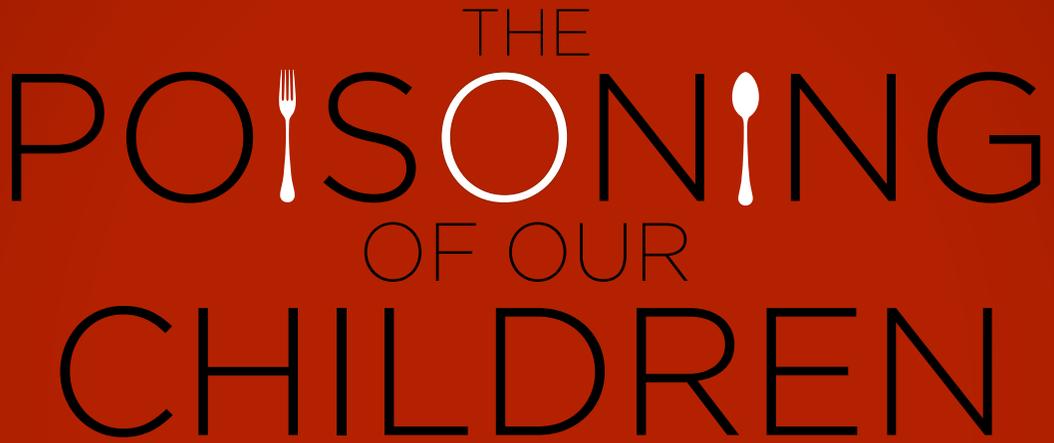


THE
POISONING
OF OUR
CHILDREN



Fighting the Obesity
Epidemic in America

BY Keeley C. Drotz, RD

FOREWORD BY Don R. Russell, DO, MS, FAAP

CONTENTS

FOREWORD	ix
PREFACE	xiii
1 THE POISONING OF OUR CHILDREN	1
2 FAMILY & PARENTAL RESPONSIBILITY	21
3 BREASTFEEDING IS THE BEST START	41
4 HEALTHY EATING HABITS BEGIN EARLY	59
5 A HEALTHY BREAKFAST	91
6 WHOLESOME LUNCHES & SNACKS	125
7 MORE FAMILY MEALS, LESS HAPPY MEALS®	157
8 THE TRUTH ABOUT SWEETENED BEVERAGES	189
9 ESTABLISHING PHYSICAL ACTIVITY HABITS EARLY	213
10 TOO MUCH SCREEN TIME	233
11 HEALTHY SLEEP, REST, & RELAXATION HABITS	259
12 A BYPRODUCT OF OUR CULTURE	277
REFERENCES	289

Foreword

Our children are going to die younger than we will. The average life span of our children's generation, and our grandchildren's generation, will be shorter than the average life span of our generation. Think about this, for the very first time in the history of mankind, the next generation will not live as long as their parents! In the time of Jesus and Caesar Augustus, the average life span of a Roman citizen was approximately thirty-five years. Today, the average life span of a U.S. citizen is more than seventy-five years. What has caused this dramatic increase in human life, such that the potential for human longevity is over twice as long as it was at the peak of the Roman Empire? It has been the vast improvements in sanitation, medical knowledge and care, living conditions, transportation, and nutrition that have allowed successive generations to live longer. This has been especially true in the last two hundred years.

So then, why is it that our children and our grandchildren may not live as long as us? Have we seen a sudden decrease in sanitation? Has medical knowledge and care disappeared? Have our living conditions or transportation capabilities horribly changed? Obviously, these are not the answers. Ironically, this dramatic change in longevity is occurring because of a veritable cornucopia of food and food choices. Over the last several

generations we have seen marked improvements in the ability to feed our population, but now those very same life-changing benefits are turning on us and becoming life-threatening challenges. Instead of having insufficient access to food, we have an overabundance of available food, a vast array of both good and bad food choices and a cacophony of ways our food is being processed. Combine this with a more sedentary lifestyle and we have created an environment where our children are becoming obese, which leads to an increased risk of high cholesterol, high blood pressure, diabetes, and liver disease. Altogether, this makes up what is known as the Metabolic Syndrome. This, in turn, may result in the untimely and early deaths of our children and our grandchildren.

Infants and children up to the age of two or three have a natural ability to sense when they are full and they will automatically stop eating. We actually have to teach our children how to overeat and make bad nutritional choices. They learn these bad habits from television ads and other media, they learn them from the meals they receive at school, but mostly our children learn poor nutritional habits from their parent's lifestyles. It is easier to stop and get "fast-food" or pop prepared and processed foods into the microwave instead of taking the extra time to prepare a more nutritious home-cooked meal. When we adopt these "easier" lifestyle choices, we may be shortening our children's lives. The results of our actions may not be seen for decades, but the poison seed has already been planted in childhood.

