

*The [Dakota Diabetes Coalition](#) is proud to offer a regular column on diabetes and related concerns every other Friday.*

	<p>Dr. Eric Johnson is a family practice doctor in Grand Forks with a special interest in diabetes -- and a special knack for writing. As a member of the Dakota Diabetes Coalition, he has generously made himself available to answer questions through our listserv. If you have comments, or questions for Dr. Johnson to address in future columns, please contact <a href="mailto:gailhand@q.com">gailhand@q.com</a></p> <p>Visit the Coalition's website! <a href="http://www.ndhealth.gov/diabetescoalition/">http://www.ndhealth.gov/diabetescoalition/</a></p>
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**Pleasingly plump?**

## **Chubby children on an unhealthy path**

In North Dakota, the incidence of childhood obesity *doubled* in the 1990's and this trend continues unabated. However recent national data is encouraging; obesity rates have begun to slightly plateau. Before you reach for another Cheeto to celebrate, take note: in North Dakota, 52% of high school students did not meet recommended levels for physical activity, according to YBRFSS, 2007.

The U.S. Centers for Disease Control and Prevention has declared overweight a serious health concern for children and adolescents. Data from

two NHANES surveys (1976–1980 and 2003–2004) show that the prevalence of overweight is increasing:

- In 2 to 5-year-olds, overweight increased from 5.0% to 13.9%;
- In 6 to 11-year-olds, prevalence increased from 6.5% to 18.8%;
- In 12 to 19-year-olds, prevalence increased from 5.0% to 17.4%.

Obesity places people, young and old alike, at risk for type 2 diabetes, heart disease, stroke, and other health conditions. Lack of daily exercise is one reason even children and youth are gaining too much weight.

And helping them shed extra pounds may be more complicated than previously suspected. In children unique problems with ongoing weight management may exist. For example, excessively rapid weight gain in children may be more resistant to intervention. As every medical student learns, when it comes to treating children, they are not “little adults.” However, sometimes lessons learned from adult interventions and treatments may be worthwhile.

### **It takes a village to lose some weight**

Adult programs are usually only effective with good ongoing support, including social support, for those at risk. Our human biology, coupled with our usual lifestyles, make it hard to stay slim. We are one of the few societies where poverty may actually be a risk factor for obesity! A recent study showed that a weight loss intervention for children was more effective over time with ongoing support, both socially and nutritionally (Wilfley, et al JAMA 2007). It's easy to get overwhelmed or discouraged in all the statistics, but obesity in children and adolescents is a significant health issue today -- and likely will continue to remain so into the future. So, we can't afford to be complacent.

For example, about 40% of North Dakota children already have a risk factor for stroke or heart attack as an adult (NDDoH). Although frequent contact with a health care provider is key, community interventions and programs are likely necessary to achieve long-term impact in children and adolescents at risk.

As I've noted before, Altru Health System currently has a Diabetes Prevention Program for adults at risk of developing type 2, and some work is underway to consider a similar program for children and adolescents. Other health care providers in North Dakota are recognizing the benefit of these types of programs as well. In the upcoming school year, Grand Forks Public Schools will be looking at different types of physical education curriculum to more effectively battle obesity in children and adolescents.

### **If you can't beat 'em, join 'em**

Modern technology developments should not be overlooked; newer electronic gaming systems exist that actually promote physical activity, and many case reports have noted weight loss benefit. And while some parents and educators have bemoaned the popularity of video games, a recent study showed that when fingers are busy with a Game Boy, it keeps people from snacking. So, we need to rethink how to approach this problem and consider how technology can start to help children's physical health, mental stimulation and social skills.

Simply put, creative options are needed if we are going to have any impact on childhood obesity in North Dakota. Multiple resources will need to be tapped and coordinated to stem the tide and promote healthy behavior in those with risks.

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