

A Publication of the Obesity Action Coalition

Winter 2011

YOUR WEIGHT Matters

MAGAZINE

*Bullying, Bullycide
and Childhood Obesity*

**There's an App for
that – Food Journal
Edition**

**Tips for Losing
“Holiday Weight”**

**Fill ‘Er Up – A Look at
Gastric Banding Fills**

Obesity and Age

**Weight-loss Surgery,
Nutrition and Hair Loss**



OAC
Obesity Action Coalition



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

This was not a fly by night decision. I knew exactly what I was doing. This was the start of being there for my kids; of feeling better as a person; of getting more self-confidence, which was something I had been lacking for quite some time. It's not a quick fix. I still have to work at it every day and for the rest of my life, and I'm okay with that.

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A Message from OAC Chairman of the Board, Barbara Thompson

Welcome to the Winter issue of *Your Weight Matters Magazine*. As I begin my second year as OAC Chairman, I would like to take a moment and express to you how proud I am of our accomplishments in 2010 and how excited I am for 2011. These accomplishments would not have been possible without your generous support as an OAC member. I want to personally thank you for your support and look forward to many great achievements in 2011.

Looking toward 2011, I am always excited by the onset of a new year. It's a fresh start, a clean slate and the perfect time to make changes in your life and health. To help you get started, this issue offers you some great articles, such as "Tips for Losing the Holiday Weight," "There's an App for That – Food Journal Edition" and much more. Making the decision to implement change in one's life is never an easy task. With change comes uncertainty and uneasiness. But, you don't have to do it all alone. The OAC is here to help YOU.

The OAC was founded on two main principles – education and advocacy. For 2011, the OAC promises to stand behind those founding principles 100 percent. On the education front, in the first quarter of 2011, the OAC will release three brand new brochures focusing on excess weight and type 2 diabetes. We will also be expanding our Web site to include even more educational information available to all for FREE.

On the advocacy front, we find ourselves in interesting times right now. There were many changes in the political climate in 2010 and we need to ensure that obesity remains at the forefront of our elected officials' minds. To help you accomplish this, we provided an informative article in this issue, "Political Climate Change," that discusses the current political climate, offers tips on how you can educate your newly elected officials and much more.

As many of you may already know, the OAC set a goal in 2010 to reach 50,000 members by 2011. We know that this is a lofty goal, one that can only be accomplished with the help of our supporters and members. With 20,000 members, we need to grow our organization, and grow it fast! Why are we aiming for 50,000 members? Because that is the number it takes to really be heard in Washington, it's the number that gives us the political power we need and it's the number of individual voices we need to really make a difference.

In this issue, we are officially kicking off our efforts to reach our 50,000 member goal! You will find a special insert in the center spread of the magazine that unveils our plans to reach 50,000 members, and included in this effort is our announcement of our 2011 Membership Drive. This membership drive is a direct opportunity for you as a member to get involved in helping the OAC grow its membership. Details can be found on the insert, but one of the most exciting parts is that we will be hosting a contest for membership recruitment where the grand prize is a vacation getaway! This is a first for the OAC to offer something of this magnitude, so I encourage you to check out the details and get recruiting now!

As always, we thank you for your support as a member of the OAC and I look forward to making a difference with you in 2011 because – together we DO make a difference!



YOUR WEIGHT Matters MAGAZINE

Winter 2011

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Issue II

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BULLYING,

Bullycide and Childhood Obesity

by JoAnn Stevelos, MS, MPH

Bullying has become an epidemic. Many children are victims of sexual bullying and cyber bullying, and overweight children are especially targeted. The problem is finally getting the attention it deserves.

In October 2010, we heard the heartbreaking stories of nine teens who were pushed over the edge by relentless bullying, sexual harassment and public humiliation. They were bullied because they were gay, lesbian, transgender, overweight or perceived as such. In the case of one young teen living in Massachusetts, it was for liking another teen's boyfriend.

Many gay lesbian transgender groups are actively advocating for bullying interventions and are including overweight children and teens under the spotlight because they often share similar bullying experiences. And, just recently the term "bullycide" has entered the language as a term to describe the number of victims who have committed

suicide. As a result of this alarming trend, many groups who are often the target of bullying and sexual harassment are speaking up, demanding that interventions and education be mandated in schools to combat all types of bullying.

THE ALARMING STATISTICS:

The statistics on bullying are upsetting. In a recent national survey of overweight sixth graders, 24 percent of the boys and 30 percent of the girls experienced daily teasing, bullying or rejection because of their size. The number doubles for overweight high school students with 58 percent of boys and 63 percent of girls experiencing daily teasing, bullying or rejection because of their size.

In 2009, Oprah Winfrey announced the beginning of a national conversation to stop bullying in schools. A national campaign to stop bullying began in 2010 with the declaration of October as “National Bullying Prevention Month.” Yet, reports of child and teen deaths related to bullying continue.

What is bullying?

The U.S. Department of Education’s resources on bullying warn that too many organizations are creating their own definitions of bullying. After a thorough review, they found that nearly all of the definitions incorporate four key concepts:

- Bullying involves intentional, and largely unprovoked, efforts to harm another
- Bullying can be physical or verbal, and direct or indirect in nature
- Bullying involves repeated negative actions by one or more against another
- Bullying involves an imbalance of physical or psychological power

While it feels somewhat clinical and removed to define bullying in this manner, we must do so to address the issue in a consistent and effective manner. However, we must also talk about this issue in plain English to keep it real and to understand the impact of bullying.

Overweight children and teens who are bullied are often called names, punched, teased, ganged up on, humiliated and ignored relentlessly either in-person or in social media by mean and often troubled peers. Victims often feel depressed, sad, lonely, alienated, ostracized, angry, powerless, anxious and fearful. It is imperative that we address bullying in our schools, neighborhoods and communities because every child has the basic human right to feel safe and secure.

Who are the bullies and who are the victims?

A 2004 study of bullying behaviors in 5,749 boys and girls (11-16 years old) showed that overweight and obese school-aged children were more likely to be the victims and perpetrators of bullying behaviors than their normal-weight peers. Furthermore, there are gender differences in bullying behaviors. Typically, both male and female children and teens report bullies making fun of the way they look, dress or talk. However, males are more likely to report being physically harmed through punching or kicking, whereas girls are more likely to be excluded, ostracized and the target of rumors, especially pertaining to sexual activity. Another study attempted to understand if overweight

children from different socio-economic classes were more vulnerable to bullying than others. Did it make a difference if the overweight child was male, female, black, white or Hispanic? Or, if they were rich or poor? Had good grades or poor grades? According to the lead researcher of the study, Dr. Julie C. Lumeng, “the child who was obese was simply more likely to be bullied than the child who was not; none of these things affected it at all.”

In fact, it comes as no surprise that overweight children are at risk for bullying. The risk factors associated with bullying victims – feelings of insecurity, low self-esteem, depression, social isolation and marginalization, lack of social skills and the inability to defend themselves in confrontational situations - are similar to the psycho-social conditions of overweight children and teens; depression, anxiety, social isolation and marginalization and low self-esteem.

WHAT ARE THE TYPES OF BULLYING?

There are different kinds of bullying according to Olweus, a Bully Prevention Program Web site:

- Verbal bullying
- Social exclusion or isolation
- Physical bullying
- Bullying through lies and false rumors
- Having money or other things taken or damaged
- Being threatened or forced to do things
- Racial bullying
- Sexual bullying
- Cyber bullying (via cell phone or the Internet)

Olweus also divides bullying into two forms: direct and indirect. Direct bullying usually involves confrontations, calling names, derogatory comments, hitting, kicking, shoving and chasing. Indirect bullying is equally aggressive, but partially hidden from the victim and can include social isolation, the spreading of lies and rumors to peers and ignoring victims in group activities. Cyber bullying may also fall into this category because the harassment and bullying is a step removed from face-to-face contact using text messaging or social media networks such as Facebook and YouTube.

Bullying continued on page 6

What are the consequences of bullying?

Bullying is a highly individualized experience just as physical pain is. Some days the child or teen may weather bullying better than others. The type of bullying, the level, intensity and frequency of contact with the bully or bullies must be considered when assessing and evaluating the emotional and physical consequences of being a victim.

In general, children and teens who are bullied may tend to avoid school or playgrounds, thereby decreasing the quality of their educational and recreational experiences. As we have seen in recent news reports, children and teens who are victims of bullying may have thoughts of suicide and some actually commit suicide. However, again, we must be cautious when discussing the consequences of bullying in general terms because the threshold for different types of bullying will vary from child to child.

What can I do to help a child or teen who is being bullied?

