State of Connecticut
GENERAL ASSEMBLY

COMMISSION ON CHILDREN

Testimony of
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Public Health Committee
Public Hearing
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Senator Handley, Representative Sayers, and Members of the Committee:

Thank you for this opportunity to testify on behalf of the Connecticut Commission on Children concerning bills before the Public Health Committee: H.B. 6843, S. 1, and H.B. 6332.

Heart Disease & Obesity Prevention

The Commission on Children strongly supports H.B. 6843, *An Act Concerning Cardiovascular Disease Prevention Programs*. This legislation would provide $500,000 in grants to municipalities to develop community-based physical activity programs to improve cardiovascular health.

By enabling municipal leaders to create or strengthen programs that improve children and families' heart health through physical activity, H.B. 6843 would also address a related issue – childhood obesity.

In recent years, childhood obesity has emerged as a national public health epidemic. Over the past 25 years, obesity among adolescents – 12 to 19-year-olds – in the U.S. has tripled (from 5 percent in 1976-1980 to 17 percent in 2003-2004).

Obesity is on the rise in 31 states, including Connecticut. In our state, 58 percent of adults were obese or overweight in 2005 – and Connecticut's adult obesity rate has nearly doubled in just 15 years (from 12 percent in 1990 to 20 percent in 2005).

Obesity is closely associated with cardiovascular disease. Many obese children already have at least one other major risk factor for cardiovascular disease, such as high blood cholesterol, high triglycerides, high insulin or high blood pressure, according to the American Heart Association. These risk factors were previously found mainly in adults, not children.

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New research suggests that the relationship between obesity and heart disease may begin even before children become teens. In a study reported in this month's *Journal of Pediatrics*, 9- to 12-year-old girls who were overweight were up to 30 times more likely to be obese as young adults, and many of the girls had additional heart disease risk factors of higher blood pressure and unhealthy cholesterol levels.

Obesity has important ramifications for our future workforce. Not only are obese children more likely to be seriously ill early in life with diseases such as Type II diabetes, they are also more likely to have trouble learning in school.

Already in Connecticut, obesity-related health problems in Connecticut account for over $850 million annually in health costs, including close to $700 million in the Medicaid and Medicare programs.

When we look at the obesity issue from the perspective of young people themselves, we can see that children today have the deck stacked against them. Thirty years ago, many more children would walk to school, enjoy recess and physical education class, play late at the local park, and eat healthy home-cooked meals. Eating out was a rare treat. Our generation spent many hours getting fresh air and moving around outside, and we digested lots of real food.

Today, children have little chance of walking to school. They are more likely to live far from school and to ride there in a vehicle. For those who live close to school, there is a good chance that the walk is dangerous – due to fast-moving traffic, a lack of sidewalks or the risk of crime. And after school each day, television, computer, video games and homework compete for attention, overshadowing physical activity. With aggressive food marketing and busy parents who often don't have time to cook, it's pretty challenging for a young person to eat well.

So it's no surprise that thousands of Connecticut children are obese or overweight.

And we know that even with the great strides Connecticut has made to improve school nutrition with the passage of the school nutrition law last year, we still have a long way to go to reverse the obesity trend.

To be successful, we need more family-friendly opportunities for physical exercise, and we need to find innovative ways to engage families in these activities. For example, the nationally recognized NorWALKers initiative in Norwalk created neighborhood walking routes to encourage children and families to get outside and get moving.

Other programs across the nation have offered free or low-cost parks and recreation programs, built recreation facilities, walking trails, bike paths or pedestrian malls, created safe routes to schools for students, and adopted traffic calming strategies to enhance child safety.

By supporting these types of initiatives, H.B. 6843 will enable municipal leaders to begin to change the culture of physical inactivity and develop promising practices to enable children and families to lead more active lives.

We offer the following suggestions regarding H.B. 6843:

- As part of the grant application process, municipalities should be required to conduct a community risk assessment to determine the most pressing health needs of their children, families and general population.
- Municipal leaders should be required to seek guidance from a local advisory committee that includes parent leaders, youth, experts in health and recreation, and others in order to formulate a strategic plan. They should also be required to inform the public of their plan.
- In order to ensure results-based accountability, municipalities in their grant applications should be required to identify the outcomes that they are seeking and the data indicators by which they will chart their progress. At the close of the grant period, they should be required to report on the results of their effort in terms of the health of the targeted population. The Department of Public Health should then analyze and report the findings of all funded municipal programs to the General Assembly.

Health Care Access and Quality

Two bills, S. 1 (*An Act Increasing Access to Affordable, Quality Health Care*) and H.B. 6332 (*An Act Increasing Access to Health Care*), seek to increase access to affordable, quality health care. The Commission on Children believes that ensuring and improving health coverage for our state's most vulnerable families should be a very high priority for the General Assembly this session, and we support the concepts of these bills.

We are particularly concerned about recent reports that families on the HUSKY Program may often be unable to obtain needed health care due to a lack of participating providers. This indicates a fundamental breakdown in the health care system, and it may fuel the costly overuse of emergency rooms. Addressing this issue must be one of the key aspects of any health care access legislation.

Conclusion

Thank you for this opportunity to present the views of the Commission on Children on these important bills. We look forward to working with the Committee to ensure that every child has a healthy start in life and a bright future.