Preventing Childhood Obesity:
Health in the Balance

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Topics To Be Covered

- Study Background and Committee Process
- Trends and Consequences Related to Childhood Obesity
- Framing of the Problem
- Action Plan and Report Recommendations
- Research Priorities
Study Background

- Congressional request for IOM study (2002)
- Sponsors: DHHS - CDC, NIH, ODPHP and RWJF
- Collaboration between FNB and Board on PHPHP
- Task was to develop a prevention-focused action plan
- 19-member multidisciplinary committee
- 6 IOM staff
- 21 peer reviewers
- 24 month study duration
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Review of the Evidence

• The committee strongly endorsed an action plan based on the best *available* evidence instead of waiting for the best *possible* evidence

• Integrated approach to the available evidence
  • Limited obesity prevention literature upon which to base recommendations
  • Parallel evidence from other public health issues
  • Dietary and physical activity literature
Framework for Understanding Obesity in Children and Youth

Social Norms and Values

Primary and Secondary Leverage Points
- Food and Agriculture
- Education
- Media
- Government
- Public Health
- Health Care
- Land Use and Transportation
- Leisure
- Recreation

Behavioral Settings
- Home
- School
- Community

Genetic, Psychosocial, and Other Personal Factors
- Food and Beverage Intake
- Physical Activity

Energy Intake

Energy Expenditure

Energy Imbalance

Obese Children & Youth
Obesity Prevention Goals

For the *population* of children and youth, create an environmental-behavioral synergy that:

- Reduces the incidence and prevalence of childhood and adolescent obesity
- Reduces the mean population BMI levels
- Improves the proportion of children meeting Dietary Guidelines for Americans
- Improves the proportion of children meeting physical activity guidelines
- Achieves physical, psychological, and cognitive growth and developmental goals
3 Key Conclusions

• Childhood obesity is a serious nationwide health problem requiring a population-based prevention approach.

• The goal is energy balance – healthful eating behaviors and regular physical activity to achieve a healthy weight while protecting health and normal growth and development.

• Preventing childhood obesity is a collective responsibility—multiple sectors and stakeholders must be involved in societal changes at all levels.
Changing Social Norms

Public Health Precedents

- Tobacco control
- Underage drinking
- Highway safety
- Use of seatbelts and child car seats
- Vaccines
- Fluoridation
Key Stakeholders Involved

- Parents
- Families
- Schools
- Communities

- Health Care
- Industry
- Media
- Government
Action Plan for Obesity Prevention

• National public health priority
• Healthy marketplace & media environments
• Healthy communities
• Healthy school environment
• Healthy home environment

-Both “top down” and “bottom up”
-Population wide but reaching individuals
National Priority

Government at all levels to provide coordinated leadership

- **Federal coordination**: President should request that DHHS Secretary convene a high-level task force to ensure coordinated budgets, policies, and program requirements and priorities
- Program and research efforts to prevent childhood obesity in high-risk populations
- Resources for state and local grant programs, support for public health agencies
- **Independent assessment of federal nutrition assistance programs and agricultural policies**
- Research and surveillance efforts
Healthy Marketplace and Media
Food & Beverage, Restaurant, Entertainment & Recreational Industries

- Healthful products and meals, innovative packaging and products that promote physical activity and reduced sedentary behaviors
- Labeling to provide total calorie information for a typical serving; expand evidence-based nutrient and health claims; research to improve labeling
- Develop new advertising and marketing guidelines; FTC authority and resources to monitor compliance
- Multi-media and public relations campaign
  - To build support for policy changes
  - Directed at children, parents, society at large
Healthy Communities

Promote Healthful Eating and Regular Physical Activity

• Mobilize Communities
  – Build diverse coalitions of local governments, public health, schools & community agencies
  – Efforts to eliminate health disparities should prioritize obesity prevention
  – Child- and youth-centered organizations focus on healthful eating and physical activity
  – Community evaluation tools should incorporate measures of the availability of/opportunities for healthful eating and physical activity
  – Improve access to supermarkets, farmers’ markets and community gardens, particularly in low-income and underserved areas
Healthy Schools
Provide A Consistent Health-Promoting Environment

• USDA and State and Local Educational Authorities
  – Develop and implement nutritional standards for all competitive foods and beverages sold or served in schools
  – Ensure all school meals meet Dietary Guidelines
  – Pilot programs to expand school meal funding in schools with a large percentage of children at high risk of obesity
Healthy Homes

Promote Healthful Eating and Regular Physical Activity

- Exclusive breastfeeding first 4-6 months
- Provide healthful foods - consider nutrient quality and energy density
- Encourage healthful decisions re: portion size, how often and what to eat
- Encourage and support regular physical activity
- Limit recreational screen time to < 2 hours/day
- Parents should be role models
- Discuss child’s weight with health care provider
Low-Income Families and Communities

- Federal support is needed especially for high-risk groups and to evaluate federal food and nutrition assistance programs.
- Committee recommended that communities provide opportunities for healthful eating and physical activity in existing and new community programs, particularly for high-risk populations.
Research Priorities

• Evaluation of interventions – efficacy, effectiveness, cost-effectiveness, sustainability, scaling up

• Behavioral intervention research – factors involved in changing dietary, physical activity, and sedentary behaviors

• Community-based population-level research – high-risk populations, health disparities
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The full IOM report can be ordered at

http://www.nap.edu

see www.iom.edu