

A Publication of the Obesity Action Coalition

Winter 2010

YOUR **WEIGHT** Matters

MAGAZINE

(Formerly *OAC News*)

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Weight and
Joint Disease

Eating Healthy on
a **Budget**

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Band Removed?

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Finding the
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Welcome to the Debut Issue of the OAC's Newly-named Magazine, *Your Weight Matters* - Formerly Called "OAC News"

Who speaks for the obese? We do, the Obesity Action Coalition (OAC). We are the voice that is heard in Washington, DC, the state capitols, the offices of the insurance industry, on television news, in the print media, in corporate board rooms and anywhere else that the rights of the obese are being trampled or mocked. We are there fighting for your rights, the rights of your family members and the rights of your friends. That is why I am so excited to be the newly-elected Chairperson of the Board of the OAC.

I am a recovered morbidly obese woman, yet, even though I am now of normal weight, I have never forgotten my experiences being obese. My passion for those who endure the humiliation and the stigma that society attaches to obesity has stayed with me. I recognize that while fighting for the rights of the obese, it is also our responsibility to do what we can to take steps to eliminate the horrible chronic condition of obesity through educational programs and our partnerships with research organizations.

We have so much work to do together. First and foremost, for our voices to be heard, it must be a strong voice. Our membership counts whenever we are advocating. Those whose attention we are trying to attract want to know how many people we represent. It doesn't matter to them that obesity is the most serious health crisis this country faces. It doesn't matter to them that there are 93 million obese people and millions of obese children and the numbers are growing. What matters is how many members we have in our organization. And we need your help in this battle.

We need you to continue your membership. We need you to tell your family and friends about the work we do. We need you to talk about the OAC in your support groups and to your physicians and urge them to join. For \$20 a year, you receive so much more than this magazine. You receive a strong voice and an avenue for change. Remember, people equals power.

We have other challenges that face us, which I will detail in future issues of *Your Weight Matters Magazine*. But for now, I thank you for your membership and want you to feel free to email me when you have a question or recognize an injustice. Email me at bthompson@obesityaction.org.



A handwritten signature in black ink that reads "Barbara Thompson". The signature is fluid and cursive.

yourWEIGHT Matters MAGAZINE

Winter 2010

Volume V

Issue 2

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The Wear and Tear of Obesity:

the Burden of **WEIGHT** in Joint Disease

By Jacqueline Jacques, ND

As obesity becomes more prevalent, we continue to see a rise in arthritis. The percentage of arthritis cases linked directly to obesity has risen from 3 percent in 1971 to 18 percent in 2002. A person with obesity is around 60 percent more likely to develop arthritis than someone of normal body weight.

One of the largest studies that looked at the relationship between weight and OA was the Framingham Study. In this study, more than 1,400 individuals who had their health tracked from 1948 to 1985 were given X-rays to look for OA of the knee. Thirty-three percent of these people were found to have OA.

Of those with arthritis, men in the heaviest group had a 42 percent higher rate of OA than those of lower weights. Among women, a body mass index (BMI) greater than 25 (25 is the beginning of the weight status category, “Overweight”), had a significantly higher risk of developing OA compared to women with a normal-range BMI.

Rheumatoid Arthritis

The other condition that can affect joints is Rheumatoid Arthritis (RA). RA is actually a systemic autoimmune disease that causes inflammation and can damage many systems of the body (including the heart, lungs, eyes and digestive system) but is most known for causing a painful, joint-deforming arthritis.

While the mechanism is not completely understood, being overweight or obese (having a BMI greater than or equal to 30), seems to greatly increase the development of RA. This may be because adipose cells (the cells in the body that

Osteoarthritis (OA), also known as a degenerative joint disease (DJD), is the most common type of joint disease in the world. In the United States alone, more than 27 million adults have a diagnosis of OA .

Your joints are the connections in the body where your bones come together. It is because of our joints that we can move our bodies in ways that allow us to do everything from walk, to write, to turn our heads – so when joints become damaged or diseased, daily life can become painful and challenging.

The joints of the body that hold us up when we stand and carry the mass of our body are called “weight bearing joints.” The primary weight bearing joints are the ankles, knees and hips. Joints of the feet, pelvis and low back and spine (especially the low back) are also weight-bearing.

While OA can develop due to wear and tear on any joint, those that bear our weight are most susceptible because of the mechanical force placed on them. For this reason, the more you weigh, the more stress on your weight-bearing joints, the more likely you are to develop OA.

A person with obesity is around 60 percent more likely to develop arthritis than someone of normal body weight.

store fat) make inflammatory chemicals that can both irritate tissues like joint tissue, but also affect immune system function. Whatever the cause, for those who are prone to the development of RA, having excess body weight may be a factor in whether they actually develop the disease or how severe it becomes.

How Does Weight-loss Impact Joint Health and Function?

While we know that weight gain has a negative impact on joint health and function, we also know the reverse to be true – in general, weight-loss can have a very positive impact on joint health.

For example, with OA, while the Framingham study showed that even being slightly overweight significantly increased the incidence of OA in women, they also found that losing 11 pounds reduced their risk of developing knee OA by half.

A 2005 study that followed around 150 overweight and obese patients with OA found that a weight-loss of 5 percent

brought about an average 18 percent improvement in OA symptoms, including reduced pain and improved joint function. With RA, maintaining a lower weight is linked to better outcomes and recovery. A study that looked at the response of RA patients to a common treatment, infliximab (Remicade®), found that compared to those of normal weight, only about half of the overweight and obese patients went into a state of remission.

Overall, body weight is significantly connected to the health of your joints. One benefit of maintaining lower weight is clearly a reduced risk for all forms of joint disease. If you are overweight and suffer from arthritis, even small amounts of weight-loss may significantly improve the health and function of your joints.

About the Author:

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



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By Kyle Rose, RD, LD

Thinking about Consulting a Nutrition Professional?

So, you want to work with a nutrition professional? There are Nutritionists, Certified Clinical Nutritionists (CCN) and Registered Dietitians (RD). So, how do you know which one you should see?

“The myth about exercise – of course it’s good for you, but it won’t make you lose weight. Why it’s what you eat that really counts.”

The above title was pulled directly from the August issue of *TIME Magazine*. If you had a chance to read this article then you discovered what may have been a surprising fact - that exercise alone doesn’t work to help one lose weight. What does work, as outlined in the article and as supported by research, is exercise plus a sound nutrition program.

While this may seem like a new discovery, it’s really not. If the idea that nutrition is the important piece of the puzzle has caught your attention, then you

may be contemplating a nutrition plan. If so, then you may even be considering hiring a nutrition professional to help you in your weight-loss efforts. If so, then it’s **“Buyer Beware,”** as not all nutrition professionals are created equal.

If All Nutrition Professionals are Not Created Equal, What are the Differences?

That’s a good question and one that you should certainly know the answer to. Choosing the right nutrition professional can make all the difference. Further, choosing the wrong nutrition professional can lead to varying results.

The Nutritionist

The first type of nutrition professional is the self-proclaimed Nutritionist. A Nutritionist is simply anyone who feels that they know something about nutrition and who feels like giving themselves this title. This title is self-awarded and requires no formal nutrition education or skills. You will sometimes see healthcare professionals who call themselves Nutritionists as well.

Despite the fact that some of these individuals may be extremely knowledgeable in their respected fields, they may not have any specific education/training. These individuals may have read nutrition-related books and magazine articles and they may have even attended nutrition education training courses, but that does not qualify for valid training. Despite what they may claim, a Nutritionist does not have the formal and certifiable education and training necessary to provide you with effective and safe nutrition intervention.

When you are deciding which type of nutrition professional to work with, you may be better served by passing on the services of a Nutritionist and continue on your search for a more qualified nutrition professional.

Who are the Nutrition Professionals and What do they Do?

As of today, there are three groups that call themselves nutrition professionals. These groups include: Nutritionists, Certified Clinical Nutritionists (CCN) and Registered Dietitians (RD). Each of these three groups claim that they can help you in the following ways:

- Educate you on which foods and beverages are right for you
- Educate you on which nutrition supplements are right for you
- Create a diet and supplement plan that will assist you in achieving health and fitness goals
- Make nutrition and supplement recommendations based on your lab values
- Guide you through the behavior modification process in an effort to help you change your behavior in a positive manner

However, despite their claims, not all nutrition professionals have the education and experience necessary to perform the above services. Further, not all nutrition professionals have the legal right to perform these services.

If so, then

Buyer Beware!



The Certified Clinical Nutritionist

Now that sounds so official that you can rest assured that anyone with this title behind their name is qualified to practice nutrition, right? Well, unfortunately despite their claims to the contrary, a CCN may not have the education and training necessary to provide effective nutrition intervention.

The Web site that outlines the certification process of a CCN is www.cncb.org. A review of this Web site reveals the following facts about this certification:

To obtain the CCN certification a person must:

1. Have a professional degree in a licensed healthcare field such as: MD, DO, DDS, DPM, DO, RN, etc.
2. Complete 15 online courses of Core Nutrition Coursework in classes such as: Intro to Nutrition, Nutrition and Disease, Nutrition and Aging , etc.
3. Pass the Certified Clinical Nutritionist exam.

To maintain their CCN certification a person must :

1. Complete 40 hours of continuing education every two years.
2. Attend two CCN annual Scientific Symposiums.
3. Pay an annual maintenance fee.
4. Recertify every 5th year via annual study textbooks with an open book exam.

