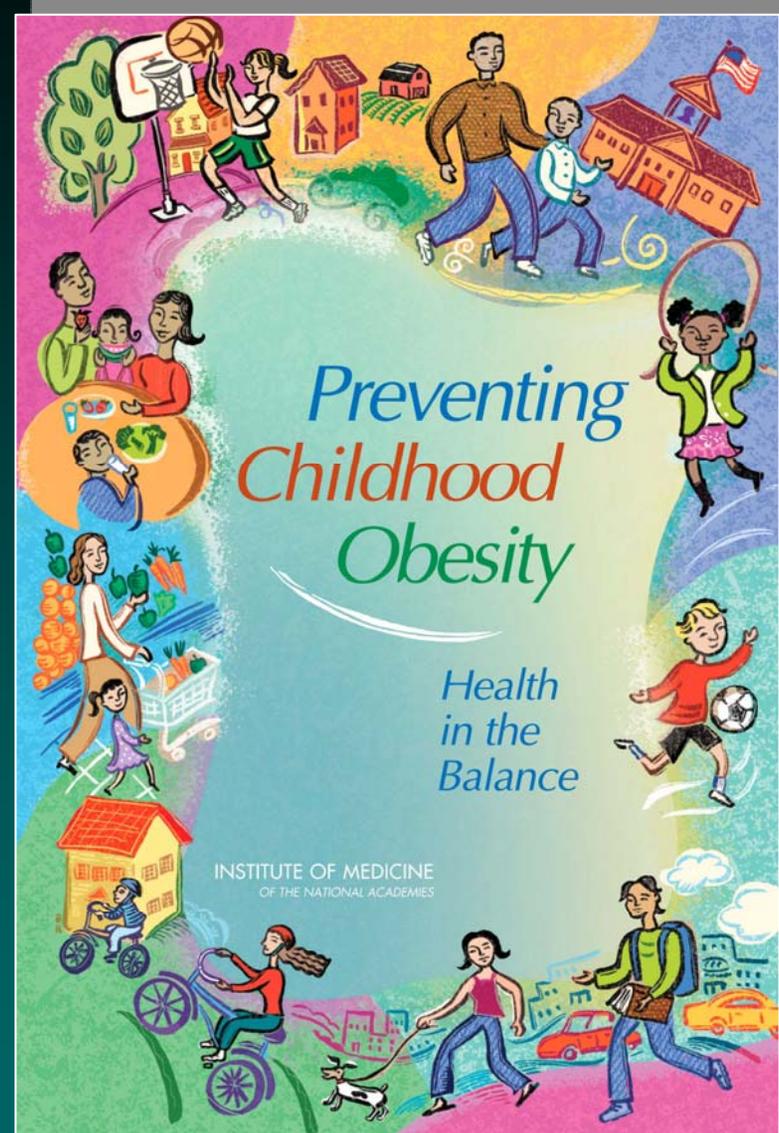


Highlights from the IOM Report

*Preventing
Childhood Obesity:
Health in the Balance*

Shiriki Kumanyika, PhD, MPH
Committee Member

Professor
Departments of Biostatistics and
Epidemiology and Pediatrics
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

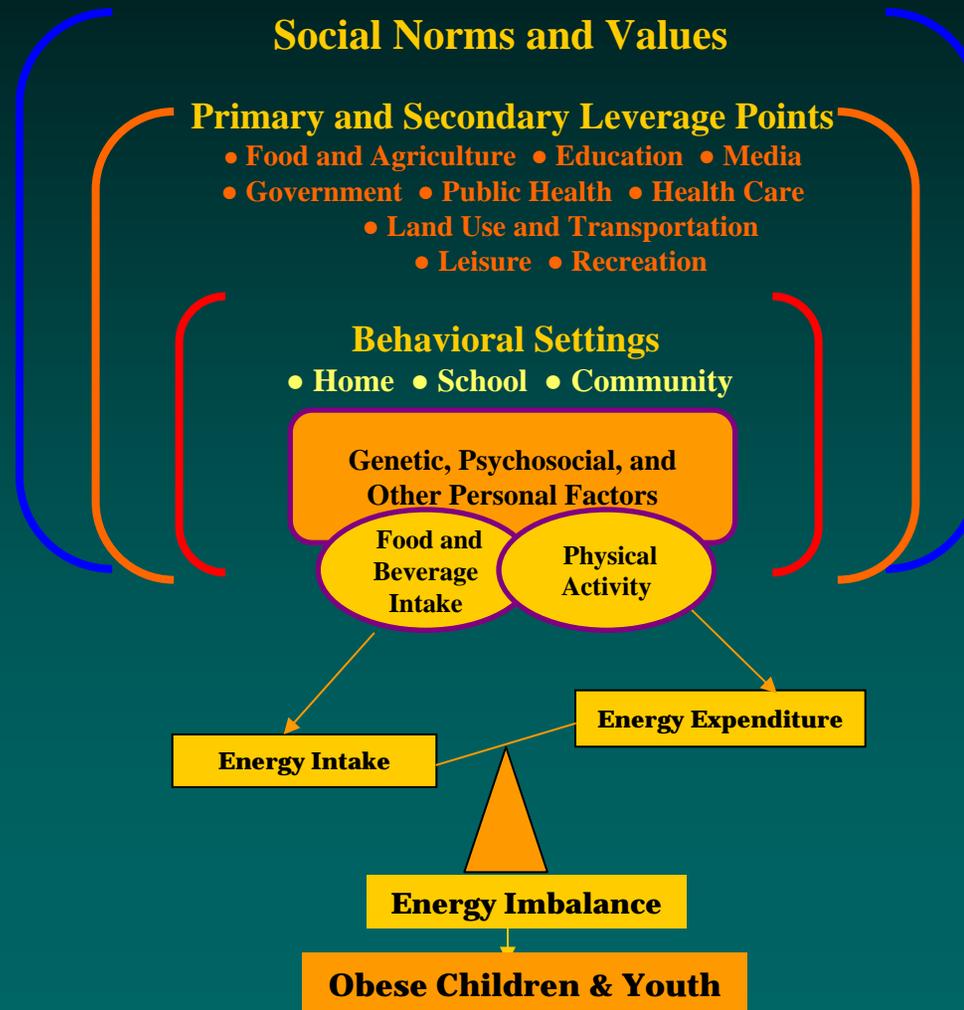
Health services research
Clinical Preventive Services Task Force
Community Preventive Services Task
Force
Epidemiologic methods
Obesity epidemiology
Consumer advocacy
Microeconomics
Education
Child and family development
Pediatric nutrition

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)

