Kids Fight Obesity

Austin Schaefer, 10, has more energy after participating in exercise classes at the Weigh Smart behavioral intervention program in Baltimore, Maryland. Zaraya Thomas, 9, also enrolled in Weigh Smart, misses her mother Nikita’s macaroni and cheese dinners but enjoys new “green light” meals of fish and vegetables.

By Steve Bogira

REPORT FROM THE FIELD

Youngsters Trade Bagels And Butter For Cucumbers And Carrots

Nine-year-old Zaraya Thomas is sitting on a couch in her living room one winter evening, awaiting dinner. Zaraya and her family live in a townhouse in Essex, Maryland, a suburb of Baltimore. Zaraya has a playful smile and an animated manner. She is an African American with spiky dreadlocks fashioned by her mother. Her face is full, her arms are chubby. She is tall and heavy for a nine-year-old—four-foot-seven, 139 pounds. Her body mass index—32—is in the ninety-ninth percentile for her age.

At school, “People be cracking jokes on me and everybody thinks it’s funny,” she says. “One boy said that if I sit on a swing, I’m gonna make the whole swing set crash down.” But Zaraya says she faces real obstacles to losing weight—such as a longstanding sweet tooth. “I love cakes, I love pie, I love ice cream,” she says. “And I just love whipped cream.”

Several miles away, in another Baltimore suburb, Dundalk, ten-year-old Austin Schaefer is also battling his weight. Austin, who is white, has a broad face dominated by square-framed glasses, and he sports a stud in one earlobe.

He is five-foot-four—towering for a ten-year-old—but even on that long frame, his weight of 166 pounds gives him a BMI of 29, the ninety-ninth percentile for his age. He, too, has borne the taunts of classmates because of his weight, he acknowledges on another evening. “I just want to lose some pounds and keep myself healthy,” he says. But he, too, faces obstacles—including a division of opinion among his parents as to how serious his weight issues really are. Austin’s mother, Melody, first voiced concerns about Austin’s weight to his pediatrician. Austin’s father, Joe, questions the whole business. “I don’t necessarily believe that Austin has a problem with his weight,” he says, noting that he has “a little bit of a belly” himself. “Everybody in both of our families has been tall, so I’m thinking he’s just gonna be a thicker guy,” Joe says.

Weigh Smart: One Solution

Although the obstacles they face are different, Zaraya and Austin have much in common. Obesity runs in their families—perhaps because...
of some genetic influence, or because of shared environments and the powerful influence of social norms that find little fault in being heavy. Their world is bursting with high-calorie, high-fat temptations—at home, at school, in their neighborhoods. And they are growing up in a pervasive, immobilizing video culture. Zaraya, for example, estimates that she used to spend two and a half hours on weeknights watching TV or playing computer games. That’s actually a trifling amount for a U.S. child, relatively speaking. A recent study by the Kaiser Family Foundation showed children devoting an average of seven hours and thirty-eight minutes a day to entertainment media, excluding use of a cell phone.¹

Zaraya and Austin also have in common their participation in a behavioral intervention program, Weigh Smart, run by Mt. Washington Pediatric Hospital in Baltimore. The program is geared to obese and overweight children ages 8–17; the typical child referred to the program is twelve years old and weighs 200 pounds. The main goal isn’t short-term weight loss but, rather, to help children and their families develop a lasting healthier approach to eating and physical activity. Children, accompanied by members of their families, meet two evenings a week during the ten-week program. They learn about nutrition and fitness in the first hour of each meeting, and they exercise in the second hour. So on a given night, Zaraya and Austin will be exercising together, sweating their way through Dance Dance Revolution, the interactive music video game.

Programs like Weigh Smart recently got a boost from the U.S. Preventive Services Task Force. In January 2010 the task force recommended that pediatricians refer obese children and adolescents to intensive counseling or behavioral intervention programs that, like Weigh Smart, offer at least twenty-five hours of contact. The task force had reviewed recent studies of such interventions and found growing evidence of their effectiveness.² Now such programs are emerging as one of a number of approaches that could help in the fight against child overweight and obesity—an epidemic now estimated to affect nearly eleven million children ages 10–17 in the United States.³

**Zaraya’s Story**

Zaraya’s path to Weigh Smart began at her annual physical last August, when her mother, Nikita, expressed concerns about Zaraya’s weight. The pediatrician referred the family to Weigh Smart. Like several such programs, Weigh Smart teaches participants a stoplight model for appraising food, ranging from high-fat, empty-calorie foods that are deemed “red light” fare, to healthier items that warrant a “green light.” Before she enrolled in the program, most of Zaraya’s food fell into the former category. “I love most foods they tell me I can’t eat,” Zaraya says in her living room. “Like macaroni and cheese. Especially her macaroni and cheese,” she says, nudging her mother. Nikita sheepishly admits to putting red-light quantities of shredded cheese in the offending dish, and then topping everything with a layer of sliced Colby or sharp cheddar—with a stick of butter and some eggs thrown in as well.

