



# Confronting America's Childhood Obesity Epidemic

How the Health Care Reform Law Will Help Prevent and Reduce Obesity

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# Fast Facts on Childhood Obesity

## **Our nation's children today are on track to have a lower life expectancy than their parents**

The obesity epidemic poses serious health problems for children including cardiovascular disease, mental health problems, bone and joint disorders, and diabetes.<sup>1</sup> Consider that:

- Children in some communities “account for almost half of new cases of type 2 diabetes [which had previously been adult-onset].”<sup>2</sup>
- Hospitalizations of obese children and adolescents aged 2 to 19 nearly doubled between 1999 and 2005 for obesity-related conditions such as asthma, diabetes, gallbladder disease, pneumonia, skin infections, pregnancy complications, depression, and other mental disorders.<sup>3</sup>
- Childhood obesity rates have more than tripled since 1980, and current data show that almost one-third of children over 2 years of age are already overweight or obese.<sup>4</sup>

Overall, unless effective action is taken now, this generation of children could be the first to have shorter, less healthy lives than their parents.<sup>5</sup>

## **Rising rates of childhood obesity threaten the economic and fiscal health of the nation**

The growing number of obese children will soon join the growing number of obese adults, imperiling the health of millions of Americans but also adding new economic costs from the loss of labor productivity and increased health care expenditures. Health economists estimate the indirect

costs of obesity are \$4.3 billion a year for absenteeism and \$506 per obese worker per year for lower worker productivity.<sup>6</sup> Within the health care system, studies find that obesity has likely accounted for up to \$147 billion annually in direct care costs in recent years.<sup>7</sup> Consider that:

- The estimated costs for hospitalizations due to obesity-related conditions increased from \$126 million in 2001 to almost \$238 million in 2005, the last year for which complete data are available.<sup>8</sup>
- The cost to Medicaid for these hospitalizations more than doubled from \$53.6 million in 2001 to about \$118 million in 2005.<sup>9</sup>
- Obese children also contribute to these health care costs. Studies have found that obese children stay nearly a full day (0.85 day) longer in the hospital and this has resulted in \$1,634 per patient in increased hospital charges.<sup>10</sup>

An increased emphasis on prevention and wellness is necessary to reduce the amount we spend on obesity-related health services.

## **Children from racial and ethnic minority families and low-income households are disproportionately overweight and obese**

Obesity afflicts children throughout the nation but certain groups of Americans are disproportionately affected. Poverty alone increases the likelihood of being overweight or obese, but other racial and ethnic factors also are important. Consider that:

- Among families living below the federal poverty level, 44.8 percent of children are overweight or obese, while 22.8 percent of children living in families with incomes above 400 percent of poverty are overweight or obese.<sup>11</sup>
- Recent data show that Hispanic and black high school children have obesity rates of 16.6 percent and 18.3 percent, respectively, which is significantly higher than their white counterparts (10.8 percent).<sup>12</sup> The same disparities exist for younger children.<sup>13</sup>
- Children of racial and ethnic minorities are more likely to live in low-income communities, which too often have limited access to healthy food options, fewer parks, and generally are less safe.

The environment exacerbates obesity, although sociocultural factors likely also play a role.<sup>14</sup>

### **Our increased consumption of junk food is driving obesity**

Increased overall food consumption and the decreasing quality of foods are major factors that affect the prevalence of childhood obesity. Both children and adults are eating more foods that are high in fat and sugar, but low in overall nutritional value.<sup>15</sup> Consider that:

- In 2007, the average person consumed 400 more calories a day than in 1985, and 600 calories more a day than in 1970.<sup>16</sup>
- American adults and children consume, on average, one-third of their calories from eating out.<sup>17</sup>
- Children consume almost twice as many calories when they eat a meal at a restaurant compared to a meal at home. Not surprisingly, studies consistently link eating out with obesity.<sup>18</sup>

The rising cost of healthy food options is also a contributing factor to obesity. Consider that:

- A recent Cornell University analysis shows that the inflation-adjusted price of fruits and vegetables rose 17 percent between 1997 and 2003, while the price of a McDonald's quarter-pounder and a Coca-Cola fell by 5.44 percent and 34.89 percent, respectively.<sup>19</sup>
- Studies find a strong relationship between the cost of fast foods and the body mass index of children and adolescents, especially in families of low- to middle-socioeconomic status.<sup>20</sup>

Some combination of the "eating out" culture together with the rising price of healthier foods is in part responsible for the increasing rate of obesity.

### **The upshot**

Successfully tackling childhood obesity will require a long-term, large-scale commitment that combines individual responsibility and action together with community-based approaches. These efforts will take time to reverse a 30-year obesity epidemic, but as we will demonstrate in this report, the results will accrue to the health and well-being of our children, our society, and the fiscal health of our nation.

# Introduction and summary

Obese American children and teenagers today are on track to have poor health throughout their adult lives. Overall, this next generation of Americans could be the first to have shorter, less healthy lives than their parents.<sup>21</sup> Childhood obesity rates have more than tripled since 1980, and current data show that almost one-third of children over 2 years of age are already overweight or obese.<sup>22</sup>

Obese children and adolescents are more likely to have risk factors associated with cardiovascular disease and diabetes, be admitted to the hospital, be diagnosed with a mental health problem, and have bone and joint disorders than those who are not obese.<sup>23</sup> What's worse for them and for our society, overweight adolescents are more likely to become obese adults, with all the health problems that accompany obesity in adulthood.<sup>24</sup> While harming the health of millions of Americans, obesity is concurrently contributing greatly to rising health care costs—more than a quarter of America's health care costs estimated to be related to obesity.<sup>25</sup>

The fundamental reason that children and adolescents become overweight and obese is patently obvious—an energy imbalance between the calories they consume and the calories they expend through activity. But the burgeoning number of overweight and obese kids is attributable to a range of factors beyond this simple dietary dynamic. The overarching causes of this epidemic include a shift in diet toward the increased intake of energy-dense foods that are high in fat and sugars alongside a trend toward decreased physical activity due to the spreading sedentary nature of many forms of play, changing modes of transportation, and increasing urbanization, all of which promote a less active lifestyle.<sup>26</sup> But there are other factors, of course, that contribute to overweight or obese children in our society encompassing biology and behavior, which are often expressed within a cultural, environmental, and social framework.

