

Childhood Obesity

Health and Policy Challenges

Center for Health and Healthcare in Schools
Roundtable Invitational Meeting
April 27, 2006

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Our Major Health Challenges

Actual Causes Of Death, 1990

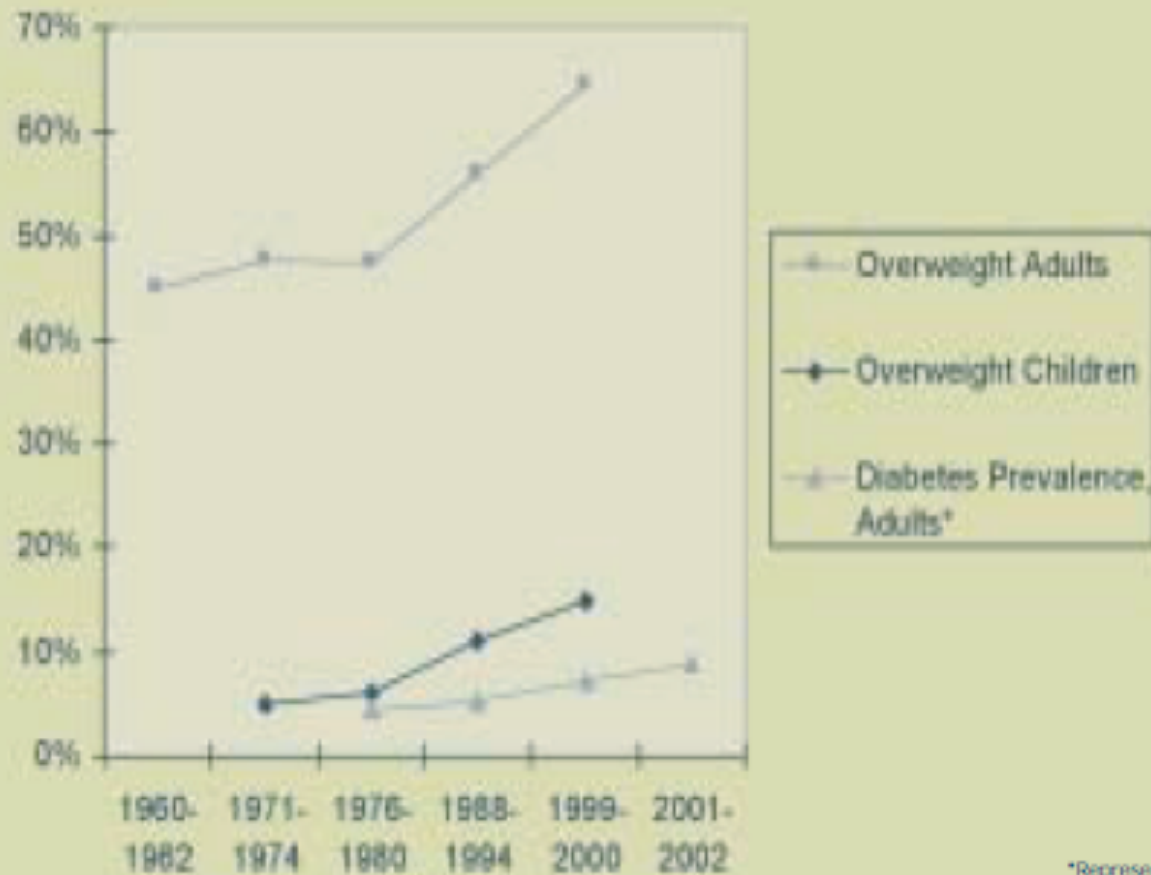
Tobacco	400,000
Diet/activity patterns	300,000
Alcohol	100,000
Microbial agents	90,000
Toxic agents	60,000
Firearms	35,000
Sexual behavior	30,000
Motor vehicles	25,000
Illicit Drug use	20,000

Our Major Health Challenges

Cause	1990	2000
Tobacco	375,000	375,000
Diet/activity patterns	300,000	350,000
Alcohol	90,000	80,000
Microbial agents	90,000	80,000
Medical errors		70,000
Toxic agents	60,000	60,000
Firearms	35,000	30,000
Motor vehicles	25,000	25,000
Sexual behavior	30,000	20,000
Illicit use of drugs	20,000	15,000

