

Improving the Health of All Americans through Better Nutrition

Poor nutrition is threatening America's health. Today's children may be the first in American history to live sicker and die younger than their parents' generation. Experts warn that excess weight could reduce average life expectancy by five years or more in the next few decades.¹

Commission Recommendations on Nutrition Policy

Health reform is essential but is not sufficient to improve America's health. That is why the Robert Wood Johnson Foundation established the Commission to Build a Healthier America to identify solutions outside the medical care system for improving America's health. Recognizing that health is shaped by much more than health care alone – by where and how we live, learn, work and play – the Commission in April 2009 issued 10 recommendations for improving the health of all Americans. Ensuring better nutrition through federal policy figured prominently:

RECOMMENDATIONS: NUTRITION POLICY

Feed children only healthy foods in schools.

- Federal funds should be used exclusively for healthy meals.
- Schools should eliminate the sale of "junk food," including food sold outside of school cafeterias through vending machines, school stores and fundraising.
- Federal school breakfast and lunch funds should be linked to demonstrated improvements in children's school diets.

Fund and design WIC and SNAP (Food Stamps) programs to meet the needs of hungry families for nutritious food.

- These federal programs must have adequate funding to serve all American families in need.
- Federal programs should facilitate and support good nutritional choices.

The Policy Environment

Congress has an important opportunity through the Child Nutrition and WIC Reauthorization Act to improve and enhance federally-funded child nutrition programs, including the National School Lunch Program (NSLP), the School Breakfast Program (SBP), the Child and Adult Care Food Program (CACFP), the Summer Food Service Program (SFSP) and the Special Supplemental Nutrition Program for Women, Infants and Children (WIC). Combined, these programs touch the lives of millions of children and adolescents. The federal government invests more than \$10 billion annually in school lunches and breakfasts.²

These U.S. Department of Agriculture (USDA) programs provide meals to children in about 95 percent of public schools and many private schools across the country. On an average day in 2007, 30.5 million children participated in the National School Lunch Program, and about 10 million participated in the School Breakfast Program.³ WIC served about 8.7 million participants each month in 2008, including some 6.5 million infants and children. WIC's fiscal 2009 appropriation is \$6.86 billion.⁴

In addition, the Supplemental Nutrition Assistance Program (SNAP, formerly known as Food Stamps) is the largest domestic nutrition assistance program. In 2008, SNAP served 28.4 million people a month at an annual cost of \$37.7 billion, with an average monthly per capita benefit of \$101.52. In February 2009, SNAP served 32.6 million people, an all-time record. The Farm Bill, which became law in 2008, contained new provisions and funding to improve access to and purchasing power of SNAP. The American Recovery and Reinvestment Act of 2009 included \$20 billion for SNAP. Most of this funding — approximately \$19 billion — was allocated to support a 13.6 percent increase in SNAP benefits.

Facts and Figures

Approximately one in ten children and adults eat a healthy diet⁷. Inadequate resources are part of the problem:

- Children and adults in lower-income families are significantly less likely to have a good diet than those with higher incomes (Figure 1).
- By 2007, nearly 36.2 million Americans lived in households that sometimes could not ensure enough food for all household members.⁸

Unhealthy food environments also contribute:

- Schools often do not provide a healthy food environment for children even though, on school days, children may easily consume more than half their daily calories at school.
- Nationally, junk foods are available at 73 percent of elementary schools and virtually all middle schools and high schools.⁹

These obstacles to healthy eating are having serious impacts on the nation's health:

- Nationally, some 12 million children and adolescents are obese and more than 23 million are either obese or overweight.¹⁰
- Obese children are more likely to become obese adults. An obese 4-year-old has a 20 percent chance of becoming an obese adult, and an obese teenager has up to an 80 percent chance of becoming an obese adult.¹¹
- As rates of obesity have increased, obesity-related chronic diseases have become more common. Obese
 children are more likely to have risk factors for heart disease than other children. Sixty-one percent of
 obese children ages 5 to 10 and 58 percent of obese children and adolescents ages 11 to 17 have one or
 more risk factors for cardiovascular disease.¹²

Costs

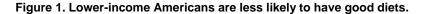
Obesity and associated health problems also take a toll on the nation economically:

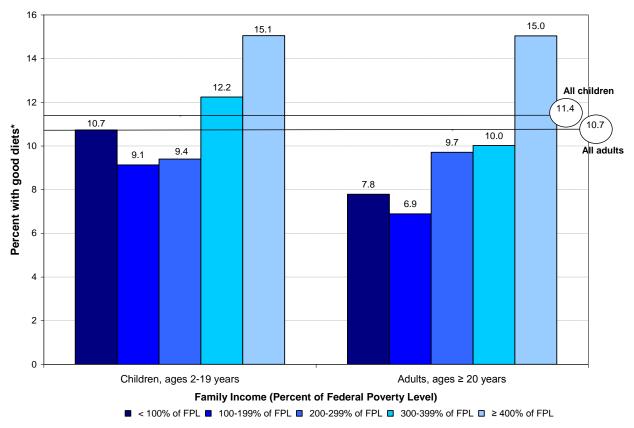
- The total annual cost of obesity in the United States is estimated to be as high as \$139 billion.
- Childhood obesity alone costs an estimated \$14 billion annually in direct health expenses. Children covered by Medicaid account for \$3 billion of those expenses.

But nutrition policy can achieve cost savings:

- A 1992 evaluation of health care cost savings from WIC estimated savings in Medicaid costs for infants during the first two months of life ranging from \$1.77 to \$3.13 for every dollar spent on the prenatal WIC program.¹⁵
- The USDA reported that a \$5 billion rise in food stamp expenditures can trigger 82,100 additional jobs and increase total economic activity by \$9.2 billion.¹⁶

Charts & Graphs





^{*} The mean healthy eating index (HEI) score measures intake of 10 key diet components (grains, vegetables, fruits, milk, meat, total fat, saturated fat, sodium, cholesterol, and variety), each ranging from 0-10 with higher scores indicating healthier eating. A good diet is defined as a having an HEI score above 80.

