

Healthy Living: Your Links to Personal and Professional Success Presented by Todd Witthorne

Transcript

Presented at 2012 Wellness in Your Workplace Symposium

Dr. Loriene Roy Introduction:

Alright, I think we're ready to start. And welcome to our first Wellness at Your Library Symposium here at our UT Austin and our School of Information. You're a small group but you're pretty strong, I can tell, you're very mighty and you're good with fruit.

As you know, Marjory Gibson has done like ninety-nine percent of the work on this event and she went to Whole Foods this morning, she'd arranged for a fruit tray. And later, actually we'll bring in the veggie tray, and we thought there would be one layer of fruit on the tray and it was a mountain of fruit. And once we announce to the students that there is fruit available it will be gone, so do participate in the fruit.

We want to thank the National Institute of Health, this event has been funded in whole or in part, except for the food, in case you are knowing what we have to pay for and not to funding to the National Institute of Health. From the National Library of Medicine under contract number with the Houston Academy of Medicine, Texas Medical that's your library support. And Michelle Malizia is here from Houston and so she's going to help later us learn more about resources, so we're happy to have her here.

Thank you for taking the time to join us today you can tell that Austin is really happy to have you because today we have the weather that people expected to have last week during SXSW, which last Saturday or the Saturday south by was a torrential rainstorm and there were many comments about that and it was cold. And so you are here during what we would consider an Austin spring day, in the eighties, with beautiful breeze. So thanks for bringing that weather back to us.

Some of you have come from a distance, who's not, who does not live in Austin? If you're up in Georgetown, you don't live technically in Austin, not in Austin, so thank you for coming here. Some of you are local, we want to make sure you have a great time. Who's here for their first time to Austin? So please, have you been having a good time so far?

Audience: Yeah

R: Ok, so if you have questions, ask a local. You know are motto "keep Austin weird" and that means enjoy the place, so please enjoy Austin. We expect the audience to kind of ebb and flow so people will be coming in and joining us at various segments.

Make sure you get time to talk to people, especially the speakers; we'll introduce them formally before they speak, but I will in a minute point out some of the speakers, too. So the face to face time is very important and we're happy to be able to share our college with you.

Again, thanks to Marjory who's had to live with me, and as all of you who know me realize that's not the easiest thing to do. And she's been, I had my gallbladder removed four weeks ago, and she's was the

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person who saw me like no, that very few people in the world see me, in the hospital and made sure I got back to my house, so I appreciate Marjory and everything she's done.

Applause

In terms of, I've been here twenty five years, and in terms of nice quality, she, I can't think of a student who's been nicer to work with. She has been really truly, and attentive to detail. And thinking of all of you for the last few months. So, I really appreciate working with Marjory.

Dr. Diane Bailey whom you might not see, moved her class, which was schedule in this room, so that we could be in this room. The room, the famous room with the pillar, as you can see. Students can hide, and so they use that pillar for various reasons.

Brief notices, the restrooms, I can see the water fountains and there are restrooms right behind them. If you really want a private restroom, the one I use is just down the hall a little bit to the right. If you need a lactation room, talking about wellness, it's right next door to that other restroom. It's a single person restroom.

We'll have breaks. And in between speakers Marjory is going to come up and do something with Adobe Connect. It's a new experience in our department, pretty much since this semester, and Marjory has already gained a reputation of being a person who knows a lot about adobe connect. UT has a contract with this conferencing software and they really didn't push using it until some kinks were worked out, and I think Marjory's experienced all the kinks. And, but there may be times when we need some help. So we're kind of easy with that, heart of workplace wellness is we'll try not to stress each other out today.

Although I am talking like a Minnesotan, and pretty fast. So we'll, any other notices, we have the fruit now, we're going to bring out the veggie tray, there's water fountains. If you are, like caffeine, we have a Starbucks just behind the building. As Dr. Marshall knows, my directions behind ups, north, south, kind of are relative to me, so you might want to double check with everybody else in terms of what direction you should head out in.

Audience: *Inaudible*

R: Great. We have help with the wireless. We're going to take a look at the schedule in a second and we'll then move into our first speaker. In terms of lunch we have an hour and half lunch break, and we moved off campus to this building, what's it Barbara, two and half years ago I believe? And for those of us in the other building who lived off the campus location, this is still kind of new to me. But one of the pleasures of this building is that we're really close to restaurants. So just to the east of us is the Clay Pit Indian food and they have, did you like it did you try?

Audience: I didn't eat there but I saw where it was.

R: They do have a lunch buffet that serves quickly, Marjory did you have?

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Marjory: Oh no, I'm fine.

R: I'm trying to read signals. And then we have to the west of us is Italian, Sagra, it's a little more formal, may take a little longer to get your food. Dog and Duck, I think safe to say is Austin's best pub, is just to the north of us. Then if you walk across the street a little bit farther north there's a Mexican restaurant, it's like half a block away, and Japanese restaurant. And then there's a little lunch place with tacos. So we're close to restaurants and you have more choices. There's going to be more content following.

I want to introduce some people in the audience. You'll get to know the speakers. Again, very shortly. Today is a special day in Texas, we have a special birthday in Texas. Jason Kidd from the, I'm teasing, it is his birthday, Jason Kidd from the Mavericks up in Dallas. But it's also Analu Josephides' birthday. I believe in celebrating a birthday for a minimum of one month, so we're starting his month celebration. I think he started yesterday, though.

Anal: Yes, I did

R: Last weekend, I think you had a birthday...?

