The Battle Against Childhood Obesity

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The Battle Against Childhood Obesity

When 16-year-old Eric Foy came home from high school one weeknight in the fall of 2005, his life changed forever.

His mother, Claudia, was resting on the tan couch in the living room, but she was slumped over to the left, towards the end table that held a dozen framed photos of his extended family.

“Get me juice,” Claudia whispered to her son. Immediately, Eric knew what was happening – his mother’s blood sugar level was crashing. As he ran to the kitchen to pour a glass of orange juice, he started to panic.

A few months earlier, in July, Foy’s father, TK, had died from a sudden heart attack caused by Type II diabetes and related comorbidities associated with obesity. He was just 61 years-old.

Foy had never seen his mother or father crash before, but he knew what a low blood sugar episode might look like. Eric needed to know the signs because he had to prevent them from coming on himself. At twelve, Eric was diagnosed with Type II diabetes, a condition, like his father, also brought on by obesity. He had always been a slim child, but when Eric turned seven, his weight ballooned.

As he fetched a sugary drink for Claudia, the high school sophomore dwarfed the white-tiled kitchen of his childhood home, standing at six feet and three inches tall, and almost 150lbs beyond a healthy weight for a boy his age.

Eric gave the glass of orange juice to his mother and called 911. He watched her drink from the glass, praying that Claudia would recover quickly.

“I knew that I just lost one parent,” Eric said, “and I couldn’t bear to lose another.”

Claudia recovered shortly after she drank from the cup of orange juice. Her vision, once blurry, became clear. She could put sentences together again. She stopped hallucinating. But as the paramedics surrounded his mother, Eric’s continued to panic. If his own health worsened, who would take care of his mother? Would he die from a heart attack just like his father?

Eric couldn’t shake the thoughts.

There are roughly 12.7 million obese children in the United States. Obesity is measured by the calculation of an individual’s weight in mass, divided by his or her
height in square inches. The resulting number falls on a scale between 1 and 30, with the scale broken down into the subcategories underweight, normal weight, overweight and obese.

The BMI Index does have limitations, though. In 2012, a study from researchers at New York University School of Medicine noted that BMI calculations will estimate body fat, but will not actually compute it. The flaw mostly impacts older men and women with low bone density, producing BMI’s that are “false negatives,” in a sense. While one’s BMI might compute as overweight, his or her body fat can be as high as 40 percent which is actually a marker of obesity. The BMI indicator works well because it is free and mostly effective, but some researchers worry that the nuances of the calculation impacts national obesity estimates, and that the number may truly be much higher.

Nonetheless, using the BMI as an obesity indicator, the Centers for Disease Control estimates 17% of American children and adolescents ages 2-19 years old are obese. Another 15% are considered overweight, meaning one in three children are obese or overweight. In 1971, only 5% of children and adolescents were considered obese. In response to the surge in childhood obesity, a number that tripled across three decades, a report published by The Journal of the American Medical Association in 2001 declared the situation an epidemic.

The numbers rose across all racial and ethnic demographics, but minority populations continue to have the highest reported levels of obesity. 50% of African-Americans, like the Foy family, are obese, along with 45% of Hispanic men and women. And obesity rates spike dramatically in the southern United States, where Mississippi, Arkansas and West Virginia take the lead as the fattest states in the nation. Still, no single state reports an obesity level below 20.

Eric is did not become overweight due to a medical condition. In almost all cases, an obese child is obese because of poor eating patterns, as well as an environment, shifting culture and policies that enabled the obesity epidemic to spawn through the 1980’s and 90’s. Much of obesity is both genetic and learned. In a widely cited 1997 study in The New England Journal of Medicine, overweight babies without an obese parent had a small chance—just 8%—of becoming an obese adult. But the chances of becoming an obese adult more than doubled for a child with one or two obese parents. Obese adolescents are almost guaranteed to become obese adults.

But possibly the most heartbreaking aspect to childhood obesity is in the case that a child suffers from a disease once only found in adults, such as Eric Foy’s Type II diabetes diagnosis. A small percentage of obese children have non-alcoholic fatty liver disease, which causes TK end result; bstructive sleep apnea; high cholesterol; Elevated blood pressure; Hardening of neck arteries; Joint pain. Blount’s disease, a condition in which one’s shin tilts inward at the knee under the tremendous pressure of excess weight. Obese children suffer from anxiety, depression and low self-esteem.
On a spring-like day in the middle of December, Claudia Foy sits on a white chair in her dining room, just a few yards away from the couch where her blood sugar dropped eleven years ago. Hundreds of family photos hang on the walls—her eleven brothers and sisters, nieces and nephews, in-laws and diplomas, prom photos and just before you enter the bathroom, a portrait of her in a floor length white lace gown on the day she married Ashley. Eric, now a twenty-seven year old man, blocks his little brother Avery from passing into the living room.

