

Overview of the IOM's Childhood Obesity Prevention Study

In 2001, the U.S. Surgeon General issued the *Call to Action to Prevent and Decrease Overweight and Obesity* to stimulate the development of specific agendas and actions targeting this public health problem. In 2002, Congress charged the Institute of Medicine (IOM) with developing a prevention-focused action plan to decrease the number of obese children and youth in the United States. The primary emphasis of the charge was to examine the behavioral, social, cultural, and other broad environmental factors involved in childhood obesity and to identify promising approaches for prevention efforts. To address this charge, the IOM appointed a committee of 19 experts in child health, obesity, nutrition, physical activity, and public health. The committee's action plan is described in this report, titled *Preventing Childhood Obesity: Health in the Balance*.

An Epidemic of Childhood Obesity

The increasing number of obese children and youth throughout the United States has led policy makers to rank it as a critical public health threat. Since the 1970s, the prevalence (or percentage) of obesity has more than doubled for preschool children aged 2-5 years and adolescents aged 12-19 years, and it has more than tripled for children aged 6-11 years. At present, approximately nine million children over six years of age are obese.

The Costs

Childhood obesity involves significant risks to physical and emotional health. In 2000, it was estimated that 30 percent of boys and 40 percent of girls born in the United States are at risk for being diagnosed with type 2 diabetes at some point in their lives. Young people are also at risk of developing serious psychosocial burdens due to societal stigmatization associated with obesity. Obesity-associated annual hospital costs for children and youth more than tripled over two decades, rising from \$35 million in 1979-1981 to \$127 million in 1997-1999. After adjusting for inflation and converting to 2004 dollars, the national health-care expenditures related to obesity and overweight in adults alone range from \$98 billion to \$129 billion annually.

Understanding the Causes

Obesity prevention involves a focus on *energy balance*—calories consumed versus calories expended—so taking action against childhood obesity must address the fac-

tors that influence both eating and physical activity. Although it appears straightforward, these factors result from complex interactions across a number of social, environmental, and policy contexts. American children live in a society that has changed dramatically in the three decades over which the obesity epidemic has developed.

Developing an Action Plan for Prevention

This report presents an action plan that consists of explicit goals and recommendations for preventing obesity and promoting a healthy weight in children and youth in different segments of society. The obesity epidemic is a serious public health problem that calls for immediate action to reduce its prevalence as well as its health and social consequences. Therefore, the committee felt strongly that actions should be based on the best available evidence—as opposed to waiting for the best possible evidence. Presently, there is limited experimental evidence regarding the best ways to prevent childhood obesity and the extent to which various potential factors contribute to weight gain. For these reasons, the committee chose a process that integrated all forms of available evidence to formulate the report recommendations. As actions are taken, evidence should be collected to assess whether they have made a difference in reaching childhood obesity prevention goals.

MAJOR FINDINGS AND CONCLUSIONS

Childhood obesity is a serious nationwide health problem requiring urgent attention and a population-based prevention approach so that all children may grow up physically and emotionally healthy.

Preventing obesity involves promoting healthful eating behaviors and regular physical activity—with the goal of achieving and maintaining energy balance at a healthy weight.

Individual efforts and societal changes are needed concurrently. Multiple sectors and stakeholders must be involved.

A National Priority

Implementing the recommended actions will require the involvement of multiple stakeholders from diverse segments of society. This must be a national effort with special attention given to communities that experience health disparities and that have environments that do not support healthful nutrition and physical activity. Although a

number of organizations, industries, institutions, and agencies must be involved in designing and implementing changes, efforts cannot succeed unless they also engage the families, schools, and communities that create the environments in which children live and their behaviors are formed.

IMMEDIATE STEPS FOR CONFRONTING THE EPIDEMIC
FEDERAL GOVERNMENT
<ul style="list-style-type: none"> • Establish an interdepartmental task force and coordinate federal actions • Develop nutrition standards for foods and beverages sold in schools • Fund state-based nutrition and physical-activity grants with strong evaluation components • Develop guidelines regarding advertising and marketing to children and youth by convening a national conference • Expand funding for prevention intervention research, experimental behavioral research, and community-based population research; strengthen support for surveillance, monitoring, and evaluation efforts
INDUSTRY AND MEDIA
<ul style="list-style-type: none"> • Develop healthier food and beverage product and packaging innovations • Expand consumer nutrition information • Provide clear and consistent media messages
STATE AND LOCAL GOVERNMENTS
<ul style="list-style-type: none"> • Expand and promote opportunities for physical activity in the community through changes to ordinances, capital improvement programs, and other planning practices • Work with communities to support partnerships and networks that expand the availability of and access to healthful foods
HEALTH-CARE PROFESSIONALS
<ul style="list-style-type: none"> • Routinely track body mass index (BMI) in children and youth and offer appropriate counseling and guidance to children and their families
COMMUNITY AND NONPROFIT ORGANIZATIONS
<ul style="list-style-type: none"> • Provide opportunities for healthful eating and physical activity in existing and new community programs, particularly for high-risk populations
STATE AND LOCAL EDUCATION AUTHORITIES AND SCHOOLS
<ul style="list-style-type: none"> • Improve the nutritional quality of foods and beverages served and sold in schools and as part of school-related activities • Increase opportunities for frequent, more intensive, and engaging physical activity during and after school • Implement school-based interventions to reduce children's screen time • Develop, implement, and evaluate innovative pilot programs for both staffing and teaching about wellness, healthful eating, and physical activity
PARENTS AND FAMILIES
<ul style="list-style-type: none"> • Engage in and promote more healthful dietary intakes and active lifestyles (e.g., increased physical activity, reduced television and other screen time, more healthful dietary behaviors)