

**Testimony of**

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**New York's Efforts to Address Child and Adolescent Obesity**

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**Subcommittee on Healthy Families and Communities**

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Good Morning.

I would like to thank Subcommittee Chairwoman Carolyn McCarthy, Representatives Yvette Clarke, and Paul Tonko from the great State of New York, and the other members of the Subcommittee for inviting me to present New York efforts in fighting childhood obesity.

I would like to congratulate the Subcommittee for convening this hearing on the Child Nutrition Act reauthorization to address the childhood obesity epidemic and to discuss initiatives that can and should be taken at the local, state and federal levels.

As First Lady and in my professional career, I continue to be committed to promoting programs that protect and support the health of New York's children.

Governor Paterson and I believe that all of us share a common obligation to ensure that our children have the opportunity to live healthy lives and are given the promise of a healthier future.

But to have that healthier future, we need to address what is perhaps the biggest challenge to the health and well-being of our youth today—the obesity epidemic—which not only adversely affects children’s health, but it threatens to shorten their lifespan.

As all of us know, the obesity epidemic touches all age groups, all neighborhoods and all socio-economic groups. The State Department of Health estimates that one in four New Yorkers, including children, is obese. Among low-income populations and communities of color, the prevalence is even higher.

In our own family, we practice what we preach—we exercise regularly and eat healthy foods, including fruits and vegetables from the organic garden at the Governor’s mansion.

Even though New York State has a strong requirement for physical education in its schools, the Centers for Disease Control and Prevention recommended 60 minutes of daily physical activity is not enough time to ensure good health for our youth.

The Governor has proposed state legislation and programs to improve the nutrition of foods available in schools, reduce the availability of high calorie, low nutritional food (i.e. junk foods), and to increase the opportunities for physical activity.

He proposed again this year the *Healthy Schools Act*, which would require the establishment of nutrition standards for all foods—school lunch, school breakfast and competitive foods sold or served in schools.

The Governor also proposed the *Healthy Food/Healthy Communities Initiative*, which the legislature passed this year. It offers a new revolving loan fund to increase the number of healthy food markets in underserved communities.

Additionally, the New York State Departments of Health and Agriculture & Markets have worked with schools, communities and farmers to develop and expand the *Farm to School* program. They worked to obtain procurement exemptions that would promote the use of local fruits and vegetables in schools, and to support edible school gardens.

The Governor's office collaborated with a wide group of partners and stakeholders in New York, including the YMCAs of New York State and the New York State Alliance of Boys & Girls Clubs, to set model standards for nutrition, physical activity, and television and video game limits in after-school programs.

With the support of the National Governors Association, we launched the *Healthy Kids, Healthy New York After-School Initiative and Governor's Recognition Program*, which continues to provide training toolkits and resources. In October, the Governor will recognize after-school programs that have adopted and implemented these model guidelines.

We've also work with more than 400 child day care centers throughout the State to provide training, education and guidance to child day care staff and parents. The goal is to provide supports for healthy eating and physical activity, and to reduce media use.

Additionally, we collaborate with our healthcare providers by offering training, toolkits and guidance for the implementation of expert guidelines to ensure children are being screened for obesity using Body Mass Index (BMI) and that

they and their families are being counseled about healthy eating and daily physical activity.

The New York State Office of Health Insurance Programs has launched a 2-year Pediatric Obesity Performance Improvement Project in all Medicaid managed care plans in the State. It ensures guideline-concordant care to screen for, prevent and manage child and adolescent obesity.

While these successes are significant, working with one community, one school, or one childcare provider at a time is not going to end the obesity epidemic. We need federal policies, standards, regulations and commitments that help make the healthy option the easy choice for New Yorkers and all Americans.

To better monitor the epidemic, target high-risk communities and identify successful community and/or school interventions, New York passed legislation that supports a partnership among the state health and education departments and the healthcare community. These groups have developed and implemented a non-duplicative surveillance system that is cost-efficient for BMI screening and determining weight status assessment of school-age youth. The data obtained will provide obesity rates at local, county and state levels by the end of this school year.

