

Obesity: Now It's an Intergenerational Thing

By John Minnis

Overweight kids are now overweight adults.

That's how long the problem of childhood obesity has been with us, according to pediatrician Dr. Karen Alton, of St. John Hospital and Medical Center. She made her comments as part of the 2009 Partners in Parenting series presented by The Family Center of Grosse Pointe & Harper Woods.

Dr. Alton's topic was "The Epidemic of Childhood and Adolescent Obesity: Current Trends in Prevention, Assessment and Treatment"

or, more succinctly, "Obesity: A Weighty Issue for Children."

According to national statistics, Colorado residents are among the lightest, weight wise, while the South is the heaviest. Detroit is the second-most overweight city behind Houston.

About two-thirds of kids in school are overweight. One in three -- 30 million children and adolescents -- are obese.

"Obesity is becoming more and more a health risk," Dr. Alton said. Further, 70 percent of obese kids become obese adults.

In fact, kids are now experiencing what were once considered "adult" diseases -- high blood pressure, heart disease, high cholesterol, fatty liver, Type 2 diabetes, orthopedic disabilities and sleep apnea, all brought on by being overweight.

(continued on back page)

Coming of Age: Legal Representation for Teens and Young Adults

Ask the Expert: By Chip Berschback

Q. My child lives off campus at college and just received a minor in possession. How serious is this and could jail time be imposed?

A. Any drug- or alcohol-related offense at any age needs to be handled very seriously. Under age drinking is a crime and enforcement is now very strict. The law in Michigan does recognize that first-time offenders should be treated with some leniency, and the law allows a defendant to be placed on probation for a period up to one year. If the conditions of probation are met, the charges are eventually dismissed.

The case history is recorded to prevent second offenses from being treated in a similar manner. Courts vary widely in imposing probationary terms for first offenses. The conditions generally include alcohol counseling, random alcohol/drug testing, community

service and fines and costs. This result, however, does not happen in every case.

Some courts impose very stringent conditions. Jail time would rarely be imposed for first offenses, but the chances of jail increase if a person is charged with another offense. The charges are more severe if a motor vehicle is involved. The driver can be assessed points and risks a suspended license for repeat offenses.

Q. HELP! My teenager just received a speeding ticket. Do I need a lawyer?

A. Probably not, but, as usual, it depends. Some (not all) courts in the metro Detroit area will consider reducing a moving violation to a "no point" ticket. Factors include the age of the driver, the driving record, the type of ticket and whether an accident was involved. Young drivers may be asked to

attend a one-day traffic school as a condition of the reduction.

Some courts will only allow reductions for certain specific types of tickets, and courts outside southeastern Michigan rarely agree to a reduction. It is best to call a lawyer knowledgeable in local traffic matters to determine whether professional representation is necessary.



Chip Berschback is an attorney in private practice representing individuals and businesses. His practice includes both civil and criminal matters. He acts as assistant city attorney and prosecutor for Grosse Pointe Woods. Contact Chip at 586.777.0400 or blbwlaw@yahoo.com.

He recently spoke, along with medical and social work professionals, at a special presentation titled, "Coming of Age: Legal and Health Aspects of Turning 18," presented by The Family Center on March 18 at the Grosse Pointe Woods Community Center.

Sports Injuries On the Rise: Protect Your Young Athlete

Ask the Expert: Robert McGahey, MD

Q: My child loves sports and being involved in a team, but school athletics seem to be very demanding on their body. I'd like to prevent injuries and long-term wear-and-tear on my child's body. What should I do?

A: It's not unusual for children to start playing sports, like soccer, baseball and track, at the middle school level. Without proper education about how to avoid injuries, children run the risk of doing damage to their young bodies.

Also, to remain competitive, many students are feeling it necessary to train year-round for their sport of choice. Because they're not cross training, physicians are seeing overuse

injuries in these youngsters that were previously only seen in college-level athletes.

Coaches as well as parents must be aware of the common preventable injuries of the



particular sports that their children are participating in, and should be familiar with ways to train the body to prevent these injuries.

Dr. Robert McGahey graduated from Wayne State University with a bachelor's degree in biology. He also attended medical school at Wayne State and graduated in 2003. He completed his pediatric residency at St. John Hospital and Medical Center in 2006 and has been working in academic medicine since that time. Starting April 1, Dr. McGahey will join Cornerstone Lakeview Pediatrics, a group practice servicing the Grosse Pointes and surrounding areas. Dr. McGahey is a general pediatrician, but has special interest in certain areas, including asthma and sports medicine.

