Testimony of Dr. Joseph W. Thompson, MD, MPH
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Before the Senate Health, Education, Labor and Pensions Committee
Childhood Obesity: Beginning the Dialogue on Reversing the Epidemic

Senator Harkin, Senator Enzi, Members of the committee, thank you for inviting me to testify on one of the most important health threats facing our children today—obesity.

I am Dr. Joe Thompson, Director of the Robert Wood Johnson Foundation Center to Prevent Childhood Obesity, Surgeon General of the state of Arkansas and a pediatrician. The center is a cornerstone of RWJF's $500 million commitment to reverse the epidemic of childhood obesity by 2015 by changing community environments and public policies to help children be more active and eat healthy foods. Both the center and the Foundation place special emphasis on reaching children who are either at greatest risk for obesity and related health problems or have limited access to healthy foods and safe places to play: Black, Latino, American Indian, Asian/Pacific Islander children, as well as children living in lower-income communities. Through policy analysis, leadership development, and communications with a broad network of advocates, the center is working to create healthier communities, prevent obesity, and improve the lives of our nation's children and families.

This is a true epidemic; one that every family is susceptible to. Simply put, children are consuming more calories than they burn. To restore "energy balance" in our children's lives, we need to ensure that the places where they live, learn and play support healthy eating and physical activity. We need to make healthy choices the easy choice for children and families.

Within my home state, we are in our seventh year of trying to reverse this epidemic through policy change, increased awareness, and support for parents and families. Many families come with stories of success in addressing a risk they initially didn't recognize but overcame. Sarah was an elementary school student about to go to junior high when we sent out our first health reports in 2004. Her mother had recognized her weight because at dress-up parties in elementary school she didn't fit in. As she gained weight, she showed signs of depression and social withdrawal that led to more eating. With the health report, the family started making changes—not eating in front of the TV, limits on soda and increased family levels of activity. Over the next two years, Sarah regained her health, normalized her weight, and became a social butterfly. This success story is being repeated and reinforced by the changes we are making in schools and communities. But it isn't enough.

Obesity rates have soared in the U.S. over the past three decades. Today more than 23 million children and teenagers are overweight or obese—nearly one in three young people.[1] And obesity is becoming a problem at an earlier age, with 24.4 percent of children ages 2 to 5 already obese or overweight.[2]

[1] Ogden CL, Carroll MD, Curtin LR, Lamb MM and Flegal KM. "Prevalence of High Body Mass Index in US Children and Adolescents, 2007–2008." *Journal of the American Medical Association*, 303(3): 242–249, January 2010.
[2] *Ibid*.

The childhood obesity epidemic cuts across all categories of race, ethnicity, family income and locale, but some populations are more likely to be obese or live in unhealthy environments than others. Lower-income individuals, Blacks, Latinos, American Indians, and those living in the southern part of the United States are among those affected more than their peers.

Obesity threatens the health of our young people—and their future potential. Obese children miss more days of school than their healthy-weight peers.[3] They're at increased risk for a variety of serious health conditions, including asthma, heart disease and type 2 diabetes.[4] Some experts warn that if obesity rates continue to climb, today's young people may be the first generation in American history to live sicker and die younger than their parents' generation.[5]

Obesity is affecting our military readiness, crippling state and national budgets, and putting U.S. businesses at a competitive disadvantage by reducing worker productivity and increasing health care costs.[6]

Arkansas has examined the cost of obesity among our own state employees—and it's something every employer should consider. The yearly claims cost associated with obesity now exceeds that of tobacco, with obese employees costing over 50% more than their counterparts who don't smoke, have a normal BMI and do some exercise.[7]

These costs start early in life. We've looked at the cost impact in our Medicaid and SCHIP program and see higher rates of illness, more doctors' visits, and increases in costs as early as 10 to 14 years of age.[8] For the nation, childhood obesity is associated with annual prescription drug, emergency room, and outpatient costs of $14.1 billion, plus inpatient costs of $237.6 million.[9]

How did we get to this point?

