

**REDUCING CHILDHOOD OBESITY: PUBLIC-PRIVATE
PARTNERSHIPS TO IMPROVE NUTRITION AND
INCREASE PHYSICAL ACTIVITY IN CHILDREN**

HEARING

BEFORE THE

**COMMITTEE ON HEALTH, EDUCATION,
LABOR, AND PENSIONS
UNITED STATES SENATE
ONE HUNDRED EIGHTH CONGRESS**

SECOND SESSION

ON

**EXAMINING PUBLIC-PRIVATE PARTNERSHIPS TO IMPROVE NUTRITION
AND INCREASE PHYSICAL ACTIVITY IN CHILDREN**

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TUESDAY, OCTOBER 5, 2004
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REDUCING CHILDHOOD OBESITY: PUBLIC-PRIVATE PARTNERSHIPS TO IMPROVE NUTRITION AND PHYSICAL ACTIVITY IN CHILDREN

TUESDAY, OCTOBER 5, 2004

U.S. SENATE,
COMMITTEE ON HEALTH, EDUCATION, LABOR, AND PENSIONS,
Washington, DC.

The committee met, pursuant to notice, at 10:22 a.m., in room SD-430, Dirksen Senate Office Building, Hon. Bill Frist, presiding. Present: Senators Frist, Alexander, Dodd, Harkin, and Reed.

OPENING STATEMENT OF SENATOR FRIST

Senator FRIST [PRESIDING]. Good morning.

We are starting a few minutes late, but I do want to welcome everybody to this hearing on “Reducing Childhood Obesity: Public-Private Partnerships to Improve Nutrition and Physical Activity in Children.” This is an important hearing. We are starting a few minutes late because of votes on the floor of the U.S. Senate. The majority leader just did not know when to schedule votes. But people will be coming in shortly.

I do want to start by thanking Chairman Judd Gregg for allowing me to chair today’s hearing on a topic that is critically important to us today, a problem that is worsening every day. We will respond to our commitment to reversing what has become a true epidemic in health and in public health in this country, and to some extent around the world.

Childhood obesity has reached epidemic proportions, and “epidemic” is not a word that we should use casually. When we use the word “epidemic” or “epidemic proportions,” one simply need look at the data. The number of obese children between the ages of 6 and 11 who are in kindergarten to fifth grade has tripled over the past 3 decades.

Ten percent of American children are clinically obese today, and more than 30 percent of American children are overweight. That is, one out of three children in the United States of America today is overweight.

The numbers are significant because we know that being overweight, being obese, translates directly into having a lower quality of life than one’s peers, and the translation is direct. They suffer significantly higher rates of Type 2 diabetes, for example. In my own field of cardiovascular disease, they clearly suffer from being overweight and obese. Cardiovascular disease is a term that in-

cludes the number one killers in America today, when you couple stroke, vascular disease and congestive heart failure, and sudden death.

These young children are more likely to suffer musculoskeletal problems—problems of muscles and bones and movement, and that includes degenerative joint disease, disc disease—and they suffer from a higher number of psychosocial problems, including depression, and problems of the lung or pulmonary complications.

After adolescence, children who are overweight have a 70 percent chance of becoming overweight or obese adults. Individuals who are obese have a 50 to 100 percent increased risk of premature death. Obesity causes about 400,000 deaths each year. We will talk a lot about the issues, but poor nutrition and lack of physical activity is second only to smoking as the leading cause of death in the United States.

Nonetheless, with a sustained effort and a strong element of national leadership—and I hope that is reflected by this hearing today and by my presence at this hearing—we can improve this situation. It is reversible. It is something that we can do something about.

That is why we are here today, to focus not on the problem—because we can define the problem over and over and over—but on solutions and on innovative solutions and on what we can do to set policy, working with the private sector to accomplish that goal of reversing the trends that are so evident in this epidemic.

Earlier this year, the CDC announced that smoking among high school students has dropped to its lowest level in more than a decade. That is good news. Fewer students now say that they have ever tried cigarettes. The CDC gives part of the credit to effective anti-smoking media campaigns and anti-smoking education in the classrooms. That is encouraging news. It shows that with sustained effort, indeed, progress can be made in the issues of public health and public health in children.

It should energize us in the battle against childhood obesity. The recent CDC report demonstrates that aggressive education can steer kids away from harmful behaviors through healthier choices.

This committee has taken a leadership role in developing legislation to begin to address this growing public health crisis. Last year, I joined with my colleagues, a bipartisan group—Senator Chris Dodd, Senator Jeff Bingaman, Senator Jeff Sessions, Senator Mike DeWine, Senator Lamar Alexander—to author the “Improved Nutrition and Physical Activity Act,” or IMPACT. That legislation passed the U.S. Senate last December, and we will build on these bipartisan efforts to continue to address childhood obesity.

I would like to welcome our first witness, Senator Ron Wyden of Oregon, who is with us today. Senator Wyden and I teamed up to sponsor the “Childhood Obesity Reduction Act.” We clearly believe, as you will hear shortly, that intervention, with community and school support, is key to preventing lifelong obesity and obesity-related illnesses.

We will hear more about the details in that bill, which we obviously are very, very excited about.

I am very pleased that the Senate has been able to work across party lines on issues such as this. I am committed personally as

a Member of this Committee, as a physician, as a United States Senator, and indeed, as majority leader, to continue to fight against childhood obesity and to use all the tools within the power of us as Senators to reverse this growing epidemic. It is serious. It is a significant public health threat. It is fairly new in terms of history—we are talking about the last 30 or 40 years—and in many ways, that gives me hope, because it shows something that for years and years and years was not a problem and then has become an acute problem over several decades, and now we are at a critical point in history where we can reverse it—not just we, but we working hand-in-hand through innovative and creative partnerships.

I do want to welcome all of our witnesses today, and I look forward to hearing your testimony.

We have three panels today, and I know there are certain time constraints, so we will move through the panels fairly expeditiously.

What I would like to do—and I will turn to my colleagues to see if it would be okay—is to allow Senator Wyden to go ahead and begin the first panel, and after that, allow them to make statements at that juncture.

Senator Wyden?

STATEMENT OF HON. RON WYDEN, A U.S. SENATOR FROM THE STATE OF OREGON

Senator WYDEN. Thank you, Mr. Chairman.

Mr. Chairman, let me tell you how much I appreciate being here and being with you especially. I think it is pretty obvious that the Senate Majority Leader in the last week—or what we hope will be the last week—of the session has one or two things on the plate. And the fact that you are here and that you are leading this hearing is, I think, further evidence of how serious you think the problem is. I appreciate that leadership and particularly the chance to team up with you.

I think it is also fair to say that Senator Harkin has been prosecuting this cause for a long, long time—he has his own bill and a lot of very good initiatives in it—Senator Kennedy as well, and Senator Reed, who has long been an advocate for kids. This has the makings of a good bipartisan partnership.

Mr. Chairman, with your leave, if I could just put my full statement in the record and just highlight a few of my concerns this morning.

Senator FRIST. Without objection.

Senator WYDEN. First, I think that from a statistical standpoint, you have laid it out. You cannot overstate the enormity of this problem.

Across the country, as our kids slouch in front of TVs and video game consoles, they are being stalked by this silent killer known as obesity. I think this committee understands what we are up against. Members introduced their own legislation. And our bipartisan bill, the bill that you and I have introduced, is based on the proposition that kids are not going to be able to escape this killer all by themselves. Far too few grownups have been working to assist them, and part of the problem is that a lot of those adults are facing the same killer as well.

What I hope we can do with our legislation is jump-start a nationwide, community-based mobilization against this killer—and it is fair to say if you are going to ask the country to mobilize, the Congress has got to lead the way. Kids are not going to change their eating and exercise habits by osmosis, so adults, and particularly the Congress, are in a position to speak out and to lead.

From the standpoint of my own State, the Centers for Disease Control has said that at least 31 percent of the low-income kids between the ages of 2 and 5 in Oregon are overweight or at risk of becoming overweight. My sense is that the country has a choice. We can either step in now and act with the kind of legislation that we have introduced and other members of this committee have introduced, or we can essentially commit ourselves to playing catch-up ball for years and years to come. We will be playing catch-up ball in terms of health care.

Certainly, if you look at the diabetes statistics, just as an indication of that, diabetes is killing three times as many people in Oregon today as it did 15 years ago. And certainly, from the standpoint of being overweight and obese, you are increasing the risk of youngsters for diabetes, and this will lead to that spiral of more chronic illnesses.

So the choice, as I say, is that we can either act aggressively today, or we can play catch-up ball for years and years from the standpoint of health and finances. And certainly, if you look at the toll that diabetes takes, we are now at the point in terms of annual U.S. medical expenditures where we are spending \$75 billion in 2003 dollars, and half of those expenditures, Mr. Chairman and colleagues, are now financed by Medicare and Medicaid.

So I will close by way of saying that there are really two steps that we are trying to take in our bill, the Frist-Wyden legislation, the "Childhood Obesity Reduction Act." The first is based on the idea that it would be useful to have a one-stop shop to fight obesity. We do that by creating a congressional council so that through a website, you can get state-of-the-art information out across the country to those who are looking in schools and public-private programs for programs that work.

So, for example, in the first part of our legislation, the education part, if a teacher sees a study, for example, like the one that was recently released showing that 30 minutes of activity can help combat childhood obesity, but the school does not have the resources, or has had their physical education program cut, through the website, that teacher will be able to find out about schools and programs in a similar situation and know where to turn. For example, say they were a school strapped for resources or had had their P.E. program cut. They would be able to find out that Nike, which is fortunately located in my home State, a Fortune 500 program, is willing to step up to the plate and help them establish a program along those lines in a school that is strapped for resources.

The second part of our legislation, Mr. Chairman and colleagues, assumes that we are not just going to get this done by having a congressional committee act once and pass one piece of legislation, but we are going to need to have an ongoing basis for not only getting the information out but for making resources available. So our

legislation establishes a congressional council as well to run a foundation that would assist both in terms of education and resources.

So let us say, for example, that you have an urban school that is trying to get youngsters to eat a few more vegetables and a few less french fries—certainly a problem that we are seeing on a widespread basis. Not only can we through the foundation get information out to those schools, but the foundation would have the resources, for example, to provide that low-income urban school some seed money so that that urban school could set up a garden that would produce fresh produce and help to change the way that youngsters look at food.

The last point that I would make, Mr. Chairman, is I think we ought to learn from some of the lessons that this committee and colleagues have tackled aggressively. If you look, for example, to parallels with respect to tobacco, my sense is that some of the lessons that we have learned in terms of fighting youth smoking can also be applied as we tackle this question of childhood obesity.

So I think all of us here have the same goal, and that is to get America's kids healthy. The challenge is going to be tough, because there is a lot of food out there that tastes pretty good but is not particularly nutritious, and there are video games that do not burn any calories but sure are an entertaining way to spend an afternoon.

So I think with these kinds of efforts and the good work that this committee has done, we can mobilize the country and have the Congress take the lead and beat this, as you correctly characterize it, epidemic of obesity among kids.

Senator FRIST. Thank you very much, and I personally appreciate your strong advocacy, passionate advocacy, for reducing childhood obesity. It has been a real pleasure working with you on this huge challenge for the American people.

[The prepared statement of Senator Wyden follows:]

PREPARED STATEMENT OF SENATOR WYDEN

Across this country, on couches in front of televisions and video game consoles, a silent killer called obesity is stalking America's youngsters—in epidemic numbers.

This committee has a sense of the implications of this obesity epidemic, because several of you have had a long interest in solving this issue. In particular, I want to commend Senators Harkin, Kennedy and Gregg.

Senator Frist and I have introduced a bipartisan bill based on the proposition that children can't escape this killer on their own. And far too few grownups are working to save them—one reason being that the grownups are fighting the same killer, too. What Majority Leader Frist and I hope to do with our legislation is to jump-start a nationwide, community-based campaign against this menace. There must be a national mobilization to help our kids grow up healthy. And when I say the country must mobilize, I am calling on this committee and this Congress to lead the way. Just as children won't change their own eating and exercise habits by osmosis, so the adults of this country will not take up the fight against obesity without leadership and help.

Let me share with you just one devastating example of the problem: In my home State of Oregon, obesity may well become the number-two killer of our citizens—after tobacco, the number-one killer nationally.

According to the Oregon Department of Human Services, fully 22 percent of the adults in Oregon are obese and 60 percent are overweight. The Centers for Disease Control found the obesity rate among Oregon adults increased by 86 percent from 1990 to 2002. Even more tragic, and why we are here today, is that CDC says at least 31 percent of low-income children between 2 and 5 years of age in Oregon are overweight or at risk of becoming overweight. A lot of those overweight kids are going to become overweight and obese adults if we just sit on our hands today. We're going to end up playing medical catch-up ball, and financial catch-up ball, for the rest of their lives.

Here's an example for you: Diabetes kills three times as many people in Oregon today as it did 15 years ago. The truth behind that figure is, that being overweight or obese dramatically increases a child's risk for diabetes—and that can lead to more chronic illnesses. Diabetes is the leading cause of kidney disease, heart disease, amputation and blindness. The Centers for Disease Control and Prevention estimates that due to this epidemic of obesity, one in three Americans born in the year 2000 will develop diabetes in their lifetime and for minorities that number jumps to nearly half.

Think about that. A lot of folks in this room have children and grandchildren who are young right now, or still on the way. And the numbers don't look good for the kids that we love. And those numbers don't measure the emotional toll that illness takes on a child, their families and others who love them.

The financial costs are staggering as well. In January, research was released showing the cost of obesity to our health care systems. The research looked at adult obesity health care costs and concluded: annual U.S. medical expenditures because of obesity are estimated at \$75 billion in 2003 dollars, and approximately one-half of these expenditures are financed by Medicare and Medicaid.

And if we do nothing to help our children get fit and stay fit, those figures will only grow as more overweight kids become overweight adults. Obesity among children is up. But the dollars being spent now, on their obesity-related diseases in childhood, are just a drop in the bucket compared to what we're going to have to spend. Many obesity-related diseases are chronic and lifelong. Again, it's a prescription for catch-up ball.

Here's how the Frist-Wyden bill, the Childhood Obesity Reduction Act, will work to turn the tide against childhood obesity. There are TWO ways this will happen.

First, it will give teachers, parents and other community leaders a one-stop shop to fight obesity. The Congressional council created by this bill will launch a comprehensive website to help everyone from PE teachers to scout leaders learn what's working in schools and public-private programs. But it doesn't stop there—it will also offer advice on connecting with those successful programs and adapting them in their own schools.

Let me give you a real-world example of how this component will work: When a teacher sees a study like one that was released recently showing that 30 minutes of activity can help combat childhood obesity, but the school doesn't have the resources or has had to cut their physical education program, that teacher could go to the website and see what others in a similar situation have done to remedy that problem. They would be able to see there are partners like Nike who are willing to step up to the plate and help with programs. But that teacher might also see that physical activity is only one part of the solution and they might find ways to bring in the nutritional aspect as well through other programs that have already proven successful.

The website will also offer help in establishing goals for cutting childhood obesity at that school or in that community—and all these plans will have been evaluated by outside experts for their effectiveness.

That's the first component of our bill. Here's the second.

Secondly, once the one-stop shop is established, it will be time to move to the next level. We're not setting up a permanent congressional committee where politicians can take root and it all gets run from the government.

After 2 years, the Congressional council turns the work over to a brand-new foundation. The foundation will keep the one-stop website up and running. But at the same time, they'll be able to raise money, and use it to reward programs that work and fund programs that are sorely needed where childhood obesity threatens most.

Here's an example of how the second component of our bill would work: say an urban school wants to work on getting kids to choose vegetables instead of French fries—which would be a huge step in the battle against childhood obesity. When they visit the website, they may find a successful program about actually growing fresh vegetables—so they don't think vegetables just come from a freezer or a can. The Foundation will have the wherewithal to do more than just share that information—they may be able to provide the seed money, literally, for a school garden that will grow fresh produce, and change the way those children look at food.

It is not realistic to think that children won't be in a situation where unhealthy choices for foods and snacks are available. The goal ought to be help them know what the healthy choices are, how to balance what they eat and drink so they make better choices and to know that they need exercise—particularly if they want to have that not so nutritionally perfect snack. And the foundation can keep pursuing those goals for the long term.

As I close, let me share with you another startling fact about obesity: spending on obesity-related medical care is starting to rival the spending related to smoking. We know the toll tobacco-related diseases have taken on our citizens and on health care costs. When you consider that obesity-related illnesses are following that terrible track, how can we refuse to act to help our children avoid a future of disease and illness?

I've spent a good part of my public service fighting Big Tobacco and working to make sure kids can grow up without having cigarettes thrown at them and ads enticing them. And over time, the

many actions of individuals, organizations and government have had success in slowing the number of kids addicted to nicotine. We can't let up on that effort, and now we must also act to help our kids become fit and stay fit.

It doesn't take a rocket scientist to figure out that these two killers—tobacco and obesity—have a lot in common. Big tobacco targets younger Americans and children around the world because those who begin smoking earlier in life tend to stay hooked longer. Children who don't learn good eating and exercise habits tend to carry that weight on into adulthood. I believe the lessons of the successful effort that has been waged against childhood smoking can and should be applied in the campaign against childhood obesity. That means taking action now.

I know that members of this committee feel as passionately about this issue as I do. What our legislation has in common is an emphasis on addressing both sides of the equation—nutrition and physical activity. One without the other will not make our children healthy. But I do believe that the Wyden-Frist bill is significant because it will create an immediate, one-stop resource, in the form of a website, about what we know is working now so that individuals can begin to mobilize their communities and help their children. Senator Harkin's proposal for example, also has an emphasis on research and preventive services; I think those are also important steps in assisting our children become healthy adults.

