

Fighting Fat at 15

What the Federal Government Can Do to Combat Childhood Obesity

Joy Moses and Amara M. Foster September 28, 2010

This month is the first ever Childhood Obesity Awareness Month, and there is perhaps not a more poignant illustration of the crisis facing our nation than the Style Network show, "Too Fat for Fifteen." The show depicts life at a special weight-loss boarding school and features an 11-year-old whose starting weight was more than 200 pounds and a 17-year-old who began at more than 500 pounds and was homeschooled and essentially homebound as a result. America has a problem and it is heartbreaking for its adults, many of whom are also in lifelong struggles with weight, to watch innocent children tread along familiar paths that impair their health, quality of life, and self-esteem.

Indeed, national discussions, in part inspired by the First Lady's Let's Move! campaign, suggest a need to root out the problem of obesity as early in life as possible—before children reach adulthood and probably well before they reach age 15. Cultural images like those in "Too Fat for Fifteen" that depict steady and sometimes rapid weight loss lead many Americans to wrongly conclude that the causes of childhood obesity are simple ones with easy solutions for those who have the will to pursue them. Yet the problem is far more complicated than highly controlled, made-for-TV environments reveal.

This is especially true for low-income children who face added barriers to obtaining and maintaining a healthy weight. Limited resources often inhibit poor families' ability to simply buy enough food to prevent them from being hungry. Within these families, healthy foods can be largely out of reach since they tend to be more costly. Such circumstances undoubtedly contribute to the fact that children living in poverty disproportionately experience challenges related to weight.

Congress has another opportunity to pass a new version of the Child Nutrition Act in the days to come or later this fall, which would help address the childhood obesity epidemic more generally and also reach children living in poverty in particular. Yet even if Congress passes the legislation there will still be more work ahead in the battle against obesity, encompassing a variety of federal legislative and administrative policies in areas such as antihunger services, K-12 education, and transportation.

Obesity and poor nutrition among children living in poverty

Of children living in poverty, 44.8 percent are overweight or obese compared to 31.7 percent of the general population. The health risks associated with obesity are well known and include diabetes, cardiovascular disease, asthma, bone and joint disorders, and mental health conditions. And the economic costs to our nation are tremendous. Childhood obesity costs \$14.1 billion per year across income groups and leads to a greater likelihood of adult obesity, which currently has a hefty \$147 billion per year price tag. These concerns about the physical well-being of our children and avoidable costs burdening our health care system warrant action.

But these numbers don't even reflect the full story. You can't talk about obesity without also talking about hunger when focusing on kids living in poverty. This same income group is also more likely to suffer from not having enough food about one quarter of households falling below the federal poverty line had food insecurity among children at some point in 2007, which was before the first full year of the recession. Some have questioned the coexistence of these two conditions. How can America's poor children both be too fat and not have enough food?

Researchers have stressed that certain healthy foods including fruits and vegetables can have a higher price tag than less healthy alternatives that have a stable shelf life such as potato chips, chocolate, and sodas. Families with budgets too small to buy enough food can come closer to obtaining the amount of food they need if they simply choose less healthy options. This becomes a central connection point between hunger and obesity—families get fatter as they buy cheaper and less healthy foods in order to try to fill up.

Some low-income people also live in food deserts or communities that have limited access to fruits, vegetables, and other healthy foods. Instead of full-service grocery stores and farmers' markets, they have an overabundance of convenience stores and fast food restaurants, or not much at all. USDA findings indicate that

23.5 million people live in low-income areas that lack access to a supermarket within a mile of their home. Low-income zip codes have 25 percent fewer supermarkets than middle-income zip codes. Families could be buying the foods available to them, not getting enough of those foods, and yet still be getting fat because those foods are so unhealthy.

It is clear that efforts to address obesity among low-income children should be considered within the larger context of malnutrition, which encompasses hunger and any relationship between hunger and obesity. To do otherwise would hinder progress on obesity reduction goals. It would be fruitless to solely arrive at the legitimate obesity reduction solution of providing more nutrition education, for example, if the family receiving that information has been experiencing food insecurity and struggling to afford the food included in their current diet and can't see a way to spend even more for healthier options. It would also hurt hunger reduction efforts to simply focus on getting people more food. If the available food is unhealthy, the families would simply trade the negative consequences associated with hunger for the negative consequences associated with obesity.

Holistic policy solutions are necessary. These must seek to reduce obesity with full consideration of the challenges posed by hunger. This brief focuses on foodrelated policy solutions, but these efforts should be complemented by those aimed at improving physical fitness.

Child Nutrition Act

The policy garnering the greatest amount of attention is the child nutrition legislation, which is scheduled to expire at the end of September and is currently being considered by Congress. The House (<u>Improving Nutrition for America's Children</u> Act, H.R. 5504) and Senate (<u>Healthy, Hunger-Free Kids Act</u>, S. 3307) each have their own versions of the legislation. Both would help address childhood obesity with policies that include the following:

- Allowing the federal government to establish national nutrition standards for foods served in schools
- Providing more money for school lunches so that schools can provide healthier meal choices
- Shifting to lower-fat milk options and ensuring the availability of free water in schools
- Encouraging and supporting healthy eating in childcare settings
- Easing access to school lunch and expanding the availability of school breakfasts, afterschool meals, and summer meals

This programming could directly provide healthy foods while also reducing strains on family food budgets, potentially paving the way for parents to be able to afford healthier options at home.