U.S. Obesity Trends

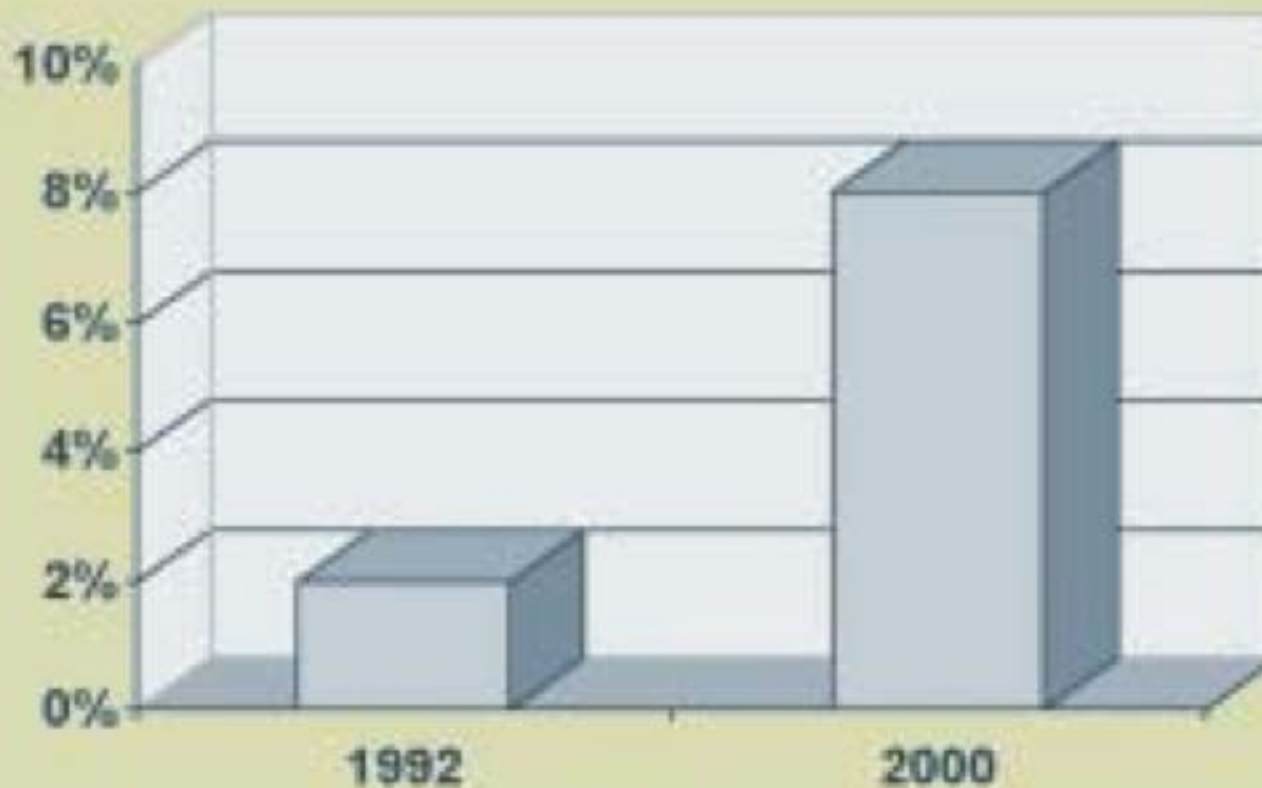
Overweight Prevalence among US Adults and Children, and Diabetes Prevalence among US Adults



*Represents all diagnosed cases of Diabetes.

Type II Diabetes in Children

Type II Diabetes as a Percentage of all Diabetes in US Children



*Estimates range from 8% to 45%. National data not yet available.

