

Audio Clip: Panel Discussion about School-Based Obesity

Speakers: Ramona Finnie, Jamie Chriqui, & Caitlin Merlo

Moderator: John Anderton

[John Anderton] Welcome to The Community Guide's audio series, *In Their Own Words*. I'm John Anderton and today we're talking about recent findings from the Community Preventive Services Task Force on school-based interventions to prevent obesity.

Childhood obesity has received a lot of attention in recent years, and with good reason. Children who have obesity are more likely to have high blood pressure, high cholesterol, and joint or breathing problems. They are also at increased risk for type 2 diabetes and are more likely to become adults with obesity.

Joining me today are doctors Jamie Chriqui and Ramona Finnie and Ms. Caitlin Merlo. Dr. Chriqui is a member of the Task Force and a professor of health policy and administration in the School of Public Health at the University of Illinois, Chicago.

Dr. Finnie is a scientist with CDC's Community Guide branch who helped coordinate the systematic reviews of evidence, and Caitlin is a health scientist with CDC's Division of Population Health.

Let's start with the basics. Dr. Finnie, what's a systematic review?

[Ramona Finnie] In the simplest terms, a systematic review is a review of all available scientific studies on a specific topic. It uses a formal process to identify all relevant studies, assess their quality, and summarize the evidence.

Community Guide reviews aim to find out which intervention approaches work and *how well* they work. They also identify gaps in the evidence. Sometimes, they include information about cost.

[John Anderton] Tell us about the systematic review for school-based obesity and the findings.

[Ramona Finnie] We set out to conduct a single systematic review of school-based interventions to prevent obesity, but found that the *volume* of research in this area warranted *four* Task Force findings for different types of school-based interventions. The Task Force recommends two of the interventions.

The first is meal and fruit and vegetable snack interventions that aim to provide healthier foods and beverages that are appealing to students, limit access to less healthy foods and beverages, or both.

Examples include policies that ensure school lunches meet specific nutritional requirements, or programs that provide students with fresh fruits and vegetables during meals or snacks.

The second is a multicomponent approach that combines these interventions with interventions that support healthier snack food and beverages sold or offered as a reward in schools. So, in addition to meal and fruit and vegetable snack interventions, healthier foods might be offered for in-school fundraisers and in vending machines, school stores, and snack bars.

The Task Force found insufficient evidence for the other two types of interventions reviewed. One is interventions that support healthier snack foods and beverages sold or offered as rewards in schools, when used alone. The other is interventions that increase students' access to water in schools.

[John Anderton] So, what is an *insufficient evidence* finding?

[Ramona Finnie] It means the available studies do not provide enough information to determine if the intervention is effective or not. It does NOT mean the intervention doesn't work, just that more research is needed.

[John Anderton] That's an important point. Shifting gears a bit... Caitlin, tell us why these Task Force findings are important.

[Caitlin Merlo] Well, childhood obesity is a *huge* challenge in our country. Approximately 17 percent of U.S. children have obesity, and the percentage has more than tripled since the 1970s. Research has shown that children with obesity are more likely to be adults with obesity, and this is a concern because obesity is associated with health issues including cardiovascular disease and type 2 diabetes.

We know we need to reduce the number of people who have obesity. It's important to understand which interventions work in order to create effective prevention programs.

[John Anderton] I imagine schools are an important setting for prevention programs that target children.

[Caitlin Merlo] Absolutely. Schools are key places where we can address obesity and related behaviors during childhood. Kids spend at least six hours a day at school, five days a week. So that's 30 hours a week at school, at least. Research shows that many kids consume half of their daily calories at school, including breakfast, lunch, and snacks.

[John Anderton] How do the Task Force findings support your work?

[Caitlin Merlo] CDC promotes a comprehensive approach to address childhood obesity. We promote access to healthy foods and beverages and opportunities to be physically active during school hours. The evidence highlighted in the Community Guide reviews shows that these types of interventions are effective.

The School Health Branch in CDC's Division of Population Health really appreciated the comprehensive perspective on nutrition that The Community Guide took by looking at more than just school meal programs and including snack foods and beverages and access to drinking water, because all of these can influence students' dietary behaviors .

[John Anderton] Dr. Chriqui, you are a Task Force member who has worked on these systematic reviews and you've extensively studied the effectiveness of public health policy changes related to obesity. How do you think that schools, districts, counties, or states might use these Task Force findings?

[Jamie Chriqui] That's a great question John. These interventions can be implemented at different levels—from public or private schools that want to improve the nutritional value of foods and beverages their kids are consuming, to school districts and states nationally who want to implement changes within their districts or states. Quite honestly, changes can start with parents and community members and they often will start there and rise up to the school, the school district, and state levels.

[John Anderton] Share some examples with us.

[Jamie Chriqui] Sure. Within Chicago public school district, for example, they've had very strong standards governing school foods for a number of years that they've shown to be quite effective in changing the school food environment and changing students' behaviors relative to food and beverage consumption.

Similarly, at the state level, California has had some of the strongest standards that we've had in this country before the USDA enacted regulations in this area. Boston and New York City are other large school districts that have also been very active in the engaged in this area.

On another level, I live in the state of Illinois, and over the past several years decision-makers within our state have used a different task force finding as the basis for legislation that led to enhanced school-based physical education. Change does happen, and the Task Force finding in that area was critical to providing the evidence-base for that law.

[John Anderton] Doctors Finnie and Chriqui and Ms. Merlo, thank you for joining me today to talk about these new Task Force findings for school-based obesity prevention programs. For more information on Task Force findings, or to share a story about how you've used The Community Guide, please visit www.thecommunityguide.org.