

# BE Healthy™

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## Obesity: Losing extra weight reduces health risks

Sadie B. King, a 62-year old retired school teacher, was taken aback.

A cancer specialist actually used the word “obese” in explaining why King might have developed uterine cancer.

“Of course I was offended,” King said. “I always considered myself pleasingly plump. I never considered myself obese. In my mind, I was still the slim person I had always been. It never dawned on me that I was obese.”

And that’s part of the problem with obesity: There is a significant gap between the medical definition and human perception. It all depends on who is in the mirror. “It’s hard to look at them [very heavy people] and think you’re in the same category,” King said. “I’m skinny compared to them.”

But the scale doesn’t lie. King had become one of “them” and in the process put herself at risk for serious medical complications. In King’s case, that meant the risk for developing uterine cancer.

Constance Brown-Riggs, a national spokesperson for the American Dietetic Association, said the problem goes beyond the use of words. When obese people insist they are healthy, Brown-Riggs shoots back a question. “What does healthy mean to you?”

Even if an overweight person has normal blood pressure and cholesterol, she points to the quality of life. “Can you walk up a flight of stairs without puffing?” she

asks. “Can you bend down and tie your shoe?”

As a weight loss specialist at Brigham and Women’s Hospital Dr. Malcolm K. Robinson has a different approach. “Being obese does not mean a person will become unhealthy,” he said. “But the risk of that happening is very high. It’s all about risk reduction.”

Part of the confusion lies in fat mythology.

***There is a significant gap between the medical definition [of obesity] and human perception.***

“Years ago when man went from feast to famine, he would eat more calories than needed and store the extra as fat,” Robinson explained. “When times were lean, he’d dip into the storage department.”

In other words, Robinson said, fat was a good thing.

But nowadays people are eating way

more than required for basic survival. As it is now, obesity is the third leading cause of preventable deaths in America, and the numbers of those defined as obese continue to swell.

Between 1995 and 2008, those defined as obese by the Centers for Disease Control (CDC) skyrocketed by 69 percent, from 16 percent to 27 percent of all U.S. adults. The nation’s weight has gotten so bad that about two-thirds of all U.S. adults are either overweight or obese.

The problem is worse in people of color. The CDC has reported that the prevalence of obesity in blacks is more than 50 percent higher than whites. Nationwide, almost 36 percent of blacks are considered obese; in five states that percentage climbs to more than 40 percent. Black women have a higher prevalence of obesity than any other group.

Part of the problem is the different perceptions of weight among the races.

A 2006 study published in the International Journal of Behavioral Nutrition and Physical Activity found that even when blacks and Hispanic men were told by their doctor that they were overweight or obese,

when queried later, they reported that their weight was about right.

The state of denial can be found in the words and phrases often used by African Americans to describe excess weight. “Pleasingly plump” is one phrase. “Big boned” is another. Ironically, one of the most popular words is “healthy.”

According to Dr. Gina N. Duncan, chief resident of psychotherapy at Massachusetts General Hospital, African Americans have a higher acceptance of being overweight or obese. That is not entirely bad, Duncan explained, pointing out that



**It took a diagnosis of uterine cancer for Sadie B. King to come to terms with her problem of obesity.**

*King, continued to page 4*

## A couple’s battle of the bulges

Dennis Johnson didn’t see it coming. At 6’5” tall, he knew he could carry a few extra pounds. “I had a little beer belly,” Johnson recalled. But when the scale neared 300 pounds, he was shocked to learn that he was considered obese.

Obese?

Johnson said he pictured obese people as “big fat guys with guts hanging over their belts.”

But he soon realized that he too had become one of those “big fat guys.” “I’m obese,” he now admits.

As a diabetic, Johnson could ill afford to neglect his weight and diet. And that is precisely what he proceeded to do by having his “own” plan. He figured, wrongly, that he could eat more if he exercised more. He learned the hard way.

“You can exercise all you want,” he said, “but if you still eat more calories than you use, you will gain weight.”

The bottom line, Johnson learned, is that fat accumulates when a person consumes more calories – the source of energy – than the body needs to keep the blood circulating, the lungs breathing and other basic functions. But just so many calories are required each day. And the

extra calories are unable to disappear as waste and just sit inside the body as a reservoir of fat.

Fat cells have an amazing capacity to

PHOTO BY YAWU MILLER



**Dennis (left) and Ann Marie Johnson work as a team in their effort toward healthy eating.**

expand, and can increase to six times their size. In addition, the number of fat cells increases as weight increases. An obese person, then, not only has bigger fat cells, but more of them. And they’re there for the duration. Weight loss can reduce the size but not the number of fat cells.

