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Introduction

Obesity has taken ahold of America’s youth in recent decades. With more than a third of U.S. children and adolescents overweight or obese in 2010, the disease has proven its impact across all age groups and solidified itself as a major public health concern for future generations. Because obese children are more likely to become obese adults, many have predicted that the increased prevalence of obesity among today’s youth will have an inverse effect on life expectancy; meaning, for the first time in modern American history, parents are now expected to live longer than their children.

Despite best efforts to halt this epidemic, obesity rates have doubled for children and more than tripled for adolescents over the past three decades. Today, the number of overweight children seems to be plateauing; however, the number of obese children continues to increase – a situation that suggests more children are moving from being overweight to obese. The growing rate of childhood obesity is a clear indication that much work remains to be done before this problem is adequately addressed.

To be sure, effectively addressing the childhood obesity epidemic will be a challenge. It is an issue marked by persistent trends of growth in the wrong direction, high costs to the healthcare system and ethnic and racial disparities. Making strides to curb childhood obesity will require a thorough understanding of the issue and an examination of potential solutions. This issue brief provides an overview of current childhood obesity trends, what is driving them and a variety initiatives and policy solutions that may have the potential to turn the trend lines around.
Overweight Versus Obesity

Measuring the health of our children is done in a variety of ways; however, the most common measure to determine whether or not children are overweight or obese is body mass index (BMI).

After assigning the BMI-for-weight ranking, categories are created and assigned to a percentile ranking in relation to the child’s age and gender. Overweight is defined as having excess body weight for a particular height from fat, muscle, bone, water, or a combination of these factors. In order to be considered overweight, a child’s BMI-for-age percentile must fall between the 85th and 95th percentiles. Any child who is equal to or greater than the 95th percentile is considered obese, which is defined as having excess body fat.

Trends in Obesity

Childhood obesity has undoubtedly become one of the most complex public health problems facing future generations. This trend has persisted for decades and it’s clear the problem is not abating. Data collected from 1980 to 2008 indicate that prevalence among adolescents and children has increased threefold, a fact that means this epidemic is affecting more children than ever before. Beyond the obvious struggles of obese children in today’s world, they also face the very real threat of remaining obese throughout their lifetimes. In fact, of the 1 in 3 children who were considered overweight or obese in 2010, nearly 70 percent will likely remain obese through adulthood. Physicians and researchers have stressed the importance of stopping the disease early on to avoid the chronic health problems and the high costs associated with living with obesity.

Yet, despite best efforts, policies designed to curb this trend have not led to lower childhood obesity rates. From 2003 to 2007 there was a leveling off of overweight children, but an increase in obese children. In other words, today fewer children are falling into the overweight category as they move up to the obese designation. When broken down by age and compared to data gathered four decades earlier, obesity rates increased the most among 6 to 11 year olds, from 4.2 to 19.6 percent. Conversely, children ages 2 to 5 experienced a modest increase from 5 to 10.4 percent when compared to earlier data.
In Ohio, 30 percent of children are considered overweight or obese, which is just below the national average. And, while statewide rates did not get worse from 2004 to 2005 and 2009 to 2010, Ohio still falls well below the Healthy People 2010 national objective for obesity. In many ways obesity trends in Ohio are similar to the rest of the nation – low income, non-Hispanic black, Hispanic and children in Appalachian counties all had significantly higher overweight or obesity prevalence compared to their counterparts. In terms of diet and environmental factors, Ohio adolescents who consume more than one sugar-sweetened beverage per day had the highest prevalence of overweight and obesity.

In Northeast Ohio, the epidemic is closely related to geography. Over the last several years, The Center for Health Affairs has coordinated health needs assessments in a number of its counties, collecting a wide range of data on health indicators including the prevalence of childhood overweight and obesity. The results from these assessments reveal that the prevalence of childhood overweight and obesity varies significantly by county. Ashtabula and Lorain Counties face the same challenges seen in other parts of the country while Geauga and Medina Counties fare much better than both Ohio and the nation.
Healthy People 2010 was designed by the U.S. Department of Health and Human Services to provide 10-year national objectives for improving the health of all Americans. The five main goals for the decade leading up to 2010 were as follows:

