

Prevention Of Childhood Obesity Act

October 6, 2004

On October 5, 2004 U.S. Senator Edward Kennedy introduced a bill called the "Prevention of Childhood Obesity Act" (S. 2894).

The bill would require schools that receive federal funds to establish policies to "ban vending machines that sell foods of poor or minimal nutritional value," such as soda, soft drinks and candy. It would provide grants preferentially to schools that (1) prohibit the advertising or marketing of junk food, or (2) provide food options low in fat, calories and added sugars, such as fruits, vegetables and whole grains, or (3) encourage the consumption of water in school by maintaining a minimum number of water fountains.

Also, the bill would implement recommendations from an Institute of Medicine study on childhood obesity to convene a national summit on food advertising and marketing guidelines (and the marketing of "practices that promote sedentary behavior," such as TV and video games), and authorize the Federal Trade Commission to enact rules to enforce the guidelines.

Prevention Of Childhood Obesity Act

To amend the Public Health Service Act to provide for the coordination of Federal Government policies and activities to prevent obesity in childhood, to provide for State childhood obesity prevention and control, and to establish grant programs to prevent childhood obesity within homes, schools, and communities.

In The Senate Of The United States, October 5, 2004. Mr. KENNEDY introduced a bill, entitled, "Prevention Of Childhood Obesity Act" (S. 2984).

SUMMARY

The Prevention of Childhood Obesity Act is comprehensive and responds to this epidemic.

1. Establishes within the Centers for Disease Control and Prevention a Federal Leadership Commission to Prevent Childhood Obesity. The commission o Coordinates activities related to obesity prevention across all Federal departments and agencies.
 - o Requests a study and implements recommendations from the Government Accountability Office on federal nutrition assistance programs and agricultural policies related to obesity
 - o Convenes a National Summit to Implement Food and Physical Activity Advertising and Marketing Guidelines to Prevent Childhood Obesity to implement findings from an Institute of Medicine study on children and advertising
 - o Authorizes the Federal Trade Commission to monitor media compliance with the guidelines as recommended by the National Summit.

2. Expands the availability of evidence-based nutrition and physical activity programs designed specifically for the prevention of childhood obesity through the Prevention Research Centers of the Centers for Disease Control and Prevention.

3. Early Childhood programs-awards grants for the development of obesity prevention behavior change curricula with focus on parental education and care of children who are prenatal through 5 years of age; o that encourage breast-feeding of infants; age-appropriate portion sizes for nutritious foods; consumption of fruits and vegetables and low-energy dense foods; and education around parental modeling of physical activity and reduction in television viewing by toddlers and young children.

4. Preventing Childhood Obesity in Schools requires prekindergarten providers, elementary, and secondary schools that receive Federal funds to o Establish policies to ban access to soft drinks or other foods of poor or minimal nutritional value in vending machines on school campuses, and at school events; o implement curricula that focuses on energy balance, good nutrition, and physical activity; o implement policies that encourage the appropriate portion sizes o provide age-appropriate daily physical activity; o maintain a minimum number of functioning water fountains (based on the number of individuals) in school buildings; o prohibit food advertisements and marketing in schools; o develop and implement policies to conduct annual assessments of student's body mass index.

- Provides grants to school districts for activities that o educate students about the health benefits of good nutrition and physical activity by integrating it into other subject areas and curriculum; o provide food options that are low in fat, calories, and added sugars such as fruit, vegetables, whole grains, and dairy products; o develop and implement guidelines for healthful snacks and foods for sale in vending machines; o encourage adherence to single-portion sizes, as defined by the Food and Drug Administration o provide daily physical education for students in prekindergarten through grade 1-12; o encourage the use of school facilities for physical activity programs outside of school hours; o promote walking or bicycling to and from school; o train school personnel to teach lifelong healthy eating and physical activity; o evaluate the impact on body mass index and related fitness criteria at annual intervals.

5. Afterschool Programs-Award grants for the development of obesity prevention behavior change curricula for afterschool programs for children up to the age of 13 years that promote o age-appropriate portion sizes; o consumption of fruits and vegetables low-energy dense foods; o physical activity; o reduction in television viewing and other passive activities.

6. Training Early Childhood and Afterschool Professionals to Prevent Childhood Obesity

- a. Award grants through HRSA to support the training of early childhood professionals about obesity prevention that i. focus on parental education and care of children; o promote the overall health and well-being of children; o adhere to established quality standards; o have the capability to provide or distribute training on a nationwide basis.

7. Prevention Childhood Obesity in Communities a. The Director of the Centers for Disease Control and Prevention, the Secretary of Transportation, and Secretary of the Interior, shall award grants for the implementation and evaluation of activities to i. create neighborhoods that encourage healthy nutrition and physical activity; ii. promote safe walking and biking routes to schools; iii. design pedestrian zones and construct safe walkways, cycling paths, and playgrounds; iv. implement campaigns, in communities at risk for sedentary activity, to increase physical activity; v. implement campaigns, in communities at risk for poor nutrition, to promote intake of foods by children consistent with established dietary guidelines; vi. implement campaigns, in communities at risk for poor nutrition, that promote water as the main daily drink of choice for children.