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Pediatric obesity and its related conditions are serious consequences to an increasingly unhealthy lifestyle in the United States. Poor awareness, cultural and socioeconomic factors, genetic predisposition and educational deficiencies contribute to this widespread problem.

Obesity is measured by a Body Mass Index (BMI) of over the 95th percentile. Overweight children are defined by a BMI between the 85th and 95th percentile.

Obesity in children has a direct causal effect on the development of various disease states: diabetes, cardiovascular compromise, hypertension, musculoskeletal ailments and cancer. Recent studies show that American children are fatter, more sedentary and prone to lifelong illnesses than international children. Statistics bear out these observations: The percentage of overweight and obese children has tripled since the 1975. More than 10% of infants and toddlers and nearly 18% of adolescents are obese[1]. More than 70% of them will be obese adults. Furthermore, one-third of U.S. children eat fast food every day. Those that do stand to gain about 6 pounds each year. In addition, Hispanic and African American teens are more at risk than other ethnicities.

The annual cost of obesity related problems has been estimated at $147 Billion. If unchecked, experts calculate that the yearly expenditures will top $1 Trillion by 2030[2]. The cost for healthcare for an obese child is three times that of an average child. Mean annual healthcare costs for an obese child are $3,700 for insured and $6,700 for Medicaid plans[3]. More than 300,000 deaths each year are attributed to obesity[4].

Psychosocial issues as a result of obesity influence mental health, employment, and school performance. Obese children and adolescents plan or contemplate suicide 32% more often and are 20% more likely to have thoughts of hopelessness than healthy adolescents. Roehling described that overweight workers were stereotyped with negative traits and as socially/emotionally handicapped, which resulted in lower wages and benefits. School performance is negatively affected four times greater than healthy-weight students[5].

Culturally, widespread obesity can be linked to America's societal evolution over the past three decades. As a whole, Americans have embraced a culture of fast, poorly nutritious food, increasing divorce rates, urbanization, sedentary activities, and skyrocketing medical costs. Fast food is more accessible and easier to prepare compared to cooking at home. The rates of children raised in broken and dysfunctional homes are steadily rising, leading to a de-emphasis on healthy eating. More children are unable to exercise in cities where parks and playgrounds are unsafe or unavailable. In exchange, kids are adopting non-active lifestyles filled with video games, television and computers.

These factors are felt no more acutely than in poor, working class communities. Parents struggle with maintaining income causing their parenting skills to suffer. Nutrition education seems to be a distant priority and obesity envelopes the family unit. Medical costs are too high and access is too limited to halt the long term consequences of obesity. The downward spiral of these communities continues.

Many possible solutions are being considered to reverse these staggering statistics. Successful programs must rely on changing the culture of obesity by involving the family unit, community resources, education, healthcare and government. Children and their families should benefit from a comprehensive effort to guide and to re-educate dietary and exercise choices, with continued contact with healthcare providers.

By combining a comprehensive medical program utilizing measurable outcomes and a socio-economic, culturally based educational component to drive home specific methods to combat obesity, a program can answer many questions. "How can we facilitate better recognition of obesity before problems arise?" "What is needed for a basic pediatric obesity work-up that will demonstrate health improvements over time?" "How can we involve the whole family unit to combat this pervasive problem?" With specific answers to these complex issues, a recipe for dealing with one of the most dangerous epidemics of our time can be created.

As stated, the road to obesity is multi-factorial. Aside from genetic proclivities, many of the key elements to develop an obese child can be addressed effectively, yielding to a suspension and perhaps reversal of the devastating results from obesity.

[1]Cynthia L. Ogden; Margaret D. Carroll; Lester R. Curtin; Molly M. Lamb; Katherine M. Flegal. **Prevalence of High Body Mass Index in US Children and Adolescents, 2007-2008**. *JAMA*, 2010; 0 (2010): 2009. 2012

[2] Benchener M. **Obamacare's Impact On Obesity, Liberty, And Cost**. 2009. *The Philadelphia Bulletin*. Available at: http:// www.thebulletin.us/articles/2009/08/10/commentary/op-eds/doc4a8064c80fd5f937691673.txt. Accessed August 2009.

[3] Ibid.

[4]*American Academy of Child and Adolescent Psychiatry*, May 2008, Number 79.

[5] Schwimmer, Jeffrey B., Tasha M. Murminkle and James W. Varni, "**Health-Related Quality of Life in Severely Obese Children and Adolescents**," *Journal of the American Medical Association*, vol. 298, No. 14, April 9, 2003.