

A Publication of the Obesity Action Coalition

Fall 2010

YOUR WEIGHT Matters MAGAZINE

Self Esteem and Obesity

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Hemorrhoids

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A Message from OAC Chairman of the Board, Barbara Thompson

Welcome to the Fall issue of *Your Weight Matters Magazine*. Fall is a wonderful time of year. The weather begins to change, department stores begin to decorate for the holidays and we start to reflect on the year and think of our accomplishments, obstacles and what we've learned throughout the year.

This year was an especially important year for the OAC as we celebrated our 5th anniversary. I've been a part of the OAC from the very beginning and I am truly amazed at our accomplishments. I am very proud to be a part of the ONLY nonprofit organization fighting for those affected by the disease of obesity.

As we look back on 2010, I want to take a moment and thank all of the individuals who contributed to *Your Weight Matters Magazine*, making it a stellar publication offering readers the most up-to-date information on obesity and health. I also want to acknowledge our advertisers for their continued support throughout the year: AliMed, Allergan, Bariatric Advantage, Celebrate Vitamins, Covidien, Ethicon Endo-Surgery, Medi-Weightloss Clinics, Robard Corporation and Sizewise. Thank you all for your generous support!

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With 2010 coming to a close, the OAC wants to enter into the new year with some feedback from its members. In the center spread of this magazine, you will find a special member survey that we are conducting so we can get valuable feedback from our members. We encourage you to complete this survey and return it to the OAC. You are welcome to remain anonymous, but as a thank you for completing the survey, all members who return the survey with their names on it will be entered into a drawing for a free portable DVD player and one year of free membership in the OAC.

Looking forward to 2011, there are many opportunities for us to make a difference in the lives of all Americans affected by obesity. Issues such as weight bias, childhood obesity discrimination and bullying and healthcare reform will stay at the forefront of the OAC, as we work to improve the quality of health and life of all Americans. Thank you for your support as a member of the OAC throughout 2010. I know we can count on YOU to make a difference and continue your support in the years to come.

On behalf of myself, the OAC Board of Directors and the OAC staff, we would like to wish all of you a happy, healthy and safe holiday season!



A handwritten signature in black ink that reads "Barbara Thompson". The signature is fluid and cursive, written over a white background.

yourWEIGHT Matters MAGAZINE

Fall 2010

Volume VI

Issue I

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Obesity and Hemorrhoids

by Jamie Seiler, PA-C

Hemorrhoids are more common in the overweight population for several reasons and can be both painful and irritating. Avoid this health problem by eating a high-fiber diet, drinking plenty of fluids and being as active as possible throughout the day.

What are Hemorrhoids?

Hemorrhoids are common and occur in both men and women; however, they are more common in people who are older, overweight or pregnant, and in those who sit for prolonged periods of time and/or strain during bowel movements.

Hemorrhoids are enlarged or swollen veins in the lower rectum. The most common symptoms of hemorrhoids are rectal bleeding, itching and pain. You may be able to see or feel hemorrhoids around the outside of the anus, or they

may be hidden from view inside the rectum. Although hemorrhoids do not usually cause serious health problems, they can be annoying and uncomfortable.

Symptoms of hemorrhoids can include the following:

- Painless rectal, often bright red, bleeding
- Anal itching or pain
- Tissue bulging around the anus
- Leakage of feces or difficulty cleaning after a bowel movement

Hemorrhoids are more common in the overweight population for several reasons including inadequate fiber intake, decreased level of physical activity and prolonged sitting. The best ways to prevent hemorrhoids are:

- Follow a diet high in fiber
- Drink plenty of fluids
- Be active throughout the day

Fiber

One of the most important steps in preventing and treating hemorrhoids is avoiding constipation (hard or infrequent stools). Hard stools can lead to rectal bleeding and/or a tear in the anus, called an anal fissure. In addition, pushing and straining to move your bowels can worsen existing hemorrhoids and increase the risk of developing new hemorrhoids.

Increasing fiber in your diet improves the health of the large intestine and is one of the best ways to soften your stools and prevent constipation. An important type of fiber is called insoluble fiber, which you may know as “roughage.”

Insoluble fibers are found in cereal brans, fruits and vegetables. It's what gives celery its rigid stalk and gives spinach the strong stems that hold up its leaves. It is that same structure that "bulks up" the contents of your stool.

Insoluble Fibers

Insoluble fibers move through the intestinal tract without being digested. Instead, they hold onto water, helping to soften and add bulk to the stools. This action helps stools move more quickly and easily through the large intestine. Stools that move through the large intestine at an easy and regular pace are unlikely to cause constipation. In addition, soft stools are able to pass more easily through the rectal muscles, since there is no need for increased pressure or straining during that bowel movement. This reduces the pressure in the lower bowel, making it less likely that rectal veins will swell and develop into hemorrhoids.

Soluble Fibers

In addition to insoluble fiber, there is another type of fiber called soluble fiber. Soluble fiber is often found in soft or liquid foods. For example, many low-fat and nonfat foods contain soluble fibers called gum or pectin that add texture and consistency to the food. In the body, soluble fiber binds to fatty substances and promotes their excretion as waste. This quality seems to help lower blood cholesterol levels and regulate the body's use of sugars.

Other Benefits of Fiber

Foods that are high in fiber are often packed with other essential nutrients including disease-fighting and cancer-preventing antioxidants. In addition, foods with fiber often contain less fat and fewer calories. Because they take longer to chew, fiber-rich foods may help slow you down, so you eat less. With their added bulk, they help you feel full longer, making you less inclined to snack too soon after eating.

Fiber itself can't be fattening or provide calories - it isn't digested. So, as long as you keep an eye on your calories, a high-fiber diet can be great for your waistline.

The recommended amount of dietary fiber is 20 to 35 grams per day. Most Americans get less than half of this

amount every day. Fortunately, fiber is found naturally in many foods and now is being added to several other foods.

In addition, several fiber supplements are available over-the-counter, including psyllium (Konsyl[®]; Metamucil[®]), methylcellulose (Citrucel[®]), calcium polycarbophil (FiberCon[®]), and wheat dextrin (Benefiber[®]).

Keep in mind that although fiber supplements may help relieve constipation, they otherwise probably will not make much difference to your health. Fiber-rich foods supply more fiber and are less costly than many

It's All about Fiber

High-Fiber Foods:

- Legumes (beans)
- Whole-wheat bread
- Bran
- Fruits (dried or with the peel)
- Vegetables
- Popcorn

Look for these terms

on food products as you walk through the supermarket:

Term	Means
High fiber	5 grams or more per serving
Good source	2.5 to 4.9 grams per serving
More or added fiber	At least 2.5 grams more per serving (compared to standard serving size of the traditional food)

fiber supplements; thus, it is generally recommended that your primary source of fiber comes from food.

If you increase the fiber in your diet, do so gradually. Give the bacteria in your stomach and intestines time to adjust. If you add more fiber to your

diet too quickly you may end up with gas, diarrhea, cramps and bloating. Start with a small amount of fiber and increase slowly to avoid these side effects.

Fluids

Remember that fiber acts like a sponge in your large intestine. It holds water and keeps waste moving along, which prevents constipation. For fiber to do its job, you need to consume enough fluids.

The recommended amount is at least eight cups of liquids each day. As you increase your fiber intake, your body will need more water to process the additional roughage and prevent constipation. Increasing your fluid intake also helps to reduce intestinal gas which is a normal and common side effect of eating a high-fiber diet.

The best fluids for a healthy diet are water and low-fat milk. Water is fat-free and calorie-free while low-fat milk is a great source of calcium. Most other beverages are not the best fluid sources for the body and should be avoided or only consumed in very small amounts.

