

Summary

In California, as elsewhere in the nation, obesity, especially among children, is a growing epidemic with profound human costs. Although the estimates vary, according to the federal Centers for Disease Control and Prevention, obese individuals are clearly at higher risk for premature death. This epidemic also takes a heavy toll on our state's economy with steep and avoidable long-term costs related to medical care and lost productivity. The effects of this epidemic are especially hard felt among communities of color and low-income populations, which tend to have more limited access to healthy foods and suitable spaces for physical activity.

New research demonstrates that multiple factors are at work in creating this epidemic. Individual behavior clearly plays a role. But, too often, the critical role of the environments in which people live, work and recreate is overlooked—even though they influence people's choices about food and physical activity. Indeed, social, cultural and physical environments can either support individuals to make healthy choices or be a major impediment.

This policy brief explores California's growing obesity crisis, examines some promising new approaches to addressing the problem and recommends policy changes needed to stem the rising tide of this serious, but preventable, epidemic.

The Dramatic Rise in Obesity

Between 1963 and 2000, the prevalence of obese and overweight American children between the ages of 6 and 11 increased nearly four-fold. According to the Centers for Disease Control and Prevention, the majority of children of all ages in the United States do not get enough physical activity, with fully one-third considered inactive. In California, one in three children is considered overweight, with four in 10 estimated to be unfit. In some California school districts, fully half of all children are overweight.

Obese children are at greater risk for a number of health problems, including Type 2 diabetes, high blood pressure, high blood lipids, asthma, sleep apnea, early maturation, orthopedic problems and depression. Before 1992, Type 2 diabetes (previously known as adult-onset diabetes) accounted for 2 to 4 percent of all childhood diabetes cases. Today that proportion has reached 45 percent. Moreover, being overweight and inactive in childhood is likely to follow a youth into adulthood. According to one study, 50 percent of obese adolescents are likely to remain obese as adults. This threatens the next generation of young Californians with high levels of debilitating—but largely preventable—chronic disease, such as diabetes, heart disease, stroke and cancer. Indeed, nearly 1.5 million California adults—5.9 percent of the population—are currently diagnosed with diabetes, a number that will surely climb unless interventions occur.



Although high rates of obesity and physical inactivity can be found in communities throughout California, the rate of overweight and obese children and adolescents is particularly pronounced among certain ethnic groups. African-American and Latino adolescents already suffer higher rates of overweight than whites and Asians, and some experts predict that, at the current rate, one in

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every four Latino and African-American babies born in California will develop diabetes in their lifetime. Not surprisingly, immense differences exist in the food and physical activity environments between communities of color and low-income populations and those of higher-income whites.

The economic rationale for preventing obesity is equally compelling. National costs associated with youth obesity increased 263 percent between 1979 and 1999. In fact, the medical care associated with obesity costs are greater than those associated with both smoking and problem drinking. The annual cost of obesity to California alone in direct medical expenses, workers' compensation and lost productivity is estimated at \$28 billion.

Many Forces Contribute to the Obesity Epidemic

No single factor is the primary cause of the childhood obesity epidemic. Genetics and underlying metabolic disorders account for a relatively small proportion of the obesity rate. On the other hand, the rapid growth in obesity rates over the last 20 years is most likely a result of changes in lifestyle and the environment that have led to poor diet and lack of physical activity. For example, the presence of soda and high-calorie snack food at schools and after-school venues contributes to the formation of poor eating habits among children. Moreover, the lack of good jobs in a neighborhood has been cited as one reason grocery stores will not locate to poor neighborhoods, which limits residents' ability to purchase healthy foods, such as fresh fruits and vegetables (see "Good Neighbor" sidebar).

Scientific literature recognizes that obesity is a result of individual behavior influenced by social and environmental factors. Yet, strategies to reduce obesity



and its consequences have historically focused only on changing individual behavior—with limited success. There has been insufficient attention to the influence of people's surroundings on their choices regarding eating and activity and what can be done to make healthy eating and regular physical activity a lot easier to do.

Today, addressing the obesity crisis requires both individual and community level interventions—supported by institutional practices and policies—that emphasize healthier eating and activity and in all settings, including homes, schools, neighborhoods, health care and the media. This comprehensive, multilevel approach was advanced by the prestigious Institute of Medicine in its recent report, "Preventing Childhood Obesity: Health in the Balance." It underscores the damaging impact of the growing obesity epidemic, the undeniable role of adverse environmental factors, and the need to engage all sectors of society in an aggressive, national effort to prevent obesity and promote healthy eating and physical activity.

Fueling the Epidemic

Studies have linked the obesity epidemic to several environmental factors, including:

- Excessive food portions, such as "super size"
- Excessive consumption of high-calorie, high-fat, low-nutrient food, snacks and soft drinks
- Lack of easily accessible places for physical activity, such as safe parks and bike paths
- Insufficient physical activity opportunities for children in schools and after-school programs
- Excessive time spent watching TV or playing video games
- Limited access to supermarkets, farmers' markets and other venues that carry affordable fresh produce in low-income neighborhoods
- Widespread marketing of high-calorie, low-nutrient cereals, snacks and drinks to children
- Limited opportunities to be active at worksites

Policy Goals

In order to reverse the obesity epidemic, particularly in low-income and minority communities, programs and policies must shift from a focus on individual behavior change towards changing the food and physical activity environments in which people live, work and recreate. Making healthy food and activity choices a more viable option for children, individuals and families requires a multi-sector, shared-responsibility approach, supported with ongoing revenues.

Schools, Daycare and After-school:

- Increase access to high-quality meals and restrict or eliminate low- and no-nutrition foods and beverages.
- Increase access to and improve standards related to the amount, intensity, duration and quality of physical education and activity.

Neighborhoods:

- Increase access to and improve the conditions and utilization of school facilities, playgrounds and recreation areas by students and community members.
- Adopt local transportation and land use policies that promote the establishment of grocery stores and farmers' markets in all neighborhoods and that promote bicycle use and walking.

Health Care:

- Expand coverage to include prevention services such as nutrition counseling and physical activity programs.
- Establish common definitions and measures for obesity and diabetes prevention.

Marketing and Advertising:

- Eliminate marketing of unhealthy foods on school grounds and in after-school programs, including through textbooks, print materials and other advertising.
- Reduce and, ultimately, eliminate television and Internet advertising for unhealthy foods aimed at children.
- Increase the marketing and availability of healthy food choices and reduce portion size of restaurant meals, including fast food.

Funding:

- Create an ongoing revenue stream that specifically supports community-based obesity prevention activities.

By Popular Demand

Reversing the upsurge of overweight and physical activity among Californians will require the involvement of everyone. And the public seems to be willing to take on the challenge. A study commissioned by The California Endowment found that nearly all Californians (92 percent) believe the problem of childhood obesity is serious, and eight in 10 think the problem has worsened. Interestingly, the majority of Californians opt for a community approach to resolve the crisis, such as improvements to school health environments and fast food restaurant nutrition labeling, rather than leaving it solely to individual children and their families.



