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A GROWING PROBLEM

"Jenni" is one of thousands of West Virginia children and teenagers whose high blood pressure and weight puts them at risk of future heart disease, diabetes and other chronic diseases. Statewide, West Virginia University's CARDIAC project has found that one in four fifth-graders has high blood pressure, cholesterol and is obese.



LINGBING HANG
For The Gazette-Mail

Thousands of W.Va. kids are headed for diabetes

By **Kate Long**
Staff writer

MORGANTOWN — Jenni, a young teenager, sat on a West Virginia University examining table, twisting her fingers, waiting for the heart doctor. Sitting nearby, her dad patted her arm and closed his eyes.

Her Braxton County doctor had asked for a consultation. Jenni's blood pressure was spiking.

In a room down the hall, pediatric cardiologist Dr. Bill Neal and his team looked at Jenni's test results. "Her heart defect's not a problem now, but her weight is," Neal said.

Jenni — not her real name — weighed 209 pounds, at about 5 feet tall.

Neal turned to dietitian Leah Woodburn. "We need to bring her weight and blood pressure down," he said. "You've talked with her?" "She's a sweetheart," Woodburn said, "giggles and smiles and a puppy at home. She eats oodles of ramen noodles, and she's taking in at least 1,000 calories a day in soda pop."

"She thinks she can cut down on soda and the ramen noodles," Woodburn said. "If she does, she'll lose weight. Even 500 extra calories a day adds up to a pound of weight gain a week."

"Physical activity?" Neal asked. Lots of video games and texting, Woodburn said. Otherwise, not much.



KATE LONG
Sunday Gazette-Mail

"These kids are on their way to diabetes, but it's gotten so common for a child to be that heavy, I think people forget it's dangerous."

SISSY PRICE

Public health nurse, Braxton County Health Department

Neal sighed. "She's above the 99th percentile in weight, with high blood pressure and the neck rash that says that she probably already has high insulin resistance. This child is at very high risk of devel-

oping Type 2 diabetes."

He turned to the medical student attached to their team. It would be fairly straightforward to help Jenni,

SEE **JENNI, 8A**



THE SHAPE WE'RE IN

During the next few months, we will introduce you to people and communities that are finding ways to get a grip on West Virginia's awful chronic disease numbers. We hope to inspire others to try.

There will be three parts:

- Children at risk
- Programs that work
- Communities making a difference

Today, we start with a direct look at the problem.

RELATED STORIES:

SPECIAL REPORT — PAGE 1C:

- 'This is a public health emergency': 1-in-4 children at risk for chronic disease
- Putting the pieces together: At-risk children are identified, but who follows up with care?

IN MONDAY'S GAZETTE:

- 'We can beat this' — Cooperation the key to reversing the trend
- 'A real wakeup call' — W.Va. man bounces back from diabetes

JENNI

FROM PAGE 1A

he said, if her county had a public health dietitian or an after-school physical activity program. The problem is, there was nothing affordable to refer her to, near her home.

"This is a huge problem in most rural counties. We have thousands of pre-diabetic, obese children with high blood pressure who need to get physically active," Neal said. "They need support and follow-up at home."

"We could prevent a lot of type 2 diabetes if there was a way to get them active," he said.

Ninety to 95 percent of diabetics have type 2 diabetes, which is preventable through exercise and diet. It used to be called adult-onset diabetes. "Nobody calls it that anymore," Neal said.

Small steps

Jenni's eyes widened as Dr. Neal entered the exam room. He pulled up a chair between her and her father. "The tests show your heart defect isn't causing you any problem," Neal said. Jenni's shoulders sagged in relief. A shy smile spread across her face. Her cheeks turned pink.

"But your weight is a serious concern," Neal said. "Your high blood pressure is, I think, related to the extra weight you're carrying." Jenni drew a deep breath, blushing.

"You've talked about this with the dietitian, haven't you?" Neal said. She nodded. "What do you think you could do to take off some of those pounds?"

Jenni said she could cut down on soda pop. "And I could walk my puppy," she said. Her dad reminded her he bought her a video exercise program. "I could play with that more," she said.

Cutting down on soda pop was the number one priority, she and Neal agreed. "Let's see if you can lose 10 pounds," Neal said. "Small steps."

After the team left the room, dietitian Woodburn shook her head. "If we could reduce soda consumption, obesity rates in this state would drop," she said. "Just that one thing."

"A 20-ounce Orange Crush has 20 teaspoons of sugar and 250 calories," she said, "and 500 extra calories every day, for seven days, translates into one pound weight gain and that's more stress on her heart."

Ramen noodles are double-fried. They're second on her hit list.

Your address matters

Jenni and her dad went back to Braxton County, where last year, 26 percent of fifth-graders — 11 and 12-year-olds — had high blood pressure.

