

AP Language Synthesis Essay: Childhood Obesity



Question I

Directions: The following prompt is based on the accompanying sources.

In this response, your task is to synthesize a variety of sources into a coherent, well-written essay. When you synthesize sources, make sure to summarize and/or quote them accurately in support of your argument. Avoid merely summarizing the sources.

Synthesize at least three of the sources into a well-developed argument that defends, qualifies or refutes the claim that the government should more aggressively intervene to reduce childhood obesity.

You may refer to the sources by their titles (Source A, Source B, etc.) or by the description in parenthesis.

Source A: Epidemic

Source B: State

Source C: McWilliams

Source D: Trust

Source E: National Security

Source F: McElroy

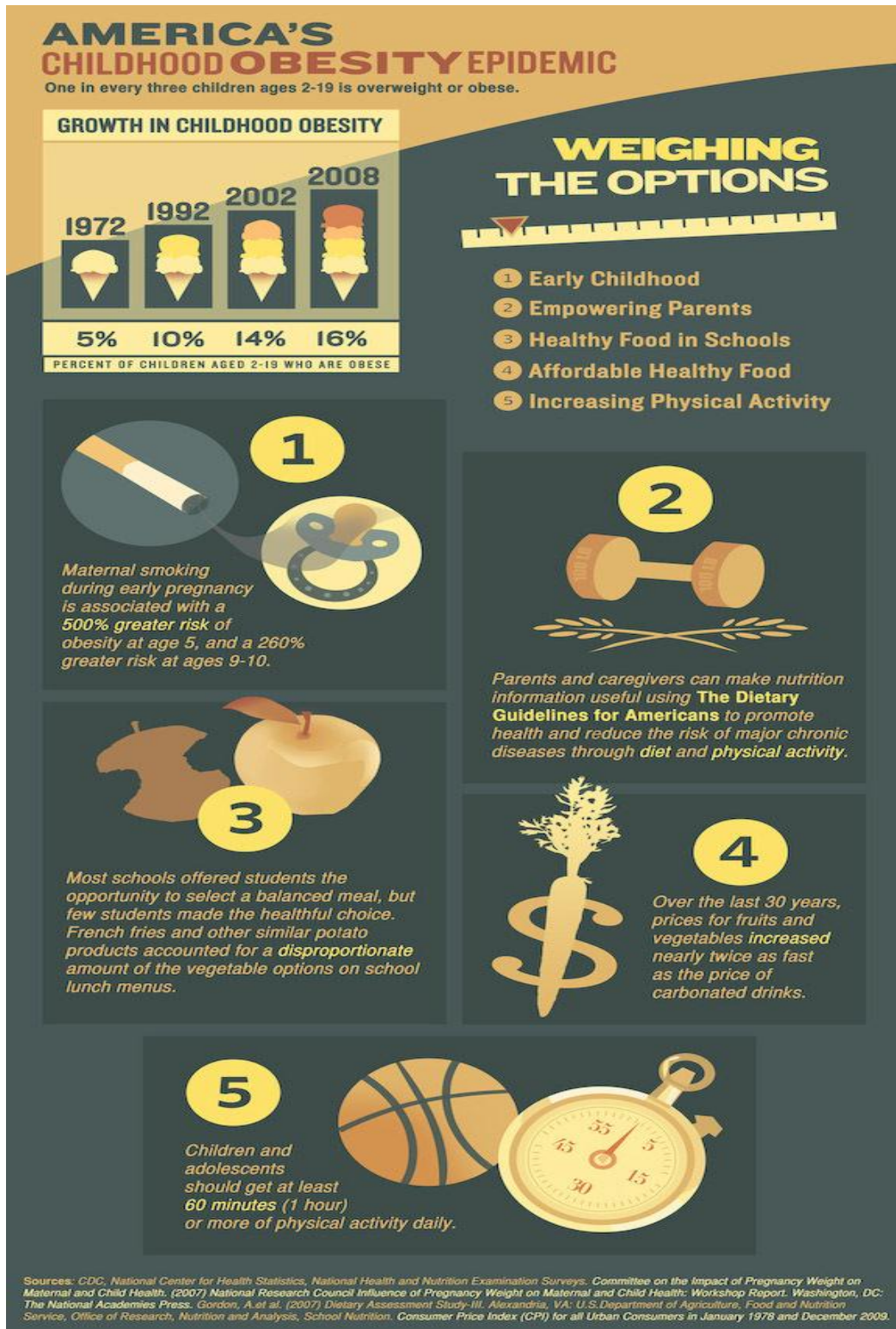
Source G: Kessler



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Source A: Epidemic



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Source B: State

The Current State of Childhood Obesity in The United States

Almost one out of three kids in the United States is obese. That is **25 million** of them.