The changes in our environment and our eating patterns have impacted the weight and health of our children.

In some communities, parents aren't able to purchase healthy foods because they don't have access to a local supermarket. Communities of color have access to fewer supermarkets than do predominantly white communities.[10]

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[3] Geier, A, Foster G, Womble L, et al. "The Relationship Between Relative Weight and School Attendance Among Elementary Schoolchildren." *Obesity*, 15(8): 2157–2161, August 2007.

[4] *Overweight and Obesity, Health Consequences.* Centers for Disease Control and Prevention, 2009. *www.cdc.gov/obesity/causes/health.html* (accessed June 2009) (No authors given.)

[5] Olshansky S, Passaro D, Hershow R, et al. "A Potential Decline in Life Expectancy in the United States in the 21st Century." *New England Journal of Medicine*, 352(11): 1138–1145, March 2005.

[6] Christeson W, Taggart AD, Messner-Zidell S. *Ready, Willing, and Unable to Serve. Washington, DC: Mission: Readiness, 2009.*

[7] Unpublished data, Arkansas Center for Health Improvement.

[8] Card-Higginson P, Thompson JW, Shaw JL, Lein S. Cost and health impact of childhood obesity among Medicaid/SCHIP enrollees. 2008 AcademyHealth Annual Research Meeting, Washington, DC, June 9, 2008.

[9] Cawley J. "The Economics of Childhood Obesity." *Health Affairs,* Vol. 29 (No. 3): 364-371, 2010.

[10] Moore L and Diez Roux A. "Associations of Neighborhood Characteristics with the Location and Type of Food Stores." *American Journal of Public Health*, 96(2): 325–331, February 2006.

And these same communities are significantly less likely to have places where children can be physically active, such as parks, green spaces, and bike paths and lanes.[11] This makes it difficult to meet experts' recommendation that children and adolescents have 60 or more minutes of physical activity daily.[12]

On top of that, in 2006, only 2.1 percent of high schools, 7.9 percent of middle schools and 3.8 percent of elementary schools provided daily physical education or its equivalent to all students for the full school year.[13]

It is clear that we have created an environment that fosters rather than prevents childhood obesity. We did not intentionally get here, but we must intentionally find our way forward. The environments in which people live, learn work and play affect their health and the health of their communities. For example, when children have access to safe parks, they are more active. When local stores sell affordable healthy foods, families eat better. But when communities are dominated by fast food and lack places for children to play, it changes how those children live—for the worse.

You can't say to a parent, "your child should exercise more" if there's no PE in school and the only nearby park is so dangerous and run-down that no one dares visit. You can't say to a family "eat more fruits and vegetables" when the only stores in the neighborhood sell six kinds of chips, and 12 kinds of soda, but not a single piece of fresh produce.

Research tells us that our children's physical and social environments affect their health. How kids live and what they have access to directly impacts their behavior and health. When our communities provide affordable healthy foods and safe places to play and exercise, our children are healthier.

We can learn from the communities throughout the nation. From the many communities being funded by RWJF, to the CDC's and YMCA's ACHIEVE Communities, to the new communities being funded through the stimulus bill and countless others, I am hopeful we will create models to enact real change nationwide.

The good news is change is already happening on the ground ***today***.

Trends show that, even in a tough economic climate, states are more and more focused on enacting measure to support and promote healthy eating and physical activity. States are aware of the key role they can play and are keeping the momentum up.

The annual F as in Fat report, released by the Trust for America's Health and RWJF, examines childhood obesity prevention efforts across the nation: Recent findings demonstrate some progress toward creating healthier environments:

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[11] Powell L, Slater S and Chaloupka F. "The Relationship Between Community Physical Activity Settings and Race, Ethnicity and Socioeconomic Status." *Evidence-Based Preventive Medicine,* 1(2): 135–144, 2004.

[12] *2008 Physical Activity Guidelines for Americans*. U.S. Department of Health and Human Services, 2008. *http://health.gov/paguidelines/pdf/paguide.pdf* (accessed May 2009).

