



OFFICE OF THE STATE COMPTROLLER

Thomas P. DiNapoli, State Comptroller

Preventing and Reducing Childhood Obesity in New York

October 2008

Over one million young people in New York are considered obese, and many more are at risk of becoming obese as a result of poor eating and exercise habits.

Studies link obesity with increased health problems and health care costs that escalate with age. In 2003, adult obesity related costs were estimated at nearly \$6.1 billion in New York.

Schools can play a key role in reversing the child obesity epidemic in New York.

New York State has a childhood obesity crisis. The New York State Department of Health estimates that one in four New Yorkers under the age of 18, or approximately 1.1 million young people, is obese.¹ This childhood obesity crisis, in turn, is fueling a health care cost crisis, with an estimated annual \$242 million in medical costs attributed to these children, which is putting even greater strain on the New York State budget.²

According to the Centers for Disease Control and Prevention (CDC), the terms overweight and obesity refer to ranges of weight that are greater than what is generally considered as healthy for a certain height. A calculation, known as the body mass index, uses a person's weight and height to link the amount of body fat, and whether the person is overweight or obese.³

Even children as young as six months of age are affected by obesity and obesity has become more widespread as children grow up, now reaching epidemic proportions.⁴ For both children ages 2 to 5 and youth ages 12 to 19, the obesity rate has nearly tripled during the last 30 years. For children ages 6 to 11, however, the rate has quadrupled.⁵

¹ The U.S. Census estimate of New Yorkers under the age of 18 in 2006 is 4.5 million.

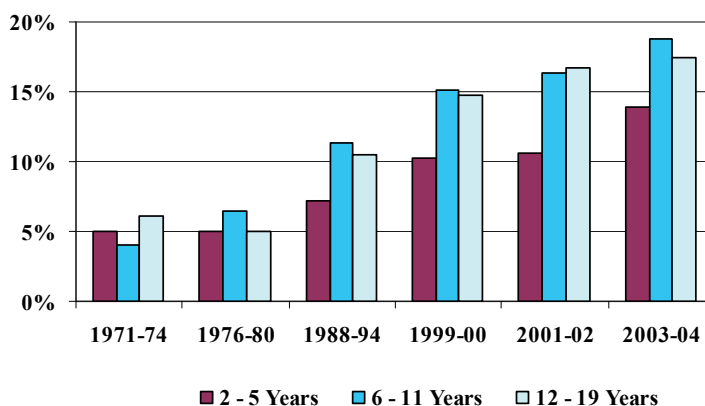
² The annual per-child medical costs attributable to obesity among children aged 8 to 19 is \$220, according to Medical Expenditure Panel Survey (MEPS) consolidated data files from 2001 through 2003. Survey data are referenced in "Public Health Interventions for Addressing Childhood Overweight: Analysis of the Business Case" by E.A. Finkelstein and J.G. Trogon, *American Journal of Public Health*, March 2008, page 413.

³ Centers for Disease Control and Prevention. <<http://www.cdc.gov/nccdphp/dnpa/obesity/defining.htm>>.

⁴ "Prevention of Childhood Overweight and Obesity - Activ8Kids!" New York State Department of Health. Request for Applications Number 0601261256: 4. <<http://www.health.state.ny.us/funding/rfa/0601261256/0601261256.pdf>>.

⁵ Ulrich, Clare. "New York's Obesity Epidemic Spurs Researchers and Educators into Action." *Human Ecology* 35.1 (May 2007).

**Prevalence of Overweight Children and Adolescents
Ages 2 - 19 Years
1971-74 through 2003-04**



Source: Centers for Disease Control and Prevention, National Center for Health Statistics⁶

Causes of childhood obesity are easy to identify and include poor eating habits, readily available processed foods that are high in fat and sugar, and technology that has made it easy for children to avoid physical activity.⁷ Among high school students in New York, a 2007 survey indicates students do not consume the recommended five or more daily servings of produce, 62 percent do not meet recommended levels of physical activity and 87 percent do not attend daily physical education in school.⁸

The incidence of obesity in children translates into more serious long-term health and health care implications as overweight children have a higher risk of adult obesity, which increases with the age of the child and the amount overweight. While a 70 percent chance of being overweight in adulthood is associated with an overweight adolescent, the likelihood of this rises to 80 percent if the teenager has as at least one overweight or obese parent.⁹

In 2003, New York ranked second highest among all states in total adult obesity related medical expenditures, with estimated spending of nearly \$6.1 billion.¹⁰ In other words, an additional \$320 in health care costs per person is due to adult obesity. “Approximately 81 percent of New York’s obesity-attributable adult health spending in 2003 was publicly funded through Medicaid and Medicare, a percentage far exceeding the national average of 52 percent.”¹¹

⁶ Centers for Disease Control and Prevention. National Center for Health Statistics. “Prevalence of Overweight Among Children and Adolescents: United States, 2003-2004.” <http://www.cdc.gov/nchs/products/pubs/pubd/hestats/overweight/overwght_child_03.htm>.

