

# Be Healthy

MASSACHUSETTS GENERAL HOSPITAL

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MASSACHUSETTS

# OBESITY

Fall 2013



MASSACHUSETTS  
GENERAL HOSPITAL



## Healthy Eating and Active Living: The Rx for Obesity

Massachusetts General Hospital's goal is to create healthier communities by making the healthy choice the easy choice.

**Here's what our community coalitions and partners have recently accomplished:**

- All families in the Mass General Revere and Chelsea pediatric practices are screened for food security, and we help those with hunger obtain food assistance
- The Healthy Chelsea coalition is working to bring healthy foods to corner stores and advocated for the passage of an artificial trans fat ban
- Chelsea schools are adding daily physical activity into the classroom
- Revere on the Move helped create an urban walking trail, a walking school bus and has long supported a farmers' market
- The Beachmont Improvement Committee in Revere created the brand new Beachmont Urban Trail

For more information on Mass General's community work to promote healthy eating and active living, please visit [massgeneral.org/CCHI/HealthyLiving](http://massgeneral.org/CCHI/HealthyLiving).

# OBESITY

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*October is National Breast  
Cancer Awareness Month*

Obesity increases the risk of breast cancer in postmenopausal women

# AMERICA'S BATTLE AGAINST OBESITY

## A COMPLICATED CONDITION WITH SERIOUS CONSEQUENCES



Kathleen E. Corey, M.D., M.P.H.

*Co-Director, Weight Center  
Massachusetts General Hospital*

**W**hen it comes to obesity, nothing is as simple as it seems. A case in point — the recent annual meeting of the American Medical Association (AMA) in which obesity was officially classified as a disease.

Dr. Patrice Harris, a member of the association's board, said in a statement that the recognition "will help change the way the medical community tackles this complex issue."

The announcement touched off a flurry of support as well as criticisms. While some believe the measure will spur medical insurers to pay for treatments, others contend that patients might see their weight as something they now have no control over, and reduce their ability to change their diet and exercise patterns.

Even the AMA's own Council on Science and Public Health voiced their opposition, arguing that obesity should not be considered a disease mainly because the measure usually used to define obesity, the body mass index (BMI), is simplistic and flawed.

"Given the existing limitations of BMI to diagnose obesity in clinical practice, it is unclear that recognizing obesity as a disease, as opposed to a 'condition' or 'disorder,' will result in improved health outcomes," the council wrote.

Further complicating the decision to recognize obesity as a disease is that there is not a universally accepted definition of what constitutes a "disease."

Disease or not, obesity has become a major American problem and on that point everyone is in agreement.

According to the most recent figures from the Centers for Disease Control and Prevention (CDC), almost 36 percent of U.S. adults and nearly 17 percent of children are classified as obese.

Excessive weight poses a threat to one's health. Carrying too much fat increases the risk of a myriad of diseases, including high blood pressure and cholesterol, type 2 diabetes, heart disease, stroke and sleep apnea. It even increases the risk of several cancers, such as colorectal, breast, uterine and prostate.

The medical costs associated with the condition are estimated at \$147 billion a year, notes the CDC. The average cost to treat a person with obesity is \$1,429 higher than the expense of treating someone of a normal weight. The Surgeon General estimates that 300,000 deaths each year may be related to obesity.

Race plays a factor. A 2012 report in the Journal of the American Medical Association noted that blacks have the highest percentage of obesity at 50 percent followed by Hispanics (40 percent) and whites (34 percent).

Women of color are hit particularly hard. Almost 60 percent of black females aged 20 and above are obese. Add overweight to the mix and the number soars to 82 percent.

The cause of this disparity is probably multi-factorial, but acceptance of and comfort with a wide girth is often touted. A group of researchers found that black women who had obesity consistently reported better quality of life than white women with obesity. Quality of life measures included physical function, self-esteem, sexual life, public distress and work. Black women scored high on the self-esteem scale.

It is understandable, then, that fat is the target of much research. So significant is this issue that a sub-specialty in obesity medicine has been developed by the American Board of Obesity Medicine.

What has been discovered is that, surprisingly, fat is a physiologically complex organ that communicates with other organs, including the brain and the liver. But not all fat is the same and is differentiated by location.

Abdominal, or visceral, fat is centered at and above the waist giving a person an apple shape. Unlike the external fat that can be grasped, visceral fat is internal and lies between the organs in the abdomen. As opposed to fat found in the thighs, for instance, visceral fat is biologically active and can increase the risk of cardiovascular disease and type 2 diabetes.

As the co-director of the Weight Center at Massachusetts General Hospital, Dr. Kathleen Corey knows a thing or two about obesity. She specializes in liver disease and says obesity and the liver are more highly linked than most patients, including some doctors, tend to realize.

The liver is the second largest organ in the body and does yeoman's work. It produces cholesterol to help carry fats through the body; it clears the blood of drugs and other toxins; and it helps the immune system resist infections.

It also gains weight. As a person accumulates fat, so does the liver. It stands to reason that the rise in BMIs across the country is accompanied by bigger livers.

