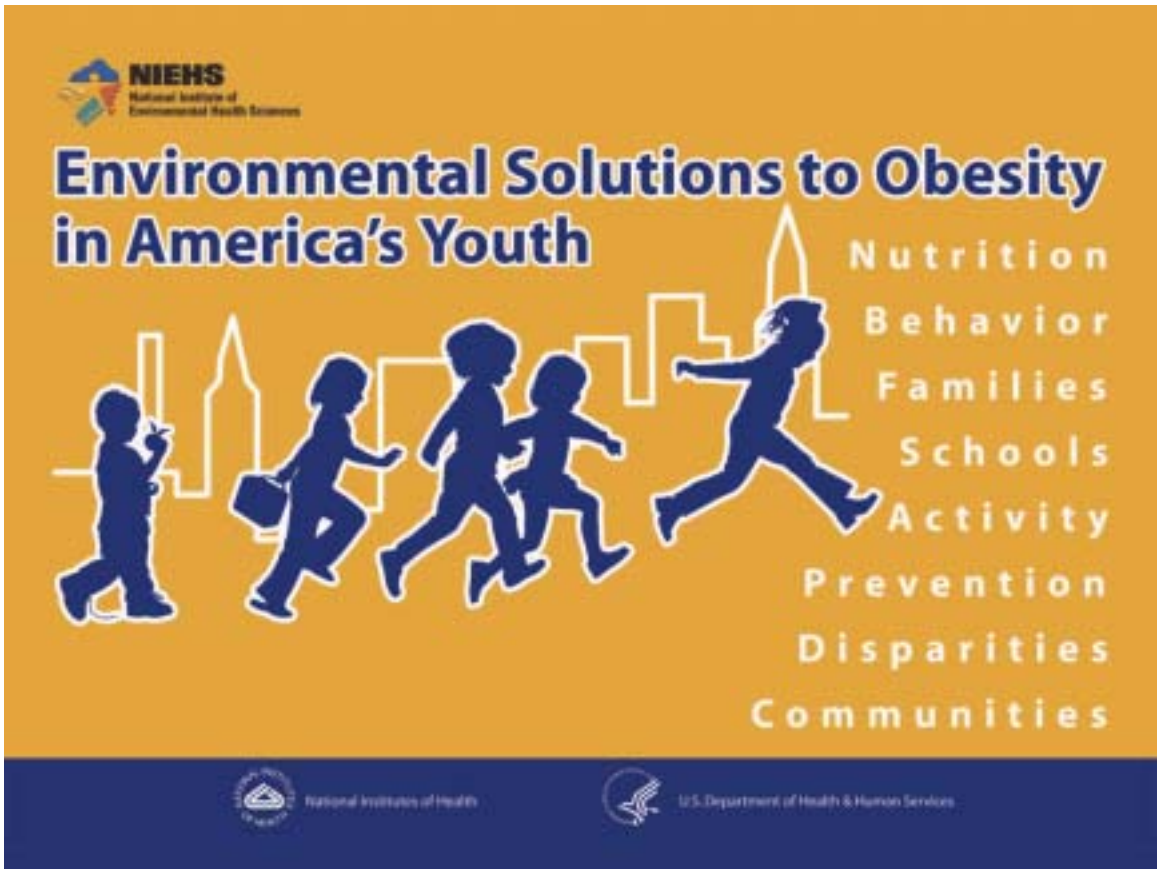
*S*UMMARY *R*EPORT



June 1-2, 2005
The Washington Convention Center, Washington, DC

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How individuals differ in their susceptibility to these agents;
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EXECUTIVE SUMMARY

More than 700 researchers, national policymakers and community leaders, nutritionists and health care providers, urban planners and architects, food and media industry representatives, and other experts gathered June 1-2, 2005, in Washington, DC, for the *Environmental Solutions to Obesity in America's Youth* meeting. The objectives of the conference were to explore the complex interactions between the environment and soaring childhood obesity rates, and to contribute to the identification, evaluation, and dissemination of information on initiatives and interventions that have shown success at increasing physical activity and enhancing healthy eating habits among children. The NIEHS sponsored the conference, with support from the Robert Wood Johnson Foundation.

This was the second workshop on obesity sponsored by the Institute. Last year's meeting, *Obesity and the Built Environment: Improving Public Health Through Community Design*, was focused primarily on the establishment of a multidisciplinary research agenda aimed at expanding and increasing the knowledge base in the area to contribute to evidence-based interventions. This year, with the epidemic in childhood obesity continuing to grow at an alarming rate, participants agreed that although more research is vital, the problem has reached the status of national public health crisis, and immediate action at all levels of society is necessary to at least begin to slow the rate of growth in the incidence of childhood obesity and overweight. As several speakers attested, actions should be taken now based upon the best currently available evidence, rather than waiting for the best possible evidence to emerge. Through constant evaluation and refinement, it should be possible to develop interventions that will slow or reverse the trends that now threaten to make this generation of young people the first in memory to have expectations of a shorter life span than their parents.

Our goal for this national conference is for each of you to share your experiences and perspectives. It's important that we determine which of our environmental interventions work, and which are simply unnecessary. Let's decide how to improve our environment for our children.

Dr. David Schwartz, Director, NIEHS

Calls to Action

Following Dr. Schwartz's welcome, the conference began with remarks from several distinguished speakers, each of whom expressed their agencies' concerns about childhood obesity, and their efforts to combat it.

Dr. Julie Gerberding, Director of the Centers for Disease Control and Prevention (CDC), discussed the CDC's recent reduction of its estimated number of deaths directly associated with obesity. She emphasized that the revision incorporates new data reflecting improved treatments in cardiovascular disease and cancer, but should in no way diminish or compromise the central, urgent message that obesity in America's young people is causing a host of morbidities and decreased quality of life today, and could foreshadow a greatly increased disease burden to our society and increased risk of premature death in the future. "The numbers we would like people to focus on are the number of calories they take in every day, and the number of steps they take every day," she said. "Because those are the numbers that we know matter, and our evidence base indicates that those are the elements that are most relevant to the problem we're trying to solve."

The importance of increasing opportunities for young people to engage in physical activities, whether through organized sports or simply walking or bicycle riding, was the key message related by former NFL star Lynn Swann, who is now the Chairman of the President's Council on Physical Fitness and Sports. "Physical activity is a major piece of the prevention puzzle that leads to healthier lifestyles and a better quality of life," he said. "If we can get more Americans to be physically active starting as children, then we'll have fewer people suffering from Type 2 diabetes, young kids suffering from stress unnecessarily, and certainly get them off the payroll in terms of the cost of health care. We're trying to create a lifestyle of physical activity."

US Surgeon General Vice Admiral Richard Carmona has declared 2005 the Year of the Healthy Child, and told attendees that he is particularly concerned about the roles of prevention and translation in efforts to combat childhood obesity and overweight, both of which involve changing behaviors. "Our culture has changed over a half century – we can track it – and now we appreciate the untoward consequences of a sedentary lifestyle and eating indiscriminately," he said. "How do we take that good science, package it in a culturally competent manner, deliver it to hundreds if not thousands of diverse populations that make up this country, in order to do one thing: to change behavior in order to reduce morbidity and mortality, increase health and wellness, and improve quality of life?"

Rounding out the keynote addresses, Secretary Michael Leavitt of the US Department of Health and Human Services delineated the broad array of activities underway at the federal level to address the childhood obesity epidemic, including $440 million in research funding across the institutes within the National Institutes of Health. He also took the opportunity to announce the launch of a major new trans-NIH initiative called *We Can!* (Ways to Enhance Children's Activity & Nutrition). "The campaign will

prevent overweight and obesity, specifically among youth aged 8 to 13. *We Can!* provides resources and community-based programs for parents, caregivers, and youth that focus on encouraging healthy eating, increasing physical activity, and reducing sedentary time."

> *We look forward to learning what's working, what the evidence base really is, and how we can replicate success stories quickly and broadly across America.*
> Dr. Julie Gerberding, Director, Centers for Disease Control and Prevention

Obesity in Youth: Basic Facts, Issues, and Implications

The first order of business as the working sessions of the conference got underway was to establish the scope of the challenge by outlining the current state of knowledge about obesity in America's youth.

In 2004, the Institute of Medicine Committee on Prevention of Obesity in Children and Youth released a report titled *Preventing Childhood Obesity: Health in the Balance*. Representing the committee, Dr. Ross Brownson of the St. Louis University School of Public Health summarized the report's findings for conference attendees.

