

CHAPTER 1

New Year's Day: It All Begins with a Baby

Our first chapter begins where life begins, with a baby. It offers some nutritional advice for parents through their children's preschool years, as well as coping strategies for when their school-age children leave home and meet today's food culture. Our primary goal is to prevent obesity. Yet if a child does become obese, this chapter offers practical, workable help and hope.

PRELUDE TO A NEW LIFE: JOY, HOPE, NURTURE

New Orleans has its fireworks, parties, and Sugar Bowl crowds for New Year's Day, but our real carnival season begins on Kings' Day: January 6. Our spectacle of the Phunny Phorty Phellows in their St. Charles Avenue streetcar and of the Twelfth Night Revelers marks the twelfth day after Christmas, the sixth of January. On that day, our gift exchanges mark the visit of the three Wise Men—the Three Kings—bringing gifts to the Christ Child. Of the many cycles that New Orleans celebrates, the largest cycle moves from birth, to life, to death, and again to birth.

The presentation of the king cake is a fifteenth-century French custom adapted for New Orleans Twelfth Night parties and the carnival season. These ring-shaped cakes traditionally contained one coin or jeweled bean. Those who discovered this hidden charm in their piece of cake won a year's good luck and had to host the next year's party. New Orleans king cakes have a special charm inside: a baby, in the form of a tiny doll.

Several years ago, when my niece was trying to become pregnant and my sister yearned to be a grandmother, I bought a king cake and took it to a local voodoo priest. He blessed the cake with some special gris-gris. The cake found its way to my sister's place of business, and she received the slice with the baby. A month later, she got the good

news of impending motherhood and grandmotherhood. This was our family's king cake highlight.

Our life cycles begin in the womb. Some people advocate broadcasting Mozart into the pregnant abdomen. It's true that babies in the womb, after a certain stage, respond to certain sounds and especially to voices. We know that a woman should become pregnant in a state of optimum weight and health, and that she needs supervision of her blood pressure and kidneys. Pregnancy is not a good time to lose weight, but you can avoid gaining too much with the simple advice of Dr. Edward Lazarus, a New Orleans obstetrician and gynecologist: "Eat fewer carbs, eat more protein, hold down the fat." Good prenatal care includes multivitamin mineral supplements and reasonable exercise.

What constitutes "reasonable" exercise appears to depend upon whom you ask. The respected Dr. Lazarus recommends at least three times a week for as far into the pregnancy as is comfortable to do cardio (bicycle, walking) and some resistance, emphasizing the areas important to delivery. Later in pregnancy, crunches are impossible. Leg and back strengthening remains feasible.

We'll venture to say that a Mardi Gras parade is good for the mother and the baby-to-be. There's a wonderful range of music loud enough to stimulate everyone's internal environment! There's great exercise catching beads and go cups! Maybe this is why many New Orleans babies, from the time they can toddle, make second-line dancing motions the moment they hear a Mardi Gras tune.

BIRTH TO SCHOOL AGE: SOME EASY CHOICES

The infant and preschool years can be a lyrical interlude, before society begins to surround the child with unhealthy food. With responsible parents controlling the child's food intake, there are few dangers except overfeeding or overindulgence in sweets. We offer some simple tips for this early period.

Breast or bottle? Either one. Today breast feeding is encouraged, with the familiar argument that breast milk may confer immunity before the infant's own immune system is active. Yet there's no solid reason to discourage bottle feeding. Good commercial formulas are available, and they can prepare an infant to take solid foods sooner. The mother should not feel guilty about choosing either breast feeding or bottle feeding.

Pros and Cons of Breast and Bottle Feeding

Breast Feeding

Pros:

- Bonding
- Immunity boost; fewer bacterial infections
- Reduced obesity risk
- Balanced food, plus digestive enzymes

Cons:

- Toxins
- Medicines
- Maternal infection
- Less control of intake
- Difficult scheduling
- Father may feel “left out”
- Public feeding not well accepted

Formula Feeding

Pros:

- Bonding
- Mother has more free time
- Better control of intake
- No toxins, medicines
- Father can participate
- Travel and public feeding not a problem

Cons:

- No immunity boost
- No antibodies for infection protection

Off the shelf or home prepared? Again, either one. Infant foods from the grocery shelf are better now than in the past, when they were loaded with salt, monosodium glutamate (MSG), and other additives—

to make baby foods tastier for the mother. Studies show that infants do have some innate food preferences: sweet over sour, fatty over dry, and some salt over no salt. Yet they will often accept a wide variety of foods. As a parent, I subscribed to this familiar Foodie Myth: “If I give my children a variety of foods now, they will eat a variety later on.” Alas, this is not true. I tried to make that myth a reality with my own two children. I failed miserably. It doesn’t take long for children to learn how to refuse certain foods. The parent is not to blame.

Off-the-shelf infant and toddler foods are a good choice, especially when the family is traveling. Check the label briefly to avoid MSG, as well as salt content higher than 100 milligrams (mg). The best foods are those with no additives.

It’s easy enough to prepare infant food at home with a blender. A parent can choose a variety of foods and offer them in different combinations. Steaming, still popular among some, is not necessary. It was touted as health promoting by several authors in the 1920s and again in the 1980s, but it requires extra equipment and cleanup time. Rapid boiling is just as healthy and much easier. Fresh vegetables, potatoes, and pasta can be lightly boiled, to the first point of tenderness. The blender does the rest.

How much cooking is best? Here we need a short explanation. Cooking changes food into smaller, more easily digestible units. It breaks down fibrous structures and starches. The more a starch structure is broken down, the more available to the body its sugar becomes. Foods with high sugar availability (a high “glycemic index”) are discouraged by many authors these days, but we don’t think it’s practical to be too concerned with an item’s glycemic index when cooking.

For example, if we lightly boil a potato until it is just edible, its glycemic index will be half that of an overcooked, mealy, baked potato. If we boil pasta only until it is *al dente*, and not mushy, its glycemic index will be relatively low. We need to use informed common sense. *Al dente* pasta with a small amount of extra-virgin olive oil can be a quick and well-accepted part of children’s meals, as can rapidly boiled vegetables, even carrots, which are now discouraged by some for their sugar availability. We should not let the glycemic-index police outlaw these otherwise healthy foods. When our children eat starches along with proteins, some healthy fat, and fiber, then the overall sugar availability of their meals will drop. That’s all to the good.

Desirable Effects of Cooking

What Does Cooking Really Do?

- Breaks down food structure
- Food is more easily digested
- Nutrients are more available to your body
- Improves taste
- Increases enjoyment

Here's another thing. Cooking makes the micronutrients in food more available. This is a tremendous benefit for our children, which should not be overshadowed by an obsession with glycemic indexes. Cooking does remove some of the water-soluble micronutrients, such as vitamin C, but this vitamin is found in so many food sources today that its small loss in lightly cooked vegetables is little to be mourned. On the other hand, completely uncooked vegetables are lacking in some available micronutrients, so that some vegans or vegetarians must use vitamin and mineral diet supplements.

The one diet supplement that can help increase children's height and weight is zinc. The sources of dietary zinc are few, and a small amount of zinc supplementation (10-15 mg; see chapter 8) is reasonable and safe. Zinc also boosts the immune system.

