CHILDHOOD OBESITY
April 2013 | Volume 9, Number 2

DOI: 10.1089/chi.2013.9204

People, Projects, and Programs

First Lady Michelle Obama launched *Let's Move! Active Schools*, a program that aims to increase physical activity in US schools. The program provides specific steps for schools to follow to help create active environments where students get 60 minutes of physical activity before, during, and after the school day. Mrs. Obama called on school staff, families, and communities to work together to reach a goal of engaging 50,000 schools in this program over the next 5 years. The President's Council on Fitness, Sports & Nutrition, the American Alliance for Health, Physical Education, Recreation & Dance, and the Alliance for a Healthier Generation are the managing organizations guiding the development and implementation of the program. *Let's Move! Active Schools* is supported by funding from NIKE, Inc., the GENYOUth Foundation, ChildObesity180, Kaiser Permanente, and the General Mills Foundation, the inaugural sponsor of the Presidential Youth Fitness Program. NIKE, Inc., has said it will invest $50 million in the United States to increase the physical activity of kids in schools and communities as well as target advocacy efforts to inspire kids and draw additional resources. The other groups are collectively committing more than $20 million to the effort.

The American College of Sports Medicine (ACSM) has been forming partnerships for greater results in its mission to increase physical activity in children and adults. An example is the partnership with Exercise is Medicine (EIM)—May has been designated Exercise is Medicine Month—and EIM and ACSM encourage everyone to use this month to become more physically active and encourage others to do the same individually or through EIM-themed events. ACSM is also a key partner in the creation of the National Physical Activity Plan, which is a comprehensive set of policies, programs, and initiatives that aim to increase physical activity in all segments of the American population. According to the ACSM: ''Partnerships connecting ACSM science and research with programs like those listed above provide a basis for new legislation establishing a regular cycle of review, updating, and dissemination of federal physical activity guidelines, as is done with nutritional guidelines. Working collaboratively, ACSM is striving to create a healthier world.''

Neal Halfon, MD, MPH, is the Director of the Center for Healthier Children, Families and Communities, and Professor in the Departments of Pediatrics, Health Sciences, and Policy Studies at UCLA. Dr. Halfon is the lead author of a recent study published in the journal *Academic Pediatrics* titled ''Associations between obesity and comorbid mental health, developmental, and physical health conditions in a nationally representative sample of US children aged 10 to 17.'' (Halfon N, Larson K, Slusser W. 2013;13:6–13). **The study performed a cross-sectional analysis on 43,297 children between the ages of 10 and 17 from the 2007 National Survey of Children's Health**. The researchers calculated weight status from height and weight, and then examined the associations between weight status and 21 indicators of general health, psychosocial functioning, and specific health disorders. The study concluded that obese children have increased odds of worse reported general health, psychosocial functioning, and specific health disorders.

Kirsten K. Davison, PhD, is the Donald and Sue Pritzker Associate Professor of Nutrition at the Harvard School of Public Health. Her research focuses on family-centered interventions for obesity prevention, how parents affect children's physical activity and TV and video game usage, and the development and application of conceptual models for obesity prevention. Dr. Davison is the lead author of a recent article in the *International Journal of Behavioral Nutrition and Physical Activity* titled, ''**A childhood obesity intervention developed by families for families: Results from a pilot study**.'' (Davison KK, Jurkowski JM, Li K, et al. 2013;10:3). The study attempted to engage parents in their children's physical activities. A total of 423 children ages 2–5 years from five Head Start centers in New York State, as well as their families, were involved in the intervention. Outcome

measures included BMI *z*-score, accelerometer-assessed physical activity, and dietary intake. The study found that there was a significant improvement in children's obesity levels at post intervention.

