

111TH CONGRESS
1ST SESSION

H. R. 3144

To amend the Public Health Service Act to promote obesity prevention,
including proper nutrition and exercise.

IN THE HOUSE OF REPRESENTATIVES

JULY 9, 2009

Mrs. DAHLKEMPER introduced the following bill; which was referred to the
Committee on Energy and Commerce

A BILL

To amend the Public Health Service Act to promote obesity
prevention, including proper nutrition and exercise.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Healthy Communities
5 Act of 2009”.

6 **SEC. 2. FINDINGS.**

7 Congress finds the following:

8 (1) According to the National Health and Nu-
9 trition Examination Survey (NHANES) from 2003–
10 2006, for children aged 6–11 years and 12–19

1 years, the prevalence of being overweight was 17
2 percent and 17.6 percent, respectively.

3 (2) According to the Surgeon General, over-
4 weight adolescents have a 70 percent chance of be-
5 coming overweight or obese adults.

6 (3) According to the Surgeon General, over-
7 weight and obesity are associated with heart disease,
8 certain types of cancer, type 2 diabetes, stroke, ar-
9 thritis, breathing problems, and psychological dis-
10 orders, such as depression.

11 (4) According to the Surgeon General, an esti-
12 mated 300,000 deaths per year may be attributable
13 to obesity.

14 (5) The Centers for Disease Control and Pre-
15 vention reports that in 2000, the total cost of obe-
16 sity in the United States was estimated to be \$117
17 billion.

18 (6) According to the Dietary Guidelines pro-
19 duced by the Department of Agriculture, increasing
20 consumption of fruits and vegetables, whole grains,
21 and calcium-rich foods, while reducing saturated
22 fats, trans fats, sodium, added sugars, and excess
23 calories and reducing obesity could dramatically im-
24 prove Americans' health and well-being.

1 (7) According to the Surgeon General, nearly
2 half of young people aged 12–21 are not vigorously
3 active on a regular basis. Yet, regular physical activ-
4 ity improves strength, builds lean muscle, and de-
5 creases body fat.

6 **SEC. 3. COMMUNITY OBESITY PREVENTION PROGRAM.**

7 Part P of title III of the Public Health Service Act
8 (42 U.S.C. 280g et seq.) is amended—

9 (1) by redesignating the second and third sec-
10 tions 399R as sections 399S and 399T, respectively;
11 and

12 (2) by adding at the end the following:

13 **“SEC. 399U. COMMUNITY OBESITY PREVENTION PROGRAM.**

14 “(a) IN GENERAL.—The Secretary shall make 5-year
15 grants to community partnerships for programs to combat
16 obesity.

17 “(b) PARTNERSHIP MEMBERS.—To be eligible to
18 seek a grant under this section, at minimum, a community
19 partnership shall include members representing each of
20 the following areas:

21 “(1) Hospitals.

22 “(2) School districts.

23 “(3) Early childhood care providers.

24 “(4) Local governments.

25 “(5) Health insurance companies.

1 “(6) Pediatricians.

2 “(7) Other health professionals.

3 “(8) Local employers.

4 “(c) FUNDING REQUIREMENTS.—To be eligible for
5 funding under this section, a program shall comply with
6 each of the following:

7 “(1) EXECUTIVE COUNCIL.—

8 “(A) The program shall have an executive
9 council composed of one partnership member
10 from each of the areas listed in subsection (b).

11 “(B) The executive council shall be respon-
12 sible for governing, overseeing, and managing
13 the program.

14 “(C) The executive council shall meet
15 monthly to discuss governing the program.

16 “(D) The executive council shall have sub-
17 committees composed of partnership members
18 representing a variety of community partici-
19 pants in order to involve as many people as pos-
20 sible.

21 “(2) STEERING COMMITTEE.—

22 “(A) The program shall have a steering
23 committee composed of, at minimum, the fol-
24 lowing:

1 “(i) Local health groups who engage
2 in obesity-related programming.

3 “(ii) Local environmental groups who
4 work on urban planning and forming ‘liv-
5 able communities’.

6 “(iii) Local recreational facilities that
7 engage in obesity-related programming.

8 “(iv) Representatives of each of the
9 partnership members.

10 “(v) Representatives of local res-
11 taurants or grocery stores that offer
12 healthy food options.

13 “(vi) Representatives of local farmers.

14 “(vii) Other groups as deemed appro-
15 priate by the executive committee.

16 “(B) The steering committee shall meet at
17 least 10 times per year and perform the fol-
18 lowing functions:

19 “(i) Assess the progress of the pro-
20 gram.

21 “(ii) Provide recommendations to the
22 executive council concerning improvements
23 to the program.

1 “(3) PROGRAM COMPONENTS.—The program
2 shall address all the different components of fighting
3 obesity and include the following:

4 “(A) Physical exercise and a physical activ-
5 ity environment encouraging—

6 “(i) daily physical activity or exercise;

7 and

8 “(ii) community events based around
9 physical activity or exercise.

10 “(B) Nutritional counseling and nutritional
11 environment activities including—

12 “(i) counseling from a registered dieti-
13 tian;

14 “(ii) community healthy meal and
15 snack ideas—

16 “(I) at home;

17 “(II) at school;

18 “(III) at early childhood care;

19 and

20 “(IV) at the workplace; and

21 “(iii) alternatives to unhealthy food
22 choices and availability of nutritious foods,
23 including evaluation of potential food
24 ‘deserts’ and farmers’ markets.

