

# Federal Program Aims to Prevent Obesity in Girls

BY KERRI WACHTER  
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Physicians can now turn to a free federally-developed program that provides the tools to educate parents and caregivers on how to help their young adolescent daughters make small and specific behavior changes to maintain a healthy weight and prevent obesity.

The program provides welcome information for physicians, who are bombarded with alarming messages about the rising number of children and adolescents who are overweight or obese and the dangerous effects down the road.

"I feel frustrated as a physician. We're hearing from all directions that we need to identify these kids but we don't know what to do after that," said Dr. Monica Richter, a pediatrician based in Washington State. Then she discovered the BodyWorks program, developed by the Department of Health and Human Services' Office on Women's Health, which aims to provide physicians with tools to educate parents and caregivers so they can help their young teen daughters prevent obesity.

Parents attend 8-10 weekly sessions and receive a free toolkit. Girls are asked to attend two or three of the meetings, although they can participate in all of the meetings if they choose.

Everyone in the program gets a pedometer, to help measure activity. Refrigerator magnets also are given out to remind the family to sit down and plan out meals for a week. There is a recipe book, coupled with nutritional information. There also is a journal for girls to use to keep track of what they're eating, how they feel when they are eating, and what kind of exercise they are doing.

Dr. Richter saw the program advertised on the Internet a few months prior to a train-the-trainer course offered in the Seattle area, where she practices. The aim of these sessions is not only to teach physicians, nutritionists, and others to provide the program to families but also to train other physicians how to provide the program to families.

Dr. Richter approached the medical staff at Valley Medical Center with a proposal to run this program. They funded the program for the first year, and then the hospital matched the funds for the second year. The hospital provides the room and the equipment for free. She was funded to provide two 10-week sessions for families and also to train other trainers.

"We're not telling kids something they don't know already. They know if they're heavy. The thing that we need

to do is tell them what they can do to change ... in an office visit—we can't give them all of this information. This way I can hand them a flyer and tell them what the program is all about," said Dr. Richter.

"My limited experience has been that when a physician says to a family, 'Your child has a problem with a high BMI [body mass index] and obesity. ... I want you to make some changes and this program is for you.' ... That is an extra push for people to get motivated and committed," said Dr. Richter. Physicians can refer parents to the Web site (<http://www.4women.gov/bodyworks/>) to find out about upcoming parent/caregiver sessions and a list of trainers in their state.

The program isn't limited to those with a weight problem though. "There are people who are perfectly fine with their weight and are interested in healthy eating and exercise," said Dr. Richter. "It's basically an education program that is good for anybody." The nutritional information is based on the federal government's 2005 Dietary Guidelines for Americans.

The program actually started with some work on eating disorders done through the Office on Women's Health. "As that work was evolving, the experts around the table were really sounding the early warning that this same [age] group of girls was actually seeing huge increases in overweight and obesity. If we were going to be addressing eating disorders, we should seriously be thinking about disordered patterns of eating," said Wanda Jones, D.P.H., the deputy assistant secretary for health in the U.S. Department of Health and Human Services and the director of the Office on Women's Health.

At the time, there were no materials aimed at addressing healthy eating in this age group of girls, so the office started working on a program to address this gap.

The program was initially aimed at young adolescent girls, aged 9-13 years, for whom there can be a fine line between encouraging healthy eating and regular exercise and straying into eating disorder territory. To this end, the program was designed to focus on body image by presenting different images of health and perspectives on body image to help girls understand that they are unique and different. "Some girls are going to grow much more quickly than other girls. They may be naturally heavier than other girls at the same age—and these patterns may change as they get older," said Dr. Jones.

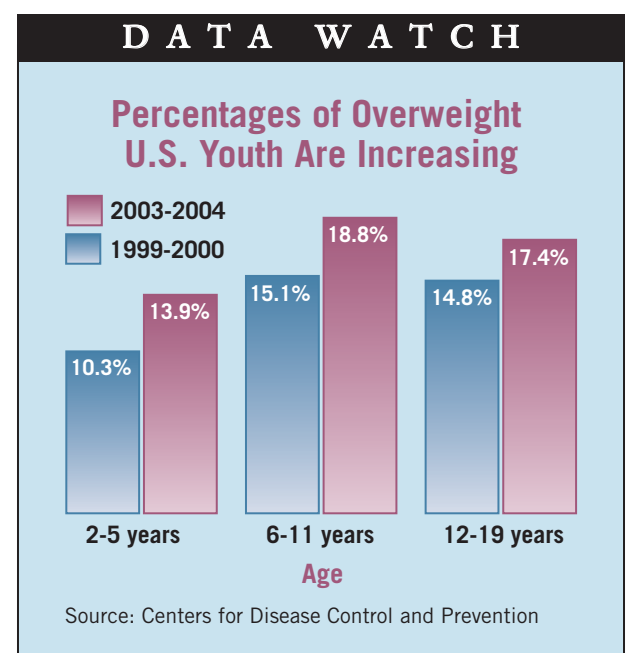
There is no weigh-in, noted Dr. Richter. Instead, "we talk about health and small changes for a healthy lifestyle. That's the emphasis—not weight but health."