A: We did, yeah, *laughter over answer*

R: My sister on birthday calls and leaves a message. She always sings happy birthday in my language, (?), which I can't reproduce. Just a lot of I's and A's. So at some point I will celebrate more with Analu. Happy Birthday, Analu. Does anyone sing? Beside Analu? We should sing Happy Birthday. Who will start? Joanne? Ok Barbara.

Sing Happy Birthday

And Analu if you are ever inclined to respond with a oli, it's up to you. You can do what you like.

Anal: So that's my cue. I'm going to do the Hawaiian. Lorie always like me to do stuff like this (?) My home is the United States(?) And Hawaii? Now it's California, anyway.

R: Could you move here?

A: The pillar. I'll just pretend to be a student.

R: *Inaudible* So if there is someone linked in, they will see you.

A: O.K. Back home we often return with a gift. So this is Kilea(?) Mele. And it's an ancient chant, done by, if anybody heard of the volcano goddess Pele. It was from one of the lizard gods chanting to her, Pele's sister Pa uopalai(?) To, you know because they were all fighting, so it was to calm them, it was presenting love. We use this today when we dress ourselves before we dance hula, which we will do today. Seated hula. And when we offer gifts.

Hawaiian Chant

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Mahalo

R: Thank you. Analu. Who want to want to be here to be welcomed? I want to note a couple of other people. My colleague Dr. Barbara Immroth is here. Please catch her and spend time with her because she's going to tell us more about a book that she helped write and useful health information for youth. So we have a growing interest, within our department, here, in health informatics.

Dr. Joanne Marshall, all you have to say is her name and people know we are in the midst of the most well know, the top researcher, in our field and medical information.

Joanne(?): I'm not sure.

R: Yes, she is.

J(?): Well, I'm not sure. I am about to do a little bit of yoga after hula, and I have to tell you this is a definite challenge. *Inaudible* In yoga when they meet they bow to each other as opposed to when we meet someone and we shake hands.*Inaudible* Basically what it means is: I honor in the place in you where the entire universe resides. I honor the place of love, of joy, of peace. And when you are in that place in you, and I am in that place, too(?) There will one. So, Namaste. And we'll learn a little more yoga later.

R: We can go on forever and ever in the greetings. I'm just so inspired right now. One thing, that maybe later we'll do is a honi(?) Which is, if you work with Pacific Islanders, it's a sharing of the nose breath. And there are stories about that, too. So, we'll experience it all. And quite a bit of is really looking at this whole cycle and intricateness of what wellness is about.

I want to acknowledge Henry Stokes who's here. And this is also reunion day, because when I was president of the American Library Association, Henry saved the day and created a web, the website upon which we built the symposium information. And, I actually went to my room, I don't know if I ever told Henry, and actually got down on my knees and cried, because Henry agreed to do something for me that was so important.

I walked down the street and Henry said, "How's it going?" And I said, "Well, this is how things are going, I'm really looking for someone who could do this." I didn't mean to put my burden on Henry, but without asking me any details he said, "Oh, I'll do that for you." So, when you need people to help you, whether you call them angels, whether you call them your guardians, or former students, they do come. So I'm always grateful for that.

Get to know each other, and there will be more people floating in and out, they'll do more introductions. But I don't want to take time from my first speaker, because we're so excited to have Todd Witthorne with us this morning. And, I looked over again the biographical information he shipped over to me in November when we first talked about this event.

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When I was ALA president, the Texas Library Association met that spring that would have been April 2008, in Dallas. And someone from Cooper gave the best talk about why workplace wellness. So, when we knew we had this support from the National Institutes for Health, I thought, who should come? Of course, someone who could speak that way to set the grounding. But we have more than that person, we have the personality, the media star, and I learned more about Todd last night. A person who, we have connections, you know you start meeting someone you realize, oh, we may have been in Phoenix at one point together. Someone was doing a morning television, someone who at six years old remembers the travels his family took to Norway. So, someone with a good memory. But there's great biographical information about Todd.

One of the country's leading health, wellness, and he communicates this message so wonderfully. Last night he was already talking about future connections. What should we do next? Talking about the big plans and how they growing things. I love talking with people that not only have ideas, but make sure things happen.

Do you all Google your name? I Google my name and see who's doing the bad and the good talk about me. I'll tell a story later about why the lizard, the oli to a lizard, is so important to me, relates to a Google bad story. But when I Google my name a little quote comes up, I don't remember when I said that, but it comes up every month, every week. And they'll say according to Loriene Roy, it says, "Ideas are dime a dozen, but when you have people who can get things done, make them happy(?)" That's how I feel about all of you today, but especially Todd. So I hope you will join me in welcoming him.

In between his talk, Marjory will come up, and if you're speaking, I'm trying to stay right in this spot so that the camera connects.

Todd Witthorne Presentation: Healthy Living....Your Links to Personal and Professional Success!

Very good, I appreciate it. Good morning. I will not sing, I know no Hawaiian, very little Hawaiian. I've been several times, but don't know much. My mom and dad, actually, my father was based in the navy at Port DeDrussy in Honolulu, a long time ago, before I was around. I'll do no yoga either, so I don't know what I have to offer.

Although in television terms you know when you do this, they teach you in T.V. that when an anchor or a reporter will do this, they call it steepling and it indicates sincerity. So if you want to be sincere as a speaker you'll kind of turn your head and steeple. It's very, very contrived but uh.

