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Boston Public Health Commission

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Childhood obesity:
An avoidable problem

Jonathan Baez (front) leads Dante White (rear, second from left) and Khalima Botus-Foster (rear, middle) and other youth in a kickboxing class to help manage their weight.

Michelle Botus-Foster admits that it took some doing to break the cycle of overeating.

"Growing up," the state social worker recalled, "we used to pile the food on. There would be a peak on your plate."

It was little surprise, then, that her 12-year-old daughter, Khalima, was having difficulty managing her weight.

"I used to be skinny when I was in the fifth grade," Khalima now in seventh grade, said ruefully.

But pressures at school took their toll and the pounds began to mount. Khalima says that she likes to eat; junk food and Chinese food are her favorites. Watching too much television and playing video games didn't help matters.

In the 2007 report on health and risk behaviors of Massachusetts youth, it was found that 11 percent of high school students were obese and another 15 percent were at risk.

Within one year, she had gained 10 pounds.

"Khalima started eating too much," her mother said bluntly.

But it wasn't a scale that tipped off Khalima that it was time to pay attention, nor was it the warnings from her mother. The wake-up call came from Khalima's closet — most of her clothes had grown too small.

"We became complacent," Botus-Foster said, quickly pointing out that she too had gained extra pounds. "We started to eat too much fast food and not exercise enough."

Those days are long gone.

Nowadays, she, Khalima and other family members take walks through the Arnold Arboretum or around Castle Island. To make sure they are eating right, the whole family makes a weekly expedition to Haymarket Square for Saturday food shopping. Fortunately, the children have a penchant for vegetables. Baby carrots are one favorite, and Khalima would make Popeye proud — she loves spinach.

And in this age of super-sizes, Botus-Foster pays particular attention to the sizes of portions.

"I cook less food now," she explained. "I used to cook a lot in case friends dropped by. But that only made us eat more."

Botus-Foster takes her role very personally: "It's my responsibility to encourage healthy choices. It's not about being a size 0 or 2. It's about good health and lifestyle."

Fortunately, Botus-Foster has help in a slew of new state regulations and local policies. Last January, the Commonwealth of Massachusetts enacted "Mass in Motion," a comprehensive initiative that targets obesity with particular focus on school-aged children.

The state went even further by endorsing the Physical Examination of School Children, a new law that requires public schools across the state to obtain the body mass index (BMI) of first-, fourth-, seventh- and 10th-graders with their parents' consent.

Under the new law, effective this upcoming school year, the BMIs will be sent to parents along with recommendations for children who are obese or at risk for obesity.

The Massachusetts Department of Public Health (DPH) will receive the analysis as well in order to monitor progress over the years.

The state has taken other measures. Under the Calorie Posting Amendments, which goes into effect on Nov. 1, 2010, food establishments must publicly display calorie information — even at the drive-through window, where up to 60 percent of meals are sold.

The new regulation applies to fast food and chain restaurants that offer the same menus in at least 20 sites across the state. A similar ruling has been in effect in New York since 2008.

The Boston Public Schools are also taking direct aim at the obesity problem by targeting low-nutrition foods sold on their premises. For instance, total fat in snacks is limited to 30 percent of calories per serving size and added sugar to 35 percent. Milks cannot exceed 14 ounces in size and must be reduced, low-fat or skim.

Size matters — no more super-sized cookies or big bags of regular chips. Soft drinks and fruit drinks with minimal nutritional value are gone.

And with good reason. In the 2007 report on health and risk behaviors of Massachusetts youth, it was found that 11 percent of high school students were obese and another 15 percent were at risk.

The numbers were worse for middle school students — 18 percent were at risk of obesity.

The study went on to detail some of the factors contributing to the problem. Only 60 percent of high school students had attended physical education classes weekly or played on a sports team in the past year. No more than 15 percent of all students ate the recommended number of fruits and vegetables per day, and just over one-third of high school students reported that they ate breakfast everyday.

