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Boston Public Health Commission

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Obesity and exercise: When losing is winning

Andrea Baptiste is a bit of a celebrity these days.

She actually made it to the finals of one of those reality television shows.

She didn't win.

She lost.

And lost, and lost.

And that was a good thing, because the show, "The Biggest Loser," was all about contestants losing weight and getting fit.

Baptiste lost 65 pounds, and it marked a turning point in her life. Instead of obsessing about the actual numbers, she is more focused on living a healthier lifestyle — eating well and exercising on a regular basis.

"There's no magic pill," she said.

And that's the problem. In a nation

obsessed with super-sized food and instant diets, Baptiste knows that discipline and hard work are the only solutions to what has become one of America's most persistent problems — obesity.

The Boston numbers are not good, particularly in neighborhoods with substantial minority populations.

In a recent analysis by the Boston Public Health Commission, the neighbor-

hood with the most overweight or obese residents was Mattapan, with 70 percent. Dorchester and Hyde Park were next at 64 percent, followed by Roslindale at 60 percent, East Boston at 58 percent, Roxbury at 57 percent, and South Boston at 55 percent.

By all accounts, excess body weight is a known risk factor for diabetes, heart disease, many forms of cancer and premature death.

A large problem is weight misperception and outright denial.

According to a recent report, overweight black Americans are two to three times more likely than overweight white Americans to say they are of average weight, even after being diagnosed as overweight or

obese by their doctors.

Gary G. Bennett was the lead author of that study by the Center for Community-Based Research at Dana-Farber Cancer Institute. The report was based on an analysis of data collected in the National Health and Nutritional Examination Survey (NHANES), a government-sponsored research study begun in the 1960s.

Although blacks are more overweight

and obese than the national average, Bennett said less pressure exists in the black community for people to lose weight because of cultural acceptance of higher body weights.

"We think that misperception can be very useful when it comes to protecting people against overly stringent body image ideals and eating disorders," Bennett said in a recently published report. "But it's a problem when people fail to realize the health consequences associated with obesity."

The study reported that men were more likely than women to misperceive their weight. The prevalence of misperception was highest among overweight black women (40.9 percent compared to 20.6 percent in overweight white women) and overweight black men (66.4 percent, compared to 43.2 percent in overweight white men).

The percentage of misperceptions, however, declines among those diagnosed as obese rather than overweight. Only 3.1 percent of obese white women and 11.2 percent of obese black women considered themselves of average weight.

Misperceptions are one thing, economic reality is another, and when it comes to eating healthy food, there is a higher price tag and lower accessibility.

A recent study conducted by research-



Before: 215 pounds After: 150 pounds
Andrea Baptiste was one of the first contestants on "The Biggest Loser." She became the biggest female loser on the show.



Andrea Baptiste is now a motivational speaker helping others take charge of their lives. She is also a celebrity spokesperson for the American Heart Association.

ers at the University of Washington and the U.S. Department of Agriculture noted that when money is a factor, people tend to rely more on low-cost, energy-dense foods that are high in calories and low in nutrition.

Similar findings were reported in "The Healthy Heart Initiative: Barriers to Eating a Heart Healthy diet in a Low Income African American Community" a special report by Brigham and Women's Hospital. Instead of eating fresh fruit,

Biggest Loser, continued to page 4

Taking the first step

No one needs to tell Brandy Cruthird to take the lead on physical fitness and health.

A former basketball star at James Madison University, Cruthird started her own fitness club in a studio apartment in 1996. Since then, her company, Body By Brandy, has grown to a 15,000-square-foot, state-of-the-art facility in Dudley Square in the heart of Roxbury.

Her business has grown largely because the number of African Americans wanting to get in shape has grown considerably over the years.

Her mission is simple: "We want to make our community healthier by teaching individuals to take ownership of their health and make THEIR BODY, THEIR BUSINESS."

Cruthird has learned that getting started is probably the toughest challenge.

