Combating Childhood Obesity:
Utilizing the Methodologies of the Tobacco Industry

Stephanie Tanis
Grand Valley State University
Students Reinventing Michigan

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Abstract

In 2009, the Michigan Department of Community Health released a four chapter series documenting the overwhelming "prevalence of overweight and obesity" in adults, youth, and children along with "the health complications associated with [this] obesity."[1] In the state of Michigan, nearly 1 in 3 children ages 10-17 are overweight or obese. To put that into perspective: that is enough children to fill Ford Field to capacity nearly 7 times.[2] Since the initial 2009 report was published, the state of Michigan, along with the federal government, has invested time and money into many organizations whose goal is to reduce childhood obesity in this state; while these efforts have not gone unnoticed, they are still not making the type of impact lawmakers are hoping to achieve. Obesity is a considerable problem in the state of Michigan; its monetary, physical, emotional, and mental costs plague the majority of citizens in the state. It is my purpose to understand what is inhibiting the success of Michigan's efforts to "get fit and healthy" along with proposing solutions and supplying insight for the state of Michigan. Research began by examining the existing proposals and analyzing the direct and indirect impacts these proposals have made on the eating habits, buying patterns, and exercise regimens of Michigan children and parents. My research steered me toward the tobacco companies and the recent government reforms. These reforms were created because of the health-related risks and the health-related costs associated with use along with the tobacco companies' extra push toward advertising to the youth. Michigan must look for lessons to be

[1] Michigan Department of Community Health, *The State of the State: Childhood Obesity in Michigan, 2009* (Lansing, MI: GPO, 2009), 15-16

[2] Ibid, 16

learned from the effective methodologies employed to reduce smoking rates in the United States; these methodologies will see the same success on the reduction of obesity due to the similarities in health risks between the use of tobacco and the consumption of unhealthy foods.

Introduction

In the year 2014, advertising has become an unavoidable aspect of our daily lives. Billboards litter every major highway system in the nation, and it is impossible to go anywhere on the Internet without running into colorful banners and animations designed to catch our attention. Not to mention, "half hour" and "hour" television shows are now at most 20 and 45 minutes long, respectively, to account for commercials. Jay Chait, a revolutionary advertising guru, gives an insider's point of view of advertising in his article, *Illusions are Forever*. Chait concludes that the "methods in which situations are presented to the public through advertisements are not realistic."[3] Companies, such as McDonalds, Budweiser, Taco Bell, and Burger King, want us to believe that we should live the life that they present to us on screen, with their products. Chait believes that "because we deal with advertisements on a daily basis," we have become "so accustomed to their messages," that we often have "trouble seeing things in our own natural way."[4]

In the past, the government has created legislation to censor public exposure to certain products. In the case of cigarettes, the government stopped all tobacco advertising on television by enacting the Public Health Cigarette Smoking Act (1970). Prior to this act, cigarette brands were frequent sponsors of television programs. One of the most famous television jingles of the 1950s and 1960s era came from an advertisement for Winston cigarettes. *Camel News Caravan*, America's first regular television news program, was sponsored by Camel Cigarettes and featured an ashtray on the desk in front of the newscaster and the Camel logo behind him.[5]

In June 1967, the Federal Communications Commission ruled that programs broadcast on a television station that "discussed smoking and health" were insufficient to offset the effects of paid advertisements that were broadcasted for five to ten minutes each day. Thus, the fairness

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[3] Jay Chait, *Illusions are Forever* (2000), excerpted, Forbes, http://www.forbes.com/asap/2000/1002/138.html (accessed 22. Jan. 2014), 1-2.