Okay, so this is exciting. We went out last night and we had some dinner and we had a little music and enjoyed Austin quite a bit got to know one another. So I'm excited to spend some time with you. It's obviously a very intimate group, so I would very much prefer this to be a dialogue more than a monologue. So if there's anything that we talk about, or anything that I throw up there on the screen

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that is of interest and you want to dig a little deeper. I am more than interested in going off, off the beaten path so to speak.

I always like to start most of my talks with a quote from a Scottish philosopher named David Hume. "A wise man proportions his belief to the evidence." I like data and I like facts so that we can reinforce some of the things we'll talk about. One of the primary things I'd like to do today is help connect the dots, so to speak, as to what's going on collectively in our society as it relates to health and wellness and our future. We'll look at some of the trends and some of the numbers, but old David Hume had a nice quote there.

Dr. Kenneth Cooper:

This is probably the most important slide I can share with you. Now I come from the Cooper Aerobics Center in Dallas. Some of you, hopefully most of you, are familiar with the name Dr. Kenneth Cooper, who invented the word aerobics literally back in, he wrote the book in, actually he wrote the book in [19]66, it was published in 1968. So, aerobics as we think about it is really the science and the proof that physical fitness and habits can reinforce and certainly support a health and well being.

As opposed to, it has nothing to do with aerobic dance. So it's not Jane Fonda or Richard Simmons that we'll be talking about today in terms of aerobics. But Dr. Cooper was in the military in San Antonio, wrote the book *Aerobics* and it came out in [19]68. And it just became an international bestseller because he was the first person to quantify the value, the true proven measurable value of being fit and being healthy.

The military decided they wanted to promote him and make him a hospital administrator. So, he decided he would leave the military. He was forty years old, he had a pregnant wife, he had a five year old daughter, and he came to Dallas to open what we call the Aerobic Center. So, we have a thirty acre campus. And, we've been studying a lot of the things we'll talk about today for the past forty plus years.

Our research center hosts the largest database on exercise in the world. And we've published about six hundred papers in the last twenty years. So, that's kind of the foundation of what we'll be talking about today.

Squaring off the Curve:

Dr. Cooper loves to talk about squaring off the curve. If you look up there in the left corner of that graph along the y axis, functional capacity. Most of us will reach a physical fitness, or capacity peak, in our mid-twenties. Twenty-four, twenty-five, twenty-six, where you're kind of the biggest, the strongest, the fastest that you've ever been. Very, very functional.

Unfortunately, most Americans live on that red curve. Which means every year they get a little bit older, as you can see over here, they're losing a little functional capacity. It's gradual and we think of it as normal ageing. And eventually, down to the bottom right hand corner, when those lines intersect, that's when we pass away. So we think that's normal.

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If you look at the data, 93 to 97% of Americans live on the red curve. That means eventually, at some point, they're going to spend the last five, ten, fifteen years of their life in what has been defined as "deficient survival." And you all know exactly what I'm talking about. You may have a relative, a friend, somebody that you are close to, that is in that state right now. They're alive, they're breathing, but they're not really functioning, they're not making a difference.

I believe that we're all here for a reason, and that's to have a positive impact on the lives of other people. And if you're in that area, that deficient survival area, you're not going to be able to do that. You're just basically struggling to stay alive. You may be in an assisted living facility with a stranger wiping apple sauce off of your chin. That's not why we're here.

So we know that your habits have a great deal to do with which curve you're on. Because, if you get on that green curve, the low risk lifestyle, that means you reach a functional capacity peak and then you live a long and healthy life and when your time comes you suddenly come (?) off the curve and die suddenly. That is actually known as the compression of morbidity. Morbidity for sickness. So we can predict this, in a very short period.

Takeaways from Squaring off the Curve:

Now, two takeaways are important. If you notice this space down here between the red and the green. If you have a low risk lifestyle, practicing healthy habits, you live six to nine years longer. Which is fine, that's great, if you're going to live longer. But, much more importantly, I believe, is this area up here, the delta between the red and the green, "exceptional survival." That means from a scientific standpoint, and we can measure it, you can push back the onset of disability by between thirteen and twenty years.

Now so we measure disability by activities of daily use. Can you dress yourself, feed yourself, can you get to the bathroom on your own? Walk from here to the end of the hallway and back in a certain amount of time?

If I were to ask you to push your chairs back and stand up without using your hands(?) You don't need to, if you'd like to you can, if I were to ask that everybody in the room could do that, right? That's something harder when you're older(?) Most likely you're not going to be able to do that. You will have to use your arms to push up, you will need to use a cane or you'll need someone to pull you up. Because your hip flexors are giving out, because your core won't be as strong as you need, and your confidence also won't be where it was.

I think we can agree that when you reach that point your way of life is compromised. Your ability to do what it is you do will be compromised. And what we do is different for all of us, but think about what you're most passionate about. Do you like to travel, do you like to climb mountains, do you like to get on the floor and play with your grandkids? What is it that motivates you? Understand that your habits will help determine how long you'll be able to do that.

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Habits Influence:

We know that about 30% of health is genetic and about 70% of health is habit and environment. So you can only blame mom and dad for so much. That's pretty important for a lot of people. A lot of people say well, "My uncle, my father, my sister, you know, everybody, they all have diabetes. So I'm going to have it, and it's inevitable." It really is not. Less than a third of your health is genetic. Most of your health is up to you.

Now, I don't know how they measure this, but last Halloween, October 31st last year, it was announced that for the first time ever, that the world population had gone over seven billion people. That's a lot of folks. And what's interesting to know, is that there is no one on the face of the earth that has a bigger impact on your health than you do. No one, out of seven billion people. So you're quality of life, the things that you like to do, are really up to you. It's not up to your doctor. It's not up to your spouse. It's certainly not up to the government, it's up to you.