Now at first glance, the requirements to become a CCN appear sound, so what's the problem? Despite what seems like sound qualifications, here are things to consider:

1. CCNs are not required to complete a supervised internship.
2. CCNs are not regulated/credentialed by an independent 3rd party.
3. CCNs are not licensed in any state.

Do your homework on health degrees and what seems like a sound education in nutrition. Continue searching for a nutrition professional that has the training, education and certification that supports what they are claiming.

The Registered Dietitian

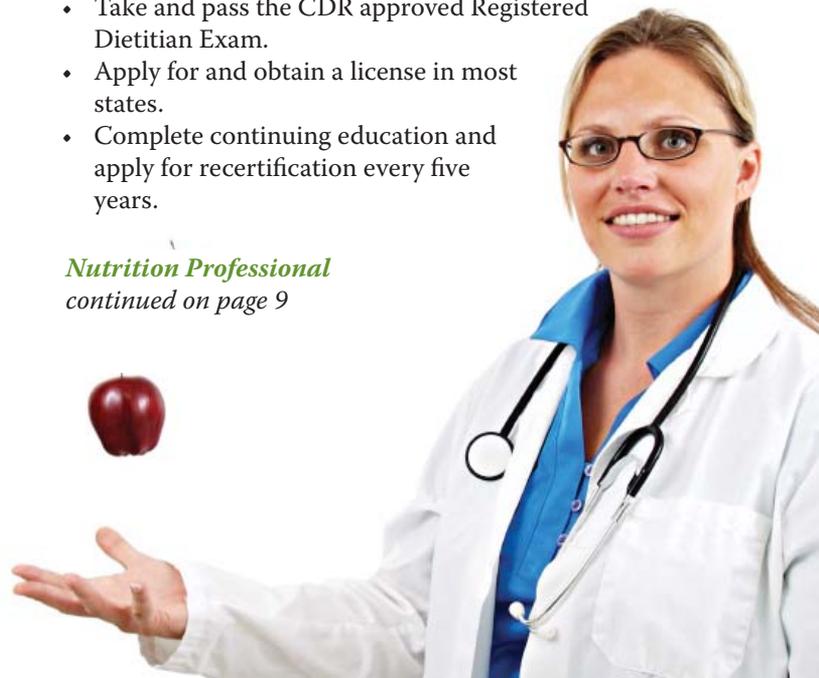
Before most people get to the point to where they see an RD they have seen other nutrition professionals. An RD is the only nutrition professional who has the education, training and legal authority to practice safe and effective nutrition intervention. If you ask your doctor which nutrition professional they recommend that you see, most will recommend an RD because they know that an RD will provide quality care for their patients.

To become an RD, a potential candidate must undergo a rigorous training process that includes:

- Obtain a bachelor's degree in dietetics (or master's degree if you already have another health-related bachelor's degree).
- Complete all Didactic Program in Dietetics classes.
- Be admitted to a CADE-accredited Dietetic Internship and complete at least 900 hours of supervised practice.
- Apply for Registration Eligibility with the CDR (a 3rd party credentialing organization that verifies the quality of an applicant's education and training).
- Take and pass the CDR approved Registered Dietitian Exam.
- Apply for and obtain a license in most states.
- Complete continuing education and apply for recertification every five years.

Nutrition Professional

continued on page 9





“I’ve reached my goal weight and am thinking about having my gastric band removed.

Is this a good idea?”

Answer Provided by Lloyd Stegemann, MD, FASMBS

A 35-year-old female had a gastric band placed two years ago to treat her morbid obesity. She has done wonderful after surgery and gotten back to a much healthier weight. Almost all of the medical problems she had before surgery are now gone and she feels wonderful. At a follow-up appointment she asks her surgeon, “When do we take this gastric band out?”

This certainly seems like a reasonable question. The idea of doing weight-loss surgery is to get someone back to a healthier weight, right? Right. And certainly there is a degree of risk that comes with having a foreign body (gastric band) wrapped around your stomach for a long time, right? Right.

So then it seems logical that once a patient gets to a healthy weight the surgeon should take the gastric band out, right? WRONG! The reason lies in the biology and causes of obesity.

How do people become morbidly obese?

The simple answer is that they have consumed more calories than they have burned, or they have a positive energy balance. While being positive is generally a good thing in most aspects of life, when it comes to energy balance, being positive is definitely NOT a good thing!

You see, when we take in more calories than we burn, our bodies are designed to store those “extra” calories as fat. This genetic ability to store extra calories as fat came in handy thousands of years ago when our ancestors may have gone days or even weeks without having an abundance of food. During this period of relative famine, their bodies would mobilize the “extra calories” to give them energy to hunt, gather and run from predators.

Fast forward to 2010, we are literally surrounded by thousands of opportunities everyday to take in calories. These calories come in many shapes, sizes and flavors. We can now even get our calories in liquid form! If we are not careful, it is VERY easy to take in more calories than we burn and move into a positive energy balance.



Like our ancestors, we still have the ability to store any “extra” calories we take in as fat. Unlike our ancestors, however, we don’t have periods of famine so if we continue to stay in a positive energy balance our fat stores continue to accumulate over time. The result is a slow progression from overweight, to obesity and eventually to morbid obesity.

Does gastric banding change my genetics?

Simple answer, it doesn’t! People who have weight-loss surgery are exactly the same genetically even after their weight-loss operation. Doing weight-loss surgery gives individuals a “tool” to help them lose weight.

If being in a positive energy balance causes someone to gain weight, how does one lose weight? Answer - they have to get their body into a negative energy balance, or burn more calories than they consume. What this means for most is that they need to diet (take in fewer calories) and exercise (burn more calories). The challenge for people who are morbidly obese is trying to stay in a negative energy balance long enough to get back to a healthier weight.

It is exactly this challenge that adjustable gastric banding helps with. By placing a gastric band around the upper part of the stomach, we can essentially allow the person to feel full with smaller amounts of food. This allows an individual to take in fewer calories and not feel hungry all of the time. By taking in fewer calories and burning more calories by beginning to exercise, adjustable gastric band patients can get into a negative energy balance and begin losing weight. With the help of this “tool,” many will see significant improvement in their weight and medical problems caused by excess weight.

What if we take the gastric band out once someone gets back to a healthier weight?

Genetically, the individual is exactly the same as they were before surgery. If they are able to stay energy-neutral (take in the same number of calories they burn), then they will be able to stay at the healthier weight. Unfortunately, in reality, this just doesn’t happen.

Nutrition Professional continued from page 7

In most states, RDs must also obtain a Licensed Dietitian (LD) certification in order to practice nutrition. To become an LD, a candidate must be an RD and pay a yearly application fee. Once an RD receives their LD certification, they must complete 12 or more hours (depending on the state) of continuing education per year.

As you can see, the education and training of an RD differs from the rest of the nutrition professionals. Their education and experience provides safe and effective counseling.

There are no studies that I can find in the medical literature that have looked specifically at this topic, but in a 2009 study by Dr. Robert Brolin that looked at 13 patients who underwent reversal of their weight-loss surgery (none were gastric bands) for a variety of medical reasons, 12 regained weight. This has also been my experience as well as that of several of my colleagues that I spoke with in preparing this article. In addition to the risk of weight regain, there is not an insignificant amount of risk involved in the surgery one must undergo in order to remove a gastric band.

When it comes to weight-loss surgery, the choice to have surgery should be considered a permanent choice.

Conclusion

When it comes to weight-loss surgery, the choice to have surgery should be considered a permanent choice. Patients that use their operation to help them make difficult lifestyle changes and get back to a proper energy balance are likely to remain at a healthier weight for the rest of their life.

About the Author:

Lloyd Stegemann, MD, FASMB, 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.

So, when you are ready to get your nutrition plan on track, be sure to consider all these options and decide what is best for you and your health.

About the Author:

Kyle Rose, RD, LD, is a Bariatric Dietitian for Bariatric Solutions in Decatur, Texas. Kyle is also a co-owner of Head 2 Toe Nutrition and Fitness, LLC. Head 2 Toe offers nutrition programs and fitness boot camps to assist their clients in getting healthy from Head 2 Toe.



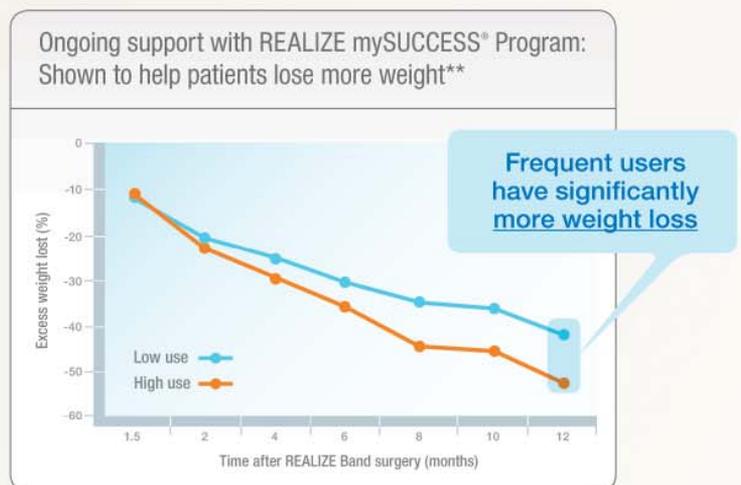
The world thinks weight loss surgery is a “quick fix.” Not true.

