

Research Plan: Child Obesity in Tennessee

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Lead Research Associate: Kevin Vanzant

Support:

Deputy Executive Director Approval: Initial: Date:

Executive Director Approval: Initial: Date:

Purpose

Study the short and long-term socioeconomic effects of childhood obesity in Tennessee and assess efforts within Tennessee and in other states to combat childhood obesity.

Background

Childhood obesity has many consequences for Tennessee’s health and economy. Children classified as obese are more likely to have high blood pressure and high cholesterol, which are risk factors for cardiovascular disease; increased risk of impaired glucose tolerance, insulin resistance, and type 2 diabetes; breathing problems, such as asthma and sleep apnea; joint problems and musculoskeletal discomfort; and fatty liver disease, gallstones, and gastro-esophageal reflux (i.e., heartburn). Childhood obesity is also related to psychological problems such as anxiety and depression; low self-esteem and lower self-reported quality of life; and social problems such as bullying and stigma. For the last several years, Tennessee has consistently ranked among the states with the highest rates of childhood obesity. Public Chapter 503, Acts of 2021 (Senate Bill 1323 by Senator Hensley and House Bill 1344 by Representative Ogles) requires TACIR “to perform a comprehensive evaluation on the socioeconomic impact childhood obesity has in Tennessee and its short and long-term effects.”

Past initiatives in Tennessee to respond to childhood obesity include the Tennessee Obesity Taskforce, formed in 2007 and its development of a comprehensive, statewide nutrition and physical activity plan, “Eat Well, Play More Tennessee.” The plan promoted a comprehensive roadmap to reduce obesity, including childhood obesity, over a five-year period, from 2010 to 2015. Elements of this plan included a focus on early

childcare, schools, screen time on computers and on television, and sugar-sweetened beverages. Despite these efforts and some policy successes related to coordinated school health and vending, childhood obesity rates in Tennessee have remained a challenge. In the most recent statistics collected by the State of Childhood Obesity Project, for instance, Tennessee ranks 48th out of 51 (all the states plus the District of Columbia) in the obesity rates of children ages 10-17.

In sponsoring the TACIR study, Rep. Ogles noted the lack of improvement in childhood obesity rates during his time in the legislature. Rep. Ogles contends that an updated and more comprehensive understanding of childhood obesity in Tennessee and its full fiscal and health impacts on the state is a crucial first step to crafting more effective policy responses to the problem of childhood obesity in Tennessee.

Define the Problem

The rates of childhood obesity in Tennessee are higher than almost all other states. High childhood obesity rates correlate with negative health outcomes for children and with higher adult obesity rates and health outcomes as well. This public health issue is estimated to be costing the state a substantial amount in related health care costs. Existing efforts to both understand and confront the problem do not seem to have substantially reduced childhood obesity rates in Tennessee.

Assemble Some Evidence

- Review legislation, HB 1344 and SB 1323, to determine what it asks the commission to study.
 - Interview the sponsor of the legislation and any other members of the General Assembly who have an interest in the bill.
 - Interview other stakeholders to determine what is driving this issue, specifically representatives from the Tennessee Department of Health and school nutrition staff with the Tennessee Department of Education.
 - Review public health information and interview subject matter experts on childhood obesity and subject matter experts on health economics.
- Review Tennessee's statutes and regulations relevant to childhood obesity and other topics germane to the study.
- Review existing programs, including those of the Tennessee Department of Health and nonprofit organizations in Tennessee, designed to address

this issue, and interview stakeholders involved with such programs, including the Tennessee Obesity Taskforce, created in the late 2000s, and the development of its program, “Eat Well, Play More Tennessee.”

- Review relevant federal statutes and regulations.
- Review similar laws, regulations, and childhood obesity and public health programs in other states.
- Review relevant literature.
- Gather relevant data sets, including statistics related to impact of food desert initiatives and sugary beverage taxes in other states.

Proposed Research Timeline





State of Tennessee

PUBLIC CHAPTER NO. 503

SENATE BILL NO. 1323

By Hensley, Massey

Substituted for: House Bill No. 1344

By Ogles, Kumar, Lynn

AN ACT to amend Tennessee Code Annotated, Title 3; Title 4; Title 5; Title 6; Title 7; Title 8; Title 9; Title 10; Title 33; Title 34; Title 36; Title 37; Title 38; Title 43; Title 47; Title 49; Title 50; Title 53; Title 55; Title 56; Title 62; Title 67; Title 68 and Title 71, relative to childhood health.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF TENNESSEE:

SECTION 1.

(a) The Tennessee advisory commission on intergovernmental relations (TACIR) shall perform a comprehensive evaluation on the socioeconomic impact childhood obesity has in Tennessee and its short- and long-term effects.

(b) All appropriate state departments and agencies shall provide assistance to TACIR in connection with the comprehensive evaluation required by subsection (a).

(c) On or before January 31, 2023, TACIR shall report its findings and recommendations, including any proposed legislation, regarding childhood obesity to the health and welfare committee of the senate and the health committee of the house of representatives.

SECTION 2. This act takes effect upon becoming a law, the public welfare requiring it.

SENATE BILL NO. 1323

PASSED: May 4, 2021



RANDY McNALLY
SPEAKER OF THE SENATE



CAMERON SEXTON, SPEAKER
HOUSE OF REPRESENTATIVES

APPROVED this 25th day of May 2021



BILL LEE, GOVERNOR