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Childhood Obesity and School Food Choices: Should the Government Intervene?

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Obesity rates in the United States are alarming, with more than one-third of U.S. adults and 17% of children qualifying as obese with a Body Mass Index greater than 30.0 (Centers for Disease Control (CDC), 2011). Even more frightening is the growth rate of this crippling health epidemic; between 1980 and 2008, obesity has doubled for adults and tripled for children (CDC, 2011). The physical consequences of rising obesity rates in our country include an abundance of physical ailments including type-2 diabetes, cardiovascular disease, sleep apnea, arthritis, elevated cholesterol, and even some cancers. Additionally, obesity-related health care costs to our country are estimated at \$147 billion annually, plus the costs of productivity lost at work and in the community (CDC, 2011). With 300,000 annual deaths attributable to obesity, it remains one of the leading causes of premature death in America (U.S. Department of Health & Human Services (USDHHS), n.d.). While obesity is pervasive throughout all socioeconomic and cultural groups, there are certainly social factors contributing to this state of health. Non-Hispanic blacks have the highest rates of obesity, followed by Hispanics and then whites (CDC, 2011). Additionally, links between obesity and poverty have also been suggested (Bellafante, 2013). Though this is a national crisis, the disparities in affliction between different socioeconomic and ethnic groups demonstrate the strong influence of social determinants of health and the need for upstream interventions to combat this growing disease, particularly in vulnerable children.

The threat seems overwhelming to the youth facing the hurdles of poor nutrition and inactivity compounded by society's failure to protect them, and without action outcomes will be dismal. While children come from greatly varied backgrounds, their one commonality is their participation in school, a sure arena to target them with preventative interventions. Federally-funded school meal programs, including the National School Lunch Program (NSLP) and the School Breakfast Program (SBP), serve an average of 31.3 million lunches and 11.1 million

breakfasts per day at a cost to the country of \$11.1 billion in 2011 (Food & Nutrition Services, 2012). These federally-funded meals are an excellent opportunity for regulation of nutrition as well as education regarding healthy choices. Obesity is clearly a great threat to the health of our nation, and the federal government must step in to defend its citizens against this growing threat. Children are at the mercy of their families, their social conditions, and their schools, predisposing them to obesity through poor nutritional options and a lack of education; the federal government must intervene through regulation of school meals and snacks to protect children from the abundance of unhealthy options while also educating them and reducing childhood obesity.

In 2010, the United States Department of Agriculture (USDA), which works with Food & Nutrition Services to develop guidelines for the NSLP, proposed new regulations for school lunches in the Healthy Hunger-Free Kids Act (HHFKA). The rules included calorie guidelines according to age group and also outlined requirements for vegetable, fruit, protein, and starch components of the meals. While the USDA guidelines for meals were mandated beginning in 2012, their department also suggests guidelines regulating vending machines and other snack and beverage items. These federal directives have been met with widespread opposition, with students, parents, and even politicians crying out against government over-regulation in state and personal affairs.

U.S. News reported that Steve King and Tim Heulskamp, Republican Congressmen from Iowa and Texas respectively, introduced the “No Hungry Kids Act,” seeking to repeal the new USDA rules regarding school lunch standards and caloric caps. King argues that students are left hungry with the new dietary changes and are only compelled to seek additional sweets and snacks to stave off their healthy-diet-induced hunger (Koebler, 2012). He also describes the new

guidelines and proposals as a “gross overreach of the federal government,” even implying that the government is trying to be a “nanny” (Koebler, 2012, para. 4). Heulskamp expands to argue against “a one size fits all approach,” arguing against the current lunch regulations and any future snack guidelines (Koebler, 2012, para. 5). Their argument is based on the ethical principle of self-determination, or an individual’s right to choose. These men are touting advocacy for freedom from “the nanny state,” encouraging freedom from “caloric rationing” and allowing children to determine how many calories and which kinds of foods their bodies require (Simon, 2012). However, the arguments undoubtedly come with a partisan political agenda. Interestingly, when the House of Representatives voted on this Healthy Hunger-Free Kids Act of 2010, 247 Democrats and 17 Republicans voted for the bill while 4 Democrats and 153 Republicans voted against it. Some even argued that the bill was pushed through while the House was heavily influenced by Democrats, knowing the bill faced resistance from Republicans who oppose the expansion of government control (Pear, 2010). In the political arena, public health policies are influenced not only by facts and goals for health, but are also influenced by ethical and political agendas.

Students and teachers have also taken a stance against the new bill, voicing their dissatisfaction with the changes in portions and food options through boycotts and social media campaigns. In September, 2012, students in a Wisconsin high school boycotted their school lunches following implementation of the new guidelines. Shortly after in one Kansas high school, students and teachers collaborated to voice their opinions through a YouTube video, “We Are Hungry,” which garnered over 1.2 million views online. The video and its associated lyrics depict starving teens and even elementary students who are falling down and crawling on the floor due to their famished states. The goal of the video, according to the students and teachers

involved, was for students to convey their displeasure with the seemingly smaller portion sizes as well as the infringements on their autonomy (FoxNews.com, 2012). They are also expressing concern for athletes who have higher caloric demands and must remain satiated through their after-school sports events. Their expressions echo the support of autonomy and self-determination, crying out on the ethical grounds of freedom. However, their argument may be more reflective of their difficulty adjusting to protein and starch calories being replaced by fruit and vegetable calories. Policy change is not easy to enact, as evidenced by the political and public outcries against new and proposed regulation of school food choices.

