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Sailee A. Joshi

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Reducing Childhood Obesity in America through National Legislation

Sailee Joshi, VCU Honors College

Introduction

An estimated one in three American children and two-thirds of American adults are overweight or obese. This trend is accompanied by rising rates of hypertension, type 2 diabetes, cardiovascular disease, certain types of cancer, and mortality. Passing effective legislation to curb this dangerous trend requires a greater understanding of the causes and demographics of obesity, and any current health policy. The consumption of processed and fast food, increasing use of technology, and food companies and restaurants greatly contribute to the issue. Currently, legislation aiming to reduce certain factors of obesity has been passed at the state and local levels to reduce obesity. However, very few laws have been implemented nationally, allowing millions of children live in an environment conducive to overweight and obesity. America’s public policy must be modified to reduce the steadily rising 33% child obesity rate.

Current State of American Health

Childhood obesity harbors a wide range of physical and emotional consequences. obese children are more likely to develop type 2 diabetes mellitus, heart disease, hypertension, stroke, and certain types of cancer than their healthy counterparts. Just as importantly, obesity can take a toll on children’s self-esteem and emotional well-being, as morbidly obese children have reported significantly low physical and emotional health. This rapid increase in America’s obesity rate is attributed to many lifestyle and socioeconomic factors. Childhood obesity is most prevalent among Hispanic, African-American, and Native American children, children raised in low-income households, and children raised by parents with low education levels.

Children’s lifestyles heavily influence their weight. A major cause of childhood obesity is their lack of physical activity. Many children rely on school buses or cars for school transportation, rather than walking or bicycling as students in the past more commonly did. In addition, children now spend an average of 7.5 hours using electronics per day. Physical education is also not enforced for all students.

The National Association for Sport and Physical Education recommends 225 minutes of physical activity per week for middle and high school students, a criteria that only 17% of American teenagers meet. Although all 50 states have enacted standards for physical activity, these standards vary and are not strictly policed.

Poor dietary habits also contribute greatly. Average portion sizes have increased between threefold, leading the average American in 2015 to consume 600 more calories every day than the average American in 1970 did. Americans also consume less whole grains and more sugar and processed beverages. Advertisements for processed foods are often aimed at young children and adolescents, creating an unhealthy culture. In fact, 25% of Americans consume fast food at least once per day, and American children collectively consume 157,000,000 fast food meals per month.

Implementing New Policies

Currently, national health policy is uncommon. Most policies are state-level or local, which provides little opportunity for national health progress. Regulating unhealthy advertisements aimed at children may reduce obesity. Food companies spend $870 million to appeal to children, which likely causes them to begin eating unhealthy foods. Limiting such advertisements directed at impressionable children could reduce their temptation to eat unhealthily. Removing vending machines in public schools could also reduce temptation to purchase unhealthy food out of convenience.

Beautiful American communities may also help. Wider sidewalks, improved streetlights, more pleasant landscaping, and increased access to public transportation could encourage more children to engage in physical activity outdoors rather than remain sedentary indoors.

In school, improving physical education and meals can aid children become healthier. Traditional physical education can be reintroduced as activity before, after, or even during class. In addition, implementing more rigorous standards for school meals standards can be made more rigorous and students can be taught about health.

In order to truly implement new healthcare policies, the federal government must work closely with the state and local governments; businesses and even parents of children must adhere to the policy.

Current Healthcare Policies

An increasing amount of legislation to reduce obesity has been passed recently. However, very few national policies are passed.

Taxing processed foods has been used to discourage consumption. Currently, Mississippi taxes processed foods and uses funds a parks and recreation plan with the revenue. Massachusetts and Rhode Island have proposed taxing “candy, soft drinks, or sugar sweetened beverages” and using the revenue collected to fund obesity prevention efforts.

Modifying school physical education and meal standards was also a common theme. All 50 states have enacted standards for physical activity, but these standards vary and the state cannot guarantee that all school physical activity is equal. Arkansas, Illinois, North Carolina, Ohio, and South Carolina have adopted legislation regarding school physical activity.

Many schools have also decided to make healthy foods available to students throughout the school day and expand their school breakfast program. Several states have passed miscellaneous legislation: California requires after-school programs to provide a nutritious meal and physical activity, Colorado has a joint farm-to-school task force, Massachusetts teaches students about obesity prevention in class, and South Carolina requires school districts to relay their progress in meeting the Student Health and Fitness Act to the state health department.

Many states also implement school policies designed to lower obesity. Body-mass index screening is done in schools, and aggregate BMI data is reported to the state to monitor public health in Massachusetts, New Jersey, New York, Oklahoma, South Carolina, Massachusetts, and New Jersey currently have legislation in place regarding the BMI monitoring of students.

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Works Cited