

A Publication of the Obesity Action Coalition

Spring 2012

YOUR WEIGHT

Matters MAGAZINE

**Complex &
Controversial
Issues Surrounding
Obesity**

**Obesity
Due to a Virus:
How this Changes
the Game**

**A Soda Tax -
Will it Change
Anything?**

**KID'S
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As I write this message, myself and the rest of the Obesity Action Coalition (OAC) Board of Directors are fresh from our annual OAC Board Retreat where we review the state of the OAC and plan the focus for the upcoming year, as well as measure our progress toward our long-term goals. The 2012 retreat held special meaning for me as it was my first one as Chairman of the OAC. To look around the room and see all of the dedicated and talented individuals we have working together to further the mission of the OAC was truly a moving sight.

One of the most exciting decisions made by the OAC Board of Directors is for the OAC to hold its Inaugural National Convention in 2012. The goal of this event is to give our members and the public an in-person look at the OAC, while providing invaluable education from renowned health professionals from across the country. It will also be an opportunity to connect with others who are along the same path in their journey with obesity. Mark your calendars, as the OAC's Inaugural Convention is set to take place in Dallas on October 26-28, 2012. Be sure to save the date so you can help us make this event a huge success! For more information on the OAC's Inaugural Convention, please turn to page 31.

At this year's Board of Directors' annual retreat, a major discussion took place centered around our goal to work toward changing the public perception of obesity. As we know, this is not an easy feat, nor without controversy. We know that there will be times that controversial topics will arise and must be addressed. We are ready! As always, the OAC and *Your Weight Matters Magazine* will continue to be your go-to resource for accurate, fact-based discussions of these issues. Just one year ago in the Spring 2011 issue of *Your Weight Matters Magazine*, Barbara Thompson, MLS, Immediate Past-chairman, made reference to the Georgia Children's Health Alliance's (GCHA) childhood obesity awareness campaign, echoing the frustration voiced by so many of you about the stigmatizing images and messages. One year later, the campaign, now titled, "Strong4Life," remains in place and the controversy continues to grow. To learn more about the OAC's latest efforts on this campaign, turn to page 13.

Obesity is a complex, multi-factorial disease that we continue to learn more about, nearly on a daily basis. The more we learn, the more questions we have. In this issue, we feature some complex and controversial topics such as: obesity as a virus, the impact of obesity as a factor in child abuse, the HCG diet and much more.

To begin to change the public perception of obesity, we must move away from "blame and shame" and move toward prevention and treatment. I would love to hear from you regarding your thoughts on these complex and controversial issues. Please email me at pdavis@obesityaction.org.

Pamela R. Davis

YOURWEIGHT Matters MAGAZINE

Spring 2012 | Volume VII | Issue 3

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OAC President/CEO

Pam Davis, RN, CBN
OAC Chairman of the Board

Kristy Kuna
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Your Weight Matters Magazine is the official publication of the Obesity Action Coalition (OAC). The OAC is an independent National non-profit organization dedicated to giving a voice to those affected by obesity.

Your Weight Matters Magazine is a quarterly publication published in Winter, Spring, Summer and Fall. Subscription to *Your Weight Matters Magazine* is an OAC membership benefit.

Opinions expressed by the authors are their own and do not necessarily reflect those of the OAC Board of Directors and staff. Information contained herein should not be construed as delivery of medical advice or care. The OAC recommends consultation with your doctor and/or healthcare professional.

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Obesity

Due to a **virus**:

How this Changes the Game

by Richard Atkinson, MD

Often, educated physicians will say, "Obesity is a disease," but not many people believe it. The government and insurance companies do not want to admit that obesity is a disease because then they would have to cover treatment as they do for other diseases. Even a large portion of healthcare professionals who treat obesity do not necessarily think of obesity as a disease. This may be because the treatments they provide are based on obesity being a behavioral problem that can only be treated by changing behaviors, such as dietary and exercise habits and lifestyle.



But, *what if* obesity could be “caught,” like the common cold? *What if* there was a virus that made experimental animals fat and was associated with obesity in humans? How would politicians and other policy makers act if they could become infected by obesity simply by being close to an infected person? Would this make any difference in healthcare policy or change the discrimination suffered by individuals affected by obesity?

What if being affected by obesity was not your fault?

Obesity Emerges as an Epidemic

Have you ever wondered why obesity all of a sudden became a problem in the United States? Why did suddenly, around 1980, the prevalence of obesity begin to skyrocket at a rate 10 times faster than from 1960 to 1980? Did you know that obesity began to skyrocket all around the world around 1980, in rich and poor countries alike?

Fast foods, sodas, TV, computers, microwaves, bigger portions, no exercise at school and lots of other things are said to have “caused” the obesity epidemic in America; however, poor countries like Paraguay and Panama do not have many of these luxuries, and certainly not as many as we do. So, why do they have a higher rate of obesity than we do? Something must have changed in the environment all around the world in a very short period of time. What could do that? The answer: an infection could do that.

Adenovirus-36 (Adv36) May Cause Obesity

There IS a virus that causes obesity. Adenovirus-36 (Adv36) is a human “common cold” virus that is easily caught from an infected person who is coughing or sneez-

ing, or if they do not wash their hands after having a bowel movement. At least one-third of people affected by obesity have been infected and multiple investigators all around the world have started to work on this virus.

Researchers at the University of Wisconsin began experimenting with Adv36 around 1995 and found that when they experimentally infected chickens and mice, the animals increased their body fat by 50 to 150 percent. Compared to uninfected animals, about 60 to 70 percent of infected animals became obese. The investigators then tested monkeys by squirting Adv36 up their nose. This was an important experiment because Adv36 is a human virus and monkeys are the closest animal model to humans. One hundred percent of the infected monkeys gained weight.

A second experiment in a group of monkeys who had been in the animal facilities, from whom blood had been drawn and stored every six months for seven years, had Adv36 testing done on their blood. These monkeys were not deliberately infected, but all 15 became “naturally” infected throughout the seven years. Body weight was stable before infection, but once they tested positive for Adv36, they started to gain weight. The investigators speculated that their human handlers became infected and brought in the virus.

A critically important finding surprised the researchers – infected animals did NOT eat more and did NOT do less exercise, but they still gained weight. This virus causes obesity without changes in diet and exercise by changing metabolic rate and efficiency of food utilization.

Testing Adv36 in Humans

The researchers then began to test humans, both affected by obesity as well as some not affected, in Wisconsin, New York and Florida. The test for Adv36 is a blood test that is highly specific – if you have antibodies against Adv36, you have been exposed. More than 500 individuals were tested and the investigators found that 30 percent of the individuals affected by obesity and 11 percent of the individuals not affected by obesity had been infected. The infected people weighed more than 50 pounds more than the uninfected.

Since these early studies, now more than 15,000 people in nine different countries have been tested for Adv36 infection. The frequency of infection

Obesity Due to a Virus continued on page 6

Obesity Due to a Virus continued from page 5

varies in different countries and ranges from 6 percent in Belgium/Holland to 65 percent in Italy. All but one research group has found the prevalence of infection to be 20 percent or greater and the average is about 40 percent. Studies in adults vary, but in all six known studies in children, Adv36 was associated in some way with obesity (see chart below).

How Contagious is Adv36?

A question that invariably is asked is, “Can I catch obesity from a person affected by obesity?” The answer is that it is very unlikely to be able to catch obesity from a person who has become affected by obesity due to the virus. The difference in metabolic rate is small, so it takes quite some time to gain large amounts of weight. The animal studies have the advantage of being able to tell exactly when the animal was infected and they showed that the virus persists two

Four Studies of Childhood Obesity - 559 children total

	Adv36 Infected	Adv36 Not Infected
Participants Affected by Obesity		
Adv36 Prevalence	28%	72%
Lean Participants		
Adv36 Prevalence	10%	90%

months or less. It takes much longer than two months to become obese, so the virus will be gone before the person gains a lot of weight.

What if I am Infected?

What can you do if you are infected? This is a critical question for most people, because who cares if you are infected if you cannot do anything about it? The bad news is that at the present time, there are no specific treatments for Adv36. If you are already affected by obesity, the usual problems of losing weight and keeping it off will apply.

The good news is that if you are currently not affected by obesity, it is a lot easier to prevent obesity than to treat it. Some of the anti-obesity drugs work very well to prevent weight gain. Policy changes in some states will be needed to allow Adv36 infected, non-obese people to go on obesity drugs to prevent weight gain.

Scientists have determined how the ADV36 virus works.

The DNA (genetic material) of the virus gets into the fat cells of the person or animal and causes them to bring in more fat and glucose from the blood and to make fat out of the glucose. The viral DNA also causes adult stem cells in the fat tissue to turn into fat cells, so the total fat cell number increases. Thus, an infected person will have bigger fat cells and more of them. Scientists have figured out the sequence of the DNA in Adv36, which gene in the virus causes the effect, and how this gene changes the chemistry inside fat cells to cause obesity.

More good news is that at least one paper shows that people who are infected with Adv36 lose weight better than uninfected people. So, it may be easier to lose weight; then, careful attention to diet, exercise and treatment with anti-obesity drugs may allow better weight maintenance. The bad news – people who are infected and lose weight may be more likely to gain it back more quickly if they do not pay attention to diet, activity and anti-obesity drugs.

Finally, some last good news – research is ongoing to identify antiviral agents that appear to work against Adv36 infection. And the best news of all, a vaccine has been developed that appears, in very early studies, to prevent infection with Adv36. More research is needed, but it appears that eventually we will be able to prevent Adv36-induced obesity in those who do not have it and to treat it in those who do.

Conclusion

How will this information alter the way people affected by obesity and the disease of obesity are treated? A great deal of advocacy work is ahead to convince politicians and third party payors to do the right thing; however, the knowledge that at least a portion of obesity is due to an infectious disease changes the entire debate.

About the Author:

Richard Atkinson, MD, has worked in obesity treatment and research for 40 years. He is past president of the former American Obesity Association and the North American Association for the Study of Obesity, and is the current editor of the International Journal of Obesity.

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The HCG Diet

– What is It?

by William Hignett, MPH,
and Ted Kyle, RPh, MBA

How many diets would you guess have been available throughout the years? Undoubtedly, it must be hundreds or more likely thousands, and it seems the more unusual their emphasis, the more attention they get. Do you know of anyone who tried the grapefruit diet, or the brussels sprouts diet? These two diets received plenty of press coverage. And, yes, there really is a brussels sprouts diet.

