

Nih Obesity Information

National Academies of Sciences, Engineering, and Medicine, Health and Medicine Division, Food and Nutrition Board, Roundtable on Obesity Solutions

The Surgeon General's Vision for a Healthy and Fit Nation, 2010, 2010 In the 2001 Surgeon General's Call to Action to Prevent and Decrease Overweight and Obesity, former Surgeon General David Satcher, MD, PhD, warned of the negative effects of the increasing weight of American citizens and outlined a public health response to reverse the trend. The Surgeon General plans to strengthen and expand this blueprint for action created by her predecessor. Although the country has made some strides since 2001, the prevalence of obesity, obesity-related diseases, and premature death remains too high.

The Surgeon General's Call to Action to Prevent and Decrease Overweight and Obesity, 2001 Promotes the recognition, treatment, and prevention of conditions of overweight and obesity in the United States.

Clinical guidelines on the identification, evaluation, and treatment of overweight and obesity in adults, 1998

Explaining Divergent Levels of Longevity in High-Income Countries National Research Council, Division of Behavioral and Social Sciences and Education, Committee on Population, Panel on Understanding Divergent Trends in Longevity in High-Income Countries, 2011-06-27 During the last 25 years, life expectancy at age 50 in the United States has been rising, but at a slower pace than in many other high-income countries, such as Japan and Australia. This difference is particularly notable given that the United States spends more on health care than any other nation. Concerned about this divergence, the National Institute on Aging asked the National Research Council to examine evidence on its possible causes. According to *Explaining Divergent Levels of Longevity in High-Income Countries*, the nation's history of heavy smoking is a major reason why lifespans in the United States fall short of those in many other high-income nations. Evidence suggests that current obesity levels play a substantial part as well. The book reports that lack of universal access to health care in the U.S. also has increased mortality and reduced life expectancy, though this is a less significant factor for those over age 65 because of Medicare access. For the main causes of death at older ages -- cancer and cardiovascular disease -- available indicators do not suggest that the U.S. health care system is failing to prevent deaths that would be averted elsewhere. In fact, cancer detection and survival appear to be better in the U.S. than in most other high-income nations, and survival rates following a heart attack also are favorable. *Explaining Divergent Levels of Longevity in High-Income Countries* identifies many gaps in research. For instance, while lung cancer deaths are a reliable marker of the damage from smoking, no clear-cut marker exists for obesity, physical inactivity, social integration, or other risks considered in this book. Moreover, evaluation of these risk factors is based on observational studies, which -- unlike randomized controlled trials -- are subject to many biases.

Weighing the Options Institute of Medicine, Committee to Develop Criteria for Evaluating the Outcomes of Approaches to Prevent and Treat Obesity, 1995-03-01 Nearly one out of every three adults in America is obese and tens of millions of people in the United States are dieting at any one time. This has resulted in a weight-loss industry worth billions of dollars a year and growing. What are the long-term results of weight-loss programs? How can people sort through the many programs available and select one that is right for them? *Weighing the Options* strives to answer these questions. Despite widespread public concern about weight, few studies have examined the long-term results of weight-loss programs. One reason that evaluating obesity management is difficult is that no other treatment depends so much on an individual's own initiative and state of mind. Now, a distinguished group of experts assembled by the Institute of Medicine addresses this compelling issue. *Weighing the Options* presents criteria for evaluating treatment programs for obesity and explores what these criteria mean -- to health care providers, program designers, researchers, and even overweight people seeking help. In presenting its criteria the authors offer a wealth of information about weight loss: how obesity is on the rise, what types of weight-loss programs are available, how to define obesity, how well we maintain weight loss, and what approaches and practices appear to be most successful. Information about weight-loss programs -- their clients, staff qualifications, services, and success rates -- necessary to make wise program choices is discussed in detail. The book examines how client demographics and characteristics -- including health status, knowledge of weight-loss issues, and attitude toward weight and body image -- affect which programs clients choose, how successful they are likely to be with their choices, and what this means for outcome measurement. Short- and long-term safety consequences of weight loss are discussed as well as clinical assessment of individual patients. The authors document the health risks of being overweight, summarizing data indicating that even a small weight loss reduces the risk of disease and depression and increases self-esteem. At the same time, weight loss has been associated with some poor outcomes, and the book discusses the implications for program evaluation. Prevention can be even more important than treatment. In *Weighing the Options*, programs for population groups, efforts targeted to specific groups at high risk for obesity, and prevention of further weight gain in obese individuals get special attention. This book provides detailed guidance on how the weight-loss industry can improve its programs to help people be more successful at long-term weight loss. And it provides consumers with tips on selecting a program that will improve their chances of permanently losing excess weight.