Approximately nine million American children over six years of age are currently considered to be obese, with a body mass index (BMI) equal to or greater than the 95th percentile of the CDC's age- and gender-specific BMI charts. Prevalence is growing exponentially: since the 1970s, obesity has doubled for preschool children aged 2-5 years and for adolescents aged 12-19 years. The rate has tripled in children aged 6-11 years in that time period. Clearly, an epidemic of childhood obesity is upon us.

The IOM report characterizes childhood obesity as a "serious nationwide health problem requiring a population-based prevention approach." It includes a wide-ranging action plan, with specific recommendations in several key arenas. First, obesity prevention should be a national public health priority with government at all levels providing coordinated leadership. Additionally, needed actions are delineated to create a healthy marketplace and media environment, healthy communities, healthy school environments, and healthy home environments. Research priorities should include evaluation of interventions, behavioral research on how to change dietary and physical activity habits, and community-based research. The ultimate goal is simple: in children, to maintain energy balance – energy intake equaling energy expenditure – while protecting health, growth and development, and nutritional status. The committee recognizes, however, that even with the comprehensive approaches it urges, "it will take years to decades to reverse this trend."

> *Preventing childhood obesity is a collective responsibility…The key will be to implement changes from many directions and at multiple levels.*
> *Preventing Childhood Obesity: Health in the Balance* (IOM, 2004)

The health consequences of childhood obesity are just as alarming as the growing prevalence. As several speakers at the conference commented, Type 2 diabetes and hypertension in young people were once clinical rarities, but today such presentations are all too common. Obese youth are prone to morbidities and reduced quality of life in the present; in the future they are at high risk for premature mortality.

Dr. Jeffrey Schwimmer of the University of California, San Diego, reported on several of the most recent studies examining health risks in obese youth. In a longitudinal study that tracked more than 200,000 teenagers for 30 years, overweight adolescent boys were 80% more likely to die during that time period than their normal weight counterparts. Overweight girls were 100% more likely to die.

Excess fat can manifest physically in two ways, each with its own adverse outcomes. An excess *amount* of fat cells tends to result in social, respiratory, gastrointestinal, and/or musculoskeletal problems. Quality of life and other measures of psychosocial functioning may be significantly impaired. Obstructive sleep apnea is also a major problem, occurring in 15-20% of obese children – six times the rate of normal weight youth. Gastroesophageal reflux disease, which can lead to cancer in some cases, is also common, as are skeletal maladies owing to excess weight, particularly in children's hips and knees.

When fat cells are increased in *size*, metabolic and inflammatory conditions are often the result, with consequences for the heart, kidneys, and liver. One study found that 19-30% of obese children aged 5-11 had elevated blood pressure, with the rates higher in boys than in girls, and higher in blacks than in whites. The obese children were also far more likely than normal weight children (11% vs. 1-2%) to be diagnosed with hypertension as the result of three elevated blood pressure readings. Roughly half of obese children were found to have abnormalities in lipid factors.

Endocrine issues such as insulin resistance, impaired glucose tolerance, and Type 2 diabetes are also common in obese youth. These cardiovascular and metabolic problems can often result in the condition called the metabolic syndrome. According to Schwimmer, "the metabolic syndrome may be what underlies much of the morbidity and mortality related to obesity. How common is the metabolic syndrome? In normal weight adolescents, it's virtually nonexistent: .1%. In overweight adolescents, it's about 10%, and in obese adolescents, it's close to 30% who have the metabolic syndrome."

Liver and kidney abnormalities are also quite common. These conditions can cause damage leading to increased risk of cancers later in life.

The evidence is clear that obesity early in life can be devastating to health, both in the short and long terms.

From my perspective, what we need to do is create a bridge. Many of the more than 9 million obese children in this country already have health problems, and many of them will continue to have health problems, and there's nothing any of us in this room can do to make that number smaller overnight. So we need to allow these children, regardless of what their weight, shape or size is, to be healthy. This is what we need to think about in terms of the environment – not only preventing obesity, but how all these obese children are going to be healthy.

Dr. Jeffrey Schwimmer, University of California, San Diego

Targeting population-based environmental interventions will be challenging as the battle against childhood obesity progresses. One way to maximize effectiveness will be to identify and locate the groups at the highest risk. Dr. Adam Drewnowski of the University of Washington is using Geographic Information Systems (GIS)-based methodologies to uncover associations between obesity and socioeconomic characteristics by mapping the distribution of obesity rates at a fine geographic scale and correlating the data with measures of disparities in food access, cost, property values, and other variables. In his geocoding studies of Seattle/King County, Washington, he discovered marked differences in obesity rates according to the indicators. For example, obesity rates in the neighborhoods with the highest property values (a proxy measure of wealth) were approximately 5%. In the lowest value neighborhoods, the obesity rate was 30% - a six-fold increase. "These are huge differences, huge disparities," said Drewnowski, "and are linked not only to education and income, but also to neighborhood and area resources."

It is difficult to promote healthier foods and healthy activity choices among all populations. The populations at most risk for obesity are those with the fewest resources – not only the fewest individual resources, but the neighborhoods in which they live have lower resources as well. And so the challenge before us is to devise environmental solutions that will take the environmental and neighborhood factors into account.

Dr. Adam Drewnowski, University of Washington

Environment and Childhood Obesity

Urban sprawl has been identified as one of the major environmental factors contributing to obesity in Americans. Sprawl tends to limit opportunities for physical activity in adults and children alike, as unfettered development gives rise to residential areas at distances that require automobile travel to destinations such as businesses, schools, and restaurants. Increased traffic congestion and a lack of sidewalks and bike paths have made pedestrian travel unsafe or impractical in many areas. The "smart growth" movement seeks to help communities reverse these trends by encouraging mixed land use, preservation of open spaces, increased access to parks and recreation, and investment in transportation choices that will enhance physical activity.

Former Maryland Governor, Parris Glendening, is now President of the Smart Growth Leadership Institute, and a leading advocate of smart growth. Citing data that shows that

the most sprawling counties in America are also its heaviest, with populations most likely to have high blood pressure and heart disease, he said it's clear that sprawl is contributing to our individual and collective weight gain, and to many of our health problems as a nation. "Most Americans now live in places where you cannot buy a quart of milk without getting into a 2,000-pound car; where your children cannot play in a 40-minute soccer game without sitting in the car for a half-hour each way; where open space, farmlands, and forests are being gobbled up by haphazard, poorly planned development; where office, shopping and residential areas are segregated by large distances; and where older urban areas and inner ring suburbs are being deserted for more cheaply built newer developments that stand in former bean fields. This is sprawl, and this in fact is killing Americans," Glendening told attendees.

Changes in policies and regulations that will limit sprawl and enhance smart growth will be the critical factors in increasing opportunities for physical activity, according to Glendening. He discussed some of the smart growth measures he sponsored toward that end during his tenure as governor of Maryland, and now promotes in communities across the country. "We're urging people to make a fundamental shift in thinking about the environment," he said, "and urging policymakers to stop and think beyond the immediate framework of whatever policy decision they're trying to make."

> *Once we understand and articulate the causes of sprawl and haphazard development, there are literally hundreds of critical policy changes that we can make in our communities. I strongly encourage you to work with your federal, state and local officials to change the policies that favor sprawling, haphazard, thoughtless development. We must find those policies that make it easy to throw up new strip malls in corn fields and change those policies.*
>
> Governor Parris Glendening, President, Smart Growth Leadership Institute

Glendening's assertion that urban sprawl is associated with adverse health effects was supported by findings presented by Dr. Roland Sturm, a Senior Economist with RAND. His recent national study on the impact of sprawl in the development of chronic health conditions showed that sprawl has a substantial independent effect associated with increased prevalence of chronic conditions such as asthma, diabetes, hypertension, stroke, heart disease, and cancer. The study also suggested a relation between sprawl and reduced walking and higher BMI. It did not, however, uncover a direct link between sprawl and differential weight gain among children. Sturm speculated that other factors such as individual and family habits, school environments, and local food prices could be more influential.

Food portion size and the overall amount of consumption are important contributors to weight gain, and may be an environmental factor that can be changed in the family, school, and restaurant settings. Dr. Brian Wansink of Cornell University showed that unconscious perceptual cues wield a strong influence on how much food people eat. His studies have revealed that the size of a package, the shape of a glass or bowl, the words on a menu or label, proximity to food, and other "hidden persuaders" can all cause us to eat or drink more without realizing it. With today's children typically exercising less and

consuming more calories, Wansink suggested that the fight against childhood obesity begin at home, by taking simple steps such as using smaller bowls, plates, glasses and utensils to make the home a less "fat-prone" environment.

Government in Action

As session moderator Governor Glendening pointed out, government has an important role to play in the fight against childhood obesity. Leadership can come from the top down, from the federal or state levels in the forms of legislation or programs, or from the bottom up, arising from local government initiatives, often in collaboration with community groups.

