I. Introduction

It is often said that, when confronting a significant problem, one must be careful not to ‘miss the forest for the trees.’ While attention to detail is important, attention to the ‘big picture’ and an understanding of how those details fit together are equally necessary. Examining the work of the relevant stakeholders on the childhood obesity issue—most notably the Institute of Medicine (IOM) and the Department of Health and Human Services (HHS)—there are indications that these groups might well be ‘missing the forest.’ Whether the reason for this is bureaucratic group-think, turf protection, or a simple (and more innocent) desire to present every option to Congressional policymakers, the ‘everything is important’ sentiment presents a genuine challenge to achieving legitimate, cost-efficient progress on childhood obesity. And with potentially billions of dollars in extra public and private sector healthcare spending at stake, the country must begin to explore its options. In addition to offering a critique of the ‘everything is important’ approach, then, this work will begin to make the argument that a well-targeted public relations campaign is the best way to take action on the childhood obesity problem. The essential reason is that, taking a moment to consider the broad collection of problems that Washington policymakers are being asked to confront, it is an issue where both the alleged problem (childhood obesity) and the solution (better diet and more exercise) can be easily understood by the common man and woman. And there is polling data—which will be cited later in this chapter—to suggest that a strong majority of Americans would support such a public relations campaign.

It is also worth noting what this work will not attempt to do. While it will include a brief chapter that fleshes out a few essential statistics and evaluates the actual scope of
the problem, it will not provide an exhaustive account of the claims and counterclaims being thrown around in the debate. Basic analysis of the problem is certainly required of a policy prescriptive work, but the broader point for this essay will be to focus on the timely, cost-effective actions that would be good for the country regardless—particularly as the debate over the credibility of the statistics continues to play out.

Important qualifiers established, it would now be useful to provide some context for why the childhood obesity issue is gaining increased attention in policymaker circles. The natural starting point for such a discussion is the 2004 IOM report, *Preventing Childhood Obesity: Health in the Balance*, which noted that:

> The increasing prevalence of childhood obesity throughout the United States has led policy makers to rank it as a critical public health threat. Over the past three decades, its rate has more than doubled for preschool children aged 2 to 5 years and adolescents aged 12 to 19 years, and it has more than tripled for children aged 6 to 11 years. At present approximately nine million children over 6 years of age are considered obese. (1)

Working to solidify the connection between obesity and more acute health problems, the IOM’s report goes on to note that “For children born in the United States in 2000, the lifetime risk of being diagnosed with diabetes at some point in their lives is estimated at 30 percent for boys and 40 percent for girls if obesity rates level off.”1 Additionally, in testimony before the Senate Health, Education, Labor and Pensions (HELP) Committee, Dr. Dixie Snider of the Centers for Disease Control (CDC) indicated that Type Two diabetes “was virtually unknown in children and adolescents 10 years ago…[but] today it accounts in some communities for more than 50 percent of the diabetes we see.”2

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2 United States Senate. Committee on Health, Education, Labor and Pensions.
Although there are legitimate debates to be had regarding where limited public health care dollars should be spent, there should be basic agreement that, given the impending retirement of the Baby Boomers and the expected fiscal strain on entitlement programs, the United States simply cannot afford to spend significant sums of money on preventable diseases in its younger and middle-aged segments of the population.

And if we are honest about why the childhood obesity problem needs to be at the top of policymakers’ agenda, the most compelling answer comes back to money. Most every interest group that brings its concerns before Congress and the Executive Branch can eloquently explain how their members’ quality of life will be affected if more government funds are not spent on their favored program. But the obesity problem deserves urgent attention because, simply stated, it is taking too many of our public health care dollars. Contextualizing the results of a survey of health experts on childhood obesity that it conducted for Congress, the Government Accountability Office (GAO) in 2005 noted that:

Obesity-related health expenditures are estimated to have accounted for more than 25 percent of the growth in health care spending between 1987 and 2001. In 2000, an estimated $117 billion was spent for health-related expenditures due to obesity, with direct costs accounting for an estimated $61 billion. These direct costs accounted for approximately 5 percent of U.S. health expenditures. Nearly half of all medical spending related to adult obesity is financed by the public sector, through Medicaid and Medicare.

While $61 billion in direct costs (for all obesity, both adult and child) could be argued to be a non-overwhelming figure in the context of a federal budget that exceeds $2.7 trillion,

the figures provided by GAO become more troubling when we reference them against the earlier-cited IOM findings regarding how many more children are expected to enter adulthood as obese individuals in the coming years. For additional perspective, the $61 billion figure represents more than double the total Fiscal Year 2006 (FY2006) appropriation of $28.6 billion for the National Institutes of Health (NIH), the main federal agency through which the federal government supports medical research\(^4\).

Further, one can hardly expect the $61 billion/$117 billion figures to go down in future years, as an increasingly overweight population of children enters adulthood. As Dr. Dixie Snider points out, “Our Nation has spent many billions of dollars to make incredible health advances…yet these advances could be offset by the burden of illness and premature death caused by too many young people eating too much and moving too little over their lifetimes.”\(^5\)

One might reasonably ask why a thesis would suggest a modest public relations campaign ‘solution’ to a problem that is costing Americans and our government such immodest sums of money. The main reason is that there is not consensus that the dollar estimates or the eye-popping health outcomes estimates being used by policymakers are entirely accurate. In *Fat Politics: The Real Story Behind America’s Obesity Epidemic*, author J. Eric Oliver essentially argues that a combination of bureaucratic, business, and medical industry interests have combined to create the perception of a cause-effect relationship between obesity and poor health that, upon close review of credible evidence, does not really exist. He notes that in a 1990s study estimating the costs related

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\(^5\) U.S. Senate, “Reducing Childhood Obesity,” 44
to obesity to be $100+ billion per year, the researchers included “all the expenses associated with treating type 2 diabetes, coronary heart disease, hypertension, gallbladder disease, and cancer, but, like the estimators of deaths, they did not take into account other factors such as diet, exercise, or genetics.”6 Regarding health linkages, Oliver cites research arguing that “There are only two medical conditions that have been shown convincingly to be caused by excess body fat: osteoarthritis of weight bearing joints and uterine cancer that comes from higher estrogen levels in heavier women.”7

This is not to say that Oliver denies the existence of a basic health/nutrition problem in America. He goes on to note that “…we are not getting diabetes, cancer, and heart disease because of how much we weigh; we are getting these health problems partly because of how much and what we eat.”8 This leads us to naturalist Michael Pollan’s discussion of the role of high fructose corn syrup (HFCS) and other sugars in the modern American diet: “Since 1985, an American’s annual consumption of HFCS has gone from forty-five pounds to sixty-six pounds…During the same period our consumption of refined sugar actually went up by five pounds.”9 The author goes on to note that overall sugar consumption increased by 30 pounds (to 158 pounds per year on average) in that timeframe.

In short, there are some unresolved arguments regarding linkages vs. causation and the credibility of economic cost estimates. That does not mean the underlying problem of over-consumption does not exist, however.

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7 Ibid., 27.
8 Ibid., 141.
Another important piece of the ‘consumption’ side of the story relates to the popular notion that poor diet is found mostly in children in poor families. A 2005 article by Sandra Hofferth and Sally Curtin in the *Journal of Policy Analysis and Management* provides some important qualifiers to this notion. The authors explain that the poverty-to-obesity line cannot be neatly drawn because those families under the federal poverty line are often struggling to simply eat enough. Rather, the main evidence base connecting lower incomes and obesity is found when discussion moves from those at or below the federal poverty line to those in the ‘near-poor’ and working class categories—broadly defined by the authors as those families between 100-130 percent and 130-185 percent of the federal poverty line, respectively\(^\text{10}\). The reason these ‘in-between’ groups show higher obesity rates is that they are at the point where, between personal income and eligibility for federal programs, they have enough resources to feed themselves but not enough resources to feed themselves well. As the authors note, “…it appears that quantity increases with income up to a certain point, after which it most likely leads to higher quality rather than to a greater quantity of food.”\(^\text{11}\) And the basic problem is that the ‘near-poor’ and working class families often never reach this quantity/quality tradeoff point. Aside from lower personal income, the ‘quality’ challenge is often compounded by the lack of a competitive market: “Low-income households face higher food prices in their neighborhoods because of the lack of high-volume supermarkets and lack of competition in low-income areas.”\(^\text{12}\) In summary, then, the authors’ evidence tells us that where the rich need not be concerned with the quality/quantity tradeoff, it is a choice that

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11 Ibid., 723.

12 Ibid., 706.
families in the lower income brackets must continually make and one which policymakers would be well-served to consider as they look at potential solutions to childhood obesity. As for federal nutrition programs (whose constituencies make up a significant part of Hofferth and Curtin’s study), the authors were not able to find a solid connection between program participation and childhood obesity. They did not, however, dismiss the importance of the debates around these programs, noting that “…a school lunch too high in fat and cholesterol could reinforce previous tendencies toward overweight.”

Regarding the ‘exercise’ side of the childhood obesity equation, good information on the question is not obtained as easily. After all, the volume and quantity of food consumed and sold—and the often age-targeted product being sold—is more traceable on a broad scale than the number of calories burned by fifth graders attending soccer practices with different coaches, different practice lengths etc. As a starting point, though, one can reference a Kaiser Family Foundation in 2004 report entitled *The Role of Media in Childhood Obesity*. The report noted that “Children today spend an average of five-and-a-half hours a day using media, the equivalent of a full time job, and more time than they spend doing anything else besides sleeping.” Like our discussion on Oliver’s work, the issue of linkage vs. actual causation remains relevant, and the report also cautions against using intuition to draw conclusions: “while logic suggests that extensive television viewing is part of a more sedentary lifestyle, the evidence for this relationship has been surprisingly weak to date.”

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13 Ibid., 724
15 Ibid., 5.
*Medicine (JAMA)* study reduced the ‘media time’ of a group of approximately one hundred third and fourth graders against a control group, the researchers did achieve “decreases in [body mass index], triceps skinfold thickness, waist circumference, and waist-to-hip ratio.” So personal and government efforts to reduce children’s media exposure can certainly be argued to be worthwhile, at least while researchers continue to examine the issue in greater depth. And within a far-reaching policy debate on childhood obesity, the Kaiser report is ultimately most helpful because it identifies an important research gap in suggesting that the quality of media consumed by children may have as much to do with the problem as the quantity, and by further suggesting that “More research, perhaps removing ads from children’s media while not reducing their overall time spent with media, could help clarify this issue.”

While the Kaiser report’s contribution has been discussed to this point as part of the ‘moving too little’ piece of the childhood obesity problem, it also offers critique of how the fast food industry’s media advertising may be contributing to the earlier-discussed ‘eating too much’ piece. Citing Eric Schlosser’s *Fast Food Nation*, the Kaiser report notes that “Fast food outlets alone spend $3 billion [annually] in television ads targeted to children.” And the investment must be paying off, given that caloric intake from fast foods for children aged six to eleven quadrupled between the time spans of 1977-1978 and 1994-1996.

On a broad scale, then, we have a policy issue in front of us where the question of a correlation of obesity to major health problems (diabetes, coronary disease etc.) is clear

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16 Ibid., 3.
17 Ibid., 10.
18 Ibid., 5.
19 Hofferth and Curtin, “Poverty, Food Programs, and Childhood Obesity,” 706.
but the question of causation (i.e. obesity leading to these conditions) is far from clear. We also have enough evidence from different sources that the potential factors playing into childhood obesity (reduced exercise and poor diet) should be considered ‘actionable’ policy causes to the objective observer. That brings us to the basic policy-prescriptive question: what should be done about childhood obesity moving forward?

The first school of thought on this might be that of the libertarian leaning—i.e., that everyone should take a deep breath, calm down, and trust that parents will know what is right for their children, absent the assistance of Big Brother (whether that ‘brother’ be the Federal government or one of its supporting constituencies). Adding a bit of humor to the argument, one can see the reasoning in an excerpt from a carefully crafted *Declaration of Food Independence*:

> But when a long train of abuses and usurpations, including taxes, finger-waving, and food demonization, evinces a design to reduce the freedoms of responsible adults under dietary despotism, it is their right, it is their duty, to throw off such tyrants. Such has been the patient suffering of we freedom-loving Consumers, and such is now the necessity which impels us to alter our former tolerance of Food Cop abuses.20

Similar to government regulation in the areas of Internet content, purchase and/or use of drugs, and sexual behavior, the libertarian argument sees no need for government intervention, no matter how worthy or logical the motivation might be. Taking a swipe at this essay’s underlying argument, Oliver suggests that “any approach to obesity that tries to make Americans ‘eat less and exercise more’ is bound to fail because it contradicts the core principles of our liberal, democratic society…whose central tenet is giving its citizens as much discretion as possible.”21

Oliver goes on to suggest that the federal

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20 Center for Consumer Freedom. “Declaration of Food Independence.”
government should no longer focus on reducing weight but rather work to reduce the stigma around obesity.

To be sure, the libertarian argument holds a degree of resonance with the American public. Polling data that will be detailed later in this chapter generally shows that as obesity ‘solutions’ become more punitive, public support declines.

The shortcoming with the libertarian argument, however, is that it sidesteps the fundamental problem. Libertarians are correct in pointing out the deficiencies in the causation arguments between obesity and poor health outcomes that have been thrown around by some stakeholders. But that does not excuse them from providing suggestions on how the country should address the growing consumption of unhealthy foods, sedentary lifestyles, and growing rates of juvenile diabetes. Additionally, the libertarian argument does not disprove the idea (underlying this work) that sensible policy steps can be taken which both provide incentives for healthy behavior yet still maintain respect for personal freedoms.

At the other end of the spectrum, suggesting broad-scale intervention via both the public and private sectors, is the Institute of Medicine (IOM) and its landmark report. On a general level, the IOM report’s sense of how policymakers should move forward is on target: “…actions should be based on the best available evidence, as opposed to waiting for the best possible evidence. However, there is an obligation to accumulate appropriate evidence not only to justify a course of action but to assess whether it has made a difference.”22 We should act now, but we should know what we are doing as we move forward. In its recommendations regarding a multimedia/public relations effort, the IOM suggests coordination across federal agencies and an evaluation of what means will most

22 Institute of Medicine, “Preventing Childhood Obesity,” 3.
effectively achieve the ends, and also suggests that the media provide more exposure to
the obesity issue and highlight efforts to prevent it. With these suggestions, the IOM is
essentially arguing that whomever assumes the lead for this massive ‘messaging job’
needs to do their homework in crafting the message, and not miss out on opportunities for
free-of-charge publicity once the message is released.

In the midst of the promise of effective media strategies, however, lies the peril of
government bureaucracy getting in the way. Without question, the 2004 IOM report had
useful things to say and made some important points. But the report also contained a lot
of traditional bureaucrat-speak. The very first recommendation provided was that “…the
Department of Health and Human Services (HHS) convene a high-level task force to
ensure coordinated budgets, policies, and program requirements and to establish effective
interdepartmental collaboration and priorities for action.” The language in the sentence
just cited is incredibly generic and could appear in virtually any federal agency’s ‘plan of
action’ document; this generic tone hurts the IOM’s attempt to emphasize the urgency of
the childhood obesity problem. Unfortunately, the 2006 update that the IOM provides to
its 2004 report takes the ‘coordination and collaboration’ syndrome even further,
recommending that “Federal, state, and local governments should each establish a high-
level task force to identify priorities for action…” Task forces and collaboration on all
levels of government are a wonderful idea in a vacuum where federal agencies and state
and local governments do not have other matters to address. But in the typical public

23 Ibid., 9-10.
24 Ibid., 6.
policy environment with several competing priorities, what will the end result of another task force be?

The insistence of IOM, HHS and its constituencies on a far-reaching solution is further evidenced in the earlier-cited GAO study. That study was intended to find out what solutions leading health experts consider most important to addressing childhood obesity. GAO found that “increasing physical activity” received the strongest response, and that beyond that “there is less consensus on which strategies should be used.”

Interestingly, in its agency comments and feedback, HHS “stated that [GAO’s] findings were inconsistent with IOM’s 2004 report, which found that preventing obesity involves both regular physical activity and healthy eating behaviors. [GAO believes] that our findings are consistent with IOM’s 2004 report.” The HHS response alleging ‘inconsistency’ is rather astonishing. The IOM report quite literally detailed every option under the sun: food industry promotion of healthier products, modified food labeling regulations, pedestrian-friendly neighborhood planning and zoning ordinances, improved access to farmers markets, and insurance incentives for maintaining healthy body weight, among others. Additionally, there is no indication that Congress asked the GAO to compare its work against the IOM work. GAO was simply asked by Congress to study the matter and provide recommendations, and they proceeded by asking experts in the field for their thoughts. And the results of the GAO study—and the questions it asked of the experts—included all of the major options commonly discussed in the literature that this author has surveyed to this point. Given the competing pressures for authorization

27 Ibid., 5.
28 Institute of Medicine, “Preventing Childhood Obesity,” 8-12.
language and federal dollars, GAO obviously felt an obligation to highlight the areas where support for action was stronger.

With the libertarian and government-intensive approaches to childhood obesity addressed, we are left with the core argument of this essay for a well-targeted public relations campaign. The strongest argument for it can perhaps be made by returning to our examination of the 2004 Senate HELP Committee hearing on childhood obesity. One of the topics at that hearing was a youth media campaign known as VERB, intended to increase adolescents’ level of physical activity: “After one year of the campaign, the average 9- to 10-year-old in the Nation engaged in 34 percent more sessions of free time physical activity when compared to children who were unaware of VERB.” An especially insightful point of the hearing was when Senator Christopher Dodd (D-CT) asked whether Dr. Snider of the CDC could offer any particular reason for why the Bush Administration had zeroed out funding for VERB program in its FY2005 Budget. Failing to articulate a solid reason, Senator Dodd essentially invited Dr. Snider to offer his own professional judgment, and Dr. Snider gave the following response:

…I think we would like to see the program continued… I did not have the opportunity [today] to talk about all the partnerships we established with VIACOM, ABC, Time-Warner, sports league partnerships…We know that mass media works. We know that companies spend huge amounts of money advertising…and it must work; otherwise, they would not keep putting money into it. And we think this counter-advertising, if you will, toward promoting physical activity deserves an investment and a critical evaluation.

As important a problem as childhood obesity is and as many health care dollars as it might threaten to consume (even factoring out the possible statistical puffery), the ‘comprehensive, coordinated’ response effort runs the significant risk of being derailed.

29 United States Senate. “Reducing Childhood Obesity,” 19.
30 Ibid., 30.
amongst the multitude of other policy issues that government officials are confronted with on a daily basis. We should not hesitate to focus resources on effective, publicly-supported solutions while we wait for all of the task forces to convene.