The Problem with Fad Diets

Unfortunately, too many diet plans would have us destroy our healthy relationship with foods by avoiding or omitting certain food groups or food types. Fad diets seem to appear several times a year, and they take many forms. Some fad diets might focus on a particular food item such as acai berries, or on an aspect of food like the antioxidant diet. Others may be very low-fat or high-protein focused.

Many popular diets lack major nutrients, such as carbohydrates or dietary fiber, or perhaps selected vitamins and minerals.

Mostly, they exploit the wishful thinking that comes to all of us when we struggle with our weight. But, some diets do have useful aspects to them. What about the recently popular human chorionic gonadotropin (HCG) diet? What is it and is it a legitimate approach for those wishing to lose weight?

Taking a Look at the HCG Diet Claims

The HCG diet is also called the HCG fat burning diet. Who does not like the sound of a fat burning diet? If you check the information on a popular HCG Web site (www.hcgdiet.com) you will find that the description of what this diet can do for you is truly phenomenal. The site claims that HCG has been helping people lose weight and keep muscle “since man was created.” It sounds like this diet has a lot of history going for it.

HCG is a naturally occurring hormone in the human body, this Web site explains, and “pregnant women benefit most from HCG, as it has been used as a weight diet since the 50s.” The Web site really states this. Is it true then, that if it was not for the HCG hormone, pregnant women would *really* gain a lot of weight during the nine months?

Does this diet work? Are the claims credible? This same HCG diet Web site declares that you could lose up to two pounds a day and it is a fast and safe weight-loss. They make it sound like great news. If we plan to stay on a diet for about six months, or around 183 days, maybe we could lose up to 366 pounds. Does that pass your laugh test? Further, “The oral HCG diet drops have helped thousands of men and women lose weight and keep it off.” More wonderful news, this is; lose the weight easily *and* it stays off! No wonder this diet has been so popular.



What is the HCG Diet?

The HCG diet is a low-calorie diet combined with the use of HCG. HCG is a natural hormone produced during pregnancy that is made by the developing embryo after conception and later by part of the placenta. HCG is thought by some to help the body burn fat.

A Breakdown of the HCG Diet

Sarcasm and humor aside, the HCG diet is a low-calorie diet combined with the use of HCG, such as a daily injection of 125mg of the HCG hormone or HCG drops. HCG is a hormone produced during pregnancy that is made by the developing embryo after conception and later by part of the placenta. HCG is thought by some to help the body burn fat. The use of HCG to treat obesity was first suggested by British physician Dr. Albert T. Simeons in a 1954 Lancet medical journal article. Basic concepts of the HCG diet were then made popular in America by Dr. Simeons, who in 1971 wrote a book entitled Pounds & Inches: A New Approach to Obesity. This book had limited distribution at that time, but in 2009 a big surge in the popularity of the HCG diet occurred.



“HCG is approved by the FDA for use as a prescription drug for the treatment of female infertility and for other medical conditions. It is not approved for weight-loss, and HCG is not approved for OTC sale for any purpose.”

Since this diet promotes a very low-calorie daily caloric intake of around 500-800 calories, the calorie restriction alone can result in short-term weight-loss. The addition of prescription HCG, or over-the-counter (OTC) HCG drops, is supposed to increase weight-loss and redistribute fat from the buttocks and thighs to different parts of the body. The trouble is that no evidence exists for this concept. In fact, studies show that HCG does not work in this fashion.¹

A combined analysis of 24 studies in 1994 concluded that there is no scientific evidence that HCG causes weight-loss, redistributes fat, reduces hunger or creates a feeling of well-being.² Yet, HCG diet advocates continue to claim that the body will begin to burn fat reserves, as the HCG prevents the body from breaking down muscle for energy.

The HCG Diet continued on page 10

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FDA Forms Opinion on HCG

What does this diet cost? Many HCG diets and Web sites have sprung up as this fad gained popularity. Users could expect to pay around \$140 per month for the HCG drops and additional costs for recipe guides, books and meal plans, but then the Food and Drug Administration (FDA) and Federal Trade Commission (FTC) took action against the HCG diet late last year.

In December 2011, the FDA made selling HCG diet products illegal. The FDA and FTC issued seven letters to companies warning them that they were selling illegal homeopathic HCG weight-loss drugs that had not been approved by the FDA, stating that the companies made unsupported claims. The FDA advised consumers to steer clear of these "homeopathic" HCG weight-loss products that are sold in the form of oral drops, pellets and sprays and can be found online and in some retail stores.

Conclusion

While successful and long-lasting weight-loss can be achieved by individuals, it is not an easy process. As humans, we are often drawn to potential solutions that sound easier to bring about changes we desire, and

perhaps that is one element that encourages the continual development of new diet solutions. For the HCG diet, what sounded like a promising weight-loss approach ends up being unconditionally fraudulent.

Sound science and trustworthy research need to be part of any effective diet approach, which has the effect of making credible weight-loss programs appear boring next to such intriguing approaches like the tapeworm diet. And yes, sadly, there is a tapeworm diet.

About the Authors:

William Hignett, MPH, is a disease management expert with a public health and a business background.

Ted Kyle, RPh, MBA, is a pharmacist and health marketing expert and is also a member of the OAC National Board of Directors.

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ADVOCACY NEWS

ADVOCACY ACTION

Federal Government Signals Significant State Flexibility in Determining Essential Health Benefits – Will Your Obesity Treatment be Covered in the Reformed Healthcare System?

by Chris Gallagher, OAC Policy Consultant

Late last year, the United States Department of Health and Human Services (HHS) began sending out signals that the federal government will be giving states significant flexibility in determining which healthcare services will be deemed essential health benefits (EHB) in the new state-based exchange health plans enacted under the healthcare reform law. This has stirred up quite a storm among healthcare professional and patient groups, which do not trust a system where states will set the rules surrounding coverage for specific diseases, such as obesity.

HOW STATES ARE DETERMINING THE COVERAGE THEY WILL OFFER

On January 25, 2012, HHS released a document entitled, “Essential Health Benefits: Illustrative List of the Largest Three Small Group Products by State.” According to HHS, the purpose of the document is to provide consumers, employers, issuers, states and other stakeholders with additional information about the small group products in each state. Under the Department’s intended approach, states would have the flexibility to select an existing health plan to set the “benchmark” for the items and services included in the EHB package.

For example, while many plans include some level of bariatric surgery coverage in the general policies for these plans, it may be offered as a rider. Would this mean that these treatments would be viewed as “add-ons” to the core benefits of these plans and therefore, included ONLY if a state chooses to offset the cost of these services? Such an interpretation would surely have a chilling effect on obesity coverage – especially as state budgets continue to face major fiscal challenges.

OAC’S EFFORTS

In an effort to see how individuals affected by obesity would “be treated” under each of these plans, OAC has partnered with Johnson & Johnson, George Washington University and the STOP Obesity Alliance, The Obesity Society (TOS) and the State Chapters of the American Society for Metabolic and Bariatric Surgery (ASMBS) in producing an analysis of obesity coverage under each of the 150 state health plans highlighted by HHS. At press time, this evaluation was underway. To see the results, please visit the OAC’s Web site at www.obesityaction.org/wp-content/uploads/stopobesityalliance.pdf.



What Does All this Mean for OAC Members?

It means that the federal government is leaning toward allowing states to pick one of the three private health plans included in the aforementioned “Illustrative List,” which would then effectively become the essential benefit package for that state. Under such an approach, coverage for obesity treatment services will vary considerably from state-to-state. In many cases, states could choose health plans that provide little or no coverage for obesity treatment.

OAC Responds to “Strong4Life” Campaign

Throughout the past year, the OAC has expressed its concerns regarding the Children’s Healthcare of Atlanta’s (CHOA) “Strong4Life” campaign. The OAC feels this childhood obesity awareness campaign stigmatizes children and perpetuates bullying and cyber-bullying. We asked you, OAC members, what you thought of the campaign and if you felt it was hurtful. The OAC received more than 1,050 responses to our poll and we continue to receive more each day. **An overwhelming 81 percent felt the campaign was hurtful toward children, and 82 percent felt the campaign was offensive.** Rest assured, the OAC hears you loud and clear and is working to address the “Strong4Life” campaign.

To date, the OAC has participated in numerous interviews with national media representatives from the *New York Times*, Shine from Yahoo!, Sirius XM Satellite Radio and many more discussing this campaign. In addition, the OAC has issued a sign-on letter to CHOA leadership to raise awareness of the campaign’s offensiveness toward children. To learn more about this issue and view the sign-on letter, please visit the “Bias Busters” section on the OAC Web site at www.obesityaction.org.

OAC Petitions Facebook



Do you have a Facebook? Do your friends have a Facebook? Did you know that there are “obesity-hate” pages on Facebook? In November 2011, an OAC member alerted the OAC National Office that they discovered more than 50 “obesity-hate” pages on Facebook. The OAC immediately sent a letter to Facebook CEO Mark Zuckerberg asking him to enforce Facebook’s Abuse Policy.

Facebook has clear policies on hate speech. They state, “*Facebook does not tolerate hate speech. While we encourage the discussion of ideas, institutions, events, and practices, it is a serious violation of our terms to single out individuals based on race, ethnicity, national origin, religion, sex, gender, sexual orientation, disability, or disease.*” To view the letter to Mr. Zuckerberg, please visit the “Bias Busters” section of the OAC Web site. To date, the OAC has NOT received a response from Facebook and many of the pages are still live.



In an effort to raise awareness of these pages and encourage Facebook to evaluate them, the OAC has created an online petition at Change.org. We need you to sign the OAC’s petition and express your concerns to Facebook. To learn more about this issue and sign the OAC’s petition, please visit the “Bias Busters” section on the OAC Web site at www.obesityaction.org.

OAC Announces New Membership Partnerships with ASMBS and ASBP

The OAC is excited to announce our recent membership partnership with the American Society for Metabolic and Bariatric Surgery (ASMBS) and the American Society of Bariatric Physicians (ASBP). OAC proudly welcomes all ASMBS and ASBP members as members of the OAC!

