

**Statement for the
Committee on Health, Education, Labor, and Pensions
United States Senate
March 4, 2010
Hearing entitled, "Childhood Obesity: Beginning the Dialogue on Reversing the
Epidemic."**

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Introduction

Mr. Chairman and members of the Committee, I want to thank you for holding a hearing on this important issue and for giving me the opportunity to testify today. I am Vice Admiral Regina M. Benjamin, Surgeon General of the United States, U.S. Department of Health and Human Services (HHS). My statement provides you with an overview of the obesity epidemic, examples of individual and community interventions to reverse trends, and recent federal actions initiated to help Americans achieve optimal health.

Mr. Chairman, I know you have been a tireless advocate for wellness and prevention, as have so many other members of the Committee. I share your enthusiasm, and I look forward to working with you to help both the public and private sectors confront the serious problems that challenge the health of our country.

Background

In 2001, former Surgeon General David Satcher in his "*Call to Action: To Prevent and Decrease Overweight and Obesity*," warned us about the negative effects that weight gain and unhealthy lifestyles were having on Americans' health and well-being.

To reverse these trends, he outlined a national public health response. As Surgeon General I am advancing his initial efforts and have recently outlined a vision for a healthy and fit nation. This past January, I issued my first paper to the nation entitled, "The Surgeon General's Vision for a Healthy and Fit Nation." This document lays out ways to concretely respond to the public health issues that were raised 9 years ago.

Although we have made some strides since 2001, the number of Americans who are struggling with their weight and health conditions related to their weight remains much too high.

In recent decades, the prevalence of obesity has increased dramatically in the United States, tripling among children and doubling among adults.^{1 2 3 4} Today, two-thirds of adults⁵ and nearly one in three children are overweight or obese.^{6 7} The prevalence of

obesity changed relatively little during the 1960s and 1970s, but it increased sharply over the ensuing decades—from 13.4% in 1980 to 34.3% in 2008 among adults and from 5% to 17% among children during the same period. The prevalence of extreme obesity also increased over the past thirty years, and approximately 6% of U.S. adults are now considered extremely obese.^{8 9 10 11}

There are important age, gender, geographic, socio-economic and racial and ethnic differences in the prevalence of adult and childhood overweight and obesity that need to be noted to ensure community and national efforts are tailored to be effective and responsive. Adult men have higher rates of overweight and obesity than adult women: 72.3% of men and 64.1% of women are considered overweight or obese.¹² Middle age men and women 40-59 years of age and older adults, 60 years and older, are more likely to be obese when compared to younger adults 20-39 years of age. Adults who did not live in a Metropolitan Statistical Area (MSA) were more likely to be obese than adults who lived in an MSA, and obesity percentages are highest in the Midwest and the South.¹³ Several racial and ethnic populations are disproportionately impacted by overweight and obesity. Non-Hispanic blacks are more likely to be obese compared to non-Hispanic whites, and Mexican-American women are more likely to be obese compared to non-Hispanic whites.¹⁴ American Indian and Alaska Natives suffer the greatest disparity as approximately 70% of American Indian and Alaska Native adults are overweight or obese.^{15 16} An inverse relationship exists between education and obesity among U.S. adults.¹⁷ Among some population subgroups such as white women and Mexican American men, there is an inverse relationship between income and obesity.¹⁸

The nation's childhood overweight and obesity rates, if not corrected, may dramatically impact the quality and longevity of life for an entire generation of children. 31.7% of children 2-19 years of age are overweight or obese, and 16.9% of the nation's children 2-19 years of age are obese. Sadly, overweight and obesity are reflected at youngest ages of children. Recent studies show that 1 in 5 children (21.2%) 2-5 years of age are overweight or obese and 1 in 10 children (10.4%) 2-5 years of age are obese.¹⁹ Among children in the U.S., the relationship between socio-economic status and obesity is less consistent than among adults, and the relationship appears to be weakening over time.²⁰

The health impacts of childhood obesity can already be seen during childhood. Just this week, a study from the University of North Carolina School of Medicine reported that obese children as young as age 3 show signs of an inflammatory response that has been linked to heart disease later in life.²¹

Improper nutrition and inadequate physical activity are the underlying factors for the nation's overweight and obesity epidemic. High-calorie, good-tasting, and inexpensive foods have become widely available and are heavily advertised. Portion sizes have increased,²² and Americans are eating out more frequently.²³ Twenty years ago, the average blueberry muffin was 1.5 ounces and 210 calories. Today that muffin is 5 ounces and over 500 calories. The average soda was 12 ounces or less and less than 150 calories. Sodas today are 20 ounces and over 250 calories.²⁴ Additionally, the most

recent Youth Risk Behavior Surveillance System found that only 21.4% of high school students eat the recommended 5 or more fruits and vegetables per day.²⁵

