

July 11, 2005  
RE: 2005 Price Child Health and Welfare Journalism Award

Kathleen Self  
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University of San Diego School of Law  
5998 Alcalá Park  
San Diego, CA 92110

Dear Selection Committee,

Nine million children are overweight and obese in the nation. In California, it is roughly one out of every four children.

The Sun examined the physical, emotional and financial consequences of this epidemic in its four-day series, "Table to Grave – America's Childhood Obesity Epidemic," and we will continue to provide updates on this issue to our readers.

A team of three reporters (Annette Wells, Selicia Kennedy-Ross and Leigh Muzslay) and a photographer (Jennifer Cappuccio) spent 10 months interviewing local, state, national and international experts, as well as children and parents living with obesity and the diseases related to it.

Among their findings:

- Overeating eclipses unsafe sex, drugs and smoking as the top health risk among teenagers.
- Twenty-six percent of teens who were teased at school and home about being overweight said they considered suicide. Nine percent attempted it.
- In California, schools with students who have poor eating and exercise habits made smaller gains on the state's Academic Performance Index than schools with healthier students.
- In 2003, \$75 billion was spent on medical care directly related to obesity in the United States. Experts say, if indirect costs like lost wages had been added, the total might be about \$130 billion, if not more.

The Sun committed to doing this project after meeting Able Richardson – a 15-year-old Rialto, Calif., boy who was 490 pounds when we first wrote about him in July 2004. At the time our series ran he was roughly 540 pounds and had just spent a week in ICU with doctors prescribing him oxygen. Before our series, his mother was hoping that a gastric bypass – blocking 90 percent of his stomach – would save his life.

After the series, the community started to get involved and a local gym gave him a membership and training. Able is working out there 40 minutes a day, four times a week.

Our articles also raised the consciousness of parents and city and school officials.

We proudly submit "Table to Grave – America's Childhood Obesity Epidemic" for the Price Child Health and Welfare Journalism Award.

Sincerely,

Kelly Bowser  
Assistant City Editor



# TABLE TO GRAVE

## America's childhood obesity epidemic



• DAY 1:  
OBESITY'S COST

• DAY 2:  
ROOTS OF AN EPIDEMIC

• DAY 3:  
REACTING TO OBESITY

• DAY 4:  
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PUBLISHED MAY 01, 2005 - DAY 1, TABLE TO GRAVE

## Paying a heavy price

By Annette Wells  
Staff Writer

Able Richardson should weigh no more than 140 pounds.

But at 5-foot-9 and more than 500 pounds, the 15-year-old Rialto boy is more than simply overweight.

His health and quality of life slowly buckling, and the strain put on his vital organs could send him to an early grave.

Every day his mother, Jean Myers, worries. "Will he slip and fall and not be able to get up? Will he stop breathing tonight?"

"How are the paramedics going to get him out of the house?"

When Able breathes, he sounds like a drowning person coming up for air. He sleeps with a breathing machine to guarantee he wakes in the morning.

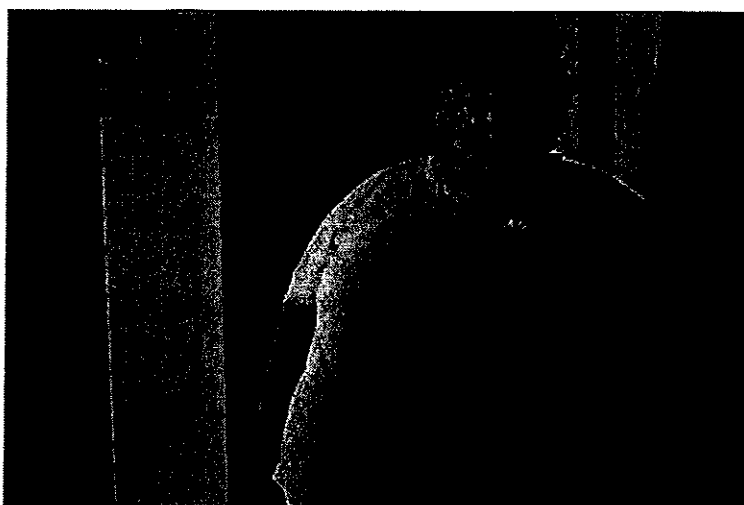
The fat in and around his neck obstructs oxygen's pathway to his lungs, setting off a chain reaction of health problems.

Without enough oxygen, Able's heart pumps blood more slowly. Without enough blood, his organs can't meet the demands of his enormous body.

His legs and feet nearly cave under the strain of his weight. One fall could send the Wilmer Amina Carter High School sophomore to the hospital in need of anything from hip-replacement surgery to a heart, liver or kidney transplant.

He is one of 9 million overweight and obese children in the United States. The cost in lives and money is staggering. For example:

- Overeating eclipses unsafe sex, drugs and smoking as the top health risk among teenagers.



Able Richardson, 15, of Rialto, stands in the hallway of his home Tuesday, April 12, 2005. Richardson now weighs more than 500 pounds and is still waiting for surgery.  
(Jennifer Cappuccio/Staff Photographer)

• View more photos and graphics

• **Causes of childhood obesity**  
A list of sources which contribute to childhood obesity



• **Economics of obesity**  
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• **Web resources**  
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• **Eating out tips**  
Tips to make eating out with children healthier

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Tips for parents when grocery shopping

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- Twenty-six percent of teens who were teased at school and home about being overweight said they considered suicide, a University of Minnesota study reported. Nine percent attempted it.
- In California, schools with students who have poor eating and exercise habits made smaller gains on the state's Academic Performance Index than schools with healthier students.
- In 2003, \$75 billion was spent on medical care directly related to obesity in the United States. Experts say, if indirect costs like lost wages had been added, the total might be about \$130 billion, if not more.

#### **Daunting choices**

The reality of the problem pushes some to consider extreme measures as part of the solution.

To Able's mother, who recently considered surrendering her son to state custody, surgically blocking about 90 percent of her son's stomach is the only solution to his uncontrollable weight gain and an appetite that's never sated.

Bariatric surgery ... a very rare practice in juvenile obesity cases ... seems to be the future weight-loss norm.

Not exercise. Not dieting.

If Able doesn't have surgery, Myers says, he will die.

The causes of the obesity epidemic are many: too little exercise, too much TV, fatty and calorie-laden convenience foods and ... for some ... a medical problem or a bad genetic break.

"You can't go anywhere and not notice this issue," said Cynthia Harding, director of maternal, child and adolescent health for the Los Angeles County Department of Health Services.

"Clearly, it's what people choose to eat, but it's also about what's available. Are there places for children to have (physical) activity? What's on TV and what are we advertising and promoting to children? Instead, we've focused all our attention on test scores."

Children spend a large amount of their leisure time watching television, playing video games, using computers and talking on cell phones, says the Institute of Medicine of the National Academies, a Washington-based nonprofit that offers science-based advice on biomedical science, medicine and health.

The institute also reports that food and beverage advertisers collectively spend \$10 billion to \$12 billion a year marketing products to children.

"How can one parent compete with all the advertising out there?" asked Melodee Lopez, a nutritionist for the San Bernardino County Department of Public Health. "Yes, parent influence is very important, but we can't underestimate the power of environment and society."

Since the 1970s, obesity in U.S. children ages 6 to 11 has tripled. It has doubled among adolescents age 12 to 19.

Overweight children face the risk of diabetes, high blood pressure, asthma, sleep apnea and orthopedic problems. Certain cancers also have been associated with weight gain.

These young people also are prey to psychosocial problems, such as low self-esteem and poor body image. Stigma may affect a child's education and social life.

When Myers and Able are in public, people stare and jeer, she says. Sotto voce, they ask, "Why does she let him eat so much or how could she do this to her child?"

#### **Help that harms**

Able is in special education and adaptive physical education, a scaled-back version of P.E. for individuals with physical disabilities.

...ough exercise is important for Able to lose weight, it could also hurt him. His obesity has put so much strain on his joints and bones that they are too weak to handle much physical activity.

While he's not unintelligent ... even a special-education teacher disagrees with his placement in such a program ... Able misses so many school days in a year that he falls behind.

Special education is an effort to help him catch up.

Overall, unfit and overweight students do not do as well in school, studies show. According to a study of California standardized tests, fit and active students perform better than children who are not. To address this, the California Board of Education announced physical-fitness standards for students from kindergarten through 12th grade in late 2004.

Children who are overweight and obese also are less likely to be active.

They typically lack a social life and, like Able, they don't participate in school-related sports or activities. Able's hobbies are video games and playing Yu-Gi-Oh, a Japanese card-trading game.

Because of isolation, depression is often high among overweight children.

For a number of children, thoughts of suicide are the result of the bullying, teasing and physical stress of carrying so much weight, experts say.

Kiti Freier, associate professor of psychology at Loma Linda University, said at least 30 percent of children and adolescents enrolled in the university's weight-loss program since the late 1990s have "frequently" considered self-harm.

Some, she said, "have even thought of a plan."

If these youths are able to overcome the embarrassment and humility of being obese, about 40 percent are likely to be obese adults.

#### **At the root**

Considering this country's obsession with thinness the past four decades, the idea that 9 million U.S. children suffer with weight problems seems astonishing.

Even U.S. adults are large. About 65 percent of the population is considered overweight or obese. In San Bernardino County, it's three of five.

Experts say the typical U.S. diet is too high in saturated fat, cholesterol, salt and refined sugar and too low in fruits, vegetables, whole grains, calcium and fiber.

High-calorie, low-nutrition foods are commonly cheaper and more convenient than healthy foods.

"We're looking at a generation now (that is) basically probably second- or third-generation fast-food junkies," Lopez said. "A lot of parents don't know how to cook because they were never taught. There is a preponderance of cheap food available that's not good for us. Then there are environment, social and media pressures to participate in unhealthy habits."

In its 2004 report on childhood obesity prevention, the Institute of Medicine identified a number of environmental and social factors that have contributed to the obesity epidemic.

... was reduced access to affordable fruits and vegetables.

David Ginsberg, assistant chief with the cancer achievement and prevention program for the California

Department of Health Services, said the state is working with county health agencies, including San Bernardino and Riverside counties, to educate people and encourage healthful eating habits.

"We went around one (Los Angeles County) community and did an environmental study and found that there wasn't a grocery store within a mile radius," he said. "We also discovered that fast-food restaurants in those communities were more accessible than grocery stores."

In its report, the Institute of Medicine cited fewer opportunities for physical activity during and after school as one of the causes of childhood obesity.

Illinois is the only state requiring daily physical education for students in grades K-12.

Physical education is not required daily in California, though it has been recommended that children participate in a minimum of 60 minutes of moderate to vigorous physical activity daily.

"Nutrition and education is kind of a difficult subject for classrooms," said Lopez. "School administrators have a difficult time understanding that nutrition is directly related to reading or math, so it can be a pretty tough sale to get children more outdoor activity."

Educators are under the gun to produce improvement in standardized academic test scores, she said.

**California's physical education requirements are:**

- Grades 1-6, 200 minutes every 10 school days.
- Grades 7-12, 400 minutes every 10 school days.
- Elementary districts with grades 1-8, 200 minutes every 10 school days.
- Students need two years of physical education to qualify for high school graduation.

Experts say schools also contribute to the obesity problem by permitting unhealthful products in campus vending machines and in cafeterias.

Dr. William Caplan, director of clinical development for Kaiser Permanente Care Management Institute, said contracts with certain food and beverage companies are quite lucrative to schools. Often, schools need these resources to continue school-based programs.

"Where else are they going to get this money?" Caplan said.

Ginsberg said the overall community plays a part in this drama, especially when it comes to offering children safer places to play.

In California, only about 30 percent of children walk to school.

Children also play outside less than previous generations. The prevalence of video games and television are two reasons for this. Another is fear.

Freier said the parents she works with are so afraid of letting their children outdoors to play that they often offer incentives to keep them inside.

"Many of them were like, 'It's really not safe,'" she said. "They would actually go out and buy their kids more video games or rent more movies to keep them indoors."

**Other environmental problems the institute's study identified:**

- Urban and suburban designs that discourage walking and other physical activities.
- Pressure on families to minimize food costs, acquisition and preparation time by purchasing cheaper foods higher in calories and fat.
- Competition for time once spent playing outdoors from sedentary screen time, including watching television or playing video games.

According to federal studies, children who watch more than five hours of television a day are four times more likely to be obese than those who watch less.

Couple Able's genes with a childhood filled with junk food and video games and devoid of physical activity, and you have the perfect recipe for obesity.

Able's family has a history of weight problems. His mother, grandmother and an aunt have struggled with weight. His two older sisters also struggle.

Myers claims Able has a metabolic disorder that causes him to never feel full. His physician declined interview requests.

Through Loma Linda University Medical Center's public relations staff, Abe's doctor says only that he is working with the teen's family to get him the help he needs.

Though Able's weight gain could be attributed to genes, a child's socioeconomic and or ethnic background also may play a role in weight problems, according to the Washington-based American Obesity Association, which focuses on changing public policy and perceptions about obesity.

The association reports that children from low-income families and nonworking parents have a higher incidence of weight problems than children from middle-class families.

Numerous federal and state studies show that being overweight and obesity is more prevalent among black, Latino and American Indian children than white children.

According to the association, 35 percent of black children in the United States are overweight and 19.5 percent are obese. Thirty-nine percent of Latino children are overweight and 23 percent are obese.

The Institute of Medicine reports that the highest prevalence of obesity among boys is in Latinos. For girls, the highest prevalence is among blacks.

Naturally, some of our families in our (federal Supplemental Nutrition Program for Women, Infants and Children) believe that having a heavy child means you have a healthy child, especially in cultures where undernourishment is very real," said Betsy Kline, program manager for San Bernardino County's nutrition program.

"We're having to kind of break that belief so that people are not necessarily equating that with being healthy."

The WIC program provides nutritious foods to women, infants and children up to age 5 and information on health care.

"We're not suggesting that children be put on diets," Kline said, "but that they just need to change their habits, such as getting more exercise and eating less fatty foods and sugar."

If not, they could end up like the 9 million other children and adolescents who will cost the nation billions in future medical care costs.

Adults today already are.

