Shaping a Healthier Generation: Successful State Strategies to Prevent Childhood Obesity

The NGA Center for Best Practices is a consulting firm for governors. Solutions to public policy are developed. This article is a report dealing with the obesity epidemic. In this report one can:

- Learn about the problem.
- Learn about what works.
- Information about what is happening in other states.

Studies have shown that obesity in children has become an epidemic. There are more than 23 million American children, 1 out of every 3 who are considered obese. Most of these children grow up to become obese adults. Obesity rates have risen 250 percent in our country since 1980. What is causing this? Why are our children getting fatter? Who is responsible? What can be done?

Obesity in children is one of the major causes of the rise in the Type2 Diabetes rates. It is estimated between 30 and 40 percent of today’s children will be diagnosed with diabetes sometime in their lifetime. This risk will be higher for ethnic minority children. It has been determined that $147 billion dollars in healthcare costs are linked to obesity. “Rising obesity in children leads to higher incidents of diabetes, heart disease, and other chronic conditions that will follow youngsters into adulthood. This will strain the health care system, state budgets, and cost society in multiple other ways by hindering children’s ability to grow into healthy, successful adults.” Rising obesity rates account for roughly one-third of the growth observed in health care costs since the mid-1980s. Specifically, obesity trends alone account for more than 38 percent of diabetes spending, 22 percent of high cholesterol spending, and 41 percent of heart disease spending. Annual obesity-related hospital costs for children and adolescents were $238 million in 2005.

Obesity affects children of all races and ethnicity. Obesity affects all socioeconomic and geographic areas but some children are at a higher risk than others. African Americans and Hispanics obesity increased 120 percent in the last decade. A family’s ability to live a healthy lifestyle was not seen in neighborhoods where safety, noise, and poor housing were issues.
So where do schools fit into this picture? America’s children spend a good portion of their waking hours at our schools. Children consume up to 50 percent of their daily calories while they are at school. “In 2004, Congress mandated that all schools administering federally funded meal programs develop and establish wellness policies to enhance nutrition and physical activity in schools. These policies went into effect during the 2006–2007 school year; however, research indicates that schools are either unaware of the federal requirement or need support to implement their wellness plans.” The National School Lunch and Breakfast program feeds nearly half of all school age children weekly. Efforts in schools can be very positive towards the efforts to curb childhood obesity and the general health of our students in this nation.

The U.S. Surgeon General recommends individuals do at least 60 minutes a day of moderate physical activity. Only 42 percent of children ages 6 to 11 and 8 percent of adolescents meet this requirement. There is a direct link between environment and health. Students from inner cities have less access to parks, sports facilities, bike paths and other safe places to get their 60 minutes of exercise. They are less likely to be involved in organized sports. Today less than 13 percent walk to school compared to 52 percent in 1969. Schools are further away and safety has become an issue.

The solution to the problem of childhood obesity will take a group effort between the state government, community based organizations, schools, and parents. Schools and families need to provide guidance to help today’s children and youth grow into happier, healthier, and more productive adults. Several states have begun their efforts. Michigan has developed a five-year strategic policy plan to reduce childhood obesity. Pennsylvania partnered with several public and nonprofit entities on the Fresh Food Financing Initiative. In 2005, Congress passed the Safe, Accountable, Flexible, Efficient, Transportation Equity Act: A Legacy for Users Act (SAFETEA-LU) authorizing $612 million to states over a period of five federal fiscal years for the Safe Routes to School (SRTS) program.