Bill Bronrott, a state delegate to the Maryland General Assembly, has a special concern about pedestrian safety, which naturally leads him to involvement in issues such as community walkability, and safe walking routes to school for children. According to Bronrott, the key to pedestrian safety is "the three E's": education of both motorists and pedestrians; enforcement of applicable laws against such offenses as drunk driving, aggressive driving, and hit and run; and engineering. Engineering has in the past created impediments in many areas to safe walking and biking, but can also be a vehicle to enhance and encourage those activities. He stressed that continuity of leadership is vital. Under Governor Glendening, several smart growth legislative initiatives were successfully passed and implemented, but a change in administration brought a less committed governor into office, and those programs have suffered cutbacks.

> *When we talk about leadership, when we talk about taking your research and what lessons can be learned, and putting them into action, it's important that we sustain these kinds of campaigns over the course of time.*
>
> State Delegate Bill Bronrott, District 16, Maryland

Michigan, on the other hand, has recognized that the health of its citizens is intrinsically involved with its fiscal health. Governor Jennifer Granholm has pursued a variety of initiatives designed to improve the health of Michigan's people, including several aimed at combating obesity among children. Dr. Kimberlydawn Wisdom is the first state-level Surgeon General in the country, and she described some of the many programs in place to improve public health in Michigan.

In 2004, Wisdom issued a report called *Prescription for a Healthier Michigan* that outlined key strategic priorities and recommendations. The highest priority was identified as promoting healthy lifestyles within the state. One of the initiatives to emerge is *Michigan Steps Up*, a public/private collaboration focused on physical activity, healthy eating, and decreased tobacco consumption. The goals of the program are to build community capacity, share resources, reduce health risk factors, and improve health outcomes. Stakeholder groups, including businesses, schools, healthcare, faith-based groups and community organizations, will each contribute to efforts within the program. Other efforts in Michigan include participation in single-day, awareness-raising events

such as All Children Exercising Simultaneously (ACES), International Walk to School Day, and a Labor Day Bridge Run. There are also efforts promoting improvements in school physical education curriculums and encouraging safe routes for children to walk or bike to school. Policy efforts include a legislative package mandating safe routes to school, quality physical education for all Michigan schoolchildren, and the availability of healthier foods and beverages in schools.

We've come up with several ways to address the various stakeholder groups, and through various efforts, whether they're long-term or short-term, to promote building a healthier environment across the state of Michigan. The best way to predict the future is to invent it, so we're working to identify innovative ways to build and grow a healthier Michigan.
Dr. Kimberlydawn Wisdom, Michigan Surgeon General

The state of New York is also involved in comprehensive efforts to combat obesity in its citizens, as reported by Dr. Barbara Dennison of the New York State Department of Health, who heads the state's Obesity Prevention Program. And with more than 20% of New York school-aged children being obese, and a rate of 30% among Hispanic children, the state has particularly turned its attention to the issue of childhood obesity. New York has recently re-organized its childhood obesity prevention programs, and has created a new brand name for its efforts: "*Activ8Kids!*" *Activ8Kids!* is a $9.6 million initiative that includes $1.5 million in new funding, allowing a re-doubling of efforts to promote healthy behaviors in children. Dennison said the premise of *Activ8Kids!* is simple: "Because the habits that create obesity start early in life, we want to reach all children before the age of eight years, and establish a healthy daily routine, including consuming five or more vegetables and fruits per day, engaging in at least one hour of physical activity per day, and reducing time spent watching TV or playing video games to no more than two hours daily. Five plus one plus two equals eight – thus, Activ8."

Dennison also described a wide variety of programs, grants, and legislative efforts in New York aimed at improving nutrition and physical education in schools and day care facilities.

We felt in New York the need to move beyond the traditional prevention strategies and focus on the individual. We felt that we needed broad-based public health strategies that focus on changing our environment and reaching children at a young age. To affect the behavior of populations and individuals, we believe that large-scale, systematic, sustainable changes are needed to support healthy food choices and increased physical activity opportunities in multiple population segments. The goal is to promote policy and environmental changes where we live, work, eat, play, and learn that make it easier for everyone to eat healthy and to be physically active.
Dr. Barbara Dennison, New York State Department of Health

Overview of Environmental Interventions

As the conference progressed, the theme increasingly emerged that to ultimately solve the problem of childhood obesity, it will be necessary both to influence individual behaviors and to institute long-range, effective changes in children's environments that will promote a culture of healthy eating and physical activity. Those efforts should be focused on preventing children from becoming overweight or obese in the first place.

Three programs were presented as successful models that are achieving results in their own particular contexts.

Kaiser Permanente (KP), America's leading integrated health plan, has taken a comprehensive public health approach to the childhood obesity epidemic. As described by Dr. William Caplan of the Kaiser Permanente Care Management Institute, the company has adopted the strategy of pursuing directed social change for the prevention of childhood obesity, incorporating the key components of previous successful directed social change campaigns such as anti-smoking and pro-seatbelt efforts.

The campaign begins with advocacy, in terms of both policy advocacy and patient advocacy. The company supports advocacy organizations and provides training to support environmental policy change. To promote behavior change in patients and their families, clinical training has been provided to more than 1,000 KP pediatricians and family physicians, along with many other community physicians. "The core of this is motivational interviewing – how to interact effectively with your patients, how to mutually agree upon a set of achievable, incremental goals, and how to support behavior change," said Caplan.

Coalitions and partnerships play a vital role in such efforts, and KP has actively engaged in that process, highlighted by its program called Healthy Eating, Active Living (HEAL). HEAL, supported by $16.5 million in grants, partners with community health organizations to effect multi-level interventions, including environmental and policy change, with a focus on long-term, place-based initiatives, leveraging the communities' and the company's assets and strengths.

Other elements of KP's wide-ranging initiative include the establishment of farmers markets at 29 of its medical centers across the country, educational theater productions promoting healthy living that have played to children at hundreds of schools, and substantial support of obesity prevention research.

We have focused for over the last couple of decades on individual behavior change. Over that period of time, we've found that to be an ineffective strategy to address the overweight problem. What Kaiser and others are doing, and part of the goal of this meeting, is to be able to add to that individual behavior change an environmental component – to provide an environment that is supportive of the individual behavior change we want to see take place, and that allows people to have the access and affordability of a healthy diet and opportunities for physical activity. If we can design that more preventive type of environment, it will enable people to make the individual lifestyle behavior choices that are more health-promoting, and will prevent overweight and obesity from developing in the first place.

Dr. Allen Dearry, NIEHS

Established in 2002, the Consortium to Lower Obesity in Chicago Children (CLOCC) is now a thriving initiative comprising more than 900 individuals representing more than 400 organizations in the Chicago area. To determine the extent of childhood obesity at the local level, early in the group's existence, it gathered data from 25 Chicago public schools. According to Dr. Matthew Longjohn, CLOCC's Executive Director, the results were "astonishing." They discovered that at school entry age, 23% of Chicago children were obese – a rate far exceeding national levels. "We know that NHANES data are very useful for national conversation, but we also have to recognize that this local-level data is extremely important in terms of crafting solutions, in terms of community organizing, in terms of changing perceptions," said Longjohn.

The group's core strategy is to act as an information clearinghouse, helping to disseminate data and direction to its many members. "There are tremendous amounts of resources for research, and obviously very actively engaged people in advocacy, but one of the big challenges was always ensuring that good information got to the right people at the right time," Longjohn explained.

CLOCC, which is comprised of seven work groups of volunteers, is also involved in supporting research and advocating policy change. More than $200,000 in seed grants have been issued to community-based organizations within the past two years to fund pilot efforts in obesity prevention aimed specifically at children aged three to five years. Upon the release of the public schools obesity data, more than 40 bills to address childhood obesity prevention were introduced in the Illinois legislature. Only two of the measures passed, one of which was designed by CLOCC. It mandates a statewide BMI data surveillance system for Illinois school children. The data will not be at an individual reporting level, but will be intended to help map rates of childhood obesity within the state, identifying problem areas and helping to target allocation of resources.

The expertise, the innovation, and the energy are out there. There are hundreds of community-based organizations wanting to be involved, looking for good data, looking for the way to plug into something that addresses childhood obesity prevention, who need to feel empowered by getting good information – and CLOCC is one model.

Dr. Matthew Longjohn, Executive Director, CLOCC

With the plethora of programs and initiatives at all levels across the country addressing childhood obesity, there is a need to establish some sense of coordination, with common language, goals, and standards. That role is being fulfilled by Shaping America's Youth (SAY), a public/private partnership with the mission of defining the scope of efforts directed at childhood physical inactivity and excess weight, and developing a national action plan that will enhance the impact of those efforts nationwide.

