

FIRST FOCUS: CHILDREN'S HEALTH

CHILDHOOD OBESITY

First Focus is a bipartisan advocacy organization that is committed to making children and their families a priority in federal policy and budget decisions. Children's health, education, family economics, child welfare, and child safety are the five core issue areas around which First Focus is working to promote bipartisan policy solutions.



Childhood obesity is a growing national problem. Over the past four decades, obesity rates have skyrocketed among children of all ages, quadrupling for children ages 6–11.

Today, one-third of American children and teens are either obese or overweight. Sadly, our adolescents are now the most obese teenagers in the world. And, we have reason to be concerned. These teens have up to an 80 percent chance of becoming overweight or obese adults and they will likely face significant health problems as a result of their obesity.

Why are our nation's children experiencing such high rates of obesity? A number of factors contribute to their expanding waistlines:

◆ **Influx of Fast Foods, Bigger Portion Sizes and Vending Machines.** Nearly one-third of children ages 4 to 19 eat fast food every day - that translates to six extra pounds per year for every child. Between the 1980s and 2000, average consumption of added sugars increased by 22 percent among children. During that same period, milk consumption dropped 39 percent, while soda consumption rose 137 percent. And, children are eating more of these unhealthy foods in larger-than-ever portion sizes.

◆ **Fewer Opportunities for Physical Activity, Recess and Recreation.** A generation ago more than two-thirds of children walked or biked to school. Today, less than a quarter of children do. And, most elementary schools required daily physical education. Today, less than 10 percent do. A generation ago, most children went outdoors to play games. Today, playing means sitting in front of a computer screen or video game. Once at school, children have few opportunities for physical activity. While in 1989, 90 percent of schools had some form of recess – today, 40 percent of elementary schools have reduced, eliminated, or are considering eliminating recess altogether.

◆ **Limited Access and Affordability of Fruits, Vegetables, and Other Nutritious Foods.** Today, 12.4 million children do not have consistent access to nutritious foods like fresh fruits and vegetables - relying instead on high-calorie junk food. We know that low-income zip codes tend to have fewer and smaller grocery stores than higher income zip codes. Fewer supermarkets in low-income communities mean less access to healthy foods.

◆ **Planning and Urban Design Elements that Discourage Walking and Physical Activity.** Specific planning features - lack of sidewalks, long distances to schools, and the need to cross busy streets - all discourage walking and biking to school and in neighborhoods. Eliminating these barriers can increase activity levels. Children who have access to safe places to play, live in neighborhoods that are walkable, and have access to local markets that offer healthful foods are likely to be more active and to eat healthy foods.

◆ **Exposure to Junk Food Marketing.** A recent Kaiser Family Foundation study found that food is the top product seen advertised by children – and, 34 percent of all food ads targeting children or teens are for candy and snacks.

THE COSTS OF OBESITY ARE STAGGERING

The direct and indirect costs associated with obesity in the U.S. are currently estimated at \$117 billion annually and are growing. Obesity translates into more than just expanding waistlines in children. It can mean a lifetime of disease. Obese children are being diagnosed with health problems once only seen in adults - such as type 2 diabetes and high blood pressure. They are also at higher risk for heart disease, stroke and several forms of cancer. Overweight children and teens also face social stigma and are often teased or ostracized by their peers.



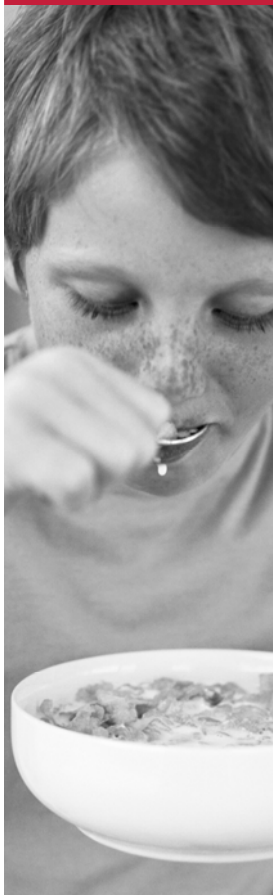
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CHILDHOOD OBESITY POLICY RECOMMENDATIONS

Our nation cannot afford to continue down this current path. At First Focus, we have identified several policy recommendations we believe are essential to halting this alarming trend.



- ◆ **Ensure Availability of Reliable Access to Routine Care for At-Risk Populations by Securing a Strong Reauthorization of the State Children's Health Insurance Program.** Children without health coverage often lack routine medical care that helps to prevent or address childhood obesity while in its early stages.
- ◆ **Convene a National Conference on Childhood Obesity.** Raise the profile of the childhood obesity epidemic by convening a national meeting of leading experts and policymakers – including the White House, Congress and leading federal agencies which operate programs related to child health, nutrition, well-being and safety – to generate solutions to this growing problem. A national conference would help to renew the federal commitment to prevent childhood obesity, including efforts to better coordinate research, share information about best practices, and build on efforts already underway at the state and local levels.
- ◆ **Establish a National Clearinghouse for Information Related to Existing Obesity-Related Research, Including Prevention Research and Programs That Work.** Research is a powerful tool and can help us to identify what works, and develop effective interventions and programs to address childhood obesity. A national clearinghouse will serve as a critical resource for policymakers, advocates, school personnel and other stakeholders working to improve the health and well-being of our children.
- ◆ **Improve Daily Physical Activity Requirements for All Students.** In recent years, schools have cut back on physical education and recess. We need to increase opportunities for physical activity in schools, not reduce it. One way to do that would be to restore funding for the VERB program, which encourages children to select a physical activity that most interests them so they will be more likely to continue to engage in it outside of school and for the long term.
- ◆ **Improve Awareness of Health Risks and Prevention of Obesity by Incorporating Nutrition Education Programs into Existing Federal Food Programs that Target Low-Income At-Risk Populations (e.g. USDA-administered federal nutrition programs such as Food Stamps, WIC and School Lunch Program).** Nutrition education programs are an essential component of any comprehensive effort to combat obesity. These programs are instrumental in helping children and families learn about good nutrition and develop healthy lifestyles.
- ◆ **Improve Nutritional Standards for Competitive Foods and Beverages Served in Schools.** Extend USDA's authority to cover all foods served in schools campus-wide and across the entire time span a school is open to children. In addition, all school meals should be required to meet U.S. dietary guidelines.



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