The ASMBS has been a loyal supporter of the OAC since our formation in 2005, but recently they took an even greater step by voting to include OAC membership dues in with their association membership dues. The ASMBS membership had the opportunity to vote to include OAC member dues in with their ASMBS dues, and the vote passed with an overwhelming majority.

In the past, the ASBP supported the OAC as an affiliated obesity organization. This year, the society’s leadership decided to become a part of the OAC Chairman’s Council and provide OAC membership as a new member benefit of the ASBP. The

News from the OAC continued on page 23



Pull My Finger

- A Mostly Polite Look at Intestinal Gas for Post Weight-loss Surgery Patients

by Walter Medlin, MD, FACS

OK class, let's settle down...

At first, the subject may seem a bit frivolous, but it is important enough that NASA studied it, and it truly can be a source of tremendous anxiety and vulnerability for some of us. Everybody does it, but the rules vary widely.

“Gas” can be a source of social or physical discomfort. It can vary from person-to-person, or change in amount or character with conditions. The history of the subject goes back as far as there have been adolescent males and females on first dates (ok, I made that up, but it's probably true). Geoffrey Chaucer, known as the “Father of English literature,” wrote about it in the “Canterbury Tales,” and Ben Franklin wrote a treatise called “Fart Proudly” long before “South Park.” The original whoopee cushion is an ancient device.

Luckily, for many of us, opportunity exists to use this problem as part of our journey to learn more about our bodies, as well as our lifestyles. Patients often find the hardest step is just acknowledging the issue and discussing it with supporters, family members, peers or colleagues. We also have to admit that there will always be some gas, no matter how well we may follow our body's rules!

Weight-loss Surgery and Flatulence

Many patients note some change in their amount, timing and character of their flatus after surgery. Usually, this is a temporary issue, but it can be quite concerning. Severe malabsorptive procedures such as duodenal switch or distal gastric bypass are more frequently associated with complaints.

Changing dietary intake is certainly one of the major causes of altered flatus or flatulence (which comes out of your bottom), as opposed to borborygmus (burping/belching). Certain foods result in more sulphur compounds in the gas

and create a worse smell. Carbonation is usually absorbed into the bloodstream, and the body will expel a fair amount of it via your exhaled breath. The altered bowel motility and absorption as a result of weight-loss surgery also can result in more or smellier gas.

Noise associated with gas can be from the abdomen (bowel sounds) or with the passage of gas through the anus (or an ostomy). While the buttock can make some noise, most is from the internal sphincter.

Strategies to Reduce Amount, Odor or Control Timing of Farts Include:

✓ Gastroesophageal reflux disease (GERD)

If you have a history of GERD/esophageal reflux, you likely swallow air frequently without noticing, as you swallow to clear acid from your esophagus even away from meals. Avoid gum chewing or other oral fixations that may increase this habit. With weight-loss, and as an effect of a smaller stomach, the actual reflux and pain are usually better, but the behavior often persists. Swallowed nitrogen gas is the largest single component of most flatus.

✓ Do Not Eat too Fast

Most of us have accelerated motility in the small bowel. Food already gets to the colon (large bowel) quickly, and fast eating may get it there quicker yet. The bacteria in the colon have more fuel to form gas if you are dumping undigested food into their home.

✓ Do Not Eat too Much

This is especially true for many who are partially lactose intolerant. A little can be fine, but a few extra bites can really cause havoc. Also, overeating can be a stimulus to accelerated

bowel motility and “dumping” (Dumping syndrome occurs when the undigested contents of your stomach move into your small intestine too rapidly. Common symptoms include abdominal cramps and nausea).

✓ **Avoid Your Trigger Foods**

Personally, I save breakfast burritos for the weekend! The most common complaint I hear is with additional dietary fiber for constipation. A few people find alcohol or lactose bad, and almost anyone will have a threshold of sorbitol (a non-digestible sugar) no more than a few grams a day. Rice is supposed to be one of the safest foods to not cause gas, so consider that when cooking or ordering a meal. Also, probiotic yogurt may be useful for irritable bowel symptoms in some and has little risk.

✓ **Privacy**

Go for a walk or find privacy before releasing gas (this is why you don't go into the dictation room after a surgeon has been holding it in the operating room for a couple of hours).

✓ **Medication/Supplements**

Try considering a bismuth containing intestinal deodorant (Devrom is an example). You can also try antacids, but be careful and discuss this with your surgeon and dietitian. Seek medical attention if you have severe or persistent associated symptoms.

✓ **Social Interactions in the Workplace**

Try bringing up the subject politely with colleagues. They will appreciate it. If I experience a “bad moment” as my nurse is rushing into my office while I am on the phone, I hold up my hand. It does pay to clarify the hand signal ahead of time.

✓ **Out and About**

On an airplane, use a fleece sweater as cushion (also helps with fatigue). At the gym, look for cardio machines near the fan or vent, remember extra effort can cause uncontrolled release when you lift weights.



Conclusion

Remember, part of what makes us laugh about this is the social discomfort we all have with gas. Again, the most important message is to give your body and gut time to adapt. The first year after weight-loss surgery is often very different from later years, and some real change occurs in the ability of the gut to absorb at various locations.

This article is just an overview, and there is some useful medical literature, but not much. The Wikipedia entry is a worthwhile starting point for further information. Thanks also to Michelle Henderson, RN, for input on this subject. She is experienced in wound and ostomy care and has helped many patients with complex intestinal problems.

About the Author:

Walter Medlin, MD, FACS, is an OAC Advisory Board Member with Pacific Diabetes and Weight-loss Surgery in Bellingham, Washington. He struggled with his weight since first grade. After performing hundreds of weight-loss operations, he underwent sleeve gastrectomy in 2008, with outstanding results. Dr. Medlin is also a participating practice in the OAC Sponsored Membership Program where he gives each of his patients a one-year membership in the OAC.

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Putting the Science behind Exercise

– Workout Smarter, Not Harder

by Julia C. Karlstad, MEd, CSCS

Athletes tend to push themselves 120 percent while exercising because their main objective is to jump higher, run faster or become stronger. If your main objective is weight-loss, you do not need to push yourself this hard. What you need to do is find an appropriate intensity that will maximize your body's ability to burn calories, specifically fat calories.

For some of you, this may be a difficult concept to grasp because you have always had the “no pain, no gain” mindset. The reality of maximizing your weight-loss is to work smarter, not harder. Yes it is true; you do not have to “kill” yourself in order to lose weight. In fact, your

body is actually better at burning fat at low to moderate intensities of activity, especially if you are just starting to exercise. Although most athletes tend to be leaner, you will be delighted to know that you do not have to train like an athlete to maximize your body's ability to burn fat and ultimately become leaner.

How Your Body Burns Calories for Fuel

First, let me describe how your body uses fuel for activity and movement. Throughout the day, your body uses calories obtained through food for its fuel. Most of you understand that if you consume more food than your body uses as fuel, you will ultimately gain weight, and if you consume less food than your body burns, you should ultimately lose weight. What you may not know is exactly what kind of food the body uses as fuel.

There are three different fuel sources, and your body generally uses two of them: fat and carbohydrates. Consider these two as your primary fuel sources. The third fuel



“ One of the fastest ways to burn more fat at rest is to eat a well-balanced diet. If you eat a diet consisting of the right amount of carbohydrates, fats and protein, your body will burn about 60 percent of your calories from fat and about 40 percent from carbohydrates in a resting state.”

source is protein. Protein is not an efficient fuel source. Protein's main purpose is to build and repair tissue, not to provide fuel or energy. Although, eating protein is important for people trying to lose weight because they need to preserve their lean muscle through the weight-loss phase.

The idea is to prevent the body from tapping into lean muscle mass for fuel during the caloric restriction phase of any diet. This is essential because lean muscle helps stoke the metabolism because it takes more energy to sustain lean muscle versus fat mass.

Fat and Carbohydrates: Your Body's Two Main Fuel Sources

Okay, enough about protein. What about fat and carbohydrates? I mentioned that these are the fuels we need to burn in order to go about our daily lives. Let's start with fat, since it is really what most people are concerned with. Fat is utilized both at rest and during activity. How you metabolize or burn fat at rest is most directly related to what you eat; your body will burn what you feed it.

The analogy of your body being like a car should help explain this concept. If you put premium unleaded fuel in your car, that is what it is going to burn. By the same token, if you put regular unleaded fuel in your car, it has no choice but to burn the regular unleaded fuel. Your body works in a similar fashion. If you eat a diet rich in fat, it will burn a majority of its calories at rest from fat. Similarly, if you eat breads, pastas, fruits and vegetables, your body will burn a majority of carbohydrates at rest.

Genetics and a Healthy Diet Play a Part

Now, it does not always work out exactly this way because our bodies consist of tiny components called genes. I am sure you realize that part of the reason you may be the way you are is because of your genetic makeup, or heredity. In other words, some of us were simply born fat burners.

Yes, we have all met these people. You know, the ones that can sit around the office and munch on donuts in

the morning, eat out for lunch every day, enjoy a candy bar in the afternoon, and never gain a pound. You probably "hate" these people. And then, others are just good carbohydrate (carb) burners. Their bodies "want" to burn carbohydrates and they hardly burn an ounce of fat at rest. You can "thank" your parents, grandparents, aunts and uncles for these traits; however, if you are not a born fat burner, do not dismay because you can do a lot to combat some of those non-fat burning traits you inherited.

One of the fastest ways to burn more fat at rest is to eat a well-balanced diet. If you eat a diet consisting of the right amount of carbohydrates, fats and protein, your body will burn about 60 percent of your calories from fat and about 40 percent from carbohydrates in a resting state. That is not a bad ratio of fat burn, simply from eating sensibly.

Diets that are high in protein and low in carbohydrate will significantly help create an even better fat-burning body. These diets essentially force your body to burn fat because you are not consuming the easily digested carbohydrate and the body does not like to use protein for fuel. Thus, the body turns to the stored fat and begins to break it down for fuel. This process is called ketosis. The body breaks down fat to produce glucose and a byproduct, called ketones, to use for fuel.