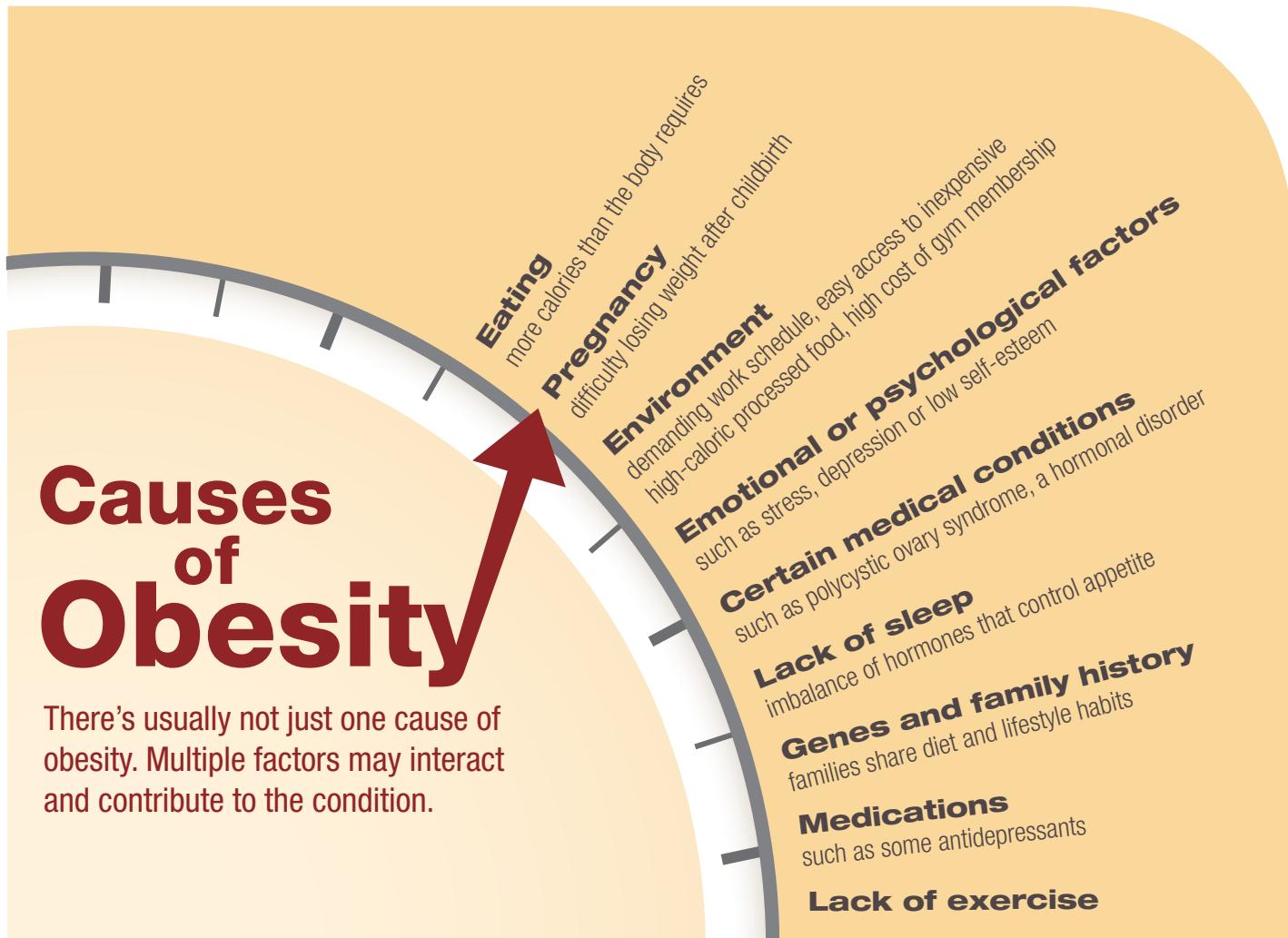
Nonalcoholic fatty liver disease (NAFLD) is the buildup of fat in the liver of people who do not drink excessively. NAFLD is common — roughly 20 to 40 percent of the population is affected — and, for the most part, causes no symptoms. It is usually silent and can be missed. "It's often an incidental find," explained Corey.

The best treatment for NAFLD is weight loss, exercise and healthy eating. Vitamin E and some medications for diabetes have been helpful, but new medications are in the works. NAFLD is reversible in the early stages.

If not reversed or stabilized, NAFLD can progress to the more serious nonalcoholic steatohepatitis (NASH), which can result in cirrhosis of the liver. It is estimated that, with increasing obesity rates, the incidence of a NASH and cirrhosis from NASH will increase.

The connection between liver disease and obesity is one of the reasons Corey agrees with the AMA's position that obesity is a disease.

**Obesity, Continued to page 6**



# COMPLICATIONS OF OBESITY

**Obesity is not merely a cosmetic issue. Excess weight increases the risk of many diseases:**

Type 2 diabetes

High blood pressure and cholesterol

Heart disease

Stroke

Kidney disease

Several cancers such as breast, uterine and kidney

Sleep apnea a disorder in which breathing repeatedly stops and starts

Gallbladder disease

Erectile dysfunction

Osteoarthritis

Nonalcoholic liver diseases

Gynecologic problems such as infertility and irregular periods

## OBESITY

continued from page 5

"Obesity is complicated," she explained. "The cause is multi-factorial. Many people need help to control it."

She acknowledged that some people with a BMI in the obesity range are healthy. But she said, "We still worry that they are at risk."

The cause of obesity is pretty straight forward. A person consumes more calories than the body requires. The unused calories are stored as fat. Unfortunately, the body has no limit to adding fat and unburned calories are consistently stored. Furthermore, fat cells cannot be destroyed once formed. A weight loss program will reduce their size, but not the number.

While the cause of overweight and obesity are clear, the reasons they occur are less so. Unhealthy diet and lack of exercise are largely to blame.

But it's not that simple. Fingers can be pointed in other directions. Medications, such as antidepressants and beta-blockers for the treatment of high blood pressure, are known to cause weight gain. Genetics plays a role as well, as does lack of sleep.

Corey cited many other factors that can lead to obesity, such as an underactive thyroid or emotional disorders.

For people who are trying to lose weight she offers advice. Recognizing that you have obesity and that it has serious medical consequences is the first step. Corey also said that those with the condition must also recognize that they might not be able to do it on their own and may need help.

The treatment for obesity varies and many people rely on several of them. Exercise and healthy eating are foremost. Thirty minutes of daily moderate activity, like walking, are recommended. For those who need more help, three FDA-approved drugs for the treatment of obesity are on the market. Mental health professionals help people find emotional causes of overeating and provide assistance with behavior modification. For those who experience obesity-related medical conditions or difficulty losing weight, bariatric surgery is often recommended.

But more than most, Corey understands the complexities inherent in the battle of the bulge and that chocolate makes people feel so good. She has a simple wish to solve part of the problem. "I wish broccoli would make people feel good," she said.

## A CLOSER LOOK



**Abdominal, or visceral, fat — weight centered at and above the waist — poses a threat to a person's health.**

Unlike the fat that you can grasp with your hand, visceral fat lies out of reach and surrounds the organs in the abdominal cavity, such as the liver, kidney and intestines. It has been found that this type of fat is metabolically active and increases the risk for cardiovascular disease, type 2 diabetes and certain cancers, all of which are also associated with obesity.



# Nothing says good health like a big smile!

## New dental coverage from the Massachusetts Health Connector

It's Open Enrollment time at the Massachusetts Health Connector through March 31. Go to [MAhealthconnector.org](http://MAhealthconnector.org) to compare plans from 10 leading health insurance companies side by side, and find more options, benefits, and savings than ever before — **including dental plans from five carriers.**

**Open Enrollment: October 1 - March 31**  
Current members must re-apply for coverage to continue.



[MAhealthconnector.org](http://MAhealthconnector.org)

# Q&A WITH DR. FATIMA CODY STANFORD



Fatima Cody Stanford, M.D., M.P.H.  
Obesity Medicine & Nutrition Fellow  
Massachusetts General Hospital

## Can a person be obese and healthy?

A person can be obese and have good metabolic health. This means that excess weight has not resulted in chronic diseases such as type 2 diabetes, hypertension or obstructive sleep apnea. It is important to realize, however, that obesity in itself is a risk factor for increased risk of these diseases and mortality. As a result, people with obesity should address this disease process with their physician just as they would any other chronic disease.