[13] *SHPPS 2006: Overview*. Department of Health and Human Services: Centers for Disease Control and Prevention, 2007. *www.cdc.gov/HealthyYouth/shpps/2006/factsheets/pdf/FS_Overview_SHPPS2006.pdf* (accessed May 2009).

- In 2004, six states had nutritional standards for competitive foods that are sold a la carte in school cafeterias, vending machines, or school stores. Today, it's 27.

- In 2004, only four states required school screenings for body mass index or some other weight-related assessment. Today it's 20.

- In 2004, four states had nutritional standards for school lunches and breakfasts that were stricter than the current USDA standards. Today, it's 19.[14]

I have seen this change first hand.

In my home state of Arkansas, Act 1220 of 2003 required changes and enabled recommendations to be adopted by the Arkansas Board of Education strengthening nutrition and physical activity policies for all schools. Confidential body mass index (BMI) reports required by this act have helped parents understand the risks of obesity to their children and increased knowledge about their children's health. Through these changes and many other community activities we have seen improvements in the food offerings for our students, improvements in their purchasing patterns in vending machines, and increased levels of activity. Most promising, though, is that through the BMI assessments we have observed a halt in the epidemic—we are not increasing the number of overweight and obese children. But we must do more to reverse the epidemic and eliminate the risk to our children.

We are extending our work from the schools out into the communities within which our families live and grow. A statewide coalition is supporting communities to improve access to healthy foods, address the built environment, engage early childcare and after-school programs in healthy eating and physical activity, encourage employers through worksite wellness, and partner with health care providers. It has now established a Growing Healthy Communities program to support selected communities working to enact broad-scale environmental changes to enhance healthy eating and active living opportunities for their residents.

In Pennsylvania, the Fresh Food Financing Initiative (FFFI) was started in response to research that showed high rates of diet-related disease in underserved communities with poor access to grocery stores and farmers' markets. The initiative serves the financing needs of supermarket operators who plan to operate in underserved communities where infrastructure costs and credit needs cannot be filled solely by conventional financial institutions. The state of Pennsylvania appropriated $30 million over three years to the program, and The Reinvestment Fund leveraged the investment to create a $120 million initiative. As of 2008, the FFFI funded 52 stores in underserved, lower-income communities, and helped to create 3,333 local jobs. Even in the recent blizzard that temporarily shut down much of Philadelphia, the new Fresh Grocer on North Broad Street was able to stay open because so many of its employees live in the immediate neighborhood.[15]

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[14] *F as in Fat: How Obesity Policies are Failing in America, 2009, pg.5.* *http://healthyamericans.org/reports/obesity2009/Obesity2009Report.pdf (accessed February 2010).*

[15] The Food Trust and Pennsylvania's Legislation to Finance Fresh Food Markets in Underserved Communities, http://www.reversechildhoodobesity.org/sites/default/files/files-wfm/files/The%20Food%20Trust%20and%20Pennsylvania%20FFFI.pdf (accessed February, 2010).

In Dallas, Texas, traffic volume and congestion, coupled with a lack of sidewalks along streets, made pedestrian travel and recreation inefficient and dangerous. In 2002, a group of citizens and organizations joined together to create the Friends of the Trinity Strand Trail. The goal was to create a city-wide plan to connect all of the trails in the Dallas trail system to allow people to travel from one side of the city to the other without intersecting traffic. They raised over $12 million in public and private funds, and tapped into some existing natural resources to tie commercial, residential, and recreational areas together with easy access to public transportation.[16]

And change isn't just happening to physical environments, it is also happening in the areas of healthy foods. A flea market may not be the first place people think of when they want to buy fresh fruits and vegetables. But after doing a community food assessment, Fresno Metro Ministry in California learned that many people in its community shopped for produce at the Selma Flea Market. Unfortunately, when California switched to Electronic Benefits Transfer (EBT) cards for access to Supplemental Nutrition Assistance Program (SNAP) and SNAP benefits, individuals and families were no longer able to use food stamps at the market. To process the EBT cards, merchants needed high-tech machinery and a phone line. They had neither.