There is a simple solution – simple in

words, but harder to do. It’s all about balance.

And understanding the fight between two rival hormones.

One hormone – ghrelin – produced in the stomach signals us to eat. Another hormone – leptin – produced by fat cells signals us to stop.

Guess which one is winning the fight in America? (Hint, its pronounced GRAY-leen.)

Both hormones respond to changes in calorie consumption. But ghrelin can go into attack mode if too much weight is lost too quickly. In fact, experts contend that ghrelin often responds by revving up an appetite. More often than not, leptin is no match and the result is slower metabolism and decreased ability to burn fat. That is one reason many quick solution diets fail.

But all the fault should not be placed on ghrelin, explained Dr. Malcolm K. Robinson, a weight loss specialist at Brigham and Women’s Hospital.

“People overeat for a number of reasons,” Robinson said. Predisposition, genetics and habit all play a role. Socializing is another factor. “There are the family barbecues,” he said.

A recent study indicates that eating too

quickly may even induce overeating.

It’s a good thing that Johnson was battling his weight problem as his wife Ann Marie was battling hers.

They realized that they were putting on a bit too much weight – individually and collectively – and together decided to do something about it.

They heard about a 10-week program offered by Whittier Street Health Center and Body by Brandy, a fitness center in Roxbury. The program focused on nutrition, healthy eating and exercise.

“My wife made me go,” Johnson admitted.

But he has no regrets. “You have to be motivated,” he said. “It’s taken me a while to make a sustained conscious effort [to make changes].”

Along the way, he’s learned to decrease his portion sizes. Back in the day, he recalled, “a portion was whatever could fit on your plate.”

He now reads food labels and is savvy when eating out. “I eat half a meal and take the rest home,” he said.

He has the numbers to prove it. Since he joined the program, he’s dropped more than 10

*Johnson continued to page 4*

# A step by step approach to healthy living

A person does not sit down for dinner each night with the intention of becoming obese. The flavor of foods and the nourishment they provide are the draw. But too many dinner plates stacked high with fatty, unhealthy food eventually take a toll. Obesity does not occur overnight. It creeps up slowly – so slowly at times that the person never saw it coming.

Suddenly you look in the mirror and do not recognize the person staring back at you.



To make matters worse, some people – even when told they are overweight or obese – still have a hard time reconciling their self-perception with reality. To them the extra pounds are “healthy.” But those “healthy” pounds can be contributors to cardiovascular disease and cancer, the two leading causes of death in this country.

This is a scenario repeated time and again by a large number of people. So many people in fact that obesity is one of the fastest growing epidemics in the United States and one that can cause very serious health problems. The Centers for Disease Control and Prevention (CDC) estimates that 37 percent of adults in Massachusetts are overweight and 22 percent are obese. What’s worse is that black adults bear the brunt of the epidemic. More than 30 percent of black adults in the state are obese.

This problem is not confined to adults only. The Massachusetts Public Health Association notes that between 25 and 30 percent of the state’s 10 to 17-year-olds are overweight or obese, which can result in diabetes, asthma, heart disease, depression and low self-esteem. Children who are overweight are more prone to becoming obese adults unless they adopt and maintain a lifestyle of healthy eating and exercise.

The American Academy of Child and Adolescent Psychology cited many factors that can contribute to obesity in children and teens, but apply to adults as well:

- poor eating habits
- overeating or binging
- lack of exercise (couch potato kids)
- family history of obesity
- medical illnesses
- stressful life events or changes
- family and peer problems
- low self-esteem
- depression or other emotional problems

Most people know eating right and exercising is the key to maintaining a healthy weight; yet statistics from the CDC state that one in five adults in Massachusetts reported not having had any physical activity in the past month, and only 28 percent eat the recommended five daily servings of fruits and vegetables.

Losing weight can seem like an overwhelming task at times, but it is necessary to take steps – even if they are small – to avoid serious health risks. Studies show that losing just 5 to 10 percent of body weight can often make a noticeable difference in lowering blood pressure and helping with problems like sleep apnea.

## Getting Started

**1. Talk with your primary care physician (PCP)**– Be open and honest about health problems, eating habits, physical activity level and mood. This will help your doctor better evaluate your condition and make appropriate recommendations for weight loss and resources. You may also be referred to specialists including dietitians, nutritionists and mental health professionals, who can provide specialized care and counseling.

**2. Develop a plan** – Once you have a better understanding of your health and condition, develop a plan that outlines realistic goals and the tactics for achieving them. Set yourself up for success by planning menus ahead of time to avoid making bad food decisions, plan an exercise routine with variety to keep from getting bored, and schedule exercise time on the calendar to ensure enough time is set aside for physical activity.

