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Introduction

I want to start by thanking the Chair and the other members of the Subcommittee for the opportunity to testify. I applaud your efforts to create policies and programs to promote healthy communities, especially for our children, and I would like to thank you for creating this forum to discuss school wellness policies and their role in reversing the childhood obesity epidemic.

I'd also like to take this opportunity to commend you and your colleagues in Congress for requiring all schools to have wellness policies in place by this, the 2006-2007 school year. Over the years, Congress consistently has recognized that schools are not just places where children learn the basics and how to think critically and lead, but also places where we must foster the health that permits them to learn. School breakfast and lunch programs and school-based health clinics (which our Foundation has long supported) are key examples of deep congressional interest and foresight. More recently, critical nutrition provisions in the Head Start Act continue on this path.

As the nation's largest philanthropy devoted to improving health and health care, the Robert Wood Johnson Foundation (RWJF) shares your commitment to improving the health and well-being of our communities. Our goal is to reverse the childhood obesity epidemic by 2015. In fact, we recently announced a commitment of at least \$500 million over the next five years to tackle this problem. We're pleased that this Subcommittee and your colleagues in Congress recognize the depth of the challenge and are seeking to develop policies that will help turn back the tide.

RWJF's approach is direct and practical:

- Make the case – with solid research and objective evidence—for the problem, what works to roll it back and what doesn't.
- Widely apply the most promising and effective models—both as a firewall against the epidemic's further spread and as a means to turn things around.
- Educate and motivate leaders to foster large-scale change in the communities for which they have responsibility.

Our commitment will focus on these three areas simultaneously. We must act now, based on the best *available* evidence, while we continue to build the best *possible* evidence about what works. We want to serve as a resource to you and to other policy-makers at all levels and to inform the nation's collective efforts.

As we forge ahead, the Robert Wood Johnson Foundation will focus on improving access to affordable healthy foods and opportunities for safe physical activity in schools and communities. Our goal is to reach children at greatest risk for obesity and related harms: Latino, African-American, Native American, Asian American and Pacific Islander children living in lower-income communities.

To that end, we will support efforts to expand school-based programs and help states and communities coordinate their efforts, advocate for change, and evaluate impact. We also will encourage food and beverage companies to offer healthier products and change their marketing practices.

The task at hand is daunting, and we're not taking it on alone. Many partners, organizations and funders already have joined forces. And many more are needed still. We hope the Robert Wood Johnson Foundation's investment will serve as a call to action, catalyzing additional efforts and funding support to build the evidence, spread best practices and install effective public policies that will promote wide-scale change in kids' nutrition and physical activity levels.

In particular, RWJF is collaborating with the National Institutes of Health, the Centers for Disease Control and Prevention, the USDA and other agencies to prevent childhood obesity and develop real measures of progress. We urge you to provide these agencies with adequate resources to support these efforts.

The Problem

As you well know, childhood obesity is one of the most pressing threats facing our nation. It threatens the physical and financial health of our country—well beyond our current capacity to respond. I'm not going to review all of the alarming statistics, but I will give you a brief snapshot. Is it truly and epidemic? Absolutely!

- Over the past four decades, obesity rates have skyrocketed among children of all ages, increasing nearly fivefold among children ages 6 to 11.
- Today, one-third of our children and adolescents are obese or overweight—that's about 25 million kids.
- America's adolescents are now the most obese teenagers in the world.
- An obese teenager's risk of becoming an obese adult is as high as 80 percent.

The Costs

What do these numbers mean for the health of our children? Obese children are at much higher risk for terribly debilitating chronic conditions like type 2 diabetes and high blood pressure. Just a short time ago, these were considered "adult" illnesses. Besides diabetes, serious illnesses related to obesity include many of the top 10 causes of death—heart disease; stroke; breast, colon and kidney cancers—plus musculoskeletal disorders and gall bladder disease. It's as if millions of our kids have their medical charts for adult chronic care prepared in advance, just waiting for them to come of age and mature into obese and sick seniors.

