

OAC NEWS

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Choosing the Right
Weight-loss Surgery
Procedure

Grill, Roast or Broil -
Which is Best?

Sleep and Obesity

Healthcare Reform
and Obesity



Make Your
FOOTPRINT
with the

OAC



The Obesity Action Coalition's Quarterly Magazine for those Affected by Obesity

A Message from OAC Chairman, Jim Fivecoat

Make Your
Footprint this Year



During my time as OAC Chairman, I have been privileged to see the OAC make a tremendous impact. From co-hosting the *Walk from Obesity – Walk on the Capitol* in Washington, DC, last year to distributing more than one million educational pieces since its inception, the OAC has truly stepped up as the leading non-profit organization dedicated to those affected by the chronic condition of obesity.

Each step, or “footprint,” that we have taken has shaped the OAC. These steps, however, would not have been possible without the support of our entire Coalition. It is imperative that we, as a Coalition, continue to proactively move forward with our initiatives, goals and beliefs.



With healthcare reform the new “hot topic” on Capitol Hill, now is the time for OAC members to mobilize themselves and *Make their Footprint*. Shaping our future in healthcare is vitally important, as it will impact generations for years to come. It is time for the chronic condition of obesity to be recognized in the healthcare system. We can no longer turn our heads on this global epidemic affecting more than 93 million Americans.

On page 13, you will find an article detailing the OAC’s *Make Your Footprint* campaign. This campaign encourages our members and the public to join with our Coalition in *Making a Footprint* this year.

The first-step in getting involved is to become a member. I have been a proud member of the OAC since we opened our doors in 2005, are you? There are a variety of other ways you can get involved and *Make Your Footprint* with the OAC. As OAC Chairman, I urge you to join us in our fight against obesity and take your first-step today!

Correction: In the April 2009 issue, the title for author, Dr. Holly Lofton, was incorrect. Dr. Lofton’s correct title is Associate Physician at Geisinger Center for Nutrition and Weight Management.

July 2009 | Volume IV | Issue 4

OAC NEWS

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The Obesity Action Coalition (OAC) is an independent national non-profit patient organization dedicated to educating and advocating for those affected by obesity.

The OAC is governed under the authority of a National Board of Directors. Members of the OAC Board of Directors include: Jim Fivecoat, MBA, *Chairman*; Barbara Thompson, MLS, *Vice-chairman*; Georgeann Mallory, RD, *Treasurer*; Christopher Still, DO, FACN, FACP, *Secretary*; Pam Davis, RN, CBN, CCM; Jeff Haaga; Jacqueline Jacques, ND; Julie Janeway, BBA, MSA, JD, ABD/PhD; and Robin Blackstone, MD, *Director Emeritus*.

OAC News is a quarterly educational and advocacy magazine. OAC News is published in January, April, July and October. Subscription to OAC News is a membership benefit, however, individuals may request a copy.

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Choosing the “Right” Weight-loss Surgery Procedure

By Lloyd Stegemann, MD, FASMBS



Weight-loss surgery has been shown to be very effective at producing significant and sustained weight-loss. There are several different weight-loss operations that are currently available that can lead to this desired result. Because of this, one of the most frequent questions I get from patients considering weight-loss surgery is,

“How do I decide which procedure is right for me?”

Effectiveness of Weight-loss Surgery Operations

It is my opinion that EACH of the most common weight-loss operations done today (gastric bypass, adjustable gastric banding and sleeve gastrectomy) are effective when:

- They are performed by a competent surgeon
- They are done in a center that offers an aftercare program that focuses on dietary, behavioral and exercise changes
- And **most importantly**, they are done on a patient willing to work WITH their operation

No matter what procedure a patient chooses, the key to weight-loss surgery is getting the patient to use their weight-loss operation to implement lifestyle change. Each of the available surgeries truly is a “tool” that will help to control hunger and portion size, but that’s it! The rest is up to the patient.

Having said that, there are some differences between the available “tools.” Here are some of the things a patient should consider when deciding which surgery is right for them.

Right Procedure continued on page 4

Right Procedure continued from page 3

Considerations When Choosing a Surgery Type

Expected Weight-loss

In general, gastric bypass patients will lose around 70 percent of their excess weight, sleeve gastrectomy patients will lose around 60 percent, and gastric banding patients will lose around 50 percent.

All of this depends, however, on how well a patient follows up and if the patient works on all the necessary lifestyle changes that must occur to make them successful over the long-term. I think it is important to keep in mind that even though gastric banding patients tend to lose less weight, they still see significant improvement in their health and quality of life.

Reliability of Weight-loss

Gastric bypass and sleeve gastrectomy patients almost always achieve the expected weight-loss outlined above. I do not worry about these patients losing weight; I worry about them regaining it down the road. This will occur if they do not make the necessary lifestyle changes in the first year after their weight-loss operation.

Weight-loss with adjustable gastric banding is much more variable. Some patients will lose 70-90 percent of their excess weight (remember, 50 percent is expected), but some will lose almost no weight. You see, with a band, if patients are not following-up and working on lifestyle change IMMEDIATELY, they just will not lose weight. The good news is that when a gastric banding patient loses weight, they almost always keep it off because they had to make lifestyle changes to take off the weight and that is what keeps it off for ANY weight-loss operation.

