



## **Keeping our Children Healthy: Weighing Solutions to Childhood Obesity**

**by Sam Fitzgerald**

### ***Who has been affected by the rise in childhood obesity?***

Nearly half of children are either obese or at risk of becoming obese.<sup>1</sup> In recent years, the prevalence of childhood obesity has increased across all racial/ethnic groups, all socioeconomic groups, all age brackets, and both genders. Nevertheless, the incidence of childhood obesity is greater in certain groups than in others. African-American and Latino children are more likely to be obese than white children.<sup>2</sup> In addition, the rate of obesity is greater for children from lower-income families than for children from middle-income families.<sup>3</sup> Recent studies have indicated obesity among preschool-aged children and teens has more than doubled in the past three decades; among school-aged children (6-11), it has tripled.<sup>4</sup> Finally, boys have a slightly higher rate of obesity than girls.<sup>5</sup>

### ***What are the consequences of childhood obesity?***

There are both short- and long-term consequences on multiple levels. On a micro level, obesity has negative health implications for individuals; on a macro level, it has adverse effects for society in the forms of poorer overall health and higher health care costs. Childhood obesity is associated with increased blood pressure, increased total cholesterol, insulin resistance, and sleep apnea.<sup>6</sup> Socially, obese children are more likely to be stigmatized, rejected, and victimized and less likely to be befriended.<sup>7</sup> In addition to these physical and social issues, obese children are more at risk of poor academic performance.<sup>8</sup> In fact, obese children and adolescents are more likely to receive low scores across all areas of development, including physical, psychosocial, emotional, social, and school functioning.<sup>9</sup>

These threats to health and well-being incur steep costs. Studies estimate that obesity costs \$117 billion annually, or \$420 per person per year in the United States.<sup>10</sup> The cost of hospitalization specifically for child obesity has more than tripled since 1979.<sup>11</sup> There is an 80 percent chance that overweight adolescents will become obese adults,<sup>12</sup> so the costs of obesity are expected to rise. In fact, the surgeon general has warned that without change, the rates of preventable disease and death caused by obesity could soon overtake those caused by cigarette smoking.<sup>13</sup>

Most frightening of all, it has been predicted that children born today will have a shorter life expectancy than their parents because of the high prevalence of obesity.<sup>14</sup> This decline in life expectancy is the first of its kind in the modern era.

### ***Why and how did this epidemic take root?***

There are many factors that researchers claim have contributed to the childhood obesity epidemic. These include some the following:

- ***Parental influence.*** Author Michael Pollan urges people to avoid eating anything that their great-grandmothers would not recognize as food.<sup>15</sup> Unfortunately, contemporary parents face many challenges, such as a shortage of time, minimal food preparation/storage space, and unfamiliarity with healthy recipes, which make it difficult to cook homemade meals of decades past. With all of these obstacles, it is no wonder that many parents have turned to processed foods and frozen entrees in lieu of made-from-scratch meals. Unfortunately, these processed foods are likely to be high in calories and low in nutrients.<sup>16</sup>

- ***School-prepared lunches.*** Though school lunch programs are an important source of nourishment, especially for children from lower-income families, school lunches may be associated with obesity. One study found that children who eat school lunches are more likely to be overweight. This same study found that children who eat school-prepared lunches consume more calories from fat and saturated fat during lunch than those who eat lunches brought from home.<sup>17</sup> While federal regulations limit calories and saturated fat that are permissible in school lunches, more than **80 percent** of schools fail to meet these regulations.<sup>18</sup>
- ***Vending machines and competitive foods in schools.*** In addition to the lunches sold as part of the federally reimbursable school lunch program, many schools sell foods through fundraisers, a la carte lines, and vending machines. While the money earned through these means contributes to the school budget bottom line, these fundraisers also may unfortunately contribute to students' waistlines. According to a 2006 school foods report card issued by the Center for Science in the Public Interest, Illinois received a **D-** for its lax policies toward foods sold within schools apart from the school lunch program.<sup>19</sup>
- ***Limited recess opportunities.*** Recess used to be an opportunity for physical exercise, a key component to preventing child obesity. But because of the challenges of locating suitable spaces for play as well as finding time in the busy schedule, only **43 percent** of Chicago public schools offer recess.<sup>20</sup> Other sources, such as Parents Organized to Win, Educate and Renew Policy Action Council, claim that number to be as low as **20 percent**.<sup>21</sup>
- ***Too little physical education.*** Although Illinois is praised for mandating that schools offer physical education, many school districts apply for a waiver. Since 1995, **29.6 percent of the state's 874 school districts** have been granted PE waivers.<sup>22</sup>
- ***Poor access to supermarkets.*** Supermarkets provide the widest selection of foods, including fresh produce and low-fat choices. Families that live in census tracts with a supermarket are more likely to meet dietary guidelines for fruit and vegetable, total fat, and saturated fat consumption.<sup>23</sup> Unfortunately, many areas lack supermarkets and families who live in these areas may have to rely on nearby corner stores. In a Chicago study, researchers discovered that while almost all corner stores sold tobacco products, only three-fifths of these stores sold produce.<sup>24</sup>
- ***Readily available fast food.*** In certain neighborhoods, fast food is more accessible than healthier fare. The relative proximity of fast food has made it a regular part of children's diets. Living in a neighborhood in which fast-food restaurants are more accessible than grocery stores directly affects residents' health; those who live in food tracts with greater accessibility to fast-food restaurants than grocery stores had higher rates of diet-related death.<sup>25</sup>

### **Where do the children most at risk of obesity live?**

While many factors contribute to childhood obesity, obesity is primarily determined by caloric intake and physical activity. Where children live greatly influences the types of foods they eat and the opportunities they have to play. Accounting for the environment in which children live helps to explain why certain groups have higher incidences of obesity since the food environment is often shaped by racial and class segregation. Researcher Mari Gallagher's study of Chicago's food landscape revealed that almost all food deserts—areas with limited access to fresh and healthy foods—are in predominantly African-American neighborhoods.<sup>26</sup> Moreover, she linked the proximity of grocery stores with adverse health conditions, such as cancer, diabetes, and cardiovascular disease. Additionally, wealthier neighborhoods have three times as many supermarkets as poorer neighborhoods.<sup>27</sup> Thus, racial and ethnic minorities as well as lower-income families have less access to grocery stores, which has been linked to health disparities, such as obesity.

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