Fruit juices, while potentially high in nutritional value, are low in fiber and often high in calories. Alcoholic beverages and caffeinated beverages including coffee, tea and some soft drinks act like diuretics, causing the body to lose water through increased urination. In addition, soft drinks are both low in nutritional value and high in calories.

Physical Activity

Physical activity helps maintain muscle tone throughout the body, including the muscles of the intestinal tract. The American College of Sports Medicine recommends a minimum of 30 minutes of some sort of physical activity on most days of each week.

The time you spend exercising in a day does not need to be all at once; it can be accumulated throughout the day. For example, eight minutes spent climbing up the stairs, 15 minutes spent shoveling the snow, and seven minutes walking the dog all contribute to the day's total.

Hemorrhoids continued on page 6

Hemorrhoids continued from page 5

On a daily basis, you should strive to be as active as possible and to limit sedentary activities such as sitting, watching TV and playing video or computer games. If you sit for prolonged periods of time, take a few minutes every hour to stretch and work your muscles - stand instead of sit when talking on the telephone, walk to a restroom at the other end of the building or walk up a flight of stairs. Work your way up to engaging in more vigorous activities such as swimming, biking or power walking three to five days per week.

In addition to preventing constipation by keeping the bowels moving regularly, physical activity has several other health benefits including restful sleep, maintenance of optimal body weight, resistance to cold and other infections, strong circulation and lung function, and decreased risk of cancer, cardiovascular disease, type 2 diabetes, depression and anxiety.

Treatment

Treatment for hemorrhoids begins with warm sitz baths, which are available over-the-counter. These products should be used two to three times per day to relieve irritation and itching. Your medical provider can provide you with further treatment options including topical agents and procedures for more severe cases.

Hemorrhoids can be both painful and irritating. Avoid this health problem by eating a high-fiber diet, drinking plenty of fluids and being as active as possible throughout the day.

About the Author:

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Resources:

American Dietetic Association - www.eatright.org

American College of Sports Medicine - www.acsm.org

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1. Directions for Use (DFU). LAP-BAND AP® Adjustable Gastric Banding System with OMNIFORM™ design. Allergan, Inc., Irvine, CA. 05/10. **2.** O'Brien P, McPhail T, Chaston T, et al. Systematic review of medium-term weight loss after bariatric operations. *Obes Surg.* 2006;16:1032-1040. **3.** O'Brien PE, Dixon J. LAP-BAND®: Outcomes and Results. *J Laparoendosc Adv Surg Tech A.* 2003;13(4):265-270. **4.** Dixon J, O'Brien P, Playfair J, et al. Adjustable gastric banding and conventional therapy for type 2 diabetes: a randomized controlled trial. *JAMA.* 2008;299(3):316-323.

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Exercise and Children

by Julia C. Karlstad, MEd, CSCS

Appropriate exercises, general exercises and how parents can get involved

Obesity in Children

Obesity is on the rise not only among adults, but also among children. Some experts believe that if the rise in the obesity trend continues, the increase in life expectancy that has occurred around the world throughout the past century may come to a screeching halt. In fact, some speculate that kids may not outlive their parents.

In an effort to reverse this trend in childhood obesity, it is important for kids to be physically active and start practicing healthy habits when they are

young. If they don't, they may become one of the following alarming statistics:

- Throughout a 15-year period, childhood obesity increased more than 50 percent [1], and lack of exercise accounted for more than 50 percent of the cases of childhood obesity [2].
- Children who are not physically fit tend to have increased blood pressure and cholesterol, be more prone to type 2 diabetes and acquire other chronic diseases [2].

Should Children Perform the Same Exercises as Adults?

General exercise guidelines for children to follow are:

- Children, especially young children, should be involved in fun or game-like activities. Formal exercise is okay for adolescents, but younger children need more entertainment:
 - Tag, jump rope, hide-and-seek, relays, sports, obstacle courses, etc., are all excellent exercise options for children.
 - Watching television while doing different physical activities, group exercise

or different games may be helpful tactics to encourage young children to enjoy physical activity.

- Strength training can be very valuable for increased performance in sports, preventing injuries and increasing the density of a child's bones; however, keep the following considerations in mind before starting a child in a strength training program:
 - Generally speaking, if a child is old enough to be involved and participate in organized sports, he or she



is old enough to participate in strength training and disciplined enough to follow directions and execute the proper lifting form involved in strength training. In addition, such a child is usually able to control the movements of his/her body more easily.

- o A child should keep the lifting weight relatively light (i.e., approximately 65 percent of a child's one-rep maximum; this would equal about 65 percent of the total weight a child could lift one time for a particular exercise).

A child should try to do at least 20-40 minutes of exercise each day. For weight-loss, the child must gradually increase the duration of each exercise session, working up to 60 minutes of physical activity on most days of the week. To achieve this goal, intermittent rounds of physical activity may be more realistic for some children.

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. For more information on Julia, please visit www.juliakarlstad.com or www.jk-fit.com.

References:

[1] Westcott, Wayne L. Youth and strength training: why and how? Available at: www.fitnessandkids.com; accessed August 14, 2007.

Parents should be involved in the following ways:

1. They should be good role models; children tend to follow in their parents' footsteps
2. They should support and encourage their kids to practice healthy habits, including regular exercise and healthy eating habits
3. They should actively teach their children healthy eating habits
4. They shouldn't prohibit their kids from eating unhealthy foods, but simply allow these foods only in moderation
5. They should limit or reduce the amount of time their children are allowed to watch television, play on the computer and play video games
6. If possible, they should encourage physical activity by making it a "family affair"

[2] Westcott, Wayne L. Will your kids be fit or fat? Available at: www.fitnessandkids.com; accessed August 14, 2007.



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Sexual Abuse and

Obesity

by JoAnn Stevelos, MS, MPH, and Candace White, MEd, MS



What's the link? Part I

A simple understanding of childhood obesity would be this: It's a biological response to overeating and lack of physical activity. However, it is becoming more widely accepted that the childhood obesity epidemic cannot just be thought of in terms of individual choices. We are learning that childhood obesity, which effects one in three children in the U.S., is a complex disease brought on by a multitude of societal problems.

On the front line of this epidemic are clinicians charged with screening, preventing and treating children affected by obesity. To help the growing number of children affected by obesity and their families, clinicians are using tools and recommendations provided by major organizations such as the American Academy of Pediatrics (AAP) and Centers for Disease Control (CDC). These tools focus on screening children, especially those over the 95th percentile, for behaviors such as overeating, lack of physical activity and too much screen time.

However, while the AAP recognizes that "interactions between genetic, biological, psychological, sociocultural and environmental factors clearly are evident in childhood obesity," there has been little attention given to the link between childhood obesity and sexual abuse.

Childhood Obesity and Sexual Abuse

The association between childhood obesity and sexual abuse is strongest in extremely obese children and adults. It is generally thought that extreme obesity is rare; however, it affects nine million adults and two million children in the U.S. The statistics for child sexual abuse are just as alarming.

The CDC reports that approximately one in six boys and one in four girls are sexually abused before the age of 18. In 2005, the U.S. Department of Health and Human Services reported that 83,600 children were sexually abused. Sadly, extremely obese children, who have histories of sexual abuse, may be more common than we think.

The Link between Child Sexual Abuse and Obesity

One explanation for weight gain in those with a history of child sexual abuse is binge eating disorder (BED). BED is at least six times more common in

The CDC reports that approximately one in six boys and one in four girls are sexually abused before the age of 18. In 2005, the US Department of Health and Human Services reported that 83,600 children were sexually abused. **Sadly, extremely obese children, who have histories of sexual abuse, may be more common than we think.**

obese people and three to four times more common in obese people who report a history of childhood sexual abuse. The effects of child sexual abuse (poor self esteem, poor body image, impulsive behavior and drug abuse) are common predictors of the binge eating and obesity. That is, compulsive eating may be one way to manage the depression related to child sexual abuse.

