



Texas Academy
of Family Physicians

Texas Pediatric Society
the Texas Chapter of the
American Academy of Pediatrics

**80th Texas Legislature
Senate Education Committee
SB 530 Testimony
Austin, Texas**

**Texas Medical Association
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I am Dr. Kimberly Edwards, a pediatrician here in Austin. I'm here today on behalf of the over 48,000 members of the Texas Medical Association, Texas Pediatric Society, and the Texas Academy of Family Physicians to speak in support of Senator Nelson's S.B. 530.

As a pediatrician, I am one of the thousands of doctors who serve as the primary point of contact for healthy and unhealthy children alike. As the Committee is undoubtedly well aware, we have a crisis on our hands. The number of children who are overweight or obese and seeking treatment for obesity-related problems has increased significantly over the last few years. Obesity is accompanied by costly medical problems. Diabetes, arteriosclerosis, hypertension, hyperlipidemia, steatohepatitis, sleep apnea, gastroesophageal reflux, and joint problems are just some of the health problems associated with obesity. Many overweight children have low self-esteem; a large number are depressed. Pediatricians are now treating children for conditions that were unheard of in these younger ages just a few years ago. When I trained as a pediatrician, I never expected that I would be faced with having to prescribe hypertension and statin drugs to my patients. We are now diagnosing children with type 2 diabetes that just a few years ago was primarily seen in adults, and thus known as adult-onset diabetes. It was recently reported that children are experiencing the complications of type 2 diabetes much more rapidly than adults. Pediatric cardiologists are bracing for cardiovascular catastrophes in young adults, including seeing congestive heart failure patients dying in their forties. It is predicted that some children with type 2 diabetes will develop heart failure as early as their twenties to thirties. The demand for treatment of these conditions is beginning to overburden the health care system. The medical costs for obesity are projected to quadruple from \$10 billion to \$40 billion by 2040 in Texas alone. Health problems associated with obesity burden not only the health care system, but also the workplace and the school systems due to absenteeism and loss of productivity.

Texas physicians have made prevention and reduction of overweight and obesity a top priority. The Texas Pediatric Society has developed a toolkit for physicians to assist them in diagnosing and managing childhood obesity and its complications. Included are resources to help educate patients and parents regarding ways to improve nutrition and to become more physically active. To combat this epidemic, however, it will take a comprehensive and coordinated effort on the part of physicians, government, media, faith-based organizations, businesses, and particularly schools to promote consistent messaging regarding the importance of physical education and activity.

The obesity epidemic is one of the greatest public health, social, and economic challenges of the 21st century. The Institute of Medicine report, *Progress in Preventing Childhood Obesity: How Do We Measure Up?* Calls on federal, state, and local governments to lead and commit to childhood obesity prevention and specifically calls for efforts to bolster physical education and physical activity requirements and standards. Additionally, the Surgeon General's Report, *Overweight and Obesity: A Vision for the Future*, calls for actions to ensure daily, quality

physical education in all school grades. Such education can develop the knowledge, attitudes, skills, behaviors, and confidence needed to be physically active for life.

The rate of obesity in Texas children is among the highest in the nation, meaning the crisis in our state is an even more grave. Over 35 percent of Texas school children are considered overweight or obese. Our schools are bearing the brunt of this epidemic. Average size school districts in Texas lose approximately \$95,000 of state aid per year due to the rate of absenteeism among overweight students. A single day absence costs school districts \$9-\$20 per student. In addition, schools bear significant costs helping students whose academic performance and/or behavior suffer because of poor nutrition, inactivity, and weight problems.

Children's environments today are not particularly conducive to physical activity. Electronic media has become a centralized focus of many children's lives. While some of this screen time may be educational, it leads to physical inactivity. Also, many children most at-risk for obesity reside in neighborhoods where it is unsafe to play outdoors or facilities for recreation are lacking. Sitting at a desk all day and in front of a TV or computer screen after school is unhealthy. Children need to be physically active. Specifically, it is crucial that all children have an opportunity to be physically active every day.

With increased emphasis on standardized testing in the schools, scheduling problems, and budgetary cutbacks, physical education and activity have been increasingly scheduled out of the school day, particularly impacting children who are educationally at risk. Since children spend a significant portion of their day at school, we are unlikely to reverse the obesity epidemic without scheduling physical education and activity in the schools. Improving and intensifying efforts to promote physical activity and healthy eating is entirely consistent with the fundamental mission of schools: educating young people to become healthy, productive citizens who can make meaningful contributions to society. Improved physical fitness equals improved academic performance. A tremendous body of evidence shows a direct link between physical activity, and academic performance. In addition, physical activity in children and adolescents is consistently related to higher self-esteem and lower anxiety and stress.

Our organizations are strongly supportive of the provisions of this bill that:

- Give rulemaking authority over daily physical activity to the Texas Education Agency;
- Strengthens the definition of daily physical activity and requires the time to be at least 30 minutes per day;
- Removes recess as an acceptable standard for meeting the physical activity requirement;
- Requires physical fitness assessment of all students K-12; and
- Increases accountability measures.

By providing opportunities for children in our Texas schools to participate in physical education at all levels of their education, this bill is making giant strides towards improving the health of our Texas school children not only for the short-term, but it gives them the skills to develop a lifetime of healthy living habits. Establishing healthy behaviors during childhood is easier and more effective than trying to change unhealthy behaviors during adulthood. Schools have a critical role to play in promoting the health and safety of young people and helping them establish lifelong healthy behavior patterns.

In closing, the physicians of this state thank you for this opportunity to support this important bill and to assure you that we will continue our efforts to promote healthy lifestyles for all Texans.