

## PART ONE

# What Is a Healthy-Weight Home?

**A**s parents, we share the goal of providing the best possible lives for our children. Over the past few generations, however, providing the best possible life seems to come with a downside: excess weight. *Family Power: 5 Simple Rules for a Healthy-Weight Home* is about changing that. Its goal is to help our kids grow up to be lean and healthy adults. Excess weight gain in children is not limited to a certain age or gender; it can start anywhere from infancy to the late teen years. We must take steps to prevent our children from becoming overweight or to help them achieve a healthy weight if they are not at one now. It is never too late. By taking a close look at what scientists have found out about the weight management strategies that work for kids and combining them with the tips, strategies, and experiences of families that have been using them, *Family Power* shows you how to make a healthy-weight home.

### What Is a Healthy-Weight Home?

A healthy-weight home is one in which everyone who lives there has a lifestyle that encourages them to be at a weight that is right and healthy for them. This means children and adults, including those who are very thin and those who are rather heavy. A healthy-weight home is not about being on a diet. It embraces meals and snacks that focus on wholesome, nutritious foods and it includes treats. Activity plays a vital role. Because parents create the home for their families, they are the “change agents” that make a healthy-weight home happen. This is done by surrounding the family with the 5 Simple Rules, using a style that will make them last.

## You Are Not Alone

Over nine million American children over the age of six are the adult equivalent of obese. Over the past thirty years, the number of overweight two- to five-year-old kids in the United States has more than doubled. The number has more than tripled for children six to eleven years of age and for adolescents twelve to nineteen years of age over the same three decades. Researchers estimate that about 30% of children are either *at risk of overweight* or *overweight*.

The Institute of Medicine, a respected group that advises the government on health issues, describes childhood overweight as an epidemic. And while it often is not reported this way, experts agree that the solution lies in approaching the problem from every possible angle.

The problem of overweight children is not just a North American problem—it is happening all over the world. Researchers who looked at the rates of overweight in European thirteen-year-olds found the highest numbers in three very different countries: Finland, Ireland, and

Greece. Excess weight in children has even become an issue in countries where children never had problems, including China. A 2003 study conducted in Beijing, China, found that 28% of boys and 14% of girls were significantly overweight.

Experts agree that the main reason for this global trend lies in our kids' lifestyles—processed foods are replacing wholesome, less-processed foods; fast food is widely available; and the need to be active as part of daily life is declining. This lifestyle is nobody's fault. It is simply the course that our world has taken. Understanding the whys behind the trend is important, however, because it points us to the solutions. And when it comes to making a difference in the weight of our children, there are many strategies to take. How many and which ones depend on your lifestyle.

## Making the Science Work for You

Childhood overweight is a complex issue. A number of factors are involved, from eating too many calorie-loaded foods to spending too much time in front of televisions, computer monitors, and video games. To add to the complexity, the definitions used to define excess weight in children are different from those for adults. We will explain this in chapter 1.

Several prestigious organizations, including the Institute of Medicine, the U.S. Surgeon General, and the American Heart Association, have reviewed the scientific studies on the development and treatment of childhood obesity and have issued recommendations. While valuable, these recommendations are generally meant to influence public policy, guide health care professionals, and create awareness about the issue. It is not always easy to translate the recommendations into “What can or should I be doing for my family?” That's why we've written this book.

Weight Watchers, as the largest provider of weight-loss services in the world, is concerned about the growing rate of overweight children

and is committed to helping discover safe, lasting solutions. No one has more experience: since 1963, Weight Watchers has helped millions of people all over the world lose weight. With its science-based approach and talent for translating medical recommendations into practical advice that works in the real world, Weight Watchers is uniquely qualified to tackle this issue. This book provides you with the latest scientific information (a complete list of references is at the end of the book) that you can use to manage the weight and health of your entire family, including those who are underweight, overweight, or at a healthy weight now. But knowing and doing are two different things. *Family Power* goes beyond providing scientific information to bring you into the lives of the people who are taking the information and weaving it into their family's life.

