

## SB 2778 SD 1

# Making Appropriations for Early Childhood Health Senate Committee on Ways and Means

February 24, 2012 9:00 a.m. Room 211

The Office of Hawaiian Affairs (OHA) <u>SUPPORTS</u> SB 2778 SD 1, which would appropriate funds to collect and analyze Hawaii-specific early childhood data to identify children at risk; increase awareness of the health implications of early childhood obesity; promote best practices through community-based initiatives; and establish a task force to develop and recommend legislation to prevent childhood obesity.

OHA's strategic priorities include Mauli Ola (Health), which represents OHA's commitment to ensure the improvement of Native Hawaiians' quality of life and reduction in onset of chronic diseases. Obesity is a common condition of chronic diseases, and data suggests that Native Hawaiians and other Pacific Islanders are more at risk of obesity and obesity-attributable health complications. As such, OHA's Health Advocacy Initiative Core & Advisory Team is focusing its efforts on decreasing Native Hawaiian obesity rates in relation to Hawai'i's general population.

We particularly support a public health approach that aims to arrest childhood obesity, and we encourage the inclusion of a Native Hawaiian voice on the Task Force, as there is a strong indication that Native Hawaiians and other Pacific Islander children are represented in the top of variation of races for children ages 10-17 years who are overweight or obese. (2007-National Survey of Children's Health: National Maternal Child Health Bureau and CDC & Prevention.)

In addition, the collection and publication of disaggregated data by agencies that collect data pertaining to Native Hawaiian health will further the intent of this bill and help OHA and others to achieve their strategic priorities, including, but not limited to, seeking to ensure that Native Hawaiian chronic disease rates will be equal to or less than those of the general population of Hawai'i.

Therefore, OHA urges the committee to PASS SB 2778 SD 1. Mahalo for the opportunity to testify on this important measure.



# American Heart | American Stroke

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# Testimony on SB 2778, SD1, "Making an Appropriation for Early Childhood Health"

The American Heart Association supports the intent of SB 2778, SD1, but would like to recommend amendments.

As the bill states, obesity has become one of the leading health issues for our state. If left unchecked, it holds the potential to cripple Hawaii's health care system and Hawaii's businesses that largely cover employee healthcare costs.

Obesity, however, is not just a childhood epidemic. To effectively check the skyrocketing obesity rates, the AHA feels the issue must be addressed comprehensively. That means working to reduce obesity in adults, as well as children. It also means going beyond simple attempts to educate the public about the risk factors leading to obesity, and enacting strong policy efforts to encourage a move towards living healthier lifestyles.

As the bill mentions, sugar-sweetened beverages, while not the only cause of obesity in Hawaii's adults and children, are one of the leading dietary factors. They represent approximately 15 percent of the calories consumed on average, the single largest contributor of calorie intake, and most sugar-sweetened beverages contain little or no nutritional value. While candy (6%) and grain or dairy-based desserts (19%) combine to represent 25% of added sugars in the U.S. diet, sugar sweetened beverages represent 50% of added sugars in our diet. Thus, any discussion of reducing obesity must begin with policies that discourage overconsumption of those beverages.

Why target sugar-sweetened beverages? Reducing energy intake by only 100 calories per day (roughly 1 can of sugar-sweetened beverage) could prevent weight gain in over 90% of the population. The increased tax revenue generated by a sugar-sweetened beverage tax could be used to expand obesity prevention on a more comprehensive scale, such as to add qualified physical education instructors and classroom time back into Hawaii's elementary and middle schools where both PE class time and quality PE instructors have largely disappeared.

Our concern is that the beverage industry's involvement in the proposed task force will result in efforts to detract attention away from addressing overconsumption of calories to a focus only on physical activity, or burning of calories. That would be a recipe for failure. To burn off just one can of sugar-sweetened soda it would take about 20 minutes of treadmill running, and that amount of exercise would not compensate for any other calories consumed through meals. To be truly effective, any campaign to reduce obesity needs to be comprehensive and address both reductions in calorie consumption and increased physical activity.

