**Issue Guide:** Weighing the Options: How Can We Encourage Healthy Weights among America’s Youth?

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**Childhood Obesity: Where Should We Begin?**

*Report by: Jan Levinson*

On Wednesday, April 21st coordinators from the Russell Forum for Civic Life in Georgia met with graduate students interested in nutrition and health promotion at the University of Georgia for a discussion on childhood obesity. Nine students, two professors, and two moderators gathered in the conference room of the Gerontology Center to discuss the NIF issue guide “Weighing the Options: How Can We Encourage Healthy Weights among America’s Youth?” The guide presents the following approaches:

**Approach 1: Expect personal responsibility for fitness** – The crux of the problem is that our children are not getting the education and supervision they need in order to be fit and healthy. Adults need to play a stronger role in guiding young people to choose healthy foods and include enough physical activity in their daily lives.

**Approach 2: Invest in overall child well-being** – The crux of the problem is that we focus too much on children’s weight as the primary concern, rather than as a symptom of other issues. Investing in the overall well-being of children is the best way to help them maintain healthy weights.

**Approach 3: Change our culture to encourage fitness** – The crux of the problem is that our society bombards children and families with opportunities to eat more and do less. We need to drastically change our home, school and community environments to restore a healthy balance between the calories we eat and the calories we burn.
After going through the ground rules and watching the introductory video, moderators began to prompt the group with questions about personal stake. What do we mean when we use the term obese? Several respondents to this first question with the clinical definition, referencing the body mass index used by health practitioners to diagnose obesity. Others noted that obesity had a cosmetic definition, that most people identified it as people who “look fat.” Further questions inquired who obesity affects and who controls the condition. Participants pointed to the tremendous economic burden that obesity puts on public institutions – hospitals, schools, and communities, which accommodate obese people with specialized facilities and equipment. One participant noted that the military is also affected by obesity and that many new recruits are now unable to pass standard PT tests required for admission to the ranks of the armed services. Increased numbers of young and men and women struggle to pass these physical tests; ultimately, the participant said, the consequence will be a decreased military force for the United States, which concerns issues of national security.

The question of who controls obesity garnered many of the same responses – parents, teachers, schools, society, and the media. Several in the group pointed to the industries that make profits from catering to obesity. As more and more Americans become obese and public facilities must accommodate their needs, clothing and other specialty stores seem to have found a new market to exploit with niche products. Several participants voiced their opposition to a recent article in a popular health magazine which promoted the idea that an individual can be both fat and fit at the same time. They said that the article promoted a level of acceptance for a growing problem and new excuses rather than solutions. And, that while it is true that an obese individual with an active lifestyle can reduce health threats with regular exercise, the only way to seriously reduce these threats is with healthy weight loss. One participant admitted that while overweight celebrities who embrace curvy figures might help young people become more comfortable in their own skin, these celebrities are also in effect promoting an unhealthy lifestyle and acceptance of a weight that can lead to serious health problems down the line.

Moving towards Approach One, the group recognized that there were many people not at the table for this discussion. Many cultural perspectives were absent and none of the participants would themselves be considered “obese” – and the absence of those voices, all agreed, and would certainly impact the discussion to come.

Approach One advocates for acceptance of personal responsibility for fitness. “Does the general public understand what obesity is?” asked one moderator. The general consensus was that the average person would recognize someone who was overweight, but would likely lump all such people into one category. Admittedly, health professionals are those most likely to properly identify obesity, but many adults do not regularly visit doctors who might administer such a diagnosis.

In discussion of this approach, focus shifted quickly to the role that parents play in the lifestyle of their children. Participants said that parents are the most prominent role models in a child’s life and much behavior is learned by watching the actions of mom and dad. Further, parents bear most responsibility for food purchase and preparation in a household. What makes it challenging to be a good role model? The number one answer seemed to be a lack of time – but many in the group were strongly opposed to
this as a valid excuse for bad nutrition. Several participants voiced that it was just as easy these days to order healthy foods at a fast food restaurant than to order less healthy options, and time doesn’t play a role once you’re in the line to order. Others noted that there is a basic lack of knowledge among many adults about what good nutrition and “healthy options” are. Also, that eating fast food isn’t always an option for low income families. Often, parents must feed an entire family on a very limited budget and as a result they are forced to buy cheap meals or ingredients, which are often loaded with unhealthy calories.

