

Reducing Childhood Obesity: Public-Private Partnerships to Improve Nutrition and Increase Physical Activity in Children

Bill Number:

Hearing Date: October 5, 2004, 10:00 am

Location: SD-430

Witness:

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Testimony

Good morning, Mr. Chairman and members of the Committee. My name is Ross Brownson. I am a professor of epidemiology and department chair at Saint Louis University School of Public Health. I also served as a member of the Committee on the Prevention of Obesity in Children and Youth of the Institute of Medicine.

I am here to talk about our recent IOM report, Preventing Childhood Obesity: Health in the Balance, which was undertaken at the request of Congress and was released last Thursday, September 30. Our report provides the first comprehensive, evidence-based action plan for tackling the epidemic of childhood obesity on multiple fronts.

We call for immediate action, given the alarming rate at which the incidence of childhood obesity is growing in America. Over the past three decades, the obesity rate has more than tripled for children ages 6 to 11 years. Obesity carries significant ramifications for children's physical and emotional health, in both the short and long terms, particularly the increased risk of developing diabetes and other chronic conditions. Our nation has spent many billions of dollars to make incredible health advances related to genetics and other biomedical discoveries; yet these advances could be offset by the burden of illness and premature death caused by too many young people eating too much and moving too little over their lifetimes.

Reducing rates of childhood obesity requires that children achieve and maintain a healthy energy balance — that is, the balance between amount of calories consumed and the amount expended through physical activity.

The federal government must provide the leadership that is needed to make obesity prevention a national public health priority and therefore, the report calls for the establishment of a high level federal task force to ensure coordinated budgets, policies, and programs. The report recommends pilot programs to explore changes in federal food assistance programs that could promote healthy eating. We also urge an increase in resources devoted to obesity prevention programs, surveillance, and research, such as those overseen by the CDC and the NIH.

Naturally, we call on parents and families to encourage their children to engage in regular physical activity, to provide them with healthy foods, and to serve as good role models. We recommend that parents limit television and other recreational screen time to no more than two hours a day.

We call on schools, from preschool through high school, to implement nutritional standards set at the national level for all foods and beverages served on school grounds, including those dispensed by vending machines. Schools also should expand opportunities for all students to engage in at least 30 minutes of moderate to vigorous physical activity each day.

The report also calls on the food, beverage, and entertainment industries to develop innovations related to healthier food and beverage product and packaging and to provide clear and consistent media messages promoting energy balance. Further, the report calls for the relevant industries to voluntarily develop and implement guidelines for advertising and marketing directed at children. Congress should give the Federal Trade Commission the authority to monitor compliance with the guidelines and establish external review boards to prohibit ads that fail to comply.

Community organizations and local and state governments should expand programs and need to engage youth-centered organizations, faith-based groups, and many other community partners. Local action should focus on improving the so-called “built environment” — bike paths, sidewalks, and playgrounds — through capital investment and local zoning. For example, we must find ways for getting our children walking and biking to school again.

Health care professionals have a vital role in preventing childhood obesity. They have the access and influence to discuss a child's weight status with parents, and can make credible recommendations on dietary intake and physical activity. We need to better train health professional — to routinely assess body mass and to counsel patients and families on weight.

Specific attention must be given to children who are at especially high risk for becoming obese, especially ethnic minority populations and families of lower socioeconomic status. As our nation focuses on obesity and begins to address the societal influences that contribute to excess weight, poor food choices, and physical inactivity, many different groups, industries, and organizations will need to make difficult choices. Our report is calling for fundamental changes in our society on how we view childhood obesity — no single sector acting alone can solve it. Because the epidemic has taken years to develop, it will require a sustained commitment of effort and resources for many years — possibly decades — to effectively address this problem. Several recent bills, introduced by members of this committee, take a comprehensive approach to this problem. This is a collective responsibility and we, as a nation, need to provide a healthier environment in which our children can grow up.

Thank you for the opportunity to speak with you on this important topic. I would be glad to answer your questions.