Broccoli, that vegetable disdained by Bush 41, is a prime example of a vegetable that is health promoting when lightly cooked. It's full of protective antioxidants like members of the xanthene group, which are abundant in green, yellow, and red vegetables. Broccoli carries B vitamins and calcium, and it's loaded with fiber. The chemical sulforaphane in broccoli packs a killer punch for the helicobacter organisms that inhabit the stomach and contribute to ulcers and stomach cancer. This chemical can eliminate helicobacter germs even when they're hiding in the cells of the stomach itself—as many antibiotics cannot do. Cooking but not “killing” broccoli makes these good chemicals and micronutrients more available. Also, broccoli has more protein per calorie than just about any other food.

My favorite broccoli preparation for children is to take the florets, along with a small amount of tender stem, and boil them rapidly for

no more than four minutes—until the color just begins to fade from that bright, first-blanching green. Without salt or any additives, broccoli cooked this way is simply delicious. A little bit of coaxing can persuade your children to try it and even ask for it next time. Below is a recipe with a little more jazz in it.

HOT WALNUT BROCCOLI

Serves 4.

2 tbsp. extra-virgin olive oil

½ tsp. unsalted butter

1 clove garlic, chopped fine

¼ cup chopped walnuts

¼ tsp. cayenne pepper

Sea salt and white pepper to taste

1 lb. fresh broccoli florets, with some stem, cut into thumb-sized pieces

Heat olive oil on medium-high heat; add butter. Add garlic and stir 1 minute. Add walnuts and seasonings. Toss; stir walnuts a few minutes just until they start to brown slightly.

Bring a pot of water to a rapid boil, drop in broccoli, and cook to a vivid, crispy green, just about 4 minutes. Drain immediately, as dry as possible. Toss with sautéed walnuts and serve immediately.

CHILDREN ENTER OUR FOOD CULTURE: HARDER CHOICES

Our obesity epidemic begins with school-age children, six years old and up. It's a frustrating story. We feed them carefully for years. Then we send them to school, and our society's food culture grabs them. All of a sudden, our well-nurtured children are reaching for fast food, salty fries, and sugary soft drinks. Just as bad, they don't seem to be so interested in active play—they prefer TV, DVDs, video games, and Game Boys. In 2004, government agencies announced that *one in three* of our babies who follow "the typical American lifestyle" will have diabetes and associated life-shortening diseases in their futures. When we look at New Orleans schoolchildren in the Mardi Gras parades, we can

see lots of fat beneath those glittery, form-fitting costumes. My daughter Torrey recently told me this story:

A girl in my class eats two bags of Doritos for lunch and a bottle of water and insists that she's on a diet. She says that she's full from it even though no one thinks she is. She is a little bit overweight just because she's petite and she's shorter. She has a little frame. She has a potbelly. She's visibly a little overweight despite her Doritos and water diet.

A sixteen-year-old New Orleans schoolgirl said this to me:

I eat three or four Little Debbie cakes on the way to school to hold me until I can eat the school breakfast. I have candy to snack on throughout the day and after the school lunch. When I get home, I eat anything that I can find until dinner. For dinner, we usually have burgers, fries, and chicken nuggets. We don't eat healthy.

This girl was five feet tall and 210 pounds.

As shocking as these stories may be, these girls represent a problem that has spread far beyond New Orleans. True, New Orleans was rated the unhealthiest city in 2004, but that's a difference in degree, not in kind. National statistics show us that more of our American babies are growing up fat. We once thought that fat was a problem for children only in our cities, but today we know that it afflicts children in rural areas as well. We're trying to find out why. In mid-2005, the U.S. Centers for Disease Control took the unprecedented action of sending "fat investigation teams" into both a rural county and an urban area of West Virginia.

Being fat is dangerous to your health.

Childhood Obesity Facts

- Definition of childhood obesity: weight is more than 20 percent above healthful for height
- Weight "spurts" may precede height "spurts," especially in boys
- Genes do *not* cause obesity
- Obese parents have a 50-70 percent chance of raising obese children

- Familial obesity in the twenty-first century is largely lifestyle driven
- Children can eat and eat their way to obesity despite “good genes”

Being fat is easy to define. We are not raising concerns about carrying a few pounds over an “ideal” weight that various groups seem to keep ratcheting down. In fact, as we shall explore further in later chapters, being too thin may be as dangerous as being fat.

Without intervention, obese children will become obese adults. Diabetes, high blood pressure, and metabolic syndrome will remain constant threats and will kill many people before their time. How can we, the American public, fight this obesity epidemic that shadows our life cycles? We must first confront its causes. These causes are not mysterious. They are in many ways self-evident. They are as follows:

- Too many calories from the wrong kinds of food
- Too little exercise to burn those calories
- Too little knowledge of eating and exercise choices to teach to children

We have eaten ourselves into a predicament and dragged our children along with us. We need to understand how and why, if we want to create good strategies of resistance for our families.

THE WRONG FOODS: PUBLIC ENEMY NUMBER ONE

In our country, fast food has become a tradition passed from generation to generation. The food supply available to children and teens has changed radically since the 1950s. All parents today are themselves members of the fast-food generation. New parents will make fast-food choices for their children, who will become teens and parents in their turn. Some scientists, like Dr. Melinda Sothorn, even speculate that the effects of fast food may have been accumulating in our bodies through the generations.

Hamburgers, fried chicken, pizza slices—fast food is wildly popular

because, yes, it tastes good. Of course, the classic burger-and-fries combination has plenty of salt and fat. And since the time of the Psalms, fat has been used to make food feel good in our mouths. Fast-food tastes are also manipulated by artificial flavorings, whether addictive or not. However they've managed to do it, the fast-food makers have made their food tasty, and this golden criterion has sustained their success. Recently, almost 30 percent of the food eaten in this country was produced by fast-food outlets.

We celebrate the great American hamburger tradition. Hamburgers do not need to be fatty and additive laden (for details see *Fast Food Nation*, by Eric Schlosser). You can have your hamburger and a healthier you, too.

Chef John Besh, one of *Food and Wine's* "Ten Best New Chefs in America" in 1999, was born on the bayou and grew up immersed in the rich culinary traditions of Southern Louisiana. After formal training at the Culinary Institute of America, John apprenticed in Europe under Chef Karl-Josef Fuchs in Germany's Black Forest and Chef Alain Assaud in St-Remy, Provence. Every year, John returns to France to the Chateau de Montcaud at Bagnols-sur-Ceze to train his fellow European chefs in the fine points of Louisiana Creole and Cajun cuisine. Chef John presides over two restaurants in New Orleans—Restaurant August, named "one of the 50 top new restaurants in the world" by *Conde Nast Traveler*; and the Besh Steakhouse, which opened July 2003 at Harrah's Casino. Chef Besh shows us how to have it all, with the following hamburger recipe.

TASTY, LOW-FAT, ALL-AMERICAN HAMBURGERS

Serves 6.

Rex Creole Mixed Seasoning is a good choice in our recipes calling for Creole spice, since it is lower in salt or even salt free.