1. Increase daily physical activity among children and adolescents.
2. Reduce the amount of time kids spend watching television, video games, and the internet.
3. Decrease the consumption of energy-dense, high-sugar/high-fat foods like soda, ice cream, junk food, and fast food.
4. Increase the consumption of nutritious foods like fruits, vegetables, whole grains, and skim milk.
5. Create social, monetary, and policy-driven incentives that reinforce long-term environmental and behavioral change.46

Healthy People 2010 started a movement that shaped the way people thought about dealing with the obesity epidemic. In its current iteration, many of the Healthy People 2020 goals are similar to those established in 2010; however, new objectives have also been created. With respect to children, the objectives of Healthy People 2020 are to create healthier food access; increase the number of physicians who regularly test for BMI; reduce the overall number of children who are overweight or obese; eliminate food insecurity; increase the amount of fruits and vegetables; and reduce iron deficiencies.47 These objectives are meant to instill the agendas of schools and allied organizations with the power to ignite change in the lives of our children.
How Does Childhood Obesity Affect Health?

Overweight and obese children face countless health problems because of the excess weight they carry on their bodies. Traditionally, chronic conditions such as diabetes, asthma and certain types of cancer predominately affected adults; however, in recent years, more and more children have been diagnosed with these diseases. Since obese children are more likely to become obese adults, it is more important than ever to identify not only the reasons behind the growing trend in chronic illnesses, but also a remedy to stop and reverse the development of those diseases in young people.

Potential Health Consequences of Childhood Obesity

Chief among the list of diseases that are becoming increasingly common in today’s children is Type 2 diabetes. The United States has seen a rise in diabetes among adults for decades; however, the number of youth currently suffering from the illness is at record highs. According to recent figures, 1 of 3 boys and 2 of 5 girls born in the year 2000 will be diagnosed with diabetes at some point during their lifetime. This increased risk is a major cause of concern among hospital systems and physicians since diabetes increases the likelihood of so many other life-threatening complications.

Asthma is yet another health threat which has demonstrated a very strong correlation with BMI in recent years. Typically, the development of asthma in children is most often associated with exposure to atopic triggers such as house dust mites, mold spores, and tobacco smoke. However, recent trends have forced researchers to begin examining the relationship between asthma and BMI, pointing to the rapid growth of asthma in obese children over the past several decades. Studies have shown that obese and overweight children are 52 percent more likely to receive a new diagnosis of asthma.
Obese and overweight children also have significant cardiovascular threats when compared to their normal-weight peers. Children and adolescents with greater-than-normal BMIs generate abnormal lipid levels and develop major risk factors associated with cardiovascular disease. According to the CDC, 42.9 percent of obese and 22.3 percent of overweight children between the ages of 12 to 17 had unhealthy cholesterol or triglyceride levels. Since cardiovascular disease is the leading cause of death among adults in the United States, ensuring that children who display early symptoms receive the treatment they need is vitally important.

**Disparities in Childhood Obesity**

One of the biggest challenges for those committed to addressing the crisis is understanding its effect on low-income and minority children. There are many possible causes – access to fresh food, lack of exercise options and exposure to unhealthy behavior – which explain why certain socioeconomic groups suffer from obesity more than others. With a number of challenges already stacked against children raised in low-income households, the risk of becoming overweight or obese can further limit their ability to live a healthy, productive life.

The effects of poverty have been a major contributing factor to decreased health outcomes and life expectancy. It is no surprise that children raised in low-income households face a number of challenges even before reaching their teenage years compared to their peers raised in higher-income households. Low-income families have less access to healthy food choices and opportunities for physical activity. Lifestyle changes that can be easily reformed to reduce the risk of becoming overweight or obese – such as changing diet or exercise regimens – are often unreachable for children living in poverty. These challenges make slowing the growth of childhood obesity in low-income children even more difficult. In addition to poverty, race and ethnicity are another set of powerful factors at the heart of the disparities we see in childhood obesity. The disproportionate amount of non-white children who suffer from being overweight or obese is not necessarily linked directly to their ethnicity. Instead, the disparity is likely related to the environmental and socioeconomic challenges often faced by minorities. Since minority children often have less access to healthy food sources and environmental assets which foster good health, rates of overweight and obese children are much higher when compared to their white peers.
As obesity in our youngest citizens continues to grow, so does the disparity among racial and ethnic groups. One of the largest groups impacted by current childhood obesity trends is black, non-Hispanic children, who are 41.1 percent more likely — 1.42 times more than their white, non-Hispanic counterparts — to be overweight or obese.\(^28\) This trend is similar to what we see in Hispanic communities, where obesity continues to grow at record rates among Hispanic boys when compared to their non-Hispanic white counterparts.\(^29\) As obesity continues to disproportionately affect low-income and minority communities, public health officials and policymakers are beginning to seriously examine social and environmental factors that could be influencing the growing gap among ethnicities.