All of us have the same, simple goal here: getting America's children healthy. There are a lot of folks competing for our kids' attention in this arena. A lot of the competition is pretty attractive: food that's not so nutritious but sure tastes good, and video games that don't burn any calories but can occupy you for an entire afternoon. It's tough for kids to make good choices on their own. That's why it's time to mobilize this Nation—and particularly this Congress, by way of legislation—to beat the epidemic of obesity plaguing our children.

Senator FRIST. I have, in order of arrival this morning, Senators Harkin, Reed, and Dodd. Tom, would you like to proceed now with an opening statement or questions. We can go ahead and do opening statements here, if you like, or questions for Ron.

Senator HARKIN. Thank you, Mr. Chairman.

I would like to make an opening statement, but I don't want to keep Senator Wyden here. I know we are all busy at this time of the year. I just wanted to thank Senator Wyden and you, Mr. Chairman, at the outset for your interest, your leadership in this area. We can all learn from one another. I think we are all basically pulling in the same direction, and if we just get all our harnesses together, we can make some great headway, if not this year—I know we are coming to a close in the Congress—but with your leadership in the Senate and your leadership on this committee and your stature as a physician and your own healthy lifestyle, I think we can really make some moves here and get ahead of this ball game.

I will have more to say in my opening statement, but I particularly wanted to thank Senator Wyden and you, Mr. Chairman, for your leadership in this area, and I would like to reserve my time just to make an opening statement.

Senator WYDEN. And without turning this into a bouquet-tossing contest, let me be clear—I am very much aware that Senator Harkin has been prosecuting this cause for a long time, and you have a good bill, and we are anxious to all work together.

Senator FRIST. And one of the exciting things over the course of the morning will be the great individual efforts, and now is the time to really pull a lot of that together over the coming days, weeks, and months. That is going to be the message, I think, coming out of this hearing today.

We will come back for opening statements.

Let me turn to Senator Reed for questions for Senator Wyden, and then Senator Dodd, and then what we will do is come back and allow Senator Wyden to depart if he needs to, or he is welcome to come to the dias and observe from the dias as well.

Senator Reed?

Senator REED. Mr. Chairman, I simply want to thank you for arranging the hearing and thank Senator Wyden not only for his testimony today but for his efforts in many respects, but particularly with regard to children.

Thank you.

Senator FRIST. Thank you.

Senator Dodd?

OPENING STATEMENT OF SENATOR DODD

Senator DODD. Thank you, Mr. Chairman, and I thank you as well, Ron, for your work in this regard.

This is a critical issue, and I think your passion and your interest in it are well-placed.

I can recall a while back when Senator Bingaman and the majority leader and I introduced the IMPACT bill, which is a very modest bill, really, to put some resources into this. There were actually editorial comments around the country that sort of ridiculed the effort somehow, that now the government was going to tell you what to eat and what not to eat, and the notion that somehow we were overstepping our bounds by even engaging or discussing the issue.

Senator HARKIN. “Nanny government.”

Senator DODD. They called us “nanny government” by talking about it, and what a foolish notion—yet that idea permeated a lot of the journalistic comment on the subject matter.

And of course, the statistics scream out to the contrary—I know you have cited some of them already, Ron, but they are worth repeating—from the Institute of Medicine on this epidemic—and it is an epidemic—that is occurring in the area of obesity, particularly with kids.

The prevalence among children ages 2 to 5 and 12 to 19 years of age has doubled since the 1970’s. Even more troubling, we now know that the rate of obesity has tripled over the same period of time for children between the ages of 6 and 11.

This alarming report tells us that there are currently more than 9 million obese children over the age of 6.

Of additional concern, of course, is the cost. We have talked about it again here, but it deserves repeating. We have often talked about children’s obesity and the growing relationship to Type 2 diabetes. This is truly alarming. As the chairman knows all too well,

the deadly disease was once commonly referred to as “adult-onset diabetes.” Sadly, this term can no longer be used to refer to a disease that 30 percent of boys and 40 percent of girls are at risk of developing due to the growing problem of childhood obesity.

Just as troubling as the physical dangers associated with child obesity are the related emotional and psychological problems that many overweight and obese children face as a result of significant stigma surrounding obesity. Sadly, the growing prevalence of childhood obesity has not lessened its negative image. Overweight and obese children often face ridicule and scorn by their peers. Such treatment can lead to long-term and debilitating psychological burdens as well.

We as a society cannot ignore the great financial cost the IOM report attributes to the tripling of obesity related to hospital costs for children and youth to \$127 million for the years 1997 and 1999.

There are two factors, obviously. The eating problem is obviously there, and physical inactivity, and we have talked about these.

One of the concerns that I have raised in the past, and I know Senator Harkin has and Senator Reed has, is that if we look at poor school districts, they too often end up signing contracts with food providers that insist that their products be sold exclusively during school hours. And they need the money because they are broke, and they are relying on a desperately poor constituency to supply the necessary property taxes to support their school effort.

It is one of the great tragedies, in my view, that we allow this to continue, where these kids have no other choices during the school year but to eat some of the products that are being sold through the vending machines and the like.

Forty percent of our children watch more than 2 hours of television a day, under-age kids, just sitting there day after day. It has become the child care situation of choice for people who cannot afford the \$6,000 to \$10,000 a year per child that is the average cost of a private child care setting. If you have two or three children, and you are making \$35,000 a year, the math is not complicated—TV becomes the choice babysitter, child care provider.

So, Mr. Chairman, I will ask unanimous consent that the remainder of these opening comments be included in the record.

Senator FRIST. Without objection.

Senator DODD. I would hope that in the waning days, the Senate would unanimously pass the bill that Senator Frist and Senator Bingaman and I introduced a couple of years ago, on which the House has yet to take up action. It would not take much to put that on the consent calendar in the next 72 hours before they adjourn and send it down to the President for his signature. It would put some money in flow to the States for grant applications to begin to deal with the issue.

As I said, it is a rather minor bill—I am not suggesting that this is in any way going to solve the problem—but it is sitting out there in the House of Representatives—passing unanimously here. There are not many bills that go through here unanimously, but I think it is an indication of the common concern that we all share about this growing problem.

So, thanks, Mr. Chairman, for doing the hearing today.

I know you are busy as majority leader, so to take time—the majority leader taking the time to conduct a hearing in the waning days of the session, I think speaks volumes, one about this Member, but also about the seriousness of this issue.

And I thank Ron, of course, for his continuing leadership on these issues, and I am not surprised that Tom Harkin and Jack Reed would be here caring about it as well given their long history and involvement with these issues.

Thank you, Mr. Chairman.

Senator FRIST. Thank you.

[The prepared statement of Senator Dodd follows:]

PREPARED STATEMENT OF SENATOR DODD

Good morning, Mr. Chairman, and thank you for convening today's important hearing on the issue of promising initiatives to address the growing problem of childhood overweight and obesity.

As you know, Mr. Chairman, the costs of overweight and obesity are simply staggering. Both the United State Surgeon General's *Call To Action To Prevent and Decrease Overweight and Obesity* and the just-released Institute of Medicine (IOM) report, *Preventing Childhood Obesity: Health in the Balance*, estimate that each year we lose close to 400,000 Americans—more than 1,000 lives each and every day—as a direct result of obesity. The financial costs of obesity and overweight also cannot be ignored, Mr. Chairman. The same reports estimate that the economic cost of obesity in the United States was more than \$117 billion in 2000 alone. And tragically, we learned earlier this year that obesity will soon overtake smoking as the number one cause of preventable death in our Nation.

For our Nation's children, Mr. Chairman, the toll that obesity and overweight extracts is even more severe. With the release just last week of the report by the IOM, we know that we literally face an epidemic of childhood obesity. We know that the prevalence of obesity among children aged 2–5 and 12–19 years has doubled since the 1970s. Even more troubling, we know that the rate of obesity has tripled over the same time period for children between the ages of 6 and 11. This alarming report tells us that there are currently more than 9 million obese children over 6 years of age.

Of additional concern, Mr. Chairman, are the costs associated with childhood obesity, be they physical, emotional, or financial. Childhood obesity's growing relation to type 2 diabetes is truly alarming. As the Chairman knows all too well, this deadly disease was once commonly referred to as "Adult Onset Diabetes." Sadly, this term can no longer be used to refer to a disease that 30 percent of boys and 40 percent of girls are at risk of developing due to the growing problem of childhood obesity.

Just as troubling as the physical dangers associated with childhood obesity are the related emotional and psychological problems many overweight and obese children face as a result of the significant stigma still surrounding obesity. Sadly, the growing prevalence of childhood obesity has not lessened its negative image. Overweight and obese children too often face ridicule and scorn from their peers. Such treatment can lead to long term and debilitating psychological burdens.

Additionally, we as a society cannot ignore the great financial costs associated with the childhood obesity epidemic. The IOM report points to the tripling of obesity-related hospital costs for children and youth to \$127 million for the years of 1997–99.

We know, Mr. Chairman, that overweight and obesity are as result of two factors—unhealthy eating choices and physical inactivity. And while we all enjoy foods that may not be in our best interest at certain times, when we combine unhealthy eating habits with a lack of physical activity we are literally courting serious health risks. The lack of physical activity in the United States is truly alarming, with less than one-third of adults engaging in the recommended amounts of physical activity. Add to this the fact that more than 40 percent of our children watch more than 2 hours of television each day, and it becomes apparent why we are growing heavier as a society.

The situation for children is even more dire when you consider the predicament facing many of America’s schools and their ability to provide meaningful physical education. Right now, only 8 percent of elementary schools provide daily physical education. With funding tight, and with the new requirements of No Child Left Behind, many schools are being forced to make difficult budgetary decisions. Understandably, they’re doing everything they can to keep class sizes small and to avoid laying off teachers in courses like English, math, and science. Unfortunately, the result is that physical education is often first on the chopping block.

As the Ranking Member of the Subcommittee on Children and Families, I am particularly concerned that many of our children face unhealthy food choices at the one place where they spend most of their time—their schools. And while I realize that some schools enter into contractual obligations with food providers so that they can earn needed dollars that in turn fund valuable school services such as music, art, and athletic programs, I am concerned that funding shortages should not pit needed services against the best interest of our children’s health.

Despite all of this very disturbing information, our Nation is just now beginning to realize the gravity and scope of the obesity epidemic. Sadly, many would have us believe that there are quick-fix solutions to the problem of obesity. While it’s true that in the past we’ve successfully eradicated public health threats like smallpox and polio, obesity is a different kind of disorder. As best we can tell, there is no miracle cure for obesity that comes in the form of a pill or a shot. What is needed to address obesity today is an aggressive, multifaceted strategy. It needs to incorporate both the public and the private sectors. And it needs to be implemented at every level—from the Federal Government all the way down to individual families. We need to recognize that everyone bears a share of the responsibility for this problem, and that everyone should be part of the solution.

Based on these ideas, Senators Frist, Bingaman, and I have introduced the Improved Nutrition and Physical Activity Act, or IMPACT. I’m happy to say that this legislation, in modified form, passed the Senate unanimously late last year. I’m hopeful that before this year is out, the House of Representatives will pass it as well so it can become law. Admittedly, IMPACT is a first step—not

a complete solution. Certainly, none of us believe that this bill, should it be signed into law, will by itself solve the problem of obesity.

The actual provisions in the legislation are fairly modest ones. IMPACT takes three basic steps. First, it expands existing Federal grant programs so they can be used to help fund obesity treatment, education, and prevention. Second, it authorizes a number of new studies that will help us learn more about the scope and nature of obesity. Finally, IMPACT establishes a number of demonstration projects for new initiatives aimed at reducing obesity so we can learn which approaches work, and which ones do not.

All in all, as I said, these measures are modest. But they are a good start. And IMPACT serves an important purpose aside from its specific provisions—by outlining a basic strategy for addressing this obesity epidemic in the United States.

Mr. Chairman, most kids in America are familiar with the saying, “you are what you eat.” But few of them know what that really means. It’s time that they learn the difference between a calorie and a carbohydrate. It’s time that all Americans—adults as well as children—learn basic facts about sugars, fats, and all the other figures that you can find on the package of virtually every item of food you can buy in America today. I’ve always believed very deeply that a good education can open the door to a lifetime of opportunity. By the same token, a good education about proper nutrition can open the door to a longer, fuller, and healthier life.

Education about nutrition, though, will matter little unless Americans have the opportunity to choose to eat healthy foods. For many American children, their choice of lunch each day is determined by what’s on the menu in the school cafeteria, or what’s available in a vending machine. However, low-income Americans have their choices restricted for a very different reason: they can only eat what they can afford to buy. For these Americans, it’s not just enough to make healthy foods available. We need to make them affordable as well. Drive through a low income neighborhood in America today, and you can find a fast-food restaurant on virtually every block. But how many of these neighborhoods have stores that carry fresh, quality produce and other nutritious foods at affordable prices?

It won’t be easy to turn the tide on obesity, and childhood obesity in particular. It will require a long-term, sustained, comprehensive, national effort that changes hearts, minds, and lifestyles. But at the same time, obesity is, above all, a disorder that we ourselves have the power to prevent. I have every confidence that if we make the necessary commitments, we can find a solution to this very serious national problem, just as we have solved so many crises that have confronted our Nation in the past.

Lastly, Mr. Chairman, let me thank you for your leadership on this issue. The toll of overweight and obesity on our Nation’s health clearly cannot be dismissed. I look forward to continuing working with you, as well as other committee members and our witnesses today, to advance meaningful Federal initiatives to combat childhood obesity.

Senator FRIST. Senator Wyden, thank you for being with us, and again, you are welcome to join us to observe from the dias.

Senator WYDEN. Thank you, Mr. Chairman.

Senator FRIST. What I would like to do is introduce the second panel, and then I would be happy to turn to Senator Harkin for his opening statement.

If I could ask the second panel to come forward as I introduce them.

Dr. Dixie Snyder is chief science officer for the Centers for Disease Control and Prevention. He provides guidance on the scientific integrity and quality of agency programs and assistance in resolving controversial scientific issues and holds the rank of Assistant Surgeon General Rear Admiral.

Lynn Swann does not need an introduction. He is a member of the NFL Hall of Fame, as we all know, for his outstanding career as a receiver in the NFL, winning four Sugar Bowls with the Pittsburgh Steelers.

Senator DODD. Super Bowl.

Senator FRIST. Super Bowl. What did I say?

Senator HARKIN. Sugar Bowl.

Senator FRIST. You may as well; you need them all.

[Laughter.]

They were sweet. Lynn Swann is here with us today as chair of the President's Council on Physical Fitness and Sports. I have had the opportunity to know Mr. Swann and his deep-felt commitment for improving the health of others, for a healthier lifestyle but also for a healthier America. So I appreciate both of you being with us today.

Let me turn to Senator Harkin again. He deferred his opening statement, and I would like for him to make that now. Again, it is a real pleasure to turn to him because on so many of the issues that I am committed to, he has led the way for years and years and years, and it gives me a great deal of pleasure to join him and, really, all of my colleagues here today in addressing these major public health crises that sometimes get pushed to the background, yet we see that they are emerging in ways that are destructive to society.

Senator Harkin?

OPENING STATEMENT OF SENATOR HARKIN

Senator HARKIN. Mr. Leader, you are overly generous and overly kind. Again, I just respect you so much in your efforts in this regard, both professionally as our leader but also in your own personal example of your healthy lifestyle and the example you set for others. That is very, very important, and I just want to thank you for having this hearing.

I was delighted to join with you and, actually, with Senator Dodd and Senator Bingaman. We sent a letter in May to have a hearing on obesity. I know we are all busy, but I think the fact that we are now having this hearing under your leadership is very, very important. You are the leader of the Senate, and as I said earlier, because of your status as a physician, I think that puts a heavy stamp on what we are doing here. I know you are very busy this week, and this says something, the fact that you would be here today to do this.

So again, I really look forward to working with you and so many others on this critical issue. You did say that. You said it was a critical point, that we have reached a critical point. And a number of leading health experts are now predicting that this generation of kids growing up today could be the first to live a shorter lifespan than their parents. That is amazing. A significant reason for this is the obesity epidemic, which is about to overtake tobacco as the number one killer in our society.

By now, the devastating effects of obesity on child health are quite well-known. I do not need to go through that. But I did want to hold up here and note the Institute of Medicine's report that just came out on "Preventing Childhood Obesity." It has it all right in there.

I think what the Institute of Medicine has shown, Mr. Chairman, is that half measures will not work. You cannot just focus on one thing and think it is going to solve it. It has to be a very comprehensive national response. It is a clarion call to us as individuals, families, as well as schools, employers, communities, and the food industry. But most of all, it is a clarion call to Congress for us to act boldly.

The blueprint for action set forth in this report, I am pleased to say, tracks very closely a bill that I have introduced, S. 2558, the "Healthy Lifestyles and Prevention Act." Again, it is comprehensive. As Senator Wyden said, I have been involved in this for some time. I remember in 1996 on the farm bill, I introduced an amendment to take vending machines out of schools. As you can see, I was spectacularly unsuccessful with that amendment. We could just never do anything.

Go back to 1978, when the FTC promulgated some proposed regulations on advertising to kids, and the hue and cry that went up at that time; and in 1980—Senator Dodd was on his way over here, but I was still in the House—we passed legislation that took away the authority of the FTC to regulate advertising to kids.

Mr. Leader, I bet very few people know that today as we sit here, the FTC has more authority to regulate advertising to you and me and Senator Dodd and all the adults here than it does to our kids or grandkids. That is a fact.

So something has got to be done about this. It is just like other things. We have a highway bill. You ask what does a highway bill have to do with obesity. In Europe today, you cannot build a bridge unless you have a walking path or a bike path attached to it. Look at what we do here in America. My two kids went to a public high school not too far from here in Virginia. It is a mile from our house. I wanted them to walk. It is a good deal—walk to high school and back—one mile, that is no big deal—except there are no sidewalks, and we are on a busy street. I would not let them ride a bike down that street because it is a busy thoroughfare. So, no sidewalks even to get to school.

