Today's Menu

Childhood Obesity - Why Should We Care?
What Can We Do About it?
- Obesity - Data & Costs
- Recent Trends in State Legislation
- Childhood Obesity Policy Options
Obesity – Fast Facts

- Obesity is epidemic in the U.S. and cost $147 billion in medical costs in 2006. Cost is $1,429 per year for each obese person. 
  

- About 67 million U.S. adults are obese.

- Obesity-associated chronic diseases – heart disease, some cancers, stroke, diabetes – are the 1st, 2nd, 4th & 7th leading U.S. causes of death.

Childhood Obesity – Fast Facts

- About 12 million U.S. children and adolescents (17.1 percent of 2-19 year-olds) are obese.

- Over the past three decades, obesity rates have:
  - more than doubled for children ages 2 to 5 (from 5 percent to 12.4 percent),
  - more than quadrupled for children ages 6 to 11 (from 4.2 percent to 17.6 percent),
  - and more than tripled for youth ages 12 to 19 (from 5 percent to 17 percent).
Diabetes - Fast Facts

- **Diabetes affects 25.8 million Americans**
- Diabetes is the leading cause of kidney failure, amputations and new cases of blindness among adults in the United States.
- Diabetes is a major cause of heart disease and stroke.

Source: Centers for Disease Control and Prevention, National Diabetes Fact Sheet 2011, summarizing 2010 data

Age-Adjusted Percentage of Adults Aged ≥20 Years with Diagnosed Diabetes, 2007

Source: Centers for Disease Control and Prevention (CDC) - MMWR 2009;58:1259-1263
Nationwide, 31.3% of children age 10-17 are overweight or obese, that is, at or above the 85th percentile for weight. Children with a BMI of or above the 85th percentile are included in this data. Obesity is defined as body mass index (BMI) at or above the 95th percentile of the 2000 Centers for Disease Control and Prevention BMI-for-age growth charts. Children with BMI between the 85th and 95th percentile are classified as overweight. BMI is calculated as weight in kilograms divided by the square of height in meters. Children age 10-17 are included in this data.

Obese Children - Long Term Challenges

- Obese adolescents - 80% chance of becoming obese adults.
- Estimated 61% of obese young people already have at least one additional health risk factor such as high blood pressure or high cholesterol.
- Childhood obesity health expenses - $14 billion annually.
- Do not exercise three or more times a week - Almost 30% of U.S. children.
- Do not eat the recommended servings of fruits and vegetables each day - More than 75% of high school students.

Source: CDC, Preventing Obesity and Chronic Diseases through Good Nutrition and Physical Activity.

Complete Streets

What are complete streets?
A transportation policy that considers the needs of a variety of users—bicyclists, people with disabilities, automobile drivers and pedestrians—when planning and designing a transportation network.

The purpose is to create streets, sidewalks, bike paths, etc. that are more welcoming, easier to navigate, and safer for all transportation users.
State Complete Streets Policies

Dark Blue = Legislative Policy
Light Blue = DOT Policy

Typical Components of Complete Streets

• Jurisdiction
• Project Coverage
• Users
• Exceptions
Safe Routes to School

1969 - 50% of students walked or bicycled to school.
86% - Living within one mile
Now? - 15% overall and 31% within one mile.

Why?
- Fewer kids live close to school.
- Dangerous traffic conditions.
- School policies that ban or discourage walking/bicycling to school.

Changes to Federal Safe Routes to School (SR2S) Funding

- Dedicated Funding Eliminated.
- Stand-Alone SR2S Program or Combine with Transportation Alternatives Program (TAP)?
- States may transfer up to 50% of TAP funds to other programs.
- Legislators and Stakeholders have chance to weigh-in to their State DOTs to utilize TAP funds for Safe Routes to School and Bike/Pedestrian projects.
State Support for Safe Routes to School

- Traffic Fines Dedicated to SR2S – Hawaii, Illinois and Washington. NJ?
- Mapping or Studying School Travel Patterns – Hawaii, Nevada, Utah and Washington.