Preventing Childhood Obesity Institute of Medicine, Board on Health Promotion and Disease Prevention, Food and Nutrition Board, Committee on Prevention of Obesity in Children and Youth, 2005-01-31 Children's health has made tremendous strides over the past century. In general, life expectancy has increased by more than thirty years since 1900 and much of this improvement is due to the reduction of infant and early childhood mortality. Given this trajectory toward a healthier childhood, we begin the 21st-century with a shocking development -- an epidemic of obesity in children and youth. The increased number of obese children throughout the U.S. during the past 25 years has led policymakers to rank it as one of the most critical public health threats of the 21st-century. *Preventing Childhood Obesity* provides a broad-based examination of the nature, extent, and consequences of obesity in U.S. children and youth, including the social, environmental, medical, and dietary factors responsible for its increased prevalence. The book also offers a prevention-oriented action plan that identifies the most promising array of short-term and longer-term interventions, as well as recommendations for the roles and responsibilities of numerous stakeholders in various sectors of society to reduce its future occurrence. *Preventing Childhood Obesity* explores the underlying causes of this serious health problem and the actions needed to initiate, support, and sustain the societal and lifestyle changes that can reverse the trend among our children and youth.

Bridging the Evidence Gap in Obesity Prevention Institute of Medicine, Food and Nutrition Board, Committee on an Evidence Framework for Obesity Prevention Decision Making, 2010-12-24 To battle the obesity epidemic in America, health care professionals and policymakers need relevant, useful data on the effectiveness of obesity prevention policies and programs. *Bridging the Evidence Gap in Obesity Prevention* identifies a new approach to decision making and research on obesity prevention to use a systems perspective to gain a broader understanding of the context of obesity and the many factors that influence it.

Local Government Actions to Prevent Childhood Obesity National Research Council, Institute of Medicine, Transportation Research Board, Board on Population Health and Public Health Practice, Board on Children, Youth, and Families, Food and Nutrition Board, Committee on Childhood Obesity Prevention Actions for Local Governments, 2010-01-10 The prevalence of childhood obesity is so high in the United States that it may reduce the life expectancy of today's generation of children. While parents and other adult caregivers play a fundamental role in teaching children about

healthy behaviors, even the most positive efforts can be undermined by local environments that are poorly suited to supporting healthy behaviors. For example, many communities lack ready sources of healthy food choices, such as supermarkets and grocery stores. Or they may not provide safe places for children to walk or play. In such communities, even the most motivated child or adolescent may find it difficult to act in healthy ways. Local governments-with jurisdiction over many aspects of land use, food marketing, community planning, transportation, health and nutrition programs, and other community issues-are ideally positioned to promote behaviors that will help children and adolescents reach and maintain healthy weights. Local Government Actions to Prevent Childhood Obesity presents a number of recommendations that touch on the vital role of government actions on all levels-federal, state, and local-in childhood obesity prevention. The book offers healthy eating and physical activity strategies for local governments to consider, making it an excellent resource for mayors, managers, commissioners, council members, county board members, and administrators.

Obesity World Health Organization,2000 This report issues a call for urgent action to combat the growing epidemic of obesity, which now affects developing and industrialized countries alike. Adopting a public health approach, the report responds to both the enormity of health problems associated with obesity and the notorious difficulty of treating this complex, multifactorial disease. With these problems in mind, the report aims to help policy-makers introduce strategies for prevention and management that have the greatest chance of success. The importance of prevention as the most sensible strategy in developing countries, where obesity coexists with undernutrition, is repeatedly emphasized. Recommended lines of action, which reflect the consensus reached by 25 leading authorities, are based on a critical review of current scientific knowledge about the causes of obesity in both individuals and populations. While all causes are considered, major attention is given to behavioural and societal changes that have increased the energy density of diets, overwhelmed sophisticated regulatory systems that control appetite and maintain energy balance, and reduced physical activity. Specific topics discussed range from the importance of fat content in the food supply as a cause of population-wide obesity, through misconceptions about obesity held by both the medical profession and the public, to strategies for dealing with the alarming prevalence of obesity in children. ... the volume is clearly written, and carries a wealth of summary information that is likely to be invaluable for anyone interested in the public health aspects of obesity and fatness, be they students, practitioner or researcher. - Journal of Biosocial Science