"Most people just don't know how," Brandy said.

The first step is to make an appointment with a doctor. The next steps

are creating goals and establishing a schedule.

If people are trying to maintain their overall physical health, Brandy explained that they need to exercise two or three times a week for a moderate period, equally divided into strength and flexibility and conditioning.

If they are trying to lose weight, they need to work out as many as five times a week and perform conditioning exercises as well as strength building and flexibility. The period of time can be extended as their physical condition improves.

If those are unrealistic goals to establish in the beginning, Cruthird said she is a big fan of walking. "It's

the friendliest of exercises."

Brandy readily admits that it is not easy. But she says she always tells people that "if they don't have time for themselves, then how do you give your time to others?"

Of particular concern to Cruthird are overweight children.

A recent report by Children's Hospital Boston suggested that by 2010, nearly one in five children would be overweight or obese.

"Parents have to turn into role models," Cruthird said. "They need to bring more fruits and vegetables into their homes and introduce their children to these sorts of foods."

As it is now, children are very comfortable being overweight

and they are not encouraged to exercise or be physically active. Overweight children tend to have less confidence, poor posture, are more likely to sit in the back of the classroom and have a

tendency to not look people in the eye.

"We have to let our kids know at an early age what their weight should be based on their height," Brandy said. "We also need to tell our children to be healthy and not put pressure on them to be thin. There's a big difference between the two."

Part of that difference is nutrition. Kathy McManus, director of Brigham and Women's Hospital's Nutrition Department, explained that regular exercise goes hand-in-hand with a healthy diet.

And that means keeping an eye on what McManus described as "portion distortion."

"The portions have just gotten larger," McManus said. "From restaurants to the grocery stores, everything is super-sized. A small soda is no longer eight ounces. They are now 24 ounces. Candy bars have also gotten much larger."

Some of that can be blamed on unchecked marketing. "I mean, c'mon," McManus said, "How many ways do we need to make Fruit Loops?"

She quickly points out what we

Brandy, continued to page 4



Brandy urges everyone to make "their bodies, their business."

Obesity: A growing epidemic

According to the Centers for Disease Control and Prevention (CDC), 55 percent of Massachusetts's adults are overweight or obese. The CDC reports that 27 percent of black adults in the state are obese, along with 21 percent of Hispanic adults, and 18 percent of white adults. What is most concerning about this is that obesity is a significant risk factor for the development of diabetes, heart disease, and other potentially deadly diseases.

Getting regular exercise and eating healthy foods are the two most important behaviors for losing weight and for keeping it off. There are extreme situations, however, where a severely obese individual and his or her doctor decide that weight loss surgery is necessary to get the patient to a healthy weight.

Bariatric surgery is another name for weight loss surgery, and is used to control morbid obesity. There are three bariatric procedures that are most common — laparoscopic adjustable gastric banding (LAGB), open Roux-en-Y gastric bypass (RYGB), and laparoscopic Roux-en-Y gastric bypass (RYGB). The first procedure pursues weight loss by reducing the size of the stomach, thereby limiting the quantity of food that a person can take in. The other two surgeries bypass a portion of the intestines, thus reducing the absorption of nutrients.

Most Massachusetts health insurers cover some form of bariatric surgery, but some may have guidelines as to which hospitals and doctors are qualified to do the surgeries. Blue Cross Blue Shield of Massachusetts (BCBSMA), for instance, is helping hospitals meet specific standards of care surrounding performance of bariatric procedures. Beginning June 1, BCBSMA will cover bariatric surgeries only when performed at one of those certified hospitals.

