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Dear Chair Ronen, Vice-Chair Safai and member Melgar,

On behalf of the <u>Shape Up SF Coalition</u>'s Policy, Systems and Environments Action Team, I want to thank you for calling the hearing on Childhood Obesity last Friday. Shape Up SF's mission is to advance health equity through systems-level changes to increase healthy eating and active living for San Francisco's most vulnerable populations. Since 2006, Shape Up SF has convened multidisciplinary partners to address the epidemic of chronic disease through primary prevention and environmental strategies.

We support Supervisor Safai's request for the Budget and Legislative Analyst to produce a report on the current spending for treatment of childhood overweight/obesity and to consider diverting funds to prevention. Many of Shape Up SF's partners are doing incredible work on the ground to support our children, youth and families with access to education, resources and programming that support healthy eating and active living. Please let us know if you need assistance in moving this work forward across the spectrum of prevention to improve the health and well-being of San Francisco children.

Thank you,

Blythe Young Shape Up SF Coalition Policy, Systems and Environments Action Team Co-lead American Heart Association, Community Advocacy Director



Blythe Young

Community Advocacy Director American Heart Association 1111 Broadway St.1360 | Oakland | CA | 94607 M 707.834.4399 This message is from outside the City email system. Do not open links or attachments from untrusted sources.

Good Morning Supervisors.

I am Lizzie Velten, from the American Heart Association and co-chair of the Shape Up SF Coalition.

Thank you for your commitment to address Childhood Obesity in San Francisco, a serious challenge Shape Up and the AHA have been working with City leaders and the Health Department on for many years.

Sadly, we still have far too many of our residents struggling to maintain a healthy weight, have access to the quality of nutrition that would support their health, access to safe spaces to exercise close to home, and generally prevent heart disease and a stroke two of the leading causes of death and disability in our country.

As we well know, COVID has hit low income and communities of color the hardest, with high blood pressure, diabetes, and obesity as major risk factors for severe illness. While we worry about new variants and vaccines, we must also devote resources to address these risk factors, and the earlier in the lifespan we do so the better, as Drs. Beck and Stookey mentioned.

The AHA Supports evidence-based strategies to equitably address childhood obesity... Nutrition Education is a key component of helping parents make more informed choices about unhealthy products. But education alone is not enough, we need to increase healthy food access such as through produce vouchers and empowerment markets, and set strong standards for food, physical activity (at least 60 minutes daily) and reduced screen time in early childcare.

In terms of school food - it is vital to increase reimbursement rates of school meals to increase the appeal of the meals and increase participation. Time to eat meals has been a policy issue explored at the state level, and we cannot pit recess against time to eat, both are vital. Funding specifically for qualified physical education instructors in highest need schools for lower grades is also needed.

In terms of data, the FitnessGram data that many of the researchers referenced was put on hold by the state in Feb 2020 due to concerns about body-shaming, but we need to advocate for changes not a full hold or we will not have the information needed to tailor our efforts to those that most need it. Or the data needs to be funded and collected by local researchers.

I applaud your consideration of a broad set of interventions in your effort to make sure

all children in SF have what they need to lead longer healthier lives. Thank you again for your ongoing leadership. please let us know how we can be of assistance as you move forward in these efforts.

Thank you.



Lizzie Velten, MPH

(pronouns: she, her) Senior Director Community Impact, Policy American Heart Association 1111 Broadway Ste 1360, Oakland, CA 94607 (909) 292-8205 (cell) From:Hannah ThompsonTo:Major, Erica (BOS)Subject:Public comment on 211063 for today, 12/10/21Date:Friday, December 10, 2021 11:05:57 AM

This message is from outside the City email system. Do not open links or attachments from untrusted sources.

My name is Hannah Thompson and I'm an Assistant Adjunct Professor at the UC Berkeley School of Public Health. I've worked in partnership with SFUSD around physical education and nutrition for many years. I want to talk about the critical role of physical activity in ensuring health equity for San Francisco youth. A person's physical fitness is actually a stronger predictor of their long-term health than their weight status. We know that you can have a high BMI – you can technically be overweight or obese - but still be healthy if you are getting sufficient physical activity, and thus have adequate cardiorespiratory health. And physical activity isn't only important for obesity prevention, weight maintenance, and fitness, but it's unbelievably important for mental health, socio-emotional health, and can also help improve academic performance and behavior in school. And physical activity paired with resources to ensure food security – that families have not only enough to eat – but that they have access to high quality nutritious food – is an important, whole child approach for ensuring our kids are healthy and able to learn. So many of us were sheltered in place this past year and experienced, first-hand, the negative consequences of having to sit in front of our computers for such prolonged periods of time. And so many of us with kids at home also witnessed the toll the lack of physical activity and its related socialization took not only on our kid's physical health, but on their spirits. I believe one of the best things we can do to foster well-rounded and healthy youth is to provide opportunities for our kids to get the recommended 60 minutes of moderate to vigorous PA a day. This includes, first and foremost, providing adequate funding, support, and priority for physical education in schools, which is the most equitable way we can provide high quality physical activity opportunities to our students, regardless of their background. We also need to support safe, local, neighborhood spaces for children and families to play. School-level and environmental approaches to creating physical activity opportunities will go so much further than individual-based behavioral interventions that don't take into account the systems our youth and family live, study, and play in. Thank you.

Hannah Thompson, PhD, MPH Asst. Adjunct Professor UC Berkeley School of Public Health 2121 Berkeley Way, 6120 Berkeley, CA 94720-7360 she/ her/ hers ThompsonH@Berkeley.edu