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Testimony of Abraham Jelin, MD FAAP before the New York State Senate Committee on Health January 22, 2010

Good Morning Senator Duane and members of the Senate Health Committee. Thank you for this opportunity to speak with you about public policy choices that have the potential to help reverse the current obesity epidemic affecting the children of New York. My name is Abraham Jelin. I am the Associate Chairman of Pediatrics and the Chief of Pediatric Gastroenterology at the Brooklyn Hospital Center. I am also the President of NY Chapter 2 of the American Academy of Pediatrics which includes Kings, Queens, Nassau and Suffolk counties. But today I am speaking for District II of the AAP which represents more than 5000 pediatricians practicing across the whole state.. The mission of the AAP is the attainment of "optimal physical, mental and social health and well being of all infants, children, adolescents and young adults." In the context of today's hearing I would expand our concern to insuring the health of adults too since adults are the parents and grandparents of our patients and our patients depend on healthy parents to raise them and healthy grandparents to spoil them.

Before going further I would like to recognize that the Governor has included an excise tax on sugar sweetened beverages in the budget. The funds realized from that tax would not only discourage the consumption of these beverages and thus in the long run save money by decreasing obesity related morbidity and mortality but would also provide current funding for needed health care initiatives in a very tight budget environment. The AAP supports this tax and encourages you in the Senate to support it also.

The AAP enthusiastically supports all three of the state policy initiatives this hearing is exploring. There is no question that calorie labeling, banning trans-fat and imposing a soda and sweetened beverage tax will have a positive impact on the health of all New Yorkers, especially children. During the course of this hearing you will hear in detail about the epidemic of obesity that we face. You will hear that the incidence of overweight children has risen at an unprecedented rate and that the staggering costs resulting from the preventable health needs of these overweight children could easily bankrupt the health care system. You will hear data that points to soda and sugar sweetened beverages as principal contributors to the obesity epidemic and that taxing those beverages will decrease the amount consumed by individuals and so ameliorate the obesity epidemic. In addition you will hear that such taxes will generate substantial revenue that could be directed towards public health programs which would promote healthier eating habits.

You will hear how menu labeling in chain restaurants will educate the public and hopefully result in their consuming fewer calories when they eat out. You will also hear that those restaurants will alter their menu offerings by lowering their caloric content when they are mandated to prominently display the caloric content of their food. There was an article in the Wall Street Journal just this morning reporting this that this phenomenon is already occurring. You will also hear that exclusion of trans fats from the diet will promote cardiac health.

We believe that the current public health measures under consideration are essential and assure you that the AAP endorses them. But I would like to offer a different perspective on childhood obesity.

The pediatricians I represent are on the front lines battling this epidemic on a case by case basis. It is a frustrating and often unsuccessful effort. We know the advice to offer our patients. We can prescribe diets and recommend exercise programs, but we do not know how to motivate them to change their eating behavior and their level of physical activity. Sure, there are individual programs that may work on a small scale but they are not available or affordable to most of the children who need them. Even those who can afford them often refuse to participate. We desperately need the kind of societal changes that these three public health/public policy initiatives offer because only by changing the total environment will we, as pediatricians, be able to effect meaningful changes in the day to day behavior of our patients.. The AAP has asserted in a recent policy statement "Prevention of overweight is critical because long term outcome data for successful treatment results are limited." These initiatives are such preventive measures.

Let me give you an example of the problems that we as pediatricians face every day. As I mentioned earlier I am a pediatric gastroenterologist and as such take care of children with intestinal and liver problems. You often hear about diabetes, high blood pressure, joint problems and psychological issues that are caused by obesity but you do not hear about the liver disease related to obesity. The most common cause of chronic liver disease in my practice is called non alcoholic fatty liver disease. This condition occurs in overweight often pre-diabetic children. It can be recognized by fatty infiltration of the liver seen on a sonogram. But often and more ominously it is associated with inflammation of the liver and that inflammation can result in scarring and finally cirrhosis. In fact, after alcoholic liver disease this may be one of the most common causes of cirrhosis and subsequent liver failure in adults but it starts in childhood.

About two years ago, I was asked to consult on a ten year old girl because she had abnormal liver tests when her pediatrician ordered routine screening blood work. She had no family history of liver disease but both parents had diabetes. She was obese and I felt that she had non alcoholic fatty liver disease. I was more worried about her than the typical patient I see with this disorder because her liver tests were ten times higher than normal rather than the typical pattern which is only about one and a half times normal. I did a complete evaluation on her to rule out infectious, metabolic and autoimmune causes of liver disease. These tests were all normal. A sonogram confirmed that she had a fatty liver. I recommended a diet and exercise regimen for her. I had her seen by a nutritionist. Despite these interventions she was not compliant with my recommendations and so she continued to gain weight and there was no improvement in her liver chemistries. I performed a liver biopsy on her and she had

evidence of scarring and early cirrhosis. I escalated my efforts to engage her in a treatment regimen but was unsuccessful. I saw her most recently last month and she continues to gain weight. She epitomizes the difficulty in treating children with obesity even when the parents are motivated which often they are not. Her case reinforces the need for preventive public health measures like those being considered today.

Defenders of the beverage and the restaurant industries will assert that they are not to blame and that they are being unfairly singled out as villains in the obesity epidemic. They will further assert that the etiology of obesity is multifactorial and addressing only one potential cause will not reverse the trends. We certainly agree that there is no one cause of this epidemic but because this is so we must identify and address each and every contributing factor if we are going to make progress. We need public policy initiatives like those being considered today that will make our children's environment more conducive to healthy lifestyles. Passing these initiatives will make it clear that our state leaders are partners with pediatricians, parents and others who care about children's health in our struggle against obesity. We need to discourage unhealthy food choices that contribute to obesity and encourage healthy choices and healthy lifestyles. We cannot do this alone. We need your help.

Prevention is truly the hallmark of pediatric practice. Immunizations prevent infectious diseases. Anticipatory guidance prevents childhood injury. Fluoride treatment prevents dental caries. Preventing obesity is a similar goal.

We do not believe that a soda tax, mandated menu labeling or the prohibition of trans fats will by themselves reverse the obesity epidemic. But we do believe that they have the potential, to make a difference in the choices parents and older children make. We also believe that doing nothing is not an option.

Our tools to induce those children who are already too fat to lose weight are limited. We desperately need all possible resources to prevent children from becoming too fat in the first place. We have an obligation to address the obesity problem at every level before the current crisis becomes a catastrophe. We urge you to propose and pass all three of these policy initiatives this year. And, we stand ready to help and support your efforts to reduce childhood obesity in all ways that we can. And I'll give you fair warning we'll be back with other ideas because these are just the first steps we in New York need to take to reverse the current dangerous trends.

Thank you