

March 11, 2010

REP. GONZALES: OBESITY COSTLY PROBLEM FOR TEXAS

Dear Friends:

This week, I traveled to Austin to attend the House Public Health Committee's interim hearing on obesity. Our former State Demographer Steve Murdock used to say that Texans are growing fatter, older and sicker. After listening to the hearing's testimony, Murdock's comment is not a joke.

We heard volumes of information from experts in a variety of fields and they all echoed that obesity is growing in Texas at an alarming rate, especially among young people. We were told that in 2007, 19 percent of Texas adolescents were obese and 11 percent of those obese children have high blood pressure. A growing number have developed Type II diabetes, which was once thought of as an adult disease. Witnesses from the health care field told us stories of young children even having heart attacks.

Studies show that low-income and minority children are more likely to be obese. High calorie, nutritionally-dense food is cheaper and more available. Parents who work have less time to monitor their children's eating habits. High calorie snacks, sugary soft drinks and more hours in front of the television all contribute to the obesity epidemic. Doctors do not have the time to consult obese patients and their parents on healthy practices. And despite reform efforts, public schools still have room to improve their nutritional offerings.

The problem is a costly one for Texas. Obesity and diabetes translate into higher health care costs for our State, and contribute to poor academic performance in school. In 2008, the cost of obesity in Texas was \$12 million. Obese and overweight children on Medicaid may cost Texas an additional \$250 million. As it relates to adults, when you add in the cost of job absenteeism, decreased productivity at work and disability, the cost of obesity for Texas businesses is an estimated \$3.3 billion.

Texas has realized this growing problem for a number of years and has taken steps to address the epidemic by forming numerous task forces and developing pilot programs. Consolidating some of these efforts may help use our resources more effectively. Experts emphasized the need to focus on public schools, and encouraging programs that are working, like the Coordinated Approach to Child Health (CATCH), as well as increasing physical activity, improving food choices served at cafeterias and educating children on healthy eating. Some of the other ideas presented included incorporating more standing and physical activity into the classroom and developing programs for doctors to use text messages and social media to convey healthy messages to their patients.

Still, many who testified told us that we must look at obesity as a family condition that requires a level of personal responsibility to change ingrained habits. Changing our personal attitudes and habits is often the first step toward changing our bodies.

I am committed to working with our State and local officials to tackle the ongoing problem of obesity and I welcome your feedback and ideas on this and any other issue.

Sincerely,  
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Veronica Gonzales  
State Representative, District 41

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