Fast or Slow

Gastric bypass and sleeve patients will typically lose five to seven pounds a week early on and will reach their expected weight-loss 12-15 months after their operation. Some patients say, "I am having this operation to lose weight and I want it off NOW!" That is more of a gastric bypass/sleeve type of weight-loss.

On the other hand, gastric banding patients tend to see a slower, steadier weight-loss (losing one to two pounds per week) but will see this continue until they reach their expected weight-loss around two years after their operation.

Fear of the Unknown

There are good studies looking at the long-term effects of gastric bypass and adjustable gastric banding. It appears that both of these operations are safe, lead to significant weight-loss and improvement in weight related medical problems, and most importantly, maintenance of the weight-loss.

The same cannot be said for the sleeve gastrectomy at this point. Certainly the studies currently available show this operation to be safe and effective, but because the operation is so new, we do not yet know what is going to happen to patients 5 or 10 years after this operation. Will they see weight regain? Will there be problems due to removing so much stomach? We just do not know the answer to these questions yet.

Ability to Follow-up

In order to get an adjustable gastric band to be effective, it HAS to be adjusted. In the first year after surgery, gastric banding patients are typically seen more frequently than gastric bypass or sleeve patients, so it is important that a gastric banding patient be able to make these follow-up appointments in order to achieve maximum weight-loss.

If your employer makes it very difficult for you to get to your doctor appointments or if you live a great distance from your surgeon (more than 2 hours), you are less likely to follow-up and therefore less likely to do well with your band.

Fear of Needles

In order to "fill" the band, a needle must be used. The needle is small and fills do not really cause much pain, but if you are afraid of needles it does not matter if the needle is small.

I will never forget a patient that I inherited after he went to Mexico to have his band placed. I went to fill his band for the first-time and he said, "You have to use a needle? Dr. Stegemann, I am deathly afraid of needles!" As I put the needle into his port, he passed out. Needless to say, he really should have thought about that before he had a band.

Punishment Factor

Gastric bypass patients will very likely experience "dumping" if they eat foods containing sugars. After eating a sugary food, their heart starts racing, they start sweating and then they get severe abdominal pain, dizziness and oftentimes diarrhea. This really helps them stay away from those foods that may have caused them problems in the past.

Some patients like the idea of knowing that if they "cheat" on their operation the operation will punish them for it. There is no dumping with gastric banding and sleeve patients so they need to be more disciplined in their food choices when it comes to sweets.

Foreign Body Fear

Gastric band patients need to be VERY comfortable with having the band in you for the rest of your life. We do not take the band out when patients reach a healthy weight. Please do not be like one of my band patients who called two weeks after surgery and said, "Dr. Stegemann, you have to take this out. I can't sleep knowing it is inside of me."

What **NOT** to Consider When Choosing a Surgery

When deciding which surgery is right for you, I would suggest that you **NOT** consider the following:

Loose Skin

Loose skin is a reflection of significant weight-loss and it does not seem to matter if the weight-loss is slow or fast. If a gastric band patient, a sleeve patient and a gastric bypass patient all lose 150 lbs, they will ALL have some degree of loose skin.

Cost

In most markets, gastric bypass and sleeve gastrectomy are more expensive than adjustable gastric banding. While this is not important if insurance is paying for your surgery, it is important to those that have to pay for their surgery themselves. I always encourage my "cash pay" patients to choose their operation first and THEN figure out how they are going to pay for it.

Reversibility

Some patients choose to have a band because they believe that if the "cure" for obesity is found or they develop some other "problem," they can have it taken out. While it is true that taking out a band is pretty straightforward, there are few reasons why a surgeon would remove a band.

And, despite what you may have heard, a gastric bypass is also reversible. Certainly it is more challenging to reverse a bypass than it is to remove a band, but it can be done. A sleeve gastrectomy, however, cannot be reversed. If a band is removed or a bypass is reversed, a patient almost always begins regaining weight as they no longer have the "tool" that controlled their hunger and portion size.

Fear Factor

Many patients fear a gastric bypass or a sleeve gastrectomy because they feel it is "more invasive" and therefore more dangerous. While it is true that a gastric bypass and a sleeve gastrectomy are bigger operations, when we look at the complication rates of all three operations, they are the same: 10-15 percent of patients will experience a complication related to their operation at some point. I think it is also important to keep in mind that weight-loss surgery has NEVER been safer than it is today.

Conclusion

There is no study that your surgeon can do that will tell him or her what is the "best" operation for you. If you are a good candidate for surgery, then very likely you could do well with ANY weight-loss operation. Ultimately it comes down to you knowing you, and I am convinced that patients are the best decision makers on

which operation is right for them. Go with your gut, no pun intended. The operation YOU feel is right for you is very likely the right one for you!

About the Author:

Lloyd Stegemann, MD, FASMBS, is a private practice bariatric surgeon with New Dimensions Weight Loss Surgery in San Antonio, TX. He is the driving force behind the Texas Weight Loss Surgery Summit and the formation of the Texas Association of Bariatric Surgeons. Dr. Stegemann is a member of the American Society for Metabolic and Bariatric Surgery and the OAC Advisory Board.