Keeley Drotz has written a marvelous book, easy to read and full of practical information on how to keep our children healthier

and happier. As a mother, she has presented practical suggestions that other care providers can follow. As a pediatrician, I have found many things in her book that I have incorporated into my daily practice. Keeley's book will allow us to be better parents.

Don R. Russell, DO, MS, FAAP
Evergreen Children's Clinic
Puyallup, Washington

Preface

When I initially decided to pursue a career in nutrition, I was disheartened to learn that I would be referred to as a “Registered Dietitian.” I did not want the word, or more importantly, the connotation of the word “diet” as part of my lifelong professional title. To an adolescent female, the term “diet” holds negative implications. I had been on diets, most of my friends had been on diets, many family members had been on diets – all of them failed. Thus, I did not like the word and was adamantly opposed to being associated with it.

“Diet”

According to the *American Heritage Dictionary*, the word “diet” (as a noun) means, “the usual food and drink of a person,” or, “something used, enjoyed, or provided regularly.”¹ But the term “diet” as Americans typically refer to it is the verb form: “I am dieting,” or, “I am going to diet,” which means, “to eat and drink according to a regulated system, especially so as to lose weight or control a medical condition.”²

The thesaurus gives synonyms for the verb “diet,” which include: “abstain,” “starve,” “fast,” “slenderize,” “cut down,” “cut back,” and “reduce.”³ These are the connotations that the word “diet” conveys to the average American. I preferred not to have any of these terms attached to myself in any way, most especially “starve.” Not

exactly a boost to my career. But after hours and hours of research, it was very clear that the only way to be a college-educated, professional, credible, and credentialed “nutritionist” was, in fact, to become a “registered *dietitian*.”

“Nutrition”

Nutritionist – that sounded much more appropriate, noble, distinguished. The *American Heritage Dictionary* states that the word “nutrition” means, “the process of nourishing or being nourished, especially the process by which a living organism assimilates food and uses it for growth and for replacement of tissues.”⁴ I liked that – that is what I desired to study and be associated with.

Synonyms for “nutrition” listed in the thesaurus are: “nourishment,” “sustenance,” and “food.”⁵ I equate nutrition with health, well-being, vibrancy. But as it turns out, nearly anyone can hang up a shingle and call themselves a “nutritionist.” Sure, he or she may have taken a six-week course and have a certificate of some kind, but they are not credible nor are they acknowledged by the medical community.

So, in the end, I resolved this issue by referring to myself as a dietitian/nutritionist. I learned in my early years of practice that this is what most other dietitians do as well; we are basically forced to do so. If I tell someone that I am a “dietitian” for a living, they give me a look that says, “You are a what?” And I end up saying, “I am a nutritionist,” anyway. Or they assume I am confined to a hospital basement writing menus and preparing institutional food (which my grandmother still thinks I do). As a result, I now skip the very con-

fused facial expressions and incorrect assumptions and just answer the question, “What do you do?” with, “I am a dietitian/nutritionist.” It solves the problem.

“Anti-Diet” Dietitian

My point is this: I am what I refer to as the “anti-diet” dietitian. If I could eliminate the word “diet” from my title, I would. But I am stuck with it. So I am “anti-diet.” And it works. I have never put a single client or patient on a “diet” or told anyone to follow a “diet.” In fact, I spend at least the first appointment with each patient explaining how to completely shift their thoughts about the term “diet.” It is much like a deprogramming session because Americans have been programmed to believe that we need to follow a “diet” in order to lose weight. And it is having the opposite effect, causing weight gain – faster and in larger amounts than ever before. Yes, I give my patients meal plans and guidelines to follow – but the term “diet” is not in my vocabulary, nor are counting calories or fat grams. Guidance and parameters are offered as a way to help clients change habits and establish a healthy lifestyle, but there is no focus on a “diet” or restricting specific foods.

Therefore, in this book about combating and preventing obesity and chronic disease, there will not be any recommendations about following a particular diet or even starting a diet per se – so you can breathe a sigh of relief. However, if you were hoping to find lose-weight-quick diet or exercise recommendations, I apologize. If you are not yet convinced that quick-fix fad diets and exercise regimens do not work for permanent weight loss and maintenance, or for

reducing the risk of chronic disease, I hope that this book persuades you to believe otherwise.

The Obesity Epidemic in America

I wrote this book because, after counseling numerous patients of all ages, genders, and ethnicities, I started asking myself, ‘Why have overweight and poor health among children and adults become such an issue in our country in recent years? And why were they not significant issues in the past? What has changed so dramatically over the past twenty, thirty, forty years to make it not only a problem or concern, but the epidemic that it is today?’ And I started to see a trend, both in my professional work and in my day-to-day life as a wife, mother, daughter, and friend. I observed the same core issues again and again, and arrived at some preliminary conclusions regarding the epidemic of overweight and obesity in America. And that is when I began to more thoroughly research the existing studies and data on the topic, which are referenced throughout this book.

