

## *Childhood Obesity*

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of Children**  
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Pediatricians, parents, and policymakers alike are concerned about high and rising rates of obesity among U.S. children and are now recognizing the need for action. Over the past three decades, the share of children who are overweight or obese has doubled, from 15 percent in the 1970s to nearly 30 percent today, while the share of children who are obese has tripled to from 5 to 15 percent.

Despite all the public attention and concern, policymakers are uncertain how best to combat childhood obesity. Researchers have identified many possible causes of the obesity epidemic, but the research base on how to prevent obesity is still limited, making it difficult to decide how best to proceed. With state and federal budgets already strained, it is important to develop programs and policies that are effective and can be implemented at reasonable cost.

### **Why Should We Care about Childhood Obesity?**

Increases in childhood obesity pose a serious health threat. With today's obese children falling victim to diseases that once afflicted only adults, obesity is not only taking a toll on their overall health but also threatening ultimately to shorten their life span. The increase in obesity is also an economic issue. Estimates of the costs of treating obese children are relatively small but rising rapidly, and the costs of treating adult obesity-related health problems rival the costs of smoking. Preventing obesity in childhood must be the centerpiece of plans to reduce both the health and economic costs of obesity.

### **Focus of the Volume**

The past thirty years have seen many dramatic changes in the ways Americans work, live, and eat. Researchers are now tracing today's obesity epidemic back to many of those changes. This volume reviews evidence on how each of these changes may have caused obesity to increase and examines how best to address each of the possible causes.

Among the questions the volume asks are:

- What are the recent trends in childhood obesity, and how closely have changes in American lifestyles tracked those trends?
- How have changes in neighborhoods, restaurants, grocery stores, entertainment media, schools, child care providers, and homes led to the increase of obesity in children?
- What strategies could be employed to modify these environments in a cost-effective way to keep children at a healthy weight?
- What are the health effects of obesity on children?
- What obesity-related issues are unique to minorities and disadvantaged populations?
- How well is the medical community—particularly pediatricians—handling obesity-related health problems?

## **Reducing and Preventing Childhood Obesity: What Works?**

Presented with so many possible causes of the obesity epidemic and only limited evidence about what works to combat childhood obesity, policymakers and practitioners should focus attention on programs and policies that are most likely to be effective.

### Involve both children and parents in obesity-prevention programs.

Typically conducted within schools, child care centers, and after-school programs, these interventions work with both children and their parents, teaching them about nutrition, helping them limit television viewing, and promoting increased physical activity. Although more work is needed to tailor these programs to children of varying ages and demographic groups, evidence indicates that such programs can be effective.

### Improve nutritional and physical activity standards within schools.

The U.S. Department of Agriculture enforces standards for the nutritional content of food in the national school lunch program, but schools are also allowed to serve non-nutritious foods such as cookies, potato chips, and sodas. Many states and local school districts have chosen to impose stronger requirements and to limit unhealthy foods. A strong case could be made for changes in federal policy, especially if the states experimenting with new school nutrition policies are successful at preventing childhood obesity. In addition, schools should strengthen physical education (PE) requirements to increase the amount of time students spend in PE classes, and most importantly, the amount of moderate or vigorous activity they engage in during PE classes.

### Limit children's exposure to advertising.

Children view an average of 40,000 television ads a year, often featuring candy, sugared cereal, and fast food. Children find advertisements persuasive and in turn influence their parents' food purchases. Congress and the Federal Communications Commission could reduce advertising time for non-nutritious foods aimed at children or balance such ads with ads for more healthful foods such as fruits and vegetables. A more aggressive strategy would be an outright ban on ads for foods that are high in sugar, fat, and calories during children's programming – just as Congress has banned all tobacco ads on television and radio.

### Improve preventive care and treatment for obesity and related conditions.

Medical schools and pediatric residency programs need to better train physicians in how to screen for and prevent obesity, as well as how to manage associated health problems. Doctors must be reimbursed by insurance programs for delivering obesity-related care. Although federal law does not prevent states from reimbursing providers for obesity prevention and treatment services through Medicaid and the State Child Insurance Programs (S-CHIP), neither does it mandate that they do so. Steps should be taken to require public and private health insurance for children to recognize obesity as an illness and to allow it to be treated and covered accordingly.

These policy recommendations are cautious, based on strategies that show promise in reducing obesity in the short term. But they are simply first steps in what is likely to be a long battle to reverse obesity trends. Other promising policies and programs include: improving access to healthful foods in low-income with farmers' markets and new grocery stores; building more sidewalks so that children can walk or bike to school; and requiring restaurants to provide more nutrition information. All initiatives should be carefully evaluated. A prerequisite for any effective public health campaign is a solid base of knowledge about what can be done to improve health. Building this knowledge base will take time, attention, and funding, but is an essential step in reducing childhood obesity.