

Fighting Obesity in the Public Schools

Ron Haskins, Christina Paxson, and Elisabeth Donahue

Childhood obesity is a growing national problem. Federal, state, and local policymakers and practitioners recognize the need to take strong action. Public schools are playing a central role in fighting childhood obesity despite both political and financial constraints. But schools should do even more to reduce the availability of junk food, make school meals more nutritious, and increase students' daily exercise.

Obesity is one of the nation's most serious health problems. The news media are swamped by stories documenting that Americans of all ages are fatter than ever and that the long-term health consequences of the added weight are grave. In 1989, only 3 percent of the American public rated obesity as the most important U.S. health problem; by

2004 that figure had jumped to 16 percent. Only cancer (at 24 percent) ranked as a more important health problem than obesity.

Until recently, most Americans regarded weight as a matter of personal choice. But as the number of obese children has tripled over the past three decades, that laissez-faire view of obesity has grown to seem quaint, if not dangerous. The latest volume of the journal *The Future of Children* makes clear why the problem of obesity has entered the public domain. The serious health risks of obesity, combined with rapidly rising obesity-related health care costs, warrant not only public attention but also public action and spending.

ABOUT THE AUTHORS: Ron Haskins is a senior editor of *The Future of Children* and a senior fellow in the Economic Studies program and co-director of the Center on Children and Families at the Brookings Institution. Christina Paxson is a senior editor of *The Future of Children* and director of the Center for Health and Wellbeing at Princeton University. Elisabeth Donahue is associate editor of *The Future of Children* and a lecturer at the Woodrow Wilson School of Public and International Affairs at Princeton University.

To read the full report on childhood obesity, go to www.futureofchildren.org.

Why Public Intervention Is Needed

The first and most obvious reason for public action is that obesity is contributing substantially to the nation's exploding expenditures on health care. In 2002, the direct costs of treating obesity-related conditions such as diabetes, heart disease, renal failure, and hypertension were estimated at \$92 billion to \$117 billion. On top of that, indirect costs such as missed work and future earnings losses

owing to premature death have been estimated at another \$56 billion a year. Whether paid for primarily by tax dollars through Medicare or Medicaid or by private insurance, obesity-related health problems impose huge costs on the general public, not just the obese. Further, obese Americans suffer higher rates of disability and are sometimes forced to retire early, increasing the costs of

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the nation's financially strapped disability and retirement programs. Given the expected rapid growth of health and disability expenditures, containing these costs is vital to both the federal budget and the pocketbooks of all Americans. Reducing obesity is an important part of cost containment.

Government action is also called for because rates of obesity are rising especially fast among children. Under the law, children are judged incapable of making rational and fully informed choices. In terms used by economists, they are not "rational consumers." Moreover, a pervasive finding of research on child development is that actions taken in childhood have major impacts on adult status and behavior. Not only are obese children likely to grow up to be obese adults, but also eating and exercise habits established during childhood will importantly shape eating and exercise in adulthood. Moreover, as a recent report from the National Institute of Medicine shows, children's food

preferences are strongly influenced by advertising—a policy area that offers ample precedent for government regulation. Although First Amendment issues lurk, the nation's several-decade-long experience with smoking demonstrates that a combination of government mandatory regulation and industry "voluntary" self-regulation can dramatically change the advertising climate for children and adults. Ronald McDonald, unless he changes his supersizing ways, should be headed toward Joe Camel oblivion.

Taken together, these two arguments provide ample justification for government intervention to reduce childhood obesity. A host of policies and programs at the federal, state, and local level have been developed over the past decade or so to fight childhood obesity, and new programs and policies are certain to be developed in the years ahead. The new *Future of Children* volume devoted to obesity notes that these policies fall into four groups: prevention measures addressed to both children and parents; reduction of children's exposure to advertising of foods high in sugar and fat; improved delivery by pediatricians of preventive care and treatment for obesity and related medical conditions; and improved nutrition and physical activity within the schools. We believe that policies and programs implemented in the public schools hold the greatest promise.

Why Focus on Schools?

