

**Taking Action for Healthy Kids:  
Helping Kids Eat Well, Play More and be Ready to Learn**

Testimony to the U.S. Senate Committee on Agriculture, Nutrition and Forestry  
Chairman Tom Harkin

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Thank you, Chairman Harkin and Senator Chambliss, for the opportunity to share my thoughts with you and other Committee members today about the importance of healthy eating and physical activity in school children.

Although I am here today on behalf of Action for Healthy Kids, for which I am a member of the Board of Directors, I currently serve as director of the Satcher Health Leadership Institute at Morehouse School of Medicine in Atlanta, Georgia. Before joining Morehouse School of Medicine in September 2002, I served in government for almost nine years. From 1993-1998, I served as director of the Center for Disease Control and Prevention and then from February 1998 to February 2002, I served as Surgeon General of the United States, three years of which I also served as Assistant Secretary for Health. Prior to entering government, I was president of Meharry Medical College for eleven years from 1982-1993. Since leaving government, I have directed a Center of Excellence on Health Disparities at Morehouse School of Medicine.

As you know, the topic of children's health is very near and dear to my heart. While Surgeon General in 2001, I released a report on overweight and obesity, *The Surgeon General's Call to Action to Prevent and Decrease Overweight and Obesity*. This report was the first to note that obesity and overweight could overtake cigarette smoking as the leading cause of preventable death in this country. It outlined strategies that communities can use in helping to address obesity-related problems, including requiring physical education at all school grades, providing more healthy food options on school campuses, and providing safe and accessible recreational facilities for residents of all ages.

After leaving the Office of Surgeon General in 2002, I served as chairman of a Summit that was aimed at putting action behind the recommendations laid out in this report as they related to children and the school environment. The result of that Summit was the formation of Action for Healthy Kids, of which I was the Founding Chair and remain an active member of the Board of Directors.

### **What is Action for Healthy Kids?**

Action for Healthy Kids is a national grassroots non-profit organization that addresses the epidemic of childhood obesity and undernourishment by focusing on changes within schools. We now have teams working in all 50 states and the District of Columbia and have more than 11,500 volunteers. By the way, we do have active state teams both here in Georgia and in Iowa, if you are interested in their activities.

We are supported by more than 65 national partner organizations that include professional, nonprofit and government groups working in the fields of education, nutrition, physical activity. Our partner support is diverse, including organizations such as the American Academy of Pediatrics, the National School Boards Association, the American Diabetes Association and the National Association of Sport and Physical Education, just to name a few. We also have been fortunate to work with and have the support of the Centers for Disease Control, the U.S. Department of Agriculture Food and Nutrition Service, the U.S. Department of Health and Human Services' Office of Disease Prevention and Health Promotion, and the U.S. Department of Education's Office of Safe and Drug-free Schools.

Our vision at Action for Healthy Kids is that all kids will develop the lifelong habits necessary to promote health and learning. Our core message is simple:

Kids who eat well and are physically active are healthier and do better in school. As part of our focus on school communities, we also engage parents to reinforce our message at home.

### **The Relationship Between Diet, Physical Activity and Readiness to Learn**

As documented in the Action For Healthy Kids report, “The Learning Connection,” there is a growing body of evidence demonstrating that children who eat poorly or who engage in too little physical activity do not perform as well as they could academically. Conversely, it has been shown that improvements in nutrition and physical activity can result in improvements in academic performance. In a study published in the *Journal of School Health* just last year of more than 5,000 children, an association was observed across multiple indicators of diet quality with academic performance.

This relationship has been particularly well documented when it comes to breakfast eating. Omitting breakfast can interfere with learning even in well-nourished children. Numerous studies, reviews and position papers, many references in “The Learning Connection,” have found that increased participation in School Breakfast Programs is associated with better academic test scores, daily attendance and class participation, and it also has been linked to reductions in absences and tardiness. We believe that this connection is significant enough that we recently testified before the 2010 Dietary Guidelines Committee to urge that this group include a Dietary Guideline recommending that Americans eat a healthy breakfast each day.

## **Addressing the Challenge Through School Wellness Policies: The First Step**

How can we best address the problems of overweight, undernourished and physical inactive children? Congress took an important step in the right direction during the Child Nutrition and WIC Reauthorization Act of 2004 by requiring that all schools with federally funded school meal programs put in place school wellness policies. Following that mandate, Action for Healthy Kids took a leadership role in working with states, school districts and schools across the country to encourage the development of meaningful, comprehensive school wellness policies.

Yet, we know that this mandate was not the full answer to the school challenges we face. Even though we believe that nearly all schools (more than 90%) now have wellness policies on the books, we still have far to go to bridge the gap between policy and actual implementation and monitoring of these plans. We need more nutrient rich foods in our children's diets. Our children need to play and be more active. More than 30 percent of our children are overweight or obese, with low-income and minority children remaining disproportionately affected. This continues to be an epidemic, and it should be unacceptable to all of us.

To give an example, here in my home state of Georgia, almost 42% of the African American children are overweight or obese, compared with only 26% of the White, non-Hispanic children. About half (47%) of Georgia children receiving public health insurance are overweight or obese, double the rate among privately insured children. By the way, this places Georgia at 48<sup>th</sup> in a state ranking on insurance disparity. These disparities are even more significant when viewed in the context of the well documented increased risk of diabetes, cardiovascular disease and certain cancers faced by individuals who are obese. Children who are obese are

more likely to be depressed and have four times the absenteeism rate in school as other children.

