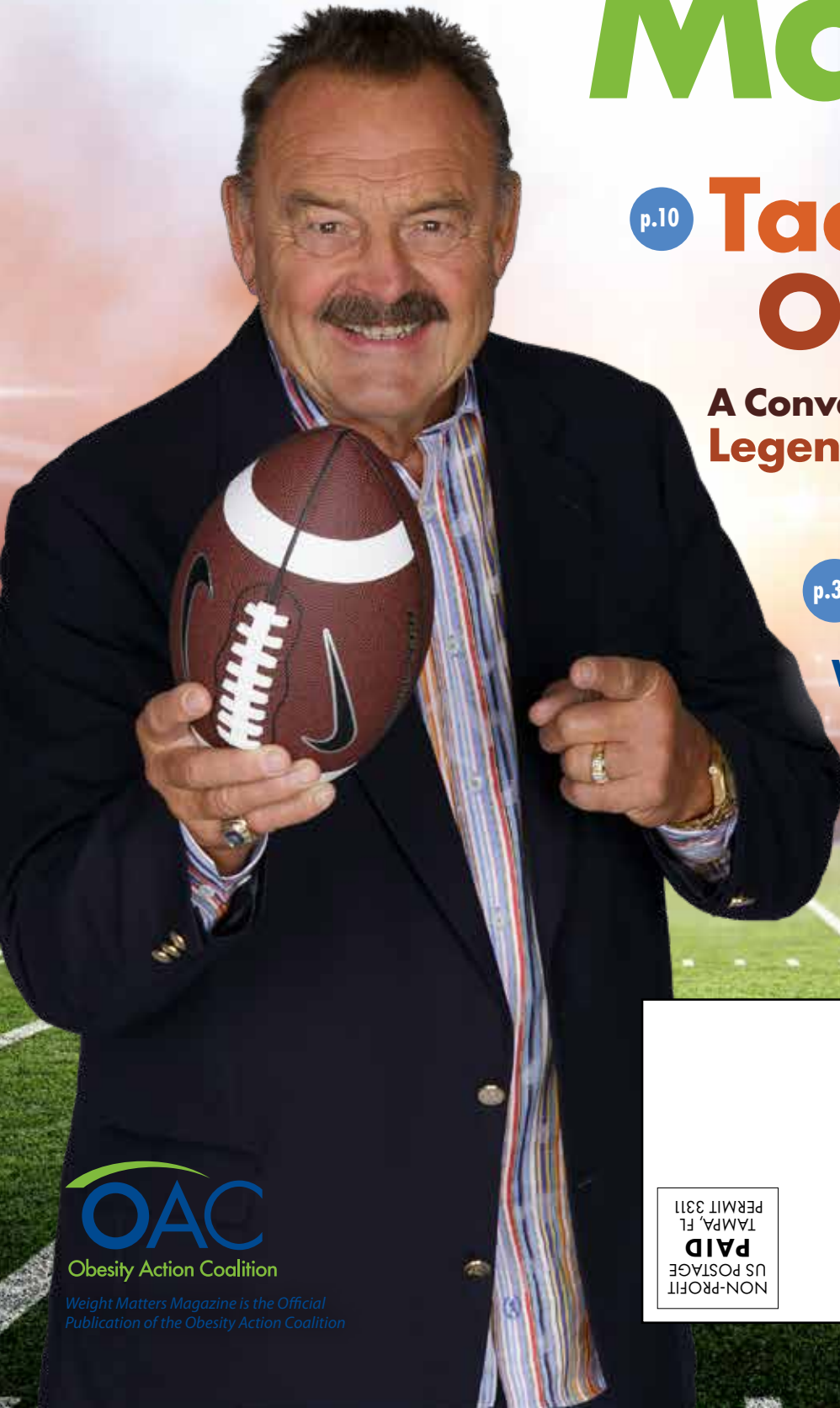


Weight

FALL 2023

FOR YOUR HEALTH

Matters



p.10

Tackling Obesity:

A Conversation with **Football Legends Dick and Matt Butkus**

p.36

Body Weight and Cancer:

What You Need to Know

p.32

KID'S
-corner

Score Big with Youth Sports

OAC
Obesity Action Coalition

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CONTENTS FALL 2023

- 05 News From the OAC**
The OAC hosted its annual *Your Weight Matters* Engage in-person Convention in September, bringing together hundreds of individuals passionate about weight and health in Orlando, Fla.
- 06 OAC Community Perspectives:**
by Anh-Vu Pham and Dang Tuan Pham, MD
OAC Board Member Vu Pham and his father, a bariatric surgeon, share their thoughts on weight and health.
- 10 Tackling Obesity: A Conversation with Football Legends Dick and Matt Butkus**
by Kendall Griffey and Michelle "Shelly" Vicari
Legendary football figures Dick and Matt Butkus sit down to discuss life after football, their commitment to raising obesity awareness and their dedication to health advocacy.
- 14 Unveiling Disparities: The Gap in Medication Testing for Individuals with Obesity**
by Ted Kyle, RPh, MBA; and Gwyn Cready, MBA
It's important that medications are safe and effective, but are they safe when clinical trials often exclude individuals with larger bodies? Take notice of this potentially harmful health disparity.
- 16 The Connection Between Sleep and Obesity**
by Maria Guzman, MD
Discover the connection between sleep and obesity. Learn the science behind hormones, appetite, and the surprising ways sleep influences weight.
- 20 Pick Up the Weights and Get Off the Treadmill for Faster Results**
by Roger E. Adams, PhD, CISSN, ACE-CPT
Discover why strength-based exercise is one of the most important physical activities you can do, and learn how you can get started on a strength-training journey.
- 22 Ask the Experts: How Do Cultural Factors Impact Obesity?**
by Nikki Massie, MA; Emily Dhurhander, PhD; and Sylvia Bollie, MD
In this "Ask the Experts" column, a trio of experts provide their insights on the cultural factors that can impact obesity.
- 28 Game On! Tailgating with Health in Mind**
by Cassie Story, RD
You can add healthier options to your tailgating traditions without compromising the fun of game day celebrations.
- 32 Kid's Corner: Score Big with Youth Sports**
by Michelle "Shelly" Vicari
Discover how playing sports fosters physical fitness, mental well-being and essential life skills, helping kids grow strong in mind and body.
- 36 Body Weight and Cancer: What You Need to Know**
by Sarah Ro, MD; and Young Whang, MD, PhD
Learn the impact of obesity on developing cancer and explore strategies to reduce your risk.
- 44 Decoding Nutrition: Exploring the Differences in Gender-Based Dietary Needs**
by Kelli Richardson, RD
Does our gender determine our diet? Dive into the biological differences that shape our nutritional needs.

Weight Matters

FOR YOUR HEALTH

Fall 2023 | Volume XX | Issue 1

Weight Matters Magazine is the official publication of the Obesity Action Coalition (OAC). The OAC is an independent National non-profit organization dedicated to giving a voice to those affected by the disease of obesity.

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Message from the



Obesity Action Coalition

Chair of the Board

Hello, OAC Community!

We've just concluded the *Your Weight Matters Engage* Convention, and for those who were able to join us, we hope you feel refreshed, invigorated and ready to let your light shine brightly — for your own health and for the OAC! It was so lovely to be together as a Community, reuniting with old friends and making new ones. If you weren't able to attend **YWM-Engage** this year, there are still plenty of easy ways to stay connected to the OAC and your OAC friends. For example, make sure you check out the OAC Action Center and our social media pages. Tune in to our monthly Health Talks and join the Zoom sessions afterward to chat with others in the Community. Become a Premium Access Member of the OAC and stay up-to-date with the latest news and ways to get involved!

I am particularly excited about this quarter's magazine as it highlights men's health, featuring a wonderful article from Dick Butkus, a former professional football player, and his son. In the article, Dick emphasizes the importance of caring for your health for the sake of those who depend on you and love you. While it's easy to prioritize the health of our loved ones, we can't help others unless we take care of ourselves first! I'm also excited about the inclusion of personal stories, such as that of Ahn-Vu Pham, a valued member of our Community and a member of the OAC National Board of Directors, along with his father. Their touching narrative adds a special touch to this issue. With several important men in my life — my father, my partner and my three sons (a 20-year-old and two 16-year-old twins), I regularly encourage them to put their health first. The OAC is actively working to involve more men within our Community, and we'd love to hear what educational topics they'd like to see more of in the future!

I also want to direct your attention to an article that focuses on clinical trials and the concerning lack of representation of people with obesity in these trials, particularly regarding medications. This is an issue the OAC is deeply passionate about, as people with obesity deserve to understand how medications interact within our bodies, what doses might be best for us, and what medications may or may not be safe for us to take. This topic holds significance for our Community, and the OAC is making sure our voices are heard with leaders at the FDA and within the pharmaceutical industry.

Please take the time to sit back, relax, and enjoy the Fall 2023 issue of *Weight Matters Magazine*!

Kristal P. Hartman

Access to Obesity Care Means Better Health: Obesity Action Coalition Applauds the Reintroduction of the Treat and Reduce Obesity Act in Congress



The Treat and Reduce Obesity Act (TROA) was reintroduced in Congress! OAC applauds Senators Tom Carper (D-DE) and Bill Cassidy (R-LA) and Representatives Brad Wenstrup (R-OH), Raul Ruiz (D-CA), Mariannette

Miller-Meeks (R-IA) and Gwen Moore (D-WI) for reintroducing TROA into the 118th Congress. TROA is a bipartisan bill that directly provides Medicare beneficiaries with access to safe and effective obesity treatment tools, including expanded coverage of visits with healthcare providers who specialize in obesity care and FDA-approved anti-obesity medications. Learn more about TROA at obesityaction.org/troa.

Advancing Health Equity: OAC at the National Black Caucus of State Legislators' State of Black Health in America Policy Forum

This Summer, OAC had the honor of attending and presenting at the National Black Caucus of State Legislators (NBCSL) first State of Black Health in America Policy Forum in Seattle, WA. The Policy Forum focused on obesity and mental health and addressed health disparities and solutions. OAC's Director of Policy Strategy and Alliance, Tracy Zvenyach, PhD, MS, RN, presented on policy options, Medicaid initiatives and obstacles regarding addressing obesity. OAC is honored to have participated in this important forum and looks forward to future collaborations with NBCSL on policy solutions to improve obesity in Black communities. Learn more at obesityaction.org/advancing-health-equity.



Turning Dreams into Reality: Celebrating the Success of the Rob Portinga Memorial Scholarship Program

The goal of the OAC's Convention Scholarship Program has always been to make it possible for anyone wanting to attend our in-person event, the *Your Weight Matters* Engage Convention, to have the opportunity to do so. This fund is specifically designed to support individuals with financial difficulty who might not otherwise be able to attend.

This year, we are proud to announce that every single applicant for the Rob Portinga Memorial Scholarship has been awarded a grant and had the opportunity to attend **YWM2023-Engage** in September!

But we couldn't have done it without the generosity of our donors. We would like to extend our heartfelt gratitude to anyone who donated to the Scholarship Fund, as you are the driving force behind providing these individuals access to world-class education on weight and health and a supportive Community like no other.

But our mission doesn't stop here. To ensure a brighter future for even more deserving applicants, we must keep the fund strong. Your contribution, big or small, can create lasting change and make attending the OAC's Convention a reality for years to come. Better yet, Geisinger Health is still generously matching donations dollar for dollar to the Scholarship Fund, which means your donation will make double the impact for future opportunities!

Let's continue empowering our Community. Together, we can make dreams come true. Donate today using the code provided.



Donate Today



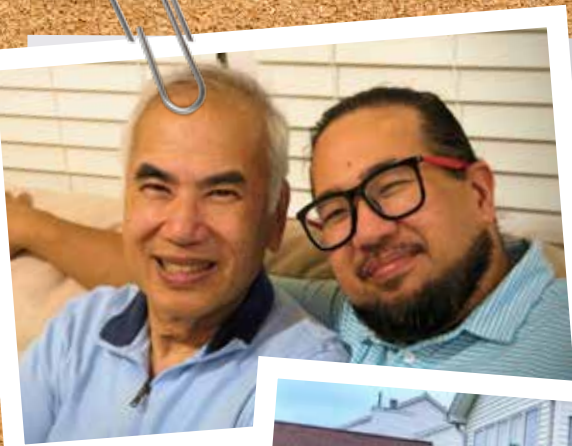


OAC
Community

Perspectives

A Father and Son's Take on Weight and Health

by Anh-Vu Pham and Dang Tuan Pham, MD



Meet Vu and Dr. Pham — a dynamic father-son duo who are making waves in the fight for obesity care within the Obesity Action Coalition (OAC). Vu is not only a dedicated member of the OAC National Board of Directors, but he also brings a personal touch as someone who has experienced the challenges of obesity firsthand. On the other side is Dr. Pham, a skilled bariatric surgeon who treats patients with obesity daily. Together, they are a health-focused superhero team, showing us that tackling weight and health isn't just a job — it's a shared journey that can bring families closer and inspire real change.

We sat down with Vu and Dr. Pham to learn more about their story, filled with ups, downs and a lot of heartfelt moments. Here's a glimpse into what they shared.

Q: As father and son, how has your shared journey with obesity strengthened your bond and mutual understanding? How has it influenced your approach to managing weight and health, both personally and professionally?

Dr. Pham: It all started out as a pure business relationship — Vu was hired as an office manager at my bariatric surgery practice because of his qualifications and background.

Vu: Absolutely! I wanted to work at work, and reserved family time for family. We quickly realized that health and weight management were just as important around our own dinner table and in our everyday interactions. It felt natural to talk about what we were eating, plan physical activities for my children and I to do with their grandparents, and even candidly share weight management struggles.

Dr. P: We've had lots of late work sessions that started as business talks and turned into thinking about what we've learned from taking care of patients. It shifted how we see things, moving away from just surgery or food control and more towards supporting people in their lifelong journey to get better.