The Body Burns Fuel Differently at Different Times

You may be wondering what "at rest means." It refers to a resting state, as opposed to a physically active state. When you are exercising, your body burns fuel a bit differently. What type of calories you burn at rest has everything to do with your diet and genetics, whereas what type you burn while exercising has everything to do with your fitness level. Generally speaking, your body will burn fat or carbohydrate for fuel during exercise just as it does in a resting state, but your body will burn fat better at low to moderate workout intensities. The more intense your exercise, the more carbohydrates your body will burn. The reason for this is because it takes a lot longer to break down and metabolize or burn fat.

Science behind Exercise continued on page 18

The bottom line is, you will burn a greater percentage of fat exercising at lower intensities. This is especially the case for those of you that are just starting an exercise regimen. Great news for anyone trying to lose weight – you do not have to “kill” yourself in order to lose fat pounds.

Keep in mind that the body must utilize oxygen in order to burn fat. Aerobic exercise basically means exercise involving the intake of oxygen. When you exercise aerobically, you are utilizing a large amount of oxygen to burn calories. Conversely, anaerobic exercise means exercising at a level at which oxygen debt occurs because the need for oxygen exceeds the capacity of the circulation to supply it. This generally occurs with short bursts of high-intensity exercise such as a 100-meter dash, vertical jumps, power lifts, or the explosiveness of a defensive lineman at the snap of a football.

When the body is in an anaerobic state, it is only capable of burning carbohydrates. The best thing about this whole process is that you can actually make your body more efficient at burning fat at higher intensities and longer durations through training, specifically heart rate training. This should ultimately be everyone’s goal. If you are disciplined in training specifically to create the best fat-burning body possible, you will inevitably have an easier time losing weight and ultimately be able to maintain a healthy weight once you achieved your target weight. This helps explain why fit people tend to be leaner. They have



“**Aside from proper diet, cardiovascular exercise is the main support on which to lean for weight-loss, specifically fat-loss. The key is to know the point (exercise intensity) at which your body is most effective at burning fat.**”

created a body that is very good at burning fat; therefore, it is easier for them to manage their weight.

Let me explain how your body uses carbohydrates for fuel. Carbs are the preferred fuel source to some degree. The reason for this is because carbs are usually abundant in our bodies and most people ingest a large number of carbs daily. In fact, the body even stores carbs in the liver and muscles. These stored carbs are called glycogen. As you begin to move, your muscles can easily use this glycogen for energy. This also explains why your body will resort to burning more carbs when you exercise at higher intensities. More intense exercise requires quick energy, so the body resorts to burning carbs because it can get to them faster and break them down more quickly than the other two macronutrients (fat and protein).

This is great news, right? You are probably thinking, “Yeah, yeah... but how do I do it? How do I exercise to create the most efficient fat-burning system? Do I just start moving, and if so, for how long, how frequently, and how strenuously? Should I walk, bike, swim or lift weights?” These are all great questions.

Benefits of Heart Rate Monitoring and Metabolic Testing

Aside from proper diet, cardiovascular exercise is the main support on which to lean for weight-loss, specifically fat-loss. The key is to know the point (exercise intensity) at which your body is most effective at burning fat. This is where heart-rate monitoring comes into play. Most of us have heard of people using a heart rate monitor while exercising. The reason you would want to do this is to ensure that you are training at the optimal intensity level to burn fat most efficiently.

The point at which you are most effective at burning fat is considered to be your target heart rate, or aerobic base. It is the level of intensity, measured in beats per-minute, at which your body can burn the most number of fat calories per-minute. This is important to know if your main objective is fat-loss.

Now, everyone is different as to the point or exercise intensity that they are most efficient at burning fat. Generally speaking, you will burn fat better at those low to moderate intensities, but if you really want to be specific and put the science behind your workouts, you should get assessed through metabolic testing. This is the most effective method of measuring one’s aerobic base or maximum fat burning capacity. Check your local health clubs to see if any of them offer this testing, also known as indirect calorimetry, maximum oxygen uptake, or O₂ testing.

Summing it All up

You might say, "Yes, but this goes against everything I have ever known or been told. I always thought you had to be huffing and puffing, or you were not really doing any good." It is important to point out that there is a fine line here. The harder you work, the more total calories your body will burn; however, several problems come into play.

Most of you will not be able to sustain this level of intensity, and it is fairly hard on your joints if you have not exercised consistently for some time. The other important consideration (and possible problem) is that you will be burning a greater percentage of carbs. You might be thinking, "Well, a calorie is a calorie, is a calorie, right?" Well, not exactly.

Keep in mind that if you are combining your new exercise with a sensible diet that is generally low in carbs and high in lean protein (a very popular and effective diet for those trying to reduce their weight), you are really not consuming many carbs. So if you are not eating many carbs and you have a whole lot of body fat to tap into, why would you want to burn more carbs through exercise? This would make it that much more difficult to stay on your diet after your workout.

If you burn a bunch of carbs during exercise, your body will tend to crave carbs post-workout, especially because you have been restricting them – not to mention that the fat you were trying to burn off during exercise is still hanging on, literally. This is not what you want to accomplish. You can get yourself into a vicious and frustrating cycle by trying to exercise like this. The idea is to force your body to burn fat both through exercise and diet. If you are working hard in the gym, be sure you are burning and wasting away fat, not time.

About the Author:

Julia Karlstad, MEd, CSCS, is the president of JKFITNESS, LLC. Julia has worked in the fitness industry and specifically the medical wellness community for several years. Previously, Julia developed and directed an exercise physiology program for two bariatric hospitals and three medically supervised weight-loss clinics. She currently serves on the OAC Advisory Board and authors a bi-monthly column in the "Walk from Obesity" e-newsletter. For more information on Julia, please visit www.juliakarlstad.com or www.jk-fit.com.

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Daily Life

- The Struggles of Obesity

by Steve Klingensmith

America was not built with obesity in-mind; however, thankfully, obesity is at the forefront of today's manufacturers.



FACT

The most recent National Center for Health Statistics (a division of the Centers for Disease Control and Prevention) report indicates that 69.2 percent of Americans are considered "overweight" or "obese" and that the adult obesity rate remains greater than 33.8 percent overall. The obesity epidemic is not something that is projected to impact the U.S. in five or 10 years. The obesity epidemic is here.

John

Somewhere in America it is 4:55 am. The room is dark and the only light is the bluish-green glow from the alarm clock's face. In five minutes, the alarm clock will ring; however, it doesn't matter much because John has been up most the night tossing and turning, desperately trying to get comfortable with his CPAP (constant positive airway pressure) machine fixed to his head. Five minutes are up, alarm clock is ringing. The clock now reads 5:03 am and it is still ringing as he tries to reposition himself in order to reach the "off" button.

The thought of even hitting "snooze" is not an option now, as his heart is racing and blood pressure is rising. He is awake. It is "officially" time to get up. He gently rolls to his side and pushes his upper body upright, while rotating ever so slowly allowing his feet to touch the floor. He gently places more of his weight on his feet, just to make sure he does not have any knee pain, and to ensure he has the strength to stand and walk across the room in the glow of the alarm clock to turn the light on and begin his day.

It is now 6:20 am and John is getting ready to head out for the day. As usual, his shower was an adventure, as the shower hose does not reach far enough around his body to

wash himself. Compounding his frustration, his shirt is wrinkled as it spent the night lying on the closet floor because it continually falls off the hanger, due to the fact that the hanger is not large enough to hold the XXXL shirt.

Dressed for the day, John now reaches for his seatbelt extender as he pulls out of the garage. Backing out slowly, he looks in his side and rearview mirrors, being careful not to back into anything. Turning his neck to actually look backwards is no longer an option now that he has topped 380 pounds.

Jane

A woman named Jane has anxiety as she pulls into a restaurant parking lot for another early morning meeting with clients. Jane hopes that all of the front row spaces have not already been

taken, so that she does not have to walk very far. She knows her legs will have a hard time carrying her 300 pound body from her car to the doorway.

She thinks to herself, "I really don't want to have to catch my breath again before I say hello to them." That thought quickly fades as she scans the room looking for her tablemates. "I hope they didn't get a booth again! I knew I should have gotten up earlier so I could be the first one here," she thinks to herself, and then continues on, "Oh good, they got a table. I hope that chair is sturdier than the ones at the library last week. I don't want to break another one."

She only orders a glass of orange juice, as she knows she will be judged no matter what food she orders. She thinks, "I'll just get something to eat later." The meeting ends successfully, both professionally and personally. Personally, Jane is thankful that none of the juice spilled on her shirt by accident. It is her favorite shirt and only one of the few that she can find in her size. She exits the restaurant feeling every eye in the place scanning her from head to toe. She knows what they are thinking, "How did she get that big?" "I bet she ate a ton." "I am shocked the chair didn't break!" Jane's heard it all before – this is nothing new.

John and Jane are affected by obesity. Clinically speaking, they are affected by severe obesity (body mass index, or BMI, of more than 40 or a BMI of 35 or greater with an existing obesity-related disease). Many Americans do not even realize they are affected by obesity until they are diagnosed with a related disease such as type 2 diabetes, hypertension, etc. John and Jane are just two of the 72 million Americans battling the disease of obesity.

It is only 7 am and John and Jane have had more obesity-related thoughts and daily struggles than others will have in their entire day.

Hope on the Horizon

Across America, people are waking up earlier than they would like every day because daily life is a struggle. Activities that "normal" weight people take for granted, such as putting on their socks, taking a shower or picking something up off the floor can, and do, take much longer to perform for an individual affected by obesity or severe obesity. With time, these daily activities become commonplace and are finally incorporated into daily life. Planning ahead becomes a sixth sense and a part of their identity, much like tall people always having to be on the lookout for low-hanging ceiling fans or door frames.

Help is out there. Every day, Americans affected by obesity are discovering some of the greatest products ever created that can help them with their daily struggles and challenges. Driven by a healthy mix of passion and innovation, large corporations and small companies alike are solving many of these problems.

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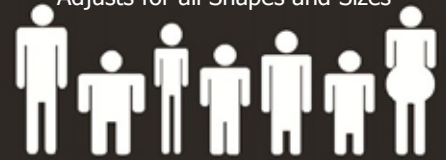
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List as of 4/6/2012

Daily Life continued from page 21

Products such as the following are making everyday life a little bit easier:

- Obesity-friendly toilet seats
- Sock and stocking aids
- Safety grab bars for showers and tubs
- Wireless back-up cameras
- Oversized clothes hangers
- Bariatric chairs

There are many more out there, and these new obesity-friendly products are arriving on the market daily and will help to ensure that individuals affected by obesity have the same quality of living as anyone else.