Get educated. Effectively addressing bullying with your children will require rigor, humility, compassion and most importantly, listening to their experiences without judging them. This is difficult because it can be tempting to blame the child. You might want to say, "You need to learn to stick up for yourself." Or you may be overprotective, as in, "I am calling her parents immediately." These traps should be avoided because they will put you into a "camp" and harden your position, thus turning the situation into "us against them." And to be honest, some days that will be the easiest way to deal with it. But, your best plan of action is to show your child how to use all the resources available to create a safer more secure environment for him or her.

Fully engaging your community will take time and determination. Schedule meetings with your school principal, guidance counselors and school bus drivers to review the school's policies on bullying and harassment. If the school does not have a policy, ask if you can work with the school district or your state education department to form a task force to address bullying. Call the national, state and local anti-bullying groups listed on page 7.

Surround your child with family and neighbors who know your child is being bullied and ask that they support you in protecting your child. Cultivating a "zero tolerance" for bullying environment in your child's community ensures all children have access to a safe, nurturing, learning environment. You and your child can work together to insure all kids are safe and empowered to speak up against bullies. Remember, you may be the only person your child can trust and come to for help.

HELPING TO COMBAT BULLYING: HELPFUL TIPS AND RESOURCES

If your child or teen is a victim of bullying, here are just a few things you can do to help. There are many more ideas and interventions to be found in the resources listed on the next page.

- Access the many resources available on the Internet. To the right, you will find an extensive list of resources and organizations to help you help keep your child or teen safe.
- The most important thing is to help your child stay safe and to try to not escalate the situation.
- Help your child learn to defend themselves from bullies by encouraging them to stay calm, look the bully in the eye and stand up tall.
- Encourage your child to ask the adults around them for help.
- Make an appointment with your school principal and your child's teacher to inform them of the bullying and to ask their help in addressing the situation. Ask about the school policies on bullying and for any available resources to help you and your child.

- When bullying incidents occur, write them down with your child. Keeping track of the incidents will help you prepare for meetings with teachers, parents and, if necessary, law enforcement officers.
- Encourage your child to join an organization or group at school. Be sure to create a safe and welcoming place for your child to have friends visit.
- Enrolling children in self-defense or martial arts classes can build their confidence and teach them how to protect themselves from bullies.

Resources

If you have friends or family members who are overweight or obese, please make time to watch three short and informative videos on weight prejudice and weight bias at the Yale Rudd Center for Food Policy and Obesity's Web site. Share these videos with your local school district, PTA, local organizations, family and friends.

To view the videos, please visit the "Weight Bias & Stigma" section under "What We Do" on the Rudd Center Web site at www.yaleruddcenter.org.

For more information on bullying, please visit the following Web sites:

- **Stop Bullying Now**
www.stopbullyingnow.hrsa.gov/adults/default.aspx
- **Education.com**
www.education.com/topic/school-bullying-teasing
- **Human Rights Campaign**
www.hrc.org/issues/parenting/schools.asp
- **National Institute of Health**
www.nih.gov/news/health/sep2010/nichd-21.htm
- **Centers for Disease Control**
www.cdc.gov/ncipc/dvp/electronic_aggression.htm
- **American Academy of Pediatrics**
www.aap.org/healthtopics/violprev.cfm

How can communities help children and teens who are being bullied?

The most effective interventions are those that commit to both the prevention and treatment of bullying as a school-wide or organization-wide effort. Because of the increased awareness about bullying, there are many resources and programs available to help schools, parents and organizations create safe, secure environments for all children.

One study has determined that an effective program will address the roles of everyone associated with the school or organization and what they can do to stop bullying. Everyone from teachers and students to the principal, janitor, lunch room worker and bus driver must feel empowered and compelled to enforce clear rules and become role models against bullying.

Conclusion

Dan Savage, an author and journalist who writes the internationally syndicated column, *Savage Love*, is leading a grassroots effort called, "It Gets Better." The campaign is specifically aimed at gay and lesbian youth to let them know that despite their painful experiences and the depression that comes from being bullied, "it gets better" when you leave high school. Our overweight children and teens need to hear the same message, "it gets better." They need us to step-up and advocate for their basic human right to safe, secure environments where they can grow and thrive. We need to work together to make it better for them.

About the Author:

JoAnn Stevelos, MS, MPH, is a public health professional and consultant. Ms. Stevelos is the former director of the New York State funded Center for Best Practices for the Prevention of Early Childhood Obesity. She is currently the Chief Operating Officer for Verdade Consulting Group Inc., a small firm specializing in medical research ethics, bioethics, public health and health law. Ms. Stevelos is a member of the OAC Advisory Board.

For an extensive list of resources and descriptions from the Center on Media and Child Health Web site and for a list of references used in this article, see the Web version in the "Magazine" section on the OAC Web site at www.obesityaction.org.



Courtesy of Apple

There's an App for that

Food Journal Edition

by Pam Davis, RN, CBN, CCM

We know food journals are a great tool to keep us on track with our weight-loss goals. There are multiple types of food journal apps available. We're going to focus on electronic food journals available on the iPad, iPod and iPhone. The reviews will compare cost, ease of use and general usefulness.

Whether you faithfully turn your food journal into someone on a regular basis or keep it for yourself, that visual reminder of your food intake can be tremendously helpful to track trends in your food behaviors.

I am a firm believer that in addition to our food intake, we also need to keep track of the setting and the mood we're in while eating. Eating breakfast in your car on the way to work? Chances are it is fast food. Eating supper in front of the TV while watching your favorite show? You will likely be distracted from your meal and instead of eating until you are full, you eat until the plate/bowl/bag is empty. I also strongly encourage tracking liquid calories separately.

Between the "Lifestyles" and "Healthcare & Fitness" categories, there are more than 15,000 applications, or apps, on iTunes. The apps reviewed made it to my trial either because of their reviews, graphics or price. For consistency, I entered the following data in all programs:

DATA

- Sex: Female**
- Height: 5'8"**
- Weight: 178 pounds**
- Goal weight: 175 pounds**

The majority of the programs listed my daily calorie target at 1,750-2,000+ calories. Being a gastric bypass patient, I know that is more calories than I need, so I manually adjusted the target range down to 1,400 calories. To gauge the variety of the food database, I searched items such as sushi, creamer and mangos.

Apps for iPhone and iPod Touch

(These apps may be used on the iPad, but are not yet optimized for usage on this device.)



Calorie One-Calorie, Exercise and Weight Tracker

(Healthcare & Fitness)



After entering your data and adjusting the settings, the home screen for this app shows your daily calorie budget, calories taken in, calories burned, net calories and your progress. You can access full nutritional information as well as charts illustrating daily, weekly or monthly trends in caloric intake as well as your intake of protein and your daily exercise. This app is very visually appealing on the iPhone. As with many of the apps, simply click "I ate this" or "I did this" to add it to your log.



Carb Master

(Healthcare & Fitness)

This app keeps track of your daily calorie, fat and protein intake, but primarily focuses on carbs. One of the coolest features (unless of course you're taking in too many



carbs) is how it shows your carbs on top of the icon on your phone so you can tell at a glance how many carbs you consumed. You can easily track your water intake and weight. The diabetes feature allows you to set your target glucose, enter multiple results daily while also allowing you to enter the amount of insulin required. An extra nice feature is the ability to email results to your healthcare professional with just a couple of steps.



DailyBurn-Calorie, Workout, and Fitness Companion

(Healthcare & Fitness)

During setup you can choose from a low-fat, low carb, body-builder or balanced diet which adjusts the percentages of fat, carbs and protein. This app allows you to purchase an add-on barcode scanner for \$4.99 so you can scan the barcode and then add the food to your journal.



This app is a delight to search as the results yield photos of the food you are searching, not just a list. The nutrition results appear like they would on a food label which helps to instill the need to read labels. You have the ability to add a food, including the brand and photo.

This app also provides free workout plans you can customize and allows you to track your progress. The calendar will then show you the days your workouts are scheduled (no excuses for forgetting). For an additional \$9.99, you can purchase the pro version and expand your workout options. I evaluated the free version only.



Intelli-Diet

(Healthcare & Fitness)

I would like to give this app two thumbs up for the cute little icon and the fact that it actually reminds you to eat; however, its cuteness does not



make up for how user-unfriendly it is. When you first set up your profile, you choose what foods you prefer and what foods you dislike and the app will give you suggested foods for each meal. These suggested foods

are not always in the form of a ready to go meal, often it is merely a random list of foods. Redeeming features: it's easy to track your water intake and you can email your shopping list.



Lose It!

(Healthcare & Fitness)

When I asked friends what app to load on my iPad and iPhone, this was on everyone's list. It's free, easy to use and has more than 290,000 reviews on iTunes. If that's not enough to convince you, aside from the standard features to add foods and add exercise, Lose It! includes the ability to add motivators (reminders sent to your iPhone when you forget to log a meal) and the ability to share your progress on social networking sites. You can upload your photo and ask friends to sign-up with you.