Facts

- Obesity up from 15% to 30% in adults (20y)
- Diabetes up from 2.8% to 4.2% in adults (20y)
- Overweight up from 5% to 15% in children (20y)
- Daily school sports down from 80% to 20% (30y)
- 38% more time with TV than in school by age17
- 100% increase in soda consumption ages 11-17 (20y)
- 20% increase in sugar consumption to 150# (20y)
- 44% of food \$ spent outside the home (33% in 1970)
- 32% of calories from outside the home (18% in 1970)
- Medical costs of obesity \$117 billion a year

Some Assumptions: The Problems

- It's the culture
- Debating whether it's diet or exercise is unproductive
—it's both
- Debating whether it's carbs or fats is unproductive
—it's both
- Poorer people have fewer food choices
- Government: a larger part of the problem than the solution
- Schools: a larger part of the problem than the solution

Some Assumptions: The Solutions

- Culture is expressed as choice, but derives from knowledge, options and opportunities
- Anchor dietary concepts: smaller portions; emphasize fruits, vegetables, & whole grain carbs; minimize sweetened/refined foods, trans & saturated fats
- Anchor activity concepts: 60 minutes modest activity daily or 20-30 minutes of vigorous activity 3x weekly
- Parents can make a difference in kids' choices—so can schools
- Industry can be part of the solution—with the right terms of engagement
- Public support exists for stronger policy initiatives
- Policy initiatives require reliable evidentiary and analytic groundwork

10 Levers for Change

1. Education
2. Regulatory Standards
3. Public monies
4. Local capacity
5. Medical care
6. Industry codes of conduct
7. Incentives
8. Research
9. Accountability
10. Leadership

10 Levers for Change

1. **Education:** Get the message right.
2. **Regulatory Standards:** Ensure accurate, informative point of choice information
3. **Public monies:** Invest public funds for better health
4. **Local capacity:** Provide tools and resources for local initiative
5. **Medical care:** Foster health providers as important players
6. **Industry codes of conduct:** Specify expectations for the key players
7. **Incentives:** Develop models for potential economic incentives
8. **Research:** Build evidence on current practice and future progress
9. **Accountability:** Monitor the progress
10. **Leadership:** Use the bully pulpit

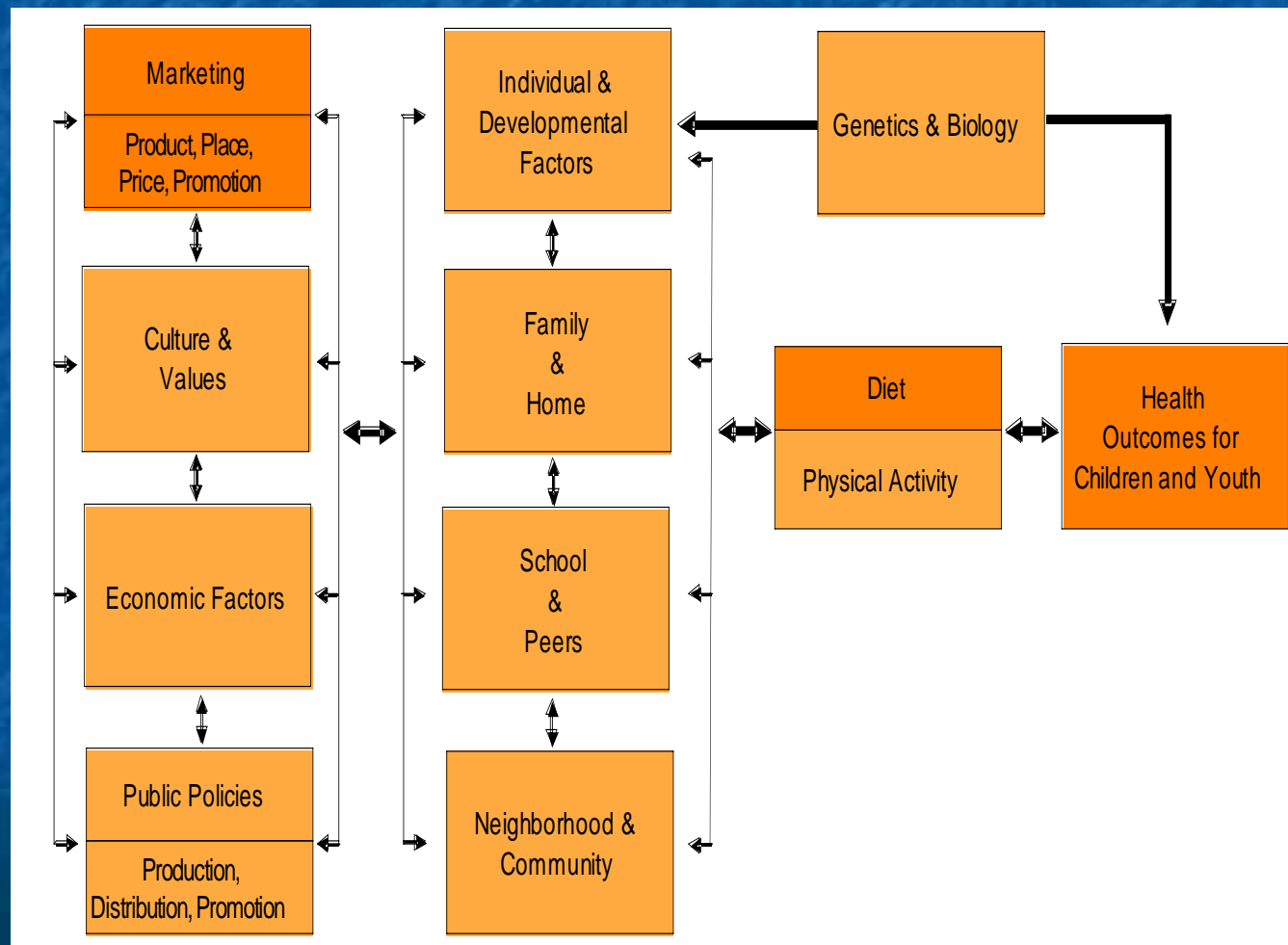
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Food Marketing to Children and Youth