3 lb. lean ground beef
1 tbsp. chopped garlic
1 yellow onion, chopped fine
2 tbsp. Worcestershire sauce
1 tsp. Tabasco
1 tbsp. salt

1 tsp. black pepper
2 tbsp. salt-free Creole spice

Mix ingredients and form into patties. Grill about 20 minutes, 8-10 minutes per side, depending upon thickness. Eat on buns with whatever toppings you like.

Today the fast-food outlets have slipped into our hospitals and our schools, by contributing large sums to athletic programs, bands, or the school system itself. Schools and hospitals, chronically in need of funds, are reluctant to kick out these franchises. Vending machines for snacks and soft drinks also help fund cash-strapped schools. The unspoken message to our children, loud and clear, is that it's all right, maybe even good, to consume fast foods and sugar-laden drinks.

Rationalizations for Why Fast Foods Dominate School Cafeterias

- “That’s all they’ll eat.”
- “What’s wrong with these choices? Parents feed them the same things.”
- “It’s all there’s time for.”
- “The school needs the money.”
- “The cafeteria program has to make money.”

Schools without these franchises feel they must offer our children food choices that “compete” with fast foods, to keep from losing money. Parents and even nutritionists, swayed by local traditions and a fast-food culture, can be resistant to change. Former New Orleans Schools Superintendent Anthony Amato weighs in on the effectiveness of the new FDA guidelines:

The people who prepare the nutrition in our schools, and I’ve analyzed that nutrition, offer foods extremely high in sodium, very high in fat content, even though they swear they’re following the FDA guidelines and the child nutrition school guidelines. Yet as I analyze some of the food, it’s very clear that it’s really more culturally relevant than good-nutrition relevant.

So, I've had a number of sit-downs with the nutrition people to say you really, really need to change these menus. . . . I'll never forget this scene. I was sitting there and I said, "Bring me all the orders of the foods . . . for this month," and I'm looking at these orders and they swear that it's nutritionally balanced, but what I see is an order for 10,000 donuts and incredibly ridiculous food orders, and I'm saying, "But don't you see what I have in my hand? Here, you read this." And he said, "But you know, kids do need donuts." And I said, "OK, let's stop. You have the fat-laden ice creams, not the more nutritious ice creams now. There are ices that don't have the sugar content; they are yogurt based with less sugar." But no, they order not Häagen-Dazs but still heavy-content ice cream, laden with fat, and they just don't see it, they don't get it, it's just too culturally ingrained. So we have that battle going on.

There have been some heartening individual efforts to improve school food. Alice Waters, the chef of Restaurant La Panisse in Berkeley, California, has spearheaded one of these efforts in the Edible Schoolyard Program (see our "Resources" chapter for the Web site). But these enlightened people can affect only limited areas.

Note: In order not to slow down your reading, we have reserved a host of details for our Web site, www.theneworleansprogram.com. Please visit us. We update our site continually with further details and references to other useful sites.

WHAT CAN WE DO?

If enough adults care enough about what their children are eating, outside forces will be pressured to adapt. As Amato says, "If parents and communities started demanding [good school nutrition] from us, it would make it an easy job, but it's not happening."

Breakfast. As parents, we have direct influence over two of the three daily meals our growing children should eat for their energy needs. Breakfast can be simple on school days, with fresh fruit, oatmeal or grits, and a good-quality juice without added sugar. An egg lightly fried in canola oil, and served on whole-wheat toast, is also fine.

Cereal and milk can work well, if some forethought is given to choice. Many children lose some of their tolerance for lactose, the sugar in milk, as they reach the preteen years. Among African-Americans, lactose intolerance seems to be higher. If your child does not like milk, let it go. The idea that milk is a childhood necessity is a

Foodie Myth created by the dairy industry. There are many other good sources of calcium for developing bones. I haven't liked milk since I was ten years old and find it cloying on a hot day. But personal preference and lactose intolerance aside, skim milk is clearly the best choice, with one-third of its calories from protein and two-thirds from sugar, and it provides 30 percent of the minimum recommended daily calcium intake.

Cereals can be a danger zone. Most popular cereals are low in nutrition and fiber, while high in refined sugar, other refined sweeteners, and food additives. A quick glance at a cereal's nutrition label will tell you whether it is a highly processed and well-advertised "breakfast food" for children, like all the packaged breakfast rolls, muffins, and Pop Tarts. Resist your child's pleas for these unhealthy foods. Whole-grain cereals are best, with good fiber and protein. Sugary cereals, even the latest industry offerings with a "drop in the bucket" of whole wheat, won't do the trick. My younger daughter, who shares my opinion of milk, prefers to eat a good-quality, high-fiber cereal dry with banana or raisins. This provides a breakfast with a nice crunch and fruit flavor. It can be enhanced when fresh strawberries, blueberries, or other fresh fruits are available from the Ponchatoula area on the other side of Lake Pontchartrain.

Here is another quick, tasty, real breakfast you can try with a piece of fruit or a small glass of fruit juice.

CREOLE TOMATO FRITTATA

Serves 4.

This tasty and flavor-filled quick dish can play a main role at breakfast or a supporting part at other meals. The tomatoes add very few calories, lots of flavor, the valuable eye-supportive and cancer-risk-reducing antioxidant lycopene, and other plant-derived nutrients, minerals, and vitamins, including vitamin C.

4 large eggs

1 egg white from large egg

1 cup 2 percent shredded mozzarella or sharp cheddar

3 tsp. extra-virgin olive oil
1 cup chopped green bell pepper
1 cup chopped Vidalia or other sweet onion
 $\frac{1}{8}$ tsp. cayenne pepper, or to taste
Sea salt and white pepper to taste
Cooking spray
 $\frac{1}{4}$ tsp. oregano
 $\frac{1}{2}$ tsp. salt-free Creole spice
2 large tomatoes, sliced

Place eggs, egg white, and cheese into a mixing bowl. Combine with a whisk until smoothly mixed. Set aside until vegetables are ready.

Over medium heat, sauté with oil the bell pepper, onion, cayenne, salt, and white pepper. Stir constantly 4-5 minutes until vegetables are somewhat translucent. Cool somewhat, then stir vegetables into egg and cheese mixture.

Coat a 12-inch nonstick skillet with cooking spray and heat over medium heat. Spread egg mixture evenly over bottom of hot skillet. Immediately sprinkle oregano and Creole spice on top. Place tomatoes over top, and sprinkle with salt and white pepper. Cover and cook 7-8 minutes. Frittata should slide in skillet and be brown on bottom.

Immediately place under a preheated broiler and watch carefully for approximately 3 minutes until top is nicely browned. Place on serving tray and serve immediately or at room temperature. Enjoy with minimal calories!

We believe in serving a child moderate portions of fresh and not highly processed food. Try to give the child time to sit down and eat, with other children or parents if possible. A child who takes time to eat will be more likely to feel satisfied. Don't let your child run out the door to school while stuffing down a Pop Tart!

Good breakfast choices can also boost performance on critical tests such as the SATs. A child who "loads up" on low-density, highly processed carbohydrates will probably feel "let down" before the test ends. Slower-burning foods, such as proteins with relatively little fat, are a better idea. We offer a two-day run-up period before the test.