And so, these are the things that I think are very important when you look at the data: What do you want to do? How long do you want to do it? And understand that you're in charge of that. And, we all have an ability to change wherever we happen to be. If you're on the red curve, not a problem, you can get on the green curve, but you're going to have to change. And change is difficult for a lot of people.

One of the things I oversee at the Aerobics Center in Dallas is our wellness program. We were talking about it earlier. This is one week per month where people will come and live with us for six days at a time. We have a hotel on our campus, and they just stay with us for a week. It's twenty-three lectures, it's group fitness classes, it's cooking classes, it's field trips to restaurants, personal training sessions. It is a deep dive; it's an immersion into wellness. And it is fascinating to me to see what happens, the transformation that when people decide, "I'm going to get healthier," the amazing response that the body has.

The body is so beautifully designed. It will do whatever you ask it to do, good or bad. If you treat it right it responds beautifully, if you treat it poorly it will respond accordingly and that's part of the problem. Because we live in, in as David Katz from Yale likes to say in an "obesogenic" environment. We live in a world that's different than the way we were designed to live. It is just different and a few of us in the room are old enough to remember, you know, when we were kids, it wasn't like it is today.

Physical Activity is Often Optional:

How many of you when you were children in elementary school walked or rode your bike to school, raise your hand. Almost 100%, not quite. But today, very, very few kids, your kids or your grandkids most likely don't walk or bike to school. Most likely they don't have daily P.E. We struggle a lot with that

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here in Texas. Dr. Cooper and I have done a lot of work with the Texas Education Association, with TASFA, with all the different groups trying to get P.E. a part of the curriculum.

Because we know that children that are fit, they do better academically. We know that they come to school more often, and that they get in trouble less often from a discipline standpoint. Yet again, we have taken P.E. for the most part out of our lives. We don't have to move anymore, because it's optional. Physical activity is optional.

Fifty years ago, 1960 actually, this paper was published last year. Five out of every ten Americans had a job that required caloric expenditure. A job where you had to work. Not just think, and not just stare at a screen and type on a keyboard, but you had to move, you had to expend calories. Today it's two out of ten. So we sit more, we stare at a screen, we type on a keyboard, we talk on the phone, we sit in the car, we sit on the couch, we don't move. Yet, we were designed beautifully, we were designed to move. To go out and play and fall and do all of that. We were engineered to do everything we can do.

So the real thing here is understanding that you can be whichever curve you want to be. It's up to you. I don't care how long if you've been on the red curve, for all your life, that's fine. You can change. The data is very, very clear about that. And that you can push back the onset of disability by between thirteen to twenty years.

Two gentlemen about the same age, you can probably assume that their quality of life is different. The guy on the left is wondering, "Can I get to the bathroom in time?" And the guy on the right is chasing girls down the beach. Totally different lifestyle. How do you want to spend the next five, ten, fifty years of your life? Totally up to you.

This picture was taken the summer 2010. I love the picture of the woman third from the right. You can see how happy she is here. I don't know if she's having the time of her life or she thinks it's the last thing she'll ever do. She's obviously quite happy and having a good time. The gentleman here in the front is my boss, Dr. Cooper. March 4, he turned 81 years old. So at the time this was taken he was 79.

Now, I don't know about you, but when I was a kid when I thought of an eighty year old man I never thought about white water rafting. You think about a guy sitting in front of the T.V. and drooling. But no, Dr. Cooper, in the winter time is skiing down black diamond mountain slopes, and in the summertime he's rafting and mountain climbing.

He's eighty one years old, you can't keep up with him, he seeing patients. He's in Dallas this morning seeing patients, traveling the country. He was in Boston last week at a big conference back there. I mean, it's incredible, writing books. He's written nineteen books. He's making a difference. He's positively impacting the lives of others, directly and indirectly, and he's doing it for a long period of time. He's squaring off the curve. He could die today and he would have lived a wonderful life and boom his time comes.

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So that's kind of, kind of a visual representation of what we're talking about. It's easier and less expensive to retain good health than it is to regain it once it's lost.

It's Up to You:

One of our divisions in Dallas, we have a medical clinic where we see about eight thousand patients per year. They come from all over, most of them are healthy and they want to stay that way. And that's what we're all about. So they'll come to Dallas and they'll spend six or seven hours in a very comprehensive physical. They'll spend about an hour and a half one on one with their doctor. Our doctors only see three patients a day. So it's a very interesting, unique medical model.

But we measure a lot and with our patients' permission, that data gets transferred over to our research institute. Their de-identified data. And we've been building this data now, since 1970. So imagine if you'd come to Dallas in 1970, got your physical and you'd come every year since. And we're measuring every, we got all your old lab work, we're putting you on treadmill, we're looking at percent body fat and vision and hearing and nutritional analysis and coronary artery classification. We measure everything you can measure. And then we take that objective data and get it over to our research institute.

And boy, the researchers over there, it's like Disneyland. They have opportunity to really see how much is enough, how much is too much. What is it that will impact your quality of life? So those are the things that we'll be talking about today. But it really boils down to this is don't take your health for granted. Don't wait until it's too late.

John Kennedy used to say that the time to fix the roof is when the sun is shining. (?) since. The number one killer in this country, as most of you know, is heart disease. The number one most common first symptom of heart disease, is a fatal heart attack. It's very difficult to change your habits after you've had a fatal heart attack, you know, you don't want to, you can't respond. So it's very critical to understand that you need take charge of your health and need to be very proactive. We need obviously to stay out of that hospital bed and you need to avoid it in the first place.