Farm to School (F2S)

Typical Components of F2S programs:
- Linking farmers and school districts
- Easing procurement processes
- Integrating local food into curriculum
- Retrofitting school kitchens
- Training for food service personnel
Farm to School and School Gardens

Oregon
• Grant Funding
• Garden-based education

California
• Grant Funding
• Sale of Garden Produce

Community Gardens

Key Strategies:
✓ Use of Vacant Public Land
✓ Liability Immunity
✓ Funding
✓ Sale of Garden Produce
Missouri and California
Urban Agriculture Zones
Property Tax Breaks

Increasing Access to Farmers' Markets

1994 - 1,755 Markets
2006 - 4,385 Markets
2012 - 7,864 Markets
2013 - 8,144 Markets
Key Strategies to Increase SNAP Access at Farmers’ Markets

- **Key Strategies:**
  - EBT Access
  - Match Programs?
  - Tax Relief

Barriers to Accepting SNAP

<table>
<thead>
<tr>
<th>Barriers to accepting SNAP, among never authorized markets</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Staffing needs for operating EBT</td>
<td>78.2%</td>
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<tr>
<td>Ongoing EBT transaction fee costs</td>
<td>76.0%</td>
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<tr>
<td>Cost associated with start-up</td>
<td>73.4%</td>
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<tr>
<td>Add'l bookkeeping, “back office” costs</td>
<td>72.5%</td>
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<tr>
<td>Too many requirements for authorization</td>
<td>54.2%</td>
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NCSL Resources


Nutrition Topics – State Legislation

- School-Based Approaches
  - Nutrition Standards
  - Nutrition Education
  - Farm-to-School Programs
  - School Wellness Policies
- Other Nutrition Approaches
  - Healthier Food Incentives
  - School Breakfast Programs
  - Competitive Food Standards
    - 2013 federal regulations authorized by Healthy, Hunger-Free Kids Act
    - Some state requirements remain stricter than federal standards
  - Drinking Water in Schools
Physical Activity – State Legislation

- School-Based Approaches
  - Physical Education or Physical Activity During the School Day
  - Recess
  - Body Mass Index (BMI) with a Fitness Screening Component in Schools
- Other Physical Activity Approaches
  - Agreements for Shared Use of School Facilities by Community (Shared Use Agreements)

Physical Activity Improves Brain Function

Average composite of 20 student brains taking the same test

Brains after sitting quietly
Brains after a 20 minute walk

**Childhood Obesity – Other State Legislation**

- Task Forces, Commissions, Studies or Grants
- Preschool or Child Care Obesity Prevention
- Incentives for Access to Healthier Food
- Diabetes Screening & Management at School
- Insurance Coverage for Obesity Prevention or Treatment
- Raising Awareness
- Appropriations

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**Policy Options - Nutrition Standards for School Foods**

- **What's the approach?** - Set or encourage guidelines for healthier food and beverage choices at school, to help build lifelong healthy eating habits.
- **What's the evidence?**
  - Proper nutrition enhances academic achievement and influences behavior.
  - Offering healthier foods and beverages has a positive or neutral effect on school food revenues.
  - Students will purchase and consume healthy foods.
  - A la carte foods are linked to higher calorie/fat intake.
  - Having fresh fruits and vegetables at school helps to encourage consumption.
- **Example policies:**
  - Set standards for competitive foods sold outside the school meal program.
  - Increase availability of free school breakfast or summer nutrition for neediest children.
Federal Healthy, Hunger Free Kids Act of 2010 (S 3307) Implementation in Progress

- **Section 201**: Updates nutrition standards for the school lunch and school breakfast programs and increases [by 6 cents per meal] the reimbursement for lunches. Provides funds to states for compliance with new regulations.

- **Section 202**: Requires school meals to offer a variety of fluid milk that is consistent with the Dietary Guidelines for Americans.

- **Section 203**: Requires schools participating in the school lunch program to offer free water where meals are served.

- **Section 208**: Science-based nutrition standards for "competitive foods" -- foods served or sold outside the school lunch or breakfast programs, with possible limited exemptions for school fundraisers.

