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1. Obesity in childhood: the Greek experience.

Citation: World Review of Nutrition & Dietetics, 2005, vol./is. 94/(27-35), 0084-2230;0084-2230 (2005)

Author(s): Kafatos A; Codrington CA; Linardakis M

Language: English

Publication Type: Journal Article; Review

Source: MEDLINE

2. Obesity and its comorbidities: present and future importance on health status in Switzerland.

Citation: Sozial- und Praventivmedizin, 2005, vol./is. 50/2(78-86), 0303-8408;0303-8408 (2005)

Author(s): Neilson A; Schneider H

Language: English

Abstract: OBJECTIVES: The objective of this study was to estimate the proportion of various diseases attributable to obesity in Switzerland in order to get a hint of its present and future importance on health status and on our health care budgets. METHODS: The population attributable risk (PAR) for each of 17 obesity-linked conditions was estimated as the proportion of each disease condition which is attributable to obesity. The fraction of each disease that is attributable to obesity in Switzerland was calculated using the proportion (prevalence) of obesity in Switzerland and the relative risk of suffering from a given obesity-related disease in Switzerland or comparable countries. RESULTS: With a PAR of 88.6% diabetes represents the disease with the highest proportion attributable to obesity in Switzerland. It is followed by a PAF of 26.8% for hypertension, 24.7% for oesophageal cancer and 24.4% for gallstones. PARs of 17.4% and 5.7% were estimated for coronary heart disease and depression. CONCLUSION: Treatment of these first four diseases represents 89% of the total health care costs attributable to obesity in Switzerland. The impact the present obesity epidemic on health status as well as its social and economic consequences must be recognised.

Publication Type: Comparative Study; Journal Article; Research Support, Non-U.S. Gov't

Source: MEDLINE

3. Can obesity prevention work for our children?.

Citation: Journal of the Louisiana State Medical Society, January 2005, vol./is. 157 Spec No 1/(S34-41), 0024-6921;0024-6921 (2005 Jan)

Author(s): Carlisle LK; Gordon ST; Sothern MS

Language: English

Abstract: The prevalence of obesity in children and adolescents is higher than 20 years ago in all racial-ethnic, age, and gender groups. Research has lead to the discovery of many risk factors for obesity, which may help practitioners target at-risk individuals. Insight concerning obesity prevention can come from examining other public health programs, which center on prevention; such as smoking, seat belt use, and sexually transmitted disease. Another guide when establishing obesity prevention is evaluation of currently successful programs. Prevention and treatment interventions for childhood obesity should promote the replacement of unhealthy eating and exercise practices with healthier behaviors. The goal of prevention should always be maintenance of normal growth patterns, rather than weight loss. In predisposed children, sedentary, non-nutritious environments challenge metabolic capacity and promote overweight conditions, further inactivity and increased sedentary behaviors. This results in clinically significant obesity, reduced insulin sensitivity and ultimately type 2 diabetes later in life. Prevention of future chronic disease in children and adults may depend on our ability to prevent the onset of obesity in young children. This should be a primary goal of pediatricians, family health care professionals, and public health professionals.

Publication Type: Journal Article; Review

Source: MEDLINE

4. Managing obesity in secondary care: a personal practice.

Citation: Archives of Disease in Childhood, 01 April 2005, vol./is. 90/4(385-390), 00039888

Author(s): Viner R; Nicholls D

Language: English

Abstract: Obesity is becoming a common clinical headache for child health professionals, as the increase in professional and media concern has not been matched by effective clinical solutions. Added to this is considerable confusion about both the definitions of obesity and about which groups of children and adolescents actually require treatment. Little guidance exists for paediatricians and other child health specialists on the assessment and management of child and adolescent obesity. Guidelines produced by the American Academy of Pediatrics (AAP) are useful, but require modification for non-American clinical practice. In the UK, the Royal College of Paediatrics and Child Health has recently issued excellent brief guidance on managing obesity in primary care, as has the Scottish Intercollegiate Guidelines Network.

Publication Type: journal article

Source: CINAHL

Full Text: Available in *fulltext* at *Highwire Press*
Available in *fulltext* at *Highwire Press*
Available in *fulltext* at *ProQuest*
Available in *fulltext* at *National Library of Medicine*

5. Dietary intake and risk factors for poor diet quality among children in Nova Scotia.

Citation: Canadian Journal of Public Health, 01 May 2005, vol./is. 96/3(212-216), 00084263

Author(s): Veugelers PJ; Fitzgerald AL; Johnston E

Language: English

Abstract: OBJECTIVE: Public health policies promote healthy nutrition but evaluations of children's adherence to dietary recommendations and studies of risk factors of poor nutrition are scarce, despite the importance of diet for the temporal increase in the prevalence of childhood obesity. Here we examine dietary intake and risk factors for poor diet quality among children in Nova Scotia to provide direction for health policies and prevention initiatives. METHODS: In 2003, we surveyed 5,200 grade five students from 282 public schools in Nova Scotia, as well as their parents. We assessed students' dietary intake (Harvard's Youth Adolescent Food Frequency Questionnaire) and compared this with Canadian food group and nutrient recommendations. We summarized diet quality using the Diet Quality Index International, and used multilevel regression methods to evaluate potential child, parental and school risk factors for poor diet quality. RESULTS: In Nova Scotia, 42.3% of children did not meet recommendations for milk products nor did they meet recommendations for the food groups 'Vegetables and fruit' (49.9%), 'Grain products' (54.4%) and 'Meat and alternatives' (73.7%). Children adequately met nutrient requirements with the exception of calcium and fibre, of which intakes were low, and dietary fat and sodium, of which intakes were high. Skipping meals and purchasing meals at school or fast-food restaurants were statistically significant determinants of poor diet. Parents' assessment of their own eating habits was positively associated with the quality of their children's diets. INTERPRETATION: Dietary intake among children in Nova Scotia is relatively poor. Explicit public health policies and prevention initiatives targeting children, their parents and schools may improve diet quality and prevent obesity.

Publication Type: journal article

Source: CINAHL

Full Text: Available in *fulltext* at *ProQuest*

6. Student nurses participate in public health research and practice through a school-based screening program.

Citation: Public Health Nursing, 01 May 2005, vol./is. 22/3(260-266), 07371209

Author(s): Brosnan CA; Upchurch SL; Meininger JC; Hester LE; Johnson G; Eissa MA

Language: English

Abstract: Obesity has reached epidemic proportions among children in minority populations, placing them at risk for diabetes and hypertension. The importance of educating a generation of nurses who have the knowledge, skills, and passion to address this public health need is crucial to the profession and to America's health. This article describes the use of a Community Partnership Model to frame baccalaureate nursing students' (B.S.N.) service learning within the context of a research study to screen middle- and high-school students for health risks. The missions of education, research, and practice are linked together in the model by three processes: evidence-based practice, service learning, and scholarly teaching. The aim of the project was early identification of obesity, hypertension, and type 2 diabetes and their predictors in a high-risk student population, between 12 and 19 years of age. Early evidence indicates that the model is feasible and effective for directing student learning and addressing public health problems in the community.

Publication Type: journal article

Source: CINAHL

Full Text: Available in *fulltext* at *EBSCO Host*

7. Obesity: from a health issue to a political and policy issue.

Citation: Online Journal of Issues in Nursing, May 2005, vol./is. 10/2(10), 1091-3734;1091-3734 (2005 May 31)

Author(s): Tao H; Glazer G

Language: English

Publication Type: Journal Article

Source: MEDLINE

Full Text: Available in *fulltext* at *EBSCO Host*
Available in *fulltext* at *ProQuest*

8. Parents' perceptions of health professionals' responses when seeking help for their overweight children.

Citation: Family Practice, June 2005, vol./is. 22/3(287-92), 0263-2136;0263-2136 (2005 Jun)

Author(s): Edmunds LD

Language: English

Abstract: BACKGROUND: Childhood obesity continues to worsen and so more parents of overweight children are likely to seek help from health professionals. Attitudes and practices of primary care personnel have been sought about adult obesity, but rarely about overweight children. Parents' views in this respect have not been explored. This paper addresses that omission. OBJECTIVES: The aim was to explore parents' perceptions of help-seeking experiences with health professionals. METHODS: This study was a qualitative investigation with parents, conducted in central and south-west England using semi-structured interviews and body shapes used as prompts. Sampling was purposive to ensure an age range of children (4-15 years). Parents of 40 children with concerns about their child's weight were interviewed in their homes. Analysis was thematic and iterative. RESULTS: Parents went through a complex process of monitoring and self-help approaches before seeking professional help. The responses they received from GPs included: being sympathetic, offering tests and further referrals, general advice which parents were already following, mothers were blamed, or dismissed as "making a fuss", and many showed a lack of interest. Health visitors offered practical advice and paediatric dietitians were very supportive. Experiences with community dietitians were less

constructive. CONCLUSION: Professional responses ranged from positive, but not very helpful, to negative and dismissive. Health professionals may benefit from a better understanding of parents' plight and childhood obesity in general. This in turn may improve their attitudes and practices and encourage parents to seek help at an earlier stage of their child's overweight.

Publication Type: Journal Article; Research Support, Non-U.S. Gov't

Source: MEDLINE

Full Text: Available in *fulltext* at *Highwire Press*
Available in *fulltext* at *ProQuest*

9. Childhood growth and chronic disease: evidence from countries undergoing the nutrition transition.

Citation: Maternal & Child Nutrition, July 2005, vol./is. 1/3(177-84), 1740-8695;1740-8695 (2005 Jul)

Author(s): Stein AD; Thompson AM; Waters A

Language: English

Abstract: Evidence is accumulating that the pattern of growth in childhood is associated with development of cardiovascular disease in adulthood, but such evidence comes mostly from developed countries. We conducted a review of studies from countries undergoing the nutrition transition. Five birth cohorts with measures of child growth and outcomes through adolescence were identified, from China, India, Guatemala, Brazil and the Philippines. Across studies there are major differences in data availability and in statistical approaches to modelling child growth and its effects. Nevertheless, generally consistent associations of growth failure in early childhood and development of overweight in later childhood with the risk of elevated blood pressure, glucose, and serum lipids in adulthood were observed. As these cohorts mature they will provide a wealth of critical information on the relation between early life factors and later disease risk, and efforts should be made to ensure ongoing follow-up using standardized approaches and more comprehensive assessments.

Publication Type: Journal Article; Meta-Analysis; Research Support, N.I.H., Extramural; Review

Source: MEDLINE

10. Early growth and chronic disease: a public health overview.

Citation: Maternal & Child Nutrition, July 2005, vol./is. 1/3(169-76), 1740-8695;1740-8695 (2005 Jul)

Author(s): Law C

Language: English

Abstract: Infant and childhood growth result from and reflect a range of influences in pre- and postnatal life. These include nutrition, burden of infection and the psycho-social environment. Nutrition in young children is dependent on individual level factors such as fetal experience, infant feeding and weaning practices, and on societal factors such as education of women and economic conditions. The relationship of early postnatal growth to adult disease may be indicative or causal, and may reveal both biological and sociological processes. Although non-insulin-dependent diabetes mellitus (NIDDM) and obesity are risk factors for ischaemic heart disease, the relationships of these three conditions to infant growth differ. Poor infant growth has been associated with higher levels of NIDDM and ischaemic heart disease, but lower levels of adult obesity. Most research has been of populations living in developed countries at different stages of nutritional transition. However, differences in context are not simply limited to the stage of the nutritional transition. They also need to consider the nature of that transition and its social correlates, which may result in the clustering of aetiological influences such as increased body mass and poverty. The size of effect of the relationship of infant growth to adult disease is important not only to determine its relative aetiological importance but also for its potential for public health policy. Such policy also needs to consider the

relationships of infant growth to a range of outcomes, both health and human capital, which are not the subject of this workshop.

Publication Type: Journal Article; Research Support, Non-U.S. Gov't; Review

Source: MEDLINE

11. Editor's note. Weighting for Godot.

Citation: Journal of Health Politics, Policy & Law, 01 October 2005, vol./is. 30/5(0-), 03616878

Author(s): Schlesinger M

Language: English

Publication Type: journal article

Source: CINAHL

Full Text: Available in *fulltext* at *EBSCO Host*
Available in *fulltext* at *EBSCO Host*

12. Is public health coercive health?.

Citation: Lancet, November 2005, vol./is. 366/9497(1592-4), 0140-6736;1474-547X (2005 Nov 5)

Author(s): Cottam R

Language: English

Publication Type: Journal Article

Source: MEDLINE

Full Text: Available in *fulltext* at *ProQuest*
Available in *print* at *Bolton PCT*
Available in *fulltext* at *ProQuest*
Available in *fulltext* at *ProQuest*
Available in *fulltext* at *ProQuest*

13. Childhood obesity--a public health crisis.

Citation: Optometry (St. Louis, Mo.), December 2005, vol./is. 76/12(685-91), 1529-1839;1558-1527 (2005 Dec)

Author(s): Mozlin R

Language: English

Publication Type: Journal Article; Review

Source: MEDLINE

14. Preventing obesity: a life cycle perspective.

Citation: Journal of the American Dietetic Association, January 2006, vol./is. 106/1(97-102), 0002-8223;0002-8223 (2006 Jan)

Author(s): Johnson DB; Gerstein DE; Evans AE; Woodward-Lopez G

Language: English

Abstract: Traditional approaches to treating overweight and obese adults by focusing on individual weight loss have not been effective in stemming the tide of obesity in the population. Recent research has identified critical factors that, as they accumulate and interact over an individual's life span, may put a person at risk for obesity. These factors include rapid weight gain in infancy and childhood, early puberty, and excessive weight gain in pregnancy. Based on this research, a life cycle perspective can be used to develop comprehensive interventions that address the multiple determinants of obesity. Because obesity tracks across generations, it is essential to adopt effective obesity prevention measures now to prevent even higher rates of obesity in future generations. Dietetics

professionals can reduce individual risks by providing nutritional services that support appropriate weight gain in childhood and pregnancy. We can also advocate for policies in communities, schools, and worksites that support breastfeeding, ensure access to health-promoting foods, and provide opportunities to be physically active.