## Why is obesity linked to sleep apnea?

There are two primary types of sleep apnea: obstructive and central. Obesity is linked to obstructive sleep apnea due to the fact that persons who carry excess weight have fat that compresses their upper airway while they sleep. When a person loses a significant amount of weight, they are likely to have less compression of the upper airway. However, it is important to realize that all persons with obstructive sleep apnea are not obese; it is just much more common in this population group.

## Is there a genetic cause of obesity?

Yes. There are several genetic causes of obesity, and scientists continue to discover more genes that are linked to excessive weight gain. As our knowledge about obesity continues to increase, we will improve our ability to prevent, diagnose and treat this disease.

## Why does lack of sleep affect one's weight?

A part of the brain called the hypothalamus regulates hunger and the sense of fullness called satiety. This part of the brain also regulates sleep. When a person has poor quality sleep, they are likely to experience more hunger which can result in increased food intake to feel full. As a result, persons with poor sleep may overeat, which will lead to increased weight.

## Are some cases of overweight and obesity caused by medical conditions?

Yes. There are several medical conditions that can lead to overweight and obesity. For instance, polycystic ovarian syndrome, a common hormonal disorder among women of reproductive age, is manifested by infrequent or prolonged menstrual periods, excess hair growth, acne and obesity. An underactive thyroid can lead to weight gain as well.

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

Children of parents who are obese will have a higher likelihood of obesity since genetics is one of the many factors that lead to struggle with weight. Environmental factors such as poor sleep, stress, inactivity and poor diet quality may play a role in a child developing obesity as well.

## Why does obesity increase the risk of cancer?

While it is not entirely clear why obesity increases cancer risk, persons with obesity are more likely to be diagnosed with certain cancers such as breast, colon and pancreatic. One possible explanation is that insulin resistance, which is more common in people with obesity, may fuel cancer cell growth. In addition, fat produces estrogen, which may increase the possibility of breast and uterine cancer, especially in post-menopausal women.

## Is it possible to eliminate fat cells once they are formed?

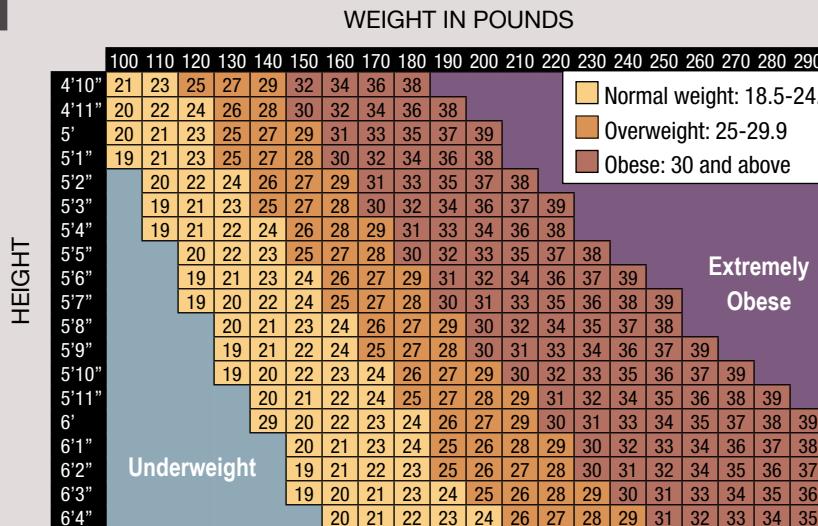
You can not eliminate fat cells once they are formed, but you can reduce their size through weight loss.

## Fat that accumulates around the waist is more threatening to one's health. Is it possible to reduce that fat?

It is true that persons who carry weight in their midsection, termed central adiposity, have a higher risk of disease. There is no way to target the elimination of central fat preferentially over other fat in the body. When one loses weight, they will lose weight throughout the body.

# OBESITY HOW DO YOU MEASURE UP?

## 1 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.

## BMI Categories:

Underweight	Less than 18.5
Normal weight	18.5 – 24.9
Overweight	25 – 29.9
Obesity	30 or greater
Extreme obesity	40 and above

## 2 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.

### To accurately measure your waist:

- Place a tape measure around your bare abdomen just above your hip bone.
- Be sure the tape is snug but does not push into your skin.
- Check to make sure the tape measure is level all the way around.
- Relax, breathe out and measure your waist.

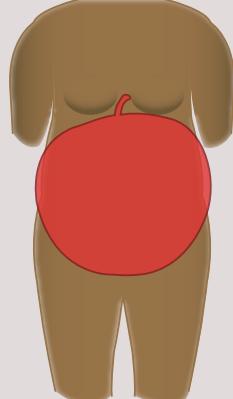
### Desirable Waist Measurements

Women: 35 inches or less

Men: 40 inches or less



PEAR SHAPE



APPLE SHAPE

## 3 CALCULATE YOUR DISEASE RISK FOR

- TYPE 2 DIABETES
- HYPERTENSION
- HEART DISEASE

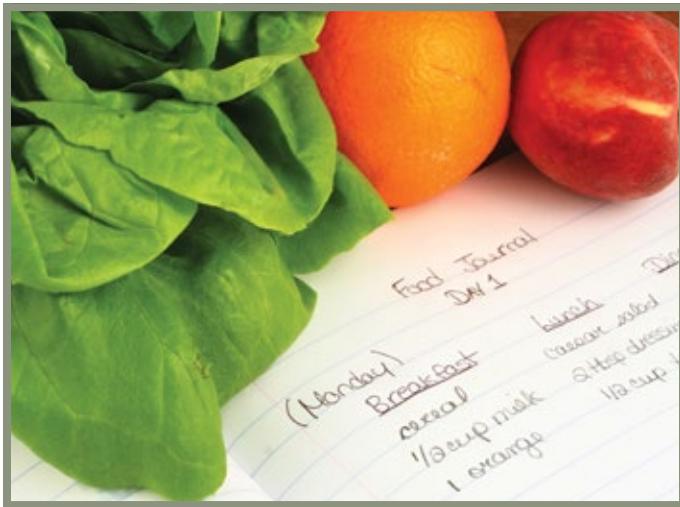
relative to your BMI and waist circumference.

Source: National Heart, Lung, and Blood Institute

BMI	WAIST SIZE Women: ≤ 35 inches Men: ≤ 40 inches	WAIST SIZE 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

# PORTION DISTORTION

## Bigger portions linked to increased waistlines and weight gain



iStockphoto/Thinkstock photo

Keep a food journal to track all you eat and drink each day. The journal will let you see where extra calories are coming from and help you become aware of your habits. Most people underestimate the amount of food they consume daily.

