

# Weight Matters

FOR YOUR HEALTH

WINTER 2022

p.10 **The Future of Telehealth in Obesity Care**

p.22 **Dear Doctor: Why Does Body Fat Cluster in Certain Areas?**

p.30 **KID'S corner** **Picky Eaters No More!**

**OAC**  
Obesity Action Coalition

Weight Matters Magazine is the Official Publication of the Obesity Action Coalition

NON PROFIT ORG  
U.S. Postage  
PAID  
Tampa, FL  
Permit No. 3239

**Weight Matters**  
FOR YOUR HEALTH  
Obesity Action Coalition  
4511 North Himes Ave., Suite 250  
Tampa, FL 33614

IT'S WINTER!

# ADD THESE RECIPES TO YOUR BARIATRIC NUTRITIONAL PLAN

Nutrition Direct™ is serving up support that goes beyond vitamins and minerals. In addition to providing you with your monthly supply of BariActiv® supplements—the micronutrients you need after weight loss (bariatric) surgery—we are now bringing you easy and delicious, bariatric-friendly recipes to make at home!



## EASY-TO-PREPARE RECIPES FOR BARIATRIC PATIENTS

Watch and learn how to make these three easy meals:

- Farmers' Market Frittata
- Grilled Fish Kebabs
- Turkey Piccata

### CRAVING MORE?

Visit **NutritionDirect.com/recipes** to find over 20 more meal ideas.



YouTube



# CONTENTS WINTER 2022

- 05 News from the OAC**  
The OAC interviews Queen Latifah about the new 'It's Bigger Than Me' Campaign; shares our experience participating in ObesityWeek 2021; and gives an exciting update about our next *Your Weight Matters* Convention & EXPO.
- 06 OAC Community Perspectives: Embracing Empathy, Understanding, Diversity and Inclusivity**  
*Q&A with Karen Two Shoes, RDN, LDN*  
OAC Member Karen Two Shoes advocates for the health of Native America as part of the Seminole Tribe of Florida. Learn how she's inspiring others to change their perception of obesity and recognize the impact that culture has on health.
- 10 The Future of Telehealth in Obesity Care**  
*by Florencia Halperin, MD, MMSc*  
In 2020 and 2021, the need for telehealth increased exponentially due to COVID-19. Patients and clinicians now believe that the increased use of telehealth services is here to stay.
- 16 Healthy Bodies, Healthy Minds and a Happy Child**  
*by Alicia Tucker, MD, FAAP*  
Encouraging children to be confident and not put their worth into their weight is important for helping them live happy and healthy.
- 22 Dear Doctor: Why Does Body Fat Cluster in Certain Areas?**  
*by Scott Kahan, MD; and Adriana Williams, MD*  
Understanding our weight and why it tends to cluster in certain areas of our bodies can help us understand where we need to make changes in our diet.

- 30 Kid's Corner: Picky Eaters No More!**  
*by Amy Thul, RD, LD, CSOWM*  
It can be difficult to ensure that children receive proper nutrients, especially if they're a picky eater. Finding creative and different ways to get your children the nutrients they need will make meal and snack time easier than ever before!
- 34 Access to Obesity Care: What Do We Mean and How are We Seeking it?**  
*by Joseph Nadglowski, OAC President and CEO; Chris Gallagher, OAC Policy Consultant; and Christine Gallagher, MPAff*  
Access to care in obesity is ever-changing. It's time that we shine a light on ideal access to care and how we can accomplish it.
- 40 Recipe Substitutions for a Healthier You**  
*by Kristen Smith, MS, RDN*  
Let's be honest, eating bland and eating healthy don't have to go hand in hand! Eating delicious and healthy meals can be made easy with recipe substitutions.
- 44 Fitness Technology: An Anchor or a Balloon?**  
*by Troy Saulnier, CPT*  
Fitness technology can help you track how many calories you're putting into your body and how many you're burning but this can often distract us from focusing on our health and cause us to focus only on calories.

## Weight Matters

FOR YOUR HEALTH

Winter 2022

Volume XVIII

Issue 2

*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.

*Weight Matters Magazine* is a quarterly publication published in Winter, Spring, Summer and Fall. A subscription to **Weight Matters Magazine** is a benefit to OAC members with Premium Access Membership.

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

### For Content Contributions and Advertising Information:

Please contact James Zervios at [jzervios@obesityaction.org](mailto:jzervios@obesityaction.org). The acceptance of advertising in *Weight Matters Magazine* does not constitute or imply endorsement by the OAC of any advertised product or service.

### OAC 2022 Board of Directors

Patricia Nece, JD, Chair  
Kristal Hartman, Vice Chair  
Nikki Massie, MA, Secretary  
Ahn Vu Pham, Treasurer  
Sarah Bramblette, MSHL  
Nina Crowley, PhD, RDN, LD  
Sunil Daniel, MD; FTOS  
Debe Gau  
Scott Kahan, MD  
Robyn Pashby, PhD  
Liz Paul  
Rob Portinga  
Lloyd Stegemann, MD, FASMBS  
Michelle Vicari  
Melinda J. Watman, BSN, MSN, CNM, MBA

Joe Nadglowski  
OAC President/CEO

Patty Nece, JD  
OAC Chair of the Board

James Zervios  
Senior Editor

Mckinzie Burrows  
Editor

Madison Manley  
Editor

Pop Design Group  
Designer

*Weight Matters Magazine* - OAC  
4511 North Himes Avenue, Suite 250  
Tampa, FL 33614  
(800) 717-3117 • Fax: (813) 873-7838  
[www.ObesityAction.org](http://www.ObesityAction.org) • [info@obesityaction.org](mailto:info@obesityaction.org)



ObesityActionCoalition • @ObesityAction

Disclaimer: The models used in this publication neither endorse nor are associated with any products or treatments advertised/discussed/editorialized, nor are they representative of any conditions, diseases or other health-related illnesses, conditions or diagnoses depicted/discussed/editorialized within this publication.



*Message from the*



Obesity Action Coalition

**Chair of the Board**

*Hello Everyone,*

If you're like me, you're finding it hard to believe the calendar says it's 2022! I keep hoping I'll get to write a column when the pandemic and the impact of the coronavirus on people with obesity are no longer at the top of my mind. Since we're not at that point yet, I've decided to highlight the positives.

One of the biggest lessons I learned during these pandemic years is the value of flexibility. Most of us have had to figure out new ways of doing old things – doing our jobs, educating our kids, and gathering safely with family and friends.

The OAC has adapted to these ever-changing circumstances to continue our core missions of fighting weight bias, providing quality education about obesity, and advocating on behalf of people affected by obesity. Our innovative Stop Weight Bias Campaign (**StopWeightBias.com**) continues to have a strong presence on social media and television as we continue to raise awareness, push equality forward and put a stop to weight bias.

We've also improved our online education by launching our new resource library (**ObesityAction.org/Library**). Take some time to browse through the site. I think you'll find it easy to locate helpful information on many topics related to weight and health. We've also added more virtual events to our resource library, including monthly OAC TV broadcasts and OAC Health Talks on specific topics. You can check out the OAC's YouTube channel at **YouTube.com/ObesityAction** for a recording of anything you missed.

Our advocacy efforts also remain strong. We're continually updating the OAC Action Center (**ObesityAction.org/Action-Center**) to alert you of current issues and provide easy ways to advocate for yourself and others affected by obesity. Make the Action Center part of your daily web-surfing routine and take action on the items that interest you.

You can also make a difference by participating in Obesity Care Week which will happen February 27<sup>th</sup> – March 5<sup>th</sup>. We'll have lots of helpful information you can share on social media and with your family and friends throughout the week. You can visit **ObesityCareWeek.org** to sign up for **OCW2022** alerts and learn more about what you can do to help during Obesity Care Week 2022.

**Bottom line: The OAC will continue to adapt to meet the needs of those affected by obesity in a strong, constructive way!**



## OAC Interviews Queen Latifah



As part of OAC's partnership with Novo Nordisk for their 'It's Bigger Than Me' Campaign, our President and CEO, Joe Nadglowski had the opportunity to interview Queen Latifah, Novo Nordisk's official spokesperson for this campaign. Watch this

special interview on our YouTube channel ([YouTube.com/ObesityAction](https://www.youtube.com/ObesityAction)) to learn more about 'It's Bigger Than Me,' why Queen Latifah decided to add her voice to this movement and why this campaign is so important.

### More about "It's Bigger Than Me":

The OAC is proud to be an official partner of Novo Nordisk's "It's Bigger Than Me" Movement to change perceptions about living with the disease of obesity. Obesity is a serious health condition and not a character flaw.

"OAC and Novo Nordisk have a long-standing relationship in the effort to change the way we talk about obesity, treat it and most importantly, change the way we care about people with obesity," said Joe Nadglowski, OAC President and CEO.

Through the OAC's partnership and support of this campaign, we hope to change the conversation about obesity together. Please learn more about this exciting new movement at [ItsBiggerThan.com](https://itsbiggerthan.com).

## ObesityWeek 2021: The Power of Our Voices



ObesityWeek 2021, the preeminent international conference for obesity researchers and clinicians, took place this past November 1-5 and featured the latest developments in evidence-based obesity science: cutting-edge basic and clinical research, state-of-the-art treatment and prevention and the latest efforts in advocacy and public policy – all in a virtual conference format.

For the OAC, ObesityWeek 2021 meant the opportunity to represent the patient voice and share our stories, perspectives and lived experiences. Our stories are powerful and they help others understand that obesity is a complex and chronic disease. Our participation was a reminder of the importance of being included in these conversations and using our voices to raise awareness and impact change. Patient stories provide incredible insights to anyone who is willing to listen. And we need to be included in all discussions and decisions related to obesity.

We are thankful to all the patients who bravely shared their stories during ObesityWeek 2021 and to The Obesity Society for recognizing the importance of adding the lived experience to this educational event.

## Convention Update: Exciting Plans in Motion for OAC's 2022 *Your Weight Matters* Convention



As the OAC enjoys a great start already to the year, we are excited about the plans being laid for OAC's 2022 *Your Weight Matters* Convention! We are pleased to report that our Convention Committees are already hard at work and actively meeting to plan this year's Convention, with many new and exciting developments in store.

While we are not able to release full details yet, we can share that the OAC is planning to once again host **YWM-Virtual**, but, we are also aiming to bring back our in-person Convention in 2022 that we know so many have missed. The OAC will strive to offer two separate events (*hosted over different dates*) designed to meet the needs of our diverse and growing Community.

Current plans are to host **YWM2022 – Virtual** in the spring over one weekend, with **OAC's in-person Convention** being targeted for our typical Summer timeframe (*location TBA*). We plan to share complete details for OAC's *Your Weight Matters* Convention in the coming month, but we hope this little bit of news can get you excited for what's in store this year!

To stay up to date on the latest developments with OAC's Convention, please visit [YWMConvention.com](https://YWMConvention.com) or reach out to us at [convention@obesityaction.org](mailto:convention@obesityaction.org). We look forward to serving you in 2022!