While the program for families is free, it does require a commitment of 1 night a week (1.5-2 hours) for 10 weeks. "It's a big time commitment," said Dr. Richter. The program has struggled not only with getting families to sign up but also to complete it.

There is also a big time commitment for physicians who train to be trainers. "We ask that the folks who come in as trainers commit to providing a certain number—at least one—of training opportunities in their community. We've also had many of the trainers train other trainers," said Dr. Jones. To date, there are almost 800 trainers who have gone through the program.

While the focus has always been on the family, once the program was out in the field, parents started pointing out that they had boys at home with poor eating and exercise habits. In response to this, the office developed a set of materials aimed at boys that is now in the final stages of review, said Dr. Jones.

The Office of Women's Health is currently evaluating the program nationally to determine if it can help parents and caregivers make and maintain behavior changes. The evaluation will specifically assess the impact of the program on the awareness, knowledge, attitudes, and practices of parents and adolescent girls regarding physical activity and healthy eating. The results should be available later this year.



## Families Lose Weight With Fat, Sugar, Carbs Intake Counseling

BY MICHELE G. SULLIVAN  
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A family dietary program that offered monthly nutritional counseling and online computer support helped parents and children cut their daily intake of fat and sugar.

Although the counseling lasted for only 8 months, changes were sustained throughout the 12-month study, wrote Damien Paineau of Nutri-Health, in Rueil-Malmaison, France.

Nutri-Health is a company that conducts clinical trials and writes reports in support of the nutritional effects and health benefits of food products.

The study shows that an inexpensive counseling intervention, priced at about \$1.50/person per day, may be a beneficial tool in the fight against obesity, wrote the investigators (*Arch. Ped. Adolesc. Med.* 2008;162:34-43).

The randomized controlled trial in-

cluded 1,013 parent/child pairs (2,026 individuals) who underwent anthropometric measurements, including height, weight, and body mass index (BMI), and were asked to track their nutritional intake for 1 year.

Group A was told to cut fat to less than 35% of daily calories and increase complex carbohydrates to more than 50% of daily calories; Group B was told to cut fat to less than 35% of daily calories, limit sugar to 25% of daily calories, and increase complex carbohydrates to more than 50%; Group C was given general nutritional information and asked to track their nutritional intake but not given any individual advice.

The intervention groups also received monthly 30-minute phone counseling sessions, and access to a Web site with support information (questionnaires on diet, activity, meal preparation and quality of life; updated study information; and an individual, interactive agenda).

At baseline, parents' mean age was 40

years, and mean BMI was 24 kg/m<sup>2</sup>; the prevalence of overweight was 33%. The mean age of the children was 7 years. Their mean BMI was 16 kg/m<sup>2</sup>; the prevalence of overweight was 18%.

Compared with the control group, both adults and children in the intervention groups successfully decreased daily caloric intake, with Group B achieving a greater reduction than Group A (children, 96 vs. 60 calories; adults, 153 vs. 107 calories).

Both intervention groups achieved the nutritional goal for fat reduction. Only Group B achieved the goal of reducing sugar intake, and only Group A achieved the goal of increasing complex carbohydrates.

As expected for growing children of this age, there were no significant differences between the intervention and control groups in any anthropometric measures, with the exception of a trend toward decreasing BMI in all three groups.

When the researchers divided the children by BMI, however, they saw that over-

weight children in the intervention groups stabilized their BMI.

"This finding is interesting because the BMIs of 27 overweight children not participating in the study but attending the same schools increased during the year [by 36%]. The result may indicate that participating in an educational program may improve BMI in overweight children, whatever the intensity of dietary coaching," they wrote.

Parents in Group B benefited the most, with small but significant decreases in BMI, fat mass, and hip circumference, compared with parents in the control group.

There were no differences in activity levels in any group among adults or children.

The nutritional changes occurred in the first 3 months of the study and were maintained, even after the monthly counseling sessions ended, "suggesting that such changes were sustainable in the context of the study," the authors wrote.