

# Child Obesity Policy Brief

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## Overview: The State Of Childhood Obesity In America

The numbers are stunning: Roughly one in every three children in America is overweight, and one in six is obese. Children are struggling with weight problems at younger and younger ages, especially poor and low-income ones; roughly one-third of all preschoolers enrolling in Head Start are overweight. Research shows that overweight young children are more likely to become overweight adults, which suggests that preventing obesity among the young is a cost-effective strategy in addressing the epidemic.

Despite a number of programs combating childhood obesity on federal, state, and local levels, the trends show obesity rates on the rise. Among children ages 10-17, the number who were obese grew significantly -- from 14.8 percent in 2003 to 16.4 percent in 2007. This translates into a stunning 10,580,000 obese American children. And research findings suggest that the obesity epidemic among children may not yet have reached a plateau.

### SNACKS, NO EXERCISE, HOURS ON THE COMPUTER

The rise in obesity prevalence has been associated with increased availability and consumption of high-calorie foods, declines in physical activity, and increased media use. Obese children are at greater risk for asthma, sleep apnea, joint problems, diabetes, liver disease, and cardiovascular disease compared to their peers who are not obese.

The problem isn't uniform across America. In 2007, proportions of children who were overweight or obese ranged from a low of 23.1 percent in Utah and Minnesota to a high of 44.4 percent in Mississippi. In fact, the five states with the highest rates were in the U.S. Southeast: Mississippi, Arkansas, Georgia, Kentucky, and Tennessee. And those most likely to be overweight or obese were among the poorest, publicly insured, black and Hispanic children.

### LOOKING BACK AT ANOTHER MOVEMENT

What will it take to make significant inroads against child obesity?

Some experts call for a social movement similar to the shift in attitudes and regulations toward smoking and tobacco. Tobacco control became a successful public health movement because of shifts in social norms around smoking -- and because cigarette companies came to be perceived by many as a common enemy. In contrast, obesity advocates have not identified a common threat or mobilized grassroots change, nor have they identified strategies that resonate across diverse settings and constituencies. Framing obesity as a common threat can lead to consensus regarding the interventions needed to produce healthier children and communities.

More experts no longer see obesity as a matter determined solely by personal responsibility;

they believe that there needs to be collective responsibility for taking on the problem along the lines of the movement to fight smoking and tobacco. Studies using laboratory animals show that the animals gain weight when their

environment promotes foods high in sugar and fat, and that even when healthy foods are freely available, the animals eat the unhealthy ones, gaining much weight and exhibiting deteriorating health.

## POLICY RECOMMENDATIONS

- The executive branch and Congress should make fighting childhood obesity a **signature domestic initiative** for the health and well-being of future generations, and to ensure high productivity for industry in the years ahead.
- Congress should enact **new taxes designed to discourage consumption** of high-calorie foods and beverages and should invest the resulting revenues in obesity prevention.
- Congress should pass federal legislation that **requires restaurants to list calories** of all items on the menu.
- Federal regulators should set **federal nutrition standards in schools** for foods not covered now, including snacks, sodas, and candy sold in school stores and canteens and at events.
- Federal officials should set new agriculture policy that **encourages farmers to grow more fruit and vegetables**, and relatively fewer crops that are key ingredients for high-calorie foods.
- Federal officials should **work with states** that are now trying to make healthful foods and beverages more widely available, especially in low-income areas; expand numbers of parks and playgrounds; and make more funding available to promote biking, walking, and use of public transit.

## RESOURCES

Christina Bethell et al., “National, State, and Local Disparities in Childhood Obesity,” *Health Affairs* 29, no. 3 (2010): 347-356.

Kelly D. Brownell et al., “Personal Responsibility and Obesity: A Constructive Approach to a Controversial Issue,” *Health Affairs* 29, no. 3 (2010): 379-387.

Thomas R. Frieden et al., “Reducing Childhood Obesity through Policy Change: Acting Now to Prevent Obesity,” *Health Affairs* 29, no. 3 (2010): 357-364.

Jonathan D. Klein and William Dietz, “Childhood Obesity: The New Tobacco,” *Health Affairs* 29, no. 3 (2010): 388-392.

Carmen Piernas and Barry M. Popkin, “Trends in Snacking among U.S. Children,” *Health Affairs* 29, no. 3 (2010): 398-404.

### About Health Affairs

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