# OAC Community Perspectives

Embracing Empathy, Understanding, Diversity and Inclusivity  
by Karen Two Shoes, RDN, LDN



**Karen Two Shoes, RDN, LDN**

OAC Member Karen Two Shoes, RDN, LDN is a member of the Seminole Tribe of Florida, Panther Clan. She is a Registered Dietitian and Nutrition Coordinator for the Tribe's HHS Integrative Health Department. Since discovering the OAC in 2020, Karen has strengthened her journey as an advocate for the Native American community on issues like health and obesity.

Karen graduated summa cum laude from Kaiser University at the age of 50. This late-in-life passion for health advocacy came after her son was diagnosed with autism and successfully managed a series of health problems through nutrition. Knowing the damages these issues have in Native America, Karen hopes this unique perspective will lead her communities to a healthier present and future.

The OAC sat down with Karen to ask some questions about her advocacy. Here's what she had to say.

## Q1: How did you discover the OAC and what led you to get involved?

I first heard of the OAC when the Academy of Nutrition and Dietetics sent an email about OAC's *Your Weight Matters* Convention. This was during the early part of the COVID-19 pandemic, so it was going to be a virtual event. My tribe has a bariatric program for which I am the lead dietitian. After exploring the OAC's website, I knew they would be a great resource for me and my patients. The Convention was the perfect opportunity to learn and meet people dedicated to a healthy lifestyle and fighting weight bias.

“Being able to choose what foods you eat is something most people take for granted.”





**Karen does a cooking lesson with a patient**

## **Q2: How has obesity affected your life and/or work?**

I've struggled with my weight all my life. Back in the 1970s, my tribe was poor and relied on government commodity foods. Balanced nutrition was not a major concern. As a young adult, I was more concerned about my beer and burgers than my health.

In 2000, I was diagnosed with diabetes. By this time, I had obesity and I was taking a handful of pills for all kinds of health problems. I had also met my future husband and knew I wanted children. Over the next 10 years, I developed a healthier lifestyle, lost a fair amount of weight and had two children. I had gotten off most medications and had good control over my blood sugar through diet and exercise.

In the mid-2010s, I decided on a career in dietetics with a goal of bringing this knowledge back to my fellow tribal members. I still have weight management issues. I may never be the "perfect" weight and that's okay. I am satisfied with the healthy lifestyle I've set for myself and my family. This is also the message that I want to send to Native America and to all people who worry or are dissatisfied with a number on a scale.

# **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, latest news, events, ways to get involved, information and all things OAC!



## **Let's Connect!**

**[ObesityAction.org/get-connected](https://ObesityAction.org/get-connected)**





**Karen prepares for a community farmer's market**

### **Q3: As an advocate for the Native American community, what have you learned about the connection between obesity and culture?**

Food is such a personal experience influenced by culture and ethnicity. Being able to choose what foods you eat is something most people take for granted. There was a time in the not-too-distant past where food choices were taken away from native tribes. Traditional foods, like wild game and regional plant life that indigenous people thrived on, were replaced with foods provided by the government such as white flour and rice, canned meats and processed foods. The colonization of the Native American diet did not serve our people well. With generations of indigenous peoples surviving on these foods, the health of Native Americans has taken a hit, with obesity and diabetes being the main contributors. This is just one of the historical traumas indigenous peoples have had to overcome just to survive.

Today, food insecurity is still a problem on some reservations while others have the same issues most Americans have – an overabundance of unhealthy foods. However, after a fire, a new forest is reborn. Tribes across the nation are on a quest back to health with a return to pre-colonial traditional foods and community programs focusing on physical activity. I am hopeful that I can contribute to this healthful movement.

### **Q4: How has your work as a dietician informed your practice or changed your perspective on people with obesity?**

The latest science and research on obesity has been such an eye (and mind) opener! Obesity is more than overeating and not exercising. This data affects both me and my patients.

As a dietitian, I love that I understand the medical terms and processes of the body. But as a person who struggles with her weight, I feel relief that I can let go of the outdated concepts of “eat less, move more” and “calories in, calories out.” It’s so much more than that. There is no empathy or understanding when thinking in those terms. And that’s what I can give to my patients – assurance that a number on a machine does not define you or tell you your worth. Let go of the guilt and learn how to be healthy in mind, body and spirit.



**“ Let go of the guilt and learn how to be healthy in mind, body and spirit. ”**



“ I call upon all of the healthcare community to embrace the meaning of these words: empathy, understanding, diversity and inclusivity. ”

### Q5: What can be done to better support Native American communities, specifically around the issue of obesity?

I call upon all of the healthcare community to embrace the meaning of these words: empathy, understanding, diversity and inclusivity. These words are for all BIPOC (Black, Indigenous, People of Color) and any other persons or groups of people who have been marginalized.

Health, science and medicine have made so many advances in just the last 10 years. You only have to look at how COVID-19 has affected various groups of people to understand that our bodies have varied reactions. Then, when you add culture, ethnicity, religion, beliefs, and experiences on top, that's what makes us all so beautiful.

To all doctors, nurses, dietitians, therapists, scientists and social workers: stay up to date, dig into the latest research on obesity and let go of weight bias. It doesn't serve you or your patients. I know I got into healthcare because I care for people's health. Even though I work within my own tribe, I have joined other organizations like the OAC so I can learn and share about health to all people. It has been a rough couple of years for the healthcare workforce, but please – do not lose sight of why you came into this field. What I say next, I say as a patient: we need you, even when we act like we don't.

### 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://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](mailto:membership@obesityaction.org).



Karen shooting a video for a cooking demo

### Q6: What has been the most memorable part of your advocacy journey so far?

Honestly, the people I've met have been the most memorable to me. I really started digging into obesity research and advocacy when the pandemic started, so this means I met most of these people virtually! I have virtually attended many medical/healthcare conferences and they've all been very informative. But I must say, the OAC's *Your Weight Matters* Convention is my favorite because I can mingle not as a dietitian, but as a person on a weight management odyssey. Talking to others who are not in the medical field is enlightening and fun, too! I also love how the OAC Community has welcomed and embraced me. Listening, learning and having a blast... a perfect trifecta! I am now looking forward to meeting everyone in person. When you see me at the next OAC Convention, make sure to say hello!

# THE FUTURE OF TELEHEALTH IN OBESITY CARE

*by Florencia Halperin, MD, MMSc*



The use of telehealth increased exponentially during the beginning of the COVID-19 crisis. Telehealth visits were up 154% in late March 2020 compared to the previous year, according to the Centers for Disease Control (CDC). Since then, patients and clinicians alike believe the increased use of telehealth services is here to stay.





## What is Telehealth and How Does it Relate to Obesity?

Telehealth specifically refers to the use of live video conferencing to provide clinical services, much like a traditional one-on-one visit in the office, but online. During the pandemic, primary care and specialty providers used telehealth to address almost all aspects of care. However, telehealth may be particularly well-suited to address certain medical conditions such as obesity. Continuing to leverage telehealth has the potential to transform the future of obesity care.

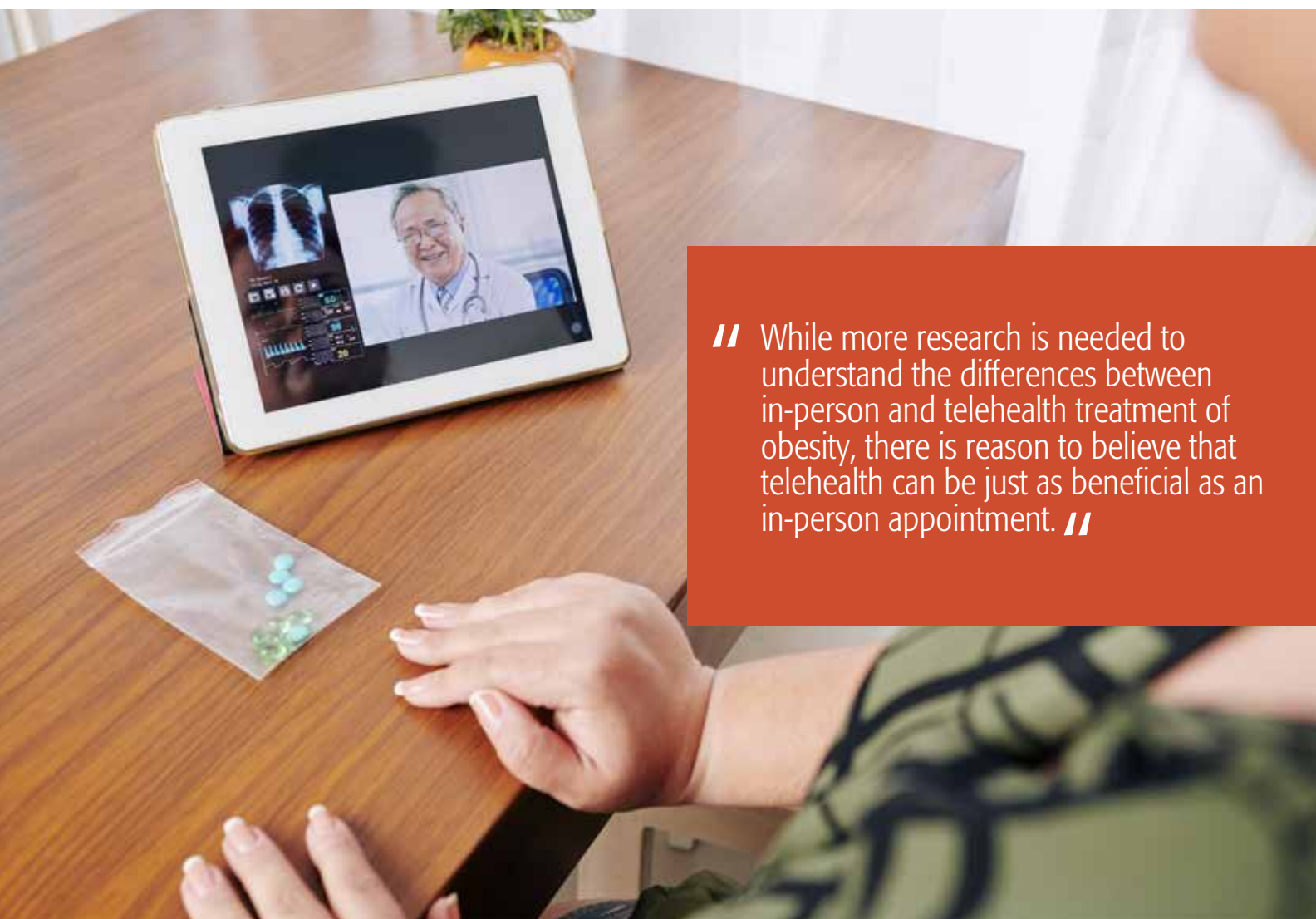
Obesity is a vastly undertreated chronic disease. More than 40% of the U.S. population lives with obesity, but less than 1% receives medical treatment. Access to medical care to address obesity is generally limited, with less than 5,000 doctors who are accredited by the American Board of Obesity Medicine (ABOM) in the entire country, most of them practicing in urban areas.

