THE COOPER INSTITUTE

Texas Youth Fitness Evaluation Project

During the past 30 years, a major obesity problem has developed in the United States. In 2005, it was estimated that more than 65% of American adults were overweight, with almost 35% being obese. Not only has there been an epidemic of obesity among adults, but equally as important is the obesity in our children. As you can see on page 1 in the following materials, from 1963 until 2000 there was almost a quadrupling of children in the U.S. who are overweight. This represents the top five percentile of obese children. If you consider the top fifteenth percentile (and those are children who will very likely become obese as adults), the numbers double. In other words, in the year 2000 at least 30% of children 6 to 19 years of age were obese or bordering on being obese, and in the last 6 years that number has continued to increase (page 2). It has been reported in some areas of South Texas that the overweight and obesity among children is now approaching 42%. Along with the increase in body weight is an alarming increase in adult-onset diabetes (type 2) in children. In fact, it has been predicted that for every child born after the year 2000, one out of three Caucasians and two out of three Hispanic or African Americans will become diabetic. If a child develops type 2 diabetes before the age of 14, it is estimated that their lives may be shortened by as much as 17-27 years, meaning this may be the first generation in which the parents outlive their children.

Associated with the problem of obesity is the lack of physical activity. As you will notice in the third page of the following materials (entitled "One-Third of U.S. Youth Not Physically Fit"), if children are not physically fit, they tend to have more high blood pressure, high cholesterol levels, and other risk factors for chronic diseases. This represents a significant public health problem because low physical fitness during adolescence tends to track into adulthood, and adults who are less physically active are at a substantially increased risk for chronic disease morbidity (illness) and mortality (death), as stated in the October 2006 issue of the *Archives of Pediatrics & Adolescent Medicine*.

Another problem is the relationship between inactivity and obesity and academic achievement. In both 2001 and 2004, studies conducted in California compared academic achievement (the Stanford Achievement Test, Ninth Edition) with the *FITNESS*GRAM health-related fitness test. The *FITNESS*GRAM was developed by The Cooper Institute in 1982 and has undergone regular revisions and changes as scientific data indicated the need over the past 24 years. In 2005, more than 8 million children were tested using the *FITNESS*GRAM, a test that evaluates fitness performance based on Healthy Fitness Zone standards that indicate levels of fitness necessary for health. Since 1994, the American Alliance of Health, Physical Education, Recreation and Dance has endorsed *FITNESS*GRAM as the desired fitness test to be used in schools. It measures six variables, all directly related to health and functional fitness. Aerobic capacity is measured by the PACER (progressive shuttle run), a 1-mile run, or a 1-mile walk test. The recommended measure of body composition is percent body fat calculated from skinfold measures or bioelectric impedance. Body fatness is a more accurate measure of an individual's body composition than is body mass index. The remaining tests include abdominal strength and endurance, trunk strength and flexibility, upper body strength and endurance, and overall flexibility, listed on pages 4 and 5.

Using the *FITNESS*GRAM measure of functional fitness and comparing with the Stanford Academic Achievement Test, 353,000 5th graders were evaluated comparing reading and mathematics scores with fitness. As you can see on page 6, there was a direct correlation between the numbers in the test which could be passed physically and academic achievement in 353,000 students. You will notice the same type of relationship between the fitness standards achieved and scores in reading and mathematics in 7th graders (page 7) and 9th graders (page 8). There were nearly 1 million students taking this test in 2001, as reported to the California Department of Education, December 2002.

The study was repeated in 2004 comparing the *FITNESS*GRAM standards with the California Standard Achievement Test in Math and English-Language Arts. In this study (pages 9 and 10), grades 5, 7, and 9 were combined and showed exactly the same relationship as in the 2001 study. Now as you will see on pages 11 and 12, if 5th grade students only were evaluated, the same relationships as seen previously were observed unless socioeconomic status was considered as indicated by participation in the national school lunch program. These students are unable to pay for their lunches and are subsidized by the government. The reason for this marked difference in performance as a result of socioeconomic status is unknown. Is it the environment in which the children are being raised, or is it related to the type of food these children are consuming at lunch?

In California, they continue to regularly evaluate students in grade 5, 7, and 9 and reported recently that in testing 1.3 million students in 2006, only 25% could pass all six of the *FITNESS*GRAM tests, and 43% of students could not walk or run 1 mile in the allowed time. But are they doing anything about it? Yes! The state budget for 2006 includes $40 million for gym teachers and $500 million for fitness supplies and PE teacher training (page 13). Their state superintendent of public instruction, Jack O'Connell, said this, "These numbers tell us that too many of our students are leading sedentary lives, exacerbated by poor eating habits. This is a destructive trend that has resulted in an epidemic of childhood obesity and must be reversed."

Another interesting study involved the Woodland Elementary School in Kansas City, Missouri. They evaluated 4th and 5th graders in fall 2005 and then reevaluated them in spring 2006. The only difference was they changed their PE programs from 50 minutes 1 day a week to 45 minutes 5 days a week. In every one of the *FITNESS*GRAM tests, there was dramatic improvement including 207% improvement in cardiovascular fitness and 433% improvement in strength (page 14). Even more remarkable was the 59% reduction in discipline incidents involving violence and there was a 67% reduction in behavior resulting in out-of-school suspension days (page 15). You will notice a statement (page 16) from Craig Rupert, Principal at Woodland Elementary Schools, stating that the most impressive result according to his evaluation was that "discipline issues are way down."

On page 17, you will see the results of a study published August 2006 in the *Journal of Pediatrics*. It looked at early onset obesity and its effect on IQ, comparing children and adults with the Prader-Willi Syndrome with normal siblings. The Prader-Willi Syndrome is a genetic defect in which children become morbidly obese before they are 5 years of age unless drastic methods are taken. They documented in both children and adults an IQ score of only 63. Then they compared siblings in the same family (as children and adults) in

which one child was 150% of ideal weight before age 4. As a child and in early adulthood, they had an IQ of 78, whereas normal weight siblings as children and adults had an IQ of 106. An IQ of 106 is considered to be normal whereas the other IQs are abnormal. The theory from this study is that children who are both obese and inactive before 5 years of age do not have normal brain development. Even more remarkable in this study (page 18) was the discovery of a link between marked obesity in toddlers and lower IQ score, cognitive delays, and brain lesions similar to those seen in Alzheimer's disease patients.

In Texas, we have one of the worse obesity problems in the United States. Of men in Texas, 31% are obese, ranking us number one in America. The average life expectancy of Texans ranks us number 30 amongst all states. Of the top 10 fattest cities in the U.S., four of them are in Texas (Houston, Dallas, San Antonio, and El Paso). As mentioned previously, the children in the lower Rio Grande Valley have the greatest incidence of obesity and type 2 diabetes of any group in the state. Also, a study of the elementary children in Starr County found that over one-half were overweight.

If we are going to gain control of this obesity problem in Texas, it must begin with our youth. The long-term success in adults in losing weight and keeping it off is minimal (unless they have bariatric surgery, which is now being considered and even being performed in children without good data on the long-term effects on growth and maturation). But if we can keep our children at no more than 25-30% overweight as they become adults, this will be a major step in the proper direction.

The reasons for obesity in American children and particularly in children in Texas are as follows:

1. No mandatory PE program K-12 in this state. In fact, only one state requires physical education K-12 and that is the state of Illinois.
2. Children are no longer walking or riding their bicycles to school. They are being carried by bus, car pool, or driving their own cars.
3. It is estimated that 4-6 hours per day is spent by American youth watching television, playing video games, or sitting at a computer.
4. 49 million Americans eat at fast food restaurants every day and the majority are children.

To overcome this devastating trend, we are proposing a testing of youth to evaluate their fitness, academic achievements, absenteeism, obesity, discipline problems, and relationship with food services in the schools, including breakfast and lunch programs and the use of vending machines. The goal is to test every student K-12 in the fall of 2007. This is Phase I. In the fall of 2008 Phase II will begin, which includes not only *FITNESS*GRAM testing at the beginning of the school year, but a required health and physical education program concluding in the spring of 2009. Phase III will be the final *FITNESS*GRAM evaluation, at which time the students will be reevaluated and comparisons will be made with those topics mentioned above (page 19). If the study results in awareness of the terrible lack of fitness and marked obesity in relationship to the variables mentioned in this report, hopefully it will shock and then motivate the people in Texas to bring back mandatory PE and health programs for all students. If this happens, it is our hope that the wellness movement in

Texas will spread across this country, helping to improve the health and longevity of all Americans. On page 20, you will notice that approximately 4.2 million children are enrolled in Texas in grades K-12 in over 8000 public and private schools. The estimated cost of this project is approximately $8 million, which hopefully can be raised primarily from private funds, foundations, corporations, and individuals. The testing will again use the *FITNESS*GRAM and yet to be selected academic tests, and will have a very impressive list of sponsors, consultants, and advisors (page 21). The responsible organization will be The Cooper Institute, Dallas, Texas (page 22), a nonprofit 501(c)(3). This Institute has extensive experience performing studies and evaluating large groups and following them prospectively.

Beginning on page 23, you will see letters of endorsement for this project, including a letter of complete support from Governor Rick Perry, who is the honorary advisor for this project.