We are building subdivisions in America today without sidewalks. How can kids walk to school if there are no sidewalks, or if they cannot get across a bridge because there are no pathways?

So I am just saying that it has got to be comprehensive. "No Child Left Behind," for example—we are all for making sure kids test out and that we do not leave any child behind, but Mr. Leader,

there is no test for kids on their physical fitness—none. We want kids to be smart, yes, but part of life is also being physically fit, too. There is nothing in there on that.

We have elementary schools today being built without playgrounds. That ought to be unconscionable—elementary schools built without playgrounds. The average elementary school kid in America today gets less than 1 hour a week of P.E.—less than 1 hour. That is average. That is just unconscionable that we would go down that path.

And then, the marketing of food to our kids—as I said, since 1973, the industry has had a self-appointed regulatory body, but look how effective it has been. Right now, the industry is spending about \$12 billion a year bombarding kids with junk food ads. Just watch your Saturday morning TV shows and see that. That is all it is.

We go to high schools, and we see all these vending machines that Senator Dodd talked about. In every vending machine now, you get a 20-ounce Coke—I do not mean to pick on Coke—Pepsi, RC Cola, the whole thing.

It was Dr. Kelly Brown who pointed out to me once, and I found it startling, that one 20-ounce cola has 15 teaspoons of sugar. How many parents would send their kids to school in the morning and measure out 15 teaspoons of sugar and say, “Here, you can have that”? Well, make it double; we will double that. Yet they will think nothing of them going and getting a 20-ounce soda out of the vending machine—15 teaspoons of sugar.

So when it comes to that kind of thing, we have got to think about foods in schools, physical activity. And the workplace—of course, that has nothing to do with children and childhood—but that has to be part of it, too.

But in fact, as you said, Mr. Chairman, Mr. Leader—and you are right—you have got to get at the kids. It is how we start our lifestyles, what we do at an early age.

One last thing I would just mention—not that I am trying to pat myself on the back or anything—but in the last farm bill, we put in a pilot program in four States, one Indian reservation, giving free fresh fruits and vegetables to kids—free—not during the lunch hour, not in the lunch room, but during the day, any time they wanted them. From the time they walked in the door to the time they left, they could get fresh apples, pears, kiwi fruit, grapes, oranges, bananas, all that kind of stuff—free—no questions asked.

We did that in four States. It has only been 2 years now, but you should look at the success of this. The teachers love it; the principals love it; the kids love it. And guess what? We have had testimony in our Appropriations Committee of schools that have actually taken vending machines out because they are not being used anymore, because the kids are eating the fresh fruits and vegetables. That is only 100 schools in America. This needs to be expanded out so that these kids can get the free fresh fruits and vegetables that they need.

So there are all kinds of things that we need to do, and we need to do it in a collaborative effort. I believe that all aspects need to be addressed, and that is where the private sector can come in and help greatly. I thank Nike. I have read their testimony and what

they are doing. I do not mean to single them out, but they should be; they are doing good stuff.

That is the private sector. We can do it here in Congress. We need to work with school boards and school districts. And we also do need some regulatory authority. Maybe people do not like that. They talk about “nanny government.” I am sorry. When the FTC has more authority to regulate advertising to you than it does to my grandkids or kids, there is something wrong. We need to have that kind of regulation as a part—it is not one thing—but as part of the overall picture of addressing childhood obesity.

Mr. Leader, you have been very kind to give me this time, and I thank you very much. I share with you this passion that we have got to get to these kids early on in life, and it has got to be a comprehensive type of approach.

Thank you.

Senator FRIST. Thank you, Senator Harkin.

I could not help but think as you talked about the four States and the 100 schools—Senator Wyden and I in our bill, the “Childhood Obesity Reduction Act,” want to take and set up a mechanism to take that sort of success and publicize it, celebrate it, because when you hear about it, it makes sense, especially if the results are very positive, to spread that around the country. But it is one of the issues that, when people look at our bill, they will see that we have the vehicle to accomplish just that.

Let us turn to our panelists. I have introduced you, Dr. Snider, so let us start with you, followed by Mr. Swann, and then we will come back and ask questions, and we will start the questioning with Senator Reed when he comes back.

STATEMENTS OF DIXIE E. SNIDER, JR., M.D., ACTING CHIEF OF SCIENCE, CENTERS FOR DISEASE CONTROL AND PREVENTION, U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES, ATLANTA, GA; AND LYNN C. SWANN, SEWICKLEY, PA, CHAIRMAN, PRESIDENT’S COUNCIL ON PHYSICAL FITNESS AND SPORTS, U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Dr. SNIDER. Thank you, Mr. Chairman.

As a former house officer at Vanderbilt, I appreciate the opportunity to participate in today’s hearing.

Members of the Committee and Mr. Chairman, we really appreciate the support that you have given to us for all of our chronic disease efforts, particularly in this area.

Today I will present a brief overview of our overweight epidemic in our Nation’s children and identify some of the Department of Health and Human Services’ initiatives and programs designed to combat the combined epidemics, as you indicated, of poor nutrition, physical inactivity and obesity. I will submit my written comments to the record.

Since 1980, as has been mentioned, the prevalence of overweight has more than doubled among children and tripled among adolescents. The latest data available from CDC from the NHANES, the National Health and Nutrition Examination Surveys, show that between 1999 and 2002, 16 percent of children and adolescents were overweight, and another 15 percent were at risk for overweight.

The increases in overweight among children and adolescents cut across all regions of the country, all ages, all racial and ethnic groups. However, we do know that African American, particularly females, and Mexican American youth, particularly males, are more overweight compared to white youth.

As we know, the primary concern of overweight and obesity is one of health, but as has been mentioned, there are issues of appearance and the impact on the child.

Most of the disease associated with overweight and obesity, of course, occurs later on in adults, but children who are overweight often develop risk factors for diseases such as Type 2 diabetes, high blood pressure, and elevated cholesterol levels. Sixty percent of overweight children have at least one additional risk factor for cardiovascular disease, and 25 percent have two or more.

As has already been mentioned, Type 2 diabetes, which we used to see only in adults, is strongly associated with obesity, and it was virtually unknown in children and adolescents 10 years ago. We saw Type 1 diabetes, juvenile diabetes; we did not see Type 2. But today it accounts in some communities for more than 50 percent of the diabetes we see.

Childhood overweight is also associated with discrimination, poor self-esteem, and depression.

Overweight adolescents have a 70 percent chance of becoming overweight or obese adults—and that is very disturbing. Childhood overweight that persists into adulthood is typically more severe than overweight or obesity that develops during adulthood. For example, in the Bogalusa Heart Study, 50 percent of those with severe obesity—that is a body mass index of equal to or more than 40—had onset of overweight in childhood.

So, successfully combatting the overweight epidemic in our Nation as already alluded to will require the involvement of many sectors and many levels of society, and although the national initiatives that you have spoken about are very important, they are not going to be sufficient by themselves. We believe that community-based initiatives are critical for reaching Americans where they live, where they work, where they play, where they go to school. And we believe that State-level programs are critical for supporting the community-based programs.

So we work at all levels. The CDC has multiple approaches to address obesity and its risk factors, including funding State health departments, school-based programs, the national media campaign, and community-based programs. There is the “Steps to a Healthier U.S.” cooperative agreement program which is designed to promote programs that reduce the burden of chronic disease and address those risk factors. In addition, CDC funds 28 State health departments to prevent and reduce obesity and its related chronic disease.

CDC also funds 23 State departments of education to implement coordinated school health programs to help ensure that students receive instruction in nutrition, physical activity, and tobacco use.

You may have heard of the CDC’s youth media campaign, “VERB—It is What you Do.” It is the largest national multicultural campaign designed to increase levels of physical activity among youth. The impact of this campaign has been demonstrated. After

1 year of the campaign, the average 9- to 10-year-old in the Nation engaged in 34 percent more sessions of free time physical activity when compared to children who were unaware of VERB. This is a promising program that needs to be continued.

Two recent initiatives tied to obesity are the Food and Drug Administration Obesity Working Group, which, among other things, is going to identify ways to help consumers lead healthier lives through better nutrition; and of course, the National Institutes of Health development of an Obesity Research Task Force which will evolve into a strategic plan for obesity research.

The Department and the U.S. Department of Agriculture will host a National Obesity Prevention Conference this month to address this public health concern. What we are trying to do is learn from past and current research and identify steps that we can take right now to prevent further increases in the prevalence and severity of obesity.

We know that no one strategy, as has already been mentioned, will be sufficient for promoting physical activity and healthy eating. Our chances for success will be greatest if we use multiple strategies to address multiple risk factors and if we involve multiple sectors of society.

As Senator Harkin just mentioned, the Institute of Medicine report has a lot of good things in it and underscores the importance of these strategies.

So we are prepared to lead a national effort to combat the overweight epidemic. We are committed to doing all we can do to help the children in our Nation enjoy good health now and for a lifetime.

Thank you for your attention, and I am happy to answer any questions that you might have.

Senator FRIST. Good. Thank you, Dr. Snider, and thank you for your leadership. I have had the opportunity to visit the CDC on this very topic, and I appreciate the real leadership there.

[The prepared statement of Dr. Snider follows:]

PREPARED STATEMENT OF DIXIE E. SNIDER, JR., M.D., MPH

Mr. Chairman, Members of the Committee, thank you for this opportunity. I'm Dr. Dixie Snider, Acting Chief of Science at the Centers for Disease Control and Prevention (CDC), which is part of the U.S. Department of Health and Human Services (DHHS). Today, I'll present an overview of the overweight epidemic among children and adolescents and identify a number of DHHS initiatives and programs to combat this epidemic.

Since 1980, the prevalence of overweight has more than doubled among children and tripled among adolescents. The latest data available from CDC shows that, between 1999 and 2002, 16 percent of children and adolescents were overweight, and another 15 percent were at risk for overweight. The increases in overweight among children and adolescents cut across all regions of the Nation, ages, and racial and ethnic groups; however, more African-American and Mexican-American youth are overweight compared to white youth.

The primary concern of overweight and obesity is one of health and not appearance. An estimated 400,000 adult deaths and \$117 billion in costs each year in the U.S. are associated with obesity. Most of the disease associated with overweight and obesity occurs in adults, but children who are overweight often develop risk factors for diseases such as type 2 diabetes, high blood pressure, and elevated cholesterol levels. Sixty percent of overweight children have at least one additional risk factor for cardiovascular disease, and 25 percent have two or more. Type 2 diabetes, which is strongly associated with obesity, was virtually unknown in children and adolescents 10 years ago; today, it accounts for almost 50 percent of new cases of diabetes among youth in some communities. Childhood overweight is also associated with discrimination, poor self-esteem, and depression.

Furthermore, overweight adolescents have a 70 percent chance of becoming overweight or obese adults . . . and childhood overweight that persists into adulthood is typically more severe than overweight or obesity that develops during adulthood. For example, in the Bogalusa Heart Study, 50 percent of those with severe obesity (a BMI \geq 40) had its onset in childhood.

Overweight and obesity represent a major long-term public health crisis. If not reversed, the gains in life expectancy and quality of life seen in recent decades will erode, and more health-related costs will burden the Nation. Overweight and obesity result from an imbalance between caloric intake and caloric expenditure. Many factors have contributed to the unfavorable trends in physical activity and nutrition that have fueled the obesity epidemic. Consequently, there will be no silver bullet, no single change strategy to solve these problems. Multiple strategies addressing multiple factors, such as physical inactivity and excessive television viewing, will be needed. The critical challenge is to help young people and their families adopt healthy eating and physical activity behaviors. The Institute of Medicine's recent report, *Reducing Childhood Obesity: Health in the Balance*, underlines the importance of all of these strategies.

Addressing overweight and obesity is a top priority for DHHS Secretary Thompson. I'll briefly describe seven key components of the Department's comprehensive, multi-component approach to reduce overweight and obesity.

First is providing strong, national leadership through President Bush's Healthier U.S. initiative and Secretary Thompson's Steps to a HealthierUS initiative, which promotes community programs that motivate and enable responsible health choices. At the heart of this program lies both personal responsibility for the choices Americans make and social responsibility to ensure that policy makers support programs that foster healthy behaviors and prevent disease. The Steps initiative envisions a healthy, strong, U.S. population supported by a health care system in which diseases are prevented when possible, controlled when necessary, and treated when appropriate. The Steps Cooperative Agreement Program is part of this initiative. This program aims to help Americans live longer, better, and healthier lives by reducing the burden of diabetes, obesity, and asthma and addressing three related risk factors—physical inactivity, poor nutrition, and tobacco use. In fiscal year 2003, \$15 million was provided to 23 communities to support innovative community-based programs that are proven effective in preventing and controlling chronic diseases. In fiscal year 2004, \$44 million will be used to increase funding to existing Steps communities, fund new communities, and fund one or two national organizations to enhance the capacity of Steps communities. Secretary Thompson announced the awarding of these grants to 40 communities on September 28th. President Bush and Secretary Thompson requested \$125 million in the Department's fiscal year 2005 budget for new and continuation grant awards through the Steps initiative.

Second is developing and delivering clear, effective messages to ensure that consumers have the information they need to improve their health. Some of the key DHHS vehicles for delivering health messages to the public include the Dietary Guidelines for Americans, jointly developed with USDA every 5 years; the National Cancer Institute's 5 A Day for Better Health Program to promote fruit and vegetable consumption; and the President's Council on Physical Fitness and Sports. Also, FDA is examining innovative ways to deal with the increase in obesity and identify ways to help consumers lead healthier lives through better nutrition, starting with reexamining the food labeling Nutrition Facts Panel on most packaged foods. Further research is necessary to establish how the food label can assist consumers to make easier weight management decisions. But FDA is targeting food label improvements in the areas of calories, serving sizes, carbohydrates, and comparative labeling statements that will help consumers make more informed and healthier food product choices in the context of the total daily diet.

DHHS is communicating health messages directly to children through "VERB," CDC's media campaign to increase physical activity among "tweens," children aged 9 to 13. Campaign strategies include multimedia advertising and marketing promotions using television, radio, print, and Web sites; as well as contests and community events. After 1 year, campaign impact has been demonstrated by reports of increased free-time physical activity among the Nation's 10 million tween girls, 8.6 million 9–10 year olds, and 6 million tweens from low- to moderate-income households.

The third component is monitoring the problem and programs to address the problem. CDC produces nationally representative data on the prevalence of overweight and dietary and physical activity behaviors among young people through its ongoing National Health and Nutrition Examination Survey. In addition, CDC has surveillance systems in place to collect national, State, and city data on height and

weight, physical activity, and diet among high school students, as well as data on school physical activity and nutrition programs.

The fourth component is identifying and addressing research gaps. The National Institutes of Health fund studies to develop and evaluate interventions designed to prevent childhood overweight and promote physical activity and healthy eating among young people. In addition, CDC is developing a mechanism to quickly deploy staff into communities, worksites and schools to help evaluate promising nutrition, physical activity, and obesity prevention strategies.

The fifth component is synthesizing research findings to identify effective policies and programs. CDC and NIH are involved in a number of research synthesis activities to identify what works. For example, CDC is working to translate the recommended strategies within the physical activity and obesity chapters of the Guide to Community Preventive Services into usable program guidelines and recommendations—essentially providing a “how-to” guide for practitioners to implement science-based interventions in their communities, schools, and workplaces.

The sixth component is developing and disseminating research-based tools to help schools and community-based organizations implement effective policies and programs. These include, for example, CDC’s School Health Index for Physical Activity and Healthy Eating: A Self-Assessment and Planning Tool; and Power of Choice, an after school program jointly developed by FDA and the U.S. Department of Agriculture (USDA) to help pre-teens make better food and physical activity choices.

The seventh and final component is helping community and State agencies and organizations implement effective programs. Last week Secretary Thompson announced 22 grants to support communities implementing the Steps to a HealthierUS initiative to help Americans live longer, healthier lives. These grants support innovative, community-based programs proven effective in reducing the burden of diabetes, overweight, obesity and asthma and addressing risk factors such as physical inactivity, poor nutrition and tobacco use in 40 communities including large and small urban, rural, and tribal areas. The Secretary also announced the first Steps to a HealthierUS award to a national organization—the YMCA to help build strong partnerships with local communities and promote better health and prevent disease among all Americans.

Fiscal year 2004 funding has enabled CDC to support obesity prevention programs in a total of 28 States. Examples of State health department activities that are helping children and adolescents include encouraging restaurants to make fruit and vegetables more available; improving lighting, sidewalks and crosswalks in neighborhoods as well as cleaning up and reclaiming vacant lots for use as physical activity and play areas; and training health care professionals to promote behavior changes.

In addition, CDC provides funding to 23 States for the implementation of school-based policies and programs to promote physical activity and healthy eating among young people. State education agencies are strengthening school health policies, improving curricula, implementing professional development activities, and involving families and communities.

CDC, NIH, FDA and other DHHS agencies will lead the Nation in conducting the research necessary to learn more about strategies to prevent overweight among children and adolescents. We know, however, that there are no quick fixes when it comes to losing weight; it is only through proper diet and physical activity that we can maintain and improve our health. We know that no one strategy alone will be sufficient and that our chances for success will be greater if we use multiple strategies to address multiple factors that contribute to caloric imbalance and if we involve multiple sectors of society at the community, State, and national levels. DHHS is leading the national effort to combat the obesity epidemic in children through a comprehensive, multi-faceted, multi-level approach. We are committed to doing all that we can to help our young people enjoy good health now and for a lifetime.

I thank you for your interest and the opportunity to share this information with you. I would be happy to answer any questions at this time.

Senator FRIST. Mr. Swann?

Mr. SWANN. Thank you, Mr. Chairman.

I am going to ask that my statement be made part of the record, and I will attempt to hit some of the highlights.

Senator FRIST. Your entire statement will be made a part of the record.

Mr. SWANN. Thank you.

