



CAMPAIGN TO END OBESITY ACTION FUND

September 7, 2017

The Honorable Orrin Hatch, Chair
Senate Finance Committee
United States Senate
Washington, DC 205150

The Honorable Ron Wyden, Ranking Member
Senate Finance Committee
United States Senate
Washington, DC 20510

The Honorable Greg Walden, Chair
Committee on Energy and Commerce
United States House of Representatives
Washington, DC 205105

The Honorable Frank Pallone, Ranking Member
Committee on Energy and Commerce
United States House of Representatives
Washington, DC 20515

Dear Chairman Hatch, Chairman Walden, Senator Wyden, and Representative Pallone:

The Campaign to End Obesity Action Fund (the CEO Action Fund) is a coalition of leaders from industry, academia, public health, and patient and disease communities that advocates before Congress and federal agencies on needed policy solutions to reverse the U.S. obesity epidemic. As you may know, childhood obesity in the United States has reached epic proportions – one in five U.S. children already has obesity, a fact that also triggers long term health risks and related expenses to taxpayers – and we believe there are important opportunities to advance policies that can move the needle on this.

Specifically, as you work to put together the Children’s Health Insurance Program (CHIP) reauthorization package, we request that you include an extension of the Childhood Obesity Research Demonstration (CORD). This program – now in its second iteration – has been pivotal in beginning to identify scalable approaches to addressing childhood obesity in America.

CORD 1.0 was first authorized in 2009 through the Children’s Health Insurance Program Reauthorization Act (CHIPRA)¹ and ran from 2011-2015. The project, as CORD 2.0, was reauthorized in the Medicare Access and CHIP Reauthorization Act of 2015 for an additional 2 years, and is set to expire in Fiscal Year 2017.² CORD 1.0 successfully identified childhood obesity intervention models, which were then tested further in CORD 2.0, with the intention of eventually expanding these evidence-based programs on a national level. CORD 2.0 is an ongoing project – it is essential that CORD continues to receive funding so that the project can continue to expand incrementally with the goal of continuing to identify scalable, cost-effective solutions to combat childhood obesity.

Through CORD, the Centers for Disease Control and Prevention (CDC), has funded multiple community grantees and evaluation centers to target children from low-income families at risk for or suffering from obesity.³ Without this program, CDC would be without needed, dedicated resources to focus on the prevention and effective management of childhood obesity. Of particular importance, CORD funding empowered CDC to increase obesity screenings and counseling services in the community and refer obese children to appropriate and evidence based lifestyle modification programs.⁴

Today, some 30 states have childhood obesity rates of 30 percent or more.⁵ Childhood obesity is a major contributor to other costly health conditions, such as cancer, cardiovascular disease, dyslipidemia, Type 2 Diabetes, fatty liver disease, asthma, and psychological conditions. Because it can negatively impact school performance and social development,⁶ the toll on families, communities, the health care system, and the budget of this very troubling trend is enormous and growing. Congress must continue to fund the tools, such as CORD, that are making a difference in communities that are hit hardest by this epidemic.

Indeed, US taxpayers, businesses, communities, and individuals spend over \$300 billion per year in medical costs due to obesity.⁷ Accordingly, we must continue to invest – as we have with CORD – in programs that can reduce obesity and, in the long-run, saves lives and taxpayer money. According to a recent Gallup study, if the ten cities in the US with the highest rates of obesity were able to cut their obesity rates down to the 2009 national average of 26.5%, each city would save nearly \$500 million every year.⁸

Today, CORD remains an essential tool in combatting childhood obesity, and we urge the Committee to reauthorize the program in September.

Thank you again for your leadership, and for your consideration of our request. For any questions you may have, please contact Michelle Seger at mseger@obesitycampaign.org or 202-466-8100.

Sincerely,

The Campaign to End Obesity Action Fund
Academy of Nutrition and Dietetics
Afterschool Alliance
American College of Sports Medicine
American Council on Exercise
American Heart Association
American Medical Women's Association
American Psychological Association
American Society for Metabolic and Bariatric Surgery
Arkansas Center for Health Improvement
Center for Science in the Public Interest
Consortium to Lower Obesity in Chicago Children
Endocrine Society
Healthcare Leadership Council
Healthy Schools Campaign
National Association for Health and Fitness
National Association of County and City Health Officials
National Association of School Nurses
National Coalition for Promoting Physical Activity
National Hispanic Medical Association
Nemours Children's Health System
Obesity Action Coalition
Obesity Medicine Association
School Based Health Alliance
The American Cancer Society Cancer Action Network
The Hope Heart Institute

The Obesity Society
Trust for America's Health
United States Bone and Joint Initiative
University of Wisconsin American Family Children's Hospital
US Soccer Foundation
Weight Watchers
YMCA of the USA

¹ <https://www.congress.gov/bill/111th-congress/house-bill/2>

² <https://www.congress.gov/bill/114th-congress/house-bill/2>

³ <https://www.cdc.gov/obesity/strategies/healthcare/index.html>

⁴ <https://www.cdc.gov/obesity/strategies/healthcare/cord2.html>

⁵ <http://obesityactionfund.org/page.asp?id=28>

⁶ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4322789/>

⁷ <https://www.ncbi.nlm.nih.gov/pubmed/25381647>

⁸ <http://www.gallup.com/businessjournal/145778/cost-obesity-cities.aspx>