

Testimony in Favor of Bill 18-564

“Healthy School Act of 2009”

Public hearing held March 26, 2009

By Amy F. Shroades, RN, BSN

I would like to extend my thanks to Councilmember Mary Cheh and Chairman Vincent Gray for their work on this important topic and allowing me to speak here this morning.

My name is Amy Shroades and I am a registered nurse who practices in nearby Martinsburg, West Virginia. I am a graduate student of nursing education at Mountain State University and I am the mother of two children, ages six and eight.

The Healthy School Act of 2009 is a vital instrument in combating one of the most dangerous epidemics in history: the prevalence of childhood obesity. Currently, 32% of this nation’s children are medically classified as overweight or obese and the rate increases with each passing year. Studies show that if a child is obese between the ages of ten and thirteen, they have an 80% chance of being obese as an adult. Obesity is a major contributor to death and disability in the US, and is associated with diseases such as Type II Diabetes, Hypertension, Coronary Artery Disease, the development of certain cancers, Depression and impaired socialization as well as infertility. While many factors are considered to contribute to the problem of childhood obesity, some of the focal causes are improper diet, lack of adequate exercise, lack of education, and certain marketing practices that encourage children to consume high-sugar, high-fat, nutritionally devoid foods.

This act addresses all of these components and would provide DC Area children with access to whole, healthy food and the resources to learn about proper nutrition and even participate in growing their own food. Studies show that urban areas have higher amounts of children who are food insecure – those who literally don’t know where their next meal is coming from. This program would ensure that the food these children have access to is nutritionally dense instead of “filler food”. Very specific guidelines are included in the bill, such as what may be marketed and vended at the school, and the nutritional criteria that each meal or snack would need to meet, such as calories, percentage of saturated fat, percentage of sugar, and amount of carbohydrates derived from white flour. These healthy meals would provide a significant portion of the child’s nutritional requirements for the day and be a safer meal for those who already have Diabetes, allergies to certain food dyes or preservatives, and those that have behavioral or developmental problems that are worsened by sugar. As an added bonus, this program would increase revenue for local farmers and would decrease environmental waste.

As a registered nurse of eleven years, I have seen much suffering as the result of obesity in general, and an alarming increase in children who are obese and the development of co-morbidities associated with obesity: Type II Diabetics as young as eleven, children with joint pain and exercise intolerance, not to mention the social ramifications that obese children endure. As a mother, I know how difficult it is to encourage healthy eating when unhealthy foods are directly marketed to children. As a taxpayer, I'd love to see money go to programs that are being proactive in the health and well-being of our children and are proven to be cost-effective. A similar program in Missoula, Montana found that the costs of healthy eating in schools were offset by increased revenue to local growers. Long-term cost-effective benefits would include children with less chronic disease, as well as children becoming adults with less chronic disease.

Childhood obesity is a many-faceted dilemma, but the Healthy Schools of 2009 Act would be a major component in developing healthy relationships with food and physical activity. The laws enacted in Washington DC certainly have an influence on surrounding areas and the development of national programs.