

Thank you co-Chair Thompson, co-Chair Greenlick, and members of the committee for the opportunity to present my testimony today.

My name is Jane Anderson and I am a Certified Health Coach, Health Coach Trainer, and Field Leader, with Take Shape for Life. Since 1992, my family and I have lived in Oregon. In August of 2005, I began my journey from habits of disease towards habits of optimal health by losing 50 pounds. Since the new year of 2006, I have kept off the 50 pounds, and have been living a healthy, vibrant lifestyle. In July of 2006 I began coaching, guiding, and supporting clients, and health coaches, in Oregon and across the United States, towards a similar lifestyle of optimal health. Raising awareness, educating, and supporting individuals along their journey from degenerative symptoms caused by obesity, and weight related disease, has become a strong feeling of obligation and passion. The Take Shape for Life system, and free bio-network of support, is the vehicle that can transport those who are hopeless and uninformed along the continuing, lifelong path of hope-filled physical wellness.

While volunteering in the classroom and the PTA, eight years as a School Board Director, and even volunteering for Hospice, my passion has been to create awareness and enact change. I've advocated for individuals who were unable to do it for themselves.

As a wife and mother, I provide for and protect those who I care about most. Now as a Certified Health Coach, I'm able to help anyone who wants to get healthy. From the obese to the athletic, the physically constrained to those who just want to feel better, even people who are taking a lot of medications, I now help people regain their independence and thrive, because of Take Shape for Life.

The obesity epidemic plagues two-thirds of Americans and continues its destructive path. Medical expenses have soared., and the health care industry is limited to passive passive illness treatment, and reacting to disease. Providers and state finance committees are forced to compromise their efforts. Rather than disease treatment, health providers should be focusing on regenerative health creation. In order to address the growing obstacles plaguing the health care industry, proactive measures need to be enacted. Because Take Shape for Life is a nutritional program clinically approved, with medical backing, that concentrates on creating health, it is a solution to this problem.

Today we ask for your assistance. We've shared how Take Shape for Life has changed our lives, and the lives of those we serve. Please fully consider how our comprehensive and complete system can help the state meet it's goal for improving health outcomes, while reducing health expenditures. We look forward to working with you.

Respectfully,

Jane Anderson
36915 Eldridge Dr
Sandy, OR 97055

Appendix A

Physician Information

Your patient has made the fundamental choice to create health in his or her life by taking part in a comprehensive health-modification program, the first step of which is reaching a healthy weight.

I've asked them to share this information with you to ensure that they have the proper medical supervision as they undergo this transformation to optimal health. The following is a brief description of the program and some suggested medical support.

- **Phase I: Weight Loss**

- ✓ Calorie reduction
- ✓ Dietary focus on low-glycemic carbohydrates, healthy fats, and proteins
- ✓ q. 3-hour portion control using medically formulated, low-calorie portion-controlled meal replacements (PCMRs)
- ✓ Instruction in healthy eating system
- ✓ Increased daily movement

- **Phase II: Lifestyle Change**

- ✓ Healthy eating for life
- ✓ Increased exercise through daily walking plan and resistance training
- ✓ Improved sleeping patterns
- ✓ Support through personal coach, online tracking, and/or bionetwork health community
- ✓ Ongoing instruction through Habits of Health book and workbook
- ✓ Behavioral changes through focus on motivation and choices to support health

- **Phase III: Creating a Microenvironment of Health**

- ✓ Removal of inflammatory stimulants (i.e., water, air, and home toxins)
- ✓ Stress reduction
- ✓ Enhancement of healthy nutrients

Your patient will be eating a reduced amount of energy-dense, low-glycemic food and will lose on average 2–5 pounds per week. As a result, their blood sugar, cholesterol, triglycerides, blood pressure, and hs-CRP will decrease significantly. Diabetics should lower their hypoglycemic medications and increase blood sugar monitoring as they begin this new eating pattern to avoid hypoglycemia.

Suggested Diagnostics

In addition to routine blood chemistry, suggested labs include lipid profile for a baseline, hs-CRP, and EKG. A cardiovascular assessment is suggested in high-risk individuals especially if they have considerable weight to lose or have been inactive.

Significant Disease Caution

The presence of significant medical conditions and certain medications may contraindicate the use of this program. Because of the calorie restriction and speed of weight loss involved, the program is not recommended for patients with the following conditions: heart attack within the past three months; recent or recurrent strokes or mini-strokes; unstable angina; severe liver or kidney disease; clotting disorders; active cancers; eating disorders; severe psychiatric disturbances; current use of steroids over 20 mg/day; current use of lithium; or type 1 diabetes.

For more information on our program, go to www.habitsofhealth.net or contact a health coach.

Multicenter Evaluation of Health Benefits and Weight Loss On the Medifast Weight Management Program

Crowell, M.D. and Cheskin, L.J.

The Johns Hopkins University School of Medicine

ABSTRACT

Despite the popularity of protein-sparing modified fasts, relatively few efficacy studies have been published. The purpose of the current investigation was to retrospectively evaluate the efficacy of a medically-supervised, protein-supplemented modified fasting program (Medifast) for weight reduction and to evaluate the impact of weight reduction on coexisting health problems.

Method: Twenty patient charts were randomly selected from each of 20 randomly selected Medifast clinics nationwide. Only patients completing the program in the past two years were sampled. Forty-six percent (185 patients) completed at least 16 weeks on the program ($M=23.65\pm0.61$ weeks). Individuals sampled were primarily female (83%) and Caucasian (90%). The average age for males and females was not different (43.60 ± 10.3 and 42.73 ± 10.7 years, respectively). Body mass index at entry for males was 43.20 ± 10.86 kg/m² and for females was 36.63 ± 7.61 kg/m².

Results: Males lost an average of 67.41 ± 54.6 lbs and females lost an average of 47.5 ± 17.4 lbs during fasting. Ninety-one percent of males and 72% of females lost more than 40 lbs on the program. As previously reported, males lost weight at a faster rate than females. However, males and females showed decreases in BMI of similar rates. Total weight loss showed a significant positive correlation with beginning weight. Significant reductions were seen in systolic and diastolic blood pressure, total cholesterol and triglycerides. Blood pressures were normalized in 90% of hypertensive patients. Only minor, transient side effects were seen during the modified fast. The most common complaints were headaches, fatigue, lightheadedness and cold intolerance. These symptoms were most common during the first 8 weeks of the diet. Gallbladder symptoms were reported in only 1% of the patients and no patients underwent gallbladder surgery during the program.

Conclusions: Medically-supervised, protein-sparing modified fasts offer a safe, effective means of weight reduction and are accompanied by significant improvements in coexisting health problems.