The REALIZE™ Solution. Weight loss surgery plus ongoing support.

Whether you have a gastric band or a bypass procedure, it takes time and commitment to achieve a healthier weight—and then maintain it.

That's why the REALIZE Solution* combines weight loss surgery with the ongoing support of a Web-based clinical tool designed in consultation with bariatric surgeons, dietitians, and behavior modification specialists. In fact, it has already been shown that REALIZE Band patients who frequently use REALIZE mySUCCESS® lose significantly more weight.**

Find out more at REALIZE.com/OAC.



IMPORTANT SAFETY INFORMATION

The REALIZE™ Adjustable Gastric Band is used in morbidly obese patients for significant long-term weight loss. It 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 surgical instruments.

**Based on 12 months of patient-reported data from REALIZE Band patients using REALIZE mySUCCESS®. Frequent users were in the top third of patients based on frequency of entering a weight into REALIZE mySUCCESS®. Source: Ethicon Endo-Surgery, data on file.

ADVOCACY NEWS

ADVOCACY ACTION

OAC Supports Congressional Effort to Designate the Month of September as

“CHILDHOOD OBESITY AWARENESS MONTH”

In December 2009, the OAC joined with dozens of other organizations in supporting a House Resolution sponsored by Representatives Marcia Fudge (D-OH) and Kay Granger (R-TX) that would designate the month of September as “Childhood Obesity Awareness Month.”

In addition to signing on as an official supporter of the Resolution, OAC President Joe Nadglowski personally reached out to the Health Legislative staff in every Congressional office, urging them to have their legislator co-sponsor and push for passage of the Fudge/Granger Resolution.

The OAC’s support was also communicated to the senior health policy staff in the First Lady’s Office, in hopes that First Lady Michelle Obama will incorporate the Resolution into her comprehensive efforts to fight childhood obesity.

OAC CALL TO ACTION:

We Encourage Each and Every OAC Member to Visit the OAC Legislative Action Center to Help Pass this Resolution

Visit:

www.capwiz.com/obesityaction/home

OAC members can be involved in helping to pass the Fudge/Granger Resolution. We encourage each OAC member to become actively involved in this effort to pass the Resolution.

To assist you in this grassroots campaign, we have posted an alert and sample letter that you can access on the OAC’s

Legislative Action Center. Please visit the Action Center at www.capwiz.com/obesityaction/home and urge your legislators to co-sponsor the Fudge/Granger Resolution to designate the month of September as “Childhood Obesity Awareness Month.”

All it takes is a few easy clicks on the Legislative Action Center and you are on your way to helping pass this Resolution!

Organizations Supporting the Designation of the Month of September as “Childhood Obesity Awareness Month”

*American College of Sports Medicine
American Diabetes Association
American Dietetic Association
American Heart Association
American Medical Group Association
American Sleep Apnea Association
American Society of Bariatric Physicians
American Society for Metabolic and Bariatric Surgery
American Society for Nutrition
Amerinet
BET Foundation
Black Women’s Health Imperative
Campaign to End Obesity
Canyon Ranch Institute
Center for Science in the Public Interest*

*Children’s Health Fund
Children’s National Medical Center
Children Now
COSHAR Foundation
First Focus
HealthCorps
Intl. Health, Racquet, and Sportsclub Association
Medical Fitness Association
National Association of Children’s Hospitals
National Association of Chronic Disease Directors
National Association of School Nurses
Natl. Association for Sport and Physical Education
National Family Caregivers Association
National Football League (NFL)
Natl. Football League (NFL) Players Association*

*National Indian Health Board
National Latina Health Network
National League of Cities
National Medical Association
Obesity Action Coalition
Obesity Society
Partnership for Prevention
Richard Simmons’ Ask America PE Crusade
ShapeUp America
STOP Obesity Alliance
Trust for America’s Health
U.S. Preventive Medicine, Inc.
Voices for America’s Children
YMCA of the USA
YWCA USA*

List as of 12/14/09

NEWS *from the OAC*

OAC Welcomes its Newly-appointed Chairperson and Announces the 2010 National Board of Directors

Each year, the OAC holds elections for its National Board of Directors. The OAC is governed under the authority of a Board, and this group is responsible for directing the organization and setting the goals and priorities for the OAC.

In addition, the OAC Board is lead by a Chairperson who serves a two-year term. We are grateful for the past service of Jim Fivecoat, OAC's outgoing Chairperson, and are happy he will stay on the Board to serve as a Director for another term under our new Chairperson, Barbara Thompson. To learn more about our newly-appointed Chairperson and her passion for obesity, please see the box on your right.

As members of the OAC, you had a say in our National Board elections. A slate was presented to our membership in mid November, inviting our members to review and submit their own candidate, if desired. The OAC is proud to have received 100 percent support of our new Board Members, and we welcome these new individuals to our National Board:

- Ted Kyle, RPh, MBA
- Walter Lindstrom, Jr., Esq.
- Tracy Martinez, RN
- Lloyd Stegemann, MD, FASMBS

Here are the Members of the 2010 Board of Directors:

Barbara Thompson, MLS - *Chairperson*
Georgeann Mallory, RD - *Treasurer*
Christopher Still, DO, FACN, FACP - *Secretary*
Pam Davis, RN, CBN, CCM
Jim Fivecoat, MBA
Jeff Haaga
Jacqueline Jacques, ND
Ted Kyle, RPh, MBA
Walter Lindstrom, Jr., Esq.
Tracy Martinez, RN
Lloyd Stegemann, MD, FASMBS



Meet the OAC's New Chairperson, Barbara Thompson

Barbara Thompson has been a member of the OAC since its beginning in 2005 and has held a position on the Board of Directors for the past four years. Ms. Thompson's undeniable passion in fighting for those affected by obesity stems from her own battle with obesity.

"Being obese or morbidly obese is not just about wearing it on your body. I was affected by obesity for many years and I can tell you firsthand that there are many other facets of obesity that are often overlooked, such as weight stigma and discrimination. I am a proud member of the OAC and I am grateful that I have been elected Chairperson of this incredible organization. I look forward to serving the members of the OAC and representing all those battling obesity," said Ms. Thompson.

Founder of the WLS Center, Inc., Ms. Thompson is an accomplished author and speaker. Since 2001, she has been speaking nationally to thousands of individuals seeking information on obesity, support and education. Ms. Thompson has served as a consultant for the *Wall Street Journal* and CNN, and has also been featured in *People Magazine* and on ABC's *Nightline*.

Often referred to as the "Voice of Obesity," Ms. Thompson is no stranger to helping the obese and empowering them to seek a better quality of life and health.

OAC Gears up for Debut of its New National Campaign

Weight and health go hand in hand. Many Americans are overweight or obese and don't even realize it. With this in mind, the OAC has been working diligently on building a National campaign focused on "Weight Awareness." We are excited to debut this new campaign, coming in mid-January!

As members of the OAC, you will be the first to find out the details of this new campaign and will have many opportunities to get involved and help us spread the word.

Launch week starts on January 18, 2010, and you will be able to take advantage of many exciting educational activities and much more. From measuring your weight to learning more about health and wellness, our campaign promises to be an educationally charged campaign packed with great information for people of all shapes and sizes.

**Get Ready to be Educated; Get Ready to be Challenged;
Get Ready to Spread the Word! YWM - JAN. 2010!**



WEIGHT AND SPORTS:

Health and Weight Issues for YOUTH AND ADOLESCENTS

By Karen J. Sparks, BBA, MEd, and Julie Janeway, MSA, JD, ABD/PhD

It is discouraging to see the limited number of programs available to the youth of our country to promote healthy active lifestyles. The primary platform for youth activity is organized and/or school sport teams and they are limited to only a small percentage of the youth population.

Organizations, including governments, are doing their best to support and promote activities, provide resources, and support education initiatives and research to keep youth off the couch and on the move, but we just seem to keep failing our youth as the childhood and adolescent obesity rates continue to climb.

Are we helping, or are we just adding to the problem?



A Look back at Obesity and Nutrition in Youth Sports

Before obesity was at the pandemic state it is today, the majority of adolescents who were overweight during their school years generally did not participate in sports to any extent. During the early 1900's there were limited numbers of organized team sports available. Nutrition education for young athletes, either male or female, was almost nonexistent.

Opportunity to participate in these sports came about mostly through physical education classes, but they were not yet truly considered "organized sports." Organized sports teams with mascots evolved in the youth and high school ranks much later than they did at the collegiate level.

Nutrition education for any school athlete was still generally nonexistent outside of "health class" being part of the curriculum, with the focus remaining on the physical education benefits of participating in an active sport. Research on the nutrition needs pertaining to sport remained the domain of adults, and as a scientific or medical discipline it remained largely unexplored.

As nutrition science grew in the academic world and application moved more into professional and collegiate sport, the youth in organized sports continued to be left to their own nutritional devices. For many, their journey into obesity may have originated in disordered and inappropriate eating, weight maintenance issues, self-image and stressful sport-related situations as athletes in middle or high school.

The Physical Demands of Sports

More demands and pressures have been placed upon younger and younger athletes to excel in sport beyond what their bodies are equipped for during pre-puberty and adolescence. Gymnastics is a prime example in which children, who while still toddlers, are brought to gymnasiums and put into strict dietary and physically demanding programs. The stress on their bodies' growth functions is damaging and can have long-term, if

Weight and Sports continued on page 16

Real Youth and Adolescents and Real Stories of Struggle with Weight and Sports

We talked with several individuals who participated in organized sports throughout their youth and adolescent years to gain some important "insider information" about what really happens.