Publication Type: Journal Article; Research Support, Non-U.S. Gov't; Research Support, U.S. Gov't, P.H.S.

Source: MEDLINE

15. The Nutrition and Physical Activity Program to Prevent Obesity and Other Chronic Diseases: monitoring progress in funded states.

Citation: Preventing Chronic Disease, January 2006, vol./is. 3/1(A23), 1545-1151 (2006 Jan)

Author(s): Yee SL; Williams-Piehota P; Sorensen A; Roussel A; Hersey J; Hamre R

Language: English

Abstract: To help address the challenges posed by the obesity epidemic in the United States, the U.S. Congress authorized the Centers for Disease Control and Prevention to establish the Nutrition and Physical Activity Program to Prevent Obesity and Other Chronic Diseases. In this article, we summarize the progress of the first 20 states funded by this program. The data presented are based on the information provided by the states in their semiannual progress monitoring reports on program activities from January through June 2004. The states have made progress in developing capacity and infrastructure for their programs, including leveraging financial resources and developing strong partnerships. In addition, they are planning and initiating environmental changes through legislation, and, although less frequently, through policies and other changes such as expanding physical activity opportunities. Collectively, the states are making progress in planning and implementing activities to prevent and control obesity and other chronic diseases.

Publication Type: Journal Article; Research Support, U.S. Gov't, P.H.S.

Source: MEDLINE

Full Text: Available in *fulltext* at *National Library of Medicine*

16. Prevalence of childhood obesity in northeastern Ontario: a cross-sectional study.

Citation: Canadian Journal of Dietetic Practice & Research, 2006, vol./is. 67/3(143-7), 1486-3847;1486-3847 (2006)

Author(s): Haque F; de la Rocha AG; Horbul BA; Desroches P; Orrell C

Language: English

Abstract: PURPOSE: In Canada, the incidence of childhood obesity has tripled within the past 20 years. The prevalence of obesity in the Timmins, Ontario, student population was studied to gain knowledge for program planning and resource allocation, and to compare Centers for Disease Control and Prevention (CDC) criteria with Cole's international criteria for childhood obesity. METHODS: Anthropometric measurements of 801 students were taken. Students were chosen from randomly selected schools for each grade. Data were analyzed according to age, gender, and ethnicity. Data were also compared with other studies. Intragroup comparisons were performed using hypothesis testing for significance with the z table and chi-square test. RESULTS: Overweight and obesity prevalence was 28% according to CDC criteria. No statistical difference was found between genders or among ethnic groups, or between this study and other Canadian studies. In comparison with the CDC criteria, Cole's international criteria indicated less obesity and increased overweight prevalence. These differences were not statistically significant. CONCLUSIONS: The findings suggest that in the northern Ontario community of Timmins, the prevalence of childhood obesity is of epidemic proportions. When the findings are shared with different agencies, this study will help the health unit to take necessary public health measures to curb the epidemic.

Publication Type: Journal Article; Research Support, Non-U.S. Gov't

Source: MEDLINE

Full Text: Available in *fulltext* at *ProQuest*

17. Prevalence of overweight and obesity in school-aged children.

Citation: Canadian Journal of Dietetic Practice & Research, 2006, vol./is. 67/3(125-9), 1486-3847;1486-3847 (2006)

Author(s): He M; Beynon C

Language: English

Abstract: PURPOSE: Childhood obesity is a public health concern in Canada. Few published anthropometric data are available to indicate obesity prevalence in Canadian children. Obesity prevalence is reported for school-aged children in 11 London, Ontario, schools. METHODS: Data on body weight and height were obtained using standardized procedures. United States Centers for Disease Control and Prevention (CDC) body mass index (BMI)-for-age references and Cole's international BMI reference were used to classify the children's weight categories. RESULTS: The study included 1,570 pupils aged six to 13. The CDC BMI references categorized 16.6% and 11.8% of children as overweight and obese, respectively. In comparison, when the Cole BMI reference and cut-off points were used, 17.5% and 7.6% of children were classified as overweight and obese, respectively. CONCLUSION: Overweight is prevalent in the study population. Public health interventions are warranted to curb the obesity epidemic in school-aged children.

Publication Type: Comparative Study; Journal Article; Research Support, Non-U.S. Gov't

Source: MEDLINE

Full Text: Available in *fulltext* at *ProQuest*

18. The relationship of body mass index and blood pressure in primary care pediatric patients.

Citation: Journal of Pediatrics, February 2006, vol./is. 148/2(195-200), 0022-3476;0022-3476 (2006 Feb)

Author(s): Falkner B; Gidding SS; Ramirez-Garnica G; Wiltrout SA; West D; Rappaport EB

Language: English

Abstract: OBJECTIVE: To determine whether an association of overweight, or risk of overweight, and blood pressure can be detected in children in the pediatric primary care practice setting. STUDY DESIGN: We examined electronic medical record (EMR) data from primary care practices on 18,618 children age 2 to 19 years. Each child was classified on the basis of age- and sex-specific body mass index (BMI) percentile as normal weight (BMI < 85th percentile), at risk for overweight (BMI > or = 85th and < 95th percentile), or overweight (BMI > or = 95th percentile). BMI Z-score and height Z-score were computed. Systolic and diastolic blood pressures were compared among age-sex-BMI groups. RESULTS: Among children in primary care pediatric practices, 16.7% were at risk of overweight and 20.2% were overweight. With increasing BMI status there was a significant increase in both systolic blood pressure (P < .001) and diastolic blood pressure (P < .001). The association of higher blood pressure with increasing BMI status was present in all age groups. CONCLUSIONS: Clinical data from pediatric primary care practices verify the high prevalence of childhood overweight. The effect of overweight on blood pressure is present in childhood and can be detected even in children as young as 2 to 5 years.

Publication Type: Journal Article; Research Support, Non-U.S. Gov't

Source: MEDLINE

19. Use of primary health care services according to the different degrees of obesity in the Girona Health Region, Spain.

Citation: Health Economics, February 2006, vol./is. 15/2(173-93), 1057-9230;1057-9230 (2006 Feb)

Author(s): Saez M; Saurina C; Coenders G; Gonzalez-Raya S

Language: English

Abstract: Our main hypothesis in this paper was that, once controlled for age and gender, the use of primary health care services of people in each of the groups defined by their degree of obesity (i.e. normal weight, overweight and obese) did not correspond to the need for care implied by the level of risk of the group he/she belonged to. This fact could reflect some inequity in the utilisation of such services. Using a survey of the general population from the Girona Health Region, Spain, carried out during the fourth quarter of 2002, we have found that: first, the probability of primary health care use decreased with income for GPs (until 1200 Euro) and increased for specialists (from 1500 Euro). Second, we could conclude by confirming our hypothesis, i.e. there was more probability of obese individuals using general practice care, public in particular, and less probability of them using specialists, private in particular, than the rest of individuals. Third, we conclude that the use of multilevel (also hierarchical or mixed) models could explain most of our original findings in this paper. Copyright 2005 John Wiley & Sons, Ltd.

Publication Type: Journal Article; Research Support, Non-U.S. Gov't

Source: MEDLINE

20. Relationship between body size and severity of dengue hemorrhagic fever among children aged 0-14 years.

Citation: Southeast Asian Journal of Tropical Medicine & Public Health, March 2006, vol./is. 37/2(283-8), 0125-1562;0125-1562 (2006 Mar)

Author(s): Pichainarong N; Mongkalangoon N; Kalayanarooj S; Chaveepojnkamjorn W

Language: English

Abstract: A hospital based case-control study was conducted from October 2002 to November 2003 among children aged 0-14 years at Queen Sirikit National Institute of Child Health (Children's Hospital), Bangkok, Thailand. This study focused on body size and severity of dengue hemorrhagic fever (DHF) in children. One hundred five patients diagnosed as having DHF grade III or IV were the cases and 105 diagnosed as having DHF grade I or II were controls. They were matched at a ratio of 1:1 by their gender and age (within 5 years). Normal growth charts were used to differentiate child body size into normal, thin and obese. Data were collected using face to face interviews with caregivers, questionnaires, laboratory and physical examination reports as research tools. Multiple logistic regression analysis revealed that only two variables were related to severity of DHF: obesity (OR = 3.00, 95 % CI = 1.20-7.48) and dengue virus type II (OR = 4.94, 95 % CI = 2.57-9.47), respectively. Other variables were childhood factors: duration of breast-feeding, education, and parity; caregivers factors: age, gender, marital status, education, occupation, family income, knowledge of DHF, antipyretic type, treatment before hospitalization, and duration of fever; environmental factors: history of DHF patients in house, house pattern, time from house to hospital, and residence; and etiological factors: type of infection and history of DHF among children. These factors showed no significant association ($p > 0.05$). This result can be utilized in a preventive and control program, particularly in more aggressive management of overweight children. Health personnel should continue to provide health education, particularly, signs and symptoms of shock, to the community and private sectors. Government and Non-Government Protective Projects in primary schools (5-9 years children) should be continued in the high risk groups.

Publication Type: Journal Article

Source: MEDLINE

Full Text: Available in *fulltext* at *ProQuest*

21. Childhood obesity: tackling the barriers.

Citation: Nursing in Practice: The Journal for Today's Primary Care Nurse, 01 March 2006, vol./is. /27(28-29), 14739445

Author(s): DeVille-Almond J

Language: English

Publication Type: journal article

Source: CINAHL

22. Arkansas fights fat: translating research into policy to combat childhood and adolescent obesity.

Citation: Health Affairs, July 2006, vol./is. 25/4(992-1004), 0278-2715;1544-5208 (2006 Jul-Aug)

Author(s): Ryan KW; Card-Higginson P; McCarthy SG; Justus MB; Thompson JW

Language: English

Abstract: National recommendations to address the emerging obesity epidemic include increased awareness, individual interventions, and environmental changes. However, guidance for translating public health and clinical evidence into meaningful policies has been limited. Arkansas formulated and passed simple yet powerful legislation to combat childhood obesity through actions in public schools. Specific legislative requirements were straightforward. Importantly, the act included an independent mechanism to identify, examine, debate, and develop further action steps. Based on our experience, we present a framework for developing a cross-sector approach to translating science into policy and practice, and we offer this guide to other states facing similar health threats.

Publication Type: Journal Article

Source: MEDLINE

Full Text: Available in *fulltext* at *EBSCO Host*
Available in *fulltext* at *ProQuest*
Available in *fulltext* at *Highwire Press*

23. Parental concerns about childhood obesity and the strategies employed to prevent unhealthy weight gain in children.

Citation: Public Health Nutrition, October 2006, vol./is. 9/7(889-95), 1368-9800;1368-9800 (2006 Oct)

Author(s): Crawford D; Timperio A; Telford A; Salmon J

Language: English

Abstract: OBJECTIVES: To describe parental concerns about their child's weight, to determine the proportion of parents taking preventive action to avoid obesity in their children and the predictors of taking preventive action, and to describe the strategies adopted by parents. DESIGN: A cross-sectional survey was conducted. Children's heights and weights were measured, and parents completed a questionnaire that included measures of their own weight status, perceptions of their child's weight, concerns about their child's current weight and future weight as an adolescent and adult, and the strategies used to prevent obesity. SETTING: The study was conducted in Melbourne, Australia. SUBJECTS: A total of 291 families of children aged 5-6 years and 919 families of children aged 10-12 years participated.Results: Eighty-nine per cent of parents of overweight 5-6-year-olds and 63% of parents of overweight 10-12-year-olds were unaware their child was overweight. Seventy-one per cent of parents of overweight 5-6-year-olds and 43% of parents of overweight 10-12-year-olds were not concerned about their child's current weight. Although 31% of parents of 5-6-year-olds and 43% of parents of 10-12-year-olds were taking action to prevent unhealthy weight gain in their children, less-educated parents were less likely to do so. CONCLUSIONS: Public health programmes are required to raise parental recognition of childhood overweight and of related risk behaviours, and to provide parents with practical strategies to prevent unhealthy weight gain in their children.

Publication Type: Journal Article; Research Support, Non-U.S. Gov't

Source: MEDLINE

Full Text: Available in *fulltext* at *ProQuest*

24. Challenging the future: the Global Prevention Alliance.

Citation: Lancet, November 2006, vol./is. 368/9548(1629-31), 0140-6736;1474-547X (2006 Nov 11)

Author(s): Rigby N; Baillie K

Language: English

Publication Type: Journal Article

Source: MEDLINE

Full Text: Available in *fulltext* at *ProQuest*
Available in *print* at *Bolton PCT*
Available in *fulltext* at *ProQuest*
Available in *fulltext* at *ProQuest*
Available in *fulltext* at *ProQuest*

25. Obesity and disability - a short review.

Citation: Obesity Reviews, November 2006, vol./is. 7/4(341-5), 1467-7881;1467-7881 (2006 Nov)

Author(s): Ells LJ; Lang R; Shield JP; Wilkinson JR; Lidstone JS; Coulton S; Summerbell CD

Language: English

Abstract: The prevalence of both obesity and disability is increasing globally and there is now growing evidence to suggest that these two health priorities may be linked. This paper explores the evidence linking obesity to muscular-skeletal conditions, mental health disorders and learning disabilities in both adult and child populations. The impact of obesity on the four most prevalent disabling conditions in the UK (arthritis, mental health disorders, learning disabilities and back ailments) has been examined through novel data analysis of the 2001 Health Survey for England and UK Back Exercise And Manipulation trial data. Together these analyses strongly suggest that whether the cause or result of disability, obesity is undeniably implicated, thus presenting a serious public health priority. Future research efforts are required to strengthen the evidence base examining obesity in back disorders, mental health and learning disabilities, in order to improve current clinical management.