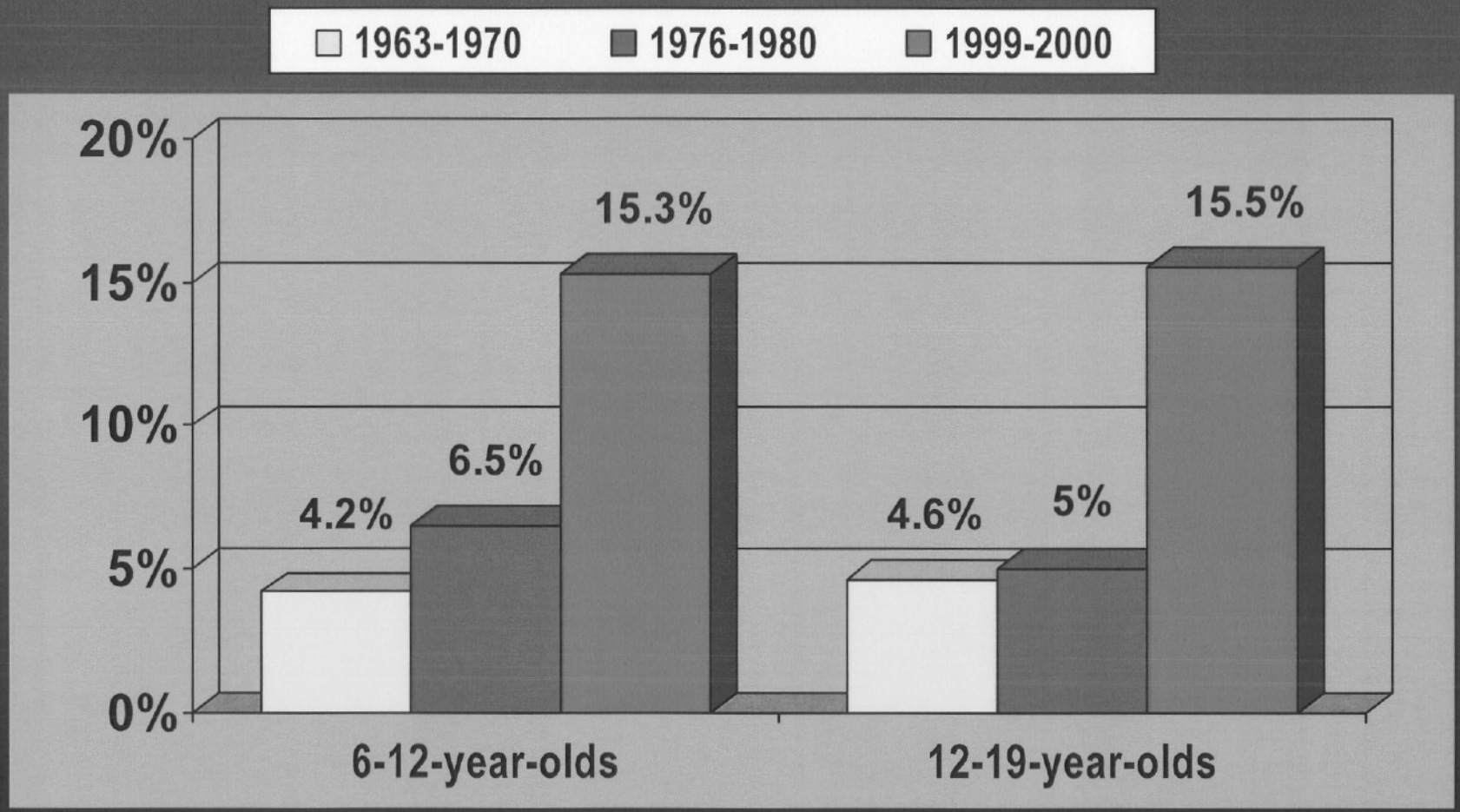
Commitments of support have been received from State Senators Craig Estes, Florence Shapiro, and Jane Nelson. In addition, we have received verbal support from U.S. Senators Kay Bailey Hutchison and John Cornyn.

Senator Nelson has had previous experience in this field (SB 19), which required a K-5 five-day-per-week, 30-minute PE program, which went into effect in September 2002. Unfortunately, there was very little compliance with this request in view of the need to increase test scores, and therefore replaced physical education with academic subjects.

Senator Jane Nelson will be the point person on this project and will be submitting a bill during the early days of the current legislative session (2007). Once it is approved, a major fundraising effort will begin to conduct this project with private funds.

Finally, my hope is that this project will not only shock and awaken the people in Texas to the critical situation we are facing in the future, but will spread to other states and even around the world. Two new words being discussed internationally are “globesity” and “diabesity,” and these problems are strictly the result of diet and inactivity.

Proportion of Overweight Children in the United States



Source: Centers for Disease Control and Prevention, 2003.

"… obesity rates for children 6 to 11 years old are estimated to have increased from 15.1 to 18.8 percent between 1999 and 2004. The Department of Health and Human Services estimates that 20 percent of children and youth in the United States will be obese by 2010.

" … According to one estimate, insured children treated for obesity are approximately three times more expensive for the health system than the average insured child."

— USGAO, "Childhood Obesity and Physical Activity," Dec. 6, 2006

One-Third Of U.S. Youth Not Physically Fit

October 3, 2006

Approximately one-third of boys and girls age 12 to 19 in the United States do not meet standards for physical fitness, according to a report in the October issue of *Archives of Pediatrics & Adolescent Medicine*.

Dr. Russell R. Pate, a researcher at the University of South Carolina's Arnold School of Public Health, led the study that also found that physically fit young people are less likely to have high blood pressure, high cholesterol levels or other risk factors for chronic diseases.

"Between the 1950s and the 1980s, regular surveys of youth physical fitness were conducted in the United States. An increasing proportion of children have become obese since the 1980s, which may be explained by a decrease in physical activity," Pate said.

"If so, it is likely that average physical fitness also has declined among youth in the same time period, since the last national survey."

Pate and colleagues from the Centers for Disease Control and Prevention and The Cooper Institute assessed the physical fitness of 3,287 youth ages 12 to 19 who participated in the government-conducted National Health and Nutrition Examination Survey between 1999 and 2002.

The participants were interviewed in their homes and then visited a mobile examination center, where they had a treadmill exercise test consisting of a two-minute warm-up, two three-minute periods of exercise and a two-minute cool-down.

During the test, researchers measured blood pressure, heart rate and rate of perceived exertion, determined by asking participants to rate how hard they feel their bodies are working. Heart rate readings during the three-minute periods of exercise were used to estimate maximal oxygen uptake (VO2max), which is the amount of oxygen consumed by the body during maximum exertion: Higher uptake levels mean an individual is more fit.

Estimated VO2max, and therefore physical fitness levels, were higher on average in males than in females and in youth of normal weight than those who were overweight. However, there were no differences across racial or ethnic groups.

Older males were more physically fit than younger males, while the opposite was true for females. Participants who reported more sedentary behavior, such as watching television or playing video games, and those who spent less time being physically active were more likely not to be physically fit.

"This represents a significant public health problem because low physical fitness during adolescence tends to track into adulthood, and adults who are less physically active are at a substantially increased risk for chronic disease morbidity (illness) and mortality (death)," the authors wrote in the study.

Because active youth tend to be more physically fit, experts recommend that physicians counsel children and parents about guidelines for physical activity, said Pate, who was the author of a recent report by the American Heart Association that called on schools to offer more physical education programs.

"This study is another indicator of the importance of physical activity in the lives of young people," Pate said. "Clearly, we must do more as a nation to support fitness among all youth."

FITNESSGRAM®

Report for Parents

Jane Jogger
Grade: 4 Age: 10
Cooper Institute Elementary School

Instructor: Linda Deetz

	Date	Height	Weight
Current:	09/16/2006	5' 1"	104 lbs
Past:	04/12/2006	5' 0"	100 lbs

People come in all shapes and sizes, but everyone can benefit from regular physical activity and a healthy level of physical fitness. The FITNESSGRAM fitness test battery evaluates five different parts of health-related fitness, including aerobic capacity, muscular strength, muscular endurance, flexibility, and body composition. Parents play an important role in shaping children's physical activity and dietary habits. This report will help you evaluate your child's current level of health-related fitness and help you identify ways to promote healthy lifestyles in your family.

AEROBIC CAPACITY

Aerobic capacity is a measure of the ability of the heart, lungs, and muscles to perform sustained physical activity. In general, the more your child exercises, the higher his or her aerobic capacity level will be. Aerobic capacity is measured with the PACER test, the one-mile run, or the walk test.
Importance: Good aerobic capacity can reduce risks of heart disease, stroke, and diabetes. Although generally not present in children, these diseases can begin during childhood and adolescence.