“Eric let me through,” Avery said.

“ Nope. Can’t go.” Eric moves back and forth, playfully blocking tiny Avery, until finally letting him through. Avery is a sweet, chatty four year-old foster child Claudia took in when Ashley died. Two years ago she adopted him; he calls her Granny. Eric has one biological sister, Rayshell Green, who lives up the street with her own family.

Claudia, 69-years-old wears a white button down shirt and black pants; her face is thin and beautiful, with a bright smile. She is overweight in the torso. Claudia says that her son was always thin, and quite active, until he was about eight years old.

“He just,” Claudia stops and picks her hands up from her lap, holding them in the air like she was grasping an imaginary beach ball, “blew up.”

Eric remembers his weight changing in kindergarten. He did not perform well academically and was held back, and remembers feeling as though all of his friends progressed without him. Over the years, Eric started drinking entire six packs of soda per day, Fruit Gushers, sugary cereal. He would skip breakfast and make up for it by eating enormous meals before bed. He loved sweets, chocolate and gummy bears. Claudia would try to control him, but to no avail.

“She always warned me about that—'It's bad for your kidneys and it’s going to make you gain weight,’ but I didn’t listen,” Eric said. “I’d just sneak the soda cans behind her back.”

Claudia took Eric for an annual check up when he was twelve years old. The doctor thought Eric’s weight was alarmingly high for his age, and referred him to an obesity clinic at Yale University. He took blood tests. Two days later Claudia called Eric into the kitchen and told him he had Type II, like his mother and father. He would need to take two Glucophage pills—a blood sugar regulator—daily in addition to insulin. He would need to monitor his blood sugar levels three times a day by pricking his finger. Eric hated needles and only checked his glucose levels sporadically.

“ I was so upset when I found out he had diabetes,” Claudia said. She knew a diabetes diagnosis requires diligence, and worried her son would not take it seriously. Would he take the Glucophage? The insulin? Record his glucose levels? Avoid sugar? Eat
balanced meals often? Even Claudia didn’t do all of this perfectly. Her own episode happened because she’d stopped eating in the months after her husband died.

After the diabetes diagnosis, a doctor referred Eric to the Bright Bodies Weight Management Program For Children, a weight-reduction effort from the Yale School of Medicine. Twice a week, obese children and a parent or caretaker gather at one of two public schools in New Haven, Connecticut to learn about nutrition, behavior modification, and overall, how to lose the weight to reverse negative health outcomes. All of the children weigh in each week, and through discussion, gym time and parental involvement, are encouraged and incentivized to change their way of eating. After Halloween, children turned in bags of Halloween candy in exchange for five dollars.

Roughly 60% of Bright Bodies participants fall below the poverty line.

But even after learning he had diabetes, and after joining Bright Bodies at twelve, Eric’s weight continued to climb.

“I just didn’t take it that seriously,” Eric said.

On a Thursday night in early November a Bright Bodies session is in full swing at Celentano School in New Haven, just three miles from the main campus of Yale University.

Inside the gymnasium, Michael Roldan, an eight year old Hispanic boy, walks underneath the mesh basketball net and with his arm outstretched, extends his left leg up in the air until his toe and fingertip meet, like a toy soldier. He is chubby, but not obese. Still, he has nonalcoholic fatty liver disease, a serious disease that is common among overweight Hispanic adolescent boys. In comparison to a regular liver, a fatty liver is like a piece of marbleized steak, creating havoc until the organ is in cirrhosis and no longer functioning properly. The end stage of liver disease is liver failure. Michael is not nearly close to this devastating outcome, but to get a diagnosis so early in life is a red flag that makes his weight loss imperative.

He moves quickly, alternating outstretched arm and extended leg to make his way around the gym. He turns to smile at his cousin who is walking like a toy soldier next to him.

“Let’s go, let’s go, let’s go!” he says. Then he turns his head forward again and speeds up, a sweat breaking on his forehead. Fifteen other Bright Bodies kids play in the game of Toy Soldier, marching quickly around the perimeter of the glossy maple basketball court. Justin Bieber’s “Sorry” blasts over the speaker.