If a lack of knowledge about nutrition is a problem, what could be done to fix this? Several pointed to programs like WIC, which mandate that participants attend educational classes to receive governmental assistance. Schools seemed a likely place to provide this information, but participants pointed to declining numbers of physical education classes and recess periods in today’s schools, noting that many schools forced to choose between time for academics and time for exercise pick the former. “Why can’t we have both?” one participant said. If some schools have found successful strategies that don’t involve cuts to physical activity time for students, why can’t those strategies be embraced more broadly? Even without a designated recess, more physical activity could be incorporated into classrooms. And, studies have proven that healthy, active children tend to perform better on school work – so often the cost of cutting recess isn’t worthwhile.

While many in the group seemed convinced that personal responsibility was an important component in promoting healthy lifestyles, a few spoke up about environmental concerns and how conditions beyond individual control can impact health. For instance, living in unsafe neighborhoods limits options for exercise. Environmental support is necessary to sustain healthy living. Other participants also pointed to cultural traditions that promote unhealthy eating habits. Pointing to the “southern way” of cooking and traditional Sunday meals observed in the South, participants noted that people seem connected to their history through foodways and resistant to giving up these traditions. “Not everyone is a farmer anymore,” one participant said, noting that the lifestyle of people in the South is changing, though the foodways are not. People in desk jobs aren’t doing the labor intensive work of their ancestors, making it less likely that they can sustain the same eating habits without significant health repercussions.

Approach two promotes focusing on the overall well-being of the child, analyzing the feelings underlying the behavior of overeating. The ideas in this approach resonated in the group in an interesting way. Many expressed that labeling children needs to happen, because how else can a problem be identified and then addressed? At the same time participants admitted that telling a parent that their child is overweight is a touchy confrontation, one that angers parents more often than it engages them. One participant said that you need to do more than just put a label on a child; you have to have a plan for what comes after the label. Many thought that increased counseling services, especially for younger children, could be useful. Children can, after all, be cruel and obese children are often teased. Having a counselor to help them deal with these feelings at an early age could prevent long-term psychological damage. Others suggested that separate P.E. classes for overweight students might encourage greater participation, as would non-competitive physical activities. One participant cited a recent book – the story of a woman who lost 703 pounds without diet or exercise, citing that boosts in self-esteem alone helped her to lose weight. This is an example of someone who changed their self-image and was only
then able to shed weight – indicating that the underlying causes are important and deserve consideration when looking for solutions.

Other ideas explored included the use of food as reward and the possible use of school uniforms to combat teasing of overweight children in schools. Most agreed that balance was important in using food as reward, and that culture also plays a role in shaping attitudes about food. Some in the group strongly opposed food as reward, asking what stops parents from using non-food items as incentives. The uniform proposal was likewise debated with most in the group seeing the value but some questioning the tradeoffs (i.e. student rebellion against enforced conformity).

Approach three presented the group with a broader idea for solving childhood obesity: creating a culture of fitness. This option was favored by some in the group, though even supporters were skeptical about its potential for success. One participant said that a culture of fitness doesn’t fit into the American lifestyle – it involves individuals giving things up, which is a hard sell. Others noted that this approach would require a lot of activism and broad support from individuals, government, and schools. Because of the broad approach, the group began to focus on one problem – food deserts – and how creating a “culture of fitness” might work to alleviate this problem.

Is there a solution to food deserts – areas where residents do not have an accessible place where they can go to buy nutritious foods? One participant noted that grocery stores are businesses, and like any other business a grocery store won’t move to an area where it can’t make money. But recently, in New York and Pennsylvania, local governments have provided tax breaks to stores that would build in low-income neighborhoods in urban areas. In these states, this approach has proved successful, indicating that government incentives could be part of the solution. Other suggestions ranged from community gardens and traveling grocery stores to streamlining the process for obtaining food stamps. It seemed clear that there was a role for governments and community members in solving this problem – and many of the suggestions seemed doable.