Also, 29 percent were obese, according to West Virginia University's CARDIAC screening data. For children, "obese" means they weigh more than 95 percent of children their age and height in the national norm group.

Braxton County runs slightly above the state average in obesity, and well above the national average of 20 percent for children ages 12 to 19.

"I know we need to do something," said Sissy Price, Braxton County's public health nurse. "These kids are on their way to diabetes, but it's gotten so common for a child to be that heavy, I think people forget it's dangerous."

Price, a part-time sanitarian and a part-time administrator hold down the fort at the county's tiny health department.

"I wish I could tell you we have something for these kids, but we don't," she said. There are no after-school physical fitness programs for kids who aren't on a sports team, she said.

"One of the coaches is trying to raise money to build a community building where families could exercise," she said. "All we've got is Curves and an adult gym that costs \$40 a



LINGBING HANG | For the Sunday Gazette-Mail

Dr. Bill Neal (right) and other WVU Pediatric Clinic staff members see a constant stream of West Virginia children with weight-related medical conditions. "If we can't get these kids more physically active, we're looking at a big increase in diabetes and heart disease down the road," he told (from left) dietitian Leah Woodburn and students Jessica Boone and Mark Guido.



A few words about soda pop

Leah Woodburn, dietitian for the Pediatric Clinic at the West Virginia University Health Services Center, on soft drinks:

"Typically, West Virginia children drink between one to three sodas every day. If we could do just that one thing, get kids to drink less soda pop, we would see a significant decline in childhood obesity rates."

"Each soda has about 80 grams of sugar in it. Eighty grams of sugar equals 20 teaspoons of sugar. A 20-ounce Orange Crush contains 20 teaspoons of sugar and 250 calories."

"We frequently see obese children who drink two chocolate milks at breakfast, two chocolate milks at lunch, then go home and have a soda as soon as they get off the school bus."

"Just 500 extra calories every day, for seven days, equals one pound weight gain. That's a pound a week from two sodas a day. Think about that."

month. Nothing for kids or people who can't pay \$40 a month."

"This is a real problem in small rural counties especially," said House of Delegates Majority Leader Brent Boggs, D-Braxton. "In Braxton County, we've got a track team with no track. There's one football field for the entire county youth and one swimming pool that opens only in summer, so we can't have swim teams. The list goes on and on."

The county per capita income is \$18,263. The county's 14,890 residents are mostly scattered about deep rural hollers and steep hillsides. A lot of residents drive to other counties for work. Only about 960 people live in Sutton, the county seat.

Sissy Price grew up in Braxton County. "I love this place, its beauty, the friendly people. That's why I'm here," she said. "I want to be useful here. At the

For parents

Thinking about making changes for your family?

Here are a few resources:

■ **kidshealth.org** Appealing and easy to understand, it is full of easy-to-find information divided among parents, kids and teens. Offers the most parent-friendly body mass index explanation and calculator.

■ **choosemyplate.gov** Plenty of useful information from the U.S. Department of Agriculture about diet and fixing healthy meals on a budget.

■ **letsgo.org** Useful for kids, teens, parents, childcare and health providers, schools and workplaces, from the state of Maine, in attractive handout form.

■ **aahperd.org** National Association for Sport and Physical Education, This site is not written for kids, but offers physical activity ideas and guidelines for children of different ages and guidelines for parents about what makes sense at different ages.

■ **rwjf.org/childhoodobesity**, the Robert Wood Johnson Foundation's childhood obesity page, is full of useful information for anyone interested in keeping children — and adults — healthy.

Find a more extensive list of resources at sundaygazette.com.

health department, we do our best with what we have, but it's a drop in a bucket that doesn't have many drops."

Diabetes and heart disease used to top the public health priorities list, she said, but "drugs and meth have pushed everything down the list. Diabetes is about number 10 now. Even teenage pregnancy, drugs have pushed that down the list."

She'd like to help that coach raise money for the community building, but she can't do that on the job, she said.

Earlier this year, the health department had a dinner so the community could set public health priorities, she said. "They want us to spend most of our time on drug abuse," she said. "If I do, I don't have time to organize a program for diabetes prevention or fitness."

"I am one nurse serving 14,900 people, and more people are coming to the health department, but our funds for are being cut. We got a big cut in immunization money. Small counties are struggling."

"I have to keep my eye on our primary mission. I am not letting vaccine-preventable diseases creep into our county. I won't let our teenage pregnancy rate rise."

"But we shouldn't have to choose," she said. "This is public health. To me, helping children be healthy and fit is just as important as keeping people off drugs."

Kids on drugs could die today, she said, but kids like Jenni could die 20 years from now and

undergo expensive treatment before they do. "Why would we help one and not the other?"