#### **Rising health-care costs**

Able, who is white, lives in a middle-class neighborhood. His parents, though, can barely meet the costs of his medical care.

As a result, he has been on and off disability the past decade.

He collects Social Security and has received medical care through Medi-Cal and Healthy Families, a state program offering low-cost insurance to children and teens up to age 19 who do not qualify for Medi-Cal, the state's Medicaid program.

Experts say the annual costs of medical care for children who are obese are relatively small. But if you're

looking at costs over a lifetime, the numbers become astronomical, one expert said.

The National Institutes of Health estimate that direct and indirect medical expenses related to obesity ... including lost wages due to illness ... cost the nation \$117 billion a year.

Though those figures mostly are associated with adults, experts say the costs will continue to increase as obese teens become obese adults.

"We're talking years of reduced life, early heart disease and stroke, high blood pressure and high cholesterol," Caplan said. "Diseases have to be managed. With that you will see an increase in the utilization of medical services. There are going to be more people on disability. Absenteeism at work is going to be high and productivity is going to be down."

Who's to blame?

Blaming fast-food restaurants, schools and other parts of society may not be fair. After all, eating and exercise habits start at home.

Once a week, Myers sweeps Able's room for possible empty food containers and packages. About a week before Christmas, she discovered discarded packages of frozen food, bologna and bread, as well as soda cans and candy wrappers.

"It's my way of trying to control what he's sneaking and eating," she said, "but I'm not always looking."

Myers and her husband, Owen, put a lock on the refrigerator door, but it didn't stop Able.

"He'd just steal the key," she said.

"We tried everything. He would just wake up in the middle of the night while we are sleeping, steal the key and get food."

Able doesn't drive and has no earnings with which to buy food.

When asked what her contribution to Able's weight problem was, at first Myers said she didn't know. After further thought, she said it was about 30 percent because she is responsible for his access to food.

"Yeah, you could say parents are to blame" said Freier, "or, 'Parents, this is what you need to do.'"

"But who's out there giving the parents the skills? I see parents all the time who are afraid of their children. I see parents who weren't parented themselves.

"As a society, while we think we know what the roles of certain individuals should be, we need to step up ourselves."

- Staff writer Leigh Muzslay contributed to this report.


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# TABLE TO GRAVE

America's childhood obesity epidemic



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PUBLISHED MAY 01, 2005 - DAY 1, TABLE TO GRAVE

## Sweating school

*State officials looking for ways to integrate fitness and learning*

**By Selicia Kennedy-Ross and Leigh Muzslay**  
Staff Writers

Healthy kids are better learners.

In study after study, researchers conclude fit, active children perform better in the classroom and miss fewer school days than unhealthy children with weight problems.

The issue of childhood obesity and its connection to academic success has caught the attention of state officials, who are pushing new physical education requirements and are looking to make health and fitness required reading, among other things.

Last past summer, the Council of Chief State School Officers released a statement on the "enormous impact that health has on the academic achievement" and called for educators to look beyond state testing programs and join the fight against childhood obesity.

Jack O'Connell, state superintendent of public instruction, promised to include physical fitness in this year's goals for improving schools following state reports that showed 75 percent of California's students were unfit and 32 percent are overweight.

"There is nothing more important than the health of our children and the health of the generation to come," O'Connell said.

Poor nutrition, inactivity and the resulting weight problems hinder a student's academic growth, according to a report released in September by the nonprofit group Action for Healthy Kids.

*The report, which summarized years of research studies, showed:*

- California schools with students who have poor eating and exercise habits made smaller gains on the state's Academic Performance Index than schools with healthier students.
- Students with a daily P.E. class have better attendance, attitude and performance in school.
- Severely overweight children were four times more likely than healthy children to report that they had trouble in school "impaired school functioning."
- Severely overweight students miss about nine school days each year - four times more than students of a healthful weight.

O'Connell convened the first Superintendent's Task Force on childhood obesity in March 2004. The panel is composed of doctors, nurses, educators, and public health experts who are looking at school-based plans related to nutrition, physical education and health to see how schools can best address the obesity epidemic.

One in four California children is overweight or obese, according to the California Department of Health Services. Nationwide, one in five children is overweight. Just overweight on that, according to the National Institutes of Health.

California elementary schools are supposed to provide 200 minutes of physical education every 10 days, an average of 20 minutes each day. High schools must offer 400.

The state Board of Education voted in January to standardize physical education, an unprecedented

### • Causes of childhood obesity

A list of sources which contribute to childhood obesity



### • Economics of obesity

The cost of healthcare dealing with obesity



### • Web resources

A list of websites for parent with overweight children



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A list of terms and their definition used on this site

move that sets the bar for what K-12 students must accomplish to meet P.E. requirements.

In 2004, only 27 percent of California students - 23 percent in San Bernardino County - met all six of the state's standards for physical fitness. Only about half the students could run or walk fast or far enough to meet the standard for aerobic activity.

The standards, which will not affect the required number of P.E. class minutes, are expected to provide students with tools to maintain an active and healthy lifestyle, she said. Schools statewide are expected to adopt the standards as early as the fall.

Another weapon against obesity is Assembly Bill 689, a bill being considered by state lawmakers that would require nutrition- and exercise-related activities and information be included in reading, English, history, science and math textbooks.

The bill, by Assemblyman Pedro Nava, D-Santa Barbara (35th District), calls for the state Board of Education to adopt standards for health education similar to the standards used in academic subjects such as English and math.

Nava, who grew up in San Bernardino and Fontana, wrote AB 689 after learning that obesity in children had reached an "epidemic status." It has tripled in children ages 6-11 and doubled among adolescents since the 1970s, leaving those children at risk for problems like heart disease and diabetes.

"The education system is the one place where we have access to all of our children in the state," Nava said. "All that we are asking is that the concepts of nutrition, exercise and health be integrated when appropriate.

"For example, a math teacher can ask students to do calculations having to do with calories and an English teacher can have students write essays on good health and nutrition."

The state also is working to improve students' eating habits. State law prohibits soda from being sold on elementary and middle school campuses, a ban that O'Connell wants to see expanded to high schools. He has vowed to work with lawmakers, the State Allocation Board and the community to ensure that when new schools are built, they include adequate space for meals and physical education.

Some schools and districts are taking solid steps toward fighting childhood obesity. More than two years ago, Yucaipa-Calimesa Joint Unified School District began offering students more healthful lunch choices.

Cafeterias offer fresh fruit, bottled water, salad bars and vegetarian meals. Middle and high schools swapped regular chips for baked ones. Beverage vending machines districtwide were restocked with water, juice and sports drinks. Soda was removed from all campuses except the high school sites, where 12-ounce cans replaced 20-ounce bottles.

Meal sales increased 5 percent districtwide, said Chris Lutgen, former director of food services.

"We see the kids making better choices - eating more fruits and vegetables than in the past," Lutgen said.

Frisbie Middle School in Rialto adopted the yearly tradition of Parent Fitness Night, a time when physical-education teachers demonstrate what the students are doing in class.

"It's really fun and there's a lot of parent-student interaction," Frisbie Principal Kennon Mitchell said.

"One year we had step aerobics and another year we had Tae Bo. It also helps give P.E. teachers a chance to interact with parents. Otherwise, they wouldn't because we are so math-, reading- and English-oriented."

The San Bernardino County Department of Public Health puts on weekly nutrition classes for parents at Monterey Elementary School in San Bernardino.

Parents learned to cook with olive oil instead of lard. They toured a grocery store and discussed how to make fruits and vegetables appealing. They heard local doctors speak and took aerobics classes.

Monterey also sponsored Walk To School Days and health fairs. It has a healthful food policy that encourages small adjustments such as fund-raisers selling non-food items rather than the traditional chocolate sales.

"If (children) are healthier, they're going to be in school more often and increase their learning," Principal Daniel Arellano said.

Since June 2000, the school increased its Academic Performance Index by 170 points.

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PUBLISHED MAY 01, 2005 - DAY 1, TABLE TO GRAVE

**Unfit for combat***Expanding waistlines narrowing armed forces' selection pool*

America's obesity epidemic hurts more than our health.

"It's a national security issue," said Col. Gaston P. Bathalon of the Army Research Institute of Environmental Medicine in Natick, Mass.

Big soldiers are good ... they can lift and carry more than scrawny ones.

But fat soldiers may not be ready for combat. So soldiers must keep their body fat within a range that depends on their age, sex and branch.

The pool of recruits who meet this qualification is shrinking as young people grow fatter. In the past 20 years, the percentage of overweight children has tripled, and the waist size of 18- to 22-year-old soldiers has grown 2 inches.

"That's our Nintendo generation," said Col. Karl Friedl, also of the Army Research Institute of Environmental Medicine.

Recruits must meet one body-fat requirement to get into basic training and a tougher one to stay in the service. The idea is that recruits lose fat and gain muscle during basic training.

But after basic training, many soldiers pack on a few pounds each year. This puts their health, safety and jobs at risk.

In 2003, slightly more than 3,000 of 1.4 million active-duty soldiers were discharged for being too fat. About 2,000 came from the Army.

It's a bad situation for all involved. The soldiers lose their incomes, and the military loses the investment it made training them.

Deployed soldiers don't get kicked out until they return home.

"You can't eat your way out of a combat zone," Friedl said.



United States Marine recruits at the U.S. Marine Recruit Depot in San Diego during the Emblem Ceremony where recruits receive their globe and anchor pins and are called Marines, Sept. 16th 2004.  
(Eric Reed/Staff Photographer)

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A list of sources which contribute to childhood obesity



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PUBLISHED MAY 01, 2005 - DAY 1, TABLE TO GRAVE

### A new generation of insults

By Selicia Kennedy-Ross  
Staff Writer

Fatso.

Bubblebutt.

Big fat seal.

Tell the overweight and obese children who are called these names that words will never hurt them.

Harassed at school and sometimes even by authority figures, these children often are left feeling powerless and depressed. Even suicidal.

What starts as bullying on the playground can end with discrimination in the workplace - even at the hospital by medical staff, studies show.

Experts say overweight children are more ostracized by their peers today than they were 40 years ago.

"We were wondering if obesity would be more accepted today because of its increased prevalence and visibility," said Janet Latner, an assistant professor at the University of Canterbury in New Zealand.

Latner worked on a 2001 study of 415 New Jersey middle school students that indicates stigmatization of overweight children has grown 40 percent since 1961.

Not good news for the 9 million children who are overweight or obese in the United States, where the prevalence of obesity has tripled in children 6 to 11 and doubled among adolescents 12 to 19 since the 1970s.

Latner and fellow researcher Albert Stunkard replicated a 1961 study that polled 458 fifth- and sixth-graders from various backgrounds. Both groups were asked to rank six drawings of different children by how much they liked each child.

#### The drawings were of:

- A child using a wheelchair.
- A child missing a hand.
- A child with a disfigured face.
- A child holding crutches and wearing a leg brace.
- A slim child.
- An overweight child.

Children in both 1961 and 2001 repeatedly ranked the overweight child as least favorable overall, while ranking the slim child highest. But the Latner-Stunkard study also showed the 2001 group was more strongly biased against the overweight child, ranking that child even lower than the 1961 group had, by 40 percent.

Youngsters who are branded as overweight already likely have low self-esteem, said Joanne Ikeda, co-director of the Center for Weight and Health Nutritional Science at UC Berkeley. That puts them at a higher risk for other problems like substance abuse, promiscuity and suicide.

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A list of terms and their definition used on this site

A University of Minnesota study reported that 26 percent of teens who were teased at school and home said they considered suicide. Nine percent attempted it.

Few problems in childhood have as significant an impact as being overweight," Ikeda said. "We tend to have this bizarre belief as a society that making obese people feel bad is for their own good because if they felt bad enough or if they just tried hard enough they could be thin.

"When a group of people are stigmatized and treated as badly as fat people are - how could you come out of that? Obviously, they will be depressed. Often our self-esteem is reflected by people around us, and if people around us think we're bad, we begin to believe that, too."

A 1995 study by Finnish researchers at Helsinki University Hospital published in the International Journal of Obesity concluded that obese people are "subject to intense prejudice and discrimination."

Children as young as 6 describe their overweight peers as "lazy, dirty, stupid, ugly, cheats and liars."

The stigma of being overweight cuts two ways - one for the body's appearance and the other for the person's lack of moral character in their "failure on not controlling one's weight," according to the study.

Cultural conditioning is so deep that some 3-year-olds characterize their chubby peers as "bad" and thin children as "good," Latner said.

Nick, a 9-year-old fourth-grader at Smiley Elementary School in Redlands, said he would want to date a skinny girl rather than a heavier girl because the thinner girl was more likely to have "a nicer car and place."

He also said the thinner girl would have done better in school and college because she "listened in class better" than the heavier girl.

Yale University researchers conducted a number of studies documenting how overweight people are discriminated against in the areas of employment, education, health care, adoption proceedings, jury selection and housing.

#### Among the findings:

- 28 percent of teachers in one study said that becoming obese is the worst thing that can happen to a person.
- 24 percent of nurses said that they are repulsed by obese people.
- Parents provided less financial college support for their overweight children than for their thin children.

"Fat is the last great prejudice we've held on to," said Judi Hollis, a psychologist, family therapist and author of the book, "Fat Is A Family Affair."

"We can't hate people of color any more, but we can sure hate fat people," Hollis said. "We either think of it as something that's not really a problem or something to ridicule."

Parents, however, can take steps to empower their children.

They can reassure heavy children that having a large body doesn't mean they are bad and they can encourage a healthful lifestyle, such as eating healthful foods and having a daily hour of active play, experts said.

Children who are overweight or obese should act as other children do, Ikeda said. They should get involved in clubs at school, go to dances and be sociable.

"It takes a tremendous amount of personal character to be able to do that in a society where stigmatization of obese people is not only tolerated but supported," Ikeda said. "And to tell themselves that other people are not going to determine their life for them."

Parents also should stand up for their children if they are being teased or discriminated against. Get teachers and school administrators involved, if necessary. While some overweight children are quick with witty or clever comebacks, most are beaten down by society's preoccupation with thinness, Ikeda said.

Carlos Ruelas, a 9-year-old Rialto boy, deals with cruel comments from children in his neighborhood because he is overweight. He weighs roughly 90 pounds and is less than 5 feet tall.

