



Review of Obesity Related Legislation & Federal Programs

A Research Report for the STOP Obesity Alliance

By

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Introduction

Obesity rates have doubled in adults and tripled in children and adolescents over the last two decades.¹ The consequences of these escalating obesity rates pose an enormous threat to the health of our nation. Obesity and excessive body weight have been found to contribute to a plethora of co-morbidities such as cardiovascular disease, asthma, sleep apnea, high cholesterol levels, high blood pressure, type 2 diabetes, and multiple cancers.² The cost to our nation is an estimated \$110 to \$129 billion annually in direct and indirect health-care costs.³ A 2005 study conducted by Center for Disease Control and Prevention (CDC) estimated that approximately 112,000 deaths are associated with obesity each year, making obesity the second leading cause of preventable death.^{4,5}

There is little doubt insufficient physical activity and poor nutrition due to consumption of calorie dense foods are acknowledged as mechanisms underlying the rise in excess body weight; however, genetics and environment are also factors related to obesity.⁶ The statistics noted above make government involvement necessary to create programs and legislation targeting those at-risk populations in order to circumvent the consequences of an obese nation. According to the USDA, healthier diets could prevent at least \$71 billion in annual medical costs, lost productivity, and lost lives.⁷ In fact, poor diet and physical inactivity cause one-third of premature deaths. Fifty-percent of adults do not get the recommended amount of physical activity while 35%⁸ of children are physically inactive⁹. Only ten percent of Americans (and 2% of children) eat a healthy diet consistent with federal nutrition recommendations.^{7,10}

The consequences of having an obese nation require at least some prevention efforts from the federal government. However, as detailed below, the current emphasis on prevention only needs to be shifted to include interventions as well. This memo puts forth what is currently being implemented through federal programs and legislation in efforts to combat the obesity epidemic (Appendix A). The majority of the programs and legislation focus on eliminating the barriers that prevent individuals from making a health choice be it through the environment, workplace or school setting. While this memo does not purport to determine the weakness or strength of these programs or bills, it can be argued, based on the decades of increased obesity rates, that multi-factorial federally funded programs and effective legislation need to be created in order to decrease the prevalence of overweight and obesity sweeping across our nation. Federal leadership is needed to ensure health providers, educators, businesses, public health officials, and communities have the resources to work together in a much needed effort to combat obesity.

This memo provides an overview of federally funded programs created with obesity prevention as the main objective, as well as relevant proposed federal legislation submitted in the 110th and 111th Congressional sessions. The federal programs overview is divided between children and adults, and further subdivided into categories of nutrition, physical activity, and other, depending on the aim of the program. The below information is not exhaustive, rather what we consider to be most relevant, and a more detailed Table outlining more specific information is attached as Appendix A.

Summary of Executive Programs



Children

The “silver lining”, if there is one, with regard to obesity rates is physical activity and nutrition are modifiable factors. What makes children easier than adults to access however, is the inherent resources readily available to target at risk children, specifically schools, aftercare programs, and childcare centers, which is where the majority of federal programs focus their initiatives. The National School Breakfast and Lunch Programs (NSB and NSL, respectively) along with other federally regulated programs (WIC, Head Start etc) are the key programs the government uses to influence the nutrition habits and physical activity levels of children, described in Table 1 in the Appendix. The nutrition programs are dictated by federal regulation, which makes implementation easier to achieve. For example, the NSB and NSL programs must follow United States Department of Agriculture (USDA) guidelines in order for schools to receive funding. In contrast, the physical education programs are not enforceable and all the programs remain as guidelines as there is no federal regulation that must be adhered to with respect to physical education. The major physical education program, Carol White Physical Education Program, is a grant to help schools enhance their physical education program through expansion or improvement of equipment and educational materials.

The other sub-category described in Table 1 is federal programs for children that focus on a combination of areas relating to obesity, and mostly involve providing states with grants, leaving states to determine exactly how to use the funds in implementing an obesity intervention strategy. For example, CDC’s Division of Nutrition and Physical Activity and Obesity has a program that funds 23 states to develop plans to combat obesity through physical and nutrition plans. The funds can be used to develop healthier communities, child care centers, schools, or whatever else the state deems necessary, as long as the program fits the CDC guidelines for the grants.

Another example is the Team Nutrition grants, which go to the local education agencies to better their school’s nutrition and physical education capabilities. Some programs are merely campaigns designed to promote community members to join their resources such as the Department of Health and Human Services, Eat Smart and Play Hard campaign and National Institute of Health’s “We Can” Campaign. Although these programs rely on the help of health providers and other community resources to provide educational material to promote healthy behaviors, they also use child resources, such as the internet, to provide healthy topic websites and interactive games to educate children on the benefits of a health lifestyle. Other grants used by the federal government are those that are dedicated to prevention of chronic diseases in children tailored to the specific community needs, examples of such are the Maternal and Child health block grants and Preventive Health and Health Services Block Grants, which focus on health prevention and promotion.

Adults

Programs to address adult obesity are significantly more limited than those for children but frequently draw on the same grant structures. The CDC’s Division of Nutrition, Physical Activity and Obesity grants mentioned above fund both adult and childhood obesity projects, as do the Preventive Health and Health Services Block Grants. Overall, the overwhelming majority of programs focusing on adults are not targeted at obesity, nutrition or physical fitness. Like those of



the CDC's National Center for Chronic Disease and Health Promotion, they are instead focused on specific diseases resulting from obesity rather than reducing obesity itself¹¹.