The case for a public relations campaign is further strengthened by evidence suggesting that the public would support such an approach. The Kaiser Family Foundation worked with the *San Jose Mercury News* in 2004 to commission a poll of 1,175 adults in the Bay Area as well as 1,017 adults nationally. When asked what option(s) they supported to help address childhood obesity, “Government-funded advertising campaigns that promote eating right and exercising” was supported by 84 percent of Bay Area residents, with 73 percent nationally supporting the concept. By a few percentage points, the advertising campaigns received more support both nationally and in the Bay Area than any other option/question polled in the survey, with the next strongest support registered for requiring fast food restaurants to list nutrition information for the items on their menus. Other findings worth noting were that federal regulation of ads for junk food and fast food received support from 58 percent of Bay area residents and 53 percent of respondents nationally, while support for “Putting a special tax on junk food—that is things like soda, chips, and candy—and using the money for programs to fight obesity” received support from 51 percent of Bay Area residents and just 40 percent of respondents nationally. Given the inherent difficulty of the tax and regulatory options, both in the complexity of the process and the means available for affected parties to block action, it seems that working to ‘win minds and hearts’ is a logical course.

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32 Ibid., 5.

33 Ibid., 5.
Having now established the essential contours of the childhood obesity problem and a baseline understanding for the public’s view, this work will progress to a brief chapter that more closely examines data relevant to understanding and evaluating the true extent of the problem. From there, it will proceed to two chapters that address a couple other ‘elephant in the room’ questions. The first involves the basic question of whether childhood obesity advocates have made any strategic mistakes to this point, or whether the issue has simply not had the amount of gestation time necessary for solutions to gain traction with policymakers. Using the policy example of global warming as a basis for comparison, this third chapter will argue that it is a combination of the two. Global warming advocates are further along in their efforts due in part to a head start of roughly thirteen years. But childhood obesity advocates have also given up unnecessary ground due to lack of messaging discipline, sloppy use of numbers, and an IOM report that served to exacerbate the classic ‘garbage can’ problem (as originally described by Cohen, March, and Olsen) encountered in many issue arenas.

The second question regards what ought to be done about Federal child nutrition programs. The argument about whether or not these programs actually contribute to childhood obesity is topic for another work. It can be said, however, that the programs do possess vulnerabilities worth addressing in order to ensure maximum effectiveness of the public relations campaign. The conversation will be helpful for three additional reasons: 1) The programs are the most important source of nutrition for millions of lower and lower-middle class income children. Given Hofferth and Curtin’s research that families in the ‘near poor’ category are amongst those most at risk for high levels of obesity, a well-orchestrated public relations campaign would obviously have this group
as one of its target audiences. It would follow, then, that basic recommendations offered on entitlement programs benefiting that target audience on a near-daily basis, within the same realm of policy, would be an appropriate element of the conversation; 2) The billions of Federal dollars spent on child nutrition programs offer an important leverage point for reform. If a policy prescriptive essay strives to strike a balance between the libertarian and the government-should-be-everywhere camps—as this work strives to do—that balance must account for this potential leverage; 3) On a more rudimentary level, the child nutrition program reforms offered in the third chapter of this essay would essentially provide ‘foot soldiers’ for the campaign by modifying the role of current schools’ kitchen staffs, and would thus strengthen the effectiveness of the campaign.

After completing the discussion of child nutrition programs, this work will progress to the chapter where a more detailed vision for the public relations campaign is fleshed out. Woven within that discussion will be a detailed rebuttal for why other common strategies for policy action—administrative and legal, namely—are not the best course of action for childhood obesity. It will be argued that the administrative route would be ineffective from a basic tactical standpoint, while the legal approach opens a Pandora’s Box of its own tactical problems and, more importantly, would bring premature edicts from unelected officials to a country that is still working its way through the issue. This fifth chapter will essentially close the loop on why childhood obesity, like global warming, is an issue where imperfect information need not serve as barriers to policy action, provided that such policy action is measured, sustainable, and cost-effective.
II. Review of Relevant Childhood Obesity Data

Literature from both public and private stakeholders in the healthcare community is littered with use of the term ‘epidemic’ in talking about childhood obesity. As part of the framework for appropriate policy solutions, however, one must first evaluate the actual scope of the problem. Rather than adopting use of the ‘epidemic’ tone, this chapter (as well as the broader work) will argue that a more objective approach would suggest that policymakers cannot yet see the storm clouds but can at least smell the rain. Evidence for both parts of this logic will be discussed below, in that order.

Use of the term ‘epidemic’ and/or similar rhetoric is, at the moment, inappropriate for the childhood obesity debate. Eye-popping statistics and colorful PowerPoint presentations notwithstanding, stakeholders using such rhetoric do not have as firm a grasp on their facts as one might think. The 2004 Institute of Medicine (IOM) report cites figures that should give strong support to the claims being made. There’s just one small problem: “Because direct measures of body fat are neither feasible nor available for nationwide assessments of the prevalence of obesity…” 34 In other words, IOM relied upon the input of government agencies, academics, nonprofit groups and other stakeholders to write a report sounding the alarm bells and detailing a multi-pronged, all-encompassing solution for a problem they cannot even prove exists? Stated differently, Common sense would expect epidemiological studies to be based not on nebulous guesses but on actual measurements of sufficient and stated precision, on measurements that have measured what is said to have been measured and not something else, and on conclusions strong enough to make a difference and that are repeatedly consistent.35

34 Institute of Medicine, “Preventing Childhood Obesity,” 54.
Defenders of the IOM study would likely respond that the statistics on childhood obesity are adequately supported, via the existing data on body mass index (BMI). If only it were that simple.

The concept of BMI is not difficult to grasp. The CDC’s website on the topic describes it as “a number calculated from a child’s weight and height…research has shown that BMI correlates to direct measures of body fat, such as underwater weighing and dual energy x-ray absorptiometry.” The formula also involves a conversion factor and, to be fair, the claim of a ‘correlation’ appears to keep CDC’s claim within reason. Checking the citation of the actual ‘research,’ however, one finds a study whose objective was “to validate the performance of age and sex-specific body mass index (BMI) compared with the Rohrer index (RI) and weight-for-height in screening for both underweight and overweight in children aged 2-19.” The study did find that BMI was superior, but only relative to RI. What exactly is RI? Essentially a weight-by-height formula, except with a different conversion factor. So while IOM and others are trying to argue that ‘research shows BMI is a valid measure,’ the more accurate answer is that BMI is simply ‘more valid than something else.’ And the second claim is not nearly as strong a statement to build a position paper on as the first. One becomes even more suspicious when accounting for the scale applied to BMI scores in defining ‘overweight’ and ‘obese.’ Basham notes that (on this issue) CDC largely refers to the work of the World Health Organization, which drew on the work of the International Obesity Task Force, which “receives the bulk of its money from two pharmaceutical companies with

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significant financial interests in increasing the numbers of the overweight and obese.”\textsuperscript{38}

This work does not intend to dig deeply into the question of whether the push for childhood obesity solutions, as well as the very definition of the problem, is an old fashioned political scheme. That is ground articulately covered by Oliver, Basham, and their colleagues. But the causes for concern regarding inflated rhetoric do not stop with the use of BMI as a measure.

IOM and CDC interpret children’s BMI measure relative to percentiles, i.e. where a child scores relative to their peers. Understandably, they want to ensure that significant, potentially unhealthy weight gains made in the past few years do not obscure the fact that someone in the middle of a bell curve may nevertheless be a health risk, since the curve has continued to move towards higher weight. But given the earlier-stated concerns about BMI, one might think IOM and CDC would show caution in their statistical adjustments. One would be wrong. In developing the statistics related to the growth rate of children overweight and obese, “The growth reference data were based on BMI distributions from national surveys between 1963 and 1980 for children aged 6 to 19 years.”\textsuperscript{39} No explanation is offered in the IOM report as to why the CDC did not include data from later years in the distribution. It does not take long to figure out why.

Examining the actual summary data for the National Health and Nutrition Examination Surveys (NHANES) for the 1988-1994 and 1999-2002 periods, one finds higher BMI scores for nearly every age group in the 6-19 age range for these periods relative to 1980.\textsuperscript{40} Factoring in American children’s weight for either of these time periods would

\textsuperscript{38} Basham, \textit{Diet Nation}, 51.
\textsuperscript{39} Institute of Medicine, “Preventing Childhood Obesity,” 55.
\textsuperscript{40} Cynthia L. Ogden and Cheryl Fryar, Margaret Carroll, and Katherine Flegal, “Mean Body Weight, Height, and Body Mass Index, United States 1960-2002.”
mean that the growth rates of childhood obesity would not be as impressive. It’s an understandable motivation for a private company to present numbers favorable to its business prospects. For the CDC and IOM, though, such unexplained decisions are inexcusable.

Stepping away from the problems with the IOM report and the BMI measure, there are also a couple data points suggesting that the ‘kids not getting enough exercise and eating too much junk food’ notion is not an open-and-shut case. In contrast to the ‘average 5.5 hours per day of media’ data cited in the introduction, the 2003 National Survey of Children’s Health indicated that 48 percent of children spend an hour or less per day watching television, movies, or playing videogames, and 38 percent spent two to three hours per day with media.\textsuperscript{41} Though this data is based on surveys of parents and thus likely a bit low-balled in terms of media exposure, it does suggest caution in shaping policy solutions. Summarizing multiple years of survey data conducted by the U.S. Department of Agriculture (USDA), some research has also shown that both total energy intake and the percentage of fat as a proportion of 11-18 year olds actually went down between 1965 and 1994-96.\textsuperscript{42}

Concerns about numbers manipulation and data inconsistency notwithstanding, however, there is also sufficient information to suggest that American children’s dietary and exercise habits—and the incentives driving those habits—are what they need to be. One of the main reasons is that the aforementioned NHANES data shows rather

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\textit{Advance Data From Vital and Health Statistics.} No. 347 (Oct. 2004): 7
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\textsuperscript{41} Data Resource Center for Child and Adolescent Health. “2003 National Survey of Children’s Health.”

conclusively that, across age groups, children weigh more than they used to even though gains in height have been rather minimal. Comparing mean average weights for boys measured in 1976-80 versus the 1999-2002 survey period, seventeen-year olds gained twenty pounds, fourteen-year olds gained over sixteen pounds, ten-year olds gained about five pounds and seven-year olds also gained five pounds.\textsuperscript{43} Similar gains were seen for girls. Comparing those increases to gains in height, seventeen-year old males gained 0.2 inches, fourteen-year olds gained 0.6 inches, ten-year olds gained 0.1 inches and seven-year olds gained 0.7 inches.\textsuperscript{44} For girls, the average height for seventeen-year olds fell 0.2 inches, while fourteen-year olds gained 0.4 inches, ten-year olds gained 0.6 inches, and seven-year olds gained 0.4 inches. While the height gains could be seen by some to be responsible for much of the weight gain, it is also worth noting that two of those four age brackets saw reductions in height between the 1971-74 and ’76-80 survey periods. These represent merely a couple of the data points in the NHANES trends over time.

Another troubling indicator relates to physical activity. While collection of this data can be even more subjective than BMI or phone survey-obtained weight estimates, what we do know deserves some attention. A 2007 survey of junior high and high school administrators estimated that 43 percent of boys and 39 percent of girls play interscholastic sports, while 25 percent and 21 percent (respectively) take part in intramurals.\textsuperscript{45} While not an entirely discouraging number, that (presumably accurate) figure still leaves a significant portion of an important age group being shortchanged of good exercise, especially when one considers that intramural sports are typically not as

\textsuperscript{43} Ogden et. al., “Mean Body Weight,” 3.
\textsuperscript{44} Ibid., 5.
rigorous as varsity-level competition. Also worth noting on this front is the 2003 parent survey (cited on page 4) which indicated that most children’s amount of time spent with media is fairly modest. Interestingly, that survey also said that 40 percent of kids either get no days (11.4 percent) or one-three days per week (29.6 percent) of vigorous exercise. This would seem to make the lower estimates of media exposure less likely. It also reinforces the general approach of this essay that childhood obesity may not be the catastrophe many in the health community portend it to be, but there is a solid segment of the population associated with its warning signs to warrant policymakers’ attention.

There are other concerns. The earlier-cited study by Cavadini noting a decrease in children’s overall energy intake also noted that consumption of high-fat grains was more than six times higher in 1996 (than 1965) for boys and about five times as high for girls. Calorie grams consumed via soft drinks in that time period went from 303 to 678 for girls and from 364 to 1046 for boys.\textsuperscript{46} There are also questions about whether the underlying estimate of a decrease in energy intake extrapolated from that study is accurate: “The average male in 1994-96 reports consuming 2347 calories—corresponding to roughly 106 lbs in steady state. The average female report caloric intake of 1658 calories, consistent with a steady-state weight of 64 lbs.”\textsuperscript{47} Much like participants in voter surveys will often understate the extent to which bias of race, religion, or gender may factor into their actual voting decision, one must view survey data that goes against conventional wisdom on weight and diet with at least a mild degree of skepticism. In other words, a fair evaluation of the childhood obesity ‘problem’

\textsuperscript{46} Cavadini, “U.S. Adolescent Food Intake,” 20-22.
requires skepticism on both the exaggerations of the BMI tool and the potential understatements of survey-related data.

Beyond the statistical concerns about children’s eating habits are the structural concerns. From a pure incentive standpoint, “The primary cost of food may well have been the time spent in the household preparing that food…the range of foods available has barely changed at all, but the time involved in preparing food has fallen substantially.”

Citing Department of Labor data, the IOM report notes that the percentage of mothers in the workforce with children under eighteen has gone from 47 percent to 72 percent since 1975. The incentive issue is particularly concerning from a child health standpoint when one brings family income into the equation, since lower-income families will naturally be under more pressure to have multiple workers earning wages. Simply put, these families will be under the most pressure to purchase and consume food based on the per-calorie cost. As illustrated in the following chart from a Seattle-area study of supermarket items, that will naturally push the balance towards less healthy food.

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48 Ibid., 13.  
49 Institute of Medicine, “Preventing Childhood Obesity,” 26.  
Figure 2. Relationship between monetary cost of dietary energy ($/1,000 kcal) and energy density (kcal/g) of 372 foods from Seattle-area supermarkets for which nutrient and energy data were available. Energy cost was inversely associated with energy density. The data were fit by a linear regression: $r^2 = 0.38$. Retail prices for 372 foods and beverages were for 2006.

This chapter has attempted to frame the discussion for ensuing policy recommendations by showing that, similar to those recommendations, the childhood obesity problem is one of modest scope. The use of BMI as a measure of the problem by IOM, CDC and others is less reliable than they would have the public believe, but there are a number of indicators regarding children’s weight gain, food consumption, and exercise that policymakers must nevertheless be concerned about. With these considerations in mind, the work can now proceed to a more explicit examination of where childhood obesity is in the policy cycle, and where it should be taken from there.
III. Childhood Obesity is not on the Decision Agenda

Much of this work suggests that those most concerned about childhood obesity need to more accurately describe the problem and be more strategic in crafting the solution. Real-world experience suggests, however, that external factors affect policy outcomes as much as internal strategies to achieve that policy. John Kingdon’s seminal work Agendas, Alternatives, and Public Policies examines the question of how policy issues reach the ‘governmental’ and ‘decision’ agendas of policymakers in the first place. One of the critical discussions within Kingdon’s work deals with the notion of issue gestation, i.e. the time necessary for a problem’s outline to ‘sink into’ the collective consciousness of both the policymaking community and the public. Much like Kingdon uses two issues (health care and transportation) to bring perspective to his discussion, the following chapter will bring in a second policy issue (global warming) to provide a comparative ‘progress report’ on childhood obesity. It will include enough summary information on global warming to offer useful comparisons but will also attempt to steer clear of the rhetoric that often attaches itself to the issue. The chapter will argue that childhood obesity has reached Kingdon’s governmental agenda, but has not yet reached the decision agenda. It will consider whether this is a function of the natural gestation process necessary for policy change, or a result of tactical mistakes made by stakeholders. The chapter will conclude by arguing that it is a combination of these two factors.

It is reasonably clear that childhood obesity does fulfill Kingdon’s definition of the governmental agenda, defined as “the list of subjects that are getting attention” in the policymaker realm (4). While this thesis has focused on the 2004 Health in the Balance...
report by IOM and the 2006 update to it, the report was actually commissioned by Congress in 2002, and the Surgeon General had made public statements on the matter in 2001. Understandably, a skeptic might question whether an IOM report would meet the ‘getting attention’ standard. Further investigation, however, leads us to find that the issue is gaining traction both outside the health community and outside the United States. Former President Bill Clinton’s charitable foundation has made the fight against childhood obesity one of its staple issues, developing corporate partnerships and outreach programs to assist in the effort. Additionally, a 2005 World Health Organization (WHO) status report on adolescent health devoted several pages to childhood obesity, indicating that the United States is not alone in raising concerns.

Beyond federal and non-governmental organization attention, childhood obesity is also gaining attention in what Justice Louis Brandeis famously called the ‘laboratories of democracy,’ i.e. the states. While a search of the National Conference of State Legislatures (NCSL) database reveals that many states have formed commissions or working groups on the matter, essentially saying either that ‘we think we should tell communities and school districts to do something but we’re not sure what’ or simply punting the issue, there are some solid examples of progress. California now has content standards for physical education, ensuring (at least in theory) that this part of the school day provides a meaningful level of physical activity for students.\textsuperscript{51} The state also now prohibits carbonated beverage sales in middle school after lunch.\textsuperscript{52} In the South, Arkansas has implemented a soft drink tax\textsuperscript{53} and has also instituted a state-level mandate.

\textsuperscript{51} Cal. Ed. Code § 60605.2
\textsuperscript{52} Cal. Health and Safety Code § 104550
\textsuperscript{53} Ark. Stat. Ann. § 26-57-904
of sixty minutes of physical education spread out over three days per school week.\textsuperscript{54} Although Arkansas’ mandate is modest, the precedent of a state-level mandate for a traditionally local issue provides a solid basis for further action. And in Texas, legislation was enacted in June 2007 (S.B. 530) that not only provides a state-required daily minimum of thirty minutes of physical education, but also requires districts to conduct an annual standardized assessment of students’ aerobic capacity, body composition, and muscular strength and flexibility. The new law further requires the state’s education department to use the district-level data to analyze impacts and/or correlations of the health assessment data to student attendance, academic performance, and obesity.\textsuperscript{55}

States are also capitalizing on the efforts of Federal-level stakeholders to drive action. Supported by federal funding via the CDC’s Nutrition and Physical Activity Program to Prevent Obesity (NPAO), Colorado’s Physical Activity and Nutrition program “has also successfully partnered to support comprehensive community approaches in 11 sites in metro Denver…In Commerce City, for example, there is a nutrition, cooking, and literacy program for low-income preschool students and their parents.”\textsuperscript{56} In the Northeast, Massachusetts has used NPAO funding to develop a Healthy Choices program that “is being implemented in more than 116 middle schools, affecting thousands of children” and which works to implement “nutrition and physical activity programs” into both core curriculum as well as before and after-school

\textsuperscript{54} Ark. Stat. Ann. § 6-16-132

\textsuperscript{55} State of Texas. Senate. 80\textsuperscript{th} Legislature. Senate Bill 530, Enacted 15 June, 2007.

offerings.^{57} Constructive criticism will be offered in this chapter and the larger work regarding the strategy and tactics of childhood obesity advocates. But it must be acknowledged that the movement is making progress.

