



**Connecticut
Public Health
Association**

Promoting Public Health in Connecticut Since 1916

**TESTIMONY OF THE CONNECTICUT PUBLIC HEALTH ASSOCIATION
H.B. 6525: AN ACT ESTABLISHING A CHILDHOOD OBESITY TASK FORCE
JOINT COMMITTEE ON CHILDREN
MARCH 6, 2013**

Senator Bartolomeo, Representative Urban, and members of the Children’s Committee, my name is Colleen O’Connor and I serve as Advocacy Chair and as a member of the Board of Directors of the Connecticut Public Health Association (CPHA). The Connecticut Public Health Association (CPHA) represents over 300 public health professionals, committed to improving the health of all Connecticut residents through evidence-based policy and programs. **CPHA offers our support for H.B. 6525: *An Act Establishing a Childhood Obesity Task Force***, which would establish a task force to study and make statewide policy recommendations on childhood obesity.

CPHA believes that Public Health has a vital role to play in childhood obesity prevention in Connecticut. The mission of Public Health is to “promote physical and mental health and prevent disease, injury, and disability” in populations and communities.¹ Public Health differs from clinical professions such as medicine and nursing as we try to prevent diseases and injuries from happening (primary prevention) versus treating individuals after they become unhealthy. The public health field has been integral to addressing obesity in Connecticut and nationally, through health education and evidence-based prevention programs and policy measures. A few examples include: the Nutrition, Physical Activity and Obesity Prevention Program of the Connecticut Department of Public Health (DPH), the Connecticut Childhood Obesity Advisory Council, a joint venture between the DPH and the Connecticut Commission on Children, as well as the Healthy People 2010² and 2020^{3,4} initiatives. In fact, childhood obesity is considered one of the most serious public health challenges of the 21st century.⁵

Public health practitioners can play an integral role on the proposed Childhood Obesity Task Force as they are skilled at translating best practices from the field and evidence from scientific literature into evidence-based programs and policies. Furthermore, public health practitioners consider the societal factors and systems problems that encourage childhood obesity and which contribute to the racial and ethnic disparities in childhood obesity rates and related outcomes. We understand that without addressing these factors, public health policies and programs can have limited success for disadvantaged populations. While CPHA recognizes that public health is only one aspect of the environment that shapes health within a state or community, we understand public health as having a critical role to play in this important policy arena.

H.B. 6525 is both timely and imperative, given the rising incidence of this disease and its related health and economic costs in the state of Connecticut. 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 in the United States.⁶ It is currently estimated that 25.7% of all Connecticut children are overweight or obese.⁷ 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).^{7,8.}

The consequences of obesity are significant for children, adults and society as a whole. Overweight and obese children face greater risk of developing chronic diseases previously considered adult illnesses, such as cardiovascular disease, diabetes, high cholesterol, sleep apnea and certain kinds of cancer.⁹ It is also very concerning that overweight or obese children continue to face an elevated and continued risk of chronic disease and premature death into adulthood.⁹ This contributes to the high 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.¹⁰

The Institute of Medicine (IOM) has outlined the importance of government involvement in reducing the prevalence of childhood obesity, recommending that federal, state and local governments: “establish a high-level task force on childhood obesity prevention to identify priorities for action, coordinate public-sector efforts and establish effective interdepartmental collaborations.”⁶ CPHA urges the Connecticut legislature to join the White House and other states, such as North Carolina, California, Hawaii, Mississippi and Kentucky, in following the IOM’s recommendation to establish Childhood Obesity Task Forces.

CPHA supports developing a statewide, comprehensive plan to address childhood obesity and believes a centralized task force with legislative leadership, comprising a broad representation of experts including public health, is an important step towards this goal. Therefore, CPHA respectfully requests that the Task Force include representation from the Public Health community. CPHA enthusiastically supports the overarching goal of **H.B. 5746: *An Act Concerning a Task Force on Childhood Obesity*** as it seeks to systematically address one of the most pressing public health problems faced by our youngest, and often times, most vulnerable, Connecticut residents.

Thank you for your time.

Sincerely,
Colleen O’Connor, MPH
Chair of Advocacy and Board of Directors
Connecticut Public Health Association

References

1. Public Health in America. (1994). Public Health Functions Project. Public Health Functions Steering Committee. Health.gov.
<http://www.health.gov/phfunctions/public.htm>
2. Healthy People 2010. 2nd ed. (2000). Understanding and Improving Health and Objectives for Improving Health. 2 vols. U.S. Department of Health and Human Service. Washington, DC: U.S. Government Printing Office.
<http://www.healthypeople.gov/2010/Document/pdf/uih/2010uih.pdf>
3. Healthy People 2020. U.S. Department of Health and Human Services. Office of Disease Prevention and Health Promotion. Washington, DC.
<http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicId=29>
4. ACTION Plan: Healthy People 2010 Objectives for Prevention and Control of Childhood Obesity. American Public Health Association.
<http://www.apha.org/programs/resources/obesity/obesityactplan.htm>
5. Population-based approaches to childhood obesity prevention. (2012). World Health Organization. Geneva, Switzerland.
http://www.who.int/entity/dietphysicalactivity/childhood/WHO_new_childhoodobesity_PREVENTION_27nov_HR_PRINT_OK.pdf
6. Progress in Preventing Childhood Obesity: How Do We Measure Up? (2006, September 13). In Institute of Medicine of the National Academies. Retrieved February 23, 2013, from <http://www.iom.edu/Reports/2006/Progress-in-Preventing-Childhood-Obesity--How-Do-We-Measure-Up.aspx>
7. ChildHealthData.org. (2007). Connecticut State Fact Sheet. Retrieved February 23, 2013, from <http://www.childhealthdata.org/docs/nsch-docs/connecticut-pdf.pdf>
8. Connecticut Department of Public Health . (2012). Childhood Obesity in Connecticut. Retrieved February 23, 2013, from http://www.ct.gov/dph/lib/dph/ChOb_Fact_Sheet_Fall07.pdf
9. The American Public Health Association. (n.d.). What We Know About Childhood Obesity. Retrieved February 26, 2013, from <http://www.apha.org/programs/resources/obesity/proresobesityknow.htm>
10. State of Connecticut General Assembly Commission on Children. (2009, January 29). Childhood Obesity in Connecticut: A Preventable Health Crisis. Retrieved February 23, 2013, from www.cga.ct.gov/coc/PDFs/obesity/obesity_factsheet_012909.pdf