For my part, to encourage physical activity among the youth in my home community of Harlem, I created a program called *Healthy Steps to Alban: First Lady's Challenge*. Teams of middle school students, grades six through eight, were challenged to walk 4 million steps over a 6-week period. Small, everyday activities such as biking to school, taking a dance or karate class after school or going for a family walk after dinner were compiled to help the classes get their 'Steps to Albany.'

The *Healthy Steps to Albany* program is unique because students are asked to think about the many ways they can increase their daily physical activity. With the support of their teachers and friends, students are encouraged to turn-off the television, put down the video game controller, and be physically active.

I chose to focus on middle school students for a number of reasons. It is at this age that many students are uncomfortable with their changing bodies, and studies show that children's physical activity declines significantly during middle school.

Today's youth watch an average of 32 hours per week at a television, video game, or computer screen. This greatly exceeds the recommended limit of 1-2 hours maximum per day.

Second, having a teenage son, I quickly realized that when he said he was going to play football with his friends, he wasn't always outside being physically active. He was often inside with a video game or watching television.

Although I started Healthy Steps to Albany in Harlem before I became First Lady, this spring we expanded the challenge to five large cities in Upstate New York — Buffalo, Rochester, Syracuse, Albany and Yonkers. Nearly 270 classes registered, and the students walked more than 1.4 billion steps while mapping their progress across New York State. In addition, students had the opportunity to earn steps by making smart food choices.

All the students benefited, but the 13 classroom teams that walked the farthest earned a number of prizes, including a visit to a local organic farm where they learned how food is grown and prepared.

After meeting many of these young people and listening to their experiences, I can tell you this program is a success. Tomorrow, the Governor and I will be in Buffalo to share a healthy lunch and present awards to the Buffalo and Rochester winners.



When I took the students from Harlem to a farm last year, I realized how far our urban youth are from the sources of their food. One student told me she didn't realize that cheese came from cows – she just thought it came from the grocery store. Another student never made the connection between potatoes and potato chips. If students do not understand the origins of the food they eat every day, they cannot understand what they are putting into their bodies.

The good news is that we can get our young people, their teachers and parents excited about walking and being physically active, but we need to help them stay active and to ensure that the school environments and neighborhoods promote healthy behaviors.

Students learn not only in the classroom but also in the cafeteria, the halls, the gym, the school yard and their neighborhoods. They learn from teachers, parents, classmates and neighbors. They learn what they see.

And too often, in too many schools, students see high-calorie, low-nutrient foods and beverages, which is often coupled with aggressive marketing and advertising.

New York State has made a significant investment to improve the school nutrition environment, as well as after-school programs and child daycare settings.

Healthcare providers and insurers continue to work with employers, agriculture organizations, farmers and community groups to help prevent childhood obesity.

New York's state and local health departments, partners, parents and concerned citizens continue to work with schools to set nutrition standards and limit the sale of low-nutrient, high-calorie foods and beverages. More than 1,000 schools in New York have already implemented improved comprehensive wellness policies, enhanced nutrition standards for meals and snacks, and increased the time for physical activity.

I believe we can do better. We need federal legislation that raises the nutrition standards of all food and beverages available in our schools. Many of these standards can be addressed in the 2009 Child Nutrition Act reauthorization.

We strongly support your efforts to request that the USDA strengthen, by regulation, the nutrition standards governing the federal National School Lunch and School Breakfast Programs, as well as to impose stricter federal standards on competitive foods sold or served in schools.

As you do so, be cognizant of how schools got into selling competitive foods in the first place: they had to compensate for the deficits caused by insufficient federal funding for the School Lunch and Breakfast programs. As you advocate for improving standards for school foods, I ask you to also examine the costs to states to supply healthier foods. I am confident you will find that school food programs are severely under-funded.

And as US Secretary of Education, Arne Duncan, seeks to reform education in this country “to provide a complete and competitive education to all children” to improve student performance and make American students competitive in the world, he spoke about increasing the school year and lengthening the school day.

Keep in mind that with a longer school day, a “complete education” needs to incorporate daily time for physical activity, including walking programs, like *Healthy Steps to Albany* and other types of lifetime activities.

Also, remember that school breakfast is strongly linked to improved academic performance and higher test scores, reduced truancy and absenteeism. However, the breakfast must be high-quality and should demonstrate healthy food options to our children.

