

Obesity Term Papers

*This book examines the scale and characteristics of the obesity epidemic, the respective roles and influence of market forces and governments, and the impact of interventions. Since the mid-1970s, the prevalence of obesity and overweight has increased dramatically in the United States. The prevalence of overweight has tripled among children and adolescents, and nearly two out of three adult Americans are either overweight or obese. Although high health, social, and economic costs are known to be associated with obesity, the underlying causes of weight gain are less understood. At a basic level, weight gain and obesity are the result of individual choices. Consequently, economics, as a discipline that studies how individuals use limited resources to attain alternative ends, can provide unique insight into the actions and forces that cause individuals to gain excessive weight. In April 2003, the United States Department of Agriculture's Economic Research Service and the University of Chicago's Irving B. Harris Graduate School of Public Policy Studies and the George J. Stigler Center for the Study of the Economy and the State jointly hosted a workshop on the Economics of Obesity. The purpose was to provide an overview of leading health economics research on the causes and consequences of rising obesity in the United States. Topics included the role of technological change in explaining both the long- and short-term trends in obesity, the role of maternal employment in child obesity, the impact of obesity on wages and health insurance, behavioral economics as applied to obesity, and the challenges in measuring energy intakes and physical activity. The workshop also discussed policy implications and future directions for obesity research. This report presents a summary of the papers and the discussions presented at the workshop. Far from a sign of healthy prosperity and contentment, overweight and obesity are now considered high risk factors for a wide range of diseases including early death and disability, heart disease, diabetes, reproductive problems, cancer, breathing problems and arthritis. Obesity, now at epidemic levels in many countries, is defined as an excessively high amount of body fat or adipose tissue in relation to lean body mass. The amount of body fat (or adiposity) includes concern for both the distribution of fat throughout the body and the size of the adipose tissue deposits. This book includes within its scope the causal connection of obesity to diseases as well as the prevention and treatment of obesity. Leading-edge scientific research from throughout the world is presented in this book. In the historical record there is abundant evidence that obesity was a medical and health concern as long as medicine has been practiced. The idea of diet and exercise are bulwarks in the fight against obesity in history from the time of Hippocrates to the 16th century—a span of 2,000 years. However, our scientific understanding of this problem is only a little over 200 years old. An examination of the root cause of what many consider the obesity epidemic, *A Guide to Obesity and the Metabolic Syndrome* traces the origins and types of obesity and its treatment. Examining in detail the developing treatment for obesity, this book provides: A history of obesity, including treatment, proposed causes, and perceptions An examination of the causes and problems associated with obesity A discussion of lifestyle, diet, exercise, and treatment strategies A detailed look at the medications and surgeries available for obesity The fact that we have an epidemic of obesity today that is covering the globe suggests that the strategically simple ideas of eating less and exercising more, ideas that require commitment and personal involvement by the individual, have not been very successful. As we move forward in trying to understand this problem, we need to be alert to strategies and tactics that may not require individual motivation and commitment—history has shown that they do not work well. This book supplies guidance on developing and designing novel strategic interventions against obesity and metabolic disorders.*

Identification, Evaluation, and Treatment of Overweight and Obesity in Adults

Obesity Discourse and Fat Politics

Understanding the Lived Experience of Obesity in Australia

Preventing and Managing the Global Epidemic

Three Essays on the Economics of Obesity

A Report on the Workshop Held at Usda's Economic Research Service

The Obesity Epidemic

There is an urgent need to better understand the causes and consequences of obesity, and to learn what works to prevent or reduce obesity. This volume accurately and conveniently summarizes the findings and insights of obesity-related research from the full range of social sciences including anthropology, economics, government, psychology, and sociology. It is an excellent resource for researchers in these areas, both bringing them up to date on the relevant research in their own discipline and allowing them to quickly and easily understand the cutting-edge research being produced in other disciplines. The Oxford Handbook of the Social Science of Obesity is a critical reference for obesity researchers and is also valuable for public health officials, policymakers, nutritionists, and medical practitioners. The first section of the book explains how each social science discipline models human behavior (in particular, diet and physical activity), and summarizes the major research literatures on obesity in that discipline. The second section provides important practical information for researchers, including a guide to publicly available social science data on obesity and an overview of the challenges to causal inference in obesity research. The third part of the book synthesizes social science research on specific causes and correlates of obesity, such as food advertising, food prices, and peers. The fourth section summarizes social science research on the consequences of obesity, such as lower wages, job absenteeism, and discrimination. The fifth and final section reviews the social science literature on obesity treatment and prevention, such as food taxes, school-based interventions, and medical treatments such as anti-obesity drugs and bariatric surgery.