The first part of the book lays the groundwork, providing the big picture behind the 5 Simple Rules. It starts by taking a look at how excess weight is defined in children and how it is very different from overweight in adults. Weight-loss recommendations for kids are also quite different from those for adults, so we include the current guidelines for children as well. One chapter looks at the science of changing behavior and how to increase the odds for success. This is followed by a chapter that explains the basics of weight management and why kids are not miniadults. The chapter shows that while the basic equation of calories in/calories out applies to everyone, changing the results of the equation are very much different for children. This leads into the 5 Simple Rules and the science that they come from. Finally, the roles that parents play in creating a healthy-weight home are defined. Throughout part one we include answers to the questions that parents often ask—everything from “Should I weigh my child?” to “What is the difference between a snack and a treat?”

With the background in place, part two goes into the whys and hows of making the Rules a part of family life. By focusing on each of the roles that all parents play—role model, provider, enforcer, protector,

and advocate—the 5 Simple Rules are consistently reinforced. This is the magic that makes them work. The focus in part two is on the tips, strategies, and experiences of families who have taken on the task of weight management and are seeing success. Besides getting an in-depth look at many families who are using Family Power now, part two also has the advice of the coaches who have worked with these families and many, many more.

The book ends with some of the issues and challenges that many families may face as they work to create a healthy-weight home. From nontraditional family structures to having an unsupportive spouse, answers are given to often-asked questions on how to handle these situations, including how to get extra help if and when it is needed.

## Kids Can Be More Successful Than Adults

When it comes to weight and children, there is good news. Kids have an *energy advantage* over adults. Unless they are older teens, kids are still growing and that takes energy (also known as calories). Children are also more responsive to being active than adults when they are given the opportunity. Because of this, children are likely to be able to achieve and sustain a healthy weight with fewer rules than most adults. In fact, living in a healthy-weight home—a home in which all family members live a lifestyle that supports nutritious eating and regular physical activity—can make a big difference in stopping and/or reversing the pattern of weight gain that leads to obesity. Making small, consistent changes in a few key areas rather than following a structured, low-calorie diet and strict exercise regimen is a realistic approach to both reducing excess weight in children and enhancing the health of all family members. *Family Power* shows you how.

### The 5 Simple Rules

- Rule #1: Focus on wholesome, nutritious foods.
- Rule #2: Include treats.
- Rule #3: Aim to keep nonhomework screen time at two hours (or less) a day.
- Rule #4: Try to be active an hour or more a day.
- Rule #5: The Rules apply to everyone in the home.

## EXPERT PORTRAITS

*Family Power* has been a team effort that includes weight-loss experts, pediatricians, coaches, and, most important, families. Throughout the book, we include portraits of some of the people who are behind *Family Power*. We hope that by getting to know them, you will feel comfortable and confident that following the 5 Simple Rules is right for your family.



### **Karen Miller-Kovach, M.S., R.D.**

As Chief Scientific Officer for Weight Watchers International, I am committed to helping those who want and need to lose weight. Weight Watchers has always taken a science-based approach to its programs and services. My job is to know the science and, if it does not exist, to help create the studies and trials that will give us the answers we need.

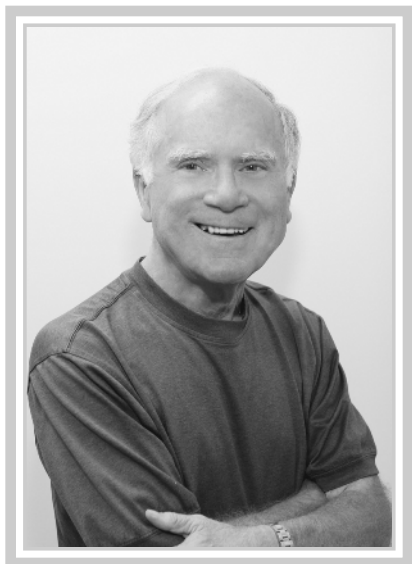
The Weight Watchers approach includes the four pillars that are known to provide lasting weight loss in adults:

1. Making wise food choices
2. Being physically active
3. Developing positive thinking skills
4. Living in a supportive environment

While the Weight Watchers approach has been developed and extensively studied in adults, it has not been rigorously evaluated in children. The fact is, none of the popular weight-loss methods have, so any recommendations about their use in children and adolescents are based on the assumption that what's right for adults is appropriate for kids.

