

A Publication of the Obesity Action Coalition

Winter 2012

YOUR WEIGHT Matters MAGAZINE

New Year, New You:

Getting back into Your Weight-loss Groove

I Didn't Take the "Easy Way Out"

Alcoholism and Obesity

BMI: The Good, the Bad and the Ugly

Kid's Corner: Winter Exercise Tips



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The OAC Extends a Warm Welcome to New Chairman of the Board, *Pam Davis, RN, CBN*



Happy New Year! Happy New You! January 2012 marks the beginning of my term as OAC Chairman of the Board. As I think about how we as an organization have grown under the guidance of our first two Chairmen, Jim Fivecoat, MBA, and Barbara Thompson, MLS, I realize we have attained so much. Through their efforts, the OAC lives up to its name and mission. Thanks to our leadership and our members, we have made tremendous strides; however, there remains much to be done.

You may be wondering who am I and how did I come to be the chair of the OAC? I have been a registered nurse for 19 years and became one of the first Certified Bariatric Nurses in the country. After struggling with my weight for as long as I can remember (prior to the first day of first grade), I had gastric bypass surgery in 2001. In 2004, I began working with bariatric patients. I serve in multiple volunteer roles, including the Tennessee Obesity Taskforce, and the American Society for Metabolic and Bariatric Surgery (ASMBS) on a national level and in Tennessee, where I call home. It has been my great pleasure and honor to serve first on the OAC Advisory Board and then the OAC National Board of Directors.

The beginning of the year is looked at as a time to refresh, renew and to begin anew. Many of us make New Year's resolutions that involve weight-loss or a healthier lifestyle. Often times, these resolutions are hard to keep; but have no fear - the OAC is here to help! *Your Weight Matters Magazine* provides a wealth of information on how to help you and your family implement lifestyle changes that will extend far beyond the typical expiration date of New Year's. Whether this issue finds you beginning your journey or serves as a reminder of your commitment to yourself, we are excited you have chosen the OAC as one of your health partners.

What is the easiest way to stay committed to your resolutions and changes? By becoming and staying involved in activities that promote those changes in others - this is also known as "paying it forward." In 2011, we saw our membership grow to more than 33,000 members. Our members are folks just like you and I, who want to be involved and want to help others, but may not be sure where to begin. We're looking to keep our members engaged in a variety of ways. This may include advocating for obesity prevention and treatment, helping us recruit additional members so our voice continues to grow strong and facilitating change in the perception of obesity by identifying and addressing areas of weight bias, stigma and discrimination.

I look forward to working with each of you to further our mission and to change the perception of obesity. I would love to hear how the OAC has made a difference in your life and how you are paying it forward! Email me at pdavis@obesityaction.org.

Pamela R. Davis

YOURWEIGHT Matters MAGAZINE

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Alcoholism & Obesity

by Gwyn Cready, MBA, and Ted Kyle, RPh, MBA



What condition involves too much consumption of caloric substances, affects millions of Americans, and is often considered to be a failure of willpower, but now has been shown to have strong environmental and genetic links?

The answer is **obesity**; however, the answer is also **alcoholism**.

Alcoholism and obesity may be more related than we realize.

Both conditions are occasioned by periods of loss of control, whether that loss of control is the result of a moment of personal weakness, genetics or the environment. People with these conditions spend a lot of time preoccupied with managing their addiction, whether it is struggling to maintain control, feeling guilty or planning how and when they will next access alcohol or food. Both conditions can grow progressively worse and both conditions, taken to an extreme, can be fatal.

Part of what makes alcoholism and obesity alike is the way the tools of the disease, ethanol and food, work on the brain. Ethanol stimulates reward centers in the brain in much the same way sugar, salt and fat do. Because of this, people with a predisposition to over-drinking may also have a predisposition to overeating.

Alcohol and Weight-loss

Some people have said that drinking alcohol increases appetite, and so can lead to overeating and weight gain. Ethanol, the kind of alcohol in alcoholic drinks, and fat from foods have approximately the same amount of calories; but people with alcoholism tend not to be affected by obesity, mainly because they are often malnourished, having replaced a portion of their food calories with calories from alcohol. Some turn to alcohol, just as others turn to cigarettes or drugs, as a way to replace the comfort they find in food.

A 2005 study looked at people who drank alcoholic drinks regularly. It showed that people who drank the smallest amount (one drink per day) with the greatest frequency (three to seven days per week) had a lower body mass index (BMI) than those who drank more infrequently, but in larger amounts. While we can't claim a cause and effect from the results, they may show a relationship between over-drinking and overeating.

In addition, a small study of 14 men who added two glasses of red wine to their evening meal every day for 12 weeks, showed no measured effect on the weight, body fat or calo-

rie intake of the men involved. While both studies suggest that moderate drinking (one to two drinks per day) is not associated with higher BMI, it is not a good idea for those interested in losing weight to turn to alcohol as a replacement for food. This trade-off is an unhealthy one, and those interested in losing weight would be better off focusing on their current condition instead of trading one for another.

A Growing Link between Alcoholism and Obesity

Researchers at the Washington University School of Medicine in St. Louis published one of the most important studies done regarding the link between obesity and alcoholism in early 2011. They looked at data from two large alcoholism surveys. The first, the National Longitudinal Alcohol Epidemiologic Survey, was conducted in 1991-1992. The second, the National Epidemiologic Survey on Alcohol and Related Conditions, was conducted in 2001-2002. In all, 80,000 people took part in the two surveys.

After controlling for other factors, the researchers found that in the more recent survey, people with a family history of alcoholism had a greater chance of being affected by obesity. For women, who had a 49 percent greater chance, this was especially true. One possible explanation is that in trying to avoid the alcoholic behaviors observed in their families, people replace alcohol with a different addiction.

What surprised researchers, however, was that there was no link between obesity and a family history of alcoholism in the first survey. The fact that the link strengthened as much as it did in the relatively short amount of time between the two surveys suggests that environmental factors (the increase in sedentary times; the increased prevalence of fatty, sugary and salty foods in grocery stores and restaurants; and the reduced access to opportunities for activity) are involved. In short, a genetic risk might be subdued in a world that makes maintaining one's weight a relatively straightfor-

Alcoholism continued on page 6

ward task. But, change the environment to make unhealthy eating easier and being active harder, and the problem will become apparent.

The researchers' comments in their publication in the Archives of General Psychiatry are telling. They focused on changes to our food environment, suggesting that obesity may be rising in "individuals vulnerable to addiction. This may be specifically the result of a changing food environment and the increased availability of highly palatable foods."

Conclusion

The facts emerging in the scientific world suggest there is a link between obesity and alcoholism. Much work to untangle that link and use it to understand, treat and prevent the two diseases lies ahead.

About the Authors:

Gwyn Cready, MBA, is a communications consultant with more than 20 years of healthcare policy and brand marketing expertise, as well as an award-winning romance novelist.

Ted Kyle, RPh, MBA, is a pharmacist and health marketing expert and is also a member of the OAC National Board of Directors.



Overlapping Brain Pathways

More and more, neuroscientists are finding similarities in the pathways that lead to excessive eating and dependence on alcohol and other drugs. Both obesity and alcohol addiction have been linked to the brain's reward system. Overconsumption can trigger a gradual increase in the reward threshold, requiring more and more palatable high-fat food or reinforcing alcohol to satisfy cravings.

The National Institutes of Health (NIH) researchers have recently found that exposure to high-fat foods can trigger addictive responses in animals and cause obesity. Dr. Nora Volkow, the director of the National Institute for Drug Abuse, said, "Addiction and obesity are two of the most challenging health problems in the United States. This research opens the door for us to apply some of the knowledge we have gathered about addiction to the study of overeating and obesity."

Likewise, researchers at the University of North Carolina at Chapel Hill have recently shown that a brain protein called neuropeptide-Y regulates alcohol use, as well as appetite and food consumption. According to Dr. Todd Thiele, "Every day we are learning more about how eating and drinking are inextricably linked at the physiologic level. These physiologic commonalities help to explain why the behaviors of excessive food intake and excessive alcohol consumption share so many similarities."

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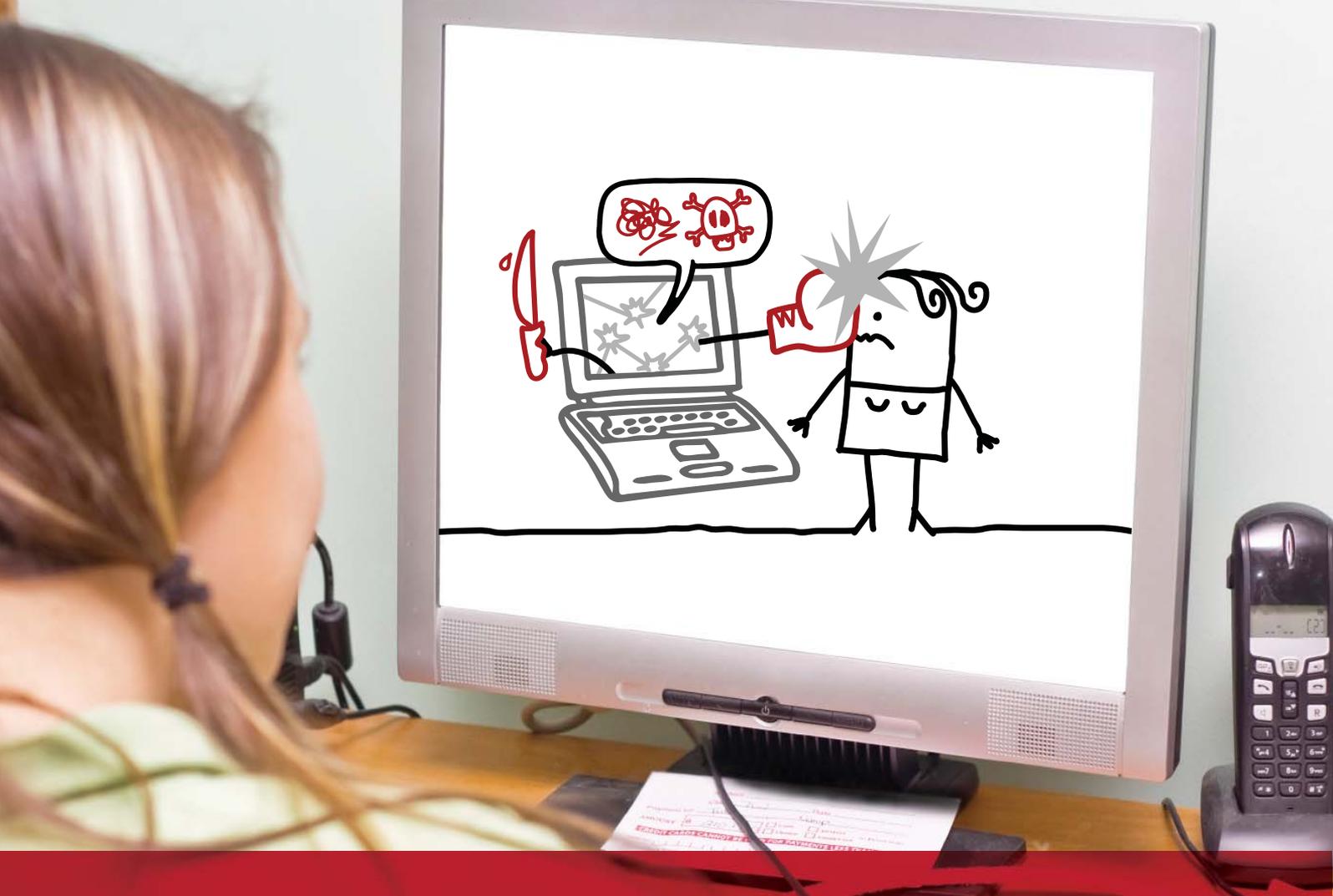
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From the Schoolyard to Your Yard: Cyber-bullying

