In the News

Report on Childhood Obesity Proposes Policies Aimed at Systemic Change

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Obesity affects about 1 in 6 US children and adolescents aged 10 to 17 years, and data show marked disparities, with rates highest among young people of color and those from low-income households, according to a new report from the Robert Wood Johnson Foundation (RWJF).

The report examines national and state obesity rates, trends, and disparities in obesity among US youths and also proposes a range of policy recommendations for prioritizing health and equity.

“Obesity is a symptom of deep-rooted challenges that have only been made worse by the pandemic and are a warning sign that our nation’s policies are failing our kids,” said Jamie Bussel, MPH, a senior program officer at the foundation, in a statement. “We must make real, systemic change to set kids on a path to better health.”

The authors analyzed data from the 2019-2020 National Survey of Children’s Health, finding an overall obesity rate of 16.2% among youths aged 10 to 17 years, a rate that has held steady for the last 5 years. However, they noted that more recent data from other sources indicate a surge in obesity among young people during the COVID-19 pandemic, especially among younger children.

For example, a national study based on electronic health records from more than 430,000 individuals aged 2 to 19 years found an increase in obesity from 19.3% in August 2019 to 22.4% in August 2020 and a near doubling of the rate of body mass index (BMI) increase during the pandemic compared with a prepandemic period. Rates of BMI increase were greater for young people who were already overweight or those with obesity and among children aged 6 to 11 years compared with children in other age groups.

Another study conducted in the Philadelphia area found that childhood obesity rates increased from 13.7% to 15.4% between 2019 and 2020 and that existing racial and ethnic disparities in rates worsened. Increases were greater among Hispanic or non-Hispanic Black youths compared with White youths, as well as among those from families with lower incomes.

Youth obesity rates varied considerably from state to state, ranging from 23.8% in Kentucky to 10.0% in Montana. Six states had youth obesity rates significantly higher than the 16.2% national rate: Kentucky (23.8%), Mississippi (22.3%), Louisiana (22.2%), West Virginia (21.9%), Alabama (21.8%), and Tennessee (20.8%).

Noting that childhood obesity “is driven by systemic, interconnected factors, so policy solutions must be broad and systems-based too,” the report offers several policy solutions, some of which focus on improving access to healthy and affordable food and others that offer more general support of families.

Among the actions Congress took in response to the COVID-19 pandemic was a measure enabling the US Department of Agriculture to issue nationwide waivers that permitted schools to serve meals to all students free of charge. The waivers for “universal school meals” are in place through June 2022.

The report recommends making universal school meals permanent and providing resources that ensure all children have access “to a consistent source of healthy meals” as a priority for policy makers. This recommendation is based on research demonstrating that school meals programs reduce food insecurity and the risk of food insufficiency among participating households, support healthy eating, and reduce the risk of obesity, which is elevated among children of color and those from families with low incomes, the report says.
The Universal School Meals Program Act, cosponsored by Sen Bernie Sanders (I, Vermont), Rep Ilhan Omar (D, Minn), Sen Kirsten Gillibrand (D, New York), and Rep Gwen Moore (D, Wisconsin) would make the current temporary program permanent, allowing schools to provide free breakfast, lunch, and dinner to every student regardless of family income. The report also said that states should work to make universal school meals permanent and implement nutrition standards that go beyond the federal government’s standards and that the US Department of Agriculture should improve nutrition standards for school meals to align with the current Dietary Guidelines for Americans, particularly with regard to added sugars.

During the COVID-19 pandemic, Congress approved emergency relief bills that directed nearly $1 billion to the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), and the American Rescue Plan Act provided additional funding to states “to temporarily boost the monthly fruit and vegetable benefit.” The report notes that studies show that the program encourages healthier choices and improves nutrition, improves health outcomes for infants and children, and reduces food insecurity; it also is associated with a lower risk of childhood obesity.

The report recommends extending eligibility for the WIC program to mothers through the first 2 years after delivery and to children through age 6 years “to align with participation in school meal programs so there is no gap in supports.” It also calls for ensuring that the pandemic-related waivers that enable families to access WIC services—such as expanding the selection of allowable food items, continuing telehealth models, and allowing certification via telephone or drive-through clinics—continue as long as needed.

In addition to expanding the scope of WIC, the RWJF report also urges policy makers to expand other programs that reduce poverty and food insecurity, such as the Child Tax Credit and the Supplemental Nutrition Assistance Program (SNAP), formerly known as food stamps. The percentage of families with children that reported not having enough to eat declined significantly after the first Child Tax Credit checks were issued. An expansion of the program until 2024 or 2025 is part of the proposed Build Back Better Act.

The report also lays out policy recommendations that address SNAP, the largest component of the Farm Bill, which is reauthorized by Congress every 5 years and likely up for consideration beginning in 2022. The group urges streamlining the process of determining eligibility and enrolling participants; focusing on communities in which participation is low, including immigrants, racial and ethnic minority groups, and those who live in rural areas; eliminating the lifetime ban on SNAP participation for convicted drug felons; and continued authorization and funding for a program that provides incentives for healthier SNAP purchases.

Another pressing priority, the RWJF report said, is addressing the health insurance coverage gap under Medicaid in the 12 states that have not expanded eligibility in their Medicaid programs under the Patient Protection and Affordable Care Act. “The federal government and state governments that have not closed the Medicaid coverage gap must do so,” the report says. “This would improve health outcomes and reduce racial and ethnic disparities.”

The report also urges the federal government to “develop a consistent approach to collecting timely data on obesity rates, including data organized by race, ethnicity, and income level, in order to ensure prevention strategies are grounded in evidence and center equity,” but provided no specific suggestions for how this might be accomplished.
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