[4] Ibid, 2

[5] Randy James & Scott Olstad, "Cigarette Advertising," *Time Magazine*, 15 June. 2009, http://content.time.com/time/magazine/article/0,9171,1905530,00.html (accessed 21. Jan. 2014).

doctrine was "applicable to such advertisements," meaning broadcasters were then required to give air time for opposing points of view.[6]

In 2010, further restrictions took effect under the newly enacted Family Smoking Prevention and Tobacco Control Act. Under this act, tobacco companies are prohibited from sponsoring "sports, music, and other cultural events."[7] These companies can no longer display their logos or advertise their products on apparel. The act also places limits on the advertising of tobacco products to minors. These restrictions were created with the goal of "discouraging minors and young adults from smoking" due to the health risks involved.[8]

This act also aims to limit color and design of packaging and advertisements in hopes that youth will be less drawn toward the pack. Warning labels are now restricted to black and white and must cover at least 20% of the total surface area of the cover to make it clear to the users just how much damage tobacco can cause. According to the Ontario Medical Association, unhealthy food choices, the leading cause of obesity in the United States, must be treated in the same way as tobacco—packaged with graphic and visible warning labels.[9] The types of diseases both products can cause users is something the public should be made aware of before consumption.

Tobacco smoke contains more than 7,000 chemicals and compounds, not unlike the ample compounds that compose fast food these days. Hundreds of the chemicals and compounds in tobacco are toxic, and at least 69 are carcinogenic. By consuming tobacco, users risk developing over twenty-five different types of cancers, asthma, heart disease, infertility, and chronic obstructive pulmonary disease.[10] In comparison, as obesity level increases, so does "morbidity for certain diseases such as coronary heart disease, type 2 diabetes, certain cancers, stroke, sleep apnea, and respiratory problems" according to the Michigan Department of Community Health.[11] If the government is so adamant about discouraging smoking use due to the health risks associated with tobacco, then why is discouraging obesity lacking restrictions despite parallel health risks?

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[6] Randy James & Scott Olstad, "Cigarette Advertising," *Time Magazine*, 15 June. 2009, http://content.time.com/time/magazine/article/0,9171,1905530,00.html (accessed 21. Jan. 2014).

[7] U.S. Food and Drug Administration, *Family Smoking Prevention and Tobacco Control Act, 2009* (Washington D.C. GPO: 111-31), 1-80

[8] Maine Center for Disease Control and Prevention, *Tobacco Marketing Targeting Population Segments, 2014*, 4

[9] Tu Thanh Ha, "Junk food needs graphic warning labels similar to tobacco," *The Globe and Mail*, 23 Oct. 2012, 1

[10] Maine Center for Disease Control and Prevention, *Tobacco Marketing Targeting Population Segments, 2014*, 1

[11] Michigan Department of Community Health, *The State of the State: Childhood Obesity in Michigan, 2009* (Lansing, MI: GPO, 2009), 15-16

In a monetary sense, according to the Michigan Department of Community Health, the "nationwide direct annual cost...for overweight and obesity was $61 billion" back in 2009.[12] The Michigan Department of Community Health expects this number to keep rising. In comparison, $96 billion dollars were directly spent on tobacco-related healthcare costs in a *four-year* time frame (2000-2004).[13] That equates to an annual cost of $24 billion dollars, roughly one-third of the total cost associated with treating obesity.

Exposure to tobacco marketing, which includes advertising, promotions, cigarette samples, and pro-tobacco depictions in films, television, and videos more then *double* the odds that children under 18 will become tobacco users. And almost 90 percent of all regular smokers begin smoking at or before age 18; hardly anybody tries his or her first cigarette outside of childhood—because the window for making life-long tobacco habits is closed after childhood.[14] The government understood these statistics when drafting the 2010 act, and thus aimed their methodologies toward the regulation of tobacco advertisements affecting the youth. The same can be said for the development of eating habits in children. According to the American Psychological Association (APA), research has found strong associations between increases in advertising for non-nutritious foods and rates of childhood obesity.[15] Product preference has "been shown to occur with as little as a single commercial exposure and [strengthens] with repeated exposures. Product preferences affect children's product purchase requests and these requests influence parents purchasing decisions."[16]

These findings have prompted many independent organizations across the nation to demand both the regulation of unhealthy food advertisements aimed toward youth and the inclusion of warning labels on "junk food." These demands parallel the voluntary restrictions made by the federal government on the tobacco industry when they voted into law the Public Health Cigarette Smoking Act in 2010.[17]

Unlike food, tobacco has no terms of "safe use," but nevertheless, lessons can still be learned from the very significant reduction in smoking rates for youth in the last few years and

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[12] Michigan Department of Community Health, *The State of the State: Childhood Obesity in Michigan, 2009* (Lansing, MI: GPO, 2009), 15-16