SAY has conducted a national survey and established a national registry of organizations engaged in the battle against childhood obesity. Its 2004 Summary Report showed that there were more than 1800 programs (the registry now includes close to 2500) in place, with total funding between $4 and $7 billion. Although the broad-brush numbers show that there is a high degree of awareness of the problem, a closer look at some of the trends and characteristics of the programs reveals several areas of room for improvement, according to SAY Executive Director David McCarron. "People are committed, but the problem is, it's not organized, it's not being sustained, and it's probably not being directed at the right age group," said McCarron. "We need to take this commitment and interest and really get it focused where we have to, which is on the very youngest children and their families."

The survey showed that 80% of the programs target children above six years of age, with the majority of that effort occurring after primary school. SAY also promotes the use of outcomes measures, which only 53% of the programs reported having, despite the fact that funding organizations consider quantifiable outcomes measures to be their number one criterion for funding approval. The survey also revealed that most programs are based on educational materials, rather than active structural changes in children's environments. "We've got to change that," said McCarron. "To provide some educational materials is a good first step, but as this conference is trying to have all of us understand, if they don't lead to critical changes in the environment of our children, we are not going to solve this problem."

Next on SAY's ambitious agenda will be a series of four town hall meetings over the next year in Memphis, Dallas, Philadelphia, and a city in California. The meetings are designed to stimulate grassroots dialogue and provide input to the National Action Plan the group plans to release in 2006.

All of the information being generated by SAY, including its 2004 report, new "mini" surveys, and a planned program self-evaluation instrument, is readily available on its website, www.shapingamericayouth.com (which will soon change to .org).

Our goal is to be a stimulus for organizations to come together under one umbrella, whether they be national, regional, or local, take the information from the database, and take the information from these town hall meetings. Because if we don't talk to the people on the ground as to what they need, what they think they have to do, we are going to do what we do too often in this country – we're going to talk down from someplace up here, from Washington or New York – and it's going to fall on deaf ears, because it's not going to be responsive to what communities need."

Dr. David McCarron, Executive Director, Shaping America's Youth

Challenges and Solutions: Engaging Leaders on the Childhood Obesity Problem

The conference's final full session was devoted to brief presentations from a panel of leaders in industry, media, and public health, allowing each to discuss their organization's efforts to contribute to combating childhood obesity. Each solution, small and large, is contributing in some way to creating an environment in which children have more opportunities to eat healthier diets and participate in physical activity.

Molly Barker founded *Girls on the Run* in 1996. The 12-week program, aimed at third- to fifth-grade girls, combines training for a 5K run with life skills development and lessons designed to enhance self-esteem. *Girls on the Run* is now active in 120 U.S. and Canadian cities, with more than 50,000 girls participating.

"Physical gaming" is a relatively new concept in the video game industry, which allows participants to control the games via their own physical activities. Joe BrisBois of Sony Computer Entertainment America outlined several of the games on the company's I-Toy platform, including a dance game called I-Toy Groove targeted to 7- to 17-year-old girls, and a game aimed at "extreme" gamers called I-Toy Antigrav. An interactive fitness workout program is in development. All of the games are designed to provide participants with a new gaming experience, while encouraging physical activity.

Sesame Street, with its large audience of preschool children, has launched a multi-year, content-driven initiative called Healthy Habits for Life, designed to help young children and their caregivers establish an early foundation of healthy habits. As Anne Gorfinkel of Sesame Workshop described the program, it will treat healthy habits as being as crucial to early development as learning to read and write. With an emphasis on prevention, the messages will be featured in all of the *Sesame Street* media vehicles, including the television show, public service announcements, home video and DVDs, books and magazines, a traveling museum exhibit, and in online content.

Unhealthy foods are often heavily promoted to children in the media, and as the media environment evolves, new opportunities to entice kids toward unhealthy choices are proliferating. Patti Miller of Children Now, a national child advocacy organization based in California, told attendees that interactive marketing already exists in the form of "advergames" – Internet-based games designed to attract and hold young people's

attention to specific brands, such as LifeSavers, Kool-Aid, and Chips Ahoy cookies. In the near future, with the advent of digital television, viewers will be able to access the Internet directly from their televisions, allowing even more opportunities for such interactive advertising. *Children Now* is lobbying the Federal Communications Commission to institute a ban on such practices in children's television programming.

Dr. Marlene Schwartz of Yale University discussed how public policy informed by science can impact children's food environment. "If we look at the food environment we're currently in, many things are working against our eating a healthy diet. Poor foods are highly accessible, convenient, good tasting, heavily promoted, and inexpensive, while healthy foods are less accessible, less convenient, worse tasting, not promoted, and more expensive," she said. There are three approaches to ameliorating that situation, particularly as it applies to children. First, unhealthy foods could be treated like cigarettes, with bans on advertising to children and sales in schools, and with litigation against industry. Second, the strategy currently practiced by the government, to attempt to influence people to be more personally responsible, to eat healthier foods and get more exercise. The third option, which Schwartz said is gaining acceptance, is to make it easier for people to eat healthy foods and harder to eat unhealthy foods. She cited progress in restaurants and schools making healthier choices available, but noted that children will still often opt for unhealthy foods. Limiting choices may be the best strategy, as exemplified by a new law in Connecticut restricting beverages and snacks sold in schools to nutritious products. Her group plans to track the effects of the law to assess its impact on obesity rates.

Food and beverage giant PepsiCo has recognized that there is a tremendous business opportunity in offering consumers more nutritious, healthful products, according to Ellen Taaffe. Health-oriented products now comprise almost 40% of PepsiCo's product portfolio, and are its fastest-growing sector. Taaffe said the company's strategy is to position itself at the intersection where business interests and public interests meet, by offering consumers more choices that contribute to healthier lifestyles. As an example, she cited the Smart Spot program, in which a symbol is placed on a product's packaging identifying it as a healthy choice. More than 100 of the company's products currently carry the Smart Spot designation.

Cathleen Toomey of Stonyfield Farm, the country's largest producer of organic yogurt, discussed the company's successful efforts to launch the first organic and all natural healthy vending machines for schools. Produced in collaboration with the schools themselves, who receive the profits from sales, there are currently 32 of the machines in place at schools in seven states, with a nationwide waiting list of 930 schools. According to Toomey, the program is demonstrating that "kids will eat organic food, as long as it tastes good."

The message I would encourage everyone to take away from this conference is that you can make small changes. You can start a Girls on the Run *program, you can apply for a healthy vending machine – you can start making a difference in your communities. You can make the doors open, and we can whittle down childhood obesity piece by piece.*

Cathleen Toomey, Stonyfield Farm

The conference concluded with a keynote address by Arkansas Governor Mike Huckabee. Governor Huckabee shared with attendees his own story of a battle with obesity. Two years ago, he weighed 110 pounds more than he does today, had Type 2 diabetes, and had been told by his physician that if he didn't make drastic changes, he was in his final decade of life. He took the advice to heart, and is now slim and trim, and a champion of efforts to combat obesity, particularly in Arkansas' children. For example, he led efforts in the state to institute BMI screening of all incoming school children, with reports of results sent to parents. The program has been recognized nationwide as a model of its type.

Because it is so hard to treat obesity, we've tried to focus on preventing obesity from developing in children, and we're trying to do that through a variety of research and educational strategies. If you can prevent kids from becoming overweight and obese at a young age, then you're much more likely to start to reduce the incidence of obesity in adults. I think there's the potential that if we can successfully modify our environment to enable people to have a better diet or more physical activity, we can start to see some reductions in the growth of obesity in the next five to ten years.