The Current State of Obesity Solutions in the United States Institute of Medicine,Food and Nutrition Board,Roundtable on Obesity Solutions,2014-06-05 For the first time in decades, promising news has emerged regarding efforts to curb the obesity crisis in the United States. Obesity rates have fallen among low-income children in 18 states, the prevalence of obesity has plateaued among girls, regardless of ethnicity, and targeted efforts in states such as Massachusetts have demonstrably reduced the prevalence of obesity among children. Although the reasons for this turnaround are as complex and multifaceted as the reasons for the dramatic rise in obesity rates in recent decades, interventions to improve nutrition and increase physical activity are almost certainly major contributors. Yet major problems remain. Diseases associated with obesity continue to incur substantial costs and cause widespread human suffering. Moreover, substantial disparities in obesity rates exist among population groups, and in some cases these disparities are widening. Some groups and regions are continuing to experience increases in obesity rates, and the prevalence of severe obesity is continuing to rise. The Current State of Obesity Solutions in the United States is the summary of a workshop convened in January 2014 by the Institute of Medicine Roundtable on Obesity Solutions to foster an ongoing dialogue on critical and emerging implementation, policy, and research issues to accelerate progress in obesity prevention and care. Representatives of public health, health care, government, the food industry, education, philanthropy, the nonprofit sector, and academia met to discuss interventions designed to prevent and treat obesity. The workshop focused on early care and education, schools, worksites, health care institutions, communities and states, the federal government, and business and industry. For each of these groups, this report provides an overview of current efforts to improve nutrition, increase physical activity, and reduce disparities among populations.

Global Perspectives on Childhood Obesity Debasis Bagchi,2010-10-12 Understanding the complex factors contributing to the growing childhood obesity epidemic is vital not only for the improved health of the world's future generations, but for the healthcare system. The impact of childhood obesity reaches beyond the individual family and into the public arenas of social systems and government policy and programs. Global Perspectives on Childhood Obesity explores these with an approach that considers the current state of childhood obesity around the world as well as future projections, the most highly cited factors contributing to childhood obesity, what it means for the future both for children and society, and suggestions for steps to address and potentially prevent childhood obesity. This book will cover the multi-faceted factors contributing to the rapidly growing childhood obesity epidemic The underlying causes and current status of rapidly growing obesity epidemic in children in the global scenario will be discussed The strategies for childhood obesity prevention and treatment such as physical activity and exercise, personalized nutrition plans and school and community involvement will be presented

The Practical Guide ,2002

A Health Equity Approach to Obesity Efforts National Academies of Sciences, Engineering, and Medicine,Health and Medicine Division,Food and Nutrition Board,Roundtable on Obesity Solutions,2019-12-05 The obesity crisis in the United States disproportionately affects some demographic groups more than others. Contextual influences on obesity are complex and include an individual's weight-related behaviors and outcomes, the intermediate variables that influence these behaviors and outcomes, and broader, upstream historical, social, economic, physical, and policy contexts. The National Academies convened a workshop on April 1, 2019 to explore the history of health equity issues in demographic groups that have above-average obesity risk and to consider principles and approaches to address these issues as part of obesity prevention and treatment efforts. This publication summarizes the presentations and discussions from the workshop.

Front-of-Package Nutrition Rating Systems and Symbols Institute of Medicine,Food and Nutrition Board,Committee on Examination of Front-of-Package Nutrition Rating Systems and Symbols (Phase II),2012-01-30 During the past decade, tremendous growth has occurred in the use of nutrition symbols and rating systems designed to summarize key nutritional aspects and characteristics of food products. These symbols and the systems that underlie them have become known as front-of-package (FOP) nutrition rating systems and symbols, even though the symbols themselves can be found anywhere on the front of a food package or on a retail shelf tag. Though not regulated and inconsistent in format, content, and criteria, FOP systems and symbols have the potential to provide useful guidance to consumers as well as maximize effectiveness. As a result, Congress directed the Centers for Disease Control and Prevention (CDC) to undertake a study with the Institute of Medicine (IOM) to examine and provide recommendations regarding FOP nutrition rating systems and symbols. The study was completed in two phases. Phase I focused primarily on the nutrition criteria underlying FOP systems. Phase II builds on the results of Phase I while focusing on aspects related to consumer understanding and behavior related to the development of a standardized FOP system. Front-of-Package Nutrition Rating Systems and Symbols focuses on Phase II of the study. The report addresses the potential benefits of a single, standardized front-label food guidance system regulated by the Food and Drug Administration, assesses which icons are most effective with consumer audiences, and considers the systems/icons that best promote health and how to maximize their use.

