

**Testimony of Susan R. Cooper, MSN, RN
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Before the Senate Health, Education, Labor and Pensions
Subcommittee on Children and Families

“Childhood Obesity: The Declining Health of America’s Next Generation—National
Problem, Southern Crisis”

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Chairman Dodd, Ranking Member Alexander, and members of the subcommittee, thank you for the opportunity to be with you today to testify about the leading health threat facing the children of Tennessee and our nation both today and for generations to come—childhood obesity.

I am Susan Cooper, MSN, RN, Commissioner of the Tennessee Department of Health, a registered nurse, mother of three and a grandmother of three. As Commissioner, my job is to protect, promote, and improve the health of all that live in, work in, and visit our great state. The health of our children is of utmost importance to me and to the future of Tennessee and the nation. Today, I would like to briefly speak to the scope of the problem, the potential contributing factors, and give examples of Tennessee’s response to this national emergency.

Background and Scope of Problem

We are facing a public health threat to our children of an unprecedented nature. It is unacceptable to me that the children born in the year 2000 are the first generation in history not expected to live as long as their parents. You have heard the statistics many times, but they are worth repeating. Today, almost 32 percent of American children and adolescents—more than 23 million—ages 2-19 are overweight or obese.¹ Rates of obesity have more than tripled since 1980, from 6.5 percent to 16.3 percent. One in three children born in the year 2000 is anticipated to develop Type 2 diabetes², a disease that was once called adult onset diabetes because it was not seen in children. The likelihood is one in two if you are an African American or Hispanic child.

Unfortunately, 8 of the 10 states with the highest obesity rates are found in the South. In Tennessee, 20 percent of our 10 to 17 year olds are overweight, the fourth highest rate in the nation.³ The most recent numbers from BMI screening through the Coordinated School Health Program in Tennessee reveal an even deeper problem. Of the 16,513

¹ Ogden, CL, Carroll MD, Flegal KM. High Body Mass Index for Age Among US Children and Adolescents, 2003-2006. *Journal of the American Medical Association* 2008;299(20):2401-2405.

² Ibid.

³ Trust for America’s Health. *F as in Fat 2007: How Obesity Policies are Failing in America*. www.healthyamericans.org. (accessed June 24, 2008).

students 7 through 16 years of age screened in the first year of the program, the findings show:

- 24% overweight (above 95th percentile)
- 18% at risk for overweight (85th – 95th percentile)
- 42% total overweight and at risk
- 56% normal weight
- 2% underweight.

Detailed analysis of Tennessee data reflects the national trends:

- More boys (26%) were overweight than girls (22%)
- A greater proportion of African American students (29%) were overweight than Caucasian (24%)
- African American females had the highest proportion of overweight or at risk for overweight (50%)
- Caucasian females had the lowest proportion of overweight or at risk for overweight (40%)
- The only age group with combined proportion of overweight and at risk for overweight less than 40%: Students under age 7.

The proportions of overweight and at risk for overweight were considerably higher than those reported for Tennessee high school students in the 2005 Youth Risk Behavior Surveillance System (YRBSS)—42% BMI Screening Program versus 32.1% YRBSS. These findings are limited as the African American student population and urban student populations were underrepresented in the BMI program sample.

This epidemic, if left untreated or partially treated, will result in substantial costs to the state and nation both in health and economic terms. Obesity is associated with a number of chronic conditions and diseases such as Type 2 diabetes, increased cholesterol and hypertension, heart disease, kidney disease, neurovascular disease, and some cancers. Some studies also suggest that overweight and obesity negatively affect the mental health of children and their performance in school. From an economic perspective, overweight and obese adults cost the United States between \$69 and \$117 billion per year.⁴ The costs of childhood obesity are growing as well. Obesity-related hospital costs for children ages 6 through 17 more than tripled between 1979 and 1999, from \$35 million to \$127 million.⁵ This country, and our state, cannot sustain this economic or health impact. Action must be taken immediately to halt this epidemic.

Please understand that stemming the tide of childhood obesity requires that we start to shift our conversation solely from a focus on healthcare delivery to a proactive, prevention-focused approach to *health*. If we as a nation made a modest investment in the

⁴ U.D. Centers for Disease Control and Prevention. “Preventing Obesity and Chronic Diseases Through Good Nutrition and Physical Activity.” U.S. Department of Health and Human Services, <http://www.cdc.gov/nccdphp/publications/factsheets/Prevention/obesity.htm>. (accessed August, 2008).