### Overweight and Obesity Among Ohio Third Graders by Race/Ethnicity, 2009-2010

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Overweight</th>
<th>Obese</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Hispanic White</td>
<td>15.2</td>
<td>17.2</td>
</tr>
<tr>
<td>Non-Hispanic Black</td>
<td>20.5</td>
<td>19.8</td>
</tr>
<tr>
<td>Non-Hispanic Other</td>
<td>17.4</td>
<td>19.1</td>
</tr>
<tr>
<td>Hispanic</td>
<td>23</td>
<td>30.7</td>
</tr>
</tbody>
</table>


Beyond Health: Does Childhood Obesity Impact Educational Performance?

Weight can impact many aspects of a child's life. And, without proper diet and exercise, children will continue to face huge barriers to everything from good health to employment opportunities. More than ever, teachers have been taking note of the undeniable link between a child's diet and level of exercise and their academic performance. Things such as nutritional standards, recess time and breakfast served in school, for example, all play into how healthy children are and if they will succeed academically.

One area of interest that has been brought to light in recent years is the negative impact higher BMIs can have on a child's cognitive development. It is widely known that the quality of food and the time of consumption both play an important role in ensuring the brain's executive functions are developing properly.\(^30\) More so than ever, educators are touting high-quality diets as a way to improve cognitive development in children and highlighting the ways poor nutrition can negatively impact brain function.\(^31\) Children who have fasted from dinner the previous night to lunch the next day have been shown to perform worse on tests than those who have had a balanced breakfast.\(^32\) Overall, providing children with proper nutrition and exercise opportunities allows them to maintain lower BMIs and, often times, increased academic outcomes.
Costs to the Healthcare System

Nationally, the annual cost of obesity is estimated between $70 billion to $100 billion. While in the past adults constituted the bulk of that cost, more and more children are now the benefactor of that spending. Part of the cost is increased hospitalizations — obese children are 2 to 3 times more likely to be hospitalized, and are 3 times more costly to the entire health system when compared to their lower-BMI counterparts. Due to the tremendous stress that higher BMIs can place on a child’s body, the serious health risks associated with increased BMI are more costly and more dangerous when experienced by young people.

With nearly half of school-age children becoming obese adults, the tremendous rise in healthcare costs over recent years — 27 percent between 1987 and 2001 — is likely to continue as more children become obese. Currently, the direct cost of treating obesity-related illnesses in adults is $147 billion. Beyond prescription drug, emergency room and other outpatient procedures that constitute a direct cost to the medical system, there still remain various indirect labor-market costs to the individual and employer. A 2010 study modeling the lifetime cost of 12 year old children to the health system estimated that the cohort of children would cost nearly $2.77 billion in medical expenses. The health and economic consequences of obesity/overweight among 12-year-olds in 2005 are detailed in the table below:

<table>
<thead>
<tr>
<th></th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of overweight children</td>
<td>333,615</td>
<td>317,802</td>
</tr>
<tr>
<td>Number of obese children</td>
<td>348,584</td>
<td>332,062</td>
</tr>
<tr>
<td>Direct medical expenditures in childhood attributable to overweight</td>
<td>$ 700.5 million</td>
<td>$ 667.3 million</td>
</tr>
<tr>
<td>Direct medical expenditures in childhood attributable to obesity</td>
<td>$ 717.8 million</td>
<td>$ 683.8 million</td>
</tr>
<tr>
<td>Adult cases of obesity attributable to childhood overweight</td>
<td>20,017</td>
<td>25,424</td>
</tr>
<tr>
<td>Adult cases of obesity attributable to childhood obesity</td>
<td>90,632</td>
<td>116,222</td>
</tr>
<tr>
<td>Direct medical expenditures among obese adults attributable to childhood overweight</td>
<td>$ 275.1 million</td>
<td>$ 349.5 million</td>
</tr>
<tr>
<td>Direct medical expenditures among obese adults attributable to childhood obesity</td>
<td>$ 1.25 billion</td>
<td>$ 1.6 billion</td>
</tr>
</tbody>
</table>

Source: Health Affairs
“The Economics of Childhood Obesity.” www.healthaffairs.org
What Factors Contribute to Obesity?