"It happens when I'm outside playing - some people call me 'fatso' and stuff," he said. "I ignore them or I walk away. Sometimes I tell them to stop but sometimes they keep doing it."

Carlos plays right field on a Little League baseball team. One of the team's best players, he is good at stealing bases and driving in runs.

He sometimes tries to compensate for his weight by excelling in sports and said the children who torment him are usually surprised when he does well in athletics.

"If I do good in sports, they leave me alone."

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# TABLE TO GRAVE

## America's childhood obesity epidemic



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PUBLISHED MAY 02, 2005 - DAY 2, TABLE TO GRAVE

## Parental guidance suggested

By Annette Wells  
Staff Writer

When Frances Finney's daughters - Adoria and Christina - wanted fast food for lunch or dinner, her response was a quick, "Let's go."

"I will be honest with you - I do a lot of fast food, and I know I have contributed to Adoria's 'weight gain,' said the Colton nan.

Last summer, Adoria, 17, participated in Loma Linda University's Growing Fit weight-loss program for overweight and obese children. Christina, 14, also participated, though she wasn't overweight.

Adoria was referred to the program after she told her physician she was having knee problems. The physician said her painful knees were a result of the amount of weight she was putting on them.

Adoria was diagnosed as pre-diabetic, asthmatic and at risk of becoming obese.

"I used to cook a lot, but it's hard when you have work and kids," Finney said one day while waiting in the university's parking lot for Adoria. "Sometimes, I'm too tired. It's so convenient to just go through the drive-through."

Although Finney is taking responsibility for her child's weight problem and is actively participating in getting Adoria's weight down, the majority of parents shove blame elsewhere.

One of the reasons children become overweight or obese is because their parents failed to teach them healthful eating habits and proper exercise at home, experts say.

They haven't taught their children that eating fruits and vegetables increases life expectancy and decreases the chances for chronic health problems, such as heart disease and Type II diabetes.

...not eating large quantities of foods high in sugar, saturated fats and cholesterol increases their chances of losing a leg or an arm or having a heart attack at an early age.

Or that children who exercise tend to be more alert, get better grades and live more healthful lives than



A large drink is passed out in the drive-thru Saturday (March 12, 2005) at a Jack In The Box in San Bernardino.

(Jennifer Cappuccio/Staff Photographer)

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children who do not.

"If mom is lying on the sofa telling a child to exercise, how effective is that going to be?" asked Susan Teske, director of clinical nutrition at Children's Hospital of Birmingham in Alabama.

Teske runs a program that focuses on family involvement in child weight management and health.

Parents often handicap their children with their own bad habits, she said.

Between ages 6 and 11, children begin modeling their parents' behaviors, such as how they eat, exercise, manage anger and deal with conflict outside the home.

"For example," said Myron Lilley, a clinical therapist for the San Bernardino County Department of Behavioral Health, "if parents don't know how to display anger appropriately, and they cuss at each other, then what happens to the child who is sitting there listening and watching?"

"They take it wherever they go."

Then there's the other side of the coin.

"If parents practice good eating habits, that tends to rub off on their children," said Lilley, who recently started a parenting class in San Bernardino.

In the United States today, about 9 million children are overweight or obese. In California, 25 percent of the children are overweight or obese.

Obesity has risen sharpest among adolescents - ages 12 to 19 - tripling since the 1970s. It has tripled among children ages 6 to 11, the same ages Teske says children began mimicking what their parents do.

"Parents play a tremendous role here because they are still in control," Teske said. "Once (the children) become teenagers, parents lose some of that control."

However, some experts believe parents are losing control very early, say ages 6 to 11.

Madeleine Sigman-Grant, a maternal and child health nutrition specialist in Reno, Nev., said some parents are a half-step behind their children.

As a result, they often give in to their child's wants as opposed to their needs.

"Let's say a parent stops by the grocery store after work to get some food after an eight-hour work day and their child is with them," Sigman-Grant said. "They go in and the child starts acting up because they see candy that they want."

"Well, after dealing with all the stress at work, picking up your child and now having to go home and cook a well-balanced meal, listening to a child cry isn't something they want to hear."

In this situation, the child will likely win and get the candy. Thus the cycle of unhealthful habits begins.

Though Teske and Grant, like most experts studying childhood obesity, are reluctant to blame parents for the problem, they concur that parents need to be more responsible and act as role models for their kids.

This is something Loma Linda University's Growing Fit staff tries to get across with the parents of its participants.

The 12-week program combines nutrition with fun physical activities to educate children about staying fit, eating healthfully and reaching a manageable weight.

Under the program, children attend a one-hour workout session twice weekly and have three visits with a pediatrician.

Since the program was started in 1998, the children who fell through the cracks often did so because of their parents.

They don't make the commitment, said Liza Olmos, a former activities coordinator for Growing Fit.

Case-in-point: In early August, shortly after the children completed a two-lap jog around the indoor track



at the Drayson Center on campus, Olmos was approached by a mother.

Olmos said the mother was concerned that the one-hour Growing Fit class combined with 60 minutes of physical education at school would be too much for teen son.

Olmos was asked if it would be possible to get a doctor's note so that her son could be excused from P.E. the days he was at Growing Fit.

"I was shocked by the request," Olmos said.

"In all the time that we've had this program, I've never had anyone ask me that. This is why her son is in Growing Fit. He needs to be active. P.E. is good for him. This is supposed to motivate him to keep him moving and do more."

Olmos said the same boy just weeks prior had refused to get in the swimming pool.

Instead of encouraging her son, the mother asked Olmos, "Could you tell me the days when they plan to be in the pool? That way I won't have to waste my time driving here."

Olmos said children can't lose weight on their own. They need their parents' support.

Though some youngsters in Growing Fit make lifestyle changes, others never had a chance.

At the end of the 12-week summer session, only six of the originally enrolled 30 children showed up. No more than 15 showed up on any given day. On a few occasions, only two or three attended the program.

Only four received free Disneyland passes as a reward for completing 60 miles of activity. Miles could be accumulated by doing household chores, walking to school or playing outdoors.

"We need to encourage (kids) to get active," Teske said. "We need to get them off the sofa and out of the computer chair. And the emphasis is on parents becoming better role models."

That will never happen as long as parents continue to blame others.

..., fast-food restaurants and junk-food makers could stop marketing their products to children at prices the youngsters can afford.

Grocery stores could move the fruits, vegetables and meats to the front and put the candy, potato chips and sodas in the back, far away from the check-out aisles.

County and city governments could do more ensure community safety so that parents feel it's OK to let their children to play outdoors.

But if parents aren't doing their jobs at home, it wouldn't matter if schools set aside time for recess and ignored the temptation to inundate their campuses with food vendors that serve unhealthful foods.

"I wish I could say 'poor parenting,' but then I look at parents today, I can't help but think, 'How did you survive the day?'" Grant said.

"It's just tough. We demand a lot from today's parent. ... In single-parent homes and low-income homes, parents are struggling. They can't parent. It's a matter of: What's my priority at this moment?"

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PUBLISHED MAY 02, 2005 - DAY 2, TABLE TO GRAVE

# Worries about safety keeping kids inactive

By Annette Wells  
Staff Writer

When a high school friend asked Able Richardson to meet him at a Rialto park after school, the first reaction of the 15-year-old's mother was, "No."

"That's where all the kids who smoke pot hang out," Jean Myers said. "I don't think Able would get into anything like that, but I don't feel comfortable with him being over there."



Able Richardson, 15, of Rialto, stands in the hallway of his home Tuesday, April 12, 2005. Richardson now weighs more than 500 pounds and is still waiting for surgery.

(Jennifer Cappuccio/Staff Photographer)

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In Highland, Ebtisam Toffi, a mother of four, said she'd rather her two sons, John, 12, and Joseph, 11, play indoors.

Her fear - they'll be kidnapped or be run over by a speeding vehicle.

"I watch the news. - I see all the bad stuff that happens," said Toffi while watching John and Joseph play dodge ball during a 12-week exercise program for overweight and obese children.

"I am scared to let them play outdoors. It's just not safe."

Pedestrian injuries are the second leading cause of death for children ages 5 to 12 in California.

Between 1995 and 2000, 364 children were abducted by strangers in California.

While national and state crime statistics may back Myers' and Toffi's fears, federal medical statistics suggest it's unhealthy to deprive a child of physical activity.

Parents who do so increase the risk that their children will become overweight or obese.

Since the 1970s, obesity among children tripled for ages 6 to 11 while doubling for adolescents - ages 12 to 19.

Though its difficult to gauge how much less active children today are than they were in the past, the general consensus is that they are.

According to the Los Angeles County Task Force on Children and Youth Fitness Report, 27 percent of young people in high school do not regularly engage in moderate physical activity.

The report suggests that youths in general spend twice as much time watching television or playing video games as being physically active.

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Paul Hartman, an advocate in New York for the American Heart Association, used the following analogy to describe today's child: The face of heart disease in the United States is a 10-year-old sitting in a classroom with high blood pressure.

"The cause of this is a combination of things, and one is sedentary lifestyles," he said.

Of children ages 10 to 14, he said 25 percent have one of the precursors to heart disease.

"There are a large number of reasons for the (sedentary lifestyles), but not having a safe environment for kids to play (in), lack of after-school programs and recreational facilities are up there," Hartman said.

"Kids can't walk to school any more, the parks are not safe, and the amount of physical education in schools have been scaled back. - We need to provide security for children so that they're not just coming home from school, going into the house and locking the door and staying there."

As one alternative to playing outdoors, Toffi said, she takes her children to the mall so they can walk around. She also tries to find a safe park for them to play in, but that doesn't happen often.

"I let them play outside sometimes, but it's hard when you see how fast the cars drive along our street," she said. "Neighbors went to the city to get a speed sign put up, but the cars still drive very fast."

Able, who was allowed to go to the park with his friend, is an exception. He can't do much physical activity because of his weight - more than 500 pounds, which puts a lot of pressure on his bones.

Melodee Lopez, a nutritionist for the San Bernardino County Department of Public Health, said organizations are working to provide safer places for children to play.

But unless such neighborhood issues as a lack of sidewalks and crosswalks and having proper lighting at public parks are addressed, no program alone will work.

Last year, county health officials met with parents of children who attend Monterey Elementary School in San Bernardino to identify reasons why children weren't walking to school.

Safety was a concern of the parents because there were no sidewalks for their children to walk on, said Lucia Vega, a public health nutrition educator.

Not having four-way stop signs at Pedley Road and Monterey Avenue and stray dogs were other concerns, Vega said. At the time, there was a two-way stop sign at the intersection. Traffic on Pedley stopped. Traffic on Monterey did not.

"Why are there no sidewalks, adequate signs and crosswalks and adequate animal control?" Lopez asked. "If you think about it, as a parent, if animals are walking the streets and they might potentially attack your child, what parent would let their child walk to school?"

Instead of walking to school or playing outdoors, children are sitting in their homes watching television or playing computer or video games.

In a study published in the June issue of Obesity Research, researchers from Children's Hospital of Philadelphia and the University Hospital Zurich pointed out a strong connection between playing electronic video games and childhood obesity in school-aged Swiss children.

Researchers also found that obesity was associated with watching television and mothers working outside the home.

According to the national Centers for Disease Control and Prevention in Atlanta, nearly half of high school students are not enrolled in a physical-education class and 29 percent attend daily P.E. classes, down from 42 percent in 1991.

"I read somewhere that humans learn to walk by 16 months, then we learn not to walk by age 16," said Dr. Eric Frykman, health officer for the San Bernardino County Department of Public Health. "That sort of explains this problem. - These days a kid can't move anything unless it's their thumb to play a video game. When I was growing up, video games were just getting started.

"Today, our children are growing up on video games."

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PUBLISHED MAY 02, 2005 - DAY 2, TABLE TO GRAVE

## Food for thought

Schools struggle to balance students' diets with slim budgets

By Leigh Muzslay  
Staff Writer

Most schools serve up a cornucopia of calories, fat and sugar that can lead to their students becoming obese, despite studies showing that healthy kids learn better.

Fruits and vegetables compete with french fries and nachos for students' attention in the lunch line. Vending machines spit out chips, cookies and sodas. School fund-raisers push chocolate bars and family nights at restaurants.

"It's easier for me to eat healthy at home because there's not all that junk food," 16-year-old Amanda Jauregui said as she ate nachos for lunch at San Geronio High School in San Bernardino.

The more sugar-sweetened beverages kids drink, the greater their chances of being obese ... the odds increase 60 percent with each daily serving, according to a 2001 study.

Yet 92 percent of high schools, 62 percent of middle schools and 25 percent of elementary schools have vending machines, stores or snack bars that sell sugary juices, iced teas and sodas.

Money, convenience and habit outweigh health concerns on most campuses.

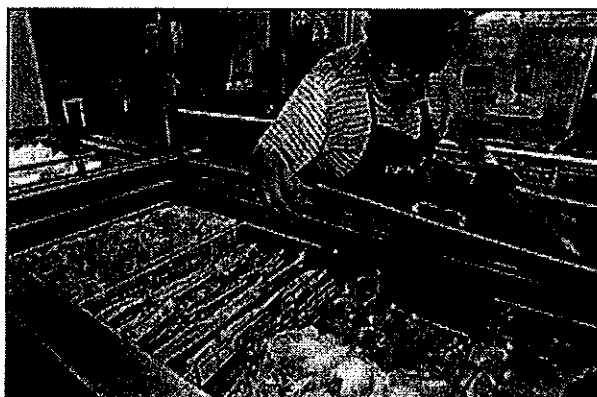
### What's stopping them

Many schools are reluctant to ban sodas because exclusive contracts with Coke or Pepsi support their sports teams. Money from vending machine sales often helps pay for graduations, pep rallies and scholarships.

So while Kaiser High School in Fontana offers some granola bars, lower-fat trail mixes and baked chips in its snack machines, money is the bottom line. The school collects between \$10,000 and \$15,000 annually from the vending machines, said George Matamala, who manages the vending machines as activities director at the school.

"If celery sticks aren't selling, as healthy as they may be, the business part takes precedence over that," Matamala said.

Still, school districts across the country, including some in California, have reported stable or increased profits after improving the nutritional quality of their vending-machine and snack-bar options. Others have found ways to cushion the risk.



