Childhood Obesity
Epidemic Spurs State Action

Will kids live shorter lives than their parents?
By Dan Lorentz

If the rapid rise in childhood obesity is left unchecked, kids alive today may be the first generation in 200 years to have shorter life expectancies than their parents. And on the way to their earlier graves, this generation of children will likely drive up medical costs because obesity is closely linked with increased risk of heart disease, stroke, Type 2 diabetes, kidney failure, cancer and depression—all of which can be very expensive to treat and control.
That’s according to a new study in the *New England Journal of Medicine*. The study, published in March 2005, is just one of many studies about the potential consequences of the obesity epidemic plaguing both children and adults in the United States. But for many state legislators, like Maine Rep. Margaret Craven, this study will add urgency to efforts to combat the epidemic, especially among children.

“By the time kindergarteners today reach age 25, they may well have chronic diseases like diabetes and heart disease at the same rate that my generation is having at age 60,” said Craven, who co-chaired a state commission charged with recommending ways to combat obesity and decrease the cost of health care. “That’s outrageous, and the cost of the medical care is going to be outrageous. Here in Maine, we don’t have lots of money for discretionary spending, and this obesity epidemic is just going to make things worse until we start living healthier lives, and we had better start soon.”

**What Obesity Is Doing to Kids**

The facts about childhood obesity support Craven’s sense of urgency.

- Since 1980, overweight/obesity rates have doubled among children and tripled among adolescents, increasing the number of years they are exposed to the health risks of obesity.
- Type 2 diabetes, once believed to affect only adults, is now being diagnosed among young people.
- Overweight children have a 70 percent chance of being overweight as adults.
- Sixty percent of 5- to 10-year-olds already have risk factors for heart disease such as high blood pressure or high cholesterol, and 25 percent have two or more risk factors.
- Among young children and teenagers, annual hospital costs related to overweight and obesity more than tripled over the past two decades, rising to $127 million between 1997 and 1999, up from $35 million between 1979 and 1981.

In addition to increased risk of chronic diseases, researchers have found that depression, anxiety, anger and other mental problems in children and adolescents can be the cause or result of weight problems. Overweight kids are also more likely to have a poor self-image. Obviously, such problems can interfere with a child’s ability to learn.

**Multifaceted Policy Approach**

According to a 2004 report from the Institute of Medicine, stemming the rapid rise in obesity among American children will require an aggressive and multifaceted approach. Schools, families, communities, industry and government should strive to increase and improve opportunities for children to engage in physical activity and eat a healthy diet.

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**Prevalence of Overweight Among Children and Adolescents Ages 6–19 Years**

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*Data from 1963-65 for children ages 6-11 and from 1966-70 for adolescents ages 12-17.
Source: National Center for Health Statistics

As a society, we have an obligation to protect the health and well-being of our children,” said Dr. Julie Gerberding, the director for Centers for Disease Control and Prevention (CDC). “Too many of our nation’s children are overweight or obese, and are facing serious health and social issues as a result. We need everyone’s involvement—especially parents, health care professionals, educators and policy-makers—to get involved if we hope to successfully reverse the current trends in obesity nationwide.”

And that’s the approach that Craven and her co-chair Sen. John Martin took with their commission in Maine. The commission offered 27 distinct policy recommendations relating to advertising to children, school nutrition, physical activity, healthy food purchasing, state employment and health insurance coverage.

Some specific recommendations from the final report of the Maine Commission to Study Public Health included:

- assessing the feasibility of restricting advertising of unhealthy foods directed at children under 12 on Maine television;
- encouraging local fruit and vegetable consumption in schools through the Farm-to-School Program;
- requiring elementary and middle school students to participate in 150 minutes of physical activity per week outside of recess;
- requiring chain restaurants to provide caloric information on menus so families can make healthy choices when they dine out; and
I direct the Department of Transportation to spend at least 1 percent of its highway budget on shared-use paths to schools.