Hardest hit are students of color. The Mass in Action report by the DPH noted that in 2007, obesity was more common in black and Hispanic high school students at 22 and 15 percent, respectively, than white students, at 9 percent.

Botus-Foster, continued to page 4

The ABCs of BMI

In many ways, Dante White is a typical 16-year-old boy. He likes football and basketball, and every now and then, enjoys picking up a brush and trying his hand at art.

White also readily admits that he likes to eat — Italian dishes, in particular.

"I like lasagna, spaghetti — any kind of pasta," the ninth-grader said.

But two years ago, he started to eat "a little too much."

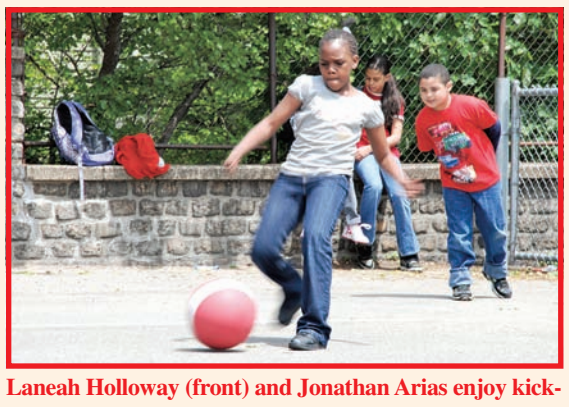
He should have known better. A borderline diabetic, White had been told to watch his weight to avoid increasing his medical risks.

"I was eating a lot," he said. "I had blurry vision … I was dehydrated."

He was soon diagnosed with type 2 diabetes.

"It's hard," Dante said. "I used to eat wrong."

Dr. Shikah Anand has a particular interest in children like Dante who are struggling with their weight.



Laneah Holloway (front) and Jonathan Arias enjoy kickball during recess at Mission Hill K-8 School. Rubbie Lerbours is in the background. Regular physical activity can help prevent excessive weight gain in kids.

As director of pediatrics at Whittier Street Health Center, she is troubled by what she is seeing. More and more children have high blood pressure, type 2 diabetes and high cholesterol — all preventable cardiovascular conditions that are related to obesity.

But Anand does have some encouraging news.

"Children are more educated and ready to make changes," she said. "There is an increased need to do something about it."

The "it" refers to childhood obesity, a problem that has received national attention in recent years. In 2001, for instance, then-U.S. Surgeon General Dr. David Satcher issued a warning on the growing tide of obesity. If not checked, he cautioned, obesity would soon overcome smoking as the leading preventable cause of death.

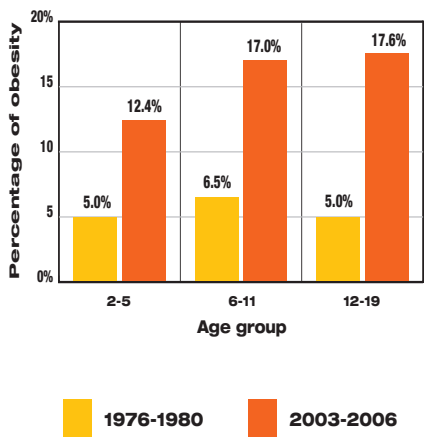
Apparently, his warnings fell on deaf ears. The Centers for Disease Control and Prevention (CDC) determined that in 2008, more than 63 percent of all U.S. adults were overweight or obese. More troubling is the youthfulness of the epidemic.

Between 1976 and 2006, the prevalence of obesity more than doubled in children ages 2-5 and 6-11, and more than

Dante White, continued to page 4

A growing concern

In 30 years between 1976 and 2006, the prevalence of obesity in the U.S. more than doubled for children from ages 2-5 and 6-11, and more than tripled for adolescents ages 12-19.



Source: National Health and Nutrition Examination Surveys

It's a family affair

Raising healthy kids requires that parents and the rest of us work together to provide environments that promote health. Sadly, children often find themselves in unhealthy environments. It is easier to find fried chicken in our community than it is to find an apple. It's easier to find a soda than it is to find a water cooler. It's safer to stay at home and play video games than to play in some of our parks.