Stephanie Escalera, of Rialto, prepares the bins holding cheeseburgers and burritos for lunch Tuesday, December 14, 2004, at Rialto High School. The amount of fatty foods far outweighs the amount of healthy alternatives offered to students.

(Jennifer Cappuccio/Staff Photographer)

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In April 2004, residents of St. Joseph, Mo., voted for a 63-cent city tax increase to cover any lost income 'ore the school district banned junk food and drinks from its vending machines.

At Frisbie Middle School in Rialto, beverage vending machine sales have gone down from last year since the school replaced the sodas with fruit juice, water and sports drinks.

"The vending machines are not getting us the return they used to get us when we were selling sodas," Principal Kennon Mitchell said. "But ultimately, I feel better about it from a parent's perspective because now kids have an opportunity to get water or a sports drink, not just soda."

Convenience also factors in. Healthful food and drinks are often perishable, which makes them tough to sell in a vending machine. If a machine gets unplugged or the power goes out, milk, fruit, yogurt and vegetables could spoil.

"Whole milk? Forget about it," Matamala said. "If it goes beyond a certain temperature, we'd have a huge liability on our hands."

Juice and sports drinks do fine in vending machines, but some have as many calories and as much sugar as soda. A 20-ounce Powerade has 185 calories compared with 270 for Coca-Cola and 360 for cranberry juice.

"When you replace sodas with cranberry juice, it looks good PR-wise, but are kids really eating healthier?" Matamala asked.

Water is the most diet-friendly option.

### Cafeteria calories

While school cafeterias provide some healthful choices, their menus resemble those at fast-food places ... fries, onion rings, sandwiches with fried chicken patties and personal pizzas. Many high schools offer soda. At some, you can "super-size" a combo for 50 cents. At school salad bars, many children blanket their lettuce with lots of not-so-healthful cheese, croutons and creamy dressing.

ch at one San Geronio High table consisted almost entirely of sodas and fries covered in ketchup or nacho cheese.

"They're cheap and you get a lot," 17-year-old Marcus Trammel<cm senior> said of the french fries, which most schools fry rather than bake because it's faster.

He and his friends weren't worried about eating healthfully.

"We play sports. That conditions us," Marcus said.

Schools do offer vegetables and fruit each day. But many kids don't eat them. Empty bags of chips and shiny, unbitten apples littered the tables after a recent lunch at San Geronio High.

"We did find that even though you have a more balanced meal that's offered, you also have the snack bar choice. Kids are opting for the snack bar choices," said Angela Jones, coordinator of health services for the San Bernardino City Unified School District.

The snack bars sell pizza, hamburgers, fries, chips, Little Debbie snacks, cookies, sodas, ice cream and doughnuts.

Two of the lunch lines at Rialto High School offer meals that must adhere to certain federal and state guidelines because of a program that offers poor students meals for free and at a discount. In these lines, students can get baked chips instead of fried ones and Powerade instead of Coke. Students choose from burritos, pizza, sandwiches, wraps, fries, chef salad shakers, fruit cups, yogurt and juice.

It's not exactly spa cuisine, but these choices are far more healthful than what's offered in the nearby a la carte line.

There students buy regular chips and crackers, fruit drinks that are only 3 percent to 25 percent juice, Cokes, Dominos pizza and french bread, Hot Pockets, chimichangas, calzones, oversized cookies, ren yogurt and ice cream.

"This is the one kids love," noon aide supervisor Christina O'Handley said, picking up a half-pound burrito.

Students who can afford it prefer the a la carte line. Many chomping on baked chips said they did so only because that's what came with their low-cost meal. Still, most agreed that healthful food would be OK if it tasted good.

"I'm not going to do tofu burgers," said 17-year-old George Cruz.

The school's marketing and chef culinary arts clubs are planning to take over one of the a la carte lines and offer more healthful fare ... either Chinese or Italian food, depending on what students prefer.

Sometimes efforts to clean up the junk food aren't well received.

For the first five or six weeks of this school year, the Barstow Unified School District stopped selling large bags of chips in the cafeterias. Students complained until the district allowed them at the high school. "They just keep asking for it and asking for it and I gave in," said Angel DeJesus, director of food services. "The students kept complaining that they shouldn't be punished because a few students may be overweight or obese."

DeJesus said he questioned whether giving in was the right thing to do.

"I looked at it that way but I also look at it that the students at the high school are almost considered adults," he said. "We can provide them choices and they make their own decisions."

DeJesus said he would review the "big bag" policy again next fall.

- Staff writer Selicia Kennedy-Ross contributed to this report.

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PUBLISHED MAY 02, 2005 - DAY 2, TABLE TO GRAVE

## Dense diets

High-fat foods replacing healthful staples

By Leigh Muzslay  
Staff Writer

From Flaming Hot Cheetos to Sour Brite Crawlers, children today eat food never tasted by previous generations - and they eat more of the classic confections than ever before.

"People don't realize how many calories they consume because the foods are so calorie dense," said Marion Nestle, author of the book "Food Politics" and a professor of nutrition and food studies at New York University.

While such foods can lead to weight gain, research also has suggested that eating large portions of high-fat, high-sugar foods may derail the brain's ability to regulate food intake.

Today's food environment - which encourages children to eat junk food, and lots of it - exacerbates the childhood obesity crisis.

Children are eating more junk and fewer vegetables than they did in the 1970s, according to a study by MarketResearch.com.

• Children and teens eat about three times as many crackers, pretzels, popcorn and corn chips.

• The only "vegetables" they eat more of are tomatoes and fried potatoes.

• They drink less milk, but two to three times as much soda.

• They eat more sugar and candy - almost twice the suggested amount.

Like many teens, Shaquia Marcus eats vegetables a couple of times a week rather than the couple of times a day recommended in the food pyramid.

The San Bernardino 16-year-old likes cabbage, greens and string beans. But many times, she skips the green stuff at dinner.



A student takes a bite out of a pepperoni cheese pizza during lunch Tuesday, December 14, 2004, at Rialto High School. The amount of fatty foods far outweighs the amount of healthy alternatives offered to students. (Jennifer Cappuccio/Staff Photographer)

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"I eat everything else but the vegetables," she said. "Broccoli has a weird taste to me."

Shaquia likes fruit but often pairs it with pizza or chicken nuggets for lunch.

"School - that's my junk-food time," she said.

Even babies are eating junk food. French fries are the most common "vegetable" eaten by 15- to 18-month-olds, according to a study published in the Journal of the American Dietetic Association in 2004.

The study asked parents to recall what their children had eaten the previous day. Almost half the 7- to 8-month-olds ate some type of sweetened food or beverage. That percentage increased with age.

Several things are pushing kids to eat more junk food: product variety, larger portions and intense marketing.

Food choices have multiplied over the decades. In the 1930s, Elmer Doolin created Fritos corn chips and Herman W. Lay created Lay's potato chips. Today, Frito-Lay offers more than 140 varieties of chips, pretzels and snack mixes.

Food portions also have grown tremendously. At restaurants, bagels, muffins and cookies weigh in at two to eight times the size of a food-pyramid serving.

In the 1950s, McDonald's fries came in one size - now considered the "small." The menu evolved and the portions grew based on customer demand, said Cathy Kapica, global director of nutrition for McDonald's.

"People were requesting more food," Kapica said.

The fast-food giant eliminated its "super-size" last year, however, because less than 5 percent of orders were being upgraded to the 42-ounce drink and 7-ounce side of fries, Kapica said.

Last fall, Pizza Hut introduced its Full House XL Pizza, which is 30 percent bigger than its large.

"This is a value for big families," said Patty Sullivan, spokeswoman for Pizza Hut Inc. "We know our customers well, and this particular pizza can feed bigger families that need more pieces because its a couple inches bigger around and has a couple more slices."

And the larger portions aren't just at restaurants and in pre-packaged food.

The same recipes found in older cookbooks now provide fewer - but bigger - servings. For example, the amount of ingredients in a recipe that now yield four servings would have yielded six 20 years ago.

Even dinner plates are getting larger.

This all makes a difference, experts say.

Most babies and toddlers eat the amount their bodies need regardless of how much they are served. By age 5, that changes. They start eating more when given more.

Calorie consumption among girls ages 6 to 11 didn't change much from the late 1970s to the late 1990s, but boys were taking in 100 more calories each day than they did in the '70s. Teenage girls were consuming 113 more calories daily in the late '90s, while teen boys were taking in 243 more than they did two decades earlier..

Snacking may be to blame.

Almost all kids eat at least three snacks a day. About half snack at least five times a day.

An extra 100 calories each day translates to a 10-pound weight gain over a year if there's no increase in exercise.

Another possible factor in all this extra eating - brain chemistry.

Several studies, mostly done on rats, suggest eating fatty, sugary foods causes the body to crave more fat and sugar.

In one study, overfed rats stopped responding to leptin, a hormone that regulates hunger, after just three



days. In another, galanin - a brain chemical associated with the urge to eat fatty foods - increased in rats fed even one high-fat meal.

The food industry depends on all this eating. Food companies increase profits by creating new products, advertising more, selling larger quantities and creating an environment in which people eat all day. (Think about containers of chips, cookies and candies designed to fit in a car's cup holder).

"I don't think they're trying to make kids fat," Nestle said.

But kids and grown-ups are *getting fatter*. Many blame food-makers.

"There has been a huge consumer backlash," Nestle said.

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# TABLE TO GRAVE

America's childhood obesity epidemic



• DAY 1:  
OBESITY'S COST

• DAY 2:  
ROOTS OF AN EPIDEMIC

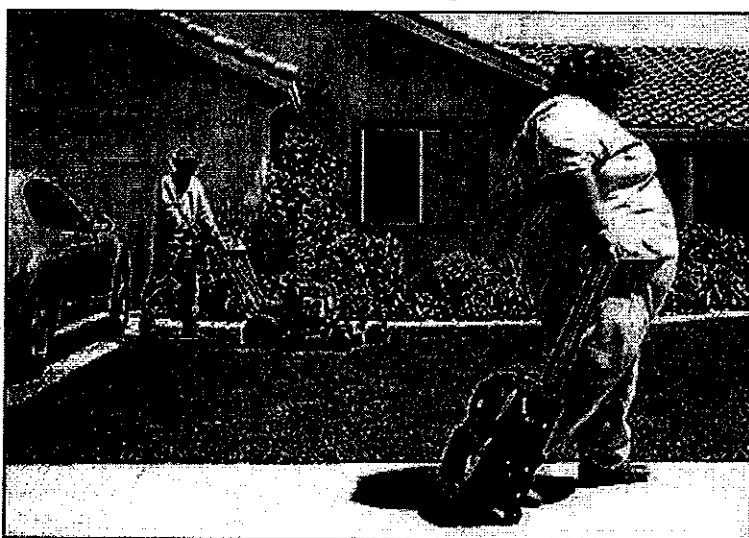
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PUBLISHED MAY 03, 2005 - DAY 3, TABLE TO GRAVE: REACTING TO OBESITY

## Able's daily struggle



A large drink is passed out in the drive-thru Saturday (March 12, 2005) at a Jack In The Box in San Bernardino.

(Jennifer Cappuccio/Staff Photographer)

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because of the negative reaction from other students, said Dr. Kim Hamai, a pediatrician at Loma Linda University Children's Medical Center who is not Able's doctor.

Just getting to that school desk takes a heroic effort.

Simple tasks are a challenge. In the past eight months, he has twice fallen in the bathroom.

Putting on his sneakers takes five to 10 minutes.

When he's ready to leave the house, Able grabs a backpack or a piece of wheeled luggage containing his books and begins the formidable 1,900-foot walk from home to Wilmer Amina Carter High School.

It's a jaunt of just a few minutes for most teens but a 15-minute trek for Able.

The one thing Able needs most - exercise - he can't get.

He has asthma and couldn't make it through a few minutes of physical education class without having an attack.

The school moved him to an adaptive P.E. class, which is a scaled-back version, at the start of this

**Editor's note:** During the past 10 months, a Sun reporter and photographer followed Able Richardson living his life - including his getting ready for school and going to class. This is what they saw.

**By Annette Wells**  
Staff Writer

Wedged into his desk at school, half of Able Richardson's more than 500-pound body hangs over the edges of the seat. The desktop slices into his stomach, forcing his chest against his chin.

The 15-year-old Rialto boy would rather spend several hours a day in this position than do what most kids his size do - give up on going to school.

If not for their physical problems, they stay home

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school year.

After he fell in the shower at home, he was taken out of adaptive P.E. in September.

The doctors didn't want him doing any physical activity for about six months," said his mother, Jean Myers.

According to the national Centers for Disease Control and Prevention, children and adolescents should get at least 60 minutes of exercise each day to stay healthy and fit.

Able can't even take the stairs at school.

His legs and feet would hurt after climbing to a class on the second floor. Now, Able has a key to the elevator.

In October, an ambitious Able inquired about joining the school's wrestling team only to be told he weighed too much.

"I just feel for this poor kid," his mother says. "He's quick-witted, fun and has a lot of charisma. - It's just too bad he's tied behind all that fat."

-----  
It's a Wednesday in March, and Able is in the nurse's office complaining of a severe headache as his Theatre 1 teacher takes roll. Rus Miller announces that Able is one of several students who hasn't turned in a homework assignment.

"He was doing well at the beginning of the year," says Miller, Able's theater teacher. "These last two semesters, he hasn't been doing well. He's missed a lot of class. \* He's late a lot, but that's because it's hard for him to get around."

Inside the nurse's office, where he has spent 45 minutes, Able looks bloated, his face swollen.

"Able. How are you feeling?" the nurse asks.

Able's body takes up the entire doorway while he stands. He looks like he is about to collapse.

She asks if he'd like to go back to class or wait in her office.

Able says he'll go back to class.

She asks if he'd like to go home.

"No. My mom would just yell at me," he says.

The nurse walks over to a desk, signs a piece of paper and hands it to Able.

As she watches him leave, a concerned look crosses her face. It's the same look Miller had when speaking about Able.

-----  
Able slowly weaves in and out of the crowds of students scrambling to get to their next class.

The bell rings. Able is late, but it doesn't faze him. He's used to it. He can only go as fast as his feet, knees and legs can carry him.

