

Childhood Obesity Policy Agenda

Rationale for Action

In the United States, childhood obesity is an epidemic. Data from the Centers for Disease Control and Prevention (CDC) indicate that 17 percent of children between ages 2 to 19 are obese. CDC data also show that since 1980, the prevalence of obesity among children and adolescents has nearly tripled.¹ As a part of our focus on improving health outcomes for children in New England and across the nation in partnership with state advocates, the New England Alliance for Children's Health (NEACH)—an initiative of Community Catalyst—is committed to addressing the childhood obesity epidemic.

Policy Priorities

NEACH is interested in supporting efforts to move the following policy priorities forward that can help to address childhood obesity:

- **Taxing Sugar-Sweetened Beverages:**

- **The Issue:** Consumption of sugar-sweetened beverages (SSBs) by children is linked to increased obesity rates.² An excise tax on SSBs is projected to both decrease consumption of SSBs and raise revenues for additional policy options aimed at reducing childhood obesity. For example, a national penny-per-ounce excise tax on SSBs would reduce consumption by approximately 24 percent and raise an estimated \$79 billion from 2010 to 2015.³

- **State Advocacy Opportunity:** During 2011, fifteen states across the country considered SSB tax legislation of some type.⁴ In New England, both Rhode Island and Vermont have had active SSB excise tax campaigns. As state budget shortfalls continue to be an issue and the childhood obesity epidemic continues to worsen, there is an opportunity to move forward with SSB tax proposals as part of a balanced approach to address these challenges at the state level, with the hope of establishing a precedent for a future national effort.

- **Improving Physical Education Programs:**

- **The Issue:** Children who participate in at least 60 minutes per day of moderate to vigorous physical activity have a decreased likelihood of becoming obese. For obese or overweight children, physical activity can help them to achieve and maintain a healthy weight. Research has demonstrated that quality physical education classes can increase the amount of time that children engage in moderate to vigorous physical activity. For example, requiring that class activities with low levels of physical activity be replaced with those that consist of more rigorous physical activity or incorporating fitness and circuit training as well as other characteristics can be helpful.⁵

- **State Advocacy Opportunity:** There is an opportunity to systematically evaluate state requirements for physical education classes and determine to what extent these requirements are consistent with best practices. Once this determination is made, campaigns in support of standards that reflect best practices could be undertaken at the state level. Imposing these types of new requirements where necessary would also have the benefit of not adding significant costs to state budgets at a time when states are under intense fiscal pressure.

- **Improving Access to Farmers Markets for Low-Income Children and Families:**

- **The Issue:** Childhood obesity is linked with lack of access to nutritious foods and children living in low-income neighborhoods have inadequate access to healthy food options.⁶ One promising approach to improve access to nutritious foods for low-income children and families is to enhance their access to farmers markets—where nutritious foods are sold—by supporting the development of systems and outreach efforts that facilitate the use of Supplemental Nutrition Assistance Program and Special Supplemental Nutrition Program for Women, Infants and Children benefits at these markets.⁷

- **Federal Advocacy Opportunity:** Financial support can be provided for these systems and outreach efforts at the federal level. At the federal level, there is an opportunity to direct funding within the 2012 Farm Bill to further support both systems and outreach efforts aimed at enhancing access to farmers markets for low-income children and families.

- **Restricting Television Food Advertising Aimed at Children:**

- **The Issue:** Advertising for non-nutritious foods targeted at children has been shown to have a causal effect on their food preferences and consumption of these foods. Research has also shown a correlation between television viewing and unhealthy diets.⁸ While more research in this area is needed, one estimate projects that obesity prevalence among children between the ages of 6 and 12 could be reduced as much as 15 percent through the complete elimination of food marketing to children on television.⁹

- **Federal Regulatory Opportunity:** Even if a complete ban cannot be achieved, limiting the amount of food advertising targeted at children remains a promising approach. The opportunity here must be focused at the federal level. In May 2011, the Federal Trade Commission issued its proposed principles for food marketing to children. However, the food industry will not be required to follow these principles because they are voluntary. They are slated to go into effect in 2016.¹⁰ There is an opportunity for regulatory advocacy to strengthen these principles, speed up the implementation timeline, and work for further regulatory change on this issue. Once the principles are in effect, there will be an important opportunity to monitor compliance with the principles.