Brings Victimization Home

by Jamie Lee Peterson, MA

Body weight is now one of the most common reasons youth are bullied, however, victimization of overweight youth continues to be overlooked in media, research and policy discussions.

According to a recent survey, **41 percent** of high school students perceived body weight as the primary reason for teasing and bullying (followed by 38 percent for sexual orientation). In fact, more than three quarters of the students surveyed reported seeing overweight students being made fun of, called names, teased in a mean way or teased during physical activity at school.

The consequences of weight-based teasing and bullying are numerous and can be severe. Overweight youth who are teased and bullied are vulnerable to social, psychological, emotional and physical health impairments. Examples include:

- Increased risk of depression and anxiety
- Negative body image
- Suicidal thoughts
- Avoiding gym class
- Skipping school
- Academic impairment
- Unhealthy weight control
- Binge-eating behaviors
- Reduced physical activity
- Increased body mass index (BMI)

While this research has improved our understanding of weight-related victimization, much less is known about weight-related cyber-bullying, which has emerged in recent years and leads to devastating outcomes for youth.

Cyber-Bullying: Virtual Victimization

Cyber-bullying may be defined as the deliberate, attempted injury or discomfort of another person through electronic means. For adolescents, estimates of cyber victims range from 4-72 percent.

Cyber-bullying assumes a number of different forms including threats, insults, gossip, rumors, impersonation, hacking into other people's accounts or spreading someone else's private or personal information without consent. Peers are not the only perpetrators. In fact, youth report being bullied by adults and siblings, and 48 to 79 percent have been bullied by strangers or individuals they have never met in person.

Its anonymity sets cyber-bullying apart from more "traditional" victimization, but cyber-bullying is especially harmful because it reaches beyond the schoolyard and can potentially happen at any time. The majority (85 percent) of cyber-bullying occurs at home, but these experiences may also affect children at school. Perhaps especially concerning, parents are largely unaware of their children's roles as cyber-bullies or victims.

Youth who are cyber-bullied may be especially vulnerable to consequences that differ from more "traditional" forms of bullying. These include weapon-carrying at school, low caregiver-adolescent connectedness, headaches, sleeping difficulties, sexual solicitation, social anxiety and suicidal thoughts and behaviors. However, it is unclear if these problems instigate or result from the cyber-bullying.

Cyber-bullying and Body Weight

As of yet, little research has examined cyber-bullying specifically toward children affected by obesity. What is known is that higher BMI is associated with involvement in more "traditional" forms of bullying, which is related to a higher likelihood of cyber-bullying. Given the high rates of youth who report witnessing and experiencing weight-based teasing, it is likely that many children affected by obesity are victims of cyber-bullying.

Devastating stories of two girls who hung themselves have recently circulated in the media. Megan, a 13-year-

THE FACTS:

There are many opportunities for overweight youth to be cyber-bullied. Teens use the Internet and send/receive text messages significantly more than any other age group, with 93 percent using the Internet and 73 percent using social networking Web sites – most often Facebook and MySpace.

Three-fourths of teens own a cell phone, and on average, teens send/receive 2,539-4,050 texts per month. This is concerning given that the Internet and cell phones are the primary places where cyber-bullying occurs.

Strategies for Parents

Monitoring - Cyber bullies and victims spend more time on computers and report less monitoring than youth who are not involved in cyber-bullying. Regulate the time and access your child has to the Internet. Set boundaries on usage and the types of Web sites or services your child is allowed to visit.

Familiarizing - Parents should try to understand cyber media and Internet safety. Share this information with your child to help them understand potential dangers.

Accountability - Ask your child about Web sites, activities and communications he/she accesses. Set-up your own pages to understand these sites and keep your child accountable.

Communication - It is estimated nine out of 10 children do not tell their parents or an adult when something mean or hurtful happens to them online. Some youth are afraid that they will lose their Internet or phone privileges, or that the bullying will get worse. To keep the dialogue open, make sure that your child knows that you are there to help.

Education - Work with schools to provide education about privacy and safety on the Web, or media literacy programs to teach youth how to be more intelligent, critical consumers of Web-based services and information.

Policy - Support policies that protect children online, recognize bullying and cyber-bullying as valid forms of harassment, and identify body weight as a protected social category.

If your child has been a victim of cyber-bullying:

- Comfort your child, do not blame them.
- Record the details of the encounter.
- Form a plan to avoid future occurrences.
- If the problem escalates, safety is threatened, or it does not stop, legal action may be necessary.

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old Missouri girl who struggled with her weight, experienced cyber-bullying on MySpace and was called “fat” and “slut” by someone posing as another person. Celina, an 11-year-old Florida girl, experienced cyber-bullying via text messages from classmates who jeered at her weight and race.

Unfortunately, this may not be on the radar of many schools. While most schools have anti-bullying policies (which often include provisions on cyber-bullying), body weight is rarely discussed as a common reason why children are teased. Currently, 47 states have passed school-based anti-bullying laws. Of these, 21 laws list characteristics of students that are vulnerable to bullying such as race, religion, gender, sexual orientation, socioeconomic status, academic status, mental, physical, developmental or sensory disability, or other aspects of physical appearance. Only two existing laws include body weight as a characteristic vulnerable to bullying. This is unacceptable. Clearly, more awareness and education about weight-based bullying is needed to ensure that these students are adequately protected and can feel safe at school.

Equally important is to ensure that weight-based cyber-bullying is on the radar of parents. Parents can be powerful change-agents in bringing this issue to the attention of schools, and especially to help protect their own children from becoming victims of cyber-bullying. Parents can also communicate the following messages to their children to help prevent cyber-bullying, and to react appropriately if it occurs:

Prevention:

- Never share or post your private/personal information (name, address, phone number).
- Do not share your passwords with anyone, not even friends.
- When you see a picture, Email or message that may be hurtful, embarrassing or cruel, delete it – do not forward it.

Reaction:

- If you are the victim of cyber-bullying, do not retaliate.
- Record the message and details as best as you can.
- Then, delete it, block the bully, sign-off or exit the Web site and tell an adult.

About the Author:

Jamie Lee Peterson, MA, is a research associate at the Rudd Center for Food Policy & Obesity at Yale University. She works on the weight stigma team led by Rebecca Puhl, PhD, and conducts research aimed at reducing weight bias and weight-related victimization.

Resources:

1. Safety, security, and privacy for:
 - Facebook: www.facebook.com/help/safety
 - MySpace: www.myspace.com/help/safety
 - IM, chat rooms, e-mail: criminaljustice.state.ny.us/missing/i_safety/im_chatrooms.htm
2. Operation Safe Surf (for parents, educators, youth): www.attorneygeneral.gov/kidsparents.aspx?id=2323
3. MTV Campaign to help youth identify, respond to, and stop digital abuse: www.athinline.org
4. Cyber-bullying: What Parents should Know: www.aboutourkids.org/articles/cyberbullying_what_parents_should_know
5. Anti-bullying websites/curriculum: yaleruddcenter.org/what_we_do.aspx?id=195
6. Weight bias/stigma: yaleruddcenter.org/what_we_do.aspx?id=10



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List as of 12/1/2011



ADVOCACY NEWS ADVOCACY ACTION

Obama Administration Hosts Public Forums on Essential Health Benefits

by Chris Gallagher, OAC Policy Consultant

During November, the U.S. Department of Health and Human Services (HHS) held a number of regional listening sessions across the country to hear from local stakeholders about which services should be included in the essential health benefits (EHB) package for the new state-based health exchange plans being developed under the health care reform law.

OAC advocates and other representatives from the obesity community spoke at each of these sessions about the “essential” nature of obesity treatment and why it is critical that HHS include these services in the EHB package.

OAC ADVOCATES IN ACTION

One such advocate is Tammy Beaumont, RN, from Texas. Throughout the last year, Tammy has become a passionate advocate for the OAC and all Americans affected by obesity by volunteering her time to visit legislators in Congress as part of OAC Capitol Hill Advocacy Days. Most recently, Tammy stood up at one of these HHS regional listening sessions held in November in Dallas.

As someone who described herself as “fairly apathetic as far as politics go” prior to her visit to Capitol Hill this summer, Tammy has now become a true advocacy force for the OAC. In describing this evolution, Tammy shared with us that her experience at the HHS listening session “was just another ‘wow moment’ for me as I saw how being an advocate for a cause can be so rewarding.”

Tammy continued...

