

Jean A. Welsh, PhD, MPH, RN
Vermont Bill S.70

I. Introduction

Good morning. I am Dr. Jean Welsh. I am a faculty member in the Department of Pediatrics at the Emory University School of Medicine in Atlanta and the Research Director for Strong4Life, a child obesity prevention and treatment initiative sponsored by Children's Healthcare of Atlanta. I am also a member of the American Heart Association's Committee on Atherosclerosis, Hypertension and Obesity in the Young. As a nutritional epidemiologist, I have, for 15 years, been doing research to better understand how children's diets relate to their obesity and chronic disease risk, and how this risk can be reduced.

I would like to begin my comments by first thanking the Committee for providing me with this opportunity to comment on the proposal outlined in Bill S. 70. [that restaurants licensed by the Department of Health be allowed to serve only children's meals that meet the specified nutritional standards]

II. The problem

While I have been working in the area of children's diet and health for many years, awareness of obesity as a public health problem is a relatively new one. When I was working on my Masters degree in Public Health back in the early 1990s, I had the option of working on a research project related to tobacco control or on one related to obesity. I chose to work on tobacco control because, as I thought at the time, "who cares about obesity". Well, fast forward 25 years and now we all care about obesity, or we should. Obesity has, in this relatively short period of time become a public health crisis, a crisis that affects all of us, indirectly, if not directly.

As I worked to prepare my comments for today, I found myself thinking of the children we see at our Strong4Life obesity clinic and through our camp program for overweight kids. Kids who, almost to a child, are already experiencing serious, challenging circumstances as a result of their weight. Many are socially isolated, most have one or more chronic conditions requiring long-term treatment, they all wish for things to be different. They all want and struggle to make healthy changes that will improve their weight, and the reality is, far too few succeed. Successfully reversing obesity is extremely difficult. And the number of children faced with doing so is as depressing as it is frightening.

In Vermont, over 27% of adults are obese. As you may know, obesity is an extreme level of overweight commonly accompanied by one or more chronic health problems. This 27% is up from 17.0% in 2000 and from less than 11% (10.7%) in 1990. And, of course, it isn't just adults affected. Nearly one-quarter (22%) of school-age children in the state are overweight or obese and 14% of the state's low-income preschoolers, are obese- again that's the extreme level of overweight.

And together with the rising rates of obesity go the rates of other diet-linked health conditions. 10% of adults in Vermont have Type 2 diabetes, and many more have blood values that indicate that they are on the path to developing it. While I don't have figures for the number of children in Vermont who have diabetes, I can tell you that almost 200,000 Americans under the age of 20 have been diagnosed with it. These children have what's now called "Type 2" diabetes. It used to be referred to as "adult onset diabetes" as it used to occur only very rarely in children but, given the rising prevalence among them, that term is no longer appropriate. Diabetes, as many of you may know, is a condition that has the potential to dramatically decrease the quality of life and shorten the lifespan of those who have it.

Other diet-related diseases on the rise among children include high blood pressure, a condition that, over time, dramatically raises the risk of heart disease and stroke, and non-alcoholic fatty liver disease or NAFLD, which is characterized by a build-up of fat in the liver. With progression, NAFLD increases the risk of liver failure and liver cancer. NAFLD, like Type 2 diabetes, was almost unheard of 30 years ago.

Importantly, health risks associated with childhood obesity aren't confined to childhood. Because obesity at an early age makes it much more likely one will be overweight as an adult, the result is often a lifetime of increased risk.

III. The importance of early prevention

While the proposed bill alone will not solve the problem of obesity in Vermont, by ensuring that the children's meals in restaurants comply with dietary guidelines, guidelines developed in collaboration with some of the nation's top nutrition experts, it has the potential to go a long way. We know that:

- Many children are consuming more calories than they need- which is clear from the data on obesity just presented. With the passage of this bill, restaurant meals marketed to children will be required to provide foods and beverages in portion sizes appropriate for their body size. Portion sizes of restaurant and commercially prepared foods and beverages have increased markedly in the U.S. over the past couple of decades. We know that when more food is presented, more food tends to be eaten. This bill, if passed, would lead to an important and positive change in helping to ensure that the portion sizes served to children in restaurants is appropriate.
- Today, too many of the calories consumed regularly by children come from foods that are high in sugars, unhealthy fats and sodium. Most U.S. children consume more than the recommended amount of one or more of these nutrients by the time they are 3-years-old. Since the way young children eat influences their foods choices as they grow older, these dietary practices increase their immediate as well as their life-time risk of obesity, diabetes, hypertension, and heart disease. Increasing how often children in Vermont eat meals low in these unhealthy nutrients would be an important and positive change.

- Since children's smaller bodies require fewer calories than those of fully grown adults, it is especially important that the foods they eat are high in the nutrients they need most to ensure healthy brain and body development. Many children do not get enough of the vitamins, and minerals, and fiber they need from the foods they commonly eat. The proposed bill would address this by ensuring that children's meals at restaurants are good sources of the nutrients that are often lacking in children's diet. This would be an important and positive change.
- Finally, the work, home and other demands on today's parents are many, leaving them with little spare time in the day. Families are cooking at home less and eating out more. Providing parents with the option of eating out more frequently, knowing that when they do they can still provide a healthy meal for their children, will be great support for them. These meals will also model for them healthy foods and portion sizes. This has the potential to modify what is served at home. This would be an important and positive change.

IV. Closing

In closing, the rise of obesity and other diet-associated conditions among children highlights the need for everyone, parents and caregivers, as well as program developers **and policy makers**, to make every effort to identify effective strategies for improving what and how children eat. The health and future of our families and communities depends on it. What has been proposed in Bill S70 is great step, with the potential to have a far-reaching impact. It also strikes a nice balance by ensuring healthy restaurant options are available for children, while still giving parents the option to decide what to order for themselves and their children. As a mother of four, I can tell you that would be a gift.

Thank you for the time you are taking to consider the merits of this bill and for your willingness to listen to my testimony in support of it.