Publication Type: Journal Article; Review

Source: MEDLINE

26. The continuing challenge of obesity.

Citation: Canadian Journal of Public Health. Revue Canadienne de Sante Publique, November 2006, vol./is. 97/6(428), 0008-4263;0008-4263 (2006 Nov-Dec)

Author(s): Canadian Public Health Association

Language: English; French

Publication Type: Journal Article

Source: MEDLINE

27. Methods of defining best practice for population health approaches with obesity prevention as an example.

Citation: Proceedings of the Nutrition Society, November 2006, vol./is. 65/4(403-11), 0029-6651;0029-6651 (2006 Nov)

Author(s): McNeil DA; Flynn MA

Language: English

Abstract: Childhood obesity has reached a crisis stage and has become a population health issue. The few traditional systematic reviews that have been done to identify best practice provide little direction for action. The concept of evidence-based practice has been adopted in health care, and in medicine in particular, to determine best practice.

Evidence-based medicine has its origins in the scientific method and for many researchers this concept means strict adherence to standards determining internal validity in order to justify a practice as evidence based. Practitioners addressing population health face challenges in identifying criteria for determining evidence, in part because of the nature of population health with its goal of shifting the health of whole populations. As well, the type of evidence provided by more traditional critical appraisal schema is limiting. Expanded approaches in finding and defining evidence have been proposed that use: expert panels; broad and inclusive search and selection strategies; appraisal criteria that incorporate context and generalizability. A recent synthesis of 147 programmes addressing childhood overweight and obesity provides a concrete example of using a broader approach to identify evidence for best practice (Flynn et al. 2006). Incorporating evaluation and population health frameworks as criterion components in addition to traditional methodological rigour criteria, this synthesis has identified programmes that provide contextual information that can be used to populate what Swinburn et al. (2005) have described as the 'promise table'. Using this approach a range in 'certainty of effectiveness' and a range in 'potential for population impact' are integrated to identify promising strategies. The exercise can provide direction for agencies and practitioners in taking action to address obesity.

Publication Type: Journal Article; Review

Source: MEDLINE

Full Text: Available in *fulltext* at *ProQuest*

28. The continuing challenge of obesity.

Citation: Canadian Journal of Public Health, 01 November 2006, vol./is. 97/6(428-428), 00084263

Language: English

Publication Type: journal article

Source: CINAHL

Full Text: Available in *fulltext* at *ProQuest*

29. Think local to cut fat... issue on the state of public health (Jul/Aug 06).

Citation: Health Affairs, 01 November 2006, vol./is. 25/6(1744-1744), 02782715

Author(s): McGinnis M

Language: English

Publication Type: journal article

Source: CINAHL

Full Text: Available in *fulltext* at *EBSCO Host*
Available in *fulltext* at *ProQuest*
Available in *fulltext* at *Highwire Press*

30. The metabolic syndrome: growing challenge in primary care.

Citation: Contemporary Pediatrics, 01 December 2006, vol./is. 23/12(32-), 87500507

Author(s): Miller JL; Silverstein JH

Language: English

Abstract: As the prevalence of obesity in children increases, so does metabolic syndrome, with its attendant health risks--chiefly cardiovascular disease. Early identification and treatment are essential to stave off complications and lower the risk of premature death in adulthood.

Publication Type: journal article

Source: CINAHL

Full Text: Available in *fulltext* at *EBSCO Host*

31. Are there public health lessons that can be used to help prevent childhood obesity?.

Citation: Health Education Research, December 2006, vol./is. 21/6(753-4), 0268-1153;0268-1153 (2006 Dec)

Author(s): Eriksen M

Language: English

Publication Type: Editorial

Source: MEDLINE

Full Text: Available in *fulltext* at *Highwire Press*
Available in *fulltext* at *Oxford University Press*
Available in *fulltext* at *ProQuest*
Available in *print* at *Bolton PCT*

32. Measuring children and monitoring obesity: surveys of English Primary Care Trusts 2004-06.

Citation: Journal of Public Health, December 2006, vol./is. 28/4(330-6), 1741-3842;1741-3842 (2006 Dec)

Author(s): Patterson L; Jarvis P; Verma A; Harrison R; Buchan I

Language: English

Abstract: BACKGROUND: Child obesity has unclear determinants and consequences. A precautionary approach requires best-guess interventions and large-scale surveillance. This study was to determine the current measurement activities and the information systems required for child obesity surveillance. METHODS: DESIGN: Questionnaire-based surveys. SETTING: Primary Care Trusts (PCTs) in United Kingdom. PARTICIPANTS: Two hundred and forty-seven (82%) PCTs in 2004 and 240 (79%) in 2006. MAIN MEASURES: Children's ages at which height and weight are routinely measured, the type of personnel taking the measurements, arrangements for recording data, information systems and uses of the data. RESULTS: PCTs measure height/length and weight most commonly at 6 weeks (74%) and 5 years (74%)-also at 6-12 months (58%), 1.5-2.5 years (50%), 2.5-4 years (40%), 11 years (18%) and 7 years (11%). Seventy-seven per cent of PCTs transferred the measurements to a database-26 different information systems were named. Six per cent of PCTs in 2004, rising to 34% in 2006, used the data to produce public health reports. CONCLUSIONS: Body mass index (BMI) surveillance requires new arrangements in 25% of PCTs at school entry and 80% at transfer to senior school. Important aspects of child obesity surveillance not yet addressed are pre-school measurement, longitudinal assessment and the public health requirements of (child) electronic health records.

Publication Type: Journal Article; Research Support, Non-U.S. Gov't

Source: MEDLINE

Full Text: Available in *fulltext* at *Highwire Press*
Available in *fulltext* at *ProQuest*
Available in *fulltext* at *ProQuest*

33. Law as a tool to facilitate healthier lifestyles and prevent obesity.

Citation: JAMA, January 2007, vol./is. 297/1(87-90), 0098-7484;1538-3598 (2007 Jan 3)

Author(s): Gostin LO

Language: English

Publication Type: Journal Article

Source: MEDLINE

Full Text: Available in *fulltext* at *Highwire Press*

34. Local venues for change: legal strategies for healthy environments.

Citation: Journal of Law, Medicine & Ethics, 2007, vol./is. 35/1(138-47), 1073-1105;1073-1105 (2007)

Author(s): Ashe M; Feldstein LM; Graff S; Kline R; Pinkas D; Zellers L

Language: English

Abstract: Mounting evidence documents the extraordinary toll on human health resulting from the consumption of unhealthy food products and physical inactivity. In response to America's growing obesity problem, local policymakers have been looking for legal strategies that can be adopted in their communities to encourage healthful behaviors. In order to provide practical tools to policymakers, this article examines four possible venues for local policy change to improve the health of a community: (1) the school environment (2) the built environment (3) community facilities and (4) the point of sale environment. Finally, the article examines the use of taxes or fees as a means of paying for nutrition policy work as well as potentially reducing the consumption of unhealthy products. This article illustrates that local laws and policies can be a valuable tool in changing a community's environment in order to improve nutritional options and increase opportunities for physical activity.

Publication Type: Journal Article; Review

Source: MEDLINE

Full Text: Available in *fulltext* at *EBSCO Host*
Available in *fulltext* at *EBSCO Host*
Available in *fulltext* at *ProQuest*

35. Actions necessary to prevent childhood obesity: creating the climate for change.

Citation: Journal of Law, Medicine & Ethics, 2007, vol./is. 35/1(78-89), 1073-1105;1073-1105 (2007)

Author(s): Schwartz MB; Brownell KD

Language: English

Abstract: Childhood obesity has become a public health epidemic, and currently a battle exists over how to frame and address this problem. This paper explores how public policy approaches can be employed to address obesity. We present the argument that obesity should be viewed as the consequence of a "toxic environment" rather than the result of the population failing to take enough "personal responsibility." In order to make progress in decreasing the prevalence of obesity, we must shift our view of obesity away from the medical model (which focuses on the individual) to a public health model (which focuses on the population). At the same time, we must be sensitive to the problem of weight bias. Potential obstacles to taking a public policy approach are identified, as well as suggestions on how to overcome them.

Publication Type: Journal Article; Review

Source: MEDLINE

Full Text: Available in *fulltext* at *EBSCO Host*
Available in *fulltext* at *EBSCO Host*
Available in *fulltext* at *ProQuest*

36. A qualitative study of primary care clinicians' views of treating childhood obesity.

Citation: BMC Family Practice, 2007, vol./is. 8/(50), 1471-2296;1471-2296 (2007)

Author(s): Walker O; Strong M; Atchinson R; Saunders J; Abbott J

Language: English

Abstract: BACKGROUND: The prevalence of childhood obesity is rising and the UK Government have stated a commitment to addressing obesity in general. One method has been to include indicators relating to obesity within the GP pay-for-performance Quality and Outcomes Framework (QOF) contract. This study aimed to explore general practitioners' and practice nurses' views in relation to their role in treating childhood obesity. METHODS: We interviewed eighteen practitioners (twelve GPs and six nurses) who

worked in general practices contracting with Rotherham Primary Care Trust. Interviews were face to face and semi structured. The transcribed data were analysed using framework analysis. RESULTS: GPs and practice nurses felt that their role was to raise the issue of a child's weight, but that ultimately obesity was a social and family problem. Time constraint, lack of training and lack of resources were identified as important barriers to addressing childhood obesity. There was concern that the clinician-patient relationship could be adversely affected by discussing what was often seen as a sensitive topic. GPs and practice nurses felt ill-equipped to tackle childhood obesity given the lack of evidence for effective interventions, and were sceptical that providing diet and exercise advice would have any impact upon a child's weight. CONCLUSION: GPs and practice nurses felt that their role in obesity management was centred upon raising the issue of a child's weight, and providing basic diet and exercise advice. Clinicians may find it difficult to make a significant impact on childhood obesity while the evidence base for effective management remains poor. Until the lack of effective interventions is addressed, implementing additional targets (for example through the QOF) may not be effective.

Publication Type: Evaluation Studies; Journal Article

Source: MEDLINE

Full Text: Available in *fulltext* at *BioMedCentral*
Available in *fulltext* at *National Library of Medicine*

37. Using body mass index to identify overweight children: barriers and facilitators in primary care.

Citation: Ambulatory Pediatrics, 01 January 2007, vol./is. 7/1(38-44), 15301567

Author(s): Flower KB; Perrin EM; Viadro CI; Ammerman AS

Language: English

Abstract: OBJECTIVE: Overweight is an increasingly prevalent pediatric health problem but is underdiagnosed. Despite recommendations endorsing the use of body mass index (BMI) to identify overweight children, clinicians seldom use BMI. Barriers to the use of BMI in pediatric primary care have not previously been described. We used qualitative data to determine providers' familiarity with and attitudes toward recommendations for identifying overweight children and the perceived barriers and facilitators to use of BMI. METHODS: We conducted 6 focus groups involving a total of 38 providers (pediatricians, family physicians, physician assistants, and nurse practitioners) in private practices (n = 3), academic medical centers (n = 2), and a community health center (n = 1). RESULTS: Providers described lack of familiarity and agreement with BMI screening recommendations and skepticism about treatment effectiveness. Reported practice-level barriers to BMI use included lack of access to BMI charts and accurate height/weight data. In one practice, providers used an electronic medical record (EMR) system that automatically included BMI and described this EMR as a facilitator of BMI use. CONCLUSIONS: Practice-level changes such as incorporating BMI into office systems and EMRs may be needed to support pediatric primary care providers in using BMI routinely. To increase use of BMI and early identification of overweight, educational interventions that address individual providers' concerns about screening recommendations and treatment effectiveness may also be necessary.

Publication Type: journal article

Source: CINAHL

38. Identification of overweight status is associated with higher rates of screening for comorbidities of overweight in pediatric primary care practice.

Citation: Pediatrics, 01 January 2007, vol./is. 119/1(0-), 00314005

Author(s): Dilley KJ; Martin LA; Sullivan C; Seshadri R; Binns HJ

Language: English

Abstract: OBJECTIVES: The goals were to determine whether primary care provider identification of children as overweight was associated with additional screening or referrals and whether the types and numbers of visits to primary care differed for overweight and

nonoverweight children. METHODS: Sequential parents/guardians at 13 diverse pediatric practices completed an in-office survey addressing health habits and demographic features. Medical records of each child from a sample of families were reviewed. Data were abstracted from the first visit and from all visits in the 14-month period before study enrollment. Analyses were limited to children > or = 2 years of age for whom BMI percentile could be calculated. RESULTS: The analytic sample included 1216 children (mean age: 7.9 years; 51% male) from 777 families (parents were 43% white, 18% black, 34% Hispanic, and 5% other; 49% of families had a child receiving Medicaid/uninsured). Among overweight children (BMI of > or = 95th percentile; n = 248), 28% had been identified as such in the record. Screening or referral for evaluation of comorbidities was more likely among overweight children who were identified in the record (54%) than among overweight children who were not identified (17%). Among children at risk of overweight (BMI of 85th to 94th percentile; n = 186), 5% had been identified as such in the record and overall 15% were screened/referred. In logistic regression modeling, the children identified as overweight/at risk of overweight had 6 times greater odds of receiving any management for overweight. CONCLUSIONS: Low rates of identification of overweight status and evaluation or referrals for comorbidities were found. Identification of overweight status was associated with a greatly increased rate of screening for comorbidities.