Improved federal nutrition standards and reimbursement for school lunch, school breakfast, and competitive foods, combined with programs to increase physical activity, will help children and adolescents establish healthy behaviors. In turn, students will be healthier, have lower obesity rates and obesity-related diseases, and they will have lower health care costs. It also contributes to increased capacity to learn, higher academic achievement, and greater success in school.

Moreover, we strongly support your work on the WIC [Women Infants and Children] program in the reauthorization. WIC provides nutritional information and support outside of our schools. Through the program a number of obesity prevention initiatives were implemented. They include breastfeeding support, Fit WIC physical activity training for parents, patient-centered nutrition education, low-fat milk promotion and the new WIC food package that includes vegetables and fruits, whole grains, and non-fat and low-fat milk. In New York, the WIC program reaches 518,000 low-income women, infants, and children through a network of 100 local agency contractors. These programs are part of a comprehensive approach that is needed to combat childhood obesity.

We look forward to working with you on these important goals as the Child Nutrition Act reauthorization moves forward. I thank you for your time and attention.

## New York State Recommendations to Improve School Meals

Specific recommendations for improvements to school meals, consistent with the *Dietary Guidelines for Americans* issued jointly by the USDA and the Department of Health and Human Services:

- **Increase Whole Grains.** At least half of the grain products served in school meals should be whole grains.
- **Increase Fruits and Vegetables.** At a minimum, two servings of fruits or vegetables per breakfast and three servings of fruits or vegetables per lunch should be served. (Serving sizes will vary with children's ages and grade levels). Schools should offer, at a minimum, five different fruits and five different non-fried vegetables over the course of a week to help ensure variety. Only one serving of fruits or vegetables per day should be juice.
- **Sodium.** In order to help students stay within the 2,300 mg per day tolerable upper intake level for sodium recommended in the *Dietary Guidelines*, we urge the USDA to require that school lunches contain no more than 770 mg of sodium (one-third of the daily limit of sodium) and that school breakfasts contain no more than 575 mg of sodium (one-quarter of the daily limit for sodium).
- **Fats.** The regulations related to the fat content of school meals should be updated to reflect the *Dietary Guidelines*. Total fat should contribute 20 to 35 percent of the total calories in school meals. Saturated fat plus trans fat combined should provide no more than 10 percent of total calories.
- **Calories.** School meal programs are nutrition promotion programs and, as such, should model appropriate portion sizes, calorie levels, and healthy choices from the food groups. The calorie levels for "moderately active" children set forth in the *Dietary Guidelines for Americans* and *Dietary Reference Intakes* should apply to school meals to reflect the current activity levels of the majority of American children.
- **Added Sugars.** By the beginning of the 2009-2010 school year, the USDA should establish a quantitative limit on added sugars for the school lunches and breakfasts.
- **Milk.** All fluid milk served with school meals should be low-fat (1%-fat) or fat-free.
- **Commodities.** Efforts to improve the nutritional quality of surplus government commodities offered to schools should continue, funding for the Department of Defense (DoD) Fresh Program which delivers fresh produce to schools should increase, and other programs that connect locally grown produce to schools should be supported.

## New York State Efforts to Improve Nutrition and Physical Activity Environments

The New York State Department of Health addresses obesity prevention through physical activity and nutrition as part of its Prevention Agenda Toward a Healthier State. The purpose is to prevent health problems before they occur or before they worsen. The things we do, the food we eat, the air, water around us and the design of our communities contribute to the majority of deaths in New York and the nation. To accomplish this, policy, systems and environmental changes are pursued in collaboration with a wide range of organizations and community members across a variety of settings.

### **Schools**

Multiple contractors of the state health department have worked with more than 1000 schools (of the over 7600 schools in state) to improve opportunities for physical activity and healthier food choices, including: development and implementation of comprehensive wellness policies; enhanced nutrition standards for meals and snacks; and edible school gardens and *Farm-to-School* programs. They have eliminated use of food as a reward or punishment and increased time for physical activity during, after and before the school day. Funded interventions in the school setting include Eat Well Play Hard, Healthy Heart Program, Overweight and Obesity Prevention Program, and Diabetes Prevention and Control Program.

### **Child Day Care Centers**

Multiple contractors of the state health department have worked with nearly 500 child day care centers throughout the state to promote healthier eating, increased physical activity and reduced media use among children.