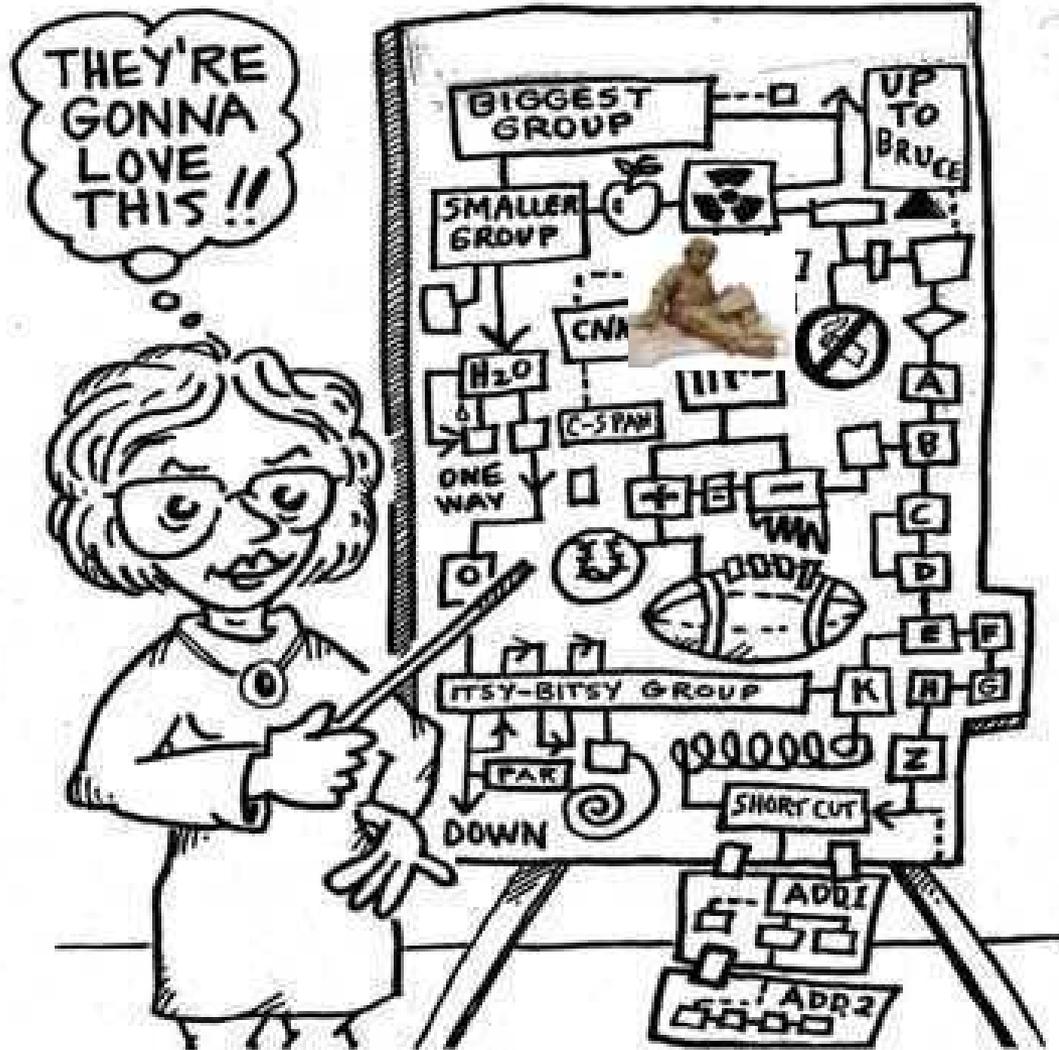


The Institute of Medicine and Childhood Obesity Prevention

Maternal and Child Health
Federal/State Partnership Meeting
Washington, DC October 26, 2009