Researchers from the Center for Community Health Evaluation in Seattle looked at the results from three comprehensive community-based collaboratives in northern California funded by 5-year grants from Kaiser Permanente (Cheadle A, Rauzon S, Spring R, et al. Kaiser Permanente's community health initiative in Northern California: Evaluation findings and lessons learned. *American Journal of Health Promotion* 2012;27;2:e59–e68). The results showed **children's physical activity behaviors could be improved as a result of such health interventions as increasing active minutes during school physical education classes**, increasing minutes of activity in afterschool programs, and increasing walking and biking to school. Physical activity in children is shown to improve bone health, heart health, mental health, and to support healthy weight.

Barbara H. Fiese, PhD, is The Pampered Chef, Ltd., Endowed Chair in Family Resilience in the Department of Human and Community Development at the University of Illinois Urbana-Champaign, and Director of the Family Resiliency Center. Her research focuses on factors at the family level that promote health and wellbeing in children. She is the lead author of an article published in *Economics & Human Biology* titled ''Family mealtimes: A contextual approach to understanding childhood obesity.'' (Fiese BH, et al. 2012;10:365–374). The study looked at 200 families during mealtimes; each family had a child with asthma. **The study demonstrated the complex interplay between socioeconomic factors, family mealtime behaviors, and child obesity status**. Generally speaking, families with a child of healthy weight spent more time engaged with each other during the meal, communicated more positively, and treated mealtimes together as important.

Food banks are altering their nutrition-related policies and practices to address concerns about the rise in obesity and diet-related diseases among individuals struggling to afford food, according to a study by the Yale Rudd Center for Food Policy & Obesity. The study, published in the *Journal of the Academy of Nutrition and Dietetics*, examines these strategies and identifies the challenges and opportunities related to their implementation. (Handforth B, Hennick M, Schwartz MB. A qualitative study of nutrition-based initiatives at selected food banks in the Feeding America network. 2013;113:411–415.) The researchers interviewed administrators from 20 food banks throughout the United States about their current nutrition policies and practices, and the barriers to change they have faced. All of the food banks that participated in the analysis were part of the Feeding America Network, a nonprofit organization that consists of a nationwide network of more than 200 food banks. The majority of food bank personnel reported that their organization's staff, board members, and community partners saw obesity and chronic disease as an issue that needed to be addressed by food banks. As a result, many food banks described efforts to provide more fresh produce to their communities. Some food banks reported that they implemented nutrition policies that would stop the distribution of junk foods, such as soda and candy; however, these policies were reported as being more controversial than other strategies.

Jennifer Utter, PhD, is a Lecturer in Epidemiology & Biostatistics at the School of Population Health at The University of Auckland (New Zealand). Her research focuses on nutrition, obesity, and the health of children. She is the lead author of a recent article published in the journal *Public Health Nutrition* titled ''Family support and weight-loss strategies among adolescents reporting sustained weight loss.'' (Utter J, Denny S, Dixon R, et al. 2013;16:499–504). The study pulled data from Youth '07, a New Zealand national representative survey of the health and wellbeing of kids in secondary schools. Among children who attempted to lose weight in the previous year (2006), 51% reported long-term weight loss, which was defined as 6 months. **Long-term weight loss was more common among males than females, but there was otherwise no difference by age, ethnicity, socioeconomic deprivation or measured weight status**. Students who reported long-term weight loss typically used strategies such as exercise, decreased fatty food consumption, and eating fewer sweets, as well as high parental support.

The *Journal of the Academy of Nutrition and Dietetics*, with sponsorship provided by Abbott Nutrition and the Abbott Nutrition Health Institute (ANHI), has launched the Malnutrition Resource Center (http://malnutrition.andjrnl.org). **The site's guest editor is Laura**

Matarese, PhD, RD, LDN, FADA. This resource center provides peer-reviewed content covering malnutrition and is an important educational tool for registered dietitians, nurses, and health practitioners in the fields of nutritional science, medical nutrition therapy, public health nutrition, food science and biotechnology, food service systems, leadership and management, and dietetics education.