Dr. Allen Dearry, NIEHS

APPENDIX 1: Conference Agenda

Environmental Solutions to Obesity in America's Youth
June 1-2, 2005

The Washington Convention Center
Washington, DC

WEDNESDAY, JUNE 1, 2005

Level 2, 202AB Concourse Area 8:00 – 9:00 AM	**REGISTRATION**
Level 2, Meeting Room 202AB	**DAY 1: GENERAL SESSION**
9:00 – 10:15	**Welcome and Opening Remarks** Dr. David Schwartz, Director, National Institute of Environmental Health Sciences, NIH
	Keynote Address Mr. Lynn Swann, Chairman, President's Council on Physical Fitness and Sports Vice Admiral Richard H. Carmona, U.S. Surgeon General Secretary Michael Leavitt, U.S. Dept of Health and Human Services
Level 2, Meeting Room 201 10:15 – 10:45	**Morning Break**
10:45 – 12:15 PM	**Plenary Session - Obesity in Youth: Basic Facts, Issues, and Implications. What We Know about Obesity in Youth.**
	Moderator: Dr. Allen Dearry, National Institute of Environmental Health Sciences, NIH
	Obesity in Youth: An Overview and Call to Action Dr. Ross Brownson, St. Louis University, School of Public Health
	Obese Neighborhoods: Disparities in Access to Food Dr. Adam Drewnowski, University of Washington – Seattle
	Health Consequences Dr. Jeffrey B. Schwimmer, University of California – San Diego
12:15 – 1:45	**Lunch (on your own)**
Level 2, Room 201 1:45 – 3:15	**Plenary Session - Environment and Childhood Obesity**
	Moderator: Ms. Robin Hamre, Centers for Disease Control
	Sprawling Development, Sprawling Waistlines, and How to Fix Them Governor Parris Glendening, Smart Growth Leadership Institute; Former Governor of Maryland *Urban Design, Lifestyle, and the Development of Chronic Conditions* Dr. Roland Sturm, RAND
	Mindless Eating: Hidden Persuaders That Make Children Lose and Gain Weight Dr. Brian Wansink, Cornell University
Level 2, Meeting Room 201 3:15 – 3:45	**Afternoon Break**

WEDNESDAY, JUNE 1, 2005 (CONTINUED)

3:45 – 5:15	**Panel Session – Government Leaders in Action** Moderator: Governor Parris Glendening, Smart Growth Leadership Institute; Former Governor of Maryland State Delegate Bill Bronrott, District 16, Maryland Surgeon General Kimberlydawn Wisdom, Michigan Mr. Mark Kissinger, Deputy Secretary for Health and Human Services, New York
Level 2, Room 207AB 6:00 – 8:00	**Reception - *Sponsored by the Robert Wood Johnson Foundation***

THURSDAY, JUNE 2, 2005

Level 2, Meeting Room 202AB	**DAY 2: GENERAL SESSION**
8:30 – 10:00 AM	**Plenary Session – Overview of Environmental Interventions** Moderator: Mr. David Brown, Delete MPH National Institute of Environmental Health Sciences, NIH *Kaiser Permanente's Comprehensive Public Health Approach to the Epidemic of Childhood Obesity* Dr. William Caplan, Kaiser Permanente Care Management Institute *CLOCC: A Childhood Obesity Prevention Effort in the Chicago Environment* Dr. Matthew Longjohn, Consortium to Lower Obesity in Chicago Children (CLOCC) *Shaping America's Youth: Observations from the SAY Survey and Registry; Programs Directed at Physical Activity and Nutrition* Dr. David McCarron, Academic Network
Level 2, Meeting Room 201 10:00 – 10:30	**Morning Break**
10:30 – 12:00 PM	**MORNING CONCURRENT SESSIONS (see following pages)**
12:00 – 1:30	**Lunch (on your own)**
1:30 – 3:00	**AFTERNOON CONCURRENT SESSIONS (see following pages)**
Level 2, Meeting Room 201 3:00 – 3:30	**Afternoon Break**

THURSDAY, JUNE 2, 2005 (CONTINUED)

3:30 – 5:00

Panel Session – Challenges and Solutions: Engaging Leaders on the Childhood Obesity Problem

Leaders in industry, media, and public health professions will discuss their particular solutions and interact in a lively discussion of the obstacles to and remedies for childhood obesity. The audience will be encouraged to ask questions or share their own experience, solutions, and views.

Moderator: Dr. Barry Popkin, University of North Carolina – Chapel Hill
Panelists:
Girls on the Run-Celebrating the Unique in Every Body
Ms. Molly Barker, Girls on the Run

Physical Gaming: PlayStation and EyeToy Get Kids Off the Couch
Mr. Joe BrisBois, Sony Computer Entertainment America

Healthy Habits for Life
Ms. Anne Gorfinkel, Sesame Workshop

Interactive Advertising and Children's Health
Ms. Patti Miller, Children Now

Children and Food: Public Policy Informed by Science
Dr. Marlene Schwartz, Yale University

Growth at the Intersection of Public and Private Interests
Ms. Ellen Taaffe, Pepsico

They Say It Couldn't Be Done: Launching a Healthy Vending Machine for Schools
Ms. Cathleen Toomey, Stonyfield Farm

5:00 – 5:45

Closing Keynote/Remarks

Introduction: Dr. Allen Dearry, National Institute of Environmental Health Sciences, NIH
Governor Mike Huckabee, Arkansas

MORNING CONCURRENT SESSIONS - THURSDAY, JUNE 2, 2005

Level 2, Meeting Room 204AB

A. State-Level Initiatives – North Carolina: Eat Smart, Move More…NC

The North Carolina Division of Public Health (NCDPH) will share an overview of their comprehensive work with state and local partners in addressing nutrition and physical activity to prevent obesity and other chronic diseases. The NCDPH, with numerous partners, have developed and implemented creative initiatives, exemplary programming, multilevel interventions and successful community-based grants programs. As a result of these programs, policy and environmental changes are taking place throughout the state in support of Eat Smart, Move More…North Carolina.

Moderator: Ms. Cathy Thomas, Delete MAEd, CHES Physical Activity and Nutrition Branch, NC DHHS
Panelists:
Mr. Jimmy Newkirk, Physical Activity and Nutrition Branch, NC DHHS
Ms. Sherée Thaxton Vodicka, Physical Activity and Nutrition Branch, NC DHHS

Level 2, Meeting Room 204C

B. Active Living by Design: Developing Community-Based Models for Obesity Prevention

This presentation will focus on Active Living by Design, a national program of The Robert Wood Johnson Foundation, and its comprehensive 5Ps model to increase physical activity through changes in community design. A brief overview will be provided, followed by case examples from Active Living by Design partnerships in Somerville, Massachusetts; Chicago, Illinois; and Columbia, Missouri that will focus on how they are addressing childhood obesity.

Moderator: Mr. Rich Bell, Active Living by Design
Panelists:
Active Living by Design: Developing Community-Based Models for Obesity Prevention
Mr. Rich Bell, Active Living by Design

Environmental Solutions to Childhood Obesity: One Community Responds
Ms. Jessica Collins, Tufts University

Childhood Obesity: A Family, A School, A Community Matter
Ms. Lucy Gomez-Feliciano, Logan Square Neighborhood Association

Environmental Solutions to Obesity in America's Youth: Lessons Learned in the Community Setting
Dr. Ian Thomas, PedNet Coalition

Level 2, Meeting Room 206

C. Transportation Initiatives

Active and safe transportation is a critical element to encourage obesity control in our nation's youth. This session will present transportation success stories from three people whose organizations are actively involved in the provision of active and safe transportation alternatives.

Moderator: Dr. David Belluck, Federal Highway Administration, U.S. DOT
Panelists:
Safe Routes to School Programs: Partnership of Transportation, Safety and Health
Ms. Lauren Marchetti, University of North Carolina – Chapel Hill

The Brevard MPO Safe School Access Program
Ms. Barbara Meyers, Brevard County Office of Transportation Planning/MPO

Human Powered Transportation – Steps Toward Healthy Weight and Healthy Environment
Mr. Jeff Walker, Cambridge (Delete), MA Public Health Department

Level 2, Meeting Room 208AB

D. Public Advocacy/Education Initiatives

Non-profit organizations have been instrumental in creating operational frameworks in which obesity prevention initiatives can be effective. Three non-profit groups will highlight their approaches to influencing public policy, establishing grant programs, and creating multi-level partnerships for the campaign against obesity.

Moderator: Ms. Karen Donato, National Heart, Lung, and Blood Institute, NIH
Panelists:
Taking Action for a Healthier California: The Strategic Alliance for Healthy Food and Activity Environments
Ms. Leslie Mikkelsen, Prevention Institute

Action for Healthy Kids: Improving the School Environment
Ms. Alicia Moag-Stahlberg, Delete MS, RD, LD Action for Healthy Kids

Healthy Eating, Active Communities: A Comprehensive Approach to Addressing Obesity
Ms. Marion Standish, The California Endowment

Level 2, Meeting Room 209AB

E. The Youth Perspective: Youth Engagement in Community Wellness Promotion

The Urban Nutrition Initiative (UNI) is part of the Center for Community Partnerships at the University of Pennsylvania in which students in grades K-16+ address issues of community nutrition and physical fitness through a curriculum that integrates community problem solving across core-subject areas. A team of youth from UNI will share perspectives of their experiences in improving the nutritional ecosystem in Philadelphia. Through a project that integrates community problem solving into year-round school-based programs, youth working with UNI have established several environmental solutions to the obesity epidemic.