While childhood obesity has reached Kingdon’s governmental agenda, however, the issue cannot be said to have reached the decision agenda, defined as “the list of subjects within the governmental agenda that are up for an active decision.”^{58} There are a few important reasons for this. First, there are very few informative or prescriptive reports on the issue from credible sources (to date) that do not include some variation of the statement that ‘we need more research on this.’ Secondly, the Defense Department’s Base Realignment and Closure Commission notwithstanding, one is hard pressed to think of an issue for which the formation of a commission (state or federal) signifies that an issue is ready for an ‘active decision.’

The third and most important reason is the general lack of Congressional or federal regulatory intent on the matter. States have many times proven themselves to be effective laboratories of democracy, but good policy experiments in ‘laboratories’ and broad implementation of federal policy decisions are two entirely different things. The NPAO-funded efforts in Massachusetts and Colorado do appear promising, and the CDC website touts the fact that “33 environmental changes” and “61 policies or acts affecting nutrition and physical activity” were initiated or enforced in the second half of 2005 in the 21 states receiving NPAO grants. Reading further, however, one finds a rather broad working definition of an NPAO accomplishment: “Legislative acts can be defined as formal legal actions taken by local or state governments to support the health-promoting

^{57} Ibid.

behavior of individuals and/or organizations. Policies include laws and regulations as well as formal and informal rules and understandings.”59 Taking nothing away from the NPAO program, one can reasonably question whether such broad definitions of policy action would be used if there were strong Congressional or regulatory language behind the program’s funding stream. This suspicion is reinforced when one examines the report for the Senate-passed FY2007 Labor, Health and Human Services, Education and Related Agencies appropriations bill:

To reduce consumer confusion about the myriad of health messages about obesity, diabetes, and cardiovascular disease, the Committee encourages the CDC to design and develop mechanisms for fast-tracked translation of research into reasoned guidance for the American public.60

This excerpt is essentially asking that the Centers for Disease Control (CDC) tighten the screws on its obesity prevention work. While one might argue that, with the use of the phrase ‘reasoned guidance,’ Congress is expressing disappointment with CDC, the Senate report excerpt might well indicate that Congress is not yet comfortable providing the guidance that will allow the policy implementers, i.e. the executive branch, to narrow the scope of work. Adding further credence to this last point is the fact that Senator Tom Harkin (D-IA), who chairs the Senate Appropriations subcommittee that annually writes this particular bill, has been one of the more visible Senators on the obesity prevention issue.

Additionally, lest we prematurely point a finger at Senator Harkin and Congress for neglecting the opportunity to make hard policy decisions, it would be useful to consider a point mentioned in Kingdon’s work via a quotation from Gary Orfield: “…it’s

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59 Centers for Disease Control, “Obesity and Overweight”
not in the nature of the legislative animal to get out there in front. [Members of Congress] are quite conservative in that sense, and they don’t go out and lead their publics a whole lot.”61 The San Jose Mercury News survey cited in the introductory chapter provides a starting point for those advocating various solutions to childhood obesity. A survey of roughly two thousand people divided evenly between the Bay Area and the rest of the country will not, however, provide the necessary tipping point for a rank-and-file Member of Congress from the Midwest or Northeast to sign off on prescriptive legislation. One could reasonably argue that momentum for action is growing since, as of this writing, sixty-one cosponsors had signed onto bipartisan legislation (H.R. 2677) that would provide for increased collection of child health data, increased funding of grants to state and local entities for childhood obesity prevention, and health profession training funds focused explicitly on obesity prevention efforts. Even that legislation, however, is essentially telling the CDC to ‘improve the information we have, and provide more funding to the programs that work.’ This could hardly be characterized as a decision, even by the Beltway’s lackadaisical standards.

Taking stock of childhood obesity discussion, we know that there is enough activity to categorize the issue as part of the governmental agenda. We know that there is not enough activity (either in quantity or quality) to include it on the decision agenda. But before we arrive at the question of whether this status is due more to tactical mistakes of childhood obesity advocates or is simply a matter of timing, we need to take a step back and try to locate a frame of reference. While matching up childhood obesity and global warming in the context of a graduate thesis might make about as much sense as matching Sonny Bono and Cher in the bonds of marriage, the comparison is useful for

61 Kingdon, Agendas, 38.
three reasons. First, both of these issues contain arguments which, if proven or deemed correct, have broad policy implications—but also a major dependency on changing *individual* behaviors and decisions to achieve progress. Childhood obesity has the potential to impact not only public and private industry expenditures on health care, but also cost the economy significant amounts of productivity as working-age citizens receive that care. And this drop-off would occur at a time when the pressures on the working-age population to pay into the United States’ entitlement accounts (and thus support retired Baby Boomers) will be extraordinary. Global warming could not only throw sand into the gears of agricultural methods and markets but also force the economy to absorb energy cost increases for which it is not prepared. This is to say nothing of the more basic quality of life impact tied into both issues.

The second reason global warming is a useful comparison is that both issues can objectively be characterized by a measure of over-reaching on the part of its advocates. While both have many reasonable, responsible advocates with impressive resumes, there have also been alarmists in both camps who have failed to recognize that, for most Americans, an extra ten pounds on their growing eighth grader or a couple polar bears without icebergs to float on does not justify a restructuring of their way of life. The third and final reason for the comparison is that both have a ‘problem definition’ problem. A central piece of Kingdon’s discussion involves the question of what turns ‘conditions’ into ‘problems’: “Conditions become defined as problems when we come to believe we should do something about them. Problems are not simply the conditions or external events themselves; there is also a perceptual, interpretive element.”62 As indicated in a separate section, there have been so many statistics and claims flying around about

62 Ibid., 109-10.
childhood obesity that one’s patience with the issue begins to wear thin. Similar studies and counter-studies have been done on global warming. At day’s end, however, advocates of both are saying something to the effect of ‘We’re pretty sure that something really bad is happening and we have evidence to prove it, but we’re not sure what the evidence means.’ The following table offers another format for this chapter’s comparison:

### Table 1. Framework for Policy Comparison between Childhood Obesity and Global Warming

<table>
<thead>
<tr>
<th>Similarities</th>
<th>Childhood Obesity</th>
<th>Global Warming</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Potentially) Broad Policy Implications</td>
<td>Further pressure on public and private health care expenditures; loss of economic productivity as extra care for working-age adults becomes necessary</td>
<td>Fundamental restructuring of energy, environmental, transportation, and zoning policies would be necessary</td>
</tr>
<tr>
<td>Vulnerable to alarmist rhetoric</td>
<td>Segments of these stakeholders focus the attack on fat per se, rather than dietary or physical activity concerns</td>
<td>Segments of these stakeholders depict polar bear extinction or modification of coastal properties as Armageddon-scale consequences</td>
</tr>
<tr>
<td>Problem Definition ‘Problem’</td>
<td>See Chapter 2; questions about credibility of BMI, actual causation effect of obesity on other health outcomes etc.</td>
<td>Inconclusive science on future scope of warming; weak understanding of ice sheet dynamics</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Limitations</th>
<th>Childhood Obesity</th>
<th>Global Warming</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time</td>
<td>Initial NAS report (used as basis for further policy and political efforts) released in 2004; broader effort for policy change is thus much younger</td>
<td>Initial NAS report (used as basis for further policy and political efforts) released in 1991; more time to refine strategy and tactics necessary to enact policy changes</td>
</tr>
</tbody>
</table>

To be sure, there are limitations to the childhood obesity/global warming comparison. The most obvious limitation, alluded to at the beginning of this chapter, is that of time. More discussion on this will follow as the chapter progresses to a more detailed ‘story’ of global warming. For now, though, it is enough to say that global warming advocates have had a ‘head start’ of approximately thirteen years on childhood obesity advocates in the effort to get their issue on the decision agenda.
Having established a basic framework for the chapter, it will now be useful to spend the next several paragraphs offering a cursory, thirty five thousand-foot level summation on the global warming story to date. While the number of statistics one can choose from to illustrate the problem is endless, the most compelling statistic (to this author at least) is offered by Congressional Research Service scholars Brent Yacobucci and Larry Parker. Citing Environmental Protection Agency (EPA) statistics, Yacobucci and Parker indicate that “energy-related activities are responsible for about 85% of the country’s greenhouse gas emissions, and 96% of its carbon dioxide emissions.”63 The breathing process of millions of Americans and our habit of leaving our car windows closed on a hot day explains part of the atmosphere’s condition, but not very much. Our economy’s dependence on fossil fuels is having an impact.

Much like the National Academies of Science’s (NAS) work provided a good starting point for the childhood obesity discussion, NAS’s work also provides a useful starting point for global warming. In 1991, NAS published Policy Implications of Greenhouse Warming. The document provided an overview of contemporary research on the problem and contributed NAS’s own insights, and also provided several recommendations for action. Among other things, the document recommended “the aggressive phaseout of CFC and other halocarbon emissions,” “nationwide energy-efficient building codes,” improvement of appliance efficiency standards, “broader use of natural gas,” and “a new generation of nuclear reactor technology.”64 These recommendations are probably not eye-catching to the average reader in 2007, since


many companies and government entities have made progress on this front and have become comfortable enough (in many cases) to brag about their efforts. Interestingly, however, the document does not appear aimed at simply ‘preaching to the choir’ of environmentalists, but rather treads into the consideration of market incentives. *Policy Implications* expresses concern about the fact that most state-regulated public utility commissions “disallow a rate of return to power companies on efficiency and conservation options,” thus reducing the incentive for one of the major emissions-creating industries to invest in environmentally-friendly technology and equipment.\(^{65}\)

Though many environmentalists likely cringed at the idea of putting money into the pockets of the interests whom they believe were a big part of the problem, NAS recognized that the ‘policy medicine’ needed a dose of market reality.

This is not to say that NAS was attempting a full-scale hedging of bets or buttoning-down of rhetoric. Perhaps the report’s most striking recommendation—one which would still have difficulty even sixteen years later in a more ‘eco-friendly’ political landscape—is for “full cost social pricing” of energy use. Adopting the ‘study it with the idea of eventually implementing it’ approach, NAS explains that:

> On the basis of the principle that the polluter should pay, pricing of energy production and use should reflect the full costs of the associated environmental problems. The concept of full social cost pricing is a goal toward which to strive. Including all social, environmental, and other costs in energy prices would provide consumers and producers with the appropriate information to decide about fuel mix, new investments, and research and development. Such a policy would not be easy to implement.\(^{66}\)

NAS is essentially making the classic ‘externalities’ argument used by many economists to dispute the notion that entirely free, unregulated markets are the best means to achieve the common good. This leaves our larger global warming discussion with a ‘baseline’

\(^{65}\) Ibid., 74.
\(^{66}\) Ibid., 73.
document not immune to the need to provide tangible incentives for action, but also not hesitating to recommend using regulations to do so when necessary.

The next noteworthy source worth examining in the global warming debate is the United Nations Framework Convention on Climate Change (UNFCCC), ratified by the United States in 1992. Acknowledging the continual growth in countries’ emissions, the UNFCCC called for a return to 1990 emissions levels by the end of that decade, requiring each signatory to adopt national policies to do so.⁶⁷ Recognizing the in-house political challenge that each country would face, the document also required signatories to undertake public education/awareness campaigns to improve ground-level support.⁶⁸ And in language similar to the Institute of Medicine report on childhood obesity published twelve years later, the 1992 agreement warned that “Where there are threats of serious or irreversible damage, lack of full scientific certainty should not be used as a reason for postponing such [pollution reduction] measures…”⁶⁹ Building upon the recommendations of NAS in 1991, the UNFCCC provided another arrow in the arsenal of talking points for advocates of combating global warming.

Moving from position statements to actual policy action, there are nearly as many state and federal legislative efforts on global warming as there are studies and statistics. In the context of the thirty five thousand-foot view, however, there are four policy developments that deserve particular attention—two that would be considered ‘negative’ by global warming advocates, and two that would be considered positive.

⁶⁸ Ibid., 10.
⁶⁹ Ibid., 4.
Sensing that the original ‘1990 levels by decade’s end’ goal of emissions originally agreed to in the UNFCCC was beyond reach, stakeholders worked off the underlying concepts to produce the Kyoto Protocol, which “outlined legally binding emissions reductions for developed countries to specified amounts below 1990 levels, averaged over the years 2008 to 2012. The Clinton Administration committed to a 7% reduction below 1990 levels.”

Though the interpretation varies amongst different sides of the global warming debate, a noteworthy vote was taken on a resolution introduced in the 105th Congress (S. Res. 98) expressing the ‘Sense of the Senate’ that the United States should not sign the Kyoto Protocol (or future offshoots of the UNFCCC) if such documents exempted developing countries or would “result in serious harm” to the American economy. The Senate supported the resolution 95-0. Some environmentalists question the notion that the resolution was a flat-out rejection of Kyoto. But the Senate’s vote was a major step in shaping the debate on solutions to the problem, and was unmistakably a setback for advocates of the most aggressive solutions.

Another setback came in the Energy Policy Act of 2005. This legislation is instructive because it repealed a long-standing provision that exempted small utility companies from many requirements of the 1978 Public Utility Regulatory Policies Act if those companies used energy sources such as solar, waste energy, geothermal, and wind. Also worth consideration is how many issues might be left that small businesses and environmentalists can agree on, now that the exemption has been repealed.

On what global warming advocates would consider to be the ‘positive’ side of policy developments, one might look at the U.S. Supreme Court’s April 2007 decision,

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70 Yacobucci and Parker, “Climate Change,” 5.
71 Ibid., 11-13.
Massachusetts vs. EPA. The 5-4 decision was a major victory for these advocates, and held that “(1) Massachusetts had standing to sue, (2) the Clean Air Act (CAA) authorizes EPA to regulate emissions from new motor vehicles on the basis of their climate change impacts, and (3) the act does not authorize EPA to inject policy considerations into its decision whether to so regulate.”72 The third peg of the Court’s decision likely has practical limitations, since executive branch agencies will continue to use the policy and political preferences of the White House to guide their regulatory actions—regardless of the party in charge. The first two pegs, however, can hardly be understated. The question of standing is one of the oldest legal mechanisms to ensure that courts maintain their role of interpreting policies, rather than making them. Given that the plaintiffs in this case were Democratic-controlled states and that many of the states joining EPA in opposition were Republican-leaning, it could be argued that the Court’s decision will pave the way for future red state-blue state fights on issues where Congress or a federal agency is seen as dragging its knuckles. Regarding the second peg, it is interesting to note that “EPA did not dispute the existence of a causal relationship between greenhouse gas emissions and climate change,” instead choosing to focus their argument on the minimal impact that regulating domestic emissions for new motor vehicles would have.73 In other words, one can see the progress global warming stakeholders have made by seeing what a Republican Administration did not say in their court briefs. And while Massachusetts vs. EPA does not explicitly require EPA to take regulatory action, the Court certainly expresses a preference: “EPA’s reliance on postenactment congressional

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73 Ibid., 4.
actions and deliberations it views as tantamount to a command to refrain from regulating greenhouse gases is unavailing…EPA identifies nothing suggesting Congress meant to curtail EPA’s power to treat greenhouse gases as air pollutants.”

In sum, the Court’s decision and the arguments offered for it provide the type of momentum that a United Nations resolution or Nobel Prize-winning policy paper could only dream about.

The second development was the June 2008 vote in the U.S. Senate on legislation sponsored by Senators Joe Lieberman (I-CT) and John Warner (R-VA). Though a cloture vote (i.e. a vote to limit debate and thus cut off a filibuster) only gained forty eight of the (sixty) votes necessary to move forward with the bill, it did represent a major sign of progress over the lopsided mid-1990s vote against the Kyoto Protocol (discussed below). The Lieberman-Warner bill would require the country to reduce its emissions eighteen percent relative to 2005 levels by 2020, primarily through a cap-and-trade program where a market for emissions ‘credits’ would be exchanged amongst different entities.

With strong potential in 2009 for either an expanded Democratic majority in Congress, a Democratic president, or both, the current level of support for a bill with emissions cap is seen as a positive sign for global warming advocates.

Before leaving our discussion of the global warming debate to focus on possible lessons from its comparison to childhood obesity, a couple important notes on the state of existing research are in order. The Senate vote on the Kyoto Protocol and the repeal of the regulatory exemption for renewable fuel-friendly utility companies represented obvious setbacks to those favoring strong solutions, but these advocates have seen many victories beyond the realm of NAS and the U.N., particularly in the number of corporate

initiatives to ‘go green.’ While a summary of these initiatives is not central to this chapter or the larger thesis, the high-profile nature of these initiatives is a testament to the persistence of environmentalists. And it is also impressive given the existing knowledge gaps on the topic within the scientific community: “…the evolving science confirms the broad conclusions made in previous decades by the preponderance of scientists. Many details and complexities, however, remain nebulous… [scientists] are less certain about the future magnitude, timing, and geographic details.”\(^76\) Another example from this work is particularly illustrative: “Understanding of dynamics of ice sheets is weak and a source of large uncertainty regarding future sea level rise.”\(^77\) The source of these citations is not a think tank bankrolled by the utility industry, but rather a specialist on climate change for the nonpartisan Congressional Research Service. And Ms. Leggett is essentially telling her audience that one of the images (melting icebergs) most commonly used by global warming advocates to illustrate the effects of the problem does not have a solid, causation-based link between global warming and the (compelling) image. By no means are these points intended to dismiss global warming as a myth or disparage the work of its advocates. Rather, the qualifiers are useful in order to bring the rhetoric of the global warming discussion back to planet earth—pun intended.

Having detailed the basic parameters of the global warming story, we can now begin to bring childhood obesity back into the discussion. As alluded to earlier in this chapter when the rationale for the comparison was first detailed, both issues involve a dynamic where advocates do not have a perfect set of statistics or ‘facts on the ground,’


\(^{77}\) Ibid., 39.
but do have plenty of information to support a measured, carefully-couched strategy with tactics that will benefit society regardless, and thus transcend the practical limitations of scientific knowledge and the political limitations of over-reaching.

