



**Connecticut
Public Health
Association**

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**TESTIMONY OF THE CONNECTICUT PUBLIC HEALTH ASSOCIATION
H.B. 5746: AN ACT CONCERNING A TASK FORCE ON
CHILDHOOD OBESITY
PUBLIC HEALTH COMMITTEE
FEBRUARY 27, 2013**

Representative Johnson, Senator Gerratana and members of the Public Health Committee, my name is Kimberly Miller-Tolbert and I am a legislative intern with the Connecticut Public Health Association (CPHA). CPHA offers our support for **H.B. 5746: *An Act Concerning a Task Force on Childhood Obesity***. This bill, the purpose of which is “to establish a task force to develop a state-wide plan concerning childhood obesity,” is both timely and imperative, given the epidemic-like prevalence of this disease in the state of Connecticut, as well as the many health and economic consequences associated with it.¹

Over the past three decades, the prevalence of childhood obesity has quadrupled among 6 – 11 year olds and tripled among preschool age children and adolescents, making it a pressing public health concern in the United States.² It is currently estimated that 25.7% of all Connecticut children are overweight or obese.³ The prevalence is especially high among certain sub-groups of children; 31.2% of low-income children, age 2-5, are overweight or obese, as well as 43.9% of African American teenagers (24% obese) and 31.2% of Hispanic teenagers (15.2% obese).^{3,4}

The consequences of obesity are significant for both children and adults, and on both the individual and population level. Overweight and obese children are significantly more likely to have lower school attendance rates, more detentions and are more likely to achieve lower grades and standardized test scores than their peers.⁵ Also, for overweight children, the risk of developing chronic diseases previously considered adult illnesses, such as cardiovascular disease, diabetes, high cholesterol, sleep apnea and certain kinds of cancer are greatly increased.⁶

In addition, overweight children face “intense social stigmatization” which leads to lower self-esteem, higher rates of depression, lower quality of life and increased risky behaviors such as use of alcohol and tobacco.⁶ It is very concerning that overweight or obese children continue to face an elevated and continued risk of chronic disease and premature death into adulthood.⁶ This contributes to the high healthcare costs of treating obesity related conditions—costs which exceed \$856 million a year in Connecticut alone. A significant portion of this cost (\$665 million) is paid for through Medicaid and Medicare.⁷

The public health and greater medical communities have recognized the severity of this illness and have made a substantial effort to combat it. In addition to efforts that promote healthier eating and more physical activity, the Institute of Medicine (IOM) has outlined the importance of government involvement in reducing the prevalence of childhood obesity.² They believe that federal, state and local governments must develop policies and programs that commit to solving the issue of childhood obesity. **Specifically, the IOM recommends that these government entities “establish a high-level task force on childhood obesity prevention to identify priorities for action, coordinate public-sector efforts and establish effective interdepartmental collaborations.”**²

Several states and large cities, as well as the White House, have followed the IOM’s recommendation and have developed a Childhood Obesity Task Force. The North Carolina General Assembly’s Task Force on Childhood Obesity, for example, was established in 2009 as a way to develop a strategic plan to address childhood obesity in the state. Since then, the task force has delivered over a dozen recommendations to the North Carolina General Assembly and has introduced eleven proposed bills regarding nutrition and physical activity initiatives, as well as the race and income disparities associated with childhood obesity.⁸ Other states that have a Task Force on Childhood Obesity are California, Hawaii, Mississippi and Kentucky.

The state of Connecticut has already made efforts to address this public health issue through the Nutrition, Physical Activity and Obesity Prevention Program of the Connecticut Department of Public Health, the Connecticut Childhood Obesity Advisory Council and through the Connecticut Commission on Children. At this juncture, establishing a centralized task force to bring these separate entities together in developing a statewide plan concerning childhood obesity is imperative.

The mission of the CPHA is “...to ameliorate the most pressing public health issues in the state, and to promote health and safe living for the people of Connecticut.” Therefore, the CPHA enthusiastically supports **H.B. 5746: *An Act Concerning a Task Force on Childhood Obesity*** as it addresses one of the most pressing public health concerns facing our youngest, and often times, most vulnerable, residents.

Thank you for your time.

Sincerely,

Kimberly Miller-Tolbert
Legislative Intern
Connecticut Public Health Association

References

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