



Child Obesity in the United States

October 2017 podcast episode transcript

Featuring [Tashara Leak](#), Assistant Professor of Nutritional Sciences, Cornell University Dept. of Human Ecology

Hosted by Dave Chancellor

Chancellor Hello and thanks for joining us for the October 2017 episode of the Poverty Research and Policy Podcast from the Institute for Research on Poverty at the University of Wisconsin-Madison. I'm Dave Chancellor.

This episode is about child obesity in the United States. So, to learn more about this, I talked via Skype with Tashara Leak, who's an assistant professor of nutritional sciences at Cornell University. Professor Leak says that, although child obesity rates have leveled off in the last decade, they're still much higher than they were just a generation ago. And Leak says this is a big concern when it comes to health and wellbeing for these children and adolescents.

Leak We've started seeing a lot of news media, because we've observed that in the past 30 years, child obesity rates have more than tripled, which is extremely alarming. Currently what we're looking at is about 17 percent of U.S. children and adolescents reporting being obese. Which is just astronomical given how wealthy this country is. And of course, certain groups of children and adolescents are affected more than others. What we've been seeing is that ethnic minorities experience higher rates of childhood obesity in comparison to white American children. For example, right now Hispanic children are experiencing the highest rate of childhood obesity followed by African American children.

Chancellor And Leak says that just as there's a lot of variation in childhood obesity rates by ethnicity, there are also different patterns in the rates of obesity by age group.

Leak We've seen a drastic decrease in childhood obesity rates amongst children between the ages of 2 and 5 but we are extremely concerned about adolescents because they've just been kind of steadily increasing. When we talk about it broadly, children between the ages of 2 and 19, yes, the levels, the rates of childhood obesity have stabilized. But now we need to start looking at particular subgroups and certain age groups that may be more at risk like adolescents.

Chancellor Professor Leak says being overweight or having obesity are risk factors for a variety of diseases and that there's additional concern because health and nutrition behaviors learned in childhood tend to carry through to people's lives as adults.

Leak One thing that we are particularly concerned about is type 2 diabetes. We've been seeing an increase in type 2 diabetes amongst children and adolescents. It's a disease that historically has been thought to be an adult disease and obesity and weight is a risk factor for type 2 diabetes. Then we start looking at everything from high blood pressure and high cholesterol, which again are risk factors for developing cardiovascular disease, which is currently the number 1 cause of death in the United States. We've been seeing reports about weight and sleep difficulties, and sleep apnea, respiratory issues such as asthma. There are just so many various issues associated with having obesity during childhood.

Chancellor Researchers have been trying to sort through the factors that contribute to child obesity; including whether there is a link between child obesity and socioeconomic status.

Leak Understanding childhood obesity and poverty has been extremely challenging. So, we have not seen that income is a strong predictor of childhood obesity rates. What we have observed is that education of the primary caregiver in the household seems to be a strong predictor of childhood obesity. So, in households where the primary caregiver has less than a high school education, we've observed significantly higher rates of childhood obesity compared to households where the primary caregiver has more than a high school diploma.

Chancellor Professor Leak says that there are still a lot of things to be teased out to better understand the factors associated with childhood obesity, but that we can see that kids from lower income households and neighborhoods experience different sets of challenges compared to those from higher income households.

Leak So, for example in a low-income neighborhood, those children experience issues such as limited access. We've seen that in food deserts, you may not see full scale grocery stores, meaning that children and their families are having to go to corner stores that don't offer as much fresh fruit and vegetables or other healthy options for them to purchase. We've also seen challenges in similar neighborhoods around those corner stores being able to accept food stamp vouchers and WIC vouchers. While we're not able to say that, using nationally representative data, that being low income places you at additional risk for childhood obesity, it's important that we do acknowledge lower income households experience unique challenges.

Chancellor There have been a number of studies aimed at developing ways to get children and adolescents to eat better, when healthier choices can be made available. Prior work that Professor Leak was involved in, for example, tested a variety of behavioral economic or nudge strategies to see if they could be used to help children make healthier eating choices.