Findings also suggest that clinicians should consider the influences that variation in race and ethnicity might have on the relationship between child sexual abuse and obesity. For example, one study found that black women often experience difficulty asking for emotional support. This combined with a trauma history, emotional withdrawal and eating for psychological reasons, is highly associated with binge eating.

Other factors in the connection between child sexual abuse and obesity, along with eating disorders, might include a desire to “de-sexualize” to protect against further abuse, as well as a range of psychiatric conditions (depression, anxiety, sleep disturbances, physical complaints, phobic reactions, low self esteem, suicidal feelings and substance abuse).

Child Sexual Abuse and its Effects on Obesity Treatments

Given the number of links between child sexual abuse and obesity, a thorough psychological assessment is necessary, including questions that assess for eating disorder, post-traumatic stress disorder, depression, substance abuse and a history of childhood abuse. Once an assessment is complete, an appropriate treatment plan is determined.

Whenever possible, all factors are treated simultaneously, but often the issues that are most debilitating to the individual must be addressed first, such as thoughts of suicide, substance abuse and/or post-traumatic stress disorder. After acute problems are addressed, child sexual abuse and related long-standing issues can be addressed.

The treatment of obesity remains difficult and the success of weight-loss programs is limited. Failure to recognize that obesity may be a coping strategy for those with child sexual abuse histories might explain the failure of the interventions. The AAP has guidelines to help clinicians identify children who are at risk or have a history of sexual abuse.

In many cases of suspected child sexual abuse, pediatricians do not feel prepared or experienced enough to assess the effects of and treat sexual abuse and will often refer children to other clinicians with expertise in treating sexually abused children. Just as pediatricians often shoulder the burden as first responders to the obesity epidemic, they must now, too, provide essential and timely guidance to patients they suspect are being sexually abused.

Furthermore, many pediatricians have reported inadequate training and lack of comprehensive tools to effectively care for children affected by obesity, and the reports are echoed regarding child sexual abuse. According to a 2005 AAP clinical report, “The Evaluation of Sexual Abuse in Children,” many pediatricians also feel there is “inadequate training in the recognition of red flags for sexual abuse and a lack of a consistent approach to evaluating suspected abuse.”

Conclusion

We must respond to this urgent call for resources of training and tools to help our most vulnerable children live safe and healthy lives. Moreover, clinical obesity interventions need to address the possible coexisting psychiatric problems that might require treatment before any attempts at weight-loss.

Clinicians treating children for obesity need to be aware of the link between obesity and child sexual abuse to respond and care most effectively for these children. Yes, a history of child sexual abuse further complicates the already complex issue of childhood obesity. However, it is important to remember that both are treatable under the care of informed and trained professionals.

Editor's Note:

Part II of “Sexual Abuse and Obesity – What’s the link?” will be published in the Winter issue of “Your Weight Matters Magazine.” The second part will focus on the treatment of sexually abused children affected by obesity.

About the Authors:

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For a list of references used in this article, see the Web version on the “Magazine” section on the OAC Web site at www.obesityaction.org.



Insurance **O**bstacles

for Weight-loss Surgery Patients

by Amber Huett

After the Decision of Bariatric Surgery

You've done it. Months (or years) of paperwork, initial exams, psychological counseling and insurance battles to get your weight-loss surgery (WLS) approved; then, the procedure. Now, whether you are 10 pounds into your journey or you've reached your goal weight, there still are challenges beyond just weight-loss. There is a bureaucratic obstacle course one must be willing to run, one that particularly affects WLS patients after their surgeries: attaining both health and life insurance.

If you are in the planning stages of WLS, prepare. Do as much research as possible to lessen the stress in this lifestyle transition. Be proactive; demand respect; ask for answers, in writing; appeal denials; gather support; and write letters.

Leave little unknown as you head into life after surgery. Persistence is critical to obtaining the WLS you and your doctor have decided is best for you.

The Self-Pay Patient: The Realities of Footing Your Own Bill

Those fortunate enough to have insurance cover a portion or all of their WLS, the battle for healthcare access may be less brutal. It's reassuring to be insured by a company with progressive ideals about WLS, which data has shown to be an effective tool to not only treat, but prevent obesity-related diseases.

The self-pay patient, however, often faces entirely different challenges. The financial and emotional trials can be stress-

ful to those paying out of pocket. They then must figure out a savings program, dip into existing savings or secure low-cost financing.

Self-pay WLS patients should consider an insurance designed just for them. Many bariatric practices offer self-pay patients a short-term plan (usually 12 to 18 months) to cover complications that might arise throughout the period of the plan and require additional surgery. One of the most well-known companies is BLIS, which insures 110 surgeons in 25 states. As of January 2010, the company has paid \$4.2 million in medical bills that would otherwise have to be paid by patients out-of-pocket. Self-pay patients still planning a WLS can find surgeons that offer this policy at www.bliscompany.com/locate. Of course, this should not be the only way you choose a surgeon. Do research, because this decision must be a personal one, and one with multiple considerations.

Life Insurance and Insurance Denials

Life insurance companies may deny patients based on their weight, even after their WLS. Prior to applying, ask prospective insurance companies their height and weight guidelines. While you might be at a much healthier weight after surgery, insurance underwriters still must follow body mass index (BMI) guidelines.

If you are denied by a life insurance company, contact them and ask why. Sometimes the reasons are procedural, such as missing paperwork or requirements you can still work to meet. Re-submit your application. If you meet a life insur-

ance company's guidelines and are being turned down strictly because you had WLS, ask about an appeal process. Gather letters of support from your doctor and any medical professional who treated obesity-related diseases that have since been resolved or improved from a WLS procedure. Indicate your health status, especially if you are an otherwise healthy individual; gather documents supporting this.

Life insurance, by design, is different than health insurance. There are no others sharing risk in a life insurance plan; this causes a high number of denials because no other individuals offset money you are expected to cost the company. Premiums, or the amount you pay for the plans, are based on underwriting. They are given values based on height and weight, smoking status and other factors. And, unfortunately, there still are people denied because they had WLS.

WLS patients can discuss with insurance brokers about split risk, or insuring you in a small group of people. Many brokers will be unwilling to negotiate for you, but if you show willingness to work and knowledge of the issue, you might find someone willing to work for you.

To find out more about insurance brokers, log on to The National Association of Health Underwriters Web site at www.nahu.org/index.cfm, which also has a "Find an Agent" search function to find brokers in your area. Coverage is not guaranteed, and likely includes a high deductible. But, many brokers who connect with a person go above and beyond to work with underwriters and get you insured.

Insurance continued on page 14

The Action Plan: Steps to take after you have been denied insurance.

If you have been denied either health or life insurance, follow this action plan in hopes of obtaining individual coverage and advocating on behalf of fellow WLS patients.

- 1** Appeal the decision with the insurance company. Contact the company on the appeals process. Gather documents and letters of support, including medical professionals who can speak to your health status.
- 2** Contact your state's insurance commission and ask how to file a formal complaint. To find your state's insurance commission visit www.naic.org/state_web_map.htm. The individual state commissions typically give summarized versions of legislation in your state and might have resources that can help you locally.
- 3** Consider contacting an insurance broker. It is possible to create small groups that will share risk and increase your chances of getting coverage. The National Association of Health Underwriters can provide more information about insurance brokers. It also allows you to search for brokers in your area at www.nahu.org/index.cfm.
- 4** Write your members of Congress. For contact information on your U.S. Senator or House of Representatives member, you can log on to www.usa.gov/Contact/Elected.shtml. Members of Congress are elected by the people in their districts; it's in their best interest to listen to constituents. If you feel they are not serving your overall best interest, be sure you are registered to vote and speak with your constitutional right.
- 5** Write your state legislators. To search the State Legislatures internet links, visit www.ncsl.org. Once there, click on your state and on the right, click "legislators." Most state legislators are more accessible than members of Congress. Contact their district office and ask if they can sit down for a short meeting. It is in your best interest to gather support from local interest groups and fellow district voters who may be in a similar position. Get organized before meeting with your legislator.