U.S. Health in International Perspective National Research Council,Institute of Medicine,Board on Population Health and Public Health Practice,Division of Behavioral and Social Sciences and

Education,Committee on Population,Panel on Understanding Cross-National Health Differences Among High-Income Countries,2013-04-12 The United States is among the wealthiest nations in the world, but it is far from the healthiest. Although life expectancy and survival rates in the United States have improved dramatically over the past century, Americans live shorter lives and experience more injuries and illnesses than people in other high-income countries. The U.S. health disadvantage cannot be attributed solely to the adverse health status of racial or ethnic minorities or poor people: even highly advantaged Americans are in worse health than their counterparts in other, peer countries. In light of the new and growing evidence about the U.S. health disadvantage, the National Institutes of Health asked the National Research Council (NRC) and the Institute of Medicine (IOM) to convene a panel of experts to study the issue. The Panel on Understanding Cross-National Health Differences Among High-Income Countries examined whether the U.S. health disadvantage exists across the life span, considered potential explanations, and assessed the larger implications of the findings. U.S. Health in International Perspective presents detailed evidence on the issue, explores the possible explanations for the shorter and less healthy lives of Americans than those of people in comparable countries, and recommends actions by both government and nongovernment agencies and organizations to address the U.S. health disadvantage.

Progress in Preventing Childhood Obesity Institute of Medicine,Food and Nutrition Board,Committee on Progress in Preventing Childhood Obesity,2007-02-22 The remarkable increase in the prevalence of obesity among children and youth in the United States over a relatively short timespan represents one of the defining public health challenges of the 21st century. The country is beginning to recognize childhood obesity as a major public health epidemic that will incur substantial costs to the nation. However, the current level of investment by the public and private sectors still does not match the extent of the problem. There is a substantial underinvestment of resources to adequately address the scope of this obesity crisis. At this early phase in addressing the epidemic, actions have begun on a number of levels to improve the dietary patterns and to increase the physical activity levels of young people. Schools, corporations, youth-related organizations, families, communities, foundations, and government agencies are working to implement a variety of policy changes, new programs, and other interventions. These efforts, however, generally remain fragmented and small in scale. Moreover, the lack of systematic monitoring and evaluation of interventions have hindered the development of an evidence base to identify, apply, and disseminate lessons learned and to support promising efforts to prevent childhood obesity. Progress in Preventing Childhood Obesity: How Do We Measure Up? examines the progress made by obesity prevention initiatives in the United States from 2004 to 2006. This book emphasizes a call to action for key stakeholders and sectors to commit to and demonstrate leadership in childhood obesity prevention, evaluates all policies and programs, monitors their progress, and encourages stakeholders to widely disseminate promising practices. This book will be of interest to federal, state, and local government agencies; educators and schools; public health and health care professionals; private-sector companies and industry trade groups; media; parents; and those involved in implementing community-based programs and consumer advocacy.

International Differences in Mortality at Older Ages National Research Council,Division of Behavioral and Social Sciences and Education,Committee on Population,Panel on Understanding Divergent Trends in Longevity in High-Income Countries,2011-02-27 In 1950 men and women in the United States had a combined life expectancy of 68.9 years, the 12th highest life expectancy at birth in the world. Today, life expectancy is up to 79.2 years, yet the country is now 28th on the list, behind the United Kingdom, Korea, Canada, and France, among others. The United States does have higher rates of infant mortality and violent deaths than in other developed countries, but these factors do not fully account for the country's relatively poor ranking in life expectancy. International Differences in Mortality at Older Ages: Dimensions and Sources examines patterns in international differences in life expectancy above age 50 and assesses the evidence and arguments that have been advanced to explain the poor position of the United States relative to other countries. The papers in this deeply researched volume identify gaps in measurement, data, theory, and research design and pinpoint areas for future high-priority research in this area. In addition to examining the differences in mortality around the world, the papers in International Differences in Mortality at Older Ages look at health factors and life-style choices commonly believed to contribute to the observed international differences in life expectancy. They also identify strategic opportunities for health-related interventions. This book offers a wide variety of disciplinary and scholarly perspectives to the study of mortality, and it offers in-depth analyses that can serve health professionals, policy makers, statisticians, and researchers.