Analyses conducted for the Robert Wood Johnson Foundation Commission to Build a Healthier America by the Center on Social Disparities in Health at the University of California, San Francisco, using data from the National Health and Nutrition Examination Survey, 1999-2002.

Model Programs

A number of innovative programs across the country are successfully reducing barriers to healthy eating. Here are two examples:

Farm to school programs are based on the premise that students will choose healthier foods, including more fruits and vegetables, if products are fresh and locally grown and if those choices are reinforced with educational activities. Over 8,700 schools in 40 states have partnerships with local farms to provide fresh healthy produce in school cafeterias.¹⁷ Many schools integrate nutrition and environmental education, which may include farm visits, school gardens and waste management projects. Farm-to-school programs are supported by federal policies including the 2008 Federal Farm Bill and by legislation in 18 states.

The Boston Bounty Bucks program encourages SNAP beneficiaries to buy produce in farmers' markets by providing coupons that double the value of food stamp dollars for purchases between \$5 and \$10 at participating markets. Participating farmers' markets in low-income neighborhoods are equipped to accept electronic benefit transfer cards and honor Bounty Bucks coupons. This approach encourages the purchase of fresh fruits and vegetables and helps SNAP recipients stretch their food dollars.

More Resources

Reports

- Beyond Health Care: New Directions to a Healthier America; Recommendations from the Robert Wood Johnson Foundation Commission to Build a Healthier America. April 2009. Available at www.commissiononhealth.org.
- Designed for Disease: The Link Between Local Food Environments and Obesity and Diabetes. California Center for Public Health Advocacy, PolicyLink, and the UCLA Center for Health Policy Research. April 2008
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- School Lunch and Breakfast Programs: Phase I. Proposed Approach for Recommending Revisions. Stallings VA and Taylor CL (eds). Washington: The National Academies Press, 2008.
- School Foods Sold Outside of Meals (competitive meals). RWJF research Brief, 2007 <a href="http://www.dpi.state.nc.us/docs/childnutrition/publications/competitivefoods/childnutrition/publications/childnutrition/childnutrition/publications/childnutrition/childnutrition/childnutrition/childnutrition/childnutrition/childnutrition/childnutrition/childnutrition/chi

Web Sites

- CDC National Fruit and Vegetable Program, http://www.fruitsandveggiesmatter.gov/
- CDC School Health Index, https://apps.nccd.cdc.gov/shi/default.aspx
- Alliance for a Healthier Generation offers the Healthy Schools Program, http://www.healthiergeneration.org/schools.aspx?id=82.
- Food Research and Action Center (FRAC), http://www.frac.org/
- Healthy Eating Active Living Convergence Partnership http://www.convergencepartnership.org/site/c.fhLOK6PELmF/b.3917533/k.BDC8/Home.htm
- National Alliance for Nutrition & Activity (NANA), http://www.cspinet.org/nutritionpolicy/nana.html
- · Robert Wood Johnson Foundation Childhood Obesity Program, http://www.rwjf.org/childhoodobesity/
- USDA Center for Nutrition Policy and Promotion, http://www.cnpp.usda.gov/
- USDA Team Nutrition Schools, http://teamnutrition.usda.gov/HealthierUS/index.html

References

The Robert Wood Johnson Foundation Commission to Build a Healthier America – a national, independent, non-partisan group of leaders – spent more than a year investigating why Americans aren't as healthy as they could be. Recognizing that there's much more to health than health care, the Commission looked outside the health care system for ways to improve health. The Commission's 10 recommendations are rooted in the twin philosophy that good health requires individuals to make responsible personal choices and society to remove the obstacles blocking too many Americans from making healthy choices. Learn more at www.commissiononhealth.org.

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⁷ Analyses conducted for the Robert Wood Johnson Foundation Commission to Build a Healthier America by the Center on Social Disparities in Health at the University of California, San Francisco, using data from the National Health and Nutrition Examination Survey, 1999-2002.

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¹⁰ Ogden CL, Carroll MD, and Flegal KM. "High Body Mass Index for Age Among US Children and Adolescents, 2003-2006," *Journal of the American Medical Association*. 299(20):2401-2405, 2008.

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¹² Freedman DS, Dietz WH, Srinivasan SR, et al. "The Relation of Overweight to Cardiovascular Risk Factors Among Children and Adolescents: The Bogalusa Heart Study." Pediatrics. 103 (6): 11757-1182, 1999.

¹³ Finkelstein EA, Ruhm CJ and Kosa KM. "Economic Causes and Consequences of Obesity." *Annual Review of Public Health*. 26:239-57. 2005.

¹⁴ Marder WD and Chang S. "Childhood Obesity: Costs, Treatment Patterns, Disparities in Care, and Prevalent Medical Conditions." Thomson Medstat research brief, 2005. Available at: http://www.medstat.com/pdfs/childhood_obesity.pdf.

¹⁵ Devaney B, Bilheimer L and Schore J. "Medicaid Costs and Birth Outcomes: The Effects of Prenatal WIC Participation and the Use of Prenatal Care." *Journal of Policy Analysis and Management*, 11(4):573-92, 1992.

¹⁶ Hanson K and Golan E. "Effects of Changes in Food Stamp Expenditures Across the U.S. Economy." Washington, DC: United States Department of Agriculture, 2002.

¹⁷ National Farm to School Network. Available at: www.farmtoschool.org.