As a native Tennessean, Mr. Chairman, I do understand, since my grandmother and grandfather wanted me to attend the University of Tennessee, that anyone from the great Volunteer State always has the Sugar Bowl on his mind as a part of the SCC. So I understand that.

Senator FRIST. The Bowls needed you 2 nights ago, by the way.

Mr. SWANN. Senator Dodd, it is good to see you again; Senator Harkin, Senator Reed, it is a pleasure to be here before you.

We at the President's Council on Physical Fitness and Sports have recommended for quite some time that the children of this Nation have 60 minutes of exercise each day for 5 or more days each week to attain the health benefits of vigorous physical activity. There are just far too many children who do not have the opportunity to have that kind of physical activity, for a variety of reasons which I will touch on just a little bit later.

But considering that this committee is meeting to discuss partnerships between various organizations to reach young kids in the area of obesity, I want to highlight a few of the partnerships that the President's Council on Physical Fitness and Sports has maintained for a number of years.

Each year, the General Mills Champions Program awards 50 grants, \$10,000 each, to children to be involved in community-based groups to implement innovative programs to help youth improve their nutrition and fitness behaviors. In the last 2 years, over 20,000 students competed in the 6 week activity program and received Presidential recognition. General Mills is now pledging to sponsor up to 50,000 youth a year.

The American Association of Clinical Endocrinologists cosponsored a publication, "Take the President's Challenge: www.presidentschallenge.org," as a prescription for physicians to hand out to children when they came in to visit their doctors.

The Coca Cola Company has a Step With It Program, partnering with the President's Challenge Program to encourage school children to be active.

The Kellogg Company continues to promote physical activity for very young children, age birth to 5, to parents and caregivers through a publication cosponsored with the President's Council on Physical Fitness and Sports called "Kids in Action."

Blue Cross and Blue Shield Association's "Walking Works" partnered with the President's Council on Physical Fitness and Sports to produce and print a walking guide designed to help Americans of all ages.

In addition, there are many other companies and programs that we have worked with over the years. As a matter of fact, tomorrow, Secretary Thompson will join me and Kay Coles James, director of the Office of Personnel Management, to issue a challenge to all Federal employees, the Healthier Feds Physical Activity Challenge. So we are challenging all Federal agencies to get involved and sign up on the President's challenge.

I spoke at the Mayo Clinic not too long ago. At the Mayo Clinic in Rochester, MN, they have a phenomenal facility for all of their employees that is free, for them to come to this facility to work out and to engage in physical activity, because they believe in the importance of physical activity.

In about 2 weeks, I will be in Omaha, NB, where the Union Pacific Railroad Company is going to open up and highlight their new office complex, over 1 million square feet. They have taken the time to include a very extensive wellness program within that facility for all of their employees to be able to come in, to get physical activity at various times of the day when it is more convenient for them, on site, to encourage that kind of physical activity.

When we talk about obesity as it relates to children, our children have and always will continue to learn by example. If their parents are not physically active, if they do not encourage their children to be active, regardless of what we teach them or attempt to teach them in school, these children will not be physically active.

So it is important that we make sure that our adults get the same message and have the same opportunities that our children have to be more physically active. And then we have to have that continuing education program with our children.

We spend \$117 billion a year on obesity and obesity-related illnesses and diseases. We spend \$139 billion on diabetes. That is \$250 billion a year that we spend in preventable areas through physical activity. Not all of it is for bad reasons in terms of why we have gotten to this point. Obesity just did not jump up. Indeed, there are people who are thin, who look absolutely wonderful, whose health is probably not as good as someone who is overweight, because they do not exercise. And if you are looking for a reason, part of it is our own success—the innovation of the computer, the Internet, the games that we do, the technology—we no longer have as much of a need for a large labor force. Our automotive industry, our industrial segment, goes to robotics, so there is not that need.

And when is the last time you actually saw a man digging a ditch? I will tell you when you saw him digging a ditch. There was one guy sitting on the backhoe and three guys pointing to where he should dig. That was the last time you saw a guy digging a ditch.

All of those things are good. What we are really talking about here is an overwhelming lifestyle change—a lifestyle change. We in America love our conveniences. We can have the greatest shop, the greatest store; it will be five blocks down the street—and we will get in our car, and we will drive there, and we will go through the drive-through and get our cup of Starbucks coffee or anything else we want, as opposed to walking there.

And Senator Harkin, when was the last time you went by a school and saw a bicycle rack full of bicycles? We do not see it. And it is not necessarily for bad reasons. We feel sometimes that we need to drive our kids to school, we need to make sure they get there safely. We want them to be safe after school and not be wandering around, influenced by any bad segments of our society.

So what do we have to do? We have to create opportunities for everybody to participate in areas of physical activity. Sport is a wonderful way of doing it, because you get all the benefits while you play a game. But in many of our schools, the only people who participate in sports are the best athletes, because that is all the school can afford.

We need to still find opportunities for all children to participate. My oldest brother is five-foot-six, he is 135 pounds, and he is a dentist. He loved to play basketball when he was in high school, so he played on the “D” basketball team because he was one of the small guys; and he competed in track. Most high schools today only have a junior varsity and the varsity team, so if you are not the best athlete, you do not get a chance to play.

We need to make sure that we create those opportunities for our kids to have that balance. And it is a balance—it is nutrition, and it is physical activity.

I will close by giving you one example. A college football player, offensive or defensive lineman, who weighs anywhere in Division 1-A football between 250 and 310 pounds will eat in 1 day 6,000 calories. That is a huge amount of food. But look at all that that young man is doing in the course of a day—the weight training, the running, getting around campus. Six thousand calories for some of those athletes is barely keeping that weight on because of the high level of physical activity.

There is a balance. If you take in 1,500 calories a day and you only get physical activity of 1,000 calories a day, your net gain is 500 calories a day, and you will gain weight. It is very simple. We do not need a magic pill to understand that there is a balance to what we do, and we need to find a way to make sure that our children are eating well, eating the proper foods, getting the right amount of physical activity to balance what goes in, so that if they are going to live longer, and when they do live longer, it will be a better quality of life.

Thank you.

[The prepared statement of Mr. Swann follows:]

PREPARED STATEMENT OF LYNN C. SWANN

In a Presidential Proclamation earlier this year (May 8, 2004), President George W. Bush stated,

“By exercising regularly and participating in sports, we can improve our health, set a positive example for our children, and help build a stronger future for our country.”

In the last century, our Nation made striking advances in public health. The chief enemy was infectious disease, such as tuberculosis, pneumonia, bacterial infections, and diseases caused by contaminated water and food.

By the end of the 20th century, we could look back with pride at the enormous victories we achieved by creating drugs and adopting hygiene practices that have dramatically reduced the gravest threats to public health.

At the beginning of the 21st century, our Nation faces a deadly health crisis with the potential to do great damage from a cause that until recently has not been a major threat. We are in the midst of an obesity epidemic caused by poor diet and sedentary lifestyles. We are eating too much and moving too little.

The latest figures released recently by the Centers for Disease Control and Prevention show that 400,000 people a year—almost 1,100 Americans a day—die from conditions related to physical inactivity combined with poor diet. Only smoking kills more people—435,000 people a year. The gap is closing fast. However, if the numbers keep growing at the same rate as they did during the past decade, physical inactivity and poor diet might overtake smoking as the leading cause of preventable death in the United States.

Sixty-four percent—that’s two thirds of American adults—are overweight or obese.

As Chairman of the Council, I feel especially responsible for the health of millions of our children. Fifteen percent of our children and adolescents are overweight—9 million young people. The percentage is even higher for African American, Hispanic, and Native American children—over 20 percent. Ten percent of our little ones age 2 to 5 are overweight. Type 2 diabetes and cardiovascular risk factors such as high blood pressure are showing up in young children.

Only about one-half of U.S. young people (ages 12–21 years) regularly participate in vigorous physical activity. According to a study done by the National Association of Sports and Physical Education (NASPE), children should engage in at least 60 minutes of physical activity daily and should not be sedentary for more than 60 minutes at a time except when sleeping. On average, children in the U.S. watch 18 hours of TV a week. As Secretary Thompson says, “We need to get our children away from the Play Station and out on the playground”.

What if there were a drug that helped reduce the risk of developing or dying from heart disease, stroke, high blood pressure, type 2 diabetes, colon cancer, osteoporosis, arthritis, depression and anxiety? We’d probably demand that it be put in the public water supply. Everyone would clamor to have access to this magic pill.

Let me tell you that such a remedy already exists, one that won’t take years of research and development or clinical trials. It has no undesirable side effects. It has no costs except commitment and determination. That medical miracle is daily physical activity.

HHS studies and reports show that if adults would engage in only 30 minutes of moderate physical activity a day, such as brisk walking, on 5 or more days a week, it would decrease the risk of developing or dying from cardiovascular disease, type 2 diabetes, and some cancers—such as colon cancer—as well as helping to prevent osteoporosis, arthritis, anxiety and depression.

But children are not small adults—they need more activity to be healthy, at least 60 minutes on most days of the week. There must be a concerted effort by parents, schools and communities to make sure that children have the time and opportunity to gain the health benefits of moving at least 60 minutes throughout the day.

Physical activity helps maintain a healthy weight. There’s a concept called the “energy equation.” We need to expend as many calories by physical activity as we take in.

As an athlete myself, I love to work out and play sports. But children don’t have to play sports to be active. Just walking the dog, helping with household chores, playing tag in the yard—any activities that cause children to move the large muscles of their bodies—afford the health benefits of regular physical activity. Parents can help by monitoring TV and computer time and making family time active time so the whole family becomes healthier. If you are age 18 or older, it takes at least 30 minutes of physical activity a day to gain health benefits. And you don’t have to do it all at once—you can accumulate 30 minutes of activity throughout the day in 5, 10 or 15-minute increments. But remember, children and teens up to age 17 need at least 60 minutes of movement on most days of the week.

I applaud this committee for exploring the ways that public private partnerships can be effective in countering the growing obesity epidemic threatening the health of our children.

I’m proud to say that the President’s Council on Physical Fitness and Sports is on the cutting edge in that area. We are already working closely with partners in corporations and business, with non-profit organizations, with health care providers and insurers, educators, fitness and sports professionals, and other public agencies to encourage Americans to be physically active every day for health.

Let me highlight some of our public-private partnerships:

Each year, the General Mills Champions Program awards 50 grants of \$10,000 each to community-based groups that implement innovative programs to help youth improve their nutrition and fitness behaviors. To celebrate National Physical Fitness and Sports Month in May 2003 and May 2004, General Mills sponsored the President’s Challenge awards for all Minneapolis schools. In a 2-year period, over 20,000 students competed in the 6-week active lifestyle program and received Presidential recognition. General Mills is now pledging to sponsor up to 50,000 youth.

The Coca Cola Company’s “Step With It” program partnered with the President’s Challenge program to encourage school children to be active. Coca Cola provided “stepometers”—small pedometers that track the number of steps taken in a typical day to encourage participants to increase their daily walking and overall activity to maintain good health, while simultaneously fulfilling the requirements for the Presidential Active Lifestyle Awards (PALA) Program and awards. Coca Cola subsidizes the award and certificate for each child who completes the 6 week program.

The Burger King Corporation sponsored President’s Challenge awards during spring 2004. In this initiative, 206 schools nationwide received awards, and 66,000 students had an opportunity to receive presidential recognition for becoming and staying more fit and active. The sponsorship allowed parents, teachers and /or students to nominate their school for the awards as recognition of existing physical education programs.

Another partner, Wheaties, provided equipment such as soccer balls, footballs, jump ropes, etc. to each school selected by the Council as a State Champion award

winner, part of the President's Challenge program. Each year, the PCPFS honors 3 schools with the State Champion award. Based on enrollment size, the 3 schools within each State that have the highest Presidential Physical Fitness Award winners receive this special recognition. Wheaties encouraged each winning school to create and submit a poster depicting fit and active lifestyles. Wheaties selects a winning poster for use as a backdrop for the next year's program. A poster is sent to each State Champion school. In addition, 3 schools based on enrollment size receive \$5,000 grants for their physical education department. One million Wheaties' boxes promoted and encouraged all Americans to adopt and maintain an active lifestyle while earning presidential recognition for their efforts.

The Kellogg Company is promoting physical activity for very young children (birth to age 5) to parents and caregivers through a publication co-sponsored with the President's Council on Physical Fitness and Sports, "Kids in Action." The Kellogg Company is now partnering with the President's Council and the National Association of Sport and Physical Education (NASPE) to bring this important information to child care providers in day care centers as well as to parents and caregivers at home. The Kellogg Company produces, prints and distributes "Kids in Action" free of charge, and the Council assists in promoting physical activity for young children through cooperative media outreach and events and distribution of "Kids in Action" to the public.

The American Association of Clinical Endocrinologists co-sponsored a publication, "Rx: Take the President's Challenge: www.presidentschallenge.org", a prescription for physicians to give to youth during school visits, when the doctors give a presentation about physical activity and sound nutrition and promote www.presidentschallenge.org to students, teachers, and parents.

The Blue Cross Blue Shield Association's (BCBSA) "Walking Works" partnered with the President's Council on Physical Fitness and Sports to produce and print a walking guide designed to help Americans of all ages set their own benchmarks and achieve personal walking goals. Walking Works is a consumer education program developed to motivate BCBSA plan members and their families to integrate walking into every day, live healthier lives, and reduce the likelihood of costly health problems down the road.

Members of Congress and their staffs were asked to walk for health by signing up for the Congressional Challenge, "Walking Works" program, in partnership with Blue Cross Blue Shield. During this 6-week challenge, staff members worked toward a Presidential Active Lifestyle Award (PALA) by logging on to www.presidentschallenge.org.

Tomorrow (Wednesday, October 6, 2004) Secretary Tommy Thompson will join me and Kay Coles James, Director of the Office of Personnel Management, to issue a challenge to all Federal employees, the HealthierFeds Physical Activity Challenge. We are challenging the Federal agencies to compete with each other to earn Presidential awards and to be national role models for active lifestyles.

Right now we have great leaders as role models—a President in the White House, a Secretary of Health and Human Services, and a U.S. Surgeon General who all advocate for prevention and healthy lifestyles. They walk the talk and practice what they preach. President Bush is in the top 1 percent of health statistics for men his age and in the top 3 percent of men over age 30. Secretary Tommy Thompson lost 15 pounds. He walks around the HHS building and encourages employees to stop smoking. He wears a pedometer and exercises regularly. Surgeon General Dr. Richard Carmona speaks around the Nation to school children and others stressing the health benefits of physical activity, nutrition, prevention, and other healthy behaviors.

I know that each and every Member of Congress wants to help our Nation become strong and healthy, ready to meet any challenge. You can be justly proud of the support given to research for new drugs and medical treatments for disease. But think of all the money we could save on health care if we begin to give equal emphasis to prevention now.

The time is right for Congress to look at innovative ways to reduce staggering health care costs. Sometimes we need to shift our perspective to move in a new direction. Our entire health care system is organized around treating diseases after they occur, not preventing them before they occur. We need a paradigm shift that places prevention at the center of our health priorities. We need to focus not only on the people who are already sick with chronic disease but also on the generation that is growing up, the kids that are overweight at age 2 or 3, and ill with type 2 diabetes and high blood pressure by the time they are 8 years old.

As you consider what Congress and the Department of Health and Human Services can do to promote the health of the Nation, remember that 40 years ago, we

were only beginning to hear the message about the dangers of tobacco use. It's taken that long to change the way people think about smoking.

We can't afford to wait 40 years before people begin to take care of their health by stressing prevention. Today, we spend \$117 billion annually on conditions related to obesity and \$132 billion on type 2 diabetes. That's about \$250 billion a year. What if we had that much money to build parks, playgrounds, and playing fields? We might begin to reverse the alarming health trends we are seeing in our children. What if we could put some of that money into preventive medicine—for sidewalks, bike paths, playgrounds, sports facilities, after school programs, and youth recreation centers? If we want to see a bright and healthy future, we must change the way we think about health priorities and focus on prevention.

The Federal Government needs to stimulate all levels of government—Federal, State, and local—to join with us and with partners in the private sector to attack the obesity epidemic and its attendant health problems. Please consider how the Executive and Legislative branches of the Federal Government can work together with corporations, organizations, educators, health care providers, States, communities, families and individuals to make healthy choices.

We need our government to stand squarely behind initiatives and interventions to stress and encourage all Americans to be physically active every day, to eat a nutritious diet, to get preventive screenings, and to avoid risky behaviors. These are the four pillars of the President's HealthierU.S. initiative. We need to ask ourselves, "What help and incentives are needed to make people take these steps toward better health to improve their lives? How can we provide them?"

It only takes small steps. It's important to spread that message. If we can encourage people to cut their calorie intake by 100 calories a day; to walk for 30 minutes 5 days a week, for example, we would begin to transform the health of the Nation. We must give our children the education and tools they need to make healthy nutritional choices. We must monitor their eating at home and at school. We must make time and opportunities for them to be active at 60 minutes on most days of the week. It's the small steps that count—small steps in the individual lives of many would reap dramatic benefits for the Nation as a whole, saving not millions but billions of dollars.

I urge you never to underestimate the power you have as legislators. Working together, we have the ability to promote the health of our fellow citizens and our Nation. When you consider legislation on health, environment, transportation, and education—remember that you are dealing with the lives and well being of the American people for years to come. We are talking about our own children and grandchildren. May the mark that we, as public servants, leave on those we touch be one that nurtures and enhances the health and overall well-being of this great Nation we serve.

Thank you for inviting me to testify on this most important topic. At this time I would be happy to respond to any questions.

Senator FRIST. Thank you. I thank both of you. Very well said. Senator Reed?

Senator REED. Thank you, Mr. Chairman, and thank you, gentlemen, for excellent testimony.

This is an extraordinary problem. We are on the leading edge of a real crisis. It is an epidemic now; it will be a crisis in a few years.