Our nation stands at a crossroads. Today's epidemic of overweight and obesity threatens the historic progress we have made in increasing American's quality and years of healthy life. Two-third of adults and nearly one in three children are overweight or obese. In addition, many racial and ethnic groups and geographic regions of the United States are disproportionately affected. The sobering impact of these numbers is reflected in the nation's concurrent epidemics of diabetes, heart disease, and other chronic diseases. If we do not reverse these trends, researchers warn that many of our

Where To Download Obesity Term Papers

children—our most precious resource—will be seriously afflicted in early adulthood with medical conditions such as diabetes and heart disease. This future is unacceptable. The Surgeon General asks you to join me in combating this crisis. Every one of us has an important role to play in the prevention and control of obesity. Mothers, fathers, teachers, business executives, child care professionals, clinicians, politicians, and government and community leaders—we must all commit to changes that promote the health and wellness of our families and communities. As a nation, we must create neighborhood communities that are focused on healthy nutrition and regular physical activity, where the healthiest choices are accessible for all citizens. Children should be having fun and playing in environments that provide parks, recreational facilities, community centers, and walking and bike paths. Healthy foods should be affordable and accessible. Increased consumer knowledge and awareness about healthy nutrition and physical activity will foster a growing demand for healthy food products and exercise options, dramatically influencing marketing trends. Hospitals, work sites, and communities should make it easy for mothers to initiate and sustain breastfeeding as this practice has been shown to prevent childhood obesity. Working together, we will create an environment that promotes and facilitates healthy choices for all Americans. And we will live longer and healthier lives. In the 2001 Surgeon General's Call to Action to Prevent and Decrease Overweight and Obesity, former Surgeon General David Satcher, MD, PhD, warned us of the negative effects of the increasing weight of our citizens and outlined a public health response to reverse the trend. Although we have made some strides since 2001, the prevalence of obesity, obesity-related diseases, and premature death remains too high. The Surgeon General is calling on all Americans to join in a national grassroots effort to reverse this trend. Plans include showing people how to choose nutritious food, add more physical activity to their daily lives, and manage the stress that so often derails their best efforts at developing healthy habits. The real goal is not just a number on a scale, but optimal health for all Americans at every stage of life. To achieve this goal, we must all work together to share resources, educate our citizens, and partner with business and government leaders to find creative solutions in our neighborhoods, towns, and cities from coast to coast. Together, we can become a nation committed to become healthy and fit.

This report issues a call for urgent action to combat the growing epidemic of obesity, which now affects developing and industrialized countries alike. Adopting a public health

Where To Download Obesity Term Papers

approach, the report responds to both the enormity of health problems associated with obesity and the notorious difficulty of treating this complex, multifactorial disease. With these problems in mind, the report aims to help policy-makers introduce strategies for prevention and management that have the greatest chance of success. The importance of prevention as the most sensible strategy in developing countries, where obesity coexists with undernutrition, is repeatedly emphasized. Recommended lines of action, which reflect the consensus reached by 25 leading authorities, are based on a critical review of current scientific knowledge about the causes of obesity in both individuals and populations. While all causes are considered, major attention is given to behavioural and societal changes that have increased the energy density of diets, overwhelmed sophisticated regulatory systems that control appetite and maintain energy balance, and reduced physical activity. Specific topics discussed range from the importance of fat content in the food supply as a cause of population-wide obesity, through misconceptions about obesity held by both the medical profession and the public, to strategies for dealing with the alarming prevalence of obesity in children. The report has eleven chapters presented in five parts. Part one, which assesses the magnitude of the problem, explains the system for classifying overweight and obesity based on the body mass index, considers the importance of fat distribution, and provides an overview of trends in all regions of the world, concluding that obesity is increasing worldwide at an alarming rate. Chapters in part two evaluate the true costs of obesity in terms of physical and mental ill health, and the human and financial resources diverted to deal with these problems. Specific health consequences discussed include increased risk of cardiovascular disease, cancer, and other noncommunicable diseases, endocrine and metabolic disturbances, debilitating health problems, and psychological problems. The health benefits and risks of weight loss are also assessed. Part three draws on the latest research findings to consider specific factors involved in the development of overweight and obesity. Discussion centres on factors, such as high intakes of fat, that may disrupt normal physiological regulation of appetite and energy balance, and the role of dietary factors and levels of physical activity. In terms of opportunities for prevention, particular attention is given to the multitude of environmental and societal forces that adversely affect food intake and physical activity and may thus overwhelm the physiological regulatory systems that keep weight stable in the long term. The possible role of genetic and biological susceptibility is also briefly considered. Against

Where To Download Obesity Term Papers

this background, the fourth and most extensive part maps out strategies for prevention and management at both the population and individual levels. Separate chapters address the need to develop population-based strategies that tackle the environmental and societal factors implicated in the development of obesity, and compare the effectiveness of current options for managing overweight or obese individuals. Specific strategies discussed include dietary management, physical activity and exercise programmes, behaviour modification, drug treatment, and gastric surgery. While noting striking recent progress in the development of drug treatments, the report concludes that gastric surgery continues to show the best long-term success in treating the severely obese. The final part sets out key conclusions and recommendations for responding to the global obesity epidemic and identifies priority areas where more research is urgently needed. "... the volume is clearly written, and carries a wealth of summary information that is likely to be invaluable for anyone interested in the public health aspects of obesity and fatness, be they students, practitioner or researcher." - Journal of Biosocial Science