HEATHER - Gymnastics

Heather began gymnastics at a very young age and participated at the national level until damaging a bone growth plate in her wrist that ended her Olympic hopes. She talked about her experience with gymnasts being publicly weighed-in every day and how the emphasis on weight was emotionally difficult to deal with at a very young age, especially when puberty and growth spurts set in. She watched her fellow gymnasts struggle not only with self-image and self-esteem issues, but body image issues or body dysmorphia.

While some gyms taught seminars on very basic nutrition specifically for athletes, most did not address nutrition but rather saw food as a necessary evil. For many, this resulted in permanent damage to bodies being unrealistically restricted and altered through poor nutrition and excessive exercise that their bodies were not mature enough to withstand. It also resulted in body image issues, disordered eating patterns or behaviors and a severe bias against overweight or obese people once gymnastics was abandoned.

In her experience at a large high school in an affluent community, Heather could not recall a single instance of any athlete, male or female, in any sport receiving nutritional guidance or education. She recounted stories of female and male athletes who were pushed to the point of engaging in dangerous behaviors like extreme calorie restriction, eating only two fruits and drinking water each day, bingeing and purging, or exercising to extreme levels to control weight and size and thereby meet "sport" requirements.

LORI - Volleyball and Basketball

Lori, who played volleyball and basketball in high school, spoke of her experiences with sport drinks and how it has affected her battle with obesity in her adult years. Lori said she never had a weight problem until after she left high school and was no longer active on a consistent basis. Attempting to resolve her weight issues, she reflected on her teen years to try and understand why she might have such difficulty controlling her weight today.

Lori's reflection began by evaluating her eating habits, but found those to be mostly healthy. Lori was lucky to have grown up in a home environment that was supportive of healthy eating habits. She did note that she did not have any information, training or education on nutrition from any coach or physical education teacher the entire time she was in high school. The only information she received was a short lesson on the food groups in a health class.

Lori recalled that during the "season" she was physically active and going to practice, but noted that she drank a lot of sport drinks to replenish her body due to the energy expenditures required of basketball. After the season was over, she noticed her weight increased until volleyball season would begin, at which time she would shed most of the weight, but not all. Not being as intense in terms of energy expenditure, volleyball didn't allow her to take off all the weight gained following basketball. She continued to drink the sport drinks "between seasons" not realizing their high calorie content.

After high school, Lori continued to drink sport drinks. Along with a radical decrease in exercise in college, sports drinks helped her to pack on the pounds. Learning to properly read labels and attempting to lose weight is where she discovered the high calorie content of the sport drinks and came to understand that they were significantly contributing to her weight problems.

not lifelong, effects. Pressures to perform to perfection and meet unrealistic performance levels and weight requirements at a time when their bodies are at critical cell building stages for normal growth and development can be devastating if not dangerous.

Drawing toward a Conclusion

The general consensus from those who were willing to share information with us is that much more needs to be done in terms of nutritional training for coaches, young athletes and their parents. They believe that their issues with weight in their adult years is related to their inexperience with the nutritional requirements necessary during their adolescent years and not understanding the full importance of healthy eating habits and the effects on their bodies during critical periods of growth and development.

Additionally, student athletes receive no education about the appropriate and inappropriate use of supplements, vitamins and sport drinks as part of their athletic training, and they have no idea what effect these substances have on their current or future health and welfare.

In researching the issue, we found that some state athletic associations provide coaches and student athletes with basic nutrition information on a minimal basis (at best). There was minimal information on the NCAA Web site, which was disappointing as we believed that would be where we would find the best information. The general consensus held by these associations is to encourage good nutrition and hydration for student athletes, but for the most part gives few specifics, and didn't address healthy lifestyle and attitude at all.

What we did not find, however, is school level programs that have mandatory nutrition training outside of a few school systems that provide a one (1) hour nutrition seminar for students and parents - some seminars mandatory, some not.

Unlike adults, nutrition for young people must provide for physical growth and development, especially during the years up to age 19 during which peak bone mass occurs, setting the stage for strong bones for the rest of our lives. Researchers are adamant in cautioning coaches, trainers and other athletic personnel NOT to apply adult dietary, nutrient, and training requirements to young and adolescent athletes, and to educate themselves, the parents and the athletes on proper dietary requirements during sports program participation.

Development of Eating Disorders

Although most young people have enough protein in their diets, attention needs to be given to those who curtail their food intake to maintain or lose body weight due to "weight dependent" sport participation. Curtailing food intake restricts access to appropriate body building nutrients resulting in the loss of body protein and lean body mass.

JAY – Football and Wrestling

Weight gain and nutritional issues are not unique to female athletes. We interviewed Jay and Jerry who spoke to us about their sports-related weight issues and experiences too. Jay and Jerry both participated in high school football and wrestling. Jay remembers being overweight for as long as he can remember. Jay had strong relationships with his peers and said he was not chastised about his weight. He also indicated there was always strong family support and he was not ridiculed about this weight by family members either.

While participating in a given sport, Jay stated he would lose weight, but when the season was over he would immediately put weight back on, very quickly, and always more than he had lost. Once the next sport season began, he would lose some weight, followed by the regain and more. Jay said as he got older, it became more and more difficult to lose weight as he felt his weight become more and more out of control after each regain and additional pounds. The obese child became a morbidly obese adult who fights the disease and its co-morbid conditions every day.

Jay told us his gains and losses were most prevalent once he began wrestling. Football was not so bad since being "a big guy" was looked upon as a positive thing. In wrestling, however, staying within specific weight classes was demanded. In contrast, being "big" in wrestling meant being muscular and lean with as low a body fat ratio as possible. Being overweight, Jay wrestled in the "heavy weight" division where it was not as difficult to stay "at weight" as in the lower weight classes, but his weight did impede his athletic performance. Time and again, he would lose a bit of weight preparing for the season, but regained it, and more, once the season was over.

Over the years, he indicated there was little information provided on nutrition outside of statements to "eat healthy, drink lots of water, and "carb load" before games or matches. There was a general health course he was required to take as part of his curriculum, but he told us that was not available to him until the latter part of his senior year.

During critical growth and development states for youth and adolescents, this practice of nutrient restriction can compromise not only athletic and academic performance, but damage their health in the immediate, as well as later in life.

If bodily systems are being compromised through restrictive diets and other unhealthy acts such as "binge-eating" and "purging," the behaviors can lead to additional physical and psychological health problems. Anorexia, bulimia and obesity are all resulting health risks and problems from this type of behavior and environment, and the behaviors can move with them into college and adulthood.

JERRY – Football and Wrestling

Jerry's experience, although a participant in the same two sports of football and wrestling, was quite different than Jay's but still resulted in unhealthy behaviors. Jerry attended a highly competitive, sport intensive, upper middle class high school and upon graduation was provided a football scholarship to a medium sized independent college out of state.

Although highly talented in multiple sports, he struggled due to his smaller physical stature as compared to his fellow teammates. Under constant pressure from his coaches, to "increase his physical presence," "make weight" and a self-induced pressure to "be the best," he developed an unhealthy attitude and approach to achieving those goals.

The high school football program pushed him to "add weight" and "bulk-up." To accomplish this he was encouraged to workout with weights, eat high fat content foods, carb load before games, and supplement his diet with high level protein and amino acid products – anything to increase his size and presence on the field.

Conversely, in the wrestling program they pushed him to increase his strength, stamina and muscle mass, and constantly monitored his weight to ensure that he became stronger and leaner, but still maintained his weight class.

Moving on to college, and an even more intense and competitive football program, Jerry was put under more and more pressure to "get bigger" or lose his position and playing time. He did receive some nutritional information, but in limited amounts, and there was no "formalized" nutrition education for the football program.

The continued pressure from coaches and peers was the tipping point for Jerry to take the next step to an even unhealthier lifestyle. In addition to the excessive weight training, overuse of protein and other supplements, and obsessive worry over his size and weight, he was introduced into the world of steroids. Ultimately he achieved his goal of getting a bit bigger, but he also ended his football career by his second year of college, and further damaged his health, perhaps irreparably.

These behaviors can spill over into adulthood, as in the case of Kelly, a nationally ranked figure skater, who was scrutinized for years about every ounce of her weight. After she left skating, she developed compensatory eating behaviors that led her to obesity.

To conclude, Jay, our former football player and high school wrestler said it best: "To the coaches out there, please do all you can to properly educate your student athletes about appropriate nutrition throughout the sport season. To the student athletes of all sports, learn about what is appropriate nutrition for your age and do not engage in risky, unhealthy behaviors. Ask your coaches for nutrition education, demand it of them."

Tips for Parents of Student Athletes

- Talk to your sons and daughters about the importance of good nutrition and how it affects their bodies as they choose to participate in any organized sport activity.
- Talk to your family physician about sources of nutritional information or seek a recommendation for a dietitian.
- Make healthy foods and snacks readily available to the athlete, and do your best to model a healthy lifestyle.
- Be supportive of your child's athletic endeavors, encourage them to do their best, and do not place expectations upon them that they may never be able to achieve.
- Become involved in booster clubs and organizations.
- Organize nutrition programs for the student athletes if none exist.
- Coordinate a rotation schedule among parents for bringing healthy snacks and bottled water for the athletes at games or matches.
- Get involved in your kids' health and make sure that their sport involvement and experiences don't have serious negative medical and health consequences that could last a lifetime.

