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**SPECIAL REPORT**

# The Growing Problem of **Childhood** **Obesity**

Concerns over childhood obesity in the United States have sparked changes and innovations beyond the food industry and the medical establishment. Health clubs, diet programs, more-sophisticated weight-loss camps, and other new services and products are trying to attract overweight children and especially their parents.

By Debra Gordon

**F**ed up with being fat, 12-year-old Danielle Crawford persuaded her mother to send her to an expensive and innovative weight-loss camp last summer in upstate New York. After 4 weeks of exercise, healthy eating and behavior therapy, she left Wellspring Adventure Camp 20 pounds lighter. But she was just getting started. When she got home, she continued that routine and lost another 20 pounds by November.

Crawford's experience illustrates a new chapter in this country's response to the childhood-obesity dilemma. Numerous industries and manufacturers are introducing or expanding the availability of products and services that target the millions of U.S. children who are considered overweight or obese. But beyond the well-known and more-sophisticated weight-loss camps, health clubs and diet programs offered around the country, these options for overweight children and their parents create confusion and controversy.

Do new snack foods from the same companies that critics say helped ignite the problem offer a healthy solution? Does an overweight child need a health-club membership or expensive home-fitness equipment for weight loss, or will a trip to the playground work just as well? Are weight-loss drugs really effective? And what about radical surgery procedures—does this option of last resort deliver long-term results?

In short, the weight of children has become a big business. A campaign started 10 years ago by doctors, nutritionists and other health experts to reverse childhood-obesity trends has pressured food companies to create healthier options. But it also has motivated food giants and other players to expand an industry that once primarily focused on adult weight concerns. There are no statistics to indicate how much money is being spent on products and services geared toward overweight children. But an increase in the number of so-called "fat camps" and in the number of kid-oriented gyms, health centers and diet programs suggests there's money to be made from worried parents.

**Food for Thought.** A stroll through any grocery store today will show you how food companies have reacted. Kraft Foods cut the amount of fat in its popular Lunchables Lunch Combinations by an average of 25 percent and reduced calories by an average of 10 percent. General Mills now makes all of its kids cereals with whole grains. Aisles are filled with single-serving snack foods from manufacturers looking to introduce the next hit pack of 100-calorie cookies, crackers or chips.

In recent months, several major food and beverage companies, including Campbell's, Kraft Foods and PepsiCo, have agreed to emphasize healthy food and exercise in children-oriented advertising and to establish voluntary nutritional guidelines for the snacks and other products they sell in schools. But critics say the self-imposed changes by the companies are preemptive measures meant to pacify lawmakers seeking stiffer government regulation for nutritional and marketing guidelines.

"One-hundred calories of junk food is still junk," says Michele Simon, director of the nonprofit Center for Informed Food Choices in Oakland, Calif., and the author of "Appetite for Profit: How the Food Industry Undermines Our Health and How to Fight Back." Think you're doing your kid one better by picking up yogurt instead of chocolate pudding? Take a look at the ingredients, says Simon. "A lot of those yogurts aimed at kids are pumped with . . . sugar," she says.

Obesity concerns have placed food companies in a difficult position, says Marion Nestle, a professor of food nutrition at New York University. Some new products really are healthier options, she says. On the other hand, food companies can't abandon marketing so-called junk food to children because it helps them stay in business.

"Their corporate job is to sell more food, not less," Nestle says. But if food companies really care about children's health, "we have to ask why they are making and marketing junk foods to kids in the first place," she says.

PepsiCo spokesperson Lynn Markley says that her company, which owns such brands as FritoLay and Quaker, doesn't market its products directly to children younger than 8. PepsiCo was the first company to launch a logo designating products it deems healthier—and the "Smart Spot" products are the company's top sellers, Markley says. Among the 250 products with PepsiCo's "Smart Spot" logo are Aquafina water, FritoLay Baked Cheetos and Tropicana FruitWise bars. But "healthier" options aren't necessarily the healthiest options. The strawberry FruitWise bar, for example, is made of 99 percent real fruit and juice and has no fat. But its 140 calories are more than are found in natural options such as one banana (107 calories) or 10 strawberries (27 calories).

"Obviously there is a crisis out there," Markley says of childhood obesity, "and we are stepping up and responding accordingly."

**Growing Problem.** The number of overweight children in the United States has nearly doubled since the late 1970s. About 31 percent of Americans ages 6 to 19 are considered overweight, and more than half of those—16.5 percent—are considered obese, or extremely overweight. That dramatic increase is why experts attach the term "epidemic" to childhood obesity—it is an increase that has occurred too rapidly

## Defining Obesity

The federal government could change the terminology for overweight children as early as this year to match criteria used by World Health Organization. If that happens, children who weigh too much will be classified as "obese" or "overweight" depending on their body mass index (BMI). It would replace the current terms of "overweight" and "at risk of overweight."