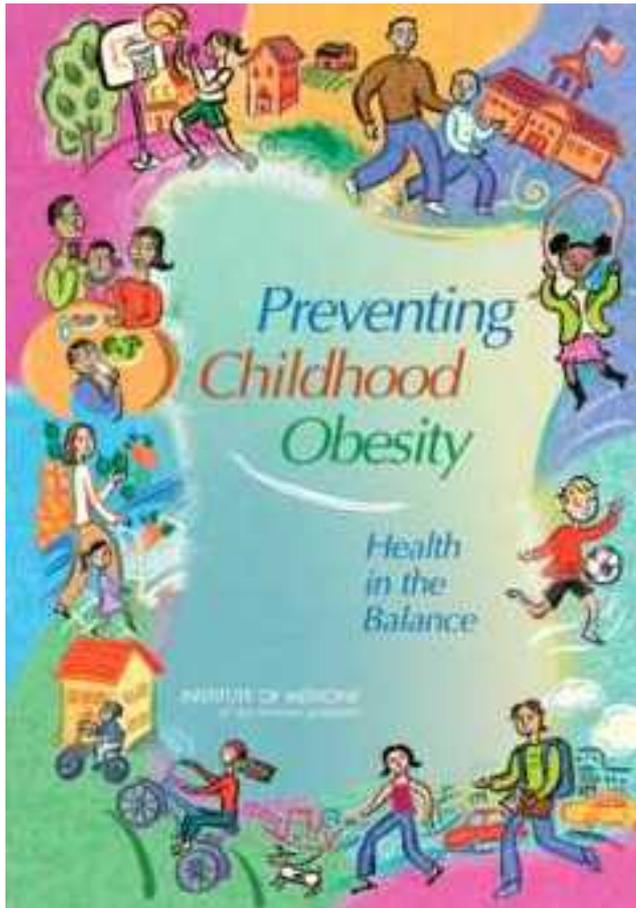
Linda D. Meyers, PhD
Director, Food and Nutrition Board
www.iom.edu/fnb





2005

INSTITUTE OF



Chair. Jeffrey Koplan

Congressionally
mandated study

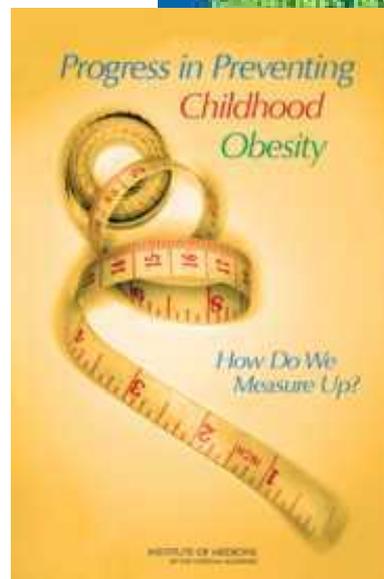