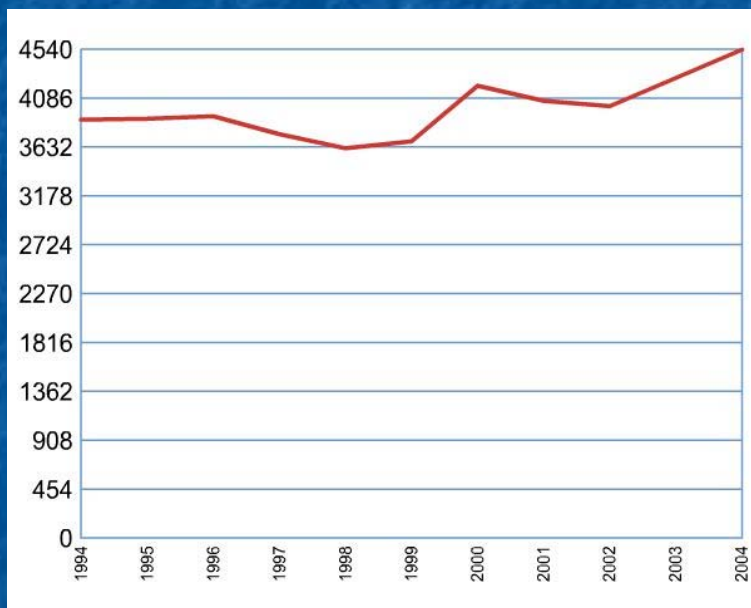
Threat or Opportunity?



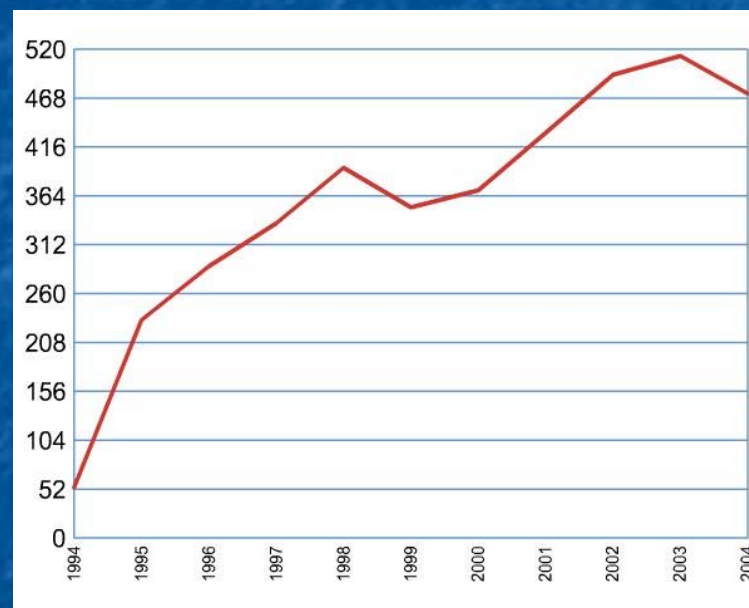
Influences on the Diets and Related Health Outcomes of Children and Youth