Healthcare Reform Impact and Hope for the Future

In March 2010, the United States Congress passed landmark healthcare reform, which will be a game-changer for those without insurance. If you have a policy that does not change, it will not be subject to new regulations.

According to Morgan Downey of the *Downey Obesity Report* (www.downeyobesityreport.com), the new law will “strengthen the rights of consumers to appeals claims, denials and rescissions. In addition, an external review procedure will be available to review initial claims decisions.” If an insurance company rescinds coverage, it has canceled a policy due to sickness; and obesity has been known to be an accepted justification. In short, the legislation requires an objective review of insurance claims, which will help WLS patients who may have become victims of insurance discrimination.

While many of the healthcare provisions began in July 2010, the complete reform rolls out throughout several years. In 2014, those unable to get insurance through employers can enter state or regional risk pools. Those uninsured for six or more months as of July 2010 can apply for the Pre-Existing Condition Insurance (PCIP).

To find out more information about whether you have a state-run plan, or one administered by the U.S. Department of Health and Human services, log on to www.pcip.gov. The Web site is easy to read, has a frequently asked questions section, and will take you to a specific page about your state’s resources for high-risk pools. Benefits and premiums will vary, including treatment for obesity.

The Weight is Gone, but the Work is Not

Weight-loss surgery as a means of treating obesity is on the rise, which means the coverage problem will compound as people are left out of the insurance pool. Insurance provides companies a pooled risk, but it should not exclude people who have successfully taken control of their disease.

The country needs to focus on creating incentives for successful obesity intervention, especially for insurance companies. Economic incentives should be given to companies that allow access to post-operative bariatric patients who have obtained a healthy weight (not the unattainable and unrealistic BMI). Being denied insurance based strictly upon WLS is unjust.

Do your research prior to making a decision and then use your voice to fight insurance discrimination. Articulate, because well-organized groups will be listened to by both federal and state representatives. You just have to be willing to speak up.

About the Author:

Amber Huett is an OAC Advisory Board Member and gastric-banding patient. She works for the state of Illinois, with experience in analyzing budgets, legislation and public health services. She is a graduate student at the University of Illinois-Springfield, earning her master’s degree in public administration. She has a bachelor’s degree in political science and journalism from Bradley University in Peoria, Illinois.

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Weight loss surgery was not a “quick fix.” It was the start of my new life.

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ADVOCACY NEWS ADVOCACY ACTION

OAC and those Affected Head to Capitol Hill

By Joe Nadglowski

OAC LEADS GROUP OF PATIENTS IN CAPITOL HILL VISITS

On September 21 as part of our continued effort to educate our elected officials on obesity, its treatments and consequences, the OAC brought a group of more than 25 volunteers to Washington, DC, for advocacy training and a series of legislative meetings.

Board members and volunteers from the OAC led the 12 bariatric surgery patients selected as winners of Allergan's "Voice the C.H.O.I.C.E." contest plus members of the Ameri-



Joe Nadglowski speaks to participants during the Capitol Hill visit training.

can Society for Metabolic and Bariatric Surgery (ASMBS) leadership on more than 30 legislative office visits representing 13 states.

During the visits, the advocates shared their personal struggles with weight and emphasized to our elected officials that a combination of both prevention and treatment is necessary to combat the obesity epidemic.

They also urged our elected officials to support prevention efforts like Rep. Kind's Healthy Choices Act as well as to

Hill Visits continued on page 28



OAC President/CEO Joe Nadglowski and C.H.O.I.C.E. winner Chaz Merkel head to their meeting with Representative Bill Young in the Capitol.

OAC PARTNERS ON THE C.H.O.I.C.E. CAMPAIGN

Obesity prevention and treatment are equally important when it comes to fighting obesity. That's why the OAC has partnered with Allergan on the C.H.O.I.C.E. (Choosing Health Over Obesity Inspiring Change through Empowerment) Campaign to unite individuals affected and let our voice be heard loud and clear to Congress.

The C.H.O.I.C.E. Campaign is an educational initiative created by Allergan designed to bring together individuals affected

CHOICE continued on page 28



The winners of the C.H.O.I.C.E. Campaign pose for a picture before beginning their Hill visits.

OAC Participates in Release of First-ever Report on Individual Costs of Obesity

While in Washington doing our Capitol Hill visits with individuals affected by obesity, the OAC was extended the opportunity to serve on a panel with prominent leaders in the obesity community to discuss the release of a first-ever report on personal costs of obesity entitled “A Heavy Burden: The Individual Costs of Being Overweight and Obese in the United States.”

Joe Nadglowski, OAC President and CEO, joined Dr. William Dietz, Director of the CDC’s Division of Nutrition, Physical Activity and Obesity, and Christy Ferguson, JD, Director of the STOP Obesity Alliance, on the panel to give the patient perspective on the new report. The panel was led by the 16th U.S. Surgeon General David Satcher.

The report, by The George Washington University Department of Health Policy, revealed the high costs of obesity to individuals in this country. Mr. Nadglowski, speaking on behalf of the OAC, emphasized the importance of recognizing the personal costs that individuals bear, instead of the societal costs of this epidemic.

Report continued on page 28



Photo provided by Allergan

Joe Nadglowski, OAC President/CEO, looks on as Former Surgeon General David Satcher addresses the crowd, consisting of media and obesity advocates in Washington.

OAC Launches “Advertiser Corner” on OAC Web Site

The OAC is excited to announce a brand new section on the OAC Web site, titled the “Advertiser Corner.” This section showcases each of the *Your Weight Matters Magazine* advertisers online. Once in the “Advertiser Corner,” you’ll find a Web banner ad for each advertiser. These companies offer many valuable services and products that you may find useful in your weight-loss journey.

The OAC is able to produce, publish and distribute *Your Weight Matters Magazine* to more than 100,000 individuals

affected by obesity each year thanks to the support of our advertisers. We invite you to take a moment and visit the “Magazine” section on the OAC Web site to learn more about the *Your Weight Matters Magazine* advertisers.

If you are interested in advertising in *Your Weight Matters Magazine*, please contact James Zervios at jzervios@obesityaction.org for more information.

New Online Membership Pay System Allows Members to Join Securely Online and Set Their Membership for Auto-renewal

In the last month, the OAC has changed its online membership pay system to allow members to join more securely and easily online. Previously, the OAC accepted online memberships via PayPal, but many of our constituents were reluctant to join online with this service.

The OAC has officially switched over and now uses a secure service that easily allows you to pay your membership dues online, without leaving the OAC Web site. In addition, this new service also allows our current members to set their

memberships to automatically renew each year when it is up for renewal. This will alleviate the hassle of keeping track of your membership and when it is up for renewal.

We invite you to take a look at our new online membership pay system by visiting the Membership section on the OAC Web site. Now is also a great time to set your membership to auto-renew each year. If you would like to know when your membership is up for renewal, please contact us at membership@obesityaction.org.



Self Esteem, Insecurity AND OBESITY

by Seán G. Connolly, PhD

The comment in the support group captured a common sentiment, "After failure, failure and failure of diets and weight-loss efforts, there is always that little voice in the back of your mind that says, 'Maybe you are going to be one of the failures at this.'"