His breathing is loud.

Sweat beads are on his face. His cheeks are red.

He looks straight ahead, his gaze fixed, determined to get to Building E.

Nearly 10 minutes pass, and he's gasping for air.

Ms. Davis opens the door, and the teacher is standing in front of the class holding a book.

Carolyn Davis watches as Able makes his way to a desk in the first aisle of the front row.

She has that same worried look as the nurse and Miller.

Each student has two desks. One to sit in and the other for books.

"I thought about having Able sit in a regular seat with a table, but I didn't want him to feel out of place. So everyone in the class has two desks shoved together," Davis says.

Though the gesture saves Able from embarrassment, it may not be as comfortable.

Davis eventually starts reading to the handful of students.

Able's loud breathing, which hasn't subsided from the walk across campus, can be heard throughout the classroom.

Most of Able's classes are in this room. Davis teaches special education.

---

Able is not unintelligent, but he misses so many school days he often falls behind in his classes.

Special education is an effort to help him catch up.

---

The bell rings about 12:10. It's lunchtime, but Able's in no rush.

His body won't let him.

He casually grabs his bag, puts it on top of the desk and gathers his books. He neatly places them in the travel luggage and zips it shut.

With a bit of a struggle, he squeezes out of his desk, says a few parting words to Davis and walks out of the classroom.

Outside, Able stands for about five minutes as other students rush past him.

"I usually meet a friend here. He's (absent) today, I guess."

Slowly, Able walks toward the cafeteria, his bag rolling behind him. About 30 students are already standing in a lunch line. Able taps one of the students on the shoulder. The student turns, glances at Able and moves aside to create more room for him in the line.

Able grabs a bag of chips and something that looks like a burrito. He goes over to the cashier. On a wall behind him is a large, colorful sign about the state's 5 A Day Campaign, an effort to educate children about the importance of eating five servings of fruits and vegetables a day.

Able walks out of the cafeteria.

Davis says Able often eats alone, away from the quad area where the other students hang out.

"His situation is just so sad," she says.

---

At 12:45, the bell rings. Lunch is over.

Able walks toward his next class, geography, also in Building E.

When he gets to the classroom door, several students are standing outside. Able opens it and holds it open until they all go in.

Able's geography teacher starts a video on South America.

About 20 minutes into the film, Able's eyes close. His head begins bobbing slowly as his chest forces his chin up with every breath he takes.

Though the breathing is still quite loud, the video is louder.

At one point, his head falls backward and, and in a knee-jerk reaction, it comes forward. Able's eyes open.

The teacher has stopped the video to explain what alluvial fans are. He says there is one in Rialto.

The video resumes. Minutes later, Able is asleep again.

-----

Able doesn't get much rest at night. He suffers from sleep apnea.

The condition is associated with frequent stoppages of breathing while a person is asleep because the upper part of the airway is blocked.

Symptoms of sleep apnea include snoring and excessive daytime sleepiness.

Myers has said her son often takes naps throughout the day, especially when he returns from school.

Being overweight is a risk factor for sleep apnea, health officials say.

To ensure that his airways are clear while sleeping, Able uses a Nasal Continuous Positive Airway Pressure machine - CPAP - at night.

The machine forces air through his airway at a pressure high enough to keep the airway while he sleeps.

He was recently given an upgraded version of the machine, but his mother says he doesn't wear it because it is uncomfortable.

On April 15, Able passed out in his bathroom while dressing for school and was taken to Loma Linda University Children's Hospital. He was in the intensive-care unit for a week.

Able's mother says the boy suffered respiratory failure and that his oxygen levels were very low when he was admitted to the hospital.

Gus Cheatham, a hospital spokesman, said Able's attending physician prescribed supplemental oxygen for the boy to use at home.

Myers said Able hasn't needed the oxygen.

-----

At 1:35, the bell rings.

Able's school day is done.

But he must make it through a gantlet of additional physical trials before arriving home.

It starts with the 11 steps outside the school.

One by one, he goes down, dragging the suitcase behind him. One mistake, and he could fall and not be able to get up.

When he reaches the bottom, he stops for about a minute before continuing. He's at the beginning of his journey home, but fatigue has already set in. His black hair is drenched with sweat. He gasps for air, but his body is barely moving.

By the time he makes it to his street, Able's pace has slowed to a crawl. He's losing his grip on the bag's handle.

Only a few more steps until he gets to home and rest.

-----

After his last fall in the bathroom, Able hasn't been in school.

His mother says she was told to keep him out of school for an indefinite period.

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PUBLISHED MAY 03, 2005 - DAY 3, TABLE TO GRAVE: REACTING TO OBESITY

## Dieting just for grown-ups?

Parents putting children on weight-loss programs tailored for adults

By Leigh Muzzslay  
Staff Writer

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About a month after Katherine Prouty went on a low-carbohydrate diet, she started looking at what her kids were served at school for lunch.

She didn't like what she saw being offered to Fox, her second-grader, and Jessica, her sixth-grader - french fries, white bread, pizza and nachos.

"A lot of our food is processed white flour," said Prouty, who runs a Web log at [www.lowcarbfreedom.com](http://www.lowcarbfreedom.com) from her home in Marblehead, Mass.

Weight problems run in the family, and both her children are heavier than their ideal weight, she said. Low-carb was working for Prouty, so she figured it could help her whole family.

Prouty isn't alone. Many parents turn to grown-up diets to help their children lose weight, though lots of experts advise against this.

Many of these diets are too restrictive for growing children:

- ° The "Atkins Diet" puts the body into ketosis, a process in which the body burns fat rather than carbohydrates. The first phase cuts sugar, fruits, grains, starchy vegetables, nuts, seeds, legumes and dairy products other than cheese, cream and butter. Later, the diet allows more carbs, but still far fewer than most people eat.

- ° The "Blood Type Diet" advises people to follow high-carb, high-protein or mixed diets, depending on their blood type.

- ° Meal-replacement diets substitute bars or shakes for some or all of a person's meals.

- ° The "Sugar-Busters Diet" cuts most sugar, but allows vegetables, some fruit and some whole-wheat grains.

- ° The "Caveman Diet" promotes eating only what our fire-free ancient ancestors could digest - sometimes raw meat, but no grains, beans, potatoes, milk or refined sugars.

"I wouldn't recommend children to go on any fad diets," said Chutima Ganthavorn of the Corona-Norco Children and Weight Coalition. "Children form their eating habits and exercise patterns when they're young. This is when to train them to do it right."

Many experts recommend that parents focus more on increasing their children's physical activity than restricting food intake. Couch potatoes are a bigger problem than french fries, they say.

A child's diet restrictions depend on age, degree of obesity and medical-family history, said Heidi Schumacher, the chief clinical dietitian at Children's Hospital in New Orleans and co-author of "Trim Kids."

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Schumacher gauges how much a child might weigh in one to two years based on their projected height. Unless they already weigh more than that, most children can grow into their weight rather than shed pounds.

Children who actually need to lose weight need a more structured diet than those who are only somewhat overweight. Schumacher puts children who need to lose at least 50 pounds on an 800- to 1,000-calorie-a-day diet of lean protein, low-carb veggies, some fruit and whole grains. That regimen continues for 10 to 12 weeks.

While more resources are being devoted to childhood obesity research, there aren't many studies of children on low-carb diets.

"It's not an area you want to research," said Joe S. Hughes, an assistant professor in the Cal State San Bernardino health sciences and human ecology department. "How many parents want to volunteer their kids for study to see if low-carb diets stunt growth?"

Kids should avoid very low-fat diets, Schumacher said.

Parents can focus on adding good things - fruits, vegetables, whole grains and lean protein - rather than cutting the junk. The good foods will help squeeze out the candy and chips.

With her children, Prouty has taken a pretty sensible approach. She sends them to school with fresh vegetables, fruit and low-carb sandwiches like all-natural peanut butter and low-sugar jelly on a low-carb pita.

The whole family ditched pasta and mandarin oranges. They replaced Doritos with low-carb chips and traded Kudos for CarbWell snack bars. Grandma even bought the kids low-sugar Halloween candy.

Prouty knows that many dietitians advise against putting kids on low-carb diets.

"But they don't understand how parents do it," Prouty said. "I give my kids a lot more carbohydrates than I would ever eat myself because they are growing."

Kids drink regular milk. They eat cupcakes at class parties like the other kids. Sometimes, they have low-carb Oreos.

"But they know a serving is two Oreos - that's it," Prouty said. "I've taught them that a serving size is not always the whole package."

That's an important lesson, and one that Ganthavorn would approve. She advises parents to provide kid-size portions and not force children to eat.

"Tell them to listen to their stomach and, if they feel full, stop eating," Ganthavorn said.

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PUBLISHED MAY 03, 2005 - DAY 3, TABLE TO GRAVE: REACTING TO OBESITY

## People v. Fast Food

### Industry getting its fill of lawsuits from customers

By **Selicia Kennedy-Ross**  
Staff Writer

Can fast-food chains be held legally responsible if those who eat the food become obese?

A suit claiming that McDonald's food caused two New York teenagers to become obese and suffer from heart disease, diabetes and high blood pressure is testing that concept.

Filed in 2002 by Jazlyn Bradley, then 19, and Ashley Pelman, then 14, the suit maintains the fast-food giant failed to disclose its products were high in fat, salt, sugar and cholesterol.

The case, originally dismissed by U.S. District Court Judge Robert Sweet in February 2003, was reinstated Jan. 25.

"Where should the line be drawn between an individual's own responsibility to take care of herself and society's responsibility to ensure others shield her?" Sweet wrote in his ruling.

It is the latest in a string of suits against food makers.

John Banzhaf, a professor of public interest law at George Washington University in Washington, D.C., likened these obesity lawsuits to the fight against the tobacco industry.

"I guarantee there will be more," said Banzhaf, who served as a consultant in the original case against McDonald's.

"Obesity is the new tobacco."

In the tobacco suits, cigarette manufacturers staunchly maintained their products were not addictive and did not definitively cause cancer.

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#### Other obesity-related lawsuits:

• **2005** - McDonald's Corp. settles a suit for \$8.5 million after failing to disclose to the public that it had not yet changed its cooking oil, which contains trans fatty acids, after it had publicly vowed to do so in 2002. Research has shown trans fatty acids to be as dangerous as pure cholesterol. The fast-food chain had not met its self-imposed deadline of 2003 and did not announce the delay until Stephen Joseph, a San Francisco-based attorney and the founder of BanTransFats.com, filed suit against McDonald's in Marin County. As part of the settlement, McDonald's will donate \$7 million to the American Heart Association and will spend another \$1.5 million to inform the public of its trans fat plans. McDonald's is still searching for a replacement oil, but the chain has cut the trans fat content of its chicken products.

• **2003** - Josephsues Kraft Foods, seeking an injunction to stop the corporation from selling Oreo Cookies unless it replaced its processing oil with another type of fat. The oil contained trans fatty acids. The suit was dropped after Kraft announced that it would reduce or eliminate the trans fat in its cookies, which it did in 2004.

• **2003** - Robert's American Gourmet, the manufacturer of Pirate's Booty snack food, settles a class-action lawsuit for more than \$3 million. The suit claimed the company failed to disclose the calorie and fat content of the product.

• **2002** - Ashley Pelman, 14, and 19-year-old Jazlyn Bradley, both of New York, sue McDonald's claiming the corporation contributed to their obesity. Dismissed in 2003 by a lower court judge, the case was reinstated by an appellate court in 2005.

• **2002** - A 56-year-old New York man, Caesar Barber, filed suit against McDonald's, Burger King Corp., KFC Corp. and Wendy's International in the New York Supreme Court. He accused the companies of peddling high-fat meals that made him obese and caused related illnesses. The suit was withdrawn.

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Lisa Howard, spokeswoman for McDonald's, said the company hasn't hidden nutritional information from the public.

as provided the information through tray liners, in-store brochures and its corporate Web site for more than 30 years, she said.

McDonald's issued a written statement after the latest ruling, calling the case "frivolous" and "without merit."

"The key issue remains personal responsibility and making informed choices," according to the statement.

Others like Banzhaf say legal action should be used as a weapon to fight obesity and that the courts will be left to balance personal and corporate responsibility.

"In most product liability cases, there is usually responsibility and legal liability on both sides," Banzhaf said. "What the courts seem to be saying is, if the manufacturer is not doing all they can to keep the problem from occurring then the company is not doing their fair share."

The obesity cases involving children are complex because children legally cannot be held responsible for their actions, Banzhaf said.

A child under 16 cannot enter into any legal contract or even legally consent to medical procedures, he said. Girls under 16 cannot legally consent to sexual intercourse and even in criminal cases, children under 18 are rarely tried as adults. That's why manufacturers must go further to protect children.

Samuel Hirsch, the New York-based attorney representing the plaintiffs in the case, did not return repeated calls for comment.

To lay the problem of obesity at the doorstep of fast-food chains has gone too far - to the height of personal irresponsibility, said Maureen Martin, managing editor of Law Abuse Fortnightly, a newsletter about so-called "frivolous lawsuits" published by the Heartland Institute.

...w they could think that a Big Mac and super-sized serving of fries is nutritious?" Martin asked. ...ey'd have to be totally oblivious to any commonplace knowledge of nutrition. To me, that's an incredible claim."

Martin called the suits "an orchestrated attack" against fast-food corporations.

Jose Anderson, law professor at the University of Baltimore in Maryland, said the obesity lawsuits, successful or not, may serve another purpose - drawing attention to an issue that could otherwise go ignored by the industry.

Often the legal process reveals information such as documents or studies that can shed light on whether a corporation has been as responsible about its products as it could have.

"The industry responds to litigation by modifying its behavior to reduce risk of financial judgments," Anderson said.

Cathy Kapica, global director of nutrition for McDonald's, said people need to balance what they eat with exercise in order to maintain a healthful weight.

"No one should eat the same food all day, every day," she said. "You need to be able to moderate your portion sizes. The basic principles of good nutrition can be followed anywhere."

In June 2004, the fast-food corporation changed its children's menu, the Happy Meal, by offering milk and fresh fruit as alternatives to fries and soda.