Healthy Fitness Zone for 10 year-old girls = 7 - 41 laps

MUSCLE STRENGTH, ENDURANCE, & FLEXIBILITY

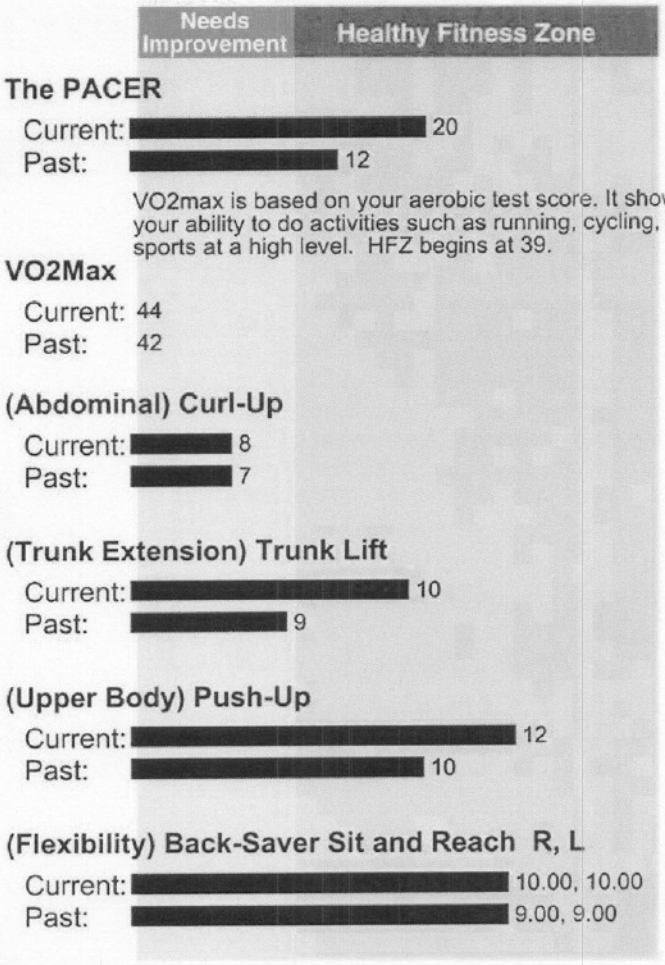
These components of health-related fitness measure the overall fitness of the musculoskeletal system. A variety of tests are used to assess these different components.
Importance: The fitness level of muscles is important for injury prevention and overall body function. Strength, endurance, and flexibility are important for maintaining good posture, low back health, and total body function.

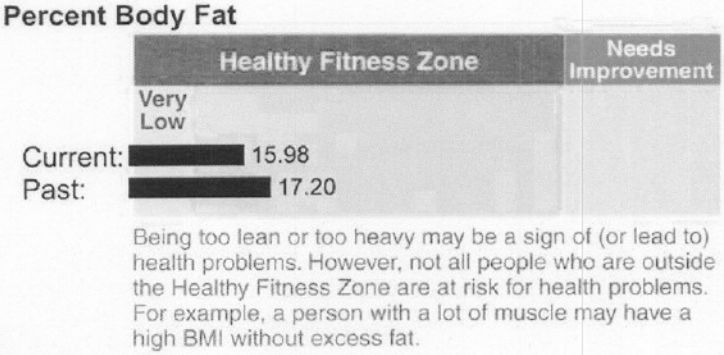
Healthy Fitness Zone for 10 year-old girls
Curl-Up = 12 - 26 repetitions
Trunk Lift = 9 - 12 inches
Push-Up = 7 - 15 repetitions
Back-Saver Sit and Reach =
At least 9 inches on R & L

BODY COMPOSITION

The body composition measure refers to the relative proportion of fat and lean tissue in the body. Body fat percentage can be estimated by skinfold calipers or other measuring devices. The Body mass index (BMI) is another indicator that determines if a person is at a healthy weight for his or her height.
Importance: Overweight youth are at high risk for being overweight adults. Adult obesity is associated with a number of chronic health problems. Many of these health problems can begin early in life. It is important to begin healthy eating and regular activity early.

Healthy Fitness Zone for 10 year-old girls = 13.00 - 32.00 %





INTERPRETING THE FITNESSGRAM REPORT

Health-related fitness includes a variety of factors. With regular physical activity most children will be able to score in the Healthy Fitness Zone for most of the tests. It is important for all children to be physically active every day (a total of 60 minutes is recommended) even if they are already fit. If your child is in the Needs Improvement area on a particular test, it is important to provide additional opportunities to be active so they can improve their levels of fitness.

Please refer to the back of the page for a description of the Healthy Fitness Zone and for tips on promoting physical activity in your family.

about FITNESSGRAM®

FITNESSGRAM PHILOSOPHY

H **HEALTH** comes from regular physical activity and the development of health-related fitness.

E Physical activity and fitness are for **EVERYONE** regardless of age, gender, or ability.

L Physical activity and physical fitness are for a **LIFETIME**. Aim to develop lifelong patterns of physical activity.

P Physical activity programs should be designed to meet **PERSONAL** needs and interests.

UNDERSTANDING THE HEALTHY FITNESS ZONE

A unique feature of FITNESSGRAM is that it uses scientifically determined standards that are based on how fit children should be for good health. Most children can achieve the health-related fitness standards if they perform sufficient amounts of physical activity on a regular basis. The standards are set specifically for boys and girls and take into account changes with age. Regular participation in aerobic physical activity, which involves sustained movement of large muscle groups, may help children improve their aerobic capacity and maintain healthy body composition. Regular muscular and flexibility exercise can help to improve strength and flexibility.

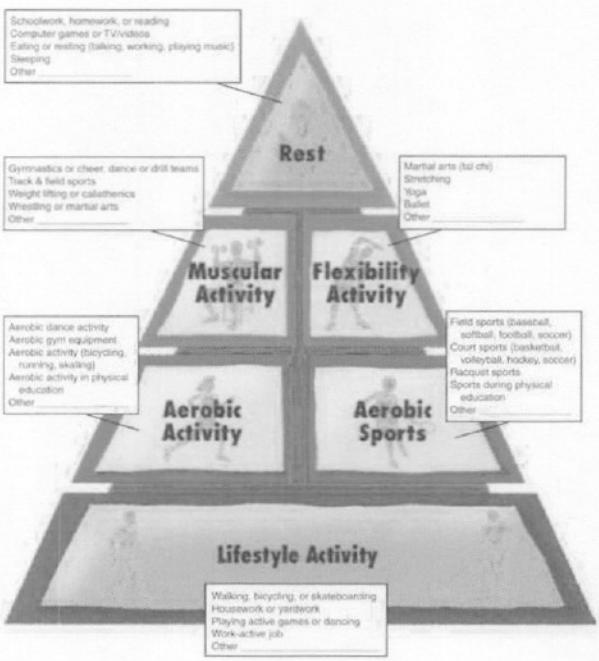
HOW CAN YOU HELP?

The FITNESSGRAM philosophy spells HELP because we need your help to promote physical activity and fitness for your child. If parents value physical activity and encourage their children to be active regularly, children are more likely to view physical activity as an important part of their daily lives. These tips may help you encourage your child to be active:

- Provide a safe play area for your child to play and opportunities to be active.
- Provide equipment and supplies that allow your child to be active.
- Put limits on television time and video game usage (especially right after school).
- Participate in physical activity with your child.
- Help your child develop good physical skills so that he or she can feel competent.

For additional information on the FITNESSGRAM *tests or to learn about how the Health Fitness Zones were established, visit the* FITNESSGRAM *Reference Guide at* **www.fitnessgram.net**.

THE PHYSICAL ACTIVITY PYRAMID FOR CHILDREN



The Physical Activity Pyramid provides a way of describing the variety of physical activities that contribute to good health. Children are encouraged to learn and perform activities from each of the first three levels of the pyramid.

- Level 1 of the pyramid includes lifestyle activities, or activities that can be done as part of daily living. Activities at this level include walking to school, riding a bike, raking leaves, cleaning house, and general outdoor play of all kinds. These types of activity are emphasized because people are more likely to do them throughout their lifetimes.
- As children grow older, they will be interested in activities at level 2, including aerobic sports and other aerobic activities.
- Activities in level 3 include flexibility and muscular fitness activities.

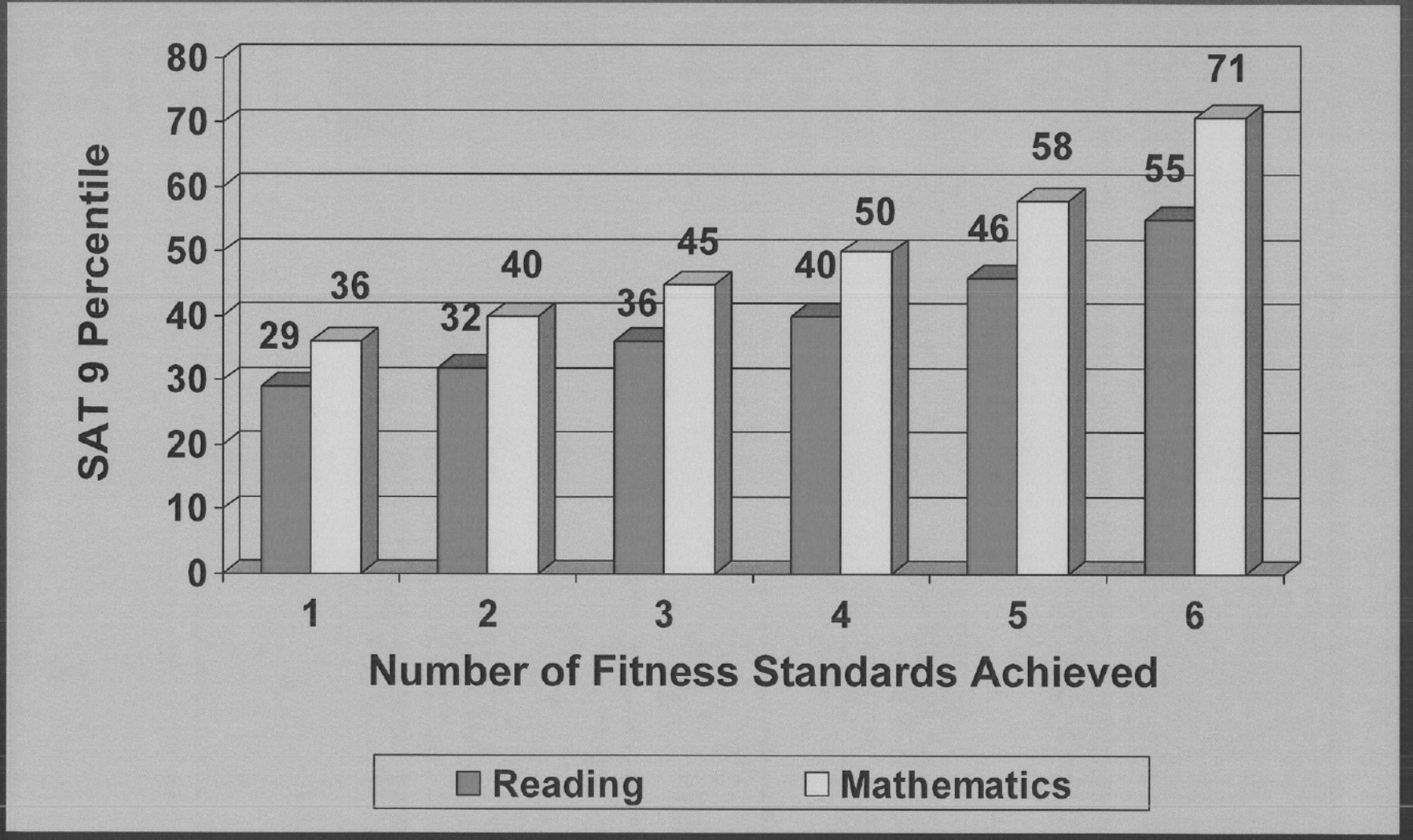
Children should be introduced to the level 2 and level 3 activities gradually and at a rate consistent with their skills, age, and level of maturation.