“ We quickly realized that health and weight management were just as important around our own dinner table and in our everyday interactions. ”

This means celebrating their successes as well as helping them overcome bumps in the road. I've learned so much from Vu. We can talk freely and candidly share ideas at a very down-to-earth level, which helps me see my job in a more personal, humanized way.

Vu: I've learned so much from my dad about the science behind managing weight and health, but our relationship also gave me the chance to learn how to talk conversationally about the subject with someone knowledgeable whom I respected. It seems silly now that I waited until my adult life to take his offer to talk health seriously. Imagine growing up with Michael Jordan and turning down the chance to shoot hoops on the driveway with him!

Q: Both of you emphasize the importance of a whole person approach and communities of support in the weight-loss journey. Can you elaborate on this?

Vu: Despite what some believe, we didn't get into this situation (having obesity) on our own. So, how unfair is it that some think we have to get out on our own? Human beings are social in nature, and being able to take this journey alongside like-minded people who get our struggles and know our triumphs makes it much easier.

Dr. P: We learned quickly that many of our patients have difficulty reaching their goals because they're on their own, dealing with guilt caused by societal bias and weight-shaming. So, with help from resources provided by the OAC and the American Society for Metabolic and Bariatric Surgery (ASMBS), we embarked on a journey to debunk some of the myths about obesity. It's not just about eating too much. We're all about looking at the whole person — mind, body and spirit — and helping them get better.

Dr. P: This new way of looking at obesity, combined with a community that doesn't judge or shame people, helps patients feel less stressed about crash "dieting" to fit in with society. Instead, they can focus on taking steps to find inner peace and happiness in a healthier body. Instead of forcing a treatment solution or "quick fix" for their short-term goals, we provide ongoing support and companionship through their lifelong weight management journey.

Get Connected to OAC Today!



The OAC knows that the journey with weight can be challenging, but we also know that great things happen when we learn, connect and engage.

Sign up to stay connected to our mission, the latest news, events, ways to get involved, information, and all things OAC!



Let's Connect!

ObesityAction.org/get-connected


Vu: Dr. Pham always listens to his patients, and he insisted that our staff and I also do the same. One thing we realized when we were listening to patients talk at support groups or hearing them share their greatest achievements at patient celebrations was that it was seldom about that number on the scale! What was important was getting off diabetes medication, being able to run with grandchildren, dancing at their daughter's wedding, and living LIFE again! This made it easy for us to focus on whole health, with weight management being a part of the whole picture.

Q: In your experience, why do you think men are generally less likely than women to address their weight and health? How can we encourage more men to be proactive with their well-being?

Dr. Pham: The majority (more than 80%) of the patients we see are female and have self-referred. The few male patients usually have a higher body mass index and are much sicker. They often deny their condition, believing in the "higher" muscular content of their bodies. Many men are too proud to seek help, believing that they can do it on their own.

Vu: I can't speak for all the men on the planet, of course, but as a man myself, I didn't acknowledge that I had weight and health issues until long after I should have. I believe culture and media play a role in this. How many TV shows and cartoons did I grow up watching that featured stereotypes about body shapes, where the dad had extra weight and the mom was stick thin? I could name dozens! It seemed like the social norm for "guys" was to be huskier, and no one questioned it. It was considered rude to talk about weight and health, so we didn't talk about it. That's slowly changing, but not fast enough. I think one thing that will help men take a proactive approach to their health is to normalize talking about health in a way that doesn't invoke feelings of shame and guilt.

“Many men are too proud to seek help, believing that they can do it on their own.”



Q: The two of you have likely witnessed a generational shift in attitudes about obesity, weight and health. How do you perceive these differences between your generations? What positive changes have you observed, and what challenges still exist?

Dr. Pham: Younger generations are seen as more impatient and ambitious, with a focus on body image and a desire for instant rewards. In contrast, the older generation is more concerned with long-term health improvement. On the other hand, the younger generation is generally more accepting of differences in gender and race, while obesity remains one of the last areas of segregation. The older generation is less tolerant and more critical in all three aspects. As Vu and I work together, we find ourselves balancing these perspectives and overcoming our initial biases to become better individuals, contributing to the community's overall health and happiness.

Vu: It's interesting to think that at one point in history, having obesity was seen as a sign of success, indicating one had extra resources to eat beyond necessity. Times change. They can change for good, and they can change faster with guidance and community involvement. We are starting to see more men taking their health seriously at an earlier age. We are starting to see more people recognize obesity as a disease and not a symptom of a lifestyle choice. We are starting to see the media slow down on using obesity as the butt of their jokes. These changes are beginning, but they aren't happening quickly enough. The real challenge is to shift the world's perspectives on weight and health. It will happen. Just like younger generations can't understand why anyone would smoke cigarettes, I hope that with each generation, we become a little more evolved in our way of thinking.

Q: Throughout your respective journeys, you have both emphasized that it's not just about the weight you lose but the life you gain. Can you share some specific ways in which achieving a healthier weight has positively impacted your life or your patients' lives?

Vu: Non-Scale Victories! I love these. We gather and share these achievements from the attendees at our support groups at the start of every meeting. I have so many that I think back on fondly, to the point where I could probably write an entire article listing them all! Some of my favorites include stories of parents finally getting a full hug from their child, with their fingers able to reach each other around their back; individuals progressing from needing a wheelchair to being the "fast walker" in the family, prompting everyone to ask them to slow down; and people starting dance classes to share an anniversary dance with their spouse. There are so many examples!

And for myself, living healthier has allowed me to spend more time with my children — biking, walking, and simply being more active. This past weekend, at a Splash Day event with our cub scouts, I ran and dove onto a lawn water slide! I definitely wouldn't have felt comfortable doing that when I wasn't as healthy. Watching my dad take care of himself gives me the assurance that he'll be there for my children to enjoy for as long as possible!

Do You Want to Share Your Story?



Whether you have a story about navigating obesity, facing weight stigma, or inspiring others, your voice is important. Visit the OAC's story project at [WeightoftheWorld.com](https://www.weightoftheworld.com) to share yours today. Not sure what to say? Consider one of our question prompts to guide you.

If you would like your story to be featured in a future issue of *Weight Matters Magazine*, please email membership@obesityaction.org.



Vu getting OAC Community Member of the Year Award

Dr. Pham: In the beginning, we noticed that patients initially came to see us for weight-loss. However, through personalized discussions, we've learned that each patient has a unique story and set of aspirations. These aspirations include being able to bend over and tie their shoelaces, walking without experiencing knee or hip pain, or simply not being short of breath anymore. Despite their varying goals, they all share a common desire to lead a better life.

One of our patients once showed us a picture of herself completing a marathon — a lifelong dream she achieved after losing some weight. Another patient sent us a picture of a colorful butterfly with the caption, "Before, I was an unhappy, slow and ugly caterpillar. Liberated from my shell, I have transformed into a free-spirited, soaring butterfly."

Vu: There's one I absolutely have to share — one of my favorites. We had a patient whose turning point was being publicly asked to get off a roller coaster because she could not fit into the harness safely. This happened after waiting in a long line, and everyone saw her being removed. A year after her surgery, we organized a patient outing to the same theme park. She had her moment of validation as she got back on that roller coaster, seated right next to her surgeon, Dr. Pham, and had the best roller coaster ride of her life. I remember watching her hugging my dad afterwards and thinking, "This is why we do it. Not for the weight lost but for the life gained!"



TACKLING OBESITY:

A CONVERSATION WITH FOOTBALL LEGENDS DICK AND MATT BUTKUS

*by OAC Staff Members Kendall Griffey and
Michelle "Shelly" Vicari*



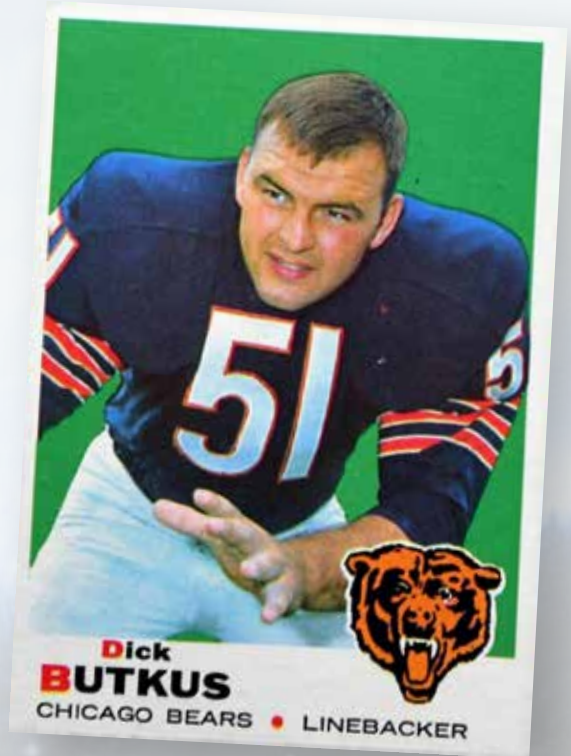
DICK BUTKUS

MATT BUTKUS

DICK BUTKUS is renowned for his strength and dedication, both on the football field as a legendary linebacker for the Chicago Bears and off the field as an advocate for obesity awareness. He also inspires men to be proactive about their health, a trait he shares with his son, Matt Butkus, who is a football great in his own right.

During his acclaimed career from 1965 to 1973, Dick, a Hall of Famer, solidified his position as one of the greatest linebackers in football history. His impressive accolades include being a 5-time First-Team All-Pro, an 8-time Pro Bowler, a 2-time Defensive Player of the Year, and a member of both the 1960s and 1970s All-Decade Teams. Matt is a famed University of Southern California (USC) defensive lineman for the Trojan football team and part of the 1990 USC Rose Bowl championship squad.

The OAC had the privilege of conversing with the legendary linebacker and his son Matt. During our discussion, we spoke about their involvement with the NFL Alumni Association's impactful "Tackle Obesity" campaign, learning the reasons behind their strong commitment to raising awareness about obesity and men's health. We also had the opportunity to reflect on their remarkable playing days.



DICK BUTKUS DISPLAYED ON A 1969 TOPPS CARD.



OAC: Welcome, and thank you to you both for taking the time to talk to the Obesity Action Coalition's members! We know so many of our members are fans of you both.

You both have had such amazing football careers! Dick, what was the most memorable moment or game from your playing days with the Chicago Bears, and what made it so significant or special to you?



Dick: Well, I would say the game against the Washington Redskins. George Allen was my coach when I was a rookie – he drafted me and was there for one year. He left and went to the Rams, and later he went on to the Redskins. At each place, he tried to trade for me. We had a good relationship all these years.

So, during the Redskins game, it was late in the season, and they needed to win one of two games to make it to the playoffs. One of those games was against us at Wrigley Field. The score was tied, and we had just scored a touchdown. I was on the extra point team, and we lined up to kick the extra point, which would give us a 15 to 14 lead. There was only a minute or two left in the game.

As the ball was snapped, I heard the crowd roar, and I turned around to see what was happening. I noticed the ball bouncing on the ground, but I was running in the opposite direction. Our quarterback, Bobby Douglass, picked up the ball, and I signaled to him, waving my hand, for a pass. He threw the ball to me, and I made the catch, scoring the two-point conversion. Thanks to that play, we managed to beat the Redskins and my former coach George.

Tackling Obesity continued on page 12



What nobody knew at the time was that before that play, I had taken a kick right near the eye, causing swelling that was getting worse as the game went on and affecting my depth perception. Here, it's time to try to catch a pass, and I'm only looking out of one eye, and when you look out of one eye, it's hard to judge. And I jumped up like I thought the ball was going to be high, and it wasn't, it was right there. All the guys, after watching the game, said, "Look at this hotdog, jumping up to catch the pass, you caught it around your waist." They didn't know that I could only see out of one eye. So, catching an extra point was the most memorable moment. We beat the Redskins, and they went on to win their last game, so we both came out alright.



Matt: I would say winning the 1990 Rose Bowl stands out as a significant moment for me. Back then, the Rose Bowl was known as "The Granddaddy of Them All." It was even more special to me because my dad had played and won, and a cousin played but lost. So, it felt like a Butkus family tradition to play in that game.

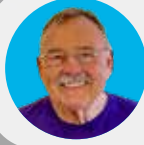
So, winning the 1990 Rose Bowl and playing with the likes of Junior Seau, Willie McGinest, and Tony Boselli, my old roommate, who was inducted into The Pro Football Hall of Fame last year. Mark Carrier, who played with the Bears forever, Johnny Moore Curtis Conway and others.



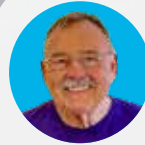
OAC: Yeah, I was expecting you to say one of your hits because as I was preparing for our interview, I started to watch this YouTube video that had some of your greatest hits. And oh my gosh, the power! You were menacing. I wouldn't want to be on the opposite side, staring you down.



OAC: Sadly, it often takes a health scare for men to address their weight and health. Dick, can you tell us what first influenced your dedication to raising awareness about health and wellness, particularly in relation to obesity?



Dick: Well, I'll tell you what, I am feeling it all now.

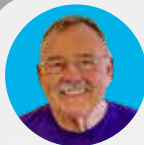


Dick: I had a friend named Murphy Dunn who called one day and asked if I wanted to take an EBCT (Electron Beam Computed Tomography) scan of the heart. I agreed to do it, and the plan was to do the scan on a Monday. Since I was going to be in Vegas around Thursday, instead of driving home, I said, "Well, I'll go down to Death Valley on Friday Night, and on Saturday, I'll work out and hike all over to get in shape for this test on Monday."



OAC: Well, I assume that size back then was in your favor. They were probably encouraging you to maintain a higher weight.

I checked into a local hotel and asked the server during dinner how hot the temperature had gotten that day. She informed me that it reached around 113 degrees! The next morning, I walked 18 holes on the golf course all by myself and then took a dip in their mineral pool. After lunch, I intended to go on a hike up a nearby hill.