**A**s a dietitian at Massachusetts General Hospital Weight Center, Sue Cummings has her work cut out for her. She helps people develop healthy eating habits and lose weight. That's no easy task — for her or her patients.

She offers a few tips. First, never skip meals. That in itself is a chore. More than 31 million adults in this country take a pass at breakfast, which triggers excessive hunger and low blood sugar.

She uses a car as an example. "What if your car is on empty?" she asked. "You would fill it because the car can't run." Likewise, our bodies do not run well when we skip a meal. "We treat our cars better than we treat ourselves," she said.

Portion sizes are another target of Cummings since they are correlated to waist sizes. The National Heart, Blood, and Lung Institute uses the term "portion distortion" to demonstrate the change in portion sizes over the past 20 years. For instance, bottles of soda were 6.5 ounces and 82 calories. Now they are 20 ounces at a whopping 250 calories.

The mere sight of food can influence intake as well. Simply put, if the food is there, a person will continue to eat. Researchers from Cornell University used self-refilling soup bowls to examine whether visual cues of food influenced how much people ate and their sense of fullness.

Apparently it did. The researchers used four bowls for the study — two of which slowly and imperceptibly refilled as their contents were consumed. People who unknowingly ate from these bowls consumed 73 percent more soup than those who were served normal servings. Yet, they did not perceive that they had eaten more. Nor did they perceive that they were more full than those eating from normal bowls.

Cummings has a solution for that. Keep food out of sight in the kitchen instead of on the table. Use smaller plates. This gives the perception of more food.

Although the number of calories consumed in a day influence weight, it can be tedious to keep track of them on a daily basis. One way to modify the intake of calories without having to rely so heavily on a calculator is choosing nutrient-dense foods — fruits, vegetables, whole grains and proteins — rather than calorie-dense foods like fries, sugar-sweetened beverages and bakery products, such as cakes and pies.

Calorie-dense foods have empty calories that provide little, if any, healthful nutrients. On the other hand, nutrient-dense foods tend to have fewer calories per serving and are chock full of vitamins and minerals the body needs to keep itself going. In addition, it takes the body a longer time to break them down.

"Don't let the machine do the work for you," Cummings advises, referring to the process in which fiber and healthy nutrients are stripped from foods we eat. For instance, white rice results when whole grains are refined by removing the bran and outer layers that contain healthy oils, vitamins and essential minerals.

Instead, Cummings recommends that you do the work. It takes more energy to digest nutrient-dense foods compared to processed foods. More important, foods high in fiber and protein, in particular, are more filling and keep you feeling full longer.

Cummings isn't buying the complaint that eating healthy is expensive. "If you cannot afford fresh, buy frozen," she advised. In some ways, frozen may be a bit healthier because produce is flash frozen right at the peak of ripeness. The nutrients are well maintained.

She also urged buying foods on sale and in season. Legumes, such as dried beans, peas and lentils are inexpensive and high in fiber.

Most important, Cummings stresses, is to develop a plan that fits your schedule and tastes. One size does not fit all. Eat all three meals and snacks in between. Eat breakfast within two hours of rising and a snack within four hours later. A serving of nuts and a piece of fruit should tide you over until the next meal. Follow the choosemyplate.gov guidelines and fill half the plate with fruits and vegetables of your choice. The other half should be whole grains and low-fat proteins, such as fish or lentils.

There are a few key points she emphasizes. Each person has to find his or her individual motivation. "What's in it for me" is a question to ask. Yet, motivation needs to be re-evaluated. "It doesn't last long," said Cummings.

The number one tool to success in losing weight is to maintain a food diary to keep track of all that you eat and drink in a day. Any paper works. Also develop specific daily goals. Keep it simple, she said.

But her biggest piece of advice is "Stay positive."



Sue Cummings, M.S., R.D.  
Registered Dietitian, Weight Center  
Massachusetts General Hospital

# PROTEINS AND FIBER

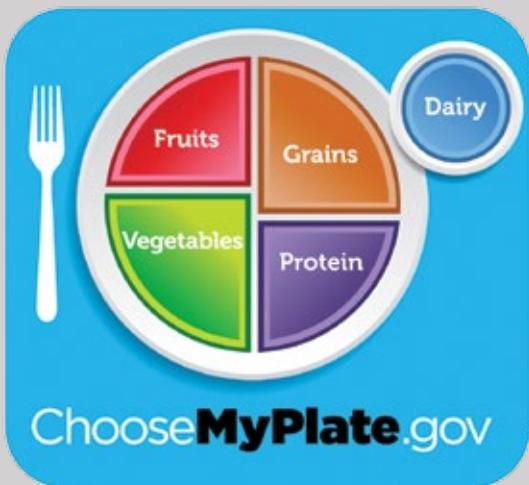
## the power-packed duo

Proteins are one of the workhorses in the body. They have a role in virtually all cell functions, including muscle contraction and movement and defense against germs. Fiber helps maintain bowel health and lowers cholesterol and blood sugar levels.

Foods containing protein and fiber are filling and keep us feeling full longer, which may reduce overeating. Some foods multitask. For instance, legumes, such as kidney and lima beans, are high in fiber and protein.

Choosemyplate.gov, a website of the U.S. Department of Agriculture, recommends filling half your plate with fruits and vegetables of your choice. Both are good sources of fiber. Fill one fourth with whole grains that contain fiber and protein. Fill the remainder with low-fat protein.

The amount of each depends on your age, gender, physical activity and health. A dietitian can help you develop your personal eating plan.



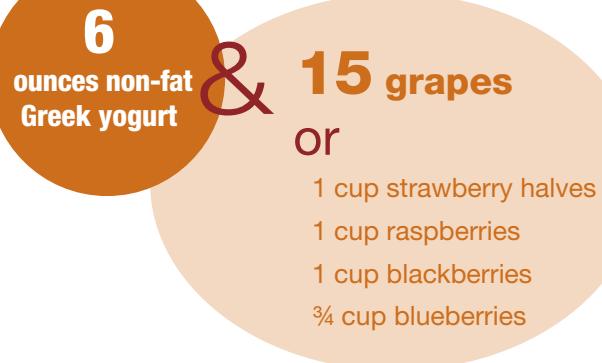
### Examples of sources of lean protein

- Skinless poultry
- Lean beef
- Eggs
- Fish
- No-fat or low-fat yogurt
- Legumes  
(e.g., black-eyed peas)
- Nuts and seeds

### Examples of sources of fiber

- Fruits
- Vegetables
- Whole grains
- Cereal
- Popcorn
- Legumes  
(e.g., black-eyed peas)
- Nuts and seeds