Obesity Epidemiology Frank Hu,2008-03-21 During the past twenty years there has been a dramatic increase in obesity in the United States. An estimated thirty percent of adults in the US are obese; in 1980, only fifteen percent were. The issue is gaining greater attention with the CDC and with the public health world in general. This book will offer practical information about the methodology of epidemiologic studies of obesity, suitable for graduate students and researchers in epidemiology, and public health practitioners with an interest in the issue. The book will be structured in four main sections, with the majority of chapters authored by Dr. Hu, and some authored by specialists in specific areas. The first section will consider issues surrounding the definition of obesity, measurement techniques, and the designs of epidemiologic studies. The second section will address the consequences of obesity, looking at epidemiologic studies that focus on cardiovascular disease, diabetes, and cancer The third section will look at determinants obesity, reviewing a wide range of risk factors for obesity including diet, physical activity and sedentary behaviors, sleep disorders, psychosocial factors, physical environment, biochemical and genetic predictors, and intrauterine exposures. In the final section, the author will discuss the analytical issues and challenges for epidemiologic studies of obesity.

Current Status and Response to the Global Obesity Pandemic National Academies of Sciences, Engineering, and Medicine,Health and Medicine Division,Food and Nutrition Board,Roundtable on Obesity Solutions,2019-07-24 The increasing prevalence and burden of obesity transcends borders, straining populations worldwide. Data shows that 50 million girls, 74 million boys, 390 million women, and 281 million men were estimated to have obesity in 2016 (NCD-RisC, 2017). The National Academies of Sciences, Engineering, and Medicine convened a workshop on October 9, 2018 to address the status of the global obesity pandemic and discuss diverse approaches to manage this problem. Speakers examined the collective prevalence, costs, and drivers of obesity around the world using cross-cultural comparisons. Panels and group discussions emphasized the need to reduce disparities in prevention and treatment efforts and to generate new policy and system initiatives related to nutrition and physical activity worldwide. This publication summarizes the presentations and discussions from the workshop.

Fat Detection Jean-Pierre Montmayeur,Johannes le Coutre,2009-09-14 Presents the State-of-the-Art in Fat Taste Transduction A bite of cheese, a few potato chips, a delectable piece of bacon – a small taste of high-fat foods often draws you back for more. But why are fatty foods so appealing? Why do we crave them? Fat Detection: Taste, Texture, and Post Ingestive Effects covers the many factors responsible for the sensory appeal of foods rich in fat. This well-researched text uses a multidisciplinary approach to shed new light on critical concerns related to dietary fat and obesity. Outlines Compelling Evidence for an Oral Fat Detection System Reflecting 15 years of psychophysical, behavioral, electrophysiological, and molecular studies, this book makes a well-supported case for an oral fat detection system. It explains how gustatory, textural, and olfactory information contribute to fat detection using carefully designed behavioral paradigms. The book also provides a detailed account of the brain regions that process the signals elicited by a fat stimulus, including flavor, aroma, and texture. This readily accessible work also discusses: The importance of dietary fats for living organisms Factors contributing to fat preference, including palatability Brain mechanisms associated with appetitive and hedonic experiences connected with food consumption Potential

therapeutic targets for fat intake control Genetic components of human fat preference Neurological disorders and essential fatty acids Providing a comprehensive review of the literature from the leading scientists in the field, this volume delivers a holistic view of how the palatability and orosensory properties of dietary fat impact food intake and ultimately health. Fat Detection represents a new frontier in the study of food perception, food intake, and related health consequences.

Nih Obesity Information Book Review: Unveiling the Power of Words

In a global driven by information and connectivity, the ability of words has be more evident than ever. They have the capacity to inspire, provoke, and ignite change. Such is the essence of the book **Nih Obesity Information**, a literary masterpiece that delves deep into the significance of words and their affect our lives. Compiled by a renowned author, this captivating work takes readers on a transformative journey, unraveling the secrets and potential behind every word. In this review, we shall explore the book is key themes, examine its writing style, and analyze its overall affect readers.

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