What and how much children eat, as well as how much they move, are two key determining factors in how healthy they will be growing up and as adults. Today, instead of walking to school, playing tag during recess, or spending time outside in their free time, the average American child spends more than 7.5 hours a day watching TV and movies, using cell phones and computers, and playing video games (Let’s Move, 2010). Food portions are two to five times larger than they used to be, and children are eating more snacks than ever before, which increases their overall consumption of fats and sugars. Childhood obesity has more than tripled in the past 30 years (Centers for Disease Control and Prevention [CDC], 2010) and has been receiving increased attention in the media, at schools, and even at the national level.

Much research has been conducted on the role that fast food, school meals, and health and physical education programs play in children’s development of healthy (or unhealthy) eating and physical activity habits. It probably comes as no surprise that the decrease in home-cooked meals and increase in fast-food consumption, as well as poor nutrition and decreased opportunities to be physically active at school, have been shown to contribute toward the growing obesity epidemic. Fortunately, more initiatives than ever are currently underway to address the growing problem of childhood obesity. But will they be enough?

**Children and Fast Food**

In the early 1970s, about five percent of children and youths ages six to 19 in the United States were obese. That number had increased to 16 percent by 2002, and the number of fast food restaurants doubled in that same time period (Maclay, 2009). A recent study conducted by the University of California, Berkeley, found a link between the proximity of fast food restaurants to schools and childhood obesity rates. According to the study, ninth graders are 5.2 percent more likely to be obese if there is a fast food restaurant within a tenth of a mile of their school. No connection was found between fast food and obesity when the restaurants were a quarter-mile to half a mile from the schools. The results “imply that policies restricting access to fast food near schools could have significant effects on obesity among school children” (Maclay).

**Junk Food at School**

Children don’t need a fast food restaurant close to school to eat unhealthy. Until recently, most school meals left much to be desired in terms of nutritional value. Common lunch items at many schools still include fried chicken, frozen pizza, processed meats, and sugary drinks. According to the 2006 School Health Policies and Programs Study (CDC, 2006).

- 32.7% of elementary schools, 71.3% of middle schools, and 89.4% of high schools had either a vending machine or a school store, canteen, or snack bar where students could purchase foods or beverages—many of which are high in fat, sodium, or added sugars.
- Only 4% of states and 6.6% of districts required that schools make fruits or vegetables available to students whenever food was offered or sold.
- Only 18.4% of states required and 17.0% of districts required that schools make healthful beverages such as bottled water or low-fat milk available to students whenever beverages were offered or sold.

**Efforts to Address the Problem**

Most children eat breakfast and lunch at school and usually have access to snacks throughout the day. So it makes sense to address the obesity problem at the school level, where children are consuming half of their daily calorie intake and developing lifelong habits.

A recent two-year National Institutes of Health (NIH, 2010) study set out to determine whether changes in school food services, longer periods of physical education, and classroom activities to promote behavior change would lower risk factors for type 2 diabetes among 4,600 at-risk students in California. Researchers found that school interventions that include better food and more physical activity were able to reduce obesity and overweight levels by 21 percent. Compared to the students in the control group, children in the intervention also had lower average levels of fasting insulin (a risk factor for diabetes) and smaller average waistlines (Eng, 2010). “The study shows that a school-based program can help lower obesity and certain risk factors for type 2 diabetes in youth at high risk for the disease,” said Griffin P. Rodgers, director of the National Institute of Diabetes and Digestive and Kidney Diseases (NIH, 2010).

One of the biggest hurdles to improving school meals is the high cost of fresh, healthier foods. For this reason, The Obama administration is asking for $10 billion in funding over the next ten years to improve school breakfast and lunch programs. A proposal in Congress is also calling for funding that would require the U.S. Department of Agriculture (USDA) to set new standards for school food, both in the lunch room and in vending machines (Baertlein, 2010). School administrators are skeptical that the extra funding will make a big enough difference in the
school-meal budget; but some schools are already taking local initiatives to improve school nutrition.

Fifteen school systems in California are already working with the USDA to strengthen farm-to-school programs in thousands of schools (Baertlein, 2010). These programs have proven to be beneficial for schools, as well as for local farmers. Bob Knight, who owns a farm close to Riverside Unified’s Emerson Elementary school, supplies 23 Southern California school districts with competitively priced produce. He used to depend solely on farmer’s markets and direct sales, and supplying schools has helped him stay on his family farm. The farm-to-school program is thus helping preserve farmland while giving family farms a steady market and students healthier foods at school.

First Lady Michelle Obama’s Let’s Move! (2010) campaign—a comprehensive, collaborative, and community-oriented initiative that addresses the various factors that lead to childhood obesity—aims to engage every sector of society that affects the health of children to provide schools, families, and communities the tools they need to help kids be more active and eat better, with the ultimate goal of reducing childhood obesity within a generation. Such a goal, however, can only be achieved if all involved (policy makers, school administrators, physical and health educators, parents, and the children themselves) commit to promoting, supporting, and maintaining a healthy lifestyle.

**What Schools Can Do**

1. Address physical activity and nutrition through a Coordinated School Health Program.
2. Designate a school health coordinator and maintain an active school health council.
3. Assess the school’s health policies and programs and develop a plan for improvements.
4. Strengthen the school’s nutrition and physical activity policies.
5. Implement a high-quality health promotion program for school staff.
6. Implement a high-quality course of study in health education.
7. Implement a high-quality course of study in physical education.
8. Increase opportunities for students to engage in physical activity.
9. Implement a quality school meals program.
10. Ensure that students have appealing, healthy choices in foods and beverages offered outside of the school meals program. (CDC, 2008)

For additional resources, visit the AAHPERD web site, at www.aahperd.org.

**Sources**