The importance of integrating exercise and healthy foods into a child’s life is well established yet childhood obesity is still growing at an alarming rate. Solving the problem may seem straightforward, especially on the surface where weight loss boils down to math: eat fewer empty calories + burn more calories exercising = pounds lost. In reality though, the equation is far more complicated. Other factors, beyond intentional calorie intake and exercise, are contributing to the obesity epidemic and making it much more difficult to curb the problem.

Environmental Factors

Environmental factors can play a major role in a child’s ability to successfully manage his or her weight. For many children, inadequate access to safe places to exercise can make it very difficult to achieve the amount of physical activity they need to stay healthy. Children also face obstacles to maintaining a healthy weight when their household environments foster inactivity.

Neighborhoods are perhaps the most influential built environment in a child’s life. It is a place where children have daily interactions beginning at the earliest stages of life and typically lasting to the final stages of adolescence. Having access to a safe neighborhood that fosters physical activity greatly increases the chances of maintaining a healthy BMI. As would be expected, neighborhoods that are deemed unsafe, don’t have parks or recreation centers or have poorly kept or dilapidated housing all contribute to a higher prevalence of overweight and obese children. Even after adjusting for health insurance, socioeconomic and health quality factors, living in a neighborhood without a recreation center or park has an independent and significant effect on the likelihood of children ages 10 to 17 being overweight or obese.40

Even when neighborhoods are vibrant and provide access to playgrounds and other safe physical structures, the health behaviors which take place inside of the house play an important role in maintaining a healthy weight in children. For example, children are 1.5 times more likely to be overweight or obese if they have a television in their bedrooms or if they watch more than an average of two hours of television per day.41 Even when outdoor activities are prominent in kids’ lives, reducing sedentary behavior at home is still crucial to maintaining a healthy BMI.

While there remain a lot of other factors which play into childhood obesity, built environments that encourage our youth to stay active and live a healthy lifestyle are crucial. Conversely, granting access to devices and environments which encourage inactive lifestyles has an adverse effect on the health of our children. The key to stopping and reversing childhood obesity will be combining the change in these environments with the required change in nutrition.
Nutritional Quality of Food

One of the key drivers of today’s youth being overweight and obese is the consumption of excess calories void of nutritional value. And unfortunately, the availability of these types of foods is growing. One reason for this increasing availability is federal agricultural policy that has inadvertently encouraged U.S. farmers to modify their growing practices in a way that reduces the variety of crops and increases volume. The federal subsidies driving this decades-long trend have led farmers to move away from growing fruits and vegetables toward less-versatile, refined crops. As a result, the price of nutrient rich food has increased while the cost of foods manufactured from calorie-empty substances has decreased.

The resulting shift from nutrient-rich to calorie-rich foods produced in the U.S. is now all too clear. For example, the average eater in the U.S. consumed 300 more calories in 2000 than they did in 1985; most of them coming from added fats, added sugars and refined grains. Once refined, these products are incorporated into most of the prepared foods available at the local supermarket, where they become accessible to families and ultimately placed on the table for a child’s dinner. Chief among the ingredients now consumed by children are refined corn sweeteners – which have increased 359 percent to 246 calories per day since 1970. This shift has caused our food supply to focus on low-cost production instead of the nutrition or, more simply, cost over healthiness.

Access to Junk Food

Each day children are confronted with a host of food and drink options found everywhere from school vending machines to convenience stores on their walk home. Most often, their options are limited to sugary drinks and unhealthy snacks. Since our agricultural policy in many ways dictates our food policy, it is no surprise that the options children are exposed to have such high concentrations of refined sugars and modified starches. There is little disagreement that the presence of these snacks and drinks in the life of today’s youth has contributed to the spike of overweight and obese children and sugary drinks are perhaps the most dangerous, and most accessible, source of empty calories for adolescents.