- **BMI:** Combines a child's height, weight, age and sex to estimate body fat.
- **Overweight:** BMI greater than 85 percent to 95 percent of all others of the same sex in the same age group.
- **Obese:** BMI greater than 95 percent of all others of the same sex in the same age group.
- **What it means:** A 10-year-old boy who is 4-ft.-6-in. and weighs 85 pounds is considered overweight. The same boy would be considered obese if he weighed 95 pounds. That boy would be considered healthy if he weighed from 60 to 81 pounds.
- **Exceptions:** Doctors often consider how children look before classifying them. A healthy, muscular child (think football player or wrestler) may have a high BMI but may not be deemed overweight.
- **Calculator:** Determine your child's BMI at [www.cdc.gov](http://www.cdc.gov) or call the Centers for Disease Control and Prevention (CDC) at (800) 311-3435.

to be related to any genetic changes, health experts say.

And it has serious health implications. Few kids will outgrow their weight problems: Eighty percent of overweight teens are likely to be overweight adults. Overweight kids also face significant health risks, including diabetes, high cholesterol, high blood pressure and even arthritis, sleep apnea and low back pain. Unless American families change the way they eat and live, one in three children born in 2000 will develop diabetes in his or her lifetime, Centers for Disease Control and Prevention (CDC) predicts.

Some believe applying the term "epidemic" blows the issue out of proportion. For instance, Center for Consumer Freedom, a nonprofit group funded by the restaurant and food industry, says the risks of disease and death associated with obesity have been grossly exaggerated and that the federal government used the term as a scare tactic to pressure change. The center points as evidence to a flawed CDC study that linked 400,000 premature deaths a year to obesity and a later study using the same data that found the actual number of obesity-related deaths closer to 100,000.

But every major health and medical group, including World Health Organization, National Institutes of Health, American Heart Association and American Academy of Pediatrics, continues to sound the alarm about overweight Americans, particularly children. Dr. William Sears, a pediatrician and father of eight, says obesity is the most serious disease to ever hit children.

"It's really not rocket science why kids are too



fat," says Sears, an associate clinical professor of pediatrics at University of California-Irvine who has been writing about and treating children for 35 years. He says most overweight children consume too much junk food and spend too much time in front of the TV or computers and not enough time playing or exercising.

**Workout Response.** Dozens of new health and exercise franchises target children specifically, and previously adult-only health clubs are now offering special programs for children. In 2005, 5.1 million children were health-club members—a 270 percent increase from 1987. That makes children the second-fastest-growing demographic group in health clubs, says Brooke Correia, a spokesperson for International Health, Racquet and Sportsclub Association (IHRSA).

Franchises such as My Gym offer gymnastics-style exercise and activity programs for children ages 3 months to 13 years and charge from \$100 to \$500 for sessions lasting as long as 10 weeks (depending on where you live). Franchises for another kids'-club player, Little Gym, will jump from 189 in 2005 to at least 275 by the end of 2007. Adult-oriented chain Town Sports International's Sports Clubs of Kids allows children to watch videos while they pedal on stationary bikes. Family memberships in adult-oriented clubs average about \$100 a month, according to IHRSA. Creating exercise programs for children is good for business at traditional clubs because it gives them an advantage over other clubs in trying to lure busy parents. Although there are no published studies on just how effective kid-oriented clubs are, experts say the gyms are good options as long as they're safe and run by trained adults.

Health-equipment manufacturers have entered the children's market, too, and are manufacturing \$130 stationary bicycles and \$120 rowing machines for your preschooler. You can spend more than \$2,000 on an elliptical trainer for your third-grader that measures heart rates and estimates burned calories. But some experts say children will benefit just as much from running and playing in a park for an hour.

**Weighing Camp Costs.** Weight-loss camps, on the other hand, aren't new. But their numbers have increased in recent years, according to American Camp Association. (The number of ACA overnight weight-loss camps grew from 8 to 14 in the past 2 years.) And the newest camps, like the one Crawford attended, offer alternatives to the traditional weight-loss camps that some experts have dismissed as likely to produce only "revolving-door" (so called because participants often lose weight at camp but then regain it at home) results.

Newer camps, in response to obesity concerns, take a more holistic approach but generally charge the same thousands of dollars for each camper as their predecessors did. They align themselves with university medical centers and incorporate into their programs intensive behavioral-modification therapy along with education about diet and fitness. Studies indicate that this multifaceted approach, whether in camp or in a clinic-based program, is more effective in helping kids get to and stay at a healthy weight.

Crawford started gaining too much weight at age 5, and by the time she finished seventh grade, she carried 224 pounds on her 5-ft.-2-in. frame. At Wellspring Adventure Camp, Crawford was schooled on portion sizes, physical activities and healthy eating. At home, Danielle takes walks as often as three

times a day, says her mom, Caroline Baars. She no longer sneaks food into the house. The camp worked for her, she says, because it taught her how to build movement and physical activity into her day. An added bonus: Campers go off-campus into town for some meals so they can learn how to take their new nutritional knowledge into the "real" world.