The standards have been developed by an expert panel at the Betsy Lehman Center for Patient Safety and Medical Error Reduction. The standards are applied by BCBSMA for bariatric procedures and are comprehensive and focused on quality and safety. Specifically, the focus of the recommendations includes the areas of:

- **Surgical care**
- **Criteria for patient selection and multidisciplinary (psychological, nutritional, medical) evaluation and treatment**
- **Patient education and informed consent**
- **Anesthetic care before and after surgery, and pain management**
- **Nursing care before and after surgery**
- **Pediatric/adolescent care**
- **Facility, quality assurance, and quality improvement resources**

Some insurers might have pre-surgery weight loss steps that they require their members to take before agreeing to cover the surgery. It is crucial not only to talk to a doctor about the need and risks for surgery, but also to contact your health insurer about its requirements for coverage.

No magic pill

Unwanted weight gain, for the most part, is simple to explain. When you eat more calories or energy than the body uses, the extra calories are stored as fat. As the process is repeated, larger deposits of body fat accumulate. After a point the excess weight poses a threat to one's health, and the best solution is healthy eating and exercise. This takes a lifestyle change and a lifelong commitment. There is no magic pill.

Calculate your body mass index and waist size (see next page) to determine your risk of cardiovascular disease.



Talk to your doctor or nutritionist. Or go to MyPyramid.gov to develop a personal eating plan with the foods and amounts that are right for you.



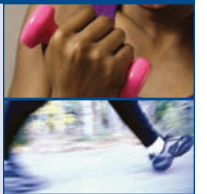
Learn to read food labels to make sure you are eating fewer calories and less fat and cholesterol.

Nutrition Facts	
Serving Size 1 cup (228g)	
Servings Per Container 2	
Amount Per Serving	
Calories 260	Calories from Fat 120
<small>% Daily Value</small>	
Total Fat 13g	26%
Saturated Fat 5g	25%
Cholesterol 30mg	10%
Sodium 660mg	28%

Eat a wide variety of vegetables, fruits, and whole grains.



Exercise. Regular exercise combined with healthy eating helps you achieve and maintain a healthy weight and lower your risk for chronic disease.



You can stop the latest health epidemic right from your kitchen.

It's a startling fact: The number of overweight children in the U.S. has tripled over the past 20 years. These kids are more likely to develop chronic disease in childhood and beyond.

As a parent, you can help your kids get healthy and grow strong. For help, ask a pediatrician for ideas to promote healthy eating and active living in your home.



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Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

National data show that the number of children who are overweight is rapidly on the rise, having tripled over the last 20 years. Overweight conditions can contribute to the development of diabetes, high blood pressure and unhealthy cholesterol levels, among other problems. As more and more children are diagnosed with type 2 diabetes, the overweight problem is a potentially deadly one, particularly for black and Hispanic children who are developing the disease at increasingly higher rates.



One Roxbury businesswoman decided to tackle this problem head on by helping local children get healthy and fit. With the support of the United Way of Massachusetts Bay, Blue Cross Blue Shield of Massachusetts, and Children's Hospital Boston, Brandy Cruthird, owner of the Body By Brandy Fitness Center, started a gym specifically for kids last spring. The Body By Brandy 4 Kidz gym hosts the FitKidz fitness program, which is open to all children.

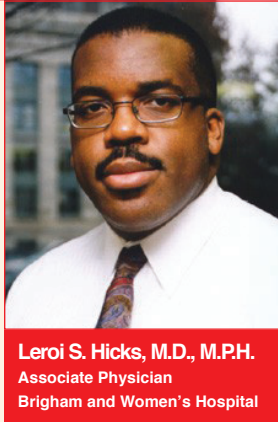
The gym also hosts the Children's Hospital Boston Fitness in the City program, which makes it the first facility where community health center doctors can refer and receive progress reports on young patients who are diagnosed as being overweight. The goal of both programs is to make fitness fun and provide children with a safe environment that features cardiovascular equipment designed especially for kids (treadmills, spinning bikes, rock wall, elliptical machines, and game-bikes), strength and flexibility training, step aerobics, yoga, boxing, kickboxing, tae kwon do, and hip hop dance.

To learn more about these programs and the possibility of subsidized memberships or sliding scale fees for the Body By Brandy 4 Kidz gym, visit www.bodybybrandy.com or call 617-442-2187.

