

A Publication of the Obesity Action Coalition

Spring 2010

YOUR **WEIGHT** Matters

MAGAZINE

OAC Launches National *Your Weight Matters* Campaign

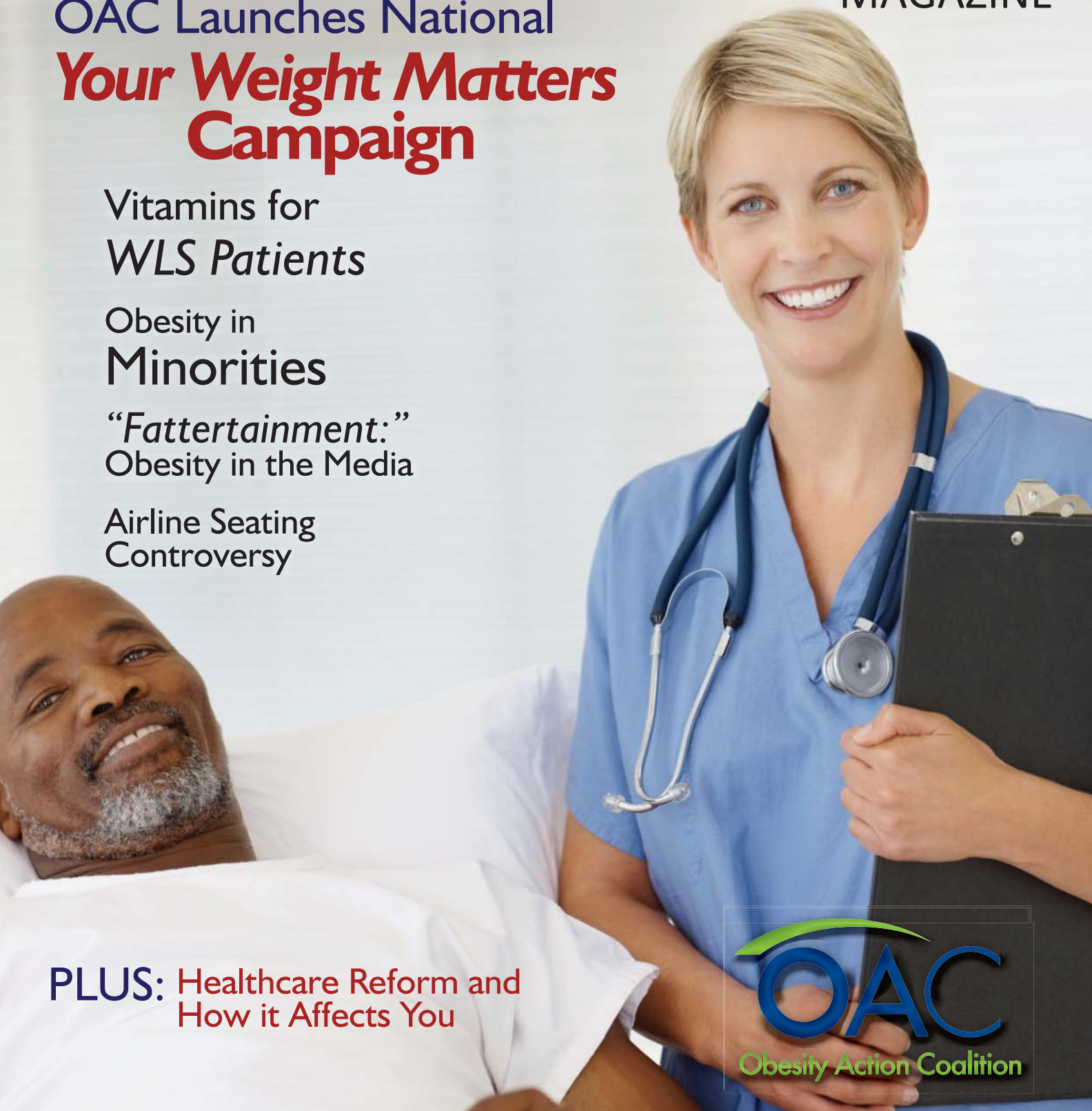
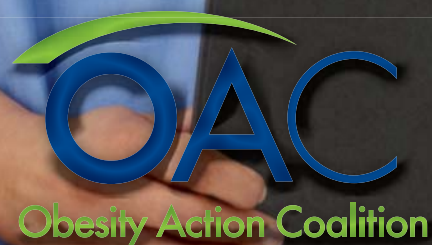
Vitamins for
WLS Patients

Obesity in
Minorities

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PLUS: Healthcare Reform and
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A Message from OAC Chairperson, Barbara Thompson

Welcome to the spring issue of *Your Weight Matters Magazine*! We are very proud to bring this magazine to you, complete with outstanding educational articles about weight, health and obesity bias. Two-thirds of our population suffers from being overweight or obese; therefore, our magazine could not be more relevant in today's society.

I want to thank the authors of these excellent articles who have put their expertise, research and creativity to work, without whom this magazine would not be possible. Some of you are receiving this issue because you were involved in the *Walk from Obesity* and are enjoying a free one-year membership. Others are members for just \$20 a year. It takes so much more to produce a magazine of this quality and to support our organization; therefore I want to recognize our sponsors and advertisers for their vital contributions to the OAC.

In this issue, we will tackle very important and sensitive subjects including how the airline industry treats those who are morbidly obese. This is a topic so important to the OAC that we have developed and adopted a policy to address how the airline industry should and could treat everyone in a fair and humane way.

Stigma against the obese still flourishes. As we know, every time that we turn on the TV we are reminded by the jokes and embarrassing stereotypes routinely depicted. Obesity is not only the last tolerated, but it is the last accepted form of discrimination. We will also cover the high incidence of obesity in the minority community, with a look at the problems and possible remedies.

The *Your Weight Matters* Campaign has been doing extremely well. Thousands of people have taken the challenge. If you haven't taken the challenge yet, log onto the *Your Weight Matters* Web site at www.yourweightmatters.org and click on "Take the Challenge." The challenge is very simple. It involves assessing your weight and talking with a healthcare professional about it. Many healthcare professionals are reluctant to talk with patients regarding their weight. The campaign encourages a healthy dialogue.

After you go through the free registration process on the Campaign Web site there are free tools that you can download to help you have that important conversation about weight with a healthcare professional. And, for those who have "Taken the Challenge," get the message out to your friends, family and co-workers, because it is true for everyone – YOUR WEIGHT MATTERS!



yourWEIGHT Matters MAGAZINE

Spring 2010

Volume V

Issue 3

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

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WHICH

AFTER WEIGHT-LOSS SURGERY, ONE OF THE THINGS THAT MOST PEOPLE HAVE TO ADOPT AS A NEW HABIT IS TAKING VITAMINS EVERY DAY. WHILE THERE ARE GENERAL THINGS THAT MIGHT BE THE SAME BETWEEN WHAT YOUR DOCTOR RECOMMENDS AND WHAT ANOTHER DOCTOR RECOMMENDS, SOME THINGS MIGHT BE DIFFERENT.

When answering the question, “What do I really need to take?” the first and most important answer is “Take what your doctor recommends.” Somewhere along the way, your bariatric surgeon, or the dietitian in the office, probably gave you a list of the vitamins you needed to take after surgery based on your procedure.

Also, if your doctor looked at your labs, you might have been given some very specific recommendations just for you. Either way, this is where you should start. If you have not seen your bariatric surgeon in many years, it is also wise to call the office and find out what the current recommendations are – knowledge about nutrition has changed a lot in recent years and they might have new recommendations that you were not given.

Generally speaking, taking supplements after surgery is for three reasons:

1. To make sure you get adequate vitamins and minerals even though you are eating less food
2. To help prevent deficiencies that you are at greater risk for because of your procedure
3. In some cases, to treat a nutritional deficiency

The most common types of supplements taken after surgery are multivitamins, calcium, vitamin B12 and iron.

VITAMINS

By Jacqueline Jacques, ND

DO I REALLY NEED?

MULTIVITAMINS

When you have bariatric surgery, no matter which procedure you have, one primary reason you lose weight is that you eat less. When people eat less, getting the vitamins and minerals they need each and every day is hard to do – the truth is that most people can't do this even when they can eat as much as they want.

A study done in 2008 followed 210 post-operative patients for two years and compared the nutrition in what they ate to the Dietary Reference Intakes (DRI's). They found that even though patients tended to eat better after surgery, not one was able to eat even the minimum requirement for Vitamin A, Vitamin C, calcium, iron, B1, B3, B6, Folate, biotin or pantothenic acid (B5) (1).