Soft drinks today are packed full of calories – 140 per twelve-ounce can – from high fructose corn syrup and other additives. Consuming just one soft drink per day can significantly contribute to a child’s likelihood of becoming overweight or obese. In fact, one can of soft drink per day can attribute to a weight gain of roughly fifteen pounds in just one year for children. Despite the detrimental impact these products can have on children, they are highly accessible to today’s youth. With access to these beverages so unrestricted, consumption of soft drinks has increased by 500 percent over the last 50 years. Today, soft drinks are the largest source of calories for children, taking over the place once held by milk.
Options for Addressing Overweight

With so many factors contributing to the childhood obesity epidemic, there are many possible avenues and policy solutions to reverse the trend. Promoting policies and initiatives that address some of the underlying causes of obesity are a good start. For instance, supporting initiatives that improve the built environment in neighborhoods with limited opportunities for exercise could make a big difference for kids who would otherwise need to stay inside. Policies aimed at improving the nutritional quality of food such as those that incentivize farmers to grow more fruits and vegetables could also help. Finding ways to limit the accessibility of junk food, such as the policies that remove vending machines and unhealthy choices from the school lunch menu are certainly other viable options for starting to curb the obesity epidemic. Yet, still more needs to be done.

Using Pricing to Encourage Healthy Choices

Another barrier that has been broken down to make calorie-empty foods and drinks available to children in the U.S. is cost. For example, high-fructose corn syrup – which is one of the largest contributors to weight gain and is the key ingredient for most soft drinks – constitutes only 1.6 percent of the total price of the product. Since the cost of these raw products are often subsidized, they are made available to the public at artificially low rates; making the products even easier to purchase and consume. In the case of tobacco or alcohol, a slight increase in taxation has been shown to lower consumption, and experts believe the same would be true with unhealthy foods.

Proponents of increased taxes on soft drinks point to the pound-saving effects such policies have on today’s youth. For example, a tax of 1 cent per ounce of sugar-sweetened beverages is anticipated to reduce average per capita consumption by 8,000 calories annually, and has the potential to prevent over 2 pounds of weight gain per year. In some places where these policies have been implemented, rather than simply removing those empty calories from a child’s diet, policymakers have returned the tax money back to the community by investing in programs to educate children about the benefits of fresh fruits and vegetables, or beginning an after school program to promote exercise.

In the News

On March 12, 2013, New York City residents expected a new tax imposed by Mayor Michael Bloomberg on large sugary drinks to take effect. In an effort to curb growing obesity rates in city residents, the mayor proposed taxing sugary drinks larger than 16 ounces sold at restaurants, fast food establishments and movie theaters, among others. The ban excluded sugary-sweetened drinks sold at grocery stores and convenience stores, and did not apply to milk or alcoholic beverages. However, after reviewing the law, the New York Supreme Court denied the city’s ability to enact such restrictions. In the court’s opinion, the law was arbitrary in nature as it applied to only some food establishments and excluded certain beverages which had similarly high concentrations of sugar in them. Mayor Bloomberg has been an outspoken advocate for combatting obesity and has vowed to use his position to continue to improve the health of residents of New York City.
Children Obesity: Weighing in on a Generation at Risk

Promoting Good Nutrition Decisions

How do we restrict access to bad food and improve access to healthy alternatives? One answer is to educate children about the virtues of eating healthy and providing them greater access to fresh foods. And while restricting access or taxing unhealthy options certainly helps children maintain a healthy weight, increasing the consumption of nutrient-rich foods is a preventative measure that can change a child’s dietary preference and eating behaviors for a lifetime. Some local governments have decided to engage in partnerships with supermarket chains to deliver healthy options in underserved neighborhoods. In doing so, children are discouraged from eating unhealthy foods because they are provided with a substitute, which is healthier, fresher and readily available.

Another alternative to providing fresh foods to children most in need is to encourage farmers markets to locate in so-called food deserts. Since children living in inner-city neighborhoods typically have the most difficult time accessing supermarkets and fresh foods, bringing farmers markets into the neighborhood could increase consumption considerably.

In conjunction with enhanced access to providers of fresh foods, many local governments have decided to enact strict zoning provisions to keep out unhealthy food options. Since obesity rates are higher in neighborhoods with greater densities of fast-food establishments, municipal governments have used this policy to limit access to inexpensive, unhealthy food. In addition to regulating the density of fast-food restaurants, policymakers have extended the ban to cover buffer zones around schools and recreation areas to ensure that children do not have the option to seek these products. Such aggressive local zoning laws have already been implemented in cities across the nation as municipalities realize the effect these policies can have on helping children maintain a healthy weight.