Best Breakfast Before a Major Test

Two Days Before Test

Breakfast:

- 1 banana
- 1 bowl whole-grain cereal with low-fat milk and fresh berries
- 2 boiled eggs

Lunch:

- Salad with nonfat or vinaigrette dressing
- Roasted chicken
- Yogurt, unflavored or with a small amount of fresh fruit

Dinner:

- Grilled fish
- Broiled Parmesan Creole Tomatoes (see below)
- Yogurt, unflavored or with a small amount of fresh fruit

One Day Before Test

Breakfast:

- 1 banana
- 1 slice whole-grain toast with peanut butter
- 1 small glass low-fat milk or juice

Lunch:

- Light Red Beans and Rice (see index)
- Salad with nonfat or vinaigrette dressing
- Roasted walnuts, pecans, almonds if desired

Dinner:

- Corn soup
- Grilled shrimp
- Sautéed spinach

Test Day

Breakfast:

- 1 banana

- 1 3-oz. or so lean piece of beef brisket or pork filet sautéed with nonstick spray, blended seasonings, sea salt, and pepper to taste until just cooked (about 2 minutes each side)
- 2 boiled eggs
- 1 small glass low-fat milk or no-sugar-added juice

Lunch. Preparing a lunch from home can be difficult. Yet it's worth a try, especially to nudge an obese child onto a weight-loss track. Your goal is simple—to minimize salt, sugar, and fat. You might include a piece of the child's favorite fruit, a meat sandwich with whole-wheat bread, or a leftover piece of fried chicken from a family meal (made the healthy way; see index for New Orleans Program Fried Chicken). Be realistic, though. Don't put all your hopes for the day's good nutrition in one lunch basket. In elementary school, your child can always lunch trade and may be "lucky" enough to secure some other child's corn chips. And in high school, you are competing against the school cafeteria and peers. Remember, you'll have another nutritional opportunity at dinner.

One note of caution: You may be tempted to put processed or packaged foods (like one of those vigorously advertised snacks) in your child's lunchbox, as an enticement for the child to eat *something*. We believe that yielding to this temptation will do more harm than good. These processed attractions typically contain not only salt, fat, and refined carbohydrates but high-fructose corn sweetener, food dyes, emulsifying and thickening agents, chemicals like BHT to prolong shelf life, and other additives. There are more than five thousand additives in our food supply today. They are put there not for our health but for easier distribution and sales. Experts wonder whether these additives are linked to asthma, increasing allergies, chronic fatigue syndrome, multiple sclerosis, immune-system exhaustion, or even cancer. Some are listed on the packaging, but most are not—like those chemical-plant-produced additives in McDonald's fries.

Dinner. We recommend home-cooked meals, and we've designed some quick, easy, and healthful recipes for family dinners.

We conducted a survey of fast-food outlets and did some comparison shopping at a small, family-run, full-service, neighborhood grocery store. Prices at this grocery were somewhat higher than at the chain

stores. We took the price of a fast-food family meal and applied the same money to groceries for home-cooked meals. The results may surprise you. All costs are for a family of four: two adults, one adolescent, and one younger child.

Fast-Food Outlet		Neighborhood Grocery	
Adult combos (2 @ \$3.95)	\$7.90	Boneless, skinless chicken breasts (16 oz.)	\$3.99
Child burgers (2 @ \$2.39)	\$4.78	Sweet potatoes (4 @ \$.35, for baking or microwaving)	\$1.40
Fries (2 small @ \$.99)	\$1.98	Romaine (1)	\$.99
Cold drinks (2 small @ \$1.00)	\$2.00	Tomato (1 large)	\$.95
Fruit/walnut salad	\$2.39	Cucumber (1)	\$.50
Total (with tax)	\$20.76	Strawberries (fresh, 1 pt.)	\$2.39
		Total (with tax)	\$11.14

We *saved* \$9.62! We also saved more than half the calories, saturated and trans fats, and sodium. The fresh, home-cooked meal took twenty minutes maximum. Here's what you do.

Sauté chicken in a small amount of extra-virgin olive oil, and season with blended seasonings, oregano, pepper, cayenne, and salt to taste. Microwave potatoes (they take much less time than white potatoes, about 3-4 minutes a side for 4). Wash salad vegetables and break up romaine. Toss romaine with 1-2 tbsp. extra-virgin olive oil, ½ tsp. vinegar, ½ tsp. Cajun mustard, and salt, pepper, and other spices to taste. We like tomato wedges and sliced cucumbers served on separate plates and added to romaine to taste. End the meal with strawberries and enjoy!

This head-to-head comparison shows that we'll have both more money and better nutrition if we avoid fast food. We'll also gain meaningful family time. Dinner is the one meal when the entire family can

most likely be gathered. It can be fun, inventive, and informational. Parents can be in charge of the occasion, and everyone will learn to make better choices and alter their eating habits. Children can enjoy the selection of whole foods, the colors, the flavors, the preparation, the cooking—and most important, the product. The joy of eating good food is one of life's great pleasures.

Our suggested recipes are intended for the majority of Americans, who do eat meat. However, some are perfect for vegetarian or vegan use.

BROILED PARMESAN CREOLE TOMATOES

Serves 2.

When our recipes call for “blended seasonings,” you may use products such as McCormick Season All, Rex Creole Mixed Seasoning, Paul Prudhomme's brands, or any other you choose. Rex is lower in salt or even salt free.

1 large ripe Creole tomato
Extra-virgin olive oil
Blended seasonings
Sea salt and pepper to taste
Shredded Parmesan cheese

Set broiler on high, and place top oven rack close to broiler. Wash tomato and dry thoroughly. Cut off stem. Slice tomato in half crosswise. Gently squeeze out seeds. Lightly coat inside and outside of tomatoes with oil. Sprinkle cut sides with seasonings. Fold up the sides of a sheet of aluminum foil to make a foil tray. Place tomatoes on foil tray under broiler, cut sides up, and check in 6-7 minutes. When nearly done (do not overbroil), sprinkle tops with Parmesan. Return to broiler. Remove just as cheese lightly browns. Serve immediately.

PIZZA

Pizza Dough
3 cups flour
1 pkg. (¼ oz.) quick-rise yeast

2½ tsp. salt
2 tsp. sugar
1 cup warm water (115-125 degrees)
2 tbsp. + 1 tsp. extra-virgin olive oil

Combine 2½ cups flour with yeast, salt, and sugar. Stir until well blended. Add water and 2 tbsp. olive oil to flour mixture until a rough dough forms.

Dust a work surface with remaining flour. Turn dough onto work surface and knead until smooth and no longer sticky, folding in flour as you go.

Wipe a mixing bowl with remaining oil. Put dough in bowl and cover with plastic wrap. Set aside in a warm spot to rise for about 45 minutes.

Adjust oven rack to lowest position. Preheat oven to 425 degrees. Using half the dough, shape into a 9x13-inch rectangle. Transfer onto foil-lined baking sheet.