The kind of multivitamin you need to take may vary by procedure, but most often patients are asked to look for something with 100 percent of the Daily Value (DV) for all the vitamins and the trace minerals. A multivitamin is very unlikely to have the DV for minerals such as calcium, magnesium or potassium. Products calling themselves "complete" may not actually provide all the vitamins and minerals, so carefully read labels.

CALCIUM

Doctors from the Mayo clinic recently looked at 97 patients from the past 20 years who had bariatric surgery (2). They found that 21 of these patients had suffered a total of 31 fractures – this is more than twice the fracture risk of the general population. Most fractures occurred an average of seven years after surgery, with the primary locations being in the hands and feet. Other sites of fractures were the hip, spine and upper arm.

Bone loss is a risk after all types of bariatric surgery and getting adequate calcium is one important part of helping to prevent bone loss. The American Society for Metabolic and Bariatric Surgery recommended intakes for calcium after bariatric surgery are as follows:

- Adjustable Gastric Band (AGB): 1500mg calcium
- Gastric Bypass (RNY): 1500 to 1800mg calcium as calcium citrate
- Duodenal Switch (DS): 1800 to 2400mg calcium as calcium citrate

100% DAILY VALUES FOR COMMON NUTRIENTS

NUTRIENT	100% DAILY VALUE
VITAMIN A	5,000 IU
VITAMIN C	60 MG
VITAMIN D	400 IU
VITAMIN E	30 IU
VITAMIN K	80 MCG
VITAMIN B-1	1.5 MG
VITAMIN B-2	1.7 MG
NIACIN	20 MG
VITAMIN B-6	2 MG
FOLATE	400 MCG
VITAMIN B-12	6 MCG
BIOTIN	300 MCG
PANTOTHENIC ACID	10 MG
CALCIUM	1,000 MG
IRON	18 MG
PHOSPHORUS	1,000 MG
IODINE	150 MCG
MAGNESIUM	400 MG
ZINC	15 MG
SELENIUM	70 MCG
COPPER	2 MCG
MANGANESE	2 MG
CHROMIUM	120 MCG
MOLYBDENUM	75 MCG
CHLORIDE	3,400 MG
POTASSIUM	3,500 MG

Note: These values do not reflect specific recommendations for weight-loss surgery patients. Patients should talk to their surgeon for recommended vitamin intake.

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By Marcia Krueger, DC

Chiropractic Care

Who Knew?

Chiropractic care can help you regain balance so that you can continue with your movement of choice, at whatever size, and have less pain throughout your weight-loss.

I just had a visit with a female patient who had gastric bypass surgery six months ago. She and I celebrated today. Not only has she lost 67 pounds, but based on her body mass index of 34, she is no longer considered morbidly obese. As her chiropractor, I have been there to support the physical changes of her body and advocate for her healthier lifestyle.

With weight-loss, her center of gravity has changed. The demands on her lower back, hips, knees, ankles and feet have changed. I adjusted her spine and joints before her surgery and continue to do so. My goal is to keep her body in balance.

I am a chiropractor who specializes in the treatment of overweight and obese children and adults. I grew up struggling with weight issues and know what it's like to go to a medical doctor's office and be reminded that I'm overweight. I am married to a large man and have children who also struggle with their weight. I understand the pressure to "fit in" and have experienced the frustration of someone telling me "if you could only lose some weight, you'd be fine." In reality, losing weight is only part of the answer. It's the unexpected changes you experience while trying to get healthier that few talk about.

I became a doctor of chiropractic because I have a passion for helping people at whatever age, shape or size. If you're large, you know it. I don't need to remind you of it. I do need to help you feel more comfortable in your body and hurt less. This article explains chiropractics and its benefits for the overweight and obese.

What's it all about?

Chiropractic care is available to all ages and all sizes. Chiropractors provide hands-on, drug-free and non-surgical treatments, relying on the body's inherent ability to heal. Doctors of chiropractic are best known for their ability to relieve back pain. But, it's more than just spine care.

As chiropractors, we promote health, wellness, balance and active lifestyles. We provide our patients with strategies to improve their postures and help make everyday life a little easier. We help increase motion and flexibility and decrease pain in your spine and joints of the arms or legs and also treat headaches. Chiropractic care is a conservative, safe and effective option of healthcare.

The Brain/Body Connection

Your brain is your command center. It tells your body what to do by way of nerves which travel down your spinal cord into your fingers and toes. Nerves throughout your body provide information back to your brain about position, sensations and pain. Your spine protects this highway of information being sent to and from your brain and body. Any interruption of these signals can cause a traffic jam, which prevents your body from working at its optimal level. This can result in lower resistance to disease and can cause an overall loss of health.

Chiropractors pay attention to the nerves that control muscles and the impact nerves have on the mobility of joints and bones associated with them. Chiropractic adjustments

What Can I Expect When I Go to a Chiropractor?

Your first visit will begin with a conversation about your health history and details about your current complaint. Next, your chiropractor will perform an examination that includes easy instructions about moving your spine or problem area(s), analyzing your posture and finding out if any of your joints are not moving well.

Chiropractic care is a hands-on practice, so expect a chiropractor to use his or her hands to touch you. It is difficult to diagnose problems in joints if we don't move and challenge them. Ultimately, we want to determine the cause of your pain and figure out a way to relieve it.

I prefer to do an examination, perform physical tests, review the findings of the tests and develop a treatment plan during your first appointment. Your first appointment will include an adjustment and it may include electric muscle stimulation, ultrasound and hot or cold packs. Most of my patients report immediate relief from pain following their adjustment.

Before you leave my office, you will know what I plan to do at your next appointment, what you will do at home before we meet again, and what we will do together to allow you to move more freely and with less (or without) pain. Each subsequent visit includes a discussion of how you're feeling, progress with the prescribed home activities or exercises, answers to questions you may have, hands-on examination of your spine or problem area(s) and plans for the next visit.

restore the function of the nerves by moving the bones of the spine into proper alignment, removing any interference and clearing the path for the body to heal itself.

What is a Chiropractic Adjustment?

Chiropractors are trained to treat the whole body with an emphasis on examining joints, the point of connection between two bones in the body. Chiropractors use their hands to restore movement. We use special adjustments to restore joint movement so you have less pain and can move easier. An adjustment is the application of a specific, controlled force adjacent to joints that have become restricted, feel stiff and literally get "stuck."

What is so Important about Joints?

Weight-bearing joints in the body, including the hips, knees, ankles and the lower back, are sometimes stressed with weight gain. Even a 10 pound weight-loss or gain can have an impact on your balance and alignment. Chiropractic care can help you regain balance so that you can continue with your movement of choice, at whatever size, and have less pain throughout your weight-loss.

I have a male patient who is 6'3" and 380 pounds. At the age of 50, he decided to make some lifestyle changes in order to get healthier. He had been a former athlete whose active lifestyle changed, eating more as life became more stressful. Through his 30's and 40's, his medical doctor warned him of the negative side effects associated with being overweight and his doctor prescribed medication for high blood pressure, high cholesterol and diabetes.

Chiropractic continued on page 13

Nutrition you need, convenience you want, taste you love!

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OBESITY



The Majority in Minorities?

By Holly F. Lofton, MD

The astounding increase in obesity in the last three decades has been well documented and published in popular literature as well as medically oriented sources. Also, it came as no surprise that this increase was not due to a catastrophic natural disaster but instead to an increase in calorie consumption and decline in the energy expenditure necessary to maintain oneself in most societies.

While these trends, undoubtedly, are fueled by more convenience and abundance of food choices, combined with technological advancements that allow us to shop, work, play and mingle all from the comforts of a recliner, there are certain conditions that are individual to each culture that make one more predisposed to weight gain and subsequent associated medical problems.

Thus, in this article, I aim to briefly discuss environmental aspects of African American, Latino American and Native American cultures that influence weight gain. Furthermore, targeted interventions to lessen the burden of overweight and obesity in these minority populations will be highlighted.

African Americans

African Americans have one of the highest rates of obesity amongst all ethnic groups in the United States. Epidemiologic studies have also determined that this is a major contributing factor in the high prevalence of type 2 diabetes in the African American community. The reasons for these startling statistics is multi-factorial and is related to genetic and environmental patterns – including dietary choices, sedentary lifestyles and cultural norms.

Studies have revealed that only a minority of African American men and women perform the recommended 30 minutes of moderate physical activity at least four days a week. This may be due to time constraints, exhaustion, lack of motivation/social support or lack of an ideal area in which to exercise.