Apps Optimized for Use on iPad

(These apps may still work on your iPhone or iTouch, but you may be paying more than you would for one specifically for these devices.)



Sparkpeople Diet and Food Tracker

(Healthcare & Fitness)



By all counts, this should be an amazing app. The SparkPeople Web site is awesome and the SparkPeople recipes app is awesome. I have this app on my Blackberry and it's awesome, so imagine my excitement at seeing this app specifically for the iPad. Awesome, right? Wrong. I've downloaded it, opened, closed, reopened, deleted and downloaded it again and every time I open it, an error message saying "connection error" comes up. I'm not the only one who's had this problem. I, as well as others, have reported it. If you can get it to work, it should be great.



MyNetDiary HD

(Healthcare & Fitness)



This was the first app I downloaded to my iPad. I had looked at this app again and again while

There's an App for that continued on page 10

awaiting my purchase. The app did not disappoint. As with many of the other apps, you can track your foods, set your favorites, track your exercise and monitor your progress. One of the bonuses with this app is the library of articles that illustrate practical tips as well as motivational articles. This would be my favorite app, although it has the hefty price of \$9.99.



GoMeals HD

(Healthcare & Fitness)



This high-definition app, developed by Sanofi-Aventis, is free and has one of the coolest features! You touch the compass

icon in the corner and it will bring up a map of the area where you're currently located. Then touch restaurants and select the type. For example, "Asian," and it locates the nearest restaurant. When you touch the restaurant name, it then brings up the address and the option to view their menu.

Click the food to see ahead of time what will be a better option from their menu, or after you've eaten simply touch the "add to" button and it will add this to your food journal. You can also add foods through the more traditional methods of searching by food, restaurant and grocery. The home page is a dinner plate that tells you at a glance how many calories you have left as well as what your percentage of carbs, protein and fat are for the day. FAVORITE APP OVERALL!



iFood Diary

(Healthcare & Fitness)



This food journal is truly that, a food journal. While it is outstanding as far as the visual (it looks like a virtual agenda book complete with tabs)

and it allows you the option to export your food logs and send them via email, the huge downside is that it doesn't come with a food database. This means you have to seek another source to tell you how many calories were in the foods and beverages you consumed.



LIVESTRONG.COM

(Healthcare & Fitness)



This is an app I believe a lot of people have been waiting for. The LIVESTRONG site, also linked to the Daily Plate,

is a favorite desktop food journal and now it comes to the iPad. The search functions for both foods and exercise are phenomenal. One of the nicest features is you

can enter your data on either your iPad or your desktop, then click the sync button and now your information is on both devices. It is a great app for a great price.

Other Apps Worth Checking Out



Eat This, Not That Game

(\$) (Healthcare & Fitness)

This app is a fun way to test your knowledge on healthier options when dining out and a great way to teach the kids.



Cook This, Not That

(\$)(\$)(\$) (Healthcare & Fitness)

This app provides healthier alternatives to some commonly used recipes and also includes an ingredient list and directions for preparation.



SparkRecipes (SparkPeople)

(\$) (Lifestyle)

This app has tons of great recipes searchable by low carb, gluten free, high protein, etc. It also includes videos of multiple recipes. Great, free app!



The Snack App

(\$) (Healthcare & Fitness)

Another free app, the Snack App, allows you to search snacks by calorie range (50, 100, 200, etc.) and can tell you how to burn those calories too. Choose snacks by salty, sweet, crunchy, cheesy, healthy, sinful or choose the "surprise me" option.



Epicurious-the Cooks Companion

(\$) (Lifestyle)

This is a free app that allows you to sort recipes based on your skill level: "I can barely cook" to "I cook like a pro." Create an ingredients list for shopping or email your favorite recipes to friends.



Big Fork, Little Fork Kids Meal Recipes

(\$) (Lifestyle)

This is one of the coolest apps for your iPad. It costs \$4.99, but is worth it. It has kid-friendly recipes, games and videos all centered around healthier eating.

Conclusion

Now that I've kept a total of 24 food journals throughout the last six weeks, which ones will make the cut on my devices?

On the iPad, I've narrowed it down to: GoMeals HD, Calorie 1 and Carb Master, but GoMeals is definitely in first place.

On the iPhone, I'm going with Lose It! and the Daily Burn. I'm not sure which one will take the final spot.

However, I learned one thing - keeping a food journal is much easier than keeping eight and once you pick one that meets your needs, it's super easy and loaded with valuable information about you and your habits. If used properly, it will help you not only identify what you eat, but why you are eating it.

About the Author:

Pam Davis, RN, CBN, CCM, is a certified bariatric nurse and the Program Director for Centennial Center for the Treatment of Obesity in Nashville. Pam serves in multiple volunteer roles including the Board of Directors of the Obesity Action Coalition and the Tennessee Chapter of the American Society for Metabolic and Bariatric Surgery (ASMBS). Pam chairs the Integrated Health Clinical Issues and Guidelines Committee of the ASBMS and the Health Systems team of the

Tennessee Obesity Taskforce. Through her work at Centennial, Pam strives to educate employers and physicians on obesity prevention and treatment.

Reference Symbols



For use on
iPhone or
iTouch



Optimized for
use on iPad

Price Range

(\$ \$) \$0.99-1.99

(\$ \$ \$) \$5.00-9.99

(\$ \$) \$2.00-4.99

(\$ \$ \$ \$) \$10.00+



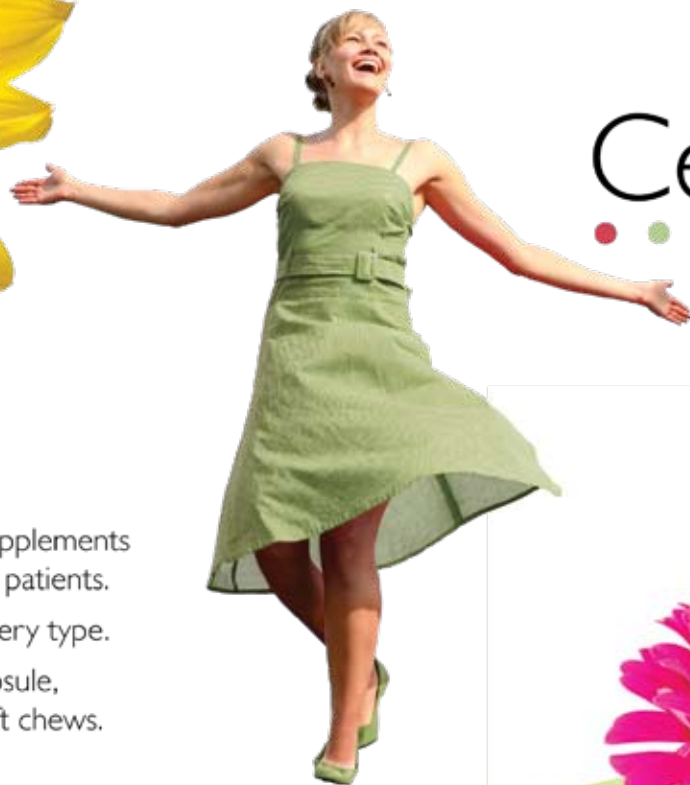
Okay, basic but does the job



Decent app, a few more bells and whistles



Great, fun app, visually pleasing and lots of features



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TIPS FOR LOSING “Holiday Weight”



by Betsy Ryland, PhD

It is the start of a new year and the holidays are over and are now a good memory. You have put off for as long as you can the inevitable “New Year” ritual of stepping on the scales.

The odds are when you see the numbers pop up on the scale you are going to say to yourself, “what was I thinking when I ate that?” or, “when I gave up exercise...”

Yep, you are just like the average person who gains between six and 10 pounds during the holidays. You are also just like the average person who is slacked-jawed at the task ahead of shedding pounds and getting back on a healthy track. You ask yourself, “where is the motivation when I need it?”

Pandora’s Box – Hope

Let me tell you a story about an important key to motivation. It is the story of Pandora’s Box. Curious Pandora was handed a box and told NOT to open it. Pandora couldn’t stop herself from peeking inside it. Of course, one peek did hurt and swoosh – she released into the world a horde of evils.

Pandora quickly slammed the box closed. As we know, she was too late. All kinds and sorts of the human ugliness had escaped. But, did you know she saved one thing at the bottom of the box? The one thing she caught at the deep bottom of the box was – hope. Remaining in Pandora’s Box is the bright hope for new beginnings.

Hope is a key ingredient to motivation. Hope is the belief that making changes will result in a positive difference in our health. Hope is the knowledge that small changes maintained throughout long periods of time result in a healthier you. Even the loss of one pound of body weight, reduces the walking pressure on your knees and ankles by four pounds. Your joints are going to feel the relief of one lost pound!