What can schools do? Do they have a role in this “culture of fitness”? The answer seemed to be a resounding yes. Schools could change guidelines for what food options they serve students and could change options for what vending machines on school grounds dispense. Coca-Cola, for example, doesn’t just offer sodas; why not put more bottled water into the machines? Further, many in the group seemed to favor introducing basic nutrition and food preparation classes into course curriculums in public schools, especially in lower grades. These classes could prepare students for life beyond high school when they must take care of themselves. Several in the group remembered participating in such “home economics” class when they were in high school, but admitted at the time they did not take the classes very seriously. Perhaps schools would have to make these classes a higher priority – on par with math or science classes – for students to become truly engaged.

In closing out discussion on this approach, the moderator asked if we were now in a critical time of change, in regard to how we see obesity in the United States. Many participants said that there are indications that we are in a time of change. Fast food restaurants have begun to carry and heavily advertise healthy offerings. Recent legislation mandates that restaurants post nutritional information on
their menu offerings. The New York Times recently devoted an entire issue to nutrition. Some in the
group still seemed skeptical that the government could be convinced to support this approach, but a
few mentioned that “government” doesn’t always mean federal government. Local action and activism
can make moves to get local legislators to work on the community level for creating the environmental
supports necessary for healthier living.

Moving into the harvest portion of the forum, the moderator asked participants if they felt anything was
missing from the approaches explored. One woman suggested that the “exercise as medicine” concept
should be included, possibly in approach one. If doctors prescribed physical activity to children, there
might be a significant shift in the treatment of children with hyperactive disorders. Another participant
suggested that providing more incentives for adults to exercise at work would result in positive
outcomes for their children. Providing employees with on-site gyms, time during the work day for
physical activity, and other incentives for healthy living could result in increased productivity and
ultimately economic benefit to employers. Plus, creating more opportunities for adult exercise can lead
to better behavior for children to model from their parents.

One participant submitted that she hadn’t fully considered many of the ideas presented in approach two
prior to the forum, but now saw the need for understanding the overall child and not just seeing a
problem with obesity. Others in the group said that they saw good suggestions in each of the
approaches, but felt that in approach one and two they saw places for individual action while approach
three seemed so sweeping and potentially slow to progress that they felt it was less likely to happen.
Several in the group revisited the ideas in approach one and became more sympathetic to the plight of
busy parents. One participant submitted that you can’t assume a knowledge base – and some parents
don’t know enough about nutrition to make informed decisions on choices for their children. And
further, bat eating habits are hard to break. Someone who has been eating a high calorie diet their
entire life might have real difficulty switching to healthier options; it takes more than just accepting
personal responsibility – it takes broader support.

When asked what the major “ingredients” should be involved in the recipe for solving childhood obesity,
several in the group stuck to their initial feelings: it takes personal responsibility, leading by example,
and providing accurate information to make a more informed citizenry. Others said that the solution had
to involve resources and policies that back up the dissemination of information. When one moderator
asked if there could be a shift away from obesity like the one that shifted smokers in the U.S.? One
participant said that while you don’t have to smoke, you do have to eat – and thus the analogy isn’t a
good one. Another man said that the shift in smoking happened when people realized that smoking
impacted more than just smokers – second-hand smoke affected everyone. That is when smoking
became more limited in public places, taxes were increased on tobacco products, and overall, smoking
became a much less desirable habit. He said that the same thing could happen with obesity because it is
an issue that affects everyone; we just have to make those affects better understood. Another
participant agreed, saying that providing a cost/benefit analysis might be a good way to convince
people. In the end, most in the group agreed that a multi-faceted approach is needed to combat
climbing rates of childhood obesity and that portions from all of the approaches could be part of the
overall solution.
For more information on the Russell Forum for Civic Life in Georgia, visit
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