Overview

Trends and Policy Solutions in Childhood Obesity, Physical Activity and Nutrition

This tool kit provides policymakers with resources, data, trends and examples of solutions being implemented or considered by states and legislators across the country that aim to reverse the childhood obesity epidemic.

Millions of young Americans are at risk of living shorter, less healthy lives than their parents.1 After a century of advances against infectious diseases and vast improvements in life expectancy and quality of life, today’s children face a very different health threat: childhood obesity and its associated chronic diseases. Children are increasingly developing Type 2 diabetes—a condition related to obesity that once was referred to as “adult onset” diabetes.2 Various environmental factors have contributed to the increase in childhood prevalence of diabetes and other obesity-related conditions such as heart disease and cancer. Moreover, many children are developing unhealthy behaviors, such as poor eating habits and physical inactivity, which will continue to affect their health over the course of their lifetime.

Policymakers have an important role to play in stemming the tide of childhood obesity. In addition to parents and caregivers, policy and environmental factors also have a significant impact on children’s health. Schools, for example, influence children’s food choices and activity levels every day. State legislators and other policymakers can support schools’ efforts to make healthy foods available and attractive, to monitor how advertising targeting children affects their behaviors, to limit children’s exposure to unhealthy foods, and to create an environment that encourages physical activity and good nutrition.

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What is Childhood Obesity?

Different health experts and organizations sometimes use different terms to describe weight risk for children. The Centers for Disease Control and Prevention (CDC) defines children who have a body mass index (BMI) for age that is greater than the 95th percentile as “overweight” and children who have a BMI for age that is equal to or greater than the 85th percentile but lower than the 95th percentile as “at risk for overweight.”3 The Institute of Medicine (IOM) describes these same two categories as “obese” and “overweight.” According to the IOM, overweight and obesity result when more energy is consumed in the form of calories than is expended by activity or exercise. Thus, physical inactivity and unhealthy food choices are primary factors that contribute to obesity. Evidence also indicates that children who do not have easy access to attractive and healthy food choices at school, in their communities or in their homes have an increased risk for becoming overweight or obese.

The Epidemic—Trends in Children’s Weight, Physical Activity and Nutrition

Over the past three decades, the obesity rate has nearly tripled for children ages 2–5 (from 5 to 14 percent) and youth ages 12–19 (from 5 to 17 percent), and quadrupled for children ages 6–11 (from 4 to 19 percent).4 Between 2003 and 2004, 17.1 percent of children and youth ages 2–19 were considered obese—approximately 12.5 million children in all.5

Racial and ethnic disparities are another cause for concern. Mexican-American and non-Hispanic black girls experience higher obesity rates than non-Hispanic white girls. Between 1999 and 2002, 18.5 percent of Mexican-American girls and 23.2 percent of non-Hispanic black girls ages 6–19 were overweight, while for non-Hispanic white girls the figure was 12.9 percent. Obesity
rates among boys were significantly higher for Mexican-Americans (25.5 percent) than for either non-Hispanic black (17.9 percent) or white boys (14.3 percent). There are also socioeconomic factors related to obesity. Lacking health insurance or having public insurance is directly related to higher obesity rates among adolescents.

Not surprisingly, the rising childhood obesity epidemic is associated with alarming consequences. A study conducted between 1973 and 1994 found that approximately 60 percent of overweight children ages 5–10 had at least one physiological risk factor for heart disease and stroke, such as elevated total cholesterol, triglycerides, insulin, or blood pressure. Twenty-five percent of overweight children had two or more such risk factors.

The long-term implications are equally shocking. For children born in the United States in 2000, the risk of being diagnosed with diabetes at some point in their lives is 33 percent for males and 39 percent for females. When race and ethnicity are considered, the picture is even more troubling. Hispanic boys have the highest lifetime risk of diabetes (52.5 percent), followed by non-Hispanic black boys (49 percent). Non-Hispanic white males have a markedly lower risk at 31.2 percent. Among girls, the risk of diabetes is again greatest among Hispanics (45.4 percent), followed by non-Hispanic blacks (40.2 percent) and non-Hispanic whites (26.7 percent).

