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Obesity Crisis

by Trina Wiggins

ill the headlines of 2005 read, "Obesity has surpassed smoking as the #1 preventable cause of death"? It is now recognized that the number of overfed people in the world are just as prevalent as those who are underfed. We are currently in the midst of an obesity crisis, not only with adults, but also with our young people. So what exactly is obesity?

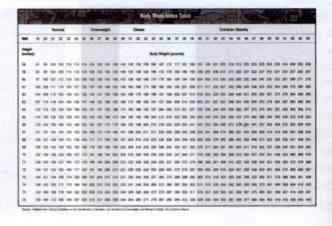
Obesity is defined by utilizing BMI, or Body Mass Index. It is a measure of body weight in relation to height. The definition of obesity in adults according to the BMI is anything greater than 30. The normal range of BMI is between 18.5 and 24.9 You are overweight at a BMI of 25. There are four classes of obesity: preobese class ranges from 25 to 29.9; obese class 1 from 30 to 34.9; obese class 2 from 35 to 39.9; and obese class 3 greater than 40. The determination of obesity in children is different from adults and it is calculated using a formula based on weight and height. The formula is:

Wt (pounds) ÷ height (inches) ÷ height (inches) x 703

Once you calculate your BMI, you then can plot your BMI on a BMI for age percentile chart. Obesity for children is defined as a BMI greater than the 95%. If your child's BMI is between the

85% and 95%, then he or she is at risk for obesity. Thirty percent of school-age children are overweight and 15% are obese. Fifty percent of obese children over the age of six become obese adults. Seventy to eighty percent of obese adolescents become obese adults. Among young children, the strongest predictor of adulthood obesity was parental obesity. If one parent is obese, the risk of the child becoming obese increased threefold. If both parents are obese, the risk of the child becoming obese increased 13-fold.

Why are our children obese? Although obesity has some genetic basis, there are two key environmental components which have been attributed to our obesity crisis. Poor dietary habits and decreased physical activity are the two primary reasons. Today's children are the most inactive generation in the history of America. Current statistics reveal that only 50% of children engage in physical activity on a regular basis. Twenty-five percent of young people report engaging in light to moderate activity such as walking and biking. Fourteen percent report that they do absolutely no physical activity at all. Physical activity has decreased for many reasons. There are fewer children that walk or ride a bike anymore. Instead, they are driven in a car to get from point A to point B. Children are spending less time outdoors exploring and playing because parents are concerned for their safety. School districts have cut back on physical education classes. With the advent of



Trina Wiggins – Wife, Mother, Respected Physician, Fitness Competitor









Trina has been a practicing pediatrician for 17 years. She is married to Dr. Carl Allen, an OB/GYN. They are the proud parents of 9-1/2 year old twin boys. Trina currently educates her patients, their parents and others in her community about achieving a healthier lifestyle through speaking at churches, Boys & Girls Clubs, and YMCA's. Her goals include reducing the incidence of childhood obesity and plans to open her own fitness camp for overweight kids.

computers, video games, and television, children are less likely to be active. Current studies looking at the association of TV viewing and obesity are striking. The more time spent watching TV, the greater chance the child has for becoming overweight. While watching TV, children are expending very little energy. They are also more likely to have junk food while watching TV. It is estimated that our young people spend an average of three hours a day watching TV, and this does not include computer or video-game use.

The second environmental factor is poor dietary habits. It is estimated that only 30% of children are meeting their goals of dietary intake of meats, fruits and vegetables. Fats and sugars account for greater than 40% of our young people's energy intake. When our children eat vegetables, white potatoes in the form of potato chips and French fries accounted for 50% of the vegetable intake in a 1996 survey. Additional foods that are culprits are sugar-filled drinks, sodas, and fast foods. The number of meals eaten away from home has increased tremendously. Fast foods usually are higher in calories with large amounts of fat and little nutritional value. Fast food meals are often times super-sized, so portions are much larger. French fries and sodas have increased two to five times greater than 30 years ago. Some of our children skip breakfast, and this has been associated with pediatric obesity. Eating a healthy breakfast may reduce fat intake and snacking throughout the day.