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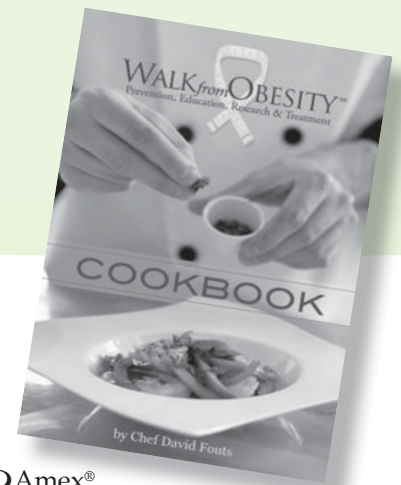
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Grill it?



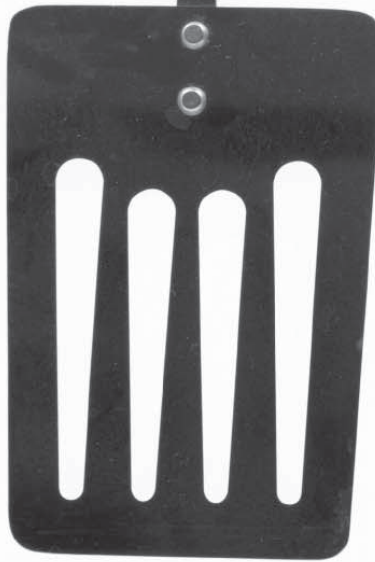
Roast it?



Broil it?



Which is Best?



By Chef Dave Fouts

Cooking methods are important in food preparation especially when preparing protein foods. Your protein intake, particularly from high quality meats, can be significantly increased by learning how to properly cook and prepare various types of meats to make them moist and tender.

Vegetables and fruits, on the other hand, can be eaten raw or cooked, and most cooking methods work well. Typically, dry cooking methods maintain the flavor and the integrity of food when cooking, but that is not to say that moist cooking methods do not have a place in the kitchen. As far as health and flavor, I recommend grilling. Not only is it easy, but the method gives a burst of flavor with every bite.

Cooking Choices

Before deciding which cooking method works best for you, understanding the different cooking methods will help in your meal planning. This article will give you information on dry and moist cooking methods as well as some cooking tips to make your next meal a big hit.

Dry Cooking Methods

Dry cooking methods are recommended when cooking meats and include:

- **Sauté** – To cook food in a preheated pan or griddle with minimum amount of fat
- **Rotisserie** – To cook food in dry heat, while food is rotating
- **Grilling** – To cook food from below heat
- **Roasting** – To cook food in dry heat with the aid of fat
- **Broiling** – To cook food from heat above

Sauté

When you sauté food, you cook it in a preheated pan or griddle with minimum fat. Sautéing is an easy and preferred method because cooking time is short (normally under seven minutes) and there are few guidelines that need to be followed.

1. Make sure the food that is to be cooked is no more than ½ inch thick. If thicker than ½ inch, the outside may burn while the inside remains uncooked.
2. It is important that the pan is heated before food is placed in the pan. Preheating the pan ensures that meat is cooked quickly and retains moisture.
3. NEVER walk away while cooking. Sautéing requires only two to seven minutes total cook time.

Rotisserie

Rotisserie cooking is another procedure that helps retain moisture in foods. Protein foods are most commonly used but some rotisseries have baskets to cook fruit and vegetables as well. Rotisserie involves cooking food over a dry heat while food is constantly rotating.

Roasting

Roasting, if done correctly, can be a great way to cook large cuts of meats and whole fish. To roast, preheat your oven to 500 degrees. Next, using a roasting pan with three inch sides, add liquid to fill the pan with one inch of liquid. If roasting a beef roast, I use beef stock. If roasting chicken, use chicken broth. And for fish, I use a fish broth. Water can be used but does not add much flavor if you plan on using the liquid as gravy or Au Jus. The liquid in the pan keeps the drippings from the protein from burning or evaporating from the pan.

Next, place your roasting rack over the liquid. The roasting rack will lift your protein just above the pan so the heat from the oven can cook the protein all the way around. If you do not have a roasting rack most kitchen stores have them for purchase.

Place your prepared protein into the 500 degree preheated oven and let it roast for five minutes. The high-heat will sear the protein all the way around and lock in the moisture. Turn the heat to 325 degrees and continue to roast until your protein is cooked to your desired "doneness."

Vegetables can also be roasted, but a roasting rack is not needed. First, cut your vegetables the same length and thickness so they will cook evenly. Next, coat with a small amount of oil (olive oil). Season and place them into your

Grill, Roast, Broil continued on page 14

Grilling Fruits

All fruit can be cooked on the grill. Firm fruits such as apples, pineapples and pears tend to be easier to grill than softer fruits such as peaches, bananas and mango. Softer fruits require more attention when grilled to prevent overcooking, which causes the fruit to become mushy. In addition, softer fruit only needs to be heated enough to take on the grill flavor.