The company serves portion sizes appropriate for children, Kapica said. Its most popular item, the four-piece Chicken McNuggets combination, provides one-third of the daily calorie requirements for a 6-year-old girl who is not active, Kapica said.

Happy Meals also provide vitamins and minerals like vitamins E and B and fiber, Kapica said. The beef burgers provides iron and magnesium, she said.

...s meat and potatoes," Kapica said. "It's real food and provides the nutritional value of real food."

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## Surgical solution

By Annette Wells  
Staff Writer

Amy Simmons was a chubby kid. In high school, she was overweight.

At age 19 and 5 feet 5 inches tall, the Loma Linda resident weighed about 230 pounds.

By age 26, she had reached 335.

"I missed out on a lot as a teen and while I was in my 20s because of my weight problems," Simmons said.

In 2001 - after failed attempts with Weight Watchers, Slim-Fast and other dieting methods - Simmons turned to bariatric surgery, procedures that seal off most of the stomach to reduce the amount of food one can eat. "I didn't want to miss out on the rest of my life," she said.

Once considered a procedure just for adults, bariatric surgery has reached down to younger generations.

Some candidates are now in their teens, not surprising considering this country's battle with an obesity epidemic.

But some experts question the wisdom of subjecting children and adolescents to a procedure that reduces the size of the stomach and requires strict post-operation dietary guidelines.

"It's something that takes a lot of maturity that I'm not sure a teenager has," said Simmons, who is down to 175 pounds. "I'm not sure I had that at age 26, but I don't regret it for a minute, and I wouldn't discourage it because it's wonderful."

According to the American Society of Bariatric Surgery, surgery becomes an option when a person's Body Mass Index exceeds a certain number.



Amy Simmons, of Loma Linda, holds a pair of size 32 jeans she used to wear, before her surgery, Monday (April 18, 2005) outside her home in Loma Linda. Two years after her surgery, Simmons now wears a size 14. (Jennifer Cappuccio/Staff Photographer)

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BMI is the measurement of body weight relative to height. It can be used to determine if people are overweight or obese.

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A person's health and age also are factors in determining if surgery is an option.

For instance, Able Richardson, a 15-year-old, 511-pound Rialto boy, is clearly morbidly obese. He also has chronic health problems.

Last year alone, Able met with at least two bariatric surgeons and underwent several psychological and physical examinations in what his mother thought were preparations for the surgery.

To date, neither surgeon has penciled Able in.

"We just keep waiting," said Able's mother, Jean Myers.

When the school year ends, she plans to put Able on a diet.

Bariatric surgery costs about \$30,000.

Able's body meets the requirement. But even if his mother finds a way to pay for the surgery, doctors may be reluctant to operate because of his young age and mind.

"I never want to say that I would never (perform bariatric surgery) on someone younger than 16" said Dr. Eugene Rumsey Jr. of Pacific Bariatric Surgical Medical Group Inc. in San Diego, where Simmons had the surgery. "From a general (practice) standpoint, it's best to wait beyond the age of 16 or 17 or so."

The medical group performs bariatric surgery on individuals who are at least 100 pounds over their ideal weight and who have failed at all other attempts to lose weight.

"Our group is pretty conservative in the way we approach teenagers and or adolescents," Rumsey said. "- My feeling is this: Under age 16, there is rarely a time when this should be performed.

There are dramatic effects the patient is going to notice with their post-operative diet, exercise and lifestyle. I don't think someone under age 16 knows what they are getting into."

The selection process at Pacific Bariatric requires that patients have a mature understanding of what is involved in their participation in the after-surgery program.

Criteria also include attending all seminars, listening to lectures and correctly answering 55 questions about bariatric surgery.

"With an operation like this, a person must adhere to these requirements. If not, you're setting yourself up for failure. Why put a patient through an operation to fail?" Rumsey asked.

Rumsey said bariatric surgery is successful at treating weight problems. Patients who fail do so because they don't stick to the program.

Some people think of bariatric surgery as a cure, but it's not. It's about controlling a disease. Part of that control is the operation and the other part is the patient.

Dr. Douglas Krahn, medical director of weight-loss services at St. Bernardine Medical Center in San Bernardino, said his patients typically are eating 1 to 2 ounces each meal one month after surgery.

A tablespoon of food is about a half-ounce.

The meals grow by an ounce or two each month but will always be substantially smaller than what patients ate before, said Krahn, who has shown some interest in Able's case.

Patients also must learn to chew slowly and refrain from drinking fluids for one hour after they've eaten. They are required to exercise. The amount depends on the individual.

Simmons called the first month after the surgery difficult.

"It's like you've basically been cut off from your best friend," she said. "Or that you've stopped cold turkey from an addiction. That's what made it so difficult.

"With an alcohol or drug addiction, to live, you have to stay away from them. But you have to have food.

So it's real hard to get over an addiction when you still need that addiction to survive."

After a few months, Simmons grew accustomed to her new diet and eating smaller portions. But she may never get used to feeling full after just a few bites.

"There's a heaviness in your chest. - It's kind of like you're drinking something and if you know if you have one more sip, you're going to get sick," she said. "Well, when I'm eating, my stomach feels as though one more bite and I'm going to lose it."

Krahn also said the surgeries help alleviate obesity-related health problems, such as Type II diabetes. Most individuals with diabetes, who have the surgery, go off their insulin just a few months after surgery.

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PUBLISHED MAY 04, 2005 - DAY 4, TABLE TO GRAVE: SOLUTIONS TO THE PROBLEM

# Trimming the fat takes a village

By Annette Wells  
Staff Writer

Emily Locket doesn't turn her nose up at a snack of carrots, celery sticks and peanut butter.

The 3-year-old Colton girl doesn't complain when her mother, Tish Locket, scoops green stuff like broccoli and spinach on her plate for dinner.

"Emily will eat the better foods," said Tish, who, along with her husband, Richard, 25, says good parenting is the key to combating the childhood obesity epidemic. "At first, she kind of resisted, but I kept putting it in front of her. She eventually ate it."

Tish, a licensed vocational nurse who works in pediatrics, and Richard, a full-time security guard, are trying to teach Emily about eating fruits and vegetables, as well as playing till she's tired.

Going against their efforts, however, are their genes.

Both Richard and Tish, 23, have overweight and obese family members who suffer from diabetes, heart problems and have suffered strokes.

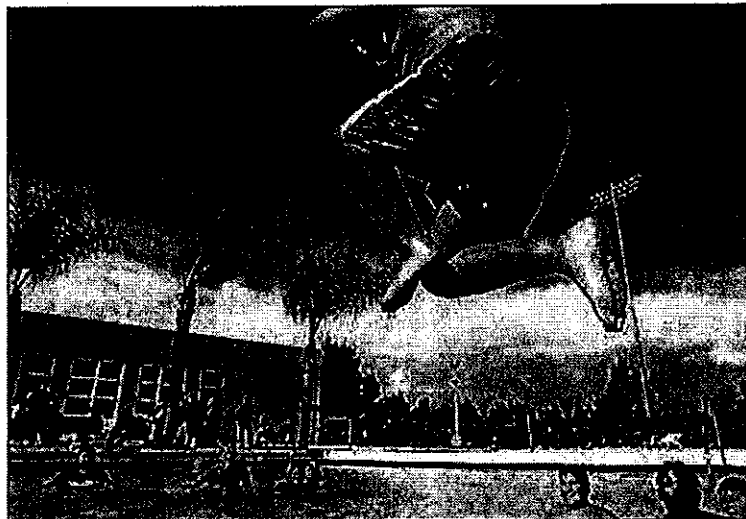
Tish said several people in her family have had gastric bypass surgery - stomach stapling. One has had it twice.

"It's harder to teach an old dog new tricks than it is to start fresh with new dogs," Tish said.

She and her husband have failed at changing their own eating habits. "He and I were raised to eat the way our families ate," she said, "and that meant eating all the time - and large portions of food. That's why I am setting my girls on the right path, so they can make correct choices later in life."

Starts with breast-feeding, Tish said.

Locket breast-fed Emily and is breast-feeding their 5-month-old daughter, Athena.



Nestor Navas, 12, of San Bernardino, does a cannon ball into the pool Thursday (August 12, 2004) during the Growing Fit program at the Drayson Center at Loma Linda University in Loma Linda.  
(Jennifer Cappuccio/Staff Photographer)

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Though not enough research has been done to link breast-feeding with whether or not a child is likely to develop weight problems, experts say breast-fed children are less likely to become obese than children who are not breast-fed.

"I have noticed a difference in my children and the other children in my family who were not breast-fed," Tish said. "Emily doesn't sit around. She's active. Her cousins aren't that active."

While breast-feeding may start a child down a more healthful path, here are other factors to consider.

Dr. Eric Frykman, public health officer for San Bernardino County, said the obesity epidemic won't be solved overnight because it is multifaceted.

"You and I need to think about what, and how much, we eat," he said. "Our family choices and the choices we make for our kids need to change. The obesity issue isn't just related to food intake. It's about how we get around. Do we ride our bikes or do we walk?"

**Experts suggest that:**

- Cities create more parks and bicycling and walking lanes.
- Communities ensure safer parks and schools by providing adequate lighting and police patrols.
- Corporate America stops marketing unhealthful foods and sedentary lifestyles to children.
- Schools stop serving unhealthful foods through vendors on-campus vendors and extend physical-education minutes to meet federal recommendations.

Richard agrees with the experts. But he says parents need to take the initiative.

"Everything falls back on the parents," he said.

He said that when Emily wants to play in the front yard, he or Tish make the time to watch her.

"It can be done," he said.

An estimated 9 million children are overweight and obese in the United States today. Many more are at risk of becoming overweight and developing Type II diabetes, elevated cholesterol levels and heart disease.

Research has found that overweight and obese people cost the nation about \$117 billion a year in medical costs.

Obese children are failing in school, where they are the target of teasing, bullying and other forms of discrimination. They are depressed. Many entertain thoughts of suicide.

Some are dying. Experts also say obesity rates could decrease if society reverted to the way it did certain things 50 years ago, when parents cooked meals at home and children didn't spend large chunks of time without supervision.

"It's possible," said Richard. "But the pattern with our generation is to take the easier road. Today, people don't have time to sit down, let alone cook a full meal. Fast food is too convenient.

"If parents don't like that their kids are watching too much television or that they play video games too much, then they should regulate it. They can pull the plug."

This also goes for computers, cell phones and video games. The same approach should be taken with unhealthful foods, such as candy and soda, Richard said.

Emily tastes sweets on special occasions.

"We've established with her that sodas you don't have every day," said Tish. "Just once in awhile."

Dr. Tom Farley, chairman of the department of community health science at Tulane University in New Orleans, said the easiest way to keep unhealthful food from children is not to buy it.

Farley received a \$3.6 million grant to research environmental factors that might slow America's obesity epidemic. He also piloted a program that opened school playgrounds after hours.

Federal dietary guidelines recommend that children, starting at age 2, eat a healthful assortment of

vegetables, fruits, grains, fat-free or low-fat milk products, and fish, lean meat, poultry or beans.

Children should get at least 60 minutes of physical activity daily, federal health agencies report.

Due to an emphasis on standardized tests and funding shortages, California schools do not offer 60 minutes of physical education daily. Some local communities are doing their part to compensate.

For example, in at-risk and poor neighborhoods, the San Bernardino County Public Health Department offers the Families of African American Ancestry Manifesting our Excellence at local community centers.

The program promotes good nutrition and physical activity through African dance and nutritional awareness. Children get an hour of physical activity one day a week. During that hour, nutrition education is also provided.

The Public Health Department also operates a free program that encourages ethnic-based restaurants to offer healthful menu items.

Nutritionists are working with low-income communities to create safer walking routes to school.

In 2004, public health officials met with San Bernardino fire and law enforcement officials to hear parents' concerns in neighborhood near the former Norton Air Force Base about why they weren't allowing their children to walk to Monterey Elementary School.

The meeting resulted in a four-way stop sign being installed at Pedley Road and Monterey Avenue and a crackdown on stray dogs in the neighborhood, said Sonia Vega, a nutritionist.

Some of law enforcement agencies in the county, such as the Redlands Police Department, have taken charge of the city's recreation departments.

Redlands Police Chief Jim Bueermann said the effort is a way to provide safer environments for children to participate in after-school activities.

Since 1998, Loma Linda University has run its Growing Fit program for overweight and obese children in San Bernardino and Riverside counties and parts of Los Angeles County.

The program incorporates nutrition and physical activity. Children are referred to the program through Inland Empire Health Plan and other primary-care providers.

#### **Other programs around the nation and state include:**

- In Augusta, Ga., the Medical College of Georgia's FitKid Project provides third-graders with two hours of activities and a ride home after school each day. During the first hour, children get a healthful snack and homework help from teachers. The second hour consists of vigorous activity such as basketball, volleyball, soccer or dance.

The three-year program received a \$3.3 million grant from the National Institutes of Health to continue.

"We believe intensity is a very important word," said Bernard Gutin, the project's director. "It's expensive, but we have to figure out the expense of not doing anything."

- New York Gov. George Pataki has enlisted the help of professional athletes to promote Active-8 Kids, an educational and awareness campaign encouraging children to be active, healthy and physically fit.

The program coincides with Pataki's 2004 bill establishing a childhood obesity prevention program within the state Department of Health.

The program, a reaction to rising rates of obesity in the state, aims to counteract the spread of Type II diabetes and other serious medical problems associated with childhood obesity.

- In September, the California Department of Health Services launched an ad campaign addressing a parent's role in reversing and preventing childhood obesity. It includes television and radio ads and outdoor billboards in English and Spanish.

- California also participates in the National 5 A Day campaign, an effort to encourage low-income families to consume five to nine portions of fruits and vegetables a day.

- California's Project LEAN is another Health Services Department program that focuses on various strategies to encourage healthful eating and physical activity. Individual counties participate in Project LEAN and California 5 A Day programs.

- California has banned the sale of sodas in elementary and junior high schools, and has limited the amount of junk food that can be sold in these schools.

Health can be legislated only so far, though.

Frykman said health-care professionals also have to do their part.

The federal Institute of Medicine suggests that pediatricians:

- Routinely measure patients' height and weight and calculate body mass during every visit.
- Review a child's weight status and discuss the results with parents.
- Explain to parents the risks that overweight or obese patients face.