**How States Are Responding**

Like Maine, most states are responding to the childhood obesity epidemic. Nearly every state has at least introduced legislation to regulate food in schools and to encourage more physical activity. Some states, however, are leading the pack.

In 2003, Arkansas, an early and aggressive leader in implementing state policies dealing with the obesity epidemic, launched a statewide anti-obesity initiative.

"Arkansas, like most states, has experienced a troubling increase in childhood obesity and Type 2 diabetes," said Arkansas Gov. Mike Huckabee, who lost more than 100 pounds since being diagnosed with diabetes in 2003. "Thanks to legislation approved in 2003, parents are being provided information about their children's weight, the dangers of being overweight and how to get help."

The legislation—Act 1220—created an annual health report card for every Arkansas public school student. The report card, sent confidentially to parents, assesses every student’s body mass index (BMI).

Texas is one of just two states to have set nutritional standards that exceed current USDA requirements for school breakfasts, lunches and snacks. Among other nutrition-related restrictions and requirements, the state’s public school nutrition policy prohibits schools and other vendors from serving food items containing more than 28 grams of fat per serving size more than twice a week.

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and requires that fruit and vegetables be offered daily. South Dakota is the only other state with nutrition standards that go beyond USDA requirements.

Kentucky enacted one of the more ambitious school nutrition and physical education bills this year. Senate Bill 172 requires the Board of Education to set minimum nutrition standards for all food and beverages sold in school outside of the national school lunch programs. It also bans the sale of “competitive foods” inside schools during the school day and allows only “school day-approved beverages”—fruit juice, water and low-fat milk—to be sold in elementary school vending machines or other venues during the school day.

On the physical activity side, the bill requires public schools with K-5 grades to develop and implement a wellness policy that includes more opportunities for physical activity.

According to a recent analysis of state obesity policies, 48 states have physical education requirements, though only Illinois requires daily physical education in every grade. However, the effectiveness of these requirements in increasing actual physical activity is in doubt because the requirements are not enforced, and numerous exemptions are permitted.

States Have a Long Way to Go

Even though states have taken more action to combat the obesity epidemic in recent years, some experts caution that states are still losing the fight. According to a 2005 report on obesity trends by Trust for America’s Health entitled F as in Fat: How Obesity Policies Are Failing in America, every state will fail to meet federal 2010 obesity rate goals for children and adults. The report says part of the reason the state track record is poor is that “despite widespread consensus that action must be taken, there is no aggressive, coordinated national strategy to address obesity.”

—Dan Lorentz is a health policy analyst at The Council of State Governments.

Internet Resources


Also available at CDC’s Web site is Making It Happen—School Nutrition Success Stories. The report illustrates a wide variety of approaches schools have taken to improve student nutrition. To learn more about this publication go to: www.cdc.gov/healthyyouth/nutrition/Making-It-Happen/index.htm.

To access F as in Fat: How Obesity Policies Are Failing in America, the Trust for America’s Health report, visit http://healthyamericans.org/reports/obesity/.

To learn how to obtain a copy of the recent New England Journal of Medicine report by S. Jay O’Shansky, Ph.D., entitled, A Potential Decline in Life Expectancy in the United States, go to: http://content.nejm.org/.

Trends Summit on Obesity

To help states fight the obesity epidemic, The Council of State Governments is hosting the Trends Summit on Obesity. The summit will take place July 20–22 in Chicago, Illinois, at the Omni Chicago Hotel.

Invited speakers include Arkansas Gov. Mike Huckabee and leading national experts such as CDC’s Dr. George Mensah.

The purpose of the invitation-only summit is to provide an interactive forum for legislators to explore a range of policy options for combating obesity, learn what research indicates about the effectiveness of various approaches and examine opportunities for state innovation.

The summit is a project of CSG’s Healthy States Initiative. For more information about the summit, contact The Council of State Governments at (859) 244–8000.