***Caution:** Most fruits contain a high level of water. This water content will make the fruit extremely hot when grilling. If you do not allow the fruit to cool slightly after removing it from the grill, the fruit will cause serious burns to the mouth.*

Grilling Vegetables

The flavor of the vegetables increases when it is grilled. A lot of the moisture evaporates from the vegetables as they are grilled; the flavor becomes more concentrated and the sugars

become more condensed, which increases the sweetness and flavor of the vegetables. Some vegetables can be cut into pieces and some can be grilled whole.

Fruit Grilling Tips:

- Fruits are best grilled when using more of an indirect type of heat.
- When placing fruit directly on the grill rack, cut the fruit large enough so it does not fall through the grates.
- Fruits can be grilled with skins on.
- Brushing fruit with melted butter or oil during grilling will help to keep the fruit from sticking to the grill grate. Spraying a non-stick cooking spray on the grate before heating the grill also keeps foods from sticking.
- Soak bamboo skewers in water for 30 minutes or more before using to prevent them from burning on the grill.

Vegetable Grilling Tips:

- Vegetables should be grilled over a medium heat. The length of cooking time will vary depending on the type of vegetable and how it has been prepared. Prevent vegetables from drying out by soaking them in cold water before cooking.
- Cut vegetables into uniform size pieces so they will cook evenly. The larger and thicker the pieces, the longer the grilling time.
- Before placing on the grill, brush oil onto vegetables to prevent them from sticking to the grates. The vegetables must be dry before applying oil or the oil will not stick.
- Most root vegetables, such as potatoes, carrots, and parsnips, may need to be cooked before grilling to ensure that all the vegetables are done at the same time.
- Seasoning the vegetables with sea salt or kosher salt before grilling will draw out extra moisture from the vegetables, which will intensify its sweetness and flavor.
- Brushing vegetables with butter or your favorite oil during grilling helps to keep the vegetables from sticking to the grill grate. You can also sprinkle different herbs and spices over vegetables while grilling.



Selecting a Weight Management Program

By Jacqueline Jacques, ND

If you are seeking to lose weight, one option is selecting a commercial or medical weight management program. It seems that the commercials and billboards are sometimes endless and are always filled with promises that this program can do what you have never been able to do on your own. **So, how do you know if a program can really live up to its promises?**

The Federal Trade Commission (FTC) and other responsible parties recognized for many years that advertising to individuals who wish to lose weight is often deceptive and full of claims that cannot be met. The 2002 FTC report, titled "Weight-loss Advertising: An Analysis of Current Trends," cites the following techniques as "red flags" for deceptive advertising of weight-loss products and programs:

1. Use of consumer testimonials and/or photos.

While it is not always true, testimonials (personal stories) and photos often show the best possible result, and studies of ads have shown that they rarely portray typical results.

2. Rapid weight-loss claims. Programs advertising weight-loss of more than three pounds per week (which is considered to be reasonable and responsible weight-loss for non-surgical methods), are probably not being honest. For example, you may see ads telling you that you can lose a pound a day – this is not a reasonable expectation.

3. The program does not require diet or exercise. Ads that promote pills, patches, injections, wraps or other techniques or products to effortlessly melt away pounds without diet or exercise should be seen as deceptive. There are no accepted medical treatments for obesity that do not recommend diet and exercise.

4. Claims of permanent weight-loss. While obviously the goal of entering a weight-loss program is to lose weight and keep it off, there is no medically accepted method that guarantees this result. Most research on diet, exercise and approved drug therapies for weight-loss show weight regain in the absence of ongoing treatment.

The American Dietetic Association 2002 position paper on "Weight Management" states: "Currently, available data on lifestyle weight-loss interventions indicate that they produce low levels of sustained loss. Typically reported weight-losses remaining after four to five years are about 3 to 6 percent of initial body weight¹." A new study published in the *New England Journal of Medicine* comparing three popular diet programs found that after two years, sustained weight-loss for all groups averaged 4 kilograms (just under 9 pounds)². While some long-term weight-loss is possible with many programs, the average participant only maintains a small amount of weight-loss.

5. Clinically proven or "doctor approved." The FTC has found that often these claims cannot be backed up by scientific studies – or that the studies used are frequently flawed. This does not mean that some are not true, only that you should be a bit suspicious of them.

6. "Safe and natural" weight-loss. These claims can be both hard to evaluate and substantiate.

Finding a Program You Can Trust

So how do you find a program that you can trust? Several organizations including the Weight Control Information Network (part of the National Institute of Diabetes and Digestive and Kidney Disease – NIDDK) and the National Heart Lung and Blood Institute (NHLBI) created guidelines for consumers selecting a weight-loss program. While the guidelines differ somewhat, the following is a general list of what they suggest:

1. Find a program that offers counseling or

education. Counseling and education in either a one-on-one or group setting has been shown to be beneficial for making healthy, life-long change. It is also helpful to have this kind of support to manage stress.

2. Seek a program with a professional staff such as physicians, nurses, counselors, exercise physiologists and dietitians. This is especially important if you have other health concerns, are taking medications that may require management or are seeking to lose more than 20 pounds. The program does not have to be overseen by a doctor, but if it is not, you will want to know if they will work with your doctor to address health issues that may arise.

3. Does a health professional help you set weight and health goals and supervise your progress?

A good program will help you set goals that are both safe and attainable and base them off of your personal needs.