One of my areas of specialization is providing nutrition counseling and education to overweight children, adolescents, and their families. This experience, coupled with my research, helped pinpoint some of the major contributors – and solutions – to overweight and obesity, particularly among children and adolescents. At the same time, I was writing articles pertaining to childhood nutrition for a website, HealthCastle.com. While I enjoyed composing the articles, I grew discouraged because I was unable to adequately address the issue of childhood obesity in the space allowed by a single article.

Around that time, a friend of mine that worked as a dietitian at a weight management center made a statement that ultimately convinced me to write this book. She said that the obesity epidemic puts dietitians to shame. I pondered her words and realized, ‘You know, she is right! Here I am, specifically educated, trained, and prepared to go out and combat the problem of overweight and obesity, yet the health of our nation only grows worse. What does that imply? I am not doing my job!’ So I wrote this book with the desire fulfill my role as a dietitian to the best of my ability: To make Americans aware of the severity of childhood obesity and the likelihood that it will result in chronic disease, to explain the factors that have led to the epidemic of childhood obesity in America today, and finally, to offer practical solutions to prevent and treat this condition.

1 THE POISONING OF OUR CHILDREN

A humbling reality is that the daily habits that have become pervasive in modern-day America are poisoning the bodies and minds of children and adolescents. Would parents inject their offspring with a chemical that causes disease? “No way,” you answer, “are you completely crazy?!” Yet parents regularly allow children to consume soda, sweetened beverages, candy, chips, fast-food, and meals out of a can, box, freezer, or microwave. As if that is not enough, they let them stay inside and watch television or play video games rather than go outside and play. Parents are, in effect, poisoning children each time they permit these activities. They may as well give kids a shot that causes obesity, diabetes, heart disease, and cancer, among a host of other ailments, because it is projected that children born today will live shorter, sicker lives than their parents and grandparents. And it is solely related to the American lifestyle. Not only are children’s bodies being affected, so are their minds. By allowing – even enabling – youths to establish unhealthy habits early on, adults are conveying that these behaviors and mindsets are acceptable. These toxic beliefs seep into every part of their being until kids are unable to recognize what is

healthy as opposed to unhealthy, what is beneficial compared to what is damaging, and what might cause them to become sick versus that which will strengthen their bodies and fight disease. Youngsters do not know any differently; they are unaware that there is a way to improve their quality of life.

A main objective of this book is the prevention and reversal of obesity and chronic disease among children and adolescents, as these are pivotal periods for addressing weight issues and health conditions. This is partly because infancy, the preschool years, and adolescence/puberty are critical stages of growth and development which involve the formation and development of fat cells.^{1,2} It is also more effective to prevent or treat weight and medical problems in a youngster than in an adult. Obesity is rather challenging and expensive to treat once it occurs, and after an individual becomes significantly overweight, it is particularly difficult to achieve and maintain a healthy body weight.³ This does not even take into consideration the health consequences that may develop in the meantime. As a result, the prevention of obesity altogether is the most effective strategy for combating this epidemic. Nevertheless, many of the recommendations in this book are applicable to adults as well.

While most Americans are cognizant of concerns pertaining to childhood and adolescent obesity, few seem to realize the magnitude of the problem. First of all, obesity among American youth has become a leading public health concern, which means it now sits atop a list with such medical conditions as heart disease and cancer.⁴ Consequently, the prevention of obesity among children and adolescents has become a health priority in this country.⁵ To

further convey the severity of the issue, this chapter will provide detailed background information regarding childhood and adolescent obesity and chronic disease. In addition, each subsequent chapter contains facts and statistics for the purpose of convincing readers that childhood obesity is not only a real problem, but that there are proven contributing factors. As such, there are specific lifestyle and dietary modifications that can aid in preventing and reversing the continued spread of this epidemic.

I am well aware that some readers may disagree with certain conclusions that are drawn in this book, and this is to be expected. Every individual is entitled to his or her own opinions and beliefs. The goal of this book is not to be “right” or purport that I have all the answers. The purpose of these pages is to present American citizens with sound evidence based upon the findings of credible research studies coupled with my experiences and observations as a dietitian working with children and their families. My hope and desire is that families find even one or two changes that they can initially adopt rather seamlessly, and then over time, possibly adjust to another modification or two. Adopting healthier habits does not have to be accomplished all at once. But gradually, the American lifestyle can begin to reflect health and wellness.

