

**Written Testimony of
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**Before the Subcommittee on Children and Families
Committee on Health Education Labor and Pensions
United States Senate
“Evidence-based Solutions to Reverse Childhood Obesity”
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Good morning, Mr. Chairman and Members of the Senate HELP Committee. My name is Eduardo Sanchez, Vice President & Chief Medical Officer of BlueCross BlueShield of Texas, a division of Health Care Service Corporation, and former Texas Commissioner of Health. I am here today, however, as a member of the Institute of Medicine Standing Committee on Childhood Obesity. I am grateful for this opportunity to appear before you today on behalf of the children of Texas, my home state, and the children of the United States.

I would first like to thank the Chairman and members of the Subcommittee for your past support of programs and initiatives that invest in our nation’s young people and for the opportunity to testify today on a very serious issue – the declining health of America’s children, which is closely linked to our nation’s obesity epidemic.

Recent natural disasters such as the fires in California and Hurricane Ike in Texas shine a spotlight on the critical role that public health plays in preparing our communities and in the relief efforts that followed. In these events, storms or fires swelled out of control with little or no warning, and with little time to respond. Inadequate preparation and inadequate heed to warnings of some people in ~~communities~~ ~~the trenches~~ contributes to the protracted recovery from these disasters.

In the case of obesity, Mr. Chairman, we see the forecast, and ‘perfect storm’ conditions are brewing. The effects of this storm will be more devastating than the wind and waves in Louisiana, Mississippi, and Texas. Its damage will impact generations to come. And what will be lost is more precious than buildings, houses, and infrastructure: it is human life. Unlike our natural disasters, the good news is we can control this storm.

Today I am here to discuss the extent of childhood obesity and diabetes in America, their associated health and economic impact, and my thoughts on coordinating the strategic national response necessary to confront this growing health problem. In order to succeed and to offer American families assurance that our children will outlive us, we need to concentrate on four key areas: leadership and commitment at the highest levels, monitoring of the problem, identification and funding of best practices, and evaluation of the effects of our strategic response.

Scope of the Problem

Recognizing that health behaviors acquired during youth follow into adulthood, the current health status of youth is alarming. Health experts have warned that, for the first time, children

today are in danger of having a shorter lifespan than their parents¹. More children are obese now than at any other time in history and are experiencing unprecedented levels of Type 2 diabetes and early risk factors for cardiovascular disease.

Overall, approximately 23 million children **in the United States** are obese or overweight, and rates of obesity have nearly tripled since 1980, from 6.5 percent to 16.3 percent². Eight of the 10 states with the highest rates of obese children are in the South³. Obesity is striking poor and non-White children at much higher rates compared to whites and wealthier populations. In Texas, the School Physical Activity and Nutrition surveillance study in 2000-2001 found that 35% of Hispanic 4th grade boys, 20% of African American, and only 14% of white were obese.⁴ We should set as ~~a~~ a national goal childhood obesity rates of 5 percent, the level prior to the start of this epidemic.

As a result of increasingly overweight Americans, The United States is also experiencing an epidemic of diabetes. Type 2 diabetes is on the rise among children and accounts for almost half of new cases in teenagers in some areas of the country. CDC projects that one in three children born in the United States is expected to develop diabetes in their lifetimes. However, the projection for Hispanic/Latino populations is even more alarming: one in every two. This is a statistic we take very seriously in the state of Texas, where it is projected that by 2025, the ~~current~~ non-White population will exceed the White population (as is already the case in California, Hawaii, New Mexico, and the District of Columbia). These four states and the District of Columbia represent one quarter of the total US population, and we know that unhealthy eating and physical inactivity are risk conditions that are disproportionately represented among some of our states' racial and ethnic groups.⁵

A recent study shows that among children as young as 10 years old, increased body fat is related to arterial stiffness in otherwise *healthy children*, independent of blood pressure and heart rate.⁶ The study shows that obese 10 years olds have the arterial thickness of many 45 year olds. Dr. Henry McGill, ~~the~~ noted pathologist from San Antonio, reports that 77% of young men killed in the Korean war had advanced atherosclerosis; 18 years later, Vietnam casualties had a similar prevalence of atherosclerosis. *Dr. McGill's research shows that a substantial proportion of today's young people have coronary artery lesions with the potential to develop premature coronary heart disease.*⁷ The recent recommendation by the American Academy of Pediatrics for cholesterol screening of kids – with the possibility of prescribing cholesterol lowering drugs

¹ Olshansky, S Jay; Passaro, Douglas J.; Hershov, Ronald C.; Layden, Jennifer; Carnes, Bruce A.; Brody, Jacob; Hayflick, Leonard; Butler, Robert N.; Allison, David B.; Ludwig, David S. A Potential Decline in Life Expectancy in the United States in the 21st Century. *Obstetrical & Gynecological Survey*. 60(7):450-452, July 2005.