The current generation of kids are the first in history that are expected to live shorter than their parents.



Obesity is the result of caloric imbalance (too few calories expended for the amount of calories consumed) and is mediated by genetic, behavioral, and environmental factors.

Childhood obesity has more than **tripled** in the past 30 years.



The prevalence of obesity among children aged 6 to 11 years increased from 6.5% in 1980 to 19.6% in 2008.



The prevalence of obesity among adolescents aged 12 to 19 years increased from 5.0% in 1980 to 18.1% in 2008.

Obese youth are more likely to have risk factors for cardiovascular disease, such as high cholesterol or high blood pressure.



of a population-based sample of 5- to 17-year-olds had at least one risk factor for cardiovascular disease.

They are more likely than youth of normal weight to become overweight or obese adults, and therefore more at risk for associated adult health problems, including heart disease, type 2 diabetes, stroke, several types of cancer, and osteoarthritis.

Children and adolescents who are obese are also at greater risk for bone and joint problems, sleep apnea, and social and psychological problems such as stigmatization and poor self-esteem.

(Source: <http://www.lettermen.gov>)

Obesity related illnesses currently cost the nation **147 billion dollars** each year. The cost is set to **double** in 10 years

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Source C: McWilliams

Making matters more daunting is the fact that there's also a very good possibility that obesity has relatively little to do with food choice. When we talk about solving the problem of obesity, we're talking, in essence, about creating a multi-faceted culture—one that, broadly conceived, not only greets corporate attempts to dominate our personal food choices with steely skepticism (“I don’t trust wrappers . . .”), and not only situates junk food in a healthy context, but one that places paramount value on physical activity. The cultural barriers to becoming obese rise considerably when kids are physically engaged with the world. It surely helps kids to stay active (although by no means ensures it) if they live with two parents, if at least one of them has enough leisure time to ferry them to and from sporting events, if the parents themselves exercise regularly, and if they can provide access to safe spaces where kids can run around. One is tempted to say that a childhood nurtured with constant physical activity renders food a minor factor when it comes to the confounding matter of getting fat.

But here's the catch: a genuine culture, much less one whose habits minimize the chances of becoming obese, is extremely hard—if not impossible—to shape through direct policy measures. Which brings us back to the issue of cartoon labeling. My problem with the nature of the Yale study is not that it identified and empirically confirmed what seems to be a viable connection between labeling and food choice. It's that the message likely will, in the realm of critical public opinion, become little more than a red herring. Outraged consumers crave single, verifiable enemies when we seek blame for a crisis as costly and heart-rending as obesity. How satisfying it is to direct our anger at a single guilty culprit: in this case, feckless food marketers who exploit cartoon characters to make kids fat. The problem, though, is that taking those characters off food labels would do a better job of assuaging our anti-corporate anger than it would of shrinking the waistlines of our ballooning children.

--James McWilliams. *“What We Know, and Don’t, About Children and Junk Food.”* *New York Times*. 22 Jul 2010



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Source D: Trust

To enhance the prevention of obesity and related diseases, TFAH and RWJF provide a list of recommended actions in the report. Some key policy recommendations include:

- Support obesity- and disease-prevention programs through the new health reform law's Prevention and Public Health Fund, which provides \$15 billion in mandatory appropriations for public health and prevention programs over the next 10 years.
- Align federal policies and legislation with the goals of the forthcoming National Prevention and Health Promotion Strategy. Opportunities to do this can be found through key pieces of federal legislation that are up for reauthorization in the next few years, including the Child Nutrition and WIC Reauthorization Act; the Elementary and Secondary Education Act; and the Surface Transportation Authorization Act.
- Expand the commitment to community-based prevention programs initiated under the American Recovery and Reinvestment Act of 2009 through new provisions in the health reform law, such as Community Transformation grants and the National Diabetes Prevention Program.
- Continue to invest in research and evaluation on nutrition, physical activity, obesity and obesity-related health outcomes and associated interventions.

