

Maine Chapter

INCORPORATED IN MAINE

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®



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Dear Senator Claxton, Representative Meyer, and distinguished members of the Joint Standing Committee on Health and Human Services. My name is Deb Hagler, and I am a resident of Harpswell and President of the Maine Chapter of the American Academy of Pediatrics. I am here to express our support for LD 1693: "An Act To Advance Health Equity, Improve the Well-being of All Maine People and Create a Health Trust."

LD 1693 introduces several provisions that will reduce the prevalence of overweight and obesity in Maine. We are particularly supportive of these elements in the proposed legislation:

- Funding for an obesity care coordinator at Maine CDC and associated obesity prevention programming
- Alignment of early care and K-12 nutrition and physical activity standards with national standards
- Establishment of an Obesity Advisory Council to support Maine CDC obesity prevention efforts
- Establishment of the Office of Population Health Equity

About Obesity

Obesity is a complex, chronic, multifactorial, relapsing disease where excess adiposity leads to physiological, structural, and functional impairments. The disease of obesity increases the risk of developing other chronic diseases and is associated with premature mortality and reduced quality of life, including development of comorbidities such as high blood pressure, type II diabetes, depression, and cancer.

Obesity Prevalence

In 2020, 31% of adults in Maine had obesity, and 35% were classified as overweight; in other words, more than two-thirds of Maine adults are either overweight or obese. These rates climb each year; indeed, the prevalence of obesity among adults increased almost 300% in the last 30 years, from 12% in 1990 to 31% in 2020. Obesity among children in Maine is also rising. High school obesity rates in the state have increased 50% over the last ten years from 10.2% in 2001 to 14.9% in 2019.¹ Obesity poses a serious threat to public health and economic productivity, including direct medical costs of \$450 million yearly. This legislation presents an opportunity to change the situation in Maine.

Obesity Prevention

Most people in the U.S. do not get enough physical activity or eat a sufficiently nutritious diet; other obesity-related factors, such as adverse child experiences and chronic stress, are also prevalent. Indeed, today's generation may be the first to live shorter, less productive, and less healthy lives than their parents.

The pandemic has shined a spotlight on physical inactivity with more emphasis on social isolation, and remote learning and working, which have contributed to increases in sedentary time. States, institutions, schools, communities, and early care can be part of the solution. Aligning Maine’s early care and K-12 nutrition and physical activity standards with national ones makes it easier to encourage healthier behaviors.

To address obesity and associated chronic diseases we must address the growing number of adults and children that are not meeting recommended physical activity levels. Physical inactivity is indeed its own independent risk factor for obesity and associated chronic diseases. The latest [data](#) for Maine show that nearly 25% of the adults do not engage in regular physical activity.

We also see people of all ages consuming more calorie-dense but nutrient-poor foods and beverages; these also have implications for weight status. Indeed, just this month, the [Bipartisan Policy Center](#) published a report of recommendations for strengthening child nutrition programs. In the report, they include: “Strengthen nutrition in the school nutrition programs” and “Support investments in kitchen equipment and infrastructure through loans or grants that help schools meet or exceed nutrition standards and provide appealing and culturally relevant meals to students.” Both recommendations are in LD 1693.

We believe the recommendations in the bill to provide funding for an obesity care coordinator and obesity prevention programming at Maine CDC, and to align K-12 nutrition and physical activity standards with national ones – for all schools – will improve the health and wellbeing of people in Maine. We support the amendment to establish an Obesity Advisory Council, which can help guide and inform state-level efforts to address obesity in Maine.

We also support establishing and funding the Office of Population Health Equity, recognizing the disproportionate risk for developing – and lacking quality treatment for – obesity among already vulnerable populations.

We believe the provisions in this bill will significantly strengthen capacity in Maine to reduce the prevalence and consequences of overweight and obesity among children and adults. For these reasons, Maine AAP respectfully requests you vote LD 1693 “Ought to Pass.” Thank you for your consideration.



Deborah Hagler, MD, MPH, FAAP
President

ⁱ U.S. Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. 2017. [Behavioral Risk Factor Surveillance System \(BRFSS\) Prevalence & Trends Data](#).