Vivien Morris, M.S., R.D., M.P.H., L.D.N.
Director of Community Initiatives
Nutrition and Fitness for Life Program
Department of Pediatrics
Boston Medical Center

These conditions make it harder for parents and kids to prevent obesity. Almost 18 percent of all U.S. children are obese; according to a national survey on health and nutrition, the rate jumps to 28 percent among black adolescent girls. A number of these children and youth develop type 2 diabetes, bone and joint problems, asthma, sleep apnea, hypertension and high cholesterol levels because of obesity. It has been predicted that the current generation of children may be the first generation in two centuries to have a shorter lifespan than their parents.

In addition to physical health problems, obese children endure weight-related teasing that sometimes crushes their self-esteem. But overweight and obese children do not have to become obese adolescents and adults. By starting at an early age to make appropriate interventions, children can grow into an appropriate weight for their height. Healthy, tasty diets and fun activities are keys to helping kids reach and maintain healthy weights.

What Parents and Communities Can Do

• **Show lots of love.** Love your children and show them you think they are beautiful and special. Children are more likely to feel good about themselves when they feel that their parents accept and love them. Listen with support and understanding when your child voices concern over his or her weight.

• **Encourage healthy eating habits.** A healthy diet includes regular meals (no skipping breakfast); lots of fruits and vegetables; lean meats, fish and poultry; whole grains, like oatmeal or whole wheat bread; fewer soft drinks and high-calorie snacks; water or low-fat milk, with limits on fruit juice; and limits on trans fat and saturated fat — cook with vegetable oils and read labels of processed foods to avoid unhealthy fats.

• **Eat family meals together, so that parents can become healthy-eating role models for children.** Home-cooked meals are more likely to be healthy than fast food meals. If the family does eat out, select healthier options, like salads with low-fat dressing, cut-up fruit, and small sandwiches without mayonnaise or extra cheese.

• **Do not use food to reward or punish children.** Enjoyable food at the appropriate time is its own reward. When incentives are needed, try giving praise and encouragement.

• **Limit screen time.** Turn off the television and video games. Instead, encourage children to enjoy active play. Work with other community members and local organizations to improve the quality and safety of local parks.

• **Be active together as a family.** Families can have fun while doing household chores, as well as playing games together or exploring the great outdoors.

• **Bring healthier food into our communities.** Support your local farmers market. Ask restaurants to modify their menus to include more baked and broiled items, and to extend the selection of vegetable items.

• **Ask for guidance and support from your health care provider.** Your pediatrician can best evaluate your child's health status and determine whether a referral to a dietitian or other health specialist is needed.

The following recipes reflect traditions of whole-grain cereal for breakfast, fruit as part of lunch, and a child-friendly remake of a family favorite (chicken and potatoes) for dinner. Round out the meals with water and low-fat or skim milk to drink and extra fruit or vegetables for lunch and dinner.

Breakfast

Fruit Maple Porridge

Ingredients:
1 cup skim milk
½ cup old fashioned oatmeal (no sugar added)
1 tablespoon maple syrup or honey
½ cup mixed fresh fruit (sliced bananas, strawberries, mangoes, peaches)

Preparation:

Mix ¾ cup milk and oatmeal together in a small pan and cook over medium heat, stirring for 8-10 minutes. Remove from heat. Pour into an individual serving bowl. Add additional ¼ cup milk, syrup or honey and stir. Top with fresh fruit. Enjoy.

Serves one.

Per Serving: 308 Calories; 14 g Protein; 0 g Fat; 7 g fiber; 126 mg sodium.

(Recipe adapted from: "Healthy Cooking for Your Kids," Parragon Publishing, 2006)

Lunch

Happle Bagel Sandwich

Ingredients:
½ whole grain bagel
1 green apple sliced into rounds (seeds removed)
1 slice cheddar cheese (1 ounce)
Sprinkle of cinnamon

Preparation:

Preheat oven to 350 degrees. Place cheese slice on top of bagel half. Put the apple slice on top of that. Sprinkle some cinnamon on top. Place bagel sandwich in oven for 5-10 minutes. Watch to make sure it doesn't burn. It's done when the cheese starts to melt.