Two young women, clad in black spandex pants and pink tank tops, and a young man, in a neon green t-shirt and black basketball shorts, run around with the kids. The three undergraduate college students are in charge of running the weekly
exercise sessions at Bright Bodies where there is one main goal: get the kids to have fun through playing games with them as a means of exercise.

Melanie Lemus sits on the bleachers watching her twelve year-old son, Fidel. Fidel is twelve and about 90 pounds overweight. He wears a grey muscle shirt and grey shorts and black Nike sneakers. When a doctor noticed that Fidel is just on the cusp of getting diabetes, he was referred to Bright Bodies, in the hopes the program would motivate Fidel to lose weight.

“He’s very happy to come,” Lemus said, “but I don’t know. My brothers, his uncles, looked just like him, and now they’re tall and thin.”

The kids do push-ups along the maroon padding which lines the gymnasium. Fidel stands and places his hands on the wall, pushing up and down.

Dr. David Katz, director of the Yale Prevention Research Center says that many children continue to gain weight to the point of obesity because their parents refuse to acknowledge there’s a problem. He calls it “oblivobesity.” While some parents might not actually notice their son or daughter is becoming large, other parents can be in genuine denial that there is an issue. Psychologists rooted in understanding how to motivate families to lose weight taut numerous reasons for this phenomenon.

Parents might feel that if they acknowledge obesity in their family, there will be a tremendous amount of work to do. They might have to change their own lifestyles if they model obesity, become more active, or just deal with the issue—something many adults may just not want to do. Other parents might struggle to figure out how to cook for all family members, if only one child is overweight, and the rest are average. In a study in the journal Childhood Obesity this year, more than 75% of parents with obese toddlers considered their children “about the right weight.” Over and over again, studies will show that many parents struggle to identify their child’s weight accurately, and even more so if the parent is obese or overweight themselves.

Now that activity time finished, Michael, Fidel and their peers are sitting a circle on the floor. Michael is on his stomach with seven other obese children, coloring in a banana he just drew on a blank piece of paper.

“What are some of the foods we can eat for breakfast?” Jennifer Dawiczyk said. Jennifer runs nutritional classes to help the kids start thinking independently about which foods are best for their health.

Inside a classroom across the hallway, parents and caretakers sit on miniature blue plastic chairs typically reserved for second graders. Mary Savoye leads the weekly sessions for parents at Bright Bodies. She is the Yale researcher and nutritionist behind the entire Bright Bodies program.

Savoye handles everything from the admission to education. She runs the program on a sliding scale, with the cost set at $200 for a twelve-week session. Every child must have a caretaker participate in order to take part in the program. Savoye, will often allow families who cannot afford even $100 to partake in the program for free. She educates parents about how to support their children in their efforts to lose weight, teaching them how to feed an entire family of five or six a healthy meal, and how to pull it off on a budget. Savoye will inform parents that kids might feel sensitive around their thinner siblings, and how to make sure they do not feel like their weight is making them stand out. Savoye’s participants often suffer from fatty liver disease, diabetes and depression.

“It's amazing how obesity is the first step, the first complication to all the other health related issues,” Savoye said. “As soon as you correct the obesity, or just make it better, the body starts to do its job normally again. Combatting obesity is not easy because it is a family endeavor. When it’s your kid it’s done very differently—you have show support, and have the whole family buy into it.”

The Bright Bodies program is an extraordinary example of evidence-based success in reducing childhood obesity. Erica Sellers is a seventeen year old high school senior. She has severe acid reflux and is pre-diabetic. Sellers says that she is about 80lbs overweight, and due to her commitment to Bright Bodies, she has already lost more than 20lbs in TK months. The weight loss has given her confidence and the motivation to keep going. Before Bright Bodies, Sellers often found herself uncomfortable around her classmates. She often hid when changing for gym class and felt anxious and awkward during classroom presentation when she said, her body was “on display.” But possibly the most interesting aspect to her story is that according to her, she has always been a heavy girl. Sellers cannot remember a time when weight was not a big problem. But her doctors never made it an issue.

“I had just transferred over to the Yale Health plan and was referred through a doctor to a nutritionist, and the nutritionist told me about Bright Bodies. No other doctor before I went to Yale Health Plan ever really addressed my weight,” Sellers said. “They were never like, ‘Oh let’s get you to see a nutritionist. Let’s get your blood tested, let’s test this and that.’ When I went to Yale they started to run tests and my mom was really happy.”