As Senator Harkin pointed out, we stand on the verge of doing something that I think all of us thought would be impossible, which is reversing the increase in life span of the American public. That has been the measure of our public health progress over 200 years, each rapidly increasing the life span. And we are going to turn that around, perhaps.

The other point is that it is all preventable, or most of it is preventable. And the huge costs—Mr. Swann pointed out the costs today—we are trying desperately to fund our health care system, and if these costs hit us, it might literally swamp the boat.

So again, Mr. Chairman, I think this is a very, very timely and important hearing.

There is one other point I would make which echoes what the witnesses said. This is not a medical problem as much as a cultural

and lifestyle problem, because the dynamics are not just physiology—it is advertising, it is access to food, it is lack of physical activity—all the things that the witnesses have pointed out very well.

Dr. Snider, in the Children's Health Act of 2000, we direct CDC to work with HRSA to develop and implement a program designed to educate health professionals about identifying at-risk children for obesity and also educating and informing these children and families. What has CDC done to follow up on this initiative, and what is the status, if you could, of that program?

Dr. SNIDER. CDC has a number of programs ongoing right now. I mentioned several of them that relate to working with States, working with schools, working directly with community organizations and media campaigns. But I appreciate the opportunity to fill in the gap on the other initiatives.

We are working with professional societies to increase not only the awareness—because as you know, increasing awareness does not necessarily translate into taking action—but to increase their knowledge of what works. And this is where I think we are in a particularly transitional situation with regard to dealing with this epidemic. As the IOM said, we need to apply the best available science to this emerging problem. We cannot afford to wait.

At the same time, we know that we need to have more definitive science and the best possible science. So one of the questions that we face in working with these professional associations is what works. And some of the colleagues who will follow on the next panel may have some comments to make, but I think that we can learn, as has been alluded to, what has worked with other counseling as it relates to tobacco cessation, as it relates to HIV and STD prevention and so forth. The key is what are the kinds of approaches that health professionals can take that will result in a change in behavior, not just inform the patient.

I think we have some promising results in working with the professional societies, but we still have a way to go to try to find out what are really the best ways to effect changes in personal behavior.

So we continue to work with professional societies on this problem to try to increase awareness, but I think there is still a challenge for developing better interventions.

Senator REED. Thank you.

In your statement, Dr. Snider, you alluded to the numbers that CDC is collecting about nutrition and physical activity in high school and also the National Health and Nutrition Examination Survey. Can you give us some details? You said it is a pervasive problem, but are there geographic variations or economic status variations or anything that should be highlighted? You did mention the disparity between the minority obesity levels in children and others.

Dr. SNIDER. I did not bring those tables with me. We certainly could provide them to the committee. We have published those. As I said, they are from the NHANES study, for example, and youth risk behavioral surveillance also provides information.

I think the major take-away point, though, is that although there are variations around the country and among different groups—clearly, lower-income have a bigger problem with obesity or over-

weight than higher-income; Mexican American boys, African American girls—the main take-away message is that there is no group that is immune. I mean, it is pervasive throughout the population. So there are no target groups to go to. This is a problem of national scope.

Senator REED. Thank you.

Mr. Swann, if I could—

Senator FRIST. Let's do one more question.

Senator REED. One more question. Thank you.

Again, Mr. Swann, thank you for your excellent testimony. You are all over the country, and you are inspiring, not only through your career but your present activities, children to be physically active. What are the two or three most important things we can do?

Dr. SNIDER. While we wait on the best science, I think we ought to just start being active. I will give you an example. I have five acres of land, and I needed to clear it. I sat around every morning drinking a cup of coffee, thinking, well, do I need a backhoe, do I need a chainsaw, how big a chainsaw—what equipment do I need? I did this for about a month. If I had just put on a pair of sneakers and a pair of bluejeans and a t-shirt and gone out into the back yard, I would have cleared the five acres and not had to worry about it.

So while we are in the process of thinking about what we should do, we should do very simple things. We should get out and walk as a family. We should have programs. There are programs on presidentschallenge.org, a website for the President's Council, that highlight partnerships that we have and links to other organizations to institute programs. If a school does not have a physical fitness program or a physical education teacher, any teacher in a school can implement the President's Challenge for the kids in that school.

So I think if we simply get active and do something—it does not have to be high-tech—but get active doing a variety of things and understand that we are not trying to create another pro football player, it is not an effort to create an Olympian but an effort to create a healthier young person, adult, and senior citizen.

Senator REED. Thank you very much.

Thank you, Mr. Chairman.

Senator FRIST. Thank you, Senator Reed.

Senator Dodd?

Senator DODD. Thank you, Mr. Chairman.

I am going to ask consent, Mr. Chairman—you and I and a number of others sent a letter back in March to GAO requesting that they do a study to examine Federal and State activities designed to prevent and treat obesity among children and adolescents. They are in the process of doing that study, but I thought it might be worthwhile for our colleagues to be aware that that process is under way.

[Letter from Senators Dodd and Frist was not available at time of print.]

Senator DODD. I have just a couple of quick questions, if I can. Again, thank you both. It is good to see you again, and welcome back to the Congress.

Dr. Snider, you mentioned the VERB campaign as part of CDC's efforts to prevent obesity in children ages 9 through 12. Yet this administration has zeroed out the funding for that program. I wonder if you might give us some other ideas about what CDC can do to make sure that children in this age group are going to receive a positive message about activity?

Dr. SNIDER. Well, we were encouraged by the VERB campaign. We were encouraged by the results that I mentioned to you. We were encouraged after the release of the IOM report and the positive statements that the Secretary made about the VERB campaign.

One of the things I did not emphasize—

Senator DODD. Was any reason given for why they zeroed out the program?

Dr. SNIDER [CONTINUING]. No, I do not think any particular reason has been given, and we do not have a fiscal year 2005 budget yet, so I do not want to make any assumptions about—

Senator DODD. Let us use the forum here—would you like to see a little funding put in that program? Go ahead, Doctor, jump out there.

[Laughter.]

Dr. SNIDER. Is this a professional judgment?

Senator DODD. Of course, it is.

Dr. SNIDER. Yes, I think we would like to see the program continued. From talking to my colleagues here, it is clear—this is one of those areas where we have created a number of partnerships, which is one of the things that this hearing is about, and I did not have an opportunity to talk about all the partnerships we established with VIACOM, ABC, Time-Warner, sports league partnerships, NFL, National Hockey League, for example, manufacturers, Huffy Sports, Wilson's Sporting, and the YMCA.

So these partnerships really were extremely important, and I think one of the things that we would like to do is continue on, see whether we can have a sustained effect on a larger population. The population that responded the most was girls. Can we modify the campaign a little bit working with the media companies so that we have an impact on boys as well? Can we have an impact on a larger range of age groups beyond the "teens" that VERB is focused on, the 9 to 13-year-olds?

So I think there is a lot that could be done with mass media. We know that mass media works. We know that companies spend huge amounts of money advertising. Food companies spend huge amounts of money advertising food to children, and it must work; otherwise, they would not keep putting money into it. And we think this counter-advertising, if you will, toward promoting physical activity deserves an investment and a critical evaluation. We do not want you to put taxpayer money down the tubes, but given the results we have gotten, we think it deserves a chance.

Senator DODD. Let me ask you this. We know as a result of studies that have been done, and certainly the guidelines that CDC has recommended, that daily physical exercise is a must. Lynn Swann talked about it. Yet we know that fewer than 6 percent of senior high schools require any kind of daily physical exercise.

We are here trying to determine policy issues. Senator Harkin mentioned, I think appropriately so, the “No Child Left Behind Act,” the education of all children.

What policy recommendations would the CDC make regarding the Federal Government’s commitment to elementary and secondary education to require some greater degree of participation in physical exercise than we are presently seeing?

Dr. SNIDER. Well, CDC’s position is that—first of all, as you know, the school policies around physical activity are set at the local level—but our recommendations to the States and the communities are—

Senator DODD. With Title I money—we provide a lot of money to schools.

Dr. SNIDER [CONTINUING]. Our recommendations are that they have physical education programs in all the schools.

Senator DODD. But you realize, of course, that they are strapped. I mean, these schools are—

Dr. SNIDER. They are strapped, and they are under a lot of pressure to deliver academic performance. I think this is one of those areas where we need to get out there and roll up our sleeves with the educators and figure out how we can help them achieve all of their other objectives related to academic achievement, but still keep our kids physically active.

Senator DODD [CONTINUING]. Good. Do you have any disagreement with Lynn Swann’s numbers regarding the cost of obesity today—the statistics he cited about the—

Dr. SNIDER. The \$117 billion, for example?

Senator DODD [CONTINUING]. And the \$250 billion. Are those pretty accurate numbers, do you think?

Dr. SNIDER. Yes, sir.

Senator DODD. So what we are talking about here—I mean, what we contribute to elementary and secondary education is a fraction of that cost, and the issue is whether or not we are going to provide some real resources back, particularly—as we know and as you point out, poorer kids have a tendency to suffer from this problem to a greater extent than more affluent children. That is a fact.

Dr. SNIDER. Yes; for a whole variety of reasons.

Senator DODD. So that obviously, poor school districts that are struggling to provide science teachers and math teachers and the like are also strapped when it comes to adding programs involving fields of education.

What we are looking for is not only to get some recommendations but some meat behind this, some real resources that would make it possible for these poor districts to be able to include as part of their daily curriculum physical exercise, knowing the cost and knowing the implications of it.

Dr. SNIDER. There is no question but that there are economic factors that are driving the inability of certain schools to offer the kind of physical education programs that many of us used to get routinely when we were growing up.

Senator DODD. Let me ask one last question if I can. The IOM and the CDC both talked about the importance of sending clear messages to kids. It would seem that partnerships with Coca Cola and Burger King would send the wrong message to kids in some

ways. Maybe you want to address this. I am not trying to pick on two particular corporations, but as Senator Harkin has pointed out, the quantity of sugar in these products—these are not exactly the kinds of foods that you would be recommending that children consume with any great consistency, and partnerships with them create, it would seem to me, a contradictory message.

Mr. SWANN. Well, it does not create a contradictory message. I think the message is that if children are going to eat something that has a higher sugar content, they have got to offset it by a certain amount of physical activity. For instance, we are not recommending that you eat 15 teaspoons of sugar a day, but if you have the intake of something that is 3,000 calories, do you have a certain amount of physical activity to balance that out, and is that a part of your regular day.

You also have to have as part of that balance an educational program so that kids understand what they are eating, so they are not taking in too much or a high quantity of things that are not good for them. So you should not have a 20-ounce Coke every day, or two 20-ounce Cokes out of the machine. I think the obligation and the responsibility of the food companies is to deliver a message of education that says this is what a nutritious diet is all about, this is what a balanced meal is all about.

Senator DODD. Have you ever seen Coca Cola or Burger King—we will use those two; there are others—have you ever seen them recommend only drink one Coke a day, or one Coke every 2 days?

Dr. SNIDER. Well, I think certainly, Senator, what they recommend in terms of physical activity is to balance what they intake with physical activity and look at a proper balance in terms of a diet. I cannot dictate to them what they do in terms of their advertising and things of that nature, but our mandate is to ask kids to be more physically active. Our mandate is to have kids have a better understanding and knowledge of what is nutritious and healthier for them.

We create partnerships with companies who are willing to deliver that particular message. I do not think it is any different in this particular perspective from the mandates made on cigarette or tobacco companies to say you must educate people. Certainly people would say, well, why are you asking tobacco companies to educate people about the harms and the negative factors of cigarette smoking. They have done so because they have been forced to do so. Food companies are taking a proactive position in terms of trying to deliver a more positive message about balanced nutrition and physical activity.

Senator DODD. All right. I will stop there. My colleagues probably have some additional questions. I just wanted to raise with you the possibility of why we do not encourage in the insurance industry—I think your point about adults is important and setting examples—but why we do not reward adults through reduced premium costs, for instance, on health care for those who do engage in physical activity, or give businesses breaks in terms of premium costs when they have physical fitness programs, allow time for it.

Rewarding adult behavior by reducing the cost of health insurance given the greater likelihood they are not going to need it seems to me to be one of the worthwhile ways to promote—nothing

will get people's attention more than reducing the cost of a health care premium.

Mr. SWANN. Senator Dodd, what you have just said are recommendations and things that I have brought up in Council meetings on a number of occasions in terms of trying to approach the insurance industry with those kinds of things. I am not allowed to approach the industry to make those kinds of suggestions.

If I were allowed to approach—

Senator DODD. What do you mean, you are not allowed?

Mr. SWANN [CONTINUING]. I am not allowed as chairman of the President's Council to go to the companies and make these kinds of suggestions. I have to sit and wait for them to come to me. Those are the rules of government, if you will, for our particular agency, Senator.

For instance, if I could, I would suggest to all the companies that manufacture electronic games at least a 20 or 30 second spot that you cannot forward past, you cannot erase, that would ask each child every time they turn on that game: Have you gotten your 60 minutes of physical activity today? There would be a suggestion every time they turn that game on—have you exercised today? What have you done?

But again, in my position, I am not allowed as chairman of the President's Council to walk up to those companies, to knock on their door and say, "I have an idea for you. Can we do this?"

Senator DODD. That is a subject for another hearing, I guess, to find out why that exists.

Thank you.

Senator ALEXANDER [PRESIDING]. I believe Senator Harkin was next.

Dr. SNIDER. Senator, if I could just add, though, you gave us some money this past year—

Senator DODD. Not me, personally.

Dr. SNIDER [CONTINUING]. Which we have invested in health promotion in the workplace and also in establishing two centers for excellence in health promotion economics. It is our hope that through those research projects, we will generate the kind of data that will convince companies and insurance providers that it is cost-effective to invest in these kinds of things.

Senator ALEXANDER. Senator Harkin?

Senator HARKIN. Thank you, Mr. Chairman.

Again, I want to thank you both for your leadership and for being here today.

Is it true, Mr. Swann, that you were actually in dance class when you were in seventh grade?

Mr. SWANN. I took about 14 years of dance class, that is correct.

Senator HARKIN. Well, I daresay that if you were in school today, that dance class would not be there.

Mr. SWANN. Those classes were not in school, sir. I always took them after school.

Senator HARKIN. Oh. I thought it was in school.

Mr. SWANN. No.

Senator HARKIN. It was after school. Well, they would not be in school because they are being cut out because of time constraints and money constraints and things like that.

I was also remiss in my earlier statement—I should have mentioned the fact that our Secretary of Health and Human Services, Secretary Tommy Thompson, has been one of the great leaders in this area of physical fitness. He has done a superb job, and I just want to publicly acknowledge one more time his great leadership in this whole area of physical fitness and well-being, in a lot of different areas.

The STEPS program is a great program. Now, again, it is one of those things that is starting small, but it needs to be expanded out. Secretary Thompson has done a great job in promoting that.

One of the other things—and I think I talked with you about this, Mr. Leader, at one time—that Secretary Thompson has placed signs by all the elevators at HHS—I saw them down there—that if you just go a little bit to the right, there are stairs there, and if you climb the stairs, you burn—I have forgotten how many calories it was, but I thought that was pretty darned neat.

So I have taken it upon myself now to start climbing stairs instead of taking the elevator, and it is amazing—you really do not lose that much time, but what it does for you, just climbing stairs every day, is amazing.

Mr. Swann, when you go out to see Union Pacific, would you stop in Des Moines and see Townsend Engineering and also go and see Grundy Center High School in Iowa? The reason I say that to you is because I take a little exception with your focus on sports. Now, I appreciate sports, but a lot of kids do not play sports, whether A, B, C, D—they just do not.

But what Grundy Center High School has done with the Carol White Physical Education Program, the PEP program—and by the way, Senator Stevens has been very supportive of getting more money for the Carol White PEP program—what they do in the high school is every kid in that high school has a physical fitness routine. They do not play sports, but they have something they do every week. They take every kid in the high school when they first come to high school, they get their body mass index, they set them up on a routine, it is all computerized, and they track them as they go through high school—every kid, even kids with disabilities, gets exercise. They do not play sports, but they have an exercise routine for every kid in that school.

So I do not want us just to focus on sports. There are other things you can do in elementary school, middle school and high school. And by the way, now people come from around the United States to Grundy Center High School to see what they did there and how they can do it in their own schools. I know a lot of middle schools are doing the same thing.

So I hope you will think about the broader context and not just sports.

Senator ALEXANDER. Yes, Mr. Swann.

Mr. SWANN. I would like to say that I understand that perfectly. Normally, when I speak to a group about physical activity, I speak to them for about 40 minutes or longer, and that is one of the areas I cover.

The President's Council on Physical Fitness and Sports has been very proactive and I think is on the cutting edge in terms of what you are just now discussing. At our website, for instance—which is

free, anybody can use it, any company can use it, any group can use it, and sign on—it will track you for the rest of your life and the amount of physical activity you are doing if you just input the information in there. And on that physical activity, we have over 100 things listed as physical activity. Yes, there are the traditional things in terms of sports, but we even have dart throwing, if you will; we have housework, we have gardening, walking. It is all the things that you are talking about. Not every child plays a sport.

Indeed, most of us who have played a sport in high school, by the time we graduate from college and get a job and go on to some professional career, if it does not involve sports, we are no longer on the team. So part of the education has to be making the priority to get some other kind of physical activity.

So I agree with you 100 percent that we have to encourage them to do other things than just be on the team.

Senator HARKIN. Yes. If they do it all the way through school, by the time they graduate, it has become a part of their lifestyle—keeping physically fit, tracking their body mass index, tracking their cholesterol and blood pressure.

Mr. SWANN. Correct.

Senator HARKIN. It becomes a part of their lifestyle—but you have got to start with these kids early.

Mr. Chairman, I just want to say one other thing. I am all for personal responsibility. I am all for it. But again, I will take a little exception with you—you said it does not send mixed signals when we put vending machines in schools and things like that.