While political and personal arguments have been made seeking freedom from an overreaching government, the evidence indicates that students are actually more at risk of losing their freedom to choose healthy options without such regulations. The NSLP provides lunches to over 31 million children daily, with participating children consuming 35% of their daily energy at school through lunch and 47% if they participate in both breakfast and lunch (Fox, 2010). The American Dietetic Association argues that this puts schools “in a unique position to influence children’s food choice on a daily basis and to potentially contribute to the development of healthful dietary habits and preferences” (Fox, 2010, p. 1010). Over the past two decades, a School Nutrition Dietary Assessment has been conducted roughly every five years and discovered high levels of total fat, saturated fat, and sodium in school lunches in the 1990’s, demonstrating a need for nutritional changes. As the previous national calorie average for high school lunches was 857, the new guidelines with a caloric restriction of 850 calories is not driven to restrict caloric intake so much as it is to alter the content of those 850 calories from high-fat foods to nutritionally-rich options (Hellmich, 2012). Additionally, research shows that competitive foods within schools, including snacks and beverages, tend to be high in energy

from fat and can have a negative influence on children's food choices (Fox, 2010). While opposition for further federal regulation exists, Fox (2010) proposes that the potential for local regulation of snacks and beverages is a great opportunity for involvement of parents, students, educators, and local government to enact change without losing their community voice. Proponents of federal regulation of school meals demonstrate the need for dietary changes and the vast opportunity to positively influence children's health by intervening preventatively through the NSLP and SBP as well as competitive snacks and beverages.

A comprehensive literature review of eighty data sources over a five-year time frame demonstrated that the public-sector has missed opportunities to promote healthy eating for children, lending more urgency to the need for policy changes to promote healthy environments (Kraak, 2012). This study analyzed journals, legislation, and media sources to identify and analyze ten stakeholders and their action domains along with suggested actions. Kraak's findings demonstrated no progress in family health promotion, limited progress in government and research efforts to expand understanding of marketing and social influences and enact policy, and only moderate progress in educational centers in promoting more healthful choices. Based on these detailed findings and areas for improvement, the study led to suggestions to promote healthy children and communities included, in part, by adoption in schools of the HHFKA of 2010, prevention of unhealthy food and beverage marketing in schools, strong partnership with the USDA for school meals, and public policy strategies to promote healthful diets. Based on a thorough evidentiary review of health risks, community needs, and areas for action, it is recommended that public policy and schools intersect to create an effective partnership to protect the health of America's children.

Opposition to federal regulation of school meals and snacks is largely driven by political or personal agendas, while the facts present a nation in dire need of help that must include widespread revolutionary policy changes. Children are a vulnerable population, submitted to the influence of their parents, educators, and other community members. Their health practices are largely shaped by the food choices they are offered and the nutritional lessons they are taught. With such a high incidence of overweight and obese children, we are obviously failing our children in this country, pushing an unhealthy lifestyle on unsuspecting youths with consequences so dire it could even be considered abusive. With so many children consuming up to 47% of their daily energy in schools, it is imperative to capitalize on the opportunity to instill healthy meal choices and educate them regarding health promotion rather than further take advantage of their vulnerability by providing cheap nutritionally-poor options. As the evidence demonstrates, at this time we cannot count on private family practices to adequately support children's health (Kraak, 2012). Instead, we can use the next most influential setting for children: school. The NSLP and SBP are federally funded, meaning public taxes contribute to the food that feeds this nation's children. As the research demonstrates, the health of our nation's children is not adequately supported by individual family practices or these tax-funded programs. While some personal and political groups have argued that the government is being overbearing and encroaching on the freedom of America's youth to choose what they put in their mouths, I disagree. Are we not even more grossly violating their freedom by offering predominantly unwholesome food options, denying them the opportunity to learn health promotion or to choose nutritionally rich food products in a setting that is supposed to protect them? The NHHKA and additional USDA recommendations to regulate snacks and beverages should absolutely be supported as necessary government components of a public health campaign to protect youth

from a barrage of unhealthy food options and the related health risks and to lower childhood obesity rates, in turn benefitting the health of the country.

In light of such a large national health burden, promotion of community health must include collaboration with political agencies to enact change. The “role of government in health care is shaped both by the needs and demands of its citizens and by the citizens’ beliefs and values about personal responsibility” (Stanhope & Lancaster, 2012, p. 165). While some opposition is expressed in regards to the role of personal responsibility versus government responsibility, there is a clear need and demand for healthier options and for an answer to the rising obesity epidemic. When discussing the administration of a \$13 billion school lunch program, politics are an essential component of the health promotion process, for while we can seek to promote the health of our communities from a nursing standpoint, we do rely on our elected representatives to allocate funds and advocate for policies that strive to benefit the greater good. However, the passing of the NHHKA in 2010 was done with the lobbying influence of nursing groups such as the National Association of Pediatric Nurses (Center for Responsive Politics, nd.). Community health promotion must be a collaborative effort due to the multi-factorial nature of many of our community health problems or risks, including obesity. A problem was identified in the rising rates of childhood obesity, and an upstream approach was proposed based on some of the social determinants of that problem as discussed earlier. Remarkably, this bill made it through the complicated legislative process and blossomed into groundbreaking new federal policy that has the potential to greatly benefit the health of young people in our nation. This community issue is a clear representation of the collaboration of multiple disciplines to produce a result in community health, for it involves the health care system, the school system, and state and federal governments. With such a clearly defined and

widespread health crisis requiring an upstream public health approach, far-reaching federal policy change is a necessary component of change and demonstrates the collaborative nature of population-based public health.

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