

# The Durham Herald-Sun's News Archive

[Click here to go back to search results.](#)

[Click here for a printer friendly version of this article.](#)

## Herald-Sun, The (Durham, NC){PUBLICATION2}

December 18, 2011

**Section:** D

**Edition:** Final

**Page:** 6

### 8 YEARS OLD. 200 POUNDS. Obese child's custody case shines spotlight on nation's failure

An 8-year-old Cleveland, Ohio, boy was recently removed from his parents' custody because of his weight. The boy weighs more than 200 pounds, placing him at the extreme of morbid obesity. He reportedly has breathing difficulties and sleep apnea, and faces other frightening health consequences in the future.

The custody case has drawn wide attention and sparked a debate about the role of government in fighting childhood obesity. Some say removing him from his home is punitive and cruel; others assert it may be the only way to save his life.

Both sides are right. Removal may seem cruel to children and families, but may also be necessary in cases where obesity is a sign of wider neglect or abuse.

But this debate is a distraction. By focusing on rare cases like this one, we treat custodial management as a valid public policy option for reducing childhood obesity. It's not.

One in six children under the age of 18 is overweight or obese. Even if we focus only on those identified in the medical field as severely obese, that's still more than 7 million children. In 2010, about 660,000 children passed through our nation's overburdened foster care system. Our system simply can't handle treating removal from the family as a viable treatment for childhood obesity.

Moreover, custodial changes aren't the only answer ? or even the right answer ? for most cases. Changes in custody increase the stigma of obesity. The threat of foster care makes kids more likely to be ashamed of their bodies and feel less stable in their homes. Previous medical and psychological studies have found that stigma and stress are associated with more weight gain, not less, as well as depression and low self-esteem.

Obesity is a complicated condition with multiple causes, from diet to exercise to genetics. Certainly, there's a strong family aspect to obesity in childhood: a child with two obese parents has an 80 percent chance of also being obese. But this fact highlights the need to treat the family, not just the child.

View related articles and similar papers at [COBE](#) ie steps we can take now to reduce overweight and obesity for all children. For the millions of children whose obesity, though less extreme, threatens their health and productivity, we need to tackle the main causes: bad diet and lack of exercise.

Education is step one. Public service campaigns, such as the Let's Move! program created by first lady Michelle Obama, help teach kids and their parents about healthy levels of physical activity and nutrition. Pro football's NFL Play 60 program is another example.

Changing food and exercise environments is step two. The Robert Wood Johnson Foundation's Active Living

Research finds that building sidewalks, parks and playgrounds helps encourage active play. By taking junk food out of schools, taxing sodas, and subsidizing fresh fruit and vegetables, we can guide children and families to make healthy choices about eating. Improving school lunch nutrition standards also could help reduce obesity; the recent debate in Congress about counting pizza sauce as a vegetable show us how far we have to go.

Step three is the least concrete, but no less important: We need to change the culture of obesity. As levels of obesity in adults and children have risen, so has disgust at obesity generally but acceptance of being overweight personally. We've become complacent about holding a few extra pounds, but shame those who are heaviest. Neither trend is productive.

Until we tackle overweight and obesity more broadly as a nation, with help and support rather than stigma, we will remain mired in ill health.

So let's take the sad case of Ohio's 8-year-old boy as a wake-up call, not to debate custody as obesity policy, but to recognize that family-oriented policies are needed to help all overweight and obese children.

**Maeve E. Gearing** is a doctoral candidate and Sulzberger/Levitan Fellow at the Sanford School of Public Policy and Center for Child and Family Policy at Duke University.

Copyright 2011, The Durham Herald Company