Eating Disorders have traditionally been considered apart from public health concerns about increasing obesity. It is evident that these problems are, however, related in important ways. Comorbid obesity and eating disorder is increasing at a faster rate than either obesity or eating disorders alone and one in five people with obesity also presents with an Eating Disorder, commonly but not limited to Binge Eating Disorder. New disorders have emerged such as normal weight or Atypical Anorexia Nervosa. However research and practice too often occurs in parallel with a failure to understand the weight disorder spectrum and consequences of co-morbidity that then contributes to poorer outcomes for people living with a larger size and an Eating Disorder. Urgently needed are trials that will inform more effective assessment, treatment and care where body size and eating disorder symptoms are both key to the research question. Know the Cause & Overcome the Obstacles For Good

The Truth About Your Weight and Your Health

Obesity

Child and Adolescent Obesity

NLCAHR Obesity & Health Body Weight Research Forum (Three Papers).

Multicultural Perspectives for Writing in English as a Second Language

Bridging the Evidence Gap in Obesity Prevention

Currently, there are a limited amount of guidelines to help clinicians manage patients with obesity and comorbid mental

disorders. This expertly written source fills the gap in the literature by providing a clear overview of obesity and its relationship to mental illness while reviewing the most recent methods to manage and control the condition with diet, exercise, psychological treatments, pharmacotherapy, and surgery.

Focusing on prevention rather than treatment, *Obesity: Dietary and Developmental Influences* reviews and evaluates the determinants of obesity. The book uses evidence-based research as a basis to define foods and dietary behaviors that should be supported and encouraged as well as those that should be discouraged. This comprehensive review re

Obesity is not simply weight gain nor is it a cosmetic or fitness issue. Your goal is to reduce the hazardous and ugly fats that surround your abdomen and organs, deep within your belly that put you at risk for degenerative diseases such as heart attack, stroke, high blood pressure, diabetes, sleep apnea, cancer, gout, osteoarthritis and others. There is no quick fix to fat loss, only prevention, as obesity is a lifestyle disease. It took you years of poor eating habits and a sedentary lifestyle to make you fat. Fat loss is therefore not an event, a program (dieting) nor merely a number you see on the weighing scale or your BMI. A pair of "loose pants" is a better indicator of fat loss. In essence, if you lost weight without reducing your waist circumference, you haven't done much for yourself. To escape from the obesity trap, counting calories, dieting or cutting fat out of your diet or starvation will not help. Instead, to lose fat, you need to know how the body stores and burns fat. You need to incorporate certain lifestyle changes to mobilize your hormones to co-operate with the body to burn fat to overcome your body's resistance to permanent fat loss. That is what this book is all about.

"The literature examining the relationship between obesity and wages has fairly consistently found that BMI has a negative impact on earnings for women, and less (if any) consequences for men. In the first study in my dissertation, co-authored with Christopher J. Ruhm, we relax the assumption--largely unquestioned in this research--that the conditional mean of wages is linear or piecewise linear in body mass index (BMI). Using data from the 1986 and 1999-2005 Panel Study of Income Dynamics, we estimate semi-parametric wage models that allow earnings to vary with BMI in a highly flexible manner. For women, the results show that earnings peak at levels far below the conventional threshold of obesity or even overweight. For men, our main estimates suggest a reasonably flat BMI-wage profile that peaks early in the "overweight" category. The findings for females (and the IV estimates for males) suggest that it is not obesity but rather some other factor -- such as physical attractiveness -- that may be producing the observed relationship between BMI and wages. In the second essay of this dissertation, I examine the effect of obesity--and body mass more generally--on wages across the age distribution, using conventional parametric and more flexible semiparametric approaches. My parametric results suggest that the

literature may overstate the effect of BMI and obesity on wages for women and almost certainly understates any negative association for men. For women, my results show that the negative effects of BMI and obesity are concentrated among women between 25 and 35 years old. While women in this age group experience an average 0.5 to 0.7 percent decrease in wages for each point increase in body mass (roughly 7.5 pounds), women over 40 will suffer a 0.25 percent decrease in wages for each extra point of body mass, and may not experience any wage penalty at all. Similarly, women who are 31-35 years old experience a 7.7 percent decrease in wages for being obese, while women over 40 experience only a 3.9 percent decrease. More flexible models largely confirm these results. For men, my parametric results indicate that, for those who are in their 20's or early 30's, BMI has no effect on wages or is associated with a small increase; this is consonant with the rest of the literature. However, for men over 35, the effect of extra body mass is clearly negative: an extra BMI point brings with it a 0.3 percent decrease in wages for men 36-40 years old, and for men over 40, an extra BMI point is associated with a 0.5 percent decrease in wages. More flexible semiparametric models suggest that the negative association of BMI and wages may be as much as three times more than these estimates in some ranges of BMI. For instance, these models suggest that men 36-40 years old who have a BMI between 27 and 37 experience a 0.9 - 1.2 percent decrease in wages for each extra BMI point, as opposed to a .3 percent decrease predicted by the linear model. Finally, in the third essay, I examine whether it has gotten easier to be obese over the last 25 years. Improvements in treatments for co-morbidities of obesity--high cholesterol, diabetes, sleep apnea and heart disease--over the last 25 years have made obesity less burdensome. I use data from the NHIS to examine whether such improvements have been borne out in obese persons' self-reports of health. My results suggest that between 1982 and 1996 obese women enjoyed significant gains in health relative to their normal weight counterparts. However, these gains do not appear to be due to improvement in treatment for co-morbidities of obesity; rather, income and especially education explain a large share of these health trends. For men, there seems to be little in the way of trends during these years of the survey. Results from the later years of the NHIS survey (1997-2006) suggest very little in the way of trends in self-reported health for obese men or women, but they suggest very large and significant improvements in health for obese women with coronary heart disease and obese male diabetics. All of these results should be interpreted with caution, as evidence of reporting anomalies in health appear to be present."--Abstract from author supplied metadata.

