

Overweight in Children & Adolescents: Social Environmental Influences

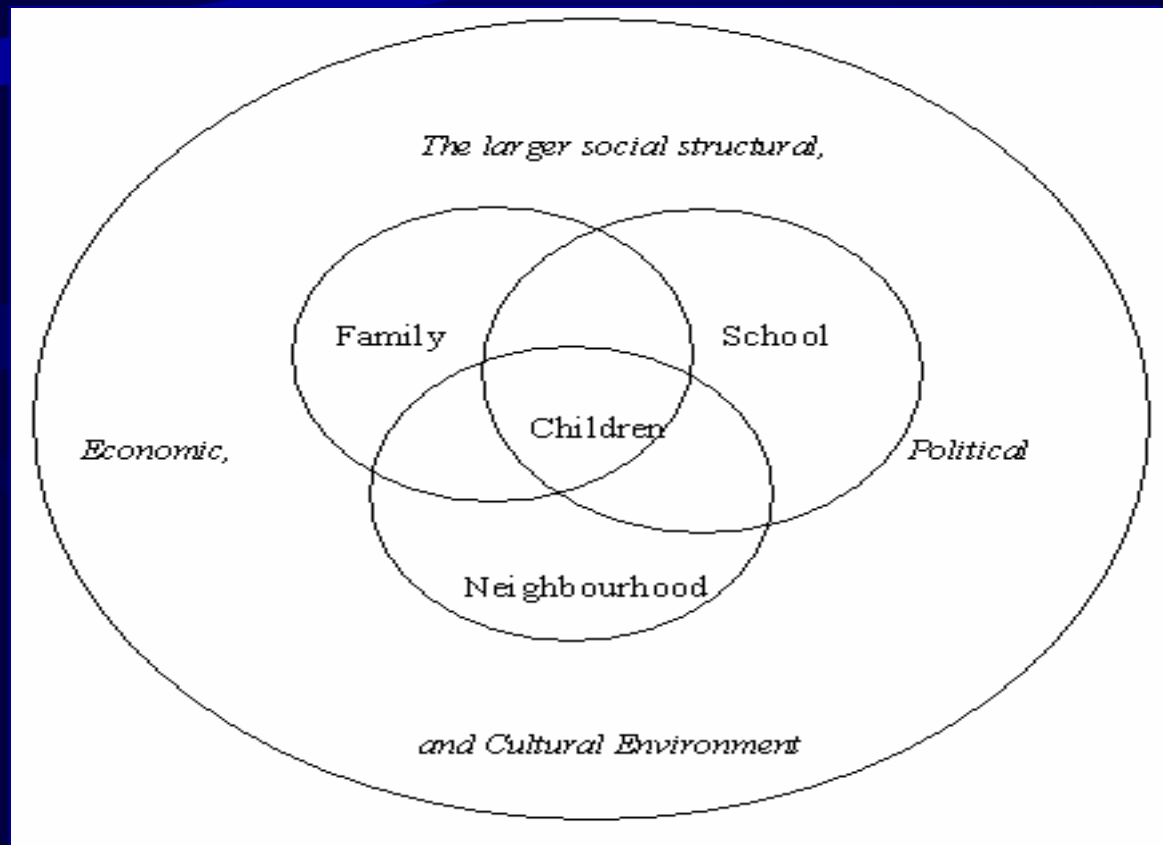
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Determinants of Childhood Obesity

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Social Environment



Food
industry

Peers

Media

Social
Norms

Faith
& Religion

Health
Care

Restaurants

Policy

Evidence for Social Influences

- **Non-familial social relationships**
- **Social Community Structures**
 - Schools
 - Health Care Systems
 - Faith/Religion/Spirituality
 - Restaurants- eating patterns
- **Larger Social Systems**
 - Media & Advertising

Social Interactions

- **Social norms**
 - **Parents misperceive children's overweight status**
(Maynard et al., 2003; Baughcum et al., 2000)
 - **Adolescents misperceive normal as overweight status (gender, race differences)** (Strauss, 1999-NHANESIII)
- **Peers influence beliefs and behaviors**
 - **Physical activity (gender differences)**
(Sallis et al., 2000; Welk, 1999; Trost et al., 1999; Koh, Hobbs, 1998; Reynolds et al., 1990)
 - **Eating behaviors** (Cullen et al., 2001; Feunekes, et al, 1998; Birch, 1980)
- **Higher need for social approval related to lower BMI and physical activity (African-American girls)**
(Klesges et al., 2004)

School Influences

- **Fat Content of School Meals**
- **A la Carte – Beverages**
- **Vending machines – Pricing**
- **Physical Education**