4. If the program requires a regimented diet, consider whether it is something that you can really do.

Can you afford the foods? Are they easy to obtain or prepare? If you have dietary or allergic restrictions, can you participate? Does the program help you learn good habits for the future?

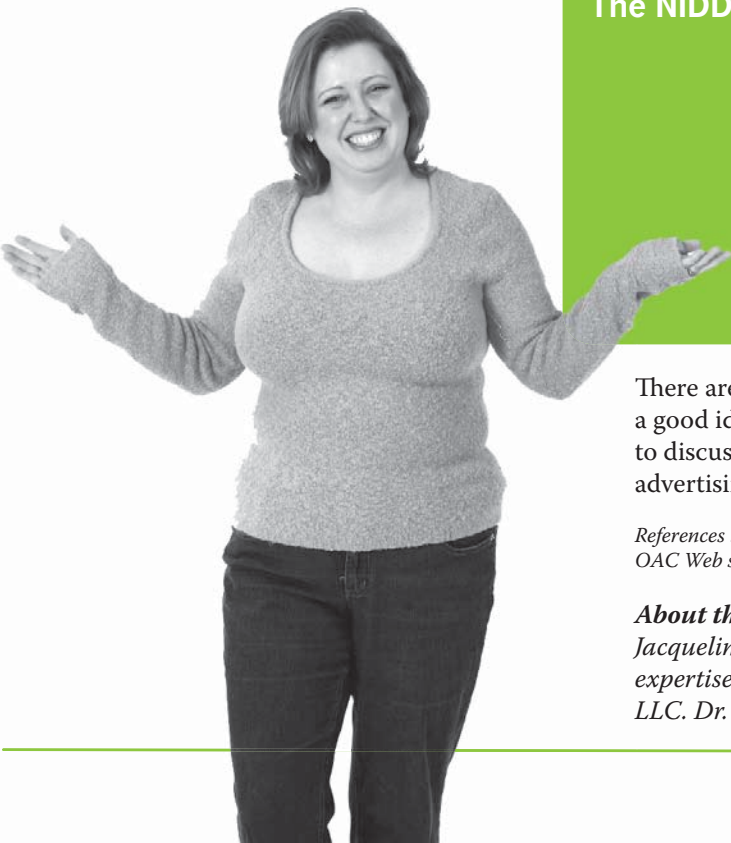
5. Does the program offer a follow-up or maintenance program to help you keep weight off or assist you if you have weight regain?

One thing that long-term studies about weight-loss have shown is that people tend to regain weight throughout time. For this reason, having a requirement or an option for ongoing support can be very beneficial.

6. What are the risks of the program? You may want to evaluate this with your doctor. If the program requires things such as medications or a significantly altered diet, there could be risks to your health that you are not aware of. You would also want to know how the program manages these potential risks – for example, by working with your doctor, following lab tests or other means.

7. Does the program have research that supports its technique and/or publications that explain the program, its philosophy and methods? Some programs, for example Weight Watchers, have been studied and published data on their long-term outcomes.

8. Is the program affordable? If you are going to participate in a program for weeks, months or even years, you will want to assess the cost. Some costs to consider are the costs of enrollment, visits with healthcare professionals, medications, supplements and foods.



The NIDDK and NHLBI suggest asking these questions:

- What percent of people complete the program?
- How much weight does the average participant lose? How much weight do they keep off?
- How many people have problems and side effects, and what are they?
- Are there additional costs for foods, supplements, weekly meetings, lab work, etc.?

There are many good options available to those seeking to lose weight. It is always a good idea to talk to your doctor before you engage in a weight-loss program to discuss your personal health risks, needs and goals. Remember, be aware of advertising that simply sounds too good to be true - it probably is!

References used in this article may be found in the Web version, located in the "OAC News" section on the OAC Web site, at www.obesityaction.org.

About the Author:

Jacqueline Jacques, ND, is a Naturopathic Doctor with more than a decade of expertise in medical nutrition. She is the Chief Science Officer for Catalina Lifesciences LLC. Dr. Jacques is a member of the OAC National Board of Directors.



Sleeping Off the Pounds

By Holly F. Lofton, MD

While many Americans of all ages are striving to practice key factors to maintaining a healthy lifestyle such as eating balanced meals and maintaining regular physical activity, we may be forgetting one of the most important, most natural methods of weight-loss and maintenance – getting a good night’s sleep.

Over many years, several large-scale studies have noted the association between lack of sleep and overweight/obesity.

How Does Sleep Affect Weight?

A study published by Columbia University professors demonstrated that subjects sleeping five hours per night were about 73 percent more likely to become obese than those sleeping seven to nine hours per night. While this is astounding, even increasing to six hours per night still makes an individual 27 percent more likely to become obese than a neighbor who sleeps seven to nine hours. So calm that barking dog!

Interestingly, this study discovered that subjects who were morbidly obese (body mass index above 60) tend to have reduced periods of sleep. This may be due to sleep apnea – characterized by loud snoring and episodes of cessation of breathing during sleep that make one more likely to fall asleep during the day.

Furthermore, a study in the United Kingdom confirmed a similar relationship between sleep and obesity in both children and adults. So, we should be sure to instill good sleeping habits as a priority in the youth of America.