**3. Eat healthy** – Pay attention to the foods you eat and the nutritional value they provide. According to

Blue Cross Blue Shield of Massachusetts’ web site [www.ahealthyme.com](http://www.ahealthyme.com), daily food intake should be composed of 45 to 65 percent carbohydrates, 10 to 35 percent protein and 20 to 35 percent fats. Learn how to read food labels to help you understand the nutritional value of food. Also, remember to control food portions. For example, at a restaurant, split an entrée with a friend or take half home for another meal. Avoid mindless snacking – don’t stand at the kitchen counter and graze, or sit on the couch and eat distractedly.

**4. Increase physical activity** – Most people cannot achieve weight loss goals by dieting alone. According to the National Weight Control Registry, 90 percent of the people who keep their weight off exercise regularly. Simply walking 30 minutes a day can be effective. Remember to check with your PCP for recommendations about the appropriate level of physical activity that’s best for you.

**5. Track success** – Writing down everything you eat and drink in a food diary is a proven technique for successful weight loss, as it helps increase your awareness of your eating behavior. Weight Watchers has found this method so effective that its program now is based on tracking food points. Write down what and when you eat and the amount. Don’t forget to include beverages and snacks.



**6. Bounce back** – Everyone blows his or her diet now and then or skips a day at the gym. Plan for a slip up once in a while to help you stay realistic – the important thing is to get back on track and not get discouraged. A lifelong change takes not only dedication – it takes patience.

## 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.



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

## Resources

• **Support groups:** A support system of people who relate to what you are going through can provide emotional support and help keep you motivated. Weight Watchers and Overeaters Anonymous are two beneficial programs. Many hospitals and community health centers in Boston offer similar services.

• **Nutritional counseling:** Developing healthy eating habits and understanding the nutritional value of food can help improve health and wellness. Working with a nutritional counselor can help you develop a life-long plan to achieve and maintain weight loss.

• **Local athletic centers:** Investigate local fitness centers. Some offer special rates based on income or medical condition. For example, the Reggie Lewis Athletic Center in Roxbury has an indoor walking program and a large selection of fitness programs, and offers special rates for seniors.

• **Weight loss challenges:** Keep yourself motivated with a little competition or group activity. “The 50 Million Pound Challenge” is a national health initiative that encourages people to form teams to take control of their health by getting fit and avoiding weight-related diseases that greatly affect the African American community.

• **Health insurers:** You may not think of it, but health insurers can be very important sources of support. Many offer financial incentives for joining fitness centers and weight loss organizations such as Weight Watchers. On [www.ahealthyme.com](http://www.ahealthyme.com) there is an entire section devoted to online weight loss tools such as food tracking and determining the calorie count of various foods.

Starting and sticking with a weight loss program is not easy, but it can be done. Create a realistic diet and exercise plan, make small incremental steps that are easy to accomplish and utilize resources that will help you stay motivated.

Your mind, heart and body will thank you.

# Obesity

## Questions & Answers

### 1. Will children of obese parents be obese as well?

Although there are some genetic and hormonal causes of childhood obesity, most excess weight is caused by kids eating too much and exercising too little. If a child comes from a family of overweight people, he or she may be genetically predisposed to put on excess weight, especially in an environment where high-calorie food is always available and physical activity is not encouraged.



Lisa Michelle Owens, M.D.  
Medical Director  
Brigham Primary Physicians at  
Faulkner Hospital

### 2. Why does obesity increase the risk of cancer?

Obesity is associated with an increased risk of many cancers, including uterine, breast and colon cancer. It appears that excess body fat increases the amount of certain hormones as well as disrupts how the body processes insulin. For instance, it is known that fat produces estrogen, which may be a factor in estrogen-fueled cancers, such as breast and uterine cancer. The American Institute for Cancer Research estimates that over 100,000 cancers in this country each year are linked to excess body fat.

### 3. Is it possible to be obese and healthy?

No. Obesity involves an excess of body fat which by definition is an unhealthy state. Just having the excess body fat increases a person's risk of developing coronary heart disease, stroke, high blood pressure, diabetes and certain cancers. In addition, quality of life is impacted by excess weight, causing joint pain, inability to climb stairs and even difficulty in sleeping.

### 4. Is obesity genetic?

Although there are some genetic and hormonal causes of obesity, experts have concluded that its chief causes are a sedentary lifestyle and overconsumption of high-calorie food.

### 5. Can a person who is trying to lose weight continue to eat desserts and sweets?

Yes but it will require a bit of extra work. In order to lose weight it is necessary to burn more calories than you take in. So, if a person eats desserts in small quantities and exercises enough to burn the excess calories, he or she can still lose weight. It is important to keep in mind that you will have to burn 3,500 more calories than eaten in order to lose one pound. As an example, running or walking one mile burns 100 to 120 calories. So, if you eat a cookie (typically 250 calories) you may have to walk or run almost 2.5 miles just to burn that cookie!

