, and tobacco use. In FY 2003, \$15 million was provided to 23 communities to support innovative community-based programs that are proven effective in preventing and controlling chronic diseases. In FY 2004, \$44 million will be used to increase funding to existing Steps communities, fund new communities, and fund one or two national organizations to enhance the capacity of Steps communities. Secretary Thompson announced the awarding of these grants to 40 communities on September 28th. President Bush and Secretary Thompson requested \$125 million in the Department's FY 2005 budget for new and continuation grant awards through the Steps initiative.

Second is developing and delivering clear, effective messages to ensure that consumers have the information they need to improve their health. Some of the key DHHS vehicles for delivering health messages to the public include the Dietary Guidelines for Americans, jointly developed with USDA every five years; the National Cancer Institute's 5 A Day for Better Health Program to promote fruit and vegetable consumption; and the President's Council on Physical Fitness and Sports. Also, FDA is examining innovative ways to deal with the increase in obesity and identify ways to help consumers lead healthier lives through better nutrition, starting with reexamining the food labeling Nutrition Facts Panel on most packaged foods. Further research is necessary to establish how the food label can assist consumers to make easier weight management decisions. But FDA is targeting food label improvements in the areas of calories, serving sizes, carbohydrates, and comparative labeling statements that will help consumers make more informed and healthier food product choices in the context of the total daily diet. DHHS is communicating health messages directly to children through "VERB," CDC's media campaign to increase physical activity among "tweens," children aged 9 to 13. Campaign strategies include multimedia advertising and marketing promotions using television, radio, print, and Web sites; as well as contests and community events. After one year, campaign impact has been demonstrated by reports of increased free-time

physical activity among the nation's 10 million tween girls, 8.6 million 9-10 year olds, and 6 million tweens from low- to moderate-income households.

The third component is monitoring the problem and programs to address the problem. CDC produces nationally representative data on the prevalence of overweight and dietary and physical activity behaviors among young people through its ongoing National Health and Nutrition Examination Survey. In addition, CDC has surveillance systems in place to collect national, state, and city data on height and weight, physical activity, and diet among high school students, as well as data on school physical activity and nutrition programs.

The fourth component is identifying and addressing research gaps. The National Institutes of Health fund studies to develop and evaluate interventions designed to prevent childhood overweight and promote physical activity and healthy eating among young people. In addition, CDC is developing a mechanism to quickly deploy staff into communities, worksites and schools to help evaluate promising nutrition, physical activity, and obesity prevention strategies.

The fifth component is synthesizing research findings to identify effective policies and programs. CDC and NIH are involved in a number of research synthesis activities to identify what works. For example, CDC is working to translate the recommended strategies within the physical activity and obesity chapters of the Guide to Community Preventive Services into usable program guidelines and recommendations – essentially providing a “how-to” guide for practitioners to implement science-based interventions in their communities, schools, and workplaces.

The sixth component is developing and disseminating research-based tools to help schools and community-based organizations implement effective policies and programs. These include, for example, CDC's School Health Index for Physical Activity and Healthy Eating: A Self-Assessment and Planning Tool; and Kids Walk to School is a user-friendly manual that provides information and resources for community partners to increase opportunities for daily physical activity by encouraging children to walk to and from school in groups accompanied by adults. It also encourages collaboration among partners to create an environment that is supportive of walking and bicycling to school safely.

In addition, CDC is developing three important tools, to be released in 2004, that will help schools promote healthy eating and physical activity.

Making It Happen – School Nutrition Success Stories (MIH), a joint product of HHS and USDA, tells the stories of 32 schools and school districts that have implemented innovative strategies to improve the nutritional quality of foods and beverages offered and sold on school campuses. The most consistent theme emerging from these case studies is that students will buy and consume healthful foods and beverages—and schools can make money from healthful options.

The Health Education Curriculum Analysis Tool is a user-friendly checklist designed to help schools select or develop curricula that are likely to have positive effects on youth health behaviors.

The companion Physical Education Curriculum Analysis Tool will help school districts develop state-of-the-art physical education curriculum based on insights gained from research and best practice.

Other HHS agencies have developed important tools for schools and community programs.

Power of Choice, an after-school program jointly developed by FDA and the US Department of Agriculture (USDA) to help pre-teens make better food and physical activity choices.

The seventh and final component is helping community and state agencies and organizations implement effective programs. Last week Secretary Thompson announced 22 grants to support communities implementing the Steps to a HealthierUS initiative to help Americans live longer, healthier lives. These grants support innovative, community-based programs proven effective in reducing the burden of diabetes, overweight, obesity and asthma and addressing risk factors such as physical inactivity, poor nutrition and tobacco use in 40 communities including large and small urban, rural, and tribal areas. The Secretary also announced the first Steps to a HealthierUS award to a national organization -- the YMCA to help build strong partnerships with local communities and promote better health and prevent disease among all Americans.

FY2004 funding has enabled CDC to support obesity prevention programs in a total of 28 states. Examples of state health department activities that are helping children and adolescents include encouraging restaurants to make fruit and vegetables more available; improving lighting, sidewalks and crosswalks in neighborhoods as well as cleaning up and reclaiming vacant lots for use as physical activity and play areas; and training health care professionals to promote behavior changes.

In addition, CDC provides funding to 23 states for the implementation of school-based policies and programs to promote physical activity and healthy eating among young people. State education agencies are strengthening school health policies, improving curricula, implementing professional development activities, and involving families and communities.

CDC, NIH, FDA and other DHHS agencies will lead the Nation in conducting the research necessary to learn more about strategies to prevent overweight among children and adolescents. We know, however, that there are no quick fixes when it comes to losing weight; it is only through proper diet and physical activity that we can maintain and improve our health. We know that no one strategy alone will be sufficient and that our chances for success will be greater if we use multiple strategies to address multiple factors that contribute to caloric imbalance and if we involve multiple sectors of society at the community, state, and national levels. DHHS is leading the national effort to combat the obesity epidemic in children through a comprehensive, multi-faceted, multi-level approach. We are committed to doing all that we can to help our young people enjoy good health now and for a lifetime.

I thank you for your interest and the opportunity to share this information with you. I would be happy to answer any questions at this time.