What's Preventable:

Of course, we're having a lot of discussions about the economics of health and Medicaid and Obamacare and everything else. Yet, it boils down to this, if you're healthy you're not going to be taxed into(?) but we haven't driven the(?) population. We have to prevent whatever you can. What is preventable? 80% of cardiovascular disease and diabetes. 60% of cancers. 90% of obesity. Three quarters of healthcare costs are confined to those four conditions. So when we hear about the rising cost of healthcare we recognize that this is preventable. This is a function of our environment of collectively our society. We're not treating ourselves very well. And so the tsunami is coming, I've got to tell you.

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Look at the trends and where we're headed, not where we are, but where are we going. You look at this progression and I wonder what the next picture is going to like in this sequence. But the reality is, in a very short period of time, our world has changed.

The Shape of Things to Come: The World's Expanding Waistline:

We have right now 68% of Americans who are either overweight or obese. We have the body mass index, which is a simple height and weight measurement, most of you know that. You can type it in, in Google and get about a hundred different calculators, you put in your height and weight, and it will give you a number. That number will determine, by definition, where you are.

If the number is between eighteen and a half and twenty five you are average weight, a healthy weight, according to the government. If you are twenty-five to thirty, you're overweight and if you're thirty or above, you're obese. So there's no grey area, this is not a subjective measurement at all, it's very objective.

The body mass index is not a great measure of true health. Especially if you're fit, if you lift weights, and if you're in fine shape then the BMI is not very accurate. But we also know that most Americans are not real fit and they are not lifting weights. So BMI collectively is, as an overall tool, is not too bad.

U.S. Obesity and Overweight:

So 34% percent of Americans are overweight, 34% are obese. That's two out every three Americans. We weren't designed to be that way. And it wasn't that way in the fifties, sixties, seventies, it started that way in the eighties. And the numbers are interesting, so the question is where are we headed?

Kim Dyquall(?) From USC. I'm a UCLA guy, but I do like Dr. Dyquall? Despite his allegiance to Southern Cal. But he says, if you have to throw a football you need to know where the receiver's going. So if you think about where we are then you got to think about, you realize, that by the end of 2020, 75% of Americans will be overweight or obese. By 2030, 86%. It's a very, very alarming trend. Those are numbers that should scare us all, if it's just from an economic standpoint.

Metabolic Syndrome:

Now you look at the numbers, again, let's look at the evidence. When know we hear about what's called the metabolic syndrome. These are conditions that by their own, if these are out of whack that's not a big deal. But for some reason, when they culminate, when you add them together it becomes a problem. If you have three, four, or five of these outcomes here, or a problem, then you are at much greater risk for heart disease, diabetes, probably Alzheimer's, and(?) You see the way it works.

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So you look on the list up there and see waist circumference. If you're a man greater than forty inches. A woman greater than thirty-five inches. Because we know the weight that you carry around your midsection, your belly, it's different from other fat. You know that the fat that you carry in your hips and your legs, what's called femoral fat, it's different from your visceral fat. Your visceral adiposity. That fat is angry fat, that fat causes problems. It's very metabolically active. So maybe the scale is not as important as the tape measure. Something to think about there.

If your triglycerides are greater than one hundred and fifty, if your blood sugar is greater than a hundred, that's not diabetic. Diabetic would be a blood sugar greater than one hundred twenty-six, but this is just pre-diabetic. Blood pressure greater than one hundred thirty over eighty five. And your HDL, your healthy cholesterol, the good stuff, if it's less than if it's less than forty as a man. Less than fifty as a woman, because you naturally have higher levels of HDL, that's the protective cholesterol. Of interest, more women than men die from heart disease, but you die later, you're protected longer.

But if three, four, or five of these are out of whack then that's a red flag. So one of the starting points is you've got to know do you have a metabolic syndrome. If you do, you're not the lone ranger, 25% of American adults have the metabolic syndrome, 50% of those over the age of fifty have a metabolic syndrome.

Now, it's not up to me, or I would change this, I would rename it to the physical inactivity syndrome. Because every time you move, every step that you take, every time you improve your physical activity level, these numbers will respond accordingly cause the body is beautifully designed. So if you got off the couch and if you walked the dog, even if you didn't have one, these numbers are going to change. And they're going to change for the better.

The Worsening Landscape of Cardiovascular Disease:

Now the American College of Cardiology, in 2006, devoted an entire issue of their journal to the metabolic syndrome. And their takeaway was this, and I know that it's a little wordy, but bear with me if you would.

"It is clear that the metabolic derangements, 'those five things we just talked about,' associated with obesity, 'and I would add inactivity,' are creating a future population of adults who will become diabetic early in life, develop cardiovascular complications by middle age and become disabled well before retirement age. These findings create a scenario that suggests that we will have a large number of middle-aged adults who will be disabled by cardiovascular disease, who will require increased health care with its associated costs, unable to afford health insurance, and unable to be gainfully employed."

December of 2006.

Transcript

We're now in 2012, has this improved at all? It's only gotten worse. See this is the problem. The conditions that we are suffering from are starting to appear earlier and earlier. It's because of function of a bad lifestyle. Not because of a bad economy. We are beautifully designed, as I mentioned, but we are not taking care of ourselves very well. Collectively is what I mean. Here in this room, most likely, are outside of the norm and that's a good thing, but collectively is what we're talking about.