Pizza Sauce

¼ cup extra-virgin olive oil
2 cloves garlic, smashed
8 overripe tomatoes, chopped
Salt and pepper to taste
2 sprigs basil

In a medium saucepot over medium heat, heat oil and garlic. Add tomatoes and turn heat to high. Bring to a boil and add salt and pepper. Reduce heat and simmer for 15 minutes. Then place tomatoes in an old-time food mill or a food processor with basil. Puree. Season again to taste.

Top unbaked pizza rectangle with sauce and all your favorite toppings. Bake until crust is browned, about 20 minutes. While first pizza is baking, make a second pizza out of remaining dough. This sauce may also be used on pasta.

FRESH BABY SPINACH QUICK SAUTE

Serves 4.

The availability of well-cleaned, dry, fresh, baby spinach, kitchen ready

from the grocery store, makes this versatile vegetable fast to prepare. Even those who “hate spinach” will enjoy it if it is seasoned properly.

Extra-virgin olive oil

½-1 tbsp. unsalted butter

7-8-oz. ready-to-cook fresh baby spinach leaves

¼ tsp. salt-free Creole spice

Sea salt, white pepper, and garlic powder to taste

Pour enough oil to thinly coat bottom of 12-inch skillet. Over medium-high heat, melt butter in oil. Add spinach. Stir/toss (two wooden spoons work great for this) as the leaves begin to wilt. Add Creole spice, and continue to toss so that no spinach overcooks. When reduced and just cooked, about 5 minutes, add other seasonings. You can prepare ahead to this point and reheat just before serving. Do not overcook.

In this way, parents can cover at least two-thirds of the eating day, breakfast and dinner, with healthful and trouble-free meals. With this routine in place, the occasional birthday party or once-a-year Mardi Gras celebration will not harm a child who has a healthful weight and an active metabolism.

There is also some news about the effects of fish oil in obese children. Researchers at the University of Nevada announced in November 2005 that 3 grams fish oil a day significantly lowered bad blood lipids (triglycerides) and raised “good cholesterol.” The study, scientifically controlled in forty-nine severely obese children, showed convincing results. The group size was small enough, though, that recommending daily fish oil for obese children is not yet warranted. What does make sense is adding moderate amounts of fish to children’s meals twice weekly.

CHILDREN AND FOOD: NOTES FROM CHEF BESH

I’m the father of four beautiful boys, all of whom have different eating habits. While we were in France, Jennifer was pregnant with our first son, Brendan, and was very careful about what she ate. I love dining with my wife. She enjoys food, but she knows when to say “when.” As she was going through her pregnancies, her body told her what to have,

and when, and how much. She would eat more meals but in smaller portions, and her body craved a wide variety of foods. She gave birth to such healthy babies partly due to taking care of her body and soul, doing what her body told her to do. I would cook her certain meals, anything from just raw vegetables to a cup of soup to a salad, and even at times an oyster po' boy. Whatever Jennifer craved, I made sure that I would cook it for her in whatever way she needed. She enjoyed exercise, as well: moving and running, walking and swimming.

Going through the baby-food section of a French grocery would lead you to believe that every single French baby is a gourmet. You notice everything from *cuisse de canard* (the leg of duck) with *rataouille* to beef jaw with *petit pois* (braised with peas, carrots, and ginger). You see the beautiful flavors of baby food. I believe it is almost law that these baby foods are all organically grown and prepared in a healthy manner. They taste great. I'm not a big proponent of baby food, but Brendan became hooked on the French version.

Later, back in the States, we noticed that after somebody gave Brendan his first chicken nugget, this was all he would eat. We explained to the doctor how nervous we were when all Brendan wanted was French fries and chicken. Yet the doctor advised us that the human body will get what it needs out of whatever it eats, and that this was just a phase. Well, this phase lasted quite some time. We finally put our foot down and said we weren't going to raise a child this way. We weren't going to go through pregnancy and birth just to have a child who won't eat anything but French fries and chicken.

So we made a commitment to ourselves and to our children that fast food was only for rare occasions. Normally, they would eat my home cooking, which is a New Orleans repertoire. So now, on Mondays, my children have red beans and rice; on Fridays they have a seafood dish. Every Sunday we cook together as a family and sit down together as a family. We pray as a family. After Mass on Sunday, we'll cheat a little bit and have some fried food—but good fried food. We'll stop at one of our favorite little places in Slidell for shrimp, oyster, or soft-shell crab po' boys. There is not much nutritional value to a po' boy other than the shredded lettuce and the slices of Creole tomatoes! I do make it a point to eat just half the po' boy and share the other half with a family member, so I can pat myself on the back and say, "Well, I've held it within moderation." Half a po' boy is at least six inches long, so it's not small by any means.

Back to the children. Sundays are days that we barbecue or make a

pasta or a big paella. Making different things takes some time, some love, some action, and some enthusiasm. I have my four-year-old making gnocchi, hand rolling potato dumplings. I'll drop them into the boiling water and take them out. He loves them. Luke, who is at this moment three years old, loves rolling out any type of pasta. Andrew loves eating and Brendan likes to serve. He isn't the biggest fan of cooking, but he's been a superstar when it comes to hamburgers. He's our hamburger chef. Part of the deal is that we have an open fruit policy. We have fruit everywhere and the kids are allowed to eat as much fruit as they want. Vegetables we try to make the center of our meal. They can be anything from Jennifer's stewed okra and tomatoes to a salad, with interesting types of dressing for the kids. Brendan wants a plain salad; Andrew eats anything. Jack is into crunchy carrots, and he'll eat, eat, eat all the carrots in the world. Luke's big vegetables are tomatoes and cucumbers, which are "in season" here for six months. The kids just love if I slightly blanch some broccoli and have some dip, which is nothing more than a little vinaigrette.

They're all huge fans of milk and butter. We buy all of our milk and butter from two local dairies down here, Smith Creamery and Motase Dairy, because their products are not only natural and organic but have a lot more flavor. I want my children to enjoy sitting down to a "meal" meal. I want them to enjoy the social and the spiritual aspects of it, so we take our time, eat a proper meal, and have different courses and varied experiences. You can have something fried. You can also have something raw. You need to have something sweet, I think. You should also experience other flavors, sour and bitter. These aren't bad. This is how I was raised.

When I was a kid, we had every sweet that you can imagine, all homemade. None of us ever had any problems with overeating or with health issues. Why not have a bit of dessert? Why not have a policy of eating fruit whenever you want, as long as you fit in the other foods? It's great for a child to eat through varied ingredients with different flavors and several methods of cooking, all the while knowing there's the reward of dessert at the end. A dessert can be healthy or unhealthy as we choose. We can have gobs of store-bought ice cream with preservatives that you can't even pronounce, or we can make ice cream at home. That's as easy as it gets. We buy popsicle sticks and little cups, and the boys love mixing all these different flavors of fruit, putting them in the cups with the sticks, and freezing them. That might be a dessert.

We can do all sorts of things to make food exciting. A child should enjoy eating, but eating the right way, with an appreciation for good

food. It doesn't have to be boring. It doesn't have to be raw. We don't have to be extremists. Let's eat in moderation. Let's have a hamburger, but let's not have one every day. Let's not have one every week. Let's have a piece of fried chicken, but only from time to time. Offset the fried chicken by eating many other things. In this all-or-nothing society, we'd be better off if we learned how to slow down and eat a meal.

