

Smart Enough?

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On Sept. 13, 2012, New York City's Board of Health announced the adoption of new regulations that will limit the size of sugary drinks sold at restaurants, movie theaters, sports venues, coffee shops, pizza shops, delis, food trucks, etc. The regulations will restrict the size of non-diet [soft drinks](#) sold in these venues to 16 ounces or less.

The obvious hope is that people will consume fewer calories and ultimately be healthier. According to one report, "If the average New Yorker decreased soda consumption from 20 ounces to 16 ounces only once every two weeks, that would still be enough to prevent roughly 2.3 million pounds of weight gain in the city every year."¹

Liz Berman, a business owner and chairwoman of New Yorkers for Beverage Choices, a beverage industry-sponsored group fiercely opposed to the ban, made this comment: "We are smart enough to make our own decisions about what to eat and drink."

While certainly smart enough, the public is not left to make its own wise choices without a significant amount of influence by those that process our food. This history of Coca-Cola proves quite exemplary in this regard.

Coca-Cola originally got its name from the two primary ingredients: cocaine from coca leaves and caffeine from kola nuts. Certainly, the same "we are smart enough to make our own decisions" argument could be made about the original recipe. Obviously, the inclusion of cocaine and caffeine had an addicting effect that significantly impacted consumer choices and subsequently sent sales through the roof. And while Coca-Cola no longer contains cocaine (but still derives some of its flavor from a coca leaf extract), the caffeine is still there, not to mention a lot of sugar. It's the same formula for success, just with different ingredients.

This is true of most of our processed food. The inclusion of processed sugar (in all forms), salt, fats, artificial sweeteners (remember when cyclamates were banned because they potentially caused bladder cancer?), and other additives with names too long to pronounce has soiled the human palette, leaving it wanting more of what we shouldn't be eating in the first place. Combined with exaggerated marketing and constant availability, this leaves most consumers at a serious disadvantage when it comes to being "smart enough." Their brain simply loses the war with their tastebud urges.

As a health care provider, you see the results of these poor choices every day: hypertension, inflammation, chronic pain – the list goes on and on. Patients' poor choices have nothing to do with their IQ. The issue is one of making healthy choices.

Most people can tell you how to stay fit. When asked, they will tell you that you need to eat a balanced diet, exercise and get plenty of sleep. But the average American doesn't typically do *any of these* on a regular basis. Their diet is largely [fast food](#). Their exercise is usually no more than walking through the mall. And getting to bed early is for sissies.

But while we may be smart enough to decide how to live, our health as a nation is still declining.

Our current adult population is divided into [three groups](#):²

- 31.7% not overweight
- 34.4% overweight
- 33.9% obese

These percentages don't address wellness or fitness, only weight. As you know, probably less than one in five adults would be considered healthy. And sadly, our children are following the same road as their parents. Childhood obesity rates are currently almost 20 percent for those 12 years and older.

The decision by New York City's Board of Health will likely be a point of conversation for the next few months, particularly if other cities and counties follow suit. This opens a door for you to have some very meaningful conversations with your patients about their eating habits.

For the next month, ask your patients to record what they eat and drink over a seven-day period (including weekends). On their next appointment, spend a few moments discussing how they can make changes to their eating habits (and those of their family) to improve their health (and weight). You could help them develop a wellness plan for the new year.

During the discussion, you might make them aware of the nutritional needs they are probably neglecting. Taking nutritional supplements improves their health and reminds patients to more carefully consider what they eat.

We can expect similar regulations aimed at reducing obesity and its associated costs to come from New York City and other government agencies. The reality is that as a nation, we are having a very difficult time paying our current health care bill, and it's only going to get higher.

Our current political environment forces us to share most of the costs of unhealthy behavior, regardless of our own personal accountability. Drugs and/or surgery are the resultant cost of these unhealthy choices, neither of which is the solution. The answer is converting people to a [wellness lifestyle](#), plain and simple. It's the only smart (financially accountable) way to live.

As the wellness doctor in your community, you have the knowledge to help your patients be "smart enough" about their health. This is, not coincidentally, also the answer to our skyrocketing health care costs.

References

1. "NYC Passes Ban on Supersized Sugary Drinks." Health on Today, taken from NBC News and wire reports, Sept. 12, 2012.
2. FastStats: Obesity and Overweight (U.S. data). Centers for Disease Control & Prevention: www.cdc.gov/nchs/fastats/overwt.htm.

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