Growth in New Food Products Targeted to U.S. Children and Youth 1994 to 2004



New products targeted to total market



New products targeted to children & youth

Source: Williams J. 2005b. *Product Proliferation Analysis for New Food and Beverage Products Targeted to Children, 1994–2004*. University of Texas at Austin Working Paper.

Marketing Landscape: Techniques

- Many techniques
 - Product appeals (e.g., packaging, flavor, texture, fun)
 - Branded spokescharacters
 - Character merchandising, co-branding, cross-promotions
 - Celebrity endorsement
 - Premiums and premium advertising
 - Mobile marketing
 - Viral marketing
 - Product placement across multiple media platforms
- Movement toward *integrated marketing*

Evidence Review Findings

Literature supported relationships among marketing, dietary precursors, diets, diet-related health, and body fatness (adiposity).

With respect to *dietary precursors*:

- Strong evidence that television advertising influences food and beverage preferences and purchase requests of children ages 2–11 years.
- Insufficient evidence about its influence on preferences of teens ages 12–18 years.

With respect to *diets*:

- Strong evidence that television advertising influences short-term consumption of children ages 2–11 years.

Government and Public Policy

- Sustained public-private social marketing campaign
- Mechanism for access to proprietary marketing data
- Standard classification for healthful foods
- Recognition and incentives for industry initiatives
- Use of licensed characters only for healthful foods
- Default legislation mandating shift in televised marketing
- FTC involvement in self-regulatory guidelines
- Economic incentives for marketing fruits and vegetables
- Standards for competitive foods in schools
- CQI for healthier, appealing school meals
- Monitoring by HHS, USDA, DOE, FCC, FTC