"We need to have good medical-care providers who understand all the issues related to childhood obesity," said Frykman. "These children need good counselors or psychologists and a supportive family.

"Oftentimes, a child who is very overweight can be depressed, and we need to treat the issue, which could be more dramatic than the physical aspect."

Though they acknowledge it isn't easy, the Lockets said parents must make that commitment. They have.

"We have diabetics. We have people with heart problems. We have people who have had strokes in our families," said Richard. "We want our children to outlive us, not the other way around. As (Athena and Emily) grow up and get older and they ask why they can't have a candy bar, we'll explain why."

They're risking their lives.

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PUBLISHED MAY 04, 2005 - DAY 4, TABLE TO GRAVE: SOLUTIONS TO THE PROBLEM

# Fighting obesity from infancy

By Annette Wells  
Staff Writer

Research indicates breast-fed babies are less likely to become obese children than babies who aren't breast-fed.

"The (national Centers for Disease Control and Prevention) put out a statement indicating that there were four priorities in combating childhood obesity," said Betsy Cline, nutrition program manager for the San Bernardino County Public Health Department. "One of them was to encourage women to breast-feed."

In a study published in the May 16, 2001, issue of the Journal of the American Medical Association, a study by researchers from Harvard Medical School found that the longer infants were breast-fed, the less likely they were to be overweight in children.

The study, which looked at more than 15,000 children ages 9 to 14, examined the extent to which being overweight is associated with the type of infant feeding - breast milk vs. infant formula - and duration of breast-feeding.

Those who had been breast-fed were less likely to be overweight compared with those who were raised mostly or exclusively on formula.

In the past decade, dozens of other national and international studies have had similar results. But none so far has come to a definite conclusion.

Dr. Matthew W. Gillman, who participated in the Harvard study, said one reason the jury is still out is because obesity rates in children and breast-feeding rates have both gone up in recent years.

Donna Erlewine, assistant nurse manager of lactation services at Loma Linda University



Tish Locket, of Colton, nurses her daughter Athena, 5-months, Tuesday (March 15, 2005) at a family members home in Camarillo. Locket's family has a history of obesity and she has breastfed both her children hoping to break the chain of obesity in her family with her children.

(Jennifer Cappuccio/Staff Photographer)

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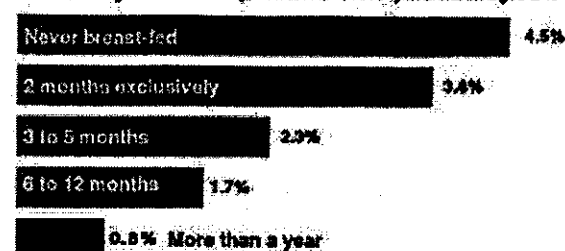
Medical Center, said the reasons vary why researchers have been unable to find a direct link between breast-feeding and whether a child become obese.

"There are a lot of questions about breast-feeding and its benefits, but the research looks at retroactive data," Erlewine said. "Some of that data shows that breast-feeding helps to lower the risk of obesity while others don't show a link or they suggest a maybe."

Part of the problem is that a majority of the studies do not take into account the child's mother and whether or not she is physically fit or overweight.

### Less obesity among breast-fed children

Breast-feeding decreases the prevalence of obesity in children ages 5 to 6.



Source: San Bernardino County Department of Public Health

Staff graphic

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That's the kind of information researchers need, Erlewine said.

Other factors may also cloud the issue.

"For instance," Erlewine said, "if I could get a teen mother to breast-feed, and let's say she goes ahead with it for two or three years. Then, when her child becomes a toddler, she hands him a candy bar and sits him in front of the television.

"This is a lifestyle issue that could be setting the child up for becoming obese."

Gillman said a lot more information - such as duration of breast-feeding - is needed in order to determine if it protects against weight gain.

Nevertheless, the studies in existence today suggest breast-feeding may be the cheapest and most efficient way to guard against obesity in children.

If anything, breast-feeding teaches a child how to regulate its food intake.

Erlewine said recent studies show that mothers who breast-feed for at least a year have a lower level of control over their child's feeding at 18 months.

Children of mothers who do not breast-feed them don't learn how to self-regulate and are at greatest risk of consuming too much and gaining too much weight.

"The parent will say, 'Just a little more to go,' even though the child is full just to empty the bottle," Erlewine said.

Gillman Forcing a child to finish the bottle is inducing the child to drink more and to ignore their body's satiation cues, said Gillman.

Satiation is the body's internal cue on when it is full.

Another reason breast-feeding may lower the risk of weight gain is that breast milk contains leptin, a regulator of body weight and appetite.

Formula doesn't contain leptin, Erlewine said.

With all that being said, breast-feeding has proven to be a healthier option than formula in overall infant health.

Evidence has shown that it decreases the incidence and severity of bacterial meningitis, diarrhea, respiratory and urinary-tract infections and reduces post-neonatal infant mortality rates in the United States.

Cases of childhood leukemia and diabetes also are less.

Additionally, breast-feeding has some maternal benefits such as decreased postpartum bleeding and decreased risk of breast and ovarian cancer and osteoporosis.

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PUBLISHED MAY 04, 2005 - DAY 4, TABLE TO GRAVE: SOLUTIONS TO THE PROBLEM

## Loma Linda program's goal is to get kids fit

By Annette Wells  
Staff Writer

It's October and the final day of Growing Fit.

The 12-week weight-loss program at Loma Linda University for overweight and obese children is very thin. Of the 30 or so originally enrolled, six show up.

Of the six, four receive free Disneyland tickets for successfully completing the program, which includes exercising at home.

Brothers John and Joseph Toffi of Highland receive two of the tickets.

Another one goes to Nestor Navas, 12, of Fontana.

At the end of the one-hour exercise program, John and Joseph's faces are red. They are sweating and breathing hard, but it doesn't stop them from inquiring about the trip to Anaheim.

They have a lot more energy than they did 12 weeks ago, says their mother, Ebtisam Toffi.

Started in 1998, Growing Fit has helped more than 230 Inland Empire youths change their eating and exercising habits.

Kiti Freier, associate professor of psychology at Loma Linda University and director of Growing Fit, said the program has prevented children from harming themselves.

"At the beginning (of the program), the kids are given a three-minute step test (in which) they are required to walk up and down stairs," she said. "Many of them can't go longer than a minute. By the end (of the program), they can."

"Will the Growing Fit kids become models or be like normal-weight kids? Probably not. But will (they) have some skills they can use in life? Yes."

Since the 1970s, obesity has doubled among children ages 6 to 11 and tripled among adolescents ages 12 to 19 in the United States.



Nutritionist Denise Juve, left, talks to parents about the kind of healthy food their children should be eating Thursday (August 12, 2004) during the Growing Fit program at the Drayson Center at Loma Linda University in Loma Linda.

(Jennifer Cappuccio/Staff Photographer)

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Obesity is linked directly to eating too much of unhealthful foods and exercising too little.

Growing Fit addresses childhood obesity with a behavioral approach. Children in the program are referred to it by their pediatrician or other physician because they are already overweight and risk becoming obese.

A few are already obese and suffering from chronic medical disorders.

Sessions are held twice weekly at the university's Drayson Center. There are two major components: physical activity and nutrition.

The exercises are intended to get children in shape, increase endurance and improve motor skills.

The nutritional aspect helps children develop proper eating habits.

There is heavy emphasis on the food pyramid, a diagram that explains which foods a person should eat more or less of.

During an August session with a nutritionist, the children played a game matching foods with the different food groups.

Many of the children had a hard time putting the foods in the correct food group. Some didn't know the difference between whole and nonfat milk, had never heard of wheat and thought a french fry counted as a serving of vegetables.

Parents and their children meet separately and as a group with a licensed social worker/counselor. The meetings focus on psychosocial issues associated with weight, such as body image, bullying, discrimination, depression and how weight problems affect the family as a whole.

Dr. Kim Hamai, a pediatrician, also meets with the children three times during the 12 weeks.

The first meeting with Lee is an assessment of the child. Goals are established, said Liza Olmos, a former coordinator for Growing Fit.

The second and third visits with Lee are medical follow-ups to determine if goals are being met or not met, Olmos said.

As an incentive, Inland Empire Health Plan, a major contributor to Growing Fit, offers a free trip to Disneyland to children who complete the program.

Growing Fit staff members increased the criteria for the reward by requiring participants to complete 60 miles of activity outside the program within the 12 weeks.

The activity can be anything from playing sports to walking to doing household chores, Olmos said.

"They don't necessarily have to go outside," she said. "They just need to be moving."

Brenda Navas, Nestor's mother, said her son took out the trash, mowed the lawn and did some walking around their neighborhood to achieve his 60 miles.

Toffi said John and Joseph requested more fruits and vegetables. They also asked to be dropped off at school a half-hour early so they could play.

As for herself, Toffi has learned better ways to cook and provide exercise.

"I see a difference in all of us," Toffi said as she watched the boys play dodge ball.

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PUBLISHED MAY 04, 2005 - DAY 4, TABLE TO GRAVE: SOLUTIONS TO THE PROBLEM

### Eaters providing more healthful choices for kids

By Selicia Kennedy-Ross  
Staff Writer

Fried chicken fingers. French fries. Macaroni and cheese.

These items have long been the staples of kids' menus in family restaurants. In 2004, the Center for Science in the Public Interest, an advocacy group, published a study of what 20 major restaurant chains in the United States serve children.

What researchers found was a welcome mat for obesity, diabetes and heart disease - high-fat, calorie-laden foods.



Alexis Sheffield, 8, of Alta Loma, left, eats from the children's menu with her parents April and Dave Tuesday (March 22, 2005) at The Old Spaghetti Factory in Rancho Cucamonga. The Old Spaghetti Factory has one of the healthiest children's menus available. (Jennifer Cappuccio/Staff Photographer)

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Nine million children are overweight or obese in the United States, with the number having doubled for ages 6 to 11 and tripling for adolescents - ages 12 to 19 - since the 1970s. Restaurants are taking notice and changing their menus for kids. New choices like grilled chicken, salad and fresh fruit are being added.

One restaurant got an early jump on the competition - The Old Spaghetti Factory, chosen by Child Magazine as a food industry leader in featuring healthful choices on its junior menu.

The chain, with restaurants in Rancho Cucamonga and Riverside, updated its children's menu more than two years ago and now offers a choice of pasta and sauce with salad and applesauce, said Chris Hein, vice president of marketing. For dessert, youngsters can choose ice cream or a frozen juice treat that looks like a Popsicle.

"We wanted to change," Hein said. "Obviously, one size doesn't fit all. We were not primarily concerned about obesity as much as we wanted to offer something that parents felt good about giving their kids and the kids would like."

Missing from The Old Spaghetti Factory's kids' menu - fried foods.

Denny's Restaurants, the largest full-service family restaurant chain in the United States, unveiled a new

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children's menu in June.

It has seven side items, including applesauce, fresh grapes, cucumber slices and salad, to give young diners a choice of something other than fries, spokeswoman Debbie Atkins said.

Atkins said the new menu was planned before the 2004 study.

"We were focused on creating a fun environment - food that was fun for kids but food that parents could feel good about," Atkins said. "So we focused on adding more choices. From the results of the feedback forms from our guests, it seems those objectives were met."

Red Lobster also changed its children's menu, which previously featured only fried food. It now offers its youngest diners grilled chicken and fish and a choice of appetizers such as applesauce or raw vegetables.

Coco's Bakery and Restaurant chain overhauled its children's menu in July.

Heather Gardea, vice president of food and beverages for the Catalina Restaurant Group, which owns Coco's, said the chain has since been selected by Restaurants and Institutions Magazine, a food industry trade journal, as one of the chains with the best kids menu.

Yet, Gardea also says the change was prompted by the food industry becoming more aware of more healthful choices and by working with 5 A Day Partnership, a coalition of government agencies and nonprofit groups that advocate the importance of fresh fruit and vegetables in one's daily diet.

"The healthiest kids eat a wide variety of food," Gardea said. "If they are only offered a hamburger, they will only take a hamburger."

Still the grilled chicken is not as popular as the hand-held foods are, she said.

Coco's also offers its healthful items for the same price as its less healthful items.

"For us, it was not a decision about cost," Gardea said. "If parents feel better about what kids are eating, maybe they will come back, so it's a good business decision for us, after all."

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## Weighed down

Experts: Medical industry needs to shape up

By Annette Wells  
Staff Writer

Some U.S. ambulances are now being equipped with hydraulic hauling devices capable of lifting people weighing 1,000 pounds - a direct result of responding to calls involving obese people.

Although the medical community has taken some steps to ensure obese patients receive adequate medical attention, experts say the majority of health-care providers are still lagging.

For example, in September, after slipping and falling in his shower, Able Richardson couldn't get an MRI because of his weight. The 15-year-old weighed more than 500 pounds.

Though an emergency room physician at Loma Linda University Medical Center didn't discover any broken bones, an MRI was suggested to check for internal injuries.

There was a problem, though. The hospital's imaging machine couldn't handle someone Able's size.

Able fell again in April and spent several days in an intensive-care unit.

Brenda Holden, executive director of radiology at the hospital, who wouldn't speak specifically about Able, said in most of these cases, it's not about a person's weight but their girth.

"For instance, a 10-foot-tall man weighing 350 pounds, he'd be skinnier and could fit (into the machine)," Holden said.

Though they were able to get an X-ray of Able, it came out grainy because of his amount of fat tissue.

Holden said the problem with plain X-rays is due to the physics of radiation. The more obese the patient, the more the radiation scatters. The X-ray could come out more gray than clear.

"It's very frustrating for doctors to not have these imaging tools," Holden said. "A multitude of problems can be hidden."

Dr. Kim Hamai, a pediatrician at Loma Linda University Children's Hospital, who wasn't aware of Able's case, said there are only two places she knows of in the state with MRI machines large enough for people weighing more than 350 pounds.

One is in Huntington Beach, and the second is in San Francisco, Hamai said.

In addition to not having the right type of equipment, studies show, physicians aren't educated enough on weight problems to diagnose and treat them properly.

"Medically, we are dealing with diseases in children that we didn't have to deal with before," said Dr. Daniel Salinas, an Atlanta pediatrician with Blue Cross Blue Shield of Georgia.