Annette Langer-Gould, MD, PhD, is a neurologist and researcher with the Kaiser Permanente Southern California Department of Research & Evaluation (Pasadena). She is the co-author of a recent study published in *Neurology*, ''**Childhood obesity and risk of pediatric multiple sclerosis and clinically isolated syndrome**.'' (Langer-Gould A, Brara SM, Beaber BE, et al. 2013;80:548). The study looked at 75 children and adolescents diagnosed with pediatric multiple sclerosis (MS) between the ages of 2 and 18. Researchers identified the children's BMI before and after symptoms appeared, then compared them with 913,097 children without MS. They then grouped the children in the study by weight—normal weight, overweight, moderate obesity, and extreme obesity. Of those in the study, 50.7% were overweight or obese, compared to 36.6% of children who did not have MS. The association between weight and MS was only seen in girls and was greater in Hispanic girls. In addition, the study found that the risk of developing MS was 1.5 times higher for overweight girls than normal weight girls, and 1.8 times higher in moderately obese girls compared to normal weight girls. Dr. Langer-Gould speculates that the risk in the girls is related to female sex hormones and the promotion of inflammatory mediators of autoimmunity.

Leonardo Trasande, MD, is an Associate Professor in Pediatrics, Environmental Medicine and Health Policy at NYU Wagner. Dr. Trasande's research focuses on the role of the environment and other factors in chronic childhood disease. He serves on a United Nations Environment Programme Steering Committee, and on the Executive Committee of the Council for Environmental Health of the National Academy of Pediatrics. Dr. Trasande is the lead author of a study recently published in *Environmental Health Perspectives*: ''**Race/ethnicity-specific associations of urinary phthalates with childhood body mass in a nationally representative sample**.'' (Trasande L, Attina T, Sathyanarayana S, et al. February 2013;E-pub ahead of print). The study looked at 2884 children ages 6–19 that had participated in the 2003–2008 National Health and Nutrition Examination Survey. The authors correlated BMI, overweight, and obesity against molar concentrations of low-molecular-weight, high-molecular-weight, and di(2-ethylhexyl) phthalate (DEHP) metabolites, also taking into consideration gender, TV watching, caregiver education, calorie intake, poverty-income ratio, race/ethnicity, serum cotinine, and age group. The study found a race/ethnicity-specific association of phthalates with childhood obesity.

Michele Campbell, MD, PhD, is a Pediatrician and Postdoctoral Research Fellow at Murdoch Childrens Research Institute at The Royal Children's Hospital (Australia). Her research focuses on early life course determinants of chronic disease and the relationships between childhood growth trajectories and disease outcomes. She is currently involved in the PEAS Kids Growth Study, which studies relationships between childhood growth patterns and changes in body composition, family and lifestyle factors, and cardiovascular health and fitness. She is one of the authors of a recent study published in the journal *Pediatrics*, ''Physical activity and 3-Year BMI change in overweight and obese children.'' (Trinh A, Campbell M, Ukoumunne O, et al. 2013;131:e470–e477). **The study attempts to quantify the BMI benefits of physical activity on overweight/obese children ages 5–10**.

Aaron S. Kelly, PhD, is an Assistant Professor in the Pediatric Epidemiology and Clinical Research department at the University of Minnesota. His research focuses on cardiovascular disease and type 2 diabetes prevention starting in childhood and on severe obesity in youth. Dr. Kelly is also a member of the American Heart Association Committee on Atherosclerosis, Hypertension, and Obesity in the Young, and acts as the Chair of the Minnesota Pediatric Obesity Consortium. He is the lead author of a study recently published in *JAMA Pediatrics*, ''The effect of glucagon-like peptide-1 receptor agonist therapy on body mass index in adolescents with severe obesity: A randomized, placebo-controlled, clinical trial.'' (Kelly AS, Rudser KD, Nathan BM, et al. 2013:1–6; E-pub ahead of print). The study looked at 26 adolescents, ages 12–19 years, with severe obesity. Patients received lifestyle counseling and were randomized and given exenatide or placebo injection twice daily. **The study suggests that exenatide, a glucagon-like peptide-1 (GLP-1) receptor agonist, may be useful in the treatment of severe obesity in adolescents.**