Financially, the prospects are equally foreboding. The direct and indirect health costs associated with obesity in the U.S. are estimated at \$117 billion annually. And escalating. We can't afford to continue down our current path. What we need is less disease than we have now.

The Causes

What has caused the childhood obesity epidemic? The reality is that our environments have changed dramatically. In recent years, our society has altered the way we live, eat, work and play.

One immediate example: a generation ago, nearly half of all school-age children walked or biked to school. Today, nearly nine out of 10 kids catch a ride to school.

And once at school, kids aren't very physically active—less than 10 percent of elementary schools require daily physical education.

At the same time, children are eating more unhealthy processed foods in larger-than-ever portion sizes. More than 80 percent of children and adolescents eat too much total fat. In recent decades, spending at fast-food restaurants has increased eighteen-fold, and serving size and caloric content for menu items like French fries and soda have increased nearly 50 percent. Children consume these high-calorie, low-nutrient foods not only in restaurants, but also at home and in school.

What's Needed?

As awareness of childhood obesity has grown, so, too, has our understanding of the many factors that contribute to the epidemic and what we'll need to do to reverse it. While individual choice and behavior are important, the world we live in plays a big role, too. As a nation, we must focus on more than just personal responsibility. We must address the social and environmental factors that contribute to our nation's weight problem.

The default settings that surround our kids should make it *easier*—not harder—for them to eat well and move more.

The Role for Schools

Schools are a central place to start. They play a vital role in shaping children's behaviors and life-long habits.

Today, children consume an estimated 35 to 50 percent of their daily calories in school. And children from low-income families likely consume an even larger percentage of their calories there since they often rely on the National School Breakfast and Lunch Programs. Bottom line: it is crucial that schools offer easy access to affordable, healthy, and appealing foods and beverages.

We know the critical steps that can and must be taken to improve school wellness. We can start by developing policies to improve the types of foods and beverages offered, restrict access to soda and junk food, and promote more physical activity for students.

RWJF's three major research initiatives in childhood obesity—Active Living Research, Healthy Eating Research and Bridging the Gap—are exploring the impact of school wellness policies and comparing their relative effectiveness versus state-level legislation and regulation. A fourth major program, Leadership for Healthy Communities, works directly with policy-making organizations like the National Governors Association, National Conference of State Legislatures and the U.S. Conference of Mayors to convey what we're learning about the most effective approaches so the members of these groups are armed to do what they must as civic leaders.

RWJF also supports the Alliance for Healthier Generation's Healthy Schools Program. The Alliance, a joint initiative of the American Heart Association and the William J. Clinton Foundation, is working to implement stronger policies for nutrition, physical activity and staff wellness in schools. In its first year, the Healthy Schools Program is providing hands-on assistance to 230 pilot schools in 13 states. More than 900 schools have signed up to use the program's online tools. To date, the program has reached nearly half a million children, and we hope to expand its reach even further in coming years. We also are carefully evaluating the program's efforts to identify effective policies that can be widely replicated.

How do we know that strengthening school policies will work? We're already seeing signs of progress.

In 2003, Arkansas passed a comprehensive law to address the growing epidemic of childhood obesity in public schools across the state. Among other things, the law required: a statewide Child Health Advisory Committee and local committees at the school level; nutrition standards, including things like eliminating access to vending machines in all elementary schools; physical education and physical activity standards; and body mass index (BMI) measurement of all public school students, with confidential child health reports and helpful health tips provided to parents. RWJF supported an independent evaluation of efforts to implement Act 1220. The Foundation also funded a separate initiative to analyze the BMI data for Arkansas public school students. The BMI analysis indicated that, in just three years, Arkansas halted the progression of the childhood obesity epidemic in the state.

We hope to see similarly comprehensive efforts take hold across the country, and you, as policy-makers, can and should help to make that happen.