Tips for Student Athletes

- Listen to parents and coaches when it comes to proper nutrition and stay away from supplements and performance enhancing drugs.
- Keep yourself well hydrated with pure water.
- Remember, sports drinks are great when used appropriately, but they can do you more harm than good if not used properly.
- Unless you are working out, you don't need sports drinks, soda pop or "energy" drinks. Just drink lots of water.
- Listen to your body and look to your parents, coaches and trainers for support and guidance.
- Advocate for yourself and your peers and demand nutritional education in your sports programs if you do not already receive it.
- If you are not getting the help you need, seek out a school counselor who might be able assist you in addressing your issues and concerns.

About the Authors:

Julie Janeway, MSA, JD, ABD/PhD, is a gastric bypass patient and co-author of the best-selling book The REAL Skinny on Weight-loss Surgery: An Indispensable Guide to What You Can REALLY Expect! – 2nd edition. Ms. Janeway is a college professor and public health and bariatric educator who teaches patients and medical professionals all over the country.

Karen J. Sparks, BBA, MEd, is a gastric bypass patient and co-author of the best-selling book The REAL Skinny on Weight-loss Surgery: An Indispensable Guide to What You Can REALLY Expect! – 2nd edition. Ms. Sparks is a college professor and public health and bariatric educator who teaches patients and medical professionals all over the country. Ms. Sparks is a member of the OAC Advisory Board.

For a list of resources used in this article, please see the online version of this issue at www.obesityaction.org.

Get Ready!

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NEW and EXCITING
National Awareness Campaign

Coming to You Mid-January 2010!



Are **YOU** ready to
Take the Challenge?

Prepare to get Educated. Prepare to be Challenged.
Prepare to Spread the Word.



**A New National Awareness Campaign Proudly
Brought to You by the Obesity Action Coalition**



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

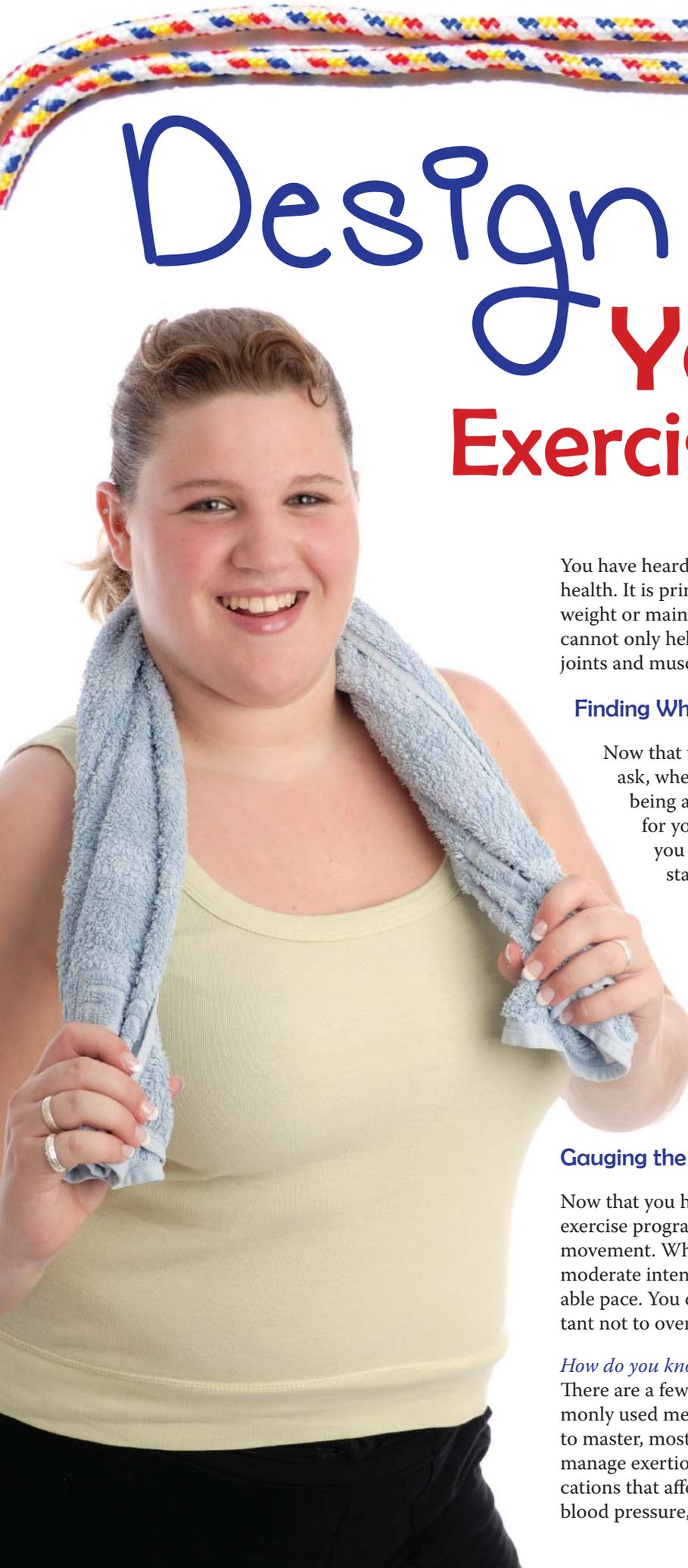
Enclosed is my check (payable to the OAC) for \$ _____.

Please charge my credit card for my membership fee:

Discover® MasterCard® Visa® Amex®

Credit Card Number: _____

Expiration Date: _____ Billing Zip Code: _____

A woman with brown hair tied back, wearing a light green tank top, has a grey towel draped over her shoulders. She is smiling and looking towards the camera. The background is white. At the top of the page, there is a decorative border with a colorful, multi-colored pattern.

Design

Your Own Exercise Program

By Dorrie Wilson, BS, ACE-CPT

You have heard it before, regular physical activity is necessary for good health. It is primarily important for someone who is trying to lose weight or maintain a healthy weight to be physically active. Exercise cannot only help to control weight but it contributes to healthy bones, joints and muscles.

Finding What Works for You

Now that you have decided to start an exercise program, you may ask, where do I begin? First, make a plan. Planning is the key to being a weight manager. When you make your plan, set goals for yourself. Goals should be clear-cut and emphasize what you want to happen. Use the SMART goals to help get you started (*see page 28 to learn about SMART goals*).

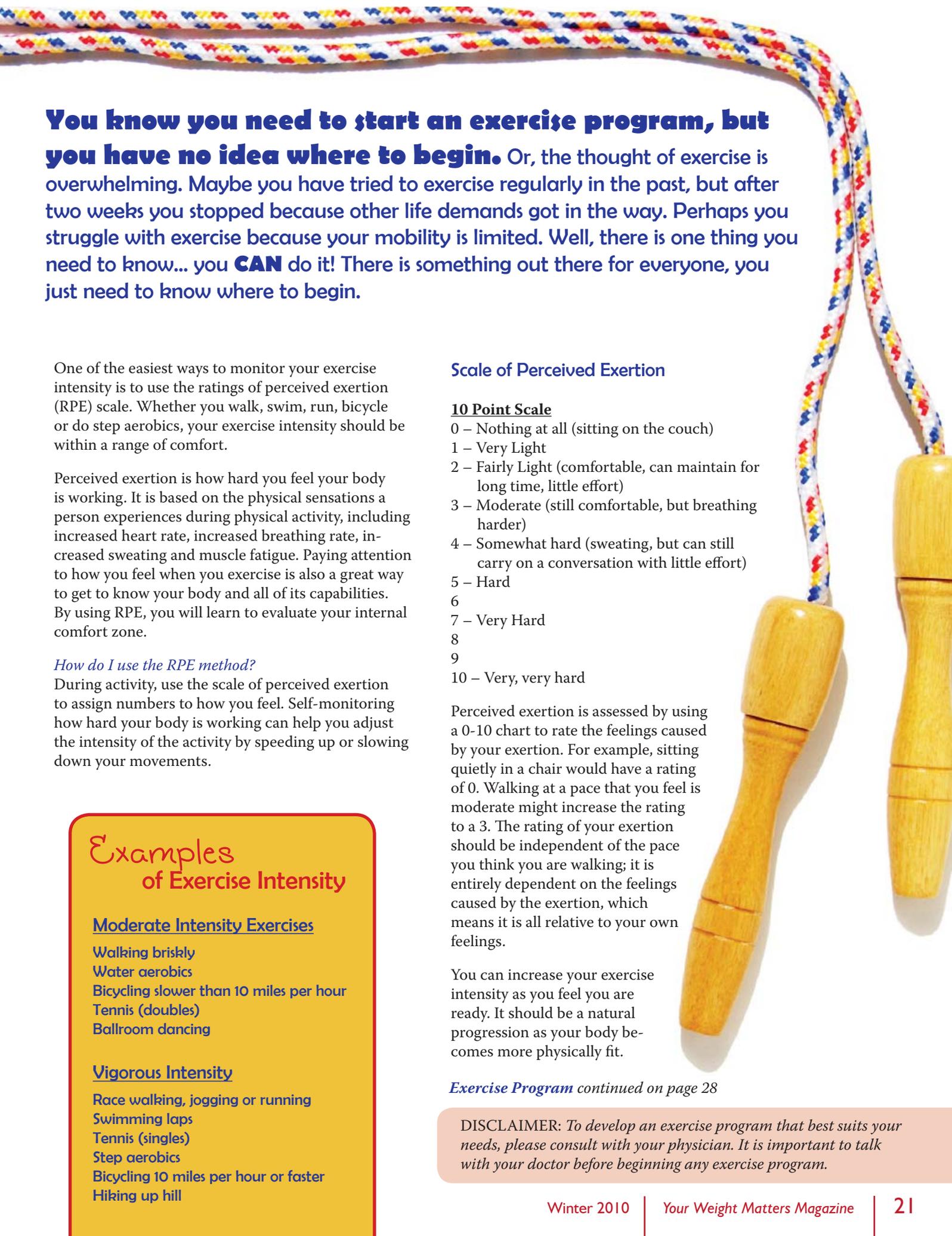
You do not have to go to a gym. Take the dog for a walk or get a pedometer and shoot to get 10 more steps each day. Buy a walking DVD so you can walk in the comfort of your own living room. Pool activity is a great way to move without too much pressure on your joints. Just remember to make your exercise program realistic. When you are developing your exercise program, make it as simple and convenient as possible for you and your fitness level.

