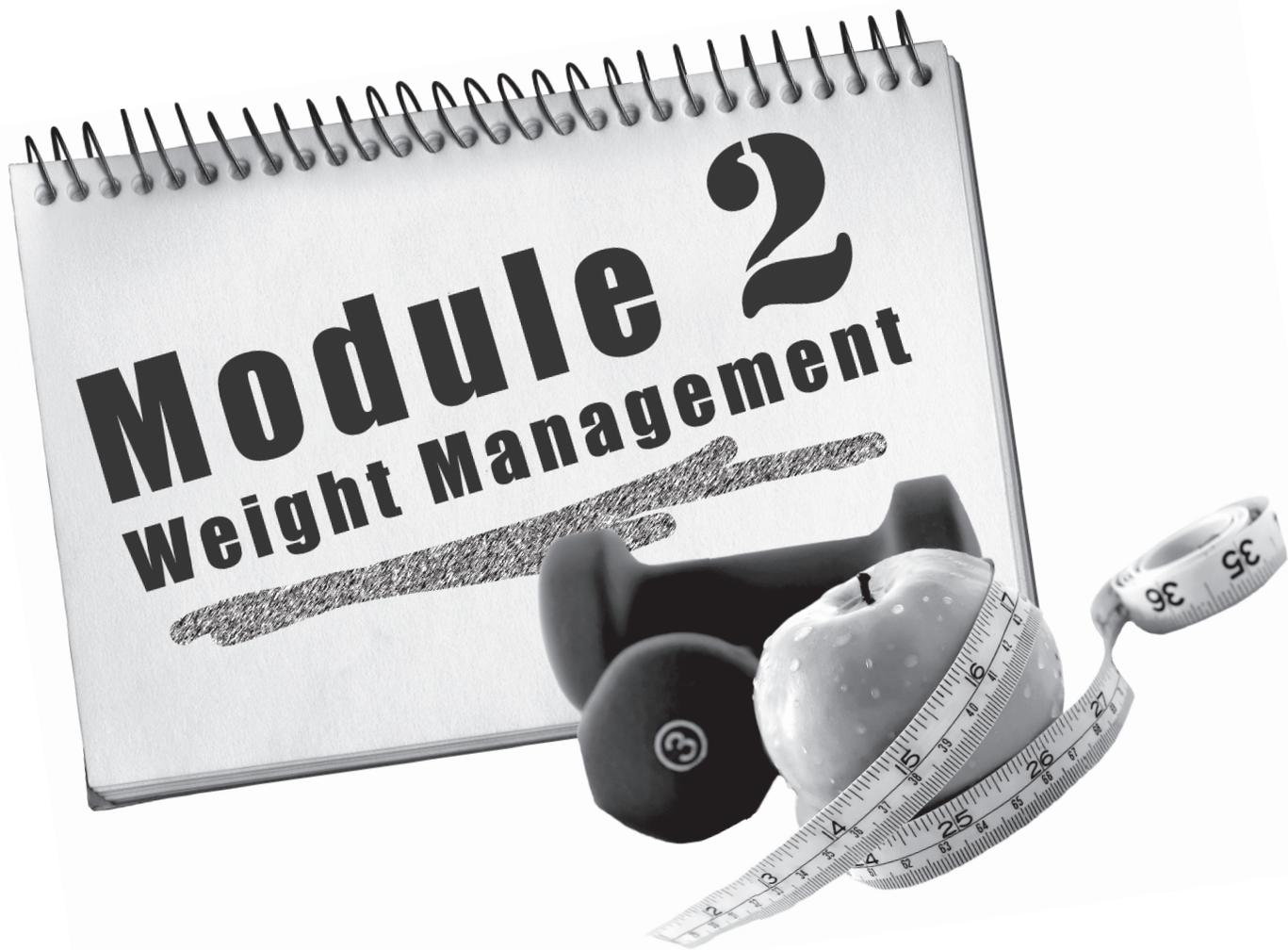


Healthy Lifestyles Training

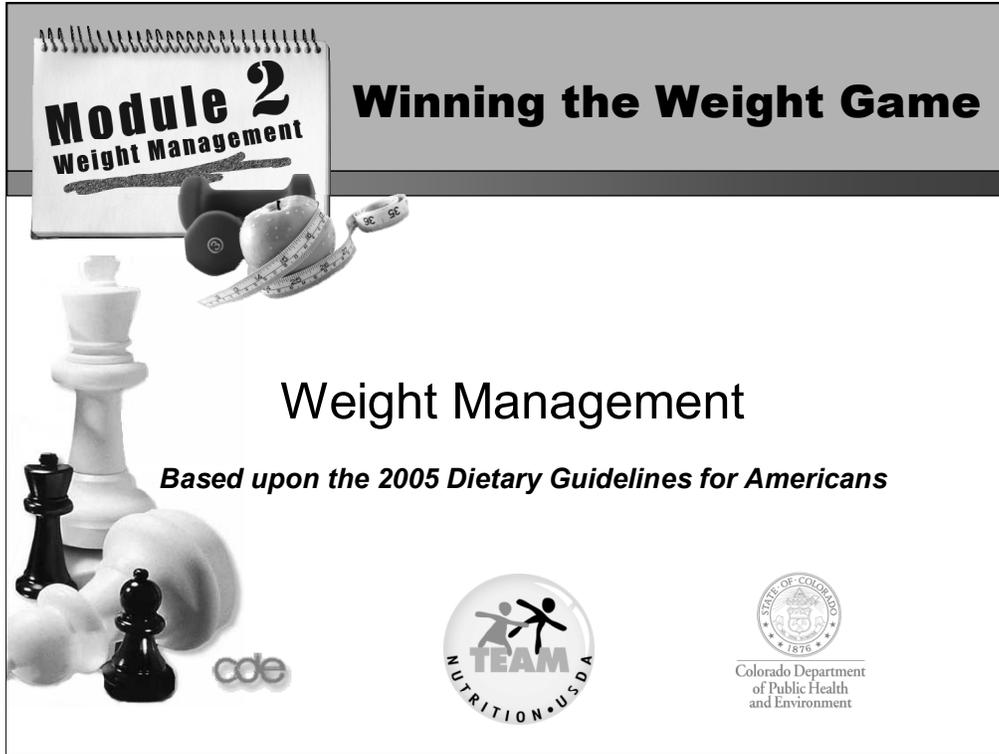
MODULE 2



Presentation Script

Winning the Weight Game





Module 2
Weight Management

Winning the Weight Game

Weight Management

Based upon the 2005 Dietary Guidelines for Americans



Colorado Department
of Public Health
and Environment




To open this session, ask participants to share a bit about how many of them have had a period of time in their lives during which weight has been an issue or a concern to them.

