Thank you for the opportunity to testify this afternoon about childhood obesity. I am Dr. Margo Wootan, director of nutrition policy at the Center for Science in the Public Interest, a health advocacy organization that specializes in food and nutrition.

**Support Parents’ Efforts to Feed their Children Well**

The rise in child – and adult – obesity rates is not due to a decline in Americans’ willpower or because parents love their children any less than parents did in 1980. The odds are stacked against parents. Life in modern America promotes unhealthy eating and does not require people to move as much as in the past. The U.S. transportation system is built around cars. Neighborhoods are designed for driving, not walking. Labor-saving devices like elevators and TV remote controls reduce the need for physical activity.

Companies use aggressive and sophisticated techniques to market foods to children and the overwhelming majority of food ads are for high-calorie, low-nutrition foods. Schools bridge budget gaps by selling junk food to kids. Restaurants serve large portion sizes, most options on children’s menus are unhealthy, and few restaurants provide easy-to-use nutrition information.

Of course, it is ultimately the responsibility of parents to feed their children well. However, parents could use some help. Governments, schools, industry, and health professionals all need to do their part to give parents a fighting chance at helping their children to eat well, be active, and maintain a healthy weight.

**Improve School Foods**

There are a number of promising policy options to promote and support healthy eating and physical activity and reduce obesity. First, Congress should give the U.S. Department of
Agriculture (USDA) the authority to implement nutrition standards for foods sold in fund raisers, vending machines, a la carte lines, and school stores anywhere on campus, throughout the school day in schools that participate in the National School Lunch or Breakfast Programs. Such standards would help to ensure that all school foods are healthful. I urge members of this committee to cosponsor Senator Harkin’s bill, S1392, which would address this issue.

The odds are stacked against children and parents when it comes to school vending. When a parent sends their child to school with lunch money, they do not know if the child will buy a balanced school lunch or a candy bar and a Coke. Virtually all high schools, three-quarters of middle schools, and even 40% of elementary schools have vending machines or a school store, canteen or snack bar. Three-quarters of the beverage options and 85% of snack options in those machines are nutritionally poor choices, such as soda pop, imitation juice drinks, chips, candy, snack cakes, and cookies.

While soft drinks and snack foods are certainly not the sole causes of childhood obesity, they are important contributors. Between 1989 and 1996, children’s calorie consumption increased by approximately 80 to 230 extra calories a day (depending on a child’s age and activity level). Over that timeframe, children’s soft drink consumption increased by 40%. Studies show that soft drink consumption increases children’s calorie intake and contribute to obesity. Importantly, they also displace healthful foods from children’s diets and contribute to dental caries and tooth erosion. Snacks now provide approximately 610 calories to teens’ diets each day, versus 460 calories in 1977.

Though some argue for state or local control of school foods, since the 1940s, school foods have been a federal issue – a decision made by Harry Truman. When states agree to accept any of the $8 billion in federal funding for school meals, they also agree to follow detailed federal regulations that direct how much vitamin A and what size vegetable portion to serve.

Others claim that schools will lose money if federal regulations are strengthened. However, they provide no evidence to support this claim. As middle and high schools in Minnesota, Maine, Pennsylvania, California, and other states have replaced soda with water and 100% fruit juice in vending machines, schools have not lost money. In any case, it is shortsighted for schools to raise money at the expense of children’s health.

**Market Healthy Foods to Children**

Companies argue that although they market their products directly to children, parents ultimately decide whether to purchase the products. The reality is that marketing aimed at children makes it much harder for parents to feed their children well.

Parents can model and encourage healthy eating, but companies use aggressive and sophisticated marketing techniques to get into children’s heads, manipulate their food choices, and prompt them to nag their parents to purchase products. Studies demonstrate and companies know that food advertising is effective.
If companies were marketing broccoli and bananas to kids, there would be no reason for concern. But that is not the case. Marketing has a negative effect on children’s diets because virtually all of the foods marketed to children are high in either calories, salt, saturated fat, or refined sugars and low in nutrients.