What level of personal responsibility are we asking in a child of 8 years old or 10 years old or 12 years old when they are bombarded at the earliest possible time in their lives with things like this—the Oreo Cookie Counting book; you learn to count by counting Oreo cookies. And you have—well, actually this is not bad; Cheerios is really pretty good, as long as they are not sugared-up—but you have the Fruit Loops Counting Book, the Goldfish Counting Book, the M & M's Counting Board Book. These are for kids who are learning how to count. It is embedded in their brains that these are good for them.

Then, the other thing that we see happening with kids is that they are taking all the kids' cartoon characters and putting them on all this junk food. So you have SpongeBob SquarePants. Kids love SpongeBob. He is now on Cheese Nips with Elmo and Cookie Monster and on and on and on—all these characters are on every—you do not see these characters on fruits and vegetables. Why don't they have SpongeBob SquarePants on spinach or broccoli—how about apples and pears and oranges? No. It is on all this stuff.

I know this is not what you are saying, but almost what is coming through is: Kids, you can eat all the junk food you want; all you have to do is work it off.

I am sorry. I know that is probably not what you are saying—

Mr. SWANN. It is definitely not what I am saying.

Senator HARKIN [CONTINUING]. I know it is not. But I am sorry to have that interpretation. It is not enough just to work it off. I am all for personal responsibility. I am all for parents setting a good example. But this is an epidemic, folks. This is not something where we can just sit around and say “personal responsibility.”

I am all for personal responsibility, but when you have an epidemic, there is a governmental responsibility for us to do something, to step in and start efforts at stopping it. Yes, personal responsibility, family responsibility, community responsibility, but there has to be some responsibility to get to these kids early on in life to get them started on a healthy program. And this kind of stuff simply does not do it. You are getting these kids early on in life, and they are getting these mixed messages about what is good for them and what is not good for them.

That is why I think this has got to be a big, comprehensive thing; we just cannot do it one at a time.

I thank you. You have indulged me long enough, and I appreciate it, Mr. Leader.

Senator FRIST. Thank you.

Mr. Swann, could you just comment briefly—and then we have another panel to continue the whole discussion, so I think we will move on—but why don't you make a final closing comment, because I know that is not what you said, but I think it is important to respond. And in effect, we are all agreeing. This thing is really big. It is an epidemic. It is increasing. And having the public and private come together in really innovative ways, we are going to be able to reverse this.

What I would like to do is have Mr. Swann close and then bring up the third panel, and then, Senator Wyden, I know you have been observing, but if you want to make a comment before the third panel, and then we will go right to them.

Senator WYDEN. I do have a question whenever it would be appropriate, Mr. Chairman.

Senator FRIST. OK. Let me just let Mr. Swann comment quickly, and then I will turn to Senator Wyden.

Mr. SWANN. Mr. Chairman, thank you, and Senator Alexander, it is good to see you again, sir.

I think we are all members of the same choir. We understand that obesity is a growing epidemic and that we have to turn this around. It is not going to be an overnight process. It did not arrive here as an overnight process, and it will not go away as an overnight process.

We need to attack this in 360 degrees, from all sides, by approaching children, adults, and senior citizens, educating them about the value of physical activity, about nutrition, about making physical activity a priority in all of our lives. It is not an elective. It is not something we can just take for granted. If we need to, we will schedule it, but we need to get physical activity, we need to have proper nutrition in a balanced way in our lives—and we need to do this in all aspects. We need to lead by example. We need to reach our schools to have them teach a better message. We need to reach out to the private sector, to industry, to community groups, to create safe walking and biking paths to schools, to create after-school programs and places where kids can go and feel safe, where their parents will believe they are safe, where they can get physical activity. And we need to be able to do it in the workplace.

We need to be able to make sure that our children understand and are knowledgeable about how they can live in a healthy manner so they can make the right decisions.

We need to teach our kids responsibility because all of our children—all of our children—all of us—made the most important decisions of our lives when our parents were not around. When our parents were not around, and we were approached by a variety of people to do things that we knew were wrong, we had to have the responsibility to make that decision. It is paramount that we teach that responsibility to our children at an early age so that they can make the right decisions for themselves for a lifetime.

Thank you.

Senator FRIST. Thank you, Mr. Swann.

Let me turn to Senator Alexander and then Senator Wyden, and then I really do want to get to our third panel.

Senator Alexander?

Senator ALEXANDER. I have 60 seconds at this point, and then I will save my remarks for the third panel.

One, I simply wanted to especially welcome Lynn Swann here. Listening to him talk about parents and grandparents, I know where that comes from. He has roots in Blount County, TN where I am from, and my parents and his grandparents were very good friends. So I can understand what he just said very, very well, and I admire his work.

The second thing—and maybe this was discussed earlier, or maybe someone will discuss it later—one of the major reasons for physical activity in American public schools is that our children come from all over the world, and the public schools were created in the last century. Albert Shanker, the former head of the American Federation of Teachers, use to say that we should teach the three R's and teach children what it means to be an American, and we should hope they would go home and teach their parents.

Physical activity, recess, and playing together, were always considered to be good ways to teach children who came from many different countries—they were not all French, they were not all Japanese, they were not all from Africa, they were not all from Scotland; they were people of many different countries and backgrounds—how to live together by playing together.

Now, that is a little different than the obesity issue, but it was an important reason why physical activity was a part of the early public schools, and with so many new Americans today, it would be one more arrow in your quiver, one more reason why physical activity ought to be a regular part of a public school activity.

Thank you.

Senator FRIST. Thank you.

Senator Wyden?

Senator WYDEN. I will be under 60 seconds.

Dr. Snider, as we know, some of the hungriest kids are some of the most obese, and that is almost counterintuitive, because you say to yourself, well, if they are hungry, they are going to be thin. But I think what we know is that if they are hungry, they are likely to be poor, and then they are particularly going to look at cheap food and whatever is convenient.

How do we tackle those two problems together, and what are the latest recommendations with respect to it? Of particular importance—the majority leader knows this is what drove me to it—my State is in effect the second hungriest in the country, and we also

have the growing problem of obesity, so in our State, the two of them are linked.

Dr. SNIDER. I think you are absolutely right. Poor families, poor children, tend to make poor food choices because the least expensive foods contain a lot of sugar, a lot of fat, and therefore lead to poor nutrition and in many cases, overweight and obesity.

There have been some programs that have been delivered in a variety of communities where low-income children have been brought to the school and of course given a comprehensive education about nutrition and physical activity and so forth, but actually provided appropriate nutrition at the school for a nutritious breakfast, for example, a nutritious lunch.

I think there are ways to begin to address this problem. I think on a larger macroeconomic scale, though, we are going to have to figure out from an economic perspective how we can make more nutritious food more economically attractive and less nutritious food less economically attractive. It boils down basically to that, and how to make structural changes to achieve that is something that I think we all have to work together to figure out.

Senator WYDEN. Thank you, Mr. Chairman.

Senator FRIST. Thank you.

I thank both of you. Your articulate way of describing where we are today and where we need to go is very, very helpful.

Thank you.

Senator FRIST. With that, I would like to welcome the third panel and ask them to come forward. I will introduce them as they come forward, and then we will proceed down the line with their presentations.

Today's third panel will focus on public-private partnerships that are currently working to reduce obesity in America's children.

First, we have William Potts-Datema, who serves as director of Partnerships for Children's Health at the Harvard School of Public Health in Boston. He is also chair of Action for Healthy Kids, a nationwide initiative dedicated to improving the health and educational performance of children through better nutrition and physical activity in schools.

Ross Brownson is a professor of community health and epidemiology at Saint Louis University School of Public Health. Dr. Brownson is a member of the committee on Prevention of Obesity in Children and Youth, which authored the recent Institute of Medicine Report, "Preventing Childhood Obesity: Health in the Balance."

Gary DeStefano is our final panelist, and he is president of USA Operations for the Nike Corporation. Gary is an avid athlete and supporter of Nike's anti-obesity partnerships, including the NikeGO program and PE2GO program.

I want to welcome all three of you, and I think we will proceed in that order, beginning with Mr. Potts-Datema.

STATEMENTS OF WILLIAM POTTS-DATEMA, CHAIRMAN, ACTION FOR HEALTHY KIDS, AND DIRECTOR OF PARTNERSHIPS FOR CHILDREN'S HEALTH, HARVARD SCHOOL OF PUBLIC HEALTH, BOSTON MA; ROSS C. BROWNSON, PROFESSOR OF EPIDEMIOLOGY, SAINT LOUIS UNIVERSITY SCHOOL OF PUBLIC HEALTH, ST. LOUIS, MO, AND MEMBER, COMMITTEE ON THE PREVENTION OF OBESITY IN CHILDREN AND YOUTH, INSTITUTE OF MEDICINE; AND GARY M. DESTEFANO, PRESIDENT, USA OPERATIONS, NIKE CORPORATION, BEAVERTON, OR

Mr. POTTS-DATEMA. Thank you, Mr. Chairman and members of the committee. Thank you for the opportunity to testify before you today.

I am William Potts-Datema. I am director of Partnerships for Children's Health at the Harvard School of Public Health, but I am here today in my role as chairman of Action for Healthy Kids, the only combined national grassroots effort to address the crisis of childhood overweight in America by focusing on changes in the school environment in particular.

The landmark 2001 Surgeon General's Report on Overweight and Obesity detailed the devastating and growing societal consequences of the epidemic in our country. The report included a "Call to Action" which identified schools as a critical environment that needed immediate attention.

Schools are in a unique position to help prevent and decrease childhood overweight. In schools, children spend a significant portion of their waking hours—at least 1,250 hours each year. In schools, children learn significant and lasting lessons about nutrition and physical activity both from the curriculum and from the examples of their teachers and peers.

Schools provide all children equal access to information about nutrition and physical activity regardless of their family's background, socioeconomic status, or prior knowledge of these issues. The influence of schools cannot be overstated.

In response to the Surgeon General's "Call to Action" the Nation's leading health, nutrition, education and physical activity organizations convened to determine steps that could be taken within the school environment to address this crisis. These leaders, representing more than 35 national organizations and government agencies, agreed that meaningful change would require a public-private partnership of the broadest scope, and they adopted the goals outlined in the "Call to Action" as the focal point of their work.

The initiative began with the Healthy Schools Summit held here in Washington, D.C. 2 years ago on October 7, 2002. Chaired by former Surgeon General David Satcher with Mrs. Laura Bush serving as honorary chair and with the participation of a number of other esteemed individuals, including the distinguished majority leader, the summit brought together a standing-room-only crowd of more than 500 dedicated individuals from every State in our Nation.

These participants were clear and united in their call for a multidisciplinary public-private initiative with support and guidance at

the national level but with the real action taking place at the grassroots level within our schools.

So Action for Healthy Kids was born. In less than 2 years' time, we have created an infrastructure that combines national support with guidance and expertise from more than 40 national organizations and government agencies. The 51 Action for Health Kids State Teams have become centers for creative action within their States, building momentum toward positive changes within the school environment.

Each Action for Health Kids State Team is a freestanding, diverse collaboration of volunteers from the private, public, and non-profit sectors. All State Teams have chosen priorities developed from the "Call to Action" based on their own evaluations of State needs and factoring the current status of local school environments. From there, State Teams have developed goals and action plans to address their specific priorities.

Using assistance from the national office, these teams regularly share timely information, success stories, and best practices across the network. As we speak, State Teams are working in every State to improve children's eating habits, increase their physical activity, and educate them about the supportive role of sound nutrition and physical activity in academic achievement.

I might just mention a couple of State examples. For example, in Tennessee, the Action for Health Kids State Team is a coalition that includes members from higher education, government, health professionals, educators, and industry leaders. Middle Tennessee State University donates meeting space, office supplies, and students to help the team accomplish its goals. The team is working to increase healthy vending practices throughout all schools. And recently, the Tennessee Department of Agriculture awarded Agricultural Development Fund Grant to the team to administer a milk vending machine grant program in Tennessee public schools.

We have other State examples, and I will not go into those right now, but they are included within my testimony.

I might just mention about Massachusetts, since I work as well on the Massachusetts State Team, that we have worked in concert with the Massachusetts Department of Education and School Food Service Association to develop and disseminate nutrition guidelines for a la carte foods and beverages to all 1,893 schools in Massachusetts, and that has the potential to positively impact over 1 million students.

There are of course many more examples of how Action for Healthy Kids partnerships are taking action to help improve nutrition and physical activity, and we encourage you to visit our website at www.ActionForHealthyKids.org. We also passed around a copy of the report of Action for Healthy Kids.

Nationally, we have in-kind support from more than 40 organizations and government agencies. We receive funding from diverse sources including the National Football League, the National Dairy Council, and the Robert Wood Johnson Foundation, among others, and we estimate that the initiative receives approximately \$1.5 million annually in the form of in-kind services and contributions from our more than 4,000 volunteers.

In closing, I speak for myself, my board of directors, and for the 40-plus partner steering committee organizations, and for the 51 State Teams in applauding this committee's attention to this important and timely issue.

We place the childhood overweight epidemic at the top of our Nation's health care agenda, and beyond that, we believe it is clear that healthy children perform better in school. We are confident that, as Dr. David Satcher said at the Healthy Schools Summit, "There is no limit to what we can do if we work together."

We look forward to working closely with you and others to continue to develop and nurture alliances and partnerships that will make a real difference for the health of our Nation's youth.

Thank you.

Senator FRIST. Thank you very much, Mr. Potts-Datema.

[The prepared statement of Mr. Potts-Datema follows:]

PREPARED STATEMENT OF WILLIAM POTTS-DATEMA

Mr. Chairman and Members of the Committee, Good morning. I am William Potts-Datema, director of Partnerships for Children's Health at the Harvard School of Public Health. I am here today in my role as chairman of Action for Healthy Kids, the only combined national-grassroots effort to address the crisis of childhood overweight in America by focusing on changes in the school environment.

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Schools are in a unique position to help prevent and decrease childhood overweight. In schools, children spend a significant portion of their waking hours, at least 1,250 hours each year. In schools, children learn significant and lasting lessons about nutrition and physical activity, both from the curriculum and from the examples of their teachers and peers. Schools provide all children equal access to information about nutrition and physical activity—regardless of their family's background, socio-economic status or prior knowledge of these issues. The influence of schools cannot be overstated.

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And so, Action for Healthy Kids was born. In less than 2 years' time, we have created an infrastructure that combines national support with guidance and expertise from more than 40 national organizations and government agencies. The 51 AFHK State Teams have become centers for creative action within their States, building momentum towards positive changes within the school environment. Each AFHK State Team is a free-standing, diverse collaboration of volunteers from the private, public and non-profit sectors. All State Teams have chosen priorities developed from the "Call to Action" based on their evaluations of State needs and factoring the current status of local school environments. From there, State Teams have developed goals and action plans to address their specific priorities. Using systems coordinated through our national office, these teams regularly share timely information, success stories and best practices across the network. As we speak, State Teams are working in every State to improve children's eating habits, increase their

physical activity, and educate them about the supportive role of sound nutrition and physical activity in academic achievement.

For example, Tennessee AFHK State Team is a coalition that includes members from higher education, government, health professionals, educators and industry leaders. Middle Tennessee State University donates meeting space, office supplies, and students to help the team accomplish its goals. The team is working to increase healthy vending practices throughout in all schools. Recently, the Tennessee Department of Agriculture awarded an Agricultural Development Fund Grant to the team to administer a milk vending machine grant program in Tennessee public schools.

The NH AFHK team has been working with NH Department of Education to develop “best practices” recommendations for physical education and physical activity, which will then be disseminated to all schools. While the MA AFHK team collaborated with the MA Department of Education and MA School Food Service Association to develop and disseminate nutrition guidelines for a la carte foods and beverages to all 1,893 MA school districts, having the potential to positively impact nearly 1,000,000 students.

Another example comes from Texas, where AFHK has provided training for 22 regional health specialists that are working to establish Coordinated School Health councils throughout the State in response to a legislative mandate. These specialists are helping to assess school districts’ needs, coordinate professional development, locate available resources and promote collaboration between schools, health agencies, and the community. Improving nutrition and physical activity are core activities for the Coordinated School Health councils.

There are, of course, many more examples of how State AFHK partnerships are taking action to help improve nutrition and physical activity and we encourage you to visit our web site at www.ActionForHealthyKids.org. Nationally, we have in-kind support from more than 40 organizations and government agencies. We receive funding from diverse sources, including the National Football League, the National Dairy Council and the Robert Wood Johnson Foundation, and we estimate that the initiative receives approximately \$1.5 million annually in the form of in-kind services and contributions from our 4,000-plus volunteers.

I speak for myself, for my Board of Directors, for the 40-plus Partner Steering Committee organizations, and for the 51 State teams in applauding this Committee’s attention to this important and timely issue. We place the childhood overweight epidemic at the top of our Nation’s healthcare agenda, and, beyond that, we believe it is clear that healthy children perform better in school. We are confident that, as Dr. David Satcher said at the Healthy Schools Summit, “There is no limit to what we can do if we work together.” We look forward to working closely with you and others to continue to develop and nurture alliances and partnerships that make a real difference in the health of our Nation’s youth.

Thank you.



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National Future Farmers of America Organization/Foundation
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U.S. Department of Education — Office of Safe and Drug-Free Schools
U.S. Department of Health and Human Services — Office of Disease Prevention and Health Promotion, Centers for Disease Control and Prevention, and National Institute of Child Health and Human Development

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Senator FRIST. Mr. Brownson, thank you for being with us.
Mr. BROWNSON. 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 recently served as a member of the Committee on the Prevention of Obesity in Children and Youth of the Institute of Medicine.

I am here today 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. You have already heard those rates, and we know that these increases will hold a significant toll for our children's health in the future.

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, our report calls for the establishment of a high-level Federal task force to ensure coordinated budgets, policies, and programs.

The report also 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 now 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 2 hours per 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; that contributes to the total of 60 minutes per day mentioned earlier.