The voice of self-doubt and insecurity can be loud, persistent, discouraging and even destructive to our efforts. We can all resonate with poisonous self-talk that invades different areas of our lives.

The importance of self esteem in achieving life goals, including weight-loss, is immeasurable. It is a factor in all our

human endeavors. Understanding how our self esteem has been shaped and influenced in our lives can help us gain the essential awareness for change.

It Begins at Birth

The feedback and comments start immediately following birth, such as "Oh, what a beautiful baby!" "What a big baby!" Of course, the infant is oblivious to it all. But, before long in life, the child becomes very aware of the value of the feedback from the world around them. Praise and criticism are absorbed deep inside our psyche, not forgotten easily, especially if the comments are negative.

Self esteem is born within us, and we become aware of how important it is to begin to meet the expectations of others.

The importance of self esteem in achieving life goals, including weight-loss, is immeasurable. It is a factor in all our human endeavors. Understanding how our self esteem has been shaped and influenced in our lives can help us gain the essential awareness for change.

We begin to seek out from others clues to our worth, acceptability and our own self. Sometimes we can hide the real self inside and put a lot of energy into pleasing others. Our self esteem is developed from feedback from the world around us and our interpretation of it. People make comments about others on personality, appearance, weight, looks or talent, be them complimentary or uncomplimentary.

Psychological Cravings

Human beings have two psychological cravings. The first is for love, affection, warmth and caring. Kids want desperately to be loved. That is what gives a child, and an adult, a sense of security. Kids feel there is one sure place where they are loved, in their "home." Most parents make an effort to feed this hunger daily. That craving is always with us, into adulthood, although not as "needy."

The second craving humans have is for approval, recognition or affirmation. Kids are not shy about it, "Mom, look what I got in school today;" "Dad, are you coming to my soccer

game?" This is what molds and shapes our self esteem. This hunger for approval is carried from the family into society. As we grow older, the cravings never disappear, but are nourished in different ways. And sometimes, as adults we have to nourish these cravings ourselves. Compliments are never too plentiful or trustworthy, in society, especially the work environment.

As the child grows up and goes to daycare, begins school, visits relatives and friends, develops relationships, attends church, joins clubs, participates in sports and later in life finds a job and works on a career, the feedback and comments come and are often uninited. It is this feedback that shapes and influences our self esteem.

Awareness of Feedback

We become more aware of the feedback, such as the looks, the reactions, the comments, the avoidance, the engagement in conversation, the occasion of being ignored, not being picked for the squad, winning and losing competitions, doing well or poorly in school, evaluations at work, assessment of career goals and interactions with neighbors and friends. We all hope for positive feedback.

However, we all know from experience there will be that negative feedback: that one comment a teacher, parent or relative made and can still echo in our mind, such as a friend's unexplainable rejection, a coach who put a label on us, a peer who was blatant in his or her dislike, comments on our weight or size, etc.

The more positive feedback we receive and internalize, the more secure in ourselves we feel. The more negative the feedback, the more insecure we can feel. We can begin to build a wall around ourselves, to protect ourselves from excessive criticism, put-downs, labeling or any adult scripting failure for our lives.

A useful reflective activity is to journey back into our developmental history of our self esteem and ask ourselves what feedback did people, especially significant

Self Esteem continued on page 20

SUGGESTIONS TO HELP

- Give yourself the right to feel good about yourself and feel more secure: say out loud, when no one is around, "I have the right to feel good about myself." It is important to hear yourself say these words out loud for it to be effective. You may have to say it numerous times to match the feelings to the words. The more you say the words, the sooner they will be programmed into your mind.
- You may have to give yourself "permission" to feel good about yourself, if you have been brainwashed growing up that you had no right to do that: "I choose to give myself permission to feel good about myself." Repeat it until you believe it.
- Select some affirmation statements to program in positive thinking. These are statements that empower you to change negative thinking about yourself in areas that are important to us. For example, "I affirm my intelligence." "I affirm my ability to be successful at what I chose to do." For a selection of affirmation statements related to self-esteem and weight-loss surgery success, see our Web site www.thealgorithmsgroup.com.
- Take a few affirmation statements that fit particularly for you and put them on your mirror and repeat them out loud every morning and during the day until they become part of you.
- Counseling and life-coaching can help you along in promoting self-perceptions that have an impact on our self-esteem.

others, give us about our personality, intelligence, friendliness, attractiveness, looks, potential in life, talent, lack of talent, behavior and our body.

Dealing with Comments

We cannot control the comments of others, often uninvited, but we can control how we deal with them. We are all aware of society's negative reactions to obesity, and when it is personalized, it can really hurt. Many patients have reported

throughout the years the teasing, criticisms, looks, accusations, rejections, exclusions and words. And no matter how well-defended we might be, it can be painful.

The pain can be hidden, subdued, pushed aside, but always there undermining our sense of security. We can even have, consciously or unconsciously, agreed with the negative feedback, and accepted it as part of who we are.

Conclusion

With a secure and confident "self" we can be more successful in achieving any behavioral goal. As children, we could not "fight back." As adults, we can affirm ourselves, program positive thoughts in our mind, silence the negative "voices" in our head, choose not to be affected by the comments, filter the feedback and promote self-confidence.

You can repair a damaged and insecure self esteem. The task is to re-program negative thoughts in your mind and replace them with positive thoughts, with time, as it is not an immediate change. Let me reassure you that you can develop a positive self esteem throughout time and utilize it effectively to achieve weight-loss goals.

About the Author:

Seán G. Connolly, PhD, is a licensed psychologist, specializing in health and rehabilitation psychology, and consults with several bariatric surgeons in San Antonio. His main focus in the area of obesity is coaching weight-loss surgery patients to achieve their weight-loss goals.

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Dana (Episode 1)



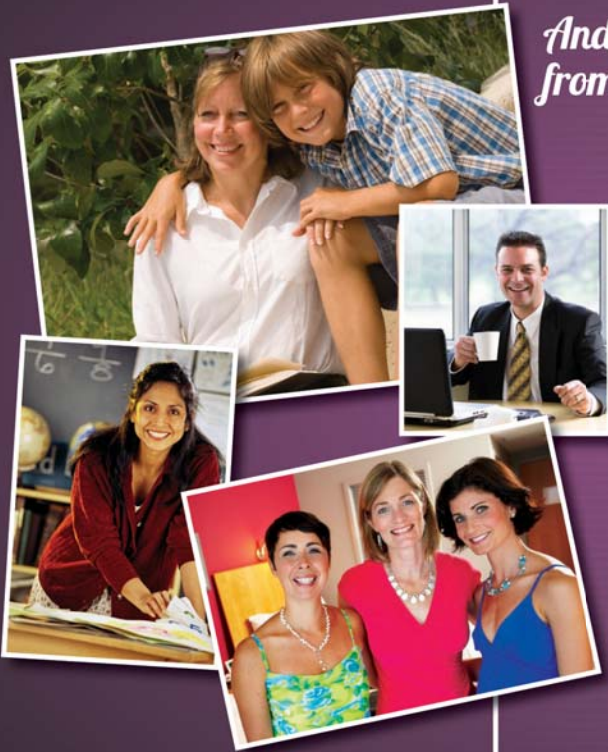
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Meet Dana. A mother of two energetic kids, she has struggled with her weight most of her adult life. But it was her type 2 diabetes, as well as her weight, that really motivated her need to make a change. From speaking with her doctor, Dana knew that bariatric or weight-loss surgery has the potential to immediately resolve her diabetes.

Dana has decided to start on the path to lose the weight and resolve her diabetes. Join her on her journey, watch videos of her real life experience on Bariatrics4Diabetes.com.