As we reach out and become a part of these communities we must also take heed of the importance of culture and make appropriate recommendations with regard to diet. One cannot expect everyone to feel comfortable eating a typical “1500 calorie American diet.”

In addition, the traditional “soul food” diet contains foods rich in pork fat, butter and salt – all of which can cause excessive weight gain and fat consumption.

In response to these alarming statistics and therefore increasing prevalence of weight-related medical conditions, effective weight management interventions targeting African Americans have been successful in achieving awareness of and in preventing and treating obesity in the community. Most notably, partnerships with churches, barber shops, newspapers and radio stations have been effective avenues to spread the word about maintaining a healthy lifestyle and the importance of seeing a physician regularly.

Native Americans and Alaskan Americans

American Indians and Alaskan natives (referred to in literature as AI/AN) make up about 2.5 million of the United States population. While most reside in urban areas, up to 33 percent live on reservations or historic trust lands. American Indians are most populous in Alaska, Arizona, California, Michigan, New Mexico, New York, North Carolina, Texas and Washington State. While there are limited studies performed on AI/AN, it has been confirmed that obesity is widespread.

This population also has a genetic predisposition to type 2 diabetes that is well documented in medical literature. The synergistic effects of this inborn likelihood of diabetes and assimilation of American dietary patterns with those of AI/AN have created higher rates of obesity and diabetes.

While the traditional AI/AN lifestyle was rich in farming, hunting and fishing, modern conveniences allow one to forego these activities and easily acquire a diet high in refined carbohydrates, fat and sodium. A Pima Indian living 100 years ago would need to expend several hundred calories daily to farm or hunt, and thus could maintain a normal weight even with eating the typical carbohydrate-rich Pima diet.

Today, the use of wild produce has decreased and common staples in the AI/AN diet include fry bread, home-fried potatoes, high fat pork products and soft drinks. Additionally, the sudden impact of fast food restaurants near reservations and the convenience of deep frying instead of using direct heat to prepare foods has led to an overall calorie excess.

The development of reservations for AI/AN has also impacted the energy expenditure of the society. Traditional

ceremonies, which involved dancing, especially when food was plentiful, may not be performed as frequently. Decreases in occupational physical activity and lack of recreational facilities on reservations further exacerbate this problem.

In response to these alarming trends, AI/AN groups have begun a resurgence of belief systems that emphasize purity, healthfulness and harmony in foods. Also, returning to the traditional diet of nutrient-rich foods low in fat and sugar will have a positive impact on obesity. Finally, school-based programs that encourage healthy eating and physical activity have emerged on reservations.

Hispanic/Latino Americans

In the Hispanic/Latino community, Mexican Americans comprise 58 percent of the population. This article will focus on Mexican Americans as a group, but several other Hispanic/Latino nations are represented in the United States.

The next largest groups include (in descending order): Puerto Ricans, Cuban Americans and Dominican Americans. Hispanic/Latino Americans have a disproportionate amount of overweight/obesity and diabetes and diabetic – related conditions in comparison to non-Hispanic Americans.

This disparity is partially due to a diet rich in complex carbohydrates such as corn, beans, rice and bread. With assimilation to American culture, the shift has occurred from traditional cooking methods to frying or other oil-based methods as a predominant form of meal preparation. This, along with large portion sizes, has led to an overall increase in saturated fat and calorie consumption. Also, sugary drinks have replaced more traditional fruit-based (and thus nutrient-rich) drinks. Overall, this diet has compounded to create a high-fat, vitamin-deficient diet that can be detrimental to development in children and precipitate a range of disorders of glucose metabolism and cardiovascular disease in adults.

Furthermore, limited access to culturally appropriate healthcare is another barrier to be overcome in the fight against obesity in the Hispanic/Latino community. Healthcare providers must be sure to provide adequate resources to communicate with patients about dietary intake and physical activity. As we reach out and become a part of these communities we must also take heed of the importance of

Minorities continued on page 13

On Second Thought...



By Lloyd Stegemann, MD, FASMBS

“Oh my gosh! I’m having weight-loss surgery!”

Your decision to have weight-loss surgery is huge and life-changing. It is expected that there would be some nervousness. Here are some things that might make this time a little easier for you.

So, now you’ve done it! You went to see a bariatric surgeon to help you gain better control of your health through weight-loss surgery. The surgeon saw you and determined you were a good candidate for surgery. You completed all of the tasks necessary for the surgeon and your insurance company and you are now ready for surgery. And then it hits you, “Oh my gosh, I’m having weight-loss surgery!”

Don’t feel alone. That mixture of fear, anxiety and excitement is shared by every patient that has weight-loss surgery. I often tell my patients that their apprehension is normal and if they weren’t nervous, then that would make me nervous!

Preparation before Surgery

This part actually begins before you see your surgeon initially. Prior to seeing a surgeon, find out all you can about the surgeon and the program. Visit their Web site and see what information is provided. Most weight-loss surgery programs offer a free informational seminar to prospective patients to give you a chance to see what their program offers.

There are a number of online forums where you can also learn more about the surgeon, particularly about things like bedside manner, office responsiveness to issues and program philosophy. If the practice has a support group that can be another valuable way to learn about the program.

Once you have chosen your surgeon, have a list of questions ready when you go to the first appointment. If the surgeon is unwilling or unable to answer your questions, you may

want to reconsider your choice. If during the process of getting ready for surgery you find the surgeon's office to be unresponsive or unwilling to work with you, it's a good sign it will be the same way after surgery. Feeling confident that you chose the right surgeon and the right program goes a long way to relieving those pre-op jitters!

Knowledge Conquers All

Knowing what to expect on the day of surgery will go a LONG way in relieving anxiety. If your program offers a pre-op class, you definitely want to attend. If not, make sure you take a list of questions to ask your surgeon at your pre-op visit. I encourage you to carry a little spiral notebook around once you have been given your surgery date. When you think of a question, write it down because I promise you, you won't remember it on the day of your pre-op visit.

You will typically be asked to arrive at the hospital one to two hours before your scheduled surgery time. When you arrive, you will go to the admission area where they will need your insurance card and usually a driver's license in order to get you admitted. After you are admitted, you will likely be taken to a waiting room. If the operating room schedule is on time, you will be taken by a nurse into the pre-op holding area about 30 minutes before your surgery. Usually a family member or friend can go with you into this area. You will be asked to change into a hospital gown.

After this, the nurse will ask you questions regarding your medical history. This is for the hospital's records. They will also have a consent form that you will be asked to sign that reviews the risks of surgery (which you will have already discussed with your surgeon). They will start an IV and give you any medicines that your surgeon may have ordered.

About 10-15 minutes prior to your procedure, the anesthesiologist will come to visit you. The anesthesiologist will review your paperwork and will probably have a few questions for you. After they have evaluated you they will typically ask the nurse to give you some medicine to help keep you relaxed. For most patients, the last thing they remember is getting the "relaxing medicine" in the pre-op holding area.

From the holding area, you will be taken to the operating room. The anesthesiologist will then give you more medicines and you will "go to sleep." A breathing tube will be inserted, but you won't remember this part. Your surgeon will then perform your surgery which generally lasts one to two hours depending on what procedure you are having done.

Once your surgeon is done, the anesthesiologist will wake you up and take you to the recovery room. It's extremely unlikely that you will remember any of this. In fact, it is not uncommon for, "When is my surgery?" to be the first question patients ask in the recovery room.

Returning Home

Adequate preparation can also make your return home from the hospital more relaxed. Most patients will be on liquids in the early period after weight-loss surgery. Make sure you stock up on a wide variety of liquids prior to your surgery.

Your program will likely provide you with a list of "approved" liquids in the early post-op period.

Most surgeons will want you to start your vitamins and minerals once you have returned home, so you should get those prior to surgery as well. You should be able to walk around the house easily after surgery, including going up and down stairs. You may wish to have someone around to help for the first week or so after surgery, but if that isn't possible you should be able to do almost everything for yourself.

It's Never Too Late

Keep in mind, that if ever there was an elective procedure, it is weight-loss surgery. If for whatever reason you don't think it is the right time for you to have surgery or you have a "bad feeling" regarding your surgery, then you should just postpone it. You will do best when you are in the proper state of mind going into surgery.

Undergoing major surgery is certainly stress inducing but by following the recommendations above you can manage that stress effectively. You will find peace in knowing that you made a wise decision in taking control of your health and that you chose your surgery team wisely. Finally, rest assured that the vast majority of people come through weight-loss surgery with few to no complications and the rewards on the other side (no diabetes, no sleep apnea, more energy, etc.) are truly, truly remarkable!