So why should we be concerned with childhood obesity? There

are severe health consequences our children will face if we don't address this problem with a sense of urgency. The ultimate price our children will face is premature death. Obese children are at increased risk for developing cardiovascular disease (hypertension, elevated cholesterol and lipids), diabetes, orthopedic problems, emotional and psychological disturbances. Living with these chronic diseases sentence our children to a life filled with frequent doctor visits and multiple medication usage. If we don't reverse this epidemic, our health costs will be astronomical.

What are some simple strategies and solutions?

- (1) You, as the parent, should lead by example. Parents have the greatest influence on their children. Parents must eat healthy and exercise on a daily basis.
- (2) Offer many healthy foods and snack choices (i.e., fruit, sliced vegetables) in place of junk food.
- (3) Limit soda and sugary drinks such as fruit punches and sports drinks. Serve skim milk and water instead.
- **(4)** Limit fast food and low-nutrient snacks such as candy and potato chips.

Studies show that the amount of nutritional education incorporated in the school curriculum directly correlates with positive behavioral changes in diet.

- (5) Eat meals together as a family at home.
- (6) Learn to read food labels to make healthier food selection.
- (7) Be aware of choosing proper portion size. Extra large servings can contribute to weight gain.
- (8) Never use food for comfort, punishment or reward.
- (9) Don't force kids to eat everything on their plate.
- (10) Encourage kids to eat slowly and only when hungry.
- (11) Serve meals in stages. Try beginning with fruits and vegetables; then serve the main entrée. Aim for five servings of fruit and vegetables daily.
- (12) Don't overly restrict food because kids may feel deprived and become obsessed with food.
- (13) Limit television, computer, and video time to no more than one hour per day (not including homework-related use).
- (14) Do not put a TV in your kid's bedroom.
- (15) Allow and encourage time to play outdoors.
- (16) Take a good look at the family's fitness level.
- (17) Do the adults exercise? Take walks and bike rides together as a family after dinner. Increase quality family time.
- (18) Speak with your child about different sports or activities he or she enjoys. Try new activities.

(19) Consider getting everyone in the family a pedometer to keep tabs on how many steps each family member takes per day: 10,000 steps = 4 miles, which will maintain your current weight; 12,000 steps/day will allow for weight loss. Play games and give prizes or rewards to the family member with the most steps taken at the end of the week.

(20) Make physical activity fun. Don't look at it as exercise, but as increased movement.

Whether it is brisk walking in the park, hiking, hula dancing, hiphop dancing, kickball, dodge ball - just get moving! Young people should participate in 60 minutes of moderate to vigorous physical activity daily.

A family's involvement is crucial for a child's success in overcoming obesity. In addition to the family's involvement, obesity prevention can be managed through school and community programs. Our children spend more time at school than at home. Therefore, changes in the school system's approach to nutrition and exercise needs to be addressed.

Studies show that the amount of nutritional education incorporated in the school curriculum directly correlates with positive behavioral changes in diet. We need to increase the amount of time educating our youth on proper diet and nutrition. School meals should meet the American Dietetic Association recommendations to provide low-fat, well-balanced nutritious meals. School campuses should remove vending machines loaded with junk and replace them with healthy snacks, such as fresh fruit, low-fat cheese and crackers, applesauce, graham crackers, baked tortilla chips, low-fat yogurt, air-popped popcorn, dried fruit, and sugar-free chocolate pudding.

Schools should provide daily physical education for all students. There should also be extracurricular physical activity programs (such as hip-hop dance, yoga, pilates, hiking) with an emphasis on participation and having fun. The goal is to get everyone moving. The parks and recreation departments and community centers are also excellent venues for obesity prevention programs. These venues can increase physical fitness among our children. Programs through these facilities should be diverse. Competitive youth sports are an obvious outlet for some children. However, every child may not be athletic and could possibly be intimidated by organized sports. These children are less active and are more likely to be overweight. There needs to be non-competitive fun activities that get all kids moving. Dancing, obstacle courses, and relays are just a few examples.

As consumers, we need to challenge our schools to provide our children with healthy meals. Make sure your school is following the American Dietetic Association guidelines for nutritious lunch meals. These guidelines can be found under www.eatright.org. Get your local pediatrician involved by either speaking or writing a letter to the school board informing them of the increased diseases he or she is seeing as a result of obesity. If everyone takes a stand and becomes involved with helping our children at any level, we can reverse this epidemic.