Moderator: Mr. Danny Gerber, Center for Community Partnerships, University of Pennsylvania
UNI Team:
Salema Davis, Sayre High School
Michelle Jenkins, University City High School
Xavier Kimbough, University City High School
Jonathon Russell, University City High School

Level 2, Meeting Room 209C

F. America on the Move

America on the Move (AOM) is a national initiative to inspire people of all ages to make small increases in walking and small decreases in energy intake in order to prevent weight gain and improve health. This session presents AOM progress at the local, state, and national levels.

Moderator: Dr. James Hill, University of Colorado Health Sciences Center
Panelists:
Simple Steps to Better Health: Building a Movement
Dr. John C. Peters, The Procter and Gamble Company

The Colorado On the Move Experience
Ms. Helen Thompson, University of Colorado Health Sciences Center

Tennessee on the Move: Successes in Building a Novel Approach on Existing AOM Messages
Dr. Michael Zemel, University of Tennessee

Saratoga On the Move
Ms. Sue Malinowski, Saratoga Care

AFTERNOON CONCURRENT SESSIONS - THURSDAY, JUNE 2, 2005

Level 2, Meeting Room 204AB

A. State-Level Initiatives – California: Environmental Strategies to Improve Healthy Eating and Activity

This panel will address three major areas that have a significant impact on obesity in California's youth: Television/recreational screen time in "tweens", policy change in schools that support healthy eating and physical activity, and the impact of the built environment on youth physical activity and obesity.

Moderator: Ms. Leslie Mikkelsen, Prevention Institute
Panelists:
Creating School Environments that Support Healthy Eating
Ms. Peggy Agron, California Project LEAN, California Department of Health Services

Watch Less – Do More! Screen Time and Tweens
Ms. Nancy Gelbard, California Obesity Prevention Initiative, California Department of Health Services

Impact of the Built Environment on Youth Physical Activity and Obesity
Dr. Gregory Norman, University of California – San Diego

Level 2, Meeting Room 204C

B. Community Design – Built Environment

The opportunities for children, adolescents and teens to be physically active in the course of their daily routines are determined by the quality of the built environment in their neighborhoods, the location of their school relative to where they live, their proximity to open space and parks, and the design and condition of the streets and sidewalks that they use to get themselves where they want or need to go. This session will provide practical advice to local communities, health professionals, urban planners, school boards, and other participants in the land-use policy and planning process on what modifications can be made to the built environment where kids walk, bike, and play that can enhance their ability and likelihood of being physically active while staying safe at the same time.

Moderator: Ms. Marya Morris, American Planning Association
Panelists:
The Effect of Environment on Adolescents' Physical Activity: Findings from the 2003 California Health Interview Survey
Dr. E. Richard Brown, UCLA Center for Health Policy Research

Complete delete the Streets: A Comprehensive Policy Approach to Encourage Active Living
Ms. Barbara McCann, McCann Consulting

The Impact of School Siting on Children's Health and Physical Activity
Dr. David Salvesen, University of North Carolina – Chapel Hill

Level 2, Meeting Room 206

C. Innovative Local Strategies for Creating Healthier Living Environments

This session will highlight efforts of local public health departments that are working with external partners (e.g. planning and elected officials) to improve the health and well-being of children through built environment interventions. Panelists will explore methods for greater local public health agency involvement, by providing lessons learned, tools and resources used to address root causes of obesity through land use/community design policy decisions.

Moderator: Dr. Thomas Schmid, Centers for Disease Control
Panelists:
Partnerships, Interactions, Relationships and Collaboration: Public Health and Planning Working Together to Improve Community Health and Safety
Ms. Valerie Rogers, National Association of County and City Health Officials

Peddling Off the Pounds
Dr. Kevin Stephens, City of New Orleans Department of Health

A Local Collaboration Addressing Health Risk
Ms. Susan Sutherland, Delaware General Health District

Level 2, Meeting Room 208AB

D. Addressing Disparities in Obesity in Vulnerable Populations

Studies show that certain populations are disproportionately prone to obesity. Environmental solutions addressing prevention and treatment should be culturally-relevant and tailored to the needs of each particular population. The three panelists will share their programs' successes, challenges, and lessons learned.

Moderator: Mr. David Vigil, New Mexico Public Health Division
Panelists:
Fighting the Obesity Epidemic Among Low-Income Communities: The Need for a Comprehensive Approach
Dr. América Bracho, Latino Health Access

Listen Up! Strategies for Engaging Low-Income Communities of Color in Obesity Prevention Efforts
Ms. Arnell Hinkle, California Adolescent Nutrition and Fitness Program (CANFit)

Our Wellness Journey: Following the Path of Traditions in Building Healthier AI/AN Communities
Dr. Kelly Moore, Indian Health Service

Level 2, Meeting Room 209AB

E. Health Care Initiatives

The health care industry is expanding efforts to emphasize preventive solutions. More insurance companies, hospitals, and private practitioners are engaging in collaborative efforts with government, communities, and schools. Each panelist will explore how the medical and health insurance communities can be more effective agents of change, both at the individual and community level.

Moderator: Ms. Nsedu Obot Witherspoon, Children's Environmental Health Network
Panelists:
Overweight Children: Kaiser Permanente's Approach to Prevention and Treatment
Dr. Scott Gee, Kaiser Permanente

How Can Health Care Providers be Part of the Solution?
Dr. Francine Ratner Kaufman, Children's Hospital Los Angeles

Shape-Up/Live Well: CareFirst Blue Cross Blue Shield Obesity Prevention Grants Program
Ms. Luwanda Jenkins, CareFirst Blue Cross Blue Shield

Level 2, Meeting Room 209C

F. Researching the Environment-Obesity Link: Tools, Measures, and Methods

Development of reliable environmental measures is key to effective assessment of environment/obesity connections. Researchers in the fields of nutrition, parks and recreation**,** and community design will share their research and insights on environmental measurement tools and methodology.

Moderator: Ms. Leslie Linton, Active Living Research
Panelists:
Methods for Measuring Park Environments
Dr. Ariane Bedimo-Rung, Louisiana State University, School of Public Health

Identifying and Measuring Urban Design Qualities Related to Walkability
Dr. Reid Ewing, National Center for Smart Growth

Tools and Methods for Measuring Nutrition Environments
Dr. Karen Glanz, Rollins School of Public Health, Emory University

A Pilot Study of Exercise and Changes in BMI and Body Fat in High School Freshman
Ms. Jamie Bell, Student, Charles E. Jordan Senior High School

APPENDIX 2:

Conference Planning Committee:

Dr. David Belluck, Federal Highway Administration, U.S. Department of Transportation
Mr. David Brown, National Institute of Environmental Health Sciences, NIH
Ms. Christine Bruske, National Institute of Environmental Health Sciences, NIH
Dr. Andrew Dannenberg, National Center for Environmental Health, CDC
Dr. Allen Dearry, National Institute of Environmental Health Sciences, NIH
Dr. Martha Dimes, National Institute of Environmental Health Sciences, NIH
Dr. James O. Hill, University of Colorado Health Sciences Center
Ms. Stephanie Holmgren, National Institute of Environmental Health Sciences, NIH
Mr. William Jirles, National Institute of Environmental Health Sciences, NIH
Mr. Richard E. Killingsworth, Active Living by Design, University of North Carolina at Chapel Hill
Dr. Harold W. Kohl, III, National Center for Chronic Disease Prevention and Health Promotion, CDC
Ms. Charle League, National Institute of Environmental Health Sciences, NIH
Ms. Marya Morris, American Planning Association
Ms. Valerie Rogers, National Association of County and City Health Officials
Dr. Shobha Srinivasan, National Institute of Environmental Health Sciences, NIH

Conference Management Committee:

Ms. Angie Sanders, National Institute of Environmental Health Sciences, NIH
Ms. Alma Britton, National Institute of Environmental Health Sciences, NIH
Ms. Tonya Stonham, National Institute of Environmental Health Sciences, NIH
Ms. Andrea Brooks, National Institute of Environmental Health Sciences, NIH
Mr. John Maruca, Image Associates, Inc.
Mr. Pete Cozart, Web Developer
Mr. David Kerley, Poster and Program Design
Mr. Ernie Hood, Science Writer

APPENDIX 3:

Obesity in youth: An overview and call to action

Ross Brownson for the IOM Committee on Prevention of Obesity in Children and Youth

Despite steady progress over most of the past century toward assuring the health of our country's children, we begin the 21st century with a startling set-back—an epidemic of childhood obesity. This epidemic is occurring in boys and girls in all 50 states, in younger children as well as adolescents, across all socioeconomic strata, and among all ethnic groups—though specific subgroups, including African Americans, Hispanics, and American Indians, are disproportionately affected. At a time when we have learned that excess weight has significant and troublesome health consequences, we nevertheless see our population, in general, and our children, in particular, gaining weight to a dangerous degree and at an alarming rate.