The *Physical Activity Guidelines for Americans* released by HHS recommends that adults should do at least 150 minutes of moderate-intensity physical activity per week, and young people ages 6 to 19 should engage in 60 minutes of moderate to vigorous activity daily.²⁶ Nearly one-third of adults are not getting their recommended levels of physical activity. The most recent Youth Risk Behavior Surveillance System found only about one-third (34.7%) of high school students met recommended levels of physical activity, and only about half (53.6%) had physical education classes even once a week.²⁷ Advancements in technology are also fueling a sedentary lifestyle among youth. Youth ages 8-18 devote an average of 7 hours and 38 minutes to using entertainment media including television, computers, video games, cell phones, and movies across a typical day.^{28 29}

The twin epidemics of adult and childhood overweight and obesity are inter-connected. If one parent is obese, there is a 40 percent chance that the children will also be obese. If both parents are obese, the children have up to an 80 percent chance of being obese.³⁰ Good nutrition and regular physical activity are the keys to helping Americans, especially children, live healthy, fit, and well. By practicing these healthy lifestyle behaviors, excess weight is prevented, weight loss is sustained, and strength and endurance are achieved.

Opportunities for Prevention

To make and sustain progress in the fight against obesity, mothers, fathers, teachers, businesses, government and community leaders all must commit to changes to promote the health and wellness of our families and communities.

As adults, we need to help our children get off to a good start. The earliest risks for childhood obesity begin during pregnancy. Excess weight gain, diabetes, and smoking during pregnancy are not just health risks for the mother—they also put children at risk for obesity early in life. Keeping pregnancy weight gain within recommended limits will help prevent diabetes in the mother, and breastfeeding exclusively for the first six months after birth has also been shown to prevent childhood obesity.³¹ Parents and other caregivers play a key role in making good choices for themselves and their loved ones. Children and teenagers look to their mothers and fathers and other caregivers to model healthy lifestyle habits. Parents need to teach by example, and we need to give them the proper tools to be effective.

As American families make changes for their health and wellness, environments need to support their healthy choices. Recent studies have shown that making changes to social and physical environments that make the healthy choice the easy or “default” choice will have the greatest impact on reducing and preventing obesity.³² To help our nation evolve toward wellness, communities should implement policies to promote healthy eating and active living. Increasing exposure and access to healthy affordable foods is critical to

Americans meeting the recommended U.S. Dietary Guidelines. Community coalitions should work with local governments and supermarket chains to ensure all neighborhoods make nutritious and affordable foods available to their residents. Success is being seen in some, but not enough, parts of the nation. For instance, Pennsylvania has implemented a Fresh Food Financing Initiative. This public-private grant and loan partnership has developed 74 fresh food outlets throughout the Commonwealth, giving over 500,000 Pennsylvania residents access to nutritious foods.³³ As I'll describe shortly, the Obama Administration is proposing to take this initiative nationwide.

Policies can be crafted to make physical activity opportunities more accessible, safer, and attractive. Community design that incorporates sidewalks, bike lanes, traffic safety, improved lighting, and pleasant landscaping will encourage more Americans to walk to work or do daily errands by foot or bicycle. Locating schools within easy walking distance of residential areas and ensuring safe routes will increase the percentage of children walking to school each day. And finally, subsidizing memberships to recreational facilities can provide opportunities for individuals and whole families to stay active.³⁴

As communities work together to improve the built environment, child-specific community settings should make policy changes as well. It is estimated that over 12 million children ages 0–6 years receive some form of child care on a regular basis from someone other than their parents.³⁵ Recommended policies that can help child care programs support healthy weight for young children include the following: require 60 minutes of a mix of structured and unstructured daily physical activity, establish nutrition requirements in child care by using national recommendations such as the *Dietary Guidelines for Americans*, appropriately train child care providers how to promote physical activity and good nutrition and how to involve parents in these activities, and provide parents materials that reinforce the healthy practices promoted in the child care setting.

Each day, over 50 million children wake up and head off to school.³⁶ The school environment plays a pivotal role in preventing obesity among youth, as each school day provides multiple opportunities for students to learn about health and practice healthy behaviors. Well-designed school programs can promote physical activity and healthy eating, reduce the rate of overweight and obesity among children and teenagers, and improve academic achievement.^{37 38} Examples of effective school wellness program components include:

- A planned and sequential health education curriculum for pre-kindergarten through grade 12;
- A school and school workplace wellness policy that includes teachers and other school employees to model healthy behaviors;
- Partnerships with parent-teacher organizations, families, and community members to support healthy eating and physical activity policies and programs;
- Providing students appealing, healthy food options including fresh fruits, vegetables, whole grains, and lean proteins;

- Limiting high calorie snack options, including beverages in vending machines; and
- Requiring daily physical education for students in pre-kindergarten through grade 12, allowing 150 minutes per week for elementary schools and 225 minutes per week for secondary schools.

Doctors and other health care providers are often the most trusted source of health information and are powerful role models for healthy lifestyle habits. Medical care providers must make it a priority to teach their patients about the importance of good health. When discussing patients' Body Mass Index (BMI), providers should explain the connection between BMI and increased risk for disease and, when appropriate, refer patients to local resources that will help them meet their physical, nutritional, and psychological needs. Advancing the medical home concept to foster community and clinical partnerships will provide families more effective comprehensive care from their health care providers with access to additional supports to help make and sustain healthy changes. We must also teach our health professional students how to counsel patients on effective ways to achieve and maintain healthy lifestyle habits so it becomes a regular and natural part of everyday practice.