Policy Option - Nutrition Education

- **What's the approach?** - Require nutrition education in the health curriculum, learning in school gardens, or include nutrition education in obesity prevention programs.

- **What's the evidence?**
  - A USDA review of 217 studies found nutrition education is a significant factor in improving dietary practices.
  - Programs of longer duration with more components -- such as parent involvement or changes in school meals -- produce more positive outcomes.

- At least 10 states currently require some type of nutrition education in schools: CA, CO, IN, LA, ME, NH, SC, TX, WV, VT.
School Physical Activity

- **Physical Education Standards - Vary Widely**
  - Time Requirements, Quality Instruction
- **Physical Activity Standards**
- **School Recess**
  - 11 states have some type of recess requirement - Arkansas, Connecticut, Illinois, Indiana, Massachusetts, Minnesota, New Jersey, Oklahoma, South Carolina, Texas, Washington
- **Safe Routes to School**

Policy Option - Physical Education and/or Physical Activity at School

- **What's the approach?** Requirements for frequency and/or duration of physical education and/or physical activity at school. Require and/or fund high quality programs.
  - 49 states require physical education in schools, but the scope of the requirement varies greatly. Few require daily physical education for grades K-12.
- **What's the evidence?**
  - Evidence links physical activity at school to increased student achievement.
  - The link between physical activity and academic performance is most significant when kids meet Healthy People 2010 guidelines for vigorous activity 20 minutes per day, at least 3 days per week.

Policy Option - Recess at School

- **What's the approach?** Provide daily recess with physical activity during the school day
  - At least 7 states have some type of school recess requirement.
  - Some states also encourage other physical activity opportunities such as dance instruction, fitness trail programs, intramural programs, bicycling or walking programs, and activities to promote physical activity in the classroom.

- **What's the evidence?**
  - Physical activity during the school day can increase student achievement.
  - Recess may help develop interpersonal communication skills.
  - Recess is an avenue for creativity.

Policy Option - Task Forces, Commissions, Studies or Grants

- **What's the approach?** Convene a stakeholder group to study and make recommendations to address childhood obesity or to increase physical activity for children.
  - Allows for participation by many stakeholders and can cover different approaches to addressing childhood obesity.
  - May provide for accountability or a report to the legislature or the public.
  - May produce consensus for policies or programs to address obesity.

- **What's the evidence?**
  - Approaches are varied so there is not a uniform way to assess outcomes.
What's the approach? A formal agreement between two entities, such as a school district and a city government, for shared use of public property.

- Many schools close facilities after school hours because of concerns about liability, costs, security or maintenance. Joint use agreements can reduce these concerns. Gyms, playgrounds, fields, courts, tracks can be opened as a lower cost option for safe, adequate places for recreation in local communities.

State-level facilitating factors:
- Governmental immunity laws in all 50 states.
- Some states have recreational user statutes providing additional protection for landowners to encourage opening property for public use.
- No state has more onerous liability rules for property use after school.
- Many states have more favorable liability rules for property use after school.

Source: NPLAN, A Look at State Rules Affecting Joint Use Agreements accessed 11/12/10 at: http://www.nplanonline.org/nplan/products/community-use-charts
Policy Option - Preschool Obesity Prevention

- **What's the approach?** Establish healthy habits at an early age:
  - Encourage nutritious eating
  - Provide healthy foods and beverages
  - Ensure opportunities for physical activity

- **What's the evidence?**
  - Research shows broad, community-wide campaigns to promote physical activity and wellness are generally effective.

Recently enacted preschool childhood obesity prevention legislation:

- California - *Preschool beverage standards*. (AB 2084, 2010)
- Colorado - *Farm to school* promotion program includes preschool. (SB 81, 2010)
- Kentucky - Includes early childhood interventions and addressing healthy eating and physical activity in childcare among topics for task force consideration. (HCR 13, 2011)
- Nevada - *Child care* licensing standards amended to include worker training regarding childhood obesity, nutrition and physical activity. (SB 27, 2011)
NCSL Legislation Reports

Please contact us for more information. Thank you!

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