Leadership

While we have made some limited progress in this fight, we still have a long way to go. In 2005, RWJF co-sponsored an Institute of Medicine (IOM) report titled *Preventing Childhood Obesity: Health in the Balance*. The report provided a comprehensive roadmap for national action, calling on federal, state and local governments to provide the leadership and resources for a sustained effort to prevent childhood obesity. Among its recommendations, the committee urged the USDA to

develop nutritional standards for competitive foods and beverages available in schools. We have yet to see that happen. We urge Congress to see that it does.

RWJF was the sole sponsor of a more recent IOM report, *Progress in Preventing Childhood Obesity: How Do We Measure Up?* That follow-up report highlights how we, as a nation, are still not moving quickly enough. Efforts are often small in scale, fragmented, under-funded and not adequately evaluated. When it comes to measuring up – without sufficient leadership from policy-makers – we will continue to fall far short.

The Role for Policy

There is no question that personal behavior is important. But government policies, implemented at all levels, often determine the choices in front of us in our daily lives, and this choice-setting has a huge impact on behavior, including health behavior.

The tide will not turn on this epidemic until the effort is energetically and strategically embraced with the full force of a responsive government and motivated elected leaders. But it's not as if we expect you to get there alone. This effort will require partnership with industry, the best efforts of schools, and the on-the-ground energies of non-governmental agencies, community groups and hometown leaders.

Clearly, states need to do more, but the federal government cannot sit on the sidelines. Public policies help shape food environments for children, as well as environments for physical activity. The Federal government demonstrated vision and leadership by implementing the Safe Routes to Schools Program, a federally funded program designed to create safe, convenient and fun opportunities for children to walk and bicycle to and from schools. The Foundation is supporting this effort, but we need a sustained commitment and ongoing support from the Federal government to ensure that innovative programs like Safe Routes to School continue and expand.

While primarily outside this committee's jurisdiction, we must also look at our agricultural policies, and nutrition and food assistance programs affecting child nutrition. We need to examine everything from how food prices impact consumption to how commodity prices influence what's sold, served and marketed to children. The Federal government is responsible for the National School Breakfast and Lunch Programs, as well as the Summer Food Service Program. By investing in child nutrition programs that promote rather than hinder health, our federal government can help children and their families eat healthier and prevent obesity, while also realizing enormous potential savings in averted healthcare and environmental costs. We urge that agricultural policies, in particular, must be realigned to help make the American diet consistent with the 2005 Dietary Guidelines, while supporting broader public health goals of preventing disease and obesity.

Conclusion

In closing, I would again like to thank the committee for the opportunity to testify on this critical issue. While philanthropy can foster national dialogue, and pursue and test new ideas, it is the federal government that has the power and the resources to spur large-scale change.

If we do not act now to reverse the alarming trend of childhood obesity, we are in danger of raising the first generation of American children who will live sicker and die younger than the generation before them. By working to prevent obesity in childhood, we can reduce disease and illness, save countless dollars, spare millions of Americans from needless suffering, and ensure that our children have a promising future.

We already know how to change behavior to save lives. Through education, advocacy, leadership and good public policy, we've reduced drunk driving and protected millions of Americans from the harm of tobacco. And it's hard to imagine getting behind the wheel of a car today without buckling up. These success stories provide examples of how a national commitment to policy and social change can transform individual behavior.

With childhood obesity, past efforts have been too small, too slow and too fragmented—a jumble of unconnected state, school, community, business and philanthropic efforts. Missing is a sense of national urgency to act and the resources to help communities, states and the nation coordinate efforts, advocate for change and evaluate impact.

There is an African proverb that says, “The best time to plant a tree is 20 years ago. The second best time is now. “ Twenty or 30 years ago was the best time to address this epidemic –when we could have prevented it. Now we must work hard to reverse it.

And it will be hard, but delay is something our nation and children can't afford. That is why our Foundation made the biggest commitment in our history. But we know it won't be enough without leadership from our government at all levels, and from education, public health and industry.

We look forward to working with you. We can't afford to wait. To wait is to fail our current generation of children. We must make a difference in their lifetime.

I look forward to answering your questions.