Weight Bias Hinders Development and Marketing

Unfortunately, there is a great deal of bias and stigma when it comes to marketing obesity-friendly products. Companies are often hesitant to develop products for those affected by obesity because there is a stigma within the disease itself. Will John or Jane carry an obesity-friendly product through a store to a checkout line, knowing all the while that they might be judged or stigmatized by others? Will a spouse feel embarrassed if an obesity-friendly company's name is listed on a credit card statement? These are all issues that face those affected by obesity and indirectly face manufacturers of obesity-friendly products.

Conclusion

Battling weight bias is a daunting task. Obesity is truly the last acceptable form of discrimination in today's society. From pop culture to employment, weight bias is alive and well. Thankfully, organizations like the Obesity Action Coalition (OAC) are fighting on behalf of those affected by obesity and eradicating weight bias and stigma through initiatives, such as the OAC's "Bias Busters." Moreover, companies and manufacturers are beginning to realize that individuals affected by obesity are a viable target market with unfulfilled basic daily needs.

As time goes on, daily struggles for all people will be minimized through new product innovations. Now the challenge becomes how best to consolidate all of these new products into an easily referenced index, allowing people of all shapes and sizes to find products that solve their daily challenges.

About the Author:

Steve Klingensmith is the president of Adjustable Advantage – makers of the Adjustable Advantage Toilet Seat. He has more than 20 years of consumer product sales and brand marketing expertise and a passion for bringing new and innovative products to market. For more information on Adjustable Advantage and to see how their product is helping individuals affected by obesity, please turn to page 21 or visit www.adjustableadvantage.com.

News from the OAC continued from page 13

ASBP is excited to join with organizations that, together, can create a stronger voice for obesity.

The new partnerships with ASMBS and ASBP will add more than 4,500 new voices to the OAC. This means that the OAC can now proudly say we are the most powerful voice fighting for the individual affected by obesity – a voice made up of more than 35,000 individuals and professionals fighting on behalf of those affected by obesity.

The OAC's membership is a representation of the strength of our voice when it comes to taking on important issues that impact the individual affected by obesity. By joining with ASMBS and ASBP members, the OAC's voice is louder than ever and armed to continue our fight of improving access to obesity treatments and ending weight bias and discrimination. The OAC welcomes other organizations to partner in membership and invites those who are interested to contact Kristy Kuna, OAC Director of Programs and Membership, at kkuna@obesityaction.org or (800) 717-3117 for more information.

OAC Unveils Brand New Web Site

If you haven't visited the OAC Web site yet, you have no idea what you are missing! The OAC has unveiled a brand new Web site complete with social networking integration, easy-to-navigate menus and much more.

The OAC's Web site, www.obesityaction.org, is the central hub of the OAC as it provides members and the general public with the most up-to-date information on the OAC, its advocacy efforts and more. One of the most valuable sections of the OAC Web site is the "Resource Articles" section. Here you will find hundreds of resource articles focusing on a variety of topics such as health and wellness, nutrition, weight-loss surgery and more. Visit the "Resource Articles" section today www.obesityaction.org/educational-resources.

Along with the launch of the new site, the OAC also re-launched its Blog. The Blog is now hosted personally by OAC President and CEO Joe Nadglowski. Joe will be tackling a variety of obesity-related topics offering up various viewpoints. To date, he has posted Blog entries on "Prevention vs. Treatment," "Weight Bias" and more. Visit the Blog today www.obesityaction.org/blog.

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Childhood Obesity *from the View of a Concerned Parent*

by Traci Baker

In late 2011, the media covered various stories about children being removed from parental care due to childhood obesity. The OAC issued a statement on the impact of obesity as a factor in child neglect which can be read by visiting www.obesityaction.org. Upon releasing a statement, the OAC received feedback from members regarding this issue. One member, Traci Baker, who is a frequent author for *Your Weight Matters Magazine*, expressed that while it may seem easy for the government and the public to judge whether or not a child has been neglected due to their weight, the parental struggles of everyday life, especially in regards to weight and weight bias, are often overlooked or not addressed at all. Below, you will find an article written by Ms. Baker, which allows us to see a parent's perspective of raising a child affected by obesity.



*Traci and her son Mason
enjoying time together.*

Traci's Perspective

Becoming a parent has been one of the greatest joys in my life! As our children grow, we want the best for them, so we guide them through life's lessons in hopes that they do not have to face some of the struggles we did growing up. Unfortunately, there are times that no matter how much we prepare, those struggles that we fear are waiting just around the corner. That day came for me when I realized that lines had been crossed and my son was being bullied.

Realizing My Child was a Victim of Bullying

In the back of my mind, I think I always knew he would face weight stigma at some point, but a big part of me did not want to talk about it, in hopes that it would never come to life. I was teased and bullied growing up and that is something I never wanted him to experience. We have been dealing with bullying for the past four years on different levels, and each year I have prayed that it would stop, but it continues to worsen.

Watching my son experience weight bias at such a young age puts me on a completely different emotional level. It is one thing to have personal experience, but when it started happening to my son, I found myself going into “mommy protective mode” to a point. I am responsible for his well-being and protection, and I am going to do the best that I can to protect him from harm.

Finding out that throughout the years he reached out to other adults who did not take the time to truly listen, instead telling him to stop tattling, just ignore it and get along with everyone, or that he was taking it the wrong way, tears me apart. When I look back, I remember him telling me about issues in school, in the bathroom and at recess.

I remember having the gut feeling that something was wrong, so I checked with his teachers about any issues and made them aware of the things he told me. I received positive feedback, saying they felt like everyone played together well and there were no issues. When I asked about the bathroom and recess time, I was assured that all areas, inside and outside of the school, had adults and teachers who monitored and did not allow this type of behavior. I entrusted that anyone working at the school had the best interest of all the kids at school in mind, including my own child. Then, one of the teachers said, “Oh you know it’s probably kids being kids. I’m sure they are just having fun.” My gut feeling did not agree, but her comment made me stop and wonder if I was just being overprotective, and I was reminded this was only third grade we are talking about.

Trying to Reach out for Help

When I reach out for help, I commonly get the same responses, such as, “Maybe if you taught him to eat healthier foods and not so much junk food and become more active, he would not be overweight.” When I explain that he is constantly running around the neighborhood, riding his bike and playing hard, and that he loves to eat chicken, salads, veggies and fruit, it is like they do not believe me. I tell them I do not feed him a lot of junk food and the immediate response is, “Well, if he’s not getting it from you, then who is giving it to him?” The assumption is always there, that his weight is because of junk food. I get to a point where they make me feel like I am a bad parent.

The Problem Worsened

When things started happening again, he did not say anything at first, but my gut told me something was wrong. After continually asking and getting the same response, I focused on approaching him in a “non-mom like” manner and on a different level. What I discovered was at some point, when the teasing and bullying became worse, he did not tell anyone because he felt like they did

not believe him. He had lost his trust in adults. In some respect, we both have struggled with non-existent or negative feedback which made us feel alone at different times.

The teasing/bullying/ridicule and comments start from the time he gets on the bus for school, to the time he comes in the house at the end of the day. It affects his self-esteem, self-worth, self-confidence, grades, social interactions and trust in adults. It worries me knowing how this will affect him as he grows into a teenager and an adult.

My Struggles as a Parent

I worry about not saying enough, saying too much, putting him in counseling at a young age and if that would scare him, when to bring his teachers into it, how to do the right thing, but not embarrass him, the list goes on. I try to find the happy medium to make sure he gets what he needs, and not be an overprotective parent that only causes more ridicule for him.

One of my biggest struggles is knowing how to honestly comfort him by letting him know that everything will be okay when I know that these next few years in junior and senior high school that it will continue on a different level. His body is changing rapidly from puberty, which brings opportunities for more ridicule. Knowing that his future includes gym classes and showers in the locker room means taking down some of the layers he uses to hide his physical being.

Conclusion

We are a society that is taught to criticize and judge by physical appearances – showing what the norm is and those who do not fit that description face weight bias and stigma every day. I can raise him to look at the world differently and do the right thing, but I cannot control those outside forces he is facing and it breaks my heart knowing that his struggles are not over.

My son means the world to me and in my heart, I know I am perfectly imperfect as a mom, but in no way am I a bad parent or neglectful. Everyone deserves to live a life without weight bias.

About the Author:

Traci Baker is a professional in the field of bariatrics at the IUI Health Bariatric & Medical Weight Loss. She is also the president of Bariatric Life Coach Association, LLC, where she works as a certified life coach specializing in working with all weight-loss patients. She is a support group leader, patient advocate, member of the OAC and serves on the OAC’s Advocacy Committee.

Obesity Action Coalition & Obesity PPM Announce New Online Educational Initiative

by James Zervios, OAC Director of Communications



“Mississippi considers restaurant ban for obese,” *CBS News*.

“Health Reform Idea: Put down the Doughnut,” *MSNBC.com*.

From the media to healthcare to the general public, there are often misconceptions regarding obesity. Unfortunately, these misconceptions lead to oversimplifications of the complexity of obesity, its impact and its severity. In an effort to combat misconceptions surrounding obesity and provide the public with a better understanding of it, the Obesity Action Coalition (OAC) and Obesity PPM, an educational consulting firm, have joined together to launch a FREE online educational initiative in the form of a 14-part webinar series, focusing on the complexities of obesity, that will run through 2013.

Why is Obesity Complicated?

We all can probably agree that in its simplest form, obesity is treated through weight-loss; however, there seems to be more to that than meets the eye. “Eat less and exercise more.” “Cut sugar from your diet.” “Get at least eight hours of sleep.” You have probably heard these statements at some point in your life. In fact, you have probably heard them your whole life. Why is that? On the surface, they seem to make sense – kind of. You take in less calories and expend more through exercise. You cut out all sugars from your diet. You make sure you get enough rest. This “should” cause weight-loss, correct? The simple answer – it is complicated.