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 National Board of Directors.

Packing for Your Hospital Stay

Most patients are in the hospital for one to three days after surgery, depending on the procedure. You won't need to bring much with you to the hospital. Here are some items you may want to consider packing:

- Loose fitting pajamas
- Robe
- Slippers
- Pillow
- Toothbrush
- Personal care products
- Reading material



The world thinks weight loss surgery is a “quick fix.” Not true.

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IMPORTANT SAFETY INFORMATION

Bariatric surgery may not be right for individuals with certain digestive tract conditions. All surgery presents risks. Weight, age, and medical history determine your specific risks. Ask your doctor if bariatric surgery is right for you. For more information, visit www.REALIZE.com or call 1-866-REALIZE (1-866-732-5493).

*The REALIZE Solution combines REALIZE mySUCCESS® with the use of select Ethicon Endo-Surgery surgical instruments for bariatric surgery.

Soon, he found the medications had side effects, leaving him tired and sore. He needed a change. He shared with me how discouraging it had been to try to exercise and then have his body scream at him for walking only 20 minutes on a treadmill. In our first meeting, he shared, “If I’m supposed to move, I’m going to hurt. If I’m going to hurt, I won’t want to do it.”

The frustration in his voice was evident as he described the struggle with the pain in his ankles, knees and hips. He knew it was the right thing to do, but it seemed impossible for him to continue. He had a long history of trying to exercise, lose weight and be healthier but it didn’t lead him to a more active lifestyle, instead it led him to be more sedentary because of the pain he experienced. His stomach couldn’t handle daily ibuprofen. He came to me for help.

After an examination, I discovered he had several joints in his spine that weren’t moving and were the source of his daily headaches, muscle spasms in his upper back and shoulders and pain in his low back and hips. In addition, his ankles and knees were out of alignment. I adjusted his spine and affected joints. I gave him stretches to do while at home and we discussed his treatment plan that outlined my expectations for his reduction in pain and his return to balance. Today, he is able to walk on the treadmill for 45 minutes without ankle pain. He continues to add strengthening exercises and a variety of activities back into his life and has lost weight.

Time and again I have patients who come to me in the same position asking, “How can I exercise, lose weight and get healthy if the process hurts so much?” That’s where chiropractic care can help. It can help your body stay in alignment and reinforce your personal motives for weight-loss or more activity.

How Do I Find a Chiropractor Who Can Help Me?

Chiropractors treat patients in all 50 states. You can find them online or in the phone book, and insurance companies have lists of providers. Personal referrals from friends are a good way to find a chiropractor. Some specialize in children, geriatrics, pregnancy, nutrition, sports injuries or family care. You may need to visit several clinics before you find the “right” one, as no two chiropractors will care for you the same. It’s not a “one-size-fits-all” approach to healthcare.

You’ll know when you’re in the right place. If you go into a clinic and the chiropractor says something like, “you’ve got a lot of mass,” you’re in the wrong place. It’s not just about weight. It’s about being comfortable and finding balance, whether you’re 100 or 600 pounds.

About the Author:

Marcia Krueger, DC, is the owner of Innate Ability Chiropractic in a suburb of Minneapolis, MN. Dr. Krueger is also a proud member of the OAC. To contact her, email MAKruegerDC@comcast.net or call (952) 746-5199.

Minorities continued from page 9

culture and make appropriate recommendations with regard to diet. One cannot expect everyone to feel comfortable eating a typical “1500 calorie American diet.” Instead, modifications can be made to the Hispanic/Latino diet that can lower fat and calorie content. Visit www.cheflala.com for recipe ideas.

Conclusion

Healthier ethnic food recipes can also be found on www.nutrition.gov and in a variety of ethnic cookbooks. As usual, one should always discuss specific nutritional requirements with a healthcare provider. Regardless of ethnic background, realizing that your weight matters to your health is extremely important.

Most Americans do not even know they are impacted by excess weight until they are diagnosed with a life-threatening illness, such as diabetes, hypertension and much more. In an effort to combat this and educate the public, the Obesity Action Coalition has developed a national health and weight awareness initiative, the *Your Weight Matters* Campaign. To view the campaign site, visit www.yourweightmatters.org.

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. Dr. Lofton is a member of the OAC Advisory Board.



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To Buy or Not to Buy:



An Extra Seat

By William Hignett and Ted Kyle, RPh, MBA

Southwest Airlines spends tens of millions of dollars on several television ads promoting the fact that bags fly free on their airline. A baggage handler yells in one advertisement, “Why pay up to \$120 round-trip for bags?” That’s ridiculous to pay for baggage, Southwest’s Web site claims. Yet, if you carry extra pounds on your body rather than in your bag, then Southwest may require you to purchase an extra seat.

How will you know if you must buy another seat?

The answer to this is not always clear for millions of Americans with excess weight. Airlines will tell you their policy is clear, but it is often difficult to find the policy on an airline’s Web site. US Airways and Delta do not post their policies, and on other airline Web sites the policy is difficult to find (try searching “customers requiring extra seating”). It turns out that most airlines have similar policies. But, a non-uniform application of the policy can occur due to the power of gate agents, pilots and flight attendants to decide whether a person needs to buy an extra seat.

A look at major U.S. airlines and what their policies are for individuals of size may be found on the next page.

Enforcing the rules

These policies provide guidance, but can still create confusion. If you have not flown for a while, how do you know whether you will fit the airline’s seat? If a passenger purchased one ticket and is not able to sit in one seat (by the policy criteria) on a full flight, does this always result in the person having to leave the plane?

Enforcement of seating rules can result in travel disruption. And, how do you purchase two tickets for a flight online? Most airlines recommend calling their reservations staff and will waive the fee for phone reservations for this purpose.

To some people, these airline policies are clearly discriminatory. If customers with excess weight must pay for another seat, why aren’t tall people required to buy a second seat so their legs don’t push into the seat in front of them? A customer with a baby who cries for the entire flight also makes passengers very uncomfortable, as does a customer wearing too much perfume. Yet, they fly for the price of one seat.

Whether or not the policy discriminates depends on the meaning of purchasing a ticket. Does the ticket buy transportation to a destination or merely a designated space on

Policies of Major U.S. Airlines

American Airlines

Passengers may be required to buy an extra seat if they cannot fit into a single seat in their ticketed cabin, and/or unable to properly buckle their seatbelt using a single seatbelt extender (available upon request), and/or unable to lower both armrests without encroaching upon the adjacent seat or another customer.

For more information, visit www.aa.com. To view the policy, click "Travel Information" and then "Special Assistance."

Continental

A customer is required to purchase an additional seat or upgrade if they do not meet one of the following criteria:

1. The customer must be able to properly attach, buckle and wear the seatbelt, with one extension if necessary, whenever the seatbelt sign is illuminated or as instructed by a crew member.
2. The customer must be able to remain seated with the seat armrest(s) down for the entirety of the flight.
3. The customer must not significantly encroach upon the adjacent seating space.

For more information, visit www.continental.com. To view the policy, click on "Travel Information," then click on "Special Travel Needs."

Delta/Northwest

A customer must be able to safely and comfortably fit in a single seat, or if not, is required to purchase an additional seat for each leg of their itinerary. The second seat may be purchased for the same fare as the original seat, provided it is purchased at the same time. A customer who does not purchase an extra seat in advance may be required to do so on the day of departure for the fare level available on the day of departure. The criteria for fitting in a seat are consistent with other airlines – armrests must be all the way down and the seatbelt with one extender must be able to be fastened.

US Airways

Customers who are not able to safely and comfortably fit in a single seat are required to purchase an additional seat for each leg of their itinerary. The criteria are the same as other airlines described above.

United

For the comfort and well-being of all customers aboard United, we have aligned with other major airlines' seating policies relating to passengers who:

- are unable to fit into a single seat in the ticketed cabin;
- are unable to properly buckle the seatbelt using a single seatbelt extender; and/or
- are unable to put the seat's armrests down when seated.

If unused seats are available on the flight, then a customer meeting any of the above criteria will be re-accommodated next to an empty seat.

More information is available on the United Web site at www.united.com. To view the policy, click "Services and Information," then find the link for "Children, pets and assistance." Then you will want to find the section for "Customers with Special Needs."