Long periods of inactivity are inappropriate for children. For this reason it is important that children have several play periods in the form of recess or physical education each day and that they have opportunities to be active before and after school.

FITNESSGRAM was developed by The Cooper Institute and is endorsed by the National Association for Sport and Physical Education. For information, go to www.fitnessgram.net.
Based in Dallas, The Cooper Institute (www.cooperinst.org) is a nonprofit research and education center dedicated to advancing the understanding of the relationship between living habits and health and to providing leadership in implementing these concepts to enhance the physical and emotional well-being of the individual.
FITNESSGRAM is published by Human Kinetics. FITNESSGRAM is a registered trademark of The Cooper Institute, Dallas, Texas.

2001 Grade 5 SAT 9 and Physical Fitness

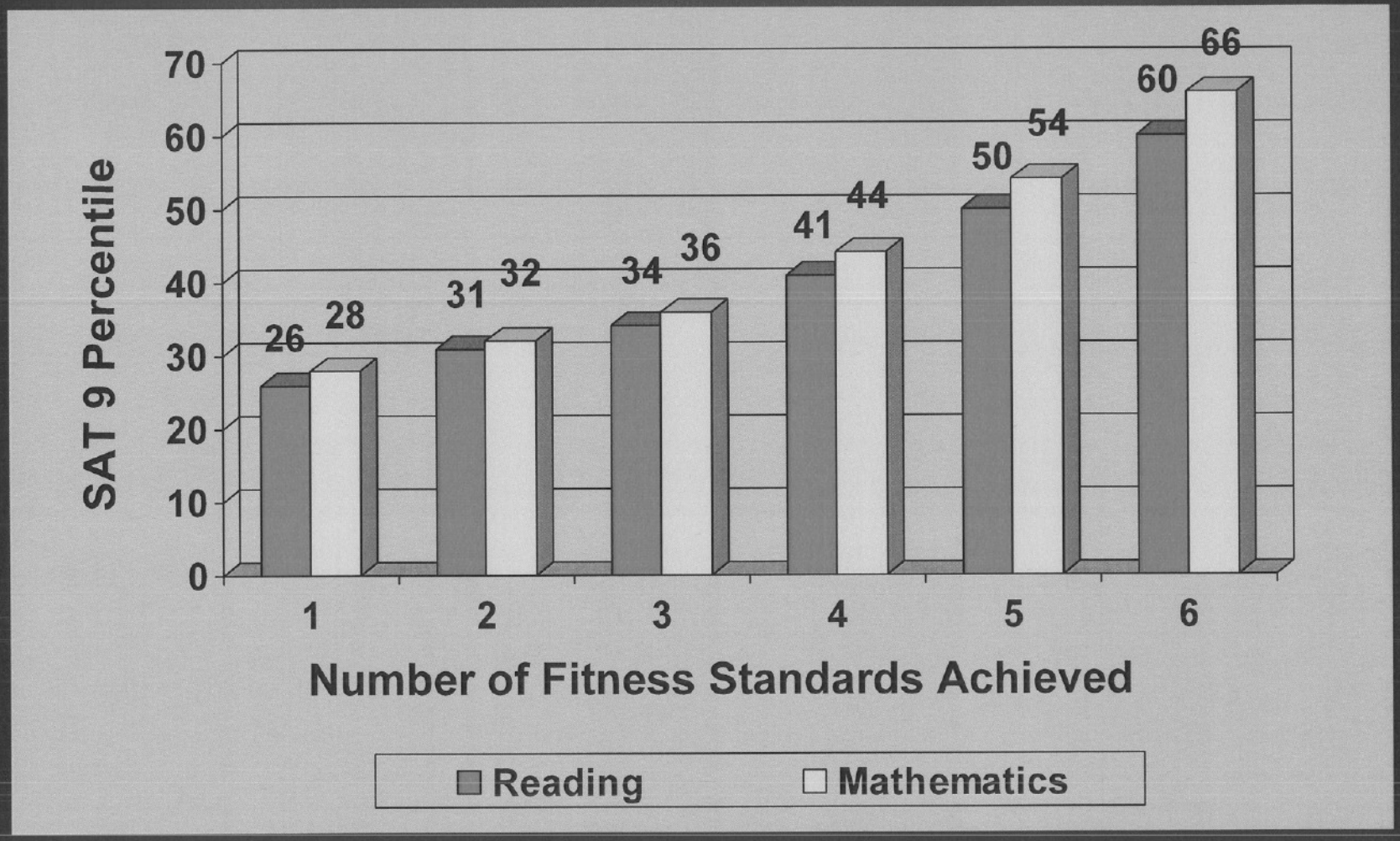
353,000 Students



Source: California Dept. of Education Study, December 10, 2002

2001 Grade 7 SAT 9 and Physical Fitness

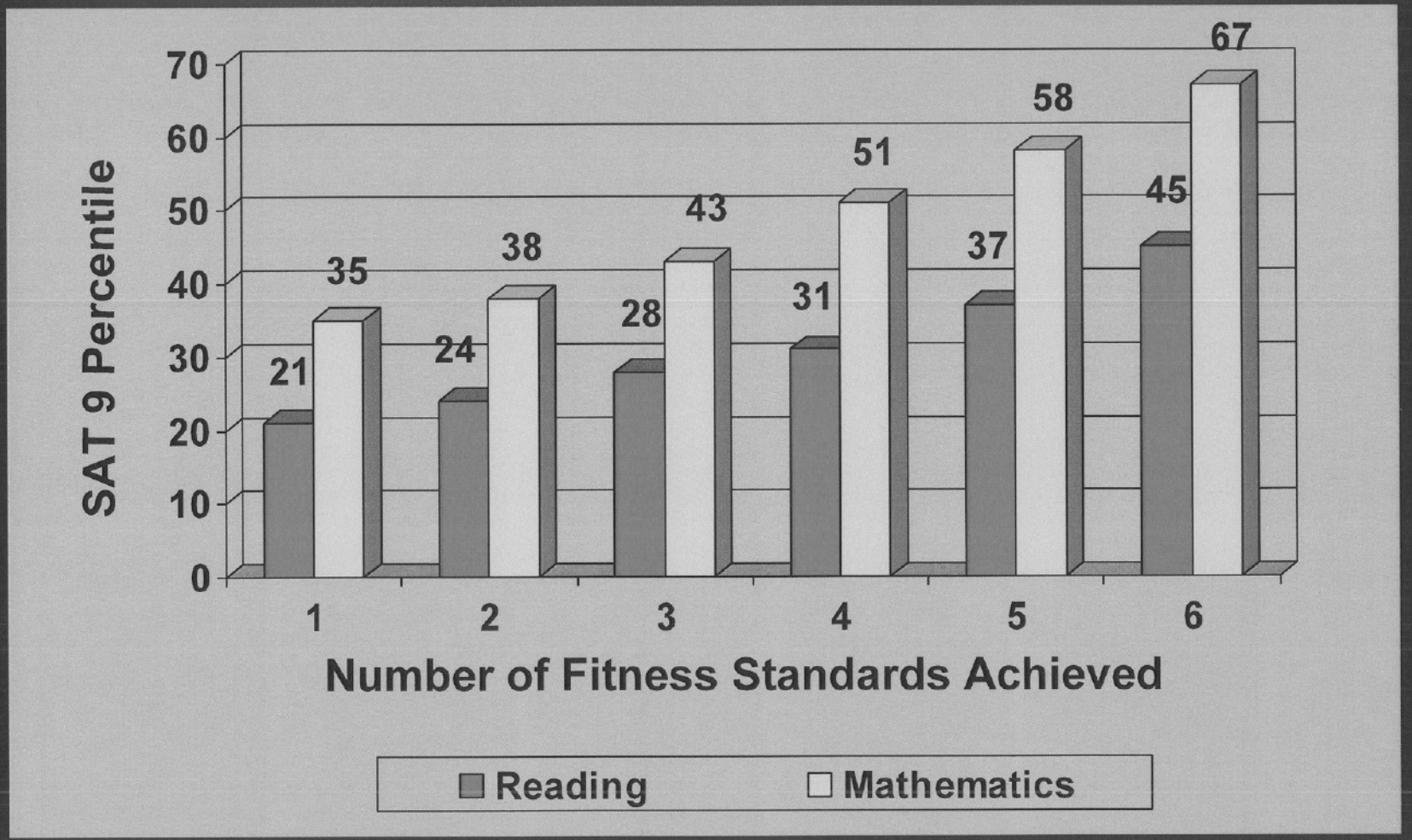
322,000 Students



Source: California Dept. of Education Study, December 10, 2002

2001 Grade 9 SAT 9 and Physical Fitness

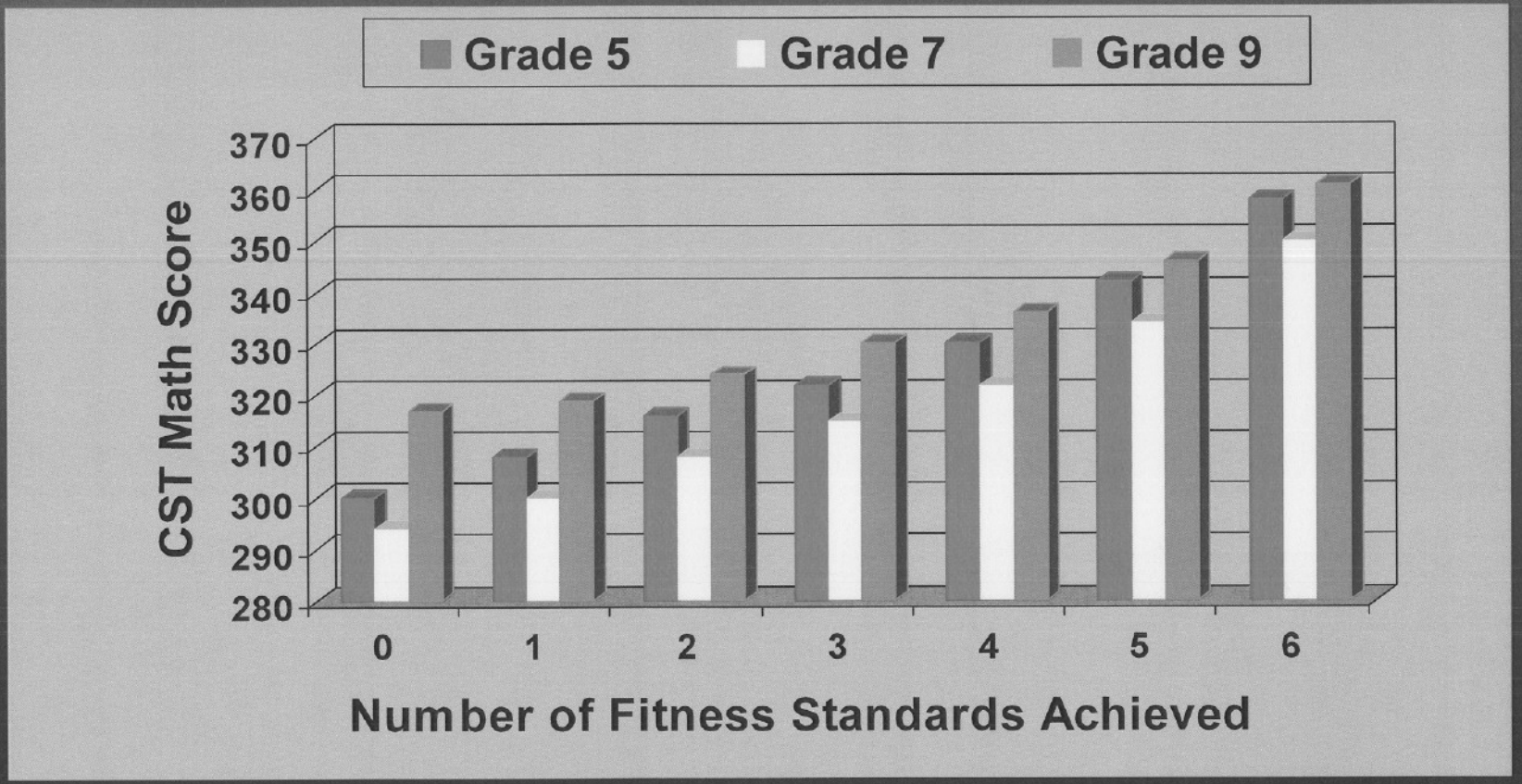
279,000 Students



Source: California Dept. of Education Study, December 10, 2002

2004 CST* Scores in Math by Number of Fitness Standards

Grade 5 – 371,198 Students
Grade 7 – 366,278 Students
Grade 9 – 63,028 Students**



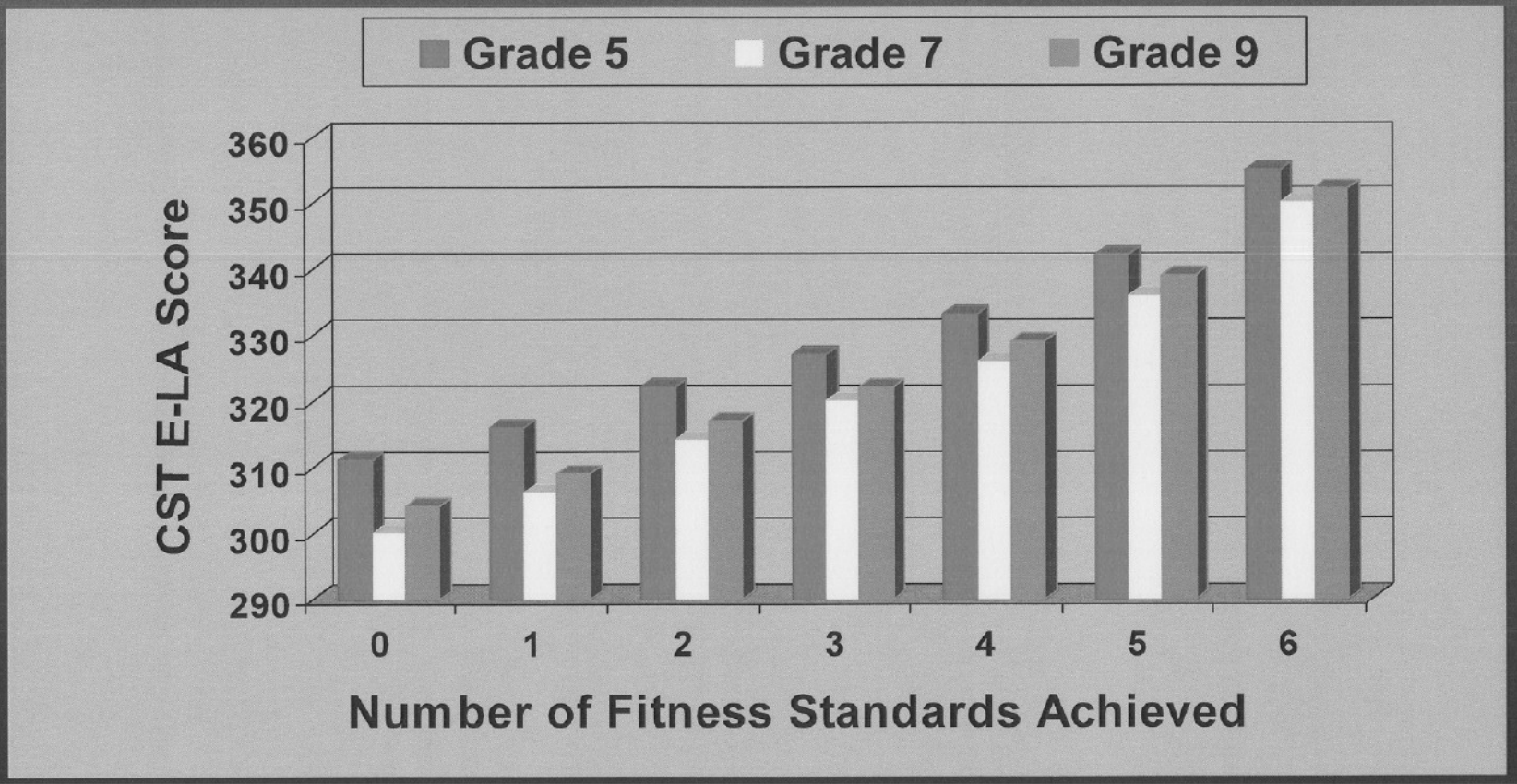
*California Standards Test

** Grade 9 Students who took CST geometry

Source: California Physical Fitness Test, 2004 Results, Calif. Dept. of Ed., April 2005