WHERE TO BEGIN

Check out these suggestions to begin 2011 with motivation:

The Oomph Factor – Small Changes

Oomph is energy! Oomph is the “get up and go” we all need to accomplish our goals. Oomph is generated by success. The biggest mistake we make is by going too big with our changes and we lose our oomph.

Making simple changes adds oomph and guarantees your success. Success builds more success. Small successful steps give you the energy to take more difficult steps with all the oomph you need. Look over what you eat and cut just 100 calories out of your daily intake. Cut out these 100 calories every day for a year. By the end of the year, you will be approximately 10 pounds lighter.

Holiday Weight continued on page 14

Reach your **Goal Weight**

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* On average, Medi-Weightloss Clinics® patients lose 7 pounds the first week and 2 to 3 pounds each week thereafter for the first month. Rapid weight loss may be associated with certain medical conditions and should only be considered by those who are medically appropriate. © 2010 Medi IP, LLC. All Rights Reserved.

✓ Go for Goals

Give yourself the benefit of a road map. Make your healthy small steps as clear and easy to follow. Fill in the blanks for your daily routine just as if you were following a road map:

Starting point: _____
and Destination: _____.

*Example: Starting Point - not enough fiber in my diet
Destination - more fiber in my diet*

Driving directions:

Now write out seven steps to take you from your starting point to your destination.

1. Find out how much fiber I need a day.
2. Identify fiber rich foods.

Only five more steps to go...

Your trip time: _____

Your trip time: one week

How long are you going to take to reach this goal? Remember, small steps.

Manually adjust your route:

What's realistic for you? Perhaps the first week's destination is focused on gathering information and getting ready for change. A destination and route adjustment is in order.

Add in some road marks:

If you reached the end of _____ you have gone too far.

If you put fiber-less processed foods in your grocery cart, you have gone too far.

Travel the perimeter of the grocery store for fresh, healthy fiber-rich foods.

✓ Journaling

Keeping a food journal is a leading success secret for maintaining healthy weight. Accountability helps you stay on track. Your journal can be as simple as index cards you use to jot down what you eat and then slip the cards easily into your pocket. Or, your journal can be as elaborate as a scrap book with pictures and inspirations. Whatever method you use, you need to record for five days a week what you eat, how much you eat (portions) and nutritional content.

Recording your exercise routine in your journal adds another dimension to seeing what you are actually accomplishing. Throughout time you'll be rewarded by the patterns and information you gain about your habits. As a result, you'll be able to make just the right adjustments to your nutritional balance and daily activities to make the biggest differences in your health.

✓ Count Your Non-scale Victories

In your journal, give yourself credit for your non-scale victories. Non-scale victories are the healthy habits you follow. Give yourself credit for all the victories away from the scales, such as using your pedometer, cutting out sugar drinks and starting a journal. It is healthy habits that take you to your goal and every single healthy habit matters. Let me give you an example and you tell me which example will lead you to health.

Example 1: You got off the scale and groaned about the 10 pounds you gained throughout the holidays. You say to yourself, "I was such a pig. I knew better. I just let it all go. I've got to lose 10 pounds."

Example 2: You have just gotten off the same scale and you groaned about the same 10 pounds you gained from the holidays. You say to yourself, "I guess I blew it. I'll toss the leftover cookies and ice cream. I'll pick up some fruit and fiber at the grocery store today."

I rest my case. Despite what you might think, beating yourself up does not burn calories. Pat yourself on the back for behaviors that lead you toward health. Healthy habits are victories to be celebrated.

✓ Pleasure is One of Life's Treasures

We keep doing the things that bring us pleasure. The challenge is giving ourselves permission to find, create and enjoy the pleasure in our lives. It's a time thing, isn't it? We should take the time to smell the roses, watch a sunset, watch children laugh and giggle in the park and eat dinner at the table and not in the car.

Give yourself permission to treasure hunt. Hunt to see the pleasure in every day. Reserve a time for dinner, even if you are by yourself. Decorate the table with a theme of the month. Make dining a special event. In your quest for fiber, have a fiber-rich food tasting for yourself, family and friends. There are some very unusual fruits running around in the grocery store waiting for you to taste. Waste not a moment to track down some ugly fruit - kiwi, and not to be forgotten, passion fruit, give your taste buds a treat.

Looking toward 2011

As you greet 2011, make a promise to yourself to celebrate the hope of new beginnings. Small healthy habit changes are a new beginning and make a big difference. Remind yourself that like in Pandora's Box – hope endures.

About the Author:

Betsy Ryland, PhD, is a psychologist and a gastric banding veteran. She loves helping individuals every day create their lifestyle for enduring health and weight maintenance. The heart of a healthy change is designing a value-driven lifestyle for self and family. Check out her professional programs, titled "Enliten Medical Weight Loss" and "Obesity2Balance."

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ADVOCACY NEWS ADVOCACY ACTION

Political Climate Change

by Joe Nadglowski

In November 2010, the political climate of the U.S. government once again changed. Some experts have stated that this type of change between political parties will continue for years to come. One question that we've received a lot at the OAC is, "What does this mean for me and the relationships I've built with my elected official?" That's an excellent question.

FORM NEW RELATIONSHIPS

When the country is in an ever-changing political climate, advocates can quickly become frustrated with the constant change in political climate; however, there is a silver lining in this climate change. Many of you may have taken the past two years to build solid relationships with your elected officials, but now find yourselves at the starting point again. Well, this is actually a good thing.

One of the most important parts of being an advocate is raising awareness of the disease of obesity and the obstacles faced by many when trying to access safe and effective treatment options. You see, for many of us, if we're asked a question about obesity or the struggles we've faced, we can instantly provide an answer; however, there are still many individuals in the public, such as your newly-elected official, who are not familiar with obesity or its struggles and barriers. That is why it is important for you to take the time and begin forming new relationships with these elected officials.

FINDING YOUR NEWLY-ELECTED OFFICIALS

Some of you probably knew your representative's phone number or email by heart; however, with change, comes a learning curve. Finding your new representative's contact information is simple. Located on the OAC's Web site in the "Advocacy Tools" section, you will find the "Legislative Action Center." In this section, you can simply type in your zip code and click "Go." Within seconds, you'll see a variety of categories, such as "President," "Senator," "Governor," "Representatives" and much more.

Under each of these sections, you'll find the name of your elected officials. Each name is hyperlinked and when clicked, you'll be directed to a new page listing this individual's

contact information. It's that simple. To find your elected official on the OAC's Legislative Action Center, visit capwiz.com/obesityaction/dbq/officials.

WHAT IF MY OFFICIAL DID NOT CHANGE?

Okay, so your elected officials managed to avoid the sweeping changes in November (or maybe they just weren't up for re-election) and now you may be thinking to yourself, "I already contacted them, so I don't have to anymore." Yes you do, and here's why.

Elected officials are contacted by thousands of individuals each day and most of those contacts are advocating for something, such as healthcare, state projects and much more. Re-introducing yourself to an old friend is a good idea. Update them on your health, any progress you've made or any obstacles you've faced. It is very important to keep an open line of communication with your elected official.

WHAT TO SAY

OAC members contact the OAC daily asking for advice on what to write to their elected official. The best answer we provide is – be yourself. Often times, sharing your personal story with your elected official is the most powerful thing you can do. Remember, especially for the newly-elected officials, YOU are a constituent and they are there to serve YOU. It is important for officials to know what your needs are.

For those of you still hesitant to get started, we've created a great section on our Web site to help you start advocating today! To view this section on the OAC Web site, visit www.obesityaction.org/advocacy/gettingstarted.php.

KNOWLEDGE IS POWER

Building a relationship with your newly-elected official or reconnecting with your current one is an excellent way to raise awareness of the disease of obesity. Share your story and advocate for change. It is our job, as a Coalition, to educate those around us especially our elected officials. With their unique positions, they have the power to help those who need it the most, but first, they need the knowledge and that is where YOU can make a difference.

Bariatric Advantage RECOVER® Program Donates \$200,000 in Vitamins in 2010

The OAC is a proud partner with Bariatric Advantage in the RECOVER® Program – a unique program that provides free vitamins to post-bariatric surgery patients with a financial hardship. We are excited to announce that in 2010, Bariatric Advantage donated \$200,000 in vitamins to post-surgery patients.

The RECOVER® Program is directed to the many bariatric surgical programs that are helping less fortunate patients “RECOVER” from obesity through surgical intervention, and/or patients whom have been caught up in the economic downturn and are working to “RECOVER” financially while trying to take care of their health.

The OAC teamed up with Bariatric Advantage in 2009 and launched the RECOVER® Program, and to date, we have distributed vitamins to more than 2,000 post weight-loss surgery patients. Patients must meet certain criteria to receive



the vitamins and the request must come from a bariatric surgical program.

The OAC thanks Bariatric Advantage for their generous support throughout 2010 and looks forward to continuing this important program in 2011. For more information on the RECOVER® Program, please visit the program Web site at www.bariatricadvantage.com/page/oac.