Southwest

Customers who are unable to lower both armrests and/or who compromise any portion of adjacent seating should book the number of seats needed prior to travel. The armrest is considered to be the definitive boundary between seats and measures 17 inches in width. This purchase serves as a notification of a special seating needs and allows us to process a refund of the additional seating cost after travel (provided the flight doesn't oversell). As long as the flight does not oversell, we will refund the additional seat purchase after travel. A "Refund Advice Slip," a guide for conveniently requesting refunds, is provided to the Customer at check-in. And, if it appears a flight will oversell, the option to purchase a second seat and travel on a less full flight is available.

More information is available at www.southwest.com. To view the policy, visit the "Travel Tools" section and click on the "Southwest Policies."

Please note: These are actual excerpts from each individual airline's policy.

the plane? The Canadian courts have ruled the former and forced airlines to accommodate passengers with excess weight by offering a second seat at no additional charge.

They considered it a human rights issue. The result of the Canadian ruling makes it more pleasant for all passengers, including large individuals and passengers sitting near them. U.S. courts have not acted, and airlines have created the policies themselves.

How the airlines measure up

Southwest Airlines says that 90 percent of the complaints received in one year came from travelers angry that their seat space was violated by fellow passengers. Perhaps the complaints to the airlines about passengers encroaching on

The OAC Responds . . . The OAC has developed a policy statement regarding airline seating policies. To view the OAC's full policy statement, please see page 17.

personal space should be directed at airlines for having small seats. All Boeing jets in use have 17" wide seats in coach. That is limited space for all passengers. (Airbus jets have 18" seats, Embraer 190 jets have 18.2" seats, and first-class seats can be as wide as 20.5 inches. But, the majority of airlines fly jets with only 17" wide seats).

Airlines continued on page 23



ADVOCACY NEWS ADVOCACY ACTION

HEALTHCARE REFORM: *How the Legislation Affects YOU*

By Morgan Downey, JD

Political passions may still be running high, but the healthcare reform legislation has become the law of the land. The Department of Health and Human Services (DHHS) under Secretary Kathleen Sebelius has begun the implementation process. What does it mean for those affected by obesity? It depends on whether you now have health insurance and where you get it.

CHANGES TAKING PLACE IN 2010

Many of the insurance reforms kick in this year. If you do not have health insurance and have had a pre-existing condition for more than six months, you will be able to purchase insurance from a temporary fund. Also, beginning soon insurance companies will be required to keep coverage for children of policyholders up to age 26.

In addition, health plans must provide, without cost-sharing, preventive services which include intensive behavioral counseling for obesity. Lifetime limits on health insurance will be eliminated and insurers will not be able to rescind coverage except in cases of fraud. Rescinding coverage is where the entire policy is canceled when you get sick. Obesity has been used to justify rescissions. Also, children cannot be denied coverage for pre-existing conditions.

LOOKING FORWARD

Starting in 2011, Medicare will pay 100 percent of actual charges for preventive services, including behavioral counseling for obesity. Medicare beneficiaries will also be entitled to a comprehensive health risk assessment and a personalized prevention plan. Incentives will be developed to encourage participation in behavior modification plans. Also, chain restaurants and vending machines will have to disclose calories of each item.

In 2013, the threshold for deducting medical expenses which are not reimbursed rises from 7.5 percent of adjusted gross income to 10 percent. This could have a serious, negative impact on patients who have bariatric surgery and pay out of pocket.

By 2014, state or regional health exchanges will be available. U.S. citizens will be required to have health insurance. If their employer does not provide it, they will be able to purchase coverage in exchanges.

MEDICARE/MEDICAID

While the legislation includes intensive behavioral counseling for obesity in the private insurance market, Medicare and Medicaid, it is less clear on the coverage of bariatric surgery.

The current Medicare coverage of surgery is unlikely to change. Medicaid covered benefits have not changed. However, the DHHS will have to define the benefit packages for employers to have a qualified health plan and for the health exchanges. These may or may not include bariatric surgery.

OTHER PROVISIONS

Other provisions are likely to be important to persons with obesity. Of particular value for persons with morbid obesity, one section provides for the removal of barriers to medical devices for individuals with disabilities. Under this provision, standards will be developed for medical diagnostic equipment used in most medical settings to ensure that the equipment is accessible and usable by individuals of size.

There is one potential loophole which can really hurt persons who are overweight or obese. Starting in 2014, employers can institute wellness programs which give some employees a "reward" from 30 percent up to 50 percent of the total cost of their health insurance premium for meeting employer-specified health conditions. This is a big change from current law which only allows "rewards" of up to 20 percent and then only for participating in a wellness program, not meeting a specific outcome, such as a body mass index (BMI) number.

Many employer wellness plans now cover weight management, but their outcomes are no better than other self-help programs. With this new law, employers will have the ability to shift a great deal of their healthcare expenses onto persons who cannot meet artificial and unattainable weight targets.

The legislation also contains many provisions targeting the prevention of obesity, including developing a national strategy, creating healthier school environments and targeting a variety of age levels to increase access to nutrition and physical activity.

CONCLUSION

As they say, "the devil is in the details," and that could not be truer than in the wake of healthcare reform. How the regulations are written, what the courts do and how the market responds will determine the eventual value of this legislation.

About the Author:

Morgan Downey, JD, is the former director of both The Obesity Society and the American Obesity Association. He currently consults on obesity policy and publishes the Downey Obesity Report. For a more in-depth analysis of the healthcare bill and to follow the developments of healthcare legislation, please view www.downeyobesityreport.com.

OAC Releases Airline Policy Statement

As the debate among airline passenger and carrier continues, the OAC has developed an airline policy statement regarding some of the important issues centered around the discussions.

Obesity Action Coalition Airline Policy Statement

The OAC recognizes the current standards and practices used by the United States airline industry in regards to the travel process (booking travel, purchasing of additional seat, determination of ability to fly based on size, etc.) must change. Those affected by excess weight experience an overall diminished quality of travel due to the lack of understanding, education and sensitivity to their condition. These standards and practices must change to accommodate the millions of Americans affected by excess weight who utilize the airline industry for their traveling needs on a daily basis.

In order to assist the airline industry in modifying and bettering their practices, the OAC has highlighted specific problem areas needing immediate attention. We have also highlighted long-term areas of interest requiring action on the part of the airline industry.

Immediate Action Needed

Purchasing of Extra Seat

Those affected by excess weight often want to save themselves the embarrassment of being “required” to purchase an extra seat and therefore, seek to purchase the extra seat online when booking their travel. Unfortunately, it is not simple to purchase another seat online for the same person. The check-in process can often lead to even further embarrassment as security and gate agents often question the use of the same ID for two tickets.

Solution

A new user-interface must be developed allowing those who wish to purchase a second seat to easily do so online. Ticket counter employees, gate agents, flight attendants and others must also be educated on the option for a passenger to purchase an extra seat and treat that individual with respect and sensitivity.

For those who are “required” to purchase an extra seat based on airline policy, the cost of the extra seat will be reimbursed if there is at least one open seat on the plane. The open seat must be a seat not used by a paying customer. If the airline should choose to use that seat for a non-paying customer, such as a flight crewperson, the passenger still needs to be reimbursed their fare for the extra seat as the available seat is now occupied by a non-paying customer.

Assessment of Ability to Fly Due to Size

The current standard and practice by which a passenger is deemed able to fly or required to purchase an additional seat, due to their physical size, must change. Current practices often have the assessment of the passenger’s ability to fly taking place inside the aircraft. This approach greatly increases the negative stigma associated with excess weight and embarrasses the passenger in front of his/her peers.

Solution

The process of assessing whether an individual requires an additional seat must be held in a private room out of view of passengers, other airline agents (other than the trained official evaluating the process) or the general public. Passengers in question would be required to sit in a sample airline seat (specific to each airline) and perform the required safety measures, such as lowering the arm rest and buckling the seatbelt (with the assistance of a seatbelt extender if needed). Once completed, the passenger would then be cleared to fly or provided with a detailed explanation regarding their denial of travel or second seat purchase requirement. Once aboard the aircraft, under no circumstances should the passenger be required to once again demonstrate their ability to fit into a seat or perform any other qualification requirements other than those specified by the FAA, such as viewing the safety demonstration or verbally agreeing to assist other passengers if seated in an “exit row.”

Sensitivity Training for All Airline Employees

Travelers affected by excess weight often express horrific stories of being made to prove their ability to fit into a seat, while flight crews watched, explain tirelessly why they have two seats registered to one person and much more. Travelers affected by weight are not second-class citizens and the treatment of them as such must immediately stop.

