Good Morning Chair Frank and Committee Members,

My name is Dr. Ryan Lowery, and I am a pediatrician practicing here in Austin. I am here today testifying on behalf of the Texas Pediatric Society, the American Heart Association, the Texas Public Health Coalition and the Partnership for a Healthy Texas. Together these associations and coalitions represent more than 50 health care organizations dedicated to improving the health outcomes of our youngest Texans. As a medical professional, I appreciate the opportunity to testify in firm support of HB 3541.

The Burden of Obesity in Texas

Obesity is a major public health crisis in Texas. Texas has the 7th highest obesity rate for youth ages 10-17 and the 14th highest adult obesity rate in the U.S. In Texas, Hispanic and African American children have nearly twice the rate of obesity compared to non-Hispanic white children. Obesity is associated with increased lifetime risks for adverse health outcomes, including diabetes, heart disease, asthma, and high blood pressure. Sixty percent of children who are overweight at age 5 to 10 already have one or more risk factor for diabetes or heart disease. I am now beginning to diagnose Type 2 diabetes in children as young as 8 years of age. Texas is in the middle of a health crisis beginning early in our children’s lives.

SNAP Incentive Programs

It is well established that the consumption of fresh fruits and vegetables is associated with a reduced incidence of obesity and diet-related chronic diseases. Unfortunately, unhealthy processed foods are frequently less expensive than fruits and vegetables. SNAP incentive programs can help make healthy foods more affordable for SNAP beneficiaries by increasing their purchasing power to buy fresh fruits and vegetables, which can improve diets, reduce
chronic diseases like heart disease and diabetes, and reduce long-term health care costs to Texas taxpayers.

In Texas, more than half of SNAP beneficiaries are children. Helping children develop healthy eating habits at an early age is critical to ensuring they maintain a healthy weight throughout their childhood and into adulthood. Unfortunately, low-income children are disproportionately impacted by obesity. About 15 percent of two-to-four-year olds from low-income families in Texas have obesity, a rate that exceeds the national average for this group. The SNAP program serves low-income families that are at higher risk for obesity and diet-related chronic disease, which is why I support SNAP incentive programs as an effective model to increase the availability of fresh fruits and vegetables in the SNAP program and improve the diets of SNAP beneficiaries.

Thank you for the opportunity to testify in support of HB 3541.

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2 School Physical Activity and Nutrition (SPAN) Project. Michael & Susan Dell Center for Healthy Living. SPAN project details available online at go.uth.edu/SPAN. 
5 The State of Obesity: Obesity Among WIC Participants Age 2-4. Project of the Trust for America’s Health and the Robert wood Johnson Foundation (Nov. 2016) Available at: stateofobesity.org/wi/