Fresno Metro Ministry worked with local, state and federal agencies to change that. Now, market staff use a single wireless electronic device to swipe the EBT card and deduct an amount from the participant's food stamp account in exchange for tokens that they can then use to shop at eligible food vendors at the flea market. Families are now able to use their food stamps to buy nutritious food at a place in their community where they feel welcome and comfortable. The EBT flea market program has expanded to two additional flea markets in Fresno County, and a third may soon be added.[17]

I'd also like to share some early examples of success from RWJF's *Healthy Kids, Healthy Communities* program—one of the Foundation's largest and most ambitious community-action initiatives ever. It's working to create communities where children and their families have access to affordable healthy foods and safe places to play and exercise.

In Columbia, Missouri, a group of grassroots advocates, public health officials, public schools, academics and leaders from government and the faith-based community pushed new street and sidewalk design and school wellness policies and are now using multilayered GIS mapping to combine population and community data to better analyze where grocery stores, walking paths and bus routes are located to help guide future development.[18]

Baldwin Park, California knows that working only with health advocates is not the answer. So this HKHC community has created a "Smart Streets Taskforce" which is hosting workshops to discuss walkability and mobility to downtown and increased opportunities for exercise and healthy food

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[16] Texas Bringing Healthy Back: Growing Community, pg. 2, http://www.reversechildhoodobesity.org/webfm_send/114 (accessed February, 2010).

[17] Using Food Stamps to Buy Fresh Produce at a Local Flea Market, http://www.reversechildhoodobesity.org/sites/default/files/files-wfm/files/Using%20Food%20Stamps%20at%20Flea%20Mkts.pdf (accessed February, 2010).

[18] Healthy Kids, Healthy Communities: Supporting Community Action to Prevent Childhood Obesity, Columbia, Missouri, http://www.healthykidshealthycommunities.org/communities/columbia-mo (accessed February 2010).

access. Their target audience is broad: parents, neighborhood watch leaders, childcare providers and county commissioners in the areas of housing, planning and parks and recreation.[19]

These are the stories of communities and government coming together as a team to change their neighborhoods so children and families have access to fresh fruits and vegetables and safe places to play.

Never have I seen such momentum to reverse this epidemic. I am pleased that the First Lady has made this her signature issue and that federal agencies are already working together to develop a plan to solve the problem of obesity among our nation's children within a generation. Congress is poised to reauthorize several key laws this year and in the coming years, and states and local governments are primed and ready to make change.

But because preventing childhood obesity requires change on many levels, the federal government cannot do this alone. It will require the help of many in both the public and private sectors.

Everyone has a role to play in helping to reverse the childhood obesity epidemic.

- School officials need to make quality physical education and active recess a regular part of the school day, and ensure that the foods and drinks they're providing in cafeterias and vending machines are healthy and nutritious. Junk food doesn't belong in our schools.

- Government leaders need to consider carefully how their decisions affect children's activity levels and eating habits. That means rethinking policies they might not associate with obesity prevention—like zoning, which helps determine which businesses move in, and school location and design, which affects whether students can walk or bike to school.

- The food and beverage industries should look closely at the nutritional content of the products they offer, provide nutritional information that's easy for parents and youths to find and understand, and refrain from marketing unhealthy products to children.

- Parents need to lead by example and create healthy environments at home, so the television or computer isn't always on and healthy foods are available. And they need to make it clear to community leaders and elected officials that having access to affordable healthy foods and safe places for their kids to play is important to them, so these leaders are motivated to act.

I look forward to working with all of you, the leaders in your states and in the towns where you come from to reverse this epidemic – for the future of all our children and the future of this country.

[19] Healthy Kids, Healthy Communities: Supporting Community Action to Prevent Childhood Obesity, Baldwin Park, California, http://www.healthykidshealthycommunities.org/communities/baldwin-park-ca (accessed February 2010)