Children spend a large part of their lives in school. They begin attending school at age five—and in many cases, especially with children from low-income families, at age four or even three—and most remain there until age eighteen. Nearly every school in the nation serves at least one and often two meals a day, five days a week, over all these years. Schools have the opportunity, then, both to influence the nutrition children receive on a regular basis and to help children establish healthful lifelong eating habits. In addition, schools can help children get regular exercise and can offer courses on health maintenance, including proper diet and

exercise. Because schools also have frequent contact with parents, they may be able to influence both the foods children consume at home and their parents' understanding of the importance of physical activity for their children's health. In short, schools offer a prime target for those like us who want to reduce rates of obesity and thereby promote child health.

Changing the Menu

Foods available in schools fall into three categories: the federal school lunch and breakfast programs, à la carte food items available in the school cafeteria, and foods available in vending machines and other venues outside the school cafeteria. Because the à la carte items and vending machines compete with school meals, they are often collectively referred to as competitive foods. Foods in these three categories, however, are subject to very different rules.

The federal lunch and breakfast programs are highly regulated by the U.S. Department of Agriculture (USDA). These meals are gradually becoming more nutritious, if not (by student report) exactly delicious. By contrast, the à la carte items—thanks in part to the food companies that lobby Congress in Washington—are only loosely regulated by the federal government. The items offered à la carte vary widely from school to school, but foods high in fat and sugar like chips and cookies are usually available. Some schools even allow fast-food vendors such as Taco Bell, Subway, Domino's, and Pizza Hut to market their products in the school cafeteria.

As part of its modest efforts to control consumption of unhealthful foods at school, the federal government has labeled certain foods, including soda pop, water ices, chewing gum, and some candies, as being of “minimal nutritional value” and has ruled that they cannot be sold in the cafeteria during school meals. But many types of candy and other unhealthful foods have escaped that label and are free to compete directly with school meals in the cafeteria during lunch hour. And schools

can make even foods of minimal nutritional value available outside the cafeteria during lunch time and throughout the day, especially in vending machines.

Congress has on several occasions modified the school lunch and breakfast programs, which were reauthorized in 2004 as part of an omnibus child

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nutrition law, to require schools to make meals more attractive and nutritious. To some extent, Congress, USDA, and local school authorities have worked together to improve school meals. A study commissioned by USDA showed that during the 1991–92 school year, lunches in nearly every school served by the school lunch program failed to meet accepted guidelines for fat and saturated fats. In response, USDA promulgated new standards to help school food service personnel reduce the fat content of meals and serve more nutritious food. A follow-up USDA study, based on survey data for 1994–96, found that although most schools still failed to meet the guidelines, the fat content of school meals had declined substantially, proving that administrative action by the federal government can directly affect the food consumed in the nation's schools.

Obstacles to Tough Federal Standards

For the past several years, Congress has been attentive to the obesity issue, although differences in political philosophy between Republicans and Democrats, together with the influence of the food

lobby, have prevented any comprehensive initiatives. The debate over reauthorizing the child nutrition programs in 2004 illustrates the difficulty of using federal policy to require schools to provide more nutritious foods and reduce availability of unhealthful foods. Consider vending machines. Until recently, the content of vending machines, which are found in most school buildings, was mostly junk—candy, gum, and sodas. Many Democrats in Congress want to simply remove vending machines from the schools. That approach—mandating states and localities to take certain actions—is a regular feature of federal programs. Although Washington generally lacks the constitutional authority to require local schools to adopt specific educational policies, it does have the authority to require states and localities to adopt federal rules in exchange for federal dollars. Because local education agencies get well over \$7 billion in federal aid a year to run their food programs, there is little doubt that the federal government could rule schools with vending machines ineligible to receive federal dollars for their school lunch or breakfast programs. If Congress or the Department of Agriculture enacted such a rule, vending machines would instantly disappear from almost every school in the nation. Reducing school vending would lead directly to improved child nutrition and health.

So why didn't Congress take this action during the 2004 reauthorization debate? While the debate over vending machines is largely a money issue at the local level, at the federal level it is really about federalism, with the debate playing out along party lines. Republicans, who control both the House and the Senate, are generally less supportive of mandates on states and localities than are Democrats. In addition, powerful lobbying groups for the food and beverage industry, led by companies such as Kraft and General Mills, as well as the Food Manufacturers Association, which represents a host of major food and beverage companies in Washington, have consistently opposed removing vending machines. The political philosophy of the

majority party and the efforts of powerful lobbying groups are a lot to overcome.