Walk from Obesity Continues as the Largest Gathering of Individuals Affected by Obesity

Last year proved to be another successful year for the Annual *Walk from Obesity*. In 2010, the Walks were held in more than 70 cities throughout the U.S. and welcomed more than 10,000 supporters, made up of individuals affected by obesity, family members, colleagues, healthcare professionals and many others.

The *Walk from Obesity* is the nation's largest gathering of individuals affected by obesity, as well as one of the largest fundraisers to further research, education, treatment and prevention efforts. To date, the Walk has raised more than \$4.5 million to help fund the independent educational and research initiatives of the American Society for Metabolic and Bariatric Surgery (ASMBS) Foundation and the OAC.

A new addition to the Walk last year was the hosting of the first-ever *Walk from Obesity* event in conjunction with the International Federation for the Surgery of Obesity and Metabolic Disorders (IFSO) XV World Congress. This was a unique opportunity to bring an International presence to the Walk. Surgeons and healthcare professionals from around the globe walked on a beautiful sunny morning in Long Beach, CA, to raise awareness of obesity.



WALK *from* **OBSESITY**SM
Prevention, Education, Research & Treatment

The Walk is driven by volunteers. Without the support of our local leaders, the *Walk from Obesity* would not be possible. Special thanks to all the Walk leaders who volunteered countless hours to making the 2010 Walks a tremendous success!

Each year, the Walk keeps getting better and better. We hope that you will join us in 2011 for a *Walk from Obesity* in your local area. Details on 2011 Walk events may be available now. Be sure to visit the Walk Web site at www.walkfromobesity.com to find a Walk in your local area. If you are interested in hosting a Walk in your community, you can find a complete step-by-step event guide on the Walk Web site.

News from the OAC continued on page 30

Sexual Abuse and Obesity

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



What's the link? Part 2

As we discussed in the last issue of *Your Weight Matters Magazine*, Part One – “Sexual Abuse and Obesity – What’s the link?” a history of child abuse further complicates the already complex issue of childhood obesity. Remember that as overwhelming as it may feel to tackle both obesity and therapy, both are treatable under the care of a knowledgeable physician and with access to appropriate resources.

While the first part of this article was aimed at discussing sexual abuse as it relates to childhood obesity, this article specifically addresses adults who are obese and have been victims of child sexual abuse. It is important to remember that your physician may not be trained to evaluate the signs and symptoms of this pairing, such as an unexplained failure to lose weight despite numerous interventions.

Furthermore, it is important to remember that a diagnosis of binge eating or compulsive eating may indicate a way of managing depression related to child abuse. In that case, if you are an adult who was sexually abused as a child you may want to tell your physician. Here are some common questions you may have about finding care and resources.

Which issue should I be treated for first?

Your physician will consider several factors when helping you decide which issue should be treated first. Much of the literature suggests that it is best to use your energy to first address any psychiatric issues that may be fueling behaviors causing obesity. However, depending on your energy level, available time and financial resources, you may be able to begin treatment for both issues at the same time with a primary focus on the psychiatric treatment, and a secondary focus on obesity-related interventions such as nutrition, physical activity, counseling and/or pharmacotherapy.

It is important that during this process you are patient with yourself and have realistic timelines for healing and for losing weight.

Are there physicians or therapists who specialize in childhood sexual abuse and obesity?

The first-step in seeking help is to speak directly to your physician. It is most unlikely that there will be a professional in your area who specializes in treating both child sexual abuse and obesity. Your physician may need to help you put together a team approach to provide the care and treatment you will need.

What does treatment for childhood sexual abuse look like? Individuals with a history of childhood sexual abuse have experienced a profound interpersonal boundary violation. They often suppress resulting emotions and develop distorted beliefs about themselves and others, such as, distrust, fear of abandonment, self-blame and negative body image. These can lead to unhealthy behaviors like social avoidance, impulsivity and self-harm.

In treatment, it is important to address any acute symptoms such as substance abuse, post-traumatic stress disorder or thoughts of suicide first. Once those have been addressed, cognitive-behavioral and interpersonal approaches in individual and/or group psychotherapy can address any intrapsychic and interpersonal difficulties.

Cognitive-behavioral approaches address suppressed emotions, any related physical health symptoms (irritable bowel, binge eating, recurring pain and distorted thoughts). The interpersonal approach addresses any “replay” of the

interpersonal behaviors learned from abusers in childhood, like submissiveness and learned helplessness. Empowerment approaches are also useful in normalizing reactions to abuse and internalizing positive and powerful views of self.

What can I expect at the therapist's office and physician's office?

Your experience will vary depending on whether you are seeing a psychotherapist or general practitioner (GP). Psychotherapists (psychologists, social workers and mental health counselors) are generally trained in short and long-term psychotherapy interventions whereas GPs have medical training.

When seeking treatment and support for difficulties related to childhood sexual abuse, it is recommended that you see a psychotherapist. Feel free to look around for a good fit when looking for a new psychotherapist. Improvement is highly related to the level of comfort that you feel with the clinician. You can ask your potential therapist about his or her level of experience and preferred approach in treating childhood sexual abuse and/or obesity.

When can I expect to feel better? How long are interventions?

Several studies have demonstrated positive outcome from psychotherapy with adult survivors of childhood sexual abuse within 10-24 weeks. Benefits from cognitive-behavioral approaches that address the distorted thoughts associated with childhood sexual abuse can often appear within a few sessions. Change in interpersonal behavior and other difficulties often take a bit more time given the difficulty that childhood sexual abuse survivors often have with trusting others, including clinicians.

It might also take some time to address the long suppressed emotions that surround the abuse. With the help of a supportive and empathic clinician and/or group however, survivors can begin to address these intrapsychic and interpersonal difficulties.

Conclusion

Sexual abuse and obesity are two very delicate subject matters for any individual. An individual's mind, body and spirit can be detrimentally affected by sexual abuse and quite often those affected may not want to seek help or guidance. They may feel ashamed of their situation or guilty by thinking that the abuse was their fault. It is very important for the individual to contact a healthcare professional for more information regarding their situation.

For Part One of "Sexual Abuse and Obesity – What's the Link?" please see the "Fall 2010" issue of the OAC's magazine on the OAC Web site at www.obesityaction.org.

Online Resources for Adult Victims of Childhood Sexual Abuse

National Sexuality Resource Center
www.nsrc.sfsu.edu

We Are Adult Survivors of Child Abuse and Neglect
www.wearesurvivors.org

Stop It Now
www.stopitnow.org

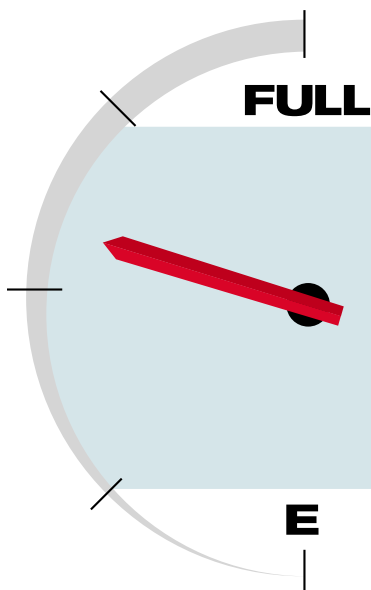
Find Counseling
www.findcounseling.com

American Psychological Association – Understanding Child Sexual Abuse
www.apa.org

About the Authors:

JoAnn Stevelos, MS, MPH, is a public health professional and consultant. Ms. Stevelos is the former director of the New York State funded Center for Best Practices for the Prevention of Early Childhood Obesity. She is currently the Chief Operating Officer for Verdade Consulting Group Inc., a small firm specializing in medical research ethics, bioethics, public health and health law. Ms. Stevelos is a member of the OAC Advisory Board.

Candace White, MEd, MS, is a practicing psychotherapist and doctoral student in social welfare at SUNY Albany. She has worked in various mental health research and clinical settings including McLean and Massachusetts General Hospitals, and was previously an adjunct psychology professor at colleges in upstate NY.