Yet, even with these changes, convincing children to make good nutritional choices can be a challenge – especially when they are continually barraged with advertising that tells them to do just the opposite. Elaborate advertising campaigns designed to entice children have prompted a discussion among policymakers who are now looking at media regulations as another tool to curtail the growth of childhood obesity. It is estimated that eliminating a child’s exposure to television advertising would reduce obesity prevalence by nearly 15 percent. However, beyond regulating the harmful products, more can be done to promote the good ones. Schools, community organizations and even governments have the ability promote the virtues of healthy eating through marketing campaigns and outreach efforts.

What is a food desert?

Food deserts refer to a zone, most typically within urban areas, with little or no access to fresh and affordable foods needed to maintain a healthy diet. Food deserts are characterized by having to walk more than 500 meters – about 10-15 minutes for an active adult – to an establishment selling healthy food. Since alternative transportation is often not an option, people living in these communities are typically forced to choose between convenience stores and fast food establishments as their primary food source.
Providing Opportunities for Exercise in Schools

Of course none of the policies directed at changing how food is delivered to children can be fully effective if physical activity is left to fall by the wayside. Beyond combatting obesity, increased physical activity and recess have been shown to positively affect cognitive function and, hence, increase academic performance in children.\textsuperscript{59} In Ohio, many schools are shortening and in some cases removing physical education from their curriculum.\textsuperscript{60}

According to the U.S. Department of Health and Human Services, children and adolescents are advised exercise for at least 60 minutes per day.\textsuperscript{61} Since physical education classes and recess periods vary so widely from school to school, some policymakers have recommended instituting statewide standards to ensure children get the exercise they need. Administrators from the U.S. Department of Education are studying potential agency-level changes to understand how to best provide the opportunity for children to exercise in school.\textsuperscript{62}

Where Do We Stand Today?

Though childhood overweight and obesity is a serious concern for the entire community, policymakers have a unique opportunity to address the problem. A robust legislative agenda that addresses all outlets through which children can access unhealthy food and drinks could go a long way toward improving the situation. In terms of effectiveness, state legislatures have the ability to greatly impact the daily lives of children through physical activity and diet. At the federal level, however, most policies are administrative in their nature – focusing more on what types of foods can be offered to schools, and what types of subsidies can be used to pay for these foods. If combined correctly with initiatives brought forth by food production companies, these policies have the ability to profoundly reshape the health of today’s children.

Legislative proposals at the state level have guided the conversation about reigning in rising BMIs in children. In fact, the passage of child obesity legislation has grown in recent years – 2006 through 2009 saw significantly more bills pass than did 2003 through 2005.\textsuperscript{63} The proposals vary across states, but, of the 27 percent of proposals that actually become law, the most common topics were physical activity access, physical education and school food policy.\textsuperscript{64} State legislation that included safe routes to school and nutritional data were twice as likely to become law, while those imposing soda taxes or provisions to display product labeling were significantly less likely to become law.\textsuperscript{65}
In Ohio

In Ohio, anti-obesity legislation has shown some difficulty gaining traction in the state legislature. Ohio policymakers have been introducing legislation for years; however, no bill had passed until 2009 when the Ohio General Assembly passed Senate Bill 210, establishing the Healthy Choices for Healthy Children Council. The Council coordinates with the State Board of Education to restrict the sale of certain foods and beverages to children, offer breakfast in classrooms, change a la carte options, create a pilot program for increased physical activity and establish in-school BMI screenings for children. Senate Bill 210 became law on June 18, 2010 and is expected to significantly lower childhood obesity rates over the next several years. This can be attributed to its multi-pronged approach to physical activity, nutrition and education, which permeates virtually every aspect of the child’s environment in school.

In the United States

At the federal level, several initiatives have been launched by the First Lady of the United States and the U.S. Department of Agriculture. First Lady Michelle Obama launched the Let’s Move! program, which provides helpful information to parents about nutrition and building an environment conducive to healthy choices. Through her work, she has assisted children in learning about gardening techniques at the White House and also educated families about the importance of having access to healthy and affordable food.

