



Senate Health & Human Services Committee
SB 952 – Updating Child Care Nutrition, Physical Activity and Screen Time Standards
Testimony by Kimberly Avila Edwards, MD, FAAP
March 12, 2019

Testimony submitted on behalf of:

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

Good morning Chair Kolkhorst and Committee Members,

My name is Dr. Kimberly Avila Edwards, and I am a pediatrician who has practiced in the Austin area for the past 17 years and now serve the level 1 trauma children’s hospital for the region. I am here today testifying on behalf of the Texas Pediatric Society, the Texas Medical Association, 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 and a mother of two, I appreciate the opportunity to *testify in firm support of SB 952*.

The Burden of Obesity on our Children

My role as a pediatrician is extremely rewarding because preventive interventions in the early years have a lasting impact on a child’s life. This is no truer than when counseling the children, I work with, as young as 2, who are already showing signs of overweight and obesity and the complications that accompany these diseases. My clinical practice has centered around helping kids and their families learn healthy nutrition and activity habits, including putting down the iPad in favor of playing outdoor games. The consequences of children not learning these healthy habits can be disastrous:

- Children who are at unhealthy weight as preschoolers are 5 times more likely to be overweight or have obesity as adults¹

¹ Centers for Disease Control. Progress on Childhood Obesity. (Aug. 2013). Available at: <http://www.cdc.gov/vitalsigns/childhoodobesity>

- 60% of children who are overweight aged 5-10 already have one or more risk factors for heart disease and diabetes.²
- Obesity is linked with many metabolic disorders that formerly were seen primarily in adulthood, but are now manifesting in children. Examples include high blood pressure, high cholesterol, type 2 diabetes, nonalcoholic fatty liver disease, polycystic ovary syndrome, and disordered breathing during sleep.
- Even when these conditions do not appear in childhood, children with obesity are at increased risk for developing these medical complications during adulthood.³

Unfortunately, our state already sees high rates of pediatric obesity. About one in four children age two to five have overweight or obesity.⁴ While this health issue is present in all Texas communities – rural, suburban, and urban – some Texas children are at a higher risk. One in seven (14.9 percent) two-to-four year-olds from low-income Texas families have obesity, a rate that exceeds the national average for this age group.⁵

Decreasing the burden of early childhood overweight and obesity, which begins with creating environments where healthy habits are the norm, will ultimately reduce health care costs in our state and help kids succeed in school. Being physically active and having a healthy diet before the age of five is associated with improved child development and cognitive outcomes.⁶ For example, research shows that young kids who eat a healthy diet – high in lean protein and fresh fruits and vegetables – are more likely to have a higher IQ at age eight.⁷ In contrast, dietary patterns high in processed foods and added sugars are associated with lower school achievement and nonverbal reasoning.⁸

Healthy Environments Foster Lifetime Healthy Habits

It is the role of primary care pediatricians, such as myself, to counsel our patient’s families on the best ways to keep their children safe, happy, and healthy – whether that is via mental health screenings, injury prevention anticipatory guidance or advice on the best foods to maintain a healthy weight. I discuss and encourage my parents to adopt healthy nutrition lifestyles for themselves and their children beginning at birth, and I encourage physical activity and limited screen time beginning at my first visits with families. I also encourage my families to seek and expect similar standards and practices when selecting child care facilities because a child’s environment – where they spend most of their day – is critical to forming healthy habits.

² 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:

<https://www.help.senate.gov/imo/media/doc/Barkin1.pdf>

³ Daniels, S.R. The Consequences of Childhood Overweight and Obesity. *The Future of Children*, Vol. 16, No. 1, Childhood Obesity (Spring, 2006), pp. 47-67. Available at: <http://www.jstor.org/stable/3556550>

⁴ Cynthia Ogden. Prevalence of Childhood and Adult Obesity in the United States, 2011-2012. *Journal of American Medical Association*. (2014) 311(8):806-815. Available at <http://jama.jamanetwork.com/article.aspx?articleid=1832542>

⁵ The State of Obesity: Obesity Among WIC Participants Ages 2-4. Project of the Trust for America’s Health and the Robert Wood Johnson Foundation (Nov. 2016). Available at <http://stateofobesity.org/wic/>

⁶ Pooja Tandon, et. al. The Relationships between physical activity and diet and young children’s cognitive development: A systemic review. *Preventive Medicine Reports*. 3 (2016) 379-390.

⁷ LG Smithers, et al. Dietary patterns at 6, 15 and 24 months of age are associated with IQ at 8 years of age. *Eur. J. Epidemiol.* 27, 7 (2012) 525–535.

⁸ L. Feinsein, et al., Dietary patterns related to attainment in school: the importance of early eating patterns. *J. Epidemiol. Community Health*. 62, 8 (2008) 734–739. A. Nyaradi, et. al. Diet in the early years of life influences cognitive outcomes at 10 years: a prospective cohort study. *Acta Paediatr.* 102, 12 (2013) 1165–1173

This is why I believe SB 952 is so crucial to the health of the children for whom I care. All child care options available to a family throughout Texas should meet best practice standards endorsed by the American Academy of Pediatrics (AAP). I would expect nothing less for my own children and I want to ensure my patients are guaranteed the same basic level of healthy habit-forming environments.

SB 952 updates current child care standards in three main areas:

- Nutrition – The Child and Adult Care Food Program is the premier standard for early childhood nutrition standards. The latest revision was informed by the AAP Committee on Nutrition specifically in the area of infant feeding before the age of 2.⁹
- Physical Activity – Caring For Our Children (CFOC) includes the most up-to-date research and best practices for promoting health and preventing childhood obesity in child care. CFOC is supported by the CDC, AAP and American Public Health Association.
- Screen Time – Screen time standards are also being brought in line with the AAP endorsed Caring For Our Children (CFOC) best practice to ensure children maintain healthy brain development.

Thank you for the opportunity to provide testimony in support of SB 952 to help ensure our children are growing up in the healthiest environments possible.

⁹ Recommendation of the Texas Early Childhood Health and Nutrition Interagency Council, a council of seven Texas agencies created by Senate Bill 395 during the 81st Legislative Session. Council members include, TWC, DSHS, TEA, DFPS, TDA, HHSC, and Texas A&M AgriLife Extension Service.