'Second Impact Syndrome': Managing Sports Concussions

Ask the Expert: By Michael McMillan, Ph.D.

Several years ago, Randi and Andrea collided while trying to "head" a ball. Andrea broke her nose, and Randi sustained a concussion. Randi never lost consciousness, but she was seriously disoriented. Her mother took her to the hospital, where she was observed and released. The emergency room doctor told Randi's mother to watch for drowsiness, vomiting and headaches but said she could play the next game if she was symptom-free. Two days later, Randi was dressed and ready to play. I told her mom and coach that despite what the ER doctor said, it was dangerous for Randi to play.

This situation made me realize that many doctors, coaches and trainers often mishandle concussions. It isn't that these people are in a rush to get a player back into action, they are simply unaware of how dangerous it can be to play an athlete before they have fully recovered. Current research demonstrates that even though an athlete reports feeling fine, their brain may need more time to heal.

The brain is a remarkable machine. It uses more oxygen and glucose than any other organ. But after a concussion, the brain is not able to use as much oxygen or glucose as normal. Short-term memory, reaction time and processing speed are often affected. Moreover, it leaves the brain vulnerable to a second injury. That is, if an athlete gets hit in the head before he or she fully recovers from the first concussion, the results can be catastrophic or even fatal, a condition called "Second Impact Syndrome." The second blow to the head does not have to be as hard as the first to cause serious problems. This is particularly true in children and adolescents.

New guidelines have evolved over the past few years to help trainers and physicians decide when it is safe to return an athlete to play. New computerized tests have been developed to help determine when an athlete is ready to play again. Computerized, neurocognitive tests are used by every professional hockey and most professional football teams.

The point is, many doctors now recognize how dangerous concussions can be if they are not managed correctly. It takes more than assessing physical symptoms. Evaluating an athlete's thinking with one of the newly developed computerized programs can provide valuable information when deciding when a player can return to play.

Michael McMillan, Ph.D. is a licensed psychologist who has been on staff at St. John Hospital in the pediatric department since 1987. He has interests in medically related psychological issues such as diabetes, head injury, etc. He is a graduate of Wayne State University, and in addition to his work at St. John Hospital, he has a private practice in Rochester Hills. He can be reached at 248.853.9058 or michael.mcmillan@stjohn.net.

Dr. McMillan provided a presentation April 8 at Barnes Early Childhood Center on sports concussions and answered questions. The free program, "Sports Concussions (Middle – High School Students)," was part of The Family Center's 2009 Partners in Parenting Enrichment Series.

Letter From The Director



Spring has arrived! We have two interesting programs planned for May. The first: ChariTea Bear's Tea Party is a new signature event for The Family Center. We will also be hosting a Meet & Greet for

School & Mental Health Professionals. Read more in this newsletter's calendar section and also on our Web site, www.familycenterweb.org.

This is the time of the year when we review our past programs and plant the seeds for upcoming programs. Two of our program planning committees — Early Childhood and Youth — are busy planning our fall and

winter presentation lineup. Our Circle of Friends committee is busy working on our spring, fall and holiday events.

To make sure The Family Center keeps blossoming in its growth, we would like to know your opinions on our Family Central newsletter and other programs you may have attended over the past year.

Which articles have you found helpful? Which have you shared with family, friends or colleagues? Which presentations have you attended or would like to see repeated? What topics for presentations would you like to learn more about?

We look forward to hearing from you! We know your time is precious, but your input

helps us to deliver impactful programming to enrich families of our community. You can easily share your thoughts at www.familycenterweb.org/input.html or email me directly.

Thanks for sharing your thoughts.

Wishing you warm months ahead!

Deborah A. Liedel
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Please think **green** by recycling this newsletter with others, thank you!

Programs & Resources

ChariTea Bear's Tea Party

The new ChariTea Bear's Tea Party event will allow children and adults to enjoy a "dress up" tea party and receive a 15-inch plush animal to stuff, dress and take home. Other activities include games and storytelling. Each family is asked to bring one new teddy bear to donate. Each donated "comfort bear" will be distributed to local pediatric cancer and hospital programs.