The Definitions of Overweight and Obesity

For the purposes of this book, it is unnecessary to clearly define and differentiate between the clinical terms of overweight and obesity, as this can be quite complicated, especially when discussing children and adolescents. Do note, however, that the clinical

definitions of overweight and obesity are utilized in reference to statistics and studies. For the entirety of this book, although the clinical definitions underlie the terms, it is acceptable to think of overweight as an individual who weighs more than he should (because of excess body fat) based on height, and obesity as someone who weighs considerably more than she ought to (due to excess body fat) based on height.

Familiarity with the term “Body Mass Index,” otherwise known as BMI, is important because it is used throughout this book and is terminology with which all Americans should be comfortable. It will also help clarify the clinical cut-off points for overweight and obesity. BMI is now widely accepted as a reliable and valid measurement of weight status among all age groups and is routinely used for this purpose.⁶ Body mass index is essentially the comparison of a person’s weight to his or her height. Technically, BMI is calculated as: weight in kilograms divided by the square of the height in meters (weight in kilograms/height in meters²). There is also a formula to calculate BMI using weight in pounds and height in inches. Although it has its limitations, and no method is perfect, studies have shown that BMI does correlate well with total body fat in most individuals.⁷ It is important to recognize that BMI does not measure body fat directly; as a result, some individuals – such as athletes – may have a higher body mass index (because of muscle mass) that classifies them as overweight even though they have no excess body fat. Conversely, those who have lost muscle mass, such as the elderly, may also obtain inaccurate BMI results.

The use of body mass index is rather straightforward among adults: weight status is classified according to the number that is derived from the BMI equation (which becomes known as the individual’s “BMI”; refer to Table 1). Among children and adolescents, the application of BMI is not as simple. A “normal” and healthy amount of body fat – and thus a “normal” and healthy BMI – varies dramatically during the early years. This is because as children and adolescents grow and develop, the degree of body fat that is normal varies with each age and stage (and gender). Thus, BMI percentiles have been developed for children and adolescents which are gender- and age-specific. After a child’s BMI has been calculated, it is plotted on a gender-specific BMI-for-age growth chart (see Figure 1). This shows which percentile the child’s BMI falls within, and it is this percentile that reveals whether a child or adolescent is underweight, within the healthy range, overweight/at-risk of obesity, or obese (refer to Table 2).

Table 1: Body Mass Index Classification: Adults^{8,9}

BMI (kg/m ²)	Weight Classification
Less than 18.5	Underweight
18.5 - 24.9	Normal (Healthy) Weight
25.0 - 29.9	Overweight (Pre-Obese)
30 - 34.9	Obesity Class 1
35 - 39.9	Obesity Class 2 (Moderate Obesity)
Equal to or Greater than 40	Obesity Class 3 (Extreme/Morbid Obesity)

Table 2: Body Mass Index Percentile Classification: Children and Adolescents¹¹

BMI Percentile	Weight Classification
Less than the 5 th	Underweight
5 th to Less than the 85 th	Healthy Weight
85 th to Less than 95 th	Overweight (At risk of Obesity)
Equal to or Greater than the 95 th	Obese

The Increase in Overweight and Obesity

After remaining relatively stable during the 1960s and 1970s, rates of overweight and obesity in the United States have escalated so dramatically that it is now considered to be an epidemic.^{12,13} Overweight and obesity are not limited to a single population group: increases have occurred in both genders, as well as all age levels and ethnic groups.¹⁴ Despite numerous advances in medicine and public health, a greater number of Americans than ever carry excess weight, and the number of overweight children and adolescents has reached an alarming rate.

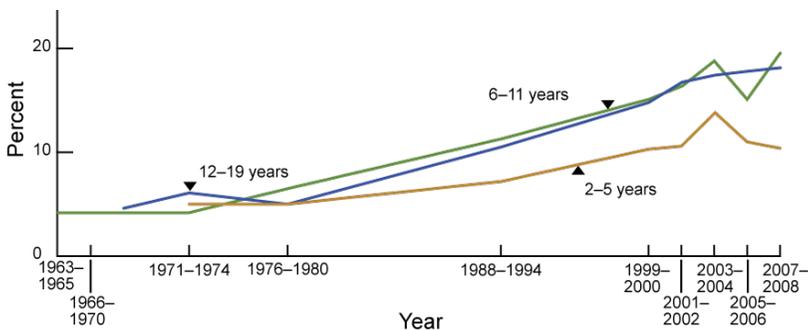
At least two-thirds of adults in the United States are overweight or obese; contrast that with the late 1970s, when less than half of the adult population was classified as such.^{15,16} Obesity alone (notice that is *obesity*, not simply overweight) climbed from an estimated fifteen percent in the late 1970s to over thirty-four percent today; in other words, obesity prevalence increased by more than two-fold during the past thirty years.¹⁷ Even worse, extreme obesity has multiplied greater than four times.