Publication Type: journal article

Source: CINAHL

Full Text: Available in *fulltext* at *Highwire Press*

39. Promotion of physical activity in primary care for obesity treatment/prevention in children.

Citation: Current Opinion in Pediatrics, February 2007, vol./is. 19/1(99-103), 1040-8703;1040-8703 (2007 Feb)

Author(s): Floriani V; Kennedy C

Language: English

Abstract: PURPOSE OF REVIEW: Physical activity has been highlighted internationally as a beneficial intervention for weight control and the improvement of physical and mental health. This review highlights findings from recent literature to guide office-based promotion of physical activity for obesity treatment and prevention. RECENT FINDINGS: Children worldwide participate in far less than the current physical activity recommendations. Family-based activity provides children with positive role modeling as well as motivational support for maintaining an active lifestyle. The integration of physical activity into daily life can be an effective alternative to sports and structured exercise programs. Decreasing sedentary behaviors is also a positive contribution, although its link to physical activity levels is still unclear. Some families may see neighborhood safety and access to recreational facilities as barriers to keeping their children physically active. SUMMARY: Research in the field of pediatric obesity and overweight treatment and prevention continues to find challenges and solutions. Promotion of physical activity by the pediatric provider is demonstrated by current evidence to be a positive intervention against this global problem.

Publication Type: Journal Article; Review

Source: MEDLINE

40. Childhood obesity: an ounce of prevention is worth a pound.

Citation: Family Practice Recertification, 01 March 2007, vol./is. 29/3(19-27), 01636642

Author(s): Sternstein A

Language: English

Abstract: As in the adult population, obesity and overweight have reached crisis proportions in children in the United States. Recent evidence has shown rising rates among younger children including toddlers and preschoolers, and this also merits attention. Food preferences tend to develop early and may predict preferences throughout life. Since

excess weight is difficult to lose at any age, our best preventive efforts should be focused on limiting progression of abnormal weight gain. In this struggle to limit overweight children, primary care physicians can direct their efforts toward anticipatory guidance for maintaining healthy weight, delivering simple, clear, age-specific messages about diet and physical activity during every well-child examination.

Publication Type: journal article

Source: CINAHL

41. Youths' perceptions of overweight-related prevention counseling at a primary care visit.

Citation: Obesity, April 2007, vol./is. 15/4(831-6), 1930-7381 (2007 Apr)

Author(s): Taveras EM; Sobol AM; Hannon C; Finkelstein D; Wiecha J; Gortmaker SL

Language: English

Abstract: OBJECTIVE: We examined youths' report of receiving specific overweight-related preventive counseling and perceived readiness to adopt nutrition and physical activity behaviors recommended by their clinicians. RESEARCH METHODS AND PROCEDURES: We surveyed 324 youth 10 to 18 years old who had a physical exam within the past year. The survey included questions on height, weight, race/ethnicity, mother's education, and topics they discussed with their clinician during their visit. We used multivariable analyses to examine whether weight status and sociodemographic characteristics were predictors of which youth received counseling from their clinicians and which youth were ready to change. RESULTS: The mean (standard deviation) age of participants was 13.7 (1.8) years; 54% were black, and 22% were Hispanic. Less than one-half of participants reported discussing sugar-sweetened beverages [38%; 95% confidence interval (CI), 32% to 43%] or television viewing (41%; 95% CI, 36% to 47%) with their clinicians. In multivariable analyses adjusting for participant's age, sex, race/ethnicity, overweight status, and mother's educational attainment, youth whose mothers lacked education beyond high school were significantly less likely to report receiving counseling on any overweight-specific topic including television viewing [odds ratio (OR), 0.46; 95% CI, 0.27, 0.79], sugar-sweetened beverage (OR, 0.47; 95% CI, 0.28, 0.80), and fast food consumption (OR, 0.54; 95% CI, 0.32, 0.92). In addition, youth 10 to 14 years old were more likely than those 15 to 18 years old to report they would try to change their television viewing (OR, 4.10; 95% CI, 1.78, 9.44) if recommended by their clinician. DISCUSSION: Youth report infrequently receiving counseling on specific overweight prevention topics during routine primary care visits. Our findings suggest that greater efforts may be needed to reduce social class disparities in overweight prevention counseling and that counseling to prevent overweight in youth may be more acceptable to younger children.

Publication Type: Journal Article; Research Support, Non-U.S. Gov't; Research Support, U.S. Gov't, P.H.S.

Source: MEDLINE

42. Acanthosis nigricans and diabetes risk factors: prevalence in young persons seen in southwestern US primary care practices.

Citation: Annals of Family Medicine, May 2007, vol./is. 5/3(202-8), 1544-1709;1544-1717 (2007 May-Jun)

Author(s): Kong AS; Williams RL; Smith M; Sussman AL; Skipper B; Hsi AC; Rhyne RL; RIOS Net Clinicians

Language: English

Abstract: PURPOSE: Evidence shows acanthosis nigricans is often associated with hyperinsulinemia and may indicate increased risk of type 2 diabetes mellitus. The purpose of this study was to determine the association of acanthosis nigricans with type 2 diabetes risk factors and disease in young persons. METHODS: We conducted a cross-sectional study in the Research in Outpatient Settings Network, a practice-based research network in southwestern US communities. Participating clinicians (N = 96) collected data on children and young adults aged 7 to 39 years seen during a 2-week sampling period. The

main outcomes were the prevalence of acanthosis nigricans, type 2 diabetes risk factors (ethnicity, family history of type 2 diabetes, hypertension, overweight/obesity), type 2 diabetes, and the relationships among these. RESULTS: Among 1,133 patients sampled, risk factors for type 2 diabetes were common: 69% had a family history of the disease; 3% of children (aged 7 to 19 years) and 12% of adults had hypertension; 43% of children and 73% of adults were overweight or obese; and 80% were members of ethnic minorities. Acanthosis nigricans was found in 17% of children and 21% of adults. Among children and adults alike, the more type 2 diabetes risk factors that were present, the higher the prevalence of acanthosis nigricans (P <.001). The prevalence ratio for type 2 diabetes in patients with acanthosis nigricans was 1.97 (95% confidence interval, 1.18-3.27; P = .01) after controlling for age, body mass index, and the number of type 2 diabetes risk factors. Clinicians reported that the identification of acanthosis nigricans frequently led to discussions about lifestyle modification for decreasing the risk of type 2 diabetes. CONCLUSIONS: Patients with acanthosis nigricans are likely to have multiple risk factors for type 2 diabetes. Acanthosis nigricans may be an independent risk factor for this disease. Detection of acanthosis nigricans may help clinicians more rapidly identify high-risk individuals for diabetes counseling.

Publication Type: Journal Article; Research Support, Non-U.S. Gov't; Research Support, U.S. Gov't, P.H.S.

Source: MEDLINE

Full Text: Available in *fulltext* at *Highwire Press*
Available in *fulltext* at *National Library of Medicine*

43. Obesity prevention and the primary care pediatrician's office.

Citation: Current Opinion in Pediatrics, June 2007, vol./is. 19/3(354-61), 1040-8703;1040-8703 (2007 Jun)

Author(s): Perrin EM; Finkle JP; Benjamin JT

Language: English

Abstract: PURPOSE OF REVIEW: The obesity epidemic confronts the pediatrician every day in the office. Pediatricians should help curb the epidemic through prevention and the usual pediatric primary care tasks of screening, communication and anticipatory counseling. This review highlights findings from recent literature to guide office-based prevention of obesity in children. RECENT FINDINGS: More and more, children and society feel the effects of the obesity epidemic; prevention efforts need to begin earlier. Pediatricians' efforts to screen help identify at-risk children who may benefit from early lifestyle changes. The identification of overweight children also helps foster the appropriate work up of comorbidities. Pediatricians' communication of weight trajectories, which includes techniques like motivational interviewing, may help parents to adopt behavioral prescriptions. Pediatricians should focus on promoting breastfeeding, limiting television, increasing physical activity and reducing sugar-sweetened beverages. New tools used in the training setting show promising results. SUMMARY: Pediatricians must focus efforts on preventing childhood overweight, while awaiting effective treatment options for this chronic illness with its many associated morbidities. Such prevention involves sensitively communicating early body mass index screening results to parents and helping them to adopt key behavioral changes in diet and physical activity.

Publication Type: Journal Article; Review

Source: MEDLINE

44. Patterns of childhood obesity prevention legislation in the United States.

Citation: Preventing Chronic Disease, July 2007, vol./is. 4/3(A56), 1545-1151 (2007 Jul)

Author(s): Boehmer TK; Brownson RC; Haire-Joshu D; Dreisinger ML

Language: English

Abstract: INTRODUCTION: Because of the public's growing awareness of the childhood obesity epidemic, health policies that address obesogenic environments by encouraging healthy eating and increased physical activity are gaining more attention. However, there has been

little systematic examination of state policy efforts. This study identified and described state-level childhood obesity prevention legislation introduced and adopted from 2003 through 2005 and attempted to identify regional geographic patterns of introduced legislation. METHODS: A scan of legislation from all 50 states identified 717 bills and 134 resolutions that met study inclusion criteria. Analyses examined patterns in the introduction and adoption of legislation by time, topic area, and geography. RESULTS: Overall, 17% of bills and 53% of resolutions were adopted. The amount of legislation introduced and adopted increased from 2003 through 2005. The topic areas with the most introduced legislation were school nutrition standards and vending machines (n = 238); physical education and physical activity (n = 191); and studies, councils, or task forces (n = 110). Community-related topic areas of walking and biking paths (37%), farmers' markets (36%), and statewide initiatives (30%) had the highest proportion of bills adopted, followed by model school policies (29%) and safe routes to school (28%). Some regional geographic patterns in the introduction of legislation were observed. There was no statistical association between state-level adult obesity prevalence and introduction of legislation. CONCLUSION: Public health and health policy practitioners can use this information to improve advocacy efforts and strengthen the political climate for establishing childhood obesity prevention legislation within state governments. Expanded surveillance (including standardized identification and cataloging) of introduced and adopted legislation will enhance the ability to assess progress and identify effective approaches. Future policy research should examine determinants, implementation, and effectiveness of legislation to prevent childhood obesity.

Publication Type: Journal Article; Research Support, Non-U.S. Gov't

Source: MEDLINE

Full Text: Available in *fulltext* at *National Library of Medicine*

45. Adolescent obesity: making a difference to the epidemic.

Citation: International Journal of Adolescent Medicine & Health, July 2007, vol./is. 19/3(235-43), 0334-0139;0334-0139 (2007 Jul-Sep)

Author(s): Denney-Wilson E; Baur LA

Language: English

Abstract:

Adolescent obesity is a major public health problem in Australia, and in many other parts of the world. Recent data suggest that as many as one quarter of young people in Australia are either overweight or obese, and that the majority of obese young people have one or more risk factors for chronic disease. Efforts to reduce the health and economic burden of obesity must focus on both management of affected individuals and prevention of further cases. This paper reviews some of the research currently underway in Australia, and includes recent data on both the prevalence of obesity and the associated complications, from large surveys and smaller cohorts. State and Federal governments have developed policies aimed at obesity prevention, but these are yet to be fully evaluated. Two large-scale community-based interventions are underway, one of which has reported positive preliminary findings. A number of smaller research programs are examining macro and individual level causation of obesity and include unique research examining the way adolescents perceive their environment. Other research includes the development and evaluation of service delivery models specifically targeting adolescents. A greater emphasis on environmental determinants and management of adolescent obesity is needed in future programs.

Publication Type: Journal Article; Review

Source: MEDLINE

46. The dental professional, patient education, and childhood obesity.

Citation: Journal of Practical Hygiene, 01 July 2007, vol./is. 16/6(23-24), 10727965

Author(s): Brogan D

Language: English

Abstract: Regardless of cause--sedentary lifestyle, excessive food intake, video games, television, or the loss of the family meal--childhood obesity is on the rise. Since the 1970s, obesity has more than doubled in 2- to 5- and 12- to 19-year-olds and tripled in 6- to 11-year-olds.' This healthcare crisis has had devastating effects. Children now live with diseases that previously were considered adult conditions: high blood pressure, cardiovascular disease, high cholesterol, diabetes, sleep apnea, and even stroke. This national health problem has become so severe that the Surgeon General believes that future obesity-related healthcare costs as well as morbidity and mortality rates may exceed those associated with cigarette smoking.

Publication Type: journal article

Source: CINAHL

47. Obesity is 'a public health problem, not a child protection issue'.

Citation: Paediatric Nursing, 01 July 2007, vol./is. 19/6(5-5), 09629513

Language: English

Publication Type: journal article

Source: CINAHL

Full Text: Available in *fulltext* at *EBSCO Host*
Available in *fulltext* at *ProQuest*

48. Update on non-alcoholic fatty liver disease in children.

Citation: Clinical Nutrition, August 2007, vol./is. 26/4(409-15), 0261-5614;0261-5614 (2007 Aug)

Author(s): Papandreou D; Rousso I; Mavromichalis I

Language: English

Abstract: Non-alcoholic fatty liver disease (NAFLD) is probably the most common cause of liver disease in the pediatric community. It is closely associated with obesity and insulin resistance. NAFLD may lead to non-alcoholic steatohepatitis (NASH). Although NASH is a prerequisite for the definition of NAFLD in adults and children, distinct differences are often apparent in the extent or location of fat, inflammation and fibrosis. Confirmation of the diagnosis of NAFLD can usually be achieved by imaging studies; however, staging the disease requires a liver biopsy. Current treatment relies on weight loss and exercise, although various insulin-sensitizing agents, antioxidants and medications appear promising. The aim of this review is to summarize what is known about pediatric NAFLD in terms of prevalence, pathogenesis, diagnosis, histology and treatment.