Weight Watchers does not encourage children to join its program, and no child under the age of ten can become a member. For those between the ages of ten and seventeen, membership in our meetings-based program is available only with a doctor's referral, which is required to ensure that a health care professional who knows the child and the family has made an assessment and believes that the type of program that Weight Watchers provides is a good fit for that child. Access to the subscription weight-loss service on [WeightWatchers.com](http://WeightWatchers.com) is only available to adults.

Recognizing that popular adult-based programs had not been adapted and carefully studied in children and adolescents, Weight Watchers took on the challenge, resulting in the Family Power pilot project and this book. Since we were interested in exploring the impact parents have on the weight of their children, we developed a family-focused pilot program that called on parents to take the science-based recommendations that have been proven to affect children's weight and incorporate them into the eating and activity patterns of their homes. Rather than launch the pilot in a traditional clinical trial, we wanted to try it in the real world. In 2003, Weight Watchers joined forces with Pediatric Healthcare Alliance, a large pediatric group practice in Tampa, Florida, to pilot the family-focused approach. In 2005, the pilot was expanded to include the Orlando, Florida, and Seattle, Washington, areas, with more planned in the future. To learn more about the project, log on to [www.weightwatchers.com/family](http://www.weightwatchers.com/family).



## Lane France, M.D.

I am a pediatrician, heading a large group practice in Tampa, Florida, the Pediatric Healthcare Alliance. For years, I have been concerned about the problem of weight gain in children. I have seen many children in my career. Over the years, my patients have become heavier and heavier. I have made it a practice to talk with each and every parent and child about the importance of eating a nutritious diet and getting more physical activity.

I am passionate and persistent about this problem. Excess weight gain is one of the biggest problems in pediatrics today, and this is the first generation of children who may not live as long as their parents do. Reversing excess weight gain in our children is going to take a long time. Consider how much time it took to motivate people to take action to stop smoking, buckle up seat belts, and use helmets for bicycling and skating.

The saying goes: "It takes a village to raise a child." I feel that it indeed does take a village to tackle the growing problem of children who are too heavy. Weight gain in children is not the fault of parents, schools, pediatricians, or any one group, so it cannot be stopped through the actions of just one person or group. One day, I realized that my efforts might be more effective and reach more children if I involved the community.

Knowing that Weight Watchers shared my passion, we joined together. The Pediatric Healthcare Alliance patients were the first to learn about Family Power. Our doctors joined together to let parents know that they have the power to change their children's weight. Several (you'll meet two in chapter 13) joined the pilot program and spoke to the families you'll meet.

These are families just like yours. They come from all walks of life, but share the goal of helping their children to be as healthy as they



can be. They are helping each other by creating a village of support to make a difference in their families' lives.

My goal is to work together with the movers and shakers of the community to help our children. I invited other pediatricians to collaborate with me and tell children and their parents about healthy weight. We formed a committee composed of a member of the school board, a reporter from our local paper, a nurse, several doctors, and a community leader to brainstorm ideas for getting the community involved. Since television has a big influence on parents and children, I am also talking with our local television personalities to get them on board.

The environment in all areas of the community has to change. Towns need trails, parks, and outdoor space for children to play in. I believe that schools should take treats out of the cafeteria and return physical education to the daily schedule. I also believe that parents have to turn off the television, the computer, and video games and promote exercise instead of sedentary activities. Family meals are essential. Let's work together to help children reach a healthy weight and to prevent children from gaining too much weight in the first place.

The problem is preventable as long as parents, schools, medical professionals, and leaders in the community recognize that something can be done if they work together. Kids and parents can't tackle the problem on their own. They need the help of the community, and every person helps.