"And the medication involved in the treatment of these diseases were formerly reserved for adults. This is something new for us," he said.

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Such medications include cholesterol and arthritis pills and insulin, Salinas said.

A study published in the August 2004 edition of *Pediatrics*, the journal of the American Academy of Pediatrics, revealed that although obesity has reached epidemic proportions, pediatricians under-recognize and under-treat it.

Hamai, the Loma Linda pediatrician, said not enough is known about why children become overweight or obese.

"We can speculate and we can show links," she said, "but we can't say what the cause and the effects are. No one case is the same."

Oakland-based Kaiser Permanente recently launched its Weight Management and Obesity Initiative, a program to educate physicians on ways to handle patients with weight problems.

The program has been extended to physicians outside of Kaiser Permanente, said Dr. William Caplan, director of development for Kaiser Permanente Management Institute.

"In our organization, we're trying to be proactive. We're trying to do the right thing to help our patients and in doing that we're also helping our company economically," Caplan said. "It's in everybody's best interest to get involved because this has the potential to put a lot of strain on our health-care industry."

In addition, Kaiser includes the Body Mass Index as part of documenting a person's vital signs. BMI is the measure of a person's body weight relative to height and can be used to determine if people are at a healthy weight, overweight or obese.

"In the past, we would document weight but not height," Caplan said. "Now we're doing both to get a BMI. This enables us to talk with our patients about their weight and if attention is needed, give it."

Other health-care providers also are implementing programs geared toward helping pediatricians communicate with parents.

WellPoint partnered with UCLA to develop a Web-based reference tool, The Patient Counseling Guideline for Families With Overweight Children and Adolescents.

In December, the desktop program was downloaded more than 8,000 times, Rim said.

The company also developed a booklet for parents, "Healthy Habits for Healthy Kids."

Cigna Health Care recently aligned with Healthy Kids Challenge to help elementary schoolchildren develop healthful eating and exercise habits, said Gwyn Dilday, spokeswoman for the health-care provider.

Healthy Kids Challenge is a national nonprofit organization that focuses on helping schools and communities prevent obesity in children.

The program is in Philadelphia and will be extended to Dallas, Houston, Atlanta, Cleveland and Richmond, Va.

There are plans to bring it to California.

"We do recognize that obesity is a growing health problem for everyone, and our goal is to help address the problem at the earliest stages," Dilday said. "The best way to do that is to work with kids."

Health Net of California also joined forces with Weight Watchers to help children fight obesity.

Last year it launched Weight Management - Be in Charge, a program created to help Medi-Cal members between ages 10 and 20 control their weight. Children who are considered overweight by their physicians will receive a 10-day pass to Weight Watchers.

In addition, these members have 24-hour telephone access to a registered dietitian.

"You don't find obesity in many health books," said Dr. Kiti Freier, an associate professor of pediatrics at Loma Linda University.

"We haven't given it the seriousness of what it is. Now, since the (2001) Surgeon General's report, more people are talking about it."



According to that report, "Surgeon General's Call to Action to Prevent and Decrease Overweight and Obesity," obesity was one of the most important medical challenges in the United States.

Premature death and disability, higher health-care costs and lost productivity are some of the burdens that overweight and obese people place on society, the report said.

As a result, the surgeon general encouraged health-care providers to help individuals, especially children, from becoming overweight.

- Staff writer Selicia Kennedy-Ross contributed to this report.

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Inland Valley Daily Bulletin and The San Bernardino Sun  
Los Angeles Newspaper Group

# TABLE TO GRAVE

## America's childhood obesity epidemic



• DAY 1:  
OBESITY'S COST

• DAY 2:  
ROOTS OF AN EPIDEMIC

• DAY 3:  
REACTING TO OBESITY

• DAY 4:  
SOLUTIONS TO THE PROBLEM

| LATEST NEWS | GLOSSARY | ONLINE RESOURCES | FEEDBACK | PHOTO-GRAPHICS GALLERY |

PUBLISHED MAY 04, 2005 - DAY 4, TABLE TO GRAVE: SOLUTIONS TO THE PROBLEM

### TIPS TO MAKE EATING OUT WITH CHILDREN HEALTHIER

- At breakfast, order an English muffin, toast or a bagel instead of a croissant, biscuit, muffin or other pastry. Choose Canadian bacon or ham instead of sausages. When ordering pancakes, make sure portion sizes are appropriate, and skip the butter.
- Ask for low-fat dressings and sauces served on the side.
- Avoid mayonnaise and cheese on burgers and sandwiches. Use ketchup, mustard or barbecue sauce instead.
- Order low-fat milk, fruit juice or water instead of a soft drink or milkshake.
- Stick with baked, broiled or poached items. Avoid fried items such as fish and chicken patty sandwiches.
- Ask to substitute a baked potato, raw vegetables or salad for fries.
- Watch portion sizes. If portions are too large, split one entree between two children or ask for a take-out container and put some of the food in the container before eating.
- Ask that bread, beverages and tortilla chips be served with the meal, not beforehand.
- Avoid items described as buttery, fried, pan-fried, crispy, creamed, in gravy, au gratin, in cheese sauce or marinated in oil. These items mean high-calorie, high-fat foods.
- Don't limit options to the children's menu.

#### Healthful fast-food options:

- Side salad with low-fat dressing.
- Grilled chicken sandwich without mayonnaise.
- Roast beef sandwich without mayonnaise.
- Submarine or deli sandwiches without dressings and cheese. Ask for mustard or light mayonnaise instead, and load up on vegetables.
- Chicken or steak soft tacos. Skip the sour cream and guacamole.
- Small hamburger with ketchup, mustard, pickle, lettuce, tomato - no mayonnaise.
- Broth-based soups.
- Grilled vegetable burger. Skip the mayonnaise.
- Baked potato. Go light on the sour cream and margarine.
- Low-fat frozen yogurt or low-fat ice cream.
- Baked beans, corn on the cob, mashed potatoes.

Sources: American Dietetic Association; Blue Cross of California

• **Causes of childhood obesity**  
A list of sources which contribute to childhood obesity



• **Economics of obesity**  
The cost of healthcare dealing with obesity



• **Web resources**  
A list of websites for parent with overweight children



• **Eating out tips**  
Tips to make eating out with children healthier

• **Healthier meals**  
Tips for preparing healthier meals

• **Grocery shopping tips**  
Tips for parents when grocery shopping

• **Glossary**  
A list of terms and their definition used on this site

## Overweight kids face health risks

From 1990 to 1998 there was a 67.4 percent increase in diabetes among California adults. If the current trends continue, 32.5 percent of boys and 38.5 percent of girls born in the United States in 2000 will develop diabetes.

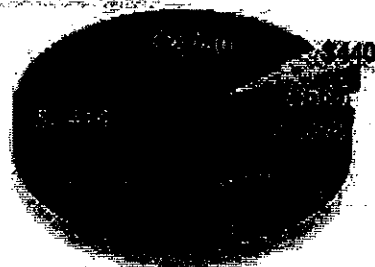
Assembly district/ Representative	Diabetes deaths per 100,000 population 1990-2000	% overweight 2001	% with 2001
24th, Barstow, Tulare, Visalia	97.8	26.8	40.4
25th, Bakersfield	95.3	23.7	42.0
61st, Oxnard, Oxnard, Pomona	120.7	28.8	47.5
63rd, Upland, Redlands	104.3	29.9	41.6

Source: California Center for Public Health Advocacy

Staff graphic

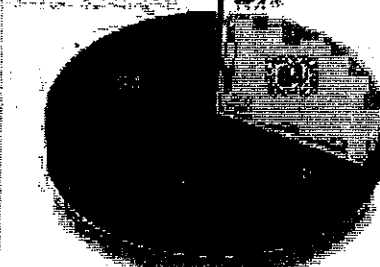
## National Institutes of Health funding and disease prevalence

2005 estimated budget  
in millions:



HIV/AIDS  
 Obesity  
 Smoking  
 Diabetes  
 Nutrition  
 Bloodborne  
 Cardiovascular

2004 disease prevalence  
in millions:



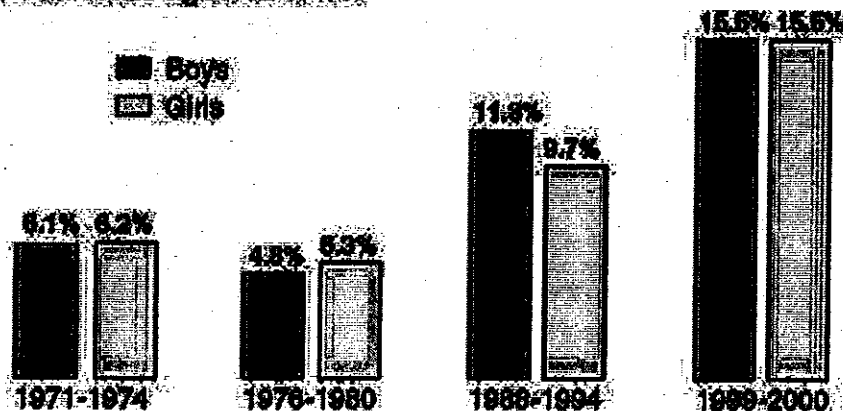
AIDS  
 Cardiovascular  
 Diabetes  
 Smoking  
 Obesity

Source: National Institutes of Health

Staff graphic

## Obesity prevalence

Trend from 1971 to 2000 for United States adolescents ages 12 to 19.



Source: American Obesity Association

Staff graphic

## How to read a nutrition facts label

Use the nutrition facts label to see if a food is a good source of a nutrient or to compare similar foods — for example, to find which brand of frozen dinner is lower in saturated fat, or which kind of breakfast cereal contains more folate. Look at the %Daily Value (%DV) column to see whether a food is high or low in nutrients. If you want to limit a nutrient, try to choose foods with a lower %DV. If you want to consume more of a nutrient try to choose foods with a higher %DV. As a guide, foods with 5% DV or less contribute a small amount of that nutrient to your eating pattern, while those with 20% DV or more contribute a large amount.

### Nutrition guide

Serving 1/2 cup Calories 260  
size (114g) (Calories from fat 120)  
Servings per container 4

Per serving	%Daily Value	Daily Value
-------------	--------------	-------------

Fat (13g)	17%	Less than 75g*
Saturated fat (5g)	20%	Less than 25g*
Cholesterol (30mg)	10%	Less than 300mg
Sodium (660mg)	28%	Less than 2,400mg

Per serving	%Daily Value	Daily Value
-------------	--------------	-------------

Carbohydrate (31g)	10%	325g*
Complex carbohydrate (26g)		
Sugars (5g)		
Dietary Fiber (0g)	0%	25g
Protein (5g)		50g*

Vitamins & Minerals	%Daily Value
---------------------	--------------

Vitamin A 4%, Vitamin C 2%, Calcium 12%, Iron 4%

\*Percent Daily Values are based on a 2,000 calorie diet. Your daily value may be higher or lower, depending on your calorie intake.

Staff graphic

### Nutritional recommendations for children

As children grow, their nutritional needs change. Parents can use these recommendations to make sure their children are eating the right amount of vitamins, calories and fat for their age.

Nutrient	1-3 years	4-8 years	9-13 years	Girls 14-18 years	Boys 14-18 years
Protein (grams)	18	26	46	55	66
Iron (mg)	7	10	8	15	11
Calcium (mg)	500	800	1,000	1,300	1,300
Vitamin A (IU)	1,000	1,333	2,000	2,333	3,000
Vitamin C (mg)	15	23	45	65	75
Fiber (g)	8-8	9-13	14-18	19-24	19-24
Sodium (mg)	600-1,300	1,200-2,000	1,800-3,000	3,000	2,400-2,700
Cholesterol (mg)	Less than 300	Less than 300	Less than 300	Less than 300	Less than 300
Saturated fat (g)	14	20-22	24-27	24	33
Total fat (g)	43	60-67	73-83	73	About 100
Calories	1,300	1,800-2,000	2,200-2,500	2,200	3,000

Source: USDA/ARS Children's Nutrition Research Center

Staff graphic

## Diabetes death rates highest among African Americans

Diabetes-related death rates per 100,000 population — 1996-2000

Assembly District	African American	American Indian/ Alaska native	Asian/ Pacific Islander	Latino	White
34th	159.7	109.0	90.1	129.1	90.5
36th	153.2	-	105.1	98.6	92.8
59th	138.3	-	59.7	95.9	81.4
60th	92.3	-	57.7	78.0	64.1
61st	162.1	-	80.8	103.1	120.8
62nd	203.0	-	66.7	135.8	161.4
63rd	171.1	-	54.1	115.9	99.5
65th	142.3	-	55.2	91.7	83.9

Source: California Center for Public Health Advocacy

Staff graphic

## Gastric bypass surgery



Source: [www.gastricbypass.com/choice.htm](http://www.gastricbypass.com/choice.htm)

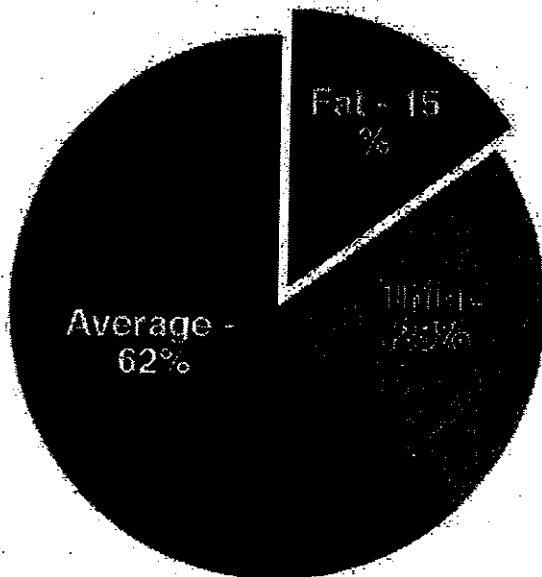
Staff Graphic

## What do you do after school?

Watch TV/play video games	43%
Play sports	35%
Read/study	33%
Ride bicycle/skateboard	20%
Other	24%

\*Numbers equal more than 100% because students answered with more than one response.

## Do you consider yourself...



## Have you ever made fun of someone else because of his or her weight?