The nation is facing critical questions about its values and priorities. How important are our children? How much value do we place on the health of our children and their ability to have enough food to eat? Are there some things we can give up for the sake of their well-being?

The upper-limit \$8 billion price tag may seem high. But it is noticeably small when compared to the following:

- The estimated \$830 billion cost over 10 years for extending the Bush tax cuts for the wealthiest 2 percent of Americans. (Ten years of new child nutrition spending would represent less than 1 percent of that tab.)
- The \$30 billion over five years (as proposed in the End Big Oil Tax Subsidies Act, H.R. 5644) that could be saved by eliminating federal subsidies for BP and other oil companies. (Five years of new child nutrition spending would only represent 13 percent of that tab.)
- The \$109 billion over one year that CAP experts suggest could be eliminated
 from the federal defense budget without threatening national security or hindering current military operations. (One year of new child nutrition spending
 would represent less than 1 percent of that tab.)

It will be a powerful statement about our national priorities if Congress continues spending in these areas but determines that it cannot find the funding to both feed hungry children and provide drastically needed meal-quality improvements.

The fight against childhood obesity, however, does not begin and end with the Child Nutrition Act. Far more work lies ahead.

Other opportunities

Continued and sustained efforts aimed at reducing obesity and malnutrition among low-income children must encompass a diversity of policy areas, government agencies, and other players. The remainder of this article highlights some examples of potential next steps.

Developing sustained interagency collaborations

Various federal agencies have a <u>role to play</u> in ending childhood obesity. The Department of Health and Human Services is responsible for implementing the recent health care reform bill, the Patient Protection and Affordable Care Act, which includes <u>multiple provisions</u> that could help reduce childhood obesity. And the Department of Education has a role to play in encouraging improvements to nutrition and physical education. Many of these agencies have recently been a part of the White House Task Force on Childhood Obesity, which produced a report outlining recommendations for addressing the problem. There is a need to pursue successful, continued, and sustained collaborations among these agencies moving forward. Such collaborations should be built on clear goals, benchmarks for success, evaluations of progress, and a willingness to experiment with new innovations.

Eliminating food deserts

More must be done to improve access to healthy foods. The president has proposed the Healthy Food Financing Initiative, which would invest \$400 million a year to reverse high rates of obesity in low-income communities by eliminating food deserts. The initiative would accomplish this by bringing supermarkets to underserved neighborhoods and helping small corner stores sell more healthy food. The Healthy Food Financing Initiative is modeled after Pennsylvania's successful Fresh Food Financing Initiative, which developed supermarkets in 80 urban and rural areas across the state, creating almost 5,000 jobs and providing nearly 500,000 residents with access to affordable groceries.

Farm Bill improvements

Congress is scheduled to review and reauthorize the federal Farm Bill in 2012. This comprehensive food-related legislation encompasses SNAP, formerly known as food stamps, and The Emergency Food Assistance Program, as well as various provisions that add to efforts to improve health and reduce obesity. Revisiting the legislation could lead to further improvements such as expanding access to fruits and vegetables and facilitating the use of farmers' markets or generally increasing the resources available to families for food purchases.

Transportation legislation

People living in food deserts or other locations with undesirable food retail options usually also have less access to vehicles, which limits their ability to travel to grocery stores outside of their neighborhoods. Low-income communities therefore stand to gain from improvements in the nation's public transportation systems; these efforts can increase supermarket accessibility and connect them to healthy food.

The ARRA-funded Transportation Investment Generating Economic Recovery, or TIGER, grant program and subsequent investments are important steps in the right direction by providing new funding for public transportation as well as other infrastructure needs. President Obama's recent infrastructure investment proposals along with general efforts to reauthorize federal transportation legislation, which expired at the end of 2009, provide additional opportunities for addressing the public transportation needs of low-income communities as well as many other valuable benefits.

Conclusion

The nation's food landscape is changing. Policymakers increasingly understand how poor nutrition and obesity damage the nation's physical and economic health. The new health care reform bill and the First Lady's Let's Move! campaign are examples of recent helpful developments. And the Child Nutrition Act reauthorization may follow this month. Our nation's children will have greater access to food and healthier food options if Congress is successful in finding the most helpful ways to pay for improvements.

Yet there is still much work ahead, even with new child nutrition legislation, and these efforts will encompass multiple government agencies and a diversity of policy areas that include food-related legislation as well as non-traditional areas such as transportation policy. It is clear that this is no small problem and will required sustained and serious efforts over many years. But we can find a way to solve it, and in doing so, improve the health and well-being of all children, including those facing the additional challenges posed by poverty.

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