## Chapter 1

# When Weight Is an Issue

The numbers don't lie. Children all around the world are gaining more weight faster than ever before. Despite this, there are good reasons to be optimistic. Several studies find that there are proven strategies that encourage kids to develop healthy eating and activity patterns that help them to stop gaining excess weight and let them "grow into" a healthy weight. Healthy-weight efforts that are directed toward kids are more

### Some Definitions

*BMI* stands for Body Mass Index, a number that is used to evaluate body weight.

*Overweight* is the term used for children with a very high BMI for their age. Adults with a comparable BMI are defined as *obese*.

*At risk of overweight* is used for children whose BMI is between the healthy and overweight ranges. Adults with comparable BMIs are classified as *overweight*.

In this book, the terms *obese* and *obesity* are not used to refer to children who have a specific BMI, but rather to characterize the medical issues of excess weight in children and adults.

successful at keeping weight in the healthy range long term than they are with adults.

## A Closer Look at BMI

Researchers around the world need technical definitions so that they can put studies into a common context. When it comes to weight, the definitions are based on a number called the Body Mass Index (BMI). BMI is used to evaluate body weight in both children and adults. For most people, BMI is a good indicator of the amount of fat on the body. BMI can be calculated by plugging one's body weight and height into the BMI formula, or it can be looked up on a chart. The BMI calculation is the same for everyone—men and women, adults and children. Adults can find out their BMI by checking the BMI chart on any of a number of government or health organization Web sites.

### Web Sites for Determining Adult BMI

[www.WeightWatchers.com](http://www.WeightWatchers.com)

[www.consumer.gov/weightloss/bmi.htm](http://www.consumer.gov/weightloss/bmi.htm)

[www.nhlbi.nih.gov/guidelines/obesity/bmi\\_tbl.htm](http://www.nhlbi.nih.gov/guidelines/obesity/bmi_tbl.htm)

[www.shapeup.org](http://www.shapeup.org)

[www.obesity.org](http://www.obesity.org)

Weight-related categories for adults, namely, underweight, healthy weight, overweight, and obese, are determined by dividing BMIs into ranges. For adults, a BMI of 19 or lower is considered underweight, a BMI of 19 to 24.9 is a healthy weight, a BMI between 25 and 29.9 is overweight, and a BMI of 30 or more is obese. The categories and BMI cutoff points are the same for adult men and women of all ages.

The BMI calculation for children uses the same formula as for adults and is based on weight and height (or length for very young children). Charts called BMI-for-age charts are used to track a child's growth over time. BMI-for-age charts consider the child's age because BMIs change depending on a child's state of development. And because boys and girls grow and develop differently by age, separate BMI charts are used for boys and for girls.

*Parents often ask . . .*

**Won't our pediatrician tell us if our child's weight is higher than the healthy range?**

While this would be ideal and professional pediatric organizations are encouraging doctors to include this information as part of routine care, some pediatricians do not always share this information with you. It may be because they have their minds on something else or because they assume that you already know it. The bottom line is, if the doctor does not tell you your child's BMI-for-age, ask.

Pediatricians include the BMI-for-age chart in a child's medical record. At each routine visit, the pediatrician or nurse plots BMI-for-age on the growth chart and compares the result to standards for the child's age, as well as standards for growth over time.

BMI-for-age is not as simple as weight, but it is a more accurate way to evaluate a child's body weight. It corresponds well to levels of body fat—a high BMI-for-age usually means that a child has a lot of body fat. Pediatricians use BMI-for-age to follow a child's body size from childhood through adolescence and into adulthood.

*Parents often ask . . .***How can I tell if my child is overweight or just big for his age?**

It is very difficult simply to look at a child and tell if he or she is overweight. As kids grow and develop, their body shape changes. The only real way to know the difference between big and overweight is to plot the information on a BMI-for-age chart. Because this information is part of your child's medical record, a quick call to the doctor's office can tell you.