You needn't ask whether they have tried to gain or lose weight—perhaps only ask them to give to think about it rather than raise a hand.

SAY:

Nearly everyone has been unhappy about their weight at some point in time. Most Americans these days struggle with preventing weight gain. Our lifestyles of working long hours, eating out often and getting less and less physical activity make it hard to avoid gaining weight.

- How many of you relate to this or are concerned about someone you care about?
- Have you tried to diet and be more active in the past?
- How did it work for you?

Follow this up by asking whether they felt like they had the information they needed to make good decisions and get closer to their goals for weight and health.

SAY:

When you have tried to manage your weight, did you feel like you had access to information that was reliable, helpful and easy to understand?

Allow participants to talk about their experiences for a minute or two.



Module 2
Weight Management

Winning the Weight Game

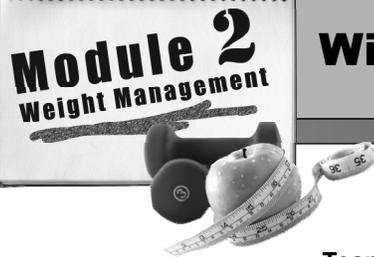


Weight Management

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Module 2
Weight Management

Winning the Weight Game

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Winning the Weight Game

- To learn how to evaluate adults' weight status.
- To explore values and concepts for healthy eating and activity.
- To learn about behaviors that lead to energy imbalance.
- To learn to apply eating and activity strategies that help us maintain or achieve healthier lifestyles.

SAY:

The purpose of this training is to:

- 1) To learn how to evaluate adults' weight status—to learn how to determine whether your weight status is healthy, underweight or overweight.
- 2) Help you explore concepts and values related to healthy eating and activity.
- 3) To learn about our behaviors that lead us to gain weight.
- 4) To learn to apply eating and activity strategies that will help you maintain or achieve healthier lifestyles.

What's Everyone Talking About?

- As of 2004, 32.2% of adults 20 years and older are considered obese.
- 66.3% are overweight or obese.

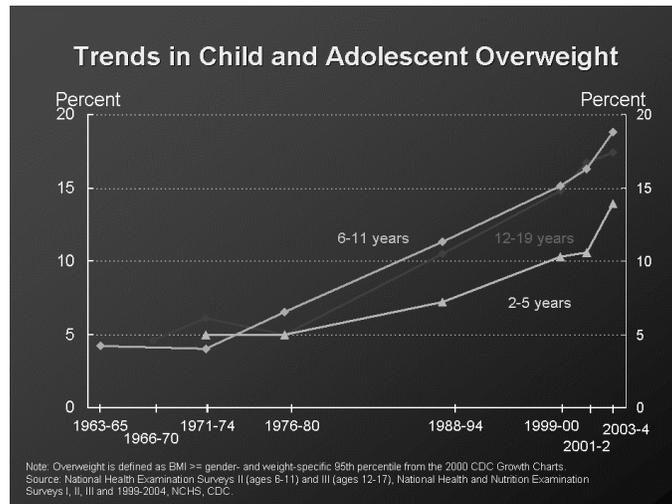


Source: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention. National Center for Health Statistics.

SAY:

The National Center for Health Statistics, that is part of the Centers for Disease Control, reports that the percentage of **obese** people 20 years of age and older was 32.2% in 2003-04. That's up from a rate of 22.9% during 1988-94. If adults who are **overweight** are added in, the total of adults who are now overweight or obese jumps to 66.3 percent.

Overweight and Obesity



SAY:

This graph shows the change in overweight and obesity over time for children and adolescents ages 2-19 years.

Results from the 2003-2004 National Health and Nutrition Examination Survey indicate that about 17% of children and adolescents ages 2-19 years are overweight. This is a substantial increase from 1988-94.

One of the national health objectives for 2010 is to reduce the prevalence of overweight. However, the more recent overweight estimates suggest that overweight in youths has not leveled off or decreased, and is increasing to even higher levels.

Adults Aren't The Only Ones

- Being overweight is a growing trend both for adults and children.
- Percentage of overweight children:
 - 14% aged 2-5
 - 19% aged 6-11
 - 17% aged 12-19



SAY:

Rates of childhood obesity, indicated by a BMI greater than the 95th percentile, have doubled over the last two decades. The data for adolescents are of concern because overweight adolescents are at increased risk to become overweight adults. The 2003-2004 NHANES findings for children and adolescents suggest that it is very likely that we will have another generation of overweight adults who are be at risk for health conditions like diabetes that are related to being overweight.

How Can You Tell?

- The Body Mass Index, or BMI, is a measure of how proportionate a person's weight is to his or her height.
- BMI is a reliable indicator of body fat in adults.

SAY:

What is the standard by which we determine overweight or obesity?

Obesity is officially defined as having a Body Mass Index of 30 or over.

The Body Mass Index (BMI;kg/m²) is commonly used calculation that looks at weight in proportion to height. It classifies overweight and obesity among adults, and is also recommended to identify children who are overweight or at risk of becoming overweight.

In adults it is a reliable indicator of body fat.

Calculating BMI

- $\text{Weight (lb)} / [\text{height (in)}]^2 \times 703$



SAY:

Calculate BMI by dividing weight in pounds (lbs) by height in inches (in) squared and multiplying by a conversion factor of 703.