Recommendations for Sleep

The current recommendations for sleep are:

- Infants (3-11 months old) 14 to 15 hours
- Toddlers 12 to 14 hours
- Pre-school Child 11 to 13 hours
- School-aged Children 10 to 11 hours
- Adolescents 9 hours
- Adults 7 to 9 hours

Hormones and Your Weight

While these studies cannot be used to imply a cause and effect relationship, the correlation cannot be ignored. Scientists have devised a theory to explain why lack of sleep is associated with higher weight.

Two hormones, ghrelin and leptin, play important roles in controlling hunger and they are activated based on how much a person sleeps. Simply put, leptin decreases the sensation of hunger and ghrelin stimulates hunger.

While we sleep, our bodies use the down time to process the amount of fat stores present. If we have an adequate amount of sleep time, excess fat stores can be recognized and thus, the hormone leptin is activated to tell us to eat less the following day. However, when a person is sleep deprived, the levels of leptin decrease and ghrelin, a hunger hormone, is activated and we are stimulated to eat more the next day. This phenomenon may sound familiar if you noticed a craving for high-calorie, starchy foods the day after working or studying late. Several years of sleep deprivation can really cause you to pack on the pounds.

- **Insomnia** – difficulty falling asleep or maintaining sleep
- **Sleep apnea** – loud snoring and interruptions in breathing when sleeping
- **Shift work sleep disorder** – inability to fall asleep or excessive sleepiness in a person who works evening shifts or alternating shifts

Your mother was right! Hitting the sack is not only useful for staying awake the next day but also giving your body the rest it needs to maintain a hormone balance that will help you eat less and have more energy to sustain exercise.

If you have trouble sleeping or maintaining sleep after adopting the habits of sleep hygiene, be sure to discuss your symptoms with your medical provider as proper diagnosis and treatment of sleep disorders is essential to maintaining a healthy weight as well as general well-being.

...Happy Dreams!

About the Author:

Holly F. Lofton, MD, is currently an Associate Physician at the Geisinger Center for Nutrition and Weight Management in Danville, PA. Her specialty is geared toward adapting life-long lifestyle changes that lead to successful weight-loss as well as caring for patients undergoing bariatric surgery.

Helpful Tips to Catch Some Zzz's

For those of you who toss and turn all night, meeting these goals can be challenging. So, just for you, a medical specialty called sleep medicine was derived. Sleep specialists have developed a set of proven rules called "sleep hygiene" that will increase your likelihood of getting your "zzz's."

- Avoid napping during the day.
- Maintain a regular bedtime routine and try to stick with the same sleeping and waking times seven days a week.
- Avoid caffeine, nicotine, alcohol and stimulant medications close to bedtime.
- Reserve vigorous exercise for morning or late afternoon. Opt for more relaxing exercises at night.
- Avoid large meals at bedtime. Keep evening snacks in the 100-200 calorie range.
- Elderly people and night-shift workers should be sure to get good light exposure during "daytime" from indoor lighting, while closing blinds, etc. 1-2 hours before bedtime to help set the Circadian rhythm.
- Use the bed only for sleeping and sex. Try not to read, eat or watch television in bed.
- Keep your sleep environment comfortable, pleasant and climate-controlled.

ADVOCACY NEWS

ADVOCACY ACTION

Healthcare Reform and How it May Impact those Affected by Obesity

By Joe Nadglowski, OAC President/CEO

Under much fanfare, 2009 started with a great deal of hope that healthcare reform would happen by year-end, as both the White House and members of Congress urged reform to happen. Although there have been some political stumbling blocks around some of the more controversial aspects of healthcare reform, there are still strong signs that some form of healthcare reform will take place before year-end.

It is important that our members and constituents stay informed on what is going on with healthcare reform. Here is a summary of the various aspects of healthcare reform and how they may impact those affected by obesity:

INCREASED FOCUS ON WELLNESS AND PREVENTION

Healthcare reform will likely require increased coverage of both wellness and prevention programs to address obesity, as well as other chronic diseases, in hope of reducing future healthcare costs. Specifically, proposals include “improving the health of the American people” by establishing such entities as a *National Prevention, Health Promotion and Public Health Council* and establish a *Prevention and Public Health Investment Fund*.

The OAC strongly supports such efforts but has shared with legislators our concerns about financially penalizing individuals who do not participate or who are unable to meet specific weight-loss goals. All efforts to encourage such activities should be incentive-based and not penalty-based.

EXPANDED CHRONIC DISEASE MANAGEMENT

As chronic diseases, including obesity, are blamed for nearly 75 percent of healthcare costs, reform legislation will also likely contain efforts to control these costs. The concept of the “Medical Home” is just now beginning to gain traction.

Under the “Medical Home” approach, patients are cared for by a primary care physician that heads a team of healthcare providers that might include behavioral experts and dietitians. However, questions still remain about inclusion of surgical specialists under this model.

ELIMINATION OF PRE-EXISTING CONDITIONS

Reform will also likely include the elimination of pre-existing condition exclusions which may be helpful to many of our members who move from group insurance to individual policies. Those who were previously denied coverage due to weight issues or past bariatric surgery procedures hopefully will no longer face such exclusions.

