



Can we legislate ourselves thinner with rules on junk food, drinks? Fighting Fat

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While the General Assembly debates legislation that would require daily 30-minute exercise programs, some school districts already have taken action to improve student health. Their programs ranging from bringing in fresh produce and promoting walking to measuring BMI. Here Hailee Thompson, a fourth-grader at Longfellow Elementary School in Eastlake, jumps rope with classmates during their 15-minute of mandatory aerobic exercise.

Government has long used its powers to protect the public health, from quarantining people infected with smallpox to imposing sanitation and housing standards in overcrowded tenements.

For just as long, there have been conflicts over public-health laws that bump up against personal liberties. That tension is as high as ever today in the battle against obesity.

Few would argue with regulations to prevent infectious-disease outbreaks. But using public-health law to change individual behaviors such as smoking and poor food choices -- in hopes of preventing chronic diseases like cancer and diabetes -- has never been more contentious.

Health activists have taken cues from the campaign against smoking in the fight for a trimmer, healthier nation. The tobacco model has been moderately successful: Cigarettes taxes, public-smoking bans and advertising restrictions helped drive the smoking rate to half of what it was 40 years ago.

Fighting Fat



A yearlong look at obesity in America

How government policy can address obesity

- **Schools:** Some states have laws

Now, there are calls for soda taxes and laws against advertising junk food to children. Posting calorie counts in chain restaurants, already required by some states and cities, became the law of the land under health care reform legislation. Several states require schools to screen students for body mass index, or BMI. And local governments are being urged to use zoning laws and incentives to encourage sellers of healthy foods in poor neighborhoods.

"I think we learned from tobacco," says Najeebah Shine, who oversees community health programs for the Cuyahoga County Board of Health. "It's going to take large public-policy changes to move us beyond individual behavior choices."

But like tobacco regulation, anti-obesity policies face pushback from industry, as well as ideological resistance from those who don't think government should tell us what to eat. It's debatable whether we can legislate ourselves thinner, or whether we should even try.

"This is an interesting philosophical debate in how you define what is a public-health interest versus an individual-health interest," says Jessica Berg, a professor of law, bioethics and public health at Case Western Reserve University.

State interventions to reduce obesity face even higher hurdles than tobacco laws, Berg says, because tobacco is a single product with no redeeming quality. But even the greasiest fries have some nutritional value.

Who's to say which foods on society's grand buffet table should be legislated?

"I can tell you what tobacco is, but I can't necessarily tell you what junk food is," Berg says. "Especially when it comes to things that can lead to obesity. . . . What's the problem food? We don't have all the answers to that."

Or as Mary Kate Cary, a blogger for U.S. News and World Report, put it in an October post: "Once we start the 'sin' taxes, where do they end -- Doughnuts? Caesar salad dressing? Whole milk instead of skim? For that matter, how about La-Z-Boy recliners?"

Advocates fight for laws for healthier food, drinks

Health activists are nonetheless forging ahead. Cities including New York and Philadelphia enacted their own laws requiring certain chain restaurants to post nutritional information, as evidence accumulates that diners consume less when calorie counts stare them in the face. Many states have new laws ordering schools to provide healthier foods for students and increase physical activity. Legislation along these lines has been introduced but not passed in Ohio.

Even bake sales are on the endangered list. New York City banned most bake sales from public schools this academic year.

But as national momentum builds, a primary target is soda. Sugared beverages constitute 11 percent of children's calorie consumption and are a major contributor to weight gain, says a report in the March issue of the journal *Health Affairs*. The report on reducing childhood obesity, written by Thomas Frieden, director of the Centers for Disease Control and Prevention, says a 1-cent-per-ounce tax on sweetened beverages would reduce consumption and would likely be "the single most effective measure to reverse the obesity epidemic."

The beverage industry counters that there is no evidence that taxing soda will reduce obesity. The problem requires balancing overall calorie consumption with physical activity, not targeting a single product, the industry says.

"There couldn't be a worse time to ask people to pay more taxes," says Kimberly McConville, executive director of the Ohio Soft Drink Association. "The other thing is, people are uncomfortable with government using the tax code to tell them what to eat and drink."

that require students to participate in daily physical activity and restrict unhealthy foods and sugared soft drinks. In Ohio, the Healthy Choices for Healthy Children bill is stalled in legislative committee.

- **Soda tax:** Proponents of a federal 1-cent-per-ounce tax say it would reduce consumption and make a dent in childhood obesity. A proposed tax on sugary soft drinks in New York has stirred controversy.

- **Menu labeling:** The new health care reform legislation requires certain chain restaurants to post calorie information, after dozens of states and cities in the last two years introduced or enacted menu-labeling laws of their own.

- **Marketing:** Health activists have called for restricting junk-food advertising aimed at children, including outdoor ads near schools. A federally sponsored study in 2008 said a ban on fast-food advertising could reduce by 18 percent the number of obese children.

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Health groups and the beverage industry are cooperating to some degree. The industry has voluntarily limited high-calorie beverages in schools. The two sides announced in March an 88 percent drop in beverage calories shipped to schools since 2004.