When: Sunday, May 3

Where: Farms Pier Park Community Center on Lakeshore Road in Grosse Pointe Farms

Time: 2:30-4:30 p.m.

Cost: \$25 per child (which includes a new 15-inch plush animal, costume and T-shirt)
\$15 per adult

Download our flyer to register or call 313.432.3832 for information on this community enrichment presentation.

Take the Online Poll

- How aware are you of your child's online behavior?
- I monitor my child's FaceBook or MySpace page.
- I can log in to my child's FaceBook or MySpace page.
- I know who is on my child's Buddy List.
- I monitor my child's blog.
- I have reviewed the web pages of my child's friends.
- I monitor my child's IM use.

Go to www.familycenterweb.org and record your answers and see how you stack up against other Family Center parents who took the poll.

Meet & Greet

The Family Center of Grosse Pointe & Harper Woods, CARE and the Woods Branch of the Grosse Pointe Public Library have joined to host a "Meet & Greet" open house. All school, community and mental health professionals are invited to attend the open house and are encouraged to exchange business cards and brochures.

The Meet & Greet is part of The Family Center's online initiative, Association of Professionals, where professionals can register their services on the center's Web site, www.familycenterweb.org.

When: Wednesday, May 6

Where: Woods Library (Mack and Vernier)

Time: 9:30 to 11:30 a.m.

Cost: There is no charge

For information or to RSVP, call The Family Center at 313.432.3832 or email to info@familycenterweb.org.

Association of Professionals

The Family Center Association of Professionals lists practitioners, organizations and businesses that support our enrichment programs by advertising in this directory. We hope that this valuable community directory will be a great resource and an excellent means of connecting with a community of caring professionals.

Professionals: to become a member of our directory, please email us at info@familycenterweb.org.

This guide is designed to give you the opportunity to quickly and confidentially connect with local professionals that strive to be the best in their field. We include complete contact information, a practice statement, professional qualifications, personal information and a photo if provided, and often a handy email contact form.

If you have a question or suggestion, please email us at info@familycenterweb.org.

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Courtesy of Beaumont Hospitals

Printing courtesy of
St. John Hospital and Medical Center

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Grosse Pointe Woods, Michigan 48236

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S.C.S., MI
PERMIT NO. 111

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Newsletter design courtesy of Beaumont Hospitals



ST. JOHN
HEALTH

ST. JOHN HOSPITAL & MEDICAL CENTER

Newsletter printing courtesy of St. John Health

Obesity: Now It's an Intergenerational Thing *(continued from front page)*

Overweight is described as having a BMI (body mass index) above the 85th percentile. Obesity is above the 95th percentile.

Dr. Alton encourages parents to review with their pediatrician their child's height and weight on a growth chart, which indicates the child's BMI percentile.

"Every time you bring your baby and child in, they should look at the growth chart," she said. "It's been a real eye-opener for people. It's an objective measure. If it's above the 85th percentile, we have some work to do. We rarely see kids in the underweight zone."

Besides physical health problems, overweight children also suffer psychological harm through teasing, low self-esteem and being perceived as lazy and lacking self-control.

It is never too soon to begin good nutritional habits. Dr. Alton is a big proponent of breastfeeding as a way of preventing obesity in newborns. Baby bottles are susceptible to being filled with high-sugar, non-nutritional juices and sodas, even Coca-Cola.

Often parents mistakenly force a child to eat; yet the child may not be hungry. "Children know how hungry they are," Dr. Alton said.

Up until their children have reached adolescence, parents pretty much have control over what their children eat. Parents are encouraged to prepare healthy breakfasts, pack healthy lunches and make the family meal a habit -- with the television off.

"The family meal is a dying tradition," Dr. Alton says. "I applaud every parent who cooks."

By the time children become teenagers, their eating habits are pretty well engrained. That is why good eating habits instilled early in childhood are crucial.

Drinking 40 ounces of regular soda a day -- not uncommon among teens -- will add 40 pounds a year in weight barring exercise or an offsetting diet. Yet those soda calories are still devoid of nutritional value.

"We need to get vending machines out of schools," Dr. Alton said.

Parental activity is a positive influence on the degree of childhood activity well into their teens.

The bottom line: Small weight losses result in huge gains.

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