Gauging the Intensity of Your Exercise Routine

Now that you have set your goals or maybe you have begun your exercise program, it is important to learn how your body reacts to movement. When just getting started you want to start out at a low to moderate intensity. If you are walking, start out walking at a comfortable pace. You do not want to hurt yourself, as it is extremely important not to over-do it in the beginning.

How do you know how to gauge your exercise intensity?

There are a few ways. One being heart rate assessment, which is a commonly used method. For some, however, this method can be difficult to master, mostly during exercise. In addition, monitoring heart rate to manage exertion is inappropriate for individuals taking certain medications that affect exercise heart rate, such as beta-blockers for high blood pressure, and those with health conditions that affect heart rate.



You know you need to start an exercise program, but you have no idea where to begin. Or, the thought of exercise is overwhelming. Maybe you have tried to exercise regularly in the past, but after two weeks you stopped because other life demands got in the way. Perhaps you struggle with exercise because your mobility is limited. Well, there is one thing you need to know... you **CAN** do it! There is something out there for everyone, you just need to know where to begin.

One of the easiest ways to monitor your exercise intensity is to use the ratings of perceived exertion (RPE) scale. Whether you walk, swim, run, bicycle or do step aerobics, your exercise intensity should be within a range of comfort.

Perceived exertion is how hard you feel your body is working. It is based on the physical sensations a person experiences during physical activity, including increased heart rate, increased breathing rate, increased sweating and muscle fatigue. Paying attention to how you feel when you exercise is also a great way to get to know your body and all of its capabilities. By using RPE, you will learn to evaluate your internal comfort zone.

How do I use the RPE method?

During activity, use the scale of perceived exertion to assign numbers to how you feel. Self-monitoring how hard your body is working can help you adjust the intensity of the activity by speeding up or slowing down your movements.

Examples of Exercise Intensity

Moderate Intensity Exercises

Walking briskly
Water aerobics
Bicycling slower than 10 miles per hour
Tennis (doubles)
Ballroom dancing

Vigorous Intensity

Race walking, jogging or running
Swimming laps
Tennis (singles)
Step aerobics
Bicycling 10 miles per hour or faster
Hiking up hill

Scale of Perceived Exertion

10 Point Scale

- 0 – Nothing at all (sitting on the couch)
- 1 – Very Light
- 2 – Fairly Light (comfortable, can maintain for long time, little effort)
- 3 – Moderate (still comfortable, but breathing harder)
- 4 – Somewhat hard (sweating, but can still carry on a conversation with little effort)
- 5 – Hard
- 6
- 7 – Very Hard
- 8
- 9
- 10 – Very, very hard

Perceived exertion is assessed by using a 0-10 chart to rate the feelings caused by your exertion. For example, sitting quietly in a chair would have a rating of 0. Walking at a pace that you feel is moderate might increase the rating to a 3. The rating of your exertion should be independent of the pace you think you are walking; it is entirely dependent on the feelings caused by the exertion, which means it is all relative to your own feelings.

You can increase your exercise intensity as you feel you are ready. It should be a natural progression as your body becomes more physically fit.

Exercise Program continued on page 28

DISCLAIMER: To develop an exercise program that best suits your needs, please consult with your physician. It is important to talk with your doctor before beginning any exercise program.

G

etting back in the Game

after Significant Weight-loss

By Patrece Snow, LPN, CLC, CSGL

Where are you in the game of life?

Are you out there on the field actively participating, or do you find yourself sitting in the stands watching, wishing you could be in the game too? For many of us, our obesity has been a roadblock to living our lives to the fullest for a very long time. Now that you have lost a significant amount of weight and are experiencing this life-changing transformation, consider extending the transformation process into all areas of your life!

Could it be we were embarrassed by our weight and chose to stay in the background? Maybe, it was due to obesity-related health issues that physically prevented us from participating.

You worked very hard to get to where you are! You deserve to reward yourself with the joy and personal fulfillment. Whatever it may be that has held you back, it is now time to let go of it, and move forward.

Learning to get back in the game of life after significant weight-loss is not always easy. There are many factors that can negatively affect our ability to live fully and with satisfaction. But, we all have the choice to work through these obstacles and to enjoy the wonderful experiences that life offers.

So, What is Holding You back?

For many of us, we continue to entertain our self limiting beliefs that we developed years ago. Our basic belief system is "programmed" by age six. These beliefs have become our way of viewing ourselves and where we belong or what we deserve in life. The problem is that many of our beliefs are inaccurate and unfair to us.



Self Image

Self image is another big issue that can keep us from moving forward and embracing the life we truly desire. Many people, especially if they have been obese for all or most of their lives, still see themselves as that obese person, even though they may no longer be so.

Relationships

The relationships we are in can also contribute to our inability to move forward. Some of the people that have a significant role in our lives can actually feel threatened by our weight-loss success. Spouses may fear we will want to move on to someone better, friends may feel that they are losing their connection with us as we adopt new lifestyle habits that were not a part of how we related with them in the past.

Some may be jealous of our success and resent our efforts to continue to improve our life. You may find that those who were once close to you distance themselves or try to sabotage your efforts due to the insecurity that your success creates for them.

Other factors that can hold us back include self doubt, difficulty or inability to identify what we truly want in our lives and lack of direction in how to achieve these things we desire.

You Have the Power to Overcome Your Challenges

You truly do have the power and ability to break through your barriers and embrace the life you have always wanted! You have already proven this to yourself. Look at how far you have come in your weight-loss. No, it wasn't always easy to do what you had to do to achieve this, but YOU did it! You can do this too. Your decision to get back in the game of life can be put into action today.

As you begin to move forward and learn to embrace life and all it has to offer, you will find that some of the obstacles will take time, effort and sheer determination to overcome. Some will be easier to break through. As you progress, you will experience an awesome sense of personal empowerment. This empowerment will help you work through the more difficult challenges with more confidence and success.

Breaking through the Barriers

The first and most critical aspect of learning to live life fully is being able to identify the barriers and challenges standing between you and how you want to experience life. Without having a clear idea of what it is that

Back in the Game continued on page 30

Key Actions for Getting back in the Game



Be Spontaneous!

When you are presented with an opportunity to enjoy yourself and experience the fun things in life, just do it. Do not evaluate it or try to think of all the reasons you should not or could not participate. Allow yourself to engage in it. Live fully in the moment. Give yourself permission to experience it. You ARE deserving of it!

Do Not Allow Others to Hold You back

There comes a time in our lives when we must be true to ourselves. That time is now. If you have relationships with people that foster negativity and self doubt within you, you must not allow this to continue. This is not to say that you have to break off these relationships, but it may be time to set new ground rules and boundaries within these relationships.

It can be quite possible that some of these people that foster the negativity in us are not even aware they are doing so. So, now is the time to be open and honest with them. Make them aware of your position. Let them know what you need and expect from them and what you cannot accept. Those who truly care for you would want nothing less for you and will want to honor your request.

Recognize How Far You Have Come

Give yourself credit for all that you have achieved. Know that you are strong and worthy and have the power to continue to achieve all that you desire. Sure, you may have had some slip ups along the way, but who hasn't? When you do slip up, don't beat yourself up over it. Simply acknowledge it, accept responsibility for it and move forward, knowing that next time you have more awareness and have the opportunity to choose to do it differently.

Silence that Internal Naysayer

Just as with our relationships with others, we may need to set new boundaries and guidelines in our relationship with ourselves. Many who struggle with or have struggled with obesity have learned to view themselves in a negative light. Self doubt, poor self image and fear have become strong saboteurs in our ability to grow and incorporate new and positive changes into our lives. It is time to slay those demons. They no longer have a place in our lives.



How to Eat Healthy Foods on a Budget

By Pam Helmlinger, RD, LDN

Healthy eating may seem challenging when penny-pinching, yet with careful planning you can monitor both your waistline and your budget. The perception that healthy food costs more is not valid if you are always shopping for a good deal and planning ahead. Incorporate these tips for a frugally-fit diet:

Determine a Weekly Grocery Budget – set aside the allotted cash in a special envelope. Plan meals and snacks for your family ahead of time and write down a detailed shopping list from that plan.