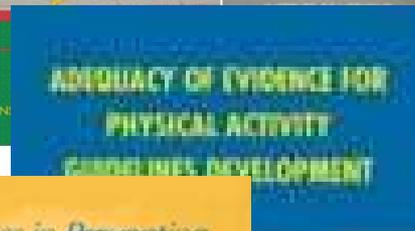
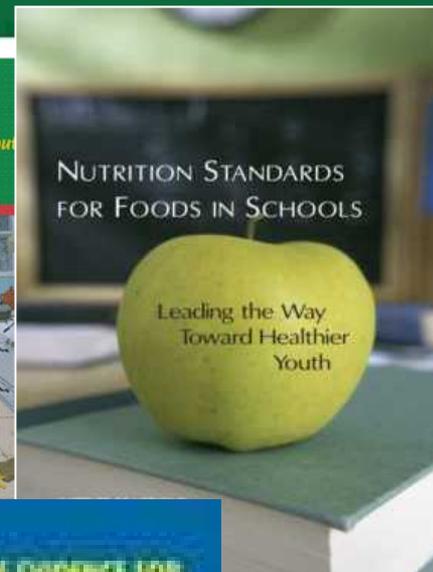
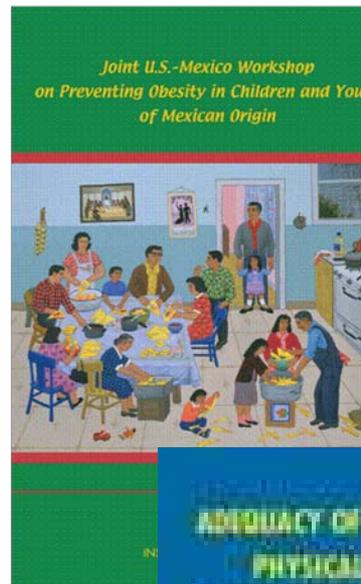
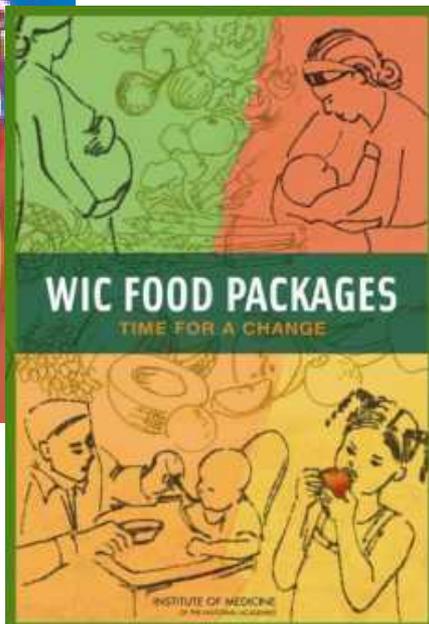
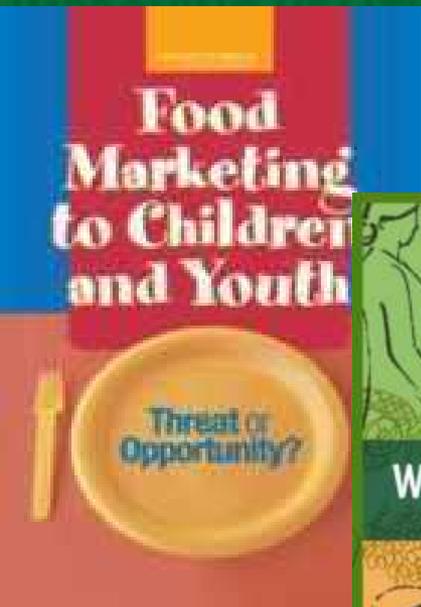
Sponsored by:

