

**Q** Please provide an overview of the Institute of Medicine's new recommendations for preventing childhood obesity.

**A** In September 2004, the Institute of Medicine's (IOM) Committee on Prevention of Obesity in Children and Youth issued recommendations in its report *Preventing Childhood Obesity: Health in the Balance*. [These recommendations are part of an extensive report that can be accessed at [www.iom.edu](http://www.iom.edu); click on "Reports," select "2004" and choose this report. You'll also find additional resources.] The Committee's primary charge was to consider the highly complex behavioral, cultural, social, economic and environmental factors involved in childhood obesity and develop a prevention-focused plan to reduce the incidence and prevalence of this critical public health problem. Due to the scope of the problem and the need to act on the best *available* evidence, the Committee called for rigorous evaluation of obesity-prevention programs and activities to gather additional evidence and determine whether or not specific initiatives were effective. Table One lists key goals identified by the Committee.

Prevention of childhood obesity requires balancing energy intake and energy expenditure to promote healthy body weight while sustaining health, growth and development and good nutrition. Given the highly complex nature of this challenge, the Committee recognized that solutions would require the well-coordinated efforts of numerous stakeholders from both the public and private sectors at national, state and local levels. Thus, its recommendations were based on engaging multiple stakeholders throughout society.

**Recommendation 1:** *Make obesity prevention in America's youth a national priority. The Secretary of Health and Human Services (HHS) should convene a high-level task force to ensure effective interdepartmental collaboration and set priorities for action.*

Suggested implementation steps include research to evaluate programs and interventions to prevent obesity, especially among high-risk populations with disparity in health care; grants to promote nutrition and physical activity programs; stronger support for surveillance and monitoring projects, such as the National Health and Nutrition Examination Survey (NHANES); evaluation of policies and nutrition programs to foster healthful diets and physical activity among children and increases in long-term federal and state funding.

Table One

### Goals of Obesity Prevention in Children and Youth

*The goal of obesity prevention in children and youth is to implement directed social change to create an environmental-behavioral synergy that promotes:*

#### For the *population* of children and youth

- Lower incidence *and* prevalence of obesity
- More children meeting Dietary Guidelines for Americans
- More children meeting physical activity guidelines
- Achieving physical, psychological and cognitive growth and development goals

#### For *individual* children and youth

- A healthy weight trajectory, as defined by the Centers for Disease Control's Body Mass Index charts
- A diet that is healthful in terms of quality *and* quantity
- Appropriate amounts and types of physical activity
- Achieving physical, psychological and cognitive growth and developmental goals

#### Examples of *intermediate* goals to assess progress:

- More children who safely walk and bike to school
- Improved access to and affordability of fruits and vegetables for low-income populations
- Increased availability and use of community recreational facilities
- Increased opportunities for active play and physical activity
- Increased number of new products and advertising messages that promote energy balance at a healthy weight
- Increased availability of affordable healthful foods and beverages at supermarkets and farmers' markets within walking distance of the communities they serve
- Policy changes that promote energy balance

Adapted from: *Preventing Childhood Obesity: Health in the Balance*. National Academy of Sciences Press: Washington, DC; 2004, page 101.

**Recommendation 2:** *Industry should develop and promote products, opportunities and information to foster healthful eating and regular physical activity.*

Suggested implementation steps include innovative food and beverage products and packaging that help consumers make healthful food choices; recreational products and opportunities that encourage more physical activity and less time spent doing sedentary activities; more healthful food options and readily accessible nutrition information at point-of-purchase in restaurants and other prepared food venues.

**Recommendation 3:** *Ensure that nutrition labeling on foods and beverages is clear and useful to help parents and youth compare products and make informed choices that are in step with their healthy weight goals.*

Suggested implementation steps include revising labeling rules to require prominent display of the total calorie count for food and beverage items usually consumed at one eating occasion, as well as current nutrition information; more flexible use of evidence-based nutrition and health claims about links between specific properties of foods and a lower risk of obesity; and consumer research to optimize use of the Nutrition Facts label and other food-guidance tools, such as government food guides.

**Recommendation 4:** *Industry should develop and comply with uniform marketing and advertising guidelines that minimize the risk of childhood obesity.*

Suggested implementation steps include a national industry forum convened by the Secretary of HHS to develop appropriate guidelines for advertising and marketing foods, beverages and sedentary entertainment for children; industry acceptance and implementation of such guidelines and provision of oversight authority and resources for the Federal Trade Commission to monitor industry compliance with these guidelines.

