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Robin F. Schepper
Executive Director
Let's Move! Initiative

Dear Mrs. Obama:

I applaud our current administration and our insightful leaders for prioritizing the pediatric obesity epidemic and bringing national focus on the impact and the toll that this health crisis will take on the afflicted (as they age) as well as the overburdened medical system in this country. I am heartened that our First Lady has developed the national *Let's Move!* initiative which has captured the nation's attention. *Let's Move!* is becoming a central source for health/nutrition/exercise information, programs, education and initiatives to help families, schools and institutions employ defined actions to combat pediatric obesity.

I am a nutritionist and registered dietician. I have worked many years with young people and their families in pediatric medical offices and research facilities (obesity/hyperlipidemic studies at Columbia/NYPresbyterian). I am currently working with them as a fellow – implementing my ADA-sponsored I.D.E.A. project (see enclosed program proposal) that is targeted for obese teenage girls in a lower income and predominantly minority populated high school.

During this critical time when *Lets Move!* is being implemented (and perhaps, further developed), I would like to be certain that the leaders, administrators, and health advocates involved with the initiative are aware of some of the significant recurrent issues which I have observed that present obstacles to better nutrition and health for our young people. The following are some of these “roadblocks” that are making it difficult for them to exit the “obesity track” and are paving a path to them becoming obese adults.

Salad bars (that offer low fat, nutrient dense, vegetable based lunch alternatives) are presently very successful in a number of public and private schools. They increase vegetable intake and provide healthy options. However a majority of schools *do not* have salad bars because senior food service personnel (typically employed by the school's contracted food service company) are resistant to having one in their cafeteria. Their primary reason for that is their fear of (i) losing a portion of the NSLP (National School Lunch Program) reimbursements for the school, (ii) potential theft (students not paying for the self-serve salad), and (iii) finding a designated area for a salad bar; among other concerns.

It is my belief that salad bars in schools should be encouraged and supported with incentive plans on the state and federal levels, and an assurance that offering salad bars will not adversely affect eligibility for the NSLP program.

LESLIE ANDERS, M.S., R.D.

Robin F. Schepper
Page 2

February 20, 2014

Health insurance companies are inconsistent in recognizing that MNT (medical nutrition therapy) is necessary for obese children who have hyperpigmentation on specific body areas (acanthosis nigricans), an indication of hyperinsulinemia. Often these children have elevated insulin levels, BMI's exceeding the 85th percentile, and have a diet that is high in simple carbohydrates. Yet, for many, their family's health insurance will not cover MNT with a registered dietician. A registered dietitian can teach these patients and their families what foods to purchase and develop individualized meal and snack plans that are conducive to their routine, their likes, and their cultural habits. R.D.'s can also teach new skills regarding food and exercise that can improve insulin levels, reduce weight gain and prevent impending insulin resistance and diabetes.

All health care plans should be required to include MNT for children who present with pre-diabetic and insulin resistant indications.

Knowledge regarding nutrient content, reading food labels, and the purchase and preparation of food, is grossly lacking in the majority of teenagers in this country. Our nation's young people are basically clueless in regard to choosing and preparing healthful snacks and meals in a simple fashion. The elimination of secondary school classes (such as home economics); the insufficient and incomplete amount of nutrition information that is typically mandated in school health courses; and difficult family schedules and demands on income, are all causative factors for the increased reliance on inexpensive/fast food and take-out meals, a major contributor to the pediatric obesity epidemic.

Schools should be incentivized to teach students in depth usable nutrition information and basic skills for purchasing and preparing healthy foods for meals and snacks.

These are just a few issues that I have personally observed in my practice which are prevalent and consistent in the pre-teen and adolescent population that I largely work with. I have spent countless hours mulling over the best ways and means by which these issues might be addressed and resolved through various reforms. Some of which I have outlined above. I am a health professional who is standing at the very FRONT LINES of this medical issue. As a nutritionist/registered dietician, I am most specifically equipped to assess, demonstrate, educate and improve awareness and appreciation of healthful eating behaviors and lifestyles for these at-risk children and their families. I would very much like (and kindly request) to spend a few minutes of your valuable time to discuss this topic in more detail with you, and explore potential "remedies" that may be considered for inclusion in the *Let's Move!* initiative and help lead to solutions that truly improve the health our nation's children.

Thank you for your attention.

My very best regards,

LESLIE ANDERS, MS, RD