## How BMI Changes as a Child Grows

The BMI-for-age chart helps pediatricians tell the difference between normal weight gain during growth and too much weight gain. Looks can be deceiving when it comes to weight in children, so health care professionals rely on the BMI-for-age chart to guide them. For example, it is not uncommon for infants and toddlers to look chubby but have a BMI in the healthy range.

BMI, body shape, and body size change throughout childhood. As a child moves from being a toddler to being a preschooler, BMI typically drops and growth slows to about 2.5 pounds of weight per inch of height growth. After the preschool years, BMI gradually increases. Going from the late elementary school years and into the very beginning of puberty, children's bodies can look very different from each other. Some kids grow much faster than others, and body shapes change. Some children gain body fat before they grow taller because their body is storing fat to prepare for the rapid growth spurt that goes with puberty.

During puberty, boy's and girl's bodies change in different ways.

A boy's body adds muscle and usually loses body fat, but boys develop more fat in their bellies. A girl's body adds both muscle and body fat, with fat going to her breasts, hips, and buttocks. Research shows that girls are more likely than boys to gain excess weight during adolescence.

*Parents often ask . . .*

**One of my children is really thin. Does that mean she is anorexic?**

Not necessarily. Anorexia nervosa, a medically diagnosed eating disorder, has several characteristics besides a low weight, including things like voluntary starvation, excess exercise, eating rituals, and an abnormal perception of body weight. If you have any concerns about your daughter, it's worth a trip to your family doctor (with a call before the visit to discuss your concerns) for an evaluation. If needed, your doctor will be able to refer you to other professionals for more help (we discuss this in chapter 15).

## Why Children Are Not Obese

Strictly speaking, there are no obese children. Although people often use the terms "overweight" and "obese" when describing children with excess weight, "obese" does not apply to children. The U.S. Centers for Disease Control and Prevention (CDC) uses only "risk of overweight" or "overweight" for children and adolescents whose BMI-for-age is above the healthy-weight range.

It is not uncommon for people, including the media and many health professionals, to use the terms "overweight" and "obese" and not be referring to the technical definitions. Since BMI standards for "overweight" in children correspond closely with BMI standards for "obese"

GENERAL GUIDELINES FOR GENDER-SPECIFIC BMI CUTOFFS				
Age	Boys		Girls	
	At Risk for Overweight If BMI Is Greater Than	Overweight If BMI Is Greater Than	At Risk for Overweight If BMI Is Greater Than	Overweight If BMI Is Greater Than
2 years	18.2	19.3	18.0	19.1
5 years	16.8	17.9	16.8	18.3
8 years	18.7	21.2	18.3	20.7
13 years	23.0	27.0	23.8	28.3
18 years	26.9	30.6	27.3	33.1

Source: [www.cdc.gov/growthcharts/](http://www.cdc.gov/growthcharts/).

in adults, people often treat the two words as if they mean the same thing. This makes reading articles in newspapers, magazines, or even medical journals confusing, because it can be hard to figure out exactly which weight classifications are being referred to. Generally, if an information source refers to childhood obesity, it most likely means that the children were in the overweight category.

## BMI Links between Childhood and Adulthood

Kids with a high BMI-for-age are more likely to become obese adults. The longer a child is overweight, the more likely it is that he or she will have adult weight issues. About 33% of preschool children with excess weight become obese adults. About 50% of school-age children will do so. In general, children with a high BMI are twice as likely to develop adult obesity as children whose BMI is in the healthy range. The risk is greatest for children who have the highest BMI and who maintain a high BMI at older ages.

Children who carry excess weight with them into adulthood are also more likely to have weight-related illnesses, including heart disease and diabetes. The bottom line is that preventing excess weight



*Parents often ask . . .***If my child is already overweight, does that mean she will automatically become an obese adult?**

While overweight children have a greater risk of taking their excess weight into adulthood, it is not true that they will necessarily become obese adults. In fact, half of school-age children who are overweight do not become obese adults. Children who are already overweight benefit by living in a healthy-weight home and either preventing more weight gain or reducing their weight.

gain at as early an age as possible is ideal. Bringing a high BMI down into the healthy range is also important. Beyond health issues, there are also avoidable social and financial consequences to being an overweight teen.