Questions & Answers

1. What are the factors contributing to the increase in obesity in children and young adults?

The two greatest influences are likely: 1) a striking reduction in regular physical activity among children and adolescents and 2) a tremendous increase in the amount of high fat, high sugar, and low dietary fiber foods eaten by families today. Children and young adults have been done a tremendous disservice by a reduction in the amount of recess and physical education activities at school. When combined with increasing time spent playing video games and fewer available community playgrounds, children today, particularly in urban environments, are facing an obesity crisis secondary to their lack of exercise. Combine lack of exercise with increasing portion sizes for each meal and meals that contain high portions of fat (e.g. non-lean meats or fried foods) and low portions of dietary fiber (e.g. fresh fruits and vegetables) and you get the results we're beginning to see. Obesity rates are skyrocketing among our youth.



Leroi S. Hicks, M.D., M.P.H.
Associate Physician
Brigham and Women's Hospital

2. What are the pros and cons of following one of the popular diets, such as the South Beach diet?

The pros are that most of these diets have been shown in recent clinical trials to be very effective in leading to more rapid weight loss. The cons, however, are that they tend to be extremely difficult to follow long-term, there is little or no published data that establishes their long-term safety, and many people end up gaining weight back because they can't practically sustain the diets long-term. Studies have repeatedly shown that people who lose weight and maintain it over the long haul do so by regularly exercising.

3. Are there medications that can effectively assist in weight loss?

There are several doctor-prescribed medications that have been shown to effectively help high-risk obese patients lose weight. These medications work by either suppressing patients' appetites or by blocking absorption of fats when patients digest food. The problem is that these are not magic pills, weight loss is not sustained over the long haul, and the medications have a lot of cardiovascular side effects as well as bloating and diarrhea. Most weight loss medications sold over the counter and advertised on television are not FDA approved, have never been shown to be effective, and many are under federal investigation for making false claims in commercials about their effectiveness.

4. When people are trying to lose weight, does that mean that they can no longer eat desserts or other sweets?

No, people can absolutely still treat themselves to desserts; however, strict portion control is absolutely necessary. For example, eat only half of that Snickers bar when you get the craving once a week and don't skip your workout.

5. If a person has a family history of obesity, is he destined to become obese regardless of lifestyle?

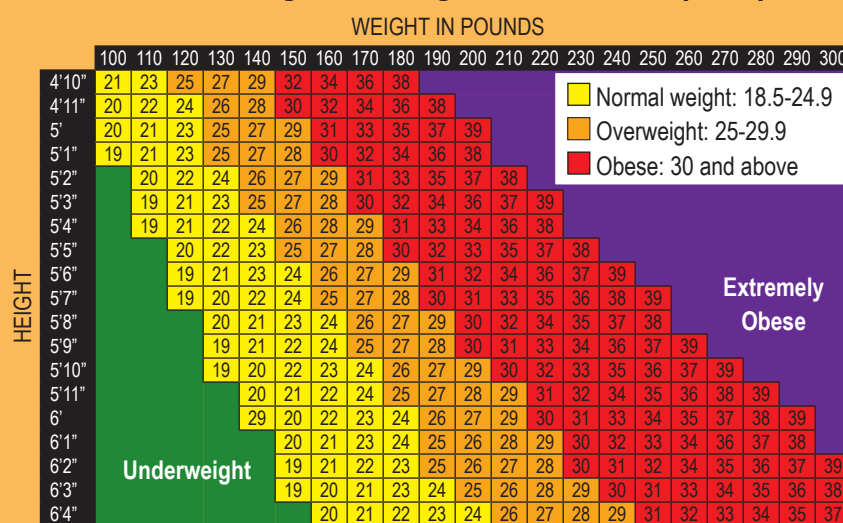
No. A few studies have shown that children born to obese parents are more likely to be obese, but this is not strictly genetic. Medical studies consistently show that all patients, regardless of family history, benefit from regular exercise, modifying their diet and, most importantly, consistently monitoring their weight. There is no reason to believe that you are destined to be obese if the rest of your family is obese. You just have to work harder.