25 “(C) Education to—

1 “(i) provide information about the im-
2 portance of eating healthily and maintain-
3 ing a balanced diet to the community;

4 “(ii) provide information about the
5 importance of being physically fit; and

6 “(iii) provide strategies for addressing
7 varying individual capabilities to attain
8 physical fitness.

9 “(D) An evidence-based curriculum using
10 the National Institutes of Health’s Ways to En-
11 hance Children’s Activity and Nutrition (We
12 Can) program and curriculum to guide the pro-
13 gram.

14 “(4) BEST PRACTICES.—The program shall
15 make use of evidence-based practices, strategies,
16 programs, and policies in designing program guide-
17 lines.

18 “(5) COMMUNICATIONS.—The program shall
19 develop a communications plan that involves the en-
20 tire community, utilizing a wide variety of resources.

21 “(6) OCCURRENCE OF PROGRAM.—The pro-
22 gram shall have both in-school and workplace
23 wellness programs to encourage healthier behavior
24 by all participants on a consistent basis.

1 “(7) WELLNESS COORDINATOR.—The program
2 shall identify a person, to be known as the Wellness
3 Coordinator, who will ensure that the program is
4 being implemented to encourage healthy lifestyles.
5 The Wellness Coordinator shall provide monthly up-
6 dates to the executive committee and steering com-
7 mittee on the components of the program being im-
8 plemented and progress made towards meeting
9 goals.

10 “(8) ASSESSMENT.—The executive committee
11 and steering committee shall perform an assessment
12 of the obesity problem in the respective community.
13 The assessment shall include—

14 “(A) measurement of the extent of the
15 problem; and

16 “(B) factors contributing to the problem.

17 “(9) GOALS.—Based on the assessment pursu-
18 ant to paragraph (8), the executive committee, steer-
19 ing committee, and Wellness Coordinator shall work
20 together to lay out achievable short- and long-term
21 goals for reducing childhood obesity. These goals
22 shall include the following:

23 “(A) Specific percentage decrease in rates
24 of obese adults and children.

1 “(B) Specific percentage decrease in rates
2 of overweight adults and children.

3 “(C) Specific percentage increase in rates
4 of children attaining at least 60 minutes of
5 physical activity per day and adults attaining at
6 least 30 minutes of physical activity per day.

7 “(D) Specific percentage increase in im-
8 proved nutrition among children and adults.

9 “(10) REPORTS.—Not later than 12 months
10 after a program first receives funds under this sec-
11 tion, and annually thereafter, the Wellness Coordi-
12 nator shall submit a report to the Secretary on the
13 success of the program. The report shall include
14 measurement of the effectiveness of the program in
15 achieving its goals.

16 “(d) PROHIBITION AGAINST USE OF FUNDS FOR AD-
17 MINISTRATIVE EXPENSES.—

18 “(1) PROHIBITION.—The Secretary shall pro-
19 hibit a community partnership awarded a grant
20 under this section from using the grant to pay the
21 administrative expenses of the partnership’s pro-
22 gram to combat obesity.

23 “(2) EXCEPTIONS.—Notwithstanding para-
24 graph (1), the Secretary may allow such community
25 partnership to use the grant—

1 “(A) to pay the salaries and benefits of
2 staff responsible for implementing the program;

3 or

4 “(B) to pay the costs of performing an as-
5 sessment under subsection (c)(8).

6 “(e) PREFERENCE.—In selecting grant recipients
7 under this section, the Secretary shall give preference to
8 communities with high levels of obesity and related chronic
9 diseases.

10 “(f) APPLICATION FOR ASSISTANCE DURING SUBSE-
11 QUENT GRANT YEARS.—To continue receiving assistance
12 through a grant under this section, a community partner-
13 ship shall submit a separate application to the Secretary
14 at the beginning of each fiscal year during the grant pe-
15 riod. At a minimum, an application so submitted for the
16 second or subsequent year of a grant shall include a de-
17 scription of the partnership’s progress in the following
18 areas:

19 “(1) Reducing the number of people who are
20 overweight and obese.

21 “(2) Improving the number of people receiving
22 the recommended daily allowance of nutritional food,
23 including fruits and vegetables.

1 “(3) Improving the number of people devoting
2 at least 30 minutes a day to physical activity for
3 adults and 60 minutes a day for children.

4 “(g) FUNDING.—

5 “(1) AUTHORIZATION OF APPROPRIATIONS.—
6 To carry out this section, there are authorized to be
7 appropriated \$10,000,000 for fiscal year 2010 and
8 such sums as may be necessary for fiscal years 2011
9 to 2015.

10 “(2) MAXIMUM AMOUNT OF GRANT FOR FIRST
11 YEAR.—For the first year of a grant to a community
12 partnership under this section, the Secretary may
13 award not more than \$100,000.

14 “(3) MATCHING FUNDS.—With respect to the
15 costs of a program to combat obesity to be funded
16 under this section, the Secretary may make a grant
17 to a community partnership only if the partnership
18 agrees to make available non-Federal contributions
19 toward such costs in an amount that is not less than
20 \$1 for every \$4 of Federal funds provided pursuant
21 to this section.”.

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