Children and Adolescents

Astonishingly, a diagnosis of overweight is now the most prevalent medical condition among children in the United States.¹⁸ Furthermore, America is a leading nation in terms of overweight and obese youth, second only to Malta.¹⁹ While research shows that obesity tends to be particularly high among Black, Hispanic, and low-income populations, this book addresses American youth as a whole because obesity has become more prevalent in every group, and health and wellness is important for all children.

The most recent statistics reveal that approximately seventeen percent of children between the ages of two and nineteen in this country are classified as obese (note: that is *obese*, not simply overweight).²⁰ Over the course of a few decades, the number of obese preschoolers two to five years old doubled; the percentage of obese school-aged children between six and eleven years old tripled; and the proportion of obese adolescent twelve to nineteen year olds nearly quadrupled (please refer to Figure 2).²¹ These numbers do not include those that are overweight/at-risk of becoming obese, which includes a significant of proportion children and adolescents.

Figure 2: Obesity Trends for Children/Adolescents in the U.S., 1963-2008²²



The Consequences of Overweight and Obesity

If the trend towards overweight and obesity remains at the current level – and it shows no signs of reversing – it will have a detrimental impact on future generations. The consequences are appalling: Obesity, largely related to poor diet and inadequate physical activity, is a major cause of preventable disease and death in the United States.²³ It is well-established that obesity leads to early death.^{24,25} Compared with individuals of a healthy weight, those who are obese have a significantly higher risk of death from all causes, especially cardiovascular conditions.^{26,27} Approximately 145 to 185 thousand deaths per year in this country are related to overweight and obesity.²⁸ Interpreted another way, an unhealthy diet and lack of physical activity are associated with as many as 145 to 185 thousand deaths in the United States every year.

Among adults, overweight and obesity are known to increase the risk of cardiovascular disease, type 2 diabetes, elevated cholesterol and triglyceride levels, high blood pressure, stroke, cancer, sleep apnea, asthma and other respiratory problems, arthritis, gallbladder disease, surgical complications, and a host of other physical and health problems.^{29,30} In females, obesity is associated with a higher incidence of menstrual irregularities and fertility problems, as well as complications of pregnancy.³¹ Excess weight can make existing chronic conditions even worse. Moreover, overweight and obese adults often experience discrimination and stigmatization, as well as suffer from a poor body image.

Children and Adolescents

Over the last thirty years, adults have remained silent observers as weight problems among children and adolescents have become widespread, assuming that there are no adverse effects until adulthood. Health professionals and parents alike used to believe that eating healthfully and exercising were important for adults, but not as much for children. To their dismay, it is now evident that there are severe and immediate consequences of excess weight among youth.

As a matter of fact, medical problems are actually quite common among obese children and adolescents: they are at high risk for type 2 diabetes, insulin resistance/impaired glucose tolerance, elevated cholesterol and triglyceride levels, high blood pressure, asthma, sleep apnea, gastrointestinal and liver issues, early maturation, menstrual irregularities/polycystic ovarian syndrome, and foot and other orthopedic problems, among other health issues (refer to Figure 3).^{32,33} Overweight youngsters are more likely to be diagnosed with at least one, if not several, risk factors for cardiovascular disease, leading to a greater chance that they will experience heart and/or vascular disease in adulthood, if not before.³⁴ Type 2 diabetes, a disease once limited to the adult population (in fact, it was once referred to as adult-onset diabetes), is now on the rise among children and adolescents – something the medical community never imagined possible. This has been attributed to the increased incidence of overweight and obesity in this population.³⁵ Additionally, overweight and obese children and adolescents are much more likely to be overweight or obese as adults.^{36,37} For instance, approximately one out of every three

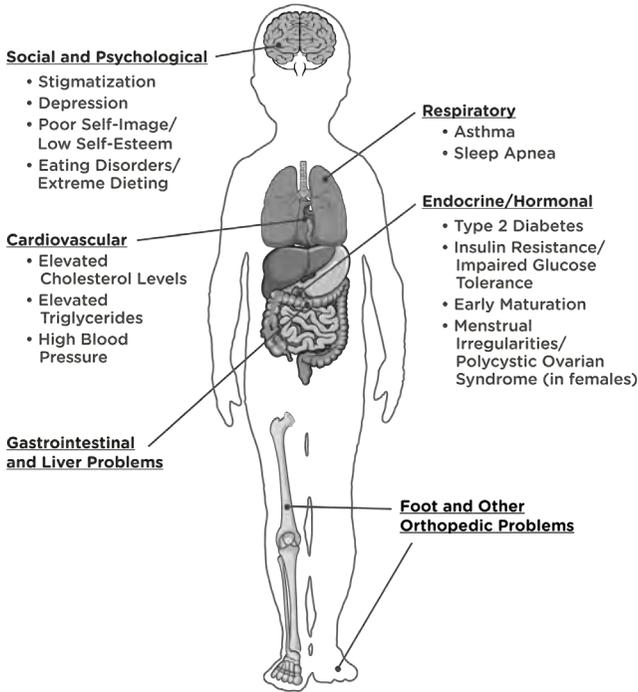
obese preschoolers and one in two obese school-aged children will be obese as an adult.³⁸ Furthermore, medical problems related to childhood and adolescent obesity tend to persist into adulthood.^{39,40}