“This is the first time I’ve ever been so passionate about an issue to be willing to step out of my comfort zone and speak up. I’ve found that because I’m so comfortable with the subject matter, speaking up has been far easier than I would have expected. Words just seem to flow and sound genuine and unrehearsed. I may not always use enough of the correct buzz words, but I think I get the point across with both a personal and professional perspective.”



ISSUES FOR HHS LISTENING SESSIONS

In offering these public forum events across the country, HHS hoped to learn more about the following specific issues:

1. In keeping with the title of the Institute of Medicine report “Essential Health Benefits - Balancing Coverage and Cost,” how can the department best meet the dual goals of balancing the comprehensiveness of coverage included in EHB and affordability?
2. How might the department ensure that EHB reflect an appropriate balance among the categories so that they are not unduly weighted toward any category?
3. What policy principles and criteria should be taken into account to prevent discrimination against individuals because of their age, disability status or expected length of life as the Affordable Care Act requires?
4. What models should HHS consider in developing the EHB package?

Advocacy in Action continued on page 34

NEWS *from the OAC*

OAC Welcomes Pam Davis, RN, CBN, as Newly-appointed Chairman and Welcomes Two New Directors

The OAC is excited to welcome newly-appointed Chairman of the Board, **Pam Davis, RN, CBN**, and two new members of the 2012 Board of Directors. The OAC is governed under the authority of a National Board which is responsible for directing the organization, setting our goals and priorities, developing long-range plans, maintaining the integrity, independence and ideals of the organization and much more. We would like to thank Barbara Thompson, MLS, for her two years as OAC Chairman of the Board, and we are grateful she will stay on the Board to serve as a director for another term.

The 2012 Board of Directors' slate was presented to the membership in the November 2011 *OAC Members Make a Difference* e-newsletter. We invited our members to review the slate and submit their own candidate, if desired. The OAC received full support of the slate and we welcome two new Directors, **Holly F. Lofton, MD**, and **Amber Huett**. To view the members of the 2012 National Board of Directors, please visit the "About Us" section on the OAC Web site at www.obesityaction.org.

Meet the OAC's Newly-appointed Chairman of the Board

Pam Davis, RN, CBN, is a certified bariatric nurse and the program director for Centennial Center for the Treatment of Obesity in Nashville, Tenn. Pam serves in multiple volunteer roles with the ASMBS, the Tennessee Chapter of ASMBS, and the Tennessee Obesity Taskforce. Through her work, Pam strives to educate employers, physicians and legislators on the need for obesity prevention and treatment while working toward access to care for all levels of obesity treatment.

Pam has been an OAC member since 2005, serving first on the Advisory Board and since 2006, on the National Board. When asked about her role with the OAC, Pam said, "Initially, all I knew about the OAC was there was a new organization being formed to assist those with obesity with access to care and to help address bias and discrimination. Over the years, I've learned the OAC is so much more. I've also learned while the strides we've made are great, there is much left to be done. Until we have successfully shifted the public perception of obesity, we will continue to see extreme examples of stigma and discrimination against those affected, which hinders our efforts for obesity prevention and comprehensive treatment. I am honored to have been elected to lead the members of the OAC in the challenge to change this perception."



OAC Unveils Changes to Membership Structure and Levels

OAC membership is about the individual, so that is why the OAC's Board of Directors recently voted to simplify the membership structure, now offering one level of membership for individuals.

Previously, the OAC offered additional categories specifically for professionals (Professional Membership and Physician Membership), which were also accompanied with a higher membership fee. But, the OAC recognizes that there is no need to have multiple levels for individuals to join, so we have transitioned all OAC membership for individuals to the **Individual Membership** category.

The goal in making this change is to allow any individual to join the OAC at the same fee - **just \$20/year**. Benefits to Individual Membership will remain the same, but with some exciting new additions like the OAC's "Bias Busters."

If you were a previous Professional or Physician Member, your membership was automatically converted to Individual Membership. Because Individual Membership does not include access to the OAC's resources in bulk, the OAC will allow those who joined in the Professional or Physician categories in 2011 to continue ordering bulk resources at no additional charge until their membership is up for renewal, in effect "grandfathering in" these individuals. To access OAC's resources in bulk under the new structure, you are able to purchase "educational add-ons" according to the amount of resources you need. No changes have been made to Institutional or Chairman's Council Membership.

If you have questions or concerns about your membership, contact us at (800) 717-3117 or membership@obesityaction.org. To view the new structure, turn to page 35.

OAC Launches "Bias Busters" and Takes on Weight Bias

The OAC is proud to introduce a brand new way that **YOU** can get involved in the OAC and bust weight bias! The OAC has launched a new initiative called "Bias Busters." The goal of "Bias Busters" is to engage our members and the public in the conversation of weight bias and stigma and raise awareness of the prevalence of the issue in today's society.

"Bias Busters" alerts appear in the OAC's members-only e-newsletter, *OAC Members Make a Difference*. This e-newsletter has a special section dedicated to "Bias Busters" and features a new issue each month.

Stay tuned for "Bias Busters" updates every month and in the meantime, if you see any issues of weight bias that need immediate action, please

contact us at biasbusters@obesityaction.org. If you are interested in viewing the "Bias Busters" Web page now, please visit www.obesityaction.org/gettinginvolved/biasbusters/overview.php.



2012



New Year-New You: *Getting Back into Your Weight-loss Groove*

by Sarah Muntel, RD

The holiday season can be a tough time of year for weight-loss and weight maintenance for so many different reasons. People make poor food choices, spend little time on exercise and find themselves grazing on high-calorie party food, which seems to be everywhere! It is not a shock that most people gain around five pounds during the holiday season.

The holidays have passed and it is time to get back into your weight-loss groove. This can seem like an unbelievable task but it is time to jump in with two feet and get started. Small steps can make a big difference in your weight and health. Check out the list below and get started today!

1. Pick a day to start.

This is never an easy task and it is easy to procrastinate. Do not wait until next week or next month. There will never be a "perfect time" to get back on track. You will always have a reason to wait until tomorrow. Start now!

2. Set realistic and specific goals.

You did not gain weight overnight, so you cannot lose it overnight. Aim for one to two pounds per week as a goal.

Do not just set weight goals. Other goals could be eating out less, choosing more vegetables or walking during your lunch break at work. Write them down and post them where you can see them!

3. Get back to nutrition basics.

Remember what has worked for you in the past. Everyone has a formula for success. Choose lean protein, lots of fresh vegetables and fruit and add some whole grains. Avoid sweets, sugars and fried foods. Once you change your diet, you will be amazed how much better you feel.

4. Plan your meals.

People do not realize how important it is to plan meals and snacks ahead of time. Without a plan, it is so easy to run through a fast food restaurant when you are tired on your way home from work, or grab a bag of chips from the vending machine when you are working late and need a snack. Find easy meals for days when you work late and have meals that take more time to prepare for lazy Sunday afternoons. Check out www.cookinglight.com or www.allrecipes.com for new recipes. Stock your fridge with yogurt, string cheese, fruits and vegetables for snacks.

5. Go shopping and cook your meals.

After you plan your meals, shop a week in advance so you always have the foods you need on hand. Make a list and shop from the list. Shop the perimeter of the store and buy what you need. Set yourself up for success by buying the foods that are good for you and fit into your program. Junk in your shopping cart leads to temptation at home.

6. Log your foods.

You have probably heard this one a million times. It sounds so easy, but so many people struggle to log their foods. It is a proven fact - patients who log their foods lose more weight. When people log their food choices, they are much more mindful of what they are eating, the amounts they are eating and they typically eat less.

There are many ways to log. Some people use a notebook, journal or even sheets of paper. There are also great free online resources such as www.sparkpeople.com, www.myfitnesspal.com or www.fitday.com. Many free phone apps are available as well!

7. Find solutions for struggles.

Everyone experiences struggles as they go through a weight-loss plan. Take some time to figure out what yours are so you will be able to come up with a solution. For example, if you struggle going by your coworkers candy jar, take a different route so you avoid seeing it. If you have difficulty snacking after you get home from work, plan a healthy snack instead.

8. Do not forget to move.

Nutrition can be just part of the equation. Winter can be a tough time to stay active. It can be cold, dark and hard to get motivated. You cannot wait until it is warm outside to start moving. Think about a fitness plan that works for you. Many people enjoy taking an exercise class at a gym, doing a fitness video, or bundling up and walking outside. Think about what works for you and get moving most days of the week.

9. Plan for backslides.

Weight-loss is not easy and no one is perfect. So many people jump on a weight-loss plan and when it does not go perfect, they stop altogether. Do not let this happen to you. If you eat a greasy cheeseburger and fries for lunch, get right back on track by having a salad for dinner. If you are upset because you missed the gym two days in a row, go the next morning. One poor choice does not ruin your plan. Get right back into your groove and you will be fine!

New Year, New You continued on page 20

GIVE YOURSELF A MIND, BODY & SOUL MAKEOVER IN 2012:

Look and Feel Good from the Inside Out!

by Amy Pedersen

Most Americans start each year with a resolution that they not only pledge to keep, but are excited to accomplish. Despite our best intentions, however, surveys show that only 8 percent of Americans keep these resolutions. Instead of setting a resolution that we are unlikely to keep, I suggest a mind, body and soul makeover to start the new year off right. Although self-enrichment can be a challenging undertaking, you can be on your way to a healthier, happier you with these insights.

TIP 1: MIND YOUR P'S (POSITIVITY, THAT IS!)

So, how do we feel good about ourselves when the media tells us we are headed for another recession, when our clothes are tighter after the holidays and there is never enough time to finish all those things on our to-do lists? It is very easy to see all of the flaws or issues in our lives. I compare this to completing a 500-piece puzzle that is missing one piece. The eye is easily drawn to the area where the missing piece should be, instead of the beautiful image that the other 499 pieces make. It is a matter of perspective. Our attitude, or mental state, plays a big part in who we are, what we can accomplish and what we think about ourselves and others. We should challenge ourselves to see the good in everything.

