Childhood Obesity

The Greatest Health Risk for America’s Children

Abstract

This paper describes the nation’s childhood obesity epidemic and the school intervention movement to develop healthy lifestyles and reduce obesity. It discusses the extent to which schools can reduce childhood obesity and the need for involvement of other groups in order to increase the impact that schools can have. The implications of involving families and the federal government are examined with a focus on the role these groups play in supporting the fight against obesity and the school intervention movement. The relevant information for this article came from magazines, industry magazines and newspapers.

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The importance of multiple groups

“We don’t have these children 24 hours a day, they go home, they go out with friends, they are off all summer and everything about the world … conspires to undo even the best things that happen in schools.”

Belkin, 2006

The greatest health risk facing children today is not a terrible disease such as Ebola, or an unthinkable trauma such as abuse; it is obesity, which is defined by the medical community as the accumulation of body fat levels above twenty five percent in boys and thirty two percent in girls. While the formula for maintaining healthy weight has never changed — balance the number of calories you consume with the number you burn. A greater portion of Americans are unable to balance the equation. The levels of childhood obesity have risen in the past decades; presently twenty five percent of American children are obese with 80 percent of this group destined to become obese adults (Del Marco, 2006).

The growing concern for obesity as a public health concern for children and adults has led to an effort to combat this disease. This movement is marked by an effort to improve the health content of school lunches. However, this movement has lacked conclusive evidence to support the thesis that changes in school lunches will result in the weight loss of children. Although it is essential to target people early in life to prevent unhealthy habits that may lead to obesity later in life, focusing on schools represents a fragmented effort. Unlike adults who can make their own health choices, children are dependent on the nutritional environment in which they are raised, such as their homes, schools or communities. This paper argues that a collective effort from multiple groups such as schools, governments, and families is needed to address childhood obesity, because an effort by schools alone will not provide the environment necessary to reduce obesity levels.
Schools have become the focus of childhood obesity prevention efforts, with an emphasis on the food and beverages served. It is due to the potential impact schools have on children that they have recently become the focus in combating childhood obesity. On any given day in the United States, more than 54 million children attend school where they will consume over 50 percent of their daily calories (Healthy Eating, 2006).

This childhood obesity initiative believes that schools can reduce childhood obesity by eliminating unhealthy dining options. This has led to efforts to improve the healthy quality of the food served at schools. For instance, in a recent agreement brokered by the William J. Clinton Foundation, the American Beverage Association, the Coca-Cola Co., PepsiCo. and Cadbury Schweppes American Beverage, new guidelines were established to remove soft drinks from school (Soft drink companies, 2006). Rather than providing drinks with “empty calories” or with little nutritional value, soft drinks will be substituted with healthier options such as water, milk, sport drinks and unsweetened juices in order to promote a balanced diet. In addition to drinks, there has been an effort to improve the quality of food offered in schools. In 2005, there were 232 bills proposed in 44 states limiting the types of food available for sale in public schools (The great candy, 2006). For example, Arnold Schwarzenegger, Governor of California, signed a bill in 2005 banning the sale of any food item sold in public schools with a saturated fat or sugar content over 30 percent by weight (The great candy, 2006). This bill, and many like it, aims to reduce obesity by eliminating unhealthy snacks and food that can cause obesity.

In order for schools to have a greater impact in the fight against obesity among youth, there must be an increase in the level of funding from the federal government. In 1946 with the country exiting the depression, President Harry S. Truman signed the National School Lunch Act (Belkin, 2006). Created during an era where children were malnourished and underfed, the act’s purpose was to provide children with a hot school lunch. Through the years, however, the act’s funding has decreased following several budget cuts.

According to the Washington D.C. based Food Research and Action Center, the federal government currently provides $6.8 billion to subsidize school districts participating in the National School Lunch Program (Kubik, 2006). This reduced amount has resulted in fewer healthy food options, which is due to increased vending and a la carte menus that exist to provide revenue to cover expenses.

According to a survey conducted by the University of Minnesota, more than 70% of children at schools with a la carte menus tended to eat fewer fruits and vegetables and favored foods with higher fat contents such as pizza or chicken nuggets (Kubik, 2006). Furthermore, the need for school districts to retain their student customer base has minimized the actions taken to improve the health content of food items in school. However, minor changes have been made including the substitution of whole-wheat pizza for regular pizza, and the choice to bake instead of deep fry chicken nuggets. Schools have decided to make these improvements because children like these items. If these items were reduced, cafeterias would risk reduced revenue from decreased sales, an option schools cannot afford because of the reduced funding providing by the federal government. By reducing the funding available for the National School Lunch Program, the federal government has created a conflict between the schools’ desire to provide children with a healthy meal and providing meal options that will sell.

Furthermore, by changing current regulations regarding the nutrient and calorie requirements of lunch served in school, the federal government can increase the impact that schools will have on changing the dietary habits and health of their students. The Department of Agriculture is in charge of creating the guidelines used to prepare school lunches. The original guidelines, known as food based meal planning, are still used by over 50 percent of the schools in the nation and require that elementary-school lunches contain at least 664 calories (Bilger, 2006). Calories can come from any combination of meat, grains, milk, and fruit or vegetables. Although no more than
30 percent of calories can come from fat, the amount of calories from carbohydrates is unrestricted.