Getting doctors to address their patients weight is a well-known issue in the medical community. Many doctors do not want to offend their patients, fearing he or she won’t return. Other doctors are unsure about how to initiate the conversation so it is a productive one. A 2004 case study in the journal Preventative Medicine found that out of 633 obese patient-doctor encounters, doctors addressed excess weight in
only 17% of appointments. Weight counseling became even more seldom when doctors met with overweight adolescent patients. Only 8% of doctors addressed the issue.

Though childhood obesity is at the top of American consciousness with First Lady Michelle Obama’s Let’s Move! Campaign, but is it effective enough? The idea of the campaign is get children to spend less time in front of a television, phone, tablet, video game or computer screen and more time in the yard or on a bicycle or playing with their friends. Obama also modified the national food pyramid into a circular plate instead. It has been coined MyPlate, and encourages Americans to split their plates into healthy subsections, essentially building out a nutritional meal.

But no matter how much a kid moves, studies show there is no amount of movement that will outdo a poor diet for an obese adolescent. The message of healthy eating must be driven home hard, and then enforced through multiple rings of familial and social support, such as the approach with the Bright Bodies program.

An overhaul in national policy is critical, as well, according to Marion Nestle, the Paulette Goddard Professor in the Department of Nutrition at New York University and author of the popular blog, Food Politics.

“Childhood obesity is related to poverty, culture, poor education, and lack of parental opportunity. Any policy that improves any of those will help,” said Nestle. “For the children themselves, I’d vote for a safe, not stigmatizing school environment as the first step.” Yet some schools, such as the one Erica Sellers attends, are moving away from exercise programs altogether. Gym classes are phased out after a student completes freshman year.

“The current generation of children might have a shorter lifespan because of childhood obesity,” said Dr. Stephen Daniels, Chairman of the Department of Pediatrics at The University of Colorado School of Medicine. According to Dr. Daniels, typically, in an adult with Type II diabetes, say a 50 year-old, there is a ten-year time period of high blood sugar levels before the diabetes diagnosis is made. According to the American Heart Association, 68% of older people with diabetes will die from some sort of heart disease. The time from diagnosis to real cardiovascular disease such as a heart attack in older individuals is about fifteen years.

Now consider the onset beginning at 15 years old.

“If the time horizon is the same, you’re talking about somebody in their early 30’s potentially starting to have real risk for heart disease and stroke,” said Dr. Daniels.

Beyond the devastating health implications, the economical impact of obesity is drastic. One study published in the journal The Future Of Children found that
national spending on obesity accounts for 9.1% of total medical spending in the United States. This is even higher than the rough medical costs attributed to smoking. More than half of these costs are paid for by Medicaid and Medicare, making obesity a strain on public health care spending, the study noted.

“Everyone who pays taxes is paying for the higher health care costs associated with obesity and its social and physical consequences,” said Nestle.

Back on Kaye Street, Eric Foy just walked into the house he still shares with Claudia. He shuts the wooden front door and a photograph of the First Family perched on top of the television shakes in response. Claudia is sitting at the table when he walks in, but gets up to go to a frame hanging behind the front door.

Eric Foy is six foot three, in light blue denim jeans and a t-shirt. He is long and thin and completely lean from the top of his bleached hair to his toes. He has lost 150lbs.

The day that Claudia’s blood sugar dropped, Eric finally decided to turn his life around.

“That was kind of turning point, like I really had to lose weight so I could be here to take care of her,” Eric said. “You only get one mother.”

Eric had had enough in other ways, too. There were girls in high school, and he wanted the confidence to take them out. And what was supposed to be an exciting day at Six Flags Great Adventure was spoiled when Eric found out he was too large to ride Superman: Ultimate Flight. Eric and his friends waited on line for over an hour in the hot sun to get on the roller coaster, only to find the seat belt would not buckle.

“I had to get off and walk past everybody in the line. All those people,” Eric said. He was crushed. “I put on a front like nothing was bothering me, but it killed my whole vibe.”

“Look here,” Claudia says. Inside a black frame, on crisp white paper with the Seal of Connecticut gleaming in gold in the corner, an official statement from Governor John G. Rowland declaring November 17, 2002 Ashley Foy Day. He died three years later.

Eric goes back to Bright Bodies sporadically to play basketball with the kids and encourage them by sharing his story. Eric stood in front of one group of parents and told them his story this past fall. One father raised his hand when Eric was finished.

“How do you keep it off?” he asked.

“You just commit to your food plan and make small goals. You lose your taste for all the sweets and things that are bad for you. Now I bake food and grill it. I’ve changed a lot of my cooking techniques,” Eric said. “And sometimes I like to go for a bike ride. It clears my head.”

The father nodded. His son was in the gymnasium.