Zaraya closes her eyes and groans longingly as her mother lists the ingredients. Nikita hasn’t prepared the dish since Zaraya started Weigh Smart, and she reluctantly plans to use reduced-fat cheese, and less of it, the next time she does. Asked if she wants her mother to make these changes, Zaraya pretends to cry.

**AVOIDING RED-LIGHT FOODS** If the mac and cheese were her only concern, Zaraya’s struggle would be easier—but her road to healthier eating seems to have a red light at every corner. “Everything in my school is a red,” Zaraya says. “Red, red, red. Chicken nuggets. Mozzarella sticks. Pizza. Fat, fat, fat.” And there’s little chance in school to work any of this off. She likes gym, but she has it just once a week. Recess has grown shorter as she’s gotten older, and her fellow fourth-graders roll their eyes at any recess activity that entails moving.

She walks to school, but many of her classmates don’t, even though the school is within a few blocks for most. Nikita says, “I see parents in the neighborhood picking up their children, and I’m like, ‘Wow. I had to walk a nice distance to school, and these kids would just have to walk around the corner.’”

When Zaraya gets home from school, she’ll first “relax my brain a little” by reading, watching TV, or playing computer games. But then she’s often out the door, even in cold weather, to play tag with friends. And Zaraya’s parents say her screen time has been declining lately, because she’s busy with Weigh Smart two evenings a week and gymastics a third, and because she’s making a concerted effort to reduce her screen time, as recommended by her Weigh Smart instructors.

**WHAT’S FOR DINNER** At dinnertime, Zaraya and her parents repair to their cozy dining room, where they are joined by Zaraya’s brother, Demante, a trim seventeen-year-old. The dinner Nikita has prepared is green-light: baked haddock, steamed cabbage, brown rice. Nikita coated the baking pan with “just enough olive oil so the fish wouldn’t stick.” She cooked the
cabbage and the brown rice in a sodium-free chicken bouillon that Weigh Smart has prompted her to try. The brown rice is standing in for the higher-salt Rice-A-Roni the family often has. Zaraya says she finds the entire dinner appealing, and she makes quick work of the had-dock and cabbage, but when she pushes her plate away, the hill of brown rice remains nearly unexplored. Clearly, wholesale adaptation to the new regime will take time.

Before she started the program, Zaraya’s breakfast was a bowl of Froot Loops, Frosted Flakes, or Cinnamon Toast Crunch. Now she usually has Raisin Bran or oatmeal. The instant oatmeal looked “gross” to her when her dad first offered it. “Then we put butter and soy milk in it,” Zaraya recalls, brightening at the memory, “Hallelujah. I fell in love with oatmeal.”

“We’ve cut back on the butter,” Nikita quickly adds. “Before, we were making the instant packs, which have a lot of sugar.” Now she cooks raw oats, sweetens them with Splenda, and spritzes them with spray margarine.

Zaraya’s father, Demond, says that when Zaraya eats Raisin Bran, she now carefully measures out her serving—a cup of cereal, a half cup of milk. The milk is usually skim or 1 percent, down from the 2 percent milk she drank before. She scans nutrition labels, which she ignored before. “When we substitute healthier food for the chips and junk food” Zaraya ate previously, her father says, “she’s just as excited about eating that. So we’re offering more vegetables and salads for snacks, like they say in the program. She’s fallen in love with cucumbers, she loves carrots.”

SPREADING AWARENESS Among her classmates, Zaraya, once a trusted food co-offender, has become an eagle-eyed surveillance officer for the food police. She asks to see her friends’ chip bags, “and they’re like, ‘No, you’re gonna eat them.’” Instead she points to the Nutrition Facts panel on the label, and she chides them. “One of my friends bought two bags of chips and a fruit roll-up. I was like, ‘Man, do you know how many calories you’re eating?’” Her friends usually slather their bagels with butter. “They’re supposed to be having one package, and they be having three,” she says disdainfully.

