



Senate Health & Human Services Committee
SB 1834 – Incentivizing Texas-grown Produce in the SNAP Program
Testimony by Sarah Helfand, MD
April 2, 2019

Testimony submitted on behalf of:

Texas Pediatric Society
American Heart Association
Texas Public Health Coalition
Partnership for a Healthy Texas

Good Morning Chair Kolkhorst and Committee Members,

My name is Dr. Sarah Helfand, and I am a pediatrician who has been practicing in the Dallas area for over 30 years and have been heavily engaged in issues around childhood obesity.

I am here today testifying on behalf of the Texas Pediatric Society, the American Heart Association, the Texas Public Health Coalition and the Partnership for a Healthy Texas. Together these associations and coalitions represent more than 50 health care organizations dedicated to improving the health outcomes of our youngest Texans. As a medical professional, I appreciate the opportunity to *testify in firm support of SB 1834.*

The Burden of Obesity in Texas

Texas has the 7th highest obesity rate for youth ages 10-17 and the 14th highest adult obesity rate in the U.S.¹ In Texas, Hispanic and African American children have nearly twice the rate of obesity compared to non-Hispanic white children.² Sixty percent of children who are overweight age 5 to 10 already have one or more risk factor for diabetes or heart disease.³ I am now beginning to diagnose Type 2 diabetes in children as young as 8 years of age. Texas is in the middle of a health crisis beginning early in our children's lives.

SNAP Incentive Programs

It is well established that the consumption of fresh fruits and vegetables is associated with a reduced incidence of obesity and obesity-related chronic diseases. Unfortunately, unhealthy processed foods are frequently less expensive than fruits and vegetables. SNAP incentive programs can help make healthy foods more affordable for SNAP beneficiaries by increasing their purchasing power to buy fresh fruits and vegetables, which can improve diets, reduce chronic diseases like heart disease and diabetes, and reduce long-term health care costs to Texas taxpayers.

In Texas, more than half of SNAP beneficiaries are children.⁴ Helping children develop healthy eating habits at an early age is critical to ensuring they maintain a healthy weight throughout their childhood and into adulthood. Of course, I do my best to educate families about healthy eating - more fruits and vegetables and less processed foods. I discuss with families about having a healthy weight. Unfortunately, low-income children are disproportionately impacted by obesity. About 15 percent of two-to-four-year olds from low-income families in Texas have obesity, a rate that exceeds the national average for this group.⁵ This is generally the population served by the SNAP program, which is why I support SNAP incentive programs as an effective model to increase the availability of fresh fruits and vegetables in the SNAP program and improve the diets of SNAP beneficiaries.

Thank you for the opportunity to testify in firm support of SB 1834.

¹ Obesity Rates & Trend Data. The State of Obesity. <https://stateofobesity.org/data/>.

² School Physical Activity and Nutrition (SPAN) Project. Michael & Susan Dell Center for Healthy Living. SPAN project details available online at go.uth.edu/SPAN.

³ Barkin, MD., Shari. Division of Pediatrics at Vanderbilt University Medical Center. (Oct. 2008). Testimony to the United States Senate Committee on Health, Education, Labor & Pensions. Available at: www.help.senate.gov/imo/mediadoc/Barkin1.pdf

⁴ Texas Health and Human Services Commission: <https://hhs.texas.gov/about-hhs/records-statistics/data-statistics/supplemental-nutritional-assistance-program-snap-statistics>

⁵ The State of Obesity: Obesity Among WIC Participants Age 2-4. Project of the Trust for America's Health and the Robert wood Johnson Foundation (Nov. 2016) Available at: stateofobesity.org/wi/