

# Early Childhood Obesity Prevention Policies

Supported by the Robert Wood Johnson Foundation

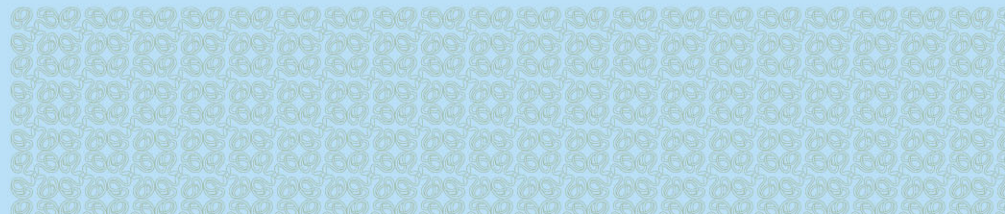
Lynn Parker,  
Study Director and IOM Scholar  
June 2011



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# Why was this report important to do?



# The obesity epidemic has not spared the nation's youngest children.

- Almost 10 percent of infants and toddlers have high weights for length.
- Slightly over 20 percent of children aged 2 to 5 are overweight or obese.
- Approximately one in five children is already carrying excess weight as he or she enters kindergarten.



Early childhood has emerged as a critical period for assessing the beginnings of obesity and instituting preventive measures.

- Intervention during these early years has the potential to alter the risk for obesity and chronic disease in childhood and throughout the life span.



# The early developmental period provides unique opportunities.

- Children are acquiring their eating, activity, and sleep patterns.
- There are openings for establishing healthy eating practices, good physical activity habits, and optimum sleep durations, rather than trying to change existing unhealthy patterns later on.
- With careful healthcare provider monitoring, there are chances to identify risks early.



Parents and the individuals and institutions that support their efforts to care for their children want to and need to act now on the best information.

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The IOM Standing Committee on Childhood Obesity Prevention believed it was important to bring this issue to the attention of decision makers who influence children's early years and to recommend policies that can advance obesity prevention for young children.

- The Committee on Obesity Prevention Policies for Young Children was convened.



# Statement of Task

An ad hoc committee will review factors related to overweight and obesity in infants, toddlers, and preschool children (birth-5 years), with a focus on nutrition, physical activity, and sedentary behavior; identify gaps in knowledge; and make recommendations on early childhood obesity prevention policies, taking into account the differences between children birth to 2 years old and 2 to 5 years old.



In conducting its task, this committee will:

- Draw on primary and secondary sources to assess evidence
- Identify settings, existing programs, and policy opportunities for childhood obesity prevention efforts in the first five years
- Make recommendations on early childhood obesity prevention policies across a range of settings and types of programs



# Audience

The primary audience of the report includes decision makers and stake holders who have the opportunity to influence the environments in which young children develop and grow.

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# Why are they the primary audience?

- Although parents play the primary role in shaping children's development...
- This report targets policies that influence the programs, institutions, settings and environments that surround families and shape children's and parents' activities and behaviors.
- These policies are likely to be developed and implemented outside of the home setting by...



# People who support parents and families in raising healthy young children

- Child care providers
- Child care regulatory agencies
- Health care providers
- Government agency employees at all levels
- Members of the broader community that influence the environments of young children



# The problem of obesity requires a multipronged approach.

- It cannot be solved by tackling only one contributing factor or working with only one group of stakeholders.
- The committee developed goals, recommendations, and potential actions for implementation in the areas of: growth monitoring and assessing risk, physical activity, healthy eating, food marketing and screen time, and sleep.
- These recommendations include action roles for many key stakeholders.



# Formulation of recommendations

- Evidence on obesity prevention for young children is limited, especially for those under 2 years of age
- Committee used best evidence available (not a systematic review)
- Observational studies were given serious consideration
- Committee was receptive to evidence that a policy would affect a determinant of childhood obesity
- Recommendations on training were considered important
- Feasible in different settings through adaptation



All young children share the need for healthy food, optimum physical activity, sufficient sleep, and healthcare providers who monitor their growth and who can provide guidance and assistance to their parents. Children also need protection from the negative influences of too few opportunities to be physically active, too much sedentary behavior, and marketing of unhealthy food and beverages.