### Power-packed snacks



### A hearty protein salad

#### Ingredients & Directions

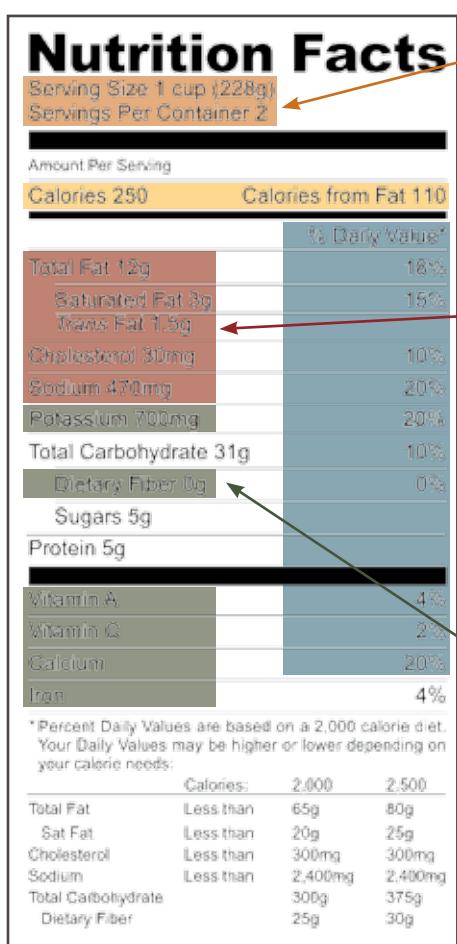
Place 2 cups of leafy vegetables into a medium sized serving bowl. Add your favorite fruits and vegetables. Top with your favorite protein. Toss with a serving of dressing.

Source: Weight Center, Massachusetts General Hospital



# UNDERSTANDING NUTRITION FACTS LABELS

*Nutrition Facts labels are required by the Food and Drug Administration on most packaged foods and beverages. Understanding them is especially important if you have health conditions, such as high blood pressure or high cholesterol, or are trying to lose or maintain weight. They are a helpful tool in planning a healthy diet.*



*Image courtesy of U.S. Food and Drug Administration*

## 1. SERVING SIZE

A serving size of this food is one cup. So all the nutrition information on the label is based upon one cup. There are two servings per container. If you eat two servings the nutrients are doubled.

## 2. AMOUNT OF CALORIES

The 250 calories listed are for one serving, and 110 — or 44 percent — of the calories are from fat.

## 3. LIMIT THESE NUTRIENTS

Don't eat too much of these nutrients. Fat — especially saturated fat and trans fat — cholesterol and sodium may increase your risk of heart disease, stroke, high blood pressure and some cancers.

### **The American Heart Association recommends the following daily limits.**

- Total fat — 25 to 35 percent of total calories
- Saturated fat — less than 7 percent of total calories
- Trans fat — less than 1 percent of total calories
- Cholesterol — less than 200 milligrams
- Sodium — less than 2,400 milligrams a day for most healthy people; less than 1,500 milligrams for those with high blood pressure and African American adults

## 4. GET ENOUGH OF THESE NUTRIENTS

Eat foods with fiber, vitamin A, vitamin C, calcium and iron to improve overall health and reduce the risk of certain diseases and conditions, such as osteoporosis and anemia.

## 5. PERCENT DAILY VALUE

This section indicates how the nutrients contribute to your total daily diet based on a 2,000 calorie a day diet.

- Low level of nutrients — 5 percent or less of the daily value. Low levels are good for sodium but bad for fiber.
- High level of nutrients — 20 percent or more. High values are good for vitamins but bad for cholesterol.

## SNAPSHOT OF THIS SERVING

### WHAT'S GOOD?

- High in calcium
- High in potassium
- Moderate in number of calories

### WHAT'S BAD?

- Low in dietary fiber, vitamin A, vitamin C and iron
- High in sodium and calories from fat
- Contains saturated and trans fats

# ► NOT SO FAST

## EATING SLOWLY CAN HELP YOU EAT LESS

The relationship between depression and obesity is well established. What condition comes first is less clear.

In an analysis published in the Archives of General Psychiatry, depressed persons had a 58 percent increased risk of becoming obese, while obese persons had a 55 percent increased risk of developing depression over time.

"Eating is often a way of managing mood," explained Dr. Sandra L. Crump, a psychologist at the Weight Center at Massachusetts General Hospital. "Food cheers us up."

Changing eating patterns involves identifying the cause of overeating, she explained. In addition to depression, anxiety and stress are also contributors to overeating. When Crump asks people how they were feeling when they were eating, a typical response is "I felt lonely or I felt sad."

Realizing the link between emotion and food is a good first step, she said. Yet, some people cannot connect the dots. Even worse, many people don't recognize they are depressed. Crump was quick to point out that not all people with obesity are depressed or anxious. Sometimes it's just a matter of education about nutrition and portion sizes.

Healthy eating is a major behavioral change. "We are creatures of habit," she explained. For instance, some people may be used to eating a snack just before bed — whether they are hungry or not. It has become a conditioned response. Or it may just be a hold-over from childhood but a habit hard to break.

A more difficult task is helping people learn to decipher when they are full. That seems pretty obvious, but for many who overeat, there is a big disconnect between the head and the stomach. One method Crump suggested is to stop eating and wait for about 20 minutes. If you still feel hungry after the pause, then continue eating.

Another method is to eat slowly. Because of busy schedules, we're used to wolfing down an entire meal in a few bites.

"Take a break," she said. "Recognize internal cues. Recognize that you are full."

Satiety, or a sense of fullness, is controlled by the interplay of the stomach, digestive hormones and the brain. Eating slowly or taking a break allows the systems to communicate with one another to send cues of fullness. It takes a while for the brain to get the message.

But that could be part of the problem.

People who are obese can have a problem deciphering when they are full. A recent study published in the Journal of Clinical Endocrinology found that the digestive hormones can lose their ability to help obese people feel full after a meal. The reduced signals cause people to compensate with increased meal size or frequent food intake.

Crump warned that new behavior never erases old behavior. "They're still there, but not in control," she explained. In all probability a person will lapse and revert to the previous eating behavior. "We anticipate relapses," she said. "There are different skills in losing weight than in maintaining weight."

A misstep is not a failure, she cautioned, just a hiccup. People recycle through stages of change all the time. "Don't be too judgmental," she advised.

Crump recognizes that cultural differences in eating habits and acceptance of a rounder figure can be a deterrent to weight loss. Obesity and overweight are more prevalent and more culturally accepted among black and Hispanic women.

There is often the misperception that weight loss results in a change of shape. "You don't lose your curves," explained Crump. You just have less padding surrounding those curves, she added.