Serves one.

Per Serving: 224 Calories; 11 g Protein; 10 g Fat; 2g fiber; 126 mg sodium

(Recipe adapted from: "Kids Cooking," Klutz Press, 1987)

Dinner

Roasted Chicken and Sweet Potatoes

Ingredients:
8 chicken thighs, skin removed
1 red onion, minced
8 tablespoons low-sugar and -salt tomato ketchup
2 tablespoons maple syrup
1 tablespoon Worcestershire sauce
1 tablespoon mustard
1 clove garlic, minced
3 tablespoons olive oil
4 sweet potatoes, cut into chunks

Preparation:

Preheat oven to 400 degrees. Score each chicken thigh 2-3 times. Mix all remaining ingredients, except the sweet potatoes, together in a large bowl. Add the chicken and toss well to coat. Cover and let marinate in refrigerator for 20 minutes, then add the sweet potatoes and toss well to coat. Pour the chicken and sweet potatoes into a baking dish and roast in the preheated oven for 40-50 minutes until well-browned. The chicken should be tender and the juices run clear when a skewer is inserted into the thickest part of the meat.

Serves eight (child-size portions)

Per Serving: 234 Calories; 14g Protein; 12 g Fat; 2 g Fiber; 205 mg Sodium

(Recipe adapted from: "Healthy Cooking for Your Kids," Parragon Publishing, 2006)

Childhood obesity

Questions & Answers

Joseph R. Betancourt, M.D.
Director of the Disparities Solutions Center, Massachusetts General Hospital

1. Why do some overweight children and adolescents think they are of normal size?

Sometimes children and their parents do not realize they are overweight. About 16 percent of children and adolescents are overweight, and this number is increasing. As more children and adults become overweight, our idea about what is normal changes and we begin to think excessive weight is acceptable. It is important that children be aware of how to live healthy and fun lives while also making sure they remain a healthy weight. Speak to your doctor about suggestions for teaching children how to live healthy and active lives.

2. What can parents do to minimize the risk of obesity in their children?

It is important that parents make sure their kids are healthy, and the best way to do this is to lead by example. Exercise and eating healthy foods are key. To encourage your children to eat well-balanced diets, try to make dinner with plenty of fruits, vegetables and lean protein, such as chicken and fish. Make sure your kids are eating healthy snacks instead of junk food and high-calorie soft drinks. Also, make sure they are getting plenty of physical activity (at least one hour a day). Instead of watching TV, playing video games or surfing the Internet, encourage your kids to go for a walk or play in a safe place.

3. How often should a child exercise to help maintain a healthy weight?

Just like adults, all children should engage in physical activity. Children from 6 to 17 years of age need at least one hour of moderate physical activity a day. This doesn't mean they have to take part in formal sports — everything from chores around the house, playing outside and going for a bike ride are examples of physical activity. The best way to make sure your children are getting enough exercise is to set an example. Instead of morning cartoons, take your child out for a walk or a day at the beach. Try not to focus on your child's weight, but instead that they are living healthy and having fun.

4. If a child is overweight, does that mean he or she is unhealthy?

Not necessarily. It is important to not become too preoccupied with your child's numerical weight—but it is something you should be aware of. Your pediatrician can calculate your child's body mass index, or BMI, an indicator of healthy weight. Instead, we should focus on overall health. Weight is one part of being healthy, but it is not the whole story. Being healthy means eating a balanced diet with plenty of vegetables and fruit and engaging in regular physical activity — playing outside, soccer practice, helping with chores around the house. Make sure your kids are eating regular healthy meals and staying active.

