



How to Reverse America's Childhood Obesity Epidemic

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A generation ago, Type 2 diabetes was referred to as Adult Onset Diabetes, because as late as 1980 there were no cases in children. Today, over 57,000 children are diagnosed with Type 2 diabetes, and in some communities, children account for more than half of new Type 2 cases. In a single generation, the childhood obesity rate has tripled thanks to a shift in the American diet towards unhealthy, sugar-heavy foods — a shift exacerbated by rising income inequality and an absence of government spending on preventative healthcare and social support for the poor. Meanwhile, childhood obesity has driven up immediate and long-term healthcare costs and has spiraled into an epidemic that uniquely burdens low-income children and children of color, dragging down the quality of life and lifespans for the next generation.

This epidemic has raged in Connecticut — a state that can also lead the way in reversing it. Key steps to attack the causes of childhood obesity include a tax on sugary beverages, regulating advertisements that target children, and ensuring that schools provide low-income children with healthy meals as well as the knowledge and resources needed to build lifelong healthy habits.

The Scourge of Childhood Obesity — Nationwide and in Connecticut

Almost one-third of Connecticut elementary school children are overweight or obese, and the rate is about 10 points higher for black and Hispanic children. The rate is similar for adolescents. In total, over 200,000 of Connecticut's children are overweight or obese.

Childhood obesity is a risk factor for cardiovascular diseases like high blood pressure and high cholesterol as well as for Type 2 diabetes, asthma, joint problems, strokes, and several types of cancer. Obesity increases the likelihood that a child will suffer from depression and psychological stress and is associated with delayed learning in children as young as two and three years old. Those who are obese or overweight in childhood are more likely than not to be obese or overweight as adults, leading to increased lifelong risks for many diseases.

Society bears increased costs, too, because **research** shows that childhood obesity leads over a lifetime to an average increase of \$19,000 in medical costs. Direct medical expenditures for treatment of obesity-caused diseases account for more than nine percent of all U.S. health expenditures. Obesity accounted for a quarter of the rise in healthcare spending between 1987 and 2001 — a span during which the obesity rate doubled in the United States. In total, obesity in the current generation of children will cost Connecticut's healthcare system some \$3.8 billion over the course of their lifetimes. In addition, obesity damages people's ability to fill jobs that require physical demands like first responders, teachers, or electrical linemen. Obesity also lowers job productivity and boosts job absenteeism.

Causes of Childhood Obesity

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The childhood obesity epidemic is the product of three major factors:

- ***A dramatic shift in the American diet towards unhealthy, sugary food.*** Between 1977 and 2000, Americans more than doubled their daily intake of sugar; and four out of every five products in grocery stores now have added sugar. Sugary diets help cause people consume more calories than they burn and replace calories that should be full of nutrients.
- ***Rising income inequality.*** Obesity especially harms low-income and minority children. Low-income families are more likely to struggle to put food on the table and live in areas without grocery stores that stock fruits and vegetables. Poor parents are also more likely to lack the necessary time to cook a meal. Parks and playgrounds where children can safely play are also few and far between in many low-income areas. Unsurprisingly, children from poor families are twice as likely to be obese than their peers in high-income households.
- ***Absence of government spending on preventative healthcare and social support for the poor.***
Government interventions have tended to offer temporary or partial solutions for symptoms rather than directly addressing the roots of childhood obesity. Public health campaigns focus on individual behaviors rather than improving access to healthy options or regulating unhealthy foods. And government assistance offers insufficient help to low-income families trying to eat healthier and live healthier lives.

Where to Go from Here

After smoking, obesity is the second-leading cause of preventable U.S. deaths. Connecticut can use these research-based strategies to lead the fight against this epidemic:

- ***Tax sugar-heavy foods and drinks, like juices and sodas.*** Already implemented in several U.S. cities and European countries, this tax increases the cost of a typical soda can by 10 percent and is the most effective way to reverse the obesity epidemic. Tax revenues could subsidize low-income communities' clinics, schools, and parks and playgrounds.
- ***Provide healthy meals, exercise opportunities, and health education at school.*** More than 50 percent of schools serve fast food in their cafeterias, and four out of every five have an exclusive contract with a soda company. Many children eat at least two meals at school, so providing healthy school meals and teaching children about food could help reduce obesity. Opportunities for outside play at school are also important, because the low-income children most at risk for obesity often live in areas without playgrounds and parks.
- ***Raise the minimum wage.*** A higher minimum wage and increased funding for nutritional assistance programs can help families buy healthier food and have the time to cook it.
- ***Improve food labeling and regulate television advertising to children.*** U.S. children now watch an average of 4,000 food-related ads annually — 98 percent of which push products high in sugar. Experts believe that eliminating food advertising on television could reduce childhood obesity by 15 percent. What is more, because sugar is the only component with no daily value percentage listed on food labels, providing this information and detailing the risks of a high sugar diet could help consumers make healthier choices. Connecticut could also require restaurants to post calorie counts and sugar and fat content on menus.