But a lovefest it is not. The director of the Rudd Center for Food Policy and Obesity at Yale University has accused the food and beverage industry of using Big Tobacco tactics to stall regulations, such as attacking the validity of scientific research linking sugared beverages to weight gain.

Policy measures to combat obesity now play out on a larger-than-ever stage. First lady Michelle Obama in February launched a campaign against childhood obesity, while the administration said it intends to ban candy and sugared drinks from schools. President Barack Obama also has pledged \$400 million for a Healthy Food Financing Initiative to bring more grocery stores to poor neighborhoods. The government says 23.5 million Americans live in "food deserts" -- areas with no supermarkets.

Lack of healthy foods in poor neighborhoods

Food access is now recognized as an important urban health issue. A federal panel last year urged a broad range of government actions to reduce childhood obesity, including incentives to attract supermarkets to underserved areas and zoning restrictions on fast-food restaurants near schools and playgrounds.

Dr. Eduardo Sanchez, chairman of the Institute of Medicine panel, said in an interview that blacks, Latinos and some other minority groups are especially at risk for obesity. Many who live in low-income neighborhoods have little access to healthy foods or areas in which to walk and exercise safely. The relationship between poverty and obesity was underscored in a 2006 study of about 450 Lakewood students that found children living in poverty were more likely to have high BMI scores.

In Cleveland over the past two decades, shuttered urban supermarkets have been replaced by convenience stores and fast-food restaurants, says the Cleveland-Cuyahoga County Food Policy Coalition. As a result, Cleveland residents have to travel 4.5 times farther to grocery stores than to fast-food restaurants. Distances of four or five miles might not be an issue in suburbia. But in some city neighborhoods, half the households don't have cars, says a coalition report.

A growing network of community gardens and urban farmers markets are evolving in Cleveland and other cities to address the problem. Small projects, such as a \$75,000 effort between CWRU and the Cleveland Department of Public Health to improve healthy food choices at corner stores, are popping up all over.

Short of sweeping policy changes, these grass-roots programs are seen as momentum builders.

One such community program in Somerville, Mass., a city of about 77,000 as of the last census count, has become a national model for increasing physical activity and improving diets. Researchers at Tufts University led the federally funded Shape Up Somerville program, which, starting in 2002, created bike lanes, increased the number of students walking to school, and worked with restaurants to provide low-fat dairy products and smaller portion sizes. Somerville schools introduced a healthy-eating curriculum and offered fresh produce, whole grains and vegetarian dishes in its cafeterias.

After a year, researchers found 8-year-olds, on average, had gained 1 pound less than their counterparts in nearby towns who didn't have the program.

On the statewide level, Arkansas has won praise for a program that adds a half-hour of daily physical activity in schools, removed vending machines from elementary schools and assesses students' BMI yearly.

Sanchez says some of the best evidence on interventions is at the school level.

"We can't blame childhood obesity on the kids," says Sanchez. "We have to take responsibility for it, and as such there is action we are obliged to take."

Sanchez, who is chief medical officer of Blue Cross and Blue Shield of Texas, says increasing physical activity in schools is critical, but administrators are often reluctant to take time away from curriculum.

"We need to get the message across to academic administrators that kids who engage in physical activity perform better academically and are less likely to have discipline issues," he says.

Area school districts are taking action

Ohio legislation to fight childhood obesity, which would require 30 minutes of daily exercise among other things, is undergoing changes in committee. Schools were concerned about having time for 30 minutes of exercise and also how BMI measurements

would be handled, says Melissa Bacon of the Ohio Children's Hospital Association, which supports the law.

Some local districts aren't waiting for state action. A pilot "Farm to School" program to bring locally grown produce into East Cleveland schools begins next fall. The Cuyahoga County health board is working with a traffic engineer in another pilot project to create pedestrian-friendly routes to and from Brookridge Elementary School in Brooklyn. A survey showed that three out of four kids are driven to school even though most students live less than a mile away.

Lakewood schools in 2006 began working with Lakewood Hospital to measure the BMI of fourth-grade students, and reported results to parents along with a recommendation whether or not to see a doctor. The model is now being duplicated by 14 other inner-ring school districts around Cleveland. BMI measurements of kindergarten and fifth-grade students will start in the inner-ring districts this spring, says Marty Cool, the project coordinator.

The information will also be used to establish a baseline to assess progress of school prevention programs, Cool says.

Some parents around the country have criticized the school-based screenings as intrusive and superficial, according to published reports.

"The first step is to get parents to say, 'OK, this is how my child is doing,' " Cool says. "My fear is people focus on BMI as the project, and it isn't. The issue is improving overall health."

As of 2009, eight states had mandated that schools screen children for BMI, according to the Kaiser Family Foundation.

Whether these measures ultimately lead to a trimmer student body remains to be seen. It's not yet known which interventions are most effective, says Matthew Carroll, director of the Cleveland health department.

"We're really at the early stage of determining what are the best practices," Carroll says. "We're still in the laboratory stage."

The public-health war on tobacco is more than 40 years in the making. With obesity, the war is just warming up.

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