6. Is it possible to control or reverse type 2 diabetes in an overweight child or adolescent through lifestyle changes?

Type 2 diabetes arises when our body no longer responds to insulin. Insulin, a special hormone we produce, acts like a key, unlocking a special door in our cells so that sugar can enter and be used to make energy. Diabetes — once considered a disease of adults — is more common in heavy children and teens. Diabetes is a complicated disease that does not really go away, but can be controlled. If your child has diabetes, then it is important that he or she is eating healthy and balanced meals and engaging in physical activity to keep their blood sugar levels and weight under control. Speak to your child's pediatrician about which food choices and how much exercise may be right for your diabetic child.

7. Why is breakfast such an important meal for a child?

Breakfast is the most important meal of the day for everyone. Even though it is the most important meal, up to 40 percent of kids don't eat breakfast. After a long night of sleep with no food, our bodies are running low on fuel in the morning. Kids who eat breakfast are shown to do better in school, are more alert, have fewer nurse visits and keep their weight under control. So why aren't more kids eating breakfast? Well, everyone is rushed in the mornings. But remember, a healthy breakfast can be quick and easy, like low-fat yogurt with fruit, peanut butter on whole wheat bread, instant oatmeal or half a bagel with fruit or cheese.

Marina C. Cervantes of the Disparities Solutions Center participated in the preparation of these responses.

A closer look

5-2-1-0 — A simple formula for good health

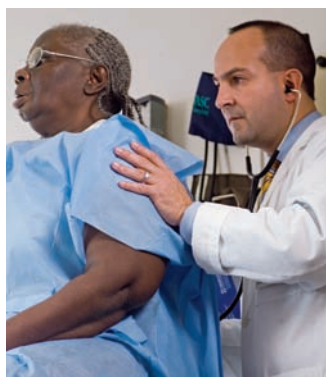
- Eat at least five servings of fruits and vegetables a day
- Limit screen time (TV, video games) to two or fewer hours a day
- Exercise one or more hours a day
- Drink no soda or sugar-sweetened sports and fruit drinks

Complications of obesity

- Type 2 diabetes
- High blood pressure
- Metabolic syndrome
- Asthma
- Sleep disorders
- Liver disease
- High cholesterol
- Low self-esteem and depression

Healing the racial divide in health care

Dr. Joseph Betancourt wrote the book on health care disparities. Now he's trying to erase them.



When Joseph Betancourt was in medical school, he often saw children acting as interpreters for family members who did not speak English. Originally from Puerto Rico, and as the only Spanish-speaking medical student on his team, he had to interpret for hospitalized patients.

Years later, Joseph Betancourt, MD, MPH, co-authored a landmark study by the Institute of Medicine that found striking inequities in health and health care for racial and ethnic minorities across the US.

When Massachusetts General Hospital president Peter Slavin, MD created the Disparities Solutions Center at MGH, he chose Dr. Betancourt to lead it. "It is time to move from diagnosing the problem to treating it," said Dr. Slavin.

The MGH Center is the first hospital-based Disparities Solutions Center in the country to move disparities beyond research into policy and practice. It has $3 million in support from MGH and Partners HealthCare.

The Disparities Solutions Center will:

• advise MGH in its efforts to identify and address racial and ethnic disparities in care;

• develop and evaluate customized solutions to eliminate disparities in the health care community in Boston and beyond;

• educate, train and expand the number of leaders working to end disparities nationwide.

Perhaps most important, the center will transfer what it learns to hospitals and health centers, community groups, insurers, medical schools, educators, government officials, and of course, physicians and nurses across the country.

One of the Center's first efforts is the new Diabetes Management Program at the MGH Chelsea Health Care Center, where more than 50 percent of patients are Latino. Latinos are more likely than whites to die from diabetes complications including kidney failure, blindness, heart disease, and amputations.

MGH Chelsea health professionals will help patients control their diabetes, get regular screenings, and prevent complications through telephone outreach, individual coaching, and group education sessions in English — and Spanish.

Translating talk into action is what Dr. Betancourt has been doing all his life.

More information at Boston Public Health Commission at www.bphc.org

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Do you think your child is overweight?