Thus, after much debate, especially in the Senate, the parties reached a compromise: the 2004 child nutrition law required all local education agencies to develop a “wellness policy” that spelled out goals for nutrition and exercise and included guidelines for all foods sold in the schools. Merely requiring local schools to develop policies of a particular sort is by no means strong federal action, particularly since additional funding did not accompany the requirement, but it may have modest effects on some school districts because they must now give parents and other citizens an opportunity to help formulate nutrition goals and practices. Although as authors we are split on whether the federal government should require schools to remove vending machines that feature junk food, we agree that junk food has no place in schools and we can see the benefit of having state and local school authorities take the initiative to improve the foods served to children during school hours. We believe state and local authorities should either remove vending machines or replace foods and beverages high in sugar and fat with more healthful foods and beverages such as fruit and juices.

Although vending machines survived federal efforts to remove them, the 2004 child nutrition debate showed that Congress is aware of the growing obesity problem and is willing to take at least modest action. In addition to the wellness policy requirement, the new law also contained incentives for schools to purchase fresh fruits and vegetables from local farmers and to serve more fresh salads and whole grain breads. The use of incentives rather than mandates shows yet again that Congress is reluctant to force schools to make major changes in their child nutrition policies and programs.

Given the reluctance of the federal government to move too quickly by using mandates, it is worth noting that many states and local school districts

have now adopted tougher standards than those promulgated by Washington—actions that are not impeded in any way by federal law. By 2005, twenty-eight states had taken steps to limit commercial foods sold in their cafeterias. In addition, a few states have enacted laws, and more states are considering legislation, to restrict the vending machine sale of foods high in sugar and fat. Similarly, big city school systems in New York, Philadelphia, Chicago, Los Angeles, and elsewhere have taken strong action to limit vending machine sales. Perhaps the main reason more school districts have failed to take stronger action against vending machines is that the profits from vending machine sales go to the local school and are used to pay for extra-curricular, and sometimes even instructional, activities. Thus, it is difficult for local school authorities to give up this important source of income. Even so, evidence is now emerging that schools that have stressed more healthful foods such as milk, juices, and fruit in both their vending machines and their à la carte cafeteria menus have done so without losing revenue. In any case, states and local school districts that are restricting sales of foods and beverages high in fat and sugar are moving in the right direction. It would be unwise for school districts and child advocates to wait for the federal government to take stronger action. State and local policies can and should move even faster and further to ensure that schools serve more nourishing foods in the cafeteria and replace junk food with more healthful fare.

Increasing Physical Activity

Obesity prevention is a two-term proposition. Amount and type of food consumed is one term, and probably the most important. But the second term is exercise. The average American readily understands the problem. Indeed, that same average American is more than likely a victim of the many forces that conspire to turn both adults and children into couch potatoes. Cars and buses—especially school buses—have replaced legs as the way to get to work or school, depriving millions of Americans of a prime source of daily exercise. For

inner-city residents, the threat of crime and random violence is a constant presence, forcing many to abandon parks, playgrounds, and other sources of play and exercise. And, of course, children are avid TV watchers. With one of the few proven antidotes to addictive TV watching being addictive electronic game playing, children now average about 3.5 hours a day of “screen” time. Both forms

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of electronic activity are triple-whammies in favor of obesity. Not only is the fixation on electronic amusements usually incompatible with physical activity, but also both TV and electronic games feature advertisements for foods loaded with sugar and fat, and children often snack while watching or playing.

Ironically, schools’ commitment to providing physical activity for students has begun to suffer because of national concern with the mediocre (or worse) school achievement of U.S. students. No Child Left Behind, with its emphasis on academic standards and testing, has increased pressures on local schools to focus their attention on academic subjects and to divert money needed to support gym and other opportunities for physical activities. Academic excellence, however, should not be purchased at the price of regular exercise.