Leak An example of that may be providing a larger serving spoon to serve vegetables. Another example was to place less healthier items further away so it was more likely that they would get the healthier items and get seconds of the healthier items because they were sitting on the table while the less healthy items were left in the kitchen. And we saw modest effects. We found that there were two strategies that stood out -- well, really one, it was that serving two different types of vegetables so a variety was very much a positive strategy. That if families were to employ that we would see increases in child vegetable intake. But I will say, one of the challenges with this and this is why I'm moving away from this is that you can make changes in the home environment, but that's not the only place children are eating and making choices.

Chancellor In particular, Leak finds that focusing on individual-level changes in the home often doesn't lead to long term results.

Leak What we've seen is, just more broadly is that some of these studies have been effective, let's say you had an intervention for 8-12 weeks, and we'll see decreases in weight status, and they maybe maintain that weight status or weight loss for maybe six months but then what happens is, pretty consistently, by month 12, children are gaining the weight back and they return back to their original baseline weight. And so it's more about this idea that we can't just intervene in one place. We really need more collective efforts to encourage sustainable weight loss among children. And more broadly among adults and their parents as well.

Chancellor Because of this, Leak thinks that community- or systems-level approaches to changing eating habits may have a better chance of success when it comes to ultimately seeing reductions in weight status among overweight and obese children. Shape Up Summerville, which was initially set up as a study specifically designed to address the issue of childhood obesity, is an example of the kind of intervention that she sees as promising.

Leak The study occurred in Summerville, Massachusetts and the goal was to see decreases in weight status among children in first, second, and third grade. And they implemented a variety of strategies. For example, within the school, they would highlight healthy fruits and vegetables. They offered a salad bar and had fruit available. But, also outside of the school, they made changes in the broader community. So, they had something called Shape Up Approved restaurants. And if restaurants met certain guidelines then they were considered shape up approved. They got a stamp and they got extra publicity. So, some of the strategies they implemented were to offer smaller portion sizes of entrees, to have more fruit and vegetable side dishes, offering low fat dairy, and then they also did things to encourage physical activity such as creating bike paths and safe routes and more bike racks around school. This was an extremely popular study. It started in 2002 and went on until 2005. Since then, the city has really adopted a lot of strategies and they've continued to build upon the study. And now the city owns this and really takes ownership of the idea of Shape Up Summerville. But that's probably the study that I like to reference most because this is what we need to be moving towards. This idea that it's not just on parents to make healthier dishes for their children at home, but we really need to get everyone involved in making sure we're having consistent messaging around what healthy eating is.

Chancellor Beyond interventions like Shape Up Summerville, Professor Leak says there are a few larger scale approaches to moving the needle on childhood obesity that she sees as being important moving forward.

Leak I think that there are lots of opportunities for us to address childhood obesity. For example, clinicians are extremely important in this narrative. We need to be doing a better job of screening for not just obesity, but now again, type 2 diabetes has to be on our radar. And because this is relatively new, we haven't been historically testing children to see if they have type 2 diabetes. Also, just this idea that we need more systems level interventions. But I do want to put on people's radar that in 2018, we have the reauthorization of the Farm Bill. And about 80 percent of the Farm Bill funds go towards nutrition programming and the majority of that goes towards the supplemental nutrition assistance program also known as SNAP and formerly known as food stamps. This is an opportunity for us to start talking about what are ways in which the Farm Bill can address childhood obesity and support programs that provide healthier food options? So the conversations are starting to happen at the national level but I really do want to encourage everyone to engage in such conversations and start thinking about this because we're talking about \$489 billion over a five year period of funding that could really make some significant changes and differences in childhood obesity risk.

Chancellor Many thanks to Tashara Leak for taking the time to talk to us.

This podcast was supported as part of a grant from the U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation but its contents don't necessarily represent the opinions or policies of that Office or the Institute for Research on Poverty.

To catch new episodes of the Poverty Research and Policy Podcast, you can subscribe on iTunes or Stitcher or your favorite podcast app. You also can find all of our past episodes on the Institute for Research on Poverty website. Thanks for listening.