### 6. Is it possible to reduce the visceral (internal abdominal) fat that is considered dangerous to a person's health?

Yes! Visceral fat can be reduced by following a healthy eating plan and getting regular exercise, which should include weight lifting or toning exercises to build muscle as well as aerobic exercises, such as walking. It requires more energy to maintain muscle than fat. So, the higher muscle mass a person has, the more calories he or she burns.

### 7. If a person loses weight, does that mean the number of fat cells decreases?

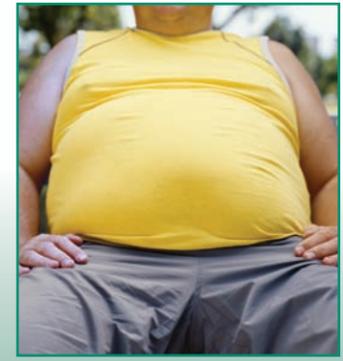
Normally during adulthood, the number of fat cells remains about the same, except in the case of obesity. When the existing fat cells are filled to capacity, new fat cells can continue to be created in order to provide additional storage – even in adults. If a person loses weight, the fat cells decrease in size but the number of fat cells does not change.

## Complications of obesity

- Heart disease
- High blood pressure and stroke
- Type 2 diabetes
- Metabolic syndrome
- High cholesterol
- Osteoarthritis
- Some types of cancer, including uterus, breast, colon, pancreas, kidney
- Gallbladder disease
- Gynecological problems – irregular periods
- Sleep apnea
- Liver disease

## A closer look

Abdominal obesity, or visceral fat – weight centered at and above the waist – poses a threat to a person's health. Visceral fat lies between and around the organs in the abdominal cavity, such as the liver, kidney and intestines. For reasons not fully understood, it has been found that visceral fat is metabolically active and releases a variety of enzymes and hormones into the bloodstream, most of which are harmful. Visceral fat increases the risk of many complications associated with obesity.



## Causes of obesity

There's usually not one cause of obesity. Multiple factors may interact and contribute to the condition.

- Lack of exercise
- Eating more calories than the body requires
- High-fat, high-calorie diet
- Emotional or psychological factors, such as stress, depression, or low self-esteem
- Environment – demanding work schedules, easy access to inexpensive high-calorie processed food, high cost of gym membership
- Family history – families share diet and lifestyle habits
- Medications, such as some antidepressants
- Certain medical conditions, such as polycystic ovary syndrome, a hormonal disorder
- Culture – food choices and preparation, family gatherings
- Gender and race – more common in women and blacks and Hispanics

Healing the racial divide in health care

## Bostonians come in many flavors.

But we're working to make health care excellent for everyone.

Boston is rich in ethnic and racial differences. They make our city vibrant.

But when those differences show up in the quality of health and health care, that's a cause for concern. And action.

This is a national problem that Boston shares. Last year, a survey by the Boston Public Health Commission revealed that Boston's racial and ethnic groups have strikingly different risks of illness and death.

The percentage of babies born prematurely and at a low birth-weight to black mothers is nearly double what it is for white mothers. Black men are twice as likely to die from diabetes as white men.

Latino Bostonians are more likely to be hospitalized for or die from asthma and have a higher incidence of diabetes and HIV. Asian people in Boston have higher rates of tuberculosis and hepatitis B.

Mayor Thomas Menino formed a task force to find ways to eliminate disparities in health and challenged hospitals and community health centers, among others, to take concrete steps to make the quality of health care excellent for all Bostonians.

Brigham and Women's Hospital (BWH) and Massachusetts General Hospital (MGH) provided significant funds for the City's special disparities



program and along with other hospitals agreed to take immediate actions that include:

- measuring the quality of patient care and patient satisfaction by race, ethnicity, language, and education;
- improving education and cultural competence for doctors, nurses and other caregivers, and staff and patients;
- helping patients take an active role in their care;
- working to diversify their professional workforce and governing boards;
- collaborating closely with members of the community.

BWH established the Health Equity Program to reduce disparities in neighboring communities. The hospital's new Center for Surgery and Public Health will, among other things, examine disparities in surgical care.

MGH created the Disparities Solutions Center to work with providers, insurers and community groups in Boston and nationwide. The hospitals and Partners HealthCare are putting more than \$6 million into finding and fixing disparities in care.

If there's one place where we should all be the same, it's in the excellence of our health care.

More information at Boston Public Health Commission at [www.bphc.org](http://www.bphc.org)

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