Solution

Sensitivity training is a must for the airline industry. Along with the above mentioned issues, sensitivity training is crucial in building a more accepting environment for passengers of size. Unfortunately, weight stigma is one of the last acceptable forms of discrimination in the United States. As the diversity of customers for the airline industry is immeasurable, the airline industry must ensure that it is serving each customer, regardless of size, with respect, dignity and sensitivity. The OAC stands by ready and waiting to assist any airliner with the implementation of sensitivity training for their employees.

Long-term Issues

Widening of All Airline Seats

A long-term initiative that is achievable by the airline industry is the widening of all airline seats. The average airliner today uses seats that are 17” – 17.2” wide. Unfortunately, this is not aligned with the current size of the average American as millions are affected by excess weight. The much-needed widening of airline seats is long overdue. Such widening should allow for the vast majority of Americans to travel on a single fare without the requirement of purchasing a second seat.

Airline Policy continued on page 23

Our Doctors Make a Difference.



Obesity is a Disease.
There is Treatment.

Obesity is the fastest growing health problem in America. It affects nearly two-thirds of the population and is the second leading cause of preventable death. Our physician-supervised program is customized to the individual and is focused on providing each patient with the support, education, and effective tools necessary to help them not only lose weight but also maintain their weight loss. Our program is based on sound nutrition and really is **The One That Works!**[®]

Medi-Weightloss Clinics[®] is committed to fighting the battle against obesity. We have treated thousands of patients using our clinically-proven, three-phase program. On the **Medi-Weightloss Clinics**[®] Program, you will receive the treatment you need to lose weight and combat obesity by our team of medical professionals and trained physicians. Our program includes weekly individual consultations with a member of our medical team that focus on nutrition, lifestyle change, and exercise. Our program will help you:

- **Reduce** your hunger even while trimming off pounds.
- **Boost** your energy, eliminate cravings, and burn fat faster.
- **Shed** unwanted pounds and keep them off. *
- **Achieve** your long-term weight loss goals.
- **Enhance** your overall wellness for a lifetime.

We are committed to providing patients extensive and comprehensive care in all aspects of weight loss including psychology, nutrition, fitness, and maintenance. Visit one of our many locations and let our dedicated team of medical professionals and wellness experts make a difference in your life.



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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: _____

OAC Launches National Weight and Health Awareness Campaign:

Your Weight Matters

www.yourweightmatters.org



The Obesity Action Coalition (OAC) recognizes that weight and health go hand-in-hand. We also know that many Americans don't stop and think about their weight as it impacts their health. That's why the OAC proudly launched its newest initiative in January 2010, the *Your Weight Matters* Campaign.

About the *Your Weight Matters* Campaign

The *Your Weight Matters* Campaign is a national public awareness campaign aimed to get the American public talking about their weight. The Campaign challenges every American to talk to their healthcare provider about their weight.

The Campaign Web site, located at www.yourweightmatters.org, has all the tools you will need to get educated about weight

and health and also offers ways for you to get more involved in this important initiative.

The Campaign also issues a Challenge: to pledge to talk to your healthcare provider about your weight. Once individuals take the Campaign Challenge they will receive an e-toolkit with helpful resources and information to take with them to their first office visit.

Campaign Web site

The Campaign Web site, www.yourweightmatters.org, is the central hub for the campaign and also is a great resource for anyone wanting to learn more about weight and health topics. On the site, visitors have access to valuable nutritional, exercise and weight measurement information, including a BMI calculator.

The site also offers a "Kids Corner," a special section geared toward kids containing health topics relating to children. Here, kids are able to learn how their weight is measured and also can read some frequently asked questions about weight-related topics.



The OAC is Challenging Every American to Take the **Your Weight Matters** Challenge and Talk to their Healthcare Provider about their Weight

OAC Thanks Partnering Organizations

Getting the message out to Americans nationwide is important. The OAC is grateful to the organizations and media representatives that have signed on as "Partners" to help spread the word about the campaign.

Organizational Campaign Partners

ASMBS Foundation
Healthy Dining Finder & HealthyDiningFinder.com
National Association of Bariatric Nurses (NABN)
National Association of Pediatric Nurse Practitioners (NAPNAP)
STOP Obesity Alliance
Take Off Pounds Sensibly (TOPS)
Walk from Obesity

Media Campaign Partners

BariatricBuddy.com
BariMD
Bariatric Support Centers International
Bariatric Times
Medi-Weightloss Clinics®
mybiglife.com

If your organization would like to help spread the word and get recognition in return, become an official *Your Weight Matters* Campaign Partner. For more information email info@yourweightmatters.org.

Make a Tax-deductible Donation

The OAC developed this Campaign with no sponsorships or restricted campaign grants. We want this Campaign to continue and expand to every city across the U.S., and to do this, we need the support of individuals like **YOU**. Make a tax-deductible donation to the *Your Weight Matters* Campaign.

As a Thank You for Your Donation

When making your tax-deductible donation, you will have the option to have your name included as a "Campaign Champion" on the Campaign Web site. Your name will be prominently placed under the appropriate donor category, showing that you support the *Your Weight Matters* Campaign. In addition, when making just a \$5 donation, we will automatically send you the official *Your Weight Matters* Campaign awareness bracelet. **To make a donation, please visit the "Donate" section on the Campaign Web site.**



Here's What You Need to Do:

- Visit the Campaign Web site: www.yourweightmatters.org
- Take the *Your Weight Matters* Challenge
- Help in promoting the Campaign by using the resources and materials provided
- Make a tax-deductible donation to help the Campaign continue and expand

Helping to Promote the Campaign

We want to spread the word and get all Americans to talk to a healthcare professional about their weight and health, so we need your help!

We need as many individuals to sign-on as possible, and we've made it easy by providing all the resources you will need! Here are the promotional materials available in the "Promote the Campaign" section on the *Your Weight Matters* Web site:

- Official *Your Weight Matters* Poster
- *Your Weight Matters* Postcards
- Campaign News Releases
- Newsletter Stories
- Public Service Announcements
- Web site Banner Ads
- Facebook and Twitter Links



Spring Recipes

By Chef Dave Fouts



Dijon Garlic Asparagus

4 servings

1 pound asparagus, stalks peeled
1 tablespoon Dijon mustard
1/4 cup white wine
1 tablespoon garlic, minced
1/4 teaspoon fresh thyme, chopped
1/4 teaspoon pepper
1/4 teaspoon salt

Add asparagus to boiling, salted water and cook, covered, about 4 to 5 minutes or until tender. Drain. Combine mustard, white wine, garlic, thyme, pepper & salt; mix well. Pour over cooked asparagus.

Per serving: 50 calories, 3 grams protein, 0.5 grams fat (0 grams saturated), 0 mg cholesterol, 6 grams carbohydrate, 2 grams fiber, 200 mg sodium

Zesty Lemon Garlic Egg Salad

6 servings

6 large hard boiled eggs, peeled and chopped fine
1/2 teaspoon celery seed
1 clove fresh garlic, minced
1 teaspoon fresh dill, chopped fine
1 teaspoon fresh lemon juice
1/2 cup light mayonnaise
1/4 cup low-fat plain yogurt

Place all ingredients into a large mixing bowl. Salt and pepper to taste. Mix well. Chill and serve.

Per serving: 150 calories, 7 grams protein, 12 grams fat (1.5 grams saturated), 220 mg cholesterol, 4 grams carbohydrate, 0 grams fiber, 240 mg sodium

Ginger Blueberry-Melon Toss

6 servings

1/2 tablespoon honey
1 tablespoon fresh lime juice
1/2 teaspoon grated lime peel
1/8 teaspoon ground ginger
2 cups fresh or frozen blueberries
1 cup diced cantaloupe

In a large bowl, combine honey, lime juice, lime peel and ginger until well blended. Add blueberries and cantaloupe. Toss to coat. Serve chilled.

Per serving: 45 calories, 1 gram protein, 0 grams fat, 0 mg cholesterol, 11 grams carbohydrates, 1 gram fiber, 0 mg sodium

[Our Resolution]

**New Hope for Type 2 Diabetes Patients:
Diabetes Resolution for Many with Bariatric Surgery**

Airlines continued from page 15

Due to the economy, airlines have reduced the number of flights and oversell more flights, making comfort on crowded airplanes a challenge for all passengers. Since as many as 64 percent of the U.S. adult population is now considered either overweight or obese, perhaps airlines should widen seat size as car and furniture makers have.

Summing it All up

Airlines advertise with friendly faces and tag lines that stress customer service and concern for your well-being. To actually provide exceptional customer service, airline policies should be clear and uniformly applied, respecting customer dignity.