Frankly, the more we learn about obesity, the more we realize that we still have a lot to learn. Despite the constant repetition of the above statements, the obesity epidemic continues to rise in the United States, with more than 78 million adults affected by obesity and 13 million children affected by childhood obesity. While it may make sense on the surface that diet and exercise contribute to obesity, we also know that there are a lot of other things that play a role as well. Furthering the complexity of obesity, there are debates taking place every day among healthcare leaders about possible answers to obesity. These answers include medical treatments, nutritional guidelines, government policies and

more. There is just one major issue with trying to find an answer to obesity – we do not have a common definition of the problem. Without a definition that everyone can easily understand, we will struggle to agree on the big-picture answers that will help combat obesity.

Obesity – It’s Not that Simple after All

The OAC and Obesity PPM’s free online educational webinar series will bring clarity and understanding to the disease of obesity. Based on *Obesity PPM’s Twelve Pillars model*^{*}, the webinar series will evaluate obesity from six highly-individualized factors affecting a person’s struggle with obesity and six categories of environmental influences. Let’s take a closer look at these two components.

Individual Factors

There are six individual factors impacting obesity:

- cognition
- addiction
- nutrition
- endocrinology and metabolism
- exercise and activity level
- sleep, stress and immunity

Population Level Factors

There are six categories of environmental influences:

- education system and parenting
- workplace and business culture
- community and lifestyle planning
- food policy, production and delivery
- healthcare policy and delivery
- financial instruments and funding

^{*}Four additional factors – age, gender, geography and genetics – apply to all of the *Twelve Pillars*.

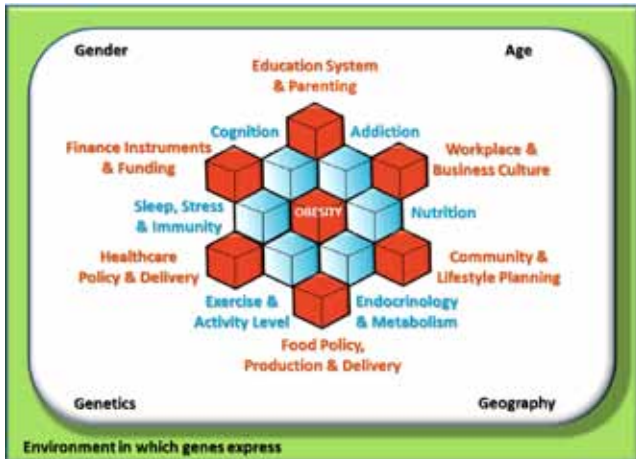


Illustration of Obesity PPM's Twelve Pillars Model*

In order for us to find answers to obesity, we must be able to define all of the variables influencing the epidemic. The cold hard fact is that obesity is not one-dimensional. There is no “one size fits all” approach to combating this disease. By gaining a better understanding of influencers such as addiction, nutrition, workplace culture, food policy and others, we can finally begin to define the problem of obesity, address misconceptions surrounding it and help raise awareness of the fact that there is nothing simple about obesity.

Both the OAC and Obesity PPM believe that a key element driving the bias and stigma individuals affected by obesity face is the tendency to over-simplify obesity. By delivering these free educational webinars, the OAC and Obesity PPM will advance their shared mission to reduce weight bias, social stigma and discrimination.

About Obesity PPM:

Obesity PPM is a consultancy dedicated to the reversal of the obesity epidemic. Obesity PPM's services and solutions address the needs of bariatric surgery and medical weight-loss programs, medical device and pharmaceutical companies, employers, carriers, and all levels of government in their work to develop and implement effective obesity prevention and treatment strategies. To learn more about Obesity PPM, visit ObesityPPM.com, join their [Facebook.com/ObesityPPMLLC](https://www.facebook.com/ObesityPPMLLC) page and follow them on Twitter @ObesityPPM.

Mark Your Calendar!

Join us as we tackle each of the Individual and Population Level factors impacting obesity. Webinars will be hosted by leaders from various healthcare fields, such as addiction, weight bias, nutrition and more. Below, please find a schedule for the webinar series:

- **May 24, 2012** – Obesity and Healthcare Policy
- **July 19, 2012** – Obesity: Endocrinology and Metabolism
- **September 13, 2012** – Obesity: Community and Lifestyle Planning
- **November 8, 2012** – Obesity and Cognition
- **January 3, 2013** – Obesity: Education System and Parenting
- **February 28, 2013** – Obesity and Nutrition
- **April 25, 2013** – Obesity: Workplace and Business Culture
- **June 20, 2013** – Obesity: Sleep, Stress and Immunity
- **August 15, 2013** – Obesity: Financial Instruments and Funding
- **October 10, 2013** – Obesity: Exercise and Activity Level
- **December 5, 2013** – Obesity: Food Policy, Production and Delivery

All events in the series will occur from 8 to 9 pm EST. For more information, please visit www.obesityaction.org.

Educational Initiative Details

This free educational initiative will provide education in the form of:

- Live, engaging webinars featuring presentations by industry-leading subject-matter experts, and in some cases panels of experts, where participants can engage with interactive question and answer sessions and contribute their thoughts and opinions throughout the event by answering poll and survey questions
- Recorded events distributed via online streaming video
- Audio-recordings distributed in the form of a podcast series available for free through iTunes
- The creation and support of online social media communities on Facebook, Twitter and LinkedIn to enable ongoing conversation on the topic of each webinar
- A series of print and online articles in *Your Weight Matters Magazine* offering valuable information about the many factors contributing to obesity

The first webinar, titled “Introduction to the Complexity of Obesity” took place on February 7 and featured OAC President and CEO, Joe Nadglowski and Obesity PPM CEO, Heather L. Flannery. This webinar provided an introductory look at the many complexities of obesity. To download an audio and video version of the first webinar, please visit www.obesityaction.org.

KID'S Corner

SPRING is Here!

The snowmen melted and you get to put away those bulky coats, silly hats and knitted scarves. You can get outside and play – spring is here!

Not only does spring mean warmer temperatures, **SPRING** break and being steps closer to school being out for the summer, it is finally a time you can be in the fresh air, play games and sports and make new friends.

As a teacher, I get asked by young **KIDS** (just like you) what they can do when they are outside in the spring. I hear, "Ms. Huett, it's kind of boring going outside. I would rather play video games." Luckily, I always have plenty of ideas for my third graders when they are looking for fun things to do. I always start by telling them the same thing: get more involved at school, but also talk to adults, and look in our neighborhoods. Here are some great ways to help your spring be filled with play, games and organized **SPORTS**.

Getting Active at School

Physical education (PE) class is a great way to move about and get exercise. Ask your PE teacher or coach if your class can come up with ideas for fun **ACTIVITIES** that you want to do. Your teacher will love that you are interested in having fun, but also staying healthy. If you can't think of any fun games to ask your teacher about, try some mentioned at the bottom of this article.

Another great way to come up with a good list is to work with your classmates that you would like to get to know better. This way you all get to come up with something that sounds fun to you, but you also make new friends and teammates!

Online Resources with Ideas for Outdoor Activities and Games

- PBS Kids, Go!: pbskids.org/zoom/activities/games
- Disney's Family Fun: familyfun.go.com/playtime
- The Learning Channel (TLC):
tlc.howstuffworks.com/family/easy-outdoor-games-for-kids.htm
- Kid's Health: kidshealth.org/parent/growth/learning/school_age_games.html
- American Council on Exercise, Operation FitKids:
www.acefitness.org/ofk/curriculum.aspx (your teacher will have to complete a survey, but this gives them free books to help them plan more fun gym classes)



Go team, Go!

Activities and games can be fun, but sports also give you a good reason to get outside and move! But, why play sports? Playing sports means you are making friends with interests like yours and you are participating in **HEALTHY** activities. Being on a team helps you build self-confidence, self-esteem and skills that help you learn how to work with other people to accomplish your goal.

And, the most obvious reason to play sports? You get to exercise! You will be able to get your **HEART** strong and keep it strong as you create healthy **HABITS** that will last your entire life. Depending on where you live, there are tons of places to get involved.

Outdoor Activities for School or Home

Shadow Tag

This is a twist on the **GAME** of tag and best played on a bright, sunny spring day!

The object of the game: The person who is "it" tags a new person to become "it," which will keep going until all players decide to end the game.

How to play: Though many of you probably already know how to play tag, this version is just a little different. You and your friends should start by choosing someone to be "it." The person who is "it" will be the one who starts out chasing to **TAG** other players. In the regular game, a person chases the other kids around, trying to tag one of them with their hand. With Shadow Tag, the person who is "it" will try to tag the kids' shadow with their feet instead of using their hands. This is a game that isn't just better to play on a sunny day; it's the only way!



It's Time to Get out and Play!

by Amber D. Huett

Here are a few places that are dedicated to helping kids, like you, stay healthy.

A Long Tradition: The YMCA

For more than 160 years, the YMCA has worked to help make the communities they are a part of **STRONGER**. They believe that "everyone, regardless of age, income or background, has the opportunity to learn, grow and thrive." The YMCA is in all 50 states with more than 2,400 locations. You can find a location here: www.ymca.net/find-your-y by typing in your zip code. Your parents can also download the smartphone app to locate the nearest YMCA here: www.ymca.net/yfinder. Ask your local YMCA about their "Swim, Sports and Play," which you can read about here: www.ymca.net/swim-sports-play. Most locations have pools, camps and groups of kids where you can get involved!

For All Kids: Boys and Girls Clubs of America

The Boys and Girls Club of America (BGCA) has many clubs and they help kids get out and play in the warmer weather. With more than 4,000 clubs, most kids can find one nearby. The BGCA's "Wanna Play?" program is for children ages 6 to 12 looking to work on their physical **FITNESS**. The program also teaches you about good **NUTRITION**, or what to eat, with a focus on baseball and softball.

Their "RBI" and "Jr. RBI" programs help kids ages 5 to 18 learn about baseball too. But, those three programs are not the only sports or ways to be active at a club. The BGCA's after-school programs organize activities and games and provide fun ways to be outside and stay out of trouble! You can learn more about the BGCA or find a club location near you by visiting www.bgca.org/whatwedo/SportsFitnessRecreation.