Sample BMI Calculation

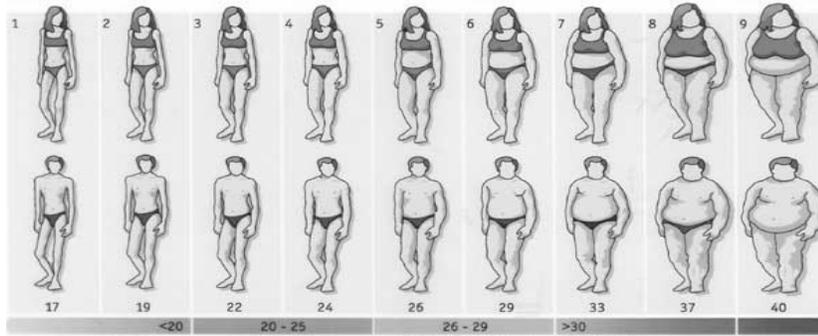
- A 27 year old weighs 150 pounds and is 5 feet 5 inches tall.
- Height = 5'5" = 65"
[12" per foot = (5 x 12) + 5]
then $[150 \div (65)^2] \times 703 = 24.96 = \text{BMI}$

SAY:

Let's see what that looks like for a person who is 150 pounds and 5 feet 5 inches tall.

This person would have a BMI of about 25

Interpreting BMI



BMI

Below 18.5
18.5 – 24.9
25.0 – 29.9
Above 30.0

Weight Status

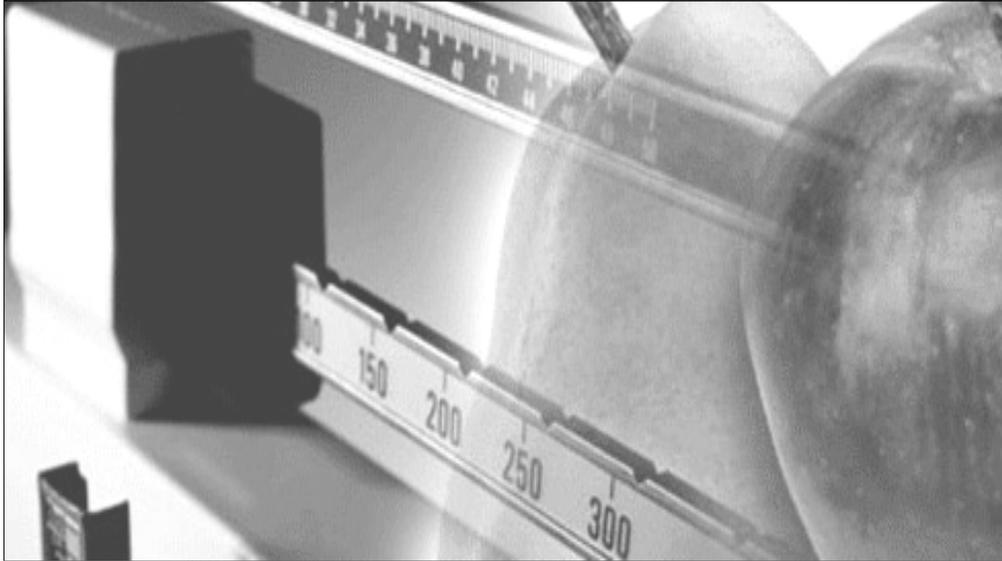
Underweight
Normal
Overweight
Obese

SAY:

This slide shows the definitions or categories for BMI.

As you can see, the BMI that we just calculated goes in the overweight category. This person could benefit by increasing their activity and reducing the calorie intake to prevent further weight gain. Ideally, they could lose a few pounds to improve their risk status and their health.

Pears or Apples?



SAY:

Believe it or not, another way to estimate your risk for chronic disease is to take a look at a person's fat distribution. Many people are said to be shaped like pears or like apples.

Are you a Pear or an Apple?

- Being “apple-shaped”, or having more fat in the abdominal area, carries more risk than being “pear-shaped” or having more fat in the extremities and hips.
- A waist-to-hip ratio of <0.8 defines you as a “pear”.



SAY:

A better way to tell if the fat you have is “ok” is to look at how it is distributed.

An apple-shaped person carries the majority of the fat in the abdominal area – this means greater risk of coronary artery disease, stroke, high blood pressure, and diabetes than those with pear shape.

A pear-shaped person carries the majority of fat in the hips, buttocks, and thighs.

A tape measure can be used to measure waist circumference and hip circumference.

To figure out your waist-to-hip ratio, measure your waist and then measure your hips. Divide the number you get for your waist by the number you get for your hips.

A waist-to-hip ratio of less than 0.8 defines you as a pear.

Another way to think about it is that having a waist circumference of greater than 88 centimeters (34.6 inches) puts you in the category of greater risk for chronic disease.

Interpreting Children's BMI

- BMI is also the measure of choice for children over 2 but must be interpreted with care.
- Children's BMIs change with age so that what is normal for a 6-year-old is quite different than for a 12-year-old.
- See www.cdc.gov/growthcharts for more information.

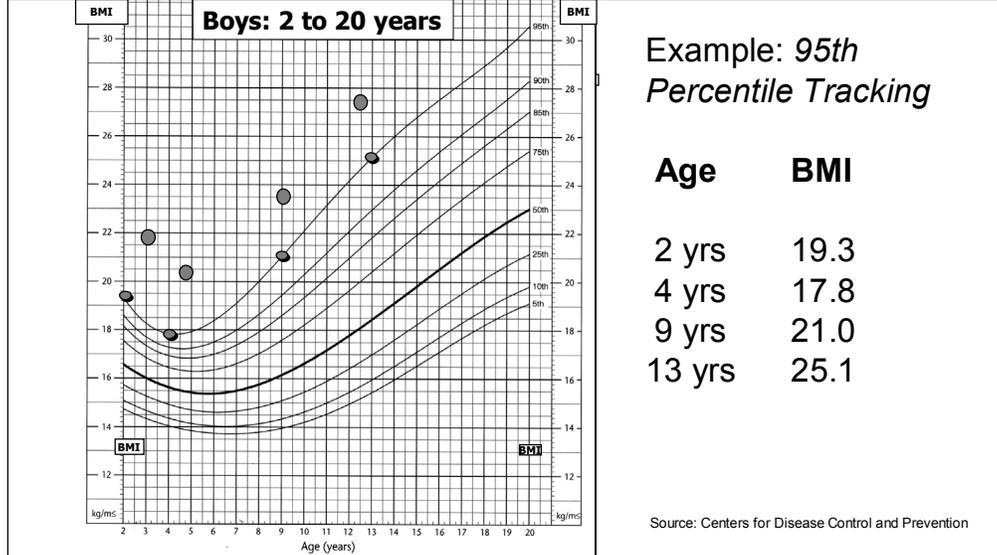
SAY:

Children's BMIs also relate to their level of body fat but we think about their weight status quite differently.