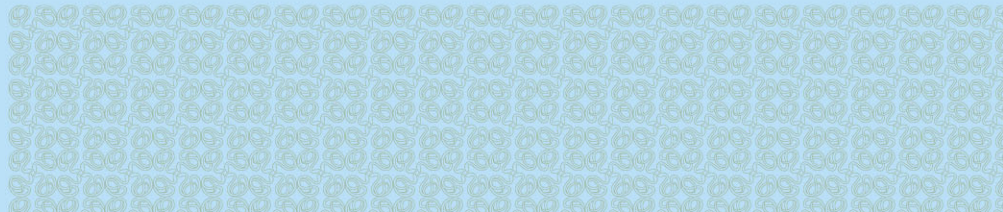
# Development of potential actions

- Could be taken to implement recommendations
- Lie within the purview of relevant decision makers
- Determined to be actionable based on precedent or committee judgment
- Have the potential to make a positive contribution to the implementation of a recommendation



Recommendations and potential actions are directed to:

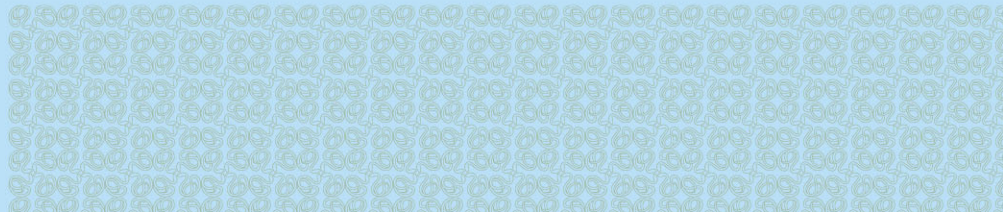
- Assessing, monitoring and tracking growth from birth to age 5 so that excess weight can be identified and dealt with;
- Increasing physical activity in young children and decreasing their sedentary behavior;
- Helping adults increase physical activity and decrease sedentary behavior among children;



- Promoting the consumption of a variety of nutritious foods and supporting breastfeeding during infancy;
- Creating a feeding environment that is responsive to children's hunger and fullness cues so that they are able to regulate their own food intake early in their lives;
- Ensuring access to affordable healthy foods for all children;
- Helping adults increase children's healthy eating;



- Limiting young children’s screen time and exposure to food and beverage marketing;
- Using social marketing to provide consistent information to parents on obesity prevention in young children; and
- Promoting age-appropriate sleep durations for young children.



# Importance of Research and Evaluation

As obesity prevention actions are implemented for young children, they should be:

- Evaluated to support further action where success can be demonstrated
- Reexamined when new evidence emerges



# Committee Roster

Leann L. Birch (Chair)  
Professor and Director, Center for Childhood  
Obesity Research, Pennsylvania State  
University

Alice Ammerman  
Professor, Department of Nutrition, Gillings  
School of Global Public Health, University of  
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Bettina Beech  
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Forest University School of Medicine,  
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Community and Family Medicine, Duke  
University Medical Center

Laurel J. Branen  
Professor, Foods and Nutrition, University of  
Idaho School of Family and Consumer  
Sciences

David V.B. Britt  
Retired, President and Chief Executive  
Officer, Sesame Workshop

Debra Haire-Joshu  
Professor and Associate Dean for Research,  
Washington University in St. Louis

Ronald E. Kleinman  
Physician in Chief, Department of Pediatrics,  
Massachusetts General Hospital

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# Committee Roster

*(continued...)*

Susan Landry  
Professor, Department of Pediatrics,  
University of Texas, Houston Medical Center

Lynne Oudekerk  
Director, Child and Adult Care Food  
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University of South Carolina