Telehealth has made it easier to connect with these physicians for those living in more distant geographic regions or for those with difficulty making the trip to an in-person clinic. Telehealth has also expanded access to a multi-disciplinary team, making it more convenient to work with Registered Dietitians, professional exercise specialists, mental health professionals, or others who address important aspects of an individual's needs.

// Telehealth has made it easier to connect with these physicians for those living in more distant geographic regions or for those with difficulty making the trip to an in-person clinic. //



*The Future of Telehealth continued on page 12*



// While more research is needed to understand the differences between in-person and telehealth treatment of obesity, there is reason to believe that telehealth can be just as beneficial as an in-person appointment. //

## How Can Telehealth Help Those Living with Obesity?

Incorporating telehealth into weight management may also be important for lowering the cost of care. Eliminating travel often reduces the immediate cost of visits to a patient, and using telehealth is generally considered to be more cost-effective. Many states have implemented 'parity' regulations that require insurance companies to cover telemedicine visits the same way they cover in-person visits.

Telehealth also brings a degree of privacy and comfort that some people living with obesity may appreciate. Bias, shame and stigma are common barriers to obtaining health care for individuals with obesity, and these are often a reality even within medical settings. A specialized obesity care team should provide empathetic and judgment-free care in any setting, but allowing a person to access care from the comfort of their home could reduce some of the traditional barriers to connecting with such a team.

While more research is needed to understand the differences between in-person and telehealth treatment of obesity, there is reason to believe that telehealth can be just as beneficial as an in-person appointment. Pre-pandemic studies of telehealth weight management strategies showed high patient satisfaction and engagement. Research consistently shows that more frequent care team interactions lead to more weight-loss. Because virtual appointments can be more frequent, with no need to take time off from work or arrange childcare, telehealth might enable increased contact and therefore improved results. Weight treatment programs across the country are reporting that telehealth during the pandemic enabled them to deliver great care and great results.



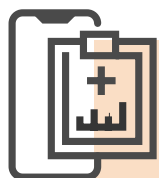
## How to Find Obesity Care that Incorporates Telehealth and is Right for You

As telehealth continues to become more popular, it's important to do your research to decide which program is right for you. Below is a list of questions that you might want to ask your healthcare provider before beginning telehealth:



### Who will be providing my medical care?

Will you be evaluated by a doctor who is medically trained to treat obesity and has certifications that show that training? (Ex: American Board of Obesity Medicine Certification) Do they have a license in your state and other reputable credentials? This information should be available, so if it is very difficult to find, that may be a red flag.



### What is the care model?

Different programs offer different services. Who will you be working with regularly? How often will you see a doctor? How often do you meet with and communicate with a Registered Dietitian? Is working with a health coach part of the program, and if so, what are their credentials?



### What do telehealth appointments look like?

Are appointments via video or phone? Or a check-in by email or questionnaire? Telehealth can mean different things as we reviewed earlier, so what can count legally as a check-in may be different from what you envision. It's important to use a model that works for you.



*The Future of Telehealth continued on page 14*



#### **What kind of support do I receive?**

Does the medical weight-loss program offer one-on-one support, community support or a mixture of both? How do you ask questions of your care team in between appointments?



#### **How long does the support last?**

What happens once you meet your weight-loss goals? Is there a maintenance phase to help you focus on keeping the weight off long-term?



#### **What technology does the program use?**

Before signing up, ask in advance what kind of technology you need to use for your virtual appointments or check-ins. Does it require a computer or a phone? Is there a mobile app? Pick a program that is easy to incorporate into your life.



#### **Is there an option or a requirement for in-person visits?**

Some programs require starting with an in-person visit, and sometimes for follow-ups. Others are fully virtual. There may be pros and cons with each, so be sure you know what will be expected of and available to you.



#### **What is the cost?**

Cost structures vary greatly. Be sure you understand all the possible costs and beware of anything that signals there may be additional hidden costs. Are services covered by insurance or self-pay? Can you cancel if you are not satisfied?





## The Future of Telehealth

Telehealth represents a tremendous opportunity to expand access to expert care for obesity and could help people achieve a healthier weight to improve their health. As new obesity treatment options emerge, asking the questions outlined in this article can help you find a program that will bring you long-term success. While we will need more research to better understand how telehealth can help the obesity epidemic, the future looks bright!

### **About the Author:**

*Florencia Halperin, MD, MMSc, is an endocrinologist who completed her training at Harvard Medical School. She is the Chief Medical Officer at Form Health and former Co-Director of the Center for Weight Management and Metabolic Surgery at Brigham and Women's Hospital. Dr. Halperin is passionate about helping people lose weight as a way to better their health. She has been selected as a Castle Connolly America's Top Doctor and Boston Magazine's Top Doctor for several years, including 2020.*



**“While we will need more research to better understand how telehealth can help the obesity epidemic, the future looks bright! ”**

# FormHealth™

## Medical weight loss personalized for you

Your Form Health doctor and Registered Dietitian will help you achieve your goals with a personalized weight loss path that addresses your biological blockers - all through telehealth.



Nutrition



Physical Activity




Behavior Change



Medications




Learn more at [formhealth.co/oac](https://formhealth.co/oac)



# Healthy Bodies, Healthy Minds & a Happy Child

*by Alicia Tucker, MD, FAAP*



We often describe the feeling kids have when they believe in themselves and feel confident, liked, accepted and proud as “good self-esteem.” Other times, they may feel down on themselves, less confident, or doubt they can do things. We call this “low self-esteem.” While every child falls in different parts of this “self-esteem spectrum,” my hope is for all children to feel confident, proud and accepted for who they are.



## Weight and Self-esteem

As a pediatrician who specializes in weight management, I, unfortunately, encounter children and teens with low self-esteem on a regular basis. By the time I meet a lot of my patients, they often feel discouraged about their bodies. Reaching and maintaining a healthy weight is an important part of our health, but it is one piece of a very complicated puzzle.

Physical and emotional health cannot be separated. When talking about a sensitive topic like weight, we need to balance the two. I stress to both my patients and their families that our goal will be to focus on health, NOT weight. Even in cases where the weight may have a direct impact on their health, such as with type 2 diabetes, I will discuss weight as another number to monitor at the doctor's office just like blood pressure. The family's job at home is not to measure weight, but to focus on small, attainable goals that can be worked toward for long-term health.

Regardless of your child's weight or health status, helping them develop a healthy relationship with food, exercise and their own body is an important parenting job. I want to focus on ways you can talk to your family about healthy eating and exercise while building self-esteem in the process.



**"Dieting and body shaming are so common in our culture that many people are not even aware they are saying anything negative at all."**

**Words  
Have  
Power**

### Words Matter!

A lot of parents I see both at work and in my personal life do a great job telling their children to love their bodies. However, in the next sentence, they will make a negative comment about their own body by saying things like "I feel fat" or "I have to diet after eating this cake."

Dieting and body shaming are so common in our culture that many people are not even aware they are saying anything negative at all. But these words can be harmful, even if they are just being overheard by the children in your life. A study in 2010 published in the *Journal of Adolescent Health* showed that the more parents talked about their weight and dieting, the more likely their children were to feel unhappy with their own bodies. It's important to censor what we say around children about weight, especially if it's negative, because that is something that can have a personal effect on them.

*Healthy Bodies continued on page 18*

## Start Early with Healthy Eating

Talk with your child about balancing healthy foods and drinks. From an early age, make sure that water is served regularly instead of sugary drinks. If you serve sugary drinks, which includes 100% fruit juice and sports drinks, try to keep them in moderation with no more than eight ounces per day.

Additionally, try to ensure that your child is eating a proper amount of nutrients and calories. Every child's nutrition needs vary but try to make sure they are getting enough fruits, vegetables and protein each day.

## Have a Meal Together

Whenever possible, have a meal together as a family. Your child is more likely to try a variety of foods that include fruits and vegetables if they see everyone else eating them, too. Family meals not only slow us down when we're eating so that we recognize when we're getting full, but they are also a great way to reconnect after a busy day.



**"When older children and teens feel more involved in the decision-making process, they feel more empowered to make their own healthy choices even when you are not there."**





## Let Your Child Be Full

Children are naturally very good at recognizing when they are full (with the exception of certain medical conditions) and you can help them listen to these hunger and fullness signals. If they are full, don't make them clean their plate. Serving sizes will change as they grow, but you can use their hand as a guide for the portion size they need:

- A closed fist is a serving of fruit, vegetables, pasta, rice or cereal.
- A palm is about the serving size of meat.
- A thumb is the serving size of added fats like butter, mayo, peanut butter, etc.

As your kids get older, encourage them to come grocery shopping with you and help with cooking. When older children and teens feel more involved in the decision-making process, they feel more empowered to make their own healthy choices even when you are not there.

## Portion Size



**FIST**  
(1 cup) Rice



**CUPPED HAND**  
(1/2 cup or 1 ounce) Almonds



**FINGERTIP**  
(1 teaspoon)  
Mayonnaise



**THUMB**  
(2 tablespoons)  
Peanut Butter



**PALM**  
(3 ounces) Meat

**Devrom®**  
(200 mg bismuth subgallate)



## Never miss the moment

*You can live at the speed of life with the help of Devrom® to manage smelly flatulence and stool odor.*

**Let's clear the air.** You don't have to live with gas and stool odor. Now you can stop the odor you've been experiencing since your surgery, and it's as simple as taking a pill. FDA approved and doctor recommended Devrom® will neutralize malodor quickly and effectively. Devrom® is inexpensive, does not require a prescription, is available as a banana flavored chewable tablet or gel capsule, and has a 100% money back guarantee.

*A Trusted Name For Over 50 Years*



**Try Devrom Today!**  
*Money Back Guarantee*

Clinically Proven • FDA Approved

[www.devrom.com](http://www.devrom.com)  
or by calling 1-800-453-8898

**"Make sure the message they are getting at home is that healthy, strong bodies come in different shapes and sizes."**

## Don't Make Food the Enemy

To protect kids and teens from disordered eating behaviors, it's important to avoid shame and guilt around eating "unhealthy." When food is viewed as the enemy, it can make kids feel bad about eating a certain food. Food is a basic pleasure in life, and it's unfair to expect kids to turn down foods high in sugar and fats when they are offered. Let's be honest, most adults struggle with this! We all have unhealthy foods sometimes, so it's important to teach your children that treats like candy and chips are okay to have in moderation but should not be part of their daily eating habits. The best way to help them with this is to keep these foods out of the house or to have them occasionally in small portions.

## Get Moving!

Preschool-age children should be physically active throughout the day and school-age children (6 – 17) should have at least 60 minutes of activity every day. This may sound like a lot, but it can be divided up into 15, 20, or 30-minute bursts of activity.

