Obesity: History And Background

Lack of healthy food and physical activity have resulted in complex health concerns, premature death, and health care costs among children. According to Johnson (2012), obesity is a growing epidemic in children and teens in the U.S., 1 in 3 children is obese and the trend will continue if we do not address the problem. Obesity is a major health concern and the second leading cause of death in the U.S., which might become first. Obesity has affected cost to the economy that affects all of us, and it remains a threat. More than half of American adults will be obese by 2020 and will continue to affect the health of the population and incur more expenses on the healthcare system (Finkelstein et al., 2014). Obesity is an epidemic to care about because it is life-threatening. Paxson et al. (2006) explained two reasons for this problem. First, children and teens who are obese are likely to be obese in their adulthood. Second, shedding excess weight in children and adults is difficult. There are drugs in treating obesity problems, but they are expensive. It is necessary to focus on preventing obesity in childhood before getting to adults to reduce the health problem, untimely death, and economic costs. Wikfley et al., (2016) explained that children experiencing obesity do not have access to evidence-based care until the congress allowed the Agency for Healthcare Research and Quality in a partnership with the United States Preventive Services Task Force to screen obese children. Any child from ages 6 years and older tested for obesity receives full intensive and behavioral interventions to help the weight status. Through the Affordable Care Act, obese children's treatment was covered, but despite the ACA mandate to cover the treatment of childhood obesity, they do not receive coverage from many insurers because of insufficient repayment for treatment. Coverage is mostly limited if they offer it at all. The intervention of obesity is a controversial issue. The National Institute of Health believes that the intervention should not be based on the reduction of body weight, but on the improvement of health because the obese are at risk of about 30 diseases, which include heart disease, cancer, diabetes, etc. (Kazaks & Stern, 2003). The U.S. government researchers claim that the obese have a lower mortality risk than those who have normal weight, and obesity has a less death rate than what it was (Nutrition Source, 2012). Also, some groups blame the parent for their children’s obesity, while other groups see it because of the toxic environment. The main stakeholder groups in the obesity epidemic include the public, regulators and policymakers, the food industry, consumer groups, and media industry, and academia who are to cooperate and combat obesity among children. Prevention of obesity in children and teens is very essential, and one strategy to reduce adult obesity. Due to the rapid growth of obesity and the negative effects among children and teens, S.2726 - Reducing Obesity in Youth Act of 2018 introduced to the Senate on April 23, 2018, led by Senator Booker Cory. Congress did not enact the bill but referred to the Committee on Health, Education, Labor, and Pensions. The bill is to address obesity among children, which will expose them at the early stage to healthy foods, promote their eating habits, and physical exercises among children ages 0 to 5 years. It will promote center-based programs in schools and introduce it in kindergarten to improve their eating habits, promote healthy kids’ programs such as reducing screen time for children and provide 5-year grants to fight obesity in early care and education settings. A policy brief is the best method of addressing the nationwide obesity among children and teens in the U.S., and policies that will improve their healthy life such as bill S2726 is a practical option. This brief will examine the extent to which Reducing Obesity in Youth Act of 2018 will reduce obesity and promote healthy eating and physical activity.

History and Background

Johnson (2012) observed that the obesity epidemic in the 1960 and 1970s was not on the increase as it is today. U.S. adult obese were 13 percent and 5 to 7 percent of children were obese. Among racial and ethnic groups, 50 percent of black and 45 percent of Hispanic women had the highest rates. 29 percent of Black adolescent girls and 27 percent of Mexican American adolescent boys were obese. According to the U.S. Bureau of Labor Statistics, 47 percent of women with children under age 18 worked outside of the home in 1975; this increased to 72 percent in 2009, and 78 percent of women with children age 6 to 17 years. This gave rise to patronizing fast-food restaurants because the women had less time to 0% Plagiarised 100% Unique cook. Ridiculously, the eating of fast food rose to 35 percent between 1972 and 1997 and keeps increasing (Johnson, 2012). Centers for Disease and Prevention (CDC) statistics show that children and teens experiencing obesity have tripled since the 1970s (Smith and Robinson 2019). According to the World Health Organization (WHO), obesity in children rose to 47.1 percent between 1980 and 2013, and in 2014, 41 million children from ages five and below were obese. The most recent statistics show that 18.5 percent of teens were obese between 2015 and 2016 (Willian & Greene, 2018). Nearly 1 in 5 school-age children and teens from ages 6-19 were obese based on the data between 2015 and 2016. Child Obesity Facts (2019), describe obesity in children and teens as a risk to poor health. The data show obesity prevalence at 18.5 percent among 2-19 years and affected 13.7 million children and teens. The prevalence among 2-5 years old, 6-11 years, and 12-19 years old was 13.9 percent, 18.4 percent, and 20.6 percent, respectively.