--Trust for America's Health. *F as in Fat: How Obesity Threatens America's Future*.
<http://healthyamericans.org/reports/obesity2010/>



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Source E: National Security

A new report from a nonprofit organization representing retired military personnel says that the childhood obesity epidemic is jeopardizing the country's national security.

According to Mission Readiness, a group of more than 130 retired admirals, generals and other senior military leaders, more than nine million young adults or 27 percent of Americans ages 17-24 are too overweight to join the military.

The new report called "Too Fat to Fight" said that weight problems have become the leading reason why recruits are rejected for military service. Among other suggestions, Mission Readiness says improvements to school nutrition and lunch programs could help stem the nation's child and adult obesity crisis.

"We believe that the child obesity issue is so serious it has become a threat to our national security," said Mission Readiness member, Lieutenant General Norman R. Seip.

The retired generals and admiral pointed to the report's analysis of data from the Centers for Disease Control and Prevention showing a dramatic increase in obesity among young adults across the country since 1995. In the last decade, the number of states with 40 percent or more of young adults considered to be overweight has risen from one state to 39 states, according to the report.

The retired military leaders noted additional research showing that up to 40 percent of children's daily calorie intake occurs at school and that 80 percent of children who were overweight between the ages of 10 to 15 were obese by age 25. Because of this, schools must take part in curbing childhood obesity, the report adds.

--Marrecca Fiore. *Child Obesity, School Lunches a Threat to National Security*. Associated Press. 20 April 2010.



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Source F: McElroy

Apart from the profit (or funding) motive, political bias may be playing a role at the CDC and with other obesity research. In January 1998, the editors of the New England Journal of Medicine cast a skeptical eye on the "300,000 deaths" from obesity per year figure and warned against a growing trend; namely, that "the medical campaign against obesity may have to do with a tendency to medicalize behavior we do not approve of."

Medicalized behavior is behavior that government deems proper to control. If the food going into your mouth is an addiction or an epidemic, then your diet ceases to be a personal choice and becomes an issue of public safety. The lunch you pack for your children becomes a matter of public policy.

Accordingly, which of the two opening statements you chose to believe is not the only 'weighty' question. It is quickly followed by "what political importance should be attached to statistics about fat?"

I believe people are responsible for their own weight and their own food choices. Government intervention is a wrong and a dangerous option, on several grounds. Just one of them: individuals should be assuming, not relinquishing personal control over their own health. We should down-size government's interest in what we eat and right-size the statistics it's feeding us.

--Wendy McElroy is the editor of ifeminists.com and a research fellow for The Independent Institute in Oakland, Calif. She is the author and editor of many books and articles, including the new book, "Liberty for Women: Freedom and Feminism in the 21st Century" (Ivan R. Dee/Independent Institute, 2002). She lives with her husband in Canada.



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Source G: Kessler

“Higher sugar, fat, and salt make you want to eat more,” a high-level food industry executive told me. I had already read this in the scientific literature and heard it in conversations with neuroscientists and psychologists. Now an insider was saying the same thing.

My source was a leading food consultant, a Henry Ford of mass-produced food who had agreed to part the curtain for me, at least a bit, to reveal how his industry operates. To protect his business, he did not want to be identified.

But he was remarkably candid, explaining that the food industry creates dishes to hit what he called the “three points of the compass.” Sugar, fat, and salt make a food compelling, said the consultant. They make it indulgent. They make it high in hedonic value, which gives us pleasure.

“Do you design food specifically to be highly hedonic?” I asked.

“Oh, absolutely,” he replied without a moment’s hesitation. “We try to bring as much of that into the equation as possible.”

Our diet today is mostly made up of “easy calories.” According to Gail Civille, in the past Americans typically chewed a mouthful of food as many as twenty-five times before it was ready to be swallowed; now the average American chews only ten times.

In part this is because fat, which has become ubiquitous, is a lubricant. We don’t eat as much lean meat, which requires more saliva to ready it for swallowing. “We want something that’s higher in fat, marbled, and so when you eat it, it melts in your mouth,” said Civille. Food is easier to eat when it breaks down more quickly in the mouth. “If I have fat in there, I just chew it up and whoosh! Away it goes.”

--David Kessler, former head of the Food and Drug Administration. *The End of Overeating*. 2010.