**Recommendation 5:** *HHS should develop and evaluate a long-term national multi-media and public relations campaign to foster prevention of childhood obesity.*

Suggested implementation steps include collaboration among appropriate government agencies and independent experts to garner support for policy changes and provide age-appropriate information for parents and youngsters; consumer-friendly messages that can be communicated in many venues; and media promotion of positive role models for achieving healthy weight.

**Recommendation 6:** *Local governments, health agencies, schools and community groups should work together to develop and promote initiatives that encourage healthful eating and regular physical activity, especially among those at high risk for childhood obesity.*

Suggested implementation steps include public and private sector efforts to eliminate health disparities and support community-based programs addressing the multiple factors that may contribute to the prevalence of childhood obesity among certain populations; long-term youth-centered community programs that encourage healthful eating and regular physical activity; assessment of available opportunities for healthful eating and physical activity within communities and improved access to supermarkets, community gardens and farmer's markets to expand the range of available healthful food choices.

**Recommendation 7:** *The public and private sector should work together locally to develop more opportunities for physical activity through recreational facilities, parks, playgrounds, sidewalks, bike paths and safe routes for walking or biking to schools.*

Suggested implementation steps include community policies and zoning ordinances that increase the availability and accessibility of venues for physical activity; capital improvement efforts to promote physical activity in existing communities; and safer routes and local policies to encourage walking and biking to schools.

**Recommendation 8:** *Healthcare professionals should promote prevention of childhood obesity in their practices and support individual and group-based obesity prevention efforts.*

Suggested implementation steps include routine monitoring of body mass index (BMI) and appropriate counseling to foster healthy body weights in children; development of effective programs for obesity prevention; training programs to foster appropriate knowledge and skills to help prevent childhood obesity and protocols for offering obesity prevention services in clinical practice.

**Recommendation 9:** *Schools should create a consistent environment that promotes healthful eating behaviors and regular physical activity.*

Suggested implementation steps include development and implementation of national nutrition standards for all competitive foods and beverages sold or served in schools; availability of school meals that meet the Dietary Guidelines

for Americans; programs to extend funding for school feeding programs in schools with a large percentage of children at high risk for obesity; policies that provide a *minimum* of 30 minutes of moderate to vigorous physical activity for all children during the school day; varied opportunities for physical activity within the school setting; health curricula that foster knowledge of nutrition, physical activity and understanding of energy balance; enlisting school health services in obesity prevention via annual assessments to monitor children's growth and BMI-percentiles.

**Recommendation 10:** *Parents should foster healthful eating behaviors and regular physical activity for their children.*

Suggested implementation steps include choosing to breastfeed children for the first four to six months of life; providing healthful food and beverage choices for children; teaching and helping children to make healthful choices about the types and amounts of foods and beverages they eat; promoting regular physical activity; setting limits on sedentary activities such as watching television or playing computer games; discussing a child's weight status with his or her healthcare professional and being a positive role model for healthful eating and physical activity.

This important IOM report provides comprehensive recommendations that recognize the complexity of the issue and call for individual and societal efforts to develop population-based prevention approaches to childhood obesity. Health professionals are uniquely qualified to implement some of these recommendations in their practices. Examples include tracking growth and BMI percentiles on a routine basis and discussing findings with parents, enhancing professional knowledge and skills in the area of obesity prevention, counseling children and parents about healthful eating behaviors and the importance of regular physical activity, encouraging parents to be positive role models for healthful living and being role models ourselves, supporting obesity prevention initiatives developed by professional organizations, promoting development of and participation in local community-based obesity prevention programs and advocating policy changes that foster healthy communities with improved access to healthful food options and more opportunities for physical activity and active play.

#### Further Reading:

American Dietetic Association. Position of the American Dietetic Association. Dietary guidance for healthy children aged 2 to 11 years. *J Am Diet Assoc.* 2004; 104:660-77.

Institute of Medicine, Committee on Prevention of Obesity in Children and Youth. Koplan JP, Liverman, CT, and Kraak, VA (editors). *Preventing Childhood Obesity: Health in the Balance.* Washington, DC: National Academies Press, 2004.

The American Academy of Pediatrics. Policy Statement. Prevention of Pediatric Overweight and Obesity. *Pediatrics.* 2003; 112:424-30.

US Dept. Health and Human Services. *The Surgeon General's Call to Action to Prevent and Decrease Overweight and Obesity.* Rockville, MD: US Department of Health and Human Services, Public Health Service, Office of the Surgeon General: 2001.