An Ounce of Prevention: What Can Policymakers Do About the Obesity Epidemic?

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In Wisconsin and the U.S., obesity is a staggering population health problem, ranking with tobacco use as the major preventable causes of morbidity and mortality. Being overweight increases a person’s risk of developing multiple adverse medical conditions, including cancer, sleep apnea, hypertension, high cholesterol, diabetes, heart disease and heart failure, stroke, and, ultimately, premature death.1

Despite these widely known health risks, Wisconsin and the U.S. are in the midst of an epidemic of obesity (see the Figure). The percentage of persons that are overweight or obese has increase rapidly in recent years. The Centers for Disease Control and Prevention reports that as of 2001:

- 59% of Wisconsin adults were overweight or obese.
- 15% of children aged 6 to 19 were overweight.

Mirroring the health burden of overweight and obesity, associated financial and social costs are enormous. Researchers estimate that the cost of treating obesity is between 5.5% and 7.0% of all national healthcare expenditures.2 The federal Centers for Medicare and Medicaid Services reports that healthcare costs totaled $1.4 trillion in 2001.3 If 5.5% of this cost is attributable to obesity, the national cost of obesity is $77 billion per year. Accordingly, Wisconsin’s obesity-related costs (based on Wisconsin’s fraction of the US population, assuming similar levels of costs and obesity) are estimated to be approximately $1.4 billion.

The encouraging news is that should public and private policymakers want to take action, a number of policy options are available that might head off future increases in the health, financial and social costs of obesity. Both governmental and private sector actors have begun efforts to combat the obesity epidemic, but these efforts lack coordination and a sense of urgency. The following items are a list of pragmatic policy approaches. The list is not intended to be comprehensive, but suggests approaches that are likely to be feasible and able to be effected in a reasonable time frame (but, of course, with a spectrum of associated costs and efficacy). These approaches were assembled from numerous sources including reports and policy statements from the National Governors Association (www.nga.org), the U.S. Department of Agriculture’s Food and Nutrition Service (www.fns.usda.gov) and the National Association of State Boards of Education (www.nasbe.org).
The policy approaches are supported by varying degrees of "evidence bases"—research in effective policies and programs is a major, but recent, growth area in epidemiologic, health services, clinical, community design and education research. Some of these approaches are already implemented in some locales.

Possible areas of policy action include:

**Statewide policies:**

**Implement the State Health Plan.** The Wisconsin Department of Health and Family Services has written Healthiest Wisconsin 2010, along with a companion piece with implementation strategies. It identifies the reduction of overweight and obesity as a priority. Implementation will require leadership and fiscal resources from both public and private policymakers.

**Eliminate sales tax exemptions on unhealthy foods and dedicate the money to health programs.** Seventeen states and the District of Columbia have enacted laws taxing soft drinks and/or snack foods. Although we know of no food-related data on decreased consumption as a result of increased taxation, experiences from tobacco taxation clearly indicates an association between increased taxation and reduced consumption.

**Maximize state receipt of federal money.** Numerous federal programs provide money to states for efforts to increase physical activity. For example, Wisconsin has received funding from the federal Centers for Disease Control and Prevention to develop and implement nutrition and physical activity programs. Funding in other related program areas may also be available.

**Policies based in specific settings:**

**Promote policies that encourage walking and bicycling in everyday life.** Examples include: community designs that provide sidewalks and bike lanes; transportation funding for biking and walking in highway projects; and safe routes for walking to school.

**Improve workplace wellness programs.** Public and private sector employers can reduce healthcare costs by helping individuals become aware of the need for physical activity and by implementing financial and other incentives to make individuals responsible for their own health.

**Improve counseling by medical professionals on diet and physical activity.** Large numbers of people, including those who are overweight and obese, do not receive counseling on diet and the need for regular physical activity. Research suggests benefits from even brief counseling by medical professionals during clinic visits.¹ ⁵

**School-based policies:**

**Restrict or eliminate "junk" foods in schools.** States have wide latitude to control the sale of food in schools. Wisconsin has not done so at the state level. Individual districts and schools can also implement policies locally. For example, Appleton Central High School eliminated sales of foods with poor nutritional value on school grounds out of concern for student health.

**Improve access to healthy foods in schools.** Only one half of Wisconsin middle and high schools meet at least five out of six of the following healthy eating criteria: availability of low-fat, non-salty snacks; fruits and vegetables; low-fat baked goods; 100% fruit juice; bottled water; and 20 or more minutes for lunch. Elsewhere, the New York City School District recently announced it was reducing fat content in the meals it serves and banning candy, soda and sugary snacks from school vending machines.⁶

**Improve health education curricula to provide information on nutrition.** Wisconsin does not require classroom instruction in nutrition. Approximately one third of Wisconsin middle schools and one fourth of high schools do not offer nutrition instruction.

**Increase physical education instruction in schools.** The National Association of State Boards of Education (NASBE) recommends daily physical activity — 2½ hours per week for elementary grades and 3½ hours per week for middle and high school grades. Wisconsin's physical education requirements do not meet these recommended levels.

**Improve health education classes.** Only one half of Wisconsin middle schools and 6 in 10 high schools require both physical education and classroom instruction in physical activity. The NASBE recommends that health classes provide the knowledge and skills necessary for a lifetime of physical activity, including: assessing personal fitness levels; setting activity goals; and monitoring progress to those goals.

**National requirements:**

**Support labeling and marketing restrictions.** National and international efforts by lawmakers and regulators will require food makers to adopt new, more health-informative labeling; decrease fats, salt and sugars in the foods they manufacture; and decrease direct marketing of foods to children.⁷ ⁸

**Support a new "food pyramid."** Prominent food and nutrition experts have suggested the current USDA food pyramid needs revision and may actually encourage unhealthy eating habits.⁹ ¹⁰

With concerted, coordinated, and prompt action on the part of state and local governments, educators, insurers and medical providers, and private companies, the number of people who are overweight and obese may be reduced over time. It is an epidemic with enormous and avoidable financial costs that has been too long neglected.

**References:**