Moving Forward

The policies listed here are among those that offer a pragmatic way for advocates to address the childhood obesity epidemic. There are also additional federal, state, and local measures that could have a positive impact on the childhood obesity problem and NEACH stands ready to assist New England state advocates with any of these efforts through analyzing policies, providing campaign planning, building coalitions, as well as messaging and communications support. Given its extensive experience in these areas, NEACH is confident that there is an opportunity to make a meaningful impact on child health quality through addressing the childhood obesity epidemic with proactive policy change.

¹ “Obesity Rates Among All Children in the United States,” Centers for Disease Control and Prevention, accessed May 24, 2011, <http://www.cdc.gov/obesity/childhood/data.html>.

² The Robert Wood Johnson Foundation, *The Negative Impact of Sugar-Sweetened Beverages on Children’s Health*. (Princeton, NJ: The Robert Wood Johnson Foundation, 2009), 1. <http://www.rwjf.org/files/research/20091203herssb.pdf>.

³ Tatiana Andreyeva, Frank J. Chaloupka, and Kelly D. Brownell, “Estimating the Potential of Taxes on Sugar-Sweetened Beverages to Reduce Consumption,” *Preventive Medicine* 52 (2011). doi:10.1016/j.ypmed.2011.03.013.

⁴ Yale Rudd Center for Food Policy & Obesity, *Sugar-Sweetened Beverage Tax Legislation*, (New Haven, CT: Yale Rudd Center for Food Policy & Obesity, 2011), 1. http://www.yaleruddcenter.org/resources/upload/docs/what/policy/SSBtaxes/SSBTaxMap_2011.pdf.

⁵ Centers for Disease Control and Prevention, *Strategies to Improve the Quality of Physical Education*, (Atlanta, GA: United States Department of Health and Human Services), 1-4. www.cdc.gov/healthyyouth/physicalactivity/pdf/quality_pe.pdf.

⁶ Yale Rudd Center for Food Policy & Obesity, *Access to Healthy Foods in Low-Income Neighborhoods: Opportunities for Public Policy*, (New Haven, CT: Yale Rudd Center for Food Policy & Obesity, 2008), 5-6. <http://www.yaleruddcenter.org/resources/upload/docs/what/reports/RuddReportAccessToHealthyFoods2008.pdf>.

⁷ The Robert Wood Johnson Foundation, *Improving Access to Healthy Foods: A Guide for Policy Makers*, (Washington, DC: The Robert Wood Johnson Foundation, 2007), 5. <http://www.rwjf.org/files/research/accesshealthyfoodslhc2007.pdf>.

⁸ Jennifer L. Harris, Jennifer L. Pomeranz, Tim Lobstein, and Kelly D. Brownell, “A Crisis in the Marketplace: How Food Marketing Contributes to Childhood Obesity and What Can Be Done,” *Annual Review of Public Health* 30 (2009): 211-215. doi:10.1146/annurev.publhealth.031308.100304.

⁹ Thomas R. Frieden, William Dietz, and Janet Collins, “Reducing Childhood Obesity through Policy Change: Acting Now to Prevent Obesity,” *Health Affairs* 29 (2010): 359. doi:10.1377/hlthaff.2010.0039.

¹⁰ Marion Nestle, “New Federal Guidelines Regulate Junk Food Ads for Kids,” *Life* (blog), *The Atlantic*, April 29, 2011, <http://www.theatlantic.com/life/archive/2011/04/new-federal-guidelines-regulate-junk-food-ads-for-kids/238053/>.