Data show these troubling statistics are directly related to diet and physical activity. The Youth Risk Behavior Surveillance System reveals that in 2005, only 20.1 percent of high school youth ate recommended amounts of fruits and vegetables, while 35.8 percent met recommended levels of physical activity. Eating outside the home has become an increasingly important factor in the nutritional quality of Americans’ diets, especially for children. In the late 1970s, foods consumed away from home comprised 20 percent of children’s total caloric intake; in 1996, that figure had risen to 32 percent. And while television viewing time for children has decreased somewhat over the last 20 years, DVDs, computer and video games, and Internet usage all increase children’s screen time—and make their lives more sedentary.

Physical Activity and Healthy Eating

Healthy eating for children is defined in much the same way as it is for adults: a balanced diet that is low in fat and rich in natural foods, such as whole grains, fruits and vegetables. According to the 2005 Dietary Guidelines for Americans, good nutrition is vital to good health and is absolutely essential for the healthy growth and development of children and adolescents. The Dietary Guidelines also recommend that children and adolescents participate in at least 60 minutes of physical activity most days of the week, preferably daily. For children and adolescents, regular physical activity has beneficial effects beyond weight management, including improvements in muscle strength, aerobic fitness, bone mass and blood pressure. Additionally, physical activity increases self-esteem and decreases anxiety and stress.

Schools and communities together have the potential to improve the health of young people by providing instruction, programs and services that promote lifelong physical activity and healthy eating. While schools are obvious venues for teaching children the importance of healthy eating and physical activity, communities also have an essential role. Children are eating more meals and snacks outside the home and get most of their physical activity outside of school. For these reasons, community centers, government programs, families, the food industry, religious institutions and the mass media must also support good nutrition and physical activity.

Beyond the physiological benefits of exercise, there is evidence that physical fitness is associated with higher academic achievement. The California Department of Education has found that students with high scores on physical fitness evaluations also have high scores on standardized academic tests.
The Economic Case

The economic burden of obesity and the associated chronic diseases will continue to rise if work is not done today to reduce the childhood obesity epidemic today—yet the results of these efforts will not be seen until today’s children reach adulthood.

Some facts about health costs in the United States associated with overweight and obesity include:

- The national costs for childhood-related obesity are estimated to be $11 billion for private insurance and $3 billion for those with Medicaid. This estimate includes undiagnosed children. Taking into consideration only those children treated for obesity, medical costs, on average, are three times higher than for children without the diagnosis.19
- Obesity cost $117 billion in 2000, including $61 billion in direct medical care costs for treatment of related diseases, and $56 billion in indirect costs, such as lost productivity.20
- Health care costs are 36 percent higher and medication costs are 77 percent higher for an obese person compared to a person with a healthy weight.21
- If 10 percent of adults began a regular walking program, at least $5.6 billion in heart disease costs could be saved.22
- A 10 percent weight loss will reduce an overweight person’s lifetime medical costs by $2,200–$5,300.23
- The lifetime medical costs of five diseases and conditions (hypertension, diabetes, heart disease, stroke, and high cholesterol) among moderately obese people are $10,000 higher than among people at a healthy weight.24

What Legislators Can Do about Childhood Obesity

Legislators have been actively pursuing solutions to the childhood obesity epidemic through state education and health policy. Arenas that warrant policymaker attention include:

- Physical Activity and Physical Education: Promoting physical activity and daily physical education has numerous benefits for children and youth. After years of de-emphasizing school time for physical activity and physical education, many states now see these elements as crucial to children’s well-being and academic achievement. Support for physical activity through community and mass media interventions also has shown promise.
- Schools as Community Places: Schools provide a central connection point for many communities. By making school facilities (gyms, auditoriums, food preparation facilities, etc.) accessible to the community, creating safe routes to schools by foot or bike, and capitalizing on the community space they provide, schools can spur changes in communities’ physical activity, recreation, and healthy eating.
- Healthy Foods and Nutrition for Children: Providing nourishing foods, minimizing junk food, and teaching about healthy eating are all essential to creating a healthy school environment—as well as a healthy community. By offering food programs, instruction, increased access to healthy foods, and interventions for children who are overweight or at risk for overweight, schools around the country are creating healthier environments and improving children’s choices.


U.S. Medical Spending on Overweight and Obesity

in billions

$23.50

$14.10

$28.10

$1,400

Private

Medicaid

Medicare

Out-of-Pocket

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