

Progress Lags on Combating Childhood Obesity

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Despite some success stories, efforts to combat childhood obesity remain fragmented, and the policies and programs that are in place are not being evaluated, making it difficult to identify what works, according to a new report from the Institute of Medicine.

The federal government has failed to take the lead on tackling the issue, said the report, "Progress in Preventing Childhood Obesity: How Do We Measure Up?"

"There has been progress, but it's not enough, it's not fast enough, and it hasn't been taken to scale," said Dr. Jeffrey Koplan, vice president for academic health affairs at Emory University in Atlanta, who chaired the IOM committee that wrote the report.

The document, a follow-up to a 2005 report on the same topic, was designed to assess progress in childhood obesity prevention.

Over the past 30 years, the obesity rate nearly has tripled for children aged 2-5 years (from 5% to 14%) and youth aged 12-19 years (5% to 17%).

It finds that national awareness has increased and that short-term objectives are being achieved—for example, some school districts are restricting availability of sweetened soft drinks,

and communities have built bike paths to encourage physical activity.

But these efforts aren't enough to turn around a multifaceted public health problem that took decades to develop, panel members said.

Currently, one-third of American children and youth are either obese or at risk for obesity. Over the past 30 years, the obesity rate nearly has tripled for children aged 2-5 years (from 5% to 14%) and youth aged 12-19 years (5% to 17%), and nearly has quadrupled for children ages 6-11 years (from 4% to 19%).

Despite efforts to improve nutrition and increase physical activity on the local level, few if any of these initiatives are being evaluated for efficacy, said the report. Federal, state, and local governments should ensure that such evaluation takes place, the committee members said.

The members called on families and caregivers to commit to promoting healthful eating and regular physical activity, and on governments at all levels to mobilize resources, both by convening high-level task forces to identify priorities and coordinate efforts and by sustaining successful programs.

That's where the federal government has lapsed, Dr. Koplan said. The IOM report highlighted the VERB: It's What You Do campaign, a successful effort sponsored by the Centers for Disease Control and Prevention, which ended in September because of a lack of funding. Study findings have shown that the cam-

paign, which was launched in 2002, was successful in raising awareness of its pro-physical activity message among children aged 9-13 years.

Higher awareness of VERB was associated with higher free-time physical activity levels, according to the findings (*Pediatrics* 2005;116:e277-84).

But the VERB campaign, which received \$36 million in 2004 and \$59 million in 2005, was not included in the 2006 federal budget.

"This is something there should be outrage over," said Dr. Koplan. "This campaign was able to get children and youth to get more physical activity. It was found to be effective. If we had a vaccine that worked and we put it on a shelf, people would be outraged over it."

The panel called for the program to be reinstated.

The committee also highlighted professional organizations that actively promote obesity prevention.

For example, the committee found that physicians who hold public office often are proponents of obesity prevention measures, and that groups such as the American Academy of Family Physicians and the American Academy of Pediatrics offer tools for preventing and managing obesity.

In addition, the committee noted that major health plans increasingly are emphasizing obesity prevention for children and youth. ■

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References: 1. Centany [prescribing information]. Skillman, NJ: OrthoNeutrogena; May 2003. 2. Data on file, OrthoNeutrogena. 3. Bell EA, DiGiovanna JJ, Tal A. Topical mupirocin formulations for the treatment of impetigo: a review of efficacy, safety, and substitution. *Drug Topics*. June 2004;(suppl):S1-S2.

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