

Progress in Preventing Childhood Obesity

How Do We Measure Up?

Committee on Progress in Preventing Childhood Obesity

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Food and Nutrition Board

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Willing is not enough; we must do.”*
—Goethe



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Independent Report Reviewers

This report has been reviewed in draft form by individuals chosen for their diverse perspectives and technical expertise, in accordance with procedures approved by the National Research Council's Report Review Committee. The purpose of this independent review is to provide candid and critical comments that will assist the institution in making its published report as sound as possible and to ensure that the report meets institutional standards for objectivity, evidence, and responsiveness to the study charge. The review comments and draft manuscript remain confidential to protect the integrity of the deliberative process. We wish to thank the following individuals for their review of this report:

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Although the reviewers listed above have provided many constructive comments and suggestions, they were not asked to endorse the conclusions or recommendations nor did they see the final draft of the report before its release. The review of this report was overseen by **DR. CUTBERTO GARZA**, Boston College. Appointed by the National Research Council, he was responsible for making certain that an independent examination of this report was carried out in accordance with institutional procedures and that all review comments were carefully considered. Responsibility for the final content of this report rests entirely with the authoring committee and the institution.

Preface

The remarkable growth of obesity in the young population in many parts of the world in a relatively short time span represents one of the defining public health challenges of the 21st century. At this early phase in addressing childhood obesity, action has begun on a number of levels to improve dietary patterns and increase physical activity in children and youth throughout the United States and in other countries. Schools, corporations, youth-related organizations, families, communities, foundations, and government agencies are working to implement a variety of policy changes, new programs, and other interventions. There is a great deal yet to be learned about how to evaluate these efforts and disseminate information on effective interventions. Additionally, lessons learned from other public health concerns such as the prevention of youth tobacco use and alcohol consumption can provide insights and directions for further efforts. However, the solutions to tobacco and alcohol consumption among our young people cannot be fully replicated due to the complexity of obesity and the ubiquity of food, sedentary habits, and familiar routines in our culture that contribute to the problem. A comprehensive response to the obesity epidemic requires connectivity, consistency, and continuity across multiple programs and sectors. Preventing childhood obesity will involve changes in social norms and the demand by the general public for healthier lifestyles and the products and opportunities that support physical activity and healthful diets. Innovations are needed that accelerate the pace of change that will move us toward these goals.

In 2002, the Institute of Medicine (IOM) responded to a congressional mandate by developing an action plan for preventing childhood obesity. The IOM report, *Preventing Childhood Obesity*:

Health in the Balance provided recommendations for further action by multiple stakeholders. As a natural outcome of that report, IOM established the Committee on Progress in Preventing Childhood Obesity in 2005 with support from The Robert Wood Johnson Foundation. The IOM committee was charged with undertaking a study to assess the nation's progress in preventing childhood obesity. It was also asked to engage in a dissemination effort promoting the implementation of the report's findings and recommendations through three symposia that were held in Atlanta, Georgia, Irvine, California, and Wichita, Kansas.

This report, *Progress in Preventing Childhood Obesity: How Do We Measure Up?*, places a specific focus on the evaluation of actions taken by all sectors of society and describes progress made toward the first report's recommendations. Evaluation is vital to identify effective interventions that can be scaled up to statewide or nationwide efforts, while ineffective interventions can be replaced with more promising evidence-based efforts. As the *Health in the Balance* report acknowledged, we must draw from the best available evidence rather than waiting for the best possible evidence to mount an effective and sustained response. Along the way, we must ask whether the interventions to promote healthful eating and increase physical activity are reaching enough people to make a substantial difference, and whether the breadth of interventions are adequate to address the scope of the problem.

An expanded and diverse evidence base will provide the foundation for a sustained effort toward reversing the current childhood obesity trends and improving the health and well-being of America's children and youth. We have made considerable progress in five years since the release of the Surgeon General's *Call to Action*. However, there is a great deal more work that all of us collectively need to undertake in order to adequately address the impending obesity crisis and thereby chart a healthier course for our future generations.

Jeffrey P. Koplan, *Chair*
Committee on Progress in
Preventing Childhood Obesity

Acknowledgments

It was a great pleasure to chair the Institute of Medicine (IOM) Committee on Progress in Preventing Childhood Obesity. The 13-member committee brought tremendous expertise to this important topic from a variety of perspectives and was actively engaged in the committee's work. This report represents the result of six meetings, two public workshops, three regional symposia, and ongoing communication throughout the course of the study. It is also the result of a thoughtful analysis and interdisciplinary collaboration among the committee members who volunteered countless hours of their valuable time to complete this study. I would like to extend my sincere thanks to each of the committee members for their commitment to work through the issues addressed in this report.

This study was sponsored by The Robert Wood Johnson Foundation (RWJF). The committee and staff wish to thank RWJF staff including Risa Lavizzo-Mourey, James Marks, Kathryn Thomas, and Laura Levitan for their support and guidance on the committee's task during the course of the study. The committee also benefited from discussions with individuals who presented at or attended the committee's workshops, symposia, and meetings. We especially appreciate the contributions of Loel Solomon and Scott Gee from Kaiser Permanente; Susan Yanovski from the National Institute of Diabetes & Digestive & Kidney Diseases; Janet Collins from the Centers for Disease Control and Prevention (CDC); Penelope Royall from the Department of Health and Human Services (DHHS) Office of Disease Prevention and Health Promotion; Richard Kelly from the Federal Trade Commission; Eric Hentges from the U.S. Department of Agriculture; and Dana Carr from the U.S. Department of Education. I would especially like to thank Kathryn Thomas at the RWJF; Marni Vliet, Steve Cohen, and Deanna Van Hersh at the Kansas Health Foundation; Gary Nelson, Martha Katz, Meg Watson, and Allison Maiuri at the Healthcare Georgia Foundation; and Robert Ross, George Flores, and Marion Standish at The California Endowment for collaborating with the committee and staff to organize and co-host the regional symposia. The symposia agendas and speakers are listed in Appendixes F, G, and H.

Many individuals were instrumental in providing useful data to the committee that was included in the report. We greatly appreciate the work and insights of Shiriki Kumanyika and Donna Nichols who served as consultants to the committee. We thank Bill Dietz, Edward Hunter, and Lynda Williams from CDC. We also thank Alison Kretser and Marjorie Goldstein for providing useful information used in the report. We would like to especially thank Tim Lobstein from the International Obesity Taskforce in London for sharing information about other country strategies and action plans to promote healthful eating, physical activity, and prevent obesity. Enrique Jacoby, Juan Rivera, Carlos Monteiro, and Fernando Vio were helpful in guiding the committee to obesity prevention activities and strategies in Latin America. Francesco Branca, Elina Hirvikallio, Raija Kara, Tim Lang, Wolf-Martin Maier, Canice Nolan, Philippe Roux, and Alberto Galvão A. A. Teles provided useful information about obesity prevention activities, strategies, and action plans in Europe.

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Progress in Preventing Childhood Obesity: How Do We Measure Up? presents recommendations relevant to implementing and evaluating obesity prevention interventions within and across many sectors—government, industry, communities, schools, and home—and urges all sectors and invested stakeholders to take the collective actions needed to improve the health and well-being of children and youth.

Jeffrey P. Koplan, *Chair*
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*The complete symposia summaries for Appendixes F through H (pages 493-508) are not printed in this prepublication report. They will be included on a CD-ROM attached to inside back cover of the final edited report that will be published in 2007.