The increasing prevalence of childhood obesity[1] throughout the United States has led policy makers to rank it as a critical public health threat. Over the past three decades, its rate has more than doubled for preschool children aged 2 to 5 years and adolescents aged 12 to 19 years, and it has more than tripled for children aged 6 to 11 years. At present, approximately nine million children over 6 years of age are considered obese. These trends mirror a similar profound increase over the same approximate period in U.S. adults as well as a concurrent rise internationally, in developed and developing countries alike.

Childhood obesity involves immediate and long-term risks to physical health. For children born in the United States in 2000, the lifetime risk of being diagnosed with type 2 diabetes at some point in their lives is estimated at 30 percent for boys and 40 percent for girls if obesity rates level off. Young people are also at risk of developing serious psychosocial burdens related to being obese in a society that stigmatizes this condition.

There are also considerable economic costs. The national health care expenditures related to obesity and overweight in adults alone have been estimated to range from approximately $98 billion to $129 billion after adjusting for inflation and converting estimates to 2004 dollars. Understanding the causes of childhood obesity, determining what to do about them, and taking appropriate action require attention to what influences eating behaviors and physical activity levels because obesity prevention involves a focus on energy balance (calories consumed versus calories expended). Although seemingly straightforward, these behaviors result from complex interactions across a number of relevant social, environmental, and policy contexts.

U.S. children live in a society that has changed dramatically in the three decades over which the obesity epidemic has developed. Many of these changes—such as both parents working outside the home, longer work hours by both parents, changes in the school food environment, and more meals eaten outside the home, together with changes in the physical design of communities often affect what children eat, where they eat, how much they eat, and the amount of energy they expend in school and leisure time activities. Other changes, such as the growing diversity of the population, influence cultural views and marketing patterns. Use of computers and video games, along with television viewing, often occupy a large percentage of children's leisure time and potentially influence levels of physical activity for children as well as for adults. Many of the social and cultural characteristics that the U.S. population has accepted as a normal way of life may collectively contribute to the growing levels of childhood obesity. An understanding of these contexts, particularly regarding their potential to be modified and

[1]Reflecting classification based on the readily available measures of height and weight, this report uses the term "obesity" to refer to children and youth who have a body mass index (BMI) equal to or greater than the 95th percentile of the age- and gender-specific BMI charts of the Centers for Disease Control and Prevention (CDC). In most children, such BMI values are known to indicate elevated body fat and to reflect the presence or risk of related diseases.

how they may facilitate or impede development of a comprehensive obesity prevention strategy, is essential for reducing childhood obesity.

Developing An Action Plan For Obesity Prevention

The Institute of Medicine (IOM) Committee on Prevention of Obesity in Children and Youth was charged with developing a prevention-focused action plan to decrease the prevalence of obesity in children and youth in the United States. The primary emphasis of the committee's task was on examining the behavioral and cultural factors, social constructs, and other broad environmental factors involved in childhood obesity and identifying promising approaches for prevention efforts. The plan consists of explicit goals for preventing obesity in children and youth and a set of recommendations, all geared toward achieving those goals, for different segments of society.

Obesity prevention requires an evidence-based public health approach to assure that recommended strategies and actions will have their intended effects. Such evidence is traditionally drawn from experimental (randomized) trials and high-quality observational studies. However, there is limited experimental evidence in this area, and for many environmental, policy, and societal variables, carefully designed evaluations of ongoing programs and policies are likely to answer many key questions. For this reason, the committee chose a process that incorporated all forms of available evidence—across different categories of information and types of study design—to enhance the biological, psychosocial, and environmental plausibility of its inferences and to assure consistency and congruency of information.

Because the obesity epidemic is a serious public health problem calling for immediate reductions in obesity prevalence and in its health and social consequences, the committee believed strongly that actions should be based on the best *available* evidence—as opposed to waiting for the best *possible* evidence. However, there is an obligation to accumulate appropriate evidence not only to justify a course of action but to assess whether it has made a difference. Therefore, evaluation should be a critical component of any implemented intervention or change.

Childhood obesity prevention involves maintaining energy balance at a healthy weight while protecting overall health, growth and development, and nutritional status. The balance is between the energy an individual consumes as food and beverages and the energy expended to support normal growth and development, metabolism, thermogenesis, and physical activity. Although "energy intake = energy expenditure" looks like a fairly basic equation, in reality it is extraordinarily complex when considering the multitude of genetic, biological, psychological, sociocultural, and environmental factors that affect both sides of the equation and the interrelationships between these factors. For example, children are strongly influenced by the food- and physical activity-related decisions made by their families, schools, and communities. Furthermore, it is important to consider the kinds of foods and beverages that children are consuming over time, given that specific types and quantities of nutrients are required to support optimal growth and development.

Thus, changes at many levels and in numerous environments will require the involvement of multiple stakeholders from diverse segments of society. In the home environment, for example, incremental changes such as improving the nutritional quality of family dinners or increasing the time and frequency that children spend outside playing can make a difference. Changes that lead to healthy communities, such as organizational and policy changes in local schools, school districts, neighborhoods, and cities, are equally important. At the state and national levels, large-scale modifications are needed in the ways in which society promotes healthful eating habits and physically active lifestyles. Accomplishing these changes will be difficult, but there is precedent for success in other public health endeavors of comparable or greater complexity and scope. This must be a national

effort, with special attention to communities that experience health disparities and that have social and physical environments unsupportive of healthful nutrition and physical activity.

A National Public Health Priority

Just as broad-based approaches have been used to address other public health concerns—including automobile safety and tobacco use—obesity prevention should be public health in action at its broadest and most inclusive level. **Prevention of obesity in children and youth should be a national public health priority.**

Across the country, obesity prevention efforts have already begun, and although the ultimate solutions are still far off, there is great potential at present for pursuing innovative approaches and creating linkages that permit the cross-fertilization of ideas. Current efforts range from new school board policies and state legislation regarding school physical education requirements and nutrition standards for beverages and foods sold in schools to community initiatives to expand bike paths and improve recreational facilities. Parallel and synergistic efforts to prevent adult obesity, which will contribute to improvements in health for the entire U.S. population, are also beginning. Grassroots efforts made by citizens and organizations will likely drive many of the obesity prevention efforts at the local level and can be instrumental in driving policies and legislation at the state and national levels.

The additional impetus that is needed is the political will to make childhood obesity prevention a national public health priority. Obesity prevention efforts nationwide will require federal, state, and local governments to commit adequate and sustained resources for surveillance, research, public health programs, evaluation, and dissemination. The federal government has had a longstanding commitment to programs that address nutritional deficiencies (beginning in the 1930s) and encourage physical fitness, but only recently has obesity been targeted. The federal government should demonstrate effective leadership by making a sustained commitment to support policies and programs that are commensurate to the scale of the problem. Furthermore, leadership in this endeavor will require coordination of federal efforts with state and community efforts, complemented by engagement of the private sector in developing constructive, socially responsible, and potentially profitable approaches to the promotion of a healthy weight.

State and local governments have especially important roles to play in obesity prevention, as they can focus on the specific needs of their state, cities, and neighborhoods. Many of the issues involved in preventing childhood obesity—including actions on street and neighborhood design, plans for parks and community recreational facilities, and locations of new schools and retail food facilities—require decisions by county, city, or town officials.

Rigorous evaluation of obesity prevention interventions is essential. Only through careful evaluation can prevention interventions be refined; those that are unsuccessful can be discontinued or refocused, and those that are successful can be identified, replicated, and disseminated.

Healthy Marketplace And Media Environments

Children, youth, and their families are surrounded by a commercial environment that strongly influences their purchasing and consumption behaviors. Consumers may initially be unsure about what to eat for good health. They often make immediate trade-offs in taste, cost, and convenience for longer term health. The food, beverage, restaurant, entertainment, leisure, and recreation industries share in the responsibilities for childhood obesity prevention and can be instrumental in supporting this goal. Federal agencies can strengthen industry efforts through general support, technical assistance, research expertise, and regulatory guidance.

Some leaders in the food industry are already making changes to expand healthier options for young consumers, offer products with reduced energy content, and reduce portion sizes. These changes must be adopted on a much larger scale, however, and marketed in ways that make acceptance by consumers (who may now have acquired entrenched preferences for many less healthful products) more likely. Coordinated efforts among the private sector, government, and other groups are also needed to create, support, and sustain consumer demand for healthful food and beverage products, appropriately portioned restaurant and take-out meals, and accurate and consistent nutritional information through food labels, health claims, and other educational sources. Similarly, the leisure, entertainment, and recreation industries have opportunities to innovate in favor of stimulating physical activity—as opposed to sedentary or passive-leisure pursuits—and portraying active living as a desirable social norm for adults and children.

