



Nutrition for Family Living

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October, 2006 Topics

The American Dietetic Association's position statement on interventions for pediatric overweight

Evidence favors limiting sugar-sweetened beverages

New Institute of Medicine's Report - Progress in Preventing Childhood Obesity: How Do We Measure Up?

The American Dietetic Association's position statement on interventions for pediatric overweight

By Susan Nitzke

Interventions to help prevent or treat overweight/obesity during childhood have the best chance of success when they include a combination of family- and school-based programs that promote physical activity, parent training/modeling, behavioral counseling, and nutrition education. That's the main point of a new position statement published by the American Dietetic Association (ADA) this past June. Community-based and environmental interventions are also recommended to support healthful lifestyles for children and families, along with programs, policies, and research to promote healthful eating habits and physical activity for all children and adolescents, regardless of weight status.

This position complements recommendations from other experts and professional groups including the U.S. Surgeon General, Wisconsin's state plan for nutrition and physical activity, and the American Academy of Pediatrics (summarized in Nutrition for Family Living, June 2006 <http://www.uwex.edu/ces/wnep/specialist/nfl/mmpdfs/0606.pdf>). In addition, it emphasizes an important factor to keep in mind as parents, schools, families, and community groups strive to address child overweight/obesity issues:

“It must be further emphasized that body weight is but one rather imprecise surrogate measure of health. Positive changes in dietary intake and/or nutrient status and physical activity will improve health even in the absence of changes in body fatness.”

Implications for Extension Educators: The ADA's recommendations and observations are consistent with the approaches of our educational programs on nutrition for children and families and they highlight the importance of our work with coalitions and community partners.

Reference: http://www.eatright.org/cps/rde/xchg/ada/hs.xsl/advocacy_8956_ENU_HTML.htm



Evidence favors limiting sugar-sweetened beverages

By Susan Nitzke

Many experts recommend limiting the availability of sugar-sweetened beverages and/or increasing choices of more “healthful” beverage options such as low-fat/fat-free milk and water in vending machines, school stores, and neighborhood convenience stores. Beverages that are sweetened with sugar or sugary ingredients like high-fructose corn syrup have been implicated in the obesity epidemic because of their high caloric density. In addition, some evidence shows that calories from beverages with added sugars tend to have low satiety value in comparison to the same amount of calories from food, especially nutrient-dense foods like soups and salads. Although more research is needed to demonstrate a clear cause-and-effect association between sugar-sweetened beverages and weight gain, a new review of the literature shows that several cross-sectional and intervention studies provide evidence in favor of limiting these types of drinks.

Implications for Extension Educators: The authors of this new review article state “sufficient evidence exists for public health strategies to discourage consumption of sugary drinks as part of a healthy lifestyle for both children and adults.” This review of scientific studies on sugar-sweetened beverages is a valuable resource for community- and school-based coalitions that are striving to make well-informed changes to improve the nutritional health of children and families.

Additional Resources:

- For a review of the evidence in a reader-friendly format for sharing with community partners, see the research brief, “Does Drinking Beverages with Added Sugar Increase the Risk of Overweight?” from the Centers for Disease Control and Prevention (CDC) http://www.cdc.gov/nccdphp/dnpa/nutrition/pdf/r2p_sweetend_beverages.pdf
- For a consumer brochure about choosing beverages, see CDC’s “Rethink Your Drink” http://www.cdc.gov/nccdphp/dnpa/nutrition/pdf/rethink_your_drink.pdf
- For a simple fact sheet about choosing beverages, see “Think Your Drink!” from National Dairy Council <http://www.nutritionexplorations.org/educators/lessons/quick/quick-think.asp>
- For a lesson about choosing beverages for 10-13 year-olds from WIN the Rockies, see <http://crhweb.uwyo.edu/WinTheRockies/how-sweet.asp> (WNEP adaptation notes here http://www.uwex.edu/ces/wnep/tch_res/res_detail.cfm?resource_id=306)

Reference: Malik, VS, Schulae MB, Hu FB. Intake of sugar-sweetened beverages and weight gain: a systematic review. *American Journal of Clinical Nutrition*. 2006; 84:274-288.