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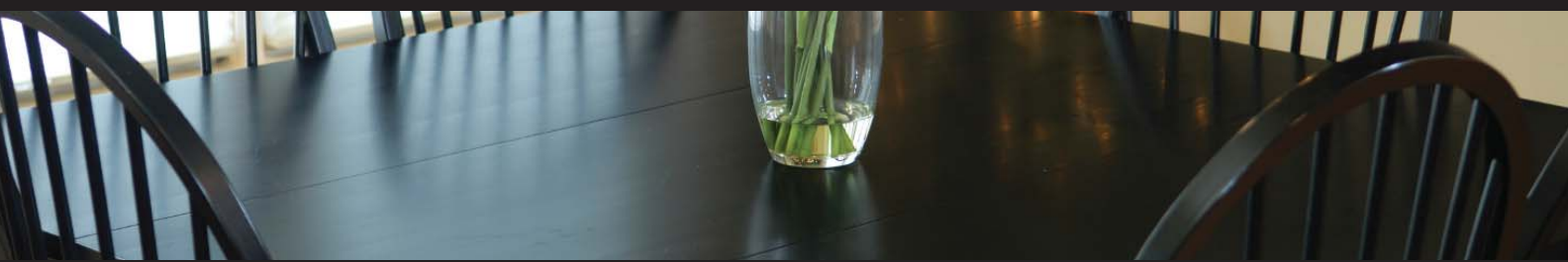


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EATING OUT VS. EATING AT HOME



by Chef Dave Fouts and Vicki Bovee, MS, RD, LD

I HAVEN'T MET A PERSON WHO DOESN'T LIKE GOING OUT TO A RESTAURANT TO EAT ON OCCASION. IF THE ATMOSPHERE IS JUST RIGHT, THE FOOD IS TASTY AND THE SERVICE IS GREAT, THE MEAL IS CONSIDERED PERFECT.

BUT, IS IT?

The very first restaurant in the world was opened in Paris in 1765. A tavern keeper, Monsieur Boulanger, served a single dish, sheep's feet simmered in a white sauce. As for the U.S., the Union Oyster House is the oldest restaurant in Boston and the oldest restaurant in continuous service in the U.S. Since 1826, their doors have always been open to diners.

I have had the pleasure of eating at the Union Oyster House. The food was just ok, the service average, but the atmosphere was amazing. In a nutshell, it's not always the food that makes the restaurant, but the atmosphere or nostalgia.

Restaurants are often looked at as a convenience - a place to relax and have a good meal. However, I challenge this theory. Think about this: Can you go to a restaurant and eat in your underwear and favorite pair of wholly socks? A little ridicu-

lous, but the point is you're most comfortable in your own home. In addition, eating at home is more convenient, costs less and above all, it can be a lot healthier.

To the right, you will find a chart of restaurant items. We've also compared meals made from home with prepared foods from popular restaurant chains.

SERVING SIZES

As Americans, we have become accustomed to and expect larger portion sizes from restaurants. "I want my money's worth," and "We love coming here because the portion sizes are huge," are the most common statements I hear when going to a restaurant. Most restaurants serve two to three times more than the healthy portion sizes recommended by the U.S. Dietary Guidelines.

Not only is this not healthy, but most people don't know what a proper portion size is and tend to overeat and maybe "eat the whole thing." We have become accustomed to expecting a to-go box filled to take home. You will notice the "made at home" portion sizes in the chart above are smaller and are the recommended serving size. Remember, proper serving sizes mean less calories consumed.



RESTAURANT VS. DINING AT HOME COMPARISON

	CHEF DAVE'S BURGER	FIVE GUYS HAMBURGER	DOUBLE CHEESE PIZZA	DOMINO'S DOUBLE CHEESE HAND TOSSED PIZZA (1/4 OF 12")	OVEN FRIED CHICKEN (1 PIECE)	POPEYE'S FRIED CHICKEN (1 PIECE)	COBB SALAD	RED ROBIN COBB SALAD WITH RANCH
PORTION	321 (g)	265 (g)	211 (g)	159 (g)	230 (g)	179 (g)	240 (g)	606 (g)
CALORIES	410	700	300	375	220	350	260	742
FAT (g)	17	43	13	11	4	20	12	50
SODIUM (MG)	630	430	840	775	430	1130	510	1901
CARBS (g)	31	39	28	55	16	8	12	18
FIBER (g)	5	2	6	3	1	N/A	2	7
PROTEIN (g)	34	39	19	15	30	33	24	50

SAVOR THE FLAVOR

Restaurants are in business to make money and calorie counting is not at the top of the list. Large chain restaurants have corporate chefs whose sole responsibility is to create mouth watering, can't put down food. Calories, fat, carbohydrates and the many other nutrient values that are recommended are typically lost in the sea of making the tastiest dish with little regard to nutrition.

Two fried chicken patties used as a bun with cheese and mayo stuffed in the middle is being sold in a major chicken chain. Another chain sells an awesome Asian salad as far as taste goes, but with the toppings and salad dressing it has more than 800 calories.

At a restaurant, you have almost no control over how most items are prepared and you are leaving your health and wellness in the hands of the chef in the back. At home, you control how much salt is being used, what fat you use to cook with, the quality of the food product and most of all, your in control of your health and wellness.

TIME SAVING

"Eating at a restaurant saves me time," is far from the truth. The average person does not want to spend more than 20 minutes to prepare a meal for their family. Choose a recipe or food item that requires the amount of time you have to spend in the kitchen.

Plan ahead for days when you have kids' soccer practice and you know a meal needs to be quick and nutritious, such as

chicken Caesar salad. Then on the days where life gives you more time, plan a pot roast with veggies where the prep time is 15 minutes and the cook time is three hours. As for the restaurant being quicker, if getting in the car and driving to the restaurant, waiting to be seated, waiting to order your food, waiting to get your food, paying for your meal and then driving home is quicker, then you might want to try a different recipe.

TAKE RESPONSIBILITY

When all is said and done you must take responsibility for your own health and wellness. Restaurants provide a great service, but in the end, you need to make decisions based on where you are in your weight management goals.

About the Authors:

Chef Dave Fouts is known as the world's premier culinary expert for weight-loss surgery patients. Chef Dave can be found speaking around the country. Chef Dave is a member of the OAC Advisory Board.

Vicki Bovee, MS, RD, LD, has been working in the field of weight management for more than 20 years. She is a consulting clinical dietitian specializing in bariatric nutrition. Vicki is a member of the OAC Advisory Board.

TO VIEW THE RECIPES FROM CHEF DAVE FOR THE ABOVE ITEMS THAT ARE DISHES PREPARED AT HOME, PLEASE SEE PAGE 24.

THE HEALTHIER COMPARISON RECIPES

Recipes by Chef Dave Fouts

WELL SEASONED CHEF DAVE HAMBURGER

Yield: 1

5 ounce raw 90/10 ground beef
¼ teaspoon garlic powder
¼ teaspoon onion powder
¼ teaspoon chili powder
¼ teaspoon Worcestershire sauce
Pinch of salt
Pinch of black pepper
Whole wheat hamburger bun
1 slice tomato
1 slice onion
1 teaspoon ketchup
½ teaspoon mustard
2 slices pickle

- Place ground beef and spices into a small bowl and mix well.
- Form into a 5 inch patty.
- Sauté, bake or grill until hamburger is cooked to desired doneness.
- Place beef patty onto whole wheat bun and top with lettuce, tomato, onion and condiments.
- Serve.

DOUBLE CHEESE PIZZA

Yield: 1

1- 6 inch whole wheat pita bread
½ cup prepared pizza sauce (I like to use low sodium spaghetti sauce)
¼ cup part skim mozzarella
¼ cup low fat Monterey jack cheese

- Preheat oven to 350 degrees.
- Bake for 12 minutes or until cheese is lightly browned.