Comparison Shop and Take Advantage of Store

Incentives – Choose generic store brands except when the brand name product is on sale for less. Refer to the item's unit price displayed to compare costs between brands and multiple-sized packages.

Meal Planning – a great way to cut costs is to plan the week's meals based on weekly store flyers' sale prices along with any coupons which apply from the newspaper or online. Paperclip applicable coupons to your grocery budget envelope.

Bulk Buying – Warehouse clubs are one way to save when buying in bulk, however, if the savings would not exceed the cost of the membership, you can stock up on sale items at the grocery store and purchase produce by the bag rather than in pieces (onions, apples, grapefruit, etc.). Frozen fruits and vegetables are also beneficial for equal nutrient value and to eliminate the concern for spoilage before they are eaten. Frozen berries are an excellent choice year-round when fresh berries are out of season.

Purchase Plain Meats and Skin and Season them on

Your Own – Try using canned chicken and fish for salads. Use medium shrimp for cooking fajitas or to make a seafood salad. Extend your budget further by eating at least two meatless meals per week. Give tofu and/or tempeh a try for an inexpensive, nutritional substitute for meat and cheese. Beans are also a low-cost and versatile source of protein and fiber. For maximum savings and a low sodium option, use dried beans versus canned beans.

Avoid Pre-packaged Foods and Beverages – While drinking diet soda may not affect your weight, it can be draining your family budget. Instead, brew your own tea or fill reusable water bottles with filtered water at home. If you purchase coffee at a coffee shop, consider buying whole bean coffee in bulk, grinding it at home and mixing with a splash of skim milk, an ounce of sugar-free coffee syrup and a packet of artificial sweetener for your own "Skinny Latte." These products at home will go a long way and make many cups for the price of one cup at a coffee shop.

Avoid Waste by Purchasing Only What You Need for the Week – use scraps to make other meals, such as leftover chicken to make chicken salad.

Cook at Home and Reserve Eating out for Special Occasions - A single night at a restaurant may cost you as much as the week's groceries. Studies show that home-cooked meals are more nutritious and that families who eat together have better communication.

Cook extra portions for freezing and utilize leftovers throughout the week. The extra effort will result in time savings later and is perfect for those with a hectic schedule. Get creative and try limiting recipes to just a few basic ingredients.

Make Your Own Convenience Foods - Although buying washed and bagged lettuce, cabbage and carrots is convenient, it costs much more for less quantity. Try making your own convenience foods by dicing and chopping vegetables on the weekends to quickly add to a recipe or salad on a weeknight.

Plant a Garden - Another way to save on vegetables is to plant a garden. It takes some time but can be a fun hobby. If you have never planted before, try starting with tomatoes and some fresh herbs.

According to the February 2009 issue of *Consumer Reports* magazine, here are some nutritious foods and cost per serving:

- **Cooked Black Beans** - 114 calories per serving, 7 cents per serving, high in fiber/B vitamins/protein
- **Egg** - 78 calories per egg, 9 cents per egg, high in protein/iron/B-12/choline
- **Cooked Broccoli** - 27 calories per half cup, 33 cents per serving, high in vitamins C & A/fiber/phytochemicals
- **Chicken Breast** - 142 calories per 4 oz portion, 50 cents per serving, high in protein/iron

With some creativity and planning, you can keep your kitchen well stocked with lean protein, high fiber, fresh and frozen goods and seasonal produce. Eating well is manageable for everyone and sets one up for a healthy meal plan without the temptations that come with excess food on hand.

As you can see, it is possible to eat healthy on a budget. It takes an awareness while you grocery shop and while you eat/dine out to make this possible.

The key is that you need to get creative and look at labels and prices. So, next time you are at the grocery, take these important tips with you to help you determine what is the healthiest and most economical option for you and your family!

Let's Compare!

The following is an example of both cost comparison and nutrition facts comparison for a couple of different meals...

Meal A

- 1 piece meat lasagna (1/12 recipe)
- 2 slices garlic bread
- 2 cups romaine lettuce
- 2 tsp. shredded parmesan
- 2 oz. Caesar salad dressing

Per Serving: 938 calories, 47g fat, 97g carbohydrates, 31g protein

Cost/serving: \$3.98

Meal B

- 1 Morningstar Farms Sun dried Tomato & Basil Pizza Burger pattie
- 1 oz. marinara sauce
- 1 slice mozzarella cheese melted on top
- 2 c. romaine lettuce
- 2 tsp. shredded Parmesan cheese
- 10 sprays Caesar Delight Vinaigrette Spritzer

Per Serving: 279 calories, 14g fat, 12g carbohydrates, 22g protein

Cost/serving: \$2.85

You can consider your calorie intake a budget just like your checkbook for your financial budget. In this case, you would have saved \$1.13 per person for meal B and your calorie savings would be 659!

About the Author:

Pam Helmlinger, RD, LDN, has worked with the Center for the Treatment of Obesity at Centennial Medical Center since 2006. She is specialized in bariatric surgery and holds a certificate of training in adult weight management. Currently, she provides pre and post-op nutritional counseling in addition to education for patients in a medical weight-loss program.

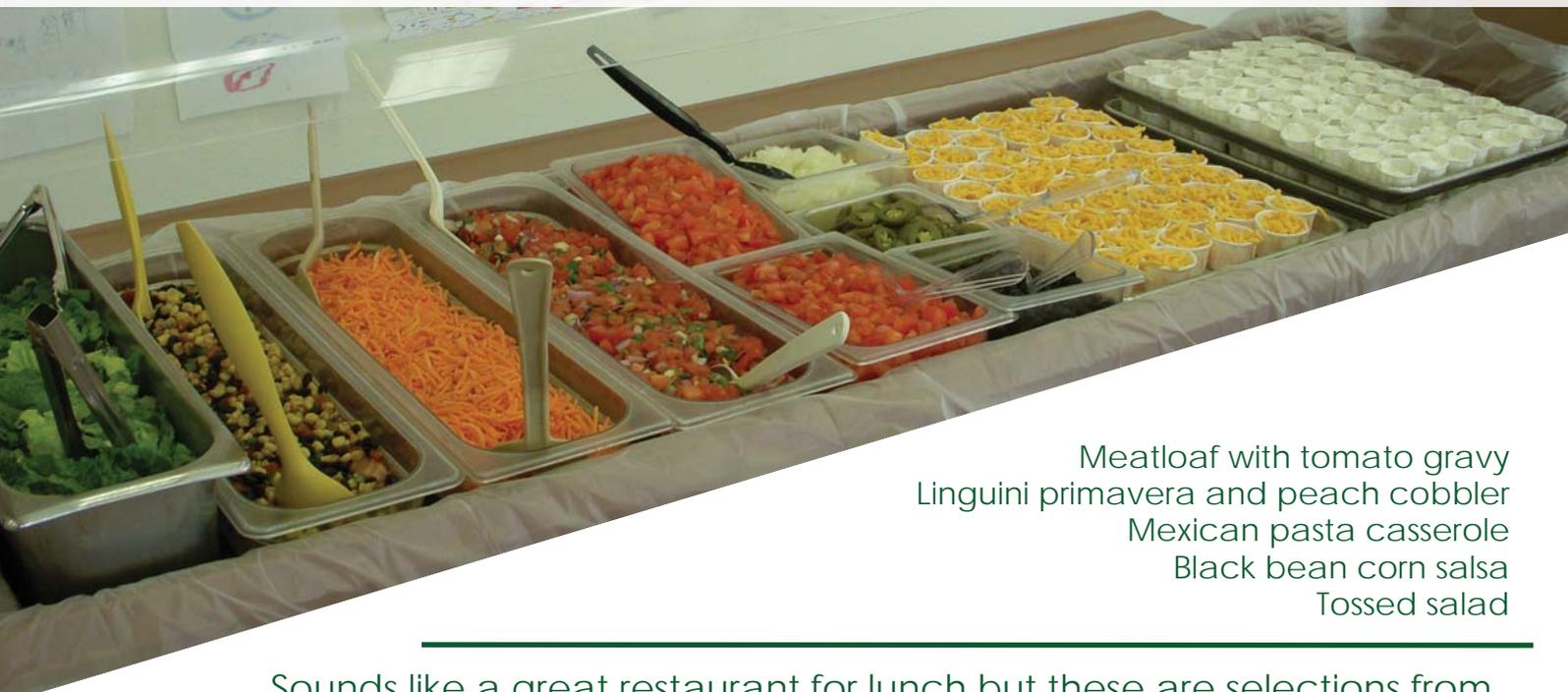
Interested in More Topics on Health and Nutrition?

Visit the "Magazine" section on the OAC Web site at www.obesityaction.org. The OAC archives all past articles that have appeared in the magazine.

There are more than 100 to choose from!

Changing the Taste of School Lunch

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



Meatloaf with tomato gravy
Linguini primavera and peach cobbler
Mexican pasta casserole
Black bean corn salsa
Tossed salad

Sounds like a great restaurant for lunch but these are selections from the lunch menus at Cross Timbers Elementary School in Edmond, Okla. This is not your typical school lunch menu anymore.

Changing the school breakfast and lunch program at Cross Timbers did not happen overnight. In 2006, Chef Dave Fouts had an idea to promote healthy eating in the school system by developing a week-long event that included school events focusing on health and nutrition and a lunch prepared 100 percent from scratch.