My favorite meals as a child were at my grandmother's house, and there was course upon course of food. Everything was laden with some sort of pork fat or butter. My grandmother was an incredible Southern cook. We would have five or six different vegetables with every meal. We always had a type of rice. We always had a potato, believe it or not. We always had a meat. We always had something raw. Most of the time we had dishes that were really, really cooked. I'm talking about cornbread. I'm talking about green beans. I'm talking about crowder peas served in this rich broth called potlikker. I'm talking about big slices of tomatoes. I'm talking about white rice. I'm talking about pecan pie made with rich Allegan molasses syrup at the end of your meal. Then Grandmother would slice a piece of sweet potato and nearly fry it in a big cast-iron skillet. We would eat like this.

But you know what? We ate such a varied meal. We would have dinner, which was lunch midday, and then at night supper was a soup, a salad, maybe a small sandwich from the leftovers of lunch. That soup was made from broth, all wholesome and good. You knew where the vegetables came from. Nothing was preserved. It was all very real. I think this is the way that we were meant to eat. As a society, we do better when we sit down, slow down, and focus on each other and on our food. We never eat in front of the television; we want conversation. We want the food to be something great but not taken for granted. In short, that's how I'm trying to help my children eat. My wife and I don't serve them fast food. Jennifer shops to have everything in the house that I need, and a couple of nights a week, when I come home from cooking at my restaurant, I'll cook a variety of meals for them. Jennifer, who's managing these four boys all throughout the day, has time to actually give them the nourishment that we both want.

THE SUGAR HIGH

We believe that the "sugar high" is another Foodie Myth. This idea is firmly entrenched in stroller-pushers' lore. One recent

national-magazine cartoon shows two children standing beside a stick figure with wild hair and crazy eyes. One of the children says to the other, "Oh, that's my sister. She's on candy bars and soda pop."

In science, there is little basis for the mythical sugar high. However, one controlled clinical study, several years ago, demonstrated that parents are quite ready to *believe* that sugar will make their children hyperactive. The researchers gave half the children flavored water with refined white sugar and told their parents this drink was sugar free. They gave the other children a sugar-free solution with artificial sweetener and told *their* parents the drink contained sugar. Then all the children played while all the parents watched.

You may be able to guess what happened. Parents who believed (mistakenly) that their children had consumed sugar were observed scrutinizing their children with extra vigilance. These parents labeled their children as "hyperactive," and the other parents did not so label their children. In fact, neither group of children was rated hyperactive by the researchers.

Parents are often unaware that their children respond to their unspoken messages. Silent parental expectations can affect a child dramatically, for better or for worse, so it's best to stop worrying about the mythical sugar high. If a child is excited and very active during a birthday party with cake and ice cream, other children, games, rides, and a buoyant atmosphere, we don't need to mistake this normal response to a joyous occasion for a disorder. We don't have to feel alarmed or guilty, and we don't need to interfere with our child's natural enjoyment of special days.

We recommend not eliminating desserts entirely but saving them for special times. And they do not have to be overly sugared and fat laden. Chef shows us some desserts that kids will enjoy.

MY FAVORITE CANNOLI

Makes 6.

1 pt. whipped, fat-free ricotta

1 tbsp. powdered sugar

1½ tbsp. lemon zest

1½ tbsp. orange zest

¼ tsp. cinnamon

2 tbsp. chocolate bits

6 cannoli shells
Powdered sugar and sprinkles

In a mixer, whip together the ricotta and 1 tbsp. sugar until light and fluffy. Mix in zests, cinnamon, and chocolate. Fill cannoli with the ricotta mixture using a pastry bag. Dust with more sugar and decorate with sprinkles.

LOW-FAT PANNA COTTA

Serves 6.

9 sheets gelatin
1½ qt. 2 percent milk
18 tbsp. sugar
1 vanilla bean

Bloom (Dr. Dave notes this is “chef talk” for putting gelatin in cold water until it swells up) gelatin sheets in cold water. Bring milk, sugar, and vanilla to a boil, and dissolve gelatin in boiling mixture. Pour into 6 ceramic molds and chill overnight.

RAISIN-PECAN CHILL

½ cup milk (can be reduced fat)
¾ lb. marshmallows
½ lb. finely crushed graham crackers
½ cup brown raisins
½ cup golden raisins*
2 cups pecans, chopped

In a large saucepan, heat milk slowly over medium heat, stirring. When milk warms, add marshmallows and continue stirring until they melt. Stir in graham crackers, raisins, and pecans. Pour into a loaf pan and refrigerate 1-2 hours. Slice and serve. Keep refrigerated. Freezes well.

*If you don't have golden raisins, you may replace with brown raisins.

COCOA QUICKIE

1½ cups all-purpose or cake flour
1 cup sugar
4 tbsp. cocoa powder (can omit if you wish to top with fruit)
½ tsp. salt
1 cup water
½ cup good oil (not canola)
1 tbsp. rice-wine or balsamic vinegar (not the good stuff, please!)
1½ tsp. vanilla

Preheat oven to 350 degrees. Mix dry ingredients well. Stir liquids together and add to dry. Mix lightly. Pour into a 9-inch cake pan. Bake 30 minutes and check for doneness. Enjoy!

INACTIVITY: PUBLIC ENEMY NUMBER TWO

Our children have so much to do! Their lives are filled not only with the ubiquitous TV but also with Game Boys, videos, cell phones that transmit voices and texts and pictures, and the Internet with its Web sites and e-mail chat rooms. The computer age has been widespread since the early 1990s—as I was reminded when a recent news broadcast prompted my daughter to turn to me with the wide-eyed question, “Daddy, what’s a typewriter?” Of course, none of these high-tech “activities” help our children to be physically active. They don’t keep our children’s bodies healthy through exercise. In fact, there is a direct correlation between children’s (in)activity rates and their obesity rates.

Why We Get Fat

- Life-sustaining (with no activity) metabolism (“basal rate”) *plus*
- Activity metabolism burn additional calories every day.
 1. If you eat the *same calories* as you burn, weight stays the *same*.
 2. If you eat *more calories* than you burn, you get *fat*.
 3. If you eat *fewer calories* than you burn, you *lose weight*.

In one longitudinal study of children from age five into adulthood, researchers found that two or more hours of daily TV correlated strongly with obesity, tobacco use, and elevated cholesterol. Another Southern California study looked at the Body Mass Indices of 300 teens. One-third of them were overweight, and 20 percent were obese. The heavier teens were much more likely to watch TV for two or more hours and to consume multiple soft drinks.

Although these studies—like most such studies—cannot prove direct cause, we'd be foolish to ignore the weight of scientific evidence. We can't prove that cigarettes directly cause cancer, either, and that hasn't kept our society from taking action. Common sense tells us to pay attention to the overall scientific evidence and our own experiences. Let's not dismiss the evidence of our own eyes. These days teachers see young people at lunchtime talking about their diabetes control, checking their blood sugars, and dosing with insulin. This scene is sadly new in the twenty-first century.

WHAT CAN WE DO?