[13] Maine Center for Disease Control and Prevention, *Tobacco Marketing Targeting Population Segments, 2014*, 3

[14] Ibid, 5

[15] American Psychological Association, *The Impact of Food Advertising on Childhood Obesity, 2010*, 3

[16] Ibid, 4

[17] Maine Center for Disease Control and Prevention, *Tobacco Marketing Targeting Population Segments, 2014*, 6

the methodologies employed to achieve these lower rates. Michigan, to effectively reduce childhood obesity, must:

- **Lower the cost of healthy food**
- **Regulate unhealthy food advertisements aimed at students**
- **Include accurate and appropriate warning labels**

Proposal

Lower Healthy Food Cost

Since the 1980s, federal dietary guidelines have urged American citizens to consume more nutrient-rich foods and cut back on unhealthy, "empty calorie" snacks.[18] However, these pleas have fallen on deaf ears. Competing against the application of the federal dietary guidelines are the government subsidies given to farmers, which has helped make corn and soy, raw materials for fatty, processed foods, cheaper to the public than fruits, vegetables, and whole grain. Numerous food companies have built empires based on these cheaper commodities all at a very real cost to the quality of the calories we consume as Americans.

People respond to food-price taxes on fat, sugar, or other unhealthy ingredients; the more that food we normally consume is based on such ingredients, the less we consume.[19] The trend has been seen. However, proposals that call for raising taxes on unhealthy food have found little success in the United States, as these taxes have no control on what Americans choose to replace their newly taxed products. This is why Michigan must look to "flip logic on its head" and *reduce* the cost of *healthy* foods. Many wonder if such a program would work on a large scale. Fortunately, we have some hopeful and encouraging insight from an unexpected country that shows lowering the cost of healthy food can truly be plausible and successful.

For the past five years, the largest health insurer in South Africa has operated a program for its members called HealthyFood. Participants in this program receive a 25% rebate on nutritious foods (as defined by international dietary guidelines) in over 800 supermarkets nationwide. More than 300,000 middle-income South Africans are currently participating in this program. So far, the results are compelling: lowering the costs of healthy foods in supermarkets

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[18] Roland Sturm and Derek Yach, " Eating better for less," *Healthcare Business News.* 25. May. 2013, 1-3
[19] Ibid, 1

not only increases the amount of fruits, vegetables, and whole grains people eat, but also decreases consumption of less nutritionally desired foods. Surveys also suggest that the price change altered behavior, too. Consumers reported that they were eating larger amounts of fruits, vegetables, and whole-grain foods, and said they were consuming less food high in fats, added sugars, or salts. This program has also seen a "statistically significant correlation between higher discount rates and lower obesity rates," thus suggesting that the right amount of financial motivation can "spur enough eating habit changes to make a dent in obesity rates."[20]

Here in the United States, the United States Department of Agriculture began Healthy Incentives Pilot (HIP) in early 2012, likely in response to the success of HealthyFood. HIP, whose trial run was located in Hampden County, Massachusetts, had strikingly similar results to HealthyFood in South Africa. HIP was designed to promote the purchase and consumption of fruits and vegetables by providing 30-cent incentives for every dollar spent on targeted fruits and vegetables. The incentives were capped at sixty dollars. These incentives could then be spent on any eligible foods and beverages. The program's overall goal was "to assess the impact of HIP on participates' intake of fruits and vegetables." The HIP program was open to every eligible household in Hampden, Massachusetts and included more than 50,000 homes.[21]

HIPs findings mirrored the outcomes in South Africa. Results indicate that HIP participants consumed "one-fifth of a cup–equivalents more targeted fruits and vegetables per day than did non-participants." That one-fifth represents a difference of 25 percent in consumption and control group members are now 17 percent closer to the *Healthy People 2020* objectives for total fruit and vegetable intake. Following the conclusion of the pilot program, 70 percent of HIP households felt that fruits and vegetables had become more affordable with HIP and 95 percent of HIP users responded that they would like to continue participating in HIP.[22]

"The encouraging evidence offered by both the South African program and the U.S. pilot program, HIP, gives Michigan the confidence it needs to begin pushing for a similar pilot program. The structure of this program will mirror the HIP program in Hampden County, Massachusetts."