### **Taking the Next Steps**

With kids spending 1,000 hours per year in schools, we continue to believe that an important part of the answer to the obesity epidemic resides here. Schools can serve as the “great equalizer” across economic, racial and social disparities.

Ideally, they provide an environment where the playing field is level and where our children will learn lifelong habits that will help them to be healthy. And schools are a critical conduit to parents, families and communities, all of which play important roles in patterns of good nutrition and physical activity.

While the requirement that schools have wellness policies on their books was a good **first step**, it is imperative that now we – as government policy makers, as organizations, as parents, as volunteers – take the **next important steps**: making sure that these policies are implemented, monitored and continuously improved.

### **How can we best achieve this goal?**

***Support programs that work:*** For one, we can make sure that initiatives like USDA’s Team Nutrition and CDC’s Coordinated School Health Program are adequately supported and that sufficient funds are allocated so that they can be carried out optimally. These are examples of effective government programs where relatively little money goes a long way.

***Make nutritious foods available:*** Second, while we have done a reasonable job of raising awareness about eliminating so-called “junk food” in many school settings, we need to do a much better job of improving availability and encouraging

consumption of nutrient rich foods, such as good tasting fruits, vegetables, whole grains and low-fat and non-fat dairy products.

Toward this end, we have seen through Action for Healthy Kids' work that it often doesn't take much money to help schools expand access and get more kids eating a healthy breakfast. In fact, we recently initiated a school breakfast mini-grant program that targets schools with at least 50% of students in the free or reduced meal categories. We received more than 210 applications over two weeks for grants of \$2,000 or less. We're awarding 41 grants to schools in 17 states, and because of these grants, more than 20,000 kids will have the opportunity to eat a nutrient rich breakfast at school. Our goal is that these schools will increase their breakfast participation by an average of 25% during the school year. We've seen improvements approaching this level from a similar program in Ohio, where Action for Healthy Kids distributed \$25,000 in school breakfast mini-grants. Due to this program, along with other initiatives over a 13-month period, school breakfast participation has increased 15%.

***Integration of physical activity:*** Although the final issue I would like to address may be only indirectly related to the focus of this field hearing for the Committee on Agriculture, Nutrition and Forestry, I believe it is impossible to dissociate it from the discussion of good nutrition. Today, only 4% of elementary schools, 8% of middle schools and 2% of high schools provide daily physical education for all grades throughout the entire school year. These numbers are unacceptable. Until we begin to recognize that what happens at school is central to addressing our nation's broader healthcare challenges, we will not be successful. We simply must find more effective ways to encourage and support schools in providing daily physical activity opportunities for all students throughout the school year.

## **Specific Recommendations**

In closing, I would like to summarize several specific recommendations that I believe should be taken into consideration by this Committee:

- 1) **We must provide incentives for schools that make incremental changes in creating an environment that promotes healthy eating and increased physical activity among students.** Improvements worthy of incentives might include better access to after-school programs, in-class breakfast availability, percentage increases in physical education time or better monitoring and accountability for existing wellness policies. We have seen that incentives are effective in the adult work environment, and we believe they can be effective in schools as well, particularly given the funding limitations our schools face today. As I noted earlier, even small grants can be very effective in motivating and reinforcing positive changes.
- 2) **At every opportunity, we urge you to put child nutrition and fitness in the broader context of the challenges we face as a nation in addressing health care and the systems to address it.** The costs of obesity to our health system, not to mention unnecessary pain and suffering, are astounding. We need a healthcare model that targets the major determinants of this obesity epidemic, including the social and behavioral determinants. We need to further strengthen the local school wellness policy mandate to include language requiring standing school wellness committees that can monitor, evaluate and continually improve upon a school's wellness policy framework. We also need to invest in programs to support an environment of good nutrition and physical activity that will help children learn healthy habits for a healthy lifestyle. Such programs have been documented to reduce the onset of Type 2



diabetes by up to 60 percent and reduce hypertension and other forms of cardiovascular disease.

- 3) **We would like to see broader communication about the relationship between nutrition and physical activity and readiness to learn – as well as the development of policies that take advantage of this relationship.** Just as nutrition and physical activity should be viewed in the context of the health of our nation, they also should be viewed as an integral part of an effective education system. Schools that have incorporated nutrition, physical education and physical activity goals into continuous school improvement plans, for example, have seen significant academic improvements as well. All schools should be encouraged to take similar measures.

Regarding each of these issues, responsibility for improvements fall on us all. Anything that we can do to bring about better coordination – whether between federal and state policy makers, between nutritionists and educators, or among parents, administrators and students themselves – will yield positive results in the long term.

Clearly, an opportunity exists within this Committee to enact changes that will improve the nutrition and physical fitness of our children and bring us one step closer to reducing the future societal burden of obesity and the economic and racial disparities that accompany it. We at Action for Healthy Kids appreciate that you have embraced this opportunity and offer you the continued support of our nationwide network of caring volunteers in this important work.