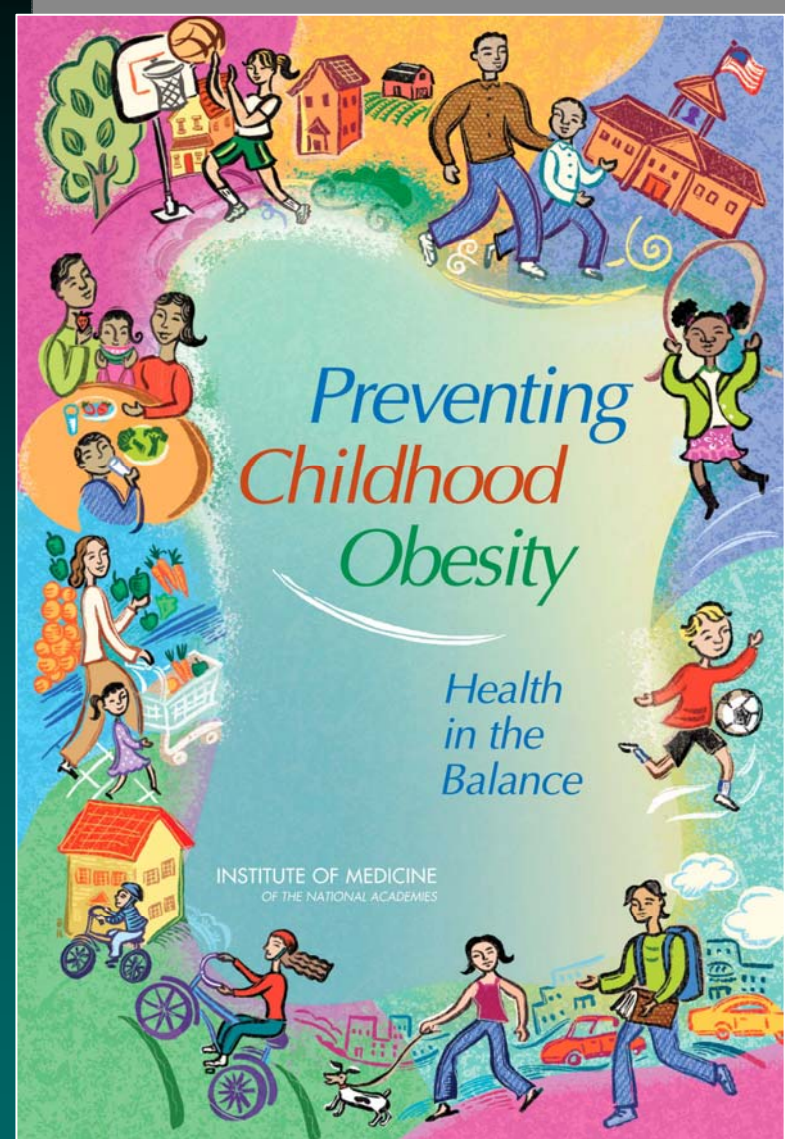


Highlights from the IOM Report

*Preventing  
Childhood Obesity:  
Health in the Balance*

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University of Pennsylvania School of  
Medicine



# Committee on Prevention of Obesity in Children and Youth

**JEFFREY KOPLAN** (*Chair*), Emory  
University

**DENNIS BIER**, Baylor College of  
Medicine

**LEANN BIRCH**, Pennsylvania State  
University

**ROSS BROWNSON**, St. Louis University

**JOHN CAWLEY**, Cornell University

**GEORGE FLORES**, The California  
Endowment

**SIMONE FRENCH**, University of  
Minnesota

**SUSAN HANDY**, University of California,  
Davis

**ROBERT HORNIK**, University of  
Pennsylvania

**DOUGLAS KAMEROW**, RTI International  
**SHIRIKI KUMANYIKA**, University of  
Pennsylvania

**BARBARA MOORE**, Shape Up America!

**ARIE NETTLES**, University of Michigan

**RUSSELL PATE**, University of South  
Carolina

**JOHN PETERS**, Procter & Gamble Company

**THOMAS ROBINSON**, Stanford University

**CHARLES ROYER**, University of  
Washington

**SHIRLEY WATKINS**, SR Watkins &  
Associates

**ROBERT WHITAKER**, Mathematica Policy  
Research

# 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

# Committee on Prevention of Obesity in Children and Youth: Expertise

**Public health policy and practice  
(national, state, local)**  
**Public policy (local)**  
**Public Policy (federal food programs)**