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[20] Roland Sturm and Derek Yach, " Eating better for less," *Healthcare Business News.* 25. May. 2013, 1-3

[21] United States Department of Agriculture, *Healthy Incentives Pilot (HIP) Interim Report, 2013*, 1-103. Available from: URL: http://www.fns.usda.gov/snap/healthy-incentives-pilot

[22] Ibid, 23

In Michigan, the pilot program would occur in Muskegon County, Michigan. Muskegon County, according to the Michigan Department of Community health, has an overweight and obesity percentage of 67.7 percent.[23] Introducing this pilot program in a county with such high statistics and one of the larger county populations will give Michigan lawmakers a real glimpse into how successful this program can be in the rest of the state. Nearly one million households (909,764) in the state of Michigan receive SNAP benefits; in comparison, there are approximately 500,000 SNAP eligible households in Massachusetts (498,580).[24] HIP selects its participants based on the household's SNAP eligibility status. Thus, many of the participants were children.

The HIP pilot program in Massachusetts operated for 14 months: from November 2011 to December 2012. Each household randomly selected to participate in HIP was able to earn the incentive for 12 months.[25] The pilot program in Muskegon would operate in a similar manner; households selected to participate would be randomly selected from eligible SNAP households in the county. The poverty rate in Muskegon County is one of the highest in the state and well above the state average of 12%.[26] This makes Muskegon an ideal location for collecting data and determining the successfulness and potential impact HIP-like programs could make in this state.

The Farm Bill authorized $20 million for pilot projects to evaluate health and nutrition promotion in the Supplemental Nutrition Assistance Program (SNAP) to determine if incentives provided to recipients at the point-of-sale increase the purchase of fruits, vegetables or other healthful foods among SNAP participants. HIP was formally authorized in Section 4141 of the Food Conservation and Energy Act of 2008.[27]

Implementing HIP in Muskegon, Michigan, will allow Michigan lawmakers to see first hand the significant correlation between higher discount rates and lower obesity rates, which is the overall goal of both the program and the Michigan Department of Community Health. It is my hope that after this pilot program is deemed plausible and successful following its trial run,

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[23] Michigan Department of Community Health, *The State of the State: Childhood Obesity in Michigan, 2009* (Lansing, MI: GPO, 2009), 15-16. Available from: URL: http://www.cdc.gov/obesity/stateprograms/fundedstates/pdf/michigan-state-profile.pdf

[24] US Department of Agriculture, *Supplemental Nutrition Assistance Program, 2014,* 1

[25] Ibid, 2

[26] Michigan Department of Agriculture, *Michigan Food and Agricultural Systems Profile, 2009,* 1-33 *http://www.michigan.gov/documents/mda/County_Food_System_Profiles_292923_7.pdf*

[27] US Department of Agriculture, *Supplemental Nutrition Assistance Program, 2014,* 1

Michigan lawmakers will strive to create and implement new laws creating a permanent solution similar to the program, HIP, that can finally make an effort to combat obesity here in the state of Michigan. In Massachusetts and South Africa, results have indicated that lowering the cost of healthy foods to consumers not only increases the purchase and consumption of healthy foods, but also has a positive effect on lowering obesity rates. This program, if implemented in the state, will do the same for Michigan.

Regulation of Advertisements

Food manufacturers are estimated to spend up to $10 billion each year marketing foods to children, using a variety of techniques including "television ads, magazine ads, Internet games, promotional packaging, and donations to schools."[28] The overwhelming majority of foods marketed to children are excessive in calories, fat, and sugar, leading health experts and advocates to propose a strong link between increased food advertisements directed to children and the rise in overweight and obese children in the United States.

Although many European countries tightly control or ban it, food advertising targeted toward children is not well regulated in the United States. In the United States, it is largely a self-regulated process, with the Federal Trade Commission (FTC) and Federal Communications Commission (FCC) playing a limited role. The primary self-regulatory body is the Children's Advertising Review Unit (CARU), funded by industry to monitor ads directed at children and enforce guidelines pertaining to the "truth, accuracy, and appropriateness of the advertisements for children."[29] Guidelines specifically related to food advertisements state that the advertisements should encourage "sound use" of the product "with a view to the healthy development of the child and development of good nutritional practices."[30] Concerns have been raised, however, about whether industry is sufficiently motivated to enforce regulations on itself and whether industry truly has the best interests of children in mind.