People need to look at where they are and where they want to be. Personal goals are driving forces. For example, excess weight may prevent doing some things comfortably, or clothes may be too snug. Most critical for success in changing one's eating behavior is the support of family and significant other, Crump said.

Her biggest piece of advice is to learn to identify the triggers or feelings that might set you off track and keep one thing in mind. "You don't have to eat over it," she said. "There are other ways to feed your soul."

## A CHANGE OF HABIT

The transtheoretical model defines five stages a person goes through to change unhealthy behavior, such as smoking, drug abuse and overeating. According to the psychologists that developed the model, a person must go through each phase without skipping in order to realize its benefits. Yet, one size does not fit all. The length of time and the activities in each phase depends on each individual.

### 1 Precontemplation

A person has no conscious intention to make a change; there is lack of awareness of a problem.

*Example: "Obesity runs in my family. There's nothing I can do about it."*

### 2 Contemplation

There is increased awareness that the behavior is a problem and a person is thinking about changing.

*Example: "I know my weight is causing me medical problems, but I'm too busy to worry about it now."*

### 3 Preparation

The individual is making realistic plans to change.

*Example: "I made an appointment with a dietitian to help me choose healthier foods."*

### 4 Action

The changed behavior is in place, and the person is practicing alternatives to avoid unhealthy behavior.

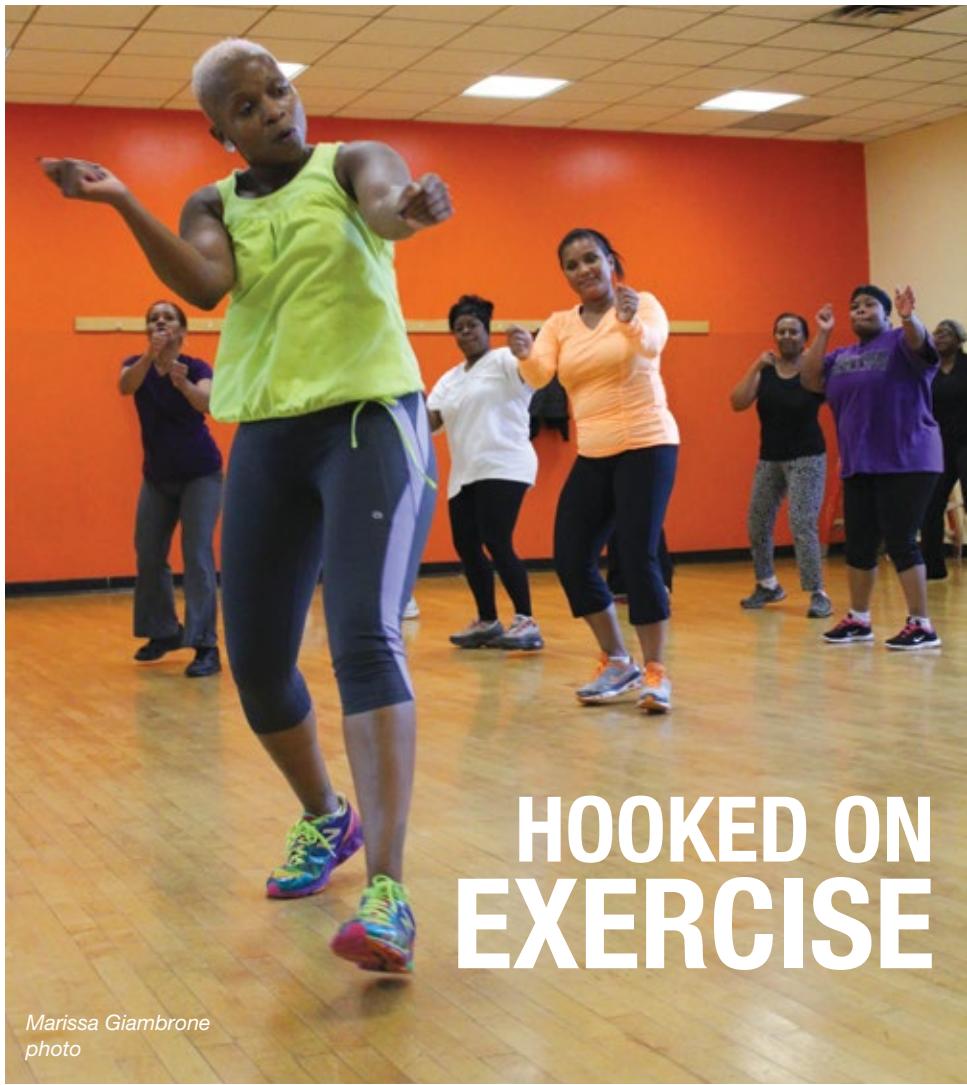
*Example: "Stress is a big cause of my overeating. I practice yoga now to reduce my stress."*

### 5 Maintenance

The new behavior has been practiced for at least six months.

*Example: "To prevent a relapse, I avoid restaurants that offer buffets."*

Counselors warn that relapses are common and that people recycle through some stages several times. Instead of viewing a relapse as failure, however, consider it an integral part of the change process.



## HOOKED ON EXERCISE

Marissa Giambrone  
photo

Eyoda Williams, a certified trainer, leads her Socalicious class at the Dorchester YMCA.

**E**yoda Williams, 39, remembers the first time she became pregnant. She ate whatever she wanted, whenever she wanted, and her defense was one made all too often — she wasn't eating for herself.

"It's all for the baby," she told herself.

After all, she reasoned, the pounds would miraculously disappear in nine months. But they remained after the birth of her child. More babies came — and more pounds — until she was tipping the scale at 220, which put her 70 pounds over her desired weight.

Williams' BMI was 35.5. A BMI of 30 or more is considered in the obese range. The pains in her knees and back could attest to that.

The weight didn't really bother her. "What I saw in the mirror and what others saw were two different things," she said. "I thought I looked cute."

The excess weight was not the only burden she had to bear. Williams' marriage was going downhill. "I was devastated," she confessed. She tried to hold it together for the sake of her children but depression and anxiety took its toll. She cried at the least provocation.

It got to the point that Williams left her house only for activities with her children. To her credit, she sought professional counseling as well as solace from her church.

One day, things came to a head and she bolted from her house without any clear destination. The strangest thing happened. For reasons Williams cannot explain, she wound up at the Dorchester YMCA.

It wasn't her first visit to the Y. Williams had re-entered the workforce a while back through YMCA Training, Inc., a program that provides access to employment for unemployed and underemployed adults. A fringe benefit of the program was membership in the Y, but Williams confessed it was a perk she seldom used.

Yet, suddenly here she was.