***Here's how to find out ...**

1. Measure your child's height to the nearest ⅛ inch.

2. Record your child's weight to the nearest ¼ pound.

3. Calculate the BMI.
Weight in pounds / (height in inches)² X 703, or
Calculate online at http://apps.nccd.cdc.gov/dnpabmi/

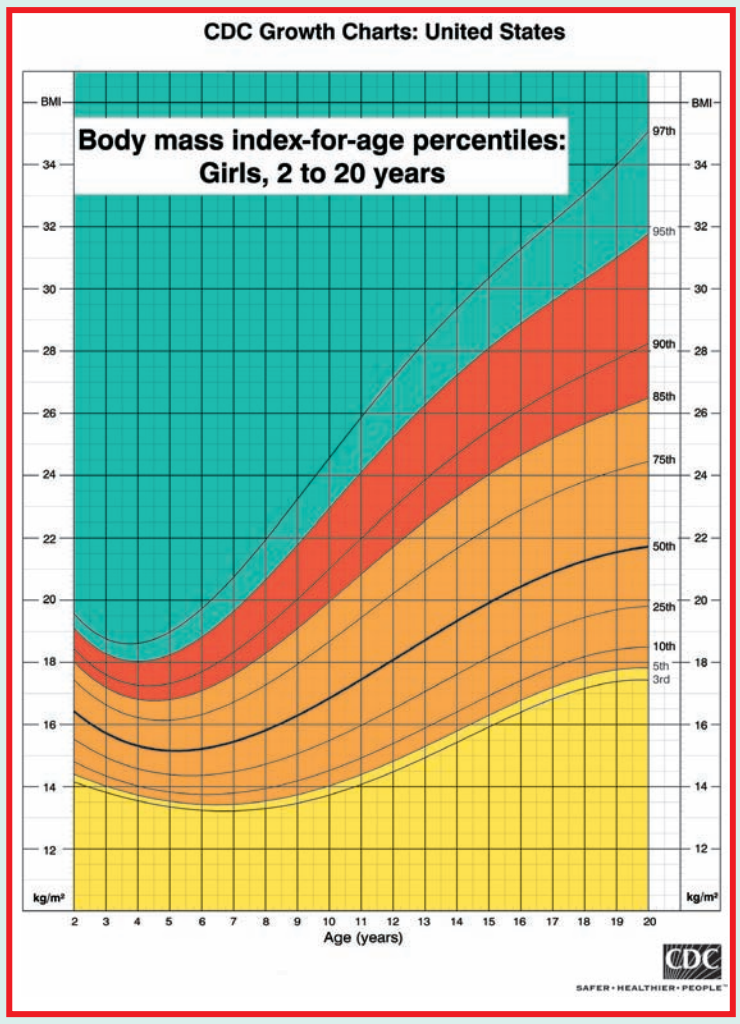
4. Plot BMI on gender-specific growth chart.