OVEN FRIED CHICKEN

Yield: 6

Light vegetable oil cooking spray
6 whole chicken breasts, halved and skin removed
3 ½ cups ice water
1 cup plain nonfat yogurt

For The Breading

1 cup dried Italian bread crumbs
1 cup all-purpose flour
1 tablespoon Old Bay seasoning
½ teaspoon garlic powder
¼ teaspoon freshly ground black pepper
Dash cayenne pepper
½ teaspoon dried thyme
½ teaspoon dried basil
½ teaspoon dried oregano

- Preheat the oven to 400 degrees.
- Coat a baking sheet with 3 sprays of the vegetable oil.
- Put the chicken in a large bowl with the ice water. Put the yogurt into a medium bowl. Set both bowls aside.
- Toss all the breading ingredients into a large, tightly-sealed plastic bag. Seal and shake well to mix.
- Remove 2 pieces of chicken from the ice water. Roll each piece in the yogurt. Put the chicken into the plastic bag, reseal, and shake to coat thoroughly. Transfer the breaded chicken to the prepared baking sheet. Repeat the process until all 12 pieces are breaded. Spray the chicken lightly with the vegetable oil.
- Place the baking sheet on the bottom shelf of the oven and bake for 1 hour, turning the pieces every 20 minutes to allow even browning.
- Serve hot.

COBB SALAD

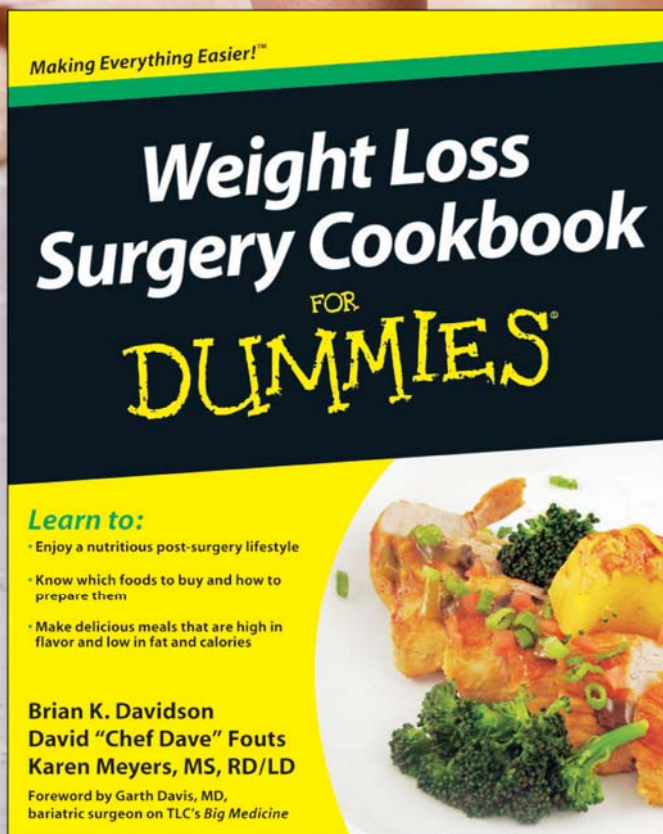
Yield: 1

2 cups romaine lettuce
1 tablespoon blue cheese crumbles
1 tablespoon chopped avocado
2 tablespoons chopped tomato
2 ounces grilled chicken breast
½ boiled egg, chopped
2 teaspoons sliced black olives
1 teaspoon bacon bits
2 tablespoon low-fat ranch salad dressing

Place lettuce into a medium bowl and top with remaining ingredients.

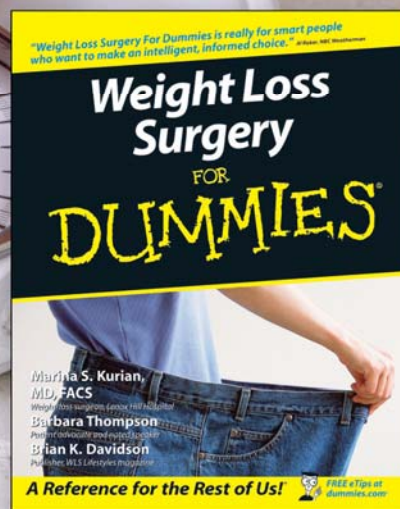


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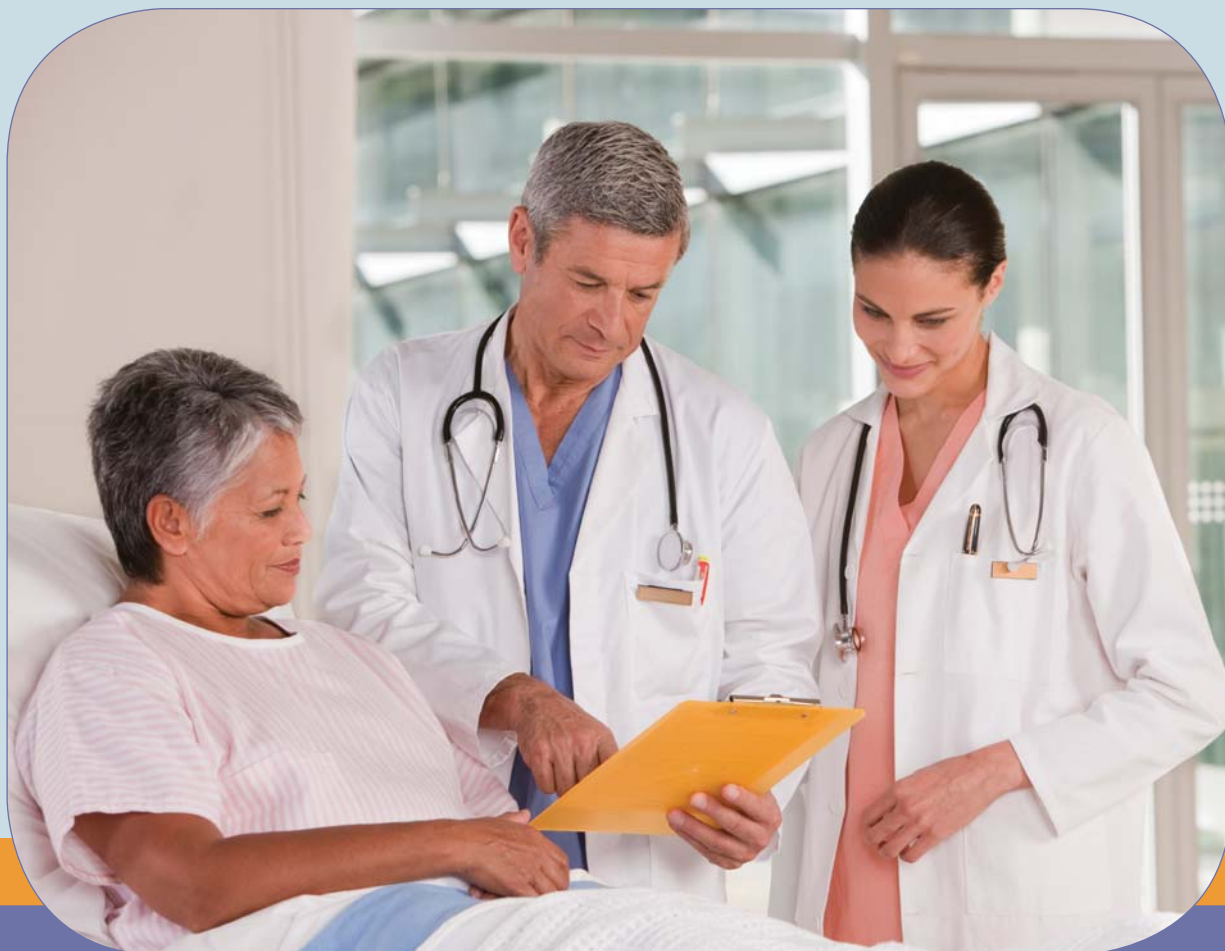
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by Sherman C. Smith, MD, FACS

Does Dramatic Weight Reduction also Reduce Cancer Risk?