This is another area where being a role model is important. If your child sees you choose to go on a bike ride with them instead of watching television, it helps them learn that physical activity is a healthy part of life. I have certainly needed a rest after a long day at work too, so I don't expect everyone to come home and start running on the treadmill. Any sort of movement, even taking a walk together, is helpful. I prefer to talk about "physical activity" instead of "exercise." Exercise is planned, structured, repetitive movement to increase fitness. Physical activity is any movement that uses energy, and even that definition feels less stressful! Children should see being active as part of the whole family's lifestyle instead of just something to do to lose weight.

## Be Body Positive

Children and teens are already getting a lot of messages from their peers, social media and even well-meaning grandparents about their weight. Make sure the message they are getting at home is that healthy, strong bodies come in different shapes and sizes. Encourage positive thoughts about what our bodies can do, not how they look. Set rules around not using hurtful words or teasing about weight. Let your children know that they can also remind you not to use those words about yourself or someone on television. We have all grown up in this culture that normalizes dieting and commenting about others' weight, so this can be a hard habit to break.

If your child is making negative comments about their appearance, check in with them about how they are feeling. Listen and then listen some more. Being aware of these emotions is the first step in dealing with them.

## Conclusion

My hope is that all children can learn the importance of taking care of their bodies through a healthy balance of foods and activities. I strongly believe that there are ways to have this discussion at home in a way that builds self-esteem. A healthy body image comes from accepting your body, liking it and taking care of it. I can't think of a better way to take care of your body than to nourish it and keep it strong.

### About the Author:

Alicia Tucker, MD, FAAP, is an ABOM-certified practicing pediatrician with a focus on weight management at Children's National Hospital in Washington, D.C. Dr. Tucker is also an assistant professor of pediatrics at the George Washington University's College of Medicine where she participates in medical student education and research around the prevention and improved management of childhood obesity and diet-related chronic diseases.







*Love your body  
or change your body.*

# Who said you have to choose?

Meet Plenity. It's made from naturally derived building blocks to help you feel fuller, eat less and lose weight.

- Clinically proven.
- FDA cleared.

Visit [MyPlenity.com](https://www.MyPlenity.com)

**Plenity**<sup>®</sup>

Rethink your weight journey.

Plenity is indicated to aid weight management in adults with excess weight or obesity, Body Mass Index of 25-40 kg/m<sup>2</sup> when used in conjunction with diet and exercise. Plenity expands in your stomach to help you feel fuller. Plenity is not for pregnant women or people allergic to its ingredients. **Rx Only.** Visit [MyPlenity.com](https://www.MyPlenity.com) for Intended Use and Important Safety Information. © 2021 Gelesis, Inc.

# Dear Doctor +

## Why Does Body Fat Cluster in Certain Areas?

*by Scott Kahan, MD; and Adriana Williams, MD*

While we have some control over our weight such as changing what we eat and how much we exercise, other factors are outside of our direct control such as genetics, environment and social determinants of health. Where we gain weight is even less so in our direct control.

### Why Does it Matter Where My Body Fat Clusters?

Typically, carrying more weight and storing too much fat increases health risks. And where we gain weight has an even greater impact on the risks for developing long-term health conditions including:

- Diabetes
- High blood pressure
- High cholesterol
- Heart disease

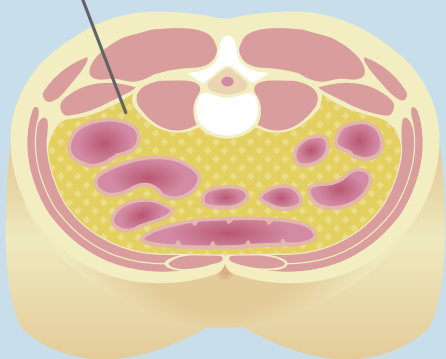




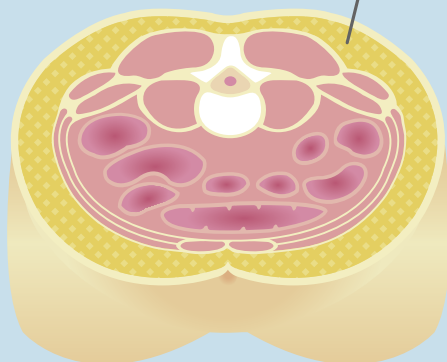
“Visceral fat has a greater impact on long-term health risks because these cells are more likely to make hormones and other chemicals that increase inflammation, blood clotting and overactive immune responses.”

## Visceral Fat vs. Subcutaneous Fat

Visceral fat



Subcutaneous fat



Fat accumulation is most common either in the midsection or the hips, thighs and buttocks. It is also important whether fat accumulates just under the skin (subcutaneous fat) or around the inner organs like the heart, liver and kidneys (visceral fat). Visceral fat has a greater impact on long-term health risks because these cells are more likely to make hormones and other chemicals that increase inflammation, blood clotting and overactive immune responses.

*Dear Doctor continued on page 27*

### Platinum

Novo Nordisk

### Gold

American Society for Metabolic & Bariatric Surgery  
Bariatric Advantage  
Potomac Currents

### Silver

Amgen  
Boehringer Ingelheim  
Curax Pharmaceuticals  
Eli Lilly and Company  
Ethicon  
Intercept Pharmaceuticals  
Intuitive  
Medtronic  
Pfizer, Inc.

### Bronze

Geisinger Healthcare System  
OPTIFAST®  
Rhythm  
Rocky Mountain Associated Physicians  
Wonder Health®

### Patron

Bariatric Medicine Institute  
Bariatric University.com  
Billings Clinic  
BonusLife.com/Walter Medlin, MD  
ConscienHealth  
Jaime Fivecoat  
Form Health  
Gainesville Medical Obesity Specialty Clinic  
Gelesis  
HorizonView Health  
Livliga®/Mindful Eating  
MelliCell, Inc.  
New Life Center for Bariatric Surgery  
Niagra Metabolic & Bariatric Services  
ProCare Health Bariatric Vitamins & Supplements  
Lloyd Stegemann, MD  
Christopher D. Still, DO  
The Obesity Society  
Weight & Life MD/Nadia B. Pietrzykowska, MD  
Woman's Hospital

Platinum:	\$100,000 and up	Bronze:	\$5,000 - \$9,999
Gold:	\$50,000 - \$99,999	Patron:	\$1,000 - \$4,999
Silver:	\$10,000 - \$49,999		

List as of 12/20/2021

# When it comes to **LOSING WEIGHT AND KEEPING IT OFF**

**"We've always had the WILL.  
Now we have another WAY."**



Actor Portrayals.

## What is Saxenda®?

Saxenda® (liraglutide) injection 3 mg is an injectable prescription medicine used for adults with excess weight (BMI  $\geq 27$ ) who also have weight-related medical problems or obesity (BMI  $\geq 30$ ), and children aged 12-17 years with a body weight above 132 pounds (60 kg) and obesity to help them lose weight and keep the weight off. Saxenda® should be used with a reduced calorie diet and increased physical activity.

- Saxenda® and Victoza® have the same active ingredient, liraglutide, and should not be used together or with other GLP-1 receptor agonist medicines.
- It is not known if Saxenda® is safe and effective when taken with other prescription, over-the-counter medicines, or herbal weight-loss products.
- It is not known if Saxenda® is safe and effective in children under 12 years of age.
- It is not known if Saxenda® is safe and effective in children aged 12 to 17 years with type 2 diabetes.

## Important Safety Information

**Do not share your Saxenda® pen with others even if the needle has been changed. You may give other people a serious infection or get a serious infection from them.**

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

**Serious side effects may happen in people who take Saxenda®, including:**

**Possible thyroid tumors, including cancer.** Tell your health care professional 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 rats and mice, Saxenda® and medicines that work like Saxenda® caused thyroid tumors, including thyroid cancer. It is not known if Saxenda® will cause thyroid tumors or a type of thyroid cancer called medullary thyroid carcinoma (MTC) in people.

**Do not use Saxenda®** if you or any of your family have ever had MTC, or if you have an endocrine system condition called Multiple Endocrine Neoplasia syndrome type 2 (MEN 2).

### Who should not use Saxenda®?

#### Do not use Saxenda® if:

- you or any of your family have ever had MTC or if you have MEN 2.
- you are allergic to liraglutide or any of the ingredients in Saxenda®.
- you are pregnant or plan to become pregnant. Saxenda® may harm your unborn baby.

**Before taking Saxenda®, tell your health care provider about all of your medical conditions, including if you:**

- are taking certain medicines called GLP-1 receptor agonists.
- have severe problems with your stomach, such as slowed emptying of your stomach (gastroparesis) or problems with digesting food.
- have or have had problems with your pancreas, kidneys or liver.
- have or have had depression or suicidal thoughts, or mental health issues.
- are breastfeeding or plan to breastfeed. It is not known if Saxenda® passes into your breast milk. You and your health care provider should decide if you will use Saxenda® or breastfeed.

**Tell your health care provider about all the medicines you take**, including prescription, over-the-counter medicines, vitamins, and herbal supplements. Saxenda® slows stomach emptying and can affect medicines that need to pass through the stomach quickly. Saxenda® may affect the way some medicines work and some other medicines may affect the way Saxenda® works. Tell your health care provider if you take diabetes medicines, especially insulin and sulfonylurea medicines.





# Managing your weight long term requires more than willpower alone

## Saxenda® can help you lose weight and keep it off

- ▶ When you lose weight, your **body fights back** by changing your appetite hormone levels, which can lead you to **regain the weight** you've lost.
- ▶ **Saxenda® helps regulate your appetite** by working like one of your body's fullness hormones—helping you to eat less, so you can **lose weight and keep it off**.

Ask your health care provider  
about FDA-approved Saxenda®

Check your  
prescription coverage at  
[SaxendaCoverage.com](http://SaxendaCoverage.com)

**Saxenda®**  
liraglutide injection 3mg

## Important Safety Information (cont'd)

### How should I use Saxenda®?

- Inject your dose of Saxenda® under the skin (subcutaneously) in your stomach area (abdomen), upper leg (thigh), or upper arm, as instructed by your health care provider. **Do not inject into a vein or muscle.**

### What are the possible side effects of Saxenda®?

#### Saxenda® may cause serious side effects, including:

- **inflammation of the pancreas (pancreatitis).** Stop using Saxenda® 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 stomach area (abdomen) to your back.
- **gallbladder problems.** Saxenda® may cause gallbladder problems, including gallstones. Some gallbladder problems need surgery. Call your health care provider if you have any of the following symptoms: pain in your upper stomach (abdomen), fever, yellowing of your skin or eyes (jaundice), or clay-colored stools.
- **increased risk of low blood sugar (hypoglycemia) in adults with type 2 diabetes who also take medicines to treat type 2 diabetes such as sulfonylureas or insulin.**
- **risk of low blood sugar (hypoglycemia) in children who are 12 years of age and older without type 2 diabetes.**
- Signs and symptoms of low blood sugar may include: shakiness, sweating, headache, drowsiness, weakness, dizziness, confusion, irritability, hunger, fast heartbeat, and feeling jittery. You should check your blood sugar before you start taking Saxenda® and while you take Saxenda®.
- **increased heart rate.** Saxenda® can increase your heart rate while you are at rest. Your health care provider should check your heart rate while you take Saxenda®. Tell your health care professional if you feel your heart racing or pounding in your chest and it lasts for several minutes.