² Ogden, C.L., M.D. Carroll, and K.M. Flegal. "High Body Mass Index for Age among U.S. Children and Adolescents, 2003-2006." *Journal of the American Medical Association* 299, no. 20 (2008): 2401-2405.

³ U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau. *National Survey of Children's Health 2003*. Rockville, MD: U.S. Department of Health and Human Services, 2005. <http://www.mchb.hrsa.gov/overweight/techapp.htm> (accessed Nov 20, 2008)

⁴ Hoelscher DM, et al., 2004. Measuring the prevalence of overweight in Texas school children. *American Journal of Public Health*; 94(6): 1002-1008.

⁵ U.S. Department of Health and Human Services (USDHHS). *The Surgeon General's Call to Action to Prevent and Decrease Overweight and Obesity*. Washington, D.C.: USDHHS, 2001.

⁶ Sakuragi, S, et al. 2008. Influence of Adiposity on Arterial Stiffness in Healthy Children. *Circulation* 118: S_1115-a.

⁷ McGill Jr H, et al., 2008. Preventing Heart Disease in the 21st Century. Implications of the Pathobiological Determinants of Atherosclerosis in Youth (PDAY) Study. *Circulation*, 2008;117:1216-1227.

for young children – is just another tragic example of how much obesity has negatively affected the health of our children.

Economic Impact

These health impacts come at a great cost to our nation. According to the Department of Health and Human Services, obese and overweight adults cost the U.S. anywhere from \$69 billion to \$117 billion per year.⁸ One study found that obese Medicare patients' annual expenditures were 15 percent higher than those of normal or overweight patients. The cost of childhood obesity is also growing. Between 1979 and 1999, obesity associated hospital costs for children (ages 6 to 17 years) more than tripled, from \$35 million to \$127 million. In a report published by the Texas Department of Health, the estimated costs of health care, lost workdays, and premature death related to overweight and obesity in Texas adults may increase from \$10.5 billion in 2001 to \$39 billion by 2040 if the obesity epidemic continues.⁹ This is a call to action for all states.

The poor health of Americans of all ages is putting the nation's economic security in jeopardy. More than a quarter of U.S. health care costs are related to physical inactivity, overweight and obesity. Health care costs of obese workers are up to 21 percent higher than non-obese workers. Obese and physically inactive workers also suffer from lower worker productivity, increased absenteeism, and higher workers' compensation claims. Obesity cost Texas businesses an estimated \$3.3 billion in 2005 and could cost employers \$15.8 billion annually by 2025 if the trend continues unchecked.¹⁰ To maintain our economic competitiveness and our general health and well-being, we must improve the health of America's next generation. To do that, we must improve diet and increase physical activity levels.

Leadership

Clearly, it has taken decades for the child obesity epidemic to develop, and it will take a coordinated effort to begin to mitigate it. Today, in the United States, we have no national, coordinated effort to combat obesity. As a country, we are falling behind even as nations adopt solutions, such as the Foresight¹¹ project, which is centrally funded to produce a sustainable response to obesity in the UK over the next 40 years. The United States needs a comprehensive, realistic plan (akin to the nation's avian influenza pandemic planning efforts) that involves every department and agency of the federal government, state and local governments, businesses, communities, schools, families, and individuals. It must outline clear roles and responsibilities.

The U.S. economic situation, while dire, provides a window of opportunity to act boldly, implement new programs and policies, and achieve health-related goals. Now, more than ever, when critical economic and social decisions are being made, the positive and negative impact on the health of Americans must be considered. Our leaders should challenge the entire nation to share in the responsibility and do their part to help improve our nation's health. All levels of

⁸ U.S. 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 Nov 20, 2008).

⁹ *The Burden of Overweight and Obesity in Texas, 2000-2040, 2003*. Texas Department of State Health Services. 2005.

¹⁰ Susan Combs, Texas Comptroller's Office, Counting Costs and Calories Measuring the Cost of Obesity to Texas Employers March 2007 <http://www.window.state.tx.us/specialrpt/obesitycost/> (accessed Nov 20, 2008).

¹¹ Foresight. Tackling Obesities: Future choices <http://www.foresight.gov.uk/OurWork/ActiveProjects/Obesity/KeyInfo/Index.asp> (accessed Nov 20, 2008).

government should develop and implement policies to make the healthy choice the easy choice – by giving our communities, our schools, American businesses, and the American people the tools they need to make it easier to follow the Dietary¹² and Physical Activity¹³ Guidelines for Americans. Our leaders must take up the challenge of making safe, affordable, healthy food choices and recreational places available for all Americans.