Health and Economic Consequences of an Impending Global Challenge
Obesity and Overweight Matters in Primary Care
Why Diets and Exercise Don't Work—and What Does
Big Fat Lies
CDC Growth Charts

Advanced Nutrition and Dietetics in Obesity Future Research Needs Paper Number 31

Promotes the recognition, treatment, and prevention of conditions of overweight and obesity in the United States.

Obesity Epidemiology Oxford University Press

Nutrition in the Prevention and Treatment of Abdominal Obesity focuses on the important roles that exercise, dietary changes, and foods play in promoting as well as reducing visceral fat. Nutritionists, dieticians, and healthcare providers seeking to address the abdominal obesity epidemic will use this comprehensive resource as a tool in their long-term goal of preventing chronic diseases, especially heart, vascular, and diabetic diseases. Experts from a broad range of disciplines are involved in dealing with the consequences of excessive abdominal fat: cardiology, diabetes research, studies of lipids, endocrinology and metabolism, nutrition, obesity, and exercise physiology. They have contributed chapters that define a range of dietary approaches to reducing risk and associated chronic diseases. They begin by defining visceral obesity and its major outcomes; they also discuss the importance and the challenges of dietary approaches to reduce abdominal obesity, as compared to clinical approaches, with major costs and risks. Offers detailed, well-documented reviews outlining the various dietary approaches to visceral obesity with their benefits and failures Includes chapters on types of foods, exercise, and supplements in reducing obesity and its chronic clinical companions, especially diabetes and cardiovascular disease Helps nutritionists, dieticians, and healthcare providers approach patients in making decision about nutritional therapies and clinical treatments for abdominal obesity, from an evidence-based perspective

Obesity is a serious and complex public health issue in Australia with many health and social consequences for individuals and communities. Government, commercial and community attempts to 'solve' the 'obesity epidemic' have often failed to respond to the complex socio-cultural causes of obesity. The voices and experiences of obese individuals have also been noticeably missing from public debates and discussions about ways to respond to these socio-cultural factors. This study sought to address a key gap in the obesity literature by: providing in-depth qualitative information about the ways in which Australian obese adults experience, perceive and respond to their obesity and obesity discourses; describing how individual characteristics and socio-cultural factors combine to influence these experiences and responses; identifying factors that obese adults think may improve their health and social experiences; and examining the complexities of the lived experience of obesity in Australian society. The study was guided by grounded theory techniques, which take an iterative approach to data interpretation and analysis. Semi-structured telephone interviews were conducted with a targeted sample of 142 Australian adults with a self-reported body mass index of 30 kg/m² or more. Thematic analysis and a constant comparative method were used to analyse the data. This thesis is comprised of five academic papers, which each reveal one aspect of the lived experience of obesity in Australia. The first phase of research (Paper One and Paper Two) explored how distinct individual characteristics, namely male gender and BMI, influence experiences of, and responses to, obesity. While there were clear differences between the ways in which subgroups conceptualised and responded to their obesity, all believed messages about personal responsibility for

obesity and weight loss but found it difficult to act upon these messages. The second phase of research (Paper Three and Paper Four) examined how obese adults interact with different types of information about obesity, weight loss and health outcomes. These papers revealed that public health messages about obesity-related health risks can have undesirable health and social outcomes for some individuals. They also showed that the information provided by the weight loss industry resonated with the experiences of participants more than information provided by governmental and non-governmental public health agencies. The final phase of research (Paper Five) explored a social phenomenon that was common to the experiences of obese adults by investigating how weight-based stigma influenced the health and social experiences of obese adults. It revealed that stigma had negative health and social outcomes for participants, and that they received, felt and experienced different types of stigma in different ways. Collectively this body of work provides a more sophisticated understanding of a complex health and social issue. This research provides important information to help to tailor responses to obesity that more appropriately reflect the experiences and needs of obese adults.

Epidemiology and Treatment Modalities

A Framework to Inform Decision Making

A Guide to Obesity and the Metabolic Syndrome

Obesity and Mental Disorders

Weight Control and Physical Activity

The Evidence Report

Eating Disorders and Obesity

Discrimination based on body shape and size remains commonplace in today's society. This important volume explores the nature, causes, and consequences of weight bias and presents a range of approaches to combat it. Leading psychologists, health professionals, attorneys, and advocates cover such critical topics as the barriers facing obese adults and children in health care, work, and school settings; how to conceptualize and measure weight-related stigmatization; theories on how stigma develops; the impact on self-esteem and health, quite apart from the physiological effects of obesity; and strategies for reducing prejudice and bringing about systemic change.