Fill ‘Er Up

– A Look at Gastric Banding Fills

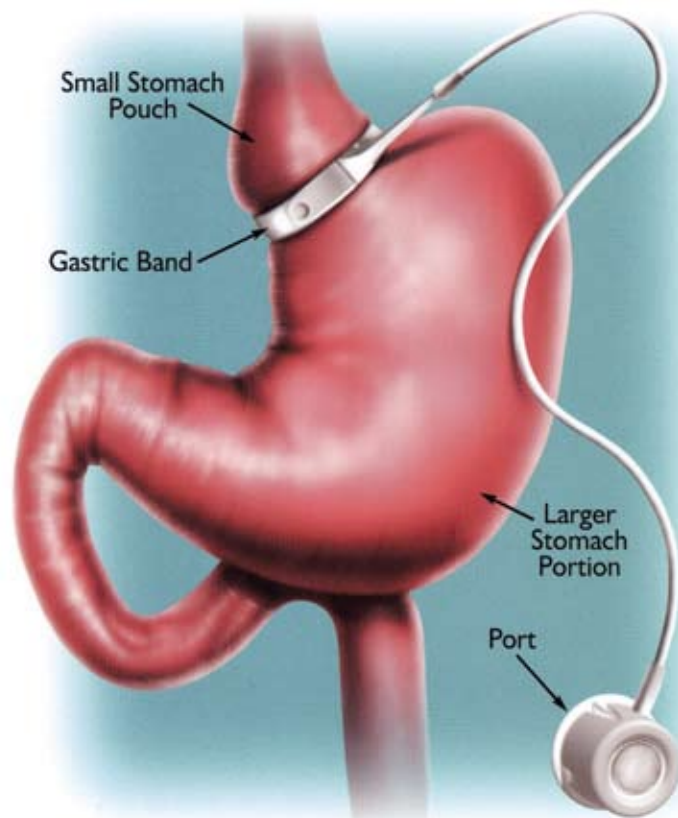
by Lloyd Stegemann, MD, FASMBS

A very popular weight-loss surgery operation in the United States right now is an adjustable gastric band. Known more commonly by its trademark LAP-BAND® or REALIZE Band®, an adjustable gastric band is a silastic belt that is surgically placed around the upper portion of the stomach. This creates a small pouch of stomach above the band with the majority of stomach below the band (see photo).

On the inside of the band, is a balloon. The balloon is connected by a tube to a port that sits underneath the skin on the abdominal wall. By injecting saline into the port, the surgeon, or assistant, can begin to blow up the balloon on the inside of the band. This procedure, known as a fill, is needed to get the adjustable gastric band to work properly in controlling hunger and food portions which will help band patients lose weight. But, how does one know when they need a fill?

Fill Protocols

There are no widely established fill protocols that have been shown conclusively to lead to better or more sustained weight-loss in band patients. What we do know is that if you don’t fill the band, it’s unlikely to work and if you overfill the band you will likely create significant complications. Between these two extremes, most



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surgeons make up their own fill protocol (sorry, but it is true). In my experience, most band patients will need somewhere between three to five fills in the first year after surgery and two fills a year after the first year in order to keep the band “tuned.”

Do I need a fill?

When I see a band patient, here are the things I consider when deciding if the patient needs to have a band fill:

Hunger Control

I think hunger control is paramount to achieve weight-loss. Hunger is a primal driving force in mankind and if people are hungry, they will eat. I ask each of my patients, "How many times a day do you get hungry?" Good hunger control, in my opinion, is when someone gets hungry two to three times a day and they aren't searching for food between meals. Most band patients will get hungry somewhere between 10 am to noon and again somewhere between 5 pm to 7 pm. Hunger will vary from day to day, but my main concern is that people can get through the day without constantly thinking about food.

The next question I usually ask my patients is, "How many times a day do you eat?" This may seem silly to you, but these are two very different questions. It is essential that all weight-loss surgery patients begin to separate physical hunger from "head" hunger (emotional hunger). Tightening the band (or filling it) can help control physical hunger, but it won't help with "head" hunger.

Portion Control

The band works by doing two things – controlling hunger and limiting portion size. To assess portion control, I ask patients to write down common foods they eat.

The first thing I look at is what type of foods are on the list. Are they all soft foods? This might indicate that solid foods are causing them pain because their band is too tight. Is there a wide variety of foods on the list or are there only three because those are the only three foods that will go down comfortably? If there is a solid protein listed, then I ask about the amount they can eat comfortably. Most band patients should be able to eat three to four ounces of solid protein without discomfort.

They should also be able to get in some vegetables or salad with their solid protein. In general, a band patient should be able to eat roughly 25 to 50 percent of the volume of food they could eat in one sitting prior to weight-loss surgery.

Conclusion

I believe it is important for band patients to keep in mind that a band that is working well will only do two things:

- Control hunger
- Control portion size

By controlling these two key areas, band patients can begin to work on the challenging lifestyle changes they need to make to give them their best chance at creating long-term success after weight-loss surgery.

Weight-loss

A band patient who is "doing everything right" should lose approximately one to two pounds a week. Remember, with a band, it is definitely "slow and steady wins the race." This can be a challenge for band patients as they need to be very patient as they are unlikely to reach their lowest weight until 18-24 months after weight-loss surgery.

Snacking between meals, consuming liquid calories and not exercising are common problems I often find when one of my band patients is not losing weight at a rate I would expect. For this patient, a fill is not going to help them and may lead to unintended complications.

Danger Signs

I ask each post-op patient I see, "So, how many times have you thrown up since the last time I saw you?" Generally, they'll start laughing and say something like, "I didn't, was I supposed to?" And the answer is... vomiting is never normal after weight-loss surgery! If a band patient (or any weight-loss surgery patient for that matter) is vomiting on a regular basis, then something is wrong and needs to be evaluated.

Here are some other symptoms that might mean your band is too tight or that there may be a problem with the band (slip, concentric dilation, etc):

- Significant and recurrent heartburn or reflux, especially at night
- Waking up at night coughing
- Pain when eating solid foods
- Pain or redness at your port sight
- Sudden loss of hunger or volume control
- Vomiting on a regular basis

In general, a band patient should be able to eat roughly 25 to 50 percent of the volume of food they could eat in one sitting prior to weight-loss surgery.

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.



Obesity and Age

by Julie DeJean Marks, MEd, LCES

Does obesity have the same effects on kids as it does on adults? There are definitely age-related determinants.

Among the adult population affected by obesity, poor self-image and self-esteem are very common. One study (Strauss, 1999) found that in children affected by obesity, their self-esteem does not differ significantly from a child not affected by obesity up to ages nine or 10. In fact, according to the Center on an Aging Society, "children affected by obesity seem as socially well-adjusted and are just as likely to be happy as children not affected." As children age and begin to develop their social image, they begin to rely more on their peers for their sense of identity and social support.



The Effects of Obesity on Children Versus Adults

In June 2004, a review of literature was done by the Texas Department of Health to determine the effects of childhood obesity. Both short and long-term effects on financial status, psychological and physiological factors were noted. Children affected by obesity may experience

bullying in all forms, such as teasing, name calling and physical harm. They are often the subject of rumors and/or lies and experience social isolation due to rejection by their peers.

These experiences frequently cause damaging effects to their self-esteem as well as emotional distress and anxiety along with other psychological disorders such as depression, suicidal thoughts and extreme dieting (anorexia/bulimia).

Adults who have been obese since childhood and developed low self-esteem are more likely to face discrimination in educational settings and the workplace, thus achieving lower educational status. They are also less likely to marry. A greater decrease in activity, including walking, shopping, attending movies and parties and increased feelings of sadness and hopelessness are found in adults between the ages of 51 to 69.



Health Effects of Obesity

Health problems typically found in adults are becoming increasingly common in children, such as hypertension (high blood pressure), type 2 diabetes and increased risk of heart disease. Also, increased stress on the joints may eventually lead to structural problems by early adulthood.

Obesity increases the risk of developing many chronic and even fatal conditions. Along with the more obvious, including high blood pressure, coronary heart disease, diabetes and stroke, there is also a higher risk of cancer.

Decreased mobility and inability to perform activities of daily life, such as eating, bathing and dressing, are common among older individuals affected by obesity. These adults frequently suffer from persistent and chronic symptoms of illness such as fatigue, breathing problems, depression and increased symptoms of arthritis and joint problems. In fact, the effects of obesity on chronic conditions are comparable to the physiological effects of approximately 20 years of aging.

Preventing the Effects of Obesity

Can the effects of obesity be prevented? In one study, (Mellin et al, 2002) good family connections protected

The effects of obesity on chronic conditions are comparable to the physiological effects of approximately 20 years of aging.

children against the adverse effects of obesity. With children, parental support and communication can positively affect self-esteem and lead to increased participation in group activities and improved social relationships. As well, participation in group or team activities is also associated with improved social skills and self-esteem. Obese children are more likely to remain obese throughout their adult life (Wing, Koeske, & Valoski, 1987), and the obese population increases with age (Lohman, 1987).

Obesity and Age continued on page 24

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Basal Metabolic Rate (BMR) and its Role in Obesity

The number of obese adults has increased rapidly since 1991 and is much higher among the age population of 51 to 69. A variety of things contribute to obesity as age progresses and even during childhood, however, the main factor is a slower metabolism or basal metabolic rate (BMR).

BMR is the total amount of energy that the body uses on a daily basis to stay alive and function. With age, people move less which slows metabolism. The decrease in movement is due in part to responsibilities, but mainly because of technology which is also a major factor in childhood obesity.