First, we must protect children's growth and putting children on restrictive diets without expert medical supervision is not a good idea.

Second, children's growth is plotted on growth charts instead of just using the BMI number and putting it into categories.

For Children, BMI Changes with Age



Example: *95th Percentile Tracking*

Age	BMI
2 yrs	19.3
4 yrs	17.8
9 yrs	21.0
13 yrs	25.1

SAY:

Here is a graph that shows you how a child's BMI changes with age. After about 1 year of age, BMI-for-age begins to go down and it continues falling during the preschool years until it reaches a minimum around 4 to 6 years of age.

After that, BMI starts to go up with age.

If you look at the graph, you see lots of lines that curve upward. These are the percentiles for children's growth that are established from several large national samples of children. The dark line in the middle is the 50th percentile. If a child's BMI is on the 50th percentile, it means that 50% of children are growing more slowly than that child and that 50% of children are growing faster than that child. In other words, this child's growth is average.

For the child who is plotted on this graph by the red dots on the graph, you can see that this child's BMI is tracking on, or following, the top line that is the 95th percentile. That means that this child is growing faster than 95% of most children.

BMI-for-Age Cutoffs

\geq 95th percentile

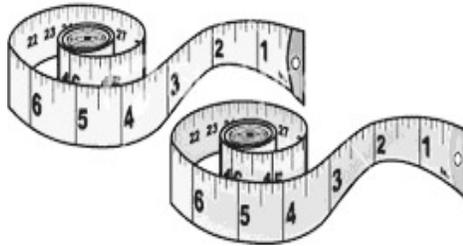
Overweight

85th to $<$ 95th Percentile

Risk of overweight

$<$ 5th percentile

Underweight



Source: Centers for Disease Control and Prevention

The experts' recommendations are to classify children's BMI-for-age at or above the 95th percentile as being overweight and children's BMI-for-age between the 85th and 95th percentiles as being at risk of overweight.

The 85th percentile is included on the BMI-for-age and the weight-for-stature charts to identify those at risk of overweight.

The following will not be read but will serve as reference material:

The World Health Organization Expert Committee on Physical Status. The Use and Interpretation of Anthropometry. Physical Status: Report of a WHO Expert Committee: WHO Technical Report Series 854, WHO, Geneva, 1996.

Is it Worth It to Maintain Healthy Weight?

- Reduced risk for:
 - *cardiovascular disease*
 - *some forms of cancer*
 - *diabetes*
 - *diverticulitis & hemorrhoids*
 - *cataracts*
- All this translates into feeling better and less medical expense when we eat well and are active.



SAY:

Now let's talk about why you might decide to adopt some smart lifestyle choices.

Choosing to eat more healthfully helps to reduce our risk for certain diseases.**

•Cardiovascular disease includes events like heart attacks and strokes. What we know from research suggests that people who eat fewer fruits, vegetables and whole grains have a 5-11% greater risk of stroke and up to a 15% reduction in risk for all cause cardiovascular disease.

•Lung, breast, mouth & throat, stomach, colorectal, cervical and ovarian cancers are also likely to be related to low fruit and vegetable consumption.

•Diabetes, *which is (one of) the fastest growing disease of our times*, can be managed in part by decreasing calorie intake, increasing fiber consumption from fruits, vegetables and grains, reducing intake of foods with added sugars and by increasing activity levels by as little as 30 minutes a day. Women who consumed 5 servings or more of fruits and vegetables per day had a 39% reduced risk of having diabetes (2001).

•Diverticulitis is an inflammation of the large intestine (colon) that is partly related to a person's genes but is also related to their eating habits; specifically to low fiber consumption. Increasing fruit, vegetable and whole grain consumption is part of the management of diverticulitis and high fiber diets are known to provide the best defense against the development of diverticulitis.

•Overall intestinal health is also improved by consumption of fruit, vegetables, whole grains and fermented low fat dairy products like yogurt and kefir. One of the most commonly presenting problems for children is constipation and this is often caused by low fiber intake. The same can be said for adults.

•Cataracts are one of the world's leading causes of blindness and are most common in the elderly. 5% of individuals in the US older than 65 y will have cataracts and 40% of those older than 75 y will have cataracts. Substantial evidence suggests that consuming a diet high in antioxidants that come from fruits and vegetables is associated with delayed development of cataracts. Estimates suggest that over half of the medical costs associated with cataracts would be eliminated if cataracts development were delayed for 10 years.

So, why change our eating habits to be healthier? You can choose the carrot—feeling better, and being healthier—or you can pay attention to the stick—all of those negative consequences of eating less healthfully.

The point is to choose to make a change.

So how do we get better nutrition and eat the amount of calories that is best for us?

We've talked about how increasing the variety of foods that we eat can have a positive impact on our overall nutrition and health.

- We must be careful though, because it's not just any kind of variety that makes the difference. Research also shows that the more variety people consume the more calories they tend to consume.
- It turns out that "smart" variety is what counts.

The information that follows will not be read...it is for reference material only.

Dauchet L, Amouyel P, Dallongeville J. Fruit and vegetable consumption and risk of stroke. A meta-analysis of cohort studies. *Neurology*. 2005;65:1193-1197.

Background: Fruit and vegetable consumption is associated with lower rates of coronary heart disease. Results from observational studies suggest a similar association with stroke.

Objective: To assess the evidence from prospective observational studies on fruit and vegetable intake and risk of stroke.