It has taken me years to learn this and even now, I still have to be cognizant of maintaining a positive attitude and overriding my natural thought process. For most of my life, I took the "glass is half empty" approach. I eventually became my own experiment though. It is a science fundamental - like attracts like, negativity breeds more negativity. If you want more good in your life, you have to think positive thoughts in order to welcome that good into your world. It is the basic "Law of Attraction." You attract back what you put forth. When I focused on the negative, bad things continued to plague me, but when I made a cognizant effort to maintain a positive attitude, I started to experience more positivity.

Now, I try to start thinking positive thoughts from the moment I wake up. In days of old, I would have complained and moaned about still being tired, not being able to get everything done that I needed to do, a dreaded project on my to-do list that day, etc. When I proactively changed my

Look Good, Feel Good continued on page 20



Seafood:

A Delicious and Healthy Protein Source following Bariatric Surgery

by Pam Helmlinger, RD, LDN

Following bariatric surgery, patients are advised to eat at least 60-80 grams of protein every day. This amounts to approximately three servings of three to four ounces of poultry, meat, fish, shellfish or low-fat dairy products each day.

When it comes to fish, in my experience people tend to either love it or hate it. My goal is to share the benefits in hope that even if it is not your favorite food, you will try to include it more often because of the wonderful benefits of fish and for more variety in your diet.

Patients in the weight-loss phase following weight-loss surgery are restricted to such a limited diet and the more variety of protein you eat, the less “burnout” or diet fatigue there is likely to be. I would especially encourage those who did not like the taste of fish before surgery and have not yet tried it since their operation to remember - taste buds change and you can take advantage of this and acquire a taste for new, healthy foods that were not a part of your diet before this lifestyle change.

Fish and Omega-3

Omega-3 fatty acids have long been recognized to reduce the risk of dying from heart disease and stroke. The American Heart Association recommends eating a three-ounce serving of fish rich in omega-3 fatty acids at least twice per week. The benefits of eating fish have been shown to outweigh any possible risks of exposure to contaminants, though many people remain more concerned about the risk of mercury than the health benefits.

Larger fish which are higher in the food chain, such as shark, tilefish, swordfish and king mackerel, tend to have higher levels of mercury than smaller fish. Some researchers believe that antibiotics, pesticides and other chemicals used in raising farmed fish may have harmful effects on people who eat the fish; therefore it may be wiser to choose wild caught fish most often. Most freshwater fish are lower in omega-3 fatty acids than saltwater fish.

The evidence for the benefits of eating fish rich in omega-3 fatty acids is stronger than for taking supplements, however, these are still a



The American Heart Association recommends eating a three-ounce serving of fish rich in omega-3 fatty acids at least twice per week.

good option that are worth discussing with a healthcare professional (especially for those who do not eat fish). There are also vegetarian-friendly supplements made from algae for an alternative to fish oil. Other food sources that contain some omega-3 fatty acids include egg yolks from omega-3 enhanced eggs, flaxseed, walnuts, canola oil and soybeans. Though, similar to supplements, the evidence of heart-healthy benefits from eating these foods is not as strong as it is from eating fish.

Tips for Cooking Fish

Realizing that the smell of fish is a turnoff for many people who do not eat fish, these are some tips that may be helpful.

- Before cooking any fish, squeeze lime or lemon juice over it, season with salt and pepper and let it stand at room temperature for about an hour. The acid of the juice will soften the connective tissues of the fish so that a shorter cooking time is necessary and it will also remain a nice color.

In place of fresh lemon or lime, try crystallized lemon or lime products that come in a shaker, which may be found on the baking aisle of most grocery stores.

- To get rid of odors while cooking fish, add two tablespoons of vinegar to two cups of water and simmer it in a small saucepan while the fish is cooking.
- When baking fish, lay it on a bed of thinly sliced onions, parsley and lettuce leaves. This way, the fish will avoid sticking and it will have a savory taste.

Conclusion

Now that you have reviewed all of the wonderful benefits of including fish in your diet a couple of times each week, the recipe on page 24 may come in handy. There are also some convenient options for taking fish on-the-go, such as foil packets or cups of canned tuna and salmon, frozen steamer varieties of white fish and frozen salmon or mahi burgers.

Seafood continued on page 24

Omega-3 Fatty Acids

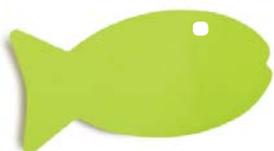
Fish is a lean protein source, which when substituted for saturated fat sources, such as those in red meat, may lower cholesterol.

Omega-3 fatty acids, which are found in fatty fish, are thought to have many health benefits, such as:

- Reducing inflammation throughout the body
- Decreasing triglycerides
- Lowering blood pressure
- Reducing blood clotting
- Reducing risks of dementia
- Boosting immunity
- Improving arthritis symptoms
- Improving learning ability (specifically in children)

Fish High in Omega-3 Fatty Acids:

- Wild salmon
- Albacore tuna
- Lake trout
- Atlantic mackerel
- Atlantic herring
- Sardines



Turn to page 24 for a healthy and easy-to-prepare seafood recipe!

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BMI

The Good. The Bad. The Ugly.

by David Edelson, MD

It was not long ago that the abbreviation for body mass index, BMI, was a virtual mystery to most folks. Well, times have changed. Now, most of us know what BMI actually stands for. In fact, now it is required information on many healthcare forms, from high school and college physicals to pre-operative medical clearances. Many folks can spout their own BMI readings much as they used to recall their last blood pressure or cholesterol results. And in many ways, that is a really good thing.

But there is a darker side to the BMI story. Sometimes it can create confusion and distortion. I have seen even seasoned medical professionals blindly follow BMI down a road leading their patients toward unrealistic goals and worsening healthcare. So let's take some time to dissect out the good, the bad and the really ugly aspects of BMI.

The Good

For many healthcare professionals, the inevitable question, "What is the right weight for me?" is often a real brain teaser. Fact is, for many years there was no really good standard to define someone as being at their ideal weight, or for that matter, above it.

One of the earliest attempts to standardize "normal" for weights was with the Metropolitan Life tables. First published in 1943, they were an attempt by the insurance company to define "desirable" weights for men and women at various heights and body frames. While an admirable effort, the tables suffered from several major flaws. First off, most people failed to realize that the heights were quoted in "shoes with one-inch heels." So many people ended up picking a height shorter than what the table intended and seriously underestimating their "ideal" weight.

In the early 1970's, the brilliant scientist Ancel Keys (developer of the "K-ration" used to feed soldiers in WWII) popularized the term BMI. He borrowed the concept from a 19th century Belgian mathematician, Adolphe Quetelet. Originally known as the Quetelet index, Mr. Quetelet had developed this formula while doing social research on large groups of people. Keys was very clear in his research to state that BMI was only relevant for big population studies and completely inappropriate for use in individual diagnosis.

Due to its ease of use, however, BMI was gradually adopted by the medical profession as the gold standard for defining obesity. Since all that was required was a scale, a tape measure and a calculator (or a pre-printed table), anyone could quickly and easily get a BMI reading. And now, you can just whip out your smartphone and there are dozens of apps that will calculate your BMI for you.

BMI also provides a simple set of ranges to show where an individual falls relative to the general population. If your BMI is more than 30, you are categorized as "obese;" under 25, and you are categorized as "normal." Now, healthcare professionals have an objective measure telling them whether their patient needs to lose weight. After all, numbers never lie, do they?

The Bad

What many have neglected to realize is that BMI is just a simple ratio of weight divided by the height squared - weight (kg)/height (meters²). Because of this simplistic formula, there is no accounting for differences in body frames, or even more importantly, body composition.

"I'm just here to tell you that BMI is not perfect."

My favorite example of this is a quiz I have given many times, including to physicians at medical grand rounds at some of the top teaching hospitals in the country. I like to give it in the form of a "Jeopardy Challenge," with the category being "Obese, or Not Obese." So with all due respect to Alex Trebek, the answer is:

"This famous ex-politician and former actor recently measured in at 6' 2" tall and 257 pounds, with a calculated BMI of 33.0."

When asked to respond, 100 percent of doctors answered "Obese!" Yet, when the next slide showed former California Governor Arnold Schwarzenegger, in his prime body building days, playing his role as Conan the Barbarian, the problem becomes clear. How could someone in that kind of shape have a BMI well above 30?

The real answer: *muscle is heavier than fat!*

BMI tells you nothing about what that individual's body is made up of. Someone that is in superb condition, with lots of lean muscle, could be the same weight or even heavier than someone else at the same height, but in terrible shape. Our friend Arnold might have had a BMI of 33, but his body fat percentage was around 7 percent. For comparison, an average male would expect to have between 12 percent and 22 percent body fat.

So, now the problem begins to come into focus. BMI, while being a reasonable estimator of obesity in someone of average conditioning, becomes a terrible predictor in people with either lots of lean muscle (trained athletes) or very little lean muscle (severely de-conditioned individuals). BMI does not tell you anything about what is going on inside someone's body, which is what we ALL should really be interested in.

The Ugly

So why is this a problem? Well, first of all, many big institutions use BMI to determine your risk for health problems. The most obvious ones are within the insurance industry. Just go try to get a life insurance policy or disability insurance with a BMI more than 30 and see what happens. The bean counters figure that if you are affected by obesity, you are high-risk. So, they hedge their bets by raising the premium you will pay for the same amount of coverage, as opposed to someone with a normal BMI. Worse yet, they might even refuse to give you a policy altogether. So in theory, you could be an elite Olympic athlete in the best shape of your career and have some insurance representative telling you that you do not qualify for coverage. But, it gets even worse.

BMI may actually be under-estimating the rates of obesity in this country.

A study in 2008 by Romero-Corral et al. examined data from the United States Third National Health and Nutrition Examination Survey (NHANES III) and discovered that using BMI alone, 21 percent of men and 31 percent of women met the criteria for being affected by obesity. But, when they went back and looked at body fat percentages (the ratio of body fat to total body weight), the rates skyrocketed to 50 percent of men and 62 percent of women.

Furthermore, studies are now finding that BMI is a very poor predictor of who might be at risk of developing heart disease. A study at the Centers for Disease Control (CDC) by Flegal-Graubard, et.al., published in JAMA in 2005 seemed to indicate that overweight individuals (BMI 25 to 30) did not have any increased risk of death compared to normal weight individuals (BMI under 25); however no effort was made to see what the body fat levels of these people were.