STANDARDIZATION OF BENEFITS AND THE PUBLIC PLAN OPTION

Also under consideration is the standardization of benefits (everyone would have the same coverage and exclusions) as well as the controversial Public Plan (government-run health plan) option. Both of these pose opportunities and threats for those who have sought or are seeking to address their obesity, mainly around what benefits would be included.

The OAC strongly urges that if these aspects of healthcare reform become a reality, they include a comprehensive benefit to address obesity ranging the full spectrum including dietary counseling, medical weight management and bariatric surgery.

HEALTH INSURANCE EXCHANGES

Health Insurance Exchanges, or connectors, are also likely under healthcare reform. Such exchanges, which would be government-run, would serve as marketplaces for individuals and small businesses to pool their resources to find insurance coverage at group rates. There is hope that exchanges would encourage expanded benefits which include obesity treatments.

Conclusion

With healthcare reform likely to accelerate throughout the summer, the OAC will continue to be an active force in monitoring healthcare reform and informing legislators and the White House of the needs and interests of those affected by obesity.

Please Note: This information reflects healthcare reform proposals as of this magazine's publication date. As healthcare reform is evolving each day, please visit the OAC Web site at www.obesityaction.org for the most current information and to get involved in our “Calls to Action.”

NEWS *from the OAC*

OAC Launches Campaign to Promote Getting Involved

The OAC is proud to announce the launch of its newest campaign, *Make Your Footprint this Year: Take the Next Step with the OAC*. This National campaign encourages every individual impacted by obesity to make the pledge to get involved in the cause of obesity – and getting involved with the OAC is a great place to start.

Being part of this campaign is simple and takes little time but mostly an energy to start being an active part in the fight against obesity. There are many ways that you can join in. Make the pledge now and start making a difference!

What You Can Do to MAKE YOUR FOOTPRINT this Year



BECOME AN OAC MEMBER: Our members make a difference and contribute to the fight against obesity. Complete the membership application on page 15 or visit www.obesityaction.org and join today!



MAKE A TAX-DEDUCTIBLE DONATION: Donations make a difference and every dollar counts! Your donation to the OAC provides obesity education throughout the country and ensures that our advocacy efforts can continue.



VISIT THE OAC LEGISLATIVE ACTION CENTER: Let your voice be heard by your elected officials. The Legislative Action Center is the easiest way to contact your elected officials and sound-off on different issues relating to obesity. Please visit: www.capwiz.com/obesityaction/home.

Make Your Footprint this Year



Take the Next STEP with the OAC



WORK TOGETHER IN YOUR COMMUNITY: There are many opportunities to spread awareness of obesity in your local community. Partner with your local schools or community organizations and spear-head projects to let others know that obesity needs to be both prevented and treated.



JOIN A LOCAL WALK FROM OBESITY: The *Walk from Obesity* is the only National event that brings together those affected by obesity. Walks take place in more than 70 cities across the country. If there is not a Walk in your local area, you can start one! Visit www.walkfromobesity.com to learn more!

Walk from Obesity Joins Together those Who are Making their Footprint

One of the most rewarding and hands-on ways you can get involved in the cause of obesity is by participating in a local *Walk from Obesity*. This National event takes place in more than 70 cities throughout the year and is the only event that provides an opportunity for individuals affected to come together and show their passion for the cause of obesity.

Not only does the Walk raise obesity awareness, but it also raises funds to expand programs in prevention, treatment, research and education. To date, the *Walk from Obesity* has raised more than \$3 million in the fight against obesity.



WALK *from* **O**BESITYSM
Prevention, Education, Research & Treatment

Visit www.walkfromobesity.com to find a Walk closest to you! Not only is walking in your local event important, but there are also many opportunities to get more involved by becoming a volunteer.

If there isn't a Walk in your area - you can start one! The *Walk from Obesity* welcomes new hosting-cities each year - why not add yours to the list? You can learn more about how to start a Walk by visiting the *Walk from Obesity* Web site.

roasting pan. Next, place them into your preheated 350 degree oven. Using a flat spatula, turn vegetables every 15 minutes until vegetables are done to your desired tenderness. Root vegetables such as potatoes, carrots, parsnips, sweet potatoes and onion work best, but other vegetables such as broccoli, yellow squash, zucchini, bell peppers and cauliflower can also be used, but do not take long to roast.

Broiling

Broiling is typically only used to brown the tops of casseroles and melt cheese. However, this is a quick way to cook meats, fish, seafood and vegetables. You always want to turn your broiler on in your oven and get it preheated.

Using your broiler pan (all ovens come standard with them), lay your food without touching or stacking over the top of the pan. Next, season; and if needed, add a little oil. I find thin cuts of meats, fish and vegetables work well when broiling.

Place your oven rack four to six inches from the top of the oven and place your broiler pan with food under the broiler. At this point, you cannot walk away. Watch as your food begins to brown and when desired browning has occurred, flip food over and broil until desired "doneness."

Moist Cooking Methods

Moist cooking methods include deep frying, pan frying, stewing, braising, poaching and boiling.