Nutrition for Family Living October, 2006

New Institute of Medicine's Report - Progress in Preventing Childhood Obesity: How Do We Measure Up?

By Amy Rettammel

“The country is beginning to recognize childhood obesity as a major public health epidemic that will incur substantial costs to the nation. However, the current level of investment by the public and private sectors still does not match the extent of the problem. There is a substantial underinvestment of resources to adequately address the scope of the obesity crisis when compared to the expressed concern for and commitment to possible infectious disease outbreaks or bioterrorism events.”

This sums up the impression of the expert committee convened by the Institute of Medicine (IOM) at the request of the Robert Wood Johnson Foundation. In 2005 the IOM released the report of a congressionally mandated study, “Preventing Childhood Obesity: Health in the Balance,” which provided a blueprint to guide government, industry, media, communities, schools, and families in addressing childhood obesity. The purpose of this new report is to provide a picture of the nation’s progress in doing so.

This progress report states, “many childhood obesity prevention policies and programs are currently underway to increase physical activity and promote healthful eating among children and youth. These interventions, however, generally remain fragmented and small-scale. Moreover, the lack of systematic monitoring and evaluation have hindered the development of an evidence base to identify, apply, and disseminate lessons learned...”

The report presents a call to action for government, industry, media, communities, schools, and families in four areas:

- **Lead and commit** to childhood obesity prevention
Mobilize the resources required to identify, implement, evaluate, and disseminate effective policies and interventions.
- **Evaluate** policies and programs
Evaluation should be viewed as an essential component of program planning and implementation rather than as an optional activity.
- **Monitor** progress
Expand or develop surveillance and monitoring systems and use research to examine the impact of policies and interventions. Particular attention should be paid to the needs of diverse groups and high-risk populations.
- **Disseminate** promising practices
Foster information sharing and disseminate evaluation and research findings through diverse communication channels and media.

Examples of recommended next steps for each stakeholder group are:

Government

- Federal, state, and local governments should each establish a high-level task force on childhood obesity prevention.
- State and local governments should commit adequate resources and develop policies that support a healthy school environment and communities.



Nutrition for Family Living October, 2006

Communities

- Communities should develop a health index toolkit through government-academic-community partnerships to examine factors relevant to creating healthy communities.
- Communities should share community-based evaluation results, lessons learned, and action plans.

Home

- Families should assess the home environment to ensure it supports a healthful diet.
- Families should emphasize physical activity as a family priority.

Schools

- Schools should bolster physical-education and activity requirements, standards, and efforts in preschool, child-care, and after-school programs.
- Schools should be provided with adequate and sustained resources through federal and state government funding to implement changes in the school environment to increase physical activity and the consumption of foods and beverages that support a healthful diet.

Industry and Media

- Industry should engage in a collaborative process to develop and strengthen public-private partnerships that support childhood obesity prevention efforts, including sharing proprietary data that can expand understanding of how marketing influences children's attitudes and behaviors.
- Media should evaluate existing childhood obesity prevention efforts with the goal of developing, coordinating, and evaluating a more comprehensive long-term, national multimedia and public relations campaign focused on obesity prevention.

In Wisconsin, many of these recommendations are being addressed by UW-Extension, in cooperation with local coalitions and the statewide Wisconsin Partnership for Activity and Nutrition (WI PAN), which is funded by the U.S. Centers for Disease Control and Prevention. For example, four Extension Family Living teams are working together to provide a 2007 district inservice on working with multi-stakeholder community groups. WI PAN is working to coordinate and improve surveillance by hiring a part-time epidemiologist to support surveillance needs, offering trainings on conducting community assessments, and planning trainings for local coalitions on such topics as evaluating impacts and designing interventions. For more information on WI PAN's resources and activities, see <http://dhfs.wisconsin.gov/health/physicalactivity/index.htm>.

To access the IOM Report Brief, visit <http://www.iom.edu/CMS/3788/25044/36980.aspx?printfriendly=true>. To view the full report online or place a pre-order (the final report is not yet ready for shipping), visit <http://www.nap.edu/catalog/11722.html>.