
Obesity is currently reaching epidemic proportions in the UK. In 1980, 5% of men and 6% of women were obese. These figures had risen to 21 and 17% of men and women, respectively, by 1998, and it is predicted that by the year 2010, over a quarter of the British population will be obese. This will have serious consequences, both for the individuals and for the whole nation. However this issue is not isolated to the UK, obesity is an important health problem in the US too. The rates of obesity have nearly doubled in the US population from ~15% in 1980 to an estimated 27% in 1999. The increases that are being observed in these developed populations are particularly disturbing because obesity confers a higher risk of development of many chronic diseases including type 2 diabetes, heart disease, hypertension, and cancer. Therefore, the increase in rates of obesity is a matter of major public health concern.

This book aims to give people working in the public health arena a text that can provide an up-to-date overview of the epidemiology of the obesity epidemic and the case for prevention. Definitions and trends are reviewed, the current obesity epidemic is examined, and the existing evidence on various current recommended interventions is discussed. Expert testimonies are given on the subject of obesity prevention.

After a brief (three page) introduction, which sets the scene, the authors use the first part of the book to describe the obesity problem from various standpoints including the global perspective, the role of nutrition and physical activity, socio-cultural influences, and environmental factors. The second part of the book examines the evidence around the successes of various interventions and also the health economics surrounding the prevention of obesity. The third, and final, part of the book discusses a wide range of approaches that may work in tackling the problem in the developed (and developing) world, and the last chapter in particular examines some new and innovative action (through changing social attitudes and global priorities, reduction in commercialization of childhood, examination of food and drinks in schools, and exploration of new coalitions) that the authors believe could make a difference.

The book presents a great deal of information in a very easy-to-read, digestible way. The chapters in this book are well set out, with excellent sub-headings to guide the reader through and maintain interest. These can also be used to locate particular bits of information when required quickly. The figures are used to great advantage, usefully illustrating the points being made in the text. The authors of Obesity Prevention and Public Health have worked hard to create an extremely useful and straightforward book, which we believe has made an important contribution to the literature on public health and obesity.

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This is a weighty book on social injustice and public health with 50 contributors and chapters covering many aspects of the links between social injustice and health. The editors are both well known and highly respected writers on the issues of injustice and health—particularly around issues of human rights and war. Their aim here is ‘to provide a comprehensive approach to understanding social injustice and its impacts on health’.

The book is organized in four parts: Part I deals with conceptual issues related to the links of social injustice and health—this introduces the two main ways in which social injustice is defined by the editors within the book: the first is ‘denial or violation of economic, socio-cultural, political or civil rights’ by certain population groups within a society; the second definition is a ‘set of policies or actions that adversely affect the societal conditions in which people live’. The rest of the book is organized into sections that reflect these definitions: Part II has chapters focused on different population groups whose health is affected by social injustice. There are chapters on the socially disadvantaged; racial and ethnic minorities; women; children; older people; lesbian, gay bisexual, and transgender/transsexual individuals; people with disabilities; incarcerated people; homeless people; and forced migrants (refugees and internally displaced persons). Part III focuses on different areas of public health with chapters on medical care; infectious diseases; nutrition; chronic diseases; mental health; assaultive violence and war; environmental health; occupational safety; oral health and international health. The final