- **kidney problems (kidney failure).** Saxenda® may cause nausea, vomiting, or diarrhea leading to loss of fluids (dehydration). Dehydration may cause kidney failure, which can lead to the need for dialysis. This can happen in people who have never had kidney problems before. Drinking plenty of fluids may reduce your chance of dehydration. Call your health care provider right away if you have nausea, vomiting, or diarrhea that does not go away, or if you cannot drink liquids by mouth.
- **serious allergic reactions.** Stop using Saxenda® and get medical help right away if you have any symptoms of a serious allergic reaction including swelling of your face, lips, tongue, or throat, fainting or feeling dizzy, very rapid heartbeat, problems breathing or swallowing, or severe rash or itching.
- **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 health care provider right away if you have any mental changes that are new, worse, or worry you.

**The most common side effects of Saxenda® in adults include** nausea, diarrhea, constipation, vomiting, injection site reaction, low blood sugar (hypoglycemia), headache, tiredness (fatigue), dizziness, stomach pain, and change in enzyme (lipase) levels in your blood. Additional common side effects in children are fever and gastroenteritis.

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

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit [www.fda.gov/medwatch](http://www.fda.gov/medwatch), or call 1-800-FDA-1088.

<b>Saxenda®</b> liraglutide injection 3mg <b>Brief Summary of Information about Saxenda® (liraglutide) injection 3 mg</b>	<b>What are the possible side effects of SAXENDA®?</b> <b>SAXENDA® may cause serious side effects, including:</b>
<b>Rx Only</b> This information is not comprehensive. How to get more information: <ul style="list-style-type: none"> <li>• Talk to your healthcare provider or pharmacist</li> <li>• Visit <a href="http://www.novo-pi.com/saxenda.pdf">www.novo-pi.com/saxenda.pdf</a> to obtain the FDA-approved product labeling</li> <li>• Call 1-844-363-4448</li> </ul>	<ul style="list-style-type: none"> <li>• <b>See “What is the most important information I should know about SAXENDA®?”</b></li> <li>• <b>inflammation of the pancreas (pancreatitis).</b> Stop using SAXENDA® 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 stomach area (abdomen) to your back.</li> <li>• <b>gallbladder problems.</b> SAXENDA® 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"> <li>◦ pain in your upper stomach (abdomen)</li> <li>◦ yellowing of your skin or eyes (jaundice)</li> <li>◦ fever</li> <li>◦ clay-colored stools</li> </ul> </li> </ul>
<b>Do not share your SAXENDA® pen with others even if the needle has been changed. You may give other people a serious infection or get a serious infection from them.</b>  <b>What is the most important information I should know about SAXENDA®?</b> <b>Serious side effects may happen in people who take SAXENDA®, including:</b> <b>Possible thyroid tumors, including cancer.</b> 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 rats and mice, SAXENDA® and medicines that work like SAXENDA® caused thyroid tumors, including thyroid cancer. It is not known if SAXENDA® will cause thyroid tumors or a type of thyroid cancer called medullary thyroid carcinoma (MTC) in people. <b>Do not use SAXENDA®</b> 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).	<ul style="list-style-type: none"> <li>• <b>increased risk of low blood sugar (hypoglycemia) in adults with type 2 diabetes mellitus who also take medicines to treat type 2 diabetes mellitus such as sulfonylureas or insulin.</b></li> <li>• <b>risk of low blood sugar (hypoglycemia) in children who are 12 years of age and older without type 2 diabetes mellitus</b></li> <li>• Signs and symptoms of low blood sugar may include:             <ul style="list-style-type: none"> <li>◦ shakiness</li> <li>◦ weakness</li> <li>◦ hunger</li> <li>◦ sweating</li> <li>◦ dizziness</li> <li>◦ fast heartbeat</li> <li>◦ headache</li> <li>◦ confusion</li> <li>◦ feeling jittery</li> <li>◦ drowsiness</li> <li>◦ irritability</li> </ul> </li> </ul> <p>Talk to your healthcare provider about how to recognize and treat low blood sugar. You should check your blood sugar before you start taking SAXENDA® and while you take SAXENDA®.</p>
<b>What is SAXENDA®?</b> SAXENDA® is an injectable prescription medicine used for adults with obesity or overweight (excess weight) who also have weight related medical problems, and children aged 12 to 17 years with a body weight above 132 pounds (60 kg) and obesity to help them lose weight and keep the weight off. <ul style="list-style-type: none"> <li>• SAXENDA® should be used with a reduced calorie diet and increased physical activity.</li> <li>• SAXENDA® and VICTOZA® have the same active ingredient, liraglutide, and should not be used together or with other GLP-1 receptor agonist medicines.</li> <li>• It is not known if SAXENDA® is safe and effective when taken with other prescription, over-the-counter medicines, or herbal weight loss products.</li> <li>• It is not known if SAXENDA® is safe and effective in children under 12 years of age.</li> <li>• It is not known if SAXENDA® is safe and effective in children aged 12 to 17 years with type 2 diabetes.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>increased heart rate.</b> SAXENDA® can increase your heart rate while you are at rest. Your healthcare provider should check your heart rate while you take SAXENDA®. Tell your healthcare provider if you feel your heart racing or pounding in your chest and it lasts for several minutes.</li> <li>• <b>kidney problems (kidney failure).</b> SAXENDA® may cause nausea, vomiting or diarrhea leading to loss of fluids (dehydration). Dehydration may cause kidney failure which can lead to the need for dialysis. This can happen in people who have never had kidney problems before. Drinking plenty of fluids may reduce your chance of dehydration. Call your healthcare provider right away if you have nausea, vomiting, or diarrhea that does not go away, or if you cannot drink liquids by mouth.</li> <li>• <b>serious allergic reactions.</b> Stop using SAXENDA®, and get medical help right away if you have any symptoms of a serious allergic reaction including:             <ul style="list-style-type: none"> <li>◦ swelling of your face, lips, tongue, or throat</li> <li>◦ problems breathing or swallowing</li> <li>◦ fainting or feeling dizzy</li> <li>◦ severe rash or itching</li> <li>◦ very rapid heartbeat</li> </ul> </li> <li>• <b>depression or thoughts of suicide.</b> 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.</li> </ul>
<b>Who should not use SAXENDA®?</b> <b>Do not use SAXENDA® if:</b> <ul style="list-style-type: none"> <li>• 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).</li> <li>• you are allergic to liraglutide or any of the ingredients in SAXENDA®.</li> <li>• are pregnant or plan to become pregnant. SAXENDA® may harm your unborn baby.</li> </ul>	<b>The most common side effects of SAXENDA® in adults* include:</b> <ul style="list-style-type: none"> <li>• nausea</li> <li>• injection site reaction</li> <li>• tiredness (fatigue)</li> <li>• change in enzyme (lipase) levels in your blood</li> <li>• diarrhea</li> <li>• low blood sugar (hypoglycemia)</li> <li>• dizziness</li> <li>• constipation</li> <li>• headache</li> <li>• stomach pain</li> <li>• vomiting</li> <li>• upset stomach (dyspepsia)</li> </ul>
<b>Before taking SAXENDA®, tell your healthcare provider about all of your medical conditions, including if you:</b> <ul style="list-style-type: none"> <li>• are taking certain medicines called GLP-1 receptor agonists.</li> <li>• have severe problems with your stomach, such as slowed emptying of your stomach (gastroparesis) or problems with digesting food.</li> <li>• have or have had problems with your pancreas, kidneys or liver.</li> <li>• have or have had depression or suicidal thoughts, or mental health issues.</li> <li>• are breastfeeding or plan to breastfeed. It is not known if SAXENDA® passes into your breast milk. You and your healthcare provider should decide if you will use SAXENDA® or breastfeed.</li> </ul>	<p>*additional common side effects in children are fever and gastroenteritis</p> <p>Tell your healthcare provider if you have any side effect that bothers you or that does not go away.</p> <p>These are not all the possible side effects of SAXENDA®. Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.</p>
<b>Tell your healthcare provider about all the medicines you take</b> including prescription, over-the-counter medicines, vitamins, and herbal supplements. SAXENDA® slows stomach emptying and can affect medicines that need to pass through the stomach quickly. SAXENDA® may affect the way some medicines work and some other medicines may affect the way SAXENDA® works. Tell your healthcare provider if you take diabetes medicines, especially insulin and sulfonylurea medicines. Talk with your healthcare provider if you are not sure if you take any of these medicines.	<b>Keep your SAXENDA® pen, pen needles, and all medicines out of the reach of children.</b>  Manufactured by: Novo Nordisk A/S, DK-2880 Bagsvaerd, Denmark <b>More detailed information is available upon request.</b> Available by prescription only. For information about SAXENDA® go to <a href="http://www.SAXENDA.com">www.SAXENDA.com</a> or contact: Novo Nordisk Inc. 800 Scudders Mill Road, Plainsboro, NJ 08536 1-844-363-4448.
<b>How should I use SAXENDA®?</b> <ul style="list-style-type: none"> <li>• Inject your dose of SAXENDA® under the skin (subcutaneously) in your stomach area (abdomen), upper leg (thigh), or upper arm, as instructed by your healthcare provider. <b>Do not inject into a vein or muscle.</b></li> <li>• If you take too much SAXENDA®, call your healthcare provider right away. Taking too much SAXENDA® may cause severe nausea, severe vomiting, and low blood sugar (hypoglycemia).</li> </ul>	SAXENDA®, VICTOZA®, NovoFine®, and NovoTwist® are registered trademarks of Novo Nordisk A/S. PATENT Information: <a href="http://novonordisk-us.com/products/product-patents.html">http://novonordisk-us.com/products/product-patents.html</a>  This Medication Guide has been approved by the U.S. Food and Drug Administration <b>Revised: 12/2020</b>



# What is the Reason Fat Clusters in Certain Areas?

The areas of the body where fat clusters are primarily driven by the below factors:

- **Genetics:** About 50% of fat distribution is determined by genetics. Therefore, it's likely that our weight will cluster in similar places as close relatives.
- **Gender:** Women usually have higher amounts of body fat than men and are more likely to accumulate fat in the hips and buttocks. This is believed to be an evolutionary development that allows for added energy storage for a developing fetus. Men, in contrast, tend to have more visceral fat, especially in the abdomen. This partly explains why men are at greater risk of developing diabetes and heart disease, among other long-term health conditions.
- **Age:** Over the years, body fat tends to increase, and visceral fat accumulation becomes more common. In part, this is due to changes in hormones over the latter decades of life.
- **Hormones:** Hormones can have a strong influence on weight and fat distribution. For example, as testosterone and estrogen decline in most people during the 40s and 50s, visceral fat is more likely to accumulate. In postmenopausal women, lower estrogen levels contribute to fat storage shifting from the hips and thighs toward the abdomen. Stress hormones such as cortisol also contribute to visceral fat storage.