Dick: Back when we attended training camp, it lasted around six weeks, and we would scrimmage every day to get in shape. However, things have changed, and now training is a year-round commitment. Throughout my playing years, I had to work outside of the sport to make ends meet. I was a car salesman and also worked at a dairy during the off-season, sometimes even on off days during the season. Nowadays, the higher salaries in sports allow athletes to focus solely on maintaining their bodies and dedicating themselves to the game without needing additional jobs. The unfortunate thing about it is that many of these guys tend to stop training after their careers come to an end.

However, when three o'clock came around, I opened the door, and the heat was absolutely unbearable. The heat hit me like standing in front of a steel mill furnace. I gave up, and I just drove home. Reflecting on the final results of my scan, I often find myself wondering if I could have found myself in a dire situation out there, with buzzards circling overhead. No one knew I was there, and it was really a stupid thing to do, actually.



OAC: Matt, football was in your blood. What was your most memorable moment on the field?



Anyway, on Monday, we proceeded with the EBCT scan, and during the process, there seemed to be some discussion going on. I couldn't figure out what was happening, but Murphy Dunn, my friend from Chicago, is a bit of a comedian. I began to wonder if he and the medical staff were playing some sort of prank on me. Murphy had gone in for his scan before me and was out in just five minutes.

When it was my turn, I went in for the scan, and afterward, we were waiting around. Finally, a man in a white coat walked in and asked me when my last stress test had been. And I said, "Stress test? I've never had a stress test." He gave me one, and I flunked. It kind of surprised me because I thought I was in pretty good shape. I had some excess weight, but I didn't think it was a significant concern. They said I was going to have to do an angiogram because they were seeing some blockages. By Tuesday, I went in for the angiogram, and they discovered I needed a 5-way heart bypass. (Quintuple bypass surgery is a complicated heart bypass surgery. It is performed to treat five major arteries that supply the heart when they are severely blocked).

When I woke up after the scan, I jokingly asked, "Come on, Doc, how bad could it have been?" To my surprise, the heart surgeon's response was, "Well, Dick, the best way I can explain it to you is that you had one foot in the grave and one on a banana peel because, in 30 days, it

could have been over." That got my attention and made me realize the seriousness of the situation.

I hooked up with Dr. Santora, a cardiologist, and we've worked together on this initiative that we have now at the Butkus Foundation called Takes Heart™. After my heart bypass, I knew I had to make some adjustments, and the first thing was my weight. Obesity causes so many things, like diabetes, heart problems and blood pressure problems.

I was talking to my older brother today. It's his 88th birthday, and we're both going over all our injuries and our aches and pains. I thought it was because of football, but just generally, when you get older, it's even more important to control your weight and health. The NFL Alumni's obesity program really helped. Getting started was relatively easy, but I must admit that staying on track was quite challenging. Struggling with weight and managing it is not a character flaw. It's not about losing a few pounds and then feeling embarrassed or ashamed if you gain some back. The key is not to be embarrassed about it but to approach it as part of a continuous effort towards a healthier lifestyle. You know what, I just say, look, here's a proven fact that managing your weight could help you live longer. People depend on you, your family and friends, and whoever loves you.

Tackling Obesity continued on page 43



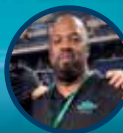
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Unveiling Disparities:

The Gap in Medication Testing for Individuals with Obesity

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

In a workshop last November, the Food and Drug Administration (FDA) and the University of Maryland Center of Excellence in Regulatory Science brought to light a troubling issue: Some prescription drugs that are used regularly to treat people with obesity have not been fully tested on people with obesity.

The Challenge of Testing for People with Obesity

To get approval to market new prescription drugs, pharmaceutical companies must prove that the drug is safe and effective for the people who will be using it. However, in many cases, companies try to lower costs and make things simpler by not including people with obesity in important clinical trials. They may do this directly by setting rules that exclude people based on their BMI or indirectly by not including people with other health problems that are common in those with obesity, like type 2 diabetes.

“What can we do to change this situation for people with obesity and those who care about them? People with obesity and their advocates need to raise their hands and say, ‘This is not acceptable. People with obesity deserve to know that the prescription drugs they use are safe and effective.’ You can add your name to a growing list of people asking for change.”

The Case of Rexulti

One example is Rexulti. Rexulti is the brand name for a prescription drug used to treat schizophrenia and depression, two very serious conditions that can be life-threatening. Approximately 60% of people with schizophrenia also have obesity, which is considerably higher than the 42% rate of obesity in the general population. Additionally, drugs like Rexulti can make patients gain weight. Surprisingly, when the company Otsuka, the owner of Rexulti, studied the safety and effectiveness of the drug, they didn't properly include patients with a BMI of 35 or higher in their trials.

In 2015, the FDA approved Rexulti for use in the general population based on the results of Otsuka's study. This means that when physicians prescribe the drug for people with obesity, they don't know if it is safe or effective in people with obesity. Patients might not even realize that they're using something that hasn't been fully tested in people of their size. That's bad enough, but in 2021, former senior FDA officials and researchers from Tufts and Emerald Lake Safety used a model to study how the body processes drugs (called a physiologically based pharmacokinetics or PBPK model) and found that people with obesity who take Rexulti might take much longer to reach effective levels or may ultimately never do so. This suggests that people with obesity who use Rexulti for schizophrenia or depression might not be getting the right treatment or could be facing serious health problems.

During an interview, one person with obesity shared her thoughts when she found out that Rexulti hadn't been fully tested on people of her size before getting approved:

"I think once a person is seen as overweight or having obesity, they're just kind of discarded, even by the FDA. Like, we're not important enough to figure out problems because there are so many of us on the planet. I mean, I'm an extreme example. I'm very overweight. But there are also people that are just 20 pounds or 50 pounds overweight. So, when you dismiss us, and you just say, well, this drug will work for this body, or this weight, this height, and you don't research anything else, you're failing a lot of people who desperately need these specific medications to function."

Can Rexulti be adjusted to be safe and effective for people with obesity? Yes, it's possible, and scientists have a solution. The scientists who conducted the study mentioned earlier developed a specific way to give people with obesity the right amount of the drug safely. The challenge is getting companies like Otsuka to change the drug's instructions to include this method so patients and physicians have the correct information. Many companies are content to let physicians continue prescribing drugs using the dosing that works for people without obesity.

A Broader Issue

Sadly, Rexulti is not alone. There are a number of other drugs, aside from Rexulti, being given to people with obesity that haven't been fully tested on them.

In last November's workshop, the FDA agreed that this is an important issue. In the past, the FDA has made new rules about testing drugs on certain groups before they got approved. For example, in 1993, they required pharmaceutical companies to test drugs on women, not just men. In 2003, the FDA required pharmaceutical companies to test drugs on children if the drugs were likely to be used by kids. The push for pediatric testing actually started much earlier, with a voluntary request to pharmaceutical companies in the late 1990s. However, companies didn't follow through so well, so the FDA made a formal rule in 1998. That rule was challenged in court, and the court ruled that the FDA did not have the authority to create the rule. It wasn't until the Department of Health and Human Services pushed for new legislation that gave the FDA the power to require pediatric studies that the rule became official.

The FDA also makes companies test drugs differently for people with certain liver issues, who only make up approximately 2% of the population. Since people with obesity make up 42% of adults in the U.S. and those with pre-obesity are 31%, it certainly makes sense for pharmaceutical companies to prove their drugs are safe and effective for people with obesity, too.

The Call for Accountability

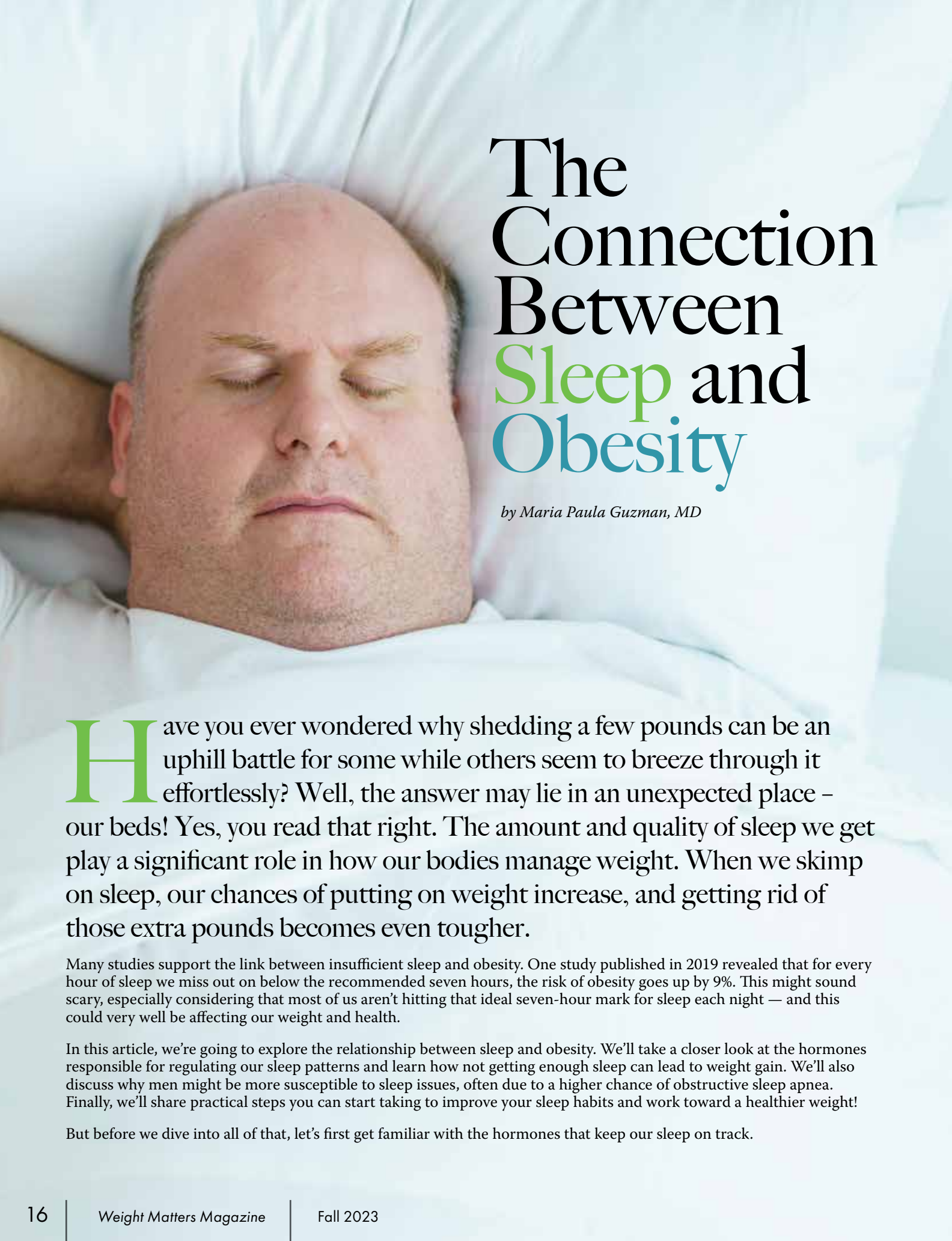
If pharmaceutical companies want to sell their drugs to people with obesity, they need to do the work to prove their product is safe and effective for them. And if a drug is already being used by people with obesity, like Rexulti, companies should change the label to show how to use it safely and effectively, or at least say on the label that the drug hasn't been tested on people with obesity. Physicians need to understand what risks the drugs they are prescribing might have, and patients must understand what risks they are taking.

You can learn more about the OAC's advocacy efforts in our 'Fresh Perspectives' episode on YouTube.

About the Authors:

Ted Kyle, RPh, MBA, is a healthcare professional experienced in collaborating with leading health and obesity experts for sound policy and innovation to address health needs and the obesity epidemic in North America. In 2009, Ted founded ConscienHealth to help experts and organizations work for evidence-based approaches to health and obesity.

Gwyn Cready, MBA, is a writer, strategist and advocate who graduated from the University of Chicago. In addition to Weight Matters Magazine, her work has appeared in USA Today, Real Simple, and other media outlets.

A close-up photograph of a man with a shaved head and a mustache, sleeping peacefully in a bed. He is lying on his back with his eyes closed and a neutral expression. The bed has white linens, and the background is softly blurred, suggesting a bedroom setting.

The Connection Between Sleep and Obesity

by Maria Paula Guzman, MD

Have you ever wondered why shedding a few pounds can be an uphill battle for some while others seem to breeze through it effortlessly? Well, the answer may lie in an unexpected place – our beds! Yes, you read that right. The amount and quality of sleep we get play a significant role in how our bodies manage weight. When we skimp on sleep, our chances of putting on weight increase, and getting rid of those extra pounds becomes even tougher.

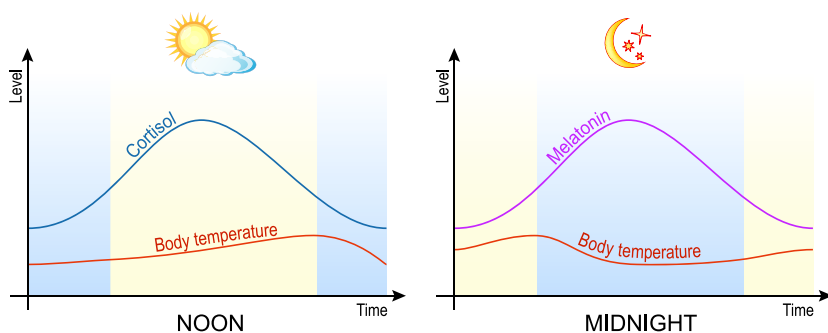
Many studies support the link between insufficient sleep and obesity. One study published in 2019 revealed that for every hour of sleep we miss out on below the recommended seven hours, the risk of obesity goes up by 9%. This might sound scary, especially considering that most of us aren't hitting that ideal seven-hour mark for sleep each night — and this could very well be affecting our weight and health.