ROLE OF FAMILY Nikita, 33, is heavy herself, and she thinks genetics predispose Zaraya toward obesity. The women on Nikita’s mother’s side tend to be “pretty short and round,” she says. Nikita played sports and danced growing up, and she didn’t become overweight until she had Zaraya, after which she put on sixty pounds—weight she has been unable to lose.

Demond, who’s 31 and works as a hospital registrar, had stout parents. He was thin until middle school—but when he hit the socially awkward years as a teen, he turned to TV and junk food for comfort, and his weight ballooned. By the time he graduated from high school, he packed 375 pounds onto his five foot, eleven inch frame. Then he was diagnosed with type 2 diabetes, which forced him to change his diet. He became more active as well, and in two years was down to his present 175 pounds.

Both parents appreciate Weigh Smart’s holistic approach—treating the whole child, and the whole family. “It’s not all about exercise, it’s not all about what you eat. They deal with the psychological and emotional issues,” says Demond. Nikita adds, “They say it’s for the kids, but it’s really for the parents. I read labels before, but I didn’t really understand what I was looking for. I wasn’t paying attention to the serving size, the saturated fats, the trans fats.”

ADVANTAGES OF THE NEIGHBORHOOD Zaraya is now better positioned to fight obesity than many African American children, and not only because she has two parents motivated to help her. Four years ago, when Zaraya reached school age, the family was able to move to Essex from the heart of Baltimore’s African American inner-city neighborhood, where Zaraya would not have been allowed to walk to school or play outside. The sidewalks of their former neighborhood were littered with “drug needles, broken glass, bullet casings,” Demond says. The family ventured outside only when it had to. “We turned our living room into a play room for Zaraya and her brother just to make sure they were safe,” Demond says. The food offerings in their old neighborhood weren’t “green light,” either. “Fried chicken places everywhere,” Nikita says. “They did have produce sections, but the pickings were very slim—it’s not like the store we go to now.”

SOCIAL NORMS Without using the language of sociology, both Nikita and Demond imply that
“Don’t just stroll through the mall,” Ms. Sonya says. “Walk with a purpose, like you got to tell somebody something real juicy.”

What Goes On At Weigh Smart
One evening the same week, Zaraya and her six Weigh Smart comrades are sitting around a long table in a conference room at Mt. Washington Pediatric Hospital. Sonya Johnson-Branch, a physical therapist assistant—“Ms. Sonya,” as the children call her—is offering tips for staying active in the dead of winter. She proposes they visit a mall, since malls are warm and safe. “But don’t just stroll through the mall,” Ms. Sonya says. “Walk with a purpose, like you got to tell somebody something real juicy.” She urges the children to take the stairs instead of the escalator, and she suggests that they do simple calisthenics when they’re waiting in line to buy something. “We don’t care if people think we’re crazy.” The children laugh. “Every calorie and every minute counts,” she says. “You can’t say, ‘Oh, it’s just one brownie’—no, it’s 220 calories. Or, ‘I only have ten minutes to walk, ten minutes ain’t gonna do nothing.’ That’s ten minutes more exercise than if you were sitting on your butt.”

COMBATING PEER PRESSURE It’s hard to get kids moving when most of their peers aren’t, Elizabeth Getzoff, a Weigh Smart psychologist, says later. “Play-dates today consist of video games. And with the Internet, kids can have all their friends on Xbox and play the game together from their own separate homes, just sitting in their bedrooms for hours.” She’s glad some video games, such as those done on the Wii, involve physical activity, “but a lot of our kids know how to bowl on the Wii while sitting.”

Many children come to Weigh Smart with odd-ball eating and sleeping schedules, Dr. Getzoff says. “They’ll skip breakfast because they got up too late, and at school the lunch is ‘nasty’—I hear that daily—so they won’t eat that, either. They’re starving when they get home in the afternoon, so they eat a lot. Then it’s the Thanksgiving effect: the blood sugars are racing through their system, so the body shuts down, and they take a long nap. They wake up and have dinner, and then they eat right before bed. We tell them, ‘You’re on the sumo wrestlers’ diet—is that the look you’re going for?’ ”

Both Boys and Girls Five boys and two girls are in the current Weigh Smart group, but that is atypical. Since the program began four years ago, two-thirds of the participants have been girls. Weigh Smart manager Michelle Demeule attributes the usual girl surplus to a referral bias among pediatricians and family members: it’s still more acceptable for a boy to be overweight than a girl. Three-quarters of the participants have been African American (as are six of the seven children in the current program). Demeule says that this is a function of the market the hospital serves and the higher rate of childhood obesity among African Americans.