She walked on the treadmill for a short time, but stopped in part because she was convinced that people were laughing at her. A step class caught her eye. It wasn't the class itself, admitted Williams. It was more the instructor. Williams had taken exercise classes before but the instructor and the class were not always in synch. The instructor set the pace and it was up to the participants to keep up whether they could or not.

This teacher was different, said Williams. She reviewed the steps and waited for all to catch up before she continued.

Still Williams lacked the nerve to

take part. Instead she watched from the outside. She returned again but remained outside the door looking in — a behavior she repeated again and again. For several weeks she merely stood and watched. She finally got the nerve to enter and tried to hide in the back, but the instructor sought her out and offered her encouragement.

That was the spark she needed.

Williams became so good in step class she was asked to function as an assistant. She was even asked to lead the class when the instructor was not available. She didn't stop there. Williams became a certified trainer through the Aerobics and Fitness Association of America and has just a few more semesters to go for a degree in exercise science at Quincy College. She now teaches zumba, water aerobics and other fitness classes.

The stress and anxiety are gone; her energy is up. And her clothes got bigger, Williams joked as she began to shed pounds.

There's no turning back now, said Williams. "I am addicted to this life," she said. "It's in my blood. It's a part of me."



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- Oak Square YMCA
- Roxbury YMCA
- Waltham YMCA
- Wang YMCA of Chinatown
- West Roxbury YMCA

[ymcaboston.org](http://ymcaboston.org)



# QUICK CHICKEN CHILI

*Chili hits the spot in cooler weather. It tastes good and is good for you. This simple recipe is low in fat and sodium and has 10 grams of fiber and 39 grams of protein in one serving. It will stick to your ribs and keep you feeling full longer.*

Source: American Heart Association's Simple Cooking with Heart Program



## PER SERVING:

**Calories**

344

**Total Fat**

3.0 g

**Saturated Fat**

0.5 g

**Trans Fat**

0.0 g

**Polyunsaturated Fat**

0.5 g

**Monounsaturated Fat**

1.0 g

**Cholesterol**

73 g

**Sodium**

174mg

**Carbohydrates**

41 g

**Fiber**

10 g

**Sugars**

7 g

**Protein**

39 g

## RECIPE

4 servings / About \$2.47 per serving

- |  |   |
|--|---|
| 1 pound boneless, skinless chicken breasts or tenderloins or 1 pound ground white meat chicken or turkey         | 2 cups fat-free, low-sodium chicken broth (or 1 16-oz can)    |
| 1 medium onion, finely chopped   | ½ teaspoon pepper   |
| 1 medium bell pepper, chopped (any color)  | 1 teaspoon cumin  |
| 1 teaspoon or 3 cloves minced garlic   | ½ teaspoon chili powder (optional)                            |
| 2 (15.5 oz) cans no-salt-added or low-sodium beans, drained and rinsed (mix or match pinto, red, kidney or navy) | 1 medium jalapeno, chopped (optional if you like spicy chili) |
| Cooking spray  | Chopped fresh cilantro (optional)                             |
|  | ½ cup low-fat or fat-free sour cream (optional)               |

1. Remove visible fat from chicken; cut into bite-sized pieces.
2. Spray large pot with cooking spray. Add chicken, onion, garlic, chili powder (optional) or jalapeno (optional) cooking over medium heat until chicken is no longer pink (about 7 minutes).
3. Lightly mash the drained, rinsed beans with a fork.
4. Add all remaining ingredients to chicken mixture and simmer on high for 10 minutes.
5. Spoon chili into bowls and top with chopped fresh cilantro and/or a dollop of sour cream (optional).

**Budget Tip:** When buying chicken, tenderloins are often less expensive than breasts. In recipes like this one, in which you cut the chicken into bite-size pieces, the cut makes no difference, so pick whatever's cheaper! Be sure to check for specials or sales.

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MASSACHUSETTS

# FRESH TRUCK

*Healthy food  
on wheels*

**DRIVING FRUITS AND VEGGIES  
TO YOUR NEIGHBORHOOD**



## Kassmin Williams

Like many other residents of a Dorchester housing complex, Toni Cromwell does not have a car and described the distance from her apartment to a grocery store as "quite a walk."

Cromwell and her neighbors aren't the only Boston residents living in what is referred to as "food deserts" — areas with limited access to healthy food — as Northeastern graduate Joshua Trautwein discovered.

About a year ago while working at the Massachusetts General Hospital Charlestown HealthCare Center with the Fitzgerald Youth Sports Institute, Trautwein asked families for feedback on a program he conducted on promoting wellness and healthy eating at home.

"One of the moms came back and told me she learned a lot, but it was still pretty difficult for her to shop for healthy food on a regular basis because she didn't live near a grocery store," Trautwein said.

Trautwein also learned that it took some Charlestown families up to 45 minutes to get to a grocery store and that many turn to corner stores, which offer higher prices and processed foods.

Trautwein's findings led him to partner with business-savvy friend Daniel Clarke to launch Fresh Truck, a mobile farmers market that travels to areas like Dorchester, Roxbury and Mattapan to sell fruits and vegetables for a price about 20 percent lower than the average supermarket, according to Clarke.

Clarke admitted he really didn't understand "food access" and "food deserts" until he discovered a report that pinpointed areas in Boston that weren't close to grocery stores — and the prevalence of diet-related health illnesses in those areas.

"The correlation was almost one-to-one with how bad food



access was and how bad the diet-related illnesses are in that community," Clarke said. "It really bothered me that it was such a huge issue going on in my back yard and I didn't know."

After coming up with the concept, Trautwein and Clarke entered a business planning competition sponsored by Boston Rising where they were granted \$5,000 in support of their idea.

The duo also launched a campaign through Kickstarter — an online crowd-funding resource — through which they were able to raise \$32,000, which covered the renovation and operation of Fresh Truck.

They also received donated service from MAACO in Dorchester for paint service and a Dorchester refurbishing company for the build-out of the mobile store, which was originally a school bus, Clarke said.

Produce-filled baskets line the inside of the bus while baskets hang on the outside for those who prefer to shop outdoors.

About 80 percent of the produce offered by Fresh Truck is staple fruits and vegetables and the other 20 percent vary based on the tastes of the neighborhoods being served that day, according to Clarke.

"[On Wednesdays] we go to more Latin-based communities so we'll have papaya, yucca and different types of mangoes," Clarke said.

One of Fresh Truck's Wednesday stops includes the Gallivan Boulevard townhouses where Cromwell resides.

The co-chair of the Gallivan Boulevard tenant association searches for deals before food shopping and says the produce sold at Fresh Truck is dollars cheaper than in supermarkets.

"The grapes are \$2.50 a bag for a 2.5 pound bag," Cromwell said.