As someone who works out regularly, has a BMI of 28, but a body fat percentage level at a respectable 12 percent, I would argue that studies like this that just use BMI do a great disservice to the medical community and the population at large. It may also give individuals in poor shape, but only mildly overweight, the impression that they can continue their current poor lifestyles with little or no risk. Bad idea.

The Alternatives

Certainly no sane healthcare professional would tell you that we use some objective standard to say who needs to lose weight. Most importantly, we need to know precisely who is at risk for health problems related to their weight. I'm just here to tell you that BMI is not perfect.

BMI continued on page 26

10. Celebrate your success.

Weight-loss is hard work! Celebrate the pounds you lose, exercise sessions completed and your increased self-confidence. When you lose five pounds, treat yourself to a movie! When you go to the gym three days this week, buy yourself a new magazine!

Good luck and get ready to enjoy the new you! Your hard work will pay off and you will feel great.

About the Author:

Sarah Muntel, RD, is a registered dietitian with IU Health Bariatric & Medical Weight Loss. She has worked in bariatrics for the past 12 years and enjoys helping people get to a healthy weight so they can improve their health, feel better about themselves and become more active.

thoughts, however, my attitude changed and I started to see major improvement in my life. Now, I hit the snooze button – thankful for (at least) nine more minutes before I get up to take on the day. I use that time for morning reflection, meditation and prayer. I silently thank God for all the blessings in my life. I think about my goals and what actions will help me get there the fastest and will help bring me the most happiness. It is a wonderful way to start each day. Talk about waking up on the right side of the bed each morning!

TIP 2: BODY BEAUTIFUL

People tend to start diets in the new year. I believe D-I-E-T is a “four-letter word.” One should not diet to lose weight. When you lose something, what do you want to do? Find it! We do not want to find the weight we have lost again! The new year is a time for renewed commitments to making healthy choices and making lifestyle changes to find and maintain a healthy you.

Start by loving every inch of your body and appreciating the fact that you are on an expedition of sorts. Love yourself no matter if you are just beginning your transformation or you are already at your target weight. It is not just about the

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destination, it is about the journey. It is not the number on the scale that defines you. That number is not a reflection of the real you; YOU are what matters, YOU are what is important, and YOU are beautiful.

Finally, most people want to look and feel as beautiful on the outside as they are on the inside. No matter where they are on their journey, most women (and some men) look to shapewear to help them look and feel their best. Whether they are at the beginning or end of their weight-loss journey, women and men turn to shapewear to address issues around excess skin. Shapewear is a wonderful resource for helping you visualize how you will look as you progress on your journey and a wonderful way to lift your spirits on your path to a healthier and happier you.

TIP 3: BE SOULFUL

The last piece of your makeover is about your soul or your self-esteem. The dictionary defines self-esteem as “a confidence and satisfaction in oneself.” But, self-esteem is so much more than that, right? Self-esteem encompasses what we think and how we respond to a myriad of situations that come at us every day. It is amazing how two little words can have such an impact on all aspects of our life.

Through personal experiences in my life, I have learned a lot about self-esteem – sometimes about losing it and luckily finding it again! I learned that self-esteem is not based on others’ opinions, having the latest fashion style or even being rewarded as a top leader in your field. I have learned it is not about numbers, such as the number on the scale or the number in your bank account. I have learned that self-esteem comes from within and only you can change your outlook on life. It is about accepting who you are, the scars as well as the beauty marks. After all, we are all human. We were all created for a reason and not one of us is perfect.

And to have confidence and self-esteem, remain true to your core principles:

- Be the authentic you, not a duplicate of those around you. We are all special and unique in our own ways. We all have natural skills and abilities, and candidly, we all have deficits in some areas too.
- Know your strengths as well as your weaknesses. Claim them. Celebrate those differences and promote the good in who you truly are.
- Carve out your niche and claim that space. Do not try to be all things to all people. Find your niche and exude you in all you do.

As a business example, my company, Slimpressions®, was not the first company in the shapewear industry. We focused on a select challenge many women have that was not offered anywhere else – excess/loose skin on the upper arm. So, we created a niche within a niche. Do the same for yourself. Do not try to be all things to all people. Find your niche and exude you in all you do.

You may even wish to create your own personal mission and goals for your life, which will act as a constant reminder to be true to yourself. Once you define your dreams and your mission, you will find your soul sings and your self-esteem will soar!

The mind, body and soul makeover is not accomplished overnight, but rather through thoughtful insights to changing habits throughout time and creating harmonious and dynamic equilibrium between all aspects of you. Here’s to a healthy and happy you in 2012! May this be the best year of your journey... so far!

About the Author:

Amy Pedersen is the co-founder of Slimpressions® shapewear, a published author and professional speaker. A 2010 and 2011 Weight-loss Surgery Award Winner, Slimpressions® is often referred to as “real shapewear for real women.” For more information, including more mind, body and soul tips, please visit www.slimpressions.com and sign-up for the free newsletter.

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KID'S Corner



WINTER

exercise tips



for Kids

by Jillian McAfee



As the winter months are growing colder, we may struggle to find ways to stay active, but physical inactivity does not need to be a result of the dreary weather. Do not stay cooped up all winter! **Get Up, Get Moving and Get Active!**

Physical activity has numerous benefits for you. It makes your muscles stronger, improves your heart health, increases your flexibility and coordination, and most importantly sets the basis for a healthy life! Let's face it; habits that are adapted during your childhood and teenage years are likely to roll over into adulthood.

Now, I know many of you are not worrying about what life will be like as an adult, but you might be worrying about what game you are going to play on your Nintendo Wii® next! Well I have good news for you — there are many activities that you might not even think of as “exercise” that can help make a happier, healthier you. Incorporating these activities into your daily life will help you develop a healthy lifestyle that can benefit you for the rest of your life.

During the holiday season, we always get together with family and friends. Exercise can be a great way to not only benefit your health, but to help the people you love the most. Also, keep in mind that surrounding yourself with friends or family members who want to stay active can give you more opportunities to play and be active! I want to challenge all of you to do some type of activity every day! **Get Up, Get Moving and Get Active!**



CRYPTOGRAM



In the story you just read, you may have noticed a certain phrase repeated throughout. See if you can identify the phrase by solving the below cryptogram. To get you started, we gave you the letters “P,” “M,” “V” and “I.” **Good luck!**

Great Ways for Kids to Exercise this Winter

Active Video Game Technology

There is a ton of new technology out these days including Xbox 360° Kinect, Playstation®Move and Nintendo Wii°. Whether you want a customized strength training workout or a spontaneous active game, you can find something entertaining! With Xbox 360° Kinect, you use your body as the controller — you are the athlete, the dancer, the UFC fighter or even the Kung Fu Panda punching and kicking on the screen.

Play Outside

Just because it's cold outside does not mean you have to stay cooped up inside! Put on your hat and scarf and bundle up for some good old fashion fun. There are tons of activities that you can do outside in the winter. You can go ice-skating or sledding, decorate the front yard with a snowman and snow angels, and even have a snowball fight (regardless of what your parents might say). Create an obstacle course using balls, jump ropes, simple items around the house and trees in your yard! You can also play with a pet — take your dog for a walk or offer to take the neighbors' pet.

Indoor Facilities

If it is too cold out and you want to get out of the house for a bit, you can go play at an indoor roller-skating rink, a bowling alley, a local gym, an indoor basketball court, or even go swimming in an indoor pool! Ask your parents to check out the local community and fitness centers to see what programs they offer for kids.

Get Involved in Structured Activity

If you want to get involved in something fun and consistent, have your parents enroll you in a class! You never know if you will find an activity you love to do. Classes could range from martial arts, swimming lessons, indoor cycling, kid's yoga or dance lessons.

Just Dance

Even if you do not take dance lessons, create a fun playlist on your iPod and let loose. Dancing is a fun way to burn calories and a great stress reliever. There are numerous styles of kid's dance fitness videos that you can check out if you need some guidance.

Take a Break from the TV

Do not let yourself sit for too long of a period. Kids have to sit all day at school and then typically want to go home and watch their favorite shows. Get up during the commercial breaks and get your body moving - doing simple exercises such as jogging in place, body weight squats, sit-ups or jumping jacks.

Create your "Active Space"

You can be active anywhere in your home, but it might be fun to set up a special place with activities you like to do. This could range from hanging a basketball hoop on the wall, taping hopscotch to the floor, setting up indoor hockey nets, or placing a chair up in your room to practice ballet. Regardless of the activities you choose, make this space your own!

As you can see, there are many physical activities that are good for your health. I encourage you to try something new this winter because you never know if you will find an activity or a passion that will change your life. When you are choosing the physical activities to incorporate into your day, remember that this should be something you can have fun with. So **Get Up, Get Moving, and Get Active!**

About the Author:

Jillian McAfee is a fitness and health specialist at IU Health Bariatric & Medical Weight Loss. She received her bachelor of science degree in kinesiology from Indiana University and is a certified personal trainer through The American College of Sports Medicine. Jillian is passionate about inspiring individuals to live a healthy and active lifestyle.

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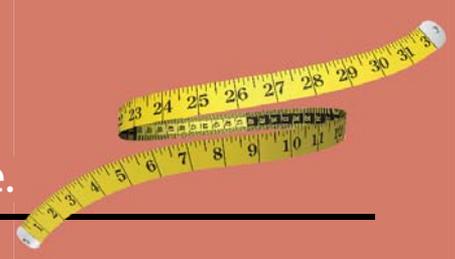
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Fortunately, there are several excellent alternative measurements available right now that we CAN use.

Body Fat Percentage (BF%):

In my opinion, this should be the gold standard for judging obesity. It is simply the ratio of the amount of fat in your body divided by your total body weight. There are many methods to determine body fat percentage, from simple skin fold calipers costing a few dollars to more advanced machines costing thousands.

But recently, bioimpedence scales have become a simple, relatively accurate way to measure body fat percentage. They take measurements by sending a small electric current through the body. These scales are available for under \$100 and can measure body fat percentage quickly and easily right in your own home. While professional models may be more expensive, there really is no excuse for any clinician dealing with obesity to not have one.