So you see pictures like this and you think, "Oh my gosh, how can that be?" But the problem is in our country, especially south of Austin, toward the border. The valley as they call it, we find we have entire communities where children are diabetic. And we were talking about it last night; it's frightening what's happening.

Diabetes, type two diabetes, used to be called adult onset diabetes you had to be an adult, you had to be forty or fifty or sixty to get it. Now we have children that are four, five, and six. Talk to any pediatrician that's been practicing for any amount of time and they're amazed. Because right now we have 18.4% of four year olds in the United States are obese. It's over 20% for Hispanic and African American population. So, we can't bury our head in the sand any longer. How can this be? How can these children, before they even get to kindergarten, they're already suffering from adult conditions and adult disease. They're doomed.

William Klish, from Baylor in Houston, a retired, just recently retired, childhood diabetes expert says that if a child is diagnosed with type two diabetes before the age of fourteen, they shorten their lifespan by between seventeen and twenty-seven years. That is frightening. We have 20% of our kids are obese before elementary school, and we're shortening their lifespan. And much more importantly, we're shortening their, and completely destroying, their quality of life.

Rate of Diabetes:

We can't ignore this. We can't pretend it's not happening. It's getting worse. It's not getting better. This little girl is eleven years old and was diagnosed with diabetes. Again over 90% of diabetes is type two. Type one is primarily genetic, type two is preventable, it is a preventable disease. And you look at the rates, that's the key(?) about twenty six million diabetics in the United States. About 10% of adults, but where are we headed?

We have seventy-nine million pre-diabetics. That means if these people don't start exercising, at a moderate level, and they lose some weight. The data will tell you about 7% of their body weight, if they don't do that, they will become full-blown diabetic. So we will go from 10%, twenty six million, to suddenly over a hundred million diabetics in the United States.

CDC says that by 2050, one out of every three of us, could be diabetic. Who will pay for that? No one will be able to pay for that. That check will be way too big for anyone to write. We're out of money now. The

Transcript

government's out of money; state level, federal level, local level. Schools don't have money, you guys all know that. Everybody in this room is faced with budget crisis, right now.

And you talk about research. If all of the money that we've got is trying to figure out the health care issue what's going to happen with research dollars and grants?

Audience Sneeze

Bless you. This, these are the things that I think about moving forward.

Where we have the wonderful studies and the opportunities to dig deep and evaluate data that we were talking about last night. But where's that money going to come from? When we're trying to put out this amazing brush fire that's headed our way.

Annual Healthcare: Costs of Diabetes:

Cost of diabetes: 2,669 if you are employing somebody without dia- you know, an employee, without diabetes. But if they're pre-diabetic it almost doubles. If they have diabetes with, or without complications it's ten grand. Undiagnosed diabetics in populations, we see that all the time. There are people that work in every organization you're a part of, most likely, that are diabetic and don't know it, yet. But if they have diabetes with complications, it's over thirty thousand dollars.

So what's going to happen when we have a hundred million diabetics in our country? How will we be able to handle that? That's what's so amazing to me. We can't just start, you know, changing our benefits and our coverage and cost shifting and all of those things. It doesn't work. We have got to prevent the problem. It is much easier to build a healthy kid than to fix a sick adult. And we have to think about that.

Eating Ourselves to Death:

So, we've got problems, obviously. We're, this is the Texas Medical Association cover story: "Eating Ourselves to Death." You know, people tell me all the time, "Oh, I don't need to take a multivitamin; I'm getting all I need from my diet." Oh really. So you take a look at the data. This is the population of Americans not getting the recommended intake for calcium, folate, magnesium, phosphorous, Niacin, all of your b vitamins, Vitamin C, most of us are not getting enough.

You may be, if you're hanging out and living at Whole Foods and being very proactive. Eating sushi and salmon on a regular basis. And fruits and vegetables like in the back. But what are most Americans eating for breakfast, if they're eating breakfast at all? What are they doing for lunch? Why is it that the five hour energy that is selling for three bucks a bottle, people can't get through the day because they don't have enough energy. Food is fuel. If we eat right and treat ourselves right, we've got all the energy we'll ever need. Yet, we're not treating ourselves right.

Transcript

This is an intersection about ten minutes from downtown Dallas. This could be anywhere. This could be in Austin, this could be in Georgetown, this could be obviously anywhere. Lubbock, Houston, you guys know this. I took this picture on a corner where there is Seven Eleven down there, where, by the way, you can enjoy a delicious chili dog while you get your coffee. 19% of calories are consumed in an automobile, there's something wrong with that stat.

But if you look down this street, you see Kentucky Fried Chicken, Burger King, Chicken Express, Taco Bell, Arby's, Sonic, and finally after all this you go to Braums, where you can have a hot fudge sundae(?) Up the street is a McDonalds and a Papa John's. So within a block, we're absolutely not going to walk because we can drive, we can eat. As long as we have a dollar, right?

Food that is cheap, convenient, and tastes fantastic. It doesn't taste good, it tastes fantastic. And it's designed to taste that way. They get it, they understand that. These food companies are in the business to sell things. They're not in the business to have you live a long and healthy life to the fullest. They're in the business of you liking what they're selling. And ideally, craving what they're selling. Because if you crave it that's good. That's a really good,

Audience Sneeze

bless you, business model.

Audience question: *inaudible* same thing as with tobacco with food?

TW: Yeah.

Audience: Where you crave it?

