

March 23, 2010

Ms. Cynthia Brock-Smith
Secretary to the Council
John A. Wilson Building, Room 5
1350 Pennsylvania Avenue, N.W.,
Washington, D.C., 20004

Dear Ms. Brock-Smith,

Please accept this letter as written testimony in regards to Bill 18-564, the "Healthy Schools Act of 2009" for the Joint Hearing: Committee on Government Operations and the Environment/Committee of the Whole to be held on March 26, 2010. We regret that the American Heart Association will be unable to testify in person, but appreciate the opportunity to share our comments in support of this bill.

A staggering 35 percent of Washington children are overweight or obese, according to a July 2009 Trust for America's Health report. Without successful intervention, 70 percent of these children are likely to remain overweight as adults, putting them at increased risk for heart disease, stroke, diabetes and cancer.

Some children are already experiencing obesity-related health problems typically reserved to adults. A study reported by the Institute of Medicine found that 60 percent of overweight 5- to 10-year olds exhibited at least one risk factor for cardiovascular disease, such as elevated blood pressure or cholesterol. According to the CDC, one in three children born in 2000 will become diabetic if current trends hold. Minority children are especially at risk.

The Healthy Schools Act contains physical education and nutrition provisions that have great potential to substantially improve student health in the District.

The Dietary Guidelines for Americans recommend that children engage in at least 60 minutes of physical activity on most, preferably all, days of the week. Because half their day is spent in school, students should get at least 30 minutes of exercise time during the school day. Based on these recommendations, the American Heart Association, along with other leading health organizations, supports standards of 150 minutes of physical education per week for elementary school students and 225 minutes per week for older students.

In addition to improving health and fitness, restoring daily physical education could support academic reform efforts in District schools. Physical education has been linked in several studies with improved academic performance, cognitive ability, and even behavior. Conversely, childhood obesity is known to be associated with higher rates of absenteeism, behavior problems and lower test scores.

Unfortunately, the Healthy Schools Act as amended sets an aspirational goal in regards to physical education and physical activity without requiring daily physical education. Such a requirement is critical to reducing childhood obesity in Washington.

It is understandable that there is concern over implementation of the recommendations for daily physical education. The American Heart Association suggests phasing in these requirements over five years, adding 30 minutes per week per school year for grades kindergarten through five and adding 45 minutes per week per school year for grades six through eight. This would make implementation of this requirement follow this schedule:

2010-2011 school year: 30 minutes required K-5; 45 minutes required 6-8

2011-2012 school year: 60 minutes required K-5; 90 minutes required 6-8

2012-2013 school year: 90 minutes required K-5; 135 minutes required 6-8

2013-2014 school year: 120 minutes required K-5; 180 minutes required 6-8

2014-2015 school year: 150 minutes required K-5; 225 minutes required 6-8

We understand the difficulties in requiring daily physical education, but feel that a phased-in approach would not place an undue burden on schools.

Healthy eating is also vital to fighting obesity. Reports show that students often consume up to 50% of their daily calories at school, and young people today are eating on average 8% more than they were less than 30 years ago.

The legislation's nutrition provisions require school meals and competitive foods to meet USDA's HealthierUS School Challenge standards. These policies are science-based and thorough, covering not only schools meals but also competitive foods available through vending machines, fundraisers, snacks, and after-school meals.

Addressing these competitive foods is a critical part of improving school nutrition. The sale of low-nutrition foods in schools outside of school meals is associated with increases in children's body mass index. It is estimated that a fifth of the average increase in BMI in teens between 1994 and 2000 was attributable to increased availability of junk food in schools.

The nutrition standards mandated by the Healthy Schools Act will help schools significantly reduce the calories, saturated and trans fat, sodium and sugar available to children in schools.

Without question, schools have an important role to play in combating obesity. The nutrition and physical education standards authorized by the Healthy Schools Act provide schools with the framework they need to best serve their students.

The Healthy Schools Act follows the most current expert recommendations and represents one of our best chances to reduce future health costs and protect D.C. kids from a lifetime of chronic health problems.

The American Heart Association strongly endorses the Healthy Schools Act and commends the Committees for addressing this vital issue.

Sincerely,



Cathleen Smith Grzesiek
Senior Director
Government Relations