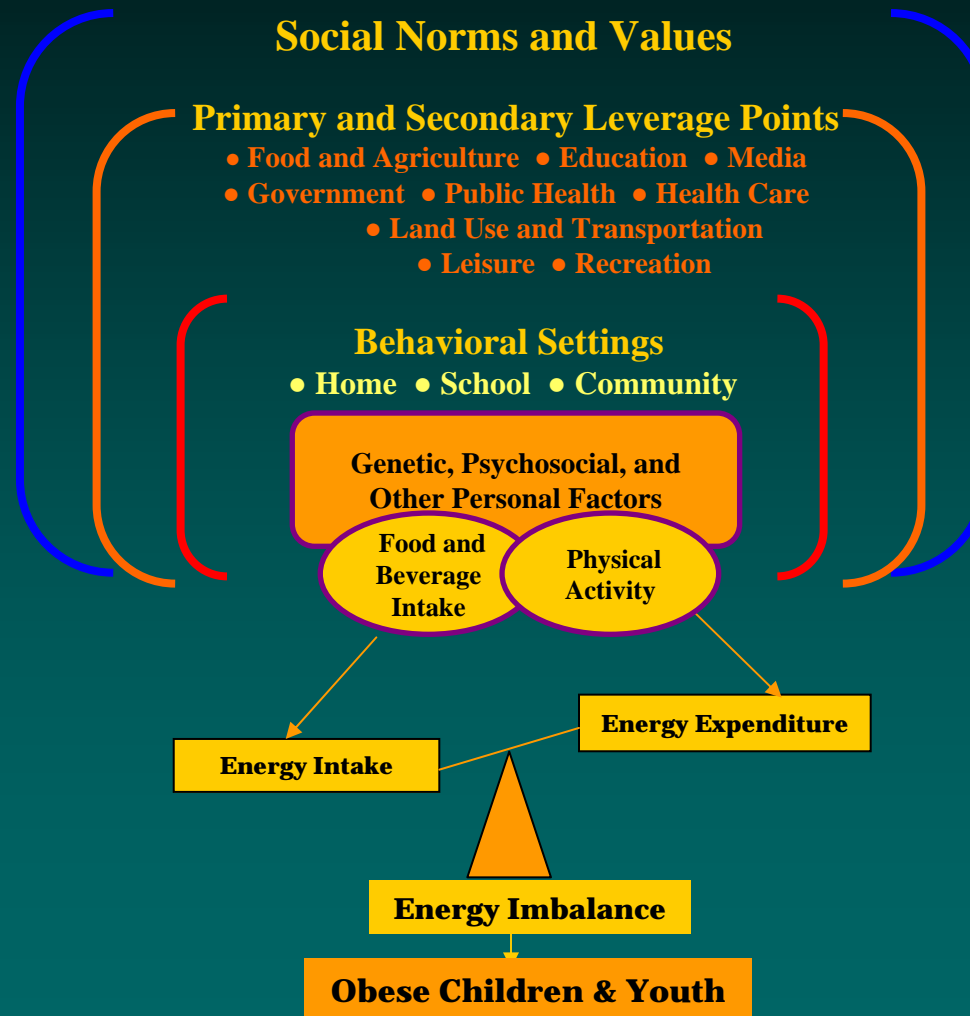
**Public health and behavior  
interventions in physical activity**  
**Pediatric obesity interventions**  
**African American population issues**  
**Latino population issues**  
**Public health and behavior  
interventions in nutrition**

**Health services research**  
**Clinical Preventive Services Task Force**  
**Community Preventive Services Task  
Force**  
**Epidemiologic methods**  
**Obesity epidemiology**  
**Consumer advocacy**  
**Microeconomics**  
**Education**  
**Child and family development**  
**Pediatric nutrition**  
  
**Food industry**  
**Urban design/transportation planning**  
**Mass Media and Communications**

# 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



# 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

# *Preventing Childhood Obesity: Health in the Balance*

The full IOM report can  
be ordered at

<http://www.nap.edu>

[see www.iom.edu](http://www.iom.edu)