TW: Absolutely. No question. There's something in your brain that's called the nucleus accumbens it's about the size of the head of a pin. Now there is a book called *The End of Overeating* by David Kessler. There's a full list of books in that little pamphlet, but unfortunately, that book is not in it.

Audience: Could you repeat that?

TW: *The End of Overeating* by Dr. David Kessler, K E S S L E R. He's a former employee (?) of the FDA. He's also an attorney. And this book, he talks about how the brain is designed and you've got this little area called the nucleus accumbens. Dr. Kessler calls it the hedonic hot spot. Because when you eat the right combination of fat, and sugar, and salt, what happens is that the brain lights up like a Christmas tree and it's dumping dopamine into your neurotransmitters in your system at an increased rate which food companies define as craveability, cravedom. Fat, sugar, and salt act on your brain and make you want more(?) Food companies that are...Yes, sir?

Audience: Can you spell nucleus, nucleus, accumbens?

TW: Nucleus accumbens. A C U M B O N S; U N S. Tiny little area of the brain. Now, let's talk about a French fry, can we? A French fry comes from what? A potato. And it is deep fried in what?

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Transcript

Audience: Fat, oil

TW: Which is a liquid fat. And it comes out of the fryer and what is the first thing they do?

Audience: Salt

TW: A little salt or a lot?

Audience: Lot

TW: Scoop it up put it in a container and then they ask you would you like to supersize it? The first question is would you like ketchup. Where does ketchup come from?

Audience: Tomatoes.

TW: Come on, sugar. Ketchup comes from sugar. More specifically, high fructose corn syrup. So you take a potato, put it in salt and you dip it in sugar, and put it in your mouth. What happens?

Audience: *Inaudible*

TW: Oh wow. Your brain goes crazy. I crave it, give me more, that's phenomenal. It likes it. And you begin to see what a big deal(?) happy meal can be in a four year old's life, it's good, want to come back tomorrow. It's not magic, the food companies understand that. Just one example, tons of examples.

We've gone from the 1950s and a grocery store with two thousand food items to the 1980s when they had five thousand food items. To today in a super Wal-Mart or Target or a big H-E-B they've got sixty to seventy thousand food items. We've got inventive from (?) apples to brownies. Man made food substances that are designed and engineered to make you crave them. Food that is cheap and convenient and it's fantastic.

Have you seen the ads for Taco Bell? "We're open 'till three, come in for your fourth meal," as if three's are not enough. We've got two-thirds of Americans overweight or obese and we're encouraging them to come to have a fourth meal, for crying out loud. Why? Because they want what's in your pocket. It's not that complicated, it's simple. Economics. So as consumers we have to be proactive and understand how the world is going. We've got conditions that are going crazy. Just take time to look at how the world works.

Anybody know what these are?

Audience: *Inaudible*Strawberries

TW: You guys are so good. You had some this morning. Strawberries. Now they go in the fruit category so what are they(?) Sugars are carbohydrates. Now, we heard it more in the nineties, carbs are bad, carbs are evil. That's not true. Carbs are fantastic. It's a wonderful fuel for your brain, but there's a big difference in the quality of carbs. There's a difference between a lentil and a lollipop.

Transcript

Carbohydrates and Sugar

People start thinking about fuel and our brain needs glycogen, which is a primary source of fuel for the body. Glycogen comes from glucose, which comes from carbs. So fruits and vegetables are fantastic. Highly processed carbs, that's a different story.

So you're thinking, you know, I want to be good, but I can't be good all the time, I want to go have a milkshake, I am craving a milkshake, so I'm going to go to Burger King. And I've got the choices chocolate, vanilla or strawberry, and you're thinking the best healthy choice, probably the strawberry, right? It's made from organic fresh picked washed strawberries that are filled with all sorts of wonderful nutrition.

Yet, the reality is, if you look really at the data. How does Burger King get a strawberry milkshake to taste and smell like strawberry? Here's how they do it, right there.

So look carefully, then in the title, I can guarantee you will not find the word strawberry anywhere. This is from a wonderful book called *Fast Food Nation* by Eric Schlosser, he did the movie. This is fantastic to model, but it's one example of many. Again, being proactive, what can we do, how does this work?

Then and Now

This is fascinating data to me, Dr. Stephen Guyenet is a young Ph.D. from the University of Washington. I spoke with him last week. We do a series of podcasts at Cooper and I, we put them up, and I love to reach out to really smart people and talk to them about their research. Dr. Guyenet and this goes back to 1822. This is the consumption of sugar in the diet over what you would find in fruits and vegetables. And you see that in 1822 the average American was getting an additional 6.2 pounds of sugar per person per year. The trend is what's interesting, and you find that by 1999, it had gone to a hundred and seven pounds per person per year.

Dropped down a little bit, it's now about a hundred pounds of sugar per year. That's two pounds of sugar per week for crying out loud. Two pounds of sugar additionally that we're getting in our diet. And we wonder why we're getting bigger. Why in the world would a company put sugar, if they know that it promotes obesity and it's not healthy? Why would you put sugar in a food item? Because it tastes good. And if it tastes good you're going to buy it.

Same principle: fat, sugar, and salt. So you look at the amount of sugar that you would find in one can of soda, and how long back in 1822 did it take us to get that amount of sugar? It took us five days to get the amount of sugar in a soft drink. How about today, how long does it take us to get that amount of sugar? About seven hours. Amazing. The world is different then and now.

Transcript

So you've got these really smart guys and gals that have Ph.D.'s who are manipulating flavors and nutrients and ingredients and trying to make you to buy these things. And it leads to things like, the KFC Double Down. Who needs a bun when you can have a deep fried chicken patty, bacon and cheese.