New Routines Children referred to Weigh Smart first meet with a gastroenterologist and with Dr. Getzoff or another psychologist and then are placed either in the group program or in individual family counseling. The children keep logs of what they eat and how much they exercise during the program, and they wear pedometers tracking their steps. There are follow-up sessions after the ten weeks are up.

In the conference room, Ms. Sonya is reminding the children of the importance of the long haul: “We have you for ten weeks, but after that you have to keep going,” she tells them. “This isn’t some quick-fix where you can say, ‘OK, I’m all done, I can go back to burgers and fries and video games and sitting on my bottom all day.’ ”

Zaraya’s parents sit on either side of her, and the other children all have at least one family member with them as well. The program is definitely aimed at the entire family, not just children, because “kids aren’t the ones buying the food or preparing it,” Dr. Getzoff says. And if the family isn’t supportive, she adds, change is
The number of childhood obesity intervention programs seems not to be increasing as rapidly as childhood obesity is.

unlikely. Even the generally supportive families often have a holdout, someone who may undermine the effort. Dr. Getzoff talks with these holdouts when possible, and occasionally they are converted during the program. “But sometimes families have to persevere despite the fact that other family members are not on board,” she says.

STARTING EARLY Weigh Smart was originally intended mainly to keep children who were overweight from becoming obese, Demeule says. But pediatricians don’t refer kids until they’re already obese—and, to Demeule’s frustration, often not even then. And they frequently come with complications: half are hypertensive, and three-quarters show signs of insulin resistance. Demeule would rather get them earlier, when the complications could possibly be averted. (Weigh Smart recently added a program for children ages 2–7.) Demeule thinks the continued stigma of obesity dissuades health care providers from responding more aggressively: “Maybe parents don’t identify their children as being obese, and then it’s a sensitive topic to bring up.”

The number of childhood obesity intervention programs seems not to be increasing as rapidly as childhood obesity is. Only a handful of programs exist in Maryland, Demeule says. Some medical schools elsewhere offer programs. Private insurance coverage is spotty at best for obesity prevention. Most Weigh Smart families are eligible for government medical assistance, which pays some program costs, and the hospital absorbs the rest. Demeule hopes that the recent U.S. Preventive Services Task Force recommendation leads to increased insurance coverage and more referrals and programs.

GETTING MOVING As the first hour winds down in the conference room, Ms. Sonya encourages the children to push themselves in the upcoming exercise hour. “Now that we’re at week six, we can’t have the same expectation for our bodies,” she says. “It’s time to move it up a little bit. You should start to notice as you get stronger that you don’t get tired as fast.”

“That is true,” Austin Schaefer volunteers. “The workout we did last time? Before the program I could never have did that.”

Ten minutes later, the children are pedaling, jogging, and rowing in a small, brightly lit basement room crowded with exercise equipment. R&B music thumps from a CD player. Zaraya stands on a Bosu ball in the middle of the room, balancing on one foot and then the other while levering five-pound dumbbells with her outstretched arms. She is panting. In a corner of the room, Austin pedals resolutely on an exercise bike, his tongue mopping up the sweat beneath his lower lip.

Later, in the hallway outside the room, Austin and Zaraya tackle Dance Dance Revolution. On mats subdivided into nine squares, they mimic the frenzied steps of the animated dancer on the screen in front of them. The better they copy the steps, the more points they amass. Zaraya is routing Austin. After one song ends, Austin turns toward Zaraya, laughs, and says, “You’ve been practicing.” Zaraya chuckles. Ms. Sonya notices them standing on the mats as the game resets. “Why are you standing still?” she asks. Zaraya and Austin glance at each other, and launch into a set of jumping jacks.

