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Over & under:
Two Boston Medical Center clinics treat children who are either too heavy or too thin, and both confront a common cause: poverty

By Bella English, Globe Staff

It's a hectic morning at Boston Medical Center's Grow Clinic. Children and their parents fill nearly every examining room, and Dr. Deborah Frank scrambles from family to family. She is particularly proud of one boy. He's an active little guy, climbing off and on his mother's lap, smiling winningly at Frank.

But at age 2 he weighs only 20 pounds, and his legs are matchstick-thin. ``He's the average weight of a child 9 months old,'' Frank says. Still, under the clinic's guidance, the toddler is slowly gaining weight. Before the day is over, Frank will see 20 more undernourished children. Referrals to her clinic are up 25 percent this year.

On the other hand, Boston Medical Center has also treated 2-year-olds who weigh 60 pounds. On the same halls on alternating days from the Grow Clinic, Dr. Carine Lenders sees the opposite face of poverty: obese children. Her Nutrition for Life program started three years ago when pediatricians in the city saw a need for a weight management program for corpulent kids.

That the hospital operates two pediatric clinics in the same location on different days -- one for the underweight, one for the overweight -- may strike some as irony. But poverty is the common denominator, and to those who work there it makes perfect sense. In fact, they say, there may be a seriously malnourished and seriously fat child within the same family.

Referrals to both clinics are up this year. For Frank's program, the reason is simple, she says: ``Wages and benefits are not increasing for poor people, but costs are.'' While nationally about 18 percent of children are obese, 25 percent of children seen at Boston Medical Center meet the obesity standards.

The problem, in both cases, is the lack of access to enough of the right foods to lead a healthy, active life. Poor nutrition -- whether the child is skinny or obese -- has been linked to physical, cognitive, emotional , and behavioral problems, and early intervention is critical. Infants and toddlers are more vulnerable to malnourishment, while adolescents are more susceptible to obesity. In fact, some of the scrawny toddlers once seen in Frank's clinic are now, several years later, patients in Lenders' s obesity clinic.

``Families have learned the strategy of going for the maximum calories for the money,'' Frank says. ``If you're not sure you're going to have enough food for tomorrow, you eat what you can today to feel fuller.''

Using psychologists, nutritionists , and doctors, the clinics educate families about healthy eating and exercise. ``Some are ready to change; others are resistant,'' says Lenders. ``We try to motivate them.'' Her most extreme case was the teenager who weighed 900 pounds when he was admitted to the hospital. He has since lost 250 pounds and, at age 20, is able to walk again.

Vivien Morris, the nutritionist who works with Lenders, talks about an ``obese-ogenic environment,'' in which there is limited physical activity because of unsafe neighborhoods. ``Their parents want them inside,'' she says. That, coupled with corner stores in poor neighborhoods that sell junk food, creates an unhealthy dynamic.

Frank puts it another way: ``How can you lecture people to go out and walk when it's not safe? People know that bullets will kill you faster than obesity. It's easy to be judgmental, to say oh, they're lazy, they just sit around and eat popcorn. But it's very complicated.''

In her Grow Clinic, babies and toddlers often have other issues that contribute to their malnutrition, such as allergies and infections. ``If my kid spits up, I feed him again,'' says Frank. ``If their kid spits up, there's nothing more to feed him.''

Politicians, she says, should realize that food is a medicine and hunger a disease. Frank is outspoken about what she calls insufficient aid for the poor; some of the parents who bring children to her clinic work two jobs. ``They're the people you see behind counters at fast food joints, at the supermarket, in the nursing homes, the factories, in hotels cleaning.'' She adds, caustically: ``I've never met a welfare queen.''

Such poverty, she maintains, gets ``played out on the bodies of these children.'' In one examining room, a mother sits with her 2-year-old who looks much younger. He's allergic to cow's milk. ``The doctor told me I have to give him soy milk, bananas, more fruits and vegetables,'' says Adeline Occelus, who lives in Mattapan. ``But soy milk is expensive, and so is fresh food.''

Maria Napoleone, a clinic nutritionist, has taken Occelus to the grocery store and shown her what to buy. In addition, each family at the two clinics -- and throughout the hospital -- is allowed a twice-monthly visit to the pantry on the ground floor, where they are presented with a ``food prescription'' and are given healthful groceries.

The staff at both clinics try to work with the entire family: One of the main predictors of childhood obesity is maternal obesity. In Lenders' s clinic, one 10-year-old girl weighed 170 pounds, and her mother was also obese. Staffers got them both on a healthier diet and persuaded the mother to cut her daughter's television time down to two hours a day. Both have lost weight.

``The girl loves to play basketball, but they live in an unsafe neighborhood in Dorchester, and she's not allowed out unless a parent takes her to a park farther away," Morris says. In some cases, the clinic can offer free memberships to the YMCA. But both clinics rely heavily on private donations and struggle to balance their budgets.

Clinicians also draw up contracts in which the parents agree to a family-wide plan. ``This [obesity] radically affects the whole family," says Cheryl Jesuit, a staff nutritionist. ``You can't have an older brother drinking regular soda and his obese sister drinking diet soda or water."

Some of the changes are basic: switching from fast food to prepared meals, substituting yogurt for ice cream, teaching portion control, avoiding the corner stores, cutting out processed foods such as dried noodles -- cheap and filling, but high in fat and sodium.

Other situations are more complex, like the obese 10-year-old living with his great-grandmother who is struggling to raise several other great-grandchildren. When she had a heart attack, the boy missed several clinic appointments.

Both programs have successes and failures. There was the father of an obese girl who disagreed that she was overweight. ``It was a very serious medical situation," says Morris. But then there was the 13-year-old with a single, working mother who assisted in portion control, exercise , and nutrition. He lost 20 pounds in six months.

One mother from East Boston talked about her 12-year-old son, who wore baggy clothes that failed to disguise his surplus pounds. Still, he's a success story, having dropped 12 pounds in recent months. ``We've stopped eating lots of bread with butter, cookies, soda, and juice," said the mother, who asked that her name not be published. ``He's eating cereal with fiber and wheat and grain bread. He's drinking water. We're buying more fruit and salad. The whole family is participating." He now works out at the Y.

His mother had brought him into the clinic after a pediatrician told her he was at risk for diabetes. Recently the same doctor gave the boy a clean bill of health. More important, the boy seems motivated.

``I feel better," he said. ``I want to lose as much weight as I can."