COMPLICATIONS OF OBESITY

- High blood pressure
- Diabetes
- High cholesterol
- Coronary heart disease
- Stroke
- Osteoarthritis
- Sleep apnea
- Cancers – breast, uterus, cervix, gallbladder, colon, prostate
- Fatty liver disease – fats can accumulate in the liver, causing scarring and inflammation. This can also lead to cirrhosis of the liver, even if the obese person is not a heavy drinker.
- Gallbladder disease – an increase in cholesterol, which is deposited in the gallbladder, can increase the risk of gallstones.

TO DETERMINE IF YOUR HEALTH IS THREATENED BY YOUR WEIGHT...

Determine your Body Mass Index (BMI)



Although the Body Mass Index (BMI), a calculation based on height and weight, helps measure a person's "desirable" weight, it is not always accurate. Athletic people with well-developed muscles often have a BMI higher than normal because muscle weighs more than fat. However, when combined with other measurements, such as waist size, the BMI is a helpful tool in determining whether a person should lose weight to reduce health risks.



Measure your waist circumference

Accumulation of weight around and above the waist (apple-shaped) rather than the hips and buttocks (pear-shaped) increases a person's risk for cardiovascular disease.

DESIRABLE WAIST MEASUREMENTS

- Women:** 35 inches or less
- Men:** 40 inches or less

WAIST TO HIP RATIO

Measure your waist and your hips. Divide your waist measurement by your hip measurement.

- Women:** .80 or below
- Men:** .90 or below

Calculate your disease risk for type 2 diabetes, hypertension, and cardiovascular diseases

relative to your BMI and waist circumference.

BMI	WAIST SIZE	
	Women: ≤ 35 inches Men: ≤ 40 inches	Women: > 35 inches Men: > 40 inches
25.0-29.9	Increased	High
30.0-34.9	High	Very high
35.0-39.9	Very high	Very high
40.0 and above	Extremely high	Extremely high

Source: National Heart Lung and Blood Institute

Healing the racial divide in health care

Dr. Paula Johnson wants you to put your heart into your grocery shopping.

Heart disease is the No. 1 killer of women. And black women are more likely to die from heart disease than white women.

Because diet is critical to a healthy heart, Brigham and Women's Hospital (BWH) studied the food-buying habits of black and Latino families in two Boston neighborhoods, Roxbury and Jamaica Plain.

Dr. Paula Johnson, Director of Women's Health at BWH, and her colleagues worked with low-income women in those neighborhoods to develop menus and shop for heart healthy food. They found that even with food stamps, families and elderly people could not afford the food they needed for a heart healthy diet. Based on costs in Roxbury in 2004, a family of four receiving food stamps came up \$227 short every month; seniors living alone were \$103 short.

One reason: A lack of convenient access to supermarkets and their wide variety of food. Fortunately, Boston Mayor Thomas Menino has helped to bring more than 20 new or expanded supermarkets into urban neighborhoods over the past 10 years.



Paula Johnson, MD, MPH, Executive Director of the Connors Center for Women's Health and Gender Biology and Chief of the Division of Women's Health at Brigham and Women's Hospital.

But the problem is much deeper and will need the ongoing support of government, the food and grocery industry, health care, and community activists.

Dr. Johnson's group made a number of recommendations:

- Make healthy eating more affordable, through improvements in food stamp benefits or reductions in the cost of heart healthy foods;
- Expand cultural and language appropriate nutrition education in

communities at high risk for heart disease;

- Increase the availability and quality of healthy foods, particularly fresh fruits and vegetables in schools and small urban markets;
- Ensure that grocery stores, farmers markets, and other healthy food suppliers are located in the inner city;
- Encourage health care providers to become more attuned to whether their patients have access to affordable healthy food when they are counseling about diet.