In this article, we're going to explore the relationship between sleep and obesity. We'll take a closer look at the hormones responsible for regulating our sleep patterns and learn how not getting enough sleep can lead to weight gain. We'll also discuss why men might be more susceptible to sleep issues, often due to a higher chance of obstructive sleep apnea. Finally, we'll share practical steps you can start taking to improve your sleep habits and work toward a healthier weight!

But before we dive into all of that, let's first get familiar with the hormones that keep our sleep on track.

Circadian rhythm

(regulates the sleep-wake cycle and repeats roughly every 24 hours)



Decoding the Role of Hormones in Sleep

Sleep is influenced by two important hormones: melatonin and cortisol. Our bodies operate on a sophisticated system called the circadian rhythm, guided by hormones that manage our sleep and wakefulness. Deep within the brain, in a region called the hypothalamus, lies our biological clock, which controls this rhythmic cycle. Melatonin and cortisol are two key hormones that initiate and conclude sleep.

As darkness sets in each evening, the hypothalamus sends a message to the pineal gland, prompting the release of melatonin — the hormone that encourages sleep. While the exact timing of melatonin release varies from person to person, it generally occurs two to three hours before our typical bedtime. Melatonin levels continue to rise as relaxation takes over, helping us fall asleep and reach their peak a few hours into the night.

Melatonin is not produced during the day. When light enters our eyes, it communicates with the hypothalamus to halt melatonin production, keeping us awake and alert. This is why too much exposure to light in the evenings can be detrimental. Scrolling on phone screens or watching TV in bed can disrupt melatonin production and make it difficult to fall asleep. This is also why sleep doctors harp on avoiding electronics within one to two hours of bedtime. Easier said than done, right?

The story gets more complex with cortisol. You may be familiar with cortisol as the stress hormone responsible for our “fight or flight” response. What you may not know is that cortisol doubles as an internal alarm clock – a silent one that your sleeping partner sleeps right through! The hypothalamus regulates cortisol through the pituitary-adrenal axis. In ordinary conditions, cortisol levels drop in the evening, allowing us to enter into a relaxed state conducive to sleep. These levels reach their lowest point shortly after we fall asleep. Gradually, cortisol begins to rise during the early morning hours (usually 3-4 a.m.) and peaks around our natural wake-up time (7 to 9 a.m.), effectively signaling our brain to wake up.

Cortisol poses challenges, particularly during periods of high stress – as is often the case for many of us. Prolonged stress results in continuous elevation of cortisol, impacting our ability to fall asleep and stay asleep. This elevation can also lead to waking up earlier than desired, as cortisol levels surpass our wakefulness threshold ahead of schedule. Consequently, chronic stress can reduce sleep quality, leaving us feeling groggy and fatigued during the day. Sound familiar?

Sleep and Obesity continued on page 18

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Poor Sleep and Weight Gain

Now that we've explored how our bedtime habits impact our sleep, let's look at the connection between sleep quality and weight gain. The amount of sleep we get actually plays a role in both our appetite and the food choices we make.

Just like hormones play a crucial role in regulating our sleep patterns, these same hormones also have a hand in controlling our appetite and, in turn, our weight. When we don't get enough sleep, our appetite-related hormones can be affected. One of these hormones is ghrelin, which signals hunger, and another two are leptin and glucagon-like-peptide 1 (GLP1), which indicate when we're full. Several studies have shown that sleep deprivation tends to raise ghrelin levels while lowering leptin levels, causing us to feel hungrier and less satisfied after eating. Interestingly, these hormonal responses can differ between men and women. Men, for example, tend to experience increased ghrelin production in response to sleep deprivation, whereas women more often experience a reduction in the fullness signals leptin and GLP1.

But that's not all. In addition to the hormonal changes, inadequate sleep seems to influence our brain function at the neuron level. Changes in the reward centers in our brain can impact our decision-making around food choices. When we're sleep-deprived, we're more likely to consume less nutritious foods that are high in carbohydrates and fats. We're also more prone to snacking between meals and experiencing nighttime cravings, which can increase our likelihood of overeating or giving in to unhealthy indulgences.

Sleep Deprivation Increases the Risk of Metabolic Syndrome

Metabolic syndrome involves several related conditions like abdominal obesity, high blood pressure, elevated blood glucose and abnormal cholesterol. These increase the risk of developing diabetes, stroke and heart disease. Chronic lack of sleep disturbs the delicate balance between insulin, glucose and cortisol. This leads to abnormal activation of the sympathetic nervous system, causing higher blood pressure, insulin resistance and weight gain. Studies on night-shift workers, who often experience ongoing sleep deprivation, confirm the connection to metabolic syndrome.

While chronic insomnia is a common issue for women, men are more likely to be affected by obstructive sleep apnea (OSA). OSA happens when airway muscles relax excessively during sleep, causing frequent pauses in breathing. This leads to frequent awakenings overnight, morning grogginess, snoring, gasping episodes, daytime sleepiness and difficulty concentrating. OSA disproportionately affects men, with twice the likelihood compared to women. In the 50-70 age group, moderate to severe OSA is found in 17% of men versus 9% of women. This percentage is even higher in people with obesity. Among those with obesity (BMI > 40) in the same group, 56% of men and 33% of women have moderate to severe OSA. Men may also experience a lesser-known symptom of OSA: erectile dysfunction. This could be due to lower oxygenation and testosterone levels in OSA patients. Fortunately, studies show treating OSA with continuous positive airway pressure (CPAP) can help improve symptoms of erectile dysfunction.



Improving Sleep Quality: What Can You Do?

What steps can you take to improve your sleep? The next time you find yourself sacrificing sleep for other activities, think again! The evidence is clear: insufficient sleep significantly affects health and weight.

Here are a few simple strategies that help promote healthy sleep:

1. **Stick to a routine:** Maintain a consistent sleep schedule by going to bed and waking up at the same times daily, even on weekends. This helps regulate your circadian rhythm.
2. **Prioritize sleep time:** Aim for at least seven to eight hours of sleep each night to ensure you get enough rest.
3. **Create a sleep-friendly environment:** Keep your bedroom dark, cool and quiet. If possible, keep pets off the bed. (Sorry, pups!)
4. **Limit screen time before bed:** Turn your devices off at least one to two hours before bedtime. Consider charging your phone in another room and using a traditional alarm clock — those do still exist!
5. **Relax and unwind:** Practice relaxation and stress reduction techniques to help you unwind before bed. Try journaling, meditation, deep breathing exercises, going for a short walk, taking a hot shower, or simply having a relaxing conversation with your partner or a friend. The goal is to decrease those cortisol levels!
6. **Live a healthy lifestyle:** Getting regular exercise and eating nutritious food can also improve your sleep. Try to avoid caffeine in the afternoons or eating heavy meals close to bedtime.



Most importantly, don't stress! The journey to better sleep and a healthier weight is a gradual process. It takes time and patience to establish new habits and overcome sleep challenges. Be kind to yourself and celebrate small victories along the way! Now, tuck yourself in, turn off the lights and let sleep work its magic for a healthier, happier you.

About the Author:

Maria Paula Guzman, MD, is an internal medicine physician specializing in sleep and obesity medicine. She is certified by the American Board of Internal Medicine and the American Board of Obesity Medicine. In 2022, Dr. Guzman completed a sleep medicine fellowship at Emory University, where she achieved the highest score at a national level on the Sleep Medicine In-Training Exam set by the American Academy of Sleep Medicine. She is a member of the Obesity Medicine Association and recently started a Florida-based telemedicine practice where she provides evidence-based treatment for these conditions.



PICK UP THE WEIGHTS AND GET OFF THE TREADMILL FOR FASTER RESULTS

by Roger E. Adams, PhD, CISSN, ACE-CPT

Working out and improving your fitness can seem like a daunting task when you don't know where to begin, which type of exercise is best, or how long you should work out. I want to help clear up any confusion and tell you what I tell my own clients – strength training is the most important thing you can do. Even if you only have 30 minutes.

The benefits of strength training are tremendous and superior in the long run (pun intended) to cardiorespiratory exercise. Cardio activities like running, cycling, rowing and others are extremely important, but if you are looking to prioritize what you do for physical activity, strength training is crucial.

WHAT IS STRENGTH TRAINING?

Strength training is a physical exercise that uses resistance to build muscular strength and endurance. You can use free weights, exercise machines, resistance bands or your own body weight!

Strength training can help you build muscle mass, increase bone density and improve your metabolism. As a bonus, beginners will have greater gains early on than someone who's been strength training for many years.

What strength training does to improve your health:

- **Burn more fat:** Muscle is more metabolically active than fat, so the more you have, the more calories you burn all day – even at the same activity level. Don't believe the myth that a pound of muscle burns 50 calories more a day than fat. The math isn't accurate; however, muscle does burn more energy and requires more calories during exercise, so moving them more in the gym and throughout your day will burn more calories.
- **Prevent injury:** Strong muscles mean strong, supported bones and connective tissue, which will all help your body withstand higher levels of physical stress without injury. This is a positive side effect at any age, but especially as we get older and are more prone to falling.
- **Improve overall health:** Studies show resistance training can enhance heart and bone health, reduce blood pressure, lower cholesterol, increase bone density, reduce low back pain, improve sleep, and ease symptoms of arthritis and fibromyalgia. Getting older isn't easy, but the longer you can stay healthy and active, the better.
- **Improve mood:** Strength training releases feel-good endorphins, which reduce anxiety and can even help fight depression. Beyond supporting mental health through endorphins, strength training will help improve your self-esteem and body image.

Now that you know the numerous benefits of strength training, the next step is getting started. Always start with the basics and remember that it's better to establish a healthy habit than it is to worry about being perfect. The perfect workout is the one that is right for you at this moment in your life.

HERE ARE SOME SIMPLE STEPS TO GET YOU STARTED:

1. Start with bodyweight exercises like squats, lunges, push-ups and planks.
2. Gradually add weight to your routine as you get stronger.
3. Focus on compound exercises that work multiple muscle groups at once. Compound exercises involve more than one joint. For example, a squat involves the hip, knee and ankle.
4. Aim for 2-3 strength training sessions per week.



If you are relatively new to the gym life, you may feel a bit intimidated or even uncomfortable with strength training. Don't let 'gym-timidation' take away from your fitness goals. There are many ways to overcome that feeling and crush those workouts.

1. **Start small:** Begin with short workouts at home or outside.
2. **Find a workout buddy:** Partner up to make workouts more enjoyable and less intimidating.
3. **Try group fitness classes:** Find your favorite class led by an instructor who can motivate and guide you through your workout. Group classes are great for beginners because you don't feel like you are struggling alone. You may even find a workout partner for future sessions.
4. **Hire a personal trainer:** Invest in yourself and hire a personal trainer for customized training sessions to help meet your needs and goals. You can even hire me to help you get comfortable with those home strength-training workouts.

If going to the gym seems like an impossibility at this point, don't worry — you're not alone. About one-third of respondents in a recent study said they're too self-conscious to join a gym. If this sounds like you, I'd recommend you visit and 'interview' several gyms or fitness studios before deciding that going to a gym isn't for you. Visit at a time you would normally go to see how crowded it is, what they offer, what amenities they have, and whether they specialize in specific activities such as strength training or boxing.

If you want to sample classes at several different gyms to see what you like, look into ClassPass — an app that partners with local gyms and offers users discounts on classes (no gym membership needed).

If, after you read this, you would like more information or tips on how to start a strength training program that is right for you, please reach out to me. I work with people all over the world, helping them achieve greater levels of fitness.

About the Author:

Roger E. Adams, PhD, CISSN, ACE-CPT, is a weight-loss and fitness expert with over 25 years in private practice. He is the founder and chief nutritionist of *eatrightfitness*®, an international evidence-based consulting practice focusing on weight-loss and sports performance in Hudson, Ohio. He is also the Co-founder and Director of Education for the Global Performance Nutrition Institute (GPNi) and teaches sports nutrition classes worldwide. Dr. Adams is a proud and active member of the American Council on Exercise, the Academy for Nutrition and Dietetics, and the Obesity Action Coalition. You can reach him at roger@eatrightfitness.com or visit his website at eatrightfitness.com for a free consultation.

A graphic of a stethoscope in blue and green, with the word "ASK" in blue and "THE" in a green circle, followed by "EXPERTS" in blue.

ASK THE EXPERTS

How do Cultural Factors Impact Obesity?

*by Emily Dhurhander, PhD; Nikki Massie, MA;
and Sylvia Bollie, MD*

This section of *Weight Matters Magazine* is dedicated to bringing you insightful discussions with knowledgeable professionals who can provide valuable advice on various health-related topics. In this issue, we asked a panel of experts to shed light on how cultural factors impact obesity. Here's how a health psychologist, physician, and someone with a lived personal experience with obesity answered the question.

Answer provided by Emily Dhurhander, PhD

Culture shapes how we think about health, food, exercise and medicine. It's extremely valuable to examine the cultural lens that shapes how we see our weight and health. These insights can reveal strengths we can build on to improve our well-being. They can also reveal weaknesses in our cultural norms that may be holding us back.

Cultural Strengths and Barriers

In my practice, I once worked with an Asian Indian male to help him with his weight-loss goals. When talking about physical activity, I asked if he starts breathing hard when he exercises. He responded, "Of course not! My wife won't let me. It's too dangerous to get the heart pumping so fast!" This perspective wasn't unfamiliar to me, as other Asian Indian patients of mind held similar views. Such instances highlight how cultural perceptions shape our health and habits.

Other cultural beliefs can be significant strengths during a weight management journey. For example, losing weight for health reasons may be easier without facing cultural expectations around body shape. Additionally, cultures that encourage home-cooked meals can make weight management a lot easier, as they offer greater control over ingredients and portion sizes.