Oftentimes, overweight children and adolescents experience social and psychological issues such as stigmatization, depression, poor self-image, low self-esteem, extreme dieting, and eating disorders – especially during adolescence.^{41,42} The young people I counsel regarding weight issues usually suffer from very poor self-esteem, which is devastating at such a critical stage of their lives. It is disheartening to say the least, because matters of self-worth are inherent during childhood and adolescence, regardless of weight issues.

There is more: it is believed that the epidemic of childhood and adolescent obesity in the United States will result in a decreased life expectancy for future generations.⁴³ For the first time in decades, Americans have to face the reality that their children and grandchildren may very well live shorter lives than they will.

Although beyond the scope of this book, the economic impact of obesity in this country is staggering. The money that is being spent is unnecessary, because obesity and its associated health conditions are entirely preventable. Furthermore, the billions invested into research on curing these preventable diseases, such as type 2 diabetes and cardiovascular disease, could be saved by addressing the lifestyle factors that contribute to the development of these conditions in the first place – and doing so early on, during childhood. Simply stated, by implementing lifestyle changes, Americans can save themselves and other Americans billions and billions of dollars each year.

Figure 3: Complications of Childhood and Adolescent Obesity



Gastric Bypass and Weight Reduction Surgery

Gastric bypass and other weight-reduction surgeries are currently being performed at an all-time high. Instead of diligently working to prevent the unwanted problem of obesity, Americans now have the option of undergoing a “simple” procedure to become rid of it. The trouble with this type of thinking is that the patient does not realize how invasive the procedure is (on many levels: physical, emotional, financial, and so on) – nor the complications that may result – until after the surgery has been performed. The mentality in America is in danger of becoming, “I am overweight, but that is all right. I can still eat this candy bar even though I am not really hungry, and watch

TV rather than go outside and be active. After all, I can have gastric bypass surgery someday.” Although this may sound far-fetched, it is the road this nation is headed down. Even if they do not reach this extreme, many Americans have come to rely upon prescription medications – a handful of pills – to combat a host of chronic conditions, such as high cholesterol and high blood pressure, which are related to an unhealthy weight and lifestyle.

The truth is that there are some severely obese individuals who are unable to lose weight despite how hard they may try, and in these cases, gastric bypass or another weight reduction surgery might be an option to consider. However, this should be the exception – not routine as it has become. Many state medical insurance plans reimburse for gastric bypass surgery, which is an expensive procedure. This means that taxpayers are paying for these patients to undergo weight reduction surgery. While such surgeries have helped those who could not have achieved weight loss by any other means, a more positive and proactive approach is to direct that money towards the prevention of obesity to begin with: to programs in schools, to parent education classes in the community, and to medical and public-health institutions aimed at addressing and reversing this crisis. A purpose of this book is to prevent gastric bypass and weight reduction surgeries from ever needing to be considered in the first place.

The Causes of Overweight and Obesity

There is no single cause of overweight or obesity. A person’s weight is affected by multiple factors: genetic, metabolic, biological, psychological, behavioral, environmental, cultural, and socioeconomic.^{44,45}

Although genetics do contribute to the development of overweight and obesity, heredity alone does not account for the rapid and significant increase that has occurred among all age groups during the last few decades.^{46,47} Thus, it may be argued that behavioral and environmental influences are major causes of excessive weight gain.⁴⁸

While there are many factors, this book will specifically examine the roles of diet, physical activity, and lifestyle in the obesity epidemic. Overweight and obesity are essentially the result of consistently eating more calories than one can burn off through physical activity; most cases of overweight and obesity result from the consumption of too many calories coupled with inadequate physical activity.^{49,50} This is true for one hundred percent of the patients I counsel regarding weight issues. When an individual begins to eat healthier and be physically active on a regular basis, he or she immediately loses a significant amount of weight and becomes healthier (based on laboratory data), regardless of the degree of obesity.