Methods: A meta-analysis of prospective studies was conducted to examine the association between fruit and vegetable intake and stroke. Studies were selected if they reported relative risk (RR) and 95% CI for any type of stroke and used a validated questionnaire for food intake assessment. Pooled RR were calculated and linearity of the associations was examined.

Results: Seven studies were eligible for the meta-analysis, including 90,513 men, 141,536 women, and 2,955 strokes. The risk of stroke was decreased by 11% (RR 95% CI: 0.89 [0.85 to 0.93]) for each additional portion per day of fruit, by 5% (RR: 0.95 [0.92 to 0.97]) for fruit and vegetables, and by 3% (RR: 0.97 [0.92 to 1.02]; NS) for vegetables. The association between fruit or fruit and vegetables and stroke was linear, suggesting a dose-response relationship.

Conclusions: This meta-analysis of cohort studies suggests that fruit and fruit and vegetable consumption decreases the risk of stroke.

Bazzano, L. Fruit and vegetable intake and risk of cardiovascular disease in US adults: the first National Health and Nutrition Examination Survey Epidemiologic Follow-up Study. *Am J Clin Nutr* 2002;76:93-9.

Rimm, Eric B. Fruit and vegetables--building a solid foundation. *Am J Clin Nutr*. 2002;76:1-2.

Consumption of nutrients that are abundant in fruits and vegetables--such as antioxidants and folic acid--has been linked to a lower incidence of cardiovascular disease (CVD). However, long-term studies focusing on whole-food consumption, as opposed to single micronutrients, are useful because they demonstrate the prolonged and cumulative benefits of a healthy diet. Publishing in the *American Journal of Clinical Nutrition*, Bazzano et al. examined the relationship between fruit and vegetable consumption and the risk of CVD and stroke in a large group of subjects over a period of roughly 2 decades. They found that stroke incidence and mortality, as well as mortality from ischemic heart disease and CVD, were all significantly reduced in those who consumed at least 3 servings of fruits and vegetables per day. The research, part of the first National Health and Nutrition Examination Survey (NHANES I), involved prolonged follow-up of 9608 adults ages 25-74 who were randomly distributed by sex, race, and sociological group. All subjects were free of CVD at the study's inception between 1971-1975, and follow-up data on dietary intake, disease and mortality were collected in 1982-84, 1986, 1987, and 1992. In determining average daily servings of fruit and vegetables, the researchers used both a 3-month food frequency questionnaire detailing the subjects' usual consumption and a 24-hour dietary recall record. Those who had consumed at least 3 servings per day of fruits and vegetables had a 27% lower incidence of stroke and 42% lower stroke mortality rate among all subjects, and risk of death from ischemic heart disease and CVD was reduced by 24% and 27%, respectively. Men appeared to benefit more than women and whites more than nonwhites from frequent fruit and vegetable consumption with a few exceptions, such as a 53% reduction in stroke mortality for women versus a 23% reduction for men. A 15% reduction in risk from death for all causes was related to the frequent association of fruit and vegetable consumption with other healthy habits such as regular exercise, refraining from smoking, and having a low dietary intake of cholesterol and saturated fat.

An accompanying editorial by Rimm emphasizes that the true benefits of fruit and vegetable consumption may be even higher than those found in the NHANES I Study, which designated only "low" (<1 serving/day) or "moderate" (at least 3 servings/day) intake of fruits and vegetables. Recent advances in the development of eating pattern scores may translate more readily into complete dietary guidelines for the public that could maximize the CVD-preventative potential of a healthy diet.

More fruit could mean less asthma in adults By Stephen Daniells, News Archives 17/05/2006 - People with an antioxidant-rich diet could reduce their risk of developing asthma in adulthood, say Cambridge researchers - adding to a growing body of science on the subject. Patel BD, Welch AA, Bingham SA, Luben RN, Day NE, Khaw K-T, Lomas DA, Wareham NJ. Dietary antioxidants and asthma in adults. *Thorax*. 2006;61:388-393. "We have found symptomatic asthma in adults to be associated with a low intake of the dietary antioxidants vitamin C and manganese. The low intake of vitamin C appears to primarily associated with a diet deficient in fruit," wrote corresponding author Dr. Nick Wareham.

This study appears to support a growing body of science that has linked antioxidant intake, particularly vitamins C and E, to the incidence of asthma, a condition on the rise in the Western world and the most common long-term condition in the UK today. And, according to the charity Asthma UK, it affects over four million adults and over a million children.

According to the European Federation of Allergy and Airway Diseases Patients Association (EFA), over 30m Europeans suffer from asthma, costing Europe €17.7bn every year. The cost due to lost productivity is estimated to be around €9.8bn.

The new study, published in the journal *Thorax* (Vol. 61, pp. 388-393), used a nested case-control design to investigate a potential relationship between fruit and vegetable intake, and corresponding antioxidant intake, and the incidence of both diagnosed and symptomatic asthma for 515 cases and 515 controls with average age 32.

The researchers used registrants in the European Prospective Investigation of Cancer (EPIC)-Norfolk cohort and assigned them as either cases or controls depending on results from a health and lifestyle questionnaire (HLQ). Dietary data was obtained using seven day food diaries.

Dr. Wareham and his colleagues found that dietary intake of vitamin C and manganese were inversely and independently linked to symptomatic asthma, with a 12 per cent reduction in incidence with increasing vitamin C intake, and a 15 per cent reduction in incidence with increasing manganese intake. The researchers divided intakes into five groups (quintiles) ranging from low to high intake, but no quantification of each cut-off point is made.

For diagnosed asthma, only manganese has an effect on the incidence of the condition. Increasing intake of manganese, as a per quintile measure, was associated with a 14 per cent reduction in the risk of diagnosed asthma.

When the researchers looked at the incidence and associated risks of both symptomatic and diagnosed asthma in terms of fruit and vegetable consumption, and particular types of each, it was reported that moderate consumption (between 0.7 and 46.2 grams per day) of citrus fruits decreased the risk of asthma by 12 per cent. High consumption (46.3 grams per day or more) decreased the risk by 41 per cent.