Such regulations have resulted in corn and French fries becoming the most popular vegetables, with over 65% of children eating these food items (Bilger, 2006). These strict restrictions have actually resulted in schools increasing the sugar content of meals in order to meet minimum calorie standards. For example, many schools have turned to desserts to increase the amount of calories, having fallen below minimum standards after decreasing the amount of fat content by banning whole milk or deep fried food. Schools must take these actions since current regulations mandate the repeal of their federal subsidies if their meals contain less than the minimum calorie count (Bilger, 2006). Although these regulations are intended to create healthy lunches, they have been one of the principle reasons why school lunches have been unable to undergo necessary changes to reduce their fat content and calories. In order to boost the healthiness of the food currently served in school, there must be a joint effort between school and the federal government. Changes should be made to facilitate the fight against obesity and to increase healthy meals for children. Without the cooperation from the federal government, schools are limited in their ability to change and combat the childhood obesity problem.

In order to instill in children the importance of a healthy diet and aid the movement championed by schools, it is essential that children are taught nutrition at home. It is important for parents to infuse healthy habits in children because without the desire of children to eat healthy, no progress will be made in the battle against obesity. Although schools may be fulfilling their mission to improve the quality of their food, even the healthiest of food options will fail to reduce obesity if children refuse to eat these food items.

Given encouragement by families to eat, children can learn to eat almost anything. From the start, children are no more prone to eat vegetables than they are deep fried food. However, once developed, these habits are hard to change. For example, “in Mexico, [children] consume fiery chilies; in Japan, whale meat; in Sweden, pickled herring” (Bilger, 2006). However, many families across the country have failed to realize their role in preventing childhood obesity through teaching their children how to eat healthy. In a random survey conducted by the American Federation of Teachers in 2005, when given the choice between menu items high in fat and sugar, and fruits and vegetables, students chose high fat menu items over 50 percent of the time (Healthy Eating, 2006).

Studies reveal that the sooner parents get involved in their children’s nutrition the better. One study, conducted by the Center for Childhood Obesity Research (CCOR) at Pennsylvania State University in Philadelphia, has shown that the children who were fed vegetables during their adolescent years are more likely to maintain these habits and eat vegetables in their teenage years. Further research by the CCOR has shown that this occurs because almost all children show symptoms of “neophobia,” an aversion toward new foods around the age of four or five (Bilger, 2006). However, those children who were raised to eat vegetables were less than 10 percent as likely to show such symptoms (Bilger, 2006).

Furthermore, parents need to take a greater responsibility in reducing the risk of obesity by serving as positive role models. Children are constantly observing their parents’ actions. According to Leann Birch, director of the CCOR, parents have the greatest influence in their children’s health and fitness, and for many children, serve as their heros. Since parents have such a monumental impact in their children’s lives, some parents could best encourage their children to eat vegetables and exercise by simply doing it themselves. Yet parents have failed to realize their role in influencing their children’s health.

According the Academic Academy of Pediatrics, 62 percent of children nine to thirteen years of age do not participate in organized physical activities, with 26 percent of all adolescents in the United States spending more than four hours a day watching television (Damlo, 2006). These levels of inactivity are alarming because
such sedentary lifestyles are associated with increased health risks such as high blood pressure and heart
disease. Parents can also directly influence a child’s level of physical activity and reduce the risk of obesity
by simply exercising themselves and eating healthy (Damlo, 2006). By promoting healthy lifestyles in their
children, parents provide the greatest momentum for their children to live healthy and to eat right.

● conclusion

Kids have ample opportunity to consume many more calories than they need each day, as a result of larger meal
portions, meals on the go, accessible sugary snacks, and drinks. Children are being drawn into obesity unaware,
and by the time they’re old enough to take more control of their dietary practices, poor eating habits are already
engrained and the excess weight has already become a reality. In order to prevent childhood obesity and future
health complications associated with this disease, changes in social norms must be demanded by the public.
Achieving this transformation will require consistency and continuity among multiple groups. Additionally, it is
essential that these transformations are measured, because what is not measured cannot be tracked or managed.
Given the various changes implemented throughout the nation to combat obesity there is an overwhelming need
and lack of measuring trends across the nation. In addition to measurements, there is a need for the examination
of performance of certain policies, programs and interventions. It is through these evaluations that information
or evidence may be extracted to improve a policy or program, or discontinue those practices that are found to
be ineffective in those settings. These finding may be further refined using extracted information to adapt them
to different settings and contexts. It is only through the evaluation and measurement of efforts that effective
treatments from multiple groups may be identified and spread across the nation to combat local and national
childhood obesity.

● about the writer ●

Francisco Sevilla is currently a senior at the Marshall School of Business. He is actively involved with his
community, volunteering with risk youth and sits on the Norman Topping Student Aid Fund governing board.
In his free time, he likes to stay active, by running and working out. He plans to start his career working at
an Investment Banking, and hopes to one day run his own non-profit organization. He submitted this paper in
response to the “Critical Thinking” assignment in Professor Yolanda Kirk’s WRIT-340 class.

● works cited ●

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