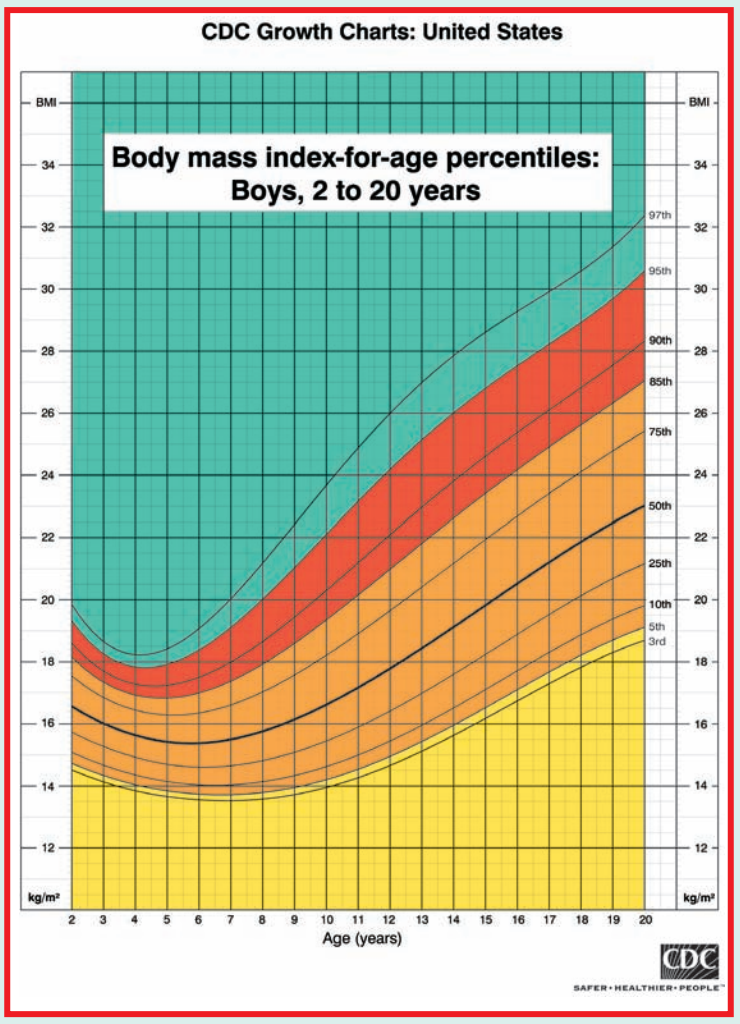
Example:
If a 12-year-old girl weighs 145 pounds and is 5 feet, or 60 inches, tall, her BMI-for-age = 145 / (60)² X 703 = 28.3. Interpretation: Her weight is above the 95th percentile. She is considered obese.

**These calculations are approximate. See your pediatrician for a more accurate analysis of your child's weight.*

Key:

- Underweight — less than 5th percentile
- Healthy — 5th percentile up to the 85th percentile
- Overweight — 85th percentile to less than 95th percentile
- Obese — 95th percentile or higher





Botus-Foster

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"It's a constant battle," said Ayla Gavins, principal of Mission Hill K-8 School in Roxbury. "We might require healthy eating in the school, but the students can buy unhealthy snacks at a nearby convenience store."

As a result, the staff keeps a close eye on what their students eat at lunch.

Dr. Shakhia Anand (right), the director of pediatrics at Whittier Street Health Center, runs a weight management program for children and teens.

"If we notice that they are eating only potato chips and cookies," Gavins explained, "we advise them that that's not enough and direct them to healthier choices."

The state and local initiatives come on the heel of some well-publicized national efforts. For one, the Robert Wood Johnson Foundation has devoted $500 million to childhood obesity.

For another, the Alliance for a Healthier Generation, a partnership between the American Heart Association and the William J. Clinton Foundation, was developed to "eliminate childhood obesity and to inspire all young people in the United States to develop lifelong, healthy habits."

Despite those efforts, Botus-Foster says the solutions lie within each family. It was family genetics that prompted her to make a real effort.

"My daughter is predisposed to diabetes," she said. "My grandmother was overweight and had high blood pressure and diabetes. My father is diabetic as well and a sister had gestational diabetes."

That family history contributed significantly to Botus-Foster's decision to enroll Khalima in Race Around Roxbury (RAR), a community-based program that uses exercise, nutrition education, art and counseling to address weight management in children and adolescents.

In addition, participants receive regular screenings, BMI tracking and risk assessments for obesity-related illnesses.

Khalima joined a couple of months ago and says it has helped a lot. She takes full advantage of all the offerings, including art and dance classes. She likes the kickboxing, but admits that she's a little clumsy.

She also has a favorite.

"I'm learning how to cook healthy meals," she said. "I made baked fried chicken."

Excited, she ticked off the ingredients — boneless chicken breasts, egg and corn flakes for breading. She was surprised at how good it tasted.

"I couldn't believe it," she said. "It really was good."

Khalima goes the extra mile. "I walk home from school every day," she boasted. "It's about a 30-minute walk." Then she works out at Body by Brandy, a fitness center affiliated with RAR.