Children's health-related behaviors are influenced by exposure to media messages involving foods, beverages, and physical activity. Research has shown that television advertising can especially affect children's food knowledge, choices, and consumption of particular food products, as well as their food-purchase decisions made directly and indirectly (through parents). Because young children under 8 years of age are often unable to distinguish between information and the persuasive intent of advertising, the committee recommends the development of guidelines for advertising and marketing of foods, beverages, and sedentary entertainment to children.

Media messages can also be inherently positive. There is great potential for the media and entertainment industries to encourage a balanced diet, healthful eating habits, and regular physical activity, thereby influencing social norms about obesity in children and youth and helping to spur the actions needed to prevent it. Public education messages in multiple types of media are needed to generate support for policy changes and provide messages to the general public, parents, children, and adolescents.

Healthy Communities

Encouraging children and youth to be physically active involves providing them with places where they can safely walk, bike, run, skate, play games, or engage in other activities that expend energy. But practices that guide the development of streets and neighborhoods often place the needs of motorized vehicles over the needs of pedestrians and bicyclists. Local governments should find ways to increase opportunities for physical activity in their communities by examining zoning ordinances and priorities for capital investment.

Community actions need to engage child- and youth-centered organizations, social and civic organizations, faith-based groups, and many other community partners. Community coalitions can coordinate their efforts and leverage and network resources. Specific attention must be given to children and youth who are at high risk for becoming obese; this includes children in populations with higher obesity prevalence rates and longstanding health disparities such as African Americans, Hispanic Americans, and American Indians, or families of low socioeconomic status. Children with at least one obese parent are also at high risk.

Health-care professionals, including physicians, nurses, and other clinicians, have a vital role to play in preventing childhood obesity. As advisors both to children and their parents, they have the access and influence to discuss the child's weight status with the parents (and child as age appropriate) and make credible recommendations on dietary intake and physical activity throughout children's lives. They also have the authority to encourage action by advocating for prevention efforts.

Healthy School Environment

Schools are one of the primary locations for reaching the nation's children and youth. In 2000, 53.2 million students were enrolled in public and private elementary and secondary schools in the United States. In addition, schools often serve as the sites for pre-school, child-care, and after-school programs. Both inside and outside of the classroom, schools present opportunities for the concepts of energy balance to be taught and put into practice as students learn about good nutrition, physical activity, and their relationships to health; engage in physical education; and make food and physical activity choices during school meal times and through school-related activities.

All foods and beverages sold or served to students in school should be healthful and meet an accepted nutritional content standard. However, many of the "competitive foods" now sold in school cafeterias, vending machines, school stores, and school fundraisers are high in calories and low in nutritional value. At present, federal standards for the sale of competitive foods in schools are only minimal.

In addition, many schools around the nation have reduced their commitment to provide students with regular and adequate physical activity, often as a result of budget cuts or pressures to increase academic course offerings, even though it is generally recommended that children accumulate a minimum of 60 minutes of moderate to vigorous physical activity each day. Given that children spend over half of their day in school, it is not unreasonable to expect that they participate in at least 30 minutes of moderate to vigorous physical activity during the school day.

Schools offer many other opportunities for learning and practicing healthful eating and physical activity behaviors. Coordinated changes in the curriculum, the in-school advertising environment, school health services, and after-school programs all offer the potential to advance obesity prevention. Furthermore, it is important for parents to be aware of their child's weight status. Schools can assist in providing BMI, weight, and height information to parents and to children (as age appropriate) while being sure to sensitively collect and report on that information.

Healthy Home Environment

Parents (defined broadly to include primary caregivers) have a profound influence on their children by fostering certain values and attitudes, by rewarding or reinforcing specific behaviors, and by serving as role models. A child's health and well-being are thus enhanced by a home environment with engaged and skillful parenting that models, values, and encourages healthful eating habits and a physically active lifestyle. Economic and time constraints, as well as the stresses and challenges of daily living, may make healthful eating and increased physical activity a difficult reality on a day-to-day basis for many families.

Parents play a fundamental role as household policy makers. They make daily decisions on recreational opportunities, food availability at home, and children's allowances; they determine the setting for foods eaten in the home; and they implement countless other rules and policies that influence the extent to which various members of the family engage in healthful eating and physical activity. Older children and youth, meanwhile, have responsibilities to be aware of their own eating habits and activity patterns and to engage in health-promoting behaviors.

Confronting The Childhood Obesity Epidemic

The committee acknowledges, as have many other similar efforts, that obesity prevention is a complex issue, that a thorough understanding of the causes and determinants of the obesity epidemic is lacking, and that progress will require changes not only in individual and family behaviors but also in the

marketplace and the social and built environments. As the nation focuses on obesity as a health problem and begins to address the societal and cultural issues that contribute to excess weight, poor food choices, and inactivity, many different stakeholders will need to make difficult tradeoffs and choices. However, as institutions, organizations, and individuals across the nation begin to make changes, societal norms are likely to change as well; in the long-term, we can become a nation where proper nutrition and physical activity that support energy balance at a healthy weight will become the standard.

Recognizing the multifactorial nature of the problem, the committee deliberated on how best to prioritize the next steps for the nation in preventing obesity in children and youth. The traditional method of prioritizing recommendations of this nature would be to base these decisions on the strength of the scientific evidence demonstrating that specific interventions have a direct impact on reducing obesity prevalence and to order the evidence-based approaches based on the balance between potential benefits and associated costs including potential risks. However, a robust evidence base is not yet available. Instead, we are in the midst of compiling that much-needed evidence at the same time that there is an urgent need to respond to this epidemic of childhood obesity. Therefore, the committee used the best scientific evidence available—including studies with obesity as the outcome measure and studies on improving dietary behaviors, increasing physical activity levels, and reducing sedentary behaviors, as well as years of experience and study on what has worked in addressing similar public health challenges—to develop the recommendations presented in this report.

As evidence was limited, yet the health concerns are immediate and warrant preventive action, it is an explicit part of the committee's recommendations that all the actions and initiatives include evaluation efforts to help build the evidence base that continues to be needed to more effectively fight this epidemic.

From the ten recommendations presented above, the committee has identified a set of immediate steps based on the short-term feasibility of the actions and the need to begin a well-rounded set of changes that recognize the diverse roles of multiple stakeholders. In discussions and interactions that have already begun and will follow with this report, each community and stakeholder group will determine their own set of priorities and next steps.

The committee was also asked to set forth research priorities. There is still much to be learned about the causes, correlates, prevention, and treatment of obesity in children and youth. Because the focus of this study is on prevention, the committee concentrated its efforts throughout the report on identifying areas of research that are priorities for progress toward preventing childhood obesity. The three research priorities discussed throughout the report are:

- Evaluation of obesity prevention interventions—The committee encourages the evaluation of interventions that focus on preventing an increase in obesity prevalence, improving dietary behaviors, increasing physical activity levels, and reducing sedentary behaviors. Specific policy, environmental, social, clinical, and behavioral intervention approaches should be examined for their feasibility, efficacy, effectiveness, and sustainability. Evaluations may be in the form of randomized controlled trials and quasi-experimental trials. Cost effectiveness research should be an important component of evaluation efforts.

- Behavioral research—The committee encourages experimental research examining the fundamental factors involved in changing dietary behaviors, physical activity levels, and sedentary behaviors. This research should inform new intervention strategies that are implemented and tested at individual, family, school, community, and population levels. This would include studies that focus on factors promoting motivation to change behavior, strategies to reinforce and sustain improved behavior, identification and removal of barriers to change, and specific ethnic and cultural influences on behavioral change.

- Community-based population-level research—The committee encourages experimental and observational research examining the most important established and novel factors that drive changes in population health, how they are embedded in the socioeconomic and built environments, how they impact obesity prevention, and how they affect society at large with regard to improving nutritional health, increasing physical activity, decreasing sedentary behaviors, and reducing obesity prevalence.

The recommendations that constitute this report's action plan to prevent childhood obesity commence what is anticipated to be an energetic and sustained effort. Some of the recommendations can be implemented immediately and will cost little, while others will take a larger economic investment and require a longer time to implement and to see the benefits of the investment. Some will prove useful, either quickly or over the longer term, while others will prove unsuccessful. Knowing that it is impossible to produce an optimal solution a priori, we more appropriately adopt surveillance, trial, measurement, error, success, alteration, and dissemination as our course, to be embarked on immediately. Given that the health of today's children and future generations is at stake, we must proceed with all due urgency and vigor.

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