Those of us who struggle with being obese or with treating those who are, know that the overall health risk from being heavy is real. If we then have to add to this burden of risk the potential loss of life from cancer, we become even more discouraged.

Adding to this, the fact that traditional treatments of obesity have been more frustrating than successful, it would be refreshing to hear some good news when it comes to surgical treatment for obesity. That kind of news is available.

The Study

Since gastric bypass for morbid obesity has been a sound and long-practiced method of weight control, it is pos-

sible to study those patients in well designed retrospective approaches. The problem of finding appropriate control subjects was ingeniously addressed by Dr. Ted Adams at the University of Utah School of Medicine in collaboration with the Rocky Mountain Associated Physicians multi-surgeon group, who have been involved with bariatric surgery for the past quarter century.¹

Study subjects included 9,949 patients who underwent gastric bypass between 1984 and 2002 and then were followed through 2007. After exclusion of non-Utah residents, there remained 6,709 who could be linked to the Utah Cancer Registry (UCR). Controls were a group of 9,609 people who had driver's licenses in the state of Utah, but who had not had surgery. This group was refined to include only those

Hill Visits continued from page 16

expand access to dietary counseling, healthcare provider supervised weight-loss with or without pharmaceuticals, bariatric surgery and other comprehensive approaches to treat obesity.

Special thanks to all of those who joined us in DC to "Raise their Voice." To learn more about how you can join in the OAC's advocacy activities, visit the advocacy section of our Web site at www.obesityaction.org.

CHOICE continued from page 16

by obesity, reduce the prevalence of obesity in our country and help those already affected to regain their health. To support this effort, the OAC has pledged to give away 1,000 FREE one-year OAC Memberships to those who join in the campaign by signing the petition to Congress. The petition to Congress aims to let our elected officials know that hundreds of thousands of individuals want to see more being done when it comes to treatment and prevention efforts.

If you are not yet an OAC Member, now is the perfect time to let your voice be heard and join the OAC at no cost to you. Be sure to check the "opt-in" box at the end of the form to sign the petition so you can automatically receive your FREE one-year membership.

If you are already an OAC Member, we thank you for your membership and urge you to sign this important petition to Congress. Let your friends, family and colleagues also know about this campaign and encourage them to be a part of it with you. The more individuals who sign this petition, the louder our voice is to Congress.

To visit the Campaign Web site and sign the petition to Congress (where you can opt-in for your FREE OAC Membership), visit www.mychoicecampaign.com.

Report continued from page 17

It was an honor that the OAC was invited to participate on this panel to share the point of view of the individual affected. The OAC echoes the overall message of the critical need for policies that focus on prevention and treatment for those who are already obese.

To learn more about the report, please visit www.gwtoday.gwu.edu/learningresearch/ahheavyburden.

OAC Chairman's Council

Platinum

(\$100,000 and up)

Allergan, Inc.
ASMBS Foundation
Ethicon Endo-Surgery

Gold

(\$50,000)

Potomac Currents

Silver

(\$10,000)

American Society for Metabolic & Bariatric Surgery
Bariatric Advantage
Covidien
New Life Center for Bariatric Surgery
Vivus, Inc.

Bronze

(\$5,000)

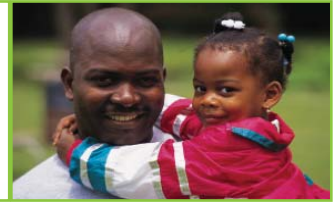
BLIS, Inc.
New Dimensions Weight Loss Surgery
Orexigen Therapeutics, Inc.
The Wellborn Clinic

Patron

(\$1,000)

Advanced Specialty Care
Alaska Bariatric Center
ALSA Bariatrics
Baptist Metabolic Surgery Center
Bariatric Support Centers International
Carmel Surgical Specialists
Chef Dave
Crospon
Pam Davis, RN, CBN, CCM
EnteroMedics Inc.
Jim Fivecoat
Mathias A.L. Fobi, MD
Gastric Band Institute
Geisinger Health Care System
Marquette General Weight Loss Center
Tracy Martinez, RN
Medi-Weightloss Clinics
Medifast, Inc.
Michigan Bariatric Society
Murfreesboro Surgical Specialists
National Association of Bariatric Nurses (NABN)
Obesity Law & Advocacy Center
On-Q PainBuster
Salem Hospital
Sizewise
Lloyd Stegemann, MD
Christopher Still, DO
STOP Obesity Alliance
The Davis Clinic
The Weight-Loss Surgery Connection
Wellstar Comprehensive Bariatric Services
Barbara Thompson
WLS Lifestyles Magazine
WLS Surgical Associates

List as of 9/30/2010



OAC 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.

**JOIN
NOW**

Complete the below application now!
For more information, visit the OAC Web site at www.obesityaction.org.

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. Each membership category offers something different. Here are some of the core benefits to membership:

- Official welcome letter and membership card
- Annual subscription to the OAC's magazine
- Subscription to the OAC's members-only monthly electronic newsletter
- Periodic member alerts informing you of issues that need action/attention
- Ability to lend your voice to the cause
- Representation through advocacy

Membership Application

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

- Individual Member: \$20/year
- Professional Member: \$50/year
- Physician Member: \$150/year
- Institutional Member: \$500/year
- Chairman's Council: \$1,000 and up/year

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

Or Fax to: (813) 873-7838

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: _____

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Medi-Weightloss Clinics® is a physician-supervised weight loss program that works. Our Wellness Team provides the support, education, and tools to help you lose weight and **keep it off.**[†]



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OAC Member Number:

Membership Expires on:



About the OAC

The Obesity Action Coalition is an IRS registered 501(c)3 National non profit organization dedicated to giving a voice to those affected by obesity. The OAC was formed to build a nationwide coalition of patients to become active advocates and spread the important message of the need for obesity education.

To increase obesity education, the OAC offers a wide variety of free educational resources on obesity, morbid obesity and childhood obesity, in addition to consequences and treatments of these conditions. The OAC also conducts a variety of advocacy efforts throughout the U.S. on both the National and state levels and encourages individuals to become proactive advocates. To learn more about the OAC, visit www.obesityaction.org or contact us at (800) 717-3117.



How YOU Can Support the OAC

As a non profit organization, the OAC is always looking for individuals and organizations to support the OAC through a variety of ways. There are many ways that **YOU** can give back to the OAC and our efforts, and there are many ways that **YOU** can get involved in leading the fight against obesity. Here are ways that **YOU** can help make a difference through the OAC.

- **Become an OAC Member** - membership is available at a variety of levels. Any individual impacted by obesity NEEDS to be a member of the OAC.
- **Make a Donation** - as a 501(c)3 charity, donations to the OAC are tax-deductible. Every dollar makes a difference!
- **Advertise in Your Weight Matters Magazine** - our magazine is made possible through the generous support of advertisers. If you have a product that you want our readers to know about, consider advertising today!
- **Write to Your Elected Officials** - help spread the OAC's message to key decision makers and write to your elected officials through the OAC Legislative Action Center. Let them know that these issues matter to you!
- **Help Spread the Word by Encouraging Others to Join** - the OAC relies on our supporters to spread our message and encourage others to become members of the OAC. You can also distribute our educational resources!
- **Join a Local Walk from Obesity** - as a proud partner in the Annual *Walk from Obesity*, the OAC encourages you to get involved at the local level through this important fundraising event.