Efforts intended to reach adults tend to be more limited in scope and intensity of intervention. For example, the adult section of the President's Challenge program¹² offers tools to track weight and suggestions, but little real support for individuals. Other websites are federally sponsored and focus on specific health-related issues, such as www.healthierus.gov, which addresses physical activity and nutrition in general, but includes specific information for adult populations. This is also true of <http://www.fruitsandveggiesmatter.gov> and websites dealing with the food pyramid, dietary needs, and physical activity guidelines. In essence, the guidelines are there and available on the websites, but not necessarily in conjunction with programs to reach US adults. Unfortunately, these provide only information to adults already interested enough to go to the web sites and little to no outreach for the rest of the population.

Many programs that do reach out to adults use either community or workplace based interventions and provide materials through the internet. In some cases, these website are only the outline for programs that should happen at a community level and do not provide a funding mechanism. Both Sisters Together¹³ – a program aimed at Black women over 18 – and PEP: A Personal Empowerment Plan¹⁴ – a workplace health program – focus on providing materials and program plans for community or employer groups. In addition, the Active Community Environments (ACES) program provides support for policy and structural changes to encourage physical activity and healthy environments¹⁵. Although it is difficult to reach adults outside of work, the exclusive focus on group outreach in these programs may be problematic in the future.

Summary of Current Federal Legislation

The following briefly describes legislation passed in the 110th Congress and legislation proposed thus far in the 111th Congresses dealing with obesity, nutrition, or physical fitness. While the list is not exhaustive, it includes legislation we feel would be effective or may potentially be passed in the future. A more detailed list is included in Table 3 of the Appendix.

The focus of obesity legislation proposed in the 110th Congress surrounded a few key themes, including childhood obesity, diabetes research, nutrition, and encouraging exercise. Childhood obesity bills in both the House of Representatives and the Senate have looked at encouraging exercise and altering the content of school lunches. Overall, the proposed legislation focuses on well-understood areas and approaches, with few truly innovative proposals. Diet and exercise are at the core of weight loss, but few bills go further to include other forms of treatment or counseling. There were exceptions, noted below, but the overall focus was on standard approaches to obesity treatment and prevention.

In the House, only a few resolutions passed, one looking to create a national Youth Sports Week and one observing National Physical Education and Sports Week. There were additional bills proposed intending to encourage more comprehensive or interesting ways to address obesity, including H.R. 1585, H.R. 3895 and H.R. 2677. The Healthy Foods for Healthy Living Act (H.R. 45), authorizes the Secretary of Agriculture to make grants to encourage consumption of fruit and vegetables and requires Medicare and Medicaid to cover services for obesity prevention and



treatment. The Menu Education and Labeling (MEAL) Act (H.R. 3895) would amend the Federal Food, Drug and Cosmetic Act to require restaurants that are a part of a chain with 20 or more locations to post calorie and other nutritional information adjacent to each food item on the menu. The Improved Nutrition and Physical Activity Act (IMPACT) (H.R. 2677), sponsored by Representatives Bono and Lowey, which would allow states to use preventive health and health services block grants for activities and community education programs designed to address and prevent obesity and eating disorders. It also requires the secretary of HHS to report to Congress on:

- (1) the causes and health implications of being overweight, obese, or having an eating disorder; and
- (2) the effectiveness of campaigns to change children's behaviors and reduce obesity. Toward the end of the 2008 session, The Menu Education and Labeling (MEAL) Act (S. 2784/H.R. 3895) was introduced and sponsored by Sen. Harkin and Rep DeLauro, would amend the Federal Food, Drug and Cosmetic Act to require restaurants that are a part of a chain with 20 or more locations to post calorie and other nutritional information adjacent to each food item on the menu.

The Senate also passed two resolutions, but neither directly related to obesity, one was to observe National Physical Education and Sports Week and one in support of World Diabetes Day. While the Senate did not pass obesity legislation, there are several interesting bills deserving mention. There were several bills introduced. The Federal Obesity Prevention Act of 2008, S. 3584, amends the Public Health Service Act to require the Secretary of Health and Human Services (the Secretary) to convene a United States Council on Overweight-Obesity Prevention with duties to include developing strategies to comprehensively prevent, treat, and reduce overweight and obesity. It also requires the Secretary, acting through the Director of the Centers for Disease Control and Prevention (CD C), to establish a grant demonstration and pilot program to address overweight and obesity issues, including through promoting increased physical activity and healthier lifestyles. The Health Promotion Funding Integrated Research, Synthesis, and Training Act or the Health Promotion FIRST Act, (S. 866) directs several agencies to develop programs, research and grants to encourage healthy behavior. The Healthy Lifestyles and Prevention American or (HELP) Act (S. 1342), looked to amend the tax code to allow tax credits for employers offering health programs to their employees.

Currently, there are not many relevant pieces of legislation have come up in the 111th Congress. The Children's Health Insurance Program Reauthorization of 2009 (HR 2) has already been passed. This Bill includes money for Childhood Obesity Demonstration Projects. The intent of these projects is to develop a comprehensive and systematic model for reducing childhood obesity by awarding grants to eligible entities to carry out such projects as community-based activities related to reducing childhood. This project is funded at \$25,000,000 for fiscal years 2009 - 2013. The FIT Kids Act, (H.R. 1585), amends the Elementary and Secondary Education Act of 1965 to improve standards for physical education. It also supports professional development for health and physical education teachers and principals to boost students' ability to learn and help promote healthy lifestyles and physical activity. No bills dedicated strictly to obesity prevention have been passed thus far this year.



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- ¹³ <http://www.win.niddk.nih.gov/sisters/index.htm>
- ¹⁴ <http://www.cdc.gov/nccdphp/dnpa/pep.htm>
- ¹⁵ <http://www.cdc.gov/nccdphp/dnpa/physical/healthprofessionals/activeenvironments/aces.htm>