The trend, over the past 5 years, has been to decrease our federal investments in child health.¹⁴ Real discretionary spending on children has declined by more than six percent since 2004, while at the same time all other non-defense discretionary spending has increased by more than 8 percent. Only one penny of every new, real non-defense dollar spent by the federal government has gone to children and children's programs. [Our children are our future and they deserve better.](#)

Monitoring

Effectively addressing childhood obesity will require continued investments in the development of evidence, measures, and longitudinal data. The evidence needed spans all levels of the public health and health care systems: [we need](#) annual national, regional, and state-level monitoring of child obesity and its related risk factors, [we need](#) evidence of the effectiveness of prevention interventions, evidence of the effectiveness of clinical treatment interventions, evidence of the effectiveness of system level interventions, and evidence of the effectiveness of these interventions in the context of diverse communities and stage of child development.

The CDC National Center for Health Statistics and some individual states have developed information systems for some, but not all, of these pressing data requirements. These systems are the backbone for informed policy making. They track critical health risk behaviors, providing timely data for state and metro areas, are used to identify health problems, plan and evaluate responses, and target populations with the greatest needs. These measures need to be coordinated and consistent throughout the states, so that data can be used for comparisons by state and across the nation.

In Texas, over the past few years, the [Department of State Health Services](#) has been able to fund the development and implementation of a statewide childhood obesity surveillance system called the School Physical Activity and Nutrition (SPAN) survey project using Preventive Health and Health Services Block Grant funds. Thus far, two surveys have been funded by the block grant in 2000-2002 and 2004-2005, at a total cost of about \$1.5 million. Using these data, Texas has been able to establish a baseline prevalence rate for childhood obesity and observe trends over time. Preliminary data show that although the prevalence of obesity in Texas among 4th, 8th, and 11th grade students is higher than the national average, the trend among 4th graders appears to be leveling off and possibly decreasing, especially in certain regions of the state. This trend is reflected in [certain El Paso Texas areas of the state](#) where extensive implementation and funding of coordinated school health and community-wide nutrition and physical activity programming ~~have~~ occurred for at least five years.

¹² USDA, Dietary Guidelines for Americans. <http://www.health.gov/DietaryGuidelines/> (accessed Nov 20, 2008).

¹³ CDC, Physical Activity Guidelines for Americans <http://www.health.gov/PAGuidelines/> (accessed Nov 20, 2008).

¹⁴ First Focus. Childrens Budget 2008. <http://www.firstfocus.net/pages/3391/> (accessed Nov 20, 2008).

In 2007, Texas ~~further improved~~added to its monitoring system by requiring fitness assessments among children in grades 3-12. FitnessGram is composed of six measures: aerobic capacity; body composition; abdominal strength and endurance; trunk strength and flexibility; upper body strength and endurance; and flexibility. During the program's first year, 2.6 of the almost 3.4 million students were tested. Preliminary results show that only 32 percent of third-grade girls and 28 percent of third-grade boys reached the "Healthy Fitness Zone." By 12th grade, just 8 percent of the girls and about 9 percent of the boys met the health standards in all six tests.

Clearly our children ~~deserve~~ need some help ~~better~~.

Treatment

Reimbursement for medical services related to childhood obesity is emerging as a major issue surrounding childhood obesity management throughout the country.¹⁵ The bad news is the likelihood of extremely obese children (or adults) ever returning to normal weight is small because treatment strategies, in the long term, remain largely ineffective.¹⁶ This includes the use of radical, expensive, and invasive interventions such as gastric bypass and stomach lap-banding surgeries. Treatment, while necessary for many, cannot be expected to solve the child obesity epidemic.

Prevention

The time is right to look at innovative ways to reduce and prevent child obesity and the staggering long term health and productivity costs. We need a paradigm shift away from treating diseases after they occur and towards preventing them from ever occurring. By definition, prevention of chronic diseases means focusing ~~We need to focus not only on the people who are already sick with chronic disease but also~~ on the generation ~~that is~~ growing up, the ~~kids~~ children that are overweight at age two or three and living with type 2 diabetes and high blood pressure by the time they are eight years old. We cannot afford to wait. We need to place prevention at the center of our health priorities.

We cannot afford to wait for our healthy children to become obese and seek medical treatment for diabetes, cardiovascular disease, sleep apnea, gall bladder disease, and orthopedic problems. In 2004, we spent \$117 billion on conditions related to obesity and \$132 billion on type 2 diabetes. What if we invested that kind of money to make healthy choices the easy choices? To fully fund school-and-community based health programs? To build parks, playgrounds, and community supported agriculture and local farmers markets? We might begin to reverse the alarming health trends we are seeing in our children. What if we could put that money into preventive medicine, after school programs, senior recreation centers, and workplace wellness? If we want to see a bright and healthy future, we must change the way we think about health priorities and focus on prevention.