In addition to the various statistics on American children’s health offered in earlier sections of this thesis, there are basic structural issues within society that lead one to be concerned about childhood obesity, most notably in the market for food itself. A study published by Harvard University faculty in 2003 examined the modern economic costs of food consumption, but expanded the conventional focus on monetary costs to include time costs as well. Aside from coming down on the ‘eating too much’ side of the debate (rather than the ‘eating too little’ side), the study argued that “The switch from individual to mass preparation lowered the time price of food consumption and led to increased quantity and variety of foods consumed.”78 The study also took aim at conventional wisdom by arguing that the increased consumption of mass-produced food has not simply been a crutch of convenience for families where both parents are now working: “The food preparation and clean-up times for both working and non-working women fell by about 50 percent. These changes hold work constant. They reflect technology, not labor force participation.”79 In short, we are eating more because it is easier for us to eat more. Though the Harvard study was not focused exclusively on children, one can easily extend the ‘eating incentives’ logic to childhood obesity since parents (for better or worse) ultimately set the example for their offspring. Adding to the inherent market incentives for increased food consumption is the federal government’s estimate for advertising investment on the part of producers: “…more than $10 billion

79 Ibid., 16.
per year is spent for all types of food and beverage marketing to children and youth in America…the preponderance of the products introduced…have been high in total calories, sugars, salt, and fat.” The figure cited undoubtedly includes advertising for foods that are not inherently unhealthy. But the estimated size of this expenditure for marketing directed towards children is especially concerning when one considers that, according to the Federal Election Commission, America’s 2004 presidential candidates spent just over $1 billion on their campaigns—much of it on television ads barraging these children’s parents!

The qualifiers on existing scientific knowledge of global warming should also be kept in perspective. Similar to childhood obesity, while the big-ticket causational links might not yet be established, one can certainly smell the rain. Citing previous studies, Congressional Research Service estimates that carbon dioxide emissions from fossil fuels have increased the atmosphere’s concentration of the gas “by approximately one-third since the Industrial Revolution.” More damning perhaps is the research published by the Intergovernmental Panel on Climate Change (IPCC), which touches on the pre/post-Industrial Revolution measurements but also expands the scope of study. Noting a 2005 measurement of 379 parts-per-million (ppm) of carbon dioxide in the atmosphere, the IPCC’s work says that this “exceeds by far the natural range over the last 650,000 years (180 to 300ppm) as determined from ice cores.” The measurements for methane further leave the ‘global warming is a hoax’ camp in a difficult position. In 2005, IPCC


81 Leggett, “Climate Change,” 1.

measured 1774 parts-per-billion of this gas in the atmosphere. The “natural range of the last 650,000 years” was between 320 and 790 ppb. Scientists have plenty of evidence to indicate that our planet is changing. They are somewhat constrained in figuring out what the current rate of change means, since it has never happened before. At the very least, though, the indicators for both global warming and childhood obesity suggest common-sense steps to ensure adolescent and planetary health would be in order.

Having laid down the necessary policy footprints, we can now move towards a discussion of the political dynamics. The central question raised in the introduction was whether the political successes seen by global warming advocates were more a function of time or tactics, and what this might mean for our evaluation of efforts to combat childhood obesity. This author takes issue with many of the tactics adopted by the latter group. But there is a healthy argument to be made that the differences we observe are more a function of time.

Deciphering when an issue ‘starts’ is not the easiest of undertakings, but using the respective NAS reports on global warming and childhood obesity as markers can be considered a reasonable approach. The production of far-reaching NAS reports represents more than just a couple distinguished researchers using a federal grant to write a research paper. The process involves meetings, conferences, conference calls, consultations, and massive amounts of literature review and exchange. It represents a concerted effort by experts in their field to undertake the labor-intensive process of consensus building, and a more basic, collective decision to take a calculated risk in recommending action steps to policymakers. In other words, an NAS report represents the point in time where the ‘rumblings’ are such that stakeholders feel comfortable

83 Ibid., 3.
initiating the policy fight on the issue. Based on the respective NAS reports, then, advocates of global warming have been working with a ‘head start’ of approximately thirteen years compared to childhood obesity advocates. This would allow time for the necessary gestation process discussed several times in Kingdon’s work. Quoting a high-level executive branch official, he notes that “You have to create the right climate to get people to focus on the issue and face the issue. The lead time for that sort of thing is two to six years.”84 Added to this official’s estimate for ‘focusing and facing’ an issue is the time necessary for substantive legislation to be introduced, often several times, over the course of multiple congresses before Capitol Hill feels comfortable enough with the arguments and counter-arguments to move on the issue. Based on that framework, one might argue that childhood obesity stakeholders are right on schedule, since the first NAS report was released in 2004 and legislation is just now beginning to spread its wings on the Hill (i.e. grow its co-sponsorship ranks) in the form of H.R. 2677.

Beyond activity on Capitol Hill are the opinions and concerns of Members’ constituents, i.e. the ‘publics’ whom Kingdon says Members are reluctant to lead. Recall from earlier in our discussion the fact that, regardless of policy prescriptions, a significant amount of the solution to both global warming and childhood obesity will come down to ground-level actions and decisions. And social marketing innovator Alan Andreasen provides useful insight on this consideration: “…changing behavior means getting consumers to contemplate the action, then take it, and then (if relevant) to continue to act in specific new ways.”85 Citing ignorance, presumed irrelevance, and value judgments as

84 Kingdon, *Agendas*, 129.
barriers to making this happen, Andreasen goes on to note that “In the first instance, the problem is creating awareness; in the second, creating interest; and in the third, changing inhibiting values.”

The vote on the Lieberman-Warner legislation did not appear out of thin air. Putting aside Democrats’ regaining control of both chambers of Congress in 2006 (which certainly did help), the work of professional lobbyists and interest group executives to stimulate movement in Congress has been supported by stakeholders in the field, making the argument to the American public. And these ‘foot soldiers’ have had the benefit of a thirteen year head start in building this support. Crossing back to childhood obesity, appropriations or authorization legislation signed into law in the 110th Congress is highly unlikely to include overly prescriptive provisions on childhood obesity, and more likely it will be some variation of the earlier-cited language requesting that CDC ‘hone the target.’ But the fact that a finish line is not yet in sight for childhood obesity policy does not mean that the issue is not moving forward. The time consideration, in other words, is a big part of the story.

Time is not the only part of the story, however. The larger thesis discussion is aimed at prescribing new and refined strategies and tactics for childhood obesity stakeholders. Underlying such policy prescription is the implication that, to date, there have been strategic and tactical mistakes. The ensuing paragraphs will point out three of these mistakes: 1) Lack of emphasis on stakeholder cohesion; 2) Mismanagement of the pocketbook argument and related statistics; and, 3) The classic ‘garbage can’ problem.

Kingdon is straightforward in his thoughts on cohesion: “…organized interests are heard more in politics than unorganized interests.”

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86 Ibid., 199.
87 Kingdon, Agendas, 53.
provides a sharp contrast between global warming and childhood obesity. Whether it be energy policy, automobile emissions standards, regulation of chemical plants, or use of public lands, global warming stakeholders have been adept at ensuring that the basic logic offered for all these policy positions is that ‘we need to put less bad stuff in into the air, water, and ground, because the health of the planet is at stake.’ Hardly a fancy punch line, but the point is that stakeholders have done an effective job staying on message.

Contrast this with childhood obesity. Has the collective message to this point been that Americans should ‘eat less and exercise more’? Has it been that we should ‘eat healthier and exercise better’? Has it been that non-grocery store food is bad for us? Or that we are sacrificing heart health for the almighty clock when we drive to the grocery store instead of walking? Some childhood obesity stakeholders may have a clear picture of the message they want to convey. But the clarity from the thirty five thousand-foot level is lacking. And when the Senate Appropriations Committee tells the Centers for Disease Control (CDC) to do something about the ‘myriad of health messages,’ Kingdon would likely say that one has a cohesion problem.

The cohesion problem is especially relevant because childhood obesity is an issue where the beneficiaries of the policy change must make real sacrifices, but the interests pushing for that policy change are either diffuse (loosely aligned public advocacy groups) or have ‘more important’ issues on their plate (medical groups concerned about Medicare and Medicaid reimbursement rates, malpractice protection etc). In other words, relative to global warming, the margin for error is smaller. An environmentally-concerned citizen would gladly accept any reasonable route to go after a coal-consuming utility company or gas guzzling-producing automaker. Food processors with a broad array of easily-
modified products, videogame companies with educational offerings, and the neighborhood Pizza Hut that hosts Kiwanis club meetings are much more difficult targets. Consistent messaging is thus crucial.

The second tactical mistake made by childhood obesity stakeholders is the mismanagement of the pocketbook argument. Kingdon tells us that “In time of severe budget constraint, inexpensive programs come to the fore.” 88 Although the Democratic-controlled Congress is trying mightily to improve the funding outlook for domestic programs and the definition of ‘fiscal responsibility’ adopted by recent Congresses (both Democrat and Republican) is rather comical, the budget environment remains difficult. House Democrats have attempted to reinstate pay-as-you-go policies (with mixed results), and the war in Iraq and homeland security demands are providing structural constraints to domestic programs’ budget growth. Tax increases of any significant magnitude remain unattractive even to many Democrats, particularly those in swing districts. And the Baby Boomers have begun to retire and will do so in greater numbers by the time the next President takes office. So the question must be asked: why have we not heard more about the potential cost savings of prescriptive policies on childhood obesity? One potential answer is that, while dollar figures on potential long-term costs of the problem have certainly been offered in the public debate, the estimators of these figures have been rather sloppy, thus reducing the confidence of those tasked with spreading the message. As Oliver argues:

The researchers who estimated that obesity costs us 100 billion dollars a year did so by calculating all the expenses associated with treating type 2 diabetes, coronary heart disease, hypertension, gallbladder disease, and cancer, but, like the estimators of deaths, they did not take into account other factors such as diet, exercise, or genetics that also might be causing these conditions. Once again, they

88 Ibid., 107.
simply assumed that if you got heart disease or breast cancer it was because you were fat.\textsuperscript{89}

While a good statistic may catch the eye of the independent observer, questionable methodology can kill one’s credibility in the policy arena. Admittedly, Members of Congress are adept at finding studies to support their own positions. But introducing legislation based on questionable studies to satisfy a constituency and voting on legislation with a chance of being enacted into law are two entirely different things. And while this author believes that there is a potentially compelling budget argument to be made for childhood obesity solutions, stakeholders need to let discretion be the better part of valor in crunching the numbers. Such restraint would provide better incentive for Members of Congress to make stakeholders’ arguments for them, rather than competing for headlines in periodicals.

The third mistake made by childhood obesity stakeholders is the classic ‘garbage can’ problem, discussed by Kingdon but originally offered by Cohen, March, and Olsen in 1972 as the dynamic where political players with various ‘solutions’ look for a problem/‘garbage can’ receiving attention in the highest levels of government, and then try to throw that solution into the mix.\textsuperscript{90} While childhood obesity was hardly the first issue to have a broad-based NAS report written on it, the 2004 IOM report cited in earlier sections of this thesis included recommendations affecting doctors, nurses, farmers, school districts, school nutritionists, USDA, the Food and Drug Administration (FDA), urban planners, food processors, media outlets, and parents. That is an awfully big garbage can. We should also note here that “Even if an interest group raises an issue…it

\textsuperscript{89} Oliver, \textit{Fat Politics}, 4
\textsuperscript{90} Kingdon, \textit{Agendas}, 85
doesn’t necessarily control the debate once the issue is raised.”

The garbage can model is accepted by many as a dynamic that will matter-of-factly take place with most any issue that gains traction in the Beltway. But the IOM authors were so broad in their recommendations that they essentially encouraged the dynamic, providing advocates of peripheral ‘solutions’ additional lead time and justifications upon which to build the rationale for including them in the debate. Said a different way, the IOM report encouraged fragmentation, and “fragmentation begets instability…That relative lack of structure leaves the agenda free to shift from one time to another in more volatile fashion.”

In contrast, while the 1991 National Academies of Science (NAS) report on global warming also included several recommendations for action, its authors effectively ‘kept their eye on the ball’ and ensured that the recommendations had a more refined target—namely, energy companies, automakers, building contractors, and environmental and transportation regulators. Examples of the garbage can problem have indeed surfaced in the global warming debate, most notably with the expansion of government subsidies for ethanol, whose environmental benefits are facing increased scrutiny amidst concerns about the amount of water and natural gas required to produce it, as well as the effect on commodity and food prices. Based upon the starting points of the respective NAS reports, however, further maturation will likely show that childhood obesity advocates have a bigger problem on this front than their global warming counterparts.

This chapter has attempted to show that childhood obesity is an issue that does not meet Kingdon’s definition of the ‘decision agenda’ but is very much on the
‘governmental agenda.’ It has been argued that the reason for this comes down to dynamics of both time and tactical mistakes. A diligent effort has been made to avoid repeating the overstated rhetoric that has populated the discussion in both the childhood obesity and global warming realms. It must be acknowledged, however, that the incentive of stakeholders to use ‘fighting words’ rhetoric is strong. Competition amongst issues for policymakers’ attention in Washington is stiff. And many campaign strategists believe that ‘any press is good press’; in other words, that negative press on their candidate also provides the basis for voters to actually pay attention when the candidate returns fire with a forceful, positive, forward-looking message. Though the claims offered in An Inconvenient Truth or Fast Food Nation may be a bit overblown, these cinematic works have opened the door to a larger conversation on their respective topics, creating the possibility that balanced, responsible solutions will emerge.

The chapter has also argued that childhood obesity advocates have (to date) failed in the areas of stakeholder cohesion, ‘truth in advertising’ on their statistics, and working to avoid the classic ‘garbage can’ problem. Aside from being the most appropriate solution to childhood obesity on a broad scale, a well-executed public relations campaign could also prove a useful tonic to all of these individual challenges. Its effect on the entitlement programs which benefit the campaign’s target audience on a daily basis, however, would be more indirect. And that brings us to our discussion of federal nutrition programs.
IV. Recommendations for Federal Nutrition Programs

The introduction made clear that this work would not delve into a debate over whether federal food programs are to blame for the childhood obesity problem. One can be neutral on that question, however, and still provide useful suggestions to ensure the programs do not become a vulnerability or counterweight in the broader public relations-centered effort to address the issue. This chapter will examine the main federal programs—the School Lunch and School Breakfast programs, the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), and Food Stamps—and will proceed to argue that, working off elements contained within the WIC program, the Food Stamp program could be reformed and subsequently used as a model to reshape the School Lunch and School Breakfast programs. The key change to the latter two programs would be to allow school kitchen staff to focus their work on nutrition education and thus contribute to the broader effort to give traction to the messages emphasized by the public relations campaign. It will also argued that the recommended changes discussed are politically feasible, if they are phased in via a pilot program that would allow a handful of states to serve as laboratories (to use Justice Louis Brandeis’ words) for the policy change.

Our discussion will begin by examining the School Lunch and School Breakfast programs. These two programs operate under fairly similar rules and regulations and spent approximately $7.5 billion and $2 billion in mandatory funding in Fiscal Year 2006 (FY2006) respectively.93 The programs provide cash subsidies that are “inflation-indexed and are paid only where the meals/snacks meet federal nutrition and other

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Although the programs are mostly funded by the Federal government, state and local agencies have a significant role in administering them: “At the state level, education, health, social services, and agriculture departments all have roles; at a minimum, they are responsible for approving and overseeing local providers such as schools…” In order to control program costs, the School Lunch and School Breakfast programs provide three categories of subsidies based on the family income of students in the school: free meals ($2.40 federal subsidy per lunch) to those with family incomes below 130 percent of the federal poverty line; reduced-price meals ($2.00 federal subsidy per lunch) for children in families between 130 and 185 percent of the federal poverty line; and full-price meals ($0.23 federal subsidy per lunch) for children in families over 185 percent of federal poverty. The subsidies for the School Breakfast program for these categories are $1.31, $1.01 and $0.24, respectively.

As mentioned earlier, schools are required to meet federal nutrition standards in order to receive federal subsidies for the meals they serve in the School Lunch and School Breakfast programs. These standards are established by USDA in the Code of Federal Regulations (CFR). Examining the nutrition standards as well as the other program rules in detail, one finds that the programs take a fairly reasonable approach in balancing the competing demands of accountability and regulatory flexibility. For example, in figuring out whether they are meeting appropriate nutrition and calorie standards, schools are required to “keep production and menu records for the meals they produce” but are also allowed to average out the nutritional value of the lunches offered.

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94 Ibid., 2.
95 Ibid., 3.
96 Ibid., 5-6.
during the course of the school week. Additionally, schools are allowed to combine the nutrient analyses of federally subsidized lunches and breakfasts, when the school offers both programs. In terms of the actual standards, school lunches are required to include “one-third of the Recommended Dietary Allowances (RDAs) for protein, calcium, iron, vitamin A and vitamin C,” as well as a calorie content that limits fat to 30 percent of total calories, saturated fat to less than 10 percent, and is “moderate in salt and sodium.” For the School Breakfast program, meals are required to include one-fourth of the RDA for the nutrients listed in the School Lunch program, with the same basic calorie proportion for fats and saturated fats.

The School Lunch program regulations make fairly clear that the prime concern of the program is to ‘get the kids fed’ rather than have the school and/or Federal government play the role of ‘health police.’ The recommended course of action for schools not meeting appropriate nutrition and/or calorie guidelines in the meals they serve is “training and technical assistance,” which can be arranged either by the state agency, the school’s contractor for the food services, or the school itself. There is no mention of financial or legal penalty in the regulations. Additionally, in referencing a chart with food quantity requirements where ‘Group IV’ is referred to as children in grades seven to twelve, the regulations stipulate that “Schools that cannot serve children on the basis of age or grade level must provide all school age children Group IV portions.”

102 While such a regulation might be attacked by those concerned about...
childhood obesity as opening the door to schools providing too many high-calorie meals to young children, such concerns must be balanced against the concern that many low-income students qualifying for free and reduced-price lunches may not be receiving adequate nutrition at home. Overall, then, it seems that while the School Lunch and School Breakfast programs do not devote maximum attention to nutrition, the requirements regarding RDA levels and fat/sodium content do provide a basic level of safeguards.

Turning to the Women, Infants, and Children (WIC) program, we find a program where the philosophy seems geared primarily to health, with calorie intake the secondary concern (whereas the School Lunch and Breakfast programs take the opposite approach). Although WIC is a nutrition program, it is operated through a network of local health care clinics, which have “considerable leeway in implementing the federally defined food packages.” The program is available to pregnant and postpartum women whose income is within 185 percent of the federal poverty line, and “enrollees must also be judged at ‘nutritional risk’ by health professionals in the health agencies and clinics that administer the program.” Additionally, state agencies are permitted to issue competitive bidding requests for food companies to be sole source providers of program foods. WIC was funded with discretionary appropriations of approximately $5.2 billion for FY2006.

Aside from the competitive bidding element, there are two other interesting characteristics of the WIC program from a policy standpoint. First, WIC providers must offer (but may not require) free nutrition education that is “easily understood by

103 Richardson, “Background,” 11.
104 Ibid.
105 Ibid., 12-15.

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participants, and it shall bear a practical relationship to participant nutritional needs, household situations, and cultural preferences.”

Second, aside from the clarity of the nutrition message, the regulations also stipulate that the message be geared to local audiences by requiring that the state agency responsible for WIC identify and/or develop the materials that are used in the local agencies.