⁵Ibid.

prevention of obesity and its related chronic diseases, rather than treating or paying for its subsequent health consequences, we could avert much greater costs later. A recent report demonstrated that for an investment of just \$10 a person, every year, in proven community-based programs to increase physical activity, improve nutrition, and prevent smoking and other tobacco use could save the country more than \$16 billion a year within five short years. This is a return of \$5.60 for every dollar.⁶

With this focus on health promotion in mind, the Tennessee Department of Health has set as its vision that **every child completing high school in 2018 will graduate at a healthy weight.**

National Response

No one agency or entity is, or can be, responsible in isolation for finding the remedies we need to address this issue. In the 2006 report, *Progress in Preventing Childhood Obesity: How do We Measure Up?*, the Institute of Medicine issued a call to action to all key stakeholders—including government, industry, media, communities, schools and individuals—to commit to leading childhood obesity prevention interventions, evaluation and dissemination of promising practices. Government-specific IOM recommendations included establishing a high-level interdepartmental task force to set priorities and coordinate federal, state, local and public-private actions; developing nutrition standards for foods and beverages sold in schools; applying for state-based nutrition and physical activity grants with strong evaluation components; expanding and promoting opportunities for physical activity in the community through changes to ordinances, capital improvement programs, and other planning practices; and working with communities to support partnerships and networks that expand the availability of and access to healthful foods. In recent years, Tennessee has undertaken many of these steps toward developing a coordinated response to childhood obesity prevention.

Tennessee's Approach

Initiatives to address childhood obesity are grounded in four areas: policies, programs, partnerships and innovation. The efforts appear to be paying off. In 2006, the Obesity Initiative, found at the Schaefer Center for Public Policy at the University of Baltimore, gave six states the grade of “A” for their legislative and public-policy work in the past year to control childhood obesity.⁷ Tennessee was among the six. Eight types of legislative activities were evaluated to determine the grades:

- ❑ Nutrition standards—controlling the types of foods and beverages offered during school hours

⁶ Trust for America's Health. *Prevention for a Healthier America: Investments in Disease Prevention Yield Significant Savings, Stronger Communities*, July 17, 2008.

⁷ Cotten, A., Stanton, K.R., Acs, Z.J. and Lovegrove, M. The UB Obesity Report Card™: An Overview 2006. <http://www.ubalt.edu/experts/obesity/index.html> October 20, 2008.

- ❑ Vending machine usage—prohibiting types of foods and beverages sold in school and prohibiting access to vending machines at certain times
- ❑ Body mass index measured in school
- ❑ Recess and physical education—state-mandated additional recess and physical education time
- ❑ Obesity programs and education—programs established as part of curriculum
- ❑ Obesity research—legislative support for other institutions or groups to study obesity
- ❑ Obesity treatment in health insurance—expanding health insurance to cover obesity treatment where applicable
- ❑ Obesity commissions—legislature-established commissions designed to study obesity.

In Tennessee, many state policies have been developed, and collaborative efforts among state and local entities have been implemented to address the childhood obesity epidemic. Efforts have focused on developing policies and infrastructure that enable youth and their families to make healthier choices. Specifically, policy development has been focused on the promotion of health across state agencies and designed to influence children and their families where they learn, work and live.

Health

In 2006, the Child Wellness and Nutrition Act, created the Office of Child Wellness and Nutrition within the Department of Health. This Office interacts with other state and local partners to develop and evaluate activities related to child health with particular attention to improving childhood nutrition. The Diabetes Prevention and Health Improvement Act of 2006 established a Center within state government for the purpose of developing, implementing and promoting a statewide effort to reduce the incidence of Type 2 diabetes. The Center is authorized to issue grants to community and faith-based organizations, not-for-profits, local education authorities and other health service providers for programs designed to prevent and/or treat Type 2 diabetes in children and adults. Furthermore, the Department of Health has collaborated on a number of innovative programs designed to increase physical activity and nutrition, which I will describe in a moment.

Finance and Administration

One of the state's insurance programs, Cover Tennessee, uses age, weight and tobacco use information to assign risk for their insurance products. TennCare, Tennessee's Medicaid waiver program, requires its MCOs to have disease management models for obesity, and has policies that support Weight Watchers and other healthy weight programs for children and their parents. In addition, TennCare issues a child and teen newsletter which includes information on healthy food choices and exercise.

Education

The Coordinated School Health (CSH) program is required for all school systems and is fully funded; Tennessee is the first state in the nation to fully fund its CSH

program. The CSH program collects BMI and other health information for youth in elementary school through high school. The Department of Education, with input from the Department of Health, has established nutritional standards for all meals and nutritional standards for all competitive foods, including those purchased from vending machines. In addition, legislation passed in 2006 requires 90 minutes of physical activity per week for all students in grades K-12.

