

## Cost-effectiveness of Childhood Obesity Interventions

Policies tackling childhood obesity are increasingly becoming a focus for policy makers. In addition to evaluating the effectiveness of policies, they also have to consider whether it offers food value for money spent and their potential cost-saving abilities. Examining the cost-effectiveness of childhood interventions is challenging as they incur important “up front” costs but health benefits are not seen until years later. These interventions therefore need to be sustained over a long-period of time in order to view their potential benefits. Nevertheless, there is considerable evidence highlighting that the prevention of childhood obesity is critical in the prevention of adult obesity. This paper from the Childhood Obesity Intervention Cost-Effectiveness Study was based on a collaborative modelling effort to provide estimates of the effectiveness, costs, reach and cost-effectiveness to reduce childhood obesity in the United States.

Four initiatives were observed:

1. An excise tax of \$0.01 per ounce of sugar-sweetened beverages, applied nationally and administered at the state level.
2. Elimination of the tax deductibility of advertising costs of TV advertisements for “nutritionally poor” foods and beverages seen by children and adolescents.
3. State policy requiring all public elementary schools in which physical education is currently provided to devote  $\geq 50\%$  of physical education class time to moderate and vigorous physical activity.
4. State policy to make early child educational settings healthier by increasing physical activity, improving nutrition, and reducing screen time.

Projected effects resulting from the excise tax on sugar-sweetened beverages are highly promising, showing that the intervention would be effective, impact a large proportion of the population, save costs and generate revenues that could be used for policy and programmatic work.

Reference: Gortmaker SL, Long MW, Resch SC, et al. Cost Effectiveness of Childhood Obesity Interventions Evidence and Methods for CHOICES. *Am J Prev Med.* 2015;49(1):102-111. [doi:10.1016/j.amepre.2015.03.032](https://doi.org/10.1016/j.amepre.2015.03.032)