



POLICY RECOMMENDATIONS ON NUTRITION ENVIRONMENTS FOR CHILDREN

**CALIFORNIA WORKING FAMILIES POLICY SUMMIT
JANUARY 7, 2005**

INTRODUCTION

The Centers for Disease Control has declared that there is an epidemic of child and adolescent obesity in the United States.¹ California is no exception. Statewide, 30% of children are at risk or already overweight.² Type II diabetes, once a disease only seen in adults, is increasingly common among children.³

Poor nutrition and physical inactivity are responsible for 28% of preventable deaths in the U.S. (second only to tobacco), more than violence, AIDS, drugs, alcohol, and car crashes combined.⁴ Obesity results in \$14 billion in economic costs in California every year,⁵ including at least \$1.3 billion in Medi-Cal costs.⁶ If left unchecked, the long-term impact of this epidemic on California's families, on California's economy, and on future rates of cardiovascular disease, cancer, and diabetes will be staggering.

The causes of this epidemic are complex and multifaceted, resulting from changes in eating habits (increased caloric consumption) and decreased physical activity (decreased caloric expenditures). Efforts to address these factors must be comprehensive and must engage communities, schools, families and other institutions in supporting healthy diets and physical activity for all children.

POLICY OBJECTIVE #1

Increase children's access to healthy foods and beverages and decrease their access to unhealthy foods and beverages.

Background

The high prevalence of overweight among children is caused by numerous individual, social, and environmental factors. The epidemic is perpetuated by conditions including, but not limited to: increasing portion sizes, increasing consumption of fast food and soft drinks, lack of funding for nutrition and physical activity programs, availability of soda and junk food on school campuses, and limited access to healthy foods in low-income neighborhoods.

Recommended Actions

- A. The Legislature should restrict the sale of unhealthy foods and beverages in schools, K-12.
- B. The federal government should increase access to fruits and vegetables through programs such as the Women, Infant, and Children Supplemental Nutrition Program (WIC).
- C. The California Department of Education should increase referrals to child care programs that participate in federal food programs.
- D. California Children's Hospitals should reduce the availability of unhealthy foods and beverages, especially fast food, in their facilities.
- E. All hospitals should eliminate marketing agreements with infant formula companies.

POLICY OBJECTIVE #2

Decrease children's exposure to advertising and marketing of unhealthy foods and beverages.

Background

Children and their families are frequently exposed to sophisticated advertising and promotion of unhealthy foods through public institutions, such as schools and publicly funded programs. Forms of promotion include, but are not limited to, sponsorship of athletic events, sponsorship of community activities such as children's safety fairs, advertising on vending machine fronts, and exclusive contracts between junk food companies, schools, youth organizations, and cities. Sophisticated junk food marketing eclipses healthy eating messages and showcases unhealthy eating as the norm for children.

Recommended Actions

- A. The Legislature should eliminate advertising and promotion of unhealthy foods and beverages to children at publicly funded institutions such as schools and after-school programs.
- B. The Legislature should prohibit state and local governments from accepting sponsorship money that involves the promotion of unhealthy foods and beverages to children.

ENDNOTES

¹ Centers for Disease Control and Prevention. *Obesity and Overweight: A Public Health Epidemic*. January 2002.

² California Department of Education. *California Physical Fitness Test – 2003*. December 2004.

³ U.S. Department of Health and Human Services. *The Surgeon General's Call to Action to Prevent and Decrease Overweight and Obesity*. 2001.

⁴ McGinnis JM and Foege WH. *Actual Causes of Death in the United States*. Journal of the American Medical Association, 270:2207-2212, 1993.

⁵ Estimate based on population comparisons and data from: U.S. Department of Health and Human Services. *The Surgeon General's Call to Action to Prevent and Decrease Overweight and Obesity*. 2001.

⁶ Estimate based on data from: Public Health Institute. *1998 California Teen Eating, Exercise and Nutrition Survey (CalTEENS)*. September 26, 2000.