Austin’s Story

WHAT’S FOR DINNER On another winter evening, Austin Schaefer and his parents and older brother are bent over dinner in their home in Dundalk. A clinking chorus—forks against plates—fills the dining room. Dinner tonight is not the cheese steak the family is partial to. Austin’s mother, 31-year-old Melody, baked skinless chicken breasts and potatoes, and she steamed broccoli and cauliflower. She used “just a little tiny bit of canola” in cooking the chicken, and there is a trickle of canola oil on the potatoes and a dab of Country Crock Light, a butter substitute, on the vegetables. This sort of “green-light” fare has become standard for the family in the six weeks Austin has been in Weigh Smart.

“This isn’t how we ate before,” Melody says. “We’re used to a lot of butter, a lot of salt.” And the change hasn’t met with universal favor in the Schaefer household. “It’s hit me the hardest,” says Austin’s father, Joe. “I wish she could make two dinners—but whatever she makes, I eat.”

Austin’s weight has troubled Melody for a long time now. Her father died of a heart attack at 47—when he weighed 650 pounds. Austin was a baby then, and already heavy. Melody talked with his
pediatrician about her concerns last fall, which led to the referral to Weigh Smart.

Austin, who is drinking a Diet Dr. Pepper, says he wasn’t immediately enamored with the program; he finds it a pain to keep the eating and exercise logs. But he has felt calmer and more energetic lately, and attributes it to the program.

Melody wrinkles her nose after eating a forkful of potatoes. “These just seem so dry. I’d love to have butter on them.”

“They taste good to me,” says Austin’s brother, Kenny, who is 15.

“They taste good to me, too,” Austin chimes in.

**FAMILY DYNAMICS** Kenny is five-foot-nine and 140 pounds, and he hopes to gain weight. Melody says, “It’s hard for us to have a child who has to eat less, and one who needs to eat more.” Austin’s father, Joe, a 29-year-old machine operator whose scalp is shaved and tattooed, is six-foot-two and weighs 230 pounds. “I’d actually like twenty more pounds, just spread out,” he says. Melody protests. “I don’t want Austin to turn out like us, and think it’s OK to eat all that butter and salt.” She gestures at Joe.

“He eats Tastykakes”—a line of cupcakes, pies, and donuts—“sometimes three or four in a sitting.” “I had four before dinner tonight,” Joe boasts with a wry grin.

Austin, his plate empty, asks his mother if he can have seconds. Then he answers his own question: “I’ll set the timer for twenty minutes.” He hurries over to the microwave in the kitchen and taps in the numbers. “In twenty minutes we’ll see if I’m still hungry.” It’s a Weigh Smart tip: Delay the urge to eat seconds, and the urge may pass.

“It takes twenty minutes for your brain to tell your stomach that you’re full,” Melody says.

Joe volunteers that when there is something Austin craves seconds of, he tends to forget the timer strategy. “He damn near killed me for the spinach last night. We finished at the same time, and ran up to see who could get seconds first.” Melody allows that she had corrupted the spinach with a little too much Country Crock Light.

Joe adds that when Austin’s mother isn’t around, Austin is “always into something.”

“Whaddya mean, ‘into’?” Austin objects.

“Different snacks.”

“No, no, no,” Austin says. “Good snacks. The puddings are only like a hundred calories.”

**KEEPING AN EYE ON AUSTIN** Melody sighs. She works days—as a registration clerk in a hospital—and Joe works the graveyard shift. So when Austin gets home from school, Joe is there and not her. Given his own eating habits, he isn’t inclined to curb any of Austin’s “red-light” snacking. To minimize the damage, Melody has restocked the snack cabinet with raisins, pretzels, baked goldfish crackers. A few “red-light” snacks remain, in deference to Joe, “but mostly everything in there now is a green food,” she says, “whereas six weeks ago? You would have found all red food in there.”

“Little Debbies,” Joe says dreamily. “Butter CUPS.”

Austin allows that when his mother isn’t around, he’ll frequently snag a box of Swedish Fish—a gummy candy—from the cabinet. “But I’ll only eat a serving size, only seven.”

“It’s zero grams of fat,” Melody says. “I do allow him to have things with sugar in them, because he doesn’t have a problem with diabetes, but he’s not allowed to have a lot. Before, he would have probably ate the whole box.”

The microwave timer beeps. The message that Austin is full has yet to reach his stomach. He asks his mother if he can have seconds, and she assents. He refills his plate in the kitchen.