Or what about the Denny's Fried Cheese Melt? Look at this; this is a grilled cheese sandwich with fried mozzarella sticks in the middle of the grilled cheese sandwich. And of course they have french fries that you can dip in sugar. That's over 895 calories, that's not counting the unlimited soft drink. The unlimited, bottomless soft drink that you can consume. That's amazing to me.

The Denny's Mac and Cheese Melt came out just a couple of months ago. It is a patty melt with mac and cheese on it, and for sixty-nine cents you can add an extra slice of cheese. That's only six hundred calories.

How many calories do we need in a day? Totally depends on your size and your activity level. But let's say just for the sake of argument two thousand, just to kind of break even. You know a guy like me that's bigger is going to burn more than that, a smaller woman will burn less. There's a lot of things, but for the sake of two thousand, this is sixteen hundred in one meal. And we wonder why we're big, you know.

The donut burger. Luther VanDross evidently invented that. The grill that he, yes m'am?

Dr. Roy: You were talking about travel last night. When I was in Norway, in my hotel had a little bar and I would go down with my kindle every night and read. And there was some people there that said, "We want to ask you a question as an American." I said let me ask you guys a question as a Norwegian. So I asked, "Why aren't you in the E.U.?" They said, "Well we have everything we need, we have our oil and our fish." And they asked, "Why are all you Americans fat?"

TW: We know, right. It's not that complicated, but we think that that's normal. But it's happened over such a short period of time. We were going along fine for years, until the eighties. Then all these things started coming together and the numbers just, kaboom. Kaboom. Kaboom.

So this is at the Heart Attack Grill. Which started in Arizona, they've got one in Dallas, one in Las Vegas. This is what they call the Triple Bypass Burger. They actually have a quadruple bypass, with four patties, eight slices of cheese. If you go to the Heart Attack Grill and order french fries, like your soft drink, unlimited. You can have as many you want. Their motto is, "Food worth dying for."

If you weigh over three hundred and fifty pounds, you can see the scale there, if you weigh over three hundred and fifty pounds, you eat free. This is interesting because, this is Blair, twenty-nine, one of their spokespeople. All the servers dress up as, nurses at the Heart Attack Grill. And when you sit down at the table, the first thing they do is give you a hospital gown and they put a plastic wrist band like you get in the hospital around.

This is Blair, so he was the spokesperson for the Heart Attack Grill. A problem was, that he passed away last year after getting pneumonia. He actually got the flu then ended up getting pneumonia. A lot of food work done(?)

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Transcript

We have children, four year old kids that have diabetes because they are a hundred and fifty pounds overweight and they're sitting at a screen typing or playing video games not moving. It's absolutely just criminal what we're doing. Yes, m'am?

Audience: I saw recently that there was somebody literally did have a heart attack at the Heart Attack Grill.

TW: Yes, absolutely, it happened. They literally did, it was less than a month ago. And the guy that owned it was absolutely elated. Publicity that he got.

Audience: They advertise that they have a defibrillator, there.

TW: Mhm, yeah. Everything's cooked in lard, they promote that, it's fascinating. So again, if you look at the data, some of the data that's coming from us(?) as a matter of fact.

Lowering Metabolic Syndrome: DASH Diet Research

If you look at the DASH diet. It was originally looked at and investigated because of its ability to lower blood pressure. So DASH stands for the dietary approach to stopping hypertension. Hypertension is fancy name for blood pressure.

So they found that if you eat four to five servings a day of fruit and four to five servings of vegetables, that's really darn healthy. It lowers blood pressure, it lowers cholesterol, it lowers your risk of stroke, osteoporosis, liver failure, kidney stones, cancer, and diabetes. We are what we eat, what Mom said(?) was right. What we put in our mouth will have an impact on our health.

How Are We Doing? Healthy People 2010:

So how are we doing on this? We started, the government started in 2000, a campaign called "Healthy People 2010." And they were trying to get, and encourage more Americans to eat fruits and vegetables. The goal was to get two servings of fruit a day and three servings of veggies. Five servings throughout the entire day, they campaigned for ten years to do that.

And how did we do at the end of that? The data was published in September 2010: well, 32.5% of us get two servings of fruit a day and 26.3% get three servings of vegetables. We're not eating it. It's not happening. And you could certainly argue that the nutritional content of fruits and vegetables today, because of soil depletion, is not nearly as beneficial as it used to be, when we were kids. Yes, sir?

Audience: *Inaudible*I'm just going to speak with respect to my community, in our native Hawaiiin community the mentality is what I believe needs to change. Because we can preach (?) but when our elders looked at us big they say, "Oh you're healthy, you're strong, you're good." I weighed a hundred(?) Pounds more a year and a half ago. And I made an effort to change my lifestyle. And when I did, I had to stop going to family functions and parties because it was a disrespectful act when you told them, "No,

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thank you.” Especially when they served you and they make your food, and then you don’t eat it. And so I had to pick and choose what events I went to for family or community gatherings because they would tell me it’s very disrespectful when you do that. Also, they would look at me and say that, “Are you doing drugs are you this or that, because of the weight off?” So something I think about is how to approach the mentality portion, (?)

TW: It’s absolutely true. It’s certainly is true in Hawaii, but it’s also absolutely true, as most all of you know, here in the Hispanic community. Food is love, I love you. Here eat, I prepared this because I love you and big it is a sign to everyone else, hey I love my kid.

*Inaudible*58:04-to End