Contents: The scale of the problem - overweight and obesity; Clinical governance and the management of overweight and obesity; Managing child overweight and obesity; Managing adult overweight and obesity in primary care; Different dietary approaches; Alternative approaches: behavioral therapy, physical activity and other techniques; Drug therapy for obesity; Surgical treatments of obesity; Calculating the costs of overweight and obesity; Draw up and apply your personal development plan focusing on motivation and lifestyle change management; Worked example of a personal development plan: motivation and lifestyle change management; Template for a personal development plan; Draw up and apply your personal development plan focusing on obesity; Worked example of a practice learning plan: management of overweight and obesity; Template for a practice personal and professional development plan; Sources of help: organisations, websites; National Obesity Forum; Guidelines for the management of adult obesity and overweight in primary care.

This addition to the British Dietetic Association Advanced Nutrition and Dietetics book series is written for clinicians and researchers who work with any aspect of obesity and its comorbid conditions. Featuring contributions from leading researchers and practitioners from around the globe Advanced Nutrition and Dietetics in Obesity offers a uniquely international perspective on what has become a worldwide public health crisis. Chapters cover a full range of new ideas and research on the underlying drivers of obesity in populations including discussions on the genetic and clinical aspects of obesity, along with expert recommendations on how to effectively manage and prevent this chronic and persistent disease. Providing a comprehensive overview of the key literature in this field, Advanced Nutrition and Dietetics in Obesity is an invaluable resource for all those whose work should or does embrace any aspect of obesity. Offers a plan for metabolic fitness while debunking height-weight tables, fat consumption, yo-yo dieting, exercise, and the relationship between health and obesity.

The Economics of Obesity

Criteria for Evaluating Weight-Management Programs

Fat

Dietary and Developmental Influences

Adiposity

Trends in Obesity Research

Treatment of the Obese Patient

In a brief, clear and easily accessible way, this summary illustrates the dynamics of the obesity epidemic and its impact on public health throughout the WHO European Region, particularly in eastern countries. It describes how factors that increase the risk of obesity are shaped in different settings, such as the family, school, community and workplace. It makes both ethical and economic arguments for accelerating action against obesity, and analyses effective programs and policies in different government sectors, such as education, health, agriculture and trade, urban planning and transport. The summary also describes how to design policies and programs to prevent obesity and how to monitor progress, and calls for specific action by stakeholders: not only government sectors but also the private sector - including food manufacturers, advertisers and traders - and professional consumers' and international and intergovernmental organizations such as the European Union.

Of evidence-based recommendations -- Introduction -- Overweight and obesity: background -- Examination of randomized controlled trial evidence -- Treatment guidelines -- Summary of recommendations -- Future research.

During the past twenty years there has been a dramatic increase in obesity in the United States. An estimated thirty percent of adults in the US are obese; in 1980, only fifteen percent were. The issue is gaining greater attention with the CDC and with the public health world in general. This book will offer practical information about the methodology of epidemiologic studies of obesity, suitable for graduate students and researchers in epidemiology, and public health practitioners with an interest in the issue. The book will be structured in four main sections, with the majority of chapters authored by Dr. Hu, and

some authored by specialists in specific areas. The first section will consider issues surrounding the definition of obesity, measurement techniques, and the designs of epidemiologic studies. The second section will address the consequences of obesity, looking at epidemiologic studies that focus on cardio-vascular disease, diabetes, and cancer. The third section will look at determinants of obesity, reviewing a wide range of risk factors for obesity including diet, physical activity and sedentary behaviors, sleep disorders, psychosocial factors, physical environment, biochemical and genetic predictors, and intrauterine exposures. In the final section, the author will discuss the analytical issues and challenges for epidemiologic studies of obesity.

To battle the obesity epidemic in America, health care professionals and policymakers need relevant, useful data on the effectiveness of obesity prevention policies and programs. *Bridging the Evidence Gap in Obesity Prevention* identifies a new approach to decision making and research on obesity prevention to use a systems perspective to gain a broader understanding of the context of obesity and the many factors that influence it.

New Developments in Obesity Research

The Oxford Handbook of the Social Science of Obesity

Obesity Epidemiology

Writing the Research Paper

Causes and Consequences, Prevention and Management

Weighing the Options

The Challenge of Obesity in the WHO European Region and the Strategies for Response

Obesity is a global ticking time-bomb with huge potential negative economic and health impacts, especially for the poor. Countries and global partners need to act urgently to address this ensuing epidemic with emphasis highlighting interventions that require corrective public action rather than one of individual responsibility.

The aim of this book is to inform clinicians of recent advances in obesity research and provide a review of current treatment issues and strategies. Part 1 covers new discoveries in the physiological control of body weight, as well as the pathophysiology of obesity. Part 2 covers a range of issues that are central to the clinical management of obese patients. This illustrated volume will stimulate and engage clinicians.