Parents need to ration their children's access to inactive electronic "activities" and encourage physical exercise in the time saved. This will take courage on the parents' part.

Consider the time an average child spends, every day, watching TV or using electronic devices. To convert even half this time to physical activity would be an enormous benefit to the average child's health. When we limit our child's electronic inactivities, we create time for them to be active. The excuse that there is "no time for exercise" disappears.

We're not discussing body-building here, or training for athletic events. We're talking about ordinary children and teens, all of our children, who need daily physical activity to maintain a healthy weight and metabolism. Most experts, including the American Academy of Pediatrics, say that exercise for kids should be varied and fun. After-school sports, both team and individual, are good exercise. At home, children can bike or walk with friends, if the neighborhood is safe enough. Walking and talking are a great alternative to the cell phone. Some kids like to dance or exercise at home to the music streaming through the earphones of their CD players.

Exercise should be age specific and should take into account the strength differences between adults and growing children. Children have their own exercise parameters. In chapter 9 we offer more specific suggestions on exercise for children and teens.

Exercise provides benefits you may not expect. Regular, moderate exercise just makes you feel better. There is something natural and positive about movement. To live is to move. There seems to be a mental wall of resistance that regular exercise breaks through. Brain-chemistry experts, who may attribute this phenomenon to endorphins and other chemicals, tell us that exercise can help alleviate depression, a controversially managed affliction of children and teens.

Our school systems used to provide regular “physical education.” But now many of our public schools, with the extra pressure of No Child Left Behind, have “literally stripped away . . . a lot of the physical education time,” according to Amato. “Some schools don’t even get recess anymore.” Amato described his approach.

So, what I've done is have some serious talks with our new physical education director. . . . We're now working to create programs, phys ed programs, that are done on a daily basis in school that have nothing to do with a formalized physical education program where you need a phys ed teacher. We're trying to formulate a daily physical education time in the classroom anywhere from twenty to twenty-five minutes guided by a video on the lines of aerobic-type exercises and upper-body-strength exercises.

You simply follow these programs that are on video. A teacher's aide comes in with a cart . . . [and] stops the class for about twenty to twenty-five minutes. You have video monitors in the class that manage the classroom, push all the furniture aside, and understand it has to be put right back to where it was originally. . . . So we push everything to the perimeter of the class. They create a space in the middle. . . . Then this person puts the TV in front, runs the program, and these programs are designed not just to do your regular exercises. Right now we're linked up to the city. The city just got a grant . . . to combat diabetes, asthma, and obesity. . . . Basically, . . . these three major child sicknesses, if you will, can be pushed back by certain exercises that are . . . scientifically created. . . .

These are exercises from planned programs that are scientifically based to eat up as many calories as possible during that twenty- to twenty-five-minute segment, to do cardiovascular exercises.

Here was a brave attempt to help young people exercise well at

school. It may take some grass-roots community activism to call attention to our children's needs for physical activity, and push for adequate recess and physical education time.

HELP FOR OBESE CHILDREN AND TEENS

In epidemiology, if we locate the starting point, patient zero or ground zero, we can ask the right questions and uncover the causes of an epidemic. Then we can devise strategies to control, treat, and finally eliminate the epidemic. This common sense about causes and cures leads us to some basic observations. Our human bodily functions have not changed for thousands of years. Yet our ways of fueling and maintaining those functions have been altered within the last century. Our food supply has been transformed drastically, and we are much less physically active.

The childhood obesity epidemic started in the 1960s. It has continued to grow. In the 1950s, it was uncommon to see an obese child. Today, obese children look to the left and look to the right and usually see company. Despite all the congressional committees, task forces, Web sites, books, and recommendations by experts, the rate of childhood obesity has been rising until it threatens our present and future national health. Informed common sense tells us the causes of childhood, teen, and adult obesity. Too many of us are eating the wrong foods, and too many of us are physically inactive. Our New Orleans Program confirmed this conclusion when we were able to reverse the processes that led teens and their parents into obesity.

Everyone's goal is to prevent obesity, and the New Orleans Program is meant to be used for prevention. Yet for the already obese child, teen, or adult, we offer here some workable steps for intervention. We have put together these steps from our experience with the New Orleans Program. We fully admit that it can require enormous sensitivity, tact, and communication skills to encourage a child or teen to talk about obesity in the first place. This communication is the biggest challenge. Otherwise, the New Orleans Program is easy to understand and simple to follow. It works. Here are our steps.

Identify the problem. Children are by nature fit, according to the American Academy of Pediatrics. Usually a doctor can tell whether a child is obese simply by looking at the child. A more exact clinical

determination is straightforward. A child between the 85th and 95th percentile in Body Mass Index for that child's age is considered overweight; a child beyond the 95th percentile is defined as obese.

Almost all obese children, like obese adults, simply consume more calories than they use for energy. This is the simple but inevitable metabolic equation—calories in, calories out, and excess calories turn into fat. We cannot escape our physical natures.

Metabolism refers to burning energy to keep our life force going. Leading metabolic consumers include the brain, the major organs, and lean muscle mass. An average person of optimal weight will metabolize calories at the rate of 1,200 to 1,500 per day just lying in bed. More calories are burned in proportion to increased physical activity. Children's metabolism is perhaps even more activity sensitive than that of adults. Obesity almost always results not from genes, not from being big-boned, not from glandular problems, but strictly from consuming more calories than you burn.

Some have suggested that genes do play a role in obesity, because overweight children tend to have overweight parents.

Fat in the Family

- Likelihood of being a fat preteen or teen with one fat parent: 50 percent
- Likelihood of being a fat preteen or teen with two fat parents: 70 percent
- Likelihood of staying fat if you emerge from teenage years fat: 75 percent

However, we have no way of knowing if both children and parents are simply trapped together in the same response pattern to the two great risks of our culture—eating too much, especially the wrong foods, and staying inactive. Genes do not directly cause or control obesity, although genetic factors may help permit the development of obesity. In any case, until that fantasy future when “gene therapy” is available to make us thinner, it is not helpful to pursue this line of inquiry. Remember: genes will *not* stop you from losing weight.

Very occasionally, metabolic diseases exist. For example, some children

cannot metabolize a particular sugar without turning it into a poison that results in brain damage and multiple deformities. Others are obese and also have stunted growth. Pediatricians can detect such rare diseases with a thorough clinical exam.

If an exam doesn't identify any fixable causes, and there's no family history of rare syndromes, obese children shouldn't be put through extensive tests. Medical "fishing expeditions" will probably make them anxious and even more self-conscious about such crucial matters as their eating and exercise habits.

Think before you talk with the child or teen. A loving, nonjudgmental, sensible parent is the one most qualified to talk with a child or teen about obesity. The second best choice is a significant family member or some responsible person whom the obese child can really trust. Genuine communication may take many attempts, but it is well worth it. A trusting and supportive relationship has proved to be the most vital component of obesity intervention in our New Orleans Program.