The report also calls on the food, beverage and entertainment industries to develop innovations related to healthier food and beverage product and packaging. We need these industries 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 these guidelines and to 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 must 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 also 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 professionals 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 in how we view childhood obesity. No single sector acting alone can solve this problem.

Because the epidemic has taken years, literally decades, to develop, it will require a sustained commitment of effort and resources for many years—possibly decades—to effectively address the 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 address this important topic, and I will be glad to answer questions at the appropriate time.

Thank you.

Senator FRIST. Thank you.

[The prepared statement of Mr. Brownson follows:]

PREPARED STATEMENT OF ROSS C. BROWNSON, PH.D.

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 3 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 2 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.

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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.

Senator FRIST. Mr. DeStefano?

Mr. DESTEFANO. Good morning, Mr. Chairman, Senator Alexander. It is a pleasure to be here. Thank you for inviting us this morning. It is a pleasure to give testimony in front of the committee, and we thank your committee for the leadership on this issue. We also want to thank the Senate majority leader for his leadership in sponsoring this bill and for the sponsorship of our great Senator, Senator Wyden, from the State of Oregon.

It is a pleasure to be here with you this morning. We would ask that our testimony actually be recorded into the record—

Senator FRIST. It will be.

Mr. DESTEFANO [CONTINUING]. And I have been counseled to just dialogue with you about why Nike is here and what we are doing about this issue.

Why Nike is here is probably because of our position as the leader within the sports and fitness industry, and probably because I hold the leadership position in that company. But that is not why we choose to work on this issue or why we choose to appear this morning.

We choose to work on the issue and we choose to appear this morning because of the passion that we share about this issue, which is really heartfelt, as you shared this morning.

The passion is also well-rooted in the company. It is a mission similar to the committee's objectives here. The mission of Nike is to provide innovation and inspiration to every athlete in the world, and we asterisk that comment about the athlete to say if you have a body, you are an athlete. It is a very inclusive statement, very inspiring and has helped us reach a number of children.

What is Nike doing about this issue? We have created a signature program that was referred to by the Senator called NikeGO. It has a very simple strategy—to get kids active and give them the means to do it. It is a three-pronged strategy around giving kids content and programming. We have a unique way to connect with kids to inspire them to continue to be physically active.

We want to create facilities for kids that are safe—we mentioned the safe playgrounds for kids earlier—and that they have access to; and last, advocacy. We have been told by many of our constituencies that Nike is putting its money where its mouth is, but one of the most important things Nike could do for those organizations is to actually put our mouth where our money has been. So we believe that advocacy is very important.

On the content side, there are two real programs that Nike has featured in our testimony, one about Native Americans. Sixty tribal leaders visited the Nike campus this past year and asked us for help in creating programming for their tribal members. They had tremendous funding from the U.S. Government but needed a way to inspire their people to participate.

They told us if you could increase activity levels 10 to 20 percent, they could reduce their Type 2 diabetes by 40 to 50 percent. We knew that was something that we could do. So we have taken up with them, and we have a goal established for ourselves to have 1 million Native Americans active by the year 2006, and our programs are now working with 80 tribal leaders across the Nation.

Second, with PE2GO, which was mentioned in the earlier testimony, we are reaching out to schools. We believe we have a captive audience in the schools. We are going to where the students are. We believe we should provide physical activity to students during the day at school.

Nike has created a content-based curriculum through San Diego State University to provide content curriculum that could be led by any person in that organization at the school level. It could be led by you, it could be led by me, it could be led by any teacher, not necessarily a physical education specialist. We are very proud of that program, and we continue to work to roll that out; it is in six cities as we speak today.

On facilities—safe and accessible facilities for children to play—Nike has a very innovative program where we have donated in 30 States across the Nation over 163 facilities, safe facilities, and actually, world-class facilities for children to participate in. That is very inspirational. I do not know when was the first time you ever walked into a major professional ball park, but the surface is the same as that found in the Seattle Seahawks stadium, or in what was found at the Sydney Olympic Games, billed as “the greenest games.”

This also serves a twofold purpose. We recycle over 16 million shoes that would have gone into landfills to help create a safe and

soft playing surface for these children. It has really become a tremendous program. I actually worked with some of the congressional staffers last year and the National Recycling Coalition on that program. So it is a very innovative program.

On advocacy, in 2003, we co-funded "Shaping America's Youth" with the Surgeon General, Richard Carmona, in the Department of Health and Human Services. As mentioned earlier, the Surgeon General's office has really been a tremendous partner for us. The goal is to develop public and private partnerships and promote healthy lifestyles. So far, this organization has identified over 1,100 disparate organizations, all working on this issue, as Senator Harkin testified earlier.

Our goal is to create a series of town halls across the Nation and to create a public forum, a public dialogue, and most important, a national action plan on this issue.

In closing, I want to thank members of the committee, specifically the Senate majority leader, for your leadership and this committee's leadership. I want to again thank our Senator Wyden for his leadership on this and your invitation today to be with you.

The pessimists would say we are tackling an enormous issue that cannot be solved. The optimists in all of us that I have heard in this room this morning would say that this is one of the few diseases for which we know the cause and we know the cure. We are happy to partner with you to provide both of those things, and we leave you here with our commitment to continue to provide innovation and inspiration to every athlete in the world.

Thank you.

[The prepared statement of Mr. DeStefano follows:]

PREPARED STATEMENT OF GARY DEStEFANO

Majority Leader Frist, Chairman Gregg, Senator Kennedy, Senator Wyden and other distinguished Members of the Committee. Thank you for the opportunity to speak to you today regarding Nike's strong support of The Childhood Obesity Reduction Act and the important role public-private partnerships play in tackling this issue. Like all of you, we at Nike are very concerned about the current epidemic of youth inactivity among children in the United States. It is a troubling fact that as a result of inactivity and diet, today parents have a longer life expectancy than their children.

As president of U.S. operations for the world's leading sports and fitness company and as a former physical education teacher, I am passionate about finding a solution to this national health crisis and proud to bring the commitment of Nike to work with you and others on this issue. Unhealthy weight results from two major sources: lack of physical fitness and poor nutrition. Nike's programs and efforts focus exclusively on the issue of physical fitness, and we trust that other companies will address nutritional challenges.

THE PROBLEM

Today, I want to talk about the role physical inactivity plays in fueling this national epidemic that threatens our youth. Health professionals agree that kids should take part in a minimum of 30 minutes of moderate to vigorous physical activity daily.

Only one in four U.S. public school students attends regular P.E. classes. A 2000 study conducted by the CDC found that less than one in 10 elementary schools and roughly one in 20 junior and senior high schools provide daily P.E. all year in all grades.

We know the benefits of regular physical activity. Children who are physically active:

- reduce their risk of cancer and their vulnerability to depression, anxiety and low self-esteem;
- are more likely to graduate from high school;

- are less likely to use drugs;
- are less likely to have an unwanted pregnancy;
- are less likely to join gangs;
- are less likely to develop an eating disorder.

The benefits of regular physical activity also extend into the classroom. A 2002 California Department of Education study found significant correlations between physical fitness scores and reading and math scores on standardized tests for middle school children. Those children who scored highest on the physical fitness tests also scored highest on the standardized tests. And a 1999 study published in *Research Quarterly* showed that students who spent up to 200 percent more time in P.E. class (compared to students who spent that same time in the classroom) did as well or better on standardized test scores.

NIKE RESPONSE TO THE CHILDHOOD OBESITY REDUCTION ACT

Nike is fully supportive of S. 2551, and we believe this important legislation is a critical component in tackling this issue. On behalf of Nike's 12,000 U.S. employees—6,275 of whom are in Oregon and 1,436 in Tennessee—we applaud Majority Leader Frist's and Senator Wyden's leadership on this matter.

The severity of this epidemic and its impact on our children's future requires new thinking and new approaches. The Childhood Obesity Reduction Act presents a unique opportunity for schools and communities to develop and implement real solutions to promote increased physical activity, reduce and prevent childhood unhealthy weight, and improve nutritional choices in schools.

Through the proposed Congressional Council on Childhood Obesity and the creation of a National Foundation for the Prevention and Reduction of Childhood Obesity, elementary and middle schools across the country will have the opportunity to partner with public and private entities to create successful strategies to tackle this issue at the local level.

Creating a Council and then a Foundation to support creative school programs is important for many reasons. First, it encourages creativity and rewards best practices for model programs. Second, it provides a convenient mechanism to garner additional private support for this growing crisis. However, as good as this legislation is, it alone won't solve this rising problem. A profound and long-term impact requires broader and other creative initiatives that must be well coordinated. We believe the Foundation created by this legislation could help play a key coordinating role.

NIKE'S APPROACH

In many ways, Nike's own thinking and approach toward addressing this national epidemic are very similar. Nike has a long history of supporting sport and physical activity programs. But 3 years ago, as we began to get a better understanding of the scope and scale of this health problem, we raised the stakes. We started by talking to experts in the field about the root causes and cures, and the role Nike could play in helping to address the issue. We evaluated the most effective programs that address youth inactivity and unhealthy weight. We looked for innovative and creative approaches that address youth physical inactivity from all directions and at all stages of childhood.

As a sports and fitness company, we know firsthand the value that daily physical activity can offer—both to kids and adults. And we recognize that through the power of our brand, we are in an excellent position to help tackle this issue. But we realize that as passionate as we are about getting kids active, we simply can't do this alone.

That is why we created a long-term, multi-stakeholder initiative to address youth inactivity called NikeGO. We have partnered with organizations whose expertise brings greater impact to the programs we build for inactive kids and the parents, teachers and coaches who influence their behavior. And we are using this same partnership strategy with the advocacy efforts we launch regionally and nationally to drive policy-level changes on this issue.

Today I would like to talk to you about four long-term NikeGO programs.

PE2GO

In the fall of 2003, NikeGO teamed up with an organization based at San Diego State University called SPARK (Sports, Play and Active Recreation for Kids) to create a program called PE2GO. SPARK is a research-based organization dedicated to creating, implementing and evaluating physical activity programs that promote life-long wellness in children and youth.

PE2GO is a national, standards-based program designed by Nike and SPARK to help increase the quality and quantity of physical education in schools where P.E. classes have been drastically reduced or eliminated. Nike and SPARK deliver custom curriculum, training and equipment to **classroom teachers, not P.E. teachers**, to enable them to teach P.E. to fourth and fifth grade students in schools where P.E. classes have been drastically reduced or eliminated.

In the fall of 2003, PE2GO launched in six U.S. cities—Akron, Ohio; Chicago; Los Angeles; Memphis; New York; and Portland—reaching over 6,400 fourth and fifth graders in 43 elementary schools.

Here is an astonishing fact: Many of us grew up with the “old P.E.,” which is still being taught to many of our kids today. PE2GO is designed to fix a significant problem plaguing those traditional P.E. classes, where kids spend only 3 and a half minutes of a half-hour class in active movement.

PE2GO is part of the “New P.E.,” a movement where students no longer stand on the sidelines or in line waiting for a turn to play. All kids get the same opportunities to participate, develop skills and feel successful, and all kids are moving for the full 30 minutes.

Classroom teachers are involved because in many districts P.E. specialists see students only once a week—insufficient frequency and duration to achieve health benefits.

PE2GO provides schools with a self-contained, standards-based P.E. program that gives classroom teachers the tools to help get their kids moving 3 times a week for a minimum of 30 minutes each time.

Based on an evaluation by the CDC, the first year of PE2GO demonstrated more than just physical benefits:

- nine out of ten kids are more active, and enjoy it;
- three out of four kids learned physical activities that can be enjoyed for a lifetime;
- three out of four kids learned to cooperate with others and improve social skills;
- classroom teaching skills improved;
- majority of kids’ sports and movement skills, as well as fitness levels, increased.

Even more exciting, we see both teachers and kids develop a real commitment to the program. One of my favorite activities in this year’s lesson plans was a game called “Heart Attack.” This innovative tag game teaches children about healthy lifestyle choices and the important role physical activity plays in combating heart disease. The game with the alarming name allows kids to come to each other’s aid and rescue their peers by exercising with them after they’ve been tagged and given a risk factor by someone who’s “it.”

In June of this year, we had the opportunity to demonstrate our interpretation of the “New P.E.” to Members of the Administration and Congress. Nike and SPARK were among the more than 50 organizations to participate in the HealthierUS Fitness Festival on the National Mall. The President’s Council on Physical Fitness and Sports joined with Secretary of Health and Human Services Tommy G. Thompson; Secretary of Education Rod Paige; U.S. Surgeon General Dr. Richard Carmona; and Congressmen Zach Wamp and Mark Udall, Co-Chairs of the Congressional Fitness Caucus, to organize and showcase activities and resources available to get Americans moving for health.

NATIVE AMERICAN DIABETES PREVENTION PROGRAM AND NIKEGO IN INDIAN COUNTRY

Nike’s Native American Diabetes Program is currently working closely with the diabetes program coordinators of some 80 tribal agencies across the United States. Nike provides product for their fitness promotion programs and partners with these tribes to offer mentoring and recreational events for the tribal population.

Nike will also partner with the National Indian Health Board and Indian Health Services to launch a national fitness program called “Just move it” targeted at tribal health programs, tribal schools and recreational programs with the goal of getting 1 million Native Americans active by 2006.

Nike and IHS signed a Memorandum of Understanding (MOU) to collaborate on the promotion of healthy lifestyles and healthy choices for all American Indian and Alaska Natives. The MOU is a voluntary collaboration between business and government that aims to increase dramatically the amount of health information available to American Indian and Alaska Native communities. The goal of the MOU is to help those communities gain a better understanding of the importance of exercise at any age, particularly for those individuals with diabetes.

REUSE-A-SHOE/NIKEGO PLACES

Creating places for youth to play is another component of NikeGO. For more than 11 years, the Nike Reuse-A-Shoe program has recycled and reused non-metal containing post-consumer and defective athletic shoes to turn them into NikeGO Places—sports surfaces such as football, baseball and soccer fields; basketball and tennis courts; tracks; and playgrounds.

Since the program began, we've collected more than 16 million pairs of shoes, and have helped donate more than 170 NikeGO Places around the world. In 2002, to celebrate our 30th anniversary as an Oregon-based company, we made our largest one-time surface donation with a \$2 million gift to Portland Parks Foundation to resurface 90 existing outdoor basketball courts in 35 Portland parks. Our partnership with Portland Parks & Recreation continues with after-school and summer programs.

Last year, Nike partnered with Congress and the National Recycling Coalition to collect shoes from congressional staffers to be used to build play surfaces. Senator Wyden has been a long-time advocate and supporter of the Reuse-A-Shoe program and recently sponsored and passed legislation to keep this program alive.

Other partnerships include the U.S. Soccer Foundation, where together we have awarded eight \$100,000 grants to be used toward world-class FieldTurf soccer fields to eight communities including Beaverton, Ore.; Hampton, N.H.; New York, N.Y.; Richmond, Va.; and St. Louis, Mo. This recent award is part of a 5 year, \$5 million partnership between NikeGO and the U.S. Soccer Foundation to promote the sport of soccer across the United States by awarding 50 communities grants to be used toward the installation of FieldTurf soccer fields.

NIKEGO ADVOCACY

In addition to in-school and after-school programs and creating safe places for kids to play, we are also lending our support to advocate for public policies that will drive real changes on this issue.

In November 2003, we co-founded Shaping America's Youth with the U.S. Surgeon General, the American Academy of Pediatrics, McNeil Pharmaceuticals, The Campbell Soup Company and others to develop a national, cross-sector initiative devoted to promoting physical activity and healthy lifestyles. A true private-public partnership, we launched the results of a 3 month national survey last week that identified nearly 1,100 childhood physical activity, nutrition and weight management programs nationwide. Some of the most revealing data points include:

- Of those surveyed, upwards of an estimated \$7 billion is being invested in operational programs in 2004;
- 40 percent of surveyed programs are only funded for a single year;
- Only 53 percent of programs had plans to measure outcomes and thereby determine effectiveness;
- Only 4 percent of all programs have reported any outcomes;
- 91 percent of those surveyed expressed a strong need for a national dialogue, creations of partnerships and a need for national standards.

While the survey results highlight a significant commitment and level of investment, we have yet to make a real impact in reversing this trend. The need for a coordinated plan of action couldn't be more obvious. In March 2005, Shaping America's Youth will hold its first Town Hall Meeting in Memphis, Tenn., as part of a process to create shared language and recommendations that will lead to a national action plan. Majority Leader Frist, we welcome your participation in this event.

Nike also believes that one of the ways we can help reverse this trend of youth inactivity is to call for companies, organizations and government to work together to help bring daily P.E., taught by P.E. specialists, back to schools. We are using our knowledge and resources to talk to policymakers around the country about the importance of daily physical education classes.

As you indicate in your legislation, children spend a considerable amount of time in school, and schools are a powerful motivator for helping kids adopt healthy lifestyles. Several studies demonstrate that school-based P.E. programs are one of the most effective ways to facilitate activity in our youth.

In fact, a study released last month by the NIHCM Foundation found that expanding existing P.E. instruction nationwide to at least 5 hours per week for kindergarteners could reduce overweight levels in girls by 43 percent and in children at risk for overweight by 60 percent. Those are stunning outcomes, at very little cost.

By inspiring, enabling, and encouraging kids to be physically active, Nike has an opportunity to shape kids lives now, and help them form positive habits and attitudes that last a lifetime. This opportunity can be realized in traditional ways—

through products that perform well, images that show movement and athleticism—and through innovative community affairs programs that provide the resources, facilities, gear and coaching that kids need.

By reaching out to partners in the corporate, nonprofit and government arenas, we can help kids make changes and choices that remove obstacles between young people and physical activity. If we do, we can all help kids lead physically healthier lives and leave a legacy of strong mental, social and physical health.

We thank you for your leadership on this issue and look forward to working with you.

Senator FRIST. Thank you. I thank all three of you.