We do not need more data to act now – just the political will to adequately fund programs that work. In Texas, we've seen prevention in action with an elementary school program called the

¹⁵ National Initiative for Children's Health Care Quality. **Childhood Obesity: The Role of Health Policy.** <http://www.nichq.org/NICHQ/Programs/ConferencesAndTraining/ChildhoodObesityActionNetwork.htm> (accessed Nov 20, 2008)

¹⁶ Summerbell CD, et al., 2003. Interventions for treating obesity in children. Cochrane Database Syst Rev;(3):CD001872.

Coordinated Approach To Child Health (CATCH). Based on the solid results of a clinical trial¹⁷ and the subsequent three-year follow-up study¹⁸, in 1997 the Board of the Paso del Norte Health Foundation approved the first two grants for the CATCH Program in El Paso, ~~Texas~~. CATCH quickly gained momentum and support because of its focus on balanced nutrition, physical activity, health education, and tobacco avoidance. CATCH proved successful through its coordinated, multi-platform approach – classroom instruction, healthy cafeteria lunches, activity-based physical education classes, at-home parent involvement, and after-school community-based programs. CATCH does make a difference. The Texas SPAN survey of 4th grade students in El Paso County suggested that CATCH was a contributing factor to a 7 point drop in student obesity rates measured from the year 2000 (25%) to the year 2005 (18%). PdNHF funded CATCH at \$4.2M over a seven year period and estimated the costs of implementation at \$10 per student per year. [Our children deserve programs like CATCH.](#)

Since then, over 2,100 Texas elementary schools and nearly 10,000 schools nationwide have been trained in the use of CATCH. As Commissioner, I estimated that if CATCH could avert diabetes in only 1 or 2 obese children per school, it will have more than paid for itself.

Here in New Mexico, CATCH is a popular prevention program. The NM State Plan calls for increasing the number of schools offering the CATCH program (Activity 2.2.A-2).¹⁹ ~~A collaboration between New Mexico Health, Education and Cooperative Extension agencies is The State Department of Health Diabetes Prevention and Control Program, the New Mexico State University Cooperative Extension Service, and the New Mexico Public Education Department, implementing use CATCH as an obesity prevention program for elementary students in grades K through 5. Funded largely by tobacco settlement funds, each CATCH school is encouraged to include all components of the intervention. Schools implement CATCH physical education across all grade levels.~~ In 2008, a total of 45 elementary schools and after-school programs were funded to provide the CATCH program.

~~Not only does CATCH improve diet, physical activity and obesity, but Texas researchers have documented significant improvements on Stanford Achievement test scores.²⁰ Among a group of predominantly Hispanic, economically disadvantaged elementary school students, the CATCH classroom physical activity intervention produced significant increases in achievement in math problem-solving. Among children who were *not adapting well* to school, CATCH produces significant improvements in Stanford Math and Reading scores.~~

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I know I have given a gloomy forecast, Mr. Chairman. We have a long way to go before we will make a significant impact on this enormous problem we are trying to tackle. However, there is hope of sunnier days ahead. We know that nutrition and physical activity are cross-cutting risk factors and that effective prevention of obesity also prevents diabetes, cardiovascular disease, and some cancers. Fully funding and implementing coordinated school health programs like

¹⁷ Luepker RV, et al. Outcomes of a field trial to improve children's dietary patterns and physical activity: The Child and Adolescent Trial for Cardiovascular Health (CATCH). J Am Med Assoc 1996; 275: 768-776.

¹⁸ Nader P, et al. Three year maintenance of improved diet and physical activity: the CATCH cohort. Arch Pediatr Adolesc Med. 1999; 153(7): 695-704.

¹⁹ The New Mexico Plan to Promote Healthier Weight *A Comprehensive Plan to Reduce Obesity, Overweight, and Related Chronic Diseases* 2006-2015.

²⁰ [Personal communication Dr. Nancy Murray, University of Texas, School of Public Health.](#)

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CATCH and others with a proven track record can assure our communities and our nation of healthier children and a much brighter future.

Conclusion

Our country needs to focus on developing policies and making funding decisions that help Americans make healthier choices about nutrition and physical activity. We know that even small changes can make a big difference in people’s health – and that individuals don’t make decisions in a vacuum. If we want our children to lead healthy, productive lives, we need a strong partnership from the government, private and nonprofit sectors, as well as parents and teachers, to emphasize wellness and enhance nutrition and physical activity. The challenge is a big one, but we can make a difference together. Thank you again for the opportunity to testify.