The airline policy for customers requiring extra seating penalizes a significant number of passengers because of their weight. Though the size of airline seats is not easy to change, airlines can take steps to avoid adding insult to injury by eliminating the humiliation, confusion and neglect passengers feel.

If you have a bad experience related to airline seating policies, consider registering your complaint clearly and factually. As a paying airline customer, you have an opportunity to influence how airlines conduct their business. You can find tips on how to make an effective complaint about airline service at:

www.airsafe.com/complain/complain.htm

About the Authors:

Ted Kyle, RPh, MBA, is a pharmacist and health marketing expert. Ted has worked for more than 10 years on programs and products to help people quit smoking and lose weight. Ted is a member of the OAC National Board of Directors.

William Hignett is a disease management expert with a master's degree in public health from the University of Pittsburgh. He has years of experience as a health educator for universities, hospitals, Fortune 100 companies and health insurers. He has seen first-hand how obesity contributes to many chronic diseases and how weight bias stands in the way of effective solutions.

Airline Policy continued from page 17

Solution

The widening of the all airline seats will better accommodate the general public and reduce the number of individuals affected by excess weight being denied travel. The airline industry has failed to appropriately assess the size of an average passenger throughout the past 25 years; leading to many passengers, even those who would be deemed "normal weight" according to a body mass index scale, feeling uncomfortable

during their travels. The airline industry must adapt to a more forward-thinking and proactive methodology in constructing their aircrafts with the needs of Americans as a first priority. Major industries, such as sporting venues, automobiles and others have made changes in their seating standards to accommodate people of all shapes and sizes – the airline industry must follow suit. In the interim, immediate inclusion of a limited number of wider seats is a shorter term solution; however, the complete overhaul of airline seating must be addressed in a timely manner as millions of Americans utilize the airline industry on a daily basis.

Covidien is proud to sponsor the Seattle, Washington American Diabetes Association EXPO to explore the future of bariatric surgery and its role in resolving Type 2 Diabetes.

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Covidien Clinical Manager***

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guest - talk about how she
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with surgery.***



¹ DIABETES CARE, VOLUME 32, SUPPLEMENT 1, JANUARY 2009

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“Fattertainment”

Obesity in the Media

By Chelsea A. Heuer, MPH

Why is “Fattertainment” Okay?

There’s the *The Biggest Loser* on NBC, *More to Love* on FOX, and don’t forget Oxygen’s *Dance Your Ass Off*. Even with such provocative titles, these are some of the more innocuous examples. It seems that everywhere you turn these days, whether it be reality shows, movies, YouTube, television ads or news reports, an obese person is being ridiculed.

Movies like *The Nutty Professor*, *Norbit* and *Shallow Hal*, where actors dress up in fat suits and engage in clichéd slapstick (like getting stuck in small spaces because of their girth), have earned millions of dollars at the box office by mocking the obese. This phenomenon even earned the unwelcome label – “fattertainment” – media that is both immensely popular and a breeding ground for obesity stereotypes.

Interestingly, very few people have called foul on our culture’s fascination with fat humor. The question is, *why*? In a world where there are very few remaining social groups to laugh at, why is it okay to make fun of obese people?

Researchers have attempted to document this trend commonly referred to as “weight bias in the media.” Studies have analyzed primetime television shows and movies and found that overweight female characters are often teased and insulted by male characters, which is followed by audience laughter. Obese characters are shown overindulging in junk food and are less likely than thinner characters to be involved in romantic relation-

ships. “Fat Monica” on the hit show *Friends* is a prime example. When Monica is thin, she’s portrayed as attractive and lovable. But, when dressed in a fat suit, “Fat Monica” is portrayed as pathetic and not able to stop eating.

Even children’s programs and movies communicate negative messages about being overweight. Studies show that overweight cartoon characters are typically depicted as unattractive, unintelligent, unhappy and cruel. In 40 percent of children’s movies, at least one obese character is disliked, and in over half of children’s movies, an obese character is shown thinking about or eating food.

Think about Harry Potter’s cousin, Dudley, a character who is portrayed as dim-witted, greedy, mean and fat. Research also shows that grade-school children learn to make fun of overweight peers from watching television and playing video games.

Why is Weight Bias so Common?

In addition to documenting weight bias in different forms of media, research also provides clues as to “*why*.” Why is weight bias in the media so common and socially accepted? Studies show that Americans feel that obese people are responsible for their condition, which they believe is caused by laziness and gluttony. These beliefs are rooted in traditional American values that people are in control of what happens to them and they get what they deserve. In other words, blame for the obesity epidemic is placed squarely on the shoulders of those who are obese, which lays the groundwork for prejudice



Because weight bias and fat humor are so common in the media, it may seem acceptable to make fun of obese people. But in reality, the media's depictions of obese people are harmful. Thus, the growing trend of "fattertainment" is troubling.

against obese people. Because obese people are perceived to be responsible for the obesity epidemic, society feels they deserve what they get, including laughter and humiliation.

News coverage of obesity provides a clear example of this American ideology. The news media takes a victim-blaming approach, attributing America's weight problems to poor choices and laziness. Headlines in the past few years have blamed obese people for rising fuel prices, global warming and causing weight gain in their friends.

These reproachful messages are accentuated by the scores of "headless" obese people in the news. We've all seen them – news photographs and video footage of unknowing obese people walking down the street with their heads cut out of the shot. These images are so common, they have become a cultural phenomenon. One satirical headline found on the Web reads, "Study: Obesity linked to headlessness," and discusses a new research finding that headlessness may be a significant contributor to excessive weight gain.

In fact, actual research has examined portrayals of obese individuals on five major news Web sites and found that 60 percent of obese people in news photographs are shown as "headless." The same study found that 72 percent of news images portraying obese people were stigmatizing. News images that isolate body parts or place unnecessary emphasis on weight are demeaning and dehumanizing to obese people, reducing them from whole individuals to symbols of the obesity epidemic.

What is the Impact of "Fattertainment" on Society?

Unfortunately, fat humor and "fattertainment" have an equally unfavorable impact on public perceptions about obese people. Many Americans may somehow feel that making fun of obese people is not only justifiable, but also beneficial, because it provides motivation to lose weight. Research, however, tells us that this isn't true. Weight bias is damaging to obese people in many ways. Studies show that obese people who experience weight bias may become depressed, anxious and have low self-esteem.

Weight bias also creates barriers for obese people that actually reduce motivation to lose weight. For example, some research has found that obese people who reported being victims of weight prejudice had a harder time losing weight than obese people who didn't experience weight prejudice. Researchers have even found evidence that some of the health problems associated with obesity may actually result from stigmatizing experiences, rather than just excess body weight itself.

Because weight bias and fat humor are so common in the media, it may seem acceptable to make fun of obese people. But in reality, the media's depictions of obese people are harmful. Thus, the growing trend of "fattertainment" is troubling.

While it's promising to see more obese Americans represented on television, it's imperative that these representations be free from stereotypes and ridicule. Think about hours of TV air time that are devoted to weight-loss competitions, like *Celebrity Fit Club* on Vh1. It's interesting that for the few shows on television that feature obese Americans, the entire cast is trying desperately to become thin. It's also no coincidence that titles like *The Biggest Loser* are full of double meaning.

How Can We Stop this?

So if it's not okay to make fun of obese people, what can we do to stop it?

1. First, be sensitive to offensive comments about weight and recognize that fat humor is harmful.
2. Second, seek out entertainment options that challenge weight-based stereotypes and feature obese people in regular, non-stereotypical roles like the Style Network's "Ruby," Dena on "Samantha Who," Hurley on "Lost," and Ellenor Frutt on "The Practice."
3. Third, look critically at news sources and recognize the bias that often emerges in news reports about obesity.
4. Finally, speak out against weight bias – help others around you understand the importance of treating all people, regardless of body size, with dignity and respect.

About the Author:

Chelsea Heuer, MPH, is a Research Associate at the Rudd Center for Food Policy and Obesity at Yale University. She conducts research aimed at reducing stigma and discrimination for persons affected by obesity.

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VITAMIN B12

The stomach is very important for B12 absorption. This is because stomach acid helps to release B12 from food, and another substance that is made by the stomach – Intrinsic Factor – is essential for B12 absorption. Some bariatric surgery procedures, such as gastric bypass and vertical sleeve gastrectomy, make B12 absorption more difficult for these reasons. Often people who have these procedures will be required to take additional B12 as an injection, intranasal spray or sublingual tablet.

IRON

Low iron or iron deficiency anemia can be a complication of bariatric surgery, but is especially common after gastric bypass. Iron levels are harder to maintain after gastric bypass because the primary area where iron is absorbed (the duodenum) is bypassed. Many doctors will recommend that patients take iron preventively to protect against developing a deficiency.