For the Girls—Girls Inc.: Sporting Chance

The group called Girls Inc. has a program just for girls called "Sporting Chance." Girls Inc. believes that sports will help "girls build a foundation for enjoying physical activity, sports and adventure throughout their lives." Sounds like a pretty good **GOAL**, right ladies? Their programs are for girls ages 6 to 14 and start with "Steppingstones" for ages 6 to 8, "Bridges" for 9 to 11-year-olds, and "Girls enCourage" for 12 to 14-year-olds. To find out all the details on each program, visit: www.girlsinc.org/about/programs/sporting-chance.html.

Starting it Yourself: the National Alliance for Youth Sports

Remember, if you do not have sports or games in your **COMMUNITY**, ask an adult how you can help organize and plan. It is never too early to play sports, either. The National Alliance for Youth Sports (NAYS) has a program called, "The Start Smart Sports Development Program," which helps 3 to 5-year-olds get ready to play organized or team sports. The list of sports that NAYS will help you start include: baseball, basketball, football, golf, soccer and tennis!

On their Web site, you can find a sample one hour session about how to learn how to play, and "program exercises" that have pictures to help you see what stations and moves you can do. Have your coach, community center leader, parents or others help you research ways to start sports. Adults can find out how to buy the full starter kits with the "The Start Smart Sports Development Program" by visiting: www.nays.org/Sports_Programs/start_smart/cat_sports_dev_program.cfm.

Red Light, Green Light

This classic game can be played with lots of people (no limit), has simple rules and lots of **RUNNING** around!

The object of the game: Try to get to the end of the field or gym, and tag the "stop light."

How to play: One person is the "stop light." Start with the youngest or oldest person in the group (you should compare month and day if you were born in the same year). At the start of the game, the "stop light" will stand at the end of the **FIELD** or **GYM**, and face away from the rest of the kids. The line of kids should be about 20 to 25 feet away from the "stop light." When the "stop light" faces away from the kids, he or she will say "green light!" At this point, the kids will begin running toward the "stop light" to try and tag them. The "stop light" may turn around and say "red light!" at any time. If any of the kids are caught moving, they are out. Play continues until all kids are out or until someone tags the "stop light." The person who tags the "stop light" will become the new "stop light" and you may begin another game.



KID'S Corner



In the story you just read, you may have noticed certain words in all caps and bolded. These words are important terms for staying healthy and enjoying the spring season. Below, you will see a word search with all of these words hidden. Try to find each word!

A C T I V I T I E S C T J L Z
 S L E F G A M E C O Q R A N T
 T P H R B N C U M G W A U U N
 C M R Q E U I M O Y C E X T L
 F K J I F Y U N S M K H N R A
 N S I N N N N T N K Z I V I U
 A W P U I G P S M U X X S T X
 W I J T T Y T I V F R S P I Y
 I F Y O U T S I D E E E O O H
 R E G N O R T S M N E H R N T
 S L L I K S P D T E A K T C L
 G C R S G Z U I L B I A S V A
 H X D C L O F B I E G C G Z E
 Q I X O F S A T T X I P O J H
 K P G R A A S L A H J F P V R

Why it is Important

You do not have to be in a club, a paying member to any group or even have equipment. There are many things you can do to get **OUTSIDE** and play that do not cost a thing. While television, computers and video games may be common in your house, you should remember the benefits of play. By playing with friends and classmates, you build **SKILLS** to be a leader and a person who works well with others. If you learn to work well with others and work toward a goal – well, you are ahead of the game!

Plus, using **SPRINGTIME** to get outside gets you exercise, which helps prevent you from getting sick and lowers your chances for obesity. When you begin life healthy, it is easier to maintain. Just think of your health like grades – it is much easier to get A's the first time and keep getting them than getting some not-so-good grades, and raising them. Trust me; I know plenty of kids who would agree!

So, when you are playing games or sports, remember how you feel. Doesn't it feel good? As an American writer, Ralph Waldo Emerson wrote, "It is a happy talent to know how to play."

About the Author:

Amber D. Huett is a member of the OAC National Board of Directors and a gastric-banding patient. She is a third grade teacher in Memphis, Tenn. with Teach for America. She has a bachelor's degree in political science and journalism from Bradley University in Peoria, Illinois and a master's degree in Public Administration from the University of Illinois-Springfield.

WORDBank

ACTIVITIES	KIDS
COMMUNITY	NUTRITION
FIELD	OUTSIDE
FITNESS	RUNNING
GAME	SKILLS
GOAL	SPORTS
GYM	SPRING
HABITS	SPRINGTIME
HEALTHY	STRONGER
HEART	TAG

SAVE THE DATE!

YWWM2012  **OAC's Inaugural
Your Weight Matters
NATIONAL CONVENTION**

EXPLORE.  DISCOVER. EMPOWER.



**October 26-28, 2012
Dallas, Texas • Hilton Anatole**



OAC Invites You to its Inaugural “Your Weight Matters” National Convention

The OAC is excited to personally invite you to our first-ever National Convention! “Explore. Discover. Empower.” is the theme for our Inaugural year, because those are all the elements you will get to experience at our meeting this year, and the years to come. The OAC’s Convention focuses on education, action and empowerment – but, overall through this effort, we want to convey that weight and health go hand-in-hand.

With this important message, we invite any individual who is struggling or has ever struggled with their weight to attend and learn proven strategies for managing and losing weight. What’s great about the OAC’s Convention is that you will be surrounded by like-minded individuals who are along similar paths in their journey. So, this is a unique opportunity to step forward and join a welcoming environment that embraces you and your desire to discover all you can when it comes to your weight and health.

Our Convention will literally have something for every individual interested in learning more about weight-related topics. You will enjoy two full days of educational sessions, including specific breakout tracks for those interested in general weight topics and those who are pre or post bariatric surgery patients. We also will have unique opportunities for you to sit one-on-one with an expert of your choice during our “Lunch with the Experts” sessions. Not to mention, you won’t want to miss our exciting themed social events where you will have a chance to let loose and have a little fun!

The OAC’s Inaugural Convention agenda will be released on **May 1, so stay tuned!**
For the time being, **SAVE THE DATE and be part of history as the OAC embarks on its first-ever Annual Convention dedicated to individuals affected by excess weight and obesity!**

Sign-up for Convention E-news Alerts!

Visit the “Convention” section on the OAC’s Web site at www.obesityaction.org to sign-up for Convention E-news Alerts and stay up-to-date on all the developments and breaking news about this historic event!

FAST FOOD

– Is it the Enemy?

by Sarah Muntel, RD

Since 1970, the amount of fast food restaurants in business doubled, which equates to about 300,000 establishments in the United States. Coincidentally, 33.8 percent of the U.S. population is affected by obesity and 19 percent of children and adolescents are also affected. Could there be a link between fast food and obesity?



IS FAST FOOD TO BLAME?

Let's look at a few typical fast food menu items, which do not contain drinks or sides:

- McDonalds Big Mac: 540 calories and 29 g of fat
- Burger King Whopper: 670 calories and 40 g of fat
- Wendy's Bacon Deluxe Double: 880 calories and 52 g of fat
- Taco Bell Nachos Bell Grande: 770 calories and 24 g of fat

Now let's throw in the sides:

- Medium fries at McDonalds: 380 calories and 19 g of fat
- Onion rings at Dairy Queen: 360 calories and 16 g of fat
- Regular cole slaw at Popeye's: 260 calories and 23 g of fat

And don't forget the drinks:

- Large Frosty at Wendy's: 540 calories and 8 g of fat
- Large sweet tea at McDonalds: 280 calories and 0 g of fat
- Iced Carmel Latte from Dunkin Donuts: 450 calories and 12 g of fat



These foods are highly processed, full of fat, calories and sodium. You could easily take in 1,500 calories from just one meal alone. Keep in mind that a general caloric recommendation for Americans is 1,500-1,800 calories per-day and around 50-60 grams of total fat. Choosing a typical fast food meal every day can lead to increased calories which can lead to weight gain and can lead to other health conditions like heart disease.

Could it be the environment?

Let's think back to the pioneer days. People had to plant their crops, tend to their animals and cook foods from scratch. There were no box mixes or pre-made items. Meals had to be planned ahead every day. People really had to work for their food! Grab and go meals were unheard of! Coincidentally, the obesity rates were much less years ago.

Let's now fast forward to today. You can find a fast food restaurant every time you turn the corner. You can choose from greasy burgers, crunchy tacos or a sugary drink at most intersections. It is not necessary to plan your meals ahead, cook or even shop because you have a variety of foods right there at your fingertips.

These quick and easy foods are also cheap, which appeals to so many Americans. You can order dollar cheeseburgers, dollar sodas and supersize items for just pennies. People see a value in cheap food and get it with fast food. People often claim it is cheaper to eat at a restaurant than prepare a meal at home.

Most Americans are overscheduled and overcommitted. They run from activity to activity and do not make time to plan or prepare meals. It is just too easy to grab fast food on the way home from work, or treat the kids to a thick milkshake after a busy day at soccer practice. Having fast food everywhere makes this very easy.

Unfortunately, people do not know the consequences of fast food. They are unaware how the extra fat in their diet can lead to cardiovascular disease. They do not realize the supersized fries may be the reason why their pants are tight. They forget the recommendation to eat a low sodium diet, so their blood pressure rises.

What's the answer?

There is no easy answer. Obesity can be caused by a combination of fast food and the environment people live in today. Many Americans eat out every day! If that is you, make a plan to cut down and prepare a meal or two at home and see how it goes.



The key to this is planning ahead. It may take a little time to do this, but just start one day at a time. Think about your schedule in advance. Sit down on Sunday and determine what you have going on for the week. On your crazy days when you do not have extra time to prepare a meal in advance, have some quick healthy options ready to go:

- Sandwiches on whole grain bread with some low-fat yogurt
- Lettuce topped with grilled chicken
- Low-fat refried beans in a whole grain tortilla with a side of fruit

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What Can You Eat When You Eat out?



Let's face it, at some point in our life, we will all eat fast food. Try to make those visits few and far between. When you do go out, here are a few tips:

1. Leave off the Sauces

Mayo and high-calorie sauces can add tons of calories to a sandwich. Make yours plain or add mustard, salsa or low-calorie dressing.

2. Substitute the Fries

You do not have to eat the fries. Lots of fast food restaurants now offer choices. Pick a salad, fruit or yogurt instead of fries.

3. Choose Calorie-free Drinks

Skip the sodas and go for water or a sugar-free beverage, like unsweetened tea or light lemonade.