Food advertisements on television make up 50% of all the advertisement time on children's shows. These advertisements are almost completely dominated by unhealthy food products (34% for candy and snacks, 28% for cereal, 10% for fast food, 4% for dairy products,

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[28] American Heart Association, *Unhealthy and Unregulated, 2012* http://www.heart.org/idc/groups/heart-public/@wcm/@adv/documents/downloadable/ucm_453904.pdf

[29] Leigh Gantner, "Food Advertising Policy in the United States," *Cornell University*, 1-14

[30] Ibid, 2

1% for fruit juices, and 0% for fruits or vegetables). Children are rarely exposed to public service announcements or advertising for healthier foods.[31] The level of exposure children have to these advertisements by age can be found in the chart below.[32]

Ages	No. of ads per day	Hrs. of ads per year	No. of ads per year	Exposure to PSAs
2 to 7	12	29:31	4,427	1 every 2 to 3 days
8 to 12	21	50:48	7,609	1 every 2 to 3 days
13 to 17	17	40:50	6,098	< 1 every week

The chart suggests that children between ages 8-12 are receiving the highest rates of advertisement exposure, which is additionally harming because children this age are entering a very "critical stage of development where they are establishing food habits, making more of their own food choices, and have their own money to spend on the types of food they enjoy."[33] Even brief exposures to TV food advertisements can influence children as young as preschool age in their food choices.[34] In response, some countries, like Norway and Sweden, have completely banned all advertisements to children during children's programming.[35]

Some lawmakers believe it is solely the parents' responsibility to monitor what their children are exposed to on a daily basis; that is why most reports dedicated to the harmful effects of television advertising and advertising to children mostly discuss what actions the *parents* should and should not take and what *parents* can do to lessen the exposure children have to these types of advertisements. While parents do play an important role in shaping a child's healthy eating habits, children spend the majority of their week away from their and parents. School is *truly* where children lay the foundation for future healthy habits. Currently, school is the place where all of the hard work parents do in teaching the importance of nutrition is wasted as the walls of most schools are lined with advertisements for companies such as McDonalds and Coca-

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[31] American Psychological Association, *The Impact of Food Advertising on Childhood Obesity, 2010*, 6 http://www.apa.org/topics/kids-media/food.aspx?item=4

[32] Information for this chart was gathered from Ibid, 5

[33] Ibid, 3

[34] Ibid, 5

[35] Ibid, 6

Cola. While television advertising is harmful, the creeping commercialism of American schools has proven to be even more damaging, and thus is the most important form of advertising to children that must be regulated by the state of Michigan.

An increasing number of states across the United States are enacting legislation to limit, or even ban, junk food sales in schools. Three school districts in Michigan piloted the *Michigan Nutrition Standards* in 2010-2012. Pilot districts reported, "that students adapt well to the new standards."[36] The nutrition standards outlined by the state are a well thought out proposal; they call for standardized, USDA-approved food and drink requirements in Michigan public schools and encourage districts to implement these policies. However, my first hand experience with the Michigan public education system suggests these guidelines have fallen on deaf ears as many of these proposals have made little to no impact within school walls.

From K through 12, I attended school in the Forest Hills Public School district located in Grand Rapids, Michigan. During lunch hours, the cafeteria at my school had always appeared to be split up into two distinct zones: Zone 1 consisted of the deserted "healthy area," with the always-empty salad bar and the minuscule sub station. Zone 2 consisted of the crowded, "unhealthy area," which offered pretzels, fries, pizza, burgers, cookies, etc. to students. This was the case in the four years I attended high school.

Also present in my school were flashy, high-end vending machines sponsored and restocked each morning by Coca-Cola. These vending machines were always on, readily available, and located throughout my high school. In these machines were various Coca-Cola soft beverages available to anyone with a dollar in his pocket; they were constantly on the watch, looking to create consumers out of every student. Not one product Coca-Cola was selling in those vending machines was USDA-approved.