Fat Content of School Meals

- **Demonstrated reductions in fat content of school meals** (Caballero et al. 2003; Osganian et al., 1996; Snyder et al., 1992)
 - **Lowered dietary fat intake in children** (Caballero et al. 2003; Luepker et al., 1996; Lytle et al., 1996)
 - **Failed to reduce fat intake in adolescents** (Lytle et al., 2004; Sallis et al., 2003)
 - **Inconsistent relationship lowering BMI** (Caballero et al. 2003; Sallis et al., 2003; Resnicow, 2002; Story, 1999)

A la Carte - Beverages

- **A la carte foods disproportionately high-fat/sugar snacks and sweetened beverages**
(French et al., 2003; Harnack et al., 2000; Wildey et al., 2000; Story et al., 1996)
- **Availability of a la carte in schools related to higher sweetened beverage intake** (Cullen, Zakeri, 2004)
- **Sweetened beverage intake related to obesity**
(Ludwig, et al., 2001; Giammattei et al., 2003)
- ***Education intervention reduced the number of carbonated drinks, related to reduction in number of overweight & obese children*** (James et al., 2004)

Vending - Pricing

- **Lowering prices for fruit, vegetables promoted vending purchases** (French et al., 1997)
- **Reduced price of low-fat snacks increased student sales** (French et al., 2001)
- **Prices raised on high-fat and reduced on lower fat foods had similar revenues to usual price conditions** (Hannan, et al., 2002)

Physical Education

- **School-based PE recommended as preventive strategy, strong evidence for changes in physical activity levels** (Community Preventive Services, 2002; Sallis et al., 2003; Nader et al., 1999; Sallis & Owen, 1999; Luepker et al., 1996; McKenzie, 1996)
 - **Differential by gender, greater effect in boys**
 - **Related to BMI** (Sallis, et al., 2003, 1997; Sahota et al., 2001; Connelly et al., 1996)
- **Barriers to implementation may influence effectiveness of approach** (Sallis, et al., 2003; Kelder et al., 2003)

Health Care Influences

- **Historical of anticipatory guidance in pediatric primary care but lack evidence for efficacy or effectiveness to promote healthy weight**
- **Primary care counseling for adolescents showed improvements in physical activity and dietary behaviors** (Patrick, Sallis et al., 2001; PACE+)
- **Gathering additional evidence - Prescription for Health (RWJ); No. Carolina Prevention Center**

Religious/Faith Influence

- **Spirituality beliefs influenced fruit and vegetable intake** (Lytle et al., 2003)
- **Unknown influence on other eating behaviors, physical activity, overweight**
- **Unknown in children, religious affiliation may be related to higher BMI in adult men** (Kim, Sobal, Wethington, 2003)
- **Setting used for delivery of interventions for adults but not reported for children**
(Ammerman et al., 2003; Resnicow et al., 2002; Yanek, Becker et al., 2001; Kumanyika et al., 1992)

Larger Social Context

- **Eating Away from Home**
- **Media Influences**

Eating Away from Home

- **Proportion of foods consumed by children from restaurants and fast food outlets increased nearly 300%, 1977 to 1996** (St-Onge et al., 2003)
- **Fast food restaurant use associated with greater intake of energy, fat, soft drinks** (French et al., 2001; Paeratakul et al, 2003)
- **Frequency of eating fast food associated with increased BMI in girls** (Thompson, et al., 2003)

Media – Food Marketing

- **Children's requests and parent purchases of advertised foods related to greater number of hours of TV viewing** (Coon, Tucker, 2002; Taras et al., 1989)
- **Experiment to manipulate exposure to advertising increased Kool-Aid and candy selections, reduced fruit selection** (Gorn & Goldberg, 1982)
- **TV viewing related to higher energy, high-fat food intake and obesity** (Robinson 2001,1998, 1995; Taras et al., 1989)

Media – Physical Activity

- Advertising may influence physical activity – although TV viewing related to reductions in physical activity
- Social marketing campaign --*VERB*_{TM}
It's what you do (www.cdc.gov/youthcampaign/index.htm)
 - Youth Media Campaign Longitudinal Survey --forthcoming outcome evaluation

“Other” Societal Approaches

- **Community organizing/action**
- **Financial and economic incentives**
- **Food assistance programs**
- **Food packaging and labeling - smaller portions reduce fat content; fat additives**
- **Media & advertising (counter-ads)**
- **Pre-school, Schools & After-school**
- **Built environment**

(Story, French, 2004; Frazao, Allshouse, 2003; Dietz, 2002; Sherwood, Story, 2002; Kumanyika, 2001; French, Story & Jeffery, 2001)

Social Moderators

- **Cultural moderators of BMI, eating, activity:**
 - **Social Capital, SES, Race, Gender, Ethnicity**
- **Targeted interventions incorporating social influences are developing within schools, housing developments, community centers (e.g., Pathways, GEMS, Hip-Hop to Health Jr., GO GIRLS!)**
- **Further research into faith-based, primary care, and policy approaches would clarify effectiveness**