Apples consumption also reported a significant effect on the risk of asthma, both symptomatic and diagnosed, with high consumption (48.1 grams per day or more) associated with a 32 per cent reduction in risk.

"Our observations are consistent with previous reports of an inverse association between dietary fruit and dietary vitamin C and respiratory symptoms," said the researchers.

The mechanism behind the protective effects of vitamin C and manganese appears to be due to their antioxidant nature, with manganese in particular playing a key role in the enzyme superoxide dismutase. Reduced levels of this enzyme have been reported in the lungs and blood of asthma sufferers.

A major strength of this study, argue the researchers, is the comprehensive nature of the dietary data, allowing them to confidently make the link between manganese and vitamin C intake and reduced risk of asthma.

There are several limitations however, as there are with all observational studies. The most notable being that cases may have altered their diets because of their asthma, although possible errors from this are reduced by the fact that only 22 cases reported such a change. There also exists the possibility that other, unaccountable confounders, may have affected the results.

The study does appear to add to a growing body of evidence linking increased antioxidant intake to a reduced risk of asthma. Indeed, a spokesperson for British charity Asthma UK told NutraIngredients.com: "Fresh fruit and vegetables are a good source of anti-oxidants and the results of several studies suggest that a diet high in anti-oxidants may protect against asthma and some other lung diseases.

This research has looked at whether people with a low intake of fruit and antioxidants such as vitamin C have a higher risk of asthma. Further research is necessary before the link between diet and asthma is fully understood.

Hyson, D. Fruits and vegetables: A scientific overview for health professionals. Available at: http://www.5aday.org/pdfs/research/health_benefits.pdf. Accessed February 5, 2008.

Weight Management Goals in the Dietary Guidelines for Americans

Ideally, everyone would to be at a healthy weight.

BUT preventing weight gain is a great goal.



An achievable goal for everyone is to lead a healthy life regardless of their weight.

SAY:

In an ideal world, we would hope that everyone could maintain a healthy weight. However, people come in different shapes and sizes and what we most want for people is for them to lead healthy lives.

This means that the first goal for healthy weight is to prevent additional weight gain if you are at a healthy weight or if you are overweight.

An achievable goal for everyone is to adopt healthier habits and become healthier at any size.

Tenets of Health at Every Size

- Health enhancement and well-being rather than achieving an “ideal weight”.
- Self-acceptance and respect for the diversity of bodies.
- The pleasure of eating well, based on internal cues of hunger and satiety.
- The joy of movement and encouraging all physical activities.



Source: Kratina, K. Originally published as "Tenets of the Nondiet Approach" in *Moving Away from Diets: Healing Eating Problems and Exercise Resistance* by Kratina, Hayes and King, 1996. Copyright© 2000 by the Council on Size and Weight Discrimination, Inc. All rights reserved. Used with permission.

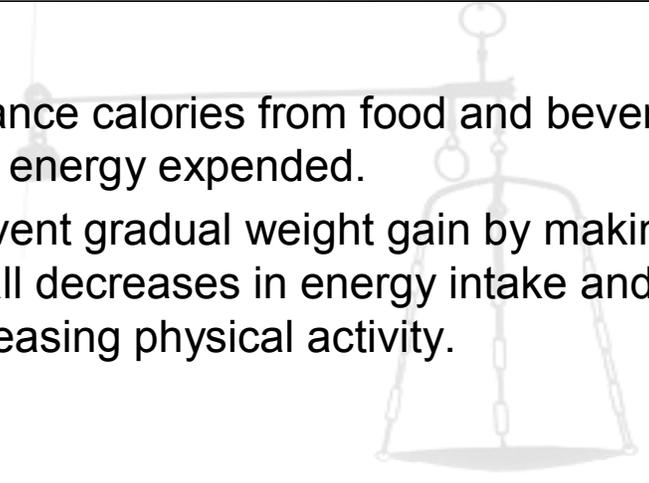
SAY:

If you can't achieve a weight in the healthy range, one that is associated in a BMI of less than 25, another goal to achieve is to lead a healthier lifestyle at the weight you *can* live with.

The “Health at Every Size” has 4 basic ideas:

1. To be as healthy as we can
2. To drop the idea that an individual's worth is related to their body size
3. To learn to eat healthfully and learn to pay attention to hunger and fullness signals
4. And to find joy in movement and activity.

Key Recommendations

- 
- Balance calories from food and beverages with energy expended.
 - Prevent gradual weight gain by making small decreases in energy intake and increasing physical activity.

SAY:

To try to achieve better health and to manage our weight, the 2005 Dietary Guidelines for Americans specify 2 key recommendations:

1. That we try to balance the amount of calories that we eat with the amount that we burn.

This does not necessarily mean counting calories all the time to make sure you are in balance. It does mean learning about foods and their relative calorie content and pairing that information with attention to our own hunger cues. If we choose to eat when hungry, learn to do other things when we are anxious, bored or seeking pleasure AND we make smart choices by selecting low calorie beverages, and lower fat/calorie snacks, we can prevent slow weight gain that happens as a result of less conscious eating choices.

One slogan for the Dietary Guidelines might be:

Be smart AND be conscious in your choices for eating.

That 2 part slogan focuses on choosing foods you eat thoughtfully and carefully and eating when you are hungry and learning to stop eating before feeling “stuffed.”

2. A second key recommendation of the guidelines is to try to make small decreases in your energy intake and small increases in physical activity to prevent weight gain.

The average weight gain for adults in the U.S. is about 1-3 pounds per year. This amounts to between 3,500 – 10,500 calories extra each year.

If we go on the idea that a pound of fat is about 3,500 calories, and that there are 365 days in one year, then this amounts to only about 30 extra calories per day to gain 3 pounds in one year (10,500/365).

By making small changes in eating and physical activity, we can prevent this slow, gradual weight gain that can come from only 30 extra calories a day.

Winning Strategies

- Consume low calorie, high nutrient foods like vegetables and fruits.
- Cut back on foods high in added sugars, fat and alcohol.



SAY:

Now let's talk about strategies that are healthier and can help you lose weight. Choosing to consume greater amounts of fruits and vegetables daily, and replacing higher calories beverages and snacks with smart foods like fruits and vegetables can result in those small reductions in energy intake that we were talking about.