With the understanding that these devices should NEVER be used if you are pregnant or have a pacemaker/defibrillator device, they are simple and elegant tools that can help clinicians establish healthy and realistic parameters for healthy weight.

Here are tables developed by the World Health Organization (WHO) and National Institutes of Health (NIH) providing reference ranges for body fat percentage:

WOMEN

Age	Underfat	Healthy Range	Overweight	Obese
20-40 yrs	Under 21%	21-33%	33-39%	Over 39%
41-60 yrs	Under 23%	23-35%	35-40%	Over 40%
61-79 yrs	Under 24%	24-36%	36-42%	Over 42%

MEN

Age	Underfat	Healthy Range	Overweight	Obese
20-40 yrs	Under 8%	8-19%	19-25%	Over 25%
41-60 yrs	Under 11%	11-22%	22-27%	Over 27%
61-79 yrs	Under 13%	13-25%	25-30%	Over 30%



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mike@DiabetesCare.net
866-503-6637

Waist Measurements:

If you do not have a body fat scale, there is a backup plan: a simple tape measure. For about \$1.99, anyone can learn if they really need to lose weight to improve their health. There are three ways to use this amazing piece of low-tech technology:

Waist-to-height Ratio (WHtR): A recent study by Schneider-Friedrich, et. al. in the Journal of Clinical Endocrinology & Metabolism showed WHtR to be the best predictor of cardiovascular risk and mortality. They also showed BMI to be a terrible predictor and strongly discouraged its use. In general, men should have a WHtR less than 0.55 and women less than 0.53. For those over the age of 50, the number should be below 0.60.

Waist-to-hip Ratio (WHR): By comparing the smallest measurement around your waist (near the belly button) to the largest around your hips, you are getting great information about belly fat. The fat, also known as mesenteric fat, seems to be the culprit for much of the health risks related to being overweight. A ratio more than 0.8 for women and 0.95 for men indicates too much fat.

Waist Circumference (WC): While the simplest measure, it still has some powerful advocates. This number is used by the American Heart Association as one of the critical pieces of information for determining metabolic syndrome, a pre-diabetic condition. Men with waist measurements greater than 40 inches and women more than 35 inches should speak to a healthcare professional about their weight.

Conclusion

As an obesity medicine specialist, I applaud the medical community's attempts to begin serious efforts to screen our patients for problems with their weight. However, I strongly discourage relying solely on BMI to make that determination. As professionals, we need to start understanding the complexity of the serious, chronic disease we currently call obesity.

I have no objection to BMI as a simple screening tool; however, I implore my colleagues to start looking at body fat percentage or waist-to-height ratios on every patient we see. Only then can we begin to focus our best efforts on the patients that need our help the most.

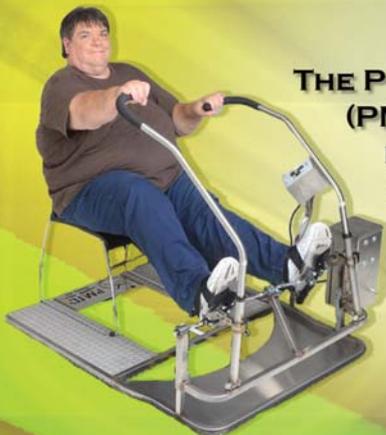
About the Author:

David Edelson, MD, is a graduate of Northwestern University's six-year honor's program in medical education and is board certified in both internal medicine and bariatric medicine. A two-time winner of the Faculty Teaching Award, Dr. Edelson is an assistant clinical professor of medicine at Albert Einstein College of Medicine. In 2000, he founded HealthBridge, an integrated healthcare facility specializing in obesity medicine.



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Weight-loss:

Benefits of Cardiovascular Exercise and Ways to Achieve It

by Anna Cleland



According to the American College of Sports Medicine's (ACSM) Guidelines for Exercise Prescription, recommendations for weight-loss as a result of exercise are that we aim for 60 to 90 minutes of moderate to vigorous physical activity each day.

Initially, your goal is to aim for 30 minutes each day, which promotes health, and then gradually build-up to the recommendations. You can do this by splitting up your exercise sessions while also aiming to have a more active day, getting extra steps for things you normally do.

Measuring Your Exercise Intensity

Exercise is measured by a term called, Rate Perceived of Exertion (RPE). Imagine a scale of one to 20, or even one to 10. One being the easiest; like lying in bed, while 10 is the hardest; where you feel like you have to stop because you are working too hard. You should exercise at a rate around six to seven.

If you are walking with someone, this will be at the point where you can keep a conversation going, but where you need to take regular deep breaths and you would not be able to sing to your friend. If you are working too hard, you will not be able to talk.

Low Intensity — This will feel like work that you can continue for a long period of time. These are ac-

tivities like shopping, slow walk or a bike ride on a level surface.

Moderate Intensity — This will get your heart rate up to a place where you feel like you are working and it takes an effort to maintain the intensity. This intensity of exercise will help you maintain your health.

Vigorous Intensity — This will feel like an all-out effort, your heart rate will be high and you will not be able to speak complete sentences without taking several breaths. This improves athletic conditioning.

Benefits

The benefits to cardiovascular exercise are boundless. Exercise that increases your heart rate to a moderate to vigorous range can impact changes in the body, including weight-loss. Moving more means more calories burned. The more intense the exercise, the higher number of calories burned per minute, and the less time required achieving benefits.

Methods

There are several methods to being more active. When affected by obesity, it is best to start at a comfortable level of intensity and gradually increase your intensity as you become fitter. On the next page is a description of the methods/equipment in which you may engage in cardiovascular activity. They are also rated in accordance from beginner to more advanced, in relation to ease to complete when overweight or affected by obesity.

Continued on next page

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.

Cardiovascular Activities and their Levels of Intensity

* - Beginner ** - Intermediate *** - Advanced

Active Daily Lifestyle (ADL) - (*)

Examples of this are parking further away, taking the stairs instead of the elevator, walking the dog, gardening, housework, etc. Aim to add daily activity to your life. Wearing a pedometer and aiming for 10,000 steps a day is a way to focus on being more active, while having a goal for each day.

Bike (recumbent, upright, spinning, outdoor – road or mountain) - (* to **)

Biking is a form of low impact exercise ideal for beginners and those recovering from surgeries or who have physical limitations. There are many variables to exercising with a bike, and the lowest impact is a recumbent bike – in which you sit level with a backrest and have your feet in front of you. With bikes, you are able to adjust your speed and resistance easily.

Walking/Jogging/Running - (* to ***)

- *Walking is the ideal lifetime exercise. It is one of the primary things that our body is dependent on doing. With simply a pair of shoes, you can walk anywhere.
- **Jogging is basically slow running; you may be able to jog at a comfortable pace that keeps your heart rate in control.
- ***Running is different from jogging because of the intensity. The speed is faster, making the activity more intense.

Arm Ergometer - (* to **)

This machine looks like a bike for your arms. This is a good way to increase your heart rate when you have extreme limitations with your legs. The intensity can be altered depending on how fast you go or how much resistance you add to the machine.

Activities continued on page 30



I'm SO BORED with My EXERCISE ROUTINE –

What Can I Do to Spice it up?

by Julia C. Karlstad, MEd, CSCS

Try these five tips to add a little spark to your routine and break away from BOREDOM!

1. Try something new.

There are so many different workouts and many of them do not feel like exercise at all! Break away from your traditional/monotonous routine and sign-up for something new. Join a group class such as Zumba, kickboxing, TRX, boot camp, Pilates or yoga. Pick-up and learn a new sport; try something like kayaking, golfing, hiking, bowling, cycling, field hockey, rugby, soccer or even a dance class. Accomplishing something new is extremely liberating and will definitely spice up a workout! And you never know, this new activity may be the key to keeping you consistent because you will enjoy it so much.

2. Hire a personal trainer.

You would be surprised how much a trainer can add zest to your workouts! They will bring new workouts

I am so bored with my workout, especially the cardio; it is so boring! I have to drag myself from the bed, couch or desk in order to even attempt to get my workout in. I used to get excited about the music I listened to, but even my playlists on my iPod are really getting old.

When I prepare for my workout it is pretty much a mournful saga. I plop myself on the kitchen chair, throw my tennis shoes on the ground, drudgingly place one foot in each shoe, woefully lace them up and with a vengeance, drag myself to the gym.

Now, don't get me wrong. I always feel good after my workout, but the preparation to get there and even the workout itself is a major drag! It is like, "here we go again, you know you have to do this, so get your rear in gear and move!" It is just such a chore anymore to get there. I need some spice in my workout! I need something that will create a positive experience and foster more motivation in my exercise routine.

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.

Spice it Up continued on page 31

Cardiovascular Activities and their Levels of Intensity

* - Beginner ** - Intermediate *** - Advanced

Activities continued from page 29

Treadmill - (* to ***)

The treadmill is essentially your indoor option for walking, jogging or running. The cushioning of the machine tends to be easier on lower extremity joints. The benefit to using a treadmill would be that you can do it indoors, regardless of the weather. You can also vary your intensity depending on how you feel. It is very easy to increase or lower your speed or the incline on a treadmill, and you can slow down if you need to. You can measure your distance and time easily. You are also able to pick a program which would enable you to mindlessly mix up your routine.

Elliptical - (* to **)

The elliptical is a machine which is known to be easier on your joints. This is because instead of picking up your foot and stepping back down, you glide your movement through the plane elliptically. Therefore, there is less impact to your joints, and you are able to exercise with a running intensity, without the impact of running. One noticeable limitation to a beginner exerciser might be that the elliptical takes some getting used to and balance may be difficult. But once you become accustomed to it, it may feel easier than other forms of cardio.

NuStep/SCIFIT - (*)

These two brands of machines are low impact, like a seated elliptical, but designed to favor someone who may have difficulty with balance or standing. They allow you to work only your arms or only your legs, in an elliptical fashion but without standing. This option is highly recommended for someone who has knee or hip limitations.