Before speaking to them, we should know what obese children and teens are going through. In the New Orleans Program, every one of our teens admitted to receiving frequent verbal abuse and derision from their peers. All of them had suffered considerable pain and endured numerous insults and slights. The obese child is called names, ridiculed, and not chosen for sports teams. Children can seem eager to display cruelty, and their overweight schoolmates are easy targets. Amato often overheard such taunts:

The kids just can't get up to their cognitive abilities when they've been yelled at or when they feel bad about themselves, or when they get embarrassed. It's the semblance of stumbling or falling and all the kids are laughing at them. You think, they get up, they dust off and they're normal. No. They're not prepared to learn for a good twenty minutes to half an hour.

In other words, it's hard to learn when you're being mocked. How ironic that while we're busily addressing racism and sexism, we can still allow ourselves to make obesity a social stigma! Physical activity is embarrassing for an obese child. All the teens in the New Orleans Program had poor self-esteem and body image. These situations can cause depression (recognized or unrecognized), and depression can stimulate more bad eating and more weight gain. This is a true self-feeding cycle. We know that depression can lead to teen suicides, and

we have recently learned that antidepressants may themselves cause self-destructive behaviors. If a child seems depressed, obesity may be a contributing cause. Treating obesity does not require antidepressants. Treating obesity takes love and support, so that the child can learn to eat and exercise well.

What other troubles might an obese child have? Studies have demonstrated that higher fat consumption reduces learning ability. Cold drinks, with caffeine and additives, can bring behavior and mood changes. An obese child could also have other health issues: elevated blood sugar, high blood pressure, joint problems, or asthma.

Talk with the child or teen. When we've considered just how vulnerable an obese child or teen may be, we have some idea what *not* to say at the outset. These young people expect criticism, and they already feel inferior. Fat teens know they're fat and are reminded of this discomforting fact every day. They don't need moral lectures, constant prodding, or "motivation." They're conditioned to hear any reference to their weight as a humiliation. The teen has been lured to obesity by the American culture of food, which preys on our children's insecurities. Don't blame the child. A child has a sixth sense for detecting a parent's anger or disappointment.

Obese children and teens need someone to understand—someone who can acknowledge the problem along with them, and stick with them as a supportive partner. They need someone on hand and steadily available, with frank and positive advice. *Not a single teen we spoke to was willing to try the New Orleans Program on their own. They agreed to do it only when one or both parents also participated.* Parents and significant family members can make the biggest difference. Dr. Melinda Sothorn and others, in the book *Trim Kids*, describe teen obesity as a deeply complex problem that needs a complex solution. We wonder how much of that complexity inheres in winning the trust of an obese teen. Dr. Sothorn offers a far more complex approach than ours, and her approach may be needed in some cases. Whatever approach is used, help should be offered in a positive and supportive way. A friendly outside professional can often suggest ways to promote a positive conversation between parents and obese children.

Difficulties in communicating are almost inevitable between teens and their parents. Talking about a teen's obesity just sets up one more hurdle. For me, it was hard at first to discuss a weight problem with my own teenage daughter, until we could acknowledge the problem

together. Working with my daughter was one of the sparks that ignited this book. It may have been encouraging for her that I had visibly reshaped myself, losing forty pounds on my personal eighteen-month trial of the New Orleans Program. Children often like to hear of their parents' struggles, especially when the parents admit to times of doubt or failure or hardship. It is through those admitted hard times that the humble parent can become a respected role model. Besides, everyone likes company in their misery. In our family, fortunately, the results of intervention have been positive.

Of course, obese parents have an excellent chance to empathize and act with their children. Parents and children worked together in our New Orleans Program, and in general they enjoyed success together (Appendix A).

We discovered the complexity of communicating with vulnerable teens the hard way. Talking with obese teens was the most difficult part of clinically road-testing our New Orleans Program. My own inquiries were met with hostility or indifference. We needed a peer interviewer to take information from teens about their patterns of eating and exercise. It was hard to find volunteers for our new program. It took us more than sixty encounters, including those in a community of faith where we held a successful adult participation group, in order to find five family units willing to give the New Orleans Program a try. Everyone in our program was there with at least one family member.

Once an obese child or teen is able to listen, many things are possible. Changing your habits can feel good and even be fun. The principles we followed in the New Orleans Program for working with obese teens are these:

- Teach the joy, enjoyment, and value of good food.
- Teach the joy of physical motion and exercise suited to age.
- Teach increased body awareness to assist in good eating choices and stopping when full.
- Expose the child to a variety of healthful foods.
- Be a parental role model, as much as possible.

Chef Bobo (Robert Surles) has himself been a role model in the New Orleans Program. In his own work with schoolchildren in New York City, he has demonstrated many times over that adult leadership can get children to say yes to fresh, whole foods and no to fries and

ketchup. In a short time, friendly adults, especially parents, can win the day and convert unhealthy eaters to healthful choosers.

The informed-common-sense eating rules in the New Orleans Program are simplicity itself. The physical exercises in the New Orleans Program are comfortable specifically for children and teens who are obese and have little athletic ability. The spiritual exercises are easy and relaxing. In the appendixes, which contain the procedures and clinical results of the New Orleans Program, we include the specific rules and exercises we used.

Simple, clear, common-sense advice can change teens' habits drastically. We were surprised in our preprogram interview to see the near-uniform eating patterns of our five obese teens, as well as similar family attitudes towards food.

- All snacked constantly.
- All ate continuously while watching TV or the computer screen.
- All ate mainly fast-type food, such as hot dogs and hamburgers made at home.
- All described being served large quantities of food at home.
- All ate without attention to feeling full, and many were surprised to hear that there was such a feeling as "full."
- Most were encouraged to eat everything on their plate and as much as they could.
- All lived with at least one obese parent and, if siblings were there, obese siblings.
- All felt there was "no shame to their game" of eating constantly since "everybody else at home does it."
- All exercised little, if any.

SOME SAMPLE RESULTS

Everyone on our teen New Orleans Program lost weight—teens and family adults, a total of thirteen (Appendix A). The amounts of weight loss varied over our six-month observation period. Those with early metabolic syndrome lowered their blood pressure and blood sugar. All these good results came with no drugs whatsoever. What is more, everyone's attitude became more positive, especially for those who lost the most weight. As physical appearance improved, so did school

attendance. Without so much TV, homework and other activities filled the newly available time. Some teens got higher grades, although several had earned good grades at the outset.

It wasn't all roses. For each teen, sticking to the program was hard at first, although it became easy by the end of the fourth month. The adults had a more difficult time at first, as they signed on not only to follow the program but also to limit TV and encourage exercise for their teens. Afterwards, three of the five teens have been able to continue their significant improvements for over a year. One person has kept a stable weight but has not lost more weight. One person began to gain weight again but returned to the program when asked and has since lost weight.

Our small but successful clinical experience tells us that next to preventing child and teen obesity, intervening with the participatory support of parents and family is the best choice. At the public-school level, would it be possible for dietitians, teachers, and administrators to replicate the success of the New Orleans Program with mass intervention programs for obese teens? We are doubtful. To the extent that an institution can lend a truly supportive and friendly ear, we suppose such widespread intervention might be possible. But direct intervention by a willing family member would be better.

So what can the schools do? What can we all do? We can provide healthier food at school and at home. We can make more time for quality exercise. We can be role models. The New Orleans Program will show you the way.

After all, prevention is the best cure.