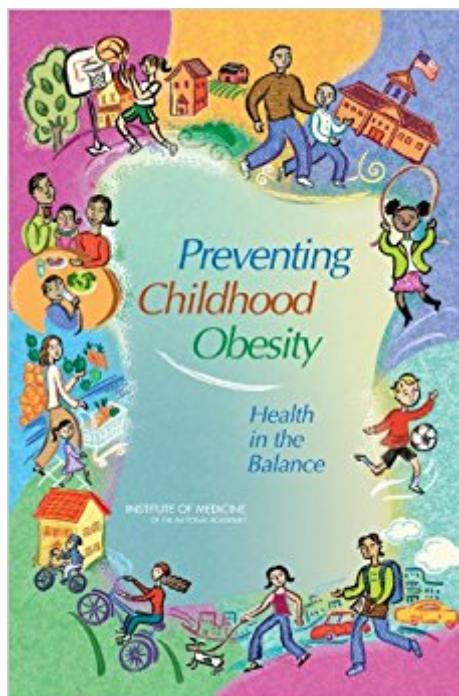


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# Preventing Childhood Obesity: Health In The Balance



## **Synopsis**

Children's health has made tremendous strides over the past century. In general, life expectancy has increased by more than thirty years since 1900 and much of this improvement is due to the reduction of infant and early childhood mortality. Given this trajectory toward a healthier childhood, we begin the 21st-century with a shocking development—“an epidemic of obesity in children and youth. The increased number of obese children throughout the U.S. during the past 25 years has led policymakers to rank it as one of the most critical public health threats of the 21st-century. Preventing Childhood Obesity provides a broad-based examination of the nature, extent, and consequences of obesity in U.S. children and youth, including the social, environmental, medical, and dietary factors responsible for its increased prevalence. The book also offers a prevention-oriented action plan that identifies the most promising array of short-term and longer-term interventions, as well as recommendations for the roles and responsibilities of numerous stakeholders in various sectors of society to reduce its future occurrence. Preventing Childhood Obesity explores the underlying causes of this serious health problem and the actions needed to initiate, support, and sustain the societal and lifestyle changes that can reverse the trend among our children and youth.

## **Book Information**

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## **Customer Reviews**

Jeffrey P. Koplan, Catharyn T. Liverman, and Vivica A. Kraak, Editors, Committee on Prevention of Obesity in Children and Youth

Preventing Childhood Obesity: Health In The Balance examines the modern crisis in children's health issues: childhood obesity. Not only are the environmental, social, medical and historic factors influencing children's weight considered over the long term, but a prevention program identifies the best of short- and long-term interventions and how adults can guide kids away from common pitfalls. Recommendations range from mobilizing parents to making national health a priority overall.

This is the report of a government appointed committee. The honest truth is that there's no way to prevent childhood obesity and it's none of the government's business anyway, but that's not what government committees are paid to say. It is fairly obvious that they were further restricted because there some other things they were not supposed to say. One obvious factor is the change in the ethnic makeup of the United States. The magnitude of this factor can be assessed from the tables and graphs. They point out that childhood obesity is largely associated these days in the United States with poverty. They then provide a table showing that over 35 billion dollars a year are spent by the Federal Government giving food to the poor. There are some suggestions they were not allowed to make, such as the use of medications, although enormous numbers of kids are on Ritalin type drugs, which keep them short and skinny as well as better behaved. The question of height is shortchanged. Changes in stature of the average American over years are simply not mentioned. For many years Americans grew taller and taller and no action was called for to thwart the tallness epidemic. We do not know why the same food intake and energy output that makes one child grow vertically makes another grow horizontally. The decline in smoking over the years is not considered as a causative factor. Birth weight issues are barely mentioned. (They were not supposed to recommend people smoking or having low birth weight babies). They pay lip-service to evidence-based medicine (a fashionable mantra) but evidence based medicine demands that we consider the adverse effects of any measure. Exercise is regarded as an unalloyed benefit, with no mention that any child may find it uncomfortable, anxiety-producing or embarrassing. They recommend weighing children in school. The experimental studies they mention all show that school physical educations has no effect on childhood obesity but they support increasing it. Perhaps it is fortunate that the weight-reducing measures proposed are likely to be ineffective. If they really worked they would, presumably, be equally applied to all children and would make some of the thinner ones undesirably thin. Some of the sentences convey useful information such as "Everyone needs to eat food and consume beverages for daily sustenance." (bet you didn't know that until they told you). There's a very helpful glossary containing definitions of such esoteric words as "disease"

"health" "risk" and "prevention" that you might not know the meaning of. The authors themselves are unfamiliar with the word "we." They refer to themselves throughout in the third person as "the committee." Even with the aid of the glossary it's sometimes difficult to make any sense of sentences written in dense Washingtonian such as "The tension between stigmatization and normalization can be addressed, as it has been for other public health concerns, by focusing on the behaviors that can be changed to promote health rather than on the individual and his or her appearance." I look forward to the English translation.

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