Water exercise - (* to ***)

- **Swimming:** Swimming is a great form of exercise which can range from leisure to vigorous. It is a low impact exercise for joints, but works every muscle.
- **Walking in the water:** If you have difficulty walking on land because of joint pain or weight issues, try walking in the water. The water will help you feel weightless, yet will add resistance to the effort itself. Standing in the water will also aid in balance, if you have any limitations with this.

- **Water aerobics:** Water aerobics is a fun way to exercise, giving strength and cardiovascular benefits. This exercise class is perfect for those with weight, age or joint limitations because it is low impact.

Zumba/Jazzercise - (* to **)

These are forms of cardio exercise that involve dancing. If you can move your body, you can exercise, and dancing is a fun way to move. Zumba is simple choreography to Latin-themed music. It can be as intense as you want to make it. Every Jazzercise group fitness class combines dance-based cardio with strength training and stretching to sculpt tone and lengthen muscles for maximum fat burn. Choreographed to today's hottest music, Jazzercise is a fusion of jazz dance, resistance training, Pilates, yoga and kickboxing.



Stairmaster or stairs - (** to ***)

Stairs are an intense form of cardiovascular exercise because you are working on a continuous incline. With this harder work, you may start with less time, but still reap the benefits as though you went for a longer walk or run.

Sports - (* to ***)

Participating in sports is a great way to socialize while you move your body. Community sports like basketball, tag football, softball, soccer, rugby, Frisbee golf, outdoor adventures like hiking, may all be available in your area.

Exercise videos - (* to ***)

There are great exercise videos available ranging from low intensity to more advanced. A wonderful resource for videos to purchase is www.collagevideo.com. You can find all exercise-related videos created here. There are also free exercise videos on the Web site www.sparkpeople.com.

About the Author:

Anna Cleland is a certified strength and conditioning specialist with the National Strength and Conditioning Association (NSCA), a pink ribbon certified post reconstruction exercise specialist and also member of American College of Sports Medicine (ACSM) and the OAC. She works as the bariatric exercise physiologist for Centennial's Center for the Treatment of Obesity, in Nashville Tenn., and as a personal trainer for the YMCA of Middle Tennessee.

to each training session and constantly keep you motivated to stick to your health and fitness goals. The different workouts will definitely help you break out of that old boring routine. A personal trainer will bring new exercises to each session which will help keep each workout interesting and challenging. Sometimes their positive attitude, in conjunction with pushing you through a challenging workout, can really help positively turn around your entire day.

3. Train for an event.

Training for an event will definitely help spark some consistency and accountability. Most people tend to be more motivated and will stick to their schedules better when they have a plan or a goal. The same is true with exercise. If you have a goal or an event that you're training for, you will tend to stick to your workout routine and it is always fun to track and physically see how your body is progressing in fitness. There are several different events you could train for and here is a quick list to give you an idea of what is out there: 5K race, 10K race, cycling race (several distances available), half or full marathon, triathlon, adventure race, duathlon (combination of running and biking) or a half or full Ironman.

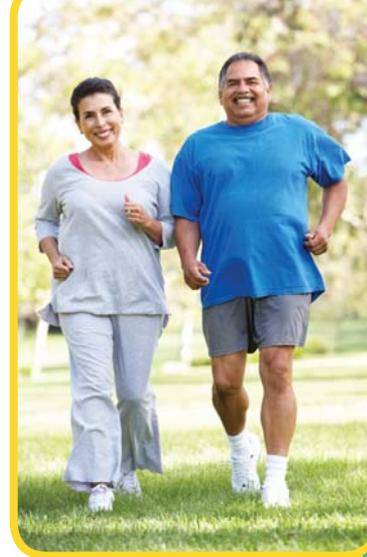
4. Train with a heart rate monitor.

I often tell my clients, "If you are not heart rate training, you are aimlessly training!" The reason I say this is because if you are not tracking your heart rate, you really do not know at what kind of intensity you are exercising. Plus, you have nothing to monitor how you are progressing with your cardio workouts. It is also a wonderful way to add variety to your workouts. So go purchase a heart rate monitor and then start doing your cardio workouts at different intensity levels based upon your heart rate.

For example, a 55 minute workout might look something like this:

- You start with a five minute warm-up.
- Then for 15 minutes, you will monitor your intensity to keep your heart rate between 115 and 130 beats per minute (bpm).
- You will then increase your intensity and keep your heart rate between 130 and 145 bpm for 15 minutes; then increase your heart rate for another 15 minutes keeping your heart rate above 145 bpm.
- Finally, finish up with a five minute cool-down (slow down your intensity so that your heart rate is below 120 bpm).

This is just one example of how you can use heart rate training for your cardio workouts. This adds variety because you are constantly in tune with your heart rate and overall intensity. Plus, you are paying more attention to your heart rate so you simply will not have as much time to think about how boring the workout may have been.



5. Add a balance challenge.

Balance becomes more and more important as we age and is often overlooked in some workouts. You can increase the difficulty in any workout by adding a balance challenge. Try doing squats or lunges on a BOSU balance trainer or a stability disc pillow. Do some exercises while standing on one leg (like a dumbbell bicep curl) and you will automatically recruit more core muscles to help stabilize and keep your balance. Try doing some of your exercise with more of a balance focus and you will soon see how this can add a whole new dynamic to your routine. Plus you will be creating a strong core (this is critical for good posture, bone health and balance in general).

So stop dragging yourself to the gym and try one of these five things to add some more variety to your workouts. Exercise can be a lot of fun if you pair it with the right combination. Maybe even try one of these things with your friends and/or family! Exercise as a social event can be a good way to spend time with friends and family and get fit at the same time.

About the Author:

Julia C. Karlstad, MEd, CSCS, is the president of JKFITNESS, LLC. Julia has worked in the fitness industry and specifically the medical wellness community for several years. Previously, Julia developed and directed an exercise physiology program for two bariatric hospitals and three medically supervised weight-loss clinics. She currently serves on the OAC Advisory Board. For more information on Julia, please visit www.juliakarlstad.com or www.jk-fit.com.



“I didn’t take the **easy way out**”

by Pam Davis, RN, CBN

Let’s start off by clarifying a few things.
Weight-loss is hard. **Weight maintenance is harder.**

To achieve and maintain weight-loss by any means, including surgery, you must eat fewer calories than you burn. Wow, that sounds so simple doesn’t it? It even sounds easy. Where does this perception originate? If weight-loss truly were easy, we would all be at our ideal body weight and we could put all the money we spend annually on weight-loss and treating obesity-related diseases toward paying off the national debt.

The statistics beg to differ that weight-loss is easy. With 34 percent of our country affected by obesity and another 35 percent overweight, there are certainly more of “us” than “them.” So if a combined 69 percent of us are unable to achieve our ideal body weight, why do we have the perception that surgical treatment for the approximately 5 percent with severe obesity is the easy way out? Is it because unfortunately obesity continues to be the last socially acceptable form of discrimination? Is it because those of us with obesity wear our disease?

It is a disease that not only affects our physical condition, but it also affects our physical appearance – a physical appearance that forces us to display our disease publicly. You cannot tell by looking if someone has a diagnosis of migraines, alcoholism, high blood pressure or heart disease.

For at least 25 of my first 35 years, I was often given multiple formulas for achieving weight-loss. All were along the lines of, “eat less, exercise more,” “push away from the table,” and other profound words of wisdom. There was no education about portion sizes, no explanation of healthy foods beyond “eat your fruits and vegetables,” and no discussion about how to prepare food or questions about my lifestyle and habits.

Time for “The Talk”

Finally, at the age of 35 after multiple attempts on my own, my doctor had “the talk” with me. I had high blood pressure, horrible reflux and was really worried I wouldn’t live to see my boys grow-up. She helped me find a commercial weight-loss program we were both comfortable with; I agreed to follow the plan and

“A few weeks after surgery, I was at my son’s soccer practice and the other moms were all commenting on how much weight I had lost. One lady said, ‘Did you try everything? Couldn’t you have just eaten the way you do now without having the surgery?’ Oh sure, all those times I was put on a 1,000 calorie diet it was such a breeze to follow. I’m sure I could cut that in half to 500 calories and not want to kill more than two to three people a day. Hmm, probably not the best answer.”

go to water aerobics at least three times per week and to see her monthly. At the end of five months, I had lost 17 pounds. That may seem like a lot, but when you weigh more than 300 pounds, it’s not even a clothing size.

My physician then began treating my blood pressure with medications. When I first followed the prescribed treatment of dietary changes and exercise to control my blood pressure and still had to move to the next level of treatment, medication, no one accused me of taking “the easy way out.” When someone with diabetes is first prescribed a diabetic diet to control their glucose and treatment fails to achieve results, they are next prescribed oral medications. If those medications fail to achieve results, they may be placed on insulin. Is insulin considered the easy way out for treating diabetes? What about open heart surgery as a treatment for heart disease? Would you consider that an easy way out?

The Decision was Right for Me

After a year of treating my blood pressure with diet, exercise and medications, it was still creeping upward. I spoke with my physician about gastric bypass surgery. I was very fortunate that she was supportive. Ten years ago I underwent laparoscopic gastric bypass surgery losing 160 pounds – also losing my high blood pressure, losing my reflux and losing my joint pain.

A few weeks after surgery, I was at my son’s soccer practice and the other moms were all commenting on how much weight I had lost. One lady said, “Did you try everything? Couldn’t you have just eaten the way you do now without having the surgery?” Oh sure, all those times I was put on a 1,000 calorie diet it was such a breeze to follow. I’m sure I could cut that in half to 500 calories and not want to kill more than two to three people a day. Hmm, probably not the best answer.

Educate Others

When a friend, family member or co-worker tells you they feel surgery is the easy way out, what are they really saying? If they truly feel surgery is easy, you need to inform them otherwise:

- Take them with you to a seminar and share information with them.
- Tell them about all the preparation you went through.
- Tell them about how long it took to get the insurance on board.
- Explain the lifelong lifestyle changes you have to make to achieve and maintain weight-loss.
- Give them the gift of knowledge.

They may be saying the first thing they can think of to make you change your mind because they’re worried about you. They may not be aware of the improved complication rates and mortality rates when bariatric surgery is performed at a Center of Excellence. Or, it may be that they are surgery candidates themselves and are not yet ready to address their weight.