In addition to the factors above, there are certain medical conditions and medications that can potentially impact where fat accumulates. For example, a medical condition such as lipedema may cause fat to accumulate in your lower body.



## How Can I Measure My Body Composition?

There are many ways to measure body composition, including expensive body scans, but in most cases, simple measurements are sufficient. Measuring waist-to-hip ratio is a quick way to estimate visceral abdominal fat vs subcutaneous lower body fat. Studies done by the [Annals of Internal Medicine](#) and [Frontiers in Public Health](#) have shown that people with higher waist-to-hip ratios are at greater risk for long-term health issues such as diabetes and heart disease. According to the World Health Organization, a high waist-to-hip ratio for men is 1.0 or greater and for women is 0.86 or greater.

RISK CATEGORY	FEMALE	MALE
Low	< 0.8	< 0.95
Moderate	0.81-0.85	0.96 – 1.0
High	> 0.86	> 1.0



## Knowing This, What Can We Do?

First, let's appreciate our bodies, regardless of weight, shape or size. From eyes and noses to skin and hair, to brains and fingerprints and personalities, we all look, feel and experience the world differently. We are each unique and have different shapes and sizes. Work hard to maximize your body's health and abilities, but catch yourself before shaming its shape or size (or anyone else's for that matter).

While we have little control over many of the factors discussed above, there are several things we can do to improve our health risks:



### Minimize Sugary Foods

Foods that tend to spike insulin levels may increase the accumulation of visceral fat. Therefore, minimizing sugary foods and "junk foods" can lead to less visceral fat. In contrast, whole grains, complex carbs and lower-carb foods generally digest slower and don't spike insulin levels as much.



### Avoid Trans Fats and Saturated Fats

Additionally, trans fats and saturated fats may also increase the risk for belly fat. Unsaturated and polyunsaturated fats that are found in fish, nuts, seeds and vegetables can help reduce insulin resistance and visceral fat.



### Be Active

Being active, regardless of weight, is one of the healthiest things we can do for ourselves. Physical activity improves insulin resistance, decreases visceral fat and reduces long-term health risks. Any kind of physical activity is beneficial. For some, exercising in the gym is preferred; for others, taking walks with friends or while listening to a podcast is more fun.

Both stress and sleep also impact visceral fat. Getting restorative sleep is especially important given that insufficient sleep impacts stress levels and metabolism. In one long-term study, those who slept too little (five or fewer hours per night) accumulated nearly three times as much visceral fat compared to people who slept 6-7 hours per night.



## Conclusion

It's important to pay attention to where your weight is clustering in your body because it could be affecting your health. If you are concerned about where your weight is clustering, be sure to consult with a healthcare provider about what you can do.

### About the Authors:

*Scott Kahan, MD, MPH, is a physician trained in clinical medicine and public health. Dr. Kahan is the Director of the National Center for Weight and Wellness in Washington, D.C. and Chair of the Clinical Committee for The Obesity Society. He serves on the Board of Directors for the OAC, the American Board of Obesity Medicine, The Obesity Society and the Obesity Treatment Foundation.*

*Adriana Williams, MD, is a Clinical Coordinator at the National Center for Weight & Wellness in Washington, D.C. She served as a Medical Assistant for the Institute of Neurological Recovery and was a medical student at Medical University Lublin.*





# SAVE THE DATE

**#OCW2022**  
February 27<sup>th</sup> - March 5<sup>th</sup>



## OCW2022

will feature the following topics:

Weight Bias



Obesity  
Prevention &  
Treatment



World  
Obesity Day



Access  
to Care



Childhood  
Obesity



"I Care." Day



Much More!



**SIGN-UP FOR OCW ALERTS  
TO LEARN HOW YOU CAN GET INVOLVED!**  
**ObesityCareWeek.org**

**PROUDLY BROUGHT TO YOU BY:**



# Picky Eaters NO MORE!

*by Amy Thul, RD, LD, CSOWM*

**//** You want your child to accept a variety of healthy foods, and when you are faced with a picky eater, it's easy to feel as if you have few options to feed them. **//**



It's dinner time and you're running around the kitchen, trying to find something your child will eat. Some days, it seems the more you push food, the more they push back against what's on their plate. The thought of going into battle at every meal or snack can be exhausting and stressful, but it doesn't have to be this way. Mealtimes can be an enjoyable experience for both you and your child – a time for learning, bonding and even play!



## Let Your Kids PICK What to Eat!

As children grow and their independence develops, some of the first decisions they can make are what they will or will not eat. You want your child to accept a variety of healthy foods, and when you are faced with a picky eater, it's easy to feel as if you have few options to feed them.

The most important point surrounding meals is to remember that you can PICK and present the food options while your child makes the selection of WHAT to eat. This rule of thumb allows kids the freedom to choose what interests them at the time while you can rest assured that a balanced meal was presented. It's exciting to see little ones grow up and make decisions for themselves, but this requires parents and caregivers to learn new approaches along the way.

Let's not stop there! There are many additional strategies you can use so both parents and children are happy alike! Keep reading for more tips on mealtime behaviors.

*Kid's Corner continued on page 32*



## Here are a few tidbits to remember:

- ✓ Be consistent with mealtimes and routines. Try to have meals and snacks around the same time each day.
- ✓ Keep the environment around mealtimes calm. A lot of distraction can pull your child's attention away from what is on their plate. For example, turn down the volume on the television or turn it off. This puts more focus on the food itself.
- ✓ Be patient! A child can be offered a new food 10-15 times before they will try it.
- ✓ If your child protests the foods given at a meal, try the statement, "What you're asking for is not on the menu tonight, but I do have these options for you."
- ✓ Avoid filling up the plate. Having a lot of food on a plate can be distressing, but you can always provide more food if your child is still hungry. When introducing a new food, keep the portion size small. Try putting 3-4 blueberries out rather than filling up an entire section of their plate.
- ✓ Respect their level of hunger. Children can eat like a bird one day and chow down the next! Growth spurts and activity levels will play a factor in how much or how often a child eats. As long as your pediatrician gives the okay that they are still healthy and on track, let your child lead the way!
- ✓ Introduce one new food at a time. Having too many new choices can be overwhelming. This way, your child has some foods on their plate that are familiar.
- ✓ Lead by example! Children are always watching their biggest influencer, YOU! Reflect on your own willingness to try new foods and make healthy selections.



*Kid's Corner continued from page 31*

## Developing a Child's Relationship with Food

Kids are more curious about meals they participate in. This is a great time to develop a child's relationship with food. Try one or all of these ideas to make meals more interactive:

### Meal Plan

You may have a meal already designed in your mind. For example, a protein, a vegetable, a fruit and a starch are going on the table at lunch. Involve your child by presenting two choices of vegetables and have your child choose one to be served.



### Buy Foods with Color

Make grocery shopping interactive! Find different vegetables and fruits of different colors. Try purple carrots instead of orange. Look for blue fruit, red vegetables or a yellow vegetable to spice up your child's plate with some color.



### Prep Your Food Together

Let your child participate in age-appropriate meal prepping and cooking. Children can sort through foods to be prepped or washed. Talk about the food and what you plan to do with it. What is the color? Does it have skin or a peel that needs to be removed? Will you slice or chop it? Will you cook it or eat it raw?



“ It’s exciting to see little ones grow up and make decisions for themselves, but this requires parents and caregivers to learn new approaches along the way. ”

## Shape it Up

Cookie cutters are no longer just for holidays. Break them out to make shapes out of sliced fruits or sandwiches. If you don’t want to create an art piece out of every meal, try presenting foods in a different way. For example, you can cut carrots or celery into sticks for dipping or slice up an apple instead of presenting it to them whole. Different shapes can make new foods less intimidating and more fun to eat.



## Cover All of the Textures

Soft, crunchy, chewy...kids have preferences too! Serve foods with different textures at meal and snack times. Are the vegetables overcooked or mushy? Try roasting them in the oven or putting them in an air fryer to give them a tasty crunch!



## Easy Steps to Success

While dealing with a picky eater can be challenging, there are easy, simple steps that any parent or caregiver can take to ensure their child is receiving the right nutrients at every meal. Just remember, healthy food can be fun and delicious too!

### About the Author:

Amy Thul, RD, LD, CSOWM, is a Registered Dietitian in the metro Nashville area. She is a certified specialist in obesity and weight management who is also pursuing credentialing for functional nutrition to address health at the root cause. In her free time, she enjoys the outdoors with her dog Emma.

# Access to Obesity Care:

## What Do We Mean and How are We Seeking it?

*by Joseph Nadglowski, OAC President and CEO;  
Chris Gallagher, OAC Policy Consultant; and  
Christine Gallagher, MPAff*



The OAC often talks about creating comprehensive and readily accessible access to obesity care. But what do we mean when we say those statements, and what are we doing to create that access? It's time we shed some light on what comprehensive and readily accessible obesity care is and some of the activities we are engaging in to bring it to reality.

*Obesity Care continued on page 36*



## UNCOVERING RARE OBESITY®

Do you suspect there's  
more to your obesity  
than diet or lifestyle?



*Denise and her son Everett, who is living  
with a rare genetic disease of obesity*

Severe obesity that begins early in life and feelings of intense hunger that may never go away are common signs of a rare genetic disease of obesity.

### GENETIC TESTING CAN HELP UNCOVER:

- If you have a rare genetic disease of obesity
- Potential treatment options
- If you might be eligible for clinical studies

**Talk to your doctor to find out if genetic testing is right for you.**

The Uncovering Rare Obesity program offers a no-charge genetic test and two optional genetic counseling sessions before and after testing.

For more information, visit [RareObesityTest.com](https://RareObesityTest.com)



## Defining Comprehensive Obesity Care

The impact of obesity is often highlighted in the media, and public messages about obesity often urge people to seek care. However, our current healthcare system makes it difficult to know what care is available for people affected by obesity and how much it costs. The reality is that some obesity care, if not all, is often limited or excluded from healthcare coverage.

As a first step toward normalizing the availability of obesity care across health insurance plans, the STOP (Strategies to Overcome and Prevent) Obesity Alliance, a membership organization made up of business, consumer, government, advocacy and health organizations, designed a comprehensive obesity benefit (COB).

The COB provides guidance on the core components of obesity care and the conditions under which these services and/or items should be covered. STOP's recommended benefit design is consistent with current evidence-based treatment guidelines.



### Benefits and Services of STOP's COB:

1. Identifies evidence-based obesity treatments that can support clinically significant weight-loss and health improvement among people with obesity
2. Provides guidance on the appropriate amount, scope, length and delivery of obesity-related benefit offerings
3. Highlights real-world examples from state employee and Medicaid plans that cover obesity treatments
4. Supports efforts to standardize the scope and availability of obesity treatments that are covered across plans and systems

The COB consists of the following services:

- Screening and prevention
- Intensive behavioral therapy
- Pharmacotherapy support
- Bariatric surgery
- Weight maintenance





## Screening and Prevention

All adults should be screened annually for obesity. This includes documenting height, weight, waist circumference, body mass index (BMI) and any changes in weight or health status.