Through technology, less activity is required to perform basic tasks, such as turning on the television or the lights and washing dishes and clothes. Video games and

computers have also drawn people away from outside activities.



With age and a decrease in activity, muscle tissue, which is a major source of energy production, begins to get smaller and fewer calories are burned on a daily basis due to the decreased metabolism. If foods with large amounts of calories are consumed as well, then the body will quickly gain weight. Muscle mass can be maintained and/or improved through an increase in physical activity which slows the progression of aging. Consuming smaller portions of nutritionally sound foods contributes to a higher metabolism.

Conclusion

Metabolism is controlled by the individual and can be adjusted up or down, kind of like a thermostat, by the lifestyle one chooses. When the metabolism is raised through activity and proper nutrition, an increase in energy level will result. Energy is produced in the body in the form of heat; therefore, with increased metabolism a person is less likely to feel cold and begins to sweat sooner after activity has begun. As metabolism increases and the body becomes more efficient, a lower heart rate may be noticed. However, these effects will diminish quickly in just a few days of inactivity and poor nutrition.

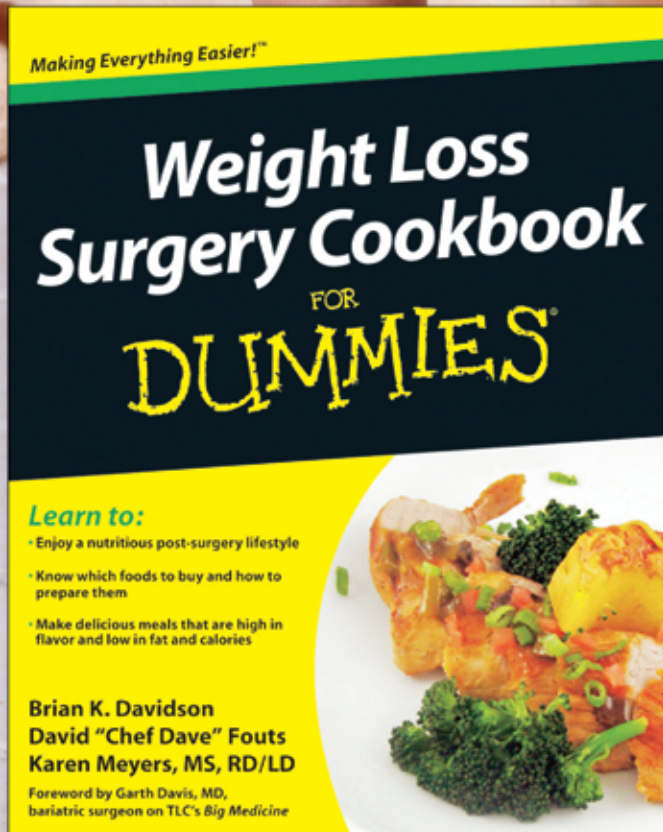
A healthy lifestyle must be consistently maintained for life and is more easily maintained when established during childhood.

About the Author:

Julie DeJean Marks, MEd, LCES, is a clinical exercise physiologist, licensed by the state of Louisiana. She received her master's degree in exercise physiology from the University of Houston in 1991 and has been certified by the American College of Sports Medicine as an exercise test technologist and a clinical exercise specialist. Julie is currently counseling bariatric patients on exercise at Lafayette General Medical Center in Lafayette, LA.

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

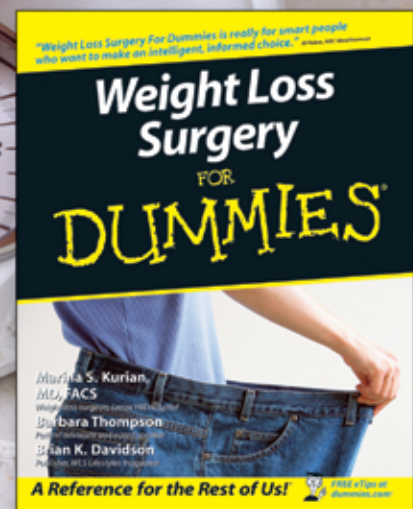
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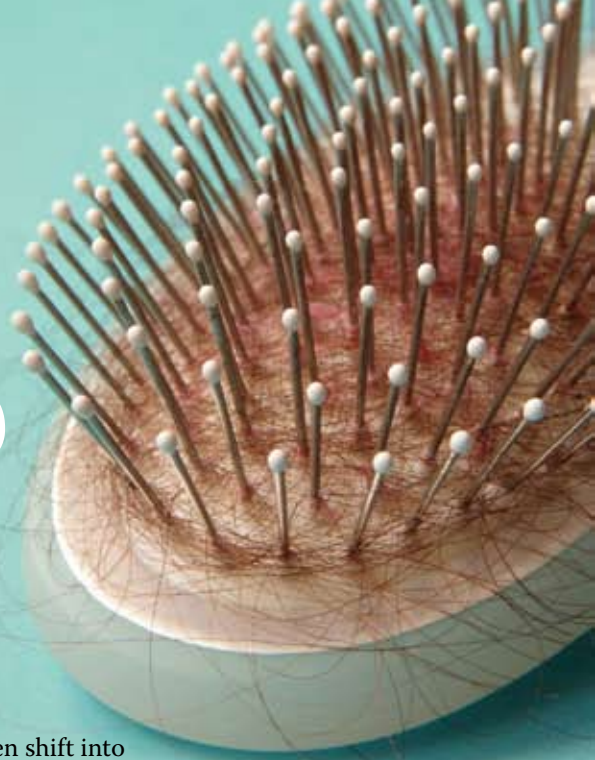
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WEIGHT-LOSS SURGERY, NUTRITION AND HAIR LOSS

by Jacqueline Jacques, ND



Typically, about 90 percent of hairs are anagen (in a growth phase) and 10 percent are telogen (in a dormant or resting phase) at any given time, meaning you are usually losing a lot less hair than you are growing so you don't have noticeable hair loss. But sometimes this can change.

A common fear and complaint of bariatric surgery patients is post-operative hair loss. While for most of us as people, our hair is an important part of our self-image and body image, it is not very important to our bodies. For this reason, nutrition can have a great impact on hair health because when forced to make a choice, the body will shift nutritional stores to vital organs like your brain and heart and away from your hair.

Hair loss has many causes. The most common type of hair loss after weight-loss surgery is a diffuse loss known medically as telogen effluvium, which can have both nutritional and non-nutritional causes.

GROWING AND LOSING HAIR

Whether you are aware of it or not, for most of your life you are always in the process of both growing and losing hair. Human hair follicles have two states; anagen, a growth phase, and telogen, a dormant or resting phase. All hairs begin their life in the anagen phase, grow for some period

of time, and then shift into the telogen phase which lasts for about 100 to 120 days. Following this, the hair will fall out.

Specific types of stress can result in a shift of a much greater percentage of hairs into the telogen phase. The stressors known to result in this shift, or telogen effluvium, include:

- High fever
- Severe infection
- Major surgery
- Acute physical trauma
- Chronic debilitating illness (such as cancer or end-stage liver disease)
- Hormonal disruption (such as pregnancy, childbirth or discontinuation of estrogen therapy)
- Acute weight-loss
- Crash dieting
- Anorexia
- Low protein intake
- Iron or zinc deficiency
- Heavy metal toxicity
- Some medications (such as beta-blockers, anticoagulants, retinoids and immunizations)

WEIGHT-LOSS SURGERY AND HAIR LOSS

Nutritional issues aside, bariatric surgery patients already have two major risks of major surgery and rapid weight-loss. These alone are likely to account for much of the hair loss seen after surgery. In the absence of a nutritional issue, hair loss will continue until all hairs that have shifted into the telogen phase have fallen out. There is no way of switching them back to the anagen phase.

Hair loss rarely lasts for more than six months in the absence of a dietary cause. Because hair follicles are not damaged in telogen effluvium, hair should then regrow. For this reason, most doctors can assure their weight-loss surgery patients that with time and patience, and keeping up good nutritional intake, their hair will grow back. Discrete nutritional deficiencies are known to cause and contribute to telogen effluvium. One would be more suspicious of a nutritional contribution to post-bariatric surgery hair loss if:

- Hair loss continued more than one year after surgery
- Hair loss started more than six months after surgery
- Patient has had difficulty eating and/or has not complied with supplementation
- Patient has demonstrated low values of ferritin, zinc or protein
- Patient has had more rapid than expected weight-loss
- Other symptoms of deficiency are present

NUTRITION

Iron

Iron is the single nutrient most highly correlated with hair loss. The correlation between non-anemic iron deficiency and hair loss was first described in the early 1960s, although little to no follow-up research was conducted until this decade. While new research is conflicted as to the significance of ferritin as a diagnostic tool in hair loss, it has still been found that a significant number of people with telogen effluvium respond to iron therapy.