Drawing on the latest research and twenty years of working with overweight patients, this short and punchy book dispels myths and tells the tough truths about our obesity epidemic. Toomath shows how our modern world is making us fat. And while governments and individuals keep trying things that science shows do not work, she outlines what just might make a difference in ending the obesity epidemic.

Childhood obesity is highly prevalent in the U.S. and has become a global epidemic. The 2007-2008 National Health and Nutrition Examination Survey data showed that 17% of U.S. children and adolescents (ages 2-19) years were obese, and over 30% were overweight or obese. Childhood obesity leads to obesity in adulthood and many other serious health conditions, such as cardiovascular, metabolic, and psychosocial illnesses. To assess the effectiveness of existing childhood obesity prevention efforts, the Johns Hopkins University Evidence-based Practice Center completed a systematic review on childhood obesity prevention studies conducted in high-income countries. This report systematically reviewed seven key questions: What is the comparative effectiveness of school-based interventions for the prevention of obesity or overweight in children? What is the comparative effectiveness of home-based interventions for the

prevention of obesity or overweight in children? What is the comparative effectiveness of primary care-based interventions for the prevention of obesity or overweight in children? What is the comparative effectiveness of childcare setting-based interventions for the prevention of obesity or overweight in children? What is the comparative effectiveness of community-based or environment-level interventions for the prevention of obesity or overweight in children? What is the comparative effectiveness of consumer health informatics applications for the prevention of obesity or overweight in children? What is the comparative effectiveness of multi-setting interventions for the prevention of obesity or overweight in children? Though the strength of evidence is moderate to high for school-based interventions, the limited number of studies and insufficient or low strength of evidence to support interventions in other settings made it difficult to conclude that interventions in other settings could effectively prevent childhood obesity. Based on the evidence gaps in these settings, we identified the following as Future Research Needs: Future research is needed on interventions delivered in settings other than schools or home. While there have been other reviews on the effectiveness of interventions on food and nutrition policies at school on changes in children's diet and school food environments, there are still gaps in the literature on some aspects, such as the impact of regulations on food availability and its impact on obesity prevention. Only a few studies that we reviewed used social marketing to deliver messages on nutrition, physical activity and health. This approach might be integrated with other intervention components to create an atmosphere favorable to healthy and active lifestyles and related behavioral changes. Further testing of the value of consumer health informatics products for obesity prevention is needed. In addition, there is a lack of evidence on the impact of regional or national policies on childhood obesity prevention. Further research might be conducted with stratified analyses on subgroups, such as by gender, age, race/ethnicity, or socioeconomic status. There were methodological limitations of the reviewed studies which suggest that future research might improve upon the methods. Few of the studies we reviewed reported process evaluation, which would provide useful insight regarding why some studies might detect desirable effect of the intervention. Future studies need to design innovative approaches that have a high likelihood of sustainability. This may be designed to take advantage of other existing public health, government or other organization supported programs or try to gain more support and engagement from related key stakeholders. The objective of this report is to prioritize the needs for research addressing gaps in the existing literature on the effectiveness of childhood obesity prevention programs by engaging expert stakeholders using a modified Delphi method.

Research, Critique and Interventions

How to Organize Term Papers, News, or Debates

Nature, Consequences, and Remedies

The Practical Guide

Fighting the Obesity Epidemic

Summary

Origins and Treatment

Far from a sign of healthy prosperity and contentment, overweight and obesity are now considered high risk factors for a wide range of diseases including early death and disability, heart disease, diabetes, reproductive problems, cancer, breathing problems and arthritis. Obesity, now at epidemic levels in many countries, is defined as an excessively high amount of body fat or adipose tissue in relation to lean body mass.

The amount of body fat (or adiposity) includes concern for both the distribution of fat throughout the body and the size of the adipose tissue deposits. This book includes within its scope the causal connection of obesity to diseases as well as the prevention and treatment of obesity. Leading-edge scientific research from throughout the world is presented.

This book addresses the ever increasing problem of obesity in children and adolescents, the long-term health and social problems that arise from this, and approaches to prevention and management. Aimed at doctors, and all health-care professionals, it will be of interest to all those concerned with the increasing prevalence of obesity in both the developed and developing world. It covers all aspects of obesity from epidemiology and prevention to recent developments in biochemistry and genetics, and to the varied approaches to management which are influenced by social and clinical need. A foreword by William Dietz and a forward-looking 'future perspectives' conclusion by Philip James embrace an international team of authors, all with first-hand experience of the issues posed by obesity in the young. This comprehensive survey of an important and growing medical problem will help inform, influence and educate those charged with tackling this crisis.

Covering both theoretical and practical approaches, *Writing the Research Paper* guides students studying in English as a second or additional language through the skills necessary for success in university-level writing and research. The book begins with theoretical considerations, such as research, argumentation and critical thinking. It then offers a broad range of practical assistance covering all aspects of the writing process, including topic selection, argument, counter-argument, paragraph structure and cohesion. The book is accompanied by a companion website, writingtheresearchpaper.com. The website hosts many features, including chapter summaries, exercises, quizzes, PowerPoints, additional learning material, and technology assistance. The website also hosts numerous authentic examples of student papers at each of the critical stages of the writing process.