'Lots of kids'

Braxton County isn't unique. There is very little to help kids like Jenni in most counties, said Emily Murphy, obesity specialist for West Virginia University Extension Service. This is the elephant in the living room, the reality that isn't often discussed when people talk about solutions for the state's chronic disease or obesity problems.

"In many counties, there are no programs where you can refer at-risk kids, no after-school physical activity programs, no Y," Murphy said. "It's heartbreaking, because with a little exercise, these kids could turn their health around."

Jenni won't get much exercise at school. Students at the high school get only one semester of physical education in four years. Middle school kids get 18 weeks per year, 44 minutes every day for 18 weeks, then no PE for the rest of the year.

The school lunch? "I eat with my child at least once a month," Price said, "and I can't say the food isn't fattening." She pauses. "They're trying, making progress." The menu features brown rice, salad and whole wheat rolls, sometimes bean burritos.

Price dreams of a dietitian — "even somebody who comes once a month" — to run groups for families and kids who want to tackle their weight and learn

The Research on Childhood Obesity

For this project, with the help of the W.Va. Prevention Research Center, we compiled an extensive research list. The list is sobering. Sample titles include:

■ Childhood obesity linked to adult cardiovascular and variety of chronic illness

■ Overweight children at increased risk of cardiovascular disease

■ 100,000 more coronary heart disease cases expected if adolescent obesity trend continues

■ Children's life expectancy being cut short by obesity

■ Childhood obesity linked to diabetes epidemic

■ Overweight kids often become obese, unhealthy adults

■ Mother's diet may be linked to child's obesity

■ Obese kids 65 percent more likely to be bullied than peers of normal weight

■ Kids who watch a lot of TV — especially in their bedrooms — are at higher risk of obesity

■ Targeted marketing of foods and beverages contributes to obesity crisis

Find the full list at sundaygazette.com

Tips for any age

Dr. Pamela Murray, vice chairwoman of the Department of Pediatrics and chief of adolescent medicine at West Virginia University, offers this advice for better health:

1. Get sugar drinks — and other calorie-dense foods — out of the house. They are a constant temptation. Such drinks include soda pop, juice drinks, sports drinks and, to some degree, fruit juice. Instead, drink more water and other lower-calorie liquids. Substitute low-fat or skim milk for higher-fat milk.
2. Almost any regular physical activity will help you. It's much better than losing weight with no physical activity. Park a little further from the store. Take the stairs. Find something you like and do it, even 15 minutes a day.
3. Eat breakfast. It should be a non-sugar meal with no sweetened cereals. Try an egg, nuts, oatmeal, or cheese. It'll fill you up and keep you from getting hungry again in a few hours — and help you think better.
4. Portion control is critical. You can eat anything, as long as the portion is small enough.
5. A little bit of fat is good for you and should be part of a balanced diet. It contains essential vitamins, is a good energy source and helps control hunger between meals.
6. Start with one thing you know that you can do. You can't change everything at once. People need to make small changes every day, not big changes that they can't maintain.
7. Starving yourself sets you up for failure. Your body slows down its metabolism when you don't feed it regularly, and it becomes harder to lose weight.
8. Eat slowly. It takes the body at least 20 minutes to recognize that you have fed it and to feel full. Give your body time to send you the message that you are no longer hungry.
9. Don't smoke.

to cook. "None of the kids know how to cook anymore. Lots of parents don't cook. All they do is reheat stuff."

She dreams of after-school physical fitness classes for kids — all kids, not just overweight kids — in "a community building with a swimming pool," she said. "We could share it with two or three other counties, maybe put it at Flatwoods, close to Gilmer County."

"There's a lot of folks like myself who have been meeting and talking about how we can remedy this," Boggs said. "The bottom line is, the public will have to say, 'This is what we want.' Because there's no federal money for it now, and the state can't fully fund it. So we'd have to come up with our share."

If Jenni lived in Beckley, she could go to the YMCA cardio workout program for kids. If she lived in Kanawha County, she could find after-school programs. If she went to East Bank Middle School, the school-based health center would help her work on her weight, as part of a West Virginia University research study.

But there are only eight YMCAs statewide, and Braxton has no school-based health center yet.

Kanawha also has the state's only multi-week medical program for overweight kids, Charleston Area Medical Center's eight-week Healthy Kids program. In that program, Jenni would see a dietitian and doctor every week and meet with other kids. She'd try different ways of exercising. The staff would help her fit physical activity into her life.

Healthy Kids has a long waiting list. It takes a year to get in. Fewer than a hundred kids attend.

Jenni also would have been eligible for Camp New You, a free two-week summer camp for pre-diabetic, overweight kids developed at WVU through the CARDIAC project. Camp New You was canceled last summer for lack of funds.

"I wish we had something for her," Sissy Price said. "There's lots of kids that need it."

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