The fast-food industry is one contributor to obesity in our nation. They produce high calories and sugar intake beverages for consumers. School physical inactivity in schools is another issue. The 87 percent expectation of physical education among the eighth graders declined to 47 percent among the 10 graders, and 20 percent in 12th-grade students (Johnson, 2012). According to the CDC, 87 percent of U.S. children in 1969, living a mile from school walked or cycled. Today, it has reduced to 15 percent because a third of U.S. schoolchildren ride the school bus or private vehicles (Johnson, 2012). The U.S. News reported that between 2017 and 2018, 4.8 million of American children of ages 10 to 17 were obese, with no hope of lowering rates (Preidt, 2019). The racial and ethnic disparities among Blacks was 22 percent and Hispanic youth, 22 percent, which are higher than 12 percent of whites and 7 percent of Asians that are obese. Explore Obesity in the United States (2019) annual report stated that obesity is a disease that can affect anyone, regardless of age, gender, status, race, class, and ethnicity.

The rate at which obesity is going in America with no signs of slowing down should be a great concern. The National Research Council and the Institute of Medicine for the National Institutes of Health viewed the U.S. as one of the wealthiest nations in the world, yet it is suffering from health issues for improper eating habits and lack of physical activity. 52 percent from a study show that they are not eating healthy and it is negatively impacting their health (Cheeseman, 2018). According to Causes and Consequences of Childhood Obesity (2019), a behavior that influences unhealthy food such as consumption of high calorie, low-nutrient foods, and lack of physical activity are among the factors that cause obesity among the children. According to Smith and Robinson (2019), junk food, eating more outside than cooking less at home, and high consumption of sugar intake and sweet drinks are the causes of obesity.

Obesity in children and teens is a health problem. According to Health Problems and Childhood

Obesity, children who are obese are likely to remain obese as adolescents until they get to adulthood, leading to premature death and disability in their later years. At a younger age, they are prone to develop diseases, such as diabetes, asthma, cancers, and other conditions in their adulthood. Based on the sample report of ages 5 to 17, 60 percent of overweight children are at the risk of cardiovascular disease, among which makes the cost of treating obesity in healthcare high, and the cost would continue to increase if preventions were not put into policies. The factors that cause the increasing costs of treating obesity in children and teens are; a visit to emergency rooms, high drug descriptions, and a visit to a specialist. According to the National League of Cities Institute for Youth, Education & Families, the estimated annual costs of obesity in the United States are $190.2 billion, and about $14 billion is a direct medical cost spent on childhood obesity alone. If a lack of physical activity of U.S. children remains unchanged, a report estimated that above 8 million children and teens would experience, obese in 2020, which would cause spending over $1.1 trillion in the medical costs annually (Gooch, 2017). Businesses lost about $4.3 billion annually because of obesity-related job absenteeism. In 2017, $327 billion was spent on diabetes, not counting the pain that the obese went through. On diet food and weight loss programs, consumers spent almost $300 billion every year to lose weight yet the obesity problems continue to rise. They spend over $500 billion to treat and fight obesity by U.S. healthcare, and less than $5 billion for the treatment (Bailony, 2020).

A public document on Insight on the Causes of Child Obesity (2020) mentioned that the research organization’s insight to reduce obesity problems is to encourage social interaction for children to limit the time spent in watching TV and enforce strong nutrition policies in schools. The academics according to Hannah (2019), believed obesity in children affects their academic performance and suggested physical activity would help their brain to function well and increase their academic performance. The report gave an increase in the soft drinks rate in 1972 and 1992 from 27 gallons to 44 gallons, affecting consumers to increase in weight (Bloomgarden 2002).

American Heart Association projected that in 2020, most adults would be obese, and more than half of Americans would experience diabetes. 72 percent of men and 63 percent of women who are obese now would be 83 percent of men and 72 percent of women obese in 2020. Hruby & Frank (2016) projected that 30 percent of the world’s adult population will be obese by 2030. According to the Landmark of Framingham Heart Study, the middle age of American has gained about seven pounds and the adult population in America is the fattest, and in the world, they are likely to be, and it is turning to become a pandemic (Hennekens et., al, 2007).

The following studies show the policy response to obesity. Duke Endowment awarded three-year $749,000 to fight obesity among vulnerable children for clinical care, physical activity programs, and education classes in North Carolina. The Boston Foundation awarded a five year, $625,000 to Mass General Hospital to study how to prevent children from obesity and improve their health. Kaiser Permanente Community Health funded the Innovations in Childhood Obesity initiative of the Center for Health Care Strategies to provide tools by which Medicare can be effective for children from low-income families to reduce obesity.

Cheney School District kindergarten 5th-grade students who were obese dropped to 4.5 percent after five years the program started. The program is running through 26 school districts out of 39 districts in Washington State. In 2018, the state passed a capital funding law of $32 million above 10 years for nutrition and kitchen equipment grants for school districts (Eastern Washington School makes meals healthier, 2020). This program is an eye-opener to how

children and teens can be healthier if every state could start this program or other preventive programs to fight the obesity epidemic in the meals served in our schools, home, and restaurant. Gradually, the children, adults, and the entire country will enjoy a healthier life as it was in the 1960s when obesity was not pronounced.

World Health Organization (2012), developed the Global Strategy on Diet, Physical Activity, and Health (DPAS) in 2004 to tackle obesity. The goal proposes to the government in taking action to implement policies and programs, taking preventive intervention for positive change to reduce the diseases, obesity created through the unhealthy diet and physical inactivity, in children and adolescents. This was an interactive action as they plan to monitor, test, and survey the implementation of outcome results on social, environmental, health, and economy.