Nearly one out of every three adults in America is obese and tens of millions of people in the United States are dieting at any one time. This has resulted in a weight-loss industry worth billions of dollars a year and growing. What are the long-term results of weight-loss programs? How can people sort through the many programs available and select one that is right for them? *Weighing the Options* strives to answer these questions. Despite widespread public concern about weight, few studies have examined the long-term results of weight-loss programs. One reason that evaluating obesity management is difficult is that no other treatment depends so much on an individual's own initiative and state of mind. Now, a distinguished group of experts assembled by the Institute of Medicine addresses this compelling issue. *Weighing the Options* presents criteria for evaluating treatment programs for obesity and explores what these criteria mean--to health care providers, program designers, researchers, and even overweight people seeking help. In presenting its criteria the authors offer a wealth of information about weight loss: how obesity is on the rise, what types of weight-loss programs are available, how to define obesity, how well we maintain weight loss, and what approaches and practices appear to be most successful. Information about weight-loss programs--their clients, staff qualifications, services, and success rates--necessary to make wise program choices is discussed in detail. The book

examines how client demographics and characteristics--including health status, knowledge of weight-loss issues, and attitude toward weight and body image--affect which programs clients choose, how successful they are likely to be with their choices, and what this means for outcome measurement. Short- and long-term safety consequences of weight loss are discussed as well as clinical assessment of individual patients. The authors document the health risks of being overweight, summarizing data indicating that even a small weight loss reduces the risk of disease and depression and increases self-esteem. At the same time, weight loss has been associated with some poor outcomes, and the book discusses the implications for program evaluation. Prevention can be even more important than treatment. In *Weighing the Options*, programs for population groups, efforts targeted to specific groups at high risk for obesity, and prevention of further weight gain in obese individuals get special attention. This book provides detailed guidance on how the weight-loss industry can improve its programs to help people be more successful at long-term weight loss. And it provides consumers with tips on selecting a program that will improve their chances of permanently losing excess weight.

The Surgeon General's Vision for a Healthy and Fit Nation

A Qualitative Study

United States

Diet Fads, Careers & Controversies in Nutrition Journalism

Prevalence and Etiology

Weight Bias

The Surgeon General's Call to Action to Prevent and Decrease Overweight and Obesity

Despite adults' best preventive efforts, childhood obesity is on the rise in most areas of the world, and with it the prevalence of Type 2 diabetes, hypertension, cardiovascular disease, and other formerly adult-onset conditions. *Epidemiology of Obesity in Children and Adolescents* takes the global ecological approach that is needed to understand the scope of the problem and its multiple causes and mechanisms, and to aid in developing more effective prevention and intervention programs. In the book's first half, experts present a descriptive summary of youth obesity trends in ten world regions, broken down by age group, gender, socioeconomic status, and risk factors. Complementing these findings, part two reviews the evidence base regarding the variables, separately and in combination, having the most significant impact on young people's development of obesity, including:

- Genetic and nutrigenomic factors.
- Environmental and psychosocial factors, such as family shopping and eating habits and access to healthful foods.
- Neuroendocrine regulation.
- Prenatal and neonatal factors (e.g., gestational diabetes of the mother).
- Dietary factors, from nutrient content to young people's food preferences.
- Physical activity versus sedentary behavior.

***Epidemiology of Obesity in Children and Adolescents* is necessary reading for the range of professionals involved in curtailing this epidemic, including public health specialists, epidemiologists, pediatricians, nurses, nutritionists, psychologists, health educators, and policymakers.**

This book is the first in a series of two, featuring the *Adiposity - Epidemiology and Treatment Modalities*, serving as a summary of the traditional views on how the organ systems are affected when higher

organs start to suffer from enhanced body weight, where most of this additional weight consists of white adipose tissue (WAT). The understanding of the "epidemiology" of obesity will consequently enable clinicians and researchers to better understand the untoward "trends" of "metabolic aberrations" from a well-organized and health-bringing homeostasis, with fully responding WAT and BAT, thus enabling a balance between fat-producing and fat-metabolizing tissues for the benefit of the various organ systems taking care of the fat and carbohydrate metabolism, normally yielding a balanced energy turnover, ensuring "healthy" cell phenotypes, which optimally coordinate the energy metabolism in a well-functioning organism throughout a lifetime. When the leptin gene was discovered in 1994, news articles predicted that there might soon be an easy, pharmaceutical solution to the growing public health crisis of obesity. Yet this scientific breakthrough merely proved once again how difficult the fight against fat really is. Despite the many appetite-suppressants, diet pills, and weight-loss programs available today, approximately 30 percent of Americans are obese. And that number is expanding rapidly. Fat is the engaging story of the scientific quest to understand and control body weight. Covering the entire twentieth century, Robert Pool chronicles the evolving blame-game for fat--from being a result of undisciplined behavior to subconscious conflicts, physiological disease, and environmental excess. Readers in today's weight-conscious society will be surprised to learn that being overweight was actually encouraged by doctors and popular health magazines up until the 1930s, when the health risks associated with being overweight were publicly recognized. Thus began decades of research and experiments that subsequently explained appetite, metabolism, and the development of fat cells. Pool effectively reanimates the colorful characters, curious experiments, brilliant insights and wrong turns that led to contemporary scientific understanding of America's epidemic. While he acknowledges the advances in the pharmacological fight against flab, he underscores that the real problem of obesity is not losing the weight but keeping it off. Drugs offer a quick fix, but they aren't the ultimate answer. American society must remedy the unhealthy daily environments of its cities and towns, and those who have struggled with their weight and have experienced the "yo-yo" cycle of dieting must understand the underlying science of body weight that makes their struggle more than a question of willpower.