Optimal iron levels for hair health have not been established, although there is some good evidence that a ferritin level below 40ug/L is highly associated with hair loss in women.¹ It is worth noting that this is well above the level that is considered to be anemia, so doctors would not be expected to see this as a deficiency.

Zinc

Zinc deficiency has been tied to hair loss in both animal studies and human cases. There is data linking zinc deficiency in humans to both telogen effluvium and immune-mediated hair loss. Zinc deficiency is a well-recognized problem after biliarypancreatic diversion/duodenal switch, and there is some indication that it may occur with other procedures such as gastric bypass and adjustable gastric banding.

In 1996, a group of researchers chose to study high dose zinc supplementation as a therapeutic agent for related hair loss² in patients with vertical banded gastroplasty. The study administered 200 mg of zinc sulfate (45mg elemental zinc) three times daily to post-operative patients with hair loss. This

was in addition to the multivitamin and iron supplements that patients were already taking. No labs for zinc or other nutrients were conducted.

Researchers found that in patients taking the zinc, 100 percent had cessation of hair loss after six months. They then stopped the zinc. In five patients, hair loss resumed after zinc was stopped, and was arrested again with renewed supplementation. It is important to note that in telogen effluvium of non-nutritional origin, hair loss would be expected to stop normally within six months. Since the researchers conducted no laboratory studies, and there was no control group, the only patients of interest here are those who began to lose hair again after stopping zinc. Thus we cannot say that zinc would prevent hair loss after weight-loss surgery, and further study would definitely be needed to make this connection.

A further note: The Tolerable Upper Intake Level (UL) for zinc is set at 40mg in adults. This study utilized a daily dose of more than three times that level. Not only can these levels cause gastrointestinal distress, but chronic toxicity (mostly associated with copper depletion) can start at levels of 60 mg/day. Information related to this study has made its way to many

a support group and chat room – even to doctor's offices – with the message of “high dose zinc will prevent hair loss after weight-loss surgery.”

Patients should be advised that high dose zinc therapy is unproven and should only be done under supervision due to the associated risks of toxicity. A lab test to check for zinc deficiency would be best before giving a high dose such as this.



Protein

Low protein intake is associated with hair loss.

Protein malnutrition has been reported with duodenal switch, and in gastric bypass to a much lesser degree. Little is known about incidence, as only around eight percent of surgeons track labs such as total protein, albumen or prealbumen. Limited studies suggest that patients with the most rapid or greatest amounts of weight-loss are at greatest risk.³

With surgical reduction of the stomach, hydrochloric acid,⁴ pepsinogen⁵ and normal churning are all significantly reduced or eliminated. Furthermore, pancreatic enzymes that would also aid in protein digestion are redirected to a lower part of the small intestine. It is thus likely that maldigestion, rather than malabsorption, is responsible for most cases. Some studies have also implicated low protein intake.⁶

Research also indicates that low levels of the amino acid l-lysine can contribute to hair loss and that repletion of lysine stores may both improve iron status and hair regrowth. In a study of anemic patients with hair loss who were supplemented with 1.5 to 2 grams of l-lysine in addition to their iron therapy, ferritin levels increased more substantially over iron therapy alone.¹

Hair Loss continued on page 28

Many individuals believe that supplementing with or topically applying the nutrient biotin will either help to prevent hair loss or will improve hair regrowth. To date, there is no science that would support either of these presumptions. While biotin deficiency can cause dermatitis, hair loss is only known to occur in experimentally induced states in animal models or in extreme cases of prolonged diets composed exclusively of egg whites.⁷

Other

Other nutrients associated with hair health include vitamin A, inositol, folate, B-6 and essential fatty acids. Hair loss can also be caused by systemic diseases, including thyroid disease and polycystic ovarian syndrome (PCOS) and is influenced by genetics.

Conclusion

Hair loss can be distressing to bariatric surgery patients and many will try nutrition themselves to see if they can prevent it. Unfortunately, there is little evidence that early hair loss is preventable because it is mostly likely caused by surgery and rapid weight-loss.

Later hair loss, however, can be indicative of a nutritional problem, especially iron deficiency, and may be a clinically useful sign. Educating patients about the potential for hair loss and possible underlying causes can help them to make informed choices and avoid wasting money on gimmicks that may have little real value.

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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List as of 12/15/2010



OAC Membership

Building a Coalition of those Affected

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

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

Why YOU Should Become an OAC Member

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

**JOIN
NOW**

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

Membership Categories and Benefits

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

Several valuable benefits also accompany your OAC membership. Each membership category offers something different. Here are some of the core benefits to membership:

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

Membership Application

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

- Individual Member: \$20/year
- Professional Member: \$50/year
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OAC Continues its Partnership with Allergan on the C.H.O.I.C.E. Campaign



Choosing Health over Obesity
Inspiring Change through Empowerment

The OAC partnered with Allergan in 2010 on the C.H.O.I.C.E. (Choosing Health over Obesity Inspiring Change through Empowerment) Campaign to support the effort to

bring together individuals affected by obesity. This Campaign is aimed to bring attention to the obesity epidemic and the need for both prevention and treatment efforts. Part of this Campaign also entailed the hosting of the 2010 Advocacy Days on Capitol Hill, where the OAC was a proud leader in taking patients on the Hill to talk to their elected officials.

As part of this Campaign partnership, the OAC gave away 1,000 one-year Individual Memberships last year to any individual who signed the C.H.O.I.C.E. Campaign petition and opted-in to be part of the OAC. We are proud to announce that each and every one of the 1,000 memberships was given away – in just two months! Because of the success of this initiative, the OAC is giving away 1,000 MORE one-year Individual Memberships in 2011.

We encourage you to visit the C.H.O.I.C.E. Campaign Web site at www.mychoicecampaign.com and sign the Campaign petition today! If you are already an OAC member, it's important that you still let your voice be heard through this Campaign. Encourage your friends and family members who are not yet members to sign the petition and take advantage of this free membership offer. For those who have yet to join the OAC, now is a great opportunity for you to start making a difference. Sign the petition today and be sure to click the box to opt-in for your free one-year Individual Membership in the OAC.

Let's keep up our momentum as we start the New Year and let our elected officials know the importance of addressing the obesity epidemic. Special thanks to Allergan for hosting this Campaign and for their support of the OAC!

Become a Follower on Facebook & Twitter



Follow the OAC on its Social Networking Sites!

The OAC now has pages on both Facebook and Twitter! Become a follower today and you can stay up-to-date on the latest news in obesity and what's happening with the OAC.

Our pages are updated daily and are a great way for you to interact with our members and talk with others who are concerned about obesity.

IMPORTANT LAP-BAND® SYSTEM 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.

Contraindications: The LAP-BAND® System is not recommended for non-adult patients, patients with conditions that may make them poor surgical candidates or increase the risk of poor results (e.g., inflammatory or cardiopulmonary diseases, GI conditions, symptoms or family history of autoimmune disease, cirrhosis), who are unwilling or unable to comply with the required dietary restrictions, who have alcohol or drug addictions, or who currently are or may be pregnant.

Warnings: The LAP-BAND® System is a long-term implant. Explant and replacement surgery may be required. Patients who become pregnant or severely ill, or who require more extensive nutrition may require deflation of their bands. Anti-inflammatory agents, such as aspirin, should be used with caution and may contribute to an increased risk of band erosion.

Adverse Events: Placement of the LAP-BAND® System is major surgery and, as with any surgery, death can occur. Possible complications include the risks associated with the medications and methods used during surgery, the risks associated with any surgical procedure, and the patient's ability to tolerate a foreign object implanted in the body.

Band slippage, erosion and deflation, reflux, obstruction of the stomach, dilation of the esophagus, infection, or nausea and vomiting may occur. Reoperation may be required.

Rapid weight loss may result in complications that may require additional surgery. Deflation of the band may alleviate excessively rapid weight loss or esophageal dilation.

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

CAUTION: Rx only.





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When Michelle weighed 305 lbs, she thought she couldn't afford the LAP-BAND® procedure.

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The LAP-BAND® Adjustable Gastric Banding System is an affordable weight-loss procedure that can work.^{1,2}

Being severely obese can be very costly. But getting weight-loss surgery doesn't have to be. Did you know:

- Most cases are covered by insurance
- Following weight loss, health conditions like high blood pressure, type 2 diabetes and joint pain often improve^{3,4}
- There's no stomach stapling¹

So if you want a procedure that's often performed as an outpatient procedure¹—talk to your doctor about LAP-BAND® today.

Please read Important Safety Information adjacent to this page.

LAP-BAND® is not for those who are pregnant, have autoimmune or organ diseases. Reoperations, removal and fatalities are rare. Band slippage, stomach injury, vomiting and heartburn may occur.

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

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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.