So the WIC program clearly has a strong element of nutrition education. And although the program model cannot be neatly transplanted into the School Lunch and School Breakfast programs due to the differences in funding, target audience and scope (Congressional Research Service estimates that WIC served 8 million people in FY2005 as opposed to 29.6 million that same year for the School Lunch program), both the nutrition education and the leveraged purchasing element of WIC offer potential building blocks for improving the School Lunch and School Breakfast programs, as well as the Food Stamp program.

A brief study of the major Federal nutrition programs makes clear that, of the group, the Food Stamp program rules are the most broad. The benefits “can be used for virtually any food purchase; they cannot be used for alcohol, tobacco, hot prepared food, or dietary supplements.”

If there is merit to the argument that the American food supply is becoming less healthy, then the potential implications of a broad coverage list for the Food Stamp program are significant; after all, many Americans that benefit from the School Lunch and School Breakfast programs also benefit from Food Stamps. Aside from having similar income criteria, federal data indicate that in 2007 the approximately

106 7 CFR 246.11.a.1
107 7 CFR 246.11.c.3
11.8 million households participating included 25.6 million beneficiaries.\textsuperscript{109}

Additionally, the Food Stamp program spent approximately $33 billion in mandatory funding in FY2006.\textsuperscript{110} This amount is over three times the combined appropriation for the School Lunch and School Breakfast programs in that same year. Aside from the amount of money spent, participation in this ‘any food item qualifies’ program increased from 19 million in FY2002 to 26.2 million in FY2006.\textsuperscript{111} In short, we have a significant number of Americans depending on a program whose nutrition guidelines are basically nonexistent. Additionally, a request by a couple states to experiment with an option to provide incentives to beneficiaries to purchase healthy food (rather than flatly mandate such purchases) was denied by the Administration because federal law does not currently allow it.\textsuperscript{112} The lack of such flexibility within the law is particularly curious given that Food Stamps are designed not to be the sole source of a household’s food (which would suggest the ‘anything goes’ model), but rather to provide “the difference between what a recipient household can afford for food out of its own monthly cash income (assumed to be about 30 percent of counted income) and the estimated minimal cost of an adequate diet.”\textsuperscript{113} In other words, one is hard-pressed to discern where the policy problem would be with allowing a program that supposedly provides \textit{supplemental} food to encourage that the food be nutritious. Even granting that many families struggle to meet the 30 percent guideline—especially in cities where affordable housing is difficult to find—one

\textsuperscript{109} United States Department of Agriculture, Food and Nutrition Service. “Program Data: Food Stamps”


\textsuperscript{111} Ibid., 5.

\textsuperscript{112} Ibid., 7.

\textsuperscript{113} Ibid., 5.
still wonders if the Food Stamp program could be modified to encourage nutrition, without micromanaging families’ diets and decisions.

Before we turn to a discussion on how to improve federal nutrition programs in the future, however, it is worth examining the most recent Congressional action on the matter. In 2004, Congress completed work on the reauthorization bill for child nutrition programs (Public Law 108-265), which reauthorized the School Lunch, School Breakfast, and WIC programs. Most relevant to the childhood obesity discussion is a provision inserted into P.L. 108-265 that reinstates an option for states to waive the requirement that “schools use ‘weighted averages’—that measure the nutrient content of meals according to food items actually chosen by students—when doing a nutrient analysis of their school meal programs.”

The natural question one must ask about this provision is ‘why.’ After all, in addition to the earlier discussion about School Lunch and School Breakfast program regulations that focus on providing students adequate calories, a budget chart provided by Congressional Research Service indicates that, out of an estimated $13.14 billion total spent on child nutrition programs in Fiscal Year 2006, only $54.6 million went towards specific programs that might be considered part of the Federal government’s efforts to improve nutrition. These programs include the ‘Special Projects’ category which funds USDA’s ‘Team Nutrition’ program ($35.6 million), Fresh Fruit and Vegetable pilot program ($15 million), and the Food Service Management Institute ($4 million).

Taken together, the School Lunch and School Breakfast regulations, the underwhelming

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115 Richardson, “Background,” 15.
program funding for nutrition efforts, and the waiver provision leave one to wonder about Congress’ logic when it included this latter provision in P.L. 108-265.

The short answer to the question of ‘why’ seems to be that Congress felt the need to pick and choose carefully its priorities for regulation. The House of Representatives’ accompanying report was fairly straightforward in its logic: “The weighted analysis may capture more accurately the nutrient intake of students. However, the Committee recognizes the additional time necessary to conduct weighted analyses, which could result in school food services limiting options to students.” Given that the report expresses concern about school food service personnel needing “additional time” to conduct the weighted analysis, one might be tempted to simply conclude that the Republican-controlled House of Representatives was looking for ways to reduce the burden of Federal regulations. This may or may not be true. But a more compelling explanation is that Congress’ larger concern was with certification procedures, i.e. ensuring that students receiving free and reduced-price lunches and breakfasts are legally eligible to receive them. Congress’ logic on this can be seen via examination of the report language accompanying the Senate bill:

Schools that do not now directly certify children in food stamp households will have to develop procedures for direct certification…This additional administrative responsibility is deemed appropriate to increase the number of eligible students who participate in the school meal programs. [Paragraph] The requirement that schools verify 3 percent of error-prone applications will minimally increase the administrative burden for schools. Schools will have to classify applications as either error-prone or not and will have to develop procedures to follow-up with families that do not respond to the first attempt at verification. However, this additional administrative burden is appropriate to reduce the number of children certified for free or reduced price meals in excess of those eligible.117


In addition to the new certification requirements, the child nutrition reauthorization law also “Increases the number of required food safety inspections, requires state and federal audits of the inspections, and mandates that school food safety programs comply with any ‘hazard analysis and critical control point’ (HACCP) system established by the Agriculture Department.” 118 The report language and new requirements make clear that Congress was concerned not only about certification but also about food safety. With a more complete picture of Congressional priorities, it becomes easier to see why Members might be willing to relax administrative requirements in other areas. Democrats could properly claim that direct certification of students eligible for Food Stamps would feed more poor children. Republicans could claim that the new verification requirements would strengthen program accountability and better ensure that the free and reduced price meals are provided to the intended group. Both sides could claim that they were working to protect the safety of food delivered to kids. These potential ‘message points’ would seem to be useful for politicians looking to play political ‘offense.’ Regardless of the potential nutrition benefits of the weighted average requirement, one could easily envision lobbyists for the food services industry coming before Members and committee staff with a ‘sample’ industry press release indicating that ‘Congressman X supports maintaining the status quo on child nutrition, where the government monitors what your child eats.’

The other reauthorization bill worth noting is that of the Farm Bill, which contains the authorization language for the Food Stamp program and Fruit and Vegetable Pilot program. While the 2008 reauthorization did not include any noteworthy changes to the

former program, it did solidify the role of the latter program by providing $1 billion in mandatory funding from FY2008 to FY2017.\textsuperscript{119} Recall from our earlier discussion that the Fruit and Vegetable Pilot program received $15 million in FY2006. The increased investment in fruits and vegetables by Congress is a commendable towards improving child nutrition.

The increased investment also represents a missed opportunity for broader, more effective change to Federal child nutrition policy. That opportunity could be realized with three basic steps: 1) Make structural changes to the Food Stamp program; 2) Once the Food Stamp program changes are enacted, shift the School Lunch and School Breakfast programs to that model; and, 3) Transition school food service employees to focus more on student and family nutrition, and less on meal preparation. None of these steps is insignificant. Implemented on the front end via state-level pilot programs, however, all are politically feasible.

In terms of the Food Stamp program, the list of allowable food items must be trimmed. While social conservatives might take comfort with the fact that alcohol and tobacco cannot be purchased under current rules and Eric Schlosser might approve of the restriction against ‘hot prepared food,’ these constraints are minimal at best. The program leaves ample room for the purchase of cold, packaged food that is high in fat, cholesterol, and sodium. This is particularly troubling not only because of the Food Stamp program’s $33 billion cost for FY2006, but also because many Food Stamp beneficiaries are those most dependent upon government health care programs such as

Medicaid, which spent over $180 billion in FY2006.\footnote{Congressional Budget Office. “Revenues, Outlays, Surpluses, Deficits, and Debt Held by the Public, 1962 to 2007” (Jan. 2007).} This figure does not even include state expenditures for the jointly-funded program. The Federal government does not need to micromanage Food Stamp purchases down to specific meals and packaging portions. But the amounts of money involved suggest that some basic constraints against Pop Tarts and Snickers bars would be in order.

The other change that should be made to the Food Stamp program is to allow state agencies to negotiate leveraged purchasing agreements with food companies for the revised list of eligible items. This is currently done in the WIC program through “substantial rebates (discounts) from manufacturers with which state agencies contract (through competitive bidding) to be the sole source for a particular food item.”\footnote{Richardson, “Background,” 12.} Generally speaking, nutritious food is more expensive than low-quality food and has fewer calories, thus making the cost of a nutritious meal higher.\footnote{Monsivais and Drewnowski, “The Rising Cost of Low-Energy-Density Foods,” 2071.} Accepting this premise, then, the savings accrued from prices set by leveraged purchasing agreements could be used to help offset the expense of improving the nutritional quality of program-eligible foods. From an administrative standpoint, the policy change could take advantage of the debit card system already in place for the Food Stamp program and use the card to provide the negotiated/discounted price to the Food Stamp participant.

Stakeholders in the food industry would likely respond to this policy idea by arguing that the Food Stamp program spends over six times the amount of WIC and would thus move the Federal government in the direction of price-fixing (especially if the policy were expanded beyond the initial state-level pilot). But the numbers simply do not
support that contention. The USDA’s Economic Research Service estimates that Americans spent approximately $888 billion of personal income on food in 2005. Even if we combine the FY2005 expenditures for Food Stamps ($31 billion according to USDA), child nutrition programs ($11.8 billion) and WIC ($5.2 billion), the total still only amounts to 5.4 percent of all U.S. expenditures on food. So the ‘price fixing’ defense would, at best, be far more tenuous in this case than in the debate over whether the Federal government should negotiate prescription drug prices, especially since public funds are estimated to comprise 39 percent of the market for prescription drugs.123

The second broad step that would improve the nutritional aspect of federal food programs (and thus combat childhood obesity) would be to shift the School Lunch and School Breakfast programs from their current model to one that more closely resembles the new-and-improved, health-friendly Food Stamp program—i.e., a model where the consumer does the purchasing and is allowed to buy program-allowable foods at negotiated prices. Under the new School Lunch and School Breakfast programs, parents would be responsible for purchasing the breakfasts/lunches for their children instead of schools and/or districts. Parents would make the purchases with debit cards (the monetary value and discount rates of which would correspond to the beneficiary’s eligibility level), building off the change made in the Food Stamp program structure in 2004.124 These cards would ensure that program participants receive the program-negotiated rates at grocery stores. Materials resembling grocery stores’ typical sales promotions could be developed and mailed to program beneficiaries’ homes indicating


what items could not be purchased, and formatted in such a way that would make the difference between the two publications indistinguishable to the general public when beneficiaries brought the ‘promotions’ with them to the store.

This brings up the chapter’s third major recommendation. Rather than having to administer a full-scale meal program, schools would only be responsible for providing the necessary facilities (refrigerators, microwaves etc.). A majority of the school food service employees that currently prepare and serve meals would thus see their roles shift to one of providing WIC-style nutrition education and assistance to families, with a combination of volunteers and other school staff pitching in to maintain order in the cafeteria during lunch hours.

This change would be helpful on multiple fronts. First, it would relieve schools and districts from the administrative headache of running a full-scale meal program. Between the requirements imposed on schools by the No Child Left Behind Act and the ever-increasing challenges of serving special education students and English language learners, school administrators need the opportunity to focus more on academic requirements and less on administering a USDA-funded program. Secondly, the overlap between families eligible for Food Stamps and families with children eligible for the School Lunch and School Breakfast programs would mean that the benefits of school food service employees’ new community-based work would extend across all three programs, ultimately leading to better coordination of policies.

Most importantly, this new model for school nutrition programs would create a means to achieve the all-important stakeholder buy-in necessary for Americans to improve their eating habits. In his own research, Oliver concluded that “outside of
genetics, the biggest factor predicting a child’s weight is what type of parenting they receive.”

Almost no one would suggest that progress can be made towards reducing childhood obesity without involving the parents. Nor would they suggest that government can take the place of a parent. But the current dynamic of the School Lunch and School Breakfast programs basically involves parents of the recipient children entrusting a significant portion of their child’s weekday food consumption to the government. While many parents likely have no problem with this continuing to be the case, a golden opportunity for nutrition education is being missed. Additionally, potential charges from critics of the federal government playing ‘big brother’ to parents simply would not hold up if the program were structured and marketed as one where trained nutritionists provided assistance, rather than edicts, to parents.

Quite frankly, it is the element of nutrition education that would most directly make this new model for school meal programs politically feasible. One might be inclined to think that neither school food service workers nor their lobbyists would be thrilled with the idea of redefining their jobs. Interestingly, however, what used to be known as the American School Food Service Association is now known as the School Nutrition Association (SNA). Additionally, the SNA website includes a position paper (authored jointly with the American Dietetic Association and the Society for Nutrition Education) that devotes fifteen pages to the topic of nutrition education. The document fully acknowledges the need for greater program capacity: “In US schools, the mean number of hours spent on nutrition education is 13. This is below the minimum 50 hours thought necessary to impact behavior.”

The numbers 13 and 50 do not align well when

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125 Oliver, “Fat Politics,” 165.
one tries to think how to improve nutrition education within the status quo. Although Congress appears to have taken a balanced approach towards regulatory requirements in P.L. 108-265, existing law still contains a number of requirements that school food service programs must comply with. Giving these workers a more substantive role in their current program and a stronger foot in the door of a Food Stamp program whose annual appropriation is more than double the combined spending for child nutrition programs would strike one as a strong selling point.

The recommendations offered in this chapter would serve to remove a barrier to improving the health of school-age children. The crossover benefits of having school food service workers transition to a role of counseling and assistance would further improve the eating habits of child nutrition program beneficiaries’ parents. These workers would also help to reinforce the messages—through action—emphasized in the public relations campaign.
V. Contours of the Public Relations Campaign

Having detailed the essential facts and figures underlying the push to combat childhood obesity, a theoretical view as to where the matter might lie in the issue life cycle, and policy changes to federal nutrition programs that would reinforce the benefits of an effective public relations campaign, we can now proceed to a more explicit discussion of why such a campaign would be the most effective solution, amidst a menu of other commonly-utilized policy tools. The chapter will then discuss what themes and ideas policymakers should adhere to as the actual campaign is developed. The section will conclude by showing that, absent anyone’s singular control of which policy option is utilized, the public relations campaign could also bring longer-term benefits to those pursuing the other options.

Simply put, a public relations campaign is an effective approach because it would win the theoretical battle over what course of action is both normatively justified and strategically effective. The question of strategic effectiveness has a rather straightforward answer; one need simply look at the outcome of the political/policy effort and see whether the desired policy push was achieved and, if so, to what extent. The question of normative justification is a bit more subjective but, broadly stated, can be satiated via evidence that those affected by the policy outcome have adequate input—or, at the very least, adequate representation—in the process that determines that outcome.

The available policy strategies can be classified into four categories: 1) Administrative; 2) Legislative; 3) Public Relations; and, 4) Legal/Judicial. The administrative strategy will be rejected due to questions of effectiveness. The legislative strategy will be discussed specifically in the context of authorization legislation (since
Congressional appropriations to carry out the public relations effort will be discussed later in the chapter, and argued to be a valid approach but not quite as effective as the public relations approach.

The legal strategy will be recognized for a potentially high level of effectiveness, but rejected due to significant normative shortcomings. Using the ‘adequate buy-in’ standard outlined above, the other three strategies are normatively acceptable while the legal strategy is not. The administrative and legislative routes offer numerous opportunities for stakeholder input. Development of the public relations campaign may not involve the full array of affected interests, but the ultimate target of the effort—the public—would have the final say in the eventual outcome of the policy. The legal approach, in contrast, takes a decision crafted from a dispute between two main litigants and, in many jurisdictions, turns that decision into broad policy change.

General parameters of the chapter having been outlined, we can now trace through the four basic strategies in a bit more depth. The administrative route would likely prove to be nothing short of a dead-end because the natural candidates for obesity regulations, the Food and Drug Administration (FDA) and the Department of Agriculture (USDA), are not equipped to do it. For all of the FDA’s back-and-forth with the food industry over labeling requirements, scares over food safety etc., the agency has little real authority over the actual content or sale of food products. Additionally, even if the FDA received the authority from Congress, there is no guarantee that the outcome would be to the liking of those most closely attached to the ‘public interest’ angle of childhood obesity. Though some might consider agencies staffed with career civil servants to be

more immune from the challenges of power politics than Congress, other scholars take a less optimistic view:

The regulatory arena appears to be composed of a multiplicity of groups organized around tangential relations…Within this narrower context of regulatory decisions, one can even go so far as to accept the most extreme pluralist statement that policy tends to be a residue of the interplay of group conflict. This statement can be severely criticized only by use of examples drawn from non-regulatory decisions.\(^\text{128}\)

Based on current practices within the FDA, one could reasonably expect that legislation allowing the FDA to regulate the health content of food products would lead to an expert panel with some level of medical expertise being convened. And medical science is often a double-edged sword: “Medical knowledge can rapidly transform society by challenging long-accepted social activities…The science does not need to be accurate to have an impact…the key to its impact lies in the policy entrepreneurs who spread the medical findings.”\(^\text{129}\) To suggest that the science provided to FDA on a given food product’s health benefits would be bias-free would not pass the laugh test. Food industry stakeholders can just as easily invest in medical research as pharmaceutical companies with drug trials in the regulatory pipeline currently do. Watchdog organizations regularly uncover instances of conflicts of interest when they dig into the finer points of National Institutes of Health advisory panels. And given the constant budget pressure FDA is under and its reliance upon pharmaceutical company user fees to fund much of its enforcement activity, it is unrealistic to think that the food industry would be unable to populate an FDA advisory panel with members favorable to its interests, given the


longstanding tendency towards regulatory capture.\textsuperscript{130} One might concede that Congress would likely accompany new regulatory authority over food products with some level of new appropriations for FDA to support the increased workload. But in the long term, an agency with ready access to user fees competing with other popular domestic programs for limited dollars would likely remain under pressure to take advantage of this leverage—and thus make room for Members of Congress to fund other constituencies. Any question as to whether this would actually happen can be answered by considering the fact that the FDA received just under $2.3 billion in FY2008, $549 million of which was user fees.\textsuperscript{131} This is the agency responsible for regulating the entire domestic market for prescription drugs, medical devices, blood and vaccine products, animal/veterinary practices, as well as the verbiage on food labels. To put that budget figure in perspective, FDA received roughly $\textbf{600 million less} in FY2008—including industry user fees—than the NIH for AIDS research alone.\textsuperscript{132} Exclude the user fees, and the actual public dollars are well over $1 billion less than the AIDS research appropriation.