It's paid off. According to her case manager, Khalima lost five pounds after one month of membership.

"Now I'm back on track," she said.

For kids of all ages

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Boston Centers for Youth and Families
Target: Children, teens and families
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Dante White

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tripled in adolescents ages 12-19.

The prevalence of obesity varies by race and ethnicity. About 22 percent of Mexican American children and adolescents are obese, compared to 18.5 percent of blacks and 17 percent of whites.

The problem starts early. A recent study published in the Archives of Pediatric Adolescent Medicine found that among five major ethnic groups of 4-year-olds, American Indians were hardest hit, followed by Hispanics and blacks.

As in adults, obesity in children is determined by the body mass index, or BMI, a measure of weight in relation to height. Unlike the BMI for adults, the measurement for children is plotted on CDC growth charts and is age- and -gender-specific, because the body's composition changes with age and differs between boys and girls.

Overweight is defined as a BMI-for-age between the 85th and 94th percentile, while obesity is defined as a BMI-for-age at or above the 95th percentile.

Interpretation of the BMI is a bit tricky. If a child is in the 80th percentile, for example, that means that compared with other children of the same age and sex, 80 percent have a lower BMI.

Overweight children are at higher risk of developing high blood pressure, high cholesterol and type 2 diabetes — all previously considered adult conditions.

According to the CDC, in one population-based study of 5- to 17-year-olds, 70 percent of obese children had one cardiovascular risk factor and 39 percent had two or more.

Cardiovascular diseases are not the only medical threats. Asthma, sleep disorders and even liver disease are other possible consequences.

Emotional problems are common as well. Heavy kids are often bullied or teased about their weight. Some suffer from anxiety and learning difficulties. Many are depressed.

More distressing is that obesity and its concomitant illnesses often continue into adulthood. Several studies have demonstrated a correlation between adult and child obesity. One study found that the age at which obesity was diagnosed is a factor — if a child is diagnosed as overweight before the age of 8, adult obesity is more severe.

Another concern is the misperception of weight problems. A study from McGill University in Montreal found that kids and teens surrounded by overweight family members and classmates are more likely to be unaware of their burgeoning waistlines. Underestimation of obesity was found in both sexes and among all socioeconomic backgrounds.

The underlying cause of weight problems is straightforward — more calories are consumed than used. The reason behind this imbalance is more complicated. The biggest culprit is diet — sugared soft drinks, fast foods and high-fat and salty snacks all contribute to excess pounds. Eating more meals away from home and super-sized portions of empty calories add to the problem.

Inactivity is another cause. In its 2008 Physical Activity Guidelines for Americans, the U.S. Department of Health and Human Services recommended that children and adolescents get 60 minutes or more of physical activity each day, including both aerobic and muscle-strengthening exercises.

The benefits of exercise are well documented. It helps build strong bones and muscles, allows better sleep and provides a healthier outlook on life. And it reduces the risk of cardiovascular diseases.

Yet children, for many reasons, do not get the required minimum activity.

As Anand rightly concludes, "The first line of attack is lifestyle change."

Anand runs Whittier's healthy weight clinic for children, as well as Run Around Roxbury (RAR), a program to address weight management through nutrition education, exercise and emotional support. In addition, participants receive regular screenings, BMI tracking and risk assessments for obesity-related illnesses.

White is a regular member of RAR. Though he is on medication to control the diabetes, he is not leaving anything else to chance.

And he said he actually likes the program. He's learning what to eat and what not to eat. He loves the hip-hop dancing and kickboxing. He participates in the cooking class and meets one-on-one with the nutritionist.

Dante says he is looking at the bright side — at least he is learning to cook healthier meals.

His mother, Angela, is also in the mix. She knew she had a weight problem herself and takes an active role in meeting with the nutritionist as well.

"It gives me an idea of what to cook and how to cook it," she said.

Comments on Be Healthy? Contact health editor Karen Miller at kmiller@bannerpub.com.