My school is not alone. Eighty-eight percent of high schools in the state of Michigan have vending machines, and it is reported that 22 % of the student population in these schools consume the vended food or beverages each day, which is sad, as there is no need to transform public schools into a vehicle for marketing unhealthy food to kids. [37] In 2010, President Obama

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[36] Michigan Department of Education, *Healthy Food = Healthy School, 2012,* 3. Available from: URL: https://www.michigan.gov/documents/mdch/23-_Standards_Outside_the_Cafeteria_383005_7.pdf

[37] Anne-Marie Davee, Janet E. Whatley Blum, et. al, "The Vending Machine Policy Intervention," *Centers for Disease Control and Protection, 2005.* Available from: URL: http://www.cdc.gov/pcd/issues/2005/nov/05_0076.htm

signed a law requiring the USDA to come up with national standards for snack foods and beverages sold in schools. The agency has yet to complete that task.[38]

It is thus up to the Michigan Department of Education to ensure that students attending Michigan public schools receive the least amount of influence from advertisements and companies endorsing and promoting the consumption of non USDA-approved food and beverages. This is to allow students a better chance of developing healthy lifestyles that will carry them throughout the rest of their lives. I propose Michigan lawmakers and the Michigan Department of Education include this clause for every public school district in the state:

> **"Schools are allowed to permit corporate sponsorship, but must review all corporate-sponsored materials to ensure they are accurate, objective, complete, nondiscriminatory, non-commercial except for the corporate logo used only for identification, and adhere to the USDA regulations for food and beverages."**

By enforcing this mandate, the Michigan Department of Education is efficiently eliminating a majority of the advertisements located in the schools. Under this new rule, advertisements on display are now required to be truthful, tasteful, minimal, and leaning toward becoming less influential. Vending machines and school cafeterias would also be forced to sell healthier, USDA-approved items, which is the goal of the *Michigan Nutrition Standards*.

While it would be ideal to force schools to break off contracts with major companies such as Coca-Cola and PepsiCo, it is just not plausible. In 2005, it was reported that nearly half of all public elementary schools and about 80 percent of public high schools operate under pouring rights contracts.[39] Many of the schools in the state of Michigan rely on the funds that come from securing a contract. Annual payments fund items such as field trips, gym uniforms, SMART Boards and other frills that individual school budgets may not otherwise have afforded.[40] Thus, the Michigan Department of Education will have to limit their enforcement to still allowing

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[38] Office of the Press Secretary, *"Obama Signs Healthy, Hunger-Free Kids Act into Law,* 13 Dec. 2010. Available from: URL: http://www.whitehouse.gov/the-press-office/2010/12/13/president-obama-signs-healthy-hunger-free-kids-act-2010-law

[39] Anne-Marie Davee, Janet E. Whatley Blum, et. al, "The Vending Machine Policy Intervention," *Centers for Disease Control and Protection, 2005.* Available from: URL: http://www.cdc.gov/pcd/issues/2005/nov/05_0076.htm

[40] Ibid, 3

schools who adhere to strict and continuous regulation to maintain corporate sponsorships. However, securing contracts with corporations is not the only way for schools to raise money for education. The schools that choose to not permit corporate sponsorships could have their community raise corporate taxes or taxes in general if budgets for education are tight, so that schools do not need to rely on corporate-sponsored programs to meet financial need. These regulations must be implemented by the Michigan Department of Education in the interest of protecting public health for children in the state of Michigan.

Included Warning Labels

A major part of the Family Smoking Prevention and Tobacco Control Act was that tobacco companies are now required to include warning labels in black and white on packs of cigarettes. This is solely in the interest of protecting public health by "limiting the marketing of goods considered [to be] harmful."[41] The health complications that arise from tobacco-use are similar to the complications that arise from obesity in individuals. As noted previously, the "nationwide direct annual cost…for overweight and obesity was $61 billion" back in 2009.[42] Companies are required to provide information on the fuel-efficiency of cars, what clothes are made of, care instructions for clothing, and energy and water consumption of certain home appliances. Thus, including warning labels on foods rich in fats, sugars, and oils now does not seem too far of a stretch.

