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HELP Committee Public Hearing

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Chairman Alexander and members of the committee, thank you for the opportunity to discuss the growing epidemic of childhood obesity and its impact on our nation. My name is Dr. Shari Barkin. I am the Division Chief of General Pediatrics at the Monroe Carell Jr. Children's Hospital at Vanderbilt University. In addition, I am a NIH funded researcher with extensive experience conducting national research trials. My focus is in the area of pediatric obesity, developing and testing prevention and early intervention approaches. I also work as a clinician with children and families battling obesity every day.

My testimony will summarize recent findings on the causes of pediatric obesity, provide insights from the National Forum on Pediatric Obesity held this month at Monroe Carell Jr Children's Hospital, and offer recommendations on the role that government should play to address this critical public health problem.

Longitudinal studies demonstrate that childhood obesity is inextricably linked to health outcomes later in life. For instance, rapid infant weight gain often leads to excessive

weight gain by age 4. Overweight toddlers are 5 times as likely to be overweight adolescents. Overweight adolescents have a 70% risk of becoming overweight adults. Furthermore, 60% of overweight children aged 5-10 already have one or more risk factors for heart disease and diabetes. In fact, the CDC predicts that without aggressive intervention, over 30 percent of children born in the year 2000 will go on to have type two diabetes.

This will likely be the first generation where a child's life expectancy is less than their parents due to obesity-related health problems.

What has led to this emergence of pediatric obesity? Studies show there are three major factors:

First, we live in a fast-paced society. More families eat on the run than sit down together. More children sit in front of TV than play outside. The problem is that we are out of balance. We consume too much and exercise too little. In fact, we are more inactive than we've ever been in recorded history. The average American child watches **45 hours** of media per week. That is more time than they spend in school or with their parents. Media has become a full time job for our children.

The second factor is that our bodies are adapting to this new lifestyle. We are born into this world with very little hardwiring. Instead, we adapt to our environment. For example, in a study published in 2007, the easy availability of supermarkets (where consumers have a greater abundance of healthy food choices) was associated with a lower body mass index (BMI) while the availability of convenience stores (where there are fewer

healthy choices) instead of supermarkets was associated with a higher BMI.

The third and final factor is that children's behavior is greatly influenced by their family and peers. We are meant to be social creatures. Children live in the context of their families; families live in the context of their communities; and communities live in the context of society. We influence each other by how we act. In a study in the *New England Journal of Medicine*, obesity appears to be socially contagious. If your spouse is obese, you have a 37% likelihood of being obese. If your sibling is obese, you have a 41% likelihood of being obese. And, importantly, if your friend is obese, you have a 57% likelihood of being obese. The challenge is to make *being healthy* socially contagious.

On October 15th, 2008, the Monroe Carell Jr Children's Hospital at Vanderbilt and Department of Pediatrics in conjunction with the Federal Communication Commission hosted a conference entitled, *The National Forum on Pediatric Obesity: Developing Unique Partnerships to Halt the Epidemic*. The Forum was structured on The Institute of Medicine's (IOM) blueprint for action. The IOM report stressed that pediatric obesity can only be addressed effectively if multiple stakeholders act together, including:

- Government at all levels,
- Food and beverage companies,
- Advertising and marketing companies,
- Multimedia industry,
- Communities,
- Schools,
- Health providers, and

Parents

With the IOM recommendations as our guide, the National Forum on Pediatric Obesity concluded the following:

We live in a media saturated world and media exposure influences both children's and adults' behavior. During children's programming, advertisers should be responsible for presenting a balance of healthy to unhealthy food ads. Currently, 80% of the advertising is for unhealthy foods. FCC Commissioner and Forum participant Deborah Tate is leading the effort to encourage media to improve advertising for healthy food options.

The media through self-regulation should encourage the use of common characters (such as Elmo and Mickey Mouse) to promote healthy choices. Senior executives from Sesame Workshop and Disney who participated at the Forum spoke of how their companies have voluntarily made important changes in both their programming and advertising approaches to focus on healthy lifestyles.

While genetics is important, behavior plays a larger role in determining obesity outcomes. Easy access to recreational facilities is one area in which government can positively impact children's health. Forum participant and Nashville Mayor Karl Dean discussed efforts to create built environments such as more green space for outdoor activities. Nashville has also built more community centers thereby increasing access to recreational facilities in all communities.

Stakeholders should discuss how they could partner together in innovative ways. One

suggestion discussed was partnering media, scientists, food vendors and policy makers to create what are called “healthy default environments.” For example, children who request meals at Disney theme parks are now automatically provided with fruit as a side item instead of French fries. The great majority eat what they are given, rather than requesting anything different. Another example could be policy makers at the local level working with grocery chains to create incentives to build supermarkets in communities with limited access to food.

Based on the recommendations of the IOM and the National Forum on Pediatric Obesity, I would like to respectfully put forth the following recommendations for governmental action. Government could:

- Provide coordinated leadership to make pediatric obesity prevention a clear national priority.
- Provide significant funding for research on childhood obesity and translation of these findings into sustainable programs designed to impact large populations of children.
- Address the issue of food advertising imbalance for both children’s and adult programming through a combination of legislation and self-regulation.
- Consider incentives to support built environments that encourage healthy living.

Once again I would like to thank you Mr. Chairman and the other members of the committee for allowing me to appear before you today and for your strong leadership on this very critical issue. I look forward to serving as a resource to your committee, if ever you need me, in the future.