Transportation

Tennessee supports a Safe Routes to School program which focuses on the benefits of children walking and biking to school. Its primary purpose is to encourage elementary and middle school children to safely walk and bike to school thereby promoting a healthier lifestyle, reducing traffic congestion and minimizing air pollution. In 2007, the Department of Transportation provided \$4.5 million for these local programs that promote collaboration with schools, the community, and local government to create a healthy lifestyle for children and a safer, cleaner environment for everyone.

Economic and Community Development

The Department of Economic and Community Development's Three Star Program is an initiative designed to preserve existing employment, create new employment opportunities, increase Tennessee family income, improve health and quality of life and create a strong leadership base. A detailed plan that promotes access to health care is a required component of community development in order for a community to achieve Three Star designation.

Human Services

The Gold Sneaker initiative was developed to enhance policy related to physical activity and nutrition within licensed child care facilities across Tennessee, and represents collaboration among the Department of Health, Department of Human Services and Child Care Resource & Referral system. Enacted policies must include minimum requirements on physical activity (or "active play"), sedentary activities, breastfeeding, meal time and portion sizes. Child care facilities that implement the proposed enhanced physical activity and nutrition policies will earn a "Gold Sneaker" award which designates them as a "Gold Sneaker" child care facility.

Innovative Projects

Tennessee has utilized many innovative approaches to improving health behaviors that rely on partnerships between state and local government and private entities. These initiatives acknowledge to critical role that local communities play in the development, implementation and evaluation of effective programs for that community. We recognize that what works to improve child health in Northwest Tennessee, for example, may not be the same program that works in South Central Tennessee. These innovative programs

and initiatives challenge traditional approaches to community-based interventions, and all have an evaluation component. Examples include the following:

Project Diabetes is a statewide initiative focusing on innovative education, prevention, and treatment programs for diabetes and obesity. The fundamental goals of Project Diabetes are to:

- Decrease the prevalence of overweight/obesity across the State and, in turn, prevent or delay the onset of Type 2 diabetes and/or the consequences of this devastating disease.
- Educate the public about current and emerging health issues linked to diabetes and obesity
- Promote community, public-private partnerships to identify and solve regional health problems related to obesity and diabetes
- Advise and recommend policies and programs that support individual and community health improvement efforts
- Evaluate effectiveness of improvement efforts/programs that address overweight, obesity, pre-diabetes, and diabetes
- Disseminate best practices for diabetes prevention and health improvement.

Over \$10 million in local efforts have been funded through Project Diabetes grants. Sixty-three Project Diabetes grants have been awarded; of these, twenty-nine have a child health focus, with goals to improve physical activity, nutrition and health literacy, or to provide culturally- and developmentally-appropriately activities. An example of one such activity is the Step Up to Health program. Step Up to Health is a collaboration between state and local government agencies, the Historically Black Colleges and Universities' Wellness Project, and the National Step Show Alliance. This program works with youth at risk for diabetes to improve their physical fitness, health knowledge and awareness, self-efficacy and self-esteem through the performance of step shows with integrated health messages. This program will reach 300 youth ages 11-15 years; baseline and post-intervention health, nutrition, and fitness data will be collected to determine program effectiveness.

GoTrybe is an online, interactive fitness community for youth that is the culmination of a unique public-private partnership. Designed by health and fitness professionals, GoTrybe seeks to transform sedentary screen time to active screen time for participants to ultimately improve child health. GoTrybe focuses on enhancing wellness through increased physical activity, improved motivation, and improved nutritional awareness. The tool allows the user to create an individually tailored fitness routine. Built-in data collection tools allow for tracking of individual, school or regional-level process measures.

Get Fit TN is a statewide program to raise awareness of the risk factors for Type 2 diabetes and steps that Tennesseans can take to reduce their risk. This free online tool combines a personal fitness tracker and nutrition tracker which allow the user to set

realistic fitness and/or nutrition goals, and provides useful information to facilitate changes in health behaviors.

Closing

In closing, I want to again thank the members of this Committee for your past and ongoing commitment to improving the health, safety and well-being of our nation. We know that so much more can be and must be done to protect, promote and improve our nation's health as we continually anticipate and prepare for a myriad of public health threats. We welcome the opportunity to continue to work with you in pursuit of that goal.

Thank you for your attention. I will be pleased to answer any questions you may have.