Some research suggests that consuming low calorie, clear soups also helps to reduce energy intake at a meal and can assist in weight loss.

Other strategies for decreasing energy intake include cutting back on foods that are high in added sugars, fat and cutting back on alcohol. The rationale for decreasing these kinds of foods is that they provide a high number of calories but do not provide much in the way of other nutrients.

The following will NOT be read but will serve as reference material.

Rolls BJ, Bell EA, Thorwart ML. Water incorporated into a food but not served with a food decreases energy intake in lean women. *American Journal of Clinical Nutrition*. 1999;70(4):448-55.

Abstract: BACKGROUND: Previous research showed that decreasing the energy density (kJ/g) of foods by adding water to them can lead to reductions in energy intake. Few studies have examined how water consumed as a beverage affects food intake. OBJECTIVE: This study examined the effects of water, both served with a food and incorporated into a food, on satiety. DESIGN: In a within-subjects design, 24 lean women consumed breakfast, lunch, and dinner in our laboratory 1 d/wk for 4 wk. Subjects received 1 of 3 isoenergetic (1128 kJ) preloads 17 min before lunch on 3 d and no preload on 1 d. The preloads consisted of 1) chicken rice casserole, 2) chicken rice casserole served with a glass of water (356 g), and 3) chicken rice soup. The soup contained the same ingredients (type and amount) as the casserole that was served with water. RESULTS: Decreasing the energy density of and increasing the volume of the preload by adding water to it significantly increased fullness and reduced hunger and subsequent energy intake at lunch. The equivalent amount of water served as a beverage with a food did not affect satiety. Energy intake at lunch was 1209 +/- 125 kJ after the soup compared with 1657 +/- 148 and 1639 +/- 148 kJ after the casserole with and without water, respectively. Subjects did not compensate at dinner for this reduction in lunch intake. CONCLUSION: Consuming foods with a high water content more effectively reduced subsequent energy intake than did drinking water with food.

Rolls BJ, Roe LS, Beach AM, Kris-Etherton PM. Provision of foods differing in energy density affects long-term weight loss. *Obesity Research*. 2005;13(6):1052-60.

Abstract: **OBJECTIVE:** The energy density (kilocalories per gram) of foods influences short-term energy intake. This 1-year clinical trial tested the effect on weight loss of a diet incorporating one or two servings per day of foods equal in energy but differing in energy density. **RESEARCH METHODS AND PROCEDURES:** Dietitians instructed 200 overweight and obese women and men to follow an exchange-based energy-restricted diet. Additionally, subjects were randomized to consume daily either one or two servings of low energy-dense soup, two servings of high energy-dense snack foods, or no special food (comparison group). **RESULTS:** All four groups showed significant weight loss at 6 months that was well maintained at 12 months. The magnitude of weight loss, however, differed by group ($p=0.006$). At 1 year, weight loss in the comparison (8.1 ± 1.1 kg) and two-soup (7.2 ± 0.9 kg) groups was significantly greater than that in the two-snack group (4.8 ± 0.7 kg); weight loss in the one-soup group (6.1 ± 1.1 kg) did not differ significantly from other groups. Weight loss was significantly correlated with the decrease in dietary energy density from baseline at 1 and 2 months ($p=0.0001$) but not at 6 and 12 months. **DISCUSSION:** On an energy-restricted diet, consuming two servings of low energy-dense soup daily led to 50% greater weight loss than consuming the same amount of energy as high energy-dense snack food. Regularly consuming foods that are low in energy density can be an effective strategy for weight management.

Less is More

Create a recipe that's healthier by reducing the following by $\frac{1}{4}$ to $\frac{1}{2}$:

- Butter or margarine, oil or shortening*
- Chocolate chips
- Chopped nuts & coconut
- Cracker or bread crumbs
- Crumbled bacon, sausage, or ground beef
- Grated cheese
- Sugar

* When baking, replace the fat with low fat milk or buttermilk, applesauce, prune puree, or plain low-fat yogurt.

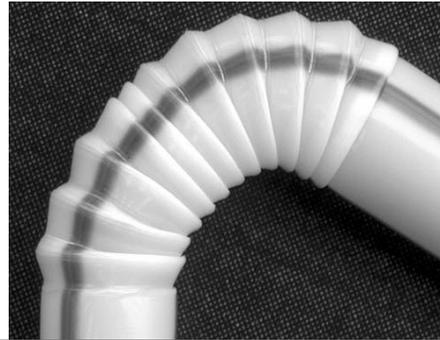
SAY:

Other strategies for lowering the calorie content of foods you make without sacrificing good taste include reducing the following ingredients when you cook.

Again, avoid "cutting out" these ingredients as these help foods taste good. However, being moderate by cutting down on them by $\frac{1}{2}$ or $\frac{1}{4}$ can produce results and still leave you feeling satisfied.

Watch Out For Large Portions

- A 32-ounce beverage, is now a Wendy's® “medium” drink. A 42-ouncer, is the new “large”.
- The 5.6-ounce “Biggie” fries is now a “medium”, and the 6.7-ounce has become the “large”.
- Wendy's ® former 20-ounce “medium” drink and 5-ounce “medium” fries are now called “small”.



SAY:

One pitfall to watch for are the portions that are being offered to us.

To be responsive to the public and to avoid criticism saying they are promoting obesity, industry is changing its labels—and not necessarily its portions. The change in labeling is aimed at satisfying critics (though industry officials cite “less consumer confusion” as the motivation) and continuing the trend of increasing profitability for fast food.

The facts of the research show that the more food we are offered, the more we tend to eat.

The following will NOT be read and is for reference material.

Rolls BJ, Roe LS, Meengs JS. Larger portion sizes lead to a sustained increase in energy intake over 2 days. *Journal of the American Dietetic Association*. 2006;106(4):543-549.