In spring of 2007, “Chef Dave’s Healthy Kids Week” was held at Orvis Risner Elementary in Edmond. The response was a resounding success and the following year more schools wanted to participate.

Thanks to the generosity of the Woodward Grant through the *Walk from Obesity*, in 2008 five schools and more than 6,000 kids were able to join in “Chef Dave’s Healthy Kids Week,” with a focus on nutrition education.

In addition to school assemblies which featured healthy cooking demonstrations and poster contests, Chef Dave also provided information sessions for parents and food service personnel. One of the big hits of the week was the special lunch prepared by Chef Dave and the cafeteria staff. The menu was a “Fiesta Bar” that included Mexican turkey, black beans, rice, homemade salsa, and plenty of freshly cut vegetables for topping. Grant money was used to provide healthy snacks during a fitness walk and toward physical fitness equipment.

“Chef Dave’s Healthy Kids Week” Catches on

“Chef Dave’s Healthy Kids Week” became a community affair. Local businesses became involved with donations. The local newspaper, *The Edmond Sun*, ran feature articles and the University of Central Oklahoma provided dietetic interns to help prepare and serve food and answer questions from the kids.

In July 2009, Chef Dave Fouts and dietitian Vicki Bovee submitted a proposal to Edmond Public Schools that would take healthy school meals to the next level. This proposal was for the Edmond School District Nutrition Pilot Program. Gone would be the “reheat and eat” that has pervaded school lunch programs everywhere. Not only would the food change, but the whole lunch program would be transformed.

The Edmond School District Nutrition Pilot Program had four objectives:

1. To increase participation in number of meals served, increase nutrition education in the classroom and parent involvement within the school nutrition program
2. To improve the quality and nutritive value of breakfast and lunch foods served
3. To promote the Pilot Program on campus and within the community
4. To provide development for food service personnel

Funding was approved by the school board and Cross Timbers Elementary School was selected to start the program.

Below are three menus from the Pilot Program and the Food Based lunch served on the same day other elementary schools. While the Food Based menus are required to include specific food components and meet certain nutrient standards, no computer analysis is required. These lunches are typically higher in calories, fat, sodium and sugar than the Pilot Program lunches.

Food Based Lunch Menu	Pilot Program Lunch Menu*
Mini Corn Dogs (frozen) Caesar Salad Orange Wedges	Meatloaf with Tomato Gravy Linguini Primavera Peach Cobbler
Popcorn Chicken (breaded, frozen) Texas Toast Seasoned Diced Potatoes (frozen) Watermelon	Mexican Pasta Casserole Black Bean and Corn Salsa Tossed Salad with choice of Ranch or Balsamic Dressing
Macaroni and Cheese (frozen) with Lil' Smokies Breaded Okra (frozen) Applesauce with sweetened gelatin powder Cowboy Coffeecake	Chicken Stir Fry Stir Fried Rice Tropical Fruit Salad Fortune Cookie <i>*All items, except fortune cookie, prepared from scratch including salad dressings.</i>

Child Nutrition Services Staff required special training to make the adjustment from feeding ready-to-serve processed foods to hands-on food preparation. Two professionally trained chefs were hired and went to work side by side with the kitchen staff. The chefs continue to mentor the staff in knife skills, equipment usage, food safety and preparing fresh ingredients.

As with Chef Dave's Healthy Kids Week, response has been tremendous from the students, parents, district staff and community. According to Shelly Fox, Child Nutrition Supervisor, student participation in the lunch program has increased by 18 percent from last school year.

Students are not the only ones eating at Cross Timbers. Faculty, employee, and guest meals have increased by 132 percent. Many of the faculty are no longer going out for fast food and are eating the meals served in the cafeteria. More parents are coming to school to eat lunch with their child.

Other schools in the district are eager to have the Pilot Program come to their school. Plans are being developed to expand to other elementary schools in the near future. Our hope is that this program of healthier foods will no longer be a Pilot Program, but a standard for feeding our children.

About the Authors:

Chef Dave Fouts is known as the world's premier culinary expert for weight-loss surgical patients. Chef Dave can be found speaking around the country. 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 the clinical dietitian for Western Bariatric Institute in Reno, Nevada. Vicki is a member of the OAC Advisory Board.

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SMART goals help to evaluate if what you are trying to achieve is reachable. Use these goals to help in making your exercise program:

Make SMART Goals:

S = Specific

M = Measurable

A = Attainable

R = Realistic

T = Timely

Specific: Specifics will help you to focus on your efforts and clearly define what your plan is. What are you going to do? Why is it important to you? How are you going to do it?

Measurable: Establish tangible criteria for measuring progress toward the accomplishment of each goal you set. When you measure your progress you stay on track, reach your target dates and experience the excitement of achievement that motivates you.

Attainable: Setting goals too far out of reach will lead to not achieving them (i.e. saying you are going to go the gym for an hour everyday when you have not exercised in a long time might be too much to start with). Although you may start with the best of intentions, the knowledge that it is too much for you means your subconscious will keep reminding you of this fact and will stop you from giving it your best.

Realistic: Realistic means, “do-able.” A goal needs to be realistic for you and where you are at the moment. Do not make your goals so out of reach you set yourself up for failure. Set yourself up for success. If it sounds too easy then there’s no reason why you cannot or will not do it.

Timely: Putting an end point on your goal gives you a clear target to work toward. If you do not set a time, the commitment is too vague. It tends not to happen because you feel you can start at any time. Without a time limit, there is no urgency to start taking action now.

Conclusion

When designing your fitness plan, make it realistic for you and your fitness level. Only perform activities that are appropriate for you. Start with five minutes a day and progress as you are ready to.

It is important that when beginning an exercise program you establish the routine of the behavior and add time and intensity later. This is your body and your plan. Physical activity is extremely important for weight-loss, weight management and overall good health.

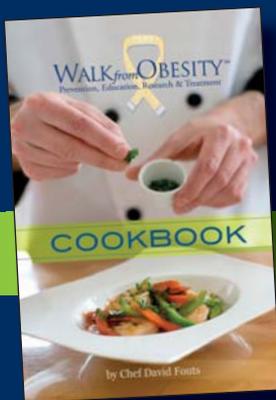
About the Author:

Dorrie Wilson, BS, ACE-CPT, is an Exercise Specialist Educator at Scottsdale Healthcare and Scottsdale Bariatric Center in Scottsdale, AZ.



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Participants can ask questions to the panel, both live at the EXPO and online. In January 2009, the ADA recommended weight loss surgery as an option for adults with a body mass index (BMI) of 35 and above with Type 2 Diabetes, especially if the diabetes does not respond well to lifestyle and pharmacologic therapy.¹

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

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keeps you back, it will be impossible to make the changes that must be made to facilitate the achievement of your desires and goals.

To successfully identify what holds you back, you need to do some deep soul searching. You need to ask yourself what it truly is you want to experience and achieve. This may not be easy to do, as our self limiting beliefs can cause us to dismiss many of our goals and desires as being impossible to achieve, farfetched or even unrealistic. But the truth is they are likely very achievable and realistic, we just may not believe they can happen for us.

So, when you begin to explore what it is you truly want to experience, do not allow yourself to dismiss anything that comes to mind. Once you have completed your list of goals or things you would like to experience or achieve, it is time to take the next step.

Consider each goal with an open mind. Next to each goal, define what it is that you feel holds you back from attaining it. Every roadblock or barrier to your desired outcome, no matter how big or small it seems, should be included. Remember, identifying the obstacles is the primary key to enable you to begin the process of breaking through them.

The next step is to begin to identify ways in which you can conquer these barriers. Even if you begin with very small but positive actions and mindsets, write down everything for each challenge that you can do to begin moving toward successfully breaking through each barrier. As you begin to identify ways to accomplish this, it may be helpful to ask others that you trust for ideas they may have as well. It is important to allow yourself to think “outside the box” and be creative in this process.

Make it Work

Once you have your basic list in place, it is time to begin to implement some of these new actions and mindsets. Do not try to tackle them all at once. It will be far too overwhelming. Start small and move forward as you feel ready. The process of incorporating these new thoughts and actions into your life may not feel comfortable at first. But as you continue to practice them, they will become easier to do. Eventually, they will become a new habit for you, and it will seem almost effortless.

If you find you are struggling with this process, there are places you can get support to assist you in successfully executing this process. You may consider:

- Seeking advice or suggestions from a support group you are involved with
- Seeking counseling if needed
- Asking trusted loved ones or friends to encourage and assist you
- Considering hiring a life coach that is knowledgeable and personally experienced in the issue of obesity and significant weight-loss

Conclusion

As you begin this new leg of your journey, know that you must go outside of your comfort zone to reach new destinations. To experience what you never have, you must do what you have never done. Even the smallest steps into new and unexplored actions and opportunities will result in very powerful and positive results.

About the Author:

Patrece Snow, LPN, CLC, CSGL, is the owner of Bariatric Buddy and has been a Licensed Practical Nurse for more than 18 years. She is also a Certified Life Coach, specializing in working with the bariatric, weight-loss and obese population. Patrece is an OAC member.

IMPORTANT LAP-BAND® SAFETY INFORMATION

Indications: The LAP-BAND® System is indicated for use in weight reduction for severely obese patients with a Body Mass Index (BMI) of at least 40 or a BMI of at least 35 with one or more severe comorbid conditions, or those who are 100 lbs. or more over their estimated ideal weight.

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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.