## Intensive Behavioral Therapy (IBT)

Intensive behavioral therapy (counseling) for obesity must include a psychological component, a physical activity component and a nutrition component.

## Pharmacotherapy Support

Benefits should cover short-term and long-term FDA-approved medications prescribed in conjunction with behavioral interventions.

## Bariatric Surgery

The COB covers one primary procedure for someone with:

- A BMI  $\geq 40$
- A BMI of  $\geq 35$  with weight-related comorbidities
- A BMI of  $> 30$  with type 2 diabetes

Bariatric surgery procedures should be performed by a bariatric surgeon in a designated bariatric Center of Excellence (COE). The plan should cover at least one revisional procedure to correct complications or when the expected weight-loss/health benefits are not achieved, despite sticking to a post-op treatment plan.

## Weight Maintenance

Strategies to prevent weight regain are necessary to the success of the obesity care plan. Benefits should include monitoring, prevention, follow-up and intervention for relapse.

Reminding insurers that obesity is a chronic and often relapsing disease requiring multiple approaches is key to our efforts to improve access to care.

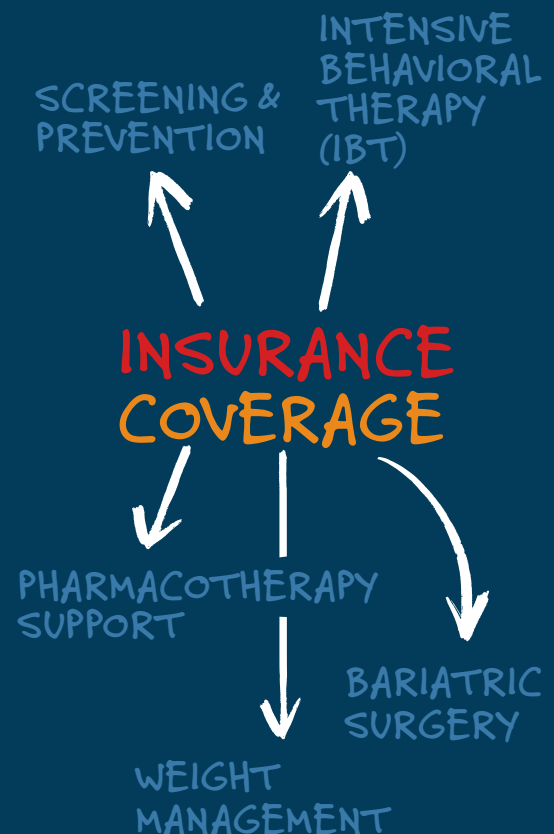
## Creating Access to Comprehensive Obesity Care

The OAC dedicates significant time, effort and resources to expanding access to obesity care. Our philosophy is simple: if you wake up this morning and decide you are ready to address your obesity, we believe it should not only be easy to seek help from your healthcare provider or evidence-based community program, but that such help should be covered by your insurance without hoops, hurdles or other barriers to such care.

As an organization, you've likely heard us talk about our efforts with Medicare and specifically the Treat and Reduce Obesity Act (TROA). If passed, TROA would bring Medicare very close to the comprehensive benefit described by STOP. In fact, we've shared the STOP work with Medicare representatives. What Medicare does with policy typically influences decisions made by private insurers and employers. So, what Medicare does is important not only for our seniors and those living with a disability, but for all Americans.

*Obesity Care continued on page 38*

“As an organization, you've likely heard us talk about our efforts with Medicare and specifically the Treat and Reduce Obesity Act (TROA). If passed, TROA would bring Medicare very close to the comprehensive benefit described by STOP.”



“The obesity community’s efforts channeled these calls for policy change into victories at the state level for expanding obesity care coverage.”

## Over the Years...

Providing coverage for obesity care is supported by a growing number of organizations representing key state policy stakeholders. For example, in 2015, the National Council of Insurance Legislators that represents legislators who chair insurance committees in state legislatures across the country adopted its first-ever disease-specific policy statement that urges Medicaid, state employee and state health exchange plans to update their benefit structures:

*“To improve access to, and coverage of treatments for obesity such as pharmacotherapy and bariatric surgery.”*

In 2018, the National Lieutenant Governors Association went on record supporting efforts to reduce obesity stigma and support access to obesity treatment options for state employees and other publicly funded healthcare programs. And late last year, the National Hispanic Caucus of State Legislators and National Black Caucus of State Legislators adopted formal policy recognizing that:

*“Health inequities in communities of color have led to a disproportionate impact of COVID-19 and that states must address the high rates of obesity to improve the health of racial minorities and prepare for the next public health epidemic.....and ensure that their constituents, including those using Medicaid, have access to the full continuum of treatment options for obesity.”*

The obesity community’s efforts channeled these calls for policy change into victories at the state level for expanding obesity care coverage. For example, New Mexico and Minnesota have adopted obesity drug coverage in their state health exchange essential health benefits benchmark plan and state Medicaid program, respectively. At the time of this writing, Pennsylvania was close to adding drug coverage for its citizens on Medicaid. Other states have adopted bariatric surgery coverage for their state employees such as Wisconsin, Georgia and Louisiana. We are hopeful that this will be the first step toward covering all obesity treatment avenues in these states. Finally, we continue to educate state medical boards, such as in Ohio and Florida, to eliminate dated and discriminatory prescribing practices surrounding obesity drugs.

## We Will Continue to Fight!

As you can see, much work is being done but there is so much more to do. We are hopeful that if Medicare makes our suggested changes, we’ll begin to quickly see improved access to comprehensive obesity care. However, until then, this is a state-by-state, insurer-by-insurer and employer-by-employer fight for better care. OAC and our partners will continue this fight until all who want care for obesity have access to it.

### About the Authors:

*Joseph Nadglowski is President & CEO of the Obesity Action Coalition (OAC). A frequent speaker and author on the importance of obesity awareness, Mr. Nadglowski has more than 25 years of experience working in patient advocacy, public policy and education. He is a graduate of the University of Florida.*

*Chris Gallagher is the OAC’s Policy Consultant and also serves on the Access to Care Committee. He has more than 30 years of legislative and lobbying experience where he has specialized in healthcare, tax and education issues. He currently manages several healthcare issues while working with different organizations.*

*Christine Gallagher, MPAff, is the Research Project Director of the STOP Obesity Alliance at George Washington University’s Milken Institute School of Public Health.*



# EXPLORE



## NOW!



OAC TV is our unique video brand created with the goal of starting conversations that connect with you, help you navigate your journey with weight and health through an engaging video experience, and keep you up-to-date with our latest announcements, offerings, campaigns and resources.

## Experience



### OAC Health Talks

Tune-in for OAC Health Talks, our educational videos designed specifically with our Community in mind. These short videos are designed to empower you while providing straightforward, practical answers and insight from trusted experts.



### ► OAC's Monthly Broadcast

Participate in thought-provoking discussions and real conversations while we break down different trending topics related to weight and health!



### ► Special Segments

Stay connected to the OAC and up-to-date with our latest news, campaigns and resources. Learn more about our latest projects, activities and initiatives, join us for special events, and get access to exclusive information and announcements through our special segments.

**Subscribe to our YouTube Channel to get access to our OAC TV exclusive content!**

[YouTube.com/ObesityActionOrg](https://www.youtube.com/ObesityActionOrg)

**SUBSCRIBE NOW**



# RECIPE *Substitutions* FOR A HEALTHIER YOU

*by Kristen Smith, MS, RDN*

When you decide to change your dietary habits, it can feel daunting to think about how to create balanced meals and recipes. You may find yourself being afraid of never being able to eat the foods that are familiar and comforting to you. These are normal feelings commonly felt when dietary changes are made. The good news is that pursuing a healthier lifestyle doesn't mean you have to say "goodbye" to all your favorite meals and recipes.

## **MAKE YOUR SUBSTITUTIONS FIT YOUR NEEDS**

Before you begin making recipe substitutions, it's important to evaluate the function of the ingredients in the recipe. Some ingredients provide flavor, some offer texture or moisture, and others are used as a binding agent to hold ingredients together.

For example, cheese can have multiple functions in a recipe including adding flavor, improving texture and acting as a binder for other ingredients. At the same time, liquids such as milk help with leavening and provide moisture. You probably didn't realize how important each ingredient is for the recipe!

It's usually advisable to start with just one ingredient substitution and evaluate the result before making another substitution. For some recipes, only one ingredient will be substitutable without significantly losing the quality and flavor of the recipe. You want your recipe to resemble the flavor of the original dish but just use healthier or more mindful ingredients.



“YOU WANT YOUR RECIPE TO RESEMBLE THE *flavor* OF THE ORIGINAL DISH BUT JUST USE *healthier* OR MORE MINDFUL INGREDIENTS.”

Let's walk through the different functions of recipe ingredients and discuss possible substitutions.

## FLAVOR

Most ingredients have multiple functions; however, typically more than one ingredient will function as a flavoring agent for the recipe. When you are trying to modify recipes for a healthier result, the ingredients that affect the flavor but minimize health benefits are those higher in fat or sugar. Numerous recipes include fats such as butter, oil or shortening to help balance and blend the flavors of certain ingredients or enhance the overall flavor of the recipe. Sweeteners such as sugar and honey are used in recipes to help balance sour or bitter flavors.

Here are some recipe hacks to decrease the fat and sugar used to flavor recipes:



- For marinades and sauces, reduce the sugar amount by  $\frac{1}{3}$  to  $\frac{1}{2}$  of what's called for in the recipe.



- Use sugar-free syrups to replace regular syrups.



- Use canned fruit in water or natural juice rather than in syrup.
- Increase other spices in the recipe when you decrease the amount of sugar.



- Substitute  $\frac{1}{3}$  to  $\frac{1}{2}$  of sugar in a recipe with a fig or prune puree (works in both savory recipes and baked goods).

*Recipe Substitutions continued on page 42*

## *Greek Yogurt* TWICE BAKED POTATOES

### Ingredients:

- 4 medium potatoes, rinsed
- $\frac{2}{3}$  cup plain Greek yogurt
- $\frac{2}{3}$  cup low-fat cheddar cheese, shredded
- $\frac{2}{3}$  cup low-fat milk
- 2 tbsp. butter
- $\frac{1}{2}$  tsp. salt
- $\frac{1}{2}$  tsp. pepper
- Optional: Green onions, turkey bacon, additional salt

### Instructions:

1. Preheat oven to 350° Fahrenheit.
2. Place potatoes on a baking sheet and spread them out a few inches apart.
3. Bake the potatoes at 350° for about one hour or until soft to touch.
4. Let the potatoes cool for about 10-15 minutes; slice potatoes in half lengthwise and scoop the insides into a large bowl.
5. In a large bowl, add the Greek yogurt, half of your cheese mixture, milk, butter, salt and pepper.
6. Using a mixer, blend until well combined.
7. Spoon the mixture into the potato skins and top with the remaining cheese.
8. Bake at 350° for another 12-17 minutes or until cheese is slightly browned.





