

NCIOM Task Force on Early Childhood Obesity Prevention
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Early Childhood Obesity Prevention Policies Institute of Medicine Report

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Why was this report important to do?

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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.

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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.

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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.

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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.

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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.

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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.



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.

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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

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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.

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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

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Recommendations and potential actions directed to:

- **Assessing, monitoring and tracking growth** from birth to age 5 so that excess weight can be identified and dealt with

- Standardized BMI plotting (WHO, CDC) every well child visit
- Risk determination: 1) BMI > 85th percentile, 2) rate of gain, 3) parent weight status

- **Increasing physical activity** in young children and decreasing their sedentary behavior

- Childcare regulatory agencies – provide opportunities to be active throughout the day: indoor/outdoor, supervised/modeled, “tummy time,” limit screen time, car seats/high chairs for intended use only, limit strollers/swings/seats for holding infant while awake
- Built environment – age appropriate options

- **Helping adults increase physical activity and decrease sedentary behavior among children**

- Training, education, certification

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- **Promoting the consumption of a variety of nutritious foods** and supporting breastfeeding during infancy

- Exclusive breastfeeding for 6 months, continue to 1 year.
- Baby-friendly hospitals, WHO Code of Marketing of Breast Milk Substitute
- Require WIC, CACFP, childcare staff to support breastfeeding
- Employers reduce barriers to breastfeeding
- Childcare provide variety of healthy foods in age appropriate portions consistent with CACFP guidelines
- USDA establish dietary guidelines for children birth-2

- **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;**

- Maximize participation in federal nutrition programs
- Built environment

- **Helping adults increase children’s healthy eating**

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Marketing and Screen Time

- **Limiting young children's screen time**
 - Include TV, cell phone, digital media:
 - < 2 hrs per day for age 0-5
 - < 30 min. per day in half day programs
 - < 1 hr. per day in full day programs
 - No TV, computers etc. in bedrooms
 - Training, tools, and technical assistance re counseling parents
- **Limiting exposure to food and beverage marketing**
 - FTC, USDA, CDC, FDA should continue work to establish and monitor implementation of uniform voluntary national nutrition and marketing standards for food and beverage products marketed to children.
- **Using social marketing to provide consistent information and strategies for the prevention of childhood obesity in infancy and young children**
 - DHHS and state/local gov'n't with interested private entities should establish a sustained social marketing program targeting pregnant women and young parents – practical information on obesity risk and strategies to reduce it.

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Sleep

Promoting age-appropriate **sleep durations** for young children.

Childcare regulator agencies require practices:

- restful environments – no screen or media in nap rooms
- calming nap routines
- encourage self regulation of sleep – put infants to bed drowsy but awake

Health and education professionals should be trained to counsel parents about age appropriate sleep durations.

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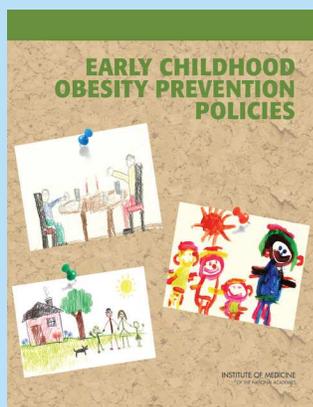
Importance of Research and Evaluation

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

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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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