



State of Connecticut
GENERAL ASSEMBLY

Commission on Children



**Testimony before the Public Health Committee on Proposed H.B. No. 5217
Submitted by Mary Kate Lowndes, Director of Development and Special Initiatives
Connecticut Commission on Children
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Senator Gerratana, Representative Ritter and Members of the Public Health Committee,

My name is Mary Kate Lowndes. I am the Director of Development and Special Initiatives for the Commission on Children, and a Steering Committee member of the Connecticut Coalition Against Childhood Obesity. I am here today to speak in favor of the overall concept of Proposed House Bill No. 5217, *An Act Establishing A Commission on Physical Activity*.

Due in large part to obesity, the current generation of children and youth may be the first in our history to live sicker and die younger than their parents. Children and adolescents who are obese are five times more likely than normal-weight children to become obese adults, and their obesity is likely to be more severe. Obese children and youth are at a greater risk for physical problems, including cardiovascular disease stemming from high blood pressure and high cholesterol, Type 2 diabetes, breathing problems such as sleep apnea and asthma, and joint and musculoskeletal problems. They also are much more likely to suffer from mental health problems including low self-esteem, negative body image and depression.

The most recent CDC Youth Risk Behavior Survey (YRBS) cites 26.2% of CT high school students as overweight or obese in 2013. The problem of childhood obesity is starting early and remaining steady in our state. Although a recent CDC study shows a decrease in obesity rates among low-income preschoolers in 19 states, CT was in the grouping that showed no change at all. The societal consequences of childhood obesity also impact worker productivity and national security. Obesity has become one of the most common disqualifiers for military service. The overall toll here is in health, work options, emotions and dollars. An estimated \$856 million of adult medical expenditures in Connecticut are attributable to obesity each year.¹

One of the main culprits in the epidemic of obesity is lack of physical activity. The Surgeon General recommends that children and youth get a minimum of 60 minutes per day of moderate to vigorous physical activity. A 2013 Institute of Medicine report notes that less than half of youth nationwide reach this goal. Today's youth are considered the most inactive

¹ Finkelstein, EA, et al. 2004. *State-level estimates of annual medical expenditures attributable to obesity*. Obesity Research 12:18-24.

generation in history, according to the American Obesity Association. In Connecticut, 53.4% of high school students do not get the recommended level of physical activity during an average week (as reported on most recent YRBS). Connecticut Public Act No. 12-116, Sec. 9, mandates that each local and regional board of education shall require each school under its jurisdiction to include in the regular school day for each student enrolled in grades K-5, inclusive, time devoted to physical exercise of not less than twenty minutes in total. Anecdotal evidence points to far less than 100% attention to this mandate in our state.

The creation of a volunteer Physical Activity Commission is one of the recommendations of the Task Force on Childhood Obesity, created in Public Act No. 13-173, and report of which was submitted to the CGA on October 1, 2014.

The Task Force met as a whole and then formed a nutrition sub-group and a physical activity sub-group, to drill down into the two many arenas for addressing obesity. The Physical Activity Group recommendations (a copy of which I have attached to my testimony) included forming a statewide physical activity commission, that would 1) explore, gather, and maintain a clearinghouse of information and activities to support physical activity throughout the state, across a spectrum of venues. These would ideally include descriptions of free and low-cost activities for children and families, in child care settings, schools and communities; contacts for assistance and support; best practices and featured schools/communities, from within our state and from other states as well; potentially a recognition of those doing innovative and successful activities/programs; and links to identified funding opportunities.

We support the commission membership outlined in the Task Force report and would suggest adding a representative from DPH, a member of the philanthropic community interested in physical activity and obesity, a member of a school-based wellness committee, and a parent leader.

We would suggest altering the bill language from “to maintain a centralized information system for purposes of monitoring the child obesity crisis in this state” to something more focused on providing a clearinghouse of ideas, contacts, links to funding resources, and best practices for the purposes of increasing the physical activity of our state’s children and thereby helping to fight against childhood obesity in our state. The monitoring of such, in our opinion, would be more appropriately done by health professionals and DPH.

Both the Commission on Children and the CT Coalition Against Childhood Obesity support the concept of a physical activity commission proposed in Bill No. 5217, but suggest the role of that committee be defined somewhat differently than it is in the current language.

Thank you.