DHHS (CDC, NIDDK,
NICHD, NHLBI, ODPHP,
DNRC) and RWJF

2005 - *Preventing
Childhood Obesity:
Health in the Balance*



2006 and 2007



2006

2007



2008

Standing Committee on Childhood Obesity Prevention established

- Focal point for national and state-level policy discussions about obesity prevention among leaders and experts – “keep the urgency”
- Guide development of focused reports and other activities on topics of vital public policy importance for childhood obesity prevention
- Build on IOM’s previous work on childhood obesity prevention



Standing Committee on Childhood Obesity Prevention

**Jeffrey P Koplan, MD,
MPH (Chair through Oct
2009)**

**Shiriki K Kumanyika, PhD,
MPH (Chair Nov 2009-**

Leann L Birch, PhD

Kelly D Brownell, PhD

Patricia Crawford DrPH, RD

William H Dietz MD, PhD

Adam Drewnowski PhD

James R Gavin III, MD, PhD

Reynaldo Martorell, PhD

Russell R Pate, PhD

John Edward Porter, JD

Thomas N Robinson, MD, MPH

Mary T Story, PhD, RD

Eduardo J Sanchez, MD, MPH

Joseph W Thompson, MD, MPH

Antronette Yancey, MD, MPH

Staff: Lynn Parker, Study Director

Annina Burns, Program Officer

Leslie Sim, Program Officer

Nicole Ferring, Research Associate

Emily Ann Miller, Research Associate

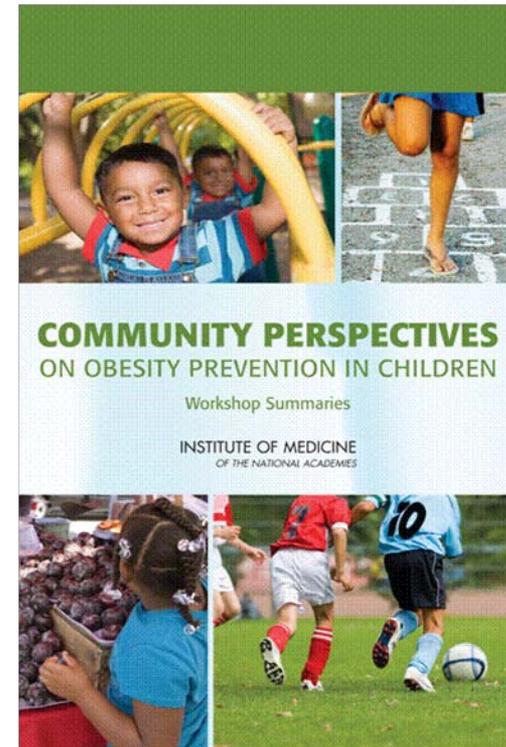
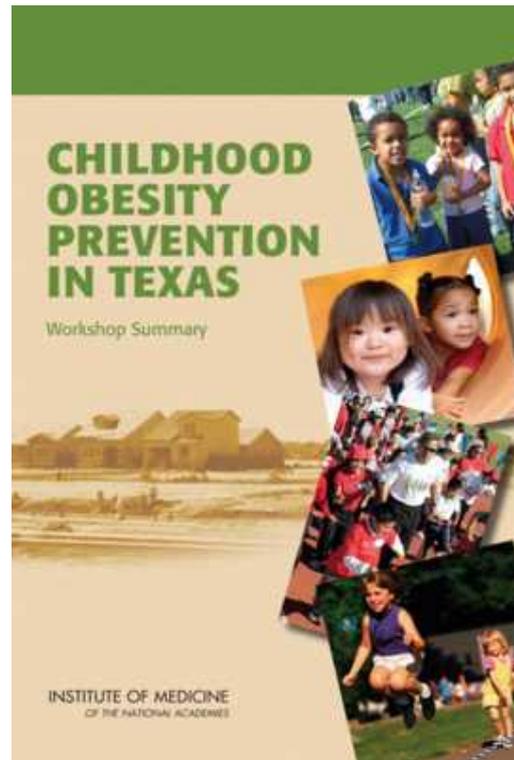
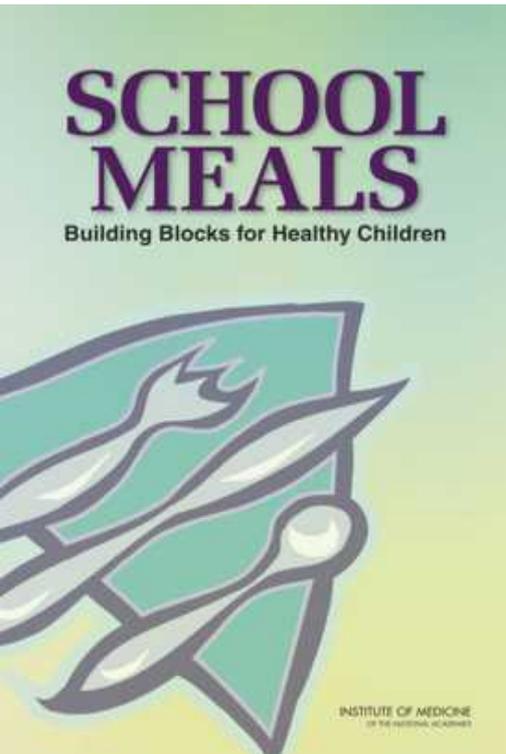
Matt Spear, Senior Program Assistant

Sandra Lee, Senior Program Assistant



2009

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MEDICINE
VISIT
EAT
ADVISING
HEALTH



Origin of the Report

- Topic was recommended by the IOM Standing Committee on Childhood Obesity Prevention
- Committee member was asked by a city council member: “I want to do something about childhood obesity in my city. What are the top prevention strategies I should pursue?”
- RWJF and CDC sponsorship



Local Governments and Health Equity

- **Local government** is uniquely positioned to create healthy environments for children
- Already experienced in promoting children's health
- Have jurisdiction of aspects of daily life
- **Health equity** must be considered in identifying policies
- Many individuals do not have the resources or opportunities to eat more fruits and vegetables and be more physically active
- Local governments can change environments to provide equal access to healthy foods/PA