For more information on a heart healthy diet, go to the Boston Public Health Commission at www.bphc.org

BRIGHAM AND WOMEN'S HOSPITAL



A charitable non-profit organization

MASSACHUSETTS GENERAL HOSPITAL

The hidden sugars

Sugar is a carbohydrate that has many common names, such as brown or table sugar, confectioners and powdered sugar. But sugar often masquerades under other names — honey, molasses, maple syrup or corn syrup. Look for words ending in “ose.” Natural sugar is found in milk (lactose) and fruit (fructose). Other names to look for when reading ingredient labels are sucrose, glucose, dextrose, and maltose.

SUGAR CULPRITS



Drinking just one 12 oz can of soda every day is equivalent to 55,000 calories, or 15 pounds a year.



Black coffee has no calories, fats, or carbohydrates. But a 20 oz cappuccino can add 210 calories, 11 grams of fat, and 18 grams of carbohydrates.



Although 100 % fruit juice is a better choice than soft drinks, it also contains sugar, and should be limited to six ounces a day.

Sources: Boston Public Health Commission, American Diabetes Association

FREE SCREENINGS FOR HEART DISEASE AND OBESITY

Date	Institution	Address	Time	Tel. No.
Fridays	Family Van	Upham's Corner	9 AM - 12 noon	617- 442-3200
		Mattapan Square	1:30 - 4 PM	
Mondays	Family Van	Dudley Square	1:30 - 4:30 PM	617- 442-3200
Tuesdays	Family Van	Fields Corner	9 AM - 12 noon	617- 442-3200
Thursdays	Family Van	Codman Square	9 AM - 12 noon	617- 442-3200
		Grove Hall	1:30 - 4 PM	

Biggest Loser

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vegetables, meat and dairy products, many of those on low incomes eat foods with added fats and sugars.

For individuals and families relying solely on food stamp benefits to purchase food, for instance, the study found that healthy food is not affordable.

A senior citizen receiving the maximum FY2003 food stamp benefit of \$139 per month would need an additional \$103 to purchase a heart healthy diet.

A family of four, the study found, would need an additional \$227 to their monthly maximum food stamp benefit of \$465 to be able to purchase a heart healthy diet.

“It is not sufficient,” the study concluded, “to merely tell people to adhere to dietary recommendations when they do not have the economic ability to do so.”

Kathy McManus is the director of Brigham and Women’s Hospital’s Nutrition Department. She said she knows that losing weight is a lot easier said than done.

“The reality is that we need to do a better job of explaining the many layers that are needed to make a lifestyle change. We really haven’t invested enough time and resources to changing behavior.”

Instant diets that promise quick results are not the answer.

“The biggest problem with these diets are that the results are often short-lived,” McManus explained. “Some of the diets do produce short-term results. But almost all report a return to being overweight over the long haul.”

Gaining weight was not an option for Baptiste.

As a child, she was considered skinny, and one of her early doctors said they thought that she might be malnourished. But Baptiste was eating right back

in those days. Her West Indian parents prepared all of the family’s meals with lots of fresh vegetables and fruit.

It wasn’t until she went to college that she started the slow and steady weight gain. She gained almost 50 pounds within the first school year.

Baptiste attributes the gain to a lack of exercise and eating more fast foods rather than her mother’s home cooking. The irony is that she was majoring in exercise and science.

The second major weight gain occurred in her late 20s, when she became depressed over the end of a personal relationship.

The trouble was that the more weight she gained, the deeper in denial she went.

She even blamed the dry cleaners for supposedly shrinking her clothes.

All that came to a screeching halt when she turned 29 years old and really looked in the mirror. She didn’t like what she saw.

Determined, she got on a scale for the first time in years. And as is usually the case,

something almost divine happened. She heard an advertisement one day while driving in her car that sought participants for an audition for the show “The Biggest Loser.”