Which cultural norms or beliefs can make weight management easier? Which norms or beliefs are in the way? Friends from other cultures might offer valuable perspectives on common issues. So, ask around and give it some thought. By appreciating the strengths that cultures bring to the table and addressing the barriers they pose, we can find a better way to be healthy and happy.



Answer provided by Nikki Massie, MA

I am proud to be a black woman (and I prefer the term “black” to “African-American”). I am a descendant of both enslaved people and 19th-century immigrants, particularly from the city of Baltimore. Each of these factors contributes to my cultural identity, and each has influenced my experience with obesity. Let’s start at the top.

As a black woman, I think the most noticeable way my cultural experience has influenced my journey with obesity is how I perceive my body. My mother was very intentional about surrounding me with imagery of black people and raising me within an extended family of beautiful black women. None of them were what you would call “small.” So, growing up, I never viewed larger bodies as something negative. When I see people of size, I see my mother, my grandmother, my aunts — none of whom ever thought less of themselves because of their size. I am very fortunate that way.

Being descended from both enslaved individuals and 19th-century immigrants creates a strong connection to my history, especially through food. In almost any culture, food is more than food. It is history. It is tradition. It is familial ties and rites of passage, as recipes are passed down from generation to generation. When I first had my gastric bypass surgery in 2008, I had to refrain from eating a lot of foods traditional to my family gatherings, which hurt some feelings. To my family members, it felt like I was rejecting our history and culture, not just specific dishes. Eventually, they respected my health journey, but it took many conversations to understand that I still love our food and the heritage it carries while still recognizing I needed to do something different for my health.

Furthermore, being a Marylander, particularly a Baltimorean, means growing up in an urban center. I love my city — but parts of it are altogether unwalkable. In some of the places I’ve lived, it’s not safe to go on walks, and going for a jog is asking to be catcalled. I hate pointing that out because I don’t want to further stereotypes about Baltimore, but that was a reality for me. Thankfully, the tide is turning, and more Baltimoreans are demanding better outdoor spaces. More people – especially more black people in my area – openly run, jog, bike and do other outdoor activities. It’s becoming commonplace, and that makes me proud.

At the end of the day, there are lots of parts to who I am, each impacting my health journey in different ways, yet all contributing to my growth. For others starting a similar journey, I encourage you to stay true to yourself, embrace the adventure where you can, and not be afraid to start new traditions for yourself, your family and your community.

Ask The Experts continued on page 27

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- Wegovy® contains semaglutide and should not be used with other semaglutide-containing products or other GLP-1 receptor agonist medicines
- It is not known if Wegovy® is safe and effective when taken with other prescription, over-the-counter, or herbal weight loss products
- It is not known if Wegovy® can be used safely in people with a history of pancreatitis
- It is not known if Wegovy® is safe and effective for use in children under 12 years of age

Important Safety Information

What is the most important information I should know about Wegovy®?

Wegovy® may cause serious side effects, including:

- **Possible thyroid tumors, including cancer.** Tell your healthcare provider if you get a lump or swelling in your neck, hoarseness, trouble swallowing, or shortness of breath. These may be symptoms of thyroid cancer. In studies with rodents, Wegovy® and medicines that work like Wegovy® caused thyroid tumors, including thyroid cancer. It is not known if Wegovy® will cause thyroid tumors or a type of thyroid cancer called medullary thyroid carcinoma (MTC) in people

- Do not use Wegovy® if you or any of your family have ever had a type of thyroid cancer called medullary thyroid carcinoma (MTC) or if you have an endocrine system condition called Multiple Endocrine Neoplasia syndrome type 2 (MEN 2)

Do not use Wegovy® if:

- you or any of your family have ever had a type of thyroid cancer called medullary thyroid carcinoma (MTC) or if you have an endocrine system condition called Multiple Endocrine Neoplasia syndrome type 2 (MEN 2)
- you have had a serious allergic reaction to semaglutide or any of the ingredients in Wegovy®

Before using Wegovy®, tell your healthcare provider if you have any other medical conditions, including if you:

- have or have had problems with your pancreas or kidneys
- have type 2 diabetes and a history of diabetic retinopathy
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- are pregnant or plan to become pregnant. Wegovy® may harm your unborn baby. You should stop using Wegovy® 2 months before you plan to become pregnant
- are breastfeeding or plan to breastfeed. It is not known if Wegovy® passes into your breast milk

Tell your healthcare provider about all the medicines you take, including prescription and over-the-counter medicines, vitamins, and herbal supplements. Wegovy® may affect the way some medicines work and some medicines may affect the way Wegovy® works. Tell your healthcare provider if you are taking other medicines to treat diabetes, including sulfonylureas or insulin. Wegovy® slows stomach emptying and can affect medicines that need to pass through the stomach quickly.

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~232 LB STARTING WEIGHT

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- Average starting weight in both groups: ~232 lb[†]

*Based on US sales data as of October 22, 2022.

[†]Results are from a 68-week medical study of adults with obesity (BMI ≥30) and adults with excess weight (BMI ≥27) who also had weight-related medical problems including high blood pressure or high cholesterol. People with type 2 diabetes were excluded. Both groups received instruction for a reduced-calorie meal plan and increased physical activity. 7% of people taking Wegovy® (92 people) left the medical study due to side effects, compared to 3.1% of people taking placebo (20 people).

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What are the possible side effects of Wegovy®?

Wegovy® may cause serious side effects, including:

- **inflammation of your pancreas (pancreatitis).** Stop using Wegovy® and call your healthcare provider right away if you have severe pain in your stomach area (abdomen) that will not go away, with or without vomiting. You may feel the pain from your abdomen to your back
- **gallbladder problems.** Wegovy® may cause gallbladder problems, including gallstones. Some gallstones may need surgery. Call your healthcare provider if you have symptoms, such as pain in your upper stomach (abdomen), fever, yellowing of the skin or eyes (jaundice), or clay-colored stools
- **increased risk of low blood sugar (hypoglycemia) in patients with type 2 diabetes, especially those who also take medicines for type 2 diabetes such as sulfonylureas or insulin.** This can be both a serious and common side effect. Talk to your healthcare provider about how to recognize and treat low blood sugar and check your blood sugar before you start and while you take Wegovy®. Signs and symptoms of low blood sugar may include dizziness or light-headedness, blurred vision, anxiety, irritability or mood changes, sweating, slurred speech, hunger, confusion or drowsiness, shakiness, weakness, headache, fast heartbeat, or feeling jittery
- **kidney problems (kidney failure).** In people who have kidney problems, diarrhea, nausea, and vomiting may cause a loss of fluids (dehydration), which may cause kidney problems to get worse. It is important for you to drink fluids to help reduce your chance of dehydration
- **serious allergic reactions.** Stop using Wegovy® and get medical help right away, if you have any symptoms of a serious allergic reaction, including swelling of your face,

- **83% of adults** taking Wegovy® **lost 5% or more** weight, compared to 31% taking placebo
- **66% of adults** taking Wegovy® **lost 10% or more** weight, compared to 12% taking placebo
- **48% of adults** taking Wegovy® **lost 15% or more** weight, compared to 5% taking placebo

ABOUT 1 IN 3 ADULTS ACHIEVED 20% WEIGHT LOSS

46^{LB}

CALCULATED FROM ~232 LB STARTING WEIGHT

- **30% of people** taking Wegovy® **lost 20% or more** weight, compared to 2% of people taking placebo, in a supportive measure

Check your cost and coverage at Wegovy.com before asking your health care provider for Wegovy®



lips, tongue, or throat; problems breathing or swallowing; severe rash or itching; fainting or feeling dizzy; or very rapid heartbeat

- **change in vision in people with type 2 diabetes.** Tell your healthcare provider if you have changes in vision during treatment with Wegovy®
- **increased heart rate.** Wegovy® can increase your heart rate while you are at rest. Tell your healthcare provider if you feel your heart racing or pounding in your chest and it lasts for several minutes
- **depression or thoughts of suicide.** You should pay attention to any mental changes, especially sudden changes in your mood, behaviors, thoughts, or feelings. Call your healthcare provider right away if you have any mental changes that are new, worse, or worry you

The most common side effects of Wegovy® may include: nausea, diarrhea, vomiting, constipation, stomach (abdomen) pain, headache, tiredness (fatigue), upset stomach, dizziness, feeling bloated, belching, gas, stomach flu, heartburn, and runny nose or sore throat.

Wegovy® is a prescription medication. You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch, or call 1-800-FDA-1088.

FDA, US Food and Drug Administration.

Please see Brief Summary of Information about Wegovy® on the following page.

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February 2023



<p>Brief Summary of information about WEGOVY® (semaglutide) injection</p> <p>wegovy® semaglutide injection 2.4 mg</p> <p>Rx Only This information is not comprehensive. How to get more information:</p> <ul style="list-style-type: none"> • Talk to your healthcare provider or pharmacist • Visit www.novo-pi.com/wegovy.pdf to obtain the FDA-approved product labeling • Call 1-833-Wegovy-1 	<p>How should I use WEGOVY®?</p> <ul style="list-style-type: none"> • WEGOVY® is injected under the skin (subcutaneously) of your stomach (abdomen), thigh, or upper arm. Do not inject WEGOVY® into a muscle (intramuscularly) or vein (intravenously). • Change (rotate) your injection site with each injection. Do not use the same site for each injection. • Use WEGOVY® 1 time each week, on the same day each week, at any time of the day. • If you take too much WEGOVY®, you may have severe nausea, severe vomiting and severe low blood sugar. Call your healthcare provider or go to the nearest hospital emergency room right away if you experience any of these symptoms.
<p>What is the most important information I should know about WEGOVY®?</p> <p>WEGOVY® may cause serious side effects, including:</p> <ul style="list-style-type: none"> • Possible thyroid tumors, including cancer. Tell your healthcare provider if you get a lump or swelling in your neck, hoarseness, trouble swallowing, or shortness of breath. These may be symptoms of thyroid cancer. In studies with rodents, WEGOVY® and medicines that work like WEGOVY® caused thyroid tumors, including thyroid cancer. It is not known if WEGOVY® will cause thyroid tumors or a type of thyroid cancer called medullary thyroid carcinoma (MTC) in people. • Do not use WEGOVY® if you or any of your family have ever had a type of thyroid cancer called medullary thyroid carcinoma (MTC), or if you have an endocrine system condition called Multiple Endocrine Neoplasia syndrome type 2 (MEN 2). 	<p>What are the possible side effects of WEGOVY®?</p> <p>WEGOVY® may cause serious side effects, including:</p> <ul style="list-style-type: none"> • See “What is the most important information I should know about WEGOVY®?” • inflammation of your pancreas (pancreatitis). Stop using WEGOVY® and call your healthcare provider right away if you have severe pain in your stomach area (abdomen) that will not go away, with or without vomiting. You may feel the pain from your abdomen to your back. • gallbladder problems. WEGOVY® may cause gallbladder problems including gallstones. Some gallbladder problems need surgery. Call your healthcare provider if you have any of the following symptoms: <ul style="list-style-type: none"> ◦ pain in your upper stomach (abdomen) ◦ yellowing of skin or eyes (jaundice) ◦ fever ◦ clay-colored stools • increased risk of low blood sugar (hypoglycemia) in patients with type 2 diabetes, especially those who also take medicines to treat type 2 diabetes mellitus such as sulfonylureas or insulin. Low blood sugar in patients with type 2 diabetes who receive WEGOVY® can be both a serious and common side effect. Talk to your healthcare provider about how to recognize and treat low blood sugar. You should check your blood sugar before you start taking WEGOVY® and while you take WEGOVY®. Signs and symptoms of low blood sugar may include: <ul style="list-style-type: none"> ◦ dizziness or light-headedness ◦ sweating ◦ shakiness ◦ blurred vision ◦ slurred speech ◦ weakness ◦ anxiety ◦ hunger ◦ headache ◦ irritability or mood changes ◦ confusion or drowsiness ◦ fast heartbeat ◦ feeling jittery • kidney problems (kidney failure). In people who have kidney problems, diarrhea, nausea, and vomiting may cause a loss of fluids (dehydration) which may cause kidney problems to get worse. It is important for you to drink fluids to help reduce your chance of dehydration. • serious allergic reactions. Stop using WEGOVY® and get medical help right away, if you have any symptoms of a serious allergic reaction including: <ul style="list-style-type: none"> ◦ swelling of your face, lips, tongue or throat ◦ severe rash or itching ◦ very rapid heartbeat ◦ problems breathing or swallowing ◦ fainting or feeling dizzy • change in vision in people with type 2 diabetes. Tell your healthcare provider if you have changes in vision during treatment with WEGOVY®. • increased heart rate. WEGOVY® can increase your heart rate while you are at rest. Your healthcare provider should check your heart rate while you take WEGOVY®. Tell your healthcare provider if you feel your heart racing or pounding in your chest and it lasts for several minutes. • depression or thoughts of suicide. You should pay attention to any mental changes, especially sudden changes in your mood, behaviors, thoughts, or feelings. Call your healthcare provider right away if you have any mental changes that are new, worse, or worry you.
<p>What is WEGOVY®?</p> <p>WEGOVY® is an injectable prescription medicine that may help adults and children aged 12 years and older with obesity, or some adults with excess weight (overweight) who also have weight-related medical problems to help them lose weight and keep the weight off.</p> <ul style="list-style-type: none"> • WEGOVY® should be used with a reduced calorie meal plan and increased physical activity. • WEGOVY® contains semaglutide and should not be used with other semaglutide-containing products or other GLP-1 receptor agonist medicines. • It is not known if WEGOVY® is safe and effective when taken with other prescription, over-the-counter, or herbal weight loss products. • It is not known if WEGOVY® can be used safely in people with a history of pancreatitis. • It is not known if WEGOVY® is safe and effective for use in children under 12 years of age. 	<p>Do not use WEGOVY® if:</p> <ul style="list-style-type: none"> • you or any of your family have ever had a type of thyroid cancer called medullary thyroid carcinoma (MTC) or if you have an endocrine system condition called Multiple Endocrine Neoplasia syndrome type 2 (MEN 2). • you have had a serious allergic reaction to semaglutide or any of the ingredients in WEGOVY®. Symptoms of a serious allergic reaction include: <ul style="list-style-type: none"> ◦ swelling of your face, lips, tongue or throat ◦ fainting or feeling dizzy ◦ problems breathing or swallowing ◦ very rapid heartbeat ◦ severe rash or itching
<p>Do not use WEGOVY® if:</p> <ul style="list-style-type: none"> • you or any of your family have ever had a type of thyroid cancer called medullary thyroid carcinoma (MTC) or if you have an endocrine system condition called Multiple Endocrine Neoplasia syndrome type 2 (MEN 2). • you have had a serious allergic reaction to semaglutide or any of the ingredients in WEGOVY®. Symptoms of a serious allergic reaction include: <ul style="list-style-type: none"> ◦ swelling of your face, lips, tongue or throat ◦ fainting or feeling dizzy ◦ problems breathing or swallowing ◦ very rapid heartbeat ◦ severe rash or itching 	<p>The most common side effects of WEGOVY® in adults or children aged 12 years and older may include:</p> <ul style="list-style-type: none"> • nausea • stomach (abdomen) pain • dizziness • stomach flu • diarrhea • headache • feeling bloated • heartburn • vomiting • tiredness (fatigue) • belching • runny nose or sore throat • constipation • upset stomach • gas <p>Talk to your healthcare provider about any side effect that bothers you or does not go away. These are not all the possible side effects of WEGOVY®. Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.</p>
<p>Before using WEGOVY®, tell your healthcare provider if you have any other medical conditions, including if you:</p> <ul style="list-style-type: none"> • have or have had problems with your pancreas or kidneys. • have type 2 diabetes and a history of diabetic retinopathy. • have or have had depression or suicidal thoughts, or mental health issues. • are pregnant or plan to become pregnant. WEGOVY® may harm your unborn baby. You should stop using WEGOVY® 2 months before you plan to become pregnant. <ul style="list-style-type: none"> ◦ Pregnancy Exposure Registry: There is a pregnancy exposure registry for women who use WEGOVY® during pregnancy. The purpose of this registry is to collect information about the health of you and your baby. Talk to your healthcare provider about how you can take part in this registry or you may contact Novo Nordisk at 1-800-727-6500. • are breastfeeding or plan to breastfeed. It is not known if WEGOVY® passes into your breast milk. You should talk with your healthcare provider about the best way to feed your baby while using WEGOVY®. 	<p>Tell your healthcare provider about all the medicines you take, including prescription and over-the-counter medicines, vitamins, and herbal supplements. WEGOVY® may affect the way some medicines work and some medicines may affect the way WEGOVY® works. Tell your healthcare provider if you are taking other medicines to treat diabetes, including sulfonylureas or insulin. WEGOVY® slows stomach emptying and can affect medicines that need to pass through the stomach quickly. Know the medicines you take. Keep a list of them to show your healthcare provider and pharmacist when you get a new medicine.</p>
<p>Patent Information: http://novonordisk-us.com/products/product-patents.html</p>	<p>This Medication Guide has been approved by the U.S. Food and Drug Administration. Issued: 12/2022</p> <p>Manufactured by: Novo Nordisk A/S, DK-2880 Bagsvaerd, Denmark</p> <p>More detailed information is available upon request.</p> <p>Available by prescription only.</p> <p>For more information, go to startWegovy.com or call 1-833-Wegovy-1.</p> <p>WEGOVY® is a registered trademark of Novo Nordisk A/S.</p> <p>© 2023 Novo Nordisk All rights reserved.</p> <p>US23SEMO00001 January 2023</p> 