Another front for the regulatory would be the USDA. Problem is, “The three primary sources of fat in the typical American diet are red meat, plant oils, and dairy products. Producers of all three are subsidized or otherwise aided by federal, state, and local authorities.”\textsuperscript{133} As Professor Benjamin Ginsberg has often noted, the outcome of a

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\textsuperscript{131} U.S. Department of Health and Human Services, Food and Drug Administration. “Summary of FDA’s FY2009 Budget.”
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\textsuperscript{133} Kersh and Morone, “Seven Steps,” 150.
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policy fight is often determined by what venue the game is played on. And providing the USDA any amount of jurisdiction on the matter would not only unite producer and food processor groups—thus producing watered-down regulations—but would also create a follow-up problem since these regulations could provide legal cover when childhood obesity advocates attempted to bring future lawsuits. Additionally, the recurrence of fights within the farm lobby in recent years over such issues as country-of-origin labeling, subsidy caps, and distribution of those subsidies amongst crops (see: fruit and vegetable growers’ battle for subsidies in the 2008 Farm Bill debate) has caused the industry to form additional groups with their own incentives to grow, thus adding to the collective power of the broader farm lobby. This could create significant headaches for public interest groups attempting to pressure USDA to align its actions with broader goals: “There is no guarantee that executive policy oversight in any particular area will reflect a national mandate as a result. It may, for example, reflect the intense preferences of a minority at the expense of a more diffuse majority.”

Implicit within this observation made by the authors is that many high-ranking agency officials have professional backgrounds and personal connections in the sectors they now regulate. Given the cultural attachment to farming, this would make it even more difficult for public interest groups (with a so-called ‘popular mandate’) to influence USDA, since “access to executive officials as administrative policy is being made is much more crucial than electoral decisions as a linkage between public preferences and the character of

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oversight. The farm lobby might not uniformly unite on every provision of a USDA-written regulation, but the underlying idea of the Federal government dictating Americans’ diets would be an attractive development for umbrella farm groups to tidy up their ranks and flex their muscles in the executive branch. The cultural and structural challenges of implementing a comprehensive solution to childhood obesity through USDA is thus rendered as equally unattractive as the FDA option.

The legislative strategy would be more effective than the administrative strategy and more normatively justified than the legal route, but it is not without its own important limitations. The preceding chapter argued that Congress could play a positive role by using the next Child Nutrition and Farm Bill reauthorizations (respectively) to trim the list of items allowed under the Food Stamp program and adjust the current model of child nutrition programs. These recommendations encapsulate what an effective legislature does well: using the existing levers of government power (public dollars spent on food) and precedent (consumer-based benefit model of the Food Stamp program and leveraged purchasing under the WIC program) to craft policy solutions (leveraged purchasing of healthy food and a consumer-based child nutrition program) that might not otherwise emerge out of the existing issue silos of the executive branch bureaucracies.

There are important limitations to legislatures, however. First, the thought process of the typical, generalist-minded legislator that will allow him or her to make connections across issues and precedents also serves to limit the number of issues they can develop expertise on. This means that, in order to get legislation passed, decisions that should be decided in the more democracy-friendly confines of the legislature often get punted to the executive branch. At best, this makes one concerned about policy

\[135\] Ibid., 597.
dilution. Policy dilution means a stronger role for the administrative agency; the preceding paragraphs about agencies show the additional vulnerabilities on this front.

The broad-reaching jurisdiction of legislatures also means that, in raw political terms, the legislative process is quite vulnerable to horse-trading. Members typically have a number of issues they care about but relatively few about which they are passionate. Attaining the critical mass of support necessary for passage of legislation thus requires legislative leaders to be flexible on the finer points. As Schickler once noted, “Entrepreneurial members build support for reform by framing proposals that appeal to groups motivated by different interests.”136 For practical reasons, legislators must weigh the costs and benefits of their level of support on issues that are not near-and-dear to their hearts. A perfect example would be in 2004 when, as a junior staffer in the Senate, I observed Senators Kennedy (D-MA) and DeWine (R-OH) successfully attach legislation providing the FDA with regulatory authority over tobacco products to broader legislation affecting the tax treatment of foreign services corporations. The amendment was successful due in large part to the sponsors’ willingness to pair those provisions with a separate provision that bought out tobacco farmers’ crop quotas. The conference committee for the tax legislation kept the buyout and dropped the FDA provisions. As of this writing, those FDA provisions have yet to be enacted. In sum, the legislative strategy has limitations which cannot be ignored.

That brings us to the discussion of the legal/judicial approach. This strategy is unattractive and undesirable due to its normative problems, and thus should not be pursued. It merits consideration, however, for reasons quite practical.

136 Eric Schickler. 
Given the hundreds of millions spent on lobbying Congress, there is a rational argument to be made that the significant court costs and legal fees created by policy-related lawsuits may not be a bad investment. Waged in Congress, the childhood obesity fight would be one where a number of entrenched interests would be facing off against an alliance of interests whose willingness to fight would probably not be as dependable, consistent, or well-funded (regardless of the respective sides’ underlying financial resources). Going the legal route would be beneficial because “in contrast to frequent legislative impasses, courts eventually decide, one way or the other.” Further, it is also worth noting the possibility that forcing the issue in one arena could fail yet still achieve progress with the larger goal: “It is, of course, possible that industry representatives mindful of the tobacco example will encourage their congressional supporters to strike a legislative deal that wards off a judicial settlement.” Putting aside any personal distaste for fighting a multifaceted policy battle in the courts, those that believe childhood obesity politics is similar to other issues and is truly ‘war without bloodshed’ have a lot of reasons to support the strategy.

The strongest component of the view that court action would work, however, may be the fact that childhood obesity advocates can pick their venue in which to file suit, whereas the committee gavels and jurisdiction responsibilities in legislatures are far more defined. One particular case, *Pelman et. al. vs. McDonalds Corp.*, offers a noteworthy example. Although the plaintiffs’ case was dismissed by the district court in New York that heard it, one could easily see why a conservative legislator such as Congressman Ric Keller (Republican of Florida) would be compelled to introduce the infamous

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138 Ibid., 863.
‘cheeseburger bill’ in the aftermath of such decisions. The court opinion dismissing the suit—all thirty-plus pages of it (which seems rather long for a dismissal opinion in a busy district court)—is filled with language essentially creating a loophole for future lawsuits that an eighteen-wheeler could be driven through. The opinion states that “It will therefore be considered sufficient for plaintiffs to allege in general terms that plaintiffs were aware of the false advertisement, and that they relied to their detriment on the advertisement.” The phrase ‘alleging in general terms’ strikes one as a rather lax standard. Reasonable minds might suppose that a lawsuit of this magnitude would need to do more than ‘allege’ to bring the case to trial, and might rather require the plaintiffs to ‘provide rational basis for showing’ the awareness of the advertisements (or something to that effect). The District Court goes further, though. They declare that “The plaintiffs need not ‘establish that the defendant’s conduct was a substantial cause in bringing about the harm.’” So a plaintiff need simply be aware of an ad, and does not need to be substantially affected by it to be able to file suit. Perhaps the strongest indicator of the value of venue shopping on the obesity issue is the following:

The absence of a reliance requirement effectively allows plaintiffs to allege a deceptive practice and then to show some connection between that practice and the injury without having to allege specifically that the individual plaintiff was deceived or that the deception was the only reason that the plaintiff purchased the product or, as in the present case, purchased it as frequently as they did.

This statement seems to be saying that a plaintiff could act on information that they knew to be false yet still hold the producer of that information liable for a tort claim. This language seems to completely obliterate the aforementioned, classic distinction between

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140 Ibid., 24.

141 Ibid., 25.
puffery and false advertising. While such a court decision would likely run into some difficulties upon appeal, it does show that there are friendly judges who could bring a significant amount of pressure to bear on food companies that have contributed to the childhood obesity problem. It is clearly a viable strategy.

For this writer, however, the question of whether advocates should pursue their anti-obesity policy goals in the courts presents an internal struggle between appropriate policy and acceptable political tactics. And there are simply too many concerns on the tactical means to justify the policy ends. Similar to Members of Congress who advocate for earmark reform but continue to request projects in the meantime, it might seem foolish for childhood obesity advocates to sit back and wait for policy purity from Congress and thus ignore a strategy that could prove effective in improving Americans’ health. But at the end of the day, from a policy and/or normative standpoint, childhood obesity is a multi-faceted issue touching on society’s values of personal health and choice as well as one’s public responsibility to act in accordance with the greater good. In other words, it is an issue that has absolutely no business being decided by unelected judges.

The importance of maintaining the balance of power is best articulated by Federalist #78:

> It can be of no weight to say that the courts, on the pretense of a repugnancy, may substitute their own pleasure to the constitutional intentions of the legislature. This might as well happen in the case of two contradictory statutes; or it might as well happen in every adjudication upon any single statute. The courts must declare the sense of the law; and if they should be disposed to exercise WILL instead of JUDGMENT, the consequence would equally be the substitution of their pleasure to that of the legislative body. The observation, if it prove any thing, would prove that there ought to be no judges distinct from that body.

It was noted earlier that Congress will not often ‘lead their publics.’ If Congress or a state legislature is still debating and/or grappling with a difficult issue, the courts must
respect that ‘sense.’ Admittedly, there are issues throughout history which present fundamental challenges to the credibility of the ‘life, liberty and pursuit of happiness’ principles and promises that America was founded upon. As multi-faceted as the childhood obesity issue may be, it cannot credibly be placed in that category.

The legal strategy also presents practical difficulties. In the spirit of Andrew Jackson’s famous comment that the domineering ‘John Marshall has made his decision, now let him enforce it,’ a court fight would no less risk unintended consequences than a legislative fight would. The landmark 1998 Master Settlement Agreement (MSA) went a long way towards curbing cigarette advertising. It also included “no restrictions on how states spend their share of the $246 billion…Thus one result of the new litigation approach to tobacco, again mirrored in other public health debates, is a fresh round of legal battles in the implementation stage.” The implementation battle continues to play out ten years later. Cash-strapped Ohio is one of the latest venues, where Governor Ted Strickland (a Democrat) included a raid on MSA funds as part of an economic stimulus proposal developed in the hopes of staving off further job losses in the manufacturing-heavy Buckeye State. When the board responsible for spending MSA settlement funds tried to empty their coffers to head off the raid, the Republican-controlled legislature passed a bill (with Strickland’s blessing) outlawing such a move, only to see a lawsuit filed by the state’s MSA board. And this is simply the latest example of states responding to the political pressure of a budget shortfall by raiding funds designed to provide long-term benefits to society, but which lack constituencies strong enough to

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143 Nash, James. “Anti-smoking Cash Locked Up: Until next hearing, judge says, neither side can move the money.” Columbus Dispatch. 11 April, 2008.
prevent such a cash grab. Accounting for the risk of unintended consequences, then, it would seem that the legal strategy might best be used as a way to exert pressure for legislative action, since one could easily see how childhood obesity advocates might become exposed to the same frustrations plaguing the anti-smoking movement. But our earlier discussion has already shown that the legislative strategy has its own shortcomings. That ultimately brings us back to the preferred route, the public relations campaign.

It was argued in this work’s introduction that a public relations campaign is the most effective solution to childhood obesity because, looking across the spectrum of policy issues, it is an issue where both the alleged problem and the potential solution (better diet and more exercise) can be understood by the common man and woman. There are other reasons that the public relations campaign is the appropriate course of action. For starters, it has the public’s support. It was noted earlier that a Kaiser Family Foundation-sponsored survey found that 73 percent of respondents nationally supported such an idea, and received more support than any other option/question polled in the survey.144 The campaign is also a sensible option in light of the second chapter of this work, which showed that both the scope of the problem, and the underlying credibility of the data being used to call it a ‘problem,’ are questions that have not yet been resolved. By Federal standards, even a well-crafted public relations campaign would not be terribly expensive, and could arguably lead to savings in public health dollars in future years. Another consideration is that the (limited) Federal-level precedent for this strategy, in the form of the VERB campaign, suggests that a well-crafted campaign would work. Finally,

as will be discussed later in this chapter, credible execution of the public relations campaign would also have a positive impact on the other strategies discussed.

As a precursor to discussing the content and form of the campaign, the question must be asked as to what lessons can be learned from existing research and policy paths already tread. The first lesson is that social relationships matter and, as a result, a campaign reaching enough of the key target audience could potentially build off of this dynamic. A study published in *The New England Journal of Medicine* in 2007 examined “a densely interconnected social network” of over twelve thousand for obesity trends over the course of thirty years, as part of a larger study on heart health.\(^\text{145}\) The findings showed that study subjects’ social environment could have a major impact on their weight. It noted that “Between mutual friends, the ego’s risk of obesity increased by 171 percent if an alter became obese. In contrast, there was no statistically meaningful relationship when the friendship was perceived by the alter but not the ego.”\(^\text{146}\) Though it may be tempting to pick apart the methodology for a study that showed such a significant increased obesity risk for good friends, the second sentence in this citation assures the audience that the study’s directors were not trying to cook the books. They were attentive to the quality of the relationships and cognizant of the fact that not all voices have an equal say in informing one’s decisions. In terms of subjects’ other important relationships, the study also cited a 40 percent increased risk for adult siblings when one of them became obese, and a 37 percent increased risk for spouses.\(^\text{147}\) That bit of


\(^{146}\) Ibid., 376.

\(^{147}\) Ibid.
evidence supports the long-believed notion that an adult finding themselves in the ‘doghouse’ with their spouse would be well advised to maintain good relations with the spouse’s friends.

More seriously, the ‘ripple’ effect evidenced by this study is difficult to ignore. Admittedly, one must exercise great caution in using micro-level studies to justify macro-level policy initiatives. The logical connections between the study’s findings and the broader recommendation for a public relations campaign, however, stand up to scrutiny. There is little question that a public relations campaign—no matter how adeptly crafted—would register different levels of credibility with different audiences. Despite policymakers’ best efforts, there would inevitably be kids who would not be exposed to the desired message(s). The ripple effect of a well-run campaign, however, could help to address this problem and thus improve health outcomes for many kids who might miss the message or simply tune it out. As the study authors note, “it may be possible to harness this same force to slow the spread of obesity. Network phenomena might be exploited to spread positive health behaviors, in part because people’s perception of their own risk of illness may depend on the people around them.”148 To be clear, the goal is not to get elementary school children to achieve a weight or shape that their genetics might not suggest is supportable, or to have them subsisting on a diet of vitamin water and humus. But the research on health-related behavior suggests that a window of opportunity is there to provide a multiplier effect on Americans’ health.

The second lesson is that, while not a silver bullet, the closest example of a well-run, federally-funded public relations campaign in this area suggests that they do in fact work. The Center for Disease Control’s VERB campaign was a national social marketing

148 Ibid., 378.
effort conducted earlier this decade to improve the exercise habits of American youth.
The introductory chapter of this essay mentioned that kids who were aware of the campaign took part in 34 percent more free-time exercise (or ‘activity sessions’ as CDC calls them) than those who were not aware of the campaign. Similar to The New England Journal of Medicine study, though, the ‘how’ is every bit as important as the ‘what.’ The authors of the VERB study (working through the American Academy of Pediatrics) were both professional in their methods and conservative in their estimates. Evaluators made twenty attempts over a ten-week period to contact the target audience of VERB study subjects; when reached, study participants were subjected to a round of screening questions to ensure the household included children in the nine to thirteen age range that VERB was geared to, and “the overall baseline response rate was 43%, the product of the completion rates for the screening, parent, and child interviews.”

This response rate allowed study authors to interview 3,120 families with children nine to thirteen, so it is obvious the CDC was not attempting to do this study on the cheap. Perhaps as reassuring as the number of respondents and rate of response was how careful authors were in trying measure genuine awareness of the campaign:

For the year-1 follow-up interviews, items measuring unaided and aided awareness of VERB and understanding of the VERB messages were added to the interviews at the end of the survey, so that the responses earlier in the survey were not influenced by knowing that the survey was about VERB…The estimates produced for occasions of physical activity were conservative to the extent that, if a child engaged in the same activity on 2 occasions in a single day, only 1 would be counted.

Authors of the VERB study were not looking for a glossy, how-the-question-is-asked-will-determine-the-answer set of data that they could provide to Congressional


150 Ibid., 279.
appropriators in the search for more funding. They wanted to know that ‘awareness’ of the VERB campaign was in fact awareness, and not some telemarketer reminding them of a commercial they had seen. In short, the 34 percent increase in exercise times for kids aware of the VERB campaign is a solid if unspectacular number, but one which holds up under scrutiny. That suggests that any future public relations/education campaign would have a credible blueprint that could be worked off of.

The final lesson to be learned is that knowledge of and adjustment to one’s audience is crucial. A soundly developed policy and outline for such a campaign will not have the desired effectiveness without the necessary research to help turn good strategy into effective tactics. Front and center in one of the ex post facto documents on VERB published by program staff states that “Formative audience testing has been a critical component of the VERB campaign’s development, driving the content, tone, and implementation.”

Also worth noting is that audience knowledge is not static. VERB program staff remained attentive to what incoming data was telling them; one message was that, like politics, media campaigns should be local: “Moms are concerned about their children being over-programmed…Moms responded favorably to ads that showed flexibility and a range of activities that can be done locally.”

The link between the message and the target audience’s modus operandi is imperative to make the campaign worthwhile, and to avoid the pitfall of the message being drowned out by the audience as another diatribe from a bunch of know-it-alls. Aside from local applications, VERB staff also made appropriate adjustments to the underlying message itself once they had a year of knowledge under their belts: “…the campaign’s emphasis on the social and friendship

152 Ibid.
aspect of physical activity were motivating to younger children. In contrast, the aspects…that resonated with older children in our audience research were mastery, peer acceptance, and competition,” and this distinction was built into ads used in the second year of the campaign.153 Similar to the information about the VERB campaign not impacting kids’ participation on sports teams, the finding above will influence this author’s framework for the new public relations campaign.

The ability to make ‘halftime adjustments’ is especially crucial to a public relations campaign for childhood obesity because of the volatile nature of the research surrounding this policy issue. Americans receive a barrage of messages from numerous public, private, and media sources indicating that specific foods are healthy or unhealthy, what regions of the country (or the globe) produce either amazing or health-endangering versions of common food items, and what over-the-counter vitamins, drugs, or dietary supplements are beneficial. And all of this is on top off the studies released by credible, longstanding medical research organizations that have always provided good fodder for reporters needing to meet editors’ deadlines. The volume of information and the mixed, changing messages provided by it present a unique policy challenge because, for many other policy areas, Americans can rely on the professional judgment of agencies such as the Centers for Medicare and Medicaid Services or the Department of Transportation to help decipher whether a given medical procedure/automobile is safe. In contrast, USDA provides a triangle diagram (or, technically speaking, a ‘Food Pyramid’). And the FDA has nowhere near the capacity or legal authority necessary to assume the job of ‘food police.’ The result of these factors is that, in developing proposals to be funded by Congress, advocates of the public relations campaign must do their best to convince

Members that the funding structure—whatever the overall dollar amount provided—allow for the type of mid-course, research-based corrections carried out in the VERB campaign.