Those foods are marketed aggressively. Over the last ten years, overall marketing aimed at children doubled, from $7 billion to $15 billion a year – about half of that is for food. As a result, kids these days are exposed to a tremendous amount of marketing from morning until night, wherever they go, whatever they do. Harry Potter, SpongeBob Squarepants, Elmo, games, contests, prizes, websites, television and magazine ads, and sports stars are enlisted to entice children to request low-nutrition foods. The sale of junk food in schools and advertising on school scoreboards, vending machines, book covers, Channel One, and school publications have become commonplace.

Food manufacturers and restaurants are not marketing their products to children responsibly. Self-regulation is not working. The current regulatory system and case-by-case enforcement are inadequate. To help protect children and support parents:

✔ Congress should give the Federal Trade Commission the authority to work with the U.S. Department of Health and Human Services to set nutrition standards for the kinds of foods that can and cannot be marketed to children, and limit the marketing of high-calorie, low-nutrition foods aimed at children on television, in magazines, and in schools.

✔ The Centers for Disease Control and Prevention (CDC) should be funded to sponsor national media-based campaigns to promote healthy eating and physical activity to balance the pressures to eat low-nutrition foods, campaigns like the CDC’s VERB campaign.

✔ Industry should agree not to market junk foods to children and should place low-nutrition foods in retail stores at parents’ eye level rather than at children’s eye level. Companies should not take advantage of schools' financial problems by offering cash in exchange for the opportunity to market or sell junk food in schools.

Enable Parents to Make Informed Choices in Chain Restaurants

Parents’ ability to feed their children well is also undermined at restaurants. First, parents are lucky if they can find one healthy entrée on children’s menus at the largest chain restaurants, and most meals are served with French fries. Children’s meals often provide 600 to 1,000 calories, about a half a day’s worth for a 4 to 8 year old, and a whole day’s saturated plus trans fat. Parents can order something for their child off the adult menu, where there are usually healthy options, but adult meals cost significantly more money.

In addition, restaurants make it harder on parents by not providing nutrition information menus or menu boards. Two-thirds of the largest chain restaurants do not provide any nutrition information to their customers. The approximately one-third of chain restaurants that do provide nutrition information do so on websites, which means you have to decide what you and your children will eat before leaving home. Some chains have posters or brochures in their stores, but
that information is inconvenient and hard to use. If restaurants can provide nutrition information on websites and posters, they should be able to put those numbers on the menu.

Restaurant foods are an important contributor to childhood obesity. Children eat almost twice as many calories when they eat a meal at a restaurant compared to at home (770 calories versus 420 calories). Studies also show that when children eat at restaurants they tend to eat more saturated fat and less calcium, fiber, fruits, and vegetables than when foods are prepared at home.

In the past, when eating out was an occasional treat, parents did not have to worry about the nutritional quality of restaurant foods. But families are eating at restaurants twice as often as in 1970. Eating out now provides about a third of American children’s calories.

To help families make informed decisions at restaurants, Senator Harkin has introduced a bill to require calorie and other nutrition labeling at fast-food and chain restaurants. Small businesses, which typically do not have standardized menus, would be exempt. I encourage you to cosponsor that bill.

**Promote Healthy Eating and Physical Activity**

Eating well and being active require skills. Yet resources for nutrition and physical activity promotion and education pale in comparison to their impact on health.

Congress should increase funding for the Division of Nutrition and Physical Activity at the Centers for Disease Control and Prevention (CDC). For FY 2004, the budget is $45 million, which will allow CDC to fund approximately 28 states for nutrition, physical activity, and obesity. The 265 member organizations of the National Alliance for Nutrition and Activity are recommending $75 million for FY 2005 to move CDC closer to funding every state. Congress also should strengthen nutrition education in schools by expanding USDA’s Team Nutrition Program to add state-level funding and nutrition education coordinators.

In conclusion, there are a number of promising policy options to help reduce childhood obesity and support parents’ efforts to feed their children well. Given the urgency and magnitude of the problem, I hope this Congress will take bold steps to protect children’s health.

Thank you for the opportunity to testify today. I would be happy to answer any questions and provide additional information and background.