Answer provided by Sylvia Bollie, MD

Understanding culture in obesity care is vital. Different groups of people have their own ways of thinking about the same information. For example, one culture might celebrate a person's weight, and one culture might criticize it. Let's be clear. Everyone has a certain culture they relate to, not just diverse populations or people with obesity. But, in the past, health advice was often biased and focused on specific groups. Therefore, we need to recognize all types of bias and give effective care that respects different cultures for people with obesity.

As healthcare professionals, we get "clues" about culture from things like age, ethnicity, race, social history, food preferences, body size preferences and more. But just looking at these hints isn't enough to create culturally sensitive care. We must ask patients what they prefer and involve them in important decisions about their health. Two important areas where culture commonly impacts obesity care are food preferences and how people feel about body size.

Food is a big part of cultural identity. It's important to make food plans that include healthy foods people are used to from their culture. For example, recommending that someone should follow the Mediterranean Diet might not mean much to them. But if we look at foods within a suggested plan, we can help them find foods that fit their culture.

Feelings about body size are also influenced by culture. Curves can be celebrated in one culture while criticized in another. Healthcare professionals must be careful not to let their own opinions influence how we guide patients with obesity. When we look at weight, it's important to consider how the patient feels and use information that fits their culture. I call this the "happy, healthy weight" idea, combining how someone wants to weigh (their "happy weight") with what's healthy. "Happy weight" is about what a person prefers, but it can be influenced by a lot of things, like cultural norms. "Healthy weight" goes beyond just a person's body mass index (BMI), which has multiple biases. Instead, "healthy weight" looks at a person's waist circumference, body composition, health conditions, goals, and special BMI charts that consider age, ethnicity, obesity-related conditions and race.

In short, thinking about culture in obesity care helps doctors and healthcare professionals make sure we're helping people reach their personal goals instead of pushing our own ideas onto them.



About the Authors:

Emily Dhurandhar, PhD, is the Chief Scientific Officer at Obthera, Inc. During the development of Obthera's flagship product, she was involved in creating dietary treatments for Asian Indian, Mexican American and American adults. She shares her insights from that experience and how culture shapes the weight management journey.

Nikki Massie, MA, has been a member of the OAC since 2013 and serves on its national board as well as co-chairing the membership committee. Her favorite way to take OAC Action is to tell people about the Obesity Care Providers website. She lives and works in Baltimore, Maryland.

Sylvia Gonsahn-Bollie, MD, DABOM, FOMA, is a leading obesity expert, dual-board certified integrative obesity medicine physician, bestselling author and founder of Embrace You Weight & Wellness, which champions innovative, integrative, individualized obesity solutions for all people. Dr. Sylvia is passionate about addressing the disparities in obesity, especially among women and within the Black community. She maintains a presence on all social media platforms under the handle @embraceyoumd. You can contact Dr. Sylvia at www.drsvlyiagbollie.com or Embrace You Weight & Wellness at www.embraceyouweightloss.com.


“Food is a big part of cultural identity. It's important to make food plans that include healthy foods people are used to from their culture.”



Game On!

Tailgating with Health in Mind

by Cassie Story, RD



As the crisp autumn breeze sets in and the leaves start to change from emerald green to vibrant crimson hues, these signs are a reminder that football season is upon us! For many, this beloved time of year is not just about touchdowns and cheering for our favorite teams but also about the time-honored tradition of tailgating and spending time with friends and family.

Whether you're gathering with friends in stadium parking lots or hosting a watch party at home, tailgating offers camaraderie, celebration, and, of course, delicious food. This football season, let's elevate our tailgating game with fun new traditions and a selection of tasty and nutritious treats that will give you energy and keep the spirit of the game alive.

“ Take a moment to appreciate the aromas, colors and textures of the food in front of you. Instead of rushing to eat, savor each bite and focus on the flavors. ”

Building Tailgating Traditions

Tailgating can add a special touch to your game day experience and create lasting memories with friends and family. Whether you're a seasoned tailgater or a newbie, here are some tips to help you build tailgating traditions and make each game day a unique and memorable event.

1. Tailgating-Themed Decor

Start a collection of items in your team's colors to add a fun and festive touch, such as banners, flags, tablecloths, balloons and streamers. Unleash your creativity with DIY decorations, including custom signs or chalkboard scoreboards, to proudly show off your team spirit.

2. Tailgate Games and Activities

Tailgating is all about having fun, and games and activities can bring everyone together in the spirit of friendly competition. Classic tailgate games like corn hole, ladder toss and horseshoes are always a hit. If you want to get more creative, consider designing your own game stations like football-themed mini-golf or a team trivia challenge. Don't forget to include activities for the little ones, like face painting or coloring stations.

3. Signature Tailgate Dish

Create a signature tailgate dish that becomes a tradition at every game. It could be a family recipe, a regional favorite or a dish that represents your team's city or state. Encourage friends and family to contribute their own tailgate specialties and have a potluck-style feast. Sharing food and recipes can foster a sense of community and make your tailgating tradition even more special.

4. Tailgate Themes: Adding a Fun Twist

Consider adding themed tailgates to your traditions. Pick a fun theme for each game day, such as a Hawaiian luau, retro '80s, or a beach party. Encourage everyone to dress up and bring themed snacks and decorations. Themed tailgates can add an extra layer of excitement and creativity to your game day celebrations.



Mindful Eating and Tailgating

While tailgating, it's easy to get caught up in the excitement of the game, cheering with fellow fans and eating yummy foods. However, practicing mindful eating can help you savor the experience even more. Mindful eating is about being present and fully engaged with the food you're consuming. Here are some tips for incorporating mindful eating into your tailgating adventure:

- **Be Present:** Take a moment to appreciate the aromas, colors and textures of the food in front of you. Instead of rushing to eat, savor each bite and focus on the flavors.
- **Eat with Intention:** Before filling your plate, consider what foods you genuinely enjoy and choose those that align with your health goals. Mindfully selecting your food can help you make better choices and feel more satisfied after eating.
- **Pause Between Bites:** Take breaks between bites to check in with your body. Are you still hungry, or are you starting to feel full? Slowing down can prevent overeating and allow you to enjoy the entire tailgating experience.

Tailgating continued on page 30



Matt Butkus's

Healthier Chicago Ribeye Sandwich

Ingredients:

- Whole-grain rolls, small
- 1 pound of thinly sliced beef ribeye
- 1 tablespoon of olive oil
- 1 onion, thinly sliced
- 1 bell pepper, thinly sliced
- ¼ cup of low-sodium beef broth
- 1 teaspoon of Italian seasoning
- Salt and pepper, to taste
- Non-fat Greek yogurt, for serving



Directions:

1. Heat the olive oil in a large skillet over medium-high heat.
2. Add the onion and bell pepper and sauté until softened, about 5 minutes.
3. Add the beef ribeye to the skillet and cook for another 5-7 minutes, until browned.
4. Add the beef broth and Italian seasoning to the skillet and stir to combine.
5. Reduce heat to low and let the mixture simmer for another 5 minutes.
6. Toast the hoagie rolls and place the beef mixture on top.
7. Serve with a dollop of non-fat Greek yogurt on top.

Tailgating continued from page 29

Creating a Healthy Tailgating Menu

Tailgating doesn't have to be all about unhealthy, high-fat foods and sugary snacks. With a bit of planning, you can create a delicious and nutritious spread that everyone will enjoy. Follow these three easy steps to create a wholesome and satisfying tailgating menu that keeps both your taste buds and your well-being in mind.

Step 1:

Choose Lean Protein Options

Start your tailgating menu by selecting one or two lean protein options that will serve as the centerpiece of your meal. Grilled chicken, lean beef, turkey burgers, and even plant-based protein alternatives like black bean burgers or grilled tofu are excellent choices. Marinate or season your protein with flavorful herbs and spices to enhance its taste and appeal. Lean proteins provide essential nutrients and keep you fuller for longer, which can help you avoid snacking on unhealthy foods later on. See our 'healthified' Chicago Ribeye Sandwich!

Step 2:

Mix in Healthy Sides

Complement your lean protein with a variety of nutrient-packed side dishes (see our 10 Healthy Tailgating Snack Ideas). Go for whole grains like quinoa or brown rice, which offer fiber and sustained energy. Create colorful salads using fresh, seasonal vegetables and leafy greens. Try a medley of grilled or roasted vegetables, such as zucchini, bell peppers and asparagus. Incorporate legumes like chickpeas or black beans for added protein and fiber. These sides not only provide essential vitamins and minerals but also add vibrant flavors and textures to your tailgating experience.

Step 3:

Hydrate with Refreshing Beverages

Stay hydrated during your tailgating festivities by offering a selection of refreshing and low-calorie beverages. Infused water with slices of citrus fruits, berries or herbs can provide a burst of flavor without added sugars. Unsweetened iced tea, both herbal and green, is another excellent choice. If you're looking for a fizzy option, choose sparkling water and add a splash of 100% fruit juice for a hint of sweetness. By keeping your beverage choices hydrating and calorie-conscious, you'll ensure everyone stays refreshed and ready to cheer on their team.

10

Healthy Tailgating Snack Ideas



- **Sweet Potato Nachos:** Instead of traditional nachos, try baking thinly sliced sweet potatoes and top them with black beans, diced tomatoes, avocado, and a sprinkle of cheese.
- **Veggie Kabobs:** Thread a variety of colorful vegetables—bell peppers, cherry tomatoes, zucchini and mushrooms—onto skewers and grill to perfection.
- **Turkey Sliders:** Try turkey sliders instead of beef for a leaner choice and serve them on whole-grain buns with fresh lettuce, tomato, and a dollop of tangy Greek yogurt sauce.
- **Stuffed Bell Peppers:** Fill halved bell peppers with a savory mix of quinoa, black beans, diced tomatoes and seasonings. Bake until tender and topped with shredded cheese.
- **Crispy Baked Cauliflower Bites:** Coat cauliflower florets in a mixture of breadcrumbs, Parmesan cheese and spices, then bake until crispy and golden brown.
- **Spiced Roasted Chickpeas:** Toss chickpeas with olive oil and your favorite spices, then roast until crunchy.
- **Guacamole Deviled Eggs:** Combine the creamy goodness of guacamole with deviled eggs, garnished with a sprinkle of paprika.
- **Mango Salsa:** Dice ripe mangoes and mix them with red onion, jalapeños, cilantro and lime juice for a refreshing and tangy salsa.
- **Greek Yogurt Fruit Dip:** Blend Greek yogurt with honey and a hint of vanilla for a delightful dip to accompany fresh fruit slices.
- **Cucumber Avocado Salad:** Toss together cucumber and avocado chunks with lemon juice and fresh herbs for a cooling and nutrient-packed side dish.