Examining behavioral and environmental changes that have occurred in American society over the past few decades, two major influences stand out related to diet, exercise, and lifestyle: an increased availability of high-calorie foods, which taste good and are often quick and easy grab, and a decrease in physical activity, including less active jobs, hobbies, and leisure-time pursuits.⁵¹ Moreover, inordinate amounts of time spent on sedentary activities, such as watching television or playing video games, have grown especially prevalent and harmful among children and adolescents. These are just a few examples of modern-day habits that have resulted in increased rates of overweight and obesity in America. Human beings

might not be able to alter their genes, but can – and desperately need to – adjust their thinking, behavior, and environment, especially in regards to dietary intake, physical activity levels, and lifestyle habits.

Weight Loss is Not the Main Focus

One point requires emphasis: the focus for every individual – and even the goal – is to strive to become healthier by developing positive habits. The goal is not necessarily to get down to an “ideal body weight.” It is all about feeling better, improving overall well-being, and decreasing the likelihood of disease. Even modest weight loss can reduce the risk of chronic illness.⁵² Of utmost importance is the promotion of health and wellness, regardless of weight status or medical condition. It is not about how you look or your appearance – being thin or slender – it is about being healthy and feeling good. Being “skinny,” as America defines it, is not desirable or healthy anyway. Some people’s body types are larger-boned or stockier, and that is perfectly fine. I have counseled children who will never be “thin” or even at a “healthy weight” based on the charts. They are just bigger kids, usually due to their genetics. However, they have become significantly overweight and unhealthy with elevated blood pressure, cholesterol, and triglycerides. Sometimes just losing (and keeping off) a modest amount of their excess weight – by being taught to eat healthier and be more active – enables them to become more fit and healthy. And they feel better about themselves. That is the goal. They might not achieve an “ideal” weight, but they are certainly at a more appropriate weight than they were before. More than that, they are healthy based on medical tests and they feel good. Equally important, they have developed healthy habits. And they will pass these beneficial habits on to others, including future generations.

Further, when weight becomes the main emphasis, children and teenagers become more susceptible to developing eating disorders, which is the exact opposite of the original intent. Although a thorough discussion of eating disorders falls outside the bounds of this book, please remember one thing as you read: always avoid focusing on weight or food. A balanced perspective is necessary when seeking to develop healthy habits – either extreme is extremely unhealthy.

In order to be safe, effective, and permanent, weight loss must be accomplished slowly and over time – whether the goal is to shed ten pounds or one hundred and ten pounds. And that is what the methods in this book will achieve – gradual, yet healthful and long-term, weight loss. Excess weight is not gained overnight, and it will not be lost overnight. But the short-term reward is feeling better, day-by-day. By the end of even just one month, there will be noticeable results from a changed lifestyle: your pants will not fit so tightly, you will have the ability to walk up the stairs without becoming winded, you will experience an improved mental outlook, and you will have more energy and be able to live life more fully.

The Battle Against Obesity Requires Transformation

The forthcoming changes prescribed in this book require complete lifestyle transformations. There are no impossible fad diets or exercise regimens recommended – in fact, there will not be a lot of mention about diet or exercise per se at all. It does not offer any quick-fixes because there are none; this is obvious because otherwise overweight, obesity, and chronic disease would not be on the rise as they are today. What this book does discuss is the necessity

of altering mindsets, behaviors, and environments – lifestyles, and in a sense, culture – to make winning the battle against obesity and chronic disease not only a possibility, but a reality.

America boasts groundbreaking progress in modern medicine, yet preventable diseases continue to occur at startling rates; this is incomprehensible. It is ironic that obesity among both children and adults is spiraling out-of-control at a time when there are more fad diets than ever . . . more weight loss schemes . . . more books on the subject of weight loss, health, and fitness . . . more exercise regimens . . . more physical activity options . . . more diet pills . . . and more “lite” and low-fat foods than ever. Food manufacturers have formulated a plethora of low-calorie, non-fat, reduced-sugar, and even low-carbohydrate food and beverage products. Fitness gurus have devised extreme exercise routines designed to burn calories and fat, strengthen, and tone in record time. Yet overweight and obesity continue to skyrocket among all population groups. This clearly demonstrates that these methods are not addressing the root of the problem.

This book will reveal core issues underlying the obesity epidemic. Fighting this epidemic requires enormous commitment by each individual, by every family, and by entire communities. But as you have read, there are no other options. Either kids will live healthy, long, fulfilling lives – or they will suffer from myriad preventable diseases and conditions, live shorter lives than their parents and grandparents, and have poor self-images. Unless Americans institute dramatic changes, children in this nation will experience a severely impaired sense of well-being and quality of life.