Schools can take a host of actions to promote physical activity. Recess for elementary school children, required daily physical education (PE) classes for all children in grades 1 through 12, and

a full menu of extracurricular sports and physical activity clubs should be high on the agenda for all local school systems. Nationally only a third of adolescents are physically active in PE classes for more than twenty minutes for three or more days each week, and nearly a third of elementary schools do not schedule recess on a regular basis. Contrast this record with the recommendation by

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the National Institute of Medicine that students have a minimum of thirty minutes a day of physical activity.

The issue for local school authorities involves priorities. Recess provides a prime example. The main ingredient necessary for daily recess for students through at least sixth grade is time. True, local school systems are spending more time on basic instruction in reading and mathematics than they did just a few years ago, but several hours still remain in the school day after even the most intense focus on basic education. A school system with the will to emphasize exercise for its elementary schools can find time for at least thirty minutes of recess each day. Similarly, middle and high schools can require all students to take PE classes that involve strenuous physical activity five days a week, although this requirement will also necessitate additional spending. Our argument is that given the breadth and depth of the obesity problem, the commitment to regular physical exercise should be high on the priority list for every public school system. Even without new funding, local systems can move resources from other activities to ensure regular physical activity by all their students at every grade level.

Conclusion

The public is now aware that obesity is a growing national problem, and the news media nourish this awareness with a steady stream of obesity-related stories. Recent actions by Congress, state legislatures, and local school officials suggest a nascent commitment to fight child obesity on several fronts—by restricting advertisements for unhealthy foods directed at children, by improving preventive care by pediatricians, and above all by ensuring that schools provide healthful and appealing food and give children strenuous exercise on a daily basis.

It would be naive to expect immediate results. Even with increased vigilance and wise investments, it will take several decades to produce notable reductions in childhood obesity. Important constraints work against the ideal of creating a nation of children who eat healthfully and exercise often. In the first place, few adults, notably including parents, meet this ideal. Equally important, modern kids recognize two basic food groups: fat and sugar. Foods that feature these contents are inherently attractive to children (and perhaps a few adults as well), and advertising reinforces children's natural tendency to consume a lot of what is not good for them. Parents who have lingered at the table insisting that their children eat their spinach know that when it comes to food consumption, kids often vote with their feet. If they don't like it, they don't eat it. This principle is the bane of school food planning services. Even so, schools can affect the food children consume during the day and perhaps even shape their food preferences as they mature and develop. Similarly, schools can have a direct effect on children's daily exercise. Schools, and to a lesser extent the federal government, have already taken important steps to improve nutrition and increase exercise. Children and society will benefit if schools push more aggressively in the direction they are already moving.

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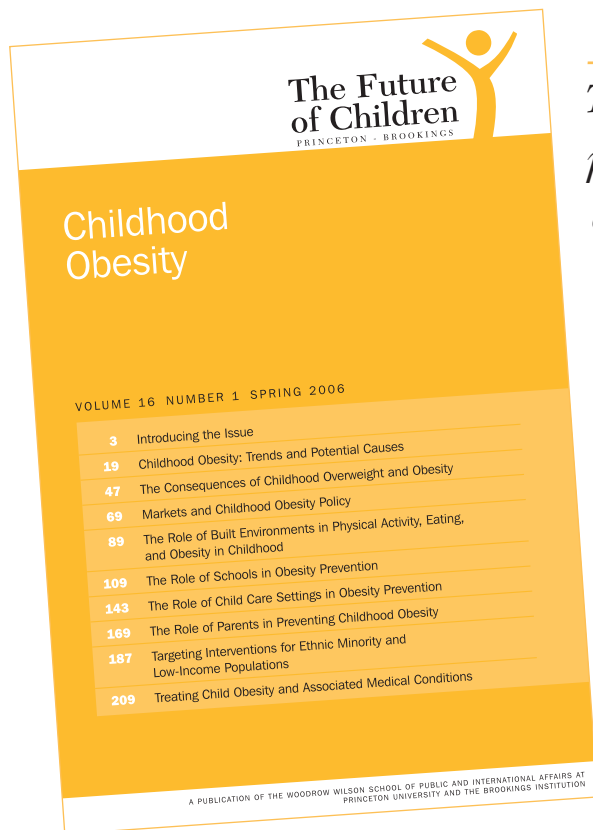
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