Conclusion

Incorporating healthier choices into your tailgating traditions doesn't have to mean sacrificing the fun and excitement that come with game day celebrations. By following the tips in this article, you can create new and enjoyable traditions for tailgating that support your health goals. Enjoy your meals mindfully, savor the flavors of wholesome dishes, and find creative ways to make each tailgating event unique and memorable. This way, you can experience all the excitement game day has to offer while looking after your well-being. Cheers to a season of lively celebrations and healthier tailgating!

About the Author:


Cassie I. Story is a Registered Dietitian Nutritionist with 19 years of experience in treating metabolic and bariatric surgery and medical weight-loss patients. Currently, she holds the position of Director of Nutrition for Bariatric Advantage, serves as a Peer Reviewer for Obesity Surgery, and remains active within the Obesity Action Coalition. A national speaker and published author, Cassie enjoys spending time hiking and creating new recipes in the kitchen!

A soccer ball is positioned between the letters 'O' and 'R' of the word 'SCORE'.

SCORE BIG

with Youth Sports

by Michelle "Shelly" Vicari

A young girl with short brown hair, wearing a yellow t-shirt and black shorts, stands in front of a soccer goal. She has her hands raised in the air, looking upwards. The goal is made of a green net and a red and white striped frame. The background shows a grassy field and a blue sky with light clouds.

Playing youth sports is a fantastic way to boost health and well-being. Whether you are rounding the bases, swimming laps or running up and down the basketball court, engaging in the physical activities of youth sports can do wonders for your body and mind.

Physical Fitness

One of the most obvious health benefits of youth sports is improved physical fitness. Early exposure to youth sports offers children a structured environment in which they can learn, practice, and refine fundamental gross motor skills such as running, leaping, throwing, catching and kicking.

During games and practices, activities like rounding the bases, running the length of the field and jumping to make a lay-up get your heart pumping, keeping it healthy and active. Consistently being physically active improves cardiovascular health, strengthens muscles, increases endurance and helps maintain a healthy weight, mitigating the risk of obesity and its associated health complications.

Mental Health Boost

While the physical gains are undeniable, the mental rewards of participating in youth sports are equally significant. Physical exertion triggers the release of endorphins, which are neurotransmitters renowned for their ability to elevate mood. Additionally, children develop crucial skills such as learning to cope with both winning and losing, managing emotions, developing resilience, and enhancing their emotional intelligence. Youth sports participation can potentially have a lasting impact on mental health. Studies suggest that being involved in team sports during adolescence is associated with lower levels of depression symptoms, reduced perceived stress, and higher self-rated mental health among young adults. The experience of being part of a team fosters a sense of belonging and camaraderie, leading to improved self-esteem and confidence.

Developing Social Skills

Engaging in youth sports is a fantastic opportunity to cultivate vital social skills. One important part is making new friends and becoming skilled at interacting effectively. Whether you're orchestrating a complicated play or coordinating a pass, the essence of success lies in teamwork and communication. Being a part of a team imparts essential life lessons in collaboration, mutual support and collaborative problem-solving. These are important skills on and off the field.

Embracing Differences and Cultivating Empathy

Youth sports bring together individuals from different backgrounds, cultures and abilities. Sports have the power to unite people, breaking down barriers and fostering a sense of understanding and respect for others. This inclusive environment teaches young athletes the importance of empathy and compassion, creating a more accepting and compassionate society.

One barrier to participation in youth sports can be cost. There are organizations like All Kids Play (allkidsplay.org) that can help children access sports through a grant program that provides funding for registration fees and equipment. You can also ask about local opportunities to volunteer in exchange for reduced fees.



“Sports have the power to unite people, breaking down barriers and fostering a sense of understanding and respect for others.”



Kid's Corner continued on page 34

5 Super-Quick Family Friendly Meal Ideas for Busy Game Days

1. Mediterranean Chickpea Salad:

Combine canned chickpeas with diced cucumbers, cherry tomatoes, olives and a sprinkle of feta cheese. Toss with a little store-bought balsamic vinegar dressing and a pinch of dried oregano.



2. Bean and Veggie Quesadillas:

Rinse and drain a can of black beans. Mash and spread them onto whole wheat tortillas. Add sautéed bell peppers, onions, and a bit of shredded cheese. Fold over and bake until the tortillas are crispy.



3. Grilled Ham and Cheese Sticks:

Wrap a cheese stick with a piece of deli ham (or turkey) and heat it in a pan until the cheese is warm and gooey. Serve with sliced tomatoes.



4. Pita Pocket Pizzas:

Fill whole wheat pita pockets with tomato sauce, mozzarella cheese and your choice of toppings, such as turkey pepperoni, bell peppers and mushrooms. Toast in the oven until the cheese is melted.



5. Egg Roll Bowls:

Sauté shrimp (or a protein of your choice) with garlic, ginger and a bagged cabbage salad mix. Season with low-sodium soy sauce.



Remember, preparation and organization can make these meals even quicker. With pre-chopped veggies, pre-cooked proteins, and a pantry with some essential staples, you can significantly reduce your cooking time.



Discipline and Time Management

Playing youth sports requires commitment and dedication. Regular practices and games teach you the importance of discipline and time management. You must learn how to balance schoolwork, extracurricular activities and personal life efficiently. Setting goals and working hard to achieve them is a valuable lesson that benefits you throughout your life. One thing to note is that research suggests that families with children in organized sports often experience an increase in fast food consumption and a decrease in homemade meals. Check out our five super quick, family-friendly meal ideas on this page for those nights when the game goes into overtime or extra innings.

Improved Academic Performance

Believe it or not, being involved in youth sports can actually boost academic performance. Engaging in physical activity enhances cognitive functions, including memory and concentration. Regular exercise also reduces stress levels, making it easier to focus and retain information. When you're physically active, your brain releases neurotransmitters that improve your ability to learn and process information.

Healthy Habits for Life

The habits developed during participation in youth sports can have a profound impact on your adult life. Engaging in regular physical activity as a young person sets the foundation for a healthier lifestyle in the future. People who participate in youth sports are more likely to continue being active throughout their lives, reducing the risk of chronic diseases such as heart disease, diabetes, hypertension and obesity.

Conclusion

From improving physical fitness and mental well-being to developing essential life skills, the benefits of participating in youth sports are undeniable. By incorporating youth sports into a child's routine, you can lay the foundation for a lifetime of well-being. So, lace up your sneakers and grab your gear!

About the Author:

Michelle "Shelly" Vicari, OAC Senior Program Manager and Past OAC Chair, majored in Child Development and Family Studies as well as Political Science at San Diego State University. She was formerly the Curriculum Director at the largest Child Care Centers accredited by the National Association for the Education of Young Children (NAEYC) in Southern California. She has authored numerous curriculum guides for teachers working with young children and was lucky enough to once meet Mr. Fred Rogers!



ARE YOU INTERESTED IN TAKING ACTION TO HELP THE OAC MAKE A DIFFERENCE?

The OAC envisions a better world for people affected by obesity where many current challenges are reduced or eliminated. These issues include pervasive weight bias and stigma, limited access to obesity healthcare and science-based treatment options, and a general lack of understanding around obesity. You can help! There are many ways you can support the OAC's cause and join us in our mission to make the world a better place for individuals affected by the disease of obesity.



Taking action doesn't have to be hard, intimidating or time consuming. With all the different opportunities available to you, making a difference can be as quick and easy as you want it to be! OAC members can take action in many ways:



AWARENESS

Sharing quality, unbiased and science-based information to help others understand the disease of obesity and make informed health decisions.



EDUCATION

Raising awareness of obesity as a complex, chronic disease that is influenced by different factors and is not a character flaw or failure.



ADVOCACY

Standing up for the rights of individuals affected by obesity and ensuring that their voices are always heard and represented.



SUPPORT

Helping people affected by obesity by listening to, encouraging and empowering them in their health journeys.

ACT NOW!

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A doctor in a white lab coat and a patterned tie is holding a large, light-colored sign. The sign contains the title and author information. In the background, a woman in a pink shirt is looking at a document.

Body Weight & Cancer:

What You Need to Know

by Sarah Ro, MD; and Young Whang, MD, PhD

Mary, a postmenopausal woman with a higher body weight and a BMI of 45, wanted to manage her weight by having bariatric surgery. The day before surgery, she had second thoughts and backed out. That was five years ago. Now, she is in the operating room, but it's for a different kind of surgery. She's having a mastectomy because she recently found out she had breast cancer.

Is There a Link Between Obesity and Cancer?

The link between obesity and cancer is clear. Having excess body fat increases the likelihood of developing various cancers, like breast, uterine, prostate, pancreatic, gallbladder, thyroid, colorectal, head and neck, and esophageal cancers. While not everyone carrying excess weight will necessarily develop cancer, their risk of getting cancer is higher.

Cancer is the second leading cause of death in the U.S. While there have been many important discoveries that have lowered cancer rates, one thing stands out: cancers linked to obesity. These types of cancers make up about 40% of all cancer cases, which is about 684,000 annually.

The most prevalent obesity-related cancers are:

- **Women:** Postmenopausal breast cancer
- **Men:** Colorectal cancer

More than 90% of newly diagnosed obesity-related cancers are found in people aged 50 years and older. However, there is a growing trend of cancer among young people in the U.S. Experts believe that the rise in obesity among kids might be one reason for this increase.

What Factors Increase the Risk of Obesity-Related Cancers?

- **Amount of Weight Gain:** The risk of cancer associated with obesity is directly linked to the degree of weight gained. When individuals experience greater weight gain, their risk also increases.
- **Duration of Excess Weight:** The length of time a person carries excess weight significantly affects their risk of developing obesity-associated cancer. The longer someone carries extra weight, the greater their risk becomes.
- **Weight Cycling:** The pattern of repeatedly losing and regaining weight, commonly referred to as weight cycling, can raise the risk of obesity-associated cancer. This cycle of weight fluctuations might have adverse effects on the body's systems.
- **Impact of Childhood Obesity:** Experiencing obesity during childhood has repercussions for cancer mortality rates in adulthood. Individuals who had obesity during their childhood are associated with a higher risk of mortality related to cancer during their adult years.



“ Having excess body fat increases the likelihood of developing various cancers, like breast, uterine, prostate, pancreatic, gallbladder, thyroid, colorectal, head and neck, and esophageal cancers. ”

Body Weight and Cancer continued on page 38

Chronic
Inflammation

Hormones

Insulin and
Growth
Hormones

“Losing as little as 5-10% of your body weight can decrease your risk of cancer.”

How Does Obesity Contribute to Cancer?

Experts have identified several ways that carrying excess body weight can elevate your risk of cancer. They include:

- **Chronic Inflammation:** Carrying extra body fat can lead to persistent, ongoing inflammation in the body. This makes the chance of getting cancer higher.
- **Hormones:** Fat cells in your body produce hormones, such as estrogen. Elevated estrogen levels from having excess fat can have a significant impact on breast cancer risk.
- **Insulin and Growth Hormones:** Excess body weight can lead to higher levels of insulin and insulin-like growth hormones, which have the potential to promote the development of cancer.

Importance of Cancer Screening

If you have obesity, it's crucial to get the right cancer screening tests done at the recommended times. Please make an appointment with your healthcare provider for your annual checkup, where they will discuss cancer screening tests.

Challenges in Cancer Screening for People with Obesity

- **Prostate Cancer Screening:** Men with obesity might not show high levels of PSA in their blood. This makes it less likely for them to get a needle biopsy, which helps find prostate cancer. Because of this, prostate cancer might be found when it's more advanced and harder to treat. Also, men with obesity tend to have higher mortality rates with prostate cancer. Some studies suggest that using an MRI test might help find prostate cancer in high-risk men with obesity, but it's not always covered by insurance.
- **Breast Cancer Screening:** Women with obesity should request a special kind of mammogram called 3D mammography, if possible. This test can help find invasive breast cancer at a 40% higher rate than other screening tests. If your physician recommends an MRI for breast cancer screening because of your high risk or a gene mutation, be aware that some MRI machines might not support higher weights. Check this before you schedule the test.
- **Colon Cancer Screening:** Men with severe obesity (BMI over 40) have the lowest rate of colon cancer screening. Colon cancer is the top obesity-associated cancer among men with obesity. If you're over 45 and have obesity, talk to your doctor about getting screened. Also, the rate of incomplete bowel preparation is much higher in patients with obesity, which could lead to missed polyps or cancers. Talk to your healthcare provider about how to prepare properly.



How Can I Reduce My Cancer Risk if I Am Overweight or Have Obesity?

Losing as little as 5-10% of your body weight can decrease your risk of cancer.

Strategies to Reduce Your Cancer Risk:

- 1. Quit Smoking:** If you smoke, talk to your doctor about how to stop. They can help you find resources to quit.
- 2. Choose Water:** Instead of sugary drinks like soda, juice, sweet tea and sports drinks, drink water. This can help you cut down on calories and lose weight.
- 3. Limit Eating Out:** Eating fast food or restaurant meals every day can sabotage your weight-loss efforts. Try preparing meals at home or packing your own food to eat. Frozen meals with protein and vegetables are good options, too.
- 4. Avoid Crash Diets.** Quick weight-loss diets don't work well. Yo-yo dieting can lead to a cycle of losing and gaining weight, which increases your cancer risk.
- 5. Stay Active:** Find an activity you enjoy and do it regularly. Soon, it will become a habit. Research suggests that just three to four minutes of intense daily activity, like bursts of fast walking or stair climbing, can help lower your cancer risk.
- 6. Talk About Medications:** Ask your doctor about medications that can help with weight-loss. These medications are severely underutilized. There are different options, even if injectable medicines are too expensive for you. If your BMI is high, consider talking to a weight management clinic with experienced obesity physicians for help.
- 7. Bariatric Surgery:** If your BMI is higher than 35, bariatric surgery could be an option. Surgery can improve many chronic diseases, such as diabetes, and lower your cancer risk. The risks are similar to getting your gallbladder removed. Usually, the surgery takes around one hour, and you might spend one to two days in the hospital. Most people are back to work within 7 to 10 days.