As a consequence, obesity needs to be addressed as both a sociological and a physiological issue, with the responsibility for tackling obesity extending well beyond health care to a comprehensive societal approach. The newly enacted comprehensive health reform law will enable our nation to address the rapidly increasing childhood obesity and overweight prevalence, which some project to double by 2030.<sup>27</sup> The new law, titled The Patient Protection and Affordable Care Act, or PPACA, contains a number of provisions to

address childhood obesity in the context of health care and public health. The purpose of this paper is to describe areas within PPACA that have the potential to address childhood obesity. Several of the more obvious provisions in the bill that tackle obesity are:

- Improved nutrition labeling in fast food restaurants, which will list calories and provide information on other nutrients
- The Childhood Obesity Demonstration Project, which gives grants to community-based obesity intervention programs
- Community Transformation Grants, which gives grants to community-based efforts to prevent chronic diseases

Other parts of the new law take a more broader approach and have the potential to address obesity because they are focused on prevention and because in their implementation they could make childhood obesity and its risk factors a focus for kids, their parents, and their caregivers. These provisions fall into the following general categories:

- Prevention and public health programs that invest in broader, population-level obesity intervention efforts
- Primary care and coordination efforts that emphasize prevention, a team-based approach and paying for improved health
- Community-based care that target communities that are disproportionately obese and overweight
- Maternal and child health that promote breastfeeding and early-childhood nutrition
- Provisions focusing on adult obesity that will likely impact the behavior of children
- Better research and data collection to ensure we are doing what works to fight obesity

Each of these efforts can provide important routes to helping children who are overweight or obese or at risk for being so—even when addressing childhood obesity is not their specific purpose.

The precise capabilities of these direct and indirect provisions in the new health care law to address childhood obesity are circumscribed by the specific authority and funding provided for each of these provisions, and also by the focus that is taken in their implementation. But taken together, the commitments made in the new law establish an important foundation to better tackle the epidemic of overweight and obese children and adolescents. In the pages that follow, we will examine some of these provisions to demonstrate how they individually and then together can improve the health and well-being of the next generation of Americans while lowering the costs of health care significantly across our society.

Of course, there are a number of areas beyond the new health care law that can play a tremendous role in combating childhood obesity. Some of these areas pertain to food consumption and activities that take place during or right after school, and others have to do with the makeup of the broader community in which a child lives. The quality of

food in schools, including school meals, vending machines, and a la carte snacks, has a significant impact on children's physical health, yet the nutritional value of most of these available sources of food for students is woefully inadequate. Reforms to food in schools were beyond the scope of the health care bill and therefore should be addressed in pending child nutrition reauthorization legislation now before Congress.

Then there's the activity side of the obesity equation. Requiring physical education during school and providing after-school opportunities for physical activities are important steps in regularizing such behavior in children. In a child's broader environment and community, several features can lead to overweight and obese kids. The safety and convenience of parks and sidewalks can be tremendously influential in making activities such as walking to and from school and playing after school a routine.

The availability of healthy food outside of school hours also affects the rates of obesity and the number of overweight kids in a community. The absence of affordable, healthy food options often leads to the purchase of cheaper foods of low-nutritional value, especially in lower-income communities. These areas are known as "food deserts," where malnutrition and obesity go hand in hand due to the poor nutritional quality of available foods. Lax regulations on the advertisement of unhealthy foods and drinks are problematic in improving the eating habits of children and should be reviewed as we move forward.<sup>28</sup>

There are more dimensions to this problem than are noted here, but many of the above can be influenced by effective policies outside of health care.

President Obama calls childhood obesity "one of the most urgent health issues that we face in this country." To help address this, First Lady Michelle Obama announced the nation should eliminate the challenge of childhood obesity within a generation and launched a nationwide campaign—Let's Move!—to help achieve this. The primary goal of the campaign is to help children become more active and eat healthier so that children born today will reach adulthood at a healthy weight. Putting his words into action, and to kick off Let's Move!, the president signed an Executive Order to create a Presidential Task Force on Childhood Obesity.<sup>29</sup> (For more information on the Presidential Taskforce on Obesity and the "Let's Move!" Campaign, see the appendix on page 30.) The taskforce is charged with developing and submitting to the president an interagency plan that "details a coordinated strategy, identifies key benchmarks, and outlines an action plan" by May 10, 2010.

Successfully tackling obesity is a long-term, large-scale commitment that will require both individual responsibility and action together with community-based approaches driven by partnerships between government agencies and businesses, schools and public, private, and nonprofit after-school facilities. These efforts will take time to reverse the long-standing obesity epidemic, but as we will demonstrate in this report, the results will accrue to the health and well-being of our children, our society, and the fiscal health of our nation.

The availability of healthy food to kids outside of their school hours also obviously affects the rates of obesity and the number of overweight kids in a community.

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