While sobering, these findings should not be discouraging. Children have a distinct advantage over adults when it comes to weight management. They need more calories as they grow, so it is simpler to make small changes in eating and activity patterns that can have a big impact on their body weight. Moreover, children who learn the principles of a healthy-weight lifestyle are likely to apply them to their adult lives, leaving them with the legacy of a healthy weight.

## **Weight-Loss Recommendations**

Current recommendations for the treatment of overweight in children have two goals. The first is to make sure that the child grows and develops normally. The second is to help the child gradually reach a healthy weight. Experts in the field of childhood obesity developed their weight-related recommendations with these two goals in mind.

Experts agree that it is best to start early, with children as young as three years of age. One strategy for young children is to slow their rate of weight gain so that their BMI-for-age does not keep going up. For example, a goal for very young children (two to four years of age) whose BMI-for-age is near the top of the range might be to limit weight gain to less than two pounds for every inch of growth. The other often recommended strategy is to maintain the child's weight while the child grows. As the child gets taller, BMI-for-age drops into the healthy-weight range. This approach is often recommended for children who are four years of age or older and who do not have medical problems from their weight.

Weight loss usually is not recommended for children up to seven years of age. The exception is a child with a BMI in the overweight range who already has a weight-related medical condition like high blood pressure or high blood cholesterol.

The recommendations are similar for children older than seven years of age. The goal for children whose BMI-for-age puts them in the at risk of overweight range is to maintain a steady weight as they grow taller. Children who are older than seven years, have a medical complication due to their weight, and have a high BMI might be encouraged to lose weight.

Adult-based weight loss programs are not appropriate for children, except for older teens who have reached their adult height and have a BMI of at least 30.

Weight-loss recommendations should be based on the age of the child, the degree of overweight, and the presence of any weight-related medical problems. Even when weight loss is recommended, it should be done in a slow and gradual way. The current recommendation is that children should not lose more than an average of one pound per month unless they are under the direct supervision of a pediatrician with experience in weight management. Even under a doctor's supervision, experts recommend a slow and gradual weight loss.

## WEIGHT-LOSS RECOMMENDATIONS SUMMARY

Age	Range of BMI-for-Age	Weight-Related Health Complications	Treatment
Up to 7 years	At risk of overweight, overweight	No	Weight maintenance
Up to 7 years	Overweight	Yes	Consider weight loss
Older than 7 years	At risk of overweight	No	Weight maintenance
Older than 7 years	At risk of overweight, overweight	Yes	Weight loss
Late teen years	BMI of at least 30	Yes or no	Weight loss on adult program

Small weight changes can add up over the course of the year. For example, losing a pound per month becomes 12 pounds after a year. Add a couple inches of growth and it is likely that BMI-for-age will drop even more. Slow weight loss lets a child grow taller at a normal rate and helps maintain muscle mass. Gradual loss is achievable. In addition, the eating patterns that provide for slow weight loss are easier to sustain and fuel normal growth and development.

*Parents often ask . . .***Why is the recommended rate of weight loss so much lower for kids than for adults?**

For several reasons, there is a big difference between the one to two pounds per week recommendation for adults and the one pound per month for kids. First, the nutritional needs of children

are higher and they need a fair amount of food and calories to make sure that those needs are met. In addition, the more slowly weight is lost, the more likely it will stay off. Finally, to lose weight at a more rapid pace, a child would have to make big changes in the calorie balance equation. This can only be done with a highly structured program, and this type of approach usually backfires with kids.

*Parents often ask . . .*

**Should I weigh my child and, if so, how often?**

It is generally not a good idea to weigh a child because it sends the message that weight is very important. Because children are weighed as a regular part of their medical care, it is better to limit the actual weighing to those visits. As a week-to-week indicator, the way clothes are fitting gives you a good idea of what is going on.