Publication Type: Journal Article; Review

Source: MEDLINE

49. Overweight and obesity in childhood--a special challenge for public health.

Citation: International Journal of Hygiene & Environmental Health, October 2007, vol./is. 210/5(585-9), 1438-4639;1438-4639 (2007 Oct)

Author(s): Lob-Corzilius T

Language: English

Abstract: The prevalence and incidence of overweight or even obese children and adolescents is significantly on the increase worldwide. According to the German Children and Adolescent Health Survey (KIGGS) conducted in 2006, 15% of all children and adolescents in Germany aged 3 through 17 years are overweight, and 6.3% of these children and adolescents are obese. On account of the long-term consequences, such as the metabolic syndrome, it can be expected that this "crisis in public health" will lead to a significantly higher expenditure of economic resources in the health care sector. Therefore it is important that public health prevention strategies analyse the key causes of overweight and obesity, and that they not only incorporate individual behaviours

regarding nutrition and physical activity, but also take environmental factors, such as the residential area and traffic situation, as well as political circumstances regarding the nutrition and social aspects, into account. Even though the definition of body-mass index (BMI) has been widely accepted, the epidemiological data and the drawn percentiles are in need of a solid interpretation. There are several causes for the rising prevalence in overweight and obesity which are currently being focused on and discussed. On the individual level, the focus is on the genetic disposition and the changes in the behaviour regarding nutrition and physical exercise. Additional key influential factors like the increase in urbanisation and motorisation, the respective changes in the living environment of children and their families, and migration with its specific biosocial and cultural implications are discussed from the environmental and sociomedical, as well as the public health perspective. The article concludes with a discussion on the consequences of effective prevention strategies with reference to the Cochrane analysis from 2005. In order to be effective and successful, interventions for the prevention of overweight and obesity have to look at the structures and the environment of the person, as well as at the behavioural aspects of the individual. Such elements will be outlined based on the German "Platform Physical Activity and Nutrition".

Publication Type: Journal Article

Source: MEDLINE

50. Primary care screening for childhood obesity: a population-based analysis.

Citation: Israel Medical Association Journal: Imaj, November 2007, vol./is. 9/11(782-6), 1565-1088 (2007 Nov)

Author(s): Meyerovitch J; Goldman RD; Avner-Cohen H; Antebi F; Sherf M

Language: English

Abstract: BACKGROUND: The prevalence of obesity among children and adolescents in the western world has increased dramatically. OBJECTIVES: To assess the efficacy of routine childhood obesity screening by primary physicians in the pediatric population in Israel and the utilization of health services by overweight children. METHODS: The electronic medical records of children aged 60-83 months registered in 39 pediatric primary care centers between January 2001 and October 2004 (n=21,799) were reviewed. Those in whom height and weight were documented during a clinic visit (index visit) were classified as overweight, at risk of overweight, or normal weight according to body mass index percentiles. The number of visits to the pediatrician, laboratory tests and health care costs 12 months after the index visit were calculated. RESULTS: Anthropomorphic measurements were performed in 1556 of the 15,364 children (10.1%) who visited the clinic during the study period. Of these, 398 (25.6%) were overweight, 185 (11.9%) were at risk of overweight, and 973 (62.5%) were normal weight. Children in the first two groups visited the clinic slightly more often than the third group, but the differences were not statistically significant (P = 0.12), and they had significantly more laboratory tests than the rest of the children visiting the clinics (P = 0.053). Health care costs were 6.6% higher for the overweight than the normal-weight children. CONCLUSIONS: Electronic medical records are a useful tool for population-based health care assessments. Current screening for obesity in children during routine care in Israel is insufficient and additional education of community pediatricians in diagnosis and intervention is urgently needed.

Publication Type: Journal Article

Source: MEDLINE

51. Staying focused on the undernourished child - India.

Citation: Journal of the American Dietetic Association, November 2007, vol./is. 107/11(1879-81), 0002-8223;0002-8223 (2007 Nov)

Author(s): Archer SL

Language: English

Publication Type: Journal Article

Source: MEDLINE

52. Staying focused on the undernourished child-India.

Citation: Journal of the American Dietetic Association, 01 November 2007, vol./is. 107/11(1879-1881), 00028223

Author(s): Archer SL

Language: English

Publication Type: journal article

Source: CINAHL

53. Progress on childhood obesity patchy in the USA.

Citation: Lancet, January 2008, vol./is. 371/9607(105-6), 0140-6736;1474-547X (2008 Jan 12)

Author(s): Devi S

Language: English

Publication Type: News

Source: MEDLINE

Full Text: Available in *fulltext* at *ProQuest*
Available in *print* at *Bolton PCT*
Available in *fulltext* at *ProQuest*
Available in *fulltext* at *ProQuest*
Available in *fulltext* at *ProQuest*

54. Childhood obesity: perceptions held by the public in Calgary, Canada.

Citation: Canadian Journal of Public Health. Revue Canadienne de Sante Publique, March 2008, vol./is. 99/2(86-90), 0008-4263;0008-4263 (2008 Mar-Apr)

Author(s): Potestio ML; McLaren L; Robinson Vollman A; Doyle-Baker PK

Language: English

Abstract: OBJECTIVE: To investigate the perceptions about causes and prevention of childhood obesity held by the adult public in Calgary, Canada. DESIGN: Using a cross-sectional survey design, adults were recruited from a shopping mall located in a region of Calgary, Alberta characterized by mixed ethnic and socio-economic residents. SUBJECTS: 264 adults in Calgary, Canada. MEASUREMENTS: Participants completed a self-administered questionnaire that involved rating the importance of 25 potential causes of obesity and 13 potential preventive measures, using a four-point Likert scale anchored by "not important" and "very important". Demographic information including age, sex, educational level, parental status, and self-reported weight and height was also collected. RESULTS: Principal components analysis of questionnaire items revealed five "cause" factors ('parental responsibility', 'over-consumption and media promotion of unhealthy foods', 'misuse/overuse of modern technology', 'children's lack of knowledge and motivation', 'physical activity environment') and two "prevention" factors ('healthy public/private policy and targeted intervention', and 'media campaigns and compulsory physical education'). Tests for group differences revealed that women ranked 'over-consumption of unhealthy foods and media influence' and 'physical activity environment' as more important causes of childhood obesity than men. Additionally, persons classified as obese ranked 'misuse/overuse of modern technology' and 'healthy public/private policy and targeted intervention' as more important than those persons classified as under/normal weight. CONCLUSION: By providing a snapshot of views held by the public regarding childhood obesity in this large Canadian city, this study offers preliminary guidance about publicly acceptable intervention strategies for use by health promotion researchers and policy-makers.

Publication Type: Journal Article

Source: MEDLINE

55. Public health interventions for addressing childhood overweight: analysis of the business case.

Citation: American Journal of Public Health, 01 March 2008, vol./is. 98/3(411-415), 00900036

Author(s): Finkelstein EA; Trogdon JG

Language: English

Abstract: We investigated the appropriateness of basing childhood obesity interventions on expectations of return on investment (ROI). We show that excess weight is indeed associated with greater medical expenditures even among children and adolescents. However, under current best practices, it is unlikely that interventions will be able to meet the level of effectiveness required at a low enough implementation cost to show positive ROI. The merits of childhood obesity interventions should be based on their ability to efficiently control weight and improve health compared with alternative uses for available resources. They should not be based on the potential for short-term financial savings.

Publication Type: journal article

Source: CINAHL

Full Text: Available in *fulltext* at *Highwire Press*
Available in *fulltext* at *EBSCO Host*
Available in *fulltext* at *EBSCO Host*
Available in *fulltext* at *ProQuest*

56. Review of evidence to guide primary health care policy and practice to prevent childhood obesity.

Citation: Medical Journal of Australia, April 2008, vol./is. 188/8 Suppl(S87-91), 0025-729X;0025-729X (2008 Apr 21)

Author(s): Hearn LA; Miller MR; Campbell-Pope R

Language: English

Abstract: OBJECTIVES: To identify key barriers to effective engagement of primary health care (PHC) providers and families in promoting healthy weight among children aged 2-6 years, and to examine promising interventions to identify policy goals to overcome these barriers. METHODS: We conducted a literature review of published and unpublished articles from January 1990 to February 2006 using keywords relating to childhood obesity, risk factors, prevention, populations and primary care provider interventions, constraints and models. We identified barriers to engagement by PHC providers. Appraisal of "promise" was based on best available evidence and consideration of strengths and weaknesses of interventions in specific contexts and settings. RESULTS: Of 982 interventions aimed at the primary prevention of overweight and obesity among children, few related to 2-6-year-olds, with only 45 interventions meeting the inclusion criteria and 11 ranking highly on key criteria. Areas of weakness were low-level engagement by PHC providers, focus on single risk factors rather than a multidimensional approach, and lack of a population focus. A range of administrative, attitudinal, knowledge, skills and training issues were identified as barriers to effective engagement of different PHC providers with parents and other early childhood service providers. CONCLUSIONS: Engagement of PHC providers in prevention of childhood obesity requires a systematic approach involving practice protocols, assessment tools, client support material and referral pathways, as well as adequate training and sufficient staff for implementation. A more comprehensive approach could be promoted by increased collaboration, agreed role delineation, consistent public health messages and better coordination between PHC providers and other service providers, facilitated at service policy and administration level.

Publication Type: Journal Article; Research Support, Non-U.S. Gov't; Review

Source: MEDLINE

Full Text: Available in *fulltext* at *ProQuest*

57. Pediatric overweight or obesity: does the label really matter?.

Citation: Journal of the American Academy of Nurse Practitioners, May 2008, vol./is. 20/5(251-8), 1041-2972;1041-2972 (2008 May)

Author(s): Waldrop J; Ferguson LA

Language: English

Abstract: PURPOSE: To discuss the issue of early identification of overweight and obesity in infants and young children and provide some clinical recommendations based on the current evidence and the World Health Organization's (WHO) newly released guidelines for growth and development. DATA SOURCES: Comparison of the growth charts from the WHO and the Centers for Disease Control as well as current literature. CONCLUSIONS: Although healthcare providers and the general public recognize overweight and obesity as serious problems, there is still disagreement on what constitutes obesity in infants and young children and when and how to intervene. More research on interventions and outcomes is particularly needed. IMPLICATIONS FOR PRACTICE: The primary care provider deals with the sequelae of obesity on a daily basis. Some recommendations are provided for nurse practitioners who care for infants and children based on current evidence and expert opinion.

Publication Type: Case Reports; Journal Article; Review

Source: MEDLINE

Full Text: Available in *fulltext* at *EBSCO Host*
Available in *fulltext* at *ProQuest*

58. Childhood overweight and obesity prevention.

Citation: Public Health Reports, May 2008, vol./is. 123/3(258-9), 0033-3549;0033-3549 (2008 May-Jun)

Author(s): Galson SK

Language: English

Publication Type: Addresses

Source: MEDLINE

59. Childhood obesity: bringing children's rights discourse to public health policy.

Citation: Community Practitioner, 01 May 2008, vol./is. 81/5(17-21), 14622815

Author(s): Greenway J

Language: English

Abstract: Childhood obesity is widely understood as a public health issue, but is not commonly understood from a legal perspective. Children's rights discourse can add significant empowerment to public health-based policy, which alone lacks effectiveness in the face of commercial and other counteracting influences. The United Nations Convention on the Rights of the Child has the potential to be used by advocates for children's health to facilitate child health policies pertaining to the issue of childhood obesity. This is because children's rights, as defined in the articles of the convention, establish the essential conditions required by children to achieve optimal health and wellbeing. A rights-based approach may improve children's welfare by encouraging a less fragmented approach to the issue of childhood obesity. The articles of the convention can be used as a template for interdisciplinary collaboration, with a more coherent outcome possible. By articulating childhood obesity as a children's rights issue--not just a public health issue--a more effective strategy for addressing the problem can be developed and implemented.

Publication Type: journal article

Source: CINAHL

Full Text: Available in *fulltext* at *ProQuest*
Available in *fulltext* at *in fulltext*; Note: This is a donated journal

60. Surgeon General's perspectives.

Citation: Public Health Reports, 01 May 2008, vol./is. 123/3(258-259), 00333549

Author(s): Galson SK

Language: English

Publication Type: journal article

Source: CINAHL

61. The complex and untidy science of childhood obesity mirrors the complexity of practice.

Citation: Journal for Specialists in Pediatric Nursing: JSPN, July 2008, vol./is. 13/3(141-3), 1539-0136;1744-6155 (2008 Jul)

Author(s): Clark L

Language: English

Publication Type: Editorial; Introductory Journal Article

Source: MEDLINE

62. Child obesity: what can be done and who will do it?.

Citation: Proceedings of the Nutrition Society, August 2008, vol./is. 67/3(301-6), 0029-6651;0029-6651 (2008 Aug)

Author(s): Lobstein T

Language: English

Abstract: Among the measures recommended by the WHO to reduce the risk of obesity and non-communicable disease, the consumption of a diet rich in micronutrients but with a relatively-low energy density features prominently. However, only a small percentage of the UK population (<1) appears to be consuming the recommended diet. Dietary behaviour is strongly influenced by the dietary environment, shaped by food supplies, investment policies and advertising, to create an obesogenic food market. Substantial resources have been invested in food production of a sort that does not promote better health; agriculture and food supply sectors have benefited from decades of public-sector support, but this practice has encouraged the production of meat, dairy, oils and sugar and the withdrawal from sale of fruit, vegetables and fish. The result is an 'obesogenic economy', i.e. a market economy that encourages weight gain, in which children are a prime target. Interventions in the obesogenic market need to be considered and several opportunities are described in the present paper. Recent moves to strengthen national and international food policies aimed to promote healthier behaviour have been undertaken, but they will need political support if they are to be fully implemented. Alliances of public health interests can help to create that political support and promote health-enhancing environments.

Publication Type: Journal Article; Review

Source: MEDLINE

Full Text: Available in *fulltext* at *ProQuest*

63. Childhood obesity prevention and treatment: recommendations for future research.

Citation: American Journal of Preventive Medicine, September 2008, vol./is. 35/3(249-52), 0749-3797;0749-3797 (2008 Sep)

Author(s): Pratt CA; Stevens J; Daniels S

Language: English

Abstract: This report summarizes the National Heart, Lung, and Blood Institute Working Group's recommendations on future research directions in childhood obesity prevention and treatment. The Working Group consisted of leaders and representatives from public and private academic and medical institutions with expertise in a variety of health specialties. They reviewed the literature and discussed the findings as well as their own experiences in the prevention and treatment of childhood obesity. The Working Group made recommendations that were based on scientific importance, the potential likelihood of public health impact, and the feasibility and timeliness for childhood obesity prevention and treatment research. These recommendations are intended to assist investigators in the development of research agendas to advance the knowledge of effective childhood obesity prevention and treatment.