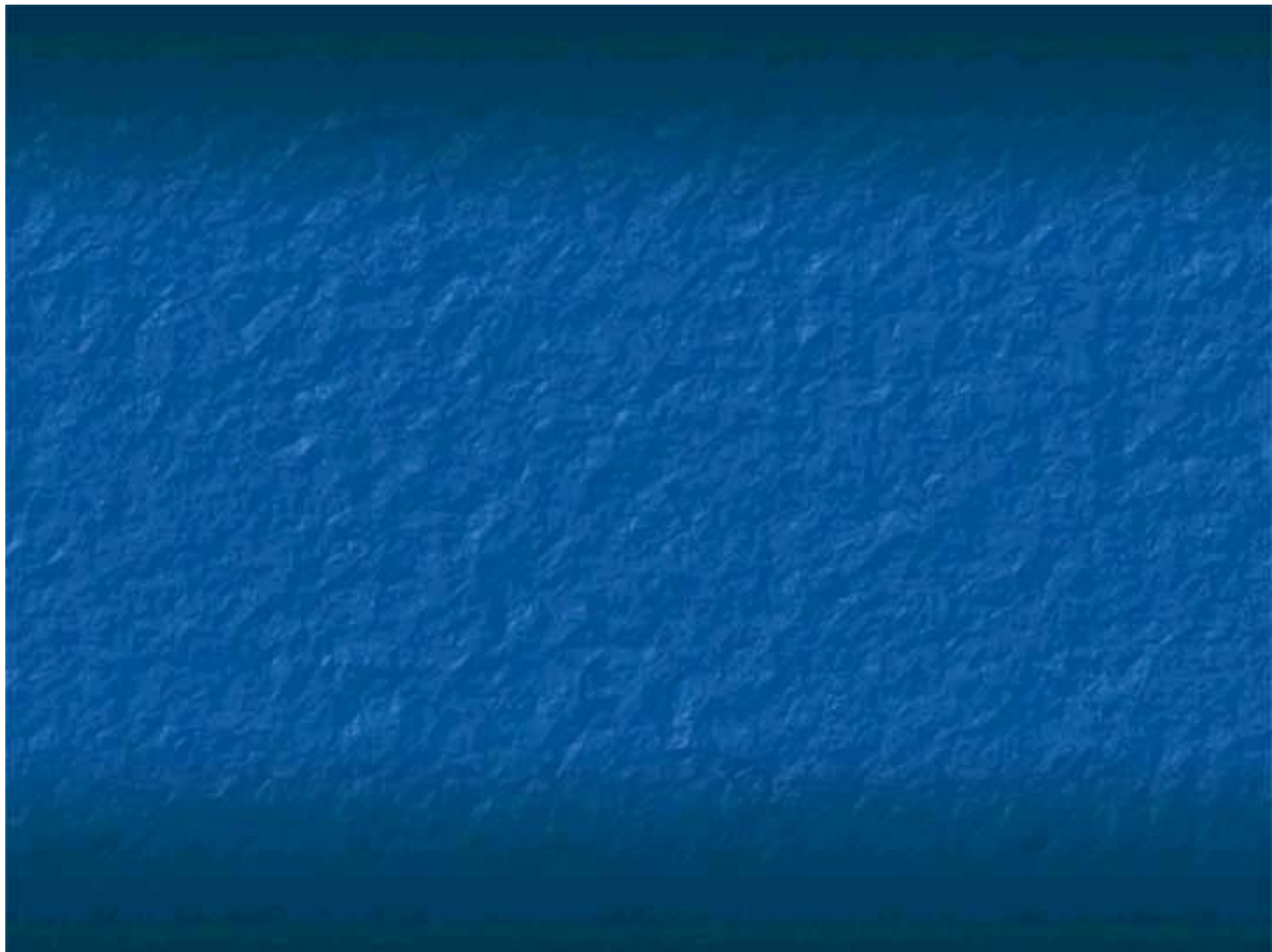
Schools and Childhood Obesity

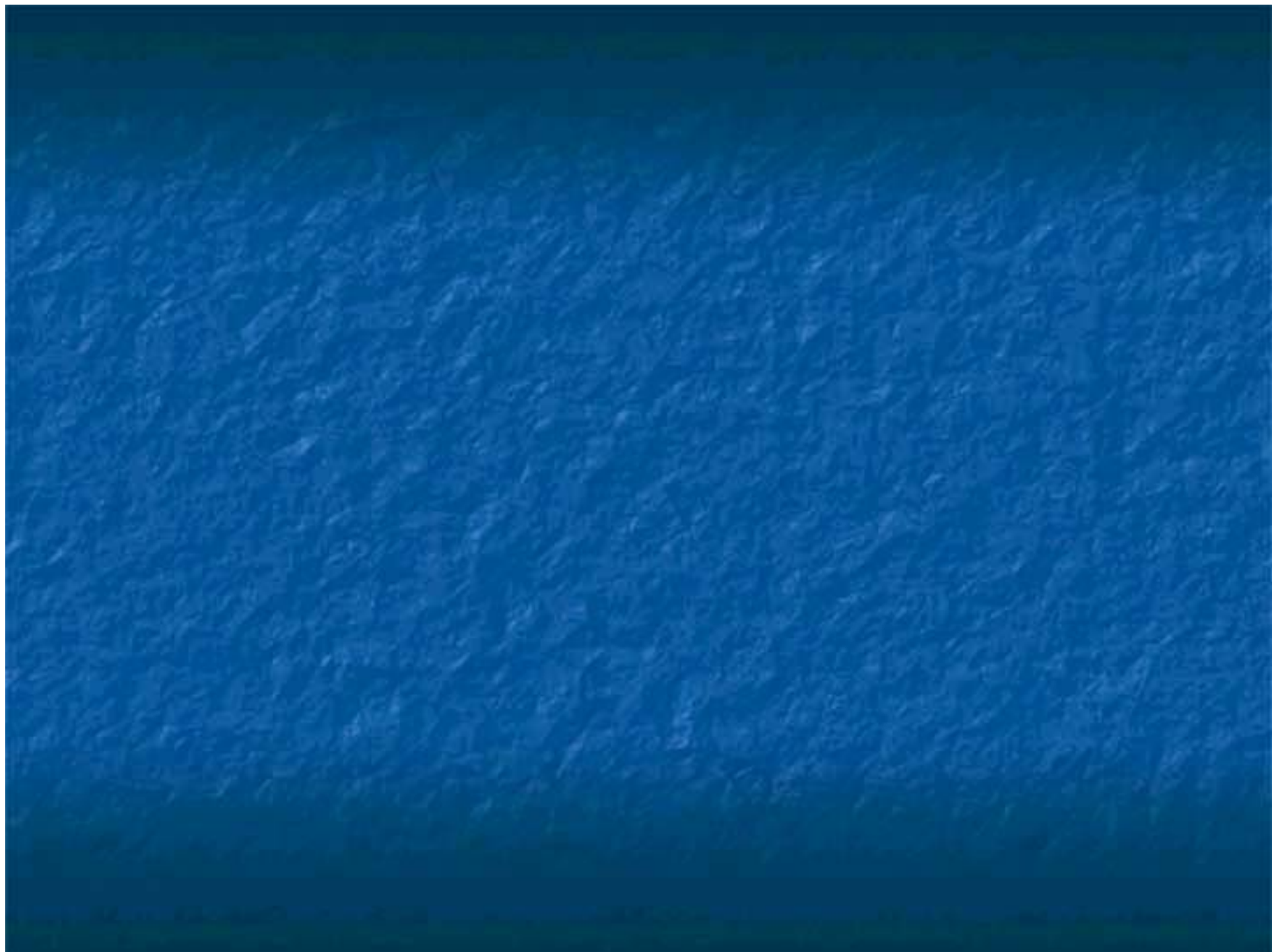
- Accept as a vital issue
- Teach the facts
- Foster field projects
- Offer the most nutritious foods
- Counter competitive foods
- Restrict marketing in schools
- Promote physical activity
- Provide individual support*
- Involve parents
- Advocate for community change