⁷ New York City Department of Health and Mental Hygiene. July 21, 2008. “Physical Activity and Nutrition, What Everyone Should Know, Obesity.” <http://www.nyc.gov/html/doh/html/cdp/cdp_pan_know_obesity.shtml>.

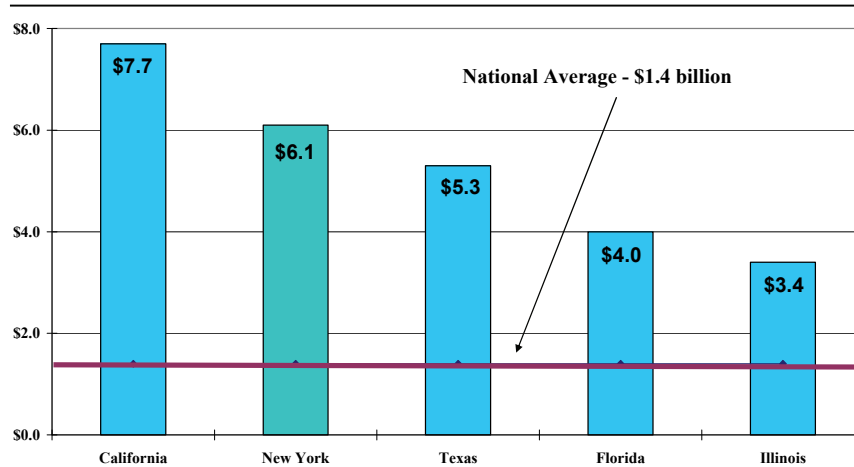
⁸ Centers for Disease Control and Prevention. 2007. “The Obesity Epidemic and New York Students.” <http://www.cdc.gov/HealthyYouth/yrbs/pdf/obesity/yrbs07_new_york_obesity.pdf>.

⁹ “The Facts about... Obesity.” 2003. New York State Conference of Blue Cross and Blue Shield Plans. <<http://www.nysblues.org/factsheet.asp>>.

¹⁰ Finklestein, E.A., I.C. Fiebelkorn and G. Wang. “State-Level Estimates of Annual Medical Expenditures Attributable to Obesity.” *Obesity Research* (January 2004): 22.

¹¹ “Obesity in Upstate New York: Trends, Costs, Opportunities.” March 2004. Excellus Health Policy Reports. <https://www.excellusbcbs.com/download/files/excellus_health_policy_report_7.pdf>.

**States with Highest Estimated
Adult Obesity Related Medical Expenditures in 2003
(in billions)**



Source: Excellus Health Policy Reports

It is critical to address obesity early to improve the health of New York’s children and families, and reduce unnecessary additional health care expenditures related to obesity in children and adults. As a result, State Comptroller Thomas P. DiNapoli is conducting statewide audits of school physical education programs and school lunch meal services.

The CDC recognizes that long-term, well coordinated strategies are integral to reversing the obesity epidemic. Given that 95 percent of children are enrolled in schools and it is at schools that children have the opportunity to eat a large portion of their daily food intake and be physically active, effective school health programs could be an important component in addressing the obesity epidemic.¹²

Schools that participate in the National School Lunch Program and School Breakfast Program must meet federal nutrition guidelines outlined in the Department of Health and Human Services' "Dietary Guidelines for Americans." For example, the guidelines recommend that no more than 30 percent of calories come from fat, with less than 10 percent from saturated fats. In addition, school lunches should provide one-third, and breakfasts one-quarter, of the recommended dietary allowances of protein, vitamins A and C, iron, calcium and calories. The State Education Department has also established requirements that vending machines in schools cannot dispense soda or candy prior to the end of the last lunch period. To date, no one has determined whether New York State schools are actively adhering to these various requirements.

As part of Comptroller DiNapoli’s statewide audits of school districts, auditors will carefully review whether children are benefiting from nutritional meals and regular exercise as required by State and federal education policy and regulations. In moving ahead, Comptroller DiNapoli will report on these findings and seek partnership of key stakeholders in the process.

¹² Centers for Disease Control and Prevention. "Make a Difference at Your School! CDC Resources Can Help You Implement Strategies to Prevent Obesity Among Children and Adolescents." Aug 15, 2008: 2. <<http://www.cdc.gov/HealthyYouth/keystategies/index.htm>>.

In the future, Comptroller DiNapoli will examine State public health programs to determine both their effectiveness and coordination with schools across the State to reach kids and their parents with the facts, services and assistance these programs were designed to provide.

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