Publication Type: Journal Article

Source: MEDLINE

64. Correlates of childhood obesity in Athens, Greece.

Citation: Public Health Nutrition, September 2008, vol./is. 11/9(940-5), 1368-9800;1368-9800 (2008 Sep)

Author(s): Lagiou A; Parava M

Language: English

Abstract: OBJECTIVE: Childhood obesity is a growing public health problem. We have examined the association between sociodemographic profile and eating and physical activity patterns with overweight among primary-school students in Athens, Greece. DESIGN: Cross-sectional study. SETTING: Eleven primary schools in the greater Athens area, Greece. SUBJECTS: A total of 633 children aged 10-12 years (50 % boys, 50 % girls) were interviewed in person during spring 2003. Multivariate logistic regression was used to investigate the association between eating and physical activity patterns and overweight (> or =85th sex- and age-specific BMI centile). Results are presented as odds ratios and 95 % confidence intervals. RESULTS: Overweight was more common among girls than among boys (OR=1.73; 95% CI 1.11, 2.69) and substantially less common among children born outside Greece (OR=0.46; CI 0.22, 0.95). Reported physical activity (per 1.5 h per day) was unrelated to overweight (OR=0.97; CI 0.85, 1.12) but patent physical inactivity, operationalised as time spent watching television or working/playing with the computer (per 1.5 h per day) was a highly significant predictor of overweight (OR=1.20; CI 1.05, 1.36). Composition of diet was unrelated to overweight but the daily number of eating occasions, controlling for total energy intake, was significantly inversely associated with overweight (OR=0.61; CI 0.48, 0.76). CONCLUSIONS: The principal factor underlying overweight among children in Athens appears to be the extended inactivity imposed by modern childhood lifestyles. An intriguing finding is that spreading a given energy intake over several eating occasions was inversely associated with the likelihood of childhood obesity.

Publication Type: Journal Article

Source: MEDLINE

Full Text: Available in *fulltext* at *ProQuest*

65. GP supply and obesity.

Citation: Journal of Health Economics, September 2008, vol./is. 27/5(1357-67), 0167-6296;0167-6296 (2008 Sep)

Author(s): Morris S; Gravelle H

Language: English

Abstract: We investigate the relationship between area general practitioner (GP) supply and individual body mass index (BMI) in England. Individual level BMI is regressed against area whole time equivalent GPs per 1000 population plus a large number of individual and area level covariates. We use instrumental variables (area house prices and age

weighted capitation) to allow for the endogeneity of GP supply. We find that that a 10% increase in GP supply is associated with a mean reduction in BMI of around 1kg/m(2) (around 4% of mean BMI). The results suggest that reduced list sizes per GP can improve the management of obesity.

Publication Type: Journal Article; Research Support, Non-U.S. Gov't

Source: MEDLINE

66. Louisiana (LA) Health: design and methods for a childhood obesity prevention program in rural schools.

Citation: Contemporary Clinical Trials, September 2008, vol./is. 29/5(783-95), 1559-2030 (2008 Sep)

Author(s): Williamson DA; Champagne CM; Harsha D; Han H; Martin CK; Newton R Jr; Stewart TM; Ryan DH

Language: English

Abstract: There is a worldwide epidemic of obesity with far-reaching consequences for the health of our nation. Prevention of obesity, especially in children, has been deemed by public health policy makers to be one of the most important objectives for our country. This prevention project, called Louisiana (LA) Health, will test whether modification of environmental and behavioral factors can prevent inappropriate weight gain in children from rural parishes of Louisiana who are enrolled in the fourth to sixth grades during Year 1. The primary aim of the LA Health project is to test the efficacy of two school-based approaches for obesity prevention: primary prevention alone and a combination of primary and secondary prevention which will be compared to a no-intervention control group using a cluster randomization research design, with 17 school clusters randomly assigned to the three treatment arms. The study will span 3 years and will provide critical tests of strategies that: 1) modify the child's environment as a primary prevention strategy and 2) provide health behavior modification via classroom instruction and internet counseling as a secondary prevention strategy. The study will also recruit a similar sample of students to measure changes in body weight relative to height, gender, and age over the same three-year period.

Publication Type: Journal Article; Randomized Controlled Trial; Research Support, N.I.H., Extramural; Research Support, U.S. Gov't, Non-P.H.S.

Source: MEDLINE

67. Economic evaluation of a primary care trial to reduce weight gain in overweight/obese children: the LEAP trial.

Citation: Ambulatory Pediatrics, September 2008, vol./is. 8/5(336-41), 1530-1567;1539-4409 (2008 Sep-Oct)

Author(s): Wake M; Gold L; McCallum Z; Gerner B; Waters E

Language: English

Abstract: BACKGROUND: A common policy response to the childhood obesity epidemic is to recommend that primary care physicians screen for and offer counseling to the overweight/obese. As the literature suggests, this approach may be ineffective; it is important to document the opportunity costs incurred by brief primary care obesity interventions that ultimately may not alter body mass index (BMI) trajectory. METHODS: Live, Eat and Play (LEAP) was a randomized controlled trial of a brief secondary prevention intervention delivered by family physicians in 2002-2003 that targeted overweight/mildly obese children aged 5 to 9 years. Primary care utilization was prospectively audited via medical records, and parents reported family resource use by written questionnaire. Outcome measures were BMI (primary) and parent-reported physical activity and dietary habits (secondary) in intervention compared with control children. RESULTS: The cost of LEAP per intervention family was AU $4094 greater than for control families, mainly due to increased family resources devoted to child physical activity. Total health sector costs were AU $873 per intervention family and AU $64 per control, a difference of AU $809 (P < .001). At 15 months, intervention children did not differ significantly in adjusted BMI or daily physical activity scores compared

with the control group, but dietary habits had improved. CONCLUSIONS: This brief intervention resulted in higher costs to families and the health care sector, which could have been devoted to other uses that do create benefits to health and/or family well-being. This has implications for countries such as the United States, the United Kingdom, and Australia, whose current guidelines recommend routine surveillance and counseling for high child BMI in the primary care sector.

Publication Type: Journal Article; Randomized Controlled Trial; Research Support, Non-U.S. Gov't

Source: MEDLINE

68. Tracking of childhood overweight into adulthood: a systematic review of the literature.

Citation: Obesity Reviews, September 2008, vol./is. 9/5(474-88), 1467-7881;1467-789X (2008 Sep)

Author(s): Singh AS; Mulder C; Twisk JW; van Mechelen W; Chinapaw MJ

Language: English

Abstract: Overweight and obesity in youth are important public health concerns and are of particular interest because of possible long-term associations with adult weight status and morbidity. The aim of this study was to systematically review the literature and update evidence concerning persistence of childhood overweight. A computerized bibliographical search--restricted to studies with a prospective or retrospective longitudinal design--was conducted. Two authors independently extracted data and assessed the methodological quality of the included studies in four dimensions (i) study population and participation rate; (ii) study attrition; (iii) data collection and (iv) data analysis. Conclusions were based on a rating system of three levels of evidence. A total of 25 publications were selected for inclusion in this review. According to a methodological quality assessment, 13 studies were considered to be of high quality. The majority of these high-quality studies were published after 2001, indicating that recently published data, in particular, provide us with reliable information. All included studies consistently report an increased risk of overweight and obese youth becoming overweight adults, suggesting that the likelihood of persistence of overweight into adulthood is moderate for overweight and obese youth. However, predictive values varied considerably. Limiting aspects with respect to generalizability and methodological issues are discussed.

Publication Type: Journal Article; Meta-Analysis; Review

Source: MEDLINE

69. Relationship between BMI and blood pressure in girls and boys.

Citation: Public Health Nutrition, October 2008, vol./is. 11/10(1085-8), 1368-9800;1368-9800 (2008 Oct)

Author(s): Gundogdu Z

Language: English

Abstract: AIM: To investigate the relationship between BMI and blood pressure as this is of crucial interest in evaluating both public health and the clinical impact of the so-called obesity epidemic. METHODS: Data were gathered from 1899 children aged between 6 and 14 years, analysing and evaluating a possible relationship between BMI and systolic and diastolic blood pressure values for both girls and boys. Each child was classified on the basis of age- and sex-specific BMI percentile as normal weight (<85th percentile), overweight (95th percentile). RESULTS: In comparisons among age BMI percentile groups, systolic and diastolic blood pressure values were higher in obese and overweight groups than in normal weight groups for both sexes. Although BMI among girls was higher than among boys in all three percentile groups, there were no significant differences between sexes with respect to blood pressure values. CONCLUSION: The present findings emphasize the importance of the prevention of obesity in order to prevent future related problems such as hypertension in children and adolescents.

Publication Type: Journal Article

Source: MEDLINE

Full Text: Available in *fulltext* at *ProQuest*

70. Childhood obesity: a transtheoretical case management approach.

Citation: Journal of Pediatric Nursing, October 2008, vol./is. 23/5(337-44), 0882-5963;1532-8449 (2008 Oct)

Author(s): Mason HN; Crabtree V; Caudill P; Topp R

Language: English

Abstract: Childhood obesity is an increasing health problem because of its strong associations with chronic health problems in children and adults. Obesity during childhood commonly persists into adulthood and is resistant to interventions that involve only recommendations to decrease caloric intake and to increase caloric expenditure through increased physical activity. The challenge with this approach to childhood obesity is that it is not theoretically based, nor does it consider the child's or the parent's perceptions of the health problem or their transition along the stages of behavioral change. Case management has been proven to be successful in managing various chronic health problems in both adults and children. This article will introduce a new intervention model based on the transtheoretical framework by utilizing case management in a primary care setting to treat childhood obesity.

Publication Type: Journal Article; Review

Source: MEDLINE

71. Cause and effect in childhood obesity: solutions for a national epidemic.

Citation: Journal of the American Osteopathic Association, October 2008, vol./is. 108/10(545-52), 0098-6151;1945-1997 (2008 Oct)

Author(s): Wieting JM

Language: English

Abstract: Childhood obesity has reached epidemic proportions in the United States. As a result, children are at increased risk for myriad preventable acute and chronic medical problems--many of which are associated with increased morbidity and mortality. In addition, childhood obesity has serious psychosocial consequences, such as low self-esteem, lower quality of life, and depression. The multifaceted causes and solutions to this pervasive health issue are discussed in the present review, as are pertinent health policy issues. Osteopathic physicians and other healthcare providers can play an important role in patient and family education, direct care, and advocacy.

Publication Type: Journal Article; Review

Source: MEDLINE

72. Grandparental and parental obesity influences on childhood overweight: implications for primary care practice.

Citation: Journal of the American Board of Family Medicine: JABFM, November 2008, vol./is. 21/6(549-54), 1557-2625 (2008 Nov-Dec)

Author(s): Davis MM; McGonagle K; Schoeni RF; Stafford F

Language: English

Abstract: BACKGROUND: Community-based studies have suggested a multigenerational pattern of obesity affecting children's risk of overweight, but no national data have substantiated such a pattern. Our objective was to examine the prevalence of overweight [body mass index (BMI) >or=95th percentile for age and sex] among children aged 5 to 19 in a national sample, stratified by the obesity status of their parents and grandparents. METHODS: We used a secondary analysis of the Panel Study of Income Dynamics, Child Development Supplement, a multigenerational, genealogical, prospective cohort study of the US population. Self-report height and weight data from adults and measured

height and weight data for children were used to calculate BMI. The prevalence of child overweight was calculated for different possible combinations of parental and grandparental BMI status, including missing status. RESULTS: The sample included 2,591 children aged 5 to 19 years, for whom parental BMI data were available for 94% and grandparental BMI data were available for 61%. Prevalence of childhood overweight (18.6%) in the sample was comparable with contemporaneous measured national data from other sources. Among children with normal-weight parents and normal-weight grandparents, 7.9% were overweight. In contrast, among children with overweight parents (BMI 25-29.9) and normal-weight grandparents, 17.9% were overweight, and among children with obese parents (BMI >or=30) and normal-weight grandparents, 31.9% were overweight (P < .0001). Importantly, when parents were normal weight, if grandparents were obese, then the prevalence of child overweight was 17.4% (P < .0001). The prevalence of child overweight was similarly elevated (16.4%) when parents were normal weight and grandparental BMI was missing. CONCLUSIONS: This is the first national study to find an association of child weight status with grandparental obesity, distinct from parental obesity. Primary care physicians may find it helpful to consider grandparents' weight status in judging risk of childhood overweight for their patients, especially when parents' weight is normal.

Publication Type: Journal Article

Source: MEDLINE

Full Text: Available in *fulltext* at *Highwire Press*

73. Providing obesity prevention counseling to children during a primary care clinic visit: results from a pilot study.

Citation: Journal of the American Dietetic Association, November 2008, vol./is. 108/11(1902-6), 0002-8223;0002-8223 (2008 Nov)

Author(s): Kubik MY; Story M; Davey C; Dudovitz B; Zuehlke EU

Language: English

Abstract: The purpose of this study was to evaluate parent response to a clinic-based primary prevention intervention to increase the proportion of 5- to 10-year-old children receiving annual body mass index screening and counseling about physical activity, dietary practices, and sedentary practices. A posttest-only, quasiexperimental design was used. Two clinics that provide routine health care to school-aged children agreed to participate in the pilot study. A multicomponent intervention was implemented in one clinic; the other provided care as usual. A convenience sample of parents (n=117) completed a survey after a clinic visit. Descriptive statistics, Fisher's exact, and chi(2) tests of significance and logistic regression were used to examine study outcomes. Most parents (>80%) believed it was important for health care providers to share information with them about their child's weight and physical activity, diet, and sedentary practices. Intervention parents were significantly more likely to report receiving information from their health care provider about their child's weight and weight-related behavior counseling than control parents. More intervention than control parents reported they intended their child to get five or more servings of fruits/vegetables on most days during the next 30 days (25% vs 9%; P=0.049). Outcomes suggest parents regard the take-home message they receive from health care providers about their child's weight and weight-related lifestyle practices as relevant and a potential motivating factor when considering behavior change. Further development of the intervention and testing in a larger experimental trial are warranted to determine effects on behavior change and body weight.

