



**National Recreation
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**Written Testimony of Barbara Tulipane, CEO
submitted for the record on behalf of
The National Recreation and Park Association
House Appropriations Subcommittee on Labor, Health and Human Services and
Education**

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Thank you Chairman Obey, Ranking Member Tiahrt, and other honorable members of the committee for the opportunity to submit written testimony on the importance of funding the Centers for Disease Control and Prevention's (CDC) Healthy Communities Program at \$30 million in the FY 2011 Labor-HHS-Education Appropriations bill. NRPA is a 501(c)3 national non-profit organization with more than 21,000 members. We represent both citizens and park and recreation professionals. Our mission is to advance parks, recreation and environmental conservation for the benefit of all people. Because we represent the public park and recreation agencies in the United States, we touch the lives of over 300 million people in virtually every community. Park and recreation agencies play a major role in the fight against obesity and are poised and capable of doing even more through the creation of new cross-cutting partnerships that promote health lifestyle choices for children and adults.

Our nation currently faces an obesity epidemic that is claiming the lives of adults and children. According to the CDC, the obesity rate in children ages 6 to 11 doubled from 6.5 percent in 1980 to 17.0 percent in 2006; and tripled among those ages 12 to 19 to 17.6 percent during the same time period. More than one-third of U.S. adults – over 72 million people - were obese in 2005-2006.

Obesity also has a crippling effect on our nation's economy and is largely responsible for the exuberant rise in health care costs. CDC reports that data from the 1998 and 2006 Medical Expenditure Panel Surveys (MEPS) revealed that obesity increased medical costs by 37 percent from 1998 to 2006. A 2009 study released by RTI, a non-profit research firm, showed that obese Americans cost the country about \$147 billion in weight-related medical bills in 2008, double what it was a decade ago. Obesity now accounts for about 9.1% of medical spending in our country.

The obesity and chronic disease epidemics plaguing our nation did not manifest themselves overnight. These epidemics grew to be national issues of concern by impacting one individual, one family, and one community at a time. A multitude of

factors such as lack of physical activity, poor diet, and excessive tobacco and alcohol use have led to this national epidemic. The good news is that many of the health risk factors that contribute to the development of chronic disease and obesity are preventable. However, the only way we will truly reduce obesity is to employ a comprehensive strategy that addresses these factors where people live, work, learn and recreate. In order for us to effectively combat these epidemics, local communities must be armed with the necessary tools and resources to implement policy, environmental and systematic changes geared towards promoting increased physical activity, nutritious foods, and the prevention of chronic disease in children, youth, and adults.

Investment in prevention and wellness was one of President Obama's eight core principles guiding health care reform. Congress also stressed the importance of prevention at the community level throughout the health reform debate and through inclusion of various prevention measures in the Patient Protection and Affordable Care Act and Education Affordability Reconciliation Act. The economics of community level prevention are clear. As noted by the Trust For America's Health, for an investment of \$10 per person per year in proven community-based programs to increase physical activity, improve nutrition, and prevent smoking and other tobacco use, the country could save more than \$16 billion annually within five years. This is a return of \$5.60 for every \$1 spent. Prevention programs provide proven returns on investment. We are asking this committee to further invest in prevention through increased FY11 appropriations for CDC's Healthy Communities Program.

Through its Healthy Communities program, CDC facilitates the collaboration of local and state health departments, national organizations with extensive reach into communities and a wide range of community leaders and stakeholders to develop, activate and spread policy, systems and environmental changes that prevent chronic disease by changing behavior and increasing the opportunities for healthier lifestyles. These community leaders and stakeholders represent local elected officials, city and county health officials, tribal programs, parks and recreation departments, local YMCAs, health-related coalitions, and education, business, health, planning, and transportation sectors. This collaboration results in proven community-based programs and environmental changes that encourage people to be more physically active, improve nutrition, and abstain from tobacco use.

To date, more than 240 communities have received funding and technical support through CDC's Healthy Communities Program which has resulted in measurable changes at the local level. An additional 170 communities will receive funding to improve the health of their communities during the next three years.

Chicago, Illinois is a great example of the impact of the Healthy Communities program. The city has noted that 26 percent of their children and 25 percent of their adult populations are obese by national standards. Contributing to the poor health of this community is the lack of opportunities for physical activity and the fact that the west side of Chicago lacks grocery stores which has caused it to become a "food desert". This, in turn causes residents to utilize fast food chains and convenience stores as a main source

of nourishment. Recognizing the health and financial implications of an obese population, Chicago is taking proactive steps to ensure a healthier a community. The park district has introduced new fitness classes in parks throughout the city and is now offering a minimum of 60 minutes of moderate to vigorous activity for all children's programs offered through parks. Through the leadership of the Mayor's office, a healthy vending policy has been initiated at all park facilities and the park district is implementing community produce gardens which will be maintained by local youth. Additionally, smoking has been banned on all Chicago Park District Property, indoors and out including beaches. Thanks to funding provided through CDC's Healthy Communities program, the city of Chicago will be able to implement more policy, systems and environmental changes, such as these, to combat chronic disease and obesity throughout the city.

Other success stories point to more than anecdotal program successes. Healthy Communities supports a broad coalition of stakeholders in Salamanca, New York that are implementing a city ordinance banning a smoking in all city parks and on playgrounds. Similarly, in Pierre, SD, the park and recreation department is working with schools and parent teacher organizations to promote healthy eating practices by updating school wellness policies. The new policy will focus on providing more fruits, vegetables, and whole grains in menu options, and implementing creative practices such as "sugar-free zones" in schools.

Funding for the CDC's Healthy Communities program is vital to successfully combating chronic disease and obesity at the local level. Previous funding levels have been inadequate. The Healthy Communities program has gone from \$46.6 million in FY05 to only \$22.7 million in FY10. As a result, hundreds of eligible communities have applied for highly competitive projects but remain unfunded due to limited federal resources.

Given the health implications and the fiscal hardship associated with chronic disease and obesity, we can no longer afford to be a nation that simply treats the problem. Now, more than ever Congress must increase its investment in community prevention programs such as this. NRPA respectfully requests that this committee provide increased funding for CDC's Healthy Communities program to \$30 million in the FY11 appropriations bill. Thank you for this opportunity to submit testimony. Please feel free to contact Stacey Pine, Chief Government Affairs Officer, in NRPA's Public Policy Office at 202-887-0290 with any questions you may have.