At the federal level, an unlikely partnership has formed to address the childhood obesity epidemic between the National Dairy Council, the U.S. Department of Agriculture and the National Football League in their Fuel Up to Play 60 program. Fuel Up to Play 60 was designed to provide additional opportunities for students to be active in school and choose tasty, nutrient-rich foods throughout the school environment. The program received an initial financial commitment of $250 million over five years by America’s Dairy Farmers and additional business and government funds are likely to support the effort over time. The comprehensive approach encompasses activity and nutrition – encouraging at least 60 minutes of exercise per day and including an online playbook allowing kids to learn about diet and how to “fuel up” with nutrient-rich foods. Other than internal administrative changes by large agencies such as the U.S. Department of Agriculture, collaborations between businesses and government are, together, leading the charge to reverse childhood obesity.
Conclusion

The number of children who are either overweight or obese in the U.S. is at a record high. Despite best efforts to stop this trend, the number of obese children continues to grow. Now that the long-term effects of early weight gain are coming into focus, reversing this trend and providing children with the opportunity to maintain a healthy weight has never been more crucial. If the country fails to act and allows more and more children to succumb to unhealthy lifestyles, the effects on the lifespan of those children and the costs to the healthcare system will be devastating.

If future generations are outperformed by past generations – especially in the areas of academic achievement, workforce and life expectancy – because of obesity, the entire country will bear the burden. In order to avoid this scenario, comprehensive efforts to stop and reverse growing obesity rates will need to be launched by a variety of advocacy groups, government agencies and schools.

In many ways solving this problem is simple math: subtract unhealthy options and add healthy ones. This means removing unhealthy foods, unsafe environments and harmful advertising from children’s lives and replacing them with more fruits and vegetables, playgrounds and campaigns that reinforce the value of healthy foods. Doing so will surely have a lasting and positive effect on the health of our children and will do much to bring down the tremendous costs associated with treating obesity in our healthcare system.

Since the obesity problem in this country is complex and involves virtually every component of a community – from home to school to federal government – it behooves various entities to work collaboratively and comprehensively in order to enact meaningful change. Past programs and extensive research have shown that incremental progress is possible; however, reversing this trend completely will take much more. Since children have no voice at the table, it is up to others to provide them with the tools to live rich, healthy lives as children, which will also ensure they have the opportunity to do the same as adults.
Suggestions for Stakeholders

With so many new approaches to ameliorating childhood obesity, there are several ways for stakeholders to get involved. Luckily, since keeping children healthy is in the interest of so many organizations and interest groups, a rich and learned infrastructure for helping already exists. Stakeholders that have an interest in getting involved can participate on a variety of levels in different capacities – all of which can greatly impact the future of our children.

• Partner with community groups to increase the availability of healthy food through local farmers markets and use them as an opportunity to educate parents on the importance of good nutrition.

• Participate in programs which promote wellness and active lifestyles in schools and in the community.

• Provide educational materials on the health effects of overweight and obesity to local schools and organizations.

• Encourage the development of positive media campaigns around health and nutrition and utilize pediatrician offices and children’s hospitals as the delivery method.

• Identify local farmers markets and encourage employees to use them to buy fresh foods for their homes.

• Partner with local community gardens to provide children with the opportunity to learn about growing and harvesting fruits and vegetables.

• Work with local planning officials to develop campus plans that pay specific attention to walkability and safety – particularly in areas where children visit most.

For access to in-depth information about The Center’s key initiatives, links to resources used in this issue brief and to The Center’s other health policy and advocacy publications, visit www.healthpolicyissues.com.
Endnotes


6. Centers for Disease Control and Prevention, “Childhood Obesity Facts.”


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57. Ibid.

58. Ibid.


60. The Ohio Revised Code, section 3311.521. [http://codes.ohio.gov/orc/3311.521](http://codes.ohio.gov/orc/3311.521)


65. Ibid.


68. Ibid.
The Center for Health Affairs is the leading advocate for Northeast Ohio hospitals, serving those organizations and others through a variety of advocacy and business management services. The Center also works to inform the public about issues that affect the delivery of healthcare.

Formed by a visionary group of hospital leaders 97 years ago, The Center continues to operate on the principle that by working together hospitals can ensure the availability and accessibility of healthcare services. For more on The Center and to download additional copies of this brief, go to www.chanet.org.