State of Connecticut
GENERAL ASSEMBLY

COMMISSION ON CHILDREN

Senator Gerratana, Representative Johnson and members of the Public Health Committee:

My name is Mary Kate Lowndes. I am the Director of Special Initiatives & Development for the Connecticut Commission on Children and core member of the CT Coalition Against Childhood Obesity steering committee. I am here today to support **HB 5746,** *An Act Concerning a Task Force on Childhood Obesity.*

As you know childhood obesity is an increasing health challenge across our nation and in our state. Today, about one in three American kids and teens is overweight or obese, nearly triple the rate in 1963. Overweight kids have a 70-80 percent chance of staying overweight their entire lives.[1]

Among children today, obesity is causing a broad range of health problems that previously weren't seen until adulthood. Sixty percent of overweight children already exhibit at least one risk factor for heart disease, the #1 cause of death.[2] Type 2 diabetes – once referred to as adult-onset diabetes – represents up to 45% of new pediatric cases, compared with only 4% a decade ago.[3]

Obesity kills more Americans each year than AIDS, cancer and injuries combined. At this rate, the current generation of children will be the first in our history to have a shorter life expectancy than their parents.[4] Obese and overweight adults now outnumber those at a healthy weight; nearly seven in 10 U.S. adults are overweight or obese.[5]

There are also psychological effects: Obese children are more prone to low self-esteem, negative body image and depression, and are often targets of bullying.

Statistics for our state are also alarming. Over one-quarter (26.6%) of Connecticut high school students are either overweight (14.1%) or obese (12.5%). Racial and gender disparities prevail. Male students are significantly more likely to be overweight or obese (33.0%; 16.5% overweight, 16.5% obese) than female students (20.1%; 11.7% overweight, 8.4% obese). Hispanic (31.2%; 16.0% overweight, 15.2% obese) and non-Hispanic black teens (43.9%; 19.9% overweight, 24.0%

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[1] American Heart Association, http://www.heart.org/HEARTORG/GettingHealthy/WeightManagement/Obesity/Childhood-Obesity_UCM_304347_Article.jsp?gclid=CMC1h7O01LUCFYje4AodJgQAkA

[2] National Governors Association. *NGA report on healthy living: Investing in Connecticut's health.* Washington, DC. www.nga.org

[3] *Childhood obesity: What it means for physicians. Commentary.* JAMA, August 22/29, 2007. Vol. 298, No. 8. 3pp.

[4] *Childhood Obesity in Connecticut fact sheet,* CT Department of Public Health, fall 2012.

[5] American Heart Association.

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obese) are more likely to be overweight or obese, compared to non-Hispanic white teens (22.1%; 12.3% overweight, 9.8% obese).[6]

A recent study by the CT Department of Public Health (DPH) of over 8,000 students in 74 elementary schools across the state found that about one-third of Connecticut kindergarten and third-grade students are overweight or obese.[7]

Moreover, obesity is costly. National health care spending on obesity approximates $150 billion annually. Taxpayers fund about $60 billion of these costs through Medicare and Medicaid. Recent research indicates that if obesity rates are reduced by as little as 5 percent, health care savings could exceed $29 billion.[8]

An estimated $856 million of adult medical expenditures in Connecticut are attributable to obesity each year.[9]

The societal consequences of childhood obesity also include impacts on worker productivity and national security. Obesity has become one of the most common disqualifiers for military service.[10]

Numerous programs and initiatives have been implemented in Connecticut over the past several years to address prevention and prevalence of childhood obesity. Local efforts in Bridgeport, Windham, Stamford, Hartford, Danbury, Middlesex County and other locales strive to address this epidemic. Numerous state agencies are also involved in the fight.

A statewide Task Force on childhood obesity would enable policymakers and stakeholders to explore in one common venue best practices, cutting edge research, challenges and gaps, and potential solutions. It would also allow the state to bring parents to the discussion as the key constituent to make change at the dinner table and in the community. The National Academy of Sciences, just this past week, convened parents and parent leaders to see how they as a constituency could improve outcomes.

Kentucky and North Carolina are two states that recently created legislative task forces on childhood obesity. They explored strategies for addressing childhood obesity through the following:
(1) Early childhood intervention.
(2) Childcare facilities.
(3) Before- and after-school programs.
(4) Physical education and physical activity in schools.

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[6] Connecticut Department of Public Health, 2011 Connecticut School Health Survey Youth Behavior Component. Hartford, CT, June 2012.
http://www.ct.gov/dph/lib/dph/hisr/pdf/cshsresults_2011ybcreport_web.pdf
[7] Preventing Childhood Obesity presentation, DPH Commissioner Jewel Mullen, November 2012.
http://www.cga.ct.gov/coc/PDFs/obesity/2012_forum_ppts/mullen.pdf
[8] NCSL, Childhood Obesity-2011 Update. http://www.ncsl.org/issues-research/health/childhood-obesity-2011.aspx
[9] Finkelstein, EA, et al. 2004. *State-level estimates of annual medical expenditures attributable to obesity.* Obesity Research 12:18-24.
[10] Ibid.

(5) Higher nutrition standards in schools.
(6) Comprehensive nutrition education in schools.
(7) Increased access to recreational activities for children.
(8) Community initiatives and public awareness.
(9) Other means.

Given the current budget challenges and the cry for a response to the Newtown tragedy, a statewide childhood obesity task force may seem extraneous. However, Connecticut has a history of studying an issue, taking leadership, and moving to create efficiencies and strengthen outcomes. School readiness and bullying are two such examples. A time-limited Task Force with the goal of specific policy recommendations could bolster CT's leadership on obesity reduction for children, saving millions of dollars and improving the quality of life for the next generation.

The Commission on Children also supports HB 5538, *An Act Concerning A Pilot Program for School-Based Health Care Centers;* HB 5730, *An Act Concerning Reimbursement for Services Provided at School-Based Health Centers;* HB 5110, *An Act Concerning the Development and Use of a Universal Child Health Form;* and SB 298, *An Act Concerning Renewal Applications for Day Care Facility Licenses*.

Thank you. I would be happy to answer any questions.