4. Get it Grilled

Try a grilled chicken versus a fried chicken sandwich. Instead of chicken nuggets, try a hamburger.

5. Limit Portions

Portions are huge at restaurants. Cut your sandwich in half and save some for the next meal.

Make a Plan

Make a plan this month to limit fast food. You certainly do not have to cut it out altogether, but focus on small improvements as much as you can. Just by packing your lunch a few days a week, you can consume significantly less fat and calories. As it becomes easier for you, make more changes. Gradual changes can lead to a long healthy life.

About the Author:

Sarah Muntel, RD, is a registered dietitian with IU Health Bariatric & Medical Weight Loss. She has worked in bariatrics for the past 12 years and enjoys helping people get to a healthy weight so they can improve their health, feel better about themselves and become more active.



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Membership Application

OAC Membership Categories

(select one)

- Individual Membership: \$20/year
- Institutional Membership: \$500/year
- Chairman's Council Membership: \$1,000+/year

OAC Membership Add-ons

(optional, but only accessible by OAC members)

Add-on 1: Educational Resources

To order bulk copies of OAC resources, members can purchase educational packages. If you'd like to order resources, select one of the below packages.

- Standard Package**
10-50 pieces/quarter \$50
- Deluxe Package**
51-100 pieces/quarter \$100
- Premium Package**
101-250 pieces/quarter \$150

Add-on 2: Make a General Donation

Make a tax-deductible donation to the OAC when joining as a member. Your donation helps the OAC's educational and advocacy efforts.

- \$5
- \$10
- \$25
- \$50
- \$100
- Other _____

Membership/Add-on Totals:

Membership Category: \$ _____

Add-on 1 (if applicable): +\$ _____

Add-on 2 (if applicable): +\$ _____

TOTAL MEMBERSHIP PAYMENT: \$ _____

Contact Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Payment Information

- Check (payable to the OAC) for \$ _____.
 - Credit card for my TOTAL membership payment of \$ _____.
- Discover® Visa®
- MasterCard® Amex®

Credit Card Number: _____

Expiration Date: _____ Billing Zip Code: _____

RETURN TO:

Mail: OAC
4511 North Himes Ave., Ste. 250
Tampa, FL 33614

Fax: (813) 873-7838



MEMBERSHIP



Building a Coalition of those Affected

The OAC is the **ONLY** non-profit organization whose sole focus is helping those affected by obesity. The OAC is a great place to turn if you are looking for a way to get involved and give back to the cause of obesity.

There are a variety of ways that you can make a difference, but the first-step is to become an OAC Member. The great thing about OAC membership is that you can be as involved as you would like. Simply being a member contributes to the cause of obesity.

Why YOU Should Become an OAC Member

Quite simply, because the voice of those affected needs to be built! The OAC not only provides valuable public education on obesity, but we also conduct a variety of advocacy efforts. With advocacy, our voice must be strong. And, membership is what gives the OAC its strong voice.

Membership Benefits

Benefits to Individual Membership

- Official welcome letter and membership card
- Annual subscription to the OAC's publication, *Your Weight Matters Magazine*
- Subscriptions to the *OAC Members Make a Difference* and *Obesity Action Alert* monthly e-newsletters
- "Bias Buster" Alerts, alerting specifically to issues of weight bias
- Immediate Advocacy Alerts on urgent advocacy issues and access to the OAC's expert advocacy team
- Ability to lend your voice to the cause



A SODA Tax

— Will it Change Anything?



by Roberta R. Friedman, ScM

“Rethink Your Drink!”
“Don’t Drink Yourself Fat!”

These are the catchy titles of public health campaigns being waged around the country in an effort to convince people to go soda-free, reduce the amount of empty calories from sugar they consume and help them shed some pounds. The campaigns have brought the issue of sugary drinks and how much they contribute to weight gain into the national spotlight and have certainly made people more aware of the issue. But, is education enough to change our drinking habits and help the country lose weight? Many public health advocates think not, and are encouraging state legislators to give consumers a nudge by taxing sugary drinks.

“According to the 2010 *Dietary Guidelines for Americans*, more than half of the added sugar in our diets comes from drinking sodas, fruit drinks, sports drinks and other sugary beverages.”

The idea is simple: raise the prices of sugary beverages and people will buy and drink fewer of them, reduce their calorie intake and lose weight; use the revenue raised to pay for obesity prevention programs, and you have a win-win situation. It worked with tobacco, so why not sugary drinks? Some worry, however, that tobacco and beverages are two different animals. We do not need to smoke, but we do need to eat food, and soda is food—right? How do we know that people will actually drink fewer sugary beverages because of a tax? Why tax beverages and not some other unhealthy food? Will a tax change anything?

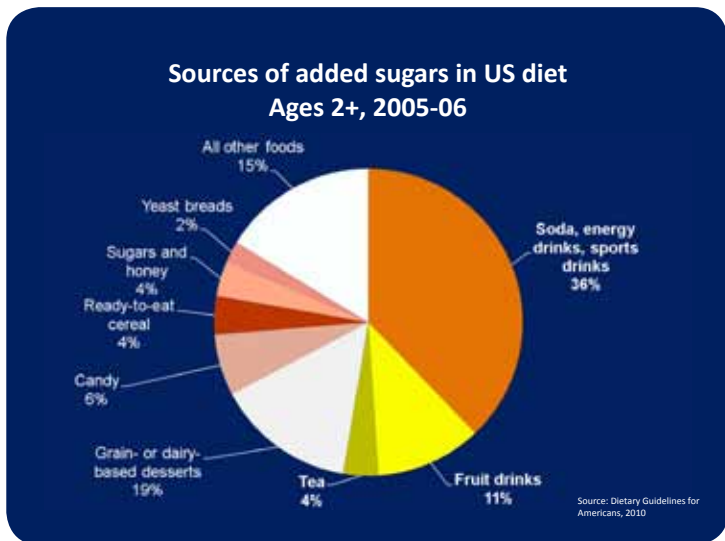
Let’s consider the details.

Why tax these drinks?

Sugary drinks are the single biggest source of “added” sugars in our diet today, that is, sugars that do not occur naturally in foods. For example, 100 percent fruit juice naturally contains fructose (fruit sugar), but drinks like fruitades have extra sugars (such as high fructose corn syrup) added to them. There is too much added sugar in our diets. According to the 2010 *Dietary Guidelines for Americans*, more than half of it comes from drinking sodas, fruit drinks, sports drinks and other sugary beverages (see graph on page 37).

These drinks have very little, if any, healthy ingredients in them and now there is strong scientific evidence that they are linked to weight gain, obesity, type 2 diabetes and other chronic diseases. Scientists think people gain weight because drinking high-calorie beverages does not

make them feel full (but eating something high-calorie does). This means that drinking 240 calories in a 20-ounce soda will not keep you from eating 240 fewer calories. All those extra calories, day-after-day, begin to add up and turn into weight gain.



How would a tax on sugary drinks work to reduce obesity?

When the price of certain food products increases, if the products are considered necessities, people will buy them anyway. Milk and eggs are examples. But, if the price goes up on foods that are not considered necessities, such as sugary drinks, people will buy fewer of them. Economists have determined that if the price of sugary drinks goes up 10 percent, consumption will go down by about 10-12 percent. This would reduce the number of calories from sugary beverages people drink each day, and may help with weight-loss. A tax of a penny-per-ounce, which is written into most of the bills introduced in state legislatures, would raise the cost of the average sugary drink by about 15-20 percent. This would be more than enough to reduce the amount that people buy.

In order for the tax to work, people need to see that the price of sugary drinks has gone up, which means the kind of tax is important. It should be an excise tax (an indirect tax charged on the sale of a particular good), not a sales tax. You may live in one of the 34 states (and Washington, DC) that already have sales taxes on sugary drinks. You pay sales taxes at the checkout line, but you may not be aware that you are paying extra for a sugary drink unless you look at your cash register receipt, and by then it is too late! With excise taxes – the kind being proposed now – the manufacturers or distributors of the drinks pay the taxes. They pass on that cost to you, the consumer, by raising prices. If the shelf price of the sugary drink you regularly buy goes up, you may think twice about buying it.

The other way a tax would work to reduce obesity is if the revenue collected is spent on obesity prevention programs. This is called “earmarking” the funds. Almost all of the tax bills introduced in state legislatures in 2011 included earmarks. Some states would use the money to set up children’s health promotion funds, or nutrition education programs in schools or communities. One would use the revenue to build and maintain new state parks, or improve existing ones. The money could also be used to help schools sell more nutritious foods for breakfast and lunch; to help people on the food stamp plan, called Supplemental Nutrition Assistance Program (SNAP), buy

Soda Tax continued on page 38

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more fresh fruits and vegetables; or to allow communities to build more places where people can exercise.

What sugary drinks would be taxed?

The tax would apply to any beverage that has “added caloric sweeteners” in it. This includes:

- ✓ Sodas
- ✓ Sports drinks
- ✓ Energy drinks
- ✓ Flavored waters
- ✓ Fruit drinks
- ✓ Sweetened teas

The “caloric sweeteners” include sugar, high fructose corn syrup and fruit concentrates – anything with calories. The beverages that would not be taxed include diet drinks, infant formula, nutritional supplements (such as weight-reduction drinks) or drinks with milk in them.

Will a sugary drink tax change anything?

Experts in healthcare, public health and economics are confident that a tax will reduce consumption and help to lower obesity and overweight rates in the United States. Without any real-life tests, it is hard to say how big the impact will be, but they are sure of one thing: as state budgets get tighter, fewer dollars will be spent on important public health measures, such as obesity prevention.

At the same time, as rates of obesity and overweight continue to climb, more and more healthcare dollars are being used to treat obesity and overweight, and the chronic diseases that often come with them. Preventing obesity when we can, rather than paying for its consequences, makes good economic and public health sense. A sugary drink tax may help.

About the Author:

Roberta R. Friedman, ScM, is the director of public policy at the Rudd Center for Food Policy and Obesity at Yale University. She educates federal, state and local policy makers and public health organizations about the science supporting food and nutrition policies that have the potential to create real change.



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References: 1. Wadden TA et al. A multicenter evaluation of a proprietary weight loss program for the treatment of marked obesity: a five-year follow-up. *Int J Eat Disord.* 1997;22:203-212.

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