Publication Type: Journal Article; Research Support, Non-U.S. Gov't

Source: MEDLINE

74. Diagnosis and management of childhood obesity: a survey of general practitioners in South West Sydney.

Citation: Journal of Paediatrics & Child Health, 01 November 2008, vol./is. 44/11(622-629), 10344810

Author(s): Sivertsen LM; Woolfenden SR; Woodhead HJ; Lewis D

Language: English

Publication Type: journal article

Source: CINAHL

75. A primary care school age Healthy Choices Intervention program.

Citation: , 01 January 2009, vol./is. /(0-290),

Author(s): Jacobson D

Language: English

Abstract: Childhood overweight and obesity have reached epidemic proportions in the United States. Primary care providers could intervene in this escalating health crisis by providing evidence-based interventions to address this chronic health problem, but there has been limited experimental research conducted in primary care settings to guide interventions to improve the physical and psychosocial outcomes of overweight in school age children. Therefore, the primary aim of this study was to pilot test a comprehensive Cognitive Theory-based Healthy Choices Intervention (HCI) program with overweight and obese 9- to 12-year-old children and their parents in order to determine the program's feasibility and acceptability in a primary care setting. Secondary aims included an evaluation of the psychosocial and anthropometric child and parent outcomes in order to determine the intervention's preliminary effects. The relationships among the outcomes for participants also were examined.; Overweight and obese children (Sample size = 17; Mean = 10.9 years; Standard Deviation = 0.88 years) identified in primary care, and their parents, participated in this 7-week one-group pretest posttest intervention study. Outcome measures included: weight and body mass index (BMI), BMI percentile, physical activity and nutrition knowledge, beliefs, choices, and behaviors, anxiety and depression and self-concept and social competence. The internal consistency of instruments adapted for this age group of children also was assessed.; Results indicated that participants found the weekly cognitive behavior skills building HCI with its alternating clinic and telephone sessions, to be useful and informative. Significant effects of the HCI for the children included decreased BMI percentile, increased knowledge, beliefs, choices, and behaviors, and self-reported increased physical activity and self-control. Significant preliminary effects of the HCI for the parents included increased knowledge, beliefs, and behaviors, and decreased anxiety. Significant medium to large correlations were demonstrated among beliefs, choices, and behaviors and the measured psychosocial outcomes.; This pilot study provides evidence to support the feasibility, acceptability, and preliminary effects of the HCI with overweight and obese school-age children and their parents in a primary care setting. Information obtained provides support for operational refinements to the intervention and informs future testing of the HCI in a randomized controlled trial.

Publication Type: doctoral dissertation

Source: CINAHL

76. Use of an electronic medical record system to support primary care recommendations to prevent, identify, and manage childhood obesity.

Citation: Pediatrics, January 2009, vol./is. 123 Suppl 2/(S100-7), 0031-4005;1098-4275 (2009 Jan)

Author(s): Rattay KT; Ramakrishnan M; Atkinson A; Gilson M; Drayton V

Language: English

Abstract: Many primary care physicians are not providing care that is consistent with recommendations to prevent, to identify, and to manage childhood obesity. This report presents modifications made to the electronic medical record system of a large pediatric health care system, using a quality improvement approach, to support these recommendations and office system changes. Although it is possible to make practice changes secondary to electronic medical record system enhancements, challenges to development and implementation exist.

Publication Type: Case Reports; Journal Article

Source: MEDLINE

Full Text: Available in *fulltext* at *Highwire Press*

77. Childhood obesity in Australia remains a widespread health concern that warrants population-wide prevention programs.

Citation: Medical Journal of Australia, February 2009, vol./is. 190/3(146-8), 0025-729X;0025-729X (2009 Feb 2)

Author(s): Gill TP; Baur LA; Bauman AE; Steinbeck KS; Storlien LH; Fiatarone Singh MA; Brand-Miller JC; Colagiuri S; Caterson ID

Language: English

Abstract: Recent reports have suggested that the problem of childhood and adolescent obesity has been exaggerated in Australia, and that community-wide obesity prevention initiatives are not warranted; we argue that this is not an accurate reflection of the situation. Available data indicate that obesity affects 6%-8% of Australian schoolchildren, and that the proportion has continued to increase in recent years. Childhood and adolescent obesity is associated with a wide range of immediate health concerns, as well as increasing the risk of disease in adulthood. Some weight-related health problems are also found in overweight children. A range of strategies, including whole-of-community obesity prevention programs, will be required to tackle this problem. Concerns about disordered eating in children and adolescents should not preclude appropriate action on childhood obesity.

Publication Type: Journal Article; Review

Source: MEDLINE

78. Individual rights over public good? The future of anthropometric monitoring of school children in the fight against obesity.

Citation: Medical Journal of Australia, February 2009, vol./is. 190/3(140-2), 0025-729X;0025-729X (2009 Feb 2)

Author(s): Stubbs JM; Achat HM

Language: English

Abstract: Available evidence indicates that rates of childhood overweight and obesity have been increasing over the past two decades, but inconsistencies between study methods moderate the strength of this evidence. Concomitant health problems and associated costs make it imperative that primary prevention initiatives are introduced to combat the obesity epidemic. Fundamental to informed action is anthropometric monitoring, which if properly implemented will identify changes over time in specific populations to inform policies, practices and services aimed at prevention and treatment. Sample representativeness is essential for valid trend and prevalence data, but efforts to obtain population-based anthropometric data from school children with the required written parental consent have been thwarted by low participation rates. Notable improvements in participation rates when utilising opt-out consent, in which participation is assumed unless otherwise indicated, are evident from local as well as international studies. Opt-out consent can facilitate anthropometric monitoring, delivering a more informed, best-value-for-money response to the obesity epidemic. Health and education ethics committees need to acknowledge the benefits of opt-out consent for "low-risk" anthropometric measurement, which ultimately upholds the individual's rights.

Publication Type: Journal Article

Source: MEDLINE

79. Small-area estimation and prioritizing communities for obesity control in Massachusetts.

Citation: American Journal of Public Health, March 2009, vol./is. 99/3(511-9), 0090-0036;1541-0048 (2009 Mar)

Author(s): Li W; Kelsey JL; Zhang Z; Lemon SC; Mezgebu S; Boddie-Willis C; Reed GW

Language: English

Abstract: OBJECTIVES: We developed a method to evaluate geographic and temporal variations in community-level obesity prevalence and used that method to identify communities in Massachusetts that should be considered high priority communities for obesity control. METHODS: We developed small-area estimation models to estimate community-level obesity prevalence among community-living adults 18 years or older. Individual-level data from the Behavioral Risk Factors Surveillance System from 1999 to 2005 were integrated with community-level data from the 2000 US Census. Small-area estimation models assessed the associations of obesity (body mass index >or= 30 kg/m(2)) with individual- and community-level characteristics. A classification system based on level and precision of obesity prevalence estimates was then used to identify high-priority communities. RESULTS: Estimates of the prevalence of community-level obesity ranged from 9% to 38% in 2005 and increased in all communities from 1999 to 2005. Fewer than 7% of communities met the Healthy People 2010 objective of prevalence rates below 15%. The highest prevalence rates occurred in communities characterized by lower income, less education, and more blue-collar workers. CONCLUSIONS: Similar to the rest of the nation, Massachusetts faces a great challenge in reaching the national obesity control objective. Targeting high-priority communities identified by small-area estimation may maximize use of limited resources.

Publication Type: Journal Article

Source: MEDLINE

Full Text: Available in *fulltext* at *EBSCO Host*
Available in *fulltext* at *EBSCO Host*
Available in *fulltext* at *ProQuest*

80. Medical curricula and preventing childhood obesity: pooling the resources of medical students and primary care to inform curricula.

Citation: Education for Primary Care, March 2009, vol./is. 20/2(87-92), 1473-9879;1473-9879 (2009 Mar)

Author(s): Wylie A; Furmedge DS; Appleton A; Toop H; Coats T

Language: English

Abstract: AIMS: The study aimed to firstly provide a small self-selecting group of medical students with the opportunity to explore current approaches and opportunities addressing the prevention of childhood obesity and, secondly, to consider what aspects could be part of the taught curriculum. METHODS: Medical students in their third and fourth year were invited to self-design special study modules (SSMs) exploring interventions and processes addressing the growing concern about childhood obesity. One student looked at the role of the primary care teams, two looked at community-based opportunities to improve physical activity in urban areas where there is significant deprivation and one student explored the complex role of the media as a social determinant of dietary patterns and sedentary behaviour. FINDINGS: Primary care health professionals questioned their role in regard to raising the topic of obesity in the consultation and had limited awareness of current NICE guidelines and local interventions for referral. Local authority physical activity programmes have an important role in preventing and tackling obesity and although the media are regulated, there is limited impact on reducing obesity. Conversely, the influence of the media is complex and enables medical students and teachers to be aware of some of the social determinants influencing health-related behaviour. IMPLICATIONS: About a third of UK GP practices have some role in medical undergraduate education. It will therefore be inevitable that students will encounter GPs working with prevention and management of childhood obesity, however limited, and this will increasingly be part of the teaching agenda, whether formal and planned or opportunistic. Curricula could include being familiar with the evidence that informs NICE guidelines, observing these guidelines being implemented and their limitations, awareness of local schemes for referral to prevent or treat obesity and the influence of wider determinants on diet and physical activity behaviour, including the media.

Publication Type: Journal Article

Source: MEDLINE

81. Ounces of prevention--the public policy case for taxes on sugared beverages.

Citation: New England Journal of Medicine, April 2009, vol./is. 360/18(1805-8), 0028-4793;1533-4406 (2009 Apr 30)

Author(s): Brownell KD; Frieden TR

Language: English

Publication Type: Journal Article

Source: MEDLINE

Full Text: Available in *selected fulltext* at *Highwire Press*
Available in *fulltext* at *ProQuest*

82. Primary care identification of infants at high risk for overweight and obesity.

Citation: Clinical Pediatrics, 01 April 2009, vol./is. 48/3(313-316), 00099228

Author(s): Trapp LW; Ryan AA; Ariza AJ; Garcia CM; Binns HJ

Language: English

Publication Type: journal article

Source: CINAHL

83. ...And a radical approach to a serious problem?.

Citation: Child Health Alert, May 2009, vol./is. 27/(5-6), 1064-4849;1064-4849 (2009 May)

Author(s): anonymous

Language: English

Publication Type: Journal Article

Source: MEDLINE

Full Text: Available in *fulltext* at *ProQuest*

84. Small steps to health: building sustainable partnerships in pediatric obesity care.

Citation: Pediatrics, June 2009, vol./is. 123 Suppl 5/(S308-16), 0031-4005;1098-4275 (2009 Jun)

Author(s): Pomietto M; Docter AD; Van Borkulo N; Alfonsi L; Krieger J; Liu LL

Language: English

Abstract: BACKGROUND: Given the prevalence of childhood obesity and the limited support for preventing and managing obesity in primary care settings, the Seattle Children's Hospital's Children's Obesity Action Team has partnered with Steps to Health King County to develop a pediatric obesity quality-improvement project. METHODS: Primary care clinics joined year-long quality-improvement collaboratives to integrate obesity prevention and management into the clinic setting by using the chronic-disease model. Sustainability was enhanced through integration at multiple levels by emphasizing small, consistent behavior changes and self-regulation of eating/feeding practices with children, teenagers, and families; building local community partnerships; and encouraging broader advocacy and policy change. Cultural competency and attention to disparities were integrated into quality-improvement efforts. RESULTS:. Participating clinics were able to increase BMI measurement and weight classification; integrate management of overweight/obese children and family and self-management support; and grow community collaborations. Over the course of 4 years, this project grew from a local effort involving 3 clinics to a statewide program recently adopted by the Washington State Department of Health. CONCLUSIONS: This model can be used by other states/regions to develop pediatric obesity quality-improvement programs to support the

assessment, prevention, and management of childhood obesity. Furthermore, these health care efforts can be integrated into broader community-wide childhood-obesity action plans.

Publication Type: Journal Article; Research Support, U.S. Gov't, P.H.S.; Review

Source: MEDLINE

Full Text: Available in *fulltext* at *Highwire Press*

85. Medicine, morality and mothering: public health discourses on foetal alcohol exposure, smoking around children and childhood overnutrition.

Citation: Critical Public Health, 01 June 2009, vol./is. 19/2(155-170), 09581596

Author(s): Bell K; McNaughton D; Salmon A

Language: English

Abstract: Over the past few decades, three issues have emerged as threats to the health of infants and children in western, industrialised countries: the developmental impact of alcohol use in pregnancy (Foetal Alcohol Spectrum Disorder, or FASD), children's exposure to second-hand smoke in the home, and childhood overnutrition and obesity. The definitive role of drinking during pregnancy, exposure to second-hand smoke and overnutrition on negative health outcomes in infants and children remains the subject of considerable debate. Nevertheless, all three issues have been medicalised and criminalised: framed as looming health emergencies that require immediate intervention and, increasingly, legislation. However, it is our contention that the alarm these health 'threats' currently generate has many of the characteristics of a moral panic. In this paper we unpack the discourses surrounding these three issues, and explore the common focus on maternal responsibility and the ways in which these movements serve to covertly marginalise and stigmatise particular groups of women.

