GVFP NEWS & VIEWS

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Childhood Obesity

Childhood obesity has more than tripled in the past 30 years. The prevalence of obesity among children aged 6 to 11 years increased from 6.5% in 1980 to 19.6% in 2008. The prevalence of obesity among adolescents aged 12 to 19 years increased from 5.0% to 18.1%.

Obesity is the result of caloric imbalance (too few calories expended for the amount of calories consumed) and is mediated by genetic, behavioral, and environmental factors. Childhood obesity has both immediate and long-term health impacts:

- Obese youth are more likely to have risk factors for cardiovascular disease, such as high cholesterol or high blood pressure.
- Children and adolescents who are obese are at greater risk for bone and joint problems, sleep apnea, and social and psychological.
- Obese youth are more likely than youth of normal weight to become overweight or obese adults, and therefore more at risk for associated adult health problems, including heart disease, type 2 diabetes, stroke, several types of cancer, and osteoarthritis.

How is childhood overweight and obesity measured?

Body mass index (BMI) is a measure used to determine childhood overweight and obesity. It is calculated using a child's weight and height. BMI does not measure body fat directly, but it is a reasonable indicator of body fatness for most children and teens.

A child's weight status is determined using an age- and sex-specific percentile for BMI rather than the BMI categories used for adults because children's body composition varies as they age and varies between boys and girls.

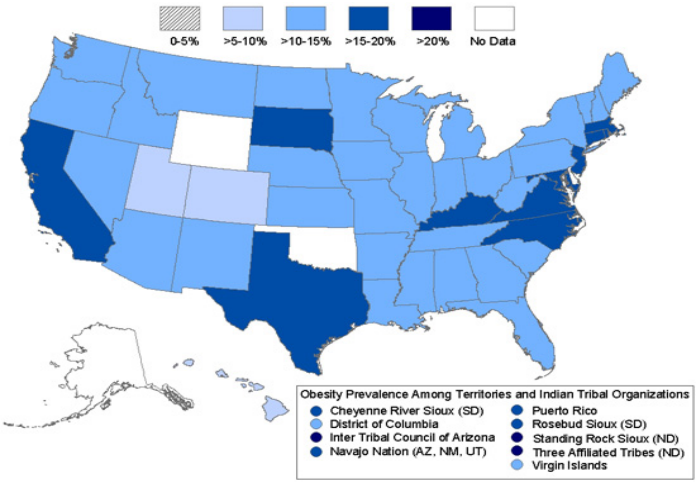
For children and adolescents (aged 2—19 years):

- Overweight is defined as a BMI at or above the 85th percentile and lower than the 95th percentile for children of the same age and sex.
- Obesity is defined as a BMI at or above the 95th percentile for children of the same age and sex.

Why focus on food and physical activity environments?

There are a variety of environmental factors that determine whether or not the healthy choice is the easy choice for children and their parents. American society has become characterized by environments that promote increased consumption of less healthy food and physical inactivity.

More than 30% of American kids 2 to 19 are overweight or obese.



2010 obesity rates among all children in the United States

There is no single or simple solution to the childhood obesity epidemic, parents can help make the healthy choice the easy choice for children, adolescents, and their families.

Parents can follow the advice of their Family Physicians and limit media (TV, computers, video games) time for kids to no more than 1 to 2 hours per day. Visit your child's care center to see if they serve healthier foods and drinks. Work with schools to limit foods and drinks with added sugar, fat and salt that can be purchased outside the school lunch program. Provide plenty of fruits and vegetables, limit foods high in fat and sugar, and prepare healthier foods at family meals (include your child in preparing the meals). Serve your family water instead of sugar drinks and make sure your child gets physical activity each day.

Healthy lifestyle habits, including healthy eating and physical activity, can lower the risk of becoming obese and developing related diseases.

Information provided from www.cdc.gov

Flu season is here!

The Centers for Disease Control, Advisory Committee on Immunization Practices (ACIP) recommends that **ALL** persons who want to reduce the risk of becoming ill or transmitting influenza be vaccinated. GVFP will again be offering Flu vaccines **beginning October 1, 2011**. Cost will be $38 for both adult and pediatric immunizations.