Recent Federal Actions

The Obama Administration has made a historic commitment to prevention and wellness, creating environments that support health and extending health care coverage for millions of kids. One of President Obama's first acts while in office was to sign the Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA). We are grateful to Congress for passage of this important legislation which brings health coverage to an additional 11 million children as well as provides authority for a new community-based program to develop systematic models for reducing childhood obesity.

In addition, nearly one year ago, the President and Congress included an unprecedented \$1 billion dollars for prevention and wellness in the American Recovery and Reinvestment Act. HHS has developed a new national program, *Communities Putting Prevention to Work* that will focus on the prevention of obesity and tobacco use. Communities, states, and national organizations will work together to implement solid prevention policies that will help residents live longer, healthier lives. Many of the recommendations I have outlined today will be implemented across the nation with this landmark Recovery Act funding.

And to address the specific national epidemic of childhood obesity, First Lady Michelle Obama recently announced the ambitious national goal of solving the challenge of childhood obesity within a generation.

Her *Let's Move!* national campaign will provide schools, families and communities simple tools to help kids be more active, eat better, and get healthy, and empower parents with information and tools to make healthier choices easier choices.

On February 9, President Obama issued an Executive Order establishing the first ever Task Force on Childhood Obesity. Within 90 days, cabinet agencies across the government – from Health and Human Services to the Departments of Education, Agriculture and Interior -- will conduct a review of every single program relating to child nutrition and physical activity and develop a national action plan.

In addition to the national action plan, the federal government is moving forward on the following actions to support the *Let's Move!* campaign:

- By the end of the year, HHS plans to provide guidance to food producers on using consumer friendly nutrition information on the front of food packages to help 65 million parents more easily select healthful foods for their families.
- New web-based tools, such as a next generation Food Pyramid, and USDA's Food Environment Atlas will help families make healthier food and physical activity choices, and better understand national and local trends on food deserts.
- The Administration is supporting the reauthorization of the Child Nutrition Programs including an additional \$10 billion over ten years to improve the quality of foods provided through the National School Lunch and School Breakfast programs, increase the number of kids participating, and ensure schools have the resources they need to make program changes.
- The Department of Agriculture is also moving to double the number of schools participating in the Healthier US School Challenge, which establishes rigorous standards for schools' food quality, participation in meal programs, physical activity, and nutrition education – the key components that make for healthy and active kids.
- To eliminate food deserts, Mrs. Obama announced a new Healthy Food Financing Initiative, which is a joint initiative of HHS, USDA, and the Treasury Department, to help bring grocery stores to underserved areas. This Initiative, included in the President's Budget for 2011, would make available more than \$400 million per year in financial and technical assistance to communities and businesses to attract private sector capital that will more than double the total investment. The Initiative will support projects ranging from the construction or expansion of a grocery store to smaller-scale interventions such as placing refrigerated units stocked with fresh produce in convenience stores.
- To help get America up and moving, HHS specifically will expand and modernize the President's Physical Fitness Challenge, and double the number of Presidential Active Lifestyle Awards to create healthy habits by challenging children to commit to physical activity five days a week, for six weeks.
- The Department of Housing and Urban Development has begun its HUD Healthy Neighborhoods Program involving community health promotion. In this pilot program, 10 public housing agencies will use the National Institute for Health's heart health curriculum, "With Every Heartbeat is Life," to establish strategic partnerships with community health centers and other public and private entities in order to improve the housing agencies' low-income residents' health conditions, including reducing obesity.

Childhood obesity is a national epidemic that will require a national response. The *Let's Move!* Campaign is calling on all sectors of society, public and private, to contribute to solutions. Already, we have seen key players answering the call. For example, pediatricians across America are now moving to regularly monitor children's BMI and, for the first time ever, write "prescriptions" for simple things children can do to increase healthy eating and active play.

Conclusion

As "America's family doctor," I want to change the national conversation from a negative one about obesity and illness to a positive conversation about being healthy and fit. Instead of bombarding people with lists of what not to do, we need to empower them with what to do to promote health. Healthy eating and physical activity should be something all Americans want to do, not something they feel they have to do. We need to encourage people to take up activities that they enjoy, like swimming, dancing, or biking. We need to show them how healthy foods can be affordable, accessible and delicious.

Americans are more likely to change their behavior if they have a meaningful reward. That reward should be something that people can feel, that they can enjoy and that they can celebrate. The reward is a level of health that allows people to embrace each day and live their lives to the fullest without disease, illness, or loss of productivity.

In closing, I hope that communities across the nation will use my Vision for a Healthy and Fit Nation as a blueprint for action to work more effectively, share resources, develop public and private partnerships and use innovative solutions for change. Today's obesity epidemic calls for committed, compassionate citizens to mobilize and demand the health and well-being they deserve. I have heard their call, we have all heard their call, and I am honored to do everything in my power to help Americans live long and well; to be a healthy and fit nation.

Thank you for the opportunity to present information on this important topic. I would be happy to answer your questions.

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