Conclusion

Obesity is a chronic, relapsing disease that is difficult to treat. However, there are so many new treatment options now available to help. These new treatments are giving people with obesity a chance to feel better, have a better life, and lower their chances of getting cancer. We're in a new time where treatments for obesity actually work and can make a big difference in health and happiness.

About the Authors:

Sarah Ro, MD, is a Lead Physician for the UNCPN Weight Management Program and is also an Adjunct Assistant Professor of Family Medicine at UNC School of Medicine. She is a Diplomat of the American Board of Obesity Medicine and helped create community-based weight management clinics in seven different communities in central North Carolina. This program has increased access to evidence-based obesity care for socially vulnerable populations most impacted by obesity.

Young Whang, MD, PhD, is the Associate Professor of Medicine, division of oncology, at the UNC School of Medicine, Chapel Hill, North Carolina. He is a medical oncologist with expertise in genitourinary cancers, such as prostate cancer. Dr. Whang's research has been focused on the development of new cancer treatments and understanding how cancer develops.

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†ASMBS Integrated Health Nutritional Guidelines for the Surgical Weight Loss Patient — 2016 Update: Micronutrients.

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OAC: Progress, not perfection. Do what you can each day and keep moving forward.



Dick: Exactly.



OAC: Matt, your Dad had a personal health scare that led him to address his health and weight. How did that impact you? Why did you get involved in this cause?



Matt: I remember when that happened to my dad, and we all went in, and we got screened. When a guy with no symptoms needs a five-way bypass, that's a wake-up call for everyone in the family. There wasn't really

a health scare on my part. My dad took one for the team. So that's when things changed.

It's a battle every day. Some people have different schedules. Some people travel, and it's tough when you travel. When you're home, you can cook healthier, you don't have to go out much, and you can exercise. But as I said, it's really tough. As long as you're making progress, that's a good thing – not turning your head and putting it in the sand and ignoring it.

At the Butkus Foundation, our focus has always been on promoting health through proper nutrition, rigorous training, and playing with a winning attitude. When the NFL Alumni's program came along, we embraced it. Our journey has had its ups and downs, but I am thankful that both my dad and I are not where we started. We've made significant progress, and that's something to celebrate.

As I look at myself in my 50s and my dad at his age, I recognize that staying active is crucial. That's something we should strive for.

It's a struggle to maintain a healthy lifestyle, but the key is to stay focused and keep moving forward as best as we can. We must remember our goals and the importance of taking care of our bodies. By staying dedicated to our health, we can continue to lead fulfilling and active lives, both in and outside of sports.



OAC: Many men often feel societal pressure to handle everything on their own and fix any problems that arise. However, there comes a point in everyone's life when they realize the importance of seeking help. Can

you recall a specific moment when you experienced this realization? How did it change your perspective on seeking assistance?



Dick: When the NFL Alumni Association started talking about introducing their obesity program, they were picking guys to participate. I decided to try the program. I followed the plan to a tee, and it was effective – I lost about 47 pounds. But now it's been over a year, and sometimes I get a little bit off track.

For the rest of the guys: it's not a flaw that you can't do this or find this difficult. Find me someone who doesn't think it's difficult and hasn't had a problem with weight, and I'll show you a liar. Because it is difficult, and you've gotta face it like a disease.

I started the program 12 years after my heart bypass procedure, but I wish they had it earlier. Now that I'm getting older, it's difficult for me to work out because of all the injuries that I have. The weight isn't coming off like it did before, and it's ticking me off a little bit. Sometimes, I feel ashamed, but then I step back and think about how my body is still able to do a bunch of things.



Matt: Well, my answer is similar to my dad's. We're in the health business, so we should practice what we preach and lead by example. The program came about, and we wanted to try it.

Doing it alone can be tough, so I've been trying to get a few guys to join me for workout events at a nearby park. We promote these through social media. It's a fun and supportive environment. It doesn't feel like work when you're having fun together.

I remember struggling to run up stairs with a friend who was in good shape. Initially, I couldn't even make it up two floors, but with each day, it got easier and easier. Now, I find myself jumping rope and running up stairs. Finding a friend or a group of friends to support you can go a long way.



OAC: Can you tell us more about your involvement and work in raising awareness about the impact of obesity through the Butkus Foundation and the NFL Alumni Association's Tackle Obesity Challenge?





Dick: Well, obesity is closely related to an initiative that our foundation decided to undertake and collaborate on, known as Takes Heart™. I'm trying to get people to screen themselves. For example, our foundation has worked with American Indian tribes, who are disproportionately affected by diabetes, obesity and heart disease. We locate places close to them that could do a scan at a reduced cost.

We have the Butkus Award, which honors a player's athletic achievement and service to the community. When a player receives the Butkus Award, he'll know two things. First, he's the best of the best linebackers in America. Second, and in the long run, most important, he will understand that his recognition brings a responsibility, like giving back to others.

We wanted to do more, and so we started the Takes Heart initiative, which blends perfectly with the NFL Alumni's Huddle Up: Let's Talk Obesity Program. Heart disease is one of the leading killers in the world, and obesity plays a role. We're trying to bring awareness to that.



OAC: What message would you like to convey to former players, fans, and individuals in general regarding the importance of maintaining your health and treating obesity?



Dick: After your athletic career ends, you might experience changes in your body, and your weight may be higher than before. Being aware of your health and where you stand is crucial. Ex-players often struggle to keep weight off, but the right attitude can make a difference.

We've conducted thousands of scans, and it's alarming that two out of ten people discover an immediate health problem that needs attention. In my case, I had no symptoms, but the scan revealed a serious issue that required immediate action. If I hadn't gotten that scan, I might not be here today. It was a significant wake-up call. Before my five-way bypass, some people might have seen me as invincible, but that experience made me realize the importance of taking care of my health.

I feel a responsibility to pass on this knowledge, especially to my family. If you care about your loved ones who depend on you, it's essential to prioritize your health. There's plenty of information available on how to improve your health. Improve your health even just a little bit, and you're headed in the right direction.



Matt: I think it's important to have more people who have the eyes and ears of the public bring awareness to the cause. We all put our pants on one leg at a time. Just because someone is a public personality doesn't mean that nothing bad can happen to them. My dad is living proof of that. And go get scanned. It doesn't hurt to get a scan to check in on your health. If your numbers come back good, that's great, and now you have a baseline. But if not, you can catch it and take steps to improve your health. I know a lot of men don't go to the doctor to get a screening, but we're here to say it's worth it to go get your health checked and possibly catch a problem before it's too late.



OAC: Now for a fun question: What's your favorite tailgating food?



Dick: Lithuanian Sausages Sandwiches



Matt: What we do during our tailgates in Chicago is we pound down a ribeye, and it's basically the same thing as a sausage sandwich. It's a ribeye sandwich with onion, and then there's a little bit of butter involved.

That's my favorite!

Turn to page 30 for a healthier version of Matt's favorite sandwich.

Forty-two percent of men in the U.S. are affected by obesity. No matter where you are in your health journey, you are not alone, and there are resources to help you along. Get started by visiting the OAC Resource Library at obesityaction.org/library or make an appointment with a qualified and compassionate healthcare provider who specializes in obesity at obesitycareproviders.com.

Learn more about The Butkus Foundation and the Butkus Takes Heart Initiative™ at ButkusFoundation.org.

Learn more about the NFL Alumni's Tackle Obesity at tackleobesity.com.

About the Authors:

Kendall Griffey, OAC Communications Manager, graduated from the University of North Florida with a B.S. in Communications with a focus in public relations. Kendall is passionate about her work in the nonprofit sector and is driven to make a meaningful impact.

Michelle "Shelly" Vicari, OAC Senior Program Manager and Past OAC Chair, majored in Child Development and Family Studies as well as Political Science at San Diego State University. Go Aztecs!

DECODING NUTRITION:

EXPLORING THE DIFFERENCES IN GENDER-BASED DIETARY NEEDS

by Kelli Richardson, RD



You've probably heard the generic advice before: **Eat your fruits and veggies.** Limit how many sugary beverages you drink. Your neighbor has probably heard this too – regardless of how you both identify with gender. However, should men and women be prioritizing different nutrients? Here's a look at how biological differences can impact nutrition needs.



CALORIES AND MACRONUTRIENTS

Let's start with the basics: How much energy you need to fuel your body's activity. Age, physical activity, height, weight, and whether or not you are pregnant or breastfeeding all play a role in how many calories you need. But on average, men need more calories than women. For example, on average, a 35-year-old sedentary male needs 2,400 calories, while a female only needs 1,800 calories. Why? Men typically have more muscle mass, which requires more energy to sustain.

Despite the differences in how much you need — what you need is the same. Macronutrients (carbohydrates, fat and protein) are the nutrients your body needs in large amounts. The 2020-2025 Dietary Guidelines for Americans recommend both men and women consume 45–65% of their calories from carbohydrates, 20–35% from fats, and 10–35% from protein.

VITAMINS AND MINERALS

In addition to macronutrients, our bodies also need micronutrients (vitamins and minerals) in smaller amounts. Despite their name, micronutrients play a key role in our health. Each vitamin and mineral has a specific job, such as helping with our vision, immune system, metabolism and more!

Men and women have the same recommendations for many of these nutrients, including sodium, vitamin D and vitamin E. But when it comes to vitamins and minerals like iron, calcium and zinc, their needs differ. Here's why:

- **Iron:** Women need significantly more iron – at least 10 mg extra – to offset what is lost during menstrual periods, which can leave them at a higher risk for iron deficiency. During pregnancy, women need even more iron (an extra 9 mg per day) to support the baby's growth. You can find iron in lean meats, leafy greens like spinach, and many breakfast cereals.
- **Calcium:** Once women reach the age of 50, they also require more calcium (1,200 mg total) to help prevent bone loss or osteoporosis. Osteoporosis is four times more common in women because they start losing bone mass at an earlier age and at a faster speed, which may also be accelerated during menopause. Sources of calcium include milk, yogurt, sardines and salmon.
- **Zinc:** Zinc is an important nutrient for men because it supports fertility. Overall, men require 11 mg of zinc daily, whereas non-pregnant women only require 8 mg. Zinc can be found in nuts, meat, fish and dairy.

Decoding Nutrition continued on page 46

Women who are pregnant require even more of certain nutrients, including:

- **Folate:** Folate is important during the early stages of pregnancy to support the development of a healthy brain and spine. While most prenatal supplements contain folate, it can also be found naturally in dark-green vegetables, beans and fortified cereals.
- **Iodine:** More iodine is needed during pregnancy and breastfeeding to support the baby's brain development. Women are encouraged to choose iodized salt and eat other foods containing iodine, including dairy and eggs.
- **Choline:** Choline is also important during pregnancy and breastfeeding to support the development of the baby's brain and spine. Many dairy and protein sources, such as milk, eggs and meat, contain choline.

NUTRITION GUIDELINES FOR TRANSGENDER PEOPLE

While research in this area is still needed, gender-affirming therapies can have an impact on energy needs, as well as needs for certain nutrients like calcium and iron.

- **Female-to-male:** Those taking testosterone may experience increased muscle mass, more weight in the waist, and a loss of menstrual periods. These body changes typically begin 6-12 months after starting hormone therapy and can take up to 2-5 years. More calories may be needed due to increased muscle mass, and less iron may be required due to a lack of menstrual periods.
- **Male-to-female:** Those taking estrogen may experience reduced muscle mass and more weight in the hips and thighs. This typically begins 3-6 months after taking hormone therapy and can take up to 1-2 years. Fewer calories may be needed due to a loss of muscle mass.

These changes, and the speed at which they occur, can affect the amount of nutrients you need. Additionally, hormone therapies can have a negative effect on heart health, which means getting adequate nutrition is even more important. Consult with your healthcare provider or a registered dietitian nutritionist to determine your personal nutrition goals based on your transition progress. Those who are taking hormone therapy and are not fully transitioned may be given a range in which their nutrition needs fall.



HOW BIOLOGICAL SEX IMPACTS WEIGHT

Although men typically use more calories than women, they still experience higher rates of overweight and obesity. Today, 34.1% of men in the U.S. are overweight, compared to only 27.5% of women. Where this weight is stored is also different between men and women. Men are typically “apple-shaped,” meaning they store fat around the waist, while women are typically “pear-shaped,” meaning they store fat around the hips. The “apple-shaped” body type also contributes to the higher rates of heart disease at a younger age seen in men compared to women. Limiting the amount of saturated fat and sodium you consume is recommended to help prevent heart disease.

THE BOTTOM LINE

While there are some differences in nutrition needs between men and women, if you're trying to lose weight or just eat healthier, the advice is the same: Focus on a well-balanced diet that includes fruits, vegetables and whole grains, and one that limits saturated fat, added sugar and sodium. If you have concerns about your nutrition, consult with your healthcare provider or registered dietitian.

About the Author:

Kelli Richardson, RDN, is a fourth-year PhD candidate in the School of Nutritional Sciences and Wellness at the University of Arizona. She is a Registered Dietitian Nutritionist and was acknowledged by the Arizona Academy of Nutrition and Dietetics as the Recognized Young Dietitian of the Year in 2022. She currently serves on the board of the Southern Arizona Academy of Nutrition and Dietetics and was the Global Science Nutrition Intern at WeightWatchers®.

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