Chicken and Spinach Pesto Lasagna

Ingredients:

3 Tbsp. olive oil
1 cup onion, chopped
3 cloves garlic, crushed
2 pkgs. (12 oz. each) frozen chopped spinach
3 cups chicken breast, cooked and diced
½ tsp. salt
½ tsp. black pepper
2 cups ricotta cheese
1 large egg
1 ½ cups pesto sauce, plus 2 Tbsp.
¾ cup Parmesan cheese, grated
12 no-boil lasagna noodles
2 cups mozzarella cheese, shredded

Directions:

Preheat oven to 350°F. Spray 13x9-inch casserole or lasagna pan with nonstick cooking spray. Heat oil in large skillet over medium-high heat. Cook and stir onions and garlic until transparent. Add spinach; cook and stir about 5 minutes. Add chicken and stir about 5 minutes. Season with salt and pepper.

In large bowl, mix together ricotta cheese, egg, pesto and Parmesan cheese until thoroughly blended. Add chicken and spinach mixture to bowl and stir to combine. Spread 2 tablespoons pesto in bottom of prepared pan. Layer 4 lasagna noodles, slightly overlapping. Top with one third of spinach ricotta mixture and one third of mozzarella. Repeat layers twice. Bake about 35 to 40 minutes or until hot and bubbly. Refrigerate any leftovers. Serves 8

OCTOBER 2011

Sun	Mon	Tue	Wed	Thu	Fri	Sat
						1 9-12 Sat. Clinic
2	3	4	5	6	7	8 9-12 Sat. Clinic
9	10 Columbus Day	11	12	13 No School	14 No School	15 Closed
16	17	18	19	20	21	22 Closed
23	24	25	26	27	28	29 9-12 Sat. Clinic
30	31 Happy Halloween					

October is . . . . Eat Better, Eat Together Month, Domestic Violence Month, Breast Cancer Awareness Month, Emotional Wellness Month, National RSV Awareness Month, National Book Month, National Crime Prevention Month, National Fire Prevention Month, Health Literacy Month, Long Term Care Planning Month, Lupus Awareness Month, National Down Syndrome Month, National Spina Bifida Awareness Month, National SIDS Awareness Month, and Positive Attitude Month.

UNDER CONSTRUCTION

This section in our newsletter is specifically designated to update our patients on happenings or changes within our office...

GVFP now has a website – www.gvfp.net

CHECK IT OUT!!

GVFP is working towards becoming a "*Patient-Centered Medical Home.*" The Colorado Department of Healthcare Policy & Financing is asking practices to obtain Medical Home Certification. A "*Medical Home*" is a community-based primary care setting which provides and coordinates high quality, planned, family-centered health promotion and chronic condition management. The certification is a three step process. We have met step 1 in August with a practice survey and are currently working on step 2 by developing strategies to improve use of a quality improvement process. We have designated Childhood Obesity as our project.

REMINDER: Due to many factors it is our new policy to ask **EVERYONE** for a new and/or current copy of your insurance card and driver's license.

If you have questions concerning a specific change, please feel free to contact Barb Rider, our Office Manager.

Breast cancer continues to take a heavy toll on American women, 26 years after health advocates named **October National Breast Awareness Month.** Just how big a toll? In 2006, 191,410 women were diagnosed with breast cancer, and 40,820 women died, according to the latest statistics from the Centers for Disease Control and Prevention.

Breast cancer is the second most common cancer in women, after non-melanoma skin cancer.

But the news isn't all bad. In fact, women are living longer than ever after a diagnosis.

"There has been a decrease in mortality over the last 40 years," says Dr. Deborah Axelrod, director of clinical breast cancer programs and services at New York University Cancer Institute at NYU Langone Medical Center in New York City.

REMINDER: Due to high demand of appointment times the **No-Show** fee will increase to $50 as of October 1, 2011. Please call and cancel your appointment so that someone else may have it.