There is considerable rhetoric and concern about weight and obesity across an increasing range of national contexts. Alarmist claims about an 'obesity time-bomb' are continually recycled in policy reports, reviews and white papers, each of which begin with the assumption that fatness is fundamentally unhealthy and damaging to national economies. With contributions from the UK, Canada, the USA and Australia, this book offers alternative critical perspectives on this alleged public health crisis which were, in part, developed through an Economic and Social Research Council seminar series on Fat Studies and Health at Every Size (HAES). Written by scholars from a range of disciplines and the health professions, themes include: an interrogation of statistical procedures used to construct the obesity epidemic, overweight and obesity as

cultural signifiers for Type 2 diabetes, understandings of healthy eating and healthy weight in a 'problem' population, gendered expectations on men and women to lose weight, the visual representation of obesity, tensions when researching (anti-)fatness, critical dietitians' engagement with HAES, alternative ways of promoting physical activity, and representations of obesity in the media. This book was originally published as a special issue of Critical Public Health.

**Nutrition in the Prevention and Treatment of Abdominal Obesity
Future Research Needs for Childhood Obesity Prevention Programs
Escape From The Obesity Trap**

Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults

**Epidemiology of Obesity in Children and Adolescents
The Challenge for Our Times**

Obesity and the Economics of Prevention Fit not Fat

Do you need to write a school term paper on nutrition? Are you interested in how to find a journalism job, open a business, or learn to write and speak about scientifically-substantiated plant extracts, nutrition, health, or consumer economics communication? Can you bridge the gap between science and the consumer with understandable explanations? Here's how to write news or magazine articles in plain language about the science behind foods, supplements, or lifestyles for readers without technical training. As freelance writers, students, librarians, educators, parents, nurses, nutritionists, chefs, speakers, or current information researchers learn how to inform general magazine or newspaper readers about current scientific findings that help people better control their blood sugar, lifestyles, and nutrition. For example, diabetes is expected to surpass cancer and heart disease as America's leading killer by 2010. Learn how to write or speak in public about nutrition, consumer economics, current epidemics, or blood pressure issues for popular media. Practice here how to interview experts. Write actual questions you'd ask professionals. Ask to interview those with reliable information by sending a list of questions ahead of the interview. Gather speakers for conference panels by volunteering at professional associations' meetings. The nutrition glossary at the back of the book is a helpful resource for definitions. Shifting to another topic-attention deficit disorder-learn what nutrients and essential fatty acids help to manage attention deficit hyperactivity disorder. Can you write about or debate issues and controversies on the health benefits of phytochemicals? Examples of phytochemicals include quercetin and resveratrol. Can you find the words 'phytochemicals' and 'polyphenols' in your dictionary? How would you discuss the words 'quercetin' and 'resveratrol?' Learn to define these terms to the general public in popular consumer magazines. Write news articles, organize debates, manage your term papers based upon the credibility of studies mentioning health benefits. Avoid food misinformation in the media. How do you explain the reduced cardiovascular risk and similar benefits of the latest nutrition-related research? Can you write in plain language for a magazine or newspaper how fish

rich in omega-3 fatty acids, olive oil polyphens, and fruits, vegetables or herbs offers specific health benefits? If you're thinking about a career in consumer economics communication or nutrition journalism, or are a school librarian or educator, here's how to work with reliable resources.

Avoiding overweight and obesity is the best-established diet-related risk factor for cancer. The proportion of people who are overweight/obese is increasing, and the amount of physical activity is decreasing in most populations, including urban populations in many developing countries. The increasing prevalence of overweight/obesity is presumably due to the increasing availability of highly palatable, high energy foods and an increasing sedentary lifestyle due to mechanisation of both workplace and leisure activities. Overweight/obesity and reduced physical activity increases the risk of cancers in various organs.

Maintaining a healthy body weight and regular physical activity is the second most important way to prevent cancer, after tobacco control. The suggestions of possible public health action aimed at tackling these risk factors include education activities to promote balanced diets which are not excessive in energy and broad education and planning to enable and encourage physical activity during work and leisure. The Handbook Volume 6 on Weight Control and Physical Activity contains a full discussion of this topic, together with recommendations for public health action.

Fit not Fat