Currently, both industries and lawmakers are relying on the false assumption that every individual has been educated as to what food is considered a "healthy choice" and will promote a healthy lifestyle. Fast food restaurants are now required to include calorie counts and fat, salt, and sugar content for menu items, which is one little step in the right direction. However, solving this problem is not that simple. Nutritional charts hardly impact consumers, because most individuals do not equate 1000 calories to a spike in the chance of developing heart disease. A "content check" is not what is included on cigarette packs; cigarettes are now required to advise users of the health risks that could potentially develop from the use of the cigarette. This is required solely in the interest of protecting public health.

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[41] US Food and Drug Administration, *Family Smoking and Prevention Control Act, 2009*, Available from: URL: http://www.fda.gov/downloads/TobaccoProducts/GuidanceComplianceRegulatoryInformation/UCM237080.pdf

[42] Michigan Department of Community Health, *The State of the State: Childhood Obesity in Michigan, 2009* (Lansing, MI: GPO, 2009), 15-16

Similar to the tobacco companies, it is the responsibility of the *corporations* selling these unhealthy foods to inform users the health issues that can occur from consuming these products; it is the responsibility of the *government* to enforce companies to make citizens fully aware of what they are consuming with the inclusion of warning labels on food products.

> **"Michigan Department of Community Health (MCDH) must require all products over a certain amount of fat, sugar, or salt content (to be determined by the MDCH) to include a warning label to the possible health risks that occur by consuming product in excess in black and white on the front of the packaging of the product. These warning labels are to be paid for by the companies that produce the product."**

Adding the label to mark unhealthy food packages would put the blame where it belongs: on the "bad foods" rather than those who consume them. After warning labels were included on tobacco products, these labels "decreased attractiveness and appeal of cigarettes" and helped create an "environment where non-smoking is the norm" while effectively dropped the smoking rates of youth.[43] The inclusion of these warning labels on foods high in fat, sugar, or salt content will help both inform the public as to what they are consuming and deter individuals from consumption of these products after making an informed decision, weighing the health costs that accompany these products. The inclusion of warning labels massively impacted the use of tobacco in the United States, most notably in the youth, most of whom do not currently rely on this product; the inclusion of warning labels on food products are likely to do the same and heavily affect the same groups of people.

Conclusion

The new regulations imposed by the Family Smoking Prevention and Tobacco Control Act on tobacco in the United States has seen great success. These regulations are firm, target those in the position to make change, and understand the harm in introducing tobacco and harmful ingredients to children and youth. The solutions I am proposing to combat childhood obesity mirror the regulations the government has placed on tobacco products.

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[43] Campaign for Tobacco-Free Kids, *Tobacco Warning Labels: Evidence of Effectiveness, 2013,* Available from: URL: http://www.tobaccofreekids.org/research/factsheets/pdf/0325.pdf

The Michigan must look to begin the pilot program, HIP, in a Michigan county, in order to accurately assess the need and impact lowering the cost of healthy food would be here in the state of Michigan. This program was deemed successful in Hampden County, Massachusetts and a similar program was deemed successful in South Africa.

Michigan must also look regulate the types of advertisements available in schools; the youth of our state spend countless hours inside school walls. School is where they develop eating habits for the future, so the Michigan Department of Education must look to step in and regulate the types of advertisements and endorsements public schools are including.

Finally, mirroring the inclusion of warning labels on tobacco products that successfully deterred many individuals from risking the health issues that can arise, the Michigan Department of Community Health must look to enforce the very companies who produce these products to include warning labels on the front of the foods deemed "unhealthy" or harmful to consumers.

It has always been the role of government to help solve problems, including and especially health crises. Obesity is a health epidemic across our country, and we have a responsibility as a government and a society to do all we can to promote good nutrition and healthy eating so we can reverse this alarming trend. The World Health Organization (WHO) has deemed the role of government "crucial" in achieving lasting changes in public health.[44] My proposals call on the government to enact laws to promote healthy lifestyle choices for Michiganders and effectively combat childhood obesity, one of the biggest youth health epidemics here in the state of Michigan.

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[44] World Health Organization, *Global strategy on Diet, Physical Activity, and Health, 2004,* Available from: URL: http://apps.who.int/gb/ebwha/pdf_files/WHA57/A57_R17-en.pdf