Wellspring started in 2004 and has four camps in the United States. It charges \$4,500 for 4 weeks and limits enrollment to children ages 10 and older, although there's also a family camp for younger children and their parents. The southern-Illinois-based Camp Jump Start, which opened in 2003, takes a similar approach and charges \$3,325 for a 4-week session.

Many traditional weight-loss camps have minimal follow-up programs that include voluntary phone calls and recipe books sent home with the campers. Follow-up is more complex with new camps. Wellspring, for instance, has a 3-month after-camp program that features online counseling, through which campers continue to keep food diaries and monitor their weight. Parents pay for the follow-up in advance, but the money is refunded if children participate.

Camp Jump Start is so adamant that kids maintain their weight loss it won't allow campers back the following year if their body mass index for age is too high (in addition to a consultation with





the child's doctor). While experts understand why Jump Start would reject campers who don't work hard, some question the no-return policy for children who don't continue to practice habits they learned at the camp. If the child's home environment doesn't support such changes, it's hardly the child's fault, says Dr. Joseph Skelton, an assistant professor of pediatrics at Medical College of Wisconsin in Milwaukee. "There has to be a focus on the child's family making a change," he says. Camp Jump Start founder and registered nurse Jean Huelsing says the camp requires parental involvement and educates parents about what they should do at home. "The truth is, we cannot save them all and we know that," she says.

These camps tout promising results. At Wellspring, the first 212 kids who attended the camp not only maintained their average weight loss of 21 pounds for 6 to 9 months after returning home but also lost an additional 5 pounds over that time, according to Wellspring's clinical director, Daniel S. Kirschenbaum, a professor of psychiatry and behavioral sciences at Northwestern University Medical School in Chicago.

**Programs and Pills.** Other new weight-loss options for children—diets, medicine and surgery—are the same remedies adults have tried for years. Weight Watchers, the diet-program chain that

rakes in \$3 billion annually worldwide, has launched a pilot program targeting children. Weight Watchers Family, a 10-week course for parents of overweight children (kids attend two of the sessions), eschews the company's popular point system in favor of teaching healthy eating habits. The program costs start at \$200 per family. The company says 82 percent of children lost weight in the program, but those numbers are based on a study of only 19 children (out of almost 200 families enrolled).

Measuring the effectiveness of diet pills is even trickier. Of the two prescription weight-loss drugs on the market in the United States, only Xenical (orlistat) is approved for use in children 12 and younger. For teenagers, there's also Meridia (sibutramine). Without diet, exercise and behavioral modification, the drugs won't work any better than a placebo, studies indicate. But combining medicine with changes in diet, behavior and activity level can help. In a 1-year study of 540 adolescents (half taking orlistat three times a day in combination with diet, exercise and behavioral modification, the other half following the same routine without taking the drug), those who took orlistat maintained their weight loss throughout the year; those who didn't take the drug regained much of the weight.

Experts predict that surgery, the most radical and controversial approach, will become more common. Although there are no hard numbers, estimates are that more than 1,000 adolescents had bariatric surgery performed in 2003 (the latest year that has been evaluated), almost twice the number who had the surgery in 2002. Bariatric surgery changes the digestive

system so that food either bypasses the stomach or has a much smaller stomach to fill. The surgery itself costs about \$30,000. But it is restricted to exceptionally overweight children (girls 14 and older and boys 16 and older) who have obesity-related medical conditions and who have failed to lose weight by other methods.

A few studies indicate the procedure can help adolescents, who had an average loss of 63 percent of excess body weight. However, many experts question whether teens can follow the rigid dietary and vitamin-supplements regimen that the surgery necessitates to maintain weight loss and overall health for the rest of their lives. One study of 33 adolescents who had some form of the surgery found that five snacked on high-fat foods and regained all or most of the weight they lost within 5 to 10 years after the surgery.

In addition, there are safety questions associated with the surgery. One in 50 adults who had gastric bypass surgery died within a month of the procedure, according to a 2005 study by researchers at University of Washington. There are no similar studies examining adolescent patients. Many hospitals that perform the surgery require children to undergo an intense evaluation by a team of health care professionals, including a medical ethicist, before the surgery is performed. One weight-loss-surgery patient at Medical College of Wisconsin in Milwaukee contemplated the surgery for a year before having it, says Skelton.

In the end, say experts, there is no one solution to a child's weight problem, just as there is no one villain—not even the fast-food industry. "No one thing is going to fix the problem," Skelton says. "It's going to take a grass-roots effort on the part of many people." ■

*Debra Gordon has been covering children's health issues for 15 years. She has authored articles for Better Homes & Gardens, Family Circle, Prevention and Reader's Digest and has written, contributed to or edited 19 books on health.*