**WHAT HE’S LEARNING** While he’s polishing off his seconds, Austin describes a recent Weigh Smart exercise aimed at minimizing the harm of fast-food meals. The children were given menus for several popular fast-food restaurants, along with the nutrition specs, and were asked to plot meals of no more than 500 calories. Austin’s proposed McDonald’s meal—cheeseburger, apple dipper, Fruit’n Yogurt Parfait, chocolate milk—measured in at 445 calories, a vast improvement, he says proudly, on his usual double cheeseburger, fries, caramel sundae, and combination Sprite and Hi-C orange. Total calorie count: about 1,310 calories.

“That’s a good idea and all that,” Joe says, “but five minutes after we get out of McDonald’s, he’s gonna be hungry.”

“Nuh-uh,” Austin says.

Melody says, “See, because Joe doesn’t go to the meetings, he doesn’t realize that we’re looking for things that make you feel fuller.”

“Fiber,” Austin says.

The children were given menus for several popular fast-food restaurants and were asked to plot meals of no more than 500 calories.
“And protein,” Melody says.

Joe chuckles at the one-two volley and concedes the point, for now. “OK! I’ll be watching you guys! I’ll throw a red flag out quick!”

Like Zaraya, Austin used to eat a high-sugar, low-fiber cereal for breakfast—often Fruity Pebbles or Waffle Crisps. Now it’s usually Banana Nut Crunch. It has as much sugar and more calories than his former cereals, but also more fiber and protein. He has it with skim milk now instead of 1 percent.

“So, we gonna mention those breakfast sandwiches?” Joe asks. He’s referring to the Jimmy Dean sausage, egg, and cheese croissants that on occasion launched Austin’s day.

“I don’t eat them anymore,” Austin says.

“I’ve seen you eat them a couple mornings.”

“No. During this program, I haven’t had one.”

FOOD AT SCHOOL Also like Zaraya, Austin, a fifth-grader, sees red in his school cafeteria. “There’s chicken nuggets day, pizza day, hot dog day—all red foods. They do put fruit out.” Melody adds that the school fare has improved recently: there’s less fat and sodium, and students no longer have access to soda from vending machines.

School is less than a mile away, but Austin gets a lift—for safety reasons, Melody says. He is active outdoors in the warmer weather, playing with his friends, biking in the neighborhood, camping with his Boy Scout troop and family. In the winter, though, he is often camped inside with his Xbox or Nintendo DSI console. He guesses that his video-gaming and TV-watching together consume thirty hours a week.

Austin says he’s learned something surprising from his exercise sessions at Weigh Smart: “I never knew that the more you exercise, the more energy you get. I can run faster now—when I play with my friends, they can tell.”

When Weigh Smart ends in four weeks, “I’m gonna stay healthy and keep exercising,” he says.

He brings to the table a closeup photo of his grandfather and one of himself. “People say we look alike in these two pictures. I don’t want to gain a whole bunch of weight like that.”

Joe says he thinks Austin and Melody will continue to follow the Weigh Smart guidelines for a few months after the program, “but eventually it’ll slip their minds, and they’ll start falling off.”

Melody responds: “What he doesn’t understand is every day I think about my father, and the fact that he died at 47. And I can’t let that happen to Austin.”

GAINING OR LOSING WEIGHT Short-term measurements of the efficacy of obesity-intervention programs like Weigh Smart are complicated by the fact that children like Austin and Zaraya are still growing. Thus, progress often is not reflected in actual weight loss, but in a slowing of the rate of gain. And sure enough, after six weeks in Weigh Smart, Zaraya had gained 1.2 pounds, or an average of 0.2 pounds per week. This was a modest decrease from the month before the program, during which she had been gaining at a weekly rate of 0.5 to 0.8 pounds.

Austin, for his part, had actually lost weight—1.6 pounds—during his six weeks in the program. He’s thrilled; so is his mother. Joe, his father, shrugs. The last few weeks have “definitely made a change in Austin, and I’m sure it’s for the good,” he says. “But I think you should just live life the way you live it. I believe in God, and if things are gonna happen, they’re gonna happen no matter what, whether you die from being unhealthy or from walking outside and the roof falling on your head.”

To Melody, he adds, “I just don’t think he really needs to be skinnier. I know you’re protective of the kids and all—”

Austin breaks in. “Dad, for future reference, it’s not about me being skinny—it’s about my health. I don’t wanna get to be 650 pounds, and die at the age of my grandpa.”

The message, it appears, is getting across. And now, there are only about eleven million more American children to go.