2004 CST* Scores in English-Language Arts by Number of Fitness Standards

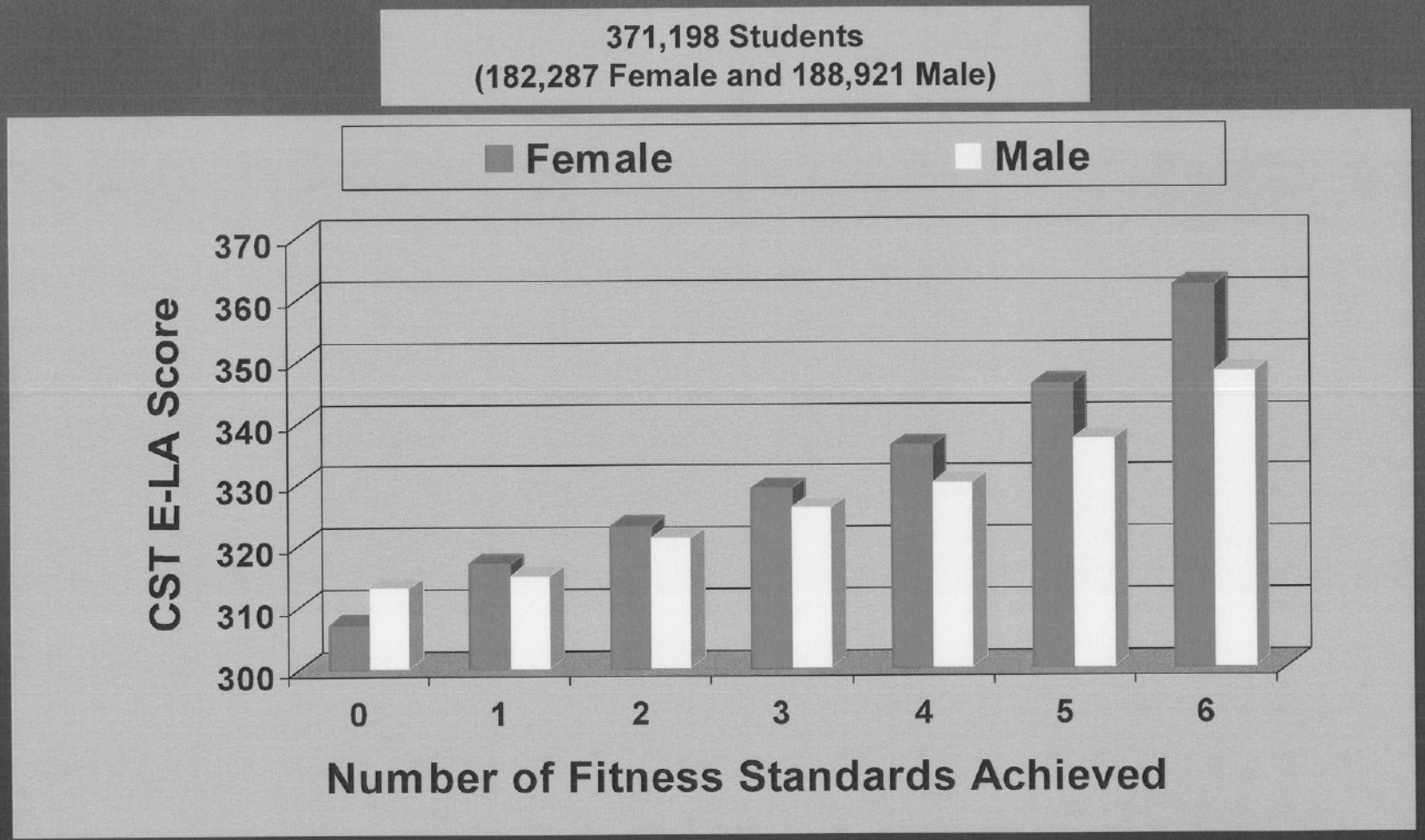
Grade 5 – 371,198 Students
Grade 7 – 366,278 Students
Grade 9 – 298,910 Students



*California Standards Test

Source: California Physical Fitness Test, 2004 Results, Calif. Dept. of Ed., April 2005

2004 CST* Scores in English-Language Arts in Grade 5 By Gender and Number of Fitness Standards



*California Standards Test

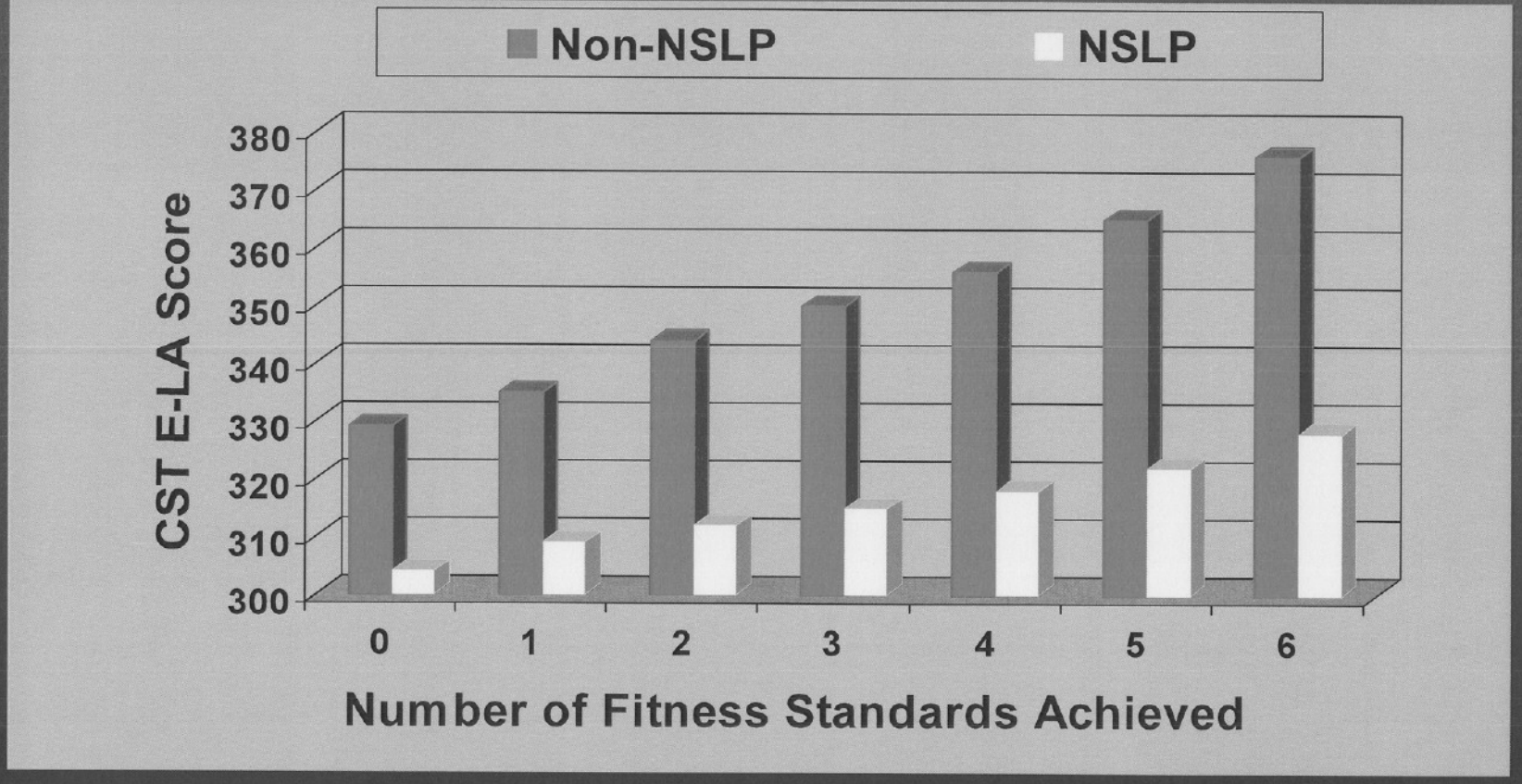
Results using math scores were consistent with those using English-Language Arts scores.

Results for seventh- and ninth-grade students were consistent with those for fifth graders.

Source: California Physical Fitness Test, 2004 Results, Calif. Dept. of Ed., April 2005

2004 CST* Scores in English-Language Arts in Grade 5 by Socioeconomic Status** and Number of Fitness Standards

371,198 Students (203,726 NSLP and 167,472 Non-NSLP)



*California Standards Test

**National School Lunch Program

Results using math scores were consistent with those using English-Language Arts scores.

Results for seventh- and ninth-grade students were consistent with those for fifth graders.