- **Deep Frying** – To cook food in preheated fat or oil totally immersed
- **Pan Frying** – To cook food in preheated fat or oil partially immersed
- **Stewing** – To cook small pieces of food at below simmering point with liquid
- **Braising** – To cook in a closed container with liquid in the oven or on top of the stove
- **Poaching** – To cook food in a liquid at a temperature below boiling
- **Boiling** – To cook in a liquid at 212 degrees

Moist cooking techniques are rarely used to cook meats, such as poultry, beef, lamb or pork because these techniques cause your food to be "chewy" and tough. On the other hand, moist cooking methods, such as poaching and steaming, are very effective in maintaining the tenderness of fish and seafood. Although, you will find dry cooking techniques, such as grilling, are also helpful in maintaining moisture and providing tenderness to seafood and fish.

No matter the cooking method, having a better understanding will save you time and improve your dishes.

About the Author:

Chef Dave Fouts is known as the world's premier culinary expert for weight-loss surgical patients. Chef Dave can be found speaking around the country to help in weight-loss patients' success. For more information please visit www.chefdave.org.

OAC Chairman's Council

The OAC is grateful for the generous support of its Chairman's Council Members:

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To join this distinguished group or for more information on the OAC Chairman's Council, please visit www.obesityaction.org or contact us at (800) 717-3117.



OAC Membership

Building a Coalition of those Affected

About OAC Membership

The OAC is a grassroots organization and was created to bring together individuals impacted by obesity. One of the first steps to getting involved and making a difference is to become a member of the OAC.

Membership allows the OAC to build a Coalition of individuals impacted, bringing a unified voice in obesity. These are the individuals that make up OAC's membership:

- Those who are currently struggling with their weight, whether obese or morbidly obese
- Those who are seeking treatment for their obesity
- Individuals who have successfully and/or unsuccessfully treated their obesity
- Friends, coworkers and family members of patients
- Professionals whose work is dedicated to those affected
- Organizations that support efforts in obesity

You probably find yourself fitting into one of the categories above. This is because obesity affects just about every person in the U.S. and directly impacts more than 93 million Americans. With this number continuing to grow, so must our voice. And that is where **YOU** become an important part in what the OAC strives to do.

Membership Categories and Benefits

The OAC wants **YOU** to be a part of what we do. No matter how you're impacted, having individuals join our efforts who believe in making a difference is essential. That's why the OAC offers various member categories, so you can get involved at your desired level.

Several valuable benefits also accompany your OAC membership, including an annual subscription to OAC News. Each membership category offers something different. To learn more about membership benefits, please visit the OAC Web site at www.obesityaction.org.

Not ready to join the OAC as a paid member?

You can become a "Friend of the OAC" and still have your voice be heard. When joining the OAC in this category, you can get involved in our efforts while receiving electronic benefits. There is no charge to become a "Friend of the OAC." To sign-up, check the box below and complete the application.

Sign me up as a "Friend of the OAC"

Membership Application

Yes! I would like to join the OAC's efforts.
I would like to join as a/an:

- Patient/Family Member: \$20
- Professional Member: \$50
- Physician Member: \$100
- Surgeon Member: \$150
- Institutional Member: \$500 (*Doctors' offices, surgery centers, weight-loss clinics, etc.*)
- OAC Chairman's Council: \$1,000 and up

Name: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Payment Information

Enclosed is my check (payable to the OAC) for \$ _____.

Please charge my credit card for my membership fee:

Discover® MasterCard® Visa® Amex®

Credit Card Number: _____

Expiration Date: _____ Billing Zip Code: _____

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

Or Fax to: (813) 873-7838

Obesity Action Coalition
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About the OAC

The Obesity Action Coalition (OAC) is a non profit organization dedicated to educating and advocating on behalf of those affected by obesity, morbid obesity and childhood obesity. The OAC distributes balanced and comprehensive patient educational materials and advocacy tools.

The OAC believes that patients should first be educated about obesity and its treatments and also encourages proactive patient advocacy. The OAC focuses its advocacy efforts on helping patients gain access to the treatments for obesity. As a membership organization, the OAC was formed to bring patients together to have a voice with issues affecting their lives and health. To learn more about the OAC, visit www.obesityaction.org or contact us at (800) 717-3117.



OAC Resources

The OAC provides numerous beneficial resources for individuals affected, as well as professionals. OAC materials are complimentary and members of the OAC can request resources in bulk. To request materials, please contact the OAC National Office at (800) 717-3117 or send an email to info@obesityaction.org.

Magazine

- OAC News - OAC's quarterly education and advocacy publication for those affected

E-newsletter

- Obesity Action Alert - the OAC's free monthly electronic newsletter

Brochures/Guides

- BMI Chart
- OAC Insurance Guide
- State-specific Advocacy Guides

- OAC Web site: www.obesityaction.org
- More than 100 obesity-related topics located on the OAC Web site
- Understanding Obesity Series
 - Understanding Obesity Brochure
 - Understanding Obesity Poster
 - Understanding Morbid Obesity Brochure
 - Understanding Childhood Obesity Brochure
 - Understanding Childhood Obesity Poster
 - Understanding Obesity Stigma Brochure
 - Understanding Your Weight-loss Options Brochure