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#### Oahu:

677 Ala Moana Blvd., Ste. 600 Honolulu, HI 96813-5485 Phone: 808-538-7021 Fax: 808-538-3443

### Maui County:

Phone: 808-224-7185 Fax: 808-224-7220

#### Hawaii

Phone: 808-961-2825 Fax: 808-961-2827

#### Kauai:

(Serviced by Oahu office) Phone: 866-205-3256 Fax: 808-538-3443

"Building healthier lives, free of cardiovascular diseases and stroke." While the AHA supports the intent of reducing obesity in Hawaii, it feels that the task force created under SB 2778 needs to address the issue with both adults and children in mind, not just children. As we've learned from working to reduce tobacco consumption, children are influenced by the actions of adults. If obesity is not addressed as a societal issue, attempts to change childhood behavior will be limited in their effectiveness.

The AHA also suggests that safeguards be added to the bill to **insure that the beverage industry's (or its partners') involvement in the proposed task force doesn't result in watered down efforts**. The beverage industry is quick to try to put the responsibility of reducing childhood consumption of its products on parents. What it fails to highlight, however, is that soft drinks remain legally available to children, and are often cheaper than healthier options, including bottled water. Parents cannot watch over their children every moment of the day. Marketers spend close to \$500 million dollars a year to reach children and adolescents with messages about sugary drinks, more than they spend on any other category (Pepsi's new CEO recently vowed to invest \$500 million in 2012 to boost business and plans to refocus efforts on sales of sugary sodas). To ask representatives of that industry to participate in *reducing* youth consumption of their products would be both naïve and foolish. The industry's tactic will be to attempt to focus efforts on only addressing physical activity, not on reducing caloric consumption. That must be avoided to insure that an effective campaign to address the obesity epidemic is achieved.

Hawaii's obesity epidemic must be addressed comprehensively through a combination of public education and strong, progressive policy aimed at encouraging the public toward living healthier. The future of our public's health and all Hawaii businesses' economic health (not just the beverage industry) depends on it.

Respectfully submitted,

Wersman

Donald B. Weisman

Hawaii Government Relations/Mission:Lifeline Director



1806 So. King Street ☐ Suite 30 ☐ Honolulu, HI 96826 ☐ (808)942-4708 ☐ FAX (808)955-2739 ☐ ha eyc@hawaiiaeyc.org

Senator David Ige, Chair Senator Michelle Kidani, Vice Chair COMMITTEE ON WAYS AND MEANS

**FROM:** Katherine Murphy, Executive Director

Hawaii Association for Education of Young Children (HAEYC)

**DATE:** Friday, February 24, 2012

9:00 AM

**SUBJECT:** SB2778, SD1: Relating to Early Childhood Health

The Hawaii Association for the Education of Young Children ("HAEYC") offers this testimony in *support* of S.B. 2778, SD1.

The Mission of HAEYC is "to promote, support, and expand quality and professionalism in early childhood programs and services for Hawaii's young children and their families." We promote values that encompass an array of practices, which includes a collective effort to improve all early childhood programs.

S.B. 2778, SD1 establishes practices that promote healthy lifestyles from early childhood that will continue throughout the life span of an individual. This Bill promotes programs that prevent obesity from an early age and raise awareness of its adverse and long-lasting consequences. The elements of S.B. 2778 are in correlation with the mission and values of HAEYC in promoting services that fosters the quality of life for Hawaii's young children and their families, and we will continue to be a positive contributor to the State's fight against Obesity. Hence, HAEYC strongly supports this bill.

Thank you for the opportunity to testify.

Respectfully Submitted,

Katherine E. Murphy Executive Director HAEYC 
 From:
 Hardy Spoehr

 To:
 WAM Testimony

 Subject:
 SB 2778, SD 1

Date: Thursday, February 23, 2012 6:58:13 AM

SB 2778, SD 1, Making an Appropriation for Early Childhood Health Decision making Friday, February 24, 2012 9:00am Conference Room 211 State Capitol

Comments: Papa Ola Lokahi strongly supports this measure. Thank you for the opportunity to comment.

Hardy Spoehr, Executive Director Papa Ola Lokahi (Native Hawaiian Health Board)