Once selected, Baptiste was able to work out about nine hours a day in California for the show. She said she realized that sort of schedule was unrealistic. But she did learn a priceless lesson about herself — self-acceptance.

For the first time in years, she realized that she was finally doing something for herself.

“Women must feel better about themselves and live a healthier lifestyle,” Baptiste said. “Women often put others’ needs ahead of themselves. But actually they should take the lead on having a healthier lifestyle — and then instill that in their families.”



Kathy McManus
Director, Department of Nutrition
Brigham and Women’s Hospital

Read before you eat

Nutrition Facts

Serving Size 1 cup (228 g)
Servings Per Container 2

Amount Per Serving		
Calories	250	Calories from Fat 110
		% Daily Value*
Total Fat	12g	18%
Saturated Fat	3g	15%
Trans Fat	3g	
Cholesterol	30mg	10%
Sodium	470mg	20%
Total Carbohydrate	31g	10%
Dietary Fiber	0g	0%
Sugars	5g	
Protein	5g	
Vitamin A		4%
Vitamin C		2%
Calcium		20%
Iron		4%

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

	Calories:	2,000	2,500
Total fat	Less than	65g	80g
Sat fat	Less than	20g	25g
Cholesterol	Less than	300mg	300mg
Sodium	Less than	2,400mg	2,400mg
Total Carbohydrate		300g	375g
Dietary Fiber		25g	30g

When shopping, read food labels to make sure you are buying foods that are low in fat and cholesterol, but high in fiber and other essential nutrients. Remember that the labels are based on one serving size. If you eat two servings, you double the calories and all the nutrients.

This particular food is not high in calories, but half of its fat comes from trans and saturated fats. Also, it contains no fiber — found in fruits, vegetables, and whole grains — which aids digestion. Adults should consume 20-35 grams of fiber per day.

Check Serving Size & Calories

- 40 calories is LOW
- 100 calories is MODERATE
- 400 calories is HIGH

Always check the % Daily Value

- 5% DV or less is LOW
- 20% DV or more is HIGH

Limit these nutrients

Get enough of these nutrients

Source: U.S. Food and Drug Administration

The SKINNY on FAT

Fat is essential to the body — it stores extra energy, insulates the body, and helps control inflammation and blood clotting. But too much of the wrong type of fat can increase the risk of cardiovascular disease. The American Heart Association recommends 25-35 percent of daily total calories from fat, with less than seven percent from saturated fats, and less than one percent from trans fat.



Can increase LDL (bad) cholesterol and lower HDL (good) cholesterol

Trans (hydrogenated)

Fried foods, commercially baked goods, processed foods, fast foods, margarine



Biggest dietary cause of bad cholesterol

Saturated

Animal products, such as meat and dairy products, or tropical oils, such as coconut and palm oil.



Can help lower bad cholesterol

Unsaturated (monounsaturated and polyunsaturated)

Fatty fish, such as tuna, salmon and mackerel, canola, olive and peanut oils, nuts and seeds, avocados

Brandy

continued from page 1

don’t see on television. “When was the last time you saw an ad for broccoli or a healthy bag of carrots?”

Ultimate responsibility still lies with the individual. “Healthy food just doesn’t happen,” she said. “It doesn’t just pop down on your desk for lunch.”



Exercisers go through a rigorous workout to improve their strength and health.

Over the years, McManus has seen a number of different ways that people become motivated to solve their weight problems. Sometimes, its medical and obvious, like rising blood sugar levels that are a red flag for diabetes. Other times, the triggering mechanism is the deteriorating health condition of a close friend or relative.

But the one that usually works the longest is self-determination to look and feel better.

“I’ve had people tell me that they wanted to get healthy after they saw a picture of themselves five or ten years ago,” McManus said. “Other people have said they grew tired of being exhausted after playing with their children or grandchildren. Their extra weight had finally gotten to the point where they couldn’t walk around the block without being out of breath.”