We can now move to discussion of what the public relations campaign would look like, both in terms of the overall goal as well as messaging specifics. There have been too many ‘how-to’ manuals for public relations campaigns written to count. One of the more concise explanations of how to view such efforts, however, comes from Dave Demarest, a former senior communications staffer for President George H.W. Bush’s administration. Offering what might be considered a ‘Cliff Notes’ version of the earlier-cited work by Kingdon, Demarest observes that policy issues in Washington typically go through the following stages: 1) Awareness; 2) Seriousness; 3) Internalizing; 4) Need to act; and, 5) Solution. Given our earlier discussion that childhood obesity has reached Kingdon’s ‘governmental’ agenda but has not yet reached the ‘decision’ agenda, we can translate this to focusing the public relations campaign on achieving progress on steps three and four. The VERB research we discussed would indicate that progress is being made on step three, but between the need for additional evidence and the fact that steps three and four are closely linked, these two steps are the appropriate target. Additionally, much of step five will need to take place on the local level.

The other thirty five thousand-foot consideration is that the public relations campaign needs to pierce through the clutter. While the contours of the childhood obesity debate may not present as much of a language barrier to the common man or woman as the debate over tax reform or telecom law, there are relatively more voices taking part in the discussion. So this makes it more challenging to show the target
audience that “The old behavior...is undesirable...and should be replaced by something else...target audiences very often will recognize a serious problem but will deny that it applies to them.”

To make sure the ‘application’ piece takes place, there should also be an element of fear built into the campaign’s message that reflects the concerns expressed by IOM, GAO and others—without crossing the line: “The literature seems to make clear that if fear is to be used, only a moderate level of fear would be effective in inducing further contemplation ...Further, the literature suggests that, if fear is used, it should be directly coupled with some mechanism for its reduction.”

Policymakers understand that the already-strained public health care system in the United States cannot afford to be dealing with significant numbers of young and middle-aged adults burdened by diabetes, heart disease, and other ailments when they should be earning tax coffers-friendly salaries that support programs for the elderly and indigent. A half-baked attempt at a ‘McDonalds will give you a heart attack’ campaign, however, will not achieve success in the long term: “Some people just get discouraged. Others feel positively threatened by thinking about the problem; so they suppress such thoughts. Still others become bored by the issue. Most people experience some combination.”

The linkage between behavior, health effects, and costs to one’s pocketbook needs to be made more directly, in a manner respectful to the intelligence of the audience that shows the sponsors of the ad have thought about it from the audience’s perspective and have sensible, effective ways that adolescents (with their parents’ help) can improve their quality of life.

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155 Ibid., 210.
Broad parameters of the public relations campaign in place, then, we can now begin to talk specifics.

The campaign would be divided into three target age groups: elementary (ages six to nine), middle school (ages ten to thirteen), and adolescents (ages fourteen to eighteen). For each of these age groups, there would be one message geared towards increased physical activity and one geared towards better diet, for a total of six messages. There are a couple broad points worth mentioning in terms of tone and content. The tone of the exercise messages would be characterized by more positive (since few kids inherently oppose the idea of exercise), while the ‘better diet’ messages would incorporate an element of fear in order to chisel away at the bond children have developed with unhealthy foods and the advertising messages attached to them. For elementary students, use of fear-toned messages would be minimal in order to avoid political backlash from parents and the public—especially important given the debate over childhood obesity statistics which is still very much alive. Regarding content, the goal would be to keep the focus on improvements to existing practice, rather than holding out an ideal that the audience may lose interest in. Again, given the debatable scope of the childhood obesity problem, a focus on the practical remains key.

The medium for the ads would be cable television, YouTube ads (the latter of which could be linked to on popular Internet sites), and selected radio stations. This would not only provide cost efficiencies but would also allow the messages to be more accurately targeted to the desired age and income brackets. A secondary mode of distribution would be through articles in school textbooks, thus creating an opening for corporate partners such as CTB-McGraw Hill and Pearson Prentice Hall to become
involved. Depending on the budget for the campaign appropriated by Congress, neighborhoods and schools with lower-middle and middle-class families would be the highest priority since lower-income groups depending on Food Stamps and other government assistance would be more concerned with providing *enough* food—and because the recommendations outlined in the Federal nutrition chapter would be geared specifically towards this latter group.

Traction and effectiveness of the campaign would also be a concern. The changes to Federal nutrition programs discussed in an earlier chapter of this work (i.e. where school staff currently working as kitchen cooks would shift to a more consultative role) would address the ‘better diet’ side of the equation. For the physical activity piece, there would be a fourth element of the campaign appealing to potential adult volunteers to supervise neighborhood sports activity. This element would ideally build off and work with the significant investments that the United Way, Boys & Girls Clubs of America and other organizations have already made on this front.

The chart below could serve as a quick reference point for the developers of the public relations campaign:

**Table 2. Age-Dependent Points of Emphasis for Childhood Obesity Public Relations Campaign**

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Qualities and/or Vulnerabilities</th>
<th>Physical Activity Message</th>
<th>Better Diet Message</th>
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<tbody>
<tr>
<td>6-9</td>
<td>Beginning to develop socialization skills. Heightened consciousness of surroundings.</td>
<td>Physical activity as a means to friendship and enjoyment</td>
<td>Eating better makes you feel better, and thus makes it easier to do well in school without giving up ‘kid’ stuff.</td>
</tr>
<tr>
<td>10-13</td>
<td>Mastery, peer acceptance, and recognition becoming more valued in this stage</td>
<td>Linking images of neighborhood sporting activity to higher confidence. Avoid overt emphasis on team sports to</td>
<td>Worse diet equals more acne and more trips to the dentist</td>
</tr>
<tr>
<td>Age Group</td>
<td>Opportunities for confidence-building, balanced by struggle to find one’s identity</td>
<td>Personal ownership of one’s exercise regimen. Emphasis on emotional and/or ‘control of your own life’ benefits</td>
<td>Added medical costs from poor health leads to less disposable income</td>
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<td>-----------</td>
<td>--------------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>14-18</td>
<td>Prevent key target groups from tuning out</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adults</td>
<td>Necessary to provide ‘boots on the ground’ traction to campaign messages</td>
<td>Building off the ‘no one can do everything but everyone can do something’ elements of United Way and Boys &amp; Girls Clubs outreach efforts</td>
<td>[See recommendations offered in Chapter IV regarding need for volunteers to help fill the gaps for the transitioning of food service workers]</td>
</tr>
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For the elementary group message, earlier-cited research on the VERB campaign indicated that “the social and friendship aspect of physical activity were motivating to younger children.” The comprehensive public relations campaign would work off content and research from the VERB campaign, and maintain the positive tone. Given young children’s nervousness about doctors, positive imagery of children receiving a ‘thumbs up’ from the friendly family physician could also be utilized. In crafting the ‘better diet’ element, campaign developers might consider the observations of psychiatrist Erik Erickson, whose research indicated that children entering the grade school years encounter the challenge of mastering “the more formal skills of life: (1) relating with peers according to rules (2) progressing from free play to play that may be elaborately structured by rules and may demand formal teamwork…” Campaign developers could use these insights to shape a message that effectively tells kids that eating better food will allow them to deal with these new structures by having a higher, more sustainable level of energy that will allow them to perform better in classes yet still

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have enough energy for the other activities they enjoy. Even though the teenage years are often associated as being the most change-intensive, the research cited above indicates that elementary students also experience a significant increase in the amount of structure they are exposed to. Framing the ‘better diet’ message as a means to deal with this structure would thus be the appropriate, backlash-sensitive approach.

For the middle school group, the earlier-cited VERB research indicated that “mastery, peer acceptance, and competition” tended to register with this group. Given Americans’ obsession with sports and the growing popularity of women’s basketball, soccer, and other sports, ad makers would have plenty of base material to work with. They would also have the challenge, however, of VERB research indicating that the campaign did not affect the percentage of kids taking part in ‘organized’ physical activity. So the message could adopt some variation of “Changing what you do doesn’t mean you need to change who you are.” Images of pickup basketball, football and soccer games could serve as the baseline to build ads off of. In an effort to involve corporate partners, sporting goods retailers and manufacturers could also be enlisted to sponsor ads (variations of which have run for years) targeted at working-age adults that request their help in volunteering to spend time at local playgrounds and park fields to ensure kids had a safe place to play. The latter ads could play off the former, making the classic ‘we have kids that want to play and fit in, but no one to keep an eye on them.’ For the ‘better diet’ portion, the element of fear would once again be used in the context of things that this age group (middle school children) despise: acne and trips to the dentist. A certain measure of care would obviously be necessary, but one might imagine the potential impact of a twelve-year old swiping the napkin over his mouth in one frame.

after finishing a slice of triple-topping pizza, followed immediately by a desperate swipe of an Oxy pad across his forehead and some factoids about the types of bacteria that build up in the skin. And since middle school is often the age where children are first introduced to the consequences of poor dental hygiene (or witness their older siblings go through it), the imagery linking consumption of high-sugar foods to the dentist chair would be the proverbial fastball down-the-middle for ad makers.

That brings us to teenagers. This group is arguably the most difficult to peg down in terms of likes and dislikes, since the pressure they are under from parents, teachers, and friends combined with their inexperience in dealing with the increased pressure often causes them to offer the ‘poker face’ when pressed about what they are really thinking (this insight drawn upon from spending four years as a volunteer in high school ministry). Additionally, Erickson’s work indicates that “even the best-adjusted of adolescents experiences some role identity diffusion…with minor delinquency …during successful early adolescence, mature time perspective is developed; the young person acquires self-certainty as opposed to self-consciousness and self-doubt.”159 All that said, these social pressures and uncertainties might create an opportunity for a positive, empowerment-oriented ‘get more exercise’ message. The ad could show the teenager walking up the steps to school in the morning, with the overlay of the voices of a parent, guidance counselor, and girlfriend/boyfriend all asking the teenager for something or attempting to provide advice. The baseline script for the ad could be something along the lines of: “Every teen faces challenges in today’s world. There are people telling you what cell phone to buy, what clothes to wear, what music to listen to, where to apply to college, who you should go to prom with, and what books you should be reading. They may even

159 Child Development Institute, “Stages.”
try to tell you what team you should try out for or who your friends should be. Like anything in life, some of these people have good things to say, and some just care about themselves. How do you know the difference? Well we’re not going to tell you what to think. But we do know that research has shown that even exercising just *** times a week can improve decision making, and help clear your head. So get out there and ***. It won’t be a miracle, and the tough questions won’t go away. But a little exercise will help you see where you’re going.”

As for the ad promoting better diet, would need to be soft enough to avoid exaggerating the current medical evidence on childhood obesity yet strong enough to bridge the earlier-mentioned gap between the time when a member of the public is aware of a message vs. the time when they believe it applies to them and must therefore do something about it. This would not be an easy balance to strike for the teenage group. What might make more sense would be to make the monetary argument for a better diet, rather than the medical. Many teens in the middle to lower-middle income range envisioned by the public relations campaign are not far away from becoming self sufficient and needing to pay for rent, food, and medical care. Insurance companies have long worked to price health insurance policies based on beneficiaries’ overall health. And most hospitals and other providers charge higher rates for those without insurance. Furthermore, teenagers tend to watch MTV and other networks that have a heavy dose of materialism in their programs, and thus have no shortage of ideas for vacations, cars, or clothes they would like to spend money on. The ‘better diet’ ad for teenagers could use these facts and make a fairly direct linkage. While a thirty second spot might not be a long enough ad to make the connection, teens are arguably the group with the most
urgency for policymakers to impact, since they will shoulder much of the pressure that
Baby Boomers will put on federal spending and will thus be needed to stay in good health
and earn good salaries with minimal time lost to sickness. Assuming the extra ad time
was used to make a more intelligent argument to this critical group, a set of sixty second
ads for this element of the campaign would be worth it.

Our discussion will now move to the strategy that would provide a sufficient level
of public funding in order to make the public relations campaign against childhood
obesity effective. While this author is in no position to estimate what the development
and execution of such a campaign would cost, the following recommendations for
strategy will work off the assumption of $125 million. According to the Federal Election
Commission, that represents approximately half the total amount (about $248 million)
that candidates for the U.S. House of Representatives—both Republican and Democrat,
challenger and incumbent—spent between January 2001 and June 2002 for the 2002
election cycle. This does not include the remaining five months of the campaign, but
would work out to approximately $2.5 million per state after accounting for campaign
development costs. Inchng the number higher would also run the risk of creating an
unacceptable level of sticker shock.

The allies in Congress necessary to fund such an effort would not be terribly
difficult to find. Senator Harkin (Democrat of Iowa) chairs the Senate Appropriations
subcommittee with jurisdiction over health and education programs, and has been one of
the leaders in Congress in finding ways to address the problem.\textsuperscript{160} The $125 million

\textsuperscript{160}“Senator Harkin Joins Star Athletes in Pushing…Guidelines to Address Rising Rates of Obesity,
Skyrocketing Health Care Costs” Press Release. Office of U.S. Senator Tom Harkin. 110\textsuperscript{th}
funding request for a program that would benefit constituencies in all 50 states would be a realistic one, given the power of Senator Harkin and the hefty purse strings of his subcommittee. In the House, there are currently sixty-one cosponsors (across the political spectrum) signed onto legislation mentioned in an earlier chapter (H.R. 2677) that would allow the Centers for Disease Control (CDC) to provide grants to state and local organizations for childhood obesity programs and to health care groups to train doctors and other health staff in obesity treatment and prevention.

The stand-alone merits of the public relations campaign have already been outlined. Before the chapter concludes, though, it is also worth noting the potential benefits that this strategy would have on the other policy options. Provided that the campaign did at least a fair job collecting data regarding its impact, the knowledge base from which Congress could work would be greatly expanded, and thus the effectiveness of the legislative strategy would be enhanced. Special interests would still be inclined to lobby Congress, but the improved, objective information from the campaign would incentivize those interests on the wrong side of the information to cut a deal. Further, an effective public relations campaign would affect the legal strategy by sorting out the meritorious claims from the merit-less. Companies continuing to offer misleading advertising would be more easily identified and punished, and damage awards for more suspect claims would likely be lower and less frequent because better information was available to the target audiences most likely to file those claims.

It should also be noted that the ripple effect-style benefits of a solution to childhood obesity based around the public relations strategy would not necessarily come to fruition if the solution were based on the legislative, administrative, or legal options.
A legislative strategy would likely fail to have the rub-off effect because executive agencies and courts, absent the type of Congressional oversight that is often missing in the modern three-days-a-week legislative session for Members, tend to implement and/or interpret legislation in a manner consistent with their own institutional objectives. Legally-based strategies often cause backlashes in legislatures that negate whatever benefit the court decision may have originally brought. Administrative approaches to different policy issues often change depending on the occupant of the government entity’s chief executive. To be sure, public opinion is also subject to its own change. But the larger point is that if the creators and managers of the public relations campaign do it right, the ripple effect will be more sustaining.

This chapter has attempted to build upon earlier chapters’ discussions of why childhood obesity is a problem (and how federal nutrition program changes might help) to a more detailed explanation of the work’s central argument: that a public relations campaign is the most appropriate solution. It has attempted to show that the regulatory and legislative routes would open the door to a direct confrontation with powerful interests that childhood obesity advocates may not be able to repel, and that the court system offers potential for genuine progress but also carries with it significant normative ‘baggage.’ The success of the VERB campaign shows that a well-run, well-targeted campaign would begin to alter the balance of information in the food market in a direction favorable to a healthier country. It has been argued that, within that campaign, a modest measure of fear should be utilized in order to pierce the clutter, and that support exists in Congress to obtain the necessary funding. A public relations campaign is obviously short of what the Institute of Medicine (IOM) envisioned when they released
their mammoth report on the nation’s childhood obesity challenge a few years back. And it would never be confused with a silver bullet that would make up for the responsible parenting that ultimately has more to do with a child’s physical and educational success than any other factor. Combined with the common-sense reforms to federal food programs outlined in an earlier chapter, however, the public relations campaign would help to significantly reshape the baseline of information from which the market of consumers make decisions about food consumption and lifestyle choices. And in a Beltway policy landscape that will for the foreseeable future be consumed with Middle East policy, entitlement pressures from Baby Boomers’ retirement, and how to balance the need for economic growth against increasing pressures to cut down on pollution, that seems like an awfully reasonable approach.

As we conclude our discussion about the policy options available to childhood obesity stakeholders, one final observation is in order. Namely, that even those most concerned about the issue must balance their desire for prescriptive action with the basic acknowledgement that the market has begun to adapt in favorable directions—some due to public awareness efforts by the health-conscious and some due to more basic profit motives. Bottled water has become as regular a presence on student and employee desks as Coke and Pepsi were fifteen years ago. Though it has recently suffered credibility issues, the growth of Whole Foods has been made possible (at least in part) by Americans’ willingness to pay more attention to what they eat and how they live. And while many will undoubtedly remain distrustful of the food industry and argue that small reductions in calories is simply a means to reduce Americans’ guilt and get them to snack more, former Speaker Tip O’Neil’s advice that “you can accomplish anything if you’re
willing to let someone else take the credit” must be accounted for. Perhaps those most
distrustful of market adaptation (as an alternative to government action) are aware of the
underlying barrier to more robust regulation: “Demonization generally precedes
mobilization.”161 If the food industry receives enough credit for doing its part to stem the
childhood obesity problem, the balloon of momentum for a broader push towards food
market regulation will lose a lot of air. Policymakers do need to get the balloon out of
the stratosphere. They need not ground it, however, given the potential health and budget
implications. That brings us back to the public relations campaign.

161 Kersh and Morone, “Seven Steps,” 147.
VI. Conclusion

The preceding discussion has attempted to offer responsible analysis of the actual scope of childhood obesity in the United States. It has coupled that analysis with a recommendation for a handful of reasonable, achievable policy changes that would account both for the potential long-term consequences of children being overfed and under-exercised as well as the shorter-term possibility that stakeholders advocating for broader solutions may be doing so on the basis of a ‘problem’ that has been exaggerated via the use of questionable assumptions and methodologies. It has been argued that the recommendations offered would create positive health and policy outcomes for the country, and are worth pursuing while policymakers and scholars attempt to gain a more accurate picture of the numbers. This model for measured solutions amidst imperfect information thus serves as a teachable example for other policy challenges.