Source: California Physical Fitness Test, 2004 Results, Calif. Dept. of Ed., April 2005

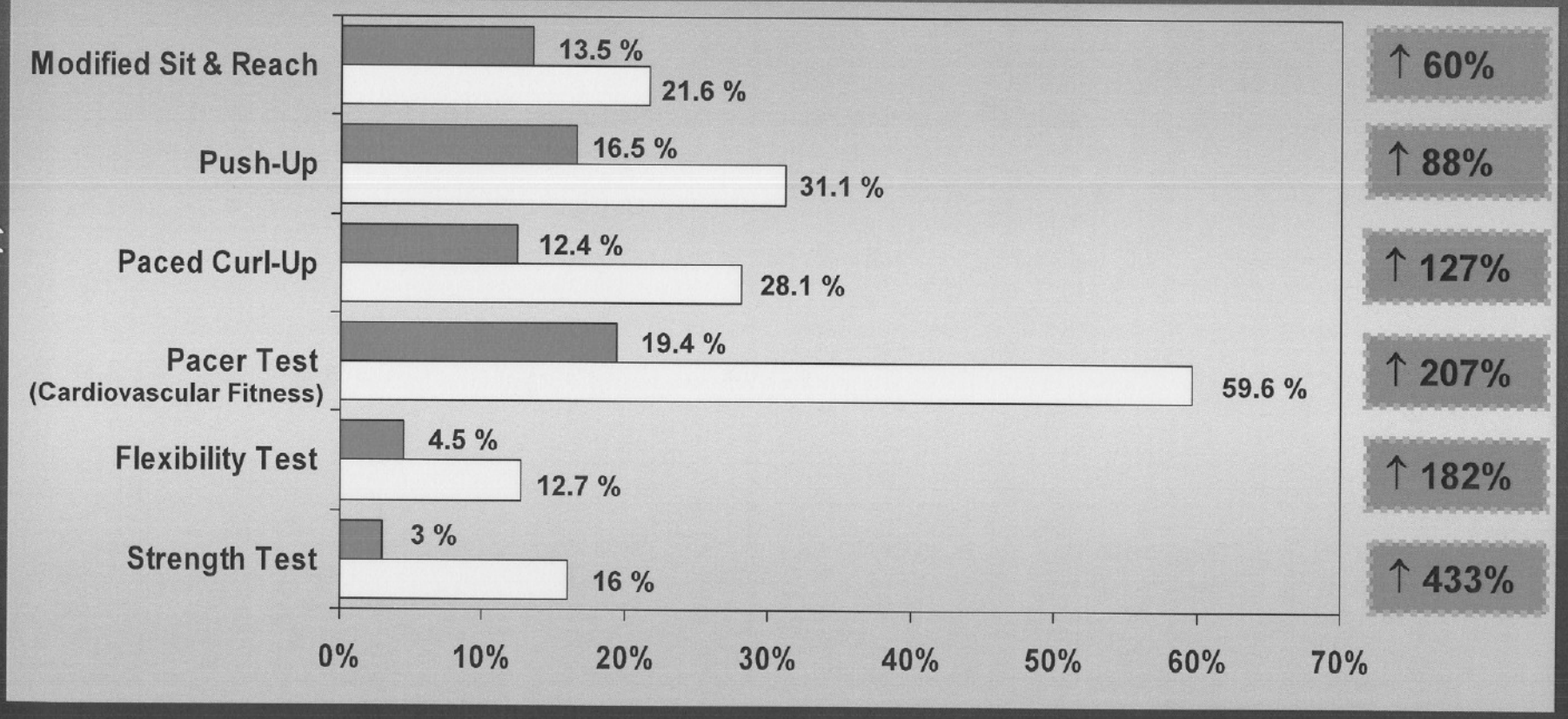
California annual Fitness Test (2006)

Results: Grades 5, 7 and 9 - 1.3 million students

- Only 25% of students could pass all six of the fitnessgram tests.
- 43% could not run or walk one mile in the allotted time.
- Budget 2006 allows an extra $40 million for physical education teachers
- $500 million for fitness supplies and physical education teacher training

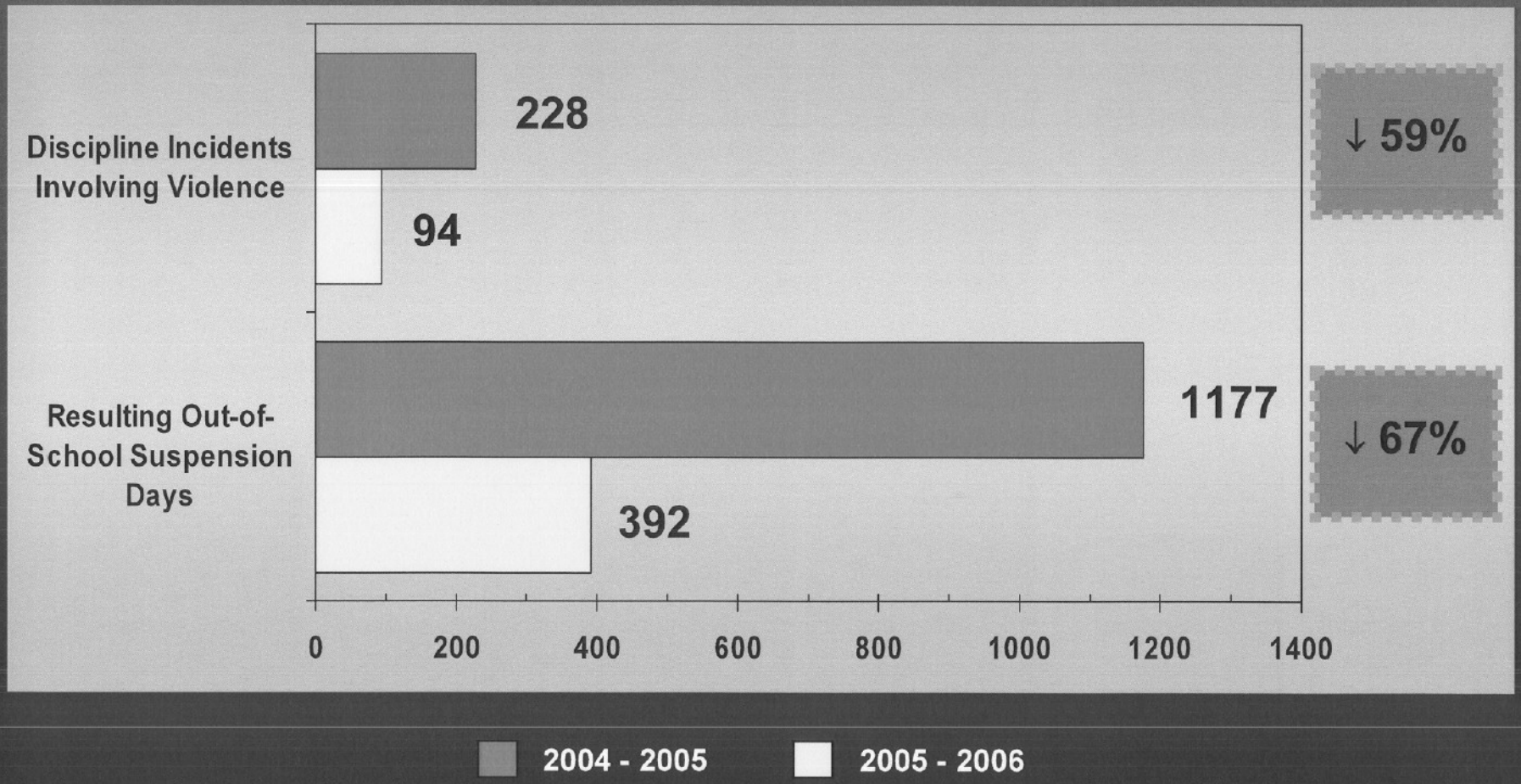
Fitnessgram Results:
Percentage of Students in Healthy Fitness Zone

Woodland Elementary School, Kansas City PSD #33
Fall 2005 – Spring 2006, Grades 4 and 5



Fitnessgram Results: Percent Reduction in Disciplinary Issues

Woodland Elementary School, Kansas City PSD #33
Fall 2005 – Spring 2006, Grades 4 and 5