Publication Type: journal article

Source: CINAHL

Full Text: Available in *fulltext* at *Taylor & Francis -- Informaworld*
Available in *print* at *Bolton PCT*

86. Is obesity becoming a public health problem in India? Examine the shift from under- to overnutrition problems over time.

Citation: Obesity Reviews, July 2009, vol./is. 10/4(456-74), 1467-7881;1467-789X (2009 Jul)

Author(s): Wang Y; Chen HJ; Shaikh S; Mathur P

Language: English

Abstract: This study aimed to examine the prevalence and trends of overweight, obesity and undernutrition in recent decades in India. Based on a systematic literature search on PubMed and other data sources, most published studies were regional or local surveys in urban areas, while good representative data from the India National Family Health Surveys (NFHS, 1992-1993, 1998-1999 and 2005-2006) allowed for examining the trends at the national level. Overall, the available data showed that in India, prevalence of overweight was low while that of undernutrition remained high. Overweight was more prevalent among female, urban and high-socioeconomic-status (SES) groups. NFHS data showed that the prevalence of overweight in women and pre-school children did not increase much in the last decade: 10.6% and 1.6% in 1998-1999 to 12.6% and 1.5% in 2005-2006 respectively. As for underweight, NFHS 2005-2006 showed high prevalence among ever-married women (about 35%) and pre-school children (about 42%). The prevalence of overweight and obesity had increased slightly over the past decade in India, but in some urban and high-SES groups it reached a relatively high level. Factors associated with undernutrition need closer examination, and prevention of obesity should be targeted at the high-risk groups simultaneously.

Publication Type: Journal Article; Review

Source: MEDLINE

87. Managing the risk of childhood overweight and obesity in primary care practice.

Citation: Current Problems in Pediatric & Adolescent Health Care, July 2009, vol./is. 39/6(146-65), 1538-3199;1538-3199 (2009 Jul)

Author(s): Murray R; Battista M

Language: English

Publication Type: Journal Article; Review

Source: MEDLINE

88. Managing the risk of childhood overweight and obesity in primary care practice. Foreword.

Citation: Current Problems in Pediatric & Adolescent Health Care, July 2009, vol./is. 39/6(145), 1538-3199;1538-3199 (2009 Jul)

Author(s): Ebert JR

Language: English

Publication Type: Introductory Journal Article

Source: MEDLINE

89. The prevalence of underweight in 9-10-year-old schoolchildren in Liverpool: 1998-2006.

Citation: Public Health Nutrition, July 2009, vol./is. 12/7(953-6), 1368-9800;1475-2727 (2009 Jul)

Author(s): Boddy LM; Hackett AF; Stratton G

Language: English

Abstract: OBJECTIVE: To estimate the prevalence of underweight between 1998 and 2006 in Liverpool schoolchildren aged 9-10 years using recently published underweight cut-off points. DESIGN AND SETTING: Stature and body mass data collected at the Liverpool SportsLinx project's fitness testing sessions were used to calculate BMI. SUBJECTS: Data were available on 26,782 (n 13,637 boys, 13,145 girls) participants. RESULTS: Overall underweight declined in boys from 10.3% in 1998-1999 to 6.9% in 2005-2006, and all sub-classifications of underweight declined, in particular grade 3 underweight, with the most recent prevalence being 0.1%. In girls, the prevalence of underweight declined from 10.8% in 1998-1999 to 7.5% in 2005-2006. The prevalence of all grades of underweight was higher in girls than in boys. Underweight showed a fluctuating pattern across all grades over time for boys and girls, and overall prevalence in 2005-2006 represents over 200 children across the city. CONCLUSIONS: Underweight may have reduced slightly from baseline, but remains a substantial problem in Liverpool, with the prevalence of overall underweight being relatively similar to the prevalence of obesity. The present study highlights the requirement for policy makers and funders to consider both ends of the body mass spectrum when fixing priorities in child health.

Publication Type: Journal Article; Research Support, Non-U.S. Gov't

Source: MEDLINE

90. US "soda tax" could help tackle obesity, says new director of public health.

Citation: BMJ: British Medical Journal, 08 August 2009, vol./is. 339/(0-0), 09598146

Author(s): Roehr B

Language: English

Publication Type: journal article

Source: CINAHL

Full Text: Available in *fulltext* at *Highwire Press*
Available in *fulltext* at *ProQuest*

91. Childhood obesity: harnessing technology for prevention and treatment.

Citation: Bariatric Nursing & Surgical Patient Care, 01 September 2009, vol./is. 4/3(157-159), 15571459

Author(s): Durant NH

Language: English

Publication Type: journal article

Source: CINAHL

92. Obesity and cancer.

Citation: Primary Care; Clinics in Office Practice, September 2009, vol./is. 36/3(509-31), 0095-4543;1558-299X (2009 Sep)

Author(s): Brawer R; Brisbon N; Plumb J

Language: English

Abstract: Obesity has become the second leading preventable cause of disease and death in the United States, trailing only tobacco use. Weight control, dietary choices, and levels of physical activity are important modifiable determinants of cancer risk. Physicians have a key role in integrating multifactorial approaches to prevention and management into clinical care and advocating for systemic prevention efforts. This article provides an introduction to the epidemiology and magnitude of childhood and adult obesity; the relationship between obesity and cancer and other chronic diseases; potential mechanisms postulated to explain these relationships; a review of recommended obesity treatment and assessment guidelines for adults, adolescents, and children; multilevel prevention strategies; and an approach to obesity management in adults using the Chronic Care Model.

Publication Type: Journal Article; Research Support, Non-U.S. Gov't

Source: MEDLINE

93. Overweight prevention in pediatric primary care: a needs assessment of an urban racial/ethnic minority population.

Citation: Clinical Pediatrics, 01 October 2009, vol./is. 48/8(837-843), 00099228

Author(s): Asante PA; Cox J; Sonneville K; Samuels RC; Taveras EM

Language: English

Abstract: The authors studied the prevalence of overweight-related behaviors in an urban clinic population, parents' perceived willingness to change, and identified potential gaps in nutrition and physical activity promotion. A total of 324 parents of children aged 3 to 13 years were surveyed. Clinical heights and weights were used to calculate body mass index (BMI). Of the 324 children in the study, 55% were black and 28% were Hispanic. Approximately 151 (47%) children had a BMI > or =85th percentile, and overweight-related behaviors, such as TV viewing, were highly prevalent. Overall, parents reported a need for counseling to help their children eat healthier and be more active and seemed willing to make behavior changes in these areas. However, their willingness to change appeared lowest in areas that may improve their child's weight status such as decreasing sedentary time and portion sizes. Overweight prevention efforts in primary care should include strategies to help clinicians negotiate behavior change with families.

Publication Type: journal article

Source: CINAHL

94. Primary care screening and brief counselling for overweight or mildly obese children does not improve BMI, nutrition or physical activity.

Citation: Evidence-Based Nursing, 01 January 2010, vol./is. 13/1(8-9), 13676539

Author(s): Milligan F

Language: English

Publication Type: journal article

Source: CINAHL

Full Text: Available in *fulltext* at *Highwire Press*

95. Lifestyle intervention in primary care settings improves obesity parameters among Mexican youth.

Citation: Journal of the American Dietetic Association, 01 February 2010, vol./is. 110/2(285-290), 00028223

Author(s): Díaz RG; Esparza-Romero J; Moya-Camarena SY; Robles-Sardín AE; Valencia ME

Language: English

Publication Type: journal article

Source: CINAHL

96. Screening for obesity in children and adolescents: US Preventive Services Task Force recommendation statement.

Citation: Pediatrics, February 2010, vol./is. 125/2(361-7), 0031-4005;1098-4275 (2010 Feb)

Author(s): US Preventive Services Task Force; Barton M

Language: English

Abstract: DESCRIPTION: Update of the 2005 US Preventive Services Task Force (USPSTF) statement about screening for overweight in children and adolescents. METHODS: The USPSTF examined the evidence for the effectiveness of interventions that are primary care feasible or referable. It also examined the evidence for the magnitude of potential harms of treatment in children and adolescents. RECOMMENDATION. The USPSTF recommends that clinicians screen children aged 6 years and older for obesity and offer them or refer them to intensive counseling and behavioral interventions to promote improvements in weight status (grade B recommendation).

Publication Type: Journal Article

Source: MEDLINE

97. Lifestyle intervention in primary care settings improves obesity parameters among Mexican youth.

Citation: Journal of the American Dietetic Association, February 2010, vol./is. 110/2(285-90), 0002-8223;1878-3570 (2010 Feb)

Author(s): Diaz RG; Esparza-Romero J; Moya-Camarena SY; Robles-Sardin AE; Valencia ME

Language: English

Abstract: Intervention studies in youth with obesity that can be translated into primary care are limited. We compared a lifestyle intervention to a brief intervention applied by primary care physicians (control group) for treating pediatric obesity in the primary care setting. Seventy-six youth with obesity (body mass index [BMI] >95th percentile or >90th percentile plus waist circumference >90th percentile, aged 9 to 17 years) participated in a 12-month, randomized, controlled trial, conducted at a primary care unit in Northern Mexico from June 2006 through October 2007. Participants randomized to lifestyle intervention attended a family-centered program consisting of 12 sessions of behavioral curriculum, dietary advice from a registered dietitian (weekly for the first 3 months and monthly thereafter), and monthly consultations with a primary care physician. Control group participants attended monthly consultations with a primary care physician who received a brief training on obesity. Forty-three (57%) participants completed the 12 months of study. After 12 months, mean changes (95% confidence interval) in body weight for the lifestyle group and the control group were -0.8 kg (-3.2, 1.5) vs +5.6 kg (3, 8.2; P<0.001) and mean changes in BMI were -1.8 (-2.6, -0.9) vs +0.4 (-0.5, 1.3;

P<0.001), respectively. Intention-to-treat analysis at 12 months confirmed significant differences in primary outcomes (weight -3.5 kg, P=0.02; BMI -1.2, P=0.03) in favor of the lifestyle group. This study provides preliminary evidence that primary care physicians supported by a registered dietitian and a behavioral curriculum can be a successful strategy for treating pediatric obesity in the primary care setting. Copyright 2010 American Dietetic Association. Published by Elsevier Inc. All rights reserved.

Publication Type: Journal Article; Randomized Controlled Trial; Research Support, Non-U.S. Gov't

Source: MEDLINE

98. Healthier options for public schoolchildren program improves weight and blood pressure in 6- to 13-year-olds.

Citation: Journal of the American Dietetic Association, February 2010, vol./is. 110/2(261-7), 0002-8223;1878-3570 (2010 Feb)

Author(s): Hollar D; Messiah SE; Lopez-Mitnik G; Hollar TL; Almon M; Agatston AS

Language: English

Abstract: Childhood obesity and related health consequences continue to be major clinical and public health issues in the United States. Schools provide an opportunity to implement obesity prevention strategies to large and diverse pediatric audiences. Healthier Options for Public Schoolchildren was a quasiexperimental elementary school-based obesity prevention intervention targeting ethnically diverse 6- to 13-year-olds (kindergarten through sixth grade). Over 2 school years (August 2004 to June 2006), five elementary schools (four intervention, one control, N=2,494, 48% Hispanic) in Osceola County, FL, participated in the study. Intervention components included integrated and replicable nutrition, physical activity, and lifestyle educational curricula matched to state curricula standards; modified school meals, including nutrient-dense items, created by registered dietitians; and parent and staff educational components. Demographic, anthropometric, and blood pressure data were collected at baseline and at three time points over 2 years. Repeated measures analysis showed significantly decreased diastolic blood pressure in girls in the intervention group compared to controls (P<0.05). Systolic blood pressure decreased significantly for girls in the intervention group compared to controls during Year 1 (fall 2004 to fall 2005) (P<0.05); while not statistically significant the second year, the trend continued through Year 2. Overall weight z scores and body mass index z scores decreased significantly for girls in the intervention group compared to controls (P<0.05 and P<0.01, respectively). School-based prevention interventions, including nutrition and physical activity components, show promise in improving health, particularly among girls. If healthy weight and blood pressure can be maintained from an early age, cardiovascular disease in early adulthood may be prevented. Copyright 2010 American Dietetic Association. Published by Elsevier Inc. All rights reserved.

Publication Type: Journal Article; Multicenter Study; Research Support, Non-U.S. Gov't

Source: MEDLINE

99. A public health perspective on healthy lifestyles and public-private partnerships for global childhood obesity prevention.

Citation: Journal of the American Dietetic Association, February 2010, vol./is. 110/2(192-200), 0002-8223;1878-3570 (2010 Feb)

Author(s): Kraak VI; Story M

Language: English

Publication Type: Journal Article

Source: MEDLINE

100. Mapping data shape community responses to childhood obesity.

Citation: Health Affairs, 01 March 2010, vol./is. 29/3(498-502), 02782715

Author(s): Sage WM; Balthazar M; Kelder S; Millea S; Pont S; Rao M

Language:	English
Abstract:	Geographic information system (GIS) mapping can help communities visualize the health of their neighborhoods and identify opportunities for improvement. In Austin, Texas, Children's Optimal Health, a nonprofit association, used GIS to map the prevalence of obesity among middle school children and to identify contributory factors. The maps indicated that obesity is a problem in all Austin middle schools. Two neighborhoods outside downtown Austin have particularly high concentrations of overweight and obese students. Maps also showed that the neighborhoods have different proportions of fast-food outlets, grocery stores selling fresh produce, green recreation space, and students failing cardiovascular testing. The mapping exercise spurred community groups to propose obesity interventions tailored to each neighborhood.
Publication Type:	journal article
Source:	CINAHL
Full Text:	Available in *fulltext* at *ProQuest*