OTHER NUTRIENTS

Depending on your nutritional labs or on the specific concerns of your programs, you may be asked to take other nutrients. Some common nutrients include Vitamin D, Thiamine (B1) and protein supplements, but there may be others. Again, your doctor's advice should be primary.

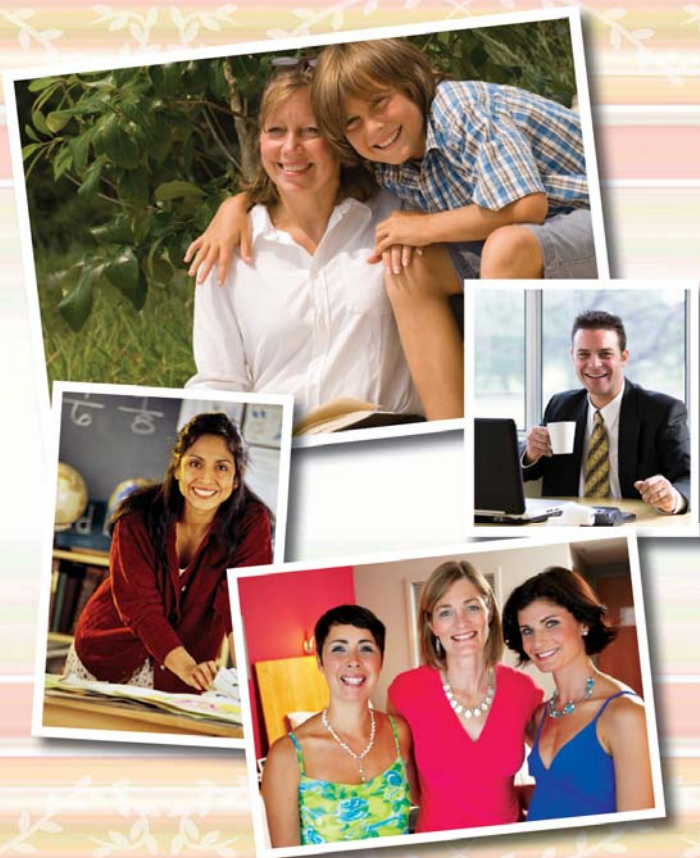
CONCLUSION

One final piece of advice: if you don't take your vitamins, they won't work. Many people become overly concerned about what they should take, but don't necessarily do a great job at taking the nutrients they need on a daily basis. It's also not uncommon for people to do a great job taking their vitamins for a year or two after surgery, but they may stop taking them over time.

Most nutritional deficiencies are easier to prevent than to treat, and once you have had surgery, your risk for developing a problem never goes away. Sticking with your basic nutritional program will help assure both your health and your success.

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, a company dedicated to providing the best of nutritional care to weight-loss surgery patients. Her greatest love is empowering patients to better their own health. Dr. Jacques is a member of the OAC National Board of Directors.



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Causes and Solutions

By Christina G. Richards, MD

Prevention of obesity in childhood is the best option, but there are already an enormous number of American children who have already developed obesity. How do we address their needs?

Early intervention is key.

Childhood Obesity at a Glance

The prevalence of childhood obesity continues to rise. Currently 30 percent of children are classified as obese. This is particularly alarming in light of a leveling off of obesity rates in the adult population. Unfortunately, in children, this same leveling off trend is not being seen. Children are becoming overweight and obese at an increasing rate.

We know that many of the medical problems adults with obesity face are now being seen in the youth population. While diseases such as “adult onset” diabetes, high blood pressure and osteoarthritis were virtually unknown in pediatric patients a decade ago, most of these problems didn’t show up until late in the adult lifetime either. Now, we are seeing them in children.

Which children are considered obese? The generally accepted definition is that children with a body mass index (BMI)-for-age percentile greater than 95 percent are obese. There are many contributing factors for this, but also some possible solutions.

Changing the Way We Eat

We know that the way we eat has changed considerably throughout the last 30 years. Children are eating more and differently than they did before. There are bigger portions offered and consumed and a greater reliance on snack foods and sugary beverages. Whereas in the past, sugar consumption was a relatively minor part of our diet, now almost all processed foods (including staples such as peanut butter, breakfast cereal and canned foods) add sugar.

We know that babies offered more sugar develop a preference for these foods – often to the exclusion of more healthful and necessary nutrients. Sugary beverages such as sodas, which fairly recently were rare “treats,” have become a mainstay of many diets. Larger portions are also a problem. Children offered more food tend to overeat.

There is a solution, though. Parents can make a huge difference by offering different foods to help children develop a preference for more healthful choices with better nutrition. Substituting made from scratch options for processed foods means that you know what is in the food and minimizes additives and surprises such as added sugar. Making big batches of foods and freezing leftovers for later is key.

Parents and our society as a whole need to be more involved in advocating for healthier choices for school lunches and eliminating “junk” food from vending machines. These foods may be as addictive as cigarettes. A good rule of thumb is to avoid things with more than 10 grams of sugar per serving.

Another important dietary intervention is adding more fruits and vegetables. Make sure cut up and pieces of vegetables (baby carrots, snap peas, celery, etc.) are front and center in the refrigerator. Grocery stores have learned to position foods they want consumers to buy at eye level. Parents and caregivers can do the same.

Make sure the fruit bowl is full and offer fruit regularly as a dessert or snack. We know that vegetables and fruits provide vitamins and minerals and have important anti-cancer properties and lots of fiber to make you feel full longer.

Increasing Exercise

Another big difference in how we live, which contributes to childhood obesity, is less exercise. There are several factors contributing to this:

- The rise of video game popularity
- Elimination of recess and physical education from school curriculum
- More automation
- Increased concern for safety

Again, there are possible solutions to all of these factors. As adults, we are not nearly active enough. Exercising and playing together as a family can be important for strengthening the family bond as well as benefiting our overall level of activity. Play basketball together, go on a walk or hike instead of watching TV together. Many families really enjoy Wii Fit™

programs or Dance Dance Revolution™ as alternatives to more sedentary video games.

Schools have been eliminating recess and PE from their curriculum for several reasons. As budgets get tighter, these programs are seen as superfluous and are often the first programs on the chopping block. In addition, in a more competitive world, physical activity is seen as secondary in importance to academic subjects. There is actually good evidence to support better brain development and better ability to concentrate and perform on test taking in children who regularly participate in vigorous physical activity. Again, advocacy on behalf of our children can make a difference in making sure these important activities are preserved.

Safety concerns cannot be underestimated as a cause for decreased activity. Parents are more concerned about sending the children out to play. There are safe options available and walking the kids to school or riding bikes together as opposed to driving them is a good way to increase everyone’s level of activity.

Socioeconomic status also plays a role in childhood obesity. We know that children from economically challenged backgrounds have higher rates of obesity. This is partly due to little education about nutrition in those with a limited education, as well as a restricted access to nutritional options.

Helping Kids Already Affected

We know that if we can intervene and make changes before adolescence, kids will be less likely to be obese as adults.

The best way to start is to call your nearest children’s hospital and ask for their resources for treating overweight children. As the problem of childhood obesity has become widespread, programs to address this are also being developed. A program specifically targeted at children is more likely to be successful than one tailored to adults. Also, there are medical conditions, which can lead to obesity, which need to be ruled out.

Conclusion

Our country’s children are now facing a life expectancy, which, for the first time in history, is shorter than that of their parents. Most of this is due to problems resulting from obesity. We have an obligation to do what we can to prevent and treat obesity. It takes a major commitment and lifestyle changes on the part of all of us. But, we really do want what is best for our children, and that means making some choices. The good news is that these changes not only benefit our children, they benefit the adults in these children’s lives as well.

About the Author:

Christina G. Richards, MD, is a bariatric surgeon in Salt Lake City, UT. She founded the Surgical Weight Loss Center of Utah in 2003 where she is committed to providing a comprehensive approach to weight-loss and surgery.

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Important: For full safety information please visit www.lapband.com, talk with your doctor, or call Allergan Product Support at 1-800-624-4261.

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Please read important safety information adjacent to this page.

1. Weight-Control Information Network (WIN); an information service of the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK). Statistics related to overweight and obesity. June 2007. 2. Data on file. Allergan, Inc.; May 2009. 3. O'Brien PE, Dixon JB. Laparoscopic adjustable gastric banding in the treatment of morbid obesity. *Arch Surg.* 2003;138:376-382.

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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.