- When sautéing vegetables, replace half of the oil with a broth such as vegetable or chicken.
- Replace oil in baked goods with applesauce, pureed dates or mashed bananas. Start by replacing half of the oil with an equal amount of fruit puree.
- Create your own salad dressings with less oil by blending together vinegar, spices and a splash of fresh fruit juice.
- In savory dishes or baked goods, replace sour cream or cream cheese with plain Greek yogurt.
- Instead of using cream to thicken soups, use one-half cup of pureed cannellini beans blended with one cup of soup broth.

## TEXTURE

The texture of foods can be affected by ingredients that add moisture or the types and amounts of starchy ingredients. Higher-fat dairy products or cooking oils are often added to recipes to keep them moist and creamy. Starchy ingredients such as pasta or breadcrumbs can add a chewy or crunchy texture. When making substitutions to create a healthier recipe, it can be difficult to maintain the recipe's original texture. Here are some tips for swapping out ingredients without significantly steering away from the original texture of the recipe.



- Replace high-fat dairy products like milk and cheese with lower-fat options (non-fat dairy products usually don't work out).
- Use whole grain or vegetable-based pasta for regular white pasta.
- Substitute white rice with riced cauliflower, brown rice or quinoa.
- Swap cream cheese in recipes with plain full-fat Greek yogurt.
- In baked goods, substitute half to all of the all-purpose flour with 100% whole wheat flour.
- Replace croutons in salads and soups with crunchy nuts and seeds.





## BINDING AGENTS

Binding agents are any ingredient that can help a recipe hold its shape or remain bound together. In some instances, binding agents may also add texture to the recipe. Egg, flour and cheese are some of the most popular binding agents, but other food binders include breadcrumbs, rice, milk and oatmeal.

Below are several tricks to substitute some of the higher-calorie and less nutrient-dense ingredients used as binding agents in recipes:



- Replace store-bought breadcrumbs with crushed bran flakes or oats that have been pulsed in a food processor.
- When baking, skip the eggs and replace with a flaxseed "egg" made by mixing one tablespoon of ground flaxseed with three tablespoons of water.
- Substitute whole milk cheese with reduced-fat versions.



## CONCLUSION

Making healthier substitutions can be easy and leave your dish tasting just as delicious! Cooking with healthier ingredients doesn't have to completely change the taste of the dish, and most of the time, you won't even notice anything is different!

### About the Author:

*Kristen Smith, MS, RDN, is a bariatric surgery program coordinator in Atlanta, Georgia. Kristen has been a practicing registered dietitian for nearly two decades and is a national spokesperson for the Academy of Nutrition and Dietetics. Her nutrition expertise has been featured in interviews on Good Morning America, The New York Times, WebMD, US News and much more!*

# FERRETTS®

Iron I like because it likes me.

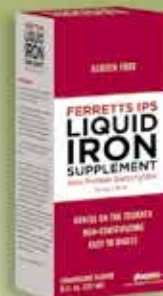
*Gentle and Effective  
Feel the Difference*



## Ferretts® Tablets

(325 mg Ferrous Fumarate)

- Gentle
- Gluten Free
- Dye Free
- Sugar Free
- Small Easy to Swallow Tablet



## Ferretts® IPS Liquid Iron

- Gentle
- Non Constipating
- Gluten Free
- Ideal for those who have difficulty absorbing iron



## Ferretts® Chewable

- Carbonyl iron is naturally regulated by the body for better absorption
- Delicious & Gentle
- Gluten Free

Available online or at your local Pharmacy, Ask the Pharmacist

### FREE SHIPPING

on orders over \$25 with Coupon Code **YWM**  
Coupon Expires 12/31/2022 (via USPS, USA only)

**Call Now 800-456-4138**  
**www.BetterIron.com**

**pharmics inc.**

Quality Nutraceuticals  
Since 1970

\*These statements have not been evaluated by the FDA.  
These products are not intended to diagnose, cure or prevent any disease.

# Fitness Technology:

## An Anchor or a Balloon?

by Troy Saulnier, CPT

It seems we are entering a golden age of fitness where technology is making professional-quality guidance available and affordable for all. Watches track activity and calculate calories burned before, during, and after every workout. They will even tell us when our body is ready for an exercise session or if signs indicate taking the day off for recovery is a better strategy. Apps to count the calories we eat are conveniently installed on our phones so we are always aware of how much more food we can consume throughout the day while remaining in the necessary deficit for fat loss. Even better, many food tracking apps are available at no cost to the consumer.





“While apps and devices can be helpful tools for achieving fitness goals, they should be used carefully and viewed with caution.”

## Calories-In and Calories-Out (CICO)

The new readily available technology provides data to help us choose the correct direction to make progress toward our fitness goals. However, there are opportunities for these tools to move us away from being healthy even while getting us closer to the “idea” of health we hope to achieve. While apps and devices can be helpful tools for achieving fitness goals, they should be used carefully and viewed with caution.

Technology provides us with assistance in counting and tracking the calories we consume and use throughout the day can be helpful in achieving the goal of losing weight. Calories-In, Calories-Out (CICO) is the single most important factor in losing fat; however, we recognize that there are many factors that impact someone's ability to lose body fat. Knowing how many calories we ingest and burn enables us to set minimum goals for activity and maximum goals for food intake each day. We must remember the tools provide only estimates of CICO. Even if a fitness watch monitors heart rate and steps, it can only estimate how many calories are burned throughout a given period of time. Other factors can play a role in determining the rate calories are expended such as:

- Muscle mass
- Fat mass
- Temperature
- Stress
- Hydration
- Genetics



Therefore, we don't want to exercise to the point of passing out because our watch says we must burn another two-hundred calories before midnight. It is not reasonable for us to expect a watch on our wrist to account for all these factors and then spit out an accurate measure of calories-out.

The way that apps track our calories-in is also concerning as well. While standardized and universally accepted values for foods are used in developing tracking apps, there are always variations from food sample to food sample. The next time you are in the grocery store, look at two random packs of the same meat. There are usually not-so-slight differences in the amount of fat in two steaks or even two chicken breasts in the same pack. Fruits, vegetables, and grains grown in different soils and environments can have very different nutrient profiles as well. The amount of calories and nutrients we ingest can be significantly different than what a tracking app estimates for us.

## Fitness Technology and Stress

Perhaps the most likely negative aspect of using technology to guide our physical fitness is the possibility we have invited another source of stress to enter our life. The impact of stress on our sleep and hormonal activity is well-documented and none of it is helpful in getting healthier.

If using an app or a device adds another layer of stress and pressure to your life, it is probably working against your goal of achieving a higher level of fitness. Following the commands of a device can cause unnecessary anxiety. If notifications to get up and move are received while in a stressful business meeting, while working furiously to meet a reporting deadline, or changing a diaper, it has created a new problem rather than a useful solution.

Using a calorie-tracking app and seeing we have consumed 90% of our daily fat allowance by the time breakfast is done can make the rest of the day an extremely stressful challenge. This information can help us stay on track or it can ruin our day. If stress created by technological guidance overwhelms our thoughts and feelings, it can lead to unhealthy actions.

“If notifications to get up and move are received while in a stressful business meeting, while working furiously to meet a reporting deadline, or changing a diaper, it has created a new problem rather than a useful solution.”



*Fitness Technology continued on page 46*



“If an app is making life worse, it is an anchor, drop it. If a device is making life better, it is a balloon, hold on tight and keep flying higher.”



*Fitness Technology continued from page 45*

## Fitness Technology and Disordered Behaviors

Tracking and monitoring can breed obsessive thoughts and disordered behaviors. Working to comply with minimum daily steps or calorie output as determined by a fitness watch can be detrimental or even dangerous if already in a severe energy deficit through dieting.

Obsessively weighing every serving of food to comply with the calorie restrictions prescribed by an app can take the enjoyment out of eating. We can experience all these negative side effects of technology and then still not efficiently move toward our fitness goals due to the inaccuracy of measuring CICO. Of course, a likely outcome of such a situation is to become discouraged and quit even trying.

## Setting Limits

Despite the possibility for these negative aspects to arise, technology can be very helpful in moving toward our fitness goals. To get the maximum benefits while minimizing the costs, we can set parameters to ensure we don't cross over the line into an unhealthy place. We can set limits on how much we will allow electronics to affect our life. We can establish specific times when calorie-tracking apps will be updated and reviewed.

For example, it if helps you, only track breakfast and lunch on the app and then just eat a balanced dinner without feeling the need to track it. Or, when you go out to dinner, just enjoy the meal instead of trying to track it on your app.

We should schedule breaks from using devices and apps at all. It is a good idea to set eight-week goals followed by two-week breaks. During the eight weeks of tracking and monitoring, use technology to stay on the right path.

Then for the following weeks, ignore or even uninstall the apps used frequently. This does not mean you should quit caring about physical fitness. We should still be thoughtful and intentional with exercise and nutrition but take a break from being fully immersed through technology. Then reassess and set new goals for the next period.

## Technology Should Help You, Not Hinder You

For some of us, there is just no way to use technology without it creating a new problem or hurdle in our life. We can look at just about anything and categorize it as being helpful or detrimental to us. Keep in mind, fitness is very simple, it's just not easy. Technology should never make it more complicated. Things can be either anchors or balloons in our life. If an app is making life worse, it is an anchor, drop it. If a device is making life better, it is a balloon, hold on tight and keep flying higher.

Devices and apps can be excellent for assisting us in monitoring progress and working toward goals. If we keep in mind the likelihood of Calories-In, Calories-Out inaccuracies, schedule breaks from intensive tracking, and resolve to drop negative things when they work against our goals, we can use technology to improve our physical fitness.

### **About the Author:**

*After retiring from a long career in public service, Troy Saulnier, CPT, is finally getting to live his childhood dream of working in the physical fitness field. He is a certified personal trainer and nutrition coach, and owns an Anytime Fitness franchise in Clearwater, Florida.*



## Check out OAC's NEW Resource Library!



- Quality science-based information on obesity, treatment, nutrition, exercise and much more!



- Comprehensive information on hundreds of topics!



- Variety of print and video educational resources!



- Interactive library with filtering tools to help you find what you need!



The OAC has a new educational resource tool to help you with your journey with weight and health. We are excited to unveil our brand new public resource, the **OAC Resource Library!**

The library features a wealth of information on topics such as nutrition strategies, the science of obesity, bariatric surgery, weight bias, exercise and more. From resource articles to videos to guides, the OAC Resource Library is a true testament to the unparalleled science-based education that the OAC is known and respected for.

**Ready to explore OAC's Resource Library?**  
**Visit: [ObesityAction.org/Library](https://ObesityAction.org/Library)**



**Premier  
Protein®**

**Too Good  
to Be Good**



^ANTIOXIDANTS VITAMINS C & E, AS PART OF A HEALTHY DIET AND LIFESTYLE

PREMIER PROTEIN IS A REGISTERED TRADEMARK OF PREMIER NUTRITION COMPANY LLC.  
COPYRIGHT © 2021 PREMIER NUTRITION COMPANY LLC. ALL RIGHTS RESERVED.