



For Immediate Release

February 15, 2011

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Campaign to End Obesity Action Fund: Short Term Spending Reductions on Obesity Prevention May Disadvantage Long Term Economic Gains

(Washington DC) Following the release of President Obama's proposed 2012 budget, the Campaign to End Obesity Action Fund urged caution against the elimination or reduction of programs that could help reverse the obesity epidemic and curb its related, skyrocketing costs. While the proposal offers support for some critical health, childhood nutrition and wellness programs, broad consolidation of resources across government programs could severely jeopardize important initiatives —from increasing physical activity to making nutritious foods more accessible to at risk populations— which are intended to improve the nation's long-term physical and economic health.

"The Campaign to End Obesity Action Fund is concerned that —by increasing competition among critical programs for scaled-back, shared resources— this proposal may endanger important programs to prevent obesity and its related, very costly, chronic conditions," said Stephanie Silverman, senior advisor to the Campaign to End Obesity Action Fund. "Taxpayers have a real stake in addressing and combating obesity now. Cutting back on preventative services, physical education and other obesity-related programs may result in short-term budget savings, but will only end up costing us more over the long term."

A recent McKinsey study found that allowing the current obesity rates to continue unchecked will have the effect of doubling spending on obesity in just 10 years, pushing the cost to \$320 billion annually. Such an increase would raise the percentage of obesity-related medical spending from 10 percent of all health care related spending today to more than 20 percent.

Among the programs that are at risk of reduction or even elimination are:

- **Dedicated funding for PEP grants:** Under the President's budget proposal, funding for the Carol M. White Physical Education Program (PEP) —which enables schools and community-based organizations to initiate, expand, and improve physical education programs— would now have to compete against other programs within the Safe, Successful and Healthy Students Initiative, such as school counseling services. Given the well-evidenced link between student physical activity and academic achievement, coupled with alarming evidence that very few students receive required levels of physical activity, now is not the time to jeopardize PEP grants or force them to compete for scarce resources.
- **Physical Activity as a Means of Transportation:** The President's budget would consolidate 55 DOT programs into five massive consolidated programs, including a new "livability grant" program, that is intended to fund projects that accommodate pedestrian and bicycle access. However, the program is also intended to fund major, multi-modal transportation projects,

which would force critical programs, such as the Safe Routes to School program, to compete against massive infrastructure projects, as well as jeopardize funding that would otherwise enable Americans to have safe spaces to walk and play.

- **The Nutrition and Physical Activity Program to Prevent Obesity:** Under the President’s budget for the Centers for Disease Control (CDC), this vital obesity prevention program may end up having to compete for funding with heart disease, stroke, diabetes, cancer, arthritis and other programs, under one competitive grant. Ironically, given that obesity is a leading cause of many of these costly chronic diseases, by jeopardizing obesity prevention efforts, the budget could solidify the nonsensical health care delivery system whereby doctors must wait until a patient is diagnosed with one of these chronic diseases before the underlying cause —obesity— can be treated. The CDC would be funded at \$5.8 billion, which would represent a \$574 million cut from current funding.
- **The Healthy Food Financing Initiative:** This program —which works to bring grocery stores and other healthy food retailers to underserved urban and rural communities across America— is a vital effort to provide access to healthy and nutritious foods for underserved communities – the population that struggles the most with overweight and obesity and which has the greatest need for greater access. While the proposed funding of \$35 million is a good step, greater support is needed.

Similarly, as the House of Representatives moved to aggressively cut spending through the end of fiscal 2011, the Campaign to End Obesity Action Fund urged that Members lend an eye toward balancing long-term interests for the nation’s economy, health and security. House leaders have also proposed cuts to PEP grants, which are urgently needed given the clear link between academic achievement and physical fitness in children. Additionally, House leaders have proposed cuts to key prevention programs administered by the Department of Health and Human Services, including community health centers, state health access programs and those of several CDC obesity prevention programs, including the Nutrition and Physical Activity Program to Prevent Obesity.

“Our country’s obesity epidemic consumes some \$168 billion a year in health care spending, and this figure is projected to double over the decade, threatening America’s long-term economic prosperity if nothing is done,” continued Silverman. “The President’s budget does make strong efforts to support important programs for our children’s nutrition, including the critical step of fully implementing of the Healthy, Hunger-Free Kids Act. However, no one program is a stopgap to this crisis, and a comprehensive approach will continue to be necessary in reversing this epidemic.”

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About the Campaign to End Obesity Action Fund

The Campaign to End Obesity Action Fund is dedicated to federal policy changes that can reverse one of America’s costliest diseases. The Campaign convenes leaders from industry, academia, public health and associations to speak with one voice for measures to reverse the obesity epidemic and promote healthy weight in children and adults.