In many ways, this panel really captures the importance of the public-private partnerships, innovative programs, creative programs, combining scholarship, evaluation on what we do know and then to be able to shed more light on that and spread it around the country.

I think many of the statements that were made just prior to this panel and during this panel to me do capture the excitement in many ways of being able to participate together, using government in a careful way, and the great dynamism and innovation that we know comes from the private sector together to address a problem that is real, whether it is the incremental economic impact on our medical system or the individual, whether or not one can live a fulfilling life. It is a mosaic, and it is going to take a corresponding mosaic of approaches, I think, to address it, and this panel really captured that.

I need to slip back to the floor of the Senate but wanted to stay to listen to your testimony. Your written testimony, which goes into a lot more detail, has been and will be shared with all of our colleagues, and from that and with the commitment of the panel of Senators that you have heard today and the presentation by Senator Wyden, I hope that we reflect to you our commitment to the work that you do every day, all day long. To me, it is very, very exciting.

So I wanted to thank you, and I am going to turn to Senator Alexander and ask him to complete an appropriate round of questioning and then terminate the hearing.

Thank you all very much.

Senator ALEXANDER [PRESIDING]. Thank you, Senator Frist, and thank you to the witnesses.

I want to thank Senators Frist and Wyden for putting attention to this issue. The Senate operates in an unusual way. It operates by unanimous consent. So for the leader of the Senate to have been here for this much time is really pretty remarkable and shows his devotion to the subject. So I welcome his participation and Senator Wyden's as well.

I have a question that I will ask the three of you, and I will then ask Senator Wyden if he has any comment or question, and then we will conclude the hearing.

As I have listened and read your testimony, I have been thinking of three types of examples of dealing with this epidemic, as it has been called, and let me mention all three of them and see if you have any comment. Maybe one of these activities are already happening.

No. 1, Mr. DeStefano, when I think of this issue, I think back to the eighties and illegal drugs and the American attitude toward drugs then. The problem is that as we went into the eighties, there

was a body of opinion in America that said drugs were okay, and that had to be changed. One of the most effective measures that was taken to change that was media advertising, and one of the leaders of that effort, whose name I have unfortunately forgotten, was the chairman of Johnson and Johnson at that time. They put together a very skilled and sophisticated set of advertising.

So that is point one, and I think of you particularly because you are so successful in your company with advertising and changing the minds of individuals.

The second thing I want to ask about, really, because I have not kept up with it, is whether there are any national standards for physical fitness in elementary and secondary education today. When I was Secretary of Education, we were busy trying to implement the Education Summit that the first President Bush and Governors had in 1989, and that focused on math, science, English, history and geography. And I very well remember Arnold Schwarzenegger coming around to the Department of Education at the time, because he was visiting all the States, to encourage the addition of national standards in physical fitness to go along with math, science, English, history, and geography. These were not standards that Washington imposed on anyone. These were standards that States and local schools might adopt if they chose to, but they were very, very important. For example, in terms of mathematics, the National Council of Mathematics Teachers has basically revolutionized the mathematics curriculum in America in the last 20 years by standards that they did not impose on anyone but they just adopted themselves.

So I wonder what is the status of standards?

And the third question I want to ask, for any of you to comment on, is I had a visit the other day with Governor Huckabee of Arkansas, who has lost the weight of my wife himself. He has lost 105 pounds in the last year or 18 months. He will be chairman of the National Governors' Association in a year. He is obviously on a mission on this subject and could be a very important ally in the cause.

While we in the Federal Government talk a lot about schools, we provide about 7 percent of the funding for schools, so all the action with schools really is State and local.

He suggested—and this is the third point I wanted to ask you about—that in Arkansas, they were considering lower insurance rates for State employees who met their weight levels. I wondered if that is widespread or if that is a good idea.

So my questions are, one, what about attitude-changing national media with the brilliance of Nike's advertising; number two, what is the status of national standards for physical fitness, do we have them, and have they worked; and three, what about the idea of government setting an example by offering—and we could do this in the Federal Government—lower-cost health insurance to employees who meet certain weight standards?

Mr. POTTS-DATEMA. I can field the standards question, but does anyone want to take the advertising question first?

Mr. DESTEFANO. I will do advertising if you do standards. That is a deal.

Senator ALEXANDER. Or you can all three do all three. Why don't we just go across, starting with you, Mr. Potts-Datema.

Mr. POTTS-DATEMA. That is fine.

On the issue of standards, you are absolutely correct, Senator, that there are not required national standards. There are, however, voluntary standards in physical education that have been developed by the National Association for Sport and Physical Education. Some States have adopted those for their own standards.

Let me also mention health education, because of course, nutrition education is a very important component of this. And there are also voluntary national standards in health education that have been really championed by the American Cancer Society but are currently under revision, with the American Association for Health Education playing a large role in that.

The issue often is that while these standards are good, and they are quite helpful, of course, States have been really pressed, and local school districts have been very pressed, for resources in order to implement them fully. Very few States require health education or physical education standards, and no State to my knowledge assesses those standards.

So of course, assessment is really required in order to put the type of emphasis behind those standards that needs to happen.

The other issue, of course, in terms of resources is putting highly-qualified teachers in both health education and physical education programs and making sure that the facilities are available, and certainly, the leadership of the Senate and of Congress on the whole in the Physical Education for Progress Program has helped with that, and we appreciate the leadership that has been shown in that issue and providing those resources.

Senator ALEXANDER. Mr. DeStefano?

Mr. DESTEFANO. Senator, we do believe that communication is a great weapon in this issue, and we have created a dialogue within our own company to talk about that. In 1995, you might remember a campaign called "If You Let Me Play," where we focused on women and girls in sport and their opportunity in sport if you let them play. It was a very inspiring campaign, and if you look 10 years later, we just had the Women's U.S. National Team come through the city of Portland, and we saw 20,000 people show up for that game, and some of those girls who had grown up and played their entire careers with idols such as Mia Hamm and great role models—I think that is one of the things that is a true benefit.

So you will see us communicating about that this year, and as I said in my testimony earlier, we believe that advocacy is one of our roles and one of our responsibilities and something you will see us taking a larger voice in on this issue.

Senator ALEXANDER. Thank you.

Mr. Brownson?

Mr. BROWNSON. Yes, I would like to take the first and the third. On the first one, I think that the attitude toward obesity—at least the problem is pretty widespread now. We track media coverage as part of the IOM work, and the media coverage has been just enormous in the past several years.

I think what we have less awareness of is the attitudes toward actually changing behavior and what are the effective strategies

that could be implemented, and how do we do those as an individual and as part of a family and as part of a school, a PTA, and then as part of a community.

I think that is the next step of this that we have not done very well at yet, but we have a lot of good ideas on the table for it.

On the third one, I think it is an interesting idea. I do not think it has been that widespread, the issue of insurance breaks for people who meet standards. It has been done widely for nonsmokers, so there is precedent that it could be done.

There had been talk about doing that for physical activity as well, but then you have the problem of how do you know if someone is needing physical activity or not. And you have some of the same issues here in terms of measurement, but I think it is an interesting approach that is an incentive-based program that could have an effect.

Senator ALEXANDER. Thank you for your comments.

Everyone who wants to change the world wants to start with the schools because you have a captive audience. And I do not disagree with that at all, and as I mentioned earlier, and if you want to talk about an inspiring point for advertising—the public schools were Americanizing institutions. That is why they were created. If you come from a country where everybody looks the same, and their skin is the same, and they have lived there for centuries, that is one thing. But learning to play together with people from many different parts of the world is what America is, and that could be an adjunct to the health part of this, because it goes to the core of the nature of the public school.

In our experience with our children, while the focus is properly on schools, most of the things that our children have decided to do that we told them to do, they have learned by example rather than by what we told them. In other words, if parents exercise and maintain the proper weight and eat right, that is probably the greatest possible way to affect children, and I do not have a solution for how to get parents to do it—I just know that in most of our experience, good examples work better than good sermons.

I thank the three of you very much for coming. Your testimony and that of the previous panels is very useful to us. Senator Frist and Senator Wyden I know will treat this as a step along the path.

I would like to call on Senator Wyden now for any comments or questions that he may have.

Senator WYDEN. Thank you, Mr. Chairman. I very much appreciate your thoughtfulness and just have a couple of questions.

I think, running through the last couple of hours and the discussion we have had has been this whole debate with respect to how much can we get done through incentives—call it “carrots,” if you will—and how much really requires a stick and some more aggressive kind of effort.

It has been our sense, and it has been the thrust of this bipartisan bill I have with the majority leader, that we can get pretty far down the road with respect to dealing with this by incentives. But I would just be curious with respect to you three, and it is almost fitting that we wrap up a couple of hours’ worth of discussion by focusing for a minute or two on this topic.

Gary, maybe you could start. My sense is that if Nike—and you all have been wonderful leaders in this—in effect said to low-income youngsters there is going to be a pair of Nikes out there for all those of you who lower your blood pressure, lose weight, that those are the kinds of incentive that make a difference. But I am curious, and maybe you can start the discussion on that.

Mr. DESTEFANO. As we have chatted before, I do believe that incentives and motivating people is a much better way than mandating behavior to people; so I agree with the Senator's comment on that. I think our finding ways to motivate and touch people's lives and give them access to that behavior that they want for themselves is the most effective way to make progress in this disease and this epidemic.

So we are very much focused on that. It is really not our expertise to mandate or regulate, and we do believe it is our expertise to inspire and provide opportunities for kids to play, specifically focusing on children ages 8 to 15 years old. So that is really where we will put the focus of our programs and where we believe we can be the best partner for both government and for other institutions.

Senator WYDEN. Mr. Brownson?

Mr. BROWNSON. Senator, the way I look at incentives, I think they are one important tool in this issue. Epidemiologists want to put everything into a table, so when I think of this as a table, I think of where kids spend their time—in their homes, in their schools, and out in their communities—and then, what influences their behavior—their families, their parents, their friends, the media—you have to include the media and advertising—and you have to include a lot of other influences like health care providers or others who might have contact.

And then, within that table, you have to think of what are the things within each of those little squares that we could influence here at the national level and then what needs to come at the State and local level as well. And I do not have an example of exactly where the incentives would fit in those, but I think in each of those boxes, incentives would fit in in some way.

I think the biggest concern we have had when looking at this—and I have done a lot of work in rural Missouri looking at this issue—is that even when people want to be physically active, sometimes the access is not there, so there is not a place where they can be physically active; or they want to eat healthy foods, and the foods are not available in their communities. So I think access is an important part of that as well.

Senator WYDEN. Mr. Potts-Datema?

Mr. POTTS-DATEMA. Senator, I think we have a good example of when appropriate resources are given to schools that schools can do good work in the fresh fruit and vegetable program, for instance, and the popularity of that program and the leadership of this body in helping to create that.

I do believe that the quote-unquote “stick” issue is probably important as well, and as we mentioned about assessments earlier, the lack of health education and physical education assessments and the accountability that that provides is a real issue in schools, and helping schools with the resources to develop the capability to provide effective, comprehensive health and nutrition education

and complete physical education programs within a coordinated school health program is really a vital piece of this and could go a long way toward affecting the childhood overweight epidemic.

I might also mention that the types of public-private partnerships that we have talked about today, bringing in different partners from a diverse range of areas, can be very important to building the support that is necessary to getting the resources at the local and State level that the schools need in order to do this work. And public-private partnerships such as Action for Healthy Kids are working throughout the country to try to do that, but they are very nascent and need the support of this body and of everyone.

Senator WYDEN. I think that is a good point to close on, and Senator Alexander is generous. Senator Kennedy and I have talked a fair amount about this resources issue, and I think he is absolutely right, particularly with respect to low-income communities and low-income youngsters. We are just going to have to find a way to build a coordinated public-private partnership that is increasingly visible in this area.

I started off a couple of years ago saying that I think the choice is really stark for this country—you can make a modest investment today along the lines of what you all and other witnesses are talking about, or you can pass on that investment and just play catch-up ball for decades to come, as our people experience all of these health problems and we rack up medical bills, diabetes costs, Medicare costs, Medicaid costs, on and on for years to come.

So you all have been excellent.

Mr. Chairman, let me also particularly thank Senator Frist, Senator Gregg, and Senator Kennedy's staffs for allowing me to sit in. I think what we saw today was the opportunity to build a really aggressive bipartisan coalition. We had superb witnesses and a lot of very important ideas laid out.

I look forward to working with you as well; when we get both Senators from Tennessee in our corner, it doesn't get much better than that.

I thank you for your thoughtfulness.

Senator ALEXANDER. Thank you, Senator Wyden.

Thank you for your testimony, and thanks to all the witnesses and those who attended today.

The hearing is adjourned.

[Additional material follows.]

ADDITIONAL MATERIAL

STATEMENT OF MARSHALL MANSON

Chairman Gregg, Senator Kennedy, Members of the Committee, given the report earlier this year from the Centers for Disease Control and Prevention demonstrating that obesity and diseases caused by obesity are now leading killers in the United States, there can be no question that obesity is and ought to be a major health concern for all Americans. In recent months, this “obesity crisis” has attracted significant public and media attention.

Among the central questions now are: whether and, if so, how the Federal Government should respond,

Some would like to use the heightened focus on obesity to support their calls for increased Federal regulation of our food choices. However, these proposals reveal an underlying belief that Americans cannot make responsible choices about what to eat and drink. For example, in recent years some groups have pushed such radical regulatory steps as a new Federal tax on junk food, sodas, and other snacks (the so-called “Twinkie tax”), granting the USDA complete authority to regulate all foods in schools nationwide with an eye toward banning sodas, cookies, candy and other snacks, and federally mandated labeling of restaurant menus with detailed nutrition information.

These anti-food zealots seem to prefer that Americans eat a federally-mandated diet of lettuce, skinned apples, carrot sticks, and soy milk. Over the years, they have identified dozens of foods that they claim should be eliminated or severely restricted from our diets. For example, spaghetti and meatballs, eggplant parmigiana, ham sandwiches, corned beef, pork chops, coffee, enchiladas, gyro sandwiches, and even luncheon meats. Heaven forbid you enjoy Chinese takeout. These groups have railed against mu shu pork, General Tso’s chicken, lo mein, kung pao chicken, sweet and sour pork, and Chinese restaurants, in general. They have even warned against eating the most basic of American staples—apple pie.

Their conclusions are based on an abundance of questionable studies and unsupported assertions. However, at this stage, critical scientific questions about obesity are far from settled.

For example, several studies have concluded that there is no link between soft drink consumption and obesity while one study made headlines recently by arguing that there is such a link. There are conflicting studies over whether milk consumption among children is rising or falling. One study says that cutting soft drinks does not increase milk consumption. Another contradicts that conclusion.

Perhaps the most enlightening, undisputed tidbit of scientific research about obesity comes from a study by researchers at the University of North Carolina-Chapel Hill. It analyzed health trends in adolescents over the last 20 years and found that while obesity increased 10 percent, physical activity decreased 13 percent and caloric intake remained nearly steady, up 1 percent.

What role should the Federal Government have in combating obesity? First, we must recognize that there is no single cure-all for obese Americans. There are literally hundreds of causes of obesity, and there are as many solutions as there are causes. However, it’s important to note that in and of themselves, sodas, hamburgers, hotdogs, candy, white bread, rice, potatoes, pasta, and even apple pie don’t cause obesity. Instead, with the exception of medical conditions, obesity most often results from individuals eating too much while exercising too little.

Nevertheless, there are limited steps that the government can take in a general campaign against obesity. For example, the Federal Government can continue and enhance its efforts to encourage responsible decision-making, promote increased exercise, and issue balanced dietary recommendations based on careful, unbiased science. For that reason, we applaud the kind of public-private partnership that the committee is discussing today. By helping educate children about how to make healthy food choices and promoting increased exercise, especially among children, these sorts of partnerships are precisely the best way for government to make a difference in the fight against obesity. Most importantly, asking local schools, parents, and the students themselves to develop custom approaches to fighting obesity is the best way to make a difference.

But above all, the Federal Government’s role must, indeed, be limited. We must recognize that the Federal Government cannot and should not embark on a massive new regulatory scheme designed to make us all slimmer and trimmer.

First, there are countless practical problems. Congress cannot possibly be expected to legislate effectively against obesity. There are too many causes and too many problems for an omnibus Congressional solution. Nor is it feasible for Congress to instruct a Federal regulatory authority to fight obesity through rule-mak-

ing. Further, scientific understanding of human nutrition, diet needs, and the causes of obesity improves constantly. The government is ill-equipped to understand and integrate these advances into its legislation or regulation.

Second, and more importantly, the Federal Government shouldn't be in the business of telling Americans what they can eat and drink. Our democracy is founded on the idea that individuals have basic freedoms. Among these, certainly, is the right to choose what we put on our plates and in our goblets. But the anti-food extremists would gladly take away that freedom and mandate our diet in order to save us from ourselves. It is time for these zealous anti food advocates to understand that it is not the Federal Government's job to save us from ourselves by making our choices for us.

Obesity has been labeled a "crisis" in America. And such labels all too frequently spur a Congressional impulse to "don't just sit there, do something." In this case, it's incumbent on Congress to resist this impulse. Let Americans continue to make free choices about what to eat and drink. Certainly, the Federal Government can and should continue to encourage us to make informed choices. Certainly, the Federal Government can and should help us understand what constitutes a balanced diet. And certainly, the Federal Government can and should help us sift through the myriad of scientific, (and unscientific) information about the right combinations of diet and exercise. Public-private partnerships that advance these objectives while embracing local control and individual decision-making are precisely the right answer, and we applaud Senator Frist's proposal for that reason.

But Congress cannot and should not start down the road of food regulation or punishment through taxation. In the end, Americans must make good choices and be responsible for their actions. Were it otherwise, we would not be truly free.

The Center for Individual Freedom (www.cif.org) is a constitutional advocacy organization dedicated to protecting individual freedom and individual rights.

[Whereupon, at 12:22 p.m., the committee was adjourned.]