Convenience and affordability aren't the only parts of the Fresh Truck experience that has impressed Cromwell.

Cromwell said Clarke and Trautwein offer knowledge about healthy eating and have been open to suggestions from residents.

"It's good all the way around," Cromwell said. "I'm glad they're there."

Residents living at Mishawum Park in Charlestown have similar stories about Fresh Truck.

"[Trautwein] is constantly interacting with them while they're there," said Kristin Brophy, resident service manager at Mishawum Park. "Seeing what they can do to make their experience better. He's very open to feedback and always looking for input from the residents so they get what they're looking for."

Most of the food sold by Fresh Truck comes from the New England Produce Center in Chelsea, where supermarkets and produce wholesalers purchase their fruits and vegetables, Clarke said.

Trautwein and Clarke also work with Allandale Farm in Brookline and connect to other local farms through a local hub aggregator called OR FoodEx that Daniel describes as a one-stop shop for anything that can be sourced locally.

Fresh Truck follows a social business model. Profits are placed back into fulfilling Fresh Truck's mission of offering healthy foods at affordable prices to increase healthier living in food desert neighborhoods.

As Fresh Truck enters into its third month in business, Trautwein and Clarke are working on expanding their food choices to include healthy carbohydrates like granola bars, bread, nuts, grains and trail mix.

Trautwein said expanding the inventory would allow families to access all the different foods they need to achieve personal health.

For Fresh Truck's complete schedule, visit [thefreshtruck.org](http://thefreshtruck.org).



Joshua Trautwein (center) and Daniel Clarke (right), founders of the Fresh Truck, are pictured with Boston City Councillor, Mike Ross.



Taylor  
Minore photos

# CALISTHENICS

## ALL YOU NEED IS YOURSELF

When most people think of exercise, images of expensive gyms and sophisticated equipment come to mind. But you do not have to leave your house to exercise. You don't even have to buy equipment. Your body and the force of gravity are all you need. Neither will cost you a penny.

Calisthenics are a form of exercise intended to increase strength and flexibility — all without equipment or apparatus. Examples are lunges, sit-ups, jumping jacks and squats. Calisthenics, which originated thousands of years ago in Greece, are a staple in military and law enforcement physical training and are increasing in popularity in "bootcamp" programs.

It is always advisable to talk to your doctor before starting an exercise regime, particularly if you have not exercised in a long time or have orthopedic problems, such as knee or back pain. A trainer can offer tips on technique and proper body mechanics.

Following are a few simple calisthenics you can try in your home.

### CHAIR STAND

This exercise strengthens your abdomen and thighs and will make it easier to get in and out of the car or rise from a chair. If you have knee or back problems, talk with your doctor before trying this exercise.

- Sit toward the front of a sturdy, armless chair with knees bent and feet flat on floor, shoulder-width apart.
- Lean back with your hands crossed over your chest. Keep your back and shoulders straight throughout exercise. Breathe in slowly.
- Breathe out and bring your upper body forward until sitting upright.
- Extend your arms so they are parallel to the floor and slowly stand up.
- Breathe in as you slowly sit down.
- Repeat 10-15 times.
- Rest; then repeat 10-15 more times.





## WALL PUSH-UP

These push-ups will strengthen your arms, shoulders and chest.

- Face a wall, standing a little farther than arm's length away, feet shoulder-width apart.
- Lean your body forward and put your palms flat against the wall at shoulder height and shoulder-width apart.
- Slowly breathe in as you bend your elbows and lower your upper body toward the wall in a slow, controlled motion. Keep your feet flat on the floor.
- Hold the position for one second.
- Breathe out and slowly push yourself back until your arms are straight.
- Repeat 10-15 times. Rest; then repeat 10-15 more times.

## TOE STAND

This exercise will help make walking easier by strengthening your calves and ankles. As you progress, try doing the exercise standing on one leg at a time for a total of 10-15 times on each leg. For an added challenge, try the exercise without holding on.

- Stand behind a sturdy chair, feet shoulder-width apart, holding on for balance. Breathe in slowly.
- Breathe out and slowly stand on tiptoes, as high as possible.
- Hold position for one second.
- Breathe in as you slowly lower heels to the floor.
- Repeat 10-15 times. Rest; then repeat 10-15 more times.



## CHAIR DIP

This pushing motion will strengthen your arm muscles even if you are not able to lift yourself up off the chair.

- Sit in a sturdy chair with armrests with your feet flat on the floor, shoulder-width apart.
- Lean slightly forward; keep your back and shoulders straight.
- Grasp arms of chair with your hands next to you. Breathe in slowly.
- Breathe out and use your arms to push your body slowly off the chair.
- Hold position for one second.
- Breathe in as you slowly lower yourself back down.
- Repeat 10-15 times.

# TAKE A HIKE!

## WALKING – IT'S CHEAP AND IT'S EASY



The 2008 Physical Activity Guidelines for Americans recommends 150 minutes — or 30 minutes a day for five days — of moderate-intensity aerobic exercise a week for adults. That sounds like a lot, but if you break it into smaller chunks of 10 minutes a few times a day for several days, it's more doable.

Walking is one of the easiest — and least expensive — activities you can do to improve your health. Just put one foot in front of the other ... and keep going.

When you consider the benefits of walking, it's well worth it. Walking decreases the risk of heart disease and stroke, diabetes and osteoporosis, or bone weakness. It improves levels of blood pressure, blood sugar and cholesterol. It helps maintain body weight and reduces the risk of obesity. Also, it just makes you feel good.

That's an awful lot for such a simple activity.

If you cannot reach 150 minutes a week, just do what you can. Every step helps.

Looking for a walking buddy? Visit [mywalkingclub.org](http://mywalkingclub.org), a program of the American Heart Association.

## HOW TO CHOOSE WALKING SHOES

The only expense to walking is a pair of comfortable walking shoes. Bottom line is whatever shoe you walk in should have a comfortable fit. It should be snug but have enough room for you to wiggle your toes. Here are some tips when choosing walking shoes.

1. Pick up the shoe by the heel and toe and bend the toe upward. The shoe should bend under the ball of the foot.
2. Twist the shoe from the heel to the toe. There should be some resistance.
3. Walk down an incline. If your toes can touch the front inside of the shoes, they are not a good fit. There should be about a half inch between your longest toe and the end of the shoe.
4. Walk up a few flights of stairs, two stairs at a time. Check for heel lift. If your heels keep lifting off the insoles more than about 1/8 of an inch, chances are the shifting will eventually result in a heel blister.
5. Go shoe shopping at the end of the day when your feet may be slightly swollen. Try on both shoes since one foot can be larger than the other. Also wear the same socks you will be wearing during your walks.

Source: Suggestions from REI



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