What if your physician thinks surgery is the easy way out? Help educate them too! Remind them of all the other treatments you have tried for your weight. Talk to your surgeon and ask for current resource articles you can share with your physician or better yet, ask your physician and surgeon to speak to each other to come up with the best plan of treatment for you.

There’s More to It

We have to remember there are many environmental, societal, hormonal, physiological and genetic factors that come together to impact our weight. We as a society cannot be so naïve as to think behavior change alone will be a successful treatment. We have to be ready, willing and able to educate the naysayers regard-

Easy Way Out continued on page 38

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5. What criteria should be used to update EHB throughout time and what should the process be for their modification?

In addition to Dallas, HHS Regional Listening Sessions were held in Boston, New York City, Philadelphia, Kansas City, Atlanta, Denver, Seattle and San Francisco. OAC Board of Director Chairman Pam Davis, RN, CBN, made the trek from Nashville, Tenn., to speak at the Atlanta listening session – ironically the only public forum held in the southeast region of the country where obesity rates are among the highest in the country.

In addressing the Atlanta Forum, Ms. Davis reiterated the message that OAC continues to hammer home at federal and state policymakers regarding: the complexities of the disease; the critical need to both prevent and treat obesity; and how the societal hurdles of bias and stigma continue to hinder comprehensive efforts to help those affected. In closing, Ms. Davis reminded HHS officials that:

“100 million Americans are currently affected by obesity. For the first time in history, America’s children are being diagnosed with type 2 diabetes, hypertension and are said to have a shorter life-expectancy than that of their parents. Thankfully, with the advancements in modern medicine, and an open mind by policymakers, we can reverse this trend. I urge HHS to use its wide discretion-

ary powers in defining the benefit package and stand up for those who struggle with obesity.”

OAC Advisory Board member Walter Medlin, MD, made the pilgrimage across Washington state from his home in Spokane, Wash., to address the Seattle event. Dr. Medlin, both a bariatric surgeon and patient, spoke candidly about some of the “bottom line” issues surrounding obesity treatment – both economic and spiritual. In his remarks, referring to himself as “the face of metabolic surgery,” Dr. Medlin highlighted how he has:

“...greatly benefited from the taxpayers of the state of Washington and the United States who paid tens of thousands of dollars to subsidize my medical education and surgical residency training. After less than 10 years in practice, that could have all been lost to a fatal or permanently disabling event related to my severe obesity. I would have been unable to deliver the services that our community invested in, and would have ceased being a ‘productive’ member of society – THINK taxpayer versus tax burden! Luckily, I had the resources and the access to pay out of pocket for bariatric surgery – an intervention that has given millions of people worldwide a second chance – what I refer to as my bonus life!”

Special thanks to these OAC advocates for representing the OAC and sharing their personal stories with obesity to HHS.



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(optional, but only accessible by OAC members)

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- Premium Package**
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- \$10
- \$25
- \$50
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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.

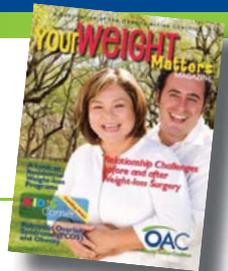
Why YOU Should Become an OAC Member

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.

Membership Benefits

Benefits to Individual Membership

- Official welcome letter and membership card
- Annual subscription to the OAC's publication, *Your Weight Matters Magazine*
- Subscriptions to the *OAC Members Make a Difference* and *Obesity Action Alert* monthly e-newsletters
- "Bias Buster" Alerts, alerting specifically to issues of weight bias
- Immediate Advocacy Alerts on urgent advocacy issues and access to the OAC's expert advocacy team
- Ability to lend your voice to the cause





Every Move You Make, Every Step You Take:



How Activity Monitoring is Changing the World of Fitness and Weight-loss

by Gwyn Cready, MBA, and Ted Kyle, RPh, MBA

Think about how many times you scan the dashboard as you drive, making subtle changes in your speed, your gear and even your destination. Now, imagine if you had the same insight into your body. Technology in the world of fitness and weight management is changing almost as rapidly as the world of computers and smart-phones. New accelerometers and multi-sensor body monitors are giving people unprecedented insight into their activity profiles and sleep, and users are finding out that what they know really can make a difference.

The Rise of Activity Monitoring

Until a few decades ago, the biggest inroad technology had made into fitness and weight management was a pedometer. Pedometers, which have been around since the eighteenth century, measure steps and distance an individual takes. Studies have shown that even this most simplistic dashboard can provide insights that change behavior.

Unfortunately, the accuracy of pedometers can be off, sometimes significantly. Even a little bit of inaccuracy can hurt the ability to manage your weight and fitness, especially when the error is compounded over time.

Heart rate monitors made their debut as part of the training tools of the Finnish National Cross Country Ski Team in 1977. Heart rate monitors measure beats per minute, helping gauge the intensity of an activity. The use of heart rate monitors helped usher in the concept of “intensity training,” but the monitors have limited use outside of measuring short bursts of intense activity.

More recently, accelerometers, such as Fitbit® and Grube®, took fitness and weight management technology a step further. Accelerometers track steps taken, distance traveled and calories burned, and are more accurate than pedometers, but still are not the most accurate devices on the market. Accelerometers can have difficulty picking up calories burned during times of low movement, such as when a person is lifting weights, watching television or sleeping. In fact, sometimes accelerometers can be “tricked” and count movement and motion that you aren’t doing yourself, such as riding in a car.

Multi-sensor Body Monitors

More sophisticated body monitors, called multi-sensor body monitors, go beyond accelerometers. Multi-sensor body monitors, such as BodyMedia FIT™ and bodybugg®, combine tem-

perature sensors that measure your skin and how much heat is coming off your body. They also have galvanic skin response (sweat) sensors along with a built-in accelerometer to measure not only movement, but the intensity of an activity, which means they can give you a complete profile of energy expenditure.

Understanding the intensity of the activity is critical in accurately capturing calorie burn. A pedometer can track 1,000 steps, but only a multi-sensor body monitor can detect the difference in caloric burn between 1,000 steps on a flat surface and 1,000 steps on a hill. By starting with an accurate base of how many calories you burn, you can alter your calorie intake to achieve the appropriate calorie balance to maintain or lose weight. Multi-sensor body monitors offer the highest level of information and accuracy in the market.

For a complete calories in/calories out overview, accelerometers and multi-sensor body monitors allow you to enter the foods you have eaten into a Web-based software system. With a multi-sensor body monitor, you can also log foods on the go and view your activity profile using an iPhone® or Android™ mobile device. This near real-time tracking can make managing your fitness almost addictive.

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Multi-sensor body monitors also track the quality and quantity of your sleep. Getting good sleep — sleep unbroken by periods of wakefulness — and getting enough sleep are important in suppressing appetite and maintaining energy levels. Clinical evidence is beginning to reveal the important role sleep plays in overall wellness, fitness and effective weight-loss.

Why Track at All?

We all know that if you consume more calories than you burn, you will gain weight and if you burn more than you consume, you will lose weight; but studies have shown that the more people monitor themselves (steps taken, food eaten, calories burned, minutes of activity, etc.), the more likely they are to become engaged in the effort to stay active, lose weight and maintain a healthy lifestyle. Engagement means you are more likely to persist in the effort. In the world of fitness and weight management, a little knowledge can be a very compelling and motivating thing.

What the Future Holds

What will the world of fitness and weight-loss technology look like a year from now, or even five? BodyMedia FIT offers an add-on feature called ProConnect™. If your doctor or fitness coach participates in ProConnect™, you will be able to share your information with them safely online. In return, they will be able to monitor your fitness progress and provide encouragement and support. Other weight management technology companies are looking to add blood sugar tracking to their monitors. This would be a huge benefit to people with diabetes or pre-diabetes, and it would make people at risk more aware of the impact their food and activity choices have on their overall health.

Some companies are taking a path that may intersect with gaming consoles like the Nintendo Wii® or Kinect for Xbox 360®. This would create activities people can do in front of the television using a body monitor to transmit the participant's movement to

Activity Monitoring continued on page 38

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ing obesity prevention and treatment. We have to be willing to stand-up for ourselves and others. We have to be willing to educate those who think any treatment for obesity, including surgery, is an easy way out.

In preparation for this article, I turned to my two favorite sources, the Internet and our own patients. Via Facebook, I asked to hear others thoughts and comments when someone tells them they took the easy way out. The responses came fast and sounded very familiar. Linda C. summed it up very nicely, "Since when is major surgery 'the easy way out?' After failing several so-called diets, I had most of my stomach bypassed and my intestines re-arranged. In three years, I re-gained more health than I ever did by dieting."

Harsh criticism and scolding by parents, physicians and (well intentioned) strangers do not motivate anyone to lose weight. I am a 46-year-old married mother of two, a healthcare professional and a proud member of the OAC. After being a "fat" kid, teen and adult, my physician and I determined that bariatric surgery was the best course of treatment for me. I had bariatric surgery to treat a chronic, lifelong disease and I did not take the easy way out.

About the Author:

Pam Davis, RN, CBN, is a certified bariatric nurse and the Program Director for Centennial Center for the Treatment of Obesity in Nashville, Tenn. Pam is the Chairman of the OAC.

those of an avatar onscreen, while also showing a running total of calories burned. The hope is that this will improve participant compliance by building higher engagement and help remind people that exercise and body monitoring can be fun. Still, other companies are beginning to combine social media and body monitoring by allowing the consumer-driven sharing of monitor data and encouraging the creation of online fitness and weight-loss social groups, distance coaching and online challenges.

Whatever the future holds, companies and consumers have made it clear – accurate tracking of activity, sleep and food eaten is going to continue to play an important role in weight management.

About the Authors:

Gwyn Cready, MBA, is a communications consultant with more than 20 years of healthcare policy and brand marketing expertise, as well as an award-winning romance novelist.

Ted Kyle, RPh, MBA, is a pharmacist and health marketing expert and is also a member of the OAC National Board of Directors.

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*Cholesterol, blood glucose, and blood pressure results based on patients' related diagnosis at baseline.

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