*With appropriate training

Watchwords

- Childhood obesity is a serious problem, and requires serious, concerted solutions
- There is no magic bullet
- The strategy must be multifaceted and comprehensive—and schools are key
- Stigmatizing the obese is not acceptable
- The long view is a necessity





Get the message right

- Healthy eating: smaller portions, minimal saturated/trans fats, more fiber-rich good carbs (whole grains, fruits, vegetables, legumes), minimal bad carbs (sweets, refined grains)
- Active living: 1 hour a day modest activity, 20-30 minutes vigorous 3x/week

Accurate point of action information

- Healthy eating: labels/info for foods, fast foods, restaurants that offer accurate and consistent information as to the calories, saturated/trans fats, sweets that will likely be consumed at a single sitting
- Active living: notices posted at points of activity choice (stairs, elevators, public places)

Invest public funds for better health

- Healthy eating: nutritional value in school meals, WIC, Food Stamps, DOD, medical facilities
- Active living: transportation and community development set-asides for activity friendly environments; physical education in schools

Tools and resources for local initiative

- Healthy eating: grants to support local initiative, community markets, national organization TA to communities
- Active living: Highway Fund set-asides, model zoning, building codes

Health providers as important players

- Provider competence in nutrition/physical activity (including school nurses), reimbursement incentives aligned e.g. Medicaid, Medicare

Expectations for the key players

- Responsibilities for parents, schools, health care institutions, employers
- Codes of conduct for industry, media, advertising

Model potential economic incentives

- Theoretical models estimating structure and impact of taxes related to portion sizes, nutritional value;
- variable insurance premiums
- tax structure for employer fitness and nutrition program
- USDA incentives for healthy schools (e.g. vending and PE)
- Incentives for marketing fruits and vegetables

Build evidence

- On approaches to indexing nutritional value of foods
- On effectiveness of commercial dietary interventions
- On impact of marketing on kids
- On impact of healthy schools on school performance

Monitor the progress

- Risk profiles by group: BMI's, foods consumed, meal source patterns
- Stakeholder practices: labeling, sales and marketing, healthy school profiles, employer policies, provider practices

Use the bully pulpit

- Speaking out: President/Cabinet/SG/Congress
- Recruiting partners: engaging non-traditional sectors
- Celebrity leadership
- Sharing the lessons: getting the word out about what works