David A. Savitz  
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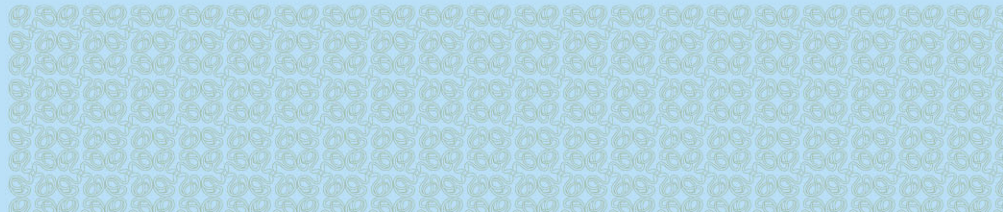
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Medical School

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Professor, Center for Obesity Research and  
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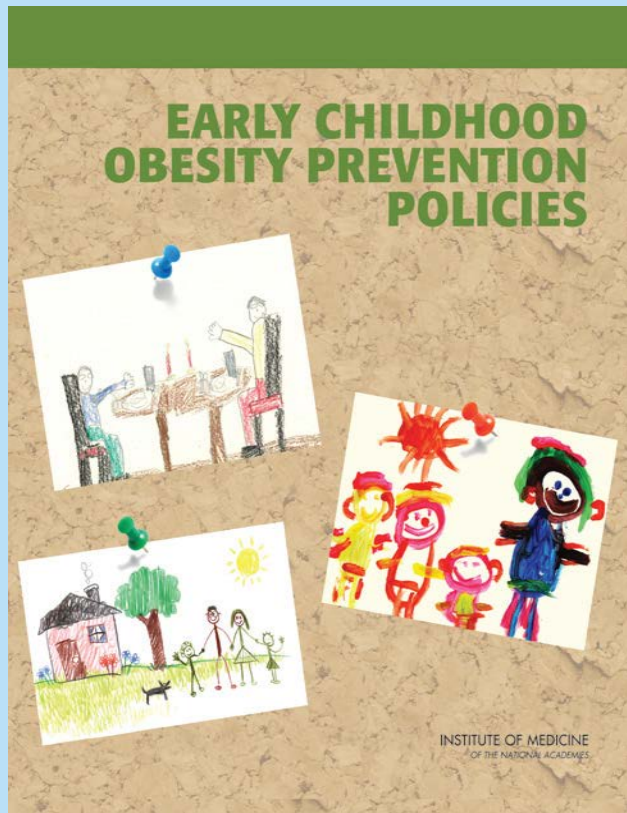
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# How to get the report



The report is available for free download at <http://iom.edu/obesityyoungchildren>.

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# Accelerating Progress in Obesity Prevention

## *Charge:*

- Review previous IOM obesity-related recommendations and recommendations from other relevant reports
- Consider relevant information about progress in implementing the recommendations
- Identify a set of recommendations determined to be fundamental for substantial progress in obesity prevention over the next decade
- Recommend potential indicators that can act as markers of progress and can be readily evaluated in a feasible manner

Expected release: May 2012

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*Guidepost for HBO Documentary Films series on Obesity in America*

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# Committee Membership

**Dan Glickman** (*Chair*)

Bipartisan Policy Center

**David Britt**

Sesame Workshop, Retired

**Jamie Chriqui**

University of Illinois at Chicago

**Patricia Crawford**

University of California, Berkeley

**Christina Economos**

Tufts University

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University of Hawai'i

**Sandra Hassink**

A.I. DuPont Hospital for Children

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The California Endowment

**Steven Kelder**

UT - Dell Center for Healthy Living

**Harold (Bill) Kohl**

University of Texas

**Shiriki Kumanyika**

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**Philip Marineau**

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**William Purcell** (*Vice Chair*)

Harvard University

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VJR Consulting

**Eduardo Sanchez**

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**Ellen Wartella**

Northwestern University

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# Fitness Measures and Health Outcomes in Youth

## *Charge:*

- Develop recommendations for criterion-based youth fitness measures
- Evaluate the relationships between:
  - youth fitness components, (i.e., cardiovascular endurance, muscular strength, muscular endurance, and flexibility) and
  - health outcomes, (e.g., cardiovascular risk factors, musculoskeletal health, diabetes, and obesity, among others)

Expected release: Summer 2012