The introductory chapter presented some of the oft-cited figures from the IOM, GAO and others on childhood obesity, and cited research suggesting that those needing higher quality food are a distinct group from those still in need of an adequate quantity of food. The second chapter offered a brief examination of some of the most relevant data on the issue, and showed that policymakers should also steer clear of the ‘epidemic’ language used by many stakeholders due to the methods used to arrive at that language. The third chapter posed the question of whether childhood obesity advocates had made any mistakes or miscalculations in their efforts, or had simply not had the issue out in the public sphere long enough for scholars to make a legitimate judgment on advocates’ effectiveness. Global warming was used as a comparative model.
From there, the details of federal child nutrition programs were examined, and it was suggested that the list of allowable items under the Food Stamp program should be trimmed, with the School Lunch and School Breakfast programs then transitioning to a modified version of the new-and-improved, consumer-based Food Stamp program. Under this model (implemented initially via state-level pilot programs), the Federal government would authorize states to use leveraged/bulk purchasing for all three programs to provide healthier food to beneficiaries at reasonable prices. It was also suggested that Congress transition food service workers from a role of cooking meals to one of consultation with families. The fourth chapter began by examining four oft-pursued strategies for policy change (regulatory, legislative, public relations, and legal), and argued that the public relations campaign offers the best combination of strategic effectiveness and normative soundness. The chapter also fleshed out basic themes and points of emphasis that policymakers should adhere to as the campaign is developed, and cited the Federal government’s experience with the VERB campaign as a building block for future efforts.

There are a few remaining questions regarding the appropriate approach to childhood obesity. Some of these will be discussed shortly as a basis for future work. Given that the road to political hell is often paved with good policy intentions, however, the question of political viability of the recommendations offered will be dealt with directly in this concluding chapter. The question is important both for obtaining the funding for the public relations campaign as well as the Food Stamp and child nutrition program changes discussed in Chapter Four.
The previous chapter estimated that $125 million would be the appropriate level for the discretionary funding request. The most straightforward approach would be to simply ask Senator Harkin (Democrat of Iowa) for the money, since he has been one of the more visible Members on childhood obesity and also chairs the relevant subcommittee of the Senate Appropriations Committee. Making the direct request to Senator Harkin would allow the Committee to piece together the funding out of enough different accounts within the Department of Health and Human Services that the impact on any one account (and corresponding constituency) could be minimized. Given the likelihood that Democrats will control Congress for the foreseeable future, healthcare-related accounts would also be amongst the most likely to receive noteworthy increases in baseline funding in coming fiscal years.

Another option for obtaining the $125 million, perhaps not contradictory with the request made to Senator Harkin, would be to introduce an amendment during annual debate of the Labor, Health and Human Services and Education appropriations bill that carves the money out of the overall appropriation for the CDC and provides the bureau with primary jurisdiction over the public relations campaign. This would be sensible on several fronts. As noted in the introduction, the CDC was responsible for carrying out what many considered to be a successful VERB campaign to increase youths’ physical activity. So the institutional knowledge and interest is there. Secondly, the medical community has spent the better part of the current decade talking about obesity as an epidemic and/or disease. Given the discussion in Chapter Two regarding the credibility of such claims, it would thus make sense for the agency responsible for ‘disease control’ to devote a modest portion of their funds to controlling it. Third, given the size of the
expenditure for the public relations campaign, such a carve-out amendment would position Congressional appropriators so that requests from other agencies and/or their constituencies for shared jurisdiction over the campaign (requests made perhaps during conference committee negotiations) could be met with a corresponding request from Congress that the agency wishing to share responsibility commit a portion of funding out of their own accounts to reach the $125 million goal. Politically speaking, funding the campaign via CDC funds would also avoid the minefield-laden debate over allocation of NIH funds, which is characterized by an ever-increasing number of disease-specific interest groups making use of powerful imagery to request that the agency increase funding for the preferred unit of research and then coordinate all of its work around fighting that ailment. In other words, raiding NIH accounts for public relations campaign funding could itself turn into a public relations nightmare.

Should the Senator Harkin and/or CDC approach run into trouble, another way to obtain the $125 million would be to wait for the next (inevitable) must-pass legislation on agriculture disaster relief. Such bills often become Christmas trees for spending with questionable ties to the underlying disaster at hand. Under this scenario, a coalition of Members concerned about childhood obesity would team up with fiscal conservatives who often find themselves on the losing end of efforts to curtail passage of ‘emergency’ spending. This coalition would introduce an amendment that would identify the disaster account being most inflated by the disaster bill’s sponsor, and reduce that amount by $125 million in order to pay for the campaign. Members from states benefiting from the potential subsidies would likely object, and this small minority could probably gain some additional votes from benefiting Members’ promises of future favors. But the $125
million amendment would offer an attractive opportunity for the majority of Members looking to burnish their credentials on healthcare and/or family issues. Germaneness of the amendment would not be an overly difficult undertaking. Since disaster bills inevitably impact the production end of the food market via subsidies, amendment sponsors could simply argue that the subsidies made the entire food market—i.e., the consumption as well as the production elements—relevant to the debate.

Whether the $125 million came from agriculture disaster legislation, existing CDC funds or another source, it would be crucial that any funds obtained from the non-Harkin route come out of ‘existing,’ public accounts (this work presumes that pork-laden disaster aid spending could fit such a category in deficit-happy Washington). As referenced in this work’s introduction, available polling indicates that the idea of a tax on junk food lacks the necessary popular support. Placing fees on companies’ advertising of unhealthy foods would be opposed en masse by Republicans as a tax increase, could risk opposition from conservative Democrats as an intrusion on consumer choice, and also prompt debate amongst vested interests (in both the legislative and administrative arenas) regarding the definition of ‘unhealthy.’ Levying such fees in exchange for legal immunity from future lawsuits would prompt an exodus of support from Democrats, for whom trial lawyers provide an important source of campaign contributions. Obtaining the funding from private sources would reduce policymakers’ ability to control the content of the message and could create greater risk of conflicts-of-interest for those hired to create and manage the public relations campaign.

This concluding chapter must also account for the logistics of bringing Chapter Four’s recommended changes regarding the Food Stamp and child nutrition programs to
fruition. Recall that those recommendations include trimming the list of items allowed to be purchased under the Food Stamp program, allowing state agencies to negotiate leveraged purchasing agreements for the healthier but (generally) more expensive items on the list, and transitioning food service workers for child nutrition programs from a role of meal preparation to one of family education and consultation on meal purchases. The next several pages will examine the logistics of implementing each change on the Federal level, and proceed to argue that implementing all three changes simultaneously, via state-level pilot, is the most practical means of achieving the policy change.

Of the three suggestions, the transitioning of food service workers would likely be the easiest politically. As noted in Chapter Four, what had been the American School Food Service Association is now the School Nutrition Association, and this group teamed up with the American Dietetic Association on a paper that devoted fifteen pages to the need for more nutrition education in schools. The transition could be successfully presented to the Association as the opportunity to work more directly with parents and thus ensure that the steps towards healthier foods in school nutrition programs were being reinforced in the home. Since the program adjustments to Food Stamps and child nutrition programs (as outlined) would increase the similarities between the two, the adjustment in job responsibilities for food service workers would also provide these workers a solid foothold in a Federal program (Food Stamps) that spends significantly more than the child nutrition programs do. With the similarities in the income eligibility requirements for the respective programs, a more refined purchase list for Food Stamp benefits would likely require some measure of technical/education assistance to families anyway. Conservatives would be hard-pressed to attack the recommended job transition
as growing the government, and if anything could be inclined to support the ‘make government work harder and smarter’ philosophy behind the recommendation. Outreach to parents and local businesses could fill the resulting need of supervision in school cafeterias. School administrator groups would also be inclined to support the idea, since a consumer-oriented child nutrition program would eliminate schools’ responsibility for meeting another set of regulations.

Trimming the list of allowable food items for the Food Stamp program would also be fairly achievable. To be clear, this recommendation would be carried out by listing ‘do not purchase’ items and then allowing states to negotiate deals on the rest, rather than explicitly detailing what could be purchased and thus subjecting the proposal to Big Brother accusations from even non-libertarian camps. The ‘do not purchase’ approach would be characterized by bureaucrats/regulation writers targeting the ‘worst offender’ foods. Congress could reduce the pushback from food processor groups by requiring the agencies involved to meet with interested parties and provide ‘warning signals’ about nutrition/ingredient traits that would make it more likely for a particular food item to be included on the list. The approach would create incentives to adjust nutrient content of foods and thus remain off the list and, in doing so, create a healthier food market for Food Stamp/child nutrition program beneficiaries and non-beneficiaries alike.

Responsibility for developing the list of do-not-buy foods would rest with a joint group comprised of officials from USDA, FDA, and NIH. This would ensure that the respective policy goals and institutional biases of adequate calories, safety, and health were represented on the group. Meetings would be held annually, but there would be no
appeals process for companies since such a process would lead to the never-ending ‘food wars’ this broader work has tried to avoid.

To be sure, many interests would not take this do-not-buy list lying down. But companies that produce healthier food (or are capable of doing so) could see a market-share incentive to accept the leveraged purchasing provision, out-muscle their smaller competitors in government bids, and accept a reduced margin in exchange for greater market share—similar to the manner in which Philip Morris swallowed the idea of and then worked to pass tobacco regulation legislation. The corn growers (i.e. the producers of a key ingredient for high fructose corn syrup) are a potent force on Capitol Hill. But growing concerns about bloated ethanol subsidies and their effect on commodity prices have left them in a weakened politically weakened position. For those interests that would continue to actively oppose the proposal, a critical mass of Members could be gathered to threaten the industry with a tax on junk food. Though the measure probably would not pass, the threat and ensuing fight would force the industry to divert resources from their other priorities.

Of the three main ideas offered in Chapter Four, the most contentious debate would likely be the recommendation to allow states to negotiate leveraged purchasing agreements for Food Stamp and child nutrition program foods. It was noted in Chapter Four that, based on 2005 numbers, these programs together make up only 5.4 percent of food purchases in the American food market. So the price-fixing argument offered by potential opponents would be standing on shaky ground (though many food processors would undoubtedly put up a fight). The ground would not be as shaky for the Big Brother argument. The government would effectively be deciding which foods were
worthy of a government-negotiated discount, and which foods low-income persons would have incentives to eat more of. Careful messaging on the part of Food Stamp and child nutrition program officials could counteract some of this by hammering away at the fact that the negotiated-rate items were common staples of the American diet, but such messaging requires a measure of political skill that may not always be present amongst career program staff.

Ultimately, the most realistic scenario to enact the Food Stamp and child nutrition program recommendations would be for Congressional policymakers to authorize a pilot program. Similar to many pilots, USDA would be authorized to issue regulations allowing USDA, upon approval of an application, to provide waivers to a handful of states that allowed them to implement the recommended changes. This strategy has historically been one of the more favored routes for significant domestic policy changes; it paved the way for welfare reform in the mid-1990’s (putting former Wisconsin Governor and eventual HHS Secretary Tommy Thompson on the political map) and is now being used by the Department of Education to see whether states can use growth models to measure student progress while still achieving No Child Left Behind-consistent accountability in schools.

Under the waiver, states would be able to negotiate rates for items that could be used by Food Stamp, School Lunch, and School Breakfast program beneficiaries. This combined purchasing would likely achieve notable cost savings that could be used to help account for the greater expense of healthier food, and thus offer a measure of protection against families not being able to ‘afford’ as many calories. Equally important, having the purchasing done via state office would allow states to ensure that smaller and/or more
localized food companies and farms had a fair opportunity to win business. Particularly if the food program reforms evolved to a broad-scale Federal effort, the state entities could remain as the government’s negotiating party and thus alleviate an important source of pushback (the small business lobby) against leveraged purchasing. The state-level pilot approach would also allow policymakers to develop a better sense regarding the budget savings from leveraged purchasing versus the added costs of beneficiaries purchasing of healthier, more expensive food.

Governors are certainly capable of being rolled in Washington—see the Individuals with Disabilities Act funding, Real ID, and immigration reform for examples—but they do remain a force to be reckoned with. Due to the fact that states are on the hook for a sizable chunk of Medicaid expenditures, there would likely be at least a handful of governors and state legislatures interested in seeing whether Federal funds could be used to help alleviate pressure on state expenditures. And this is to say nothing of the many state chief executives seeking to build their resumes for a run at national office.

Should this work be expanded into a more comprehensive examination of childhood obesity, there are three other noteworthy issues (not discussed in the body of this work) that would serve as logical starting points. The first would be cultural and/or racial factors. The introduction did mention the important difference between ‘poor’ and ‘near poor’ when talking about obesity trends and diet patterns amongst income groups. Simply pointing out that there are income disparities amongst racial groups, however, does not sufficiently address the cultural question. In other words, those concerned about childhood obesity must account for the fact that, in their efforts to spur public action on
the matter, the reaction amongst African Americans and Hispanics to the idea that Americans need to become thinner may not be positive enough or strong enough to spur the level of action necessary to make real progress. It was noted at the end of the previous chapter that demonization precedes mobilization, as argued by Kersh and Morone. This is particularly important regarding childhood obesity because the average family income of African Americans and Hispanic Americans is lower than that of whites, and these groups thus have stronger incentive to consume less healthy, higher calorie food in order to meet their needs at a lower price.\textsuperscript{162} For greater perspective on the potential cultural challenges, a more in-depth analysis might examine the Prohibition era and the overall impact of anti-drinking efforts on Irish Americans as a reference point.

The cultural element explored in future iterations of this work need not be confined to race, either. Region could also be an issue, and would be useful to consider so that the public relations campaign not be straitjacketed by a strict 50/50 approach between healthy diet and exercise, when data for a particular region might suggest that there were more concerning indicators on one side of the ledger. Further, one might expect that improving exercise habits would require a different approach for rural areas than for big cities, and concerns about food consumption could be more pronounced in the South and Midwest. Though age and economic class make sense as a starting point in crafting the general contours of the public relations campaign, one could imagine the pushback from a generic ad that local Texans or North Carolinians considered to be a war against barbecue.

A second issue offering fertile ground for more discussion would be the possible effect of corn prices, on both the underlying policy climate as well as the political debate around childhood obesity. As Pollan notes, “There are some forty-five thousand items in the average American supermarket and more than a quarter of them now contain corn.”\textsuperscript{163} Are the recent increases in corn prices sustainable enough to close the price gap between cheaper HFCS-laden foods and healthier foods? Is corn included in too many foods considered ‘healthy’ to make any significant dent in the current gap? What impact has market speculation had on the price increase? As Congress begins to consider whether it would be appropriate to reduce ethanol subsidies in response, would there be a point where, out of concern that the incentive for lower-income groups to purchase unhealthy food would be exacerbated if corn prices bottomed out, childhood obesity stakeholders would quietly join with corn-friendly interests to ensure that subsidies were not reduced too dramatically?

The third issue worth examining would be the quality of elementary and secondary schools’ athletic program offerings. The chapter on Federal child nutrition programs attempted to offer a reasonable, school-based approach to the consumption side of the childhood obesity equation. That leads naturally to questions of whether school-based reforms could improve American students’ exercise regimen. The third chapter did note that California is among the states that has taken action via state-level standards for physical education. As of this writing, however, only fourteen other states have physical education standards on the books.\textsuperscript{164} And whether California and other states’ standards

\textsuperscript{163} Pollan, \textit{The Omnivore’s Dilemma}, 19
\textsuperscript{164} PE Central. “State PE Standards.”
or the enforcement mechanisms behind them are of sufficient rigor to improve child health indicators is a separate question.

The physical education discussion also brings the debate over federal vs. state/local control of education to the forefront. As a policy analyst for an organization that develops No Child Left Behind-required assessments, it seems clear to this author that state-level pushback against federal education mandates is now at the point where the next President (regardless of political party) will be under significant pressure to soften provisions of a law which, at its core, required states to ensure that students leave school with a basic level of competency in reading, math, and science. For a variety of reasons, the law has been a huge challenge to states and districts. Even if some of No Child Left Behind’s provisions are softened, however, significant challenges will remain. Like other sectors, the oncoming retirement of the Baby Boom generation will challenge schools to find a sufficient number of quality teachers. Additionally, it is estimated that between 1972 and 2004, the proportion of Hispanic students in American schools has roughly tripled, thus significantly increasing schools’ workload as they educate more students for whom English is a second language.\textsuperscript{165} The Federal-level focus on core academic standards need not crowd out meaningful action, however. Cognizant that the critical mass of support does not yet exist for nationally-enforced academic standards, the Council of Chief State School Officers is currently examining the option of developing a uniform set of ‘model standards’ that individual states would be free to accept or reject. Future work on childhood obesity might explore the feasibility of such an approach for

physical education, as well as the potential financial implications for offering more robust programs in this arena.

Looking ahead, it seems likely that the 111th Congress will present the best opportunity to date for childhood obesity stakeholders to measure their progress and political support. Health care reform is one of the driving issues of the 2008 Presidential campaign, and whatever reform legislation would make it to the House or Senate floor would, regardless of its final outcome, present an opportunity for germane amendments on childhood obesity to be introduced and voted on. As the Baby Boomers continue to retire and pressure on entitlement spending increases, the 111th Congress might represent one of the ‘last best’ opportunities for issues such as childhood obesity—where the core argument is that ‘we better spend money on this now so that we don’t have to spend more on it later’—to gain traction. Congressional debate on childhood obesity amendments would likely include citations from the work of IOM, CDC, and others on the ‘positive’ sign of the ledger, and arguments offered by Basham, Oliver and others questioning the credibility of proponents’ data would find their political proving ground via the Members opposed to prescriptive action. Should healthcare reform legislation make it to the conference report stage, it would also represent another opportunity for Congress to show that it still was not sure about the underlying data. This would be done by Members taking (what they consider to be) politically-friendly votes in favor of childhood obesity amendments on the House or Senate floor, and then acquiescing when the amendments were quietly dropped in conference.

Though it was argued in the fifth chapter to present significant normative problems, it is hard to envision the legal strategy not being adopted by some portion of
the childhood obesity community. The ‘villains’ are too commonly known, too rich, and the policy impact too tempting to expect that efforts on this front will cease. As the caseload on childhood obesity increases, one can also expect to see more legislation from Republicans that would exempt the food industry from such lawsuits.

To the extent that childhood obesity stakeholders become stymied on the federal level, one might expect the movement to become more strategic in its state-level focus. The third chapter of this work discussed state efforts around physical education standards and community education programs on the topic, but it does not appear that anyone has woven the different threads of the childhood obesity issue together into a pre-packaged, National Governors Association-friendly set of reforms that would fully take advantage of states as ‘laboratories of democracy’ and allow the policy to be replicated by other states. A healthcare-minded 111th Congress that fell short of stakeholders’ expectations would likely make state-level work more attractive and systematic.

Much effort was made in the second chapter to bring worrisome data on childhood obesity back within the confines of reality and perspective. Those efforts notwithstanding, the broader point of this work to provide solutions both politically sound and practically achievable—regardless of the scale of the problem, or its very existence—remains intact. Children relying upon federally-subsidized nutrition programs should be receiving healthy food from those programs. They should also be exposed to a modest dose of well-researched, health-friendly advertising to counteract the array of advertising for unhealthy foods and sedentary entertainment. These steps will ensure American children are healthier and more productive as adults. The numbers are relevant; the principle is primary.