

Task Force Aims to Cut Childhood Obesity to 5%

BY JANE ANDERSON

In an initiative aimed at cutting childhood obesity rates to 5% by 2030, the White House Task Force on Child Obesity report to the president spelled out a broad ranging of recommendations—from increasing breastfeeding to improving eating patterns and physical activity levels among children.

Nearly half of all U.S. children are obese (16%) or overweight (32%), according to a study of 2007 data published this month. (See story below.)

The task force report spearheaded by First Lady Michelle Obama, which includes 70 specific recommendations, provides goals, benchmarks, and measurable outcomes to reduce childhood obesity.

“We want to marshal every resource—public and private sector, mayors and governors, parents and educators, business owners and health care providers, coaches and athletes—to ensure that we are providing each and every child the happy, healthy future they deserve,” Ms. Obama said in a statement.

The American Academy of Pediatrics, which has partnered with Ms. Obama’s “Let’s Move!” childhood obesity initiative, agreed that a many-pronged strategy will be necessary to address the problem.

“The AAP is pleased that the report’s recommendations mirror many of the academy’s long-standing guidelines, including the restrictions on screen time and the calculation of body mass index,” AAP President Judith Palfrey said in a statement.

“In addition, the report incorporates several specific recommendations that the AAP made to the task force,



Michelle Obama is shown unveiling the findings of the Childhood Obesity Task Force report last month.

such as the need for insurers to cover obesity prevention, identification, and treatment services appropriately,” Dr. Palfrey said. “The report also provides an important service by proposing benchmarks for measuring progress on various recommendations.”

The task force’s recommendations cover five broad areas, including reducing the risk of obesity in early childhood; empowering parents and caregivers; providing healthier food in schools; providing better access to healthy, affordable food in areas where it is not readily available; and increasing physical activity.

As a result of the recommendations, the following actions are slated to occur in the near future:

► The U.S. Department of Health and Human Services (HHS) will release guidance in 2010 for standards for physical activity and nutrition in child care settings, and

will work with the food and beverage industry to develop a standard “front of packages” food labels.

► The U.S. Department of Agriculture will update its food pyramid and dietary guidelines, and will work with Congress to pass a child nutrition reauthorization bill that improves school menu choices.

► Federal agencies will make funds available to local communities, including \$25 million from HHS, to support obesity prevention and screening services for children.

Other recommendations will require action from the private sector to implement. For example, the task force recommended that providers counsel pregnant women and women planning a pregnancy about the importance of conceiving at a healthy weight, according to Institute of Medicine guidelines.

On breastfeeding, the task force advised hospitals and health care providers to select maternity care practices that empower new mothers to breastfeed, such as the Baby-Friendly Hospital Initiative. It also recommended that health care providers and insurance companies provide information to pregnant women and new mothers on breastfeeding, and that local health departments and community organizations develop peer support programs for breastfeeding mothers.

Regarding early childhood development, the task force recommended that the AAP guidelines on screen time should be more widely disseminated, and that the federal government craft clear guidance on how states, providers, and families can increase physical activity, improve nutrition, and reduce screen time in early child care settings. ■

In 2007, 48% of U.S. Kids Were Obese or Overweight

BY JANE ANDERSON

FROM THE ARCHIVES OF PEDIATRIC AND ADOLESCENT MEDICINE

Nearly half of all U.S. children were obese or overweight in 2007, but substantial variations in obesity and overweight rates between the states may point the way to reducing childhood obesity in the states with the heaviest children, a study showed.

Girls in particular were becoming more obese between 2003 and 2007, the investigators found.

Social and behavioral factors such as poverty level, access to parks or sidewalks, lower levels of physical activity, and television viewing accounted for up to 45% of the variance between states, reported Gopal K. Singh, Ph.D., and associates at the U.S. Department of Health and Human Services’ Maternal and Child Health Bureau, Rockville, Md.

Overall, 16.4% of U.S. children aged 10-17 years were obese, and 31.6% were overweight in 2007. Obesity prevalence grew by 10% overall nationwide and by 18% for girls between 2003 and 2007, according to the study in which the authors used data from the 2003 and 2007 National Survey of Children’s Health to determine obesity and overweight prevalence in each of the 50 states (Arch. Pediatr. Adolesc. Med. 2010 May 3; [doi:10.1001/archpediatrics.2010.

84]). Girls also experienced a 9% increase in overweight prevalence.

Dr. Singh and associates found that Mississippi was the state with the biggest problem, with nearly 22% of children obese and another 44.5% of children overweight. Oregon, meanwhile, had the lowest prevalence of obesity (9.6%), while Utah had the lowest prevalence of overweight in children, with 23.1% of children overweight.

Between 2003 and 2007, while obesity prevalence increased, especially in girls, the rate of obesity fell by 32% for children in Oregon and nearly doubled among girls in Arizona and Kansas. For children in several states, including Tennessee, Kentucky, West Virginia, Georgia, and Kansas, the adjusted odds of being obese was more than twice that of children in Oregon.

Geographic rates of childhood obesity and overweight followed those for adults, the study showed, with several Southern states such as Mississippi, Georgia, Kentucky, Louisiana, and Tennessee in the top quintile for both.

“It is conceivable that recent trends in dietary factors may have contributed to the increase in childhood obesity at the national level as well as in specific states,” Dr. Singh and associates concluded. ■

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DXA Shown to Trump BMI For Obesity Assessment

BY MIRIAM E. TUCKER

FROM THE ANNUAL MEETING OF THE AMERICAN ASSOCIATION OF CLINICAL ENDOCRINOLOGISTS

BOSTON — Dual x-ray absorptiometry was a more accurate predictor of obesity than was body mass index in a retrospective comparison of the two measures in 1,234 adults.

Despite its widespread use, BMI is not an accurate indicator of body fat. Direct measures of adiposity, such as those obtained by dual x-ray absorptiometry (DXA), are far more precise, Dr. Eric R. Braverman and his associates reported in a poster at the meeting.

Records of 1,234 private adult outpatients (490 men, 744 women) who had both BMI and DXA measurements during 2003-2009 were analyzed. They had a mean age of 51 years, a mean BMI of 26.2 kg/m², and a mean percentage body fat of 29.5%. They were classified as obese or nonobese for both parameters based on the American Bariatric Society’s definitions: BMI of at least 30 mg/kg², and body fat percentages of 25% for males and 30% for females based on DXA. Using BMI, 249 (20%)

were classified as obese. DXA measurement showed that of those 249, 95% (237) were obese and 5% (12) were nonobese on the basis of body fat percentage. Using DXA, 689 (56%) were classified as obese. Of those 689, 34% (237) were obese and 66% (452) were

The 66% of patients classified as obese by DXA but who were ‘missed’ by BMI had lower muscle mass.

DR. BRAVERMAN

not obese based on BMI. Thus, 37% of patients were misclassified by BMI: 452 were found to be obese by DXA but nonobese by BMI and 12 were obese by BMI but not by DXA. The 66% of patients classified as obese by DXA but who were “missed” by BMI had lower muscle and lean body mass, said Dr. Braverman of the department of neurological surgery at Weill Cornell Medical College, New York.

“We have shown that BMI is a highly insensitive measure, resulting in an underdiagnosis of obesity. If we can extrapolate from the rest of our data on the national scale, it is very likely that obesity is a much bigger epidemic than is currently acknowledged,” they said.

This study was funded by the private nonprofit PATH Foundation in New York. Dr. Braverman stated that he had no other financial disclosures. ■