The cause of the obesity epidemic is multi-factorial, thus the approach for preventing and reversing the problem must be as well. The following chapters will discuss ten major issues pervasive in American culture that have directly contributed to the rise of obesity and chronic disease among children and adolescents. In essence, this book calls for a cultural shift, a pendulum swing, a return to America's roots.

- Issue 1: “Breastfeeding is the Best Start” addresses the benefits of breastfeeding that are not being fully realized because of inadequate rates of breastfeeding in America.
- Issue 2: “Healthy Eating Habits Begin Early” establishes the fact that early habits are lifelong habits, and so parents must begin teaching children how to eat healthfully as early as infancy and toddlerhood.
- Issue 3: “A Healthy Breakfast” explains why it is critical to consume a nutritious morning meal, especially for children and adolescents, and how to make it a reality.
- Issue 4: “Wholesome Lunches and Snacks” addresses America's growing reliance on unhealthy, highly-processed convenience foods for lunches and snacks.
- Issues 5 and 6: “More Family Meals, Less Happy Meals®” demonstrates the necessity of eating out less often, as well as training children to plan and prepare balanced meals, regularly sitting down to nutritious family dinners, and modeling healthy eating patterns for children.

- Issue 7: “The Truth about Sweetened Beverages” describes the negative effects of sweetened beverages, their contribution to childhood obesity, and the importance of reducing consumption of these beverages.
- Issue 8: “Establishing Physical Activity Habits Early” emphasizes the need to begin instilling physical activity habits early on in children’s lives. Because children begin developing habits early, being physically active is not only important for the immediate benefits, but for establishing it as a long-term lifestyle.
- Issue 9: “Too Much Screen Time” addresses the issue of American children and families spending excessive amounts of time in front of screen-containing technological devices (television, movies, video games, computers, smartphones, and tablets), which is a major contributor to the epidemic of overweight and obesity.
- Issue 10: “Healthy Sleep, Rest, and Relaxation Habits” focuses on the concern that today’s families, children and adults alike, are overworked, overstressed, and overtired. The result is poor health – physical, mental, and spiritual.

The final chapter of this book, “A Byproduct of Our Culture,” will uncover some of the root causes of these issues. But first, the next chapter will explain exactly who is responsible for preventing and treating obesity and chronic disease among American youth, and why this is the case.

About the Author

A Registered Dietitian (RD) for over ten years, Keeley has practiced in a variety of settings: long-term care and rehabilitation; public health and community nutrition; and outpatient nutrition counseling and education. Keeley's specialties include pediatric nutrition, weight management, maternal nutrition and lactation, food allergies and intolerances, and cardiovascular disease.

Keeley graduated *Summa Cum Laude* from Seattle Pacific University with a Bachelor of Science in Food and Nutrition and a Dietetics Specialization. She went on to complete her dietetic internship at Baylor University Medical Center in Dallas, where she received the Distinguished Dietetic Intern Award and Scholarship.

Keeley began her writing career as a contributing writer for a nutrition website, HealthCastle.com. She has also had articles published by various magazines and websites as well as cited on sites such as LiveStrong.com and eHow.com. Please visit Keeley's websites at PoisoningOurChildren.com and TGBGnutrition.com.

Preventing and Reversing Childhood and Adolescent Obesity and Chronic Disease in America

“Keeley Drotz has written a marvelous book, easy to read and full of practical information on how to keep our children healthier and happier.”

-Dr. Don R. Russell, Evergreen Children's Clinic

Children born today will live shorter lives than their parents and grandparents because of the obesity epidemic in America.

Despite heightened awareness of the problem and advances in healthcare, present strategies are not working to reverse the trend. This book aims to honestly answer questions currently weighing on the minds of many parents: How can I prevent or reverse obesity in my child or adolescent? How do I ensure that my child will not become obese during his or her lifetime?

Written by a registered dietitian and mother, *The Poisoning of Our Children* contains practical advice that can be incorporated into a family's daily life immediately. Based on credible research, it gives parents the knowledge and tools they need for raising healthy children from the start. And it provides pediatricians and health professionals with the evidence they need when working with families.

This book goes beyond the obvious problems of unhealthy eating and lack of physical activity; it closely examines the roles of modern-day American culture and lifestyle habits. Rather than offering a list of “do’s” and “don’ts,” the emphasis is on developing healthy habits to last a lifetime.



Keeley Drotz is a Registered Dietitian with over ten years of experience. Her specialization is working with children and their families, specifically regarding weight issues. A mother herself, Keeley is passionate about fighting the epidemic of obesity plaguing our country, especially among children and adolescents. Please visit Keeley's websites at PoisoningOurChildren.com and TGBGnutrition.com.

“This book is both timely and important. These issues are serious concerns for parents today.”

ISBN 978-0-578-10524-6



9 780578 105246

90000



GET THE BOOK NOW!



amazon kindle