Statement of Task

- Examine evidence on childhood obesity prevention efforts
- Summarize the range of local government efforts
- Draw from/build on relevant IOM reports
- Develop a set of recommended practices for disseminating to local governments
- Develop a succinct – and responsive – report
(*Nov. 10, 2008 – Sept. 1, 2009*)



Committee Members

Eduardo J. Sanchez, M.D., M.P.H.
(Chair), Blue Cross and Blue
Shield of Texas

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Commissioner, Cascade County,
MT

Laura K. Brennan, Ph.D., M.P.H.,
President and CEO, Transtria

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Paul Zykofsky, M.S., Local
Government Commission,
Sacramento

***Study Directors: Lynn Parker and
Annina Burns***



Audience

- Mayors
- County, city, or township commissioners or other officials;
- Local health departments;
- Local boards of health;
- City and transportation planners;
- Other relevant local commissions and public entities.



Methodology

- Literature review
- Scan of actions that have been implemented by local governments and partnering organizations



Criteria

- Within the jurisdiction of local governments
- Likely to affect children directly
- Targeted to changing the food or physical activity environments of children outside the school walls and the school day
- Actionable based on the experience of local governments or knowledgeable sources that work with local governments
- Where evidence is lacking or limited, have a logical connection with healthier eating or increased physical activity



Recommendations

- Local context emphasized. Not “one-size-fits-all” recommendations
- Made final assessment of recommended action steps using a nominal voting procedure
- Action steps developed for overarching areas of Healthy Eating and Physical Activity
- 15 strategies and 58 action steps in the report
- 12 most promising action steps (6 for Healthy Eating and 6 for Physical Activity) highlighted



Healthy Eating Goals

1. Improve access to and consumption of healthy, safe and affordable foods
2. Reduce access to and consumption of calorie-dense, nutrient-poor foods
3. Raise awareness about the importance of healthy eating to prevent childhood obesity



Physical Activity Goals

4. Encourage physical activity
5. Decrease sedentary behavior
6. Raise awareness of the importance of increasing physical activity



Healthy Eating

6 Most Promising Action Steps

1. Attract supermarkets and grocery stores to underserved neighborhoods
2. Require menu labeling in chain restaurants
3. Mandate and implement strong nutrition standards for foods and beverages in government-run or regulated after-school programs



Healthy Eating

6 Most Promising Action Steps

4. Adopt building codes to require access to, and maintenance of water fountains
5. Implement a tax strategy to discourage consumption of foods and beverages that have minimal nutritional value
6. Develop media campaigns to promote healthy eating and active living



Physical Activity

6 Most Promising Action Steps

1. Plan, build, and maintain a network of sidewalks and street crossings that creates a safe and comfortable walking environment and that connects to destinations
2. Adopt community policing strategies that improve safety and security of streets and parks
3. Develop and implement a *Safe Routes to School* program



Physical Activity

6 Most Promising Action Steps

4. Build and maintain parks and playgrounds that are safe and attractive for playing, and close to residential areas
5. Establish joint use of facilities agreements allowing use of playing fields, playgrounds, and recreation centers when schools are closed
6. Institute policies mandating minimum play space, physical equipment, and duration of play in preschool, after-school, and child-care programs



Community Considerations

One size does NOT fit all

- Different communities/different needs
- Population, geography, resources, size
- Rural, suburban, urban opportunities and challenges
- Planning obesity prevention efforts
 - Community assessment
 - Involve constituents
 - Identify top policy priorities suited for community
 - Sustainability
 - Evaluation



The Health Equity Lens

“Health equity is the fair distribution of health determinants, outcomes, and resources within and between segments of the population, regardless of social standing.”

CDC Health Equity Workgroup

- Social, economic and environmental factors determine health outcomes
- Community leaders role in eliminating inequities



Bottomline Message

- Obesity is one of the most serious and expensive health problems facing our nation
- Through their decisions and actions, local officials either support or undermine efforts to get kids to eat healthy and be active
- Local officials can make it either easy or hard for kids to eat healthy and be active
- Local officials have the power to take steps to significantly cut the rate of childhood obesity
- Childhood obesity is a matter of healthy equity
- Act now



For More Information

- www.iom.edu/obesitylocalgov
- Free download available of the report and the report brief for a limited time at:
<http://rwjf.org/childhoodobesity>