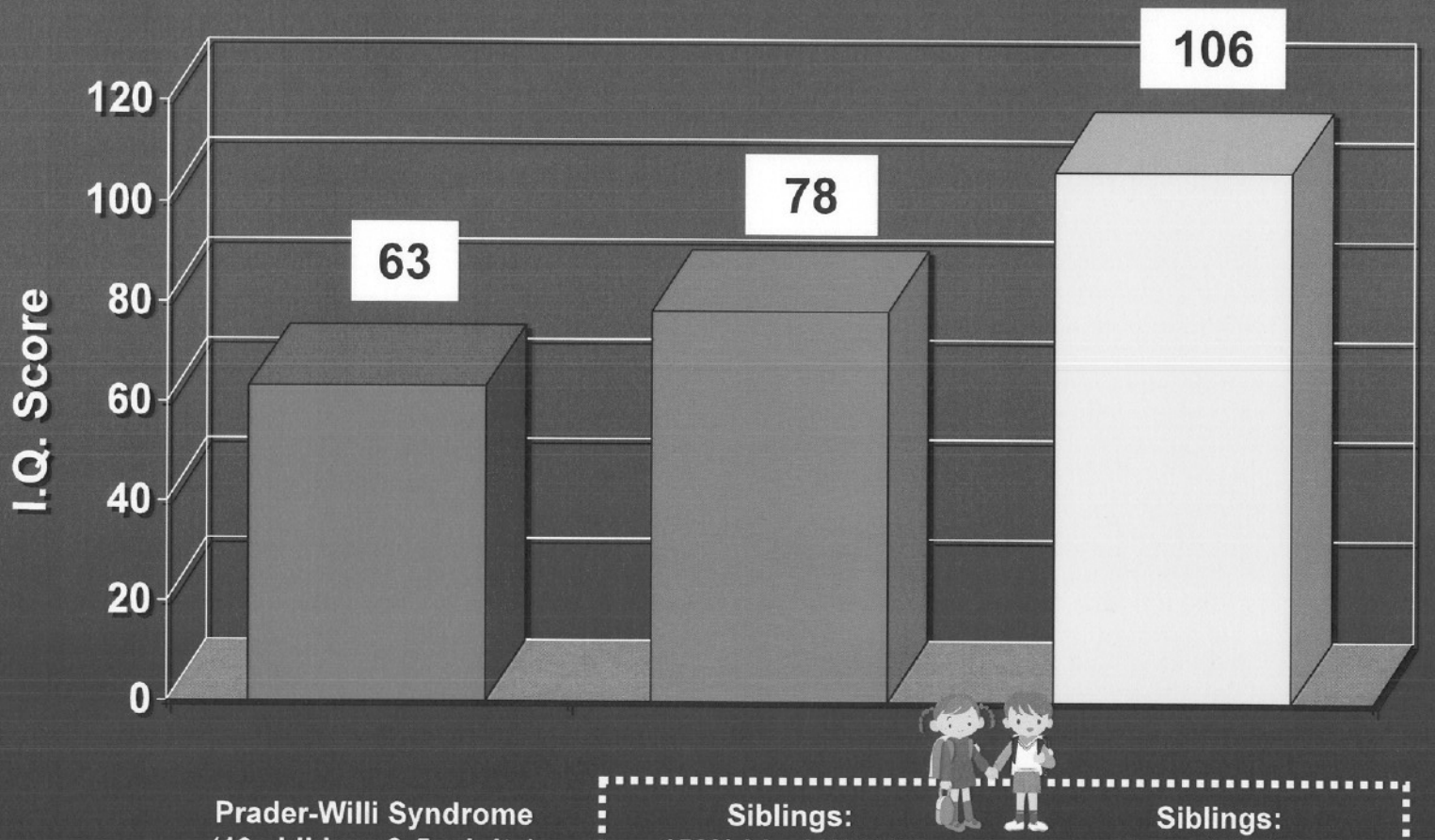


Results

"PE4Life has had a tremendous influence on the lives of our students. It's not just the increased levels of fitness we are seeing in our kids which has everyone excited. Students are also more motivated throughout the day, their enthusiasm is way up, and discipline issues are way down."

— Craig Rupert
(Principal, Woodland Elementary School)

Early-Onset Obesity and Its Effect on I.Q.



Source: Miller, et al, J of Ped, Vol. 149, Issue 2, Aug 2006, 192-198.e3

"… discovered a link between marked obesity in toddlers and lower IQ scores, cognitive delays, and brain lesions similar to those seen in Alzheimer's disease patients."

Source: Miller, et al, J of Ped, Vol. 149, Issue 2, Aug 2006, 192-198.e3

Proposed Fitness Testing of Texas Youth

Goals

- To start a fitness and wellness movement in Texas which will spread across the country, ultimately improving the health and longevity of all Americans.
- To evaluate the level of fitness and determine the amount of obesity of all students in Texas, grades K-12.
- To compare fitness level with academic achievement, absenteeism, obesity, discipline problems, and school lunch programs.
- To implement a mandatory Physical Education program for one school year in all Texas schools.
- To then re-evaluate these students and repeat the above comparisons to monitor the effectiveness or lack of effectiveness of this program.

Proposed Fitness Testing of Texas Youth

Participants

- Public and private schools – 8000
- Students, grades K-12 – approximately 4.2 million

Funding

- Approximately $8,200,000
- Private (to be raised from foundations, corporations, and individuals)

Testing

- Fitnessgram and yet to be selected academic tests

Proposed Fitness Testing of Texas Youth

Sponsors

- Texas Education Agency (TEA)
- Texas Governor's Commission on Physical Fitness and Sports
- American Diabetes Association
- American Heart Association

Consultants and Advisors

- University of South Carolina
- Iowa State University
- PE4Life

Texas Governor Rick Perry has pledged his complete support

Responsible Organization

The Cooper Institute
Dallas, Texas
A nonprofit, 501(c)(3) organization

TEXAS EDUCATION AGENCY

1701 North Congress Ave.★ Austin, Texas 78701-1494 ★ 512/463-9734 ★ FAX: 512/463-9838 ★ http://www.tea.state.tx.us

Shirley J. Neeley, Ed.D.
Commissioner

January 23, 2007

Dr. Ken Cooper
The Cooper Aerobics Center
12200 Preston Road
Dallas, Texas 75230

Dear Dr. Cooper,

The Texas Education Agency and the entire Texas education community commend you for your strong commitment to children's health and fitness through the Texas Youth Fitness Evaluation Project. Your leadership in the Youth Fitness Evaluation Project ensures the success of this ground-breaking research effort. This project will assist in filling the void that exists beyond the range of current research into Texas' growing epidemic of childhood physical inactivity, obesity, and diabetes. Recent studies have cited children's expanding waistlines as a threat to quality of life and longevity.

Childhood Obesity is a serious problem. Research validates that childhood obesity can lead to diabetes, high blood pressure, coronary heart disease, and other chronic conditions. Interestingly, prior studies have linked physical activity to stronger academic achievement, increased concentration, improved math, reading, and writing scores, and improved student discipline!

The Youth Fitness Evaluation Project's ultimate goal is to ensure that Texas children are healthy, fit, and empowered for academic success. To meet this project's goal, the Texas Education Agency is pleased to offer our strong support. We look forward to collaborating in a meaningful way with The Cooper Institute, other state organizations and interested parties involved in this important, life-changing project.

The Texas Education Agency greatly appreciates your leadership in the Youth Fitness Evaluation Project, and I look forward to working with you personally on the project. You are an inspiration to me!

Best Regards,

Shirley J. Neeley
Commissioner of Education
Texas Education Agency

"Good, Better, Best–never let it rest–until your good is better–and your better is BEST!"

12200 Preston Road
Dallas, TX 75230

Re: Texas Youth Fitness Evaluation Program

Dear Dr. Cooper,

It is my pleasure to endorse the Texas Youth Fitness Evaluation Program, which addresses the epidemic of childhood obesity in the State of Texas. With nearly 2 million Texans suffering from the dread effects of diabetes, including blindness, lower extremity amputations, and renal failure, at an annual cost $12.7 billion, it is imperative that we focus on curbing this disturbing trend.

In fact, it is now estimated that by 2025, if significant efforts are not made to turn the tide, the incidence of diabetes could affect more than 3 million Texans with costs exceeding $31 billion and a death count of over 55,000 men, women and children in Texas each year. I applaud your efforts to counteract this alarming trend in the younger generation.

The American Diabetes Association understands the role obesity plays in diabetes and other illnesses and has taken steps through our school programs, including our School Walk for Diabetes events, to address this. We are trying to do our part by providing education and funding research to find a cure.

Your passion and hard work for the health and well-being of our children can help thwart the impact of diabetes and ensure a strong future for them. I wish you every success with the Texas Youth Fitness Evaluation Program.

Yours truly,

Quincy S. Neal
National Vice President

South Central Division
Serving Arkansas, Louisiana, Missouri, New Mexico, Oklahoma and Texas
4100 Alpha Road, Suite 100, Dallas TX 75244 Tel: (972) 255-6900 or 1 800-252-8233
Fax: (972) 255-7900

American Stroke Association
A Division of American Heart Association

American Heart Association
Learn and Live.

February 7, 2007

The Honorable Jane Nelson
Chair, Health & Human Services Committee
Texas Senate
P.O. Box 12068
Austin, TX 78711

Dear Senator Nelson:

It is with great pleasure that I submit this letter of support for your *Student Fitness Legislation* that you will be unveiling tomorrow. The Texas Affiliate of the American Heart Association applauds your work over the years on legislative policy impacting public health and we look forward to working with you this session on this critical piece of legislation.

As you may know, in 1998 the American Heart Association set a long-term impact goal for fighting heart disease and stroke. Using 1999 data as our benchmark, the American Heart Association established the impact goal that states, "By 2010 we will reduce coronary heart disease, stroke and risk by 25%." The Texas Department of State Health Services estimates that if nothing is done, the number of overweight or obese adult Texans will continue to increase, growing from 10 million (63%) today to 20 million (75%) by 2040. If the current state of obesity trends continues, by the year 2040, the number of overweight Texans will double, the number of obese Texans could triple and the cost of obesity could quadruple – from $10 billion to $40 billion annually.

Our 2007 Legislative Agenda includes recommendations for increasing time of physical activity in public schools and elimination of recess as an acceptable standard for meeting the requirement of P.E. and therefore would like to express our support for the concepts you have proposed in this legislation. The Texas Affiliate of the American Heart Association looks forward to working with you on this proposal in an effort to reduce coronary heart disease.

Sincerely,

Midge LaPorte Epstein

Midge LaPorte Epstein
Executive Vice President

Dr. Kenneth H. Cooper, Chairman & CEO
The Cooper Institute
12330 Preston Road
Dallas, Texas 75230

Dear Dr. Cooper:

Thank you for your efforts with the Texas Youth Fitness Evaluation Project, an effort that is certain to improve the fitness and wellness of Texas youth. I want to offer my full support as into the emotional and intellectual health of the individual.

As with any problem, the first step in finding a solution is to identify the scope of the problem; the fitness testing you propose will provide data that will provide an accurate picture of the health of Texas students. The objectives measured by the Fitnessgram will present a well-rounded account of student fitness that should help physical education teachers implement the necessary program to improve student performance, and thus, student health.

Further, by comparing fitness levels with academic achievement, absenteeism, discipline problems, and school lunch programs, everyone will receive a holistic view of Texas students. This will mark a great first step in creating a better tomorrow for Texas.

Once again, thank you for the time and effort you have devoted toward this worthwhile goal. You have my support and appreciation.

Very truly yours,

Florence Shapiro

Florence Shapiro

FS/rf