Abstract: **OBJECTIVE:** We tested the effect on energy intake of increasing the portion size of all foods and beverages served over 2 consecutive days. **DESIGN:** The study used a randomized crossover design. **SUBJECTS/SETTING:** Subjects were 32 adults from a university community. **INTERVENTION:** For 2 consecutive days in each of 3 weeks, subjects ate their main meals in a controlled setting and were given snacks for consumption between meals. We used the same two daily menus each week, but varied the portion sizes of all foods and beverages served in a given week (either 100%, 150%, or 200% of baseline amounts). **MAIN OUTCOME MEASURES:** Energy intake and ratings of hunger and satiety were measured. **STATISTICAL ANALYSES PERFORMED:** A linear mixed model with repeated measures was used. **RESULTS:** There was a significant effect of portion size on energy intake in both men and women ($P < 0.0001$). Increasing portions by 50% increased daily energy intake by 16% (women: 335 kcal/day; men: 504 kcal/day), and increasing portions by 100% increased intake by 26% (women: 530 kcal/day; men: 812 kcal/day). Energy intake did not differ between the 2 days of each week. Daily ratings of fullness were lowest in the 100% portion condition ($P = 0.0004$), but did not differ significantly in the 150% and 200% conditions. **CONCLUSIONS:** Increasing the portion size of all foods resulted in a significant increase in energy intake that was sustained over 2 days. These data support suggestions that large portions are associated with excess energy intake that could contribute to increased body weight.

Portion Distortion II Interactive Quiz

COFFEE

20 Years Ago

Coffee
(with whole milk and sugar)



45 calories
8 ounces

Today

Mocha Coffee
(with steamed whole milk and
mocha syrup)



How many calories
are in today's coffee?



Source: National Heart, Lung, and Blood Institute.
Online Slide Show Obesity Education Initiative (OEI) Slide Sets page.
Available at http://hp2010.nhlbi.nih.gov/oei_ss/menu.htm#PD2.

SAY:

Now, it's time to take a little quiz that reveals how portions have changed over the last 2 decades.

You see that there used to be about 45 calories in a cup of coffee that contained milk and sugar. How many calories do you think are in a Mocha Coffee nowadays?

Portion Distortion II Interactive Quiz

COFFEE

20 Years Ago

Coffee
(with whole milk and sugar)



45 calories
8 ounces

Today

Mocha Coffee
(with steamed whole milk
and mocha syrup)



350 calories
16 ounces

Calorie Difference: 305 calories

Source: National Heart, Lung, and Blood Institute.
Online Slide Show Obesity Education Initiative (OEI) Slide Sets page.
Available at http://hp2010.nhlbi.nih.gov/oei_ss/menu.htm#PD2.

350 calories! Pretty big difference, wouldn't you say?

Portion Distortion II Interactive Quiz

Maintaining a Healthy Weight is a Balancing Act
Calories In = Calories Out



How long will you have to walk in order to
burn those extra 305 calories?*



*Based on 130-pound person

Source: National Heart, Lung, and Blood Institute.
Online Slide Show Obesity Education Initiative (OEI) Slide Sets page.
Available at http://hp2010.nhlbi.nih.gov/oei_ss/menu.htm#PD2.

And how long do you think a 130 pound person would need to walk to burn those extra calories?

Portion Distortion II Interactive Quiz

Calories In = Calories Out



**If you walk 1 hour and 20 minutes, you will
burn approximately 305 calories.***



***Based on 130-pound person**

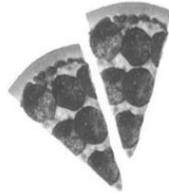
Source: National Heart, Lung, and Blood Institute.
Online Slide Show Obesity Education Initiative (OEI) Slide Sets page.
Available at http://hp2010.nhlbi.nih.gov/oei_ss/menu.htm#PD2.

An hour and 20 minutes!

Portion Distortion II Interactive Quiz

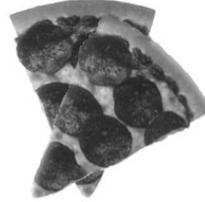
PEPPERONI PIZZA

20 Years Ago



500 calories

Today



**How many calories are
in 2 large slices of
today's pizza?**



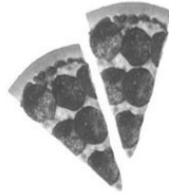
Source: National Heart, Lung, and Blood Institute.
Online Slide Show Obesity Education Initiative (OEI) Slide Sets page.
Available at http://hp2010.nhlbi.nih.gov/oei_ss/menu.htm#PD2.

Now how many calories in 2 large slices of pizza today?

Portion Distortion II Interactive Quiz

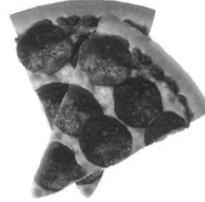
PEPPERONI PIZZA

20 Years Ago



500 calories

Today



850 calories

Calorie Difference: 350 calories

Source: National Heart, Lung, and Blood Institute.
Online Slide Show Obesity Education Initiative (OEI) Slide Sets page.
Available at http://hp2010.nhlbi.nih.gov/oei_ss/menu.htm#PD2.

SAY:
WOW!

Portion Distortion II Interactive Quiz

Maintaining a Healthy Weight is a Balancing Act
Calories In = Calories Out



How long will you have to walk the dog in order to burn those extra 350 calories?*

How long will you have to walk the dog in order to burn those extra 350 calories?*



*Based on 130-pound person

Source: National Heart, Lung, and Blood Institute.
Online Slide Show Obesity Education Initiative (OEI) Slide Sets page.
Available at http://hp2010.nhlbi.nih.gov/oei_ss/menu.htm#PD2.

SAY:

And to burn off those extra calories for a 160 pound person?

Portion Distortion II Interactive Quiz

Calories In = Calories Out



**If you walk the dog for 1 hour and 10 minutes,
you will burn approximately 350 calories.***



***Based on 160-pound person**

Source: National Heart, Lung, and Blood Institute.
Online Slide Show Obesity Education Initiative (OEI) Slide Sets page.
Available at http://hp2010.nhlbi.nih.gov/oei_ss/menu.htm#PD2.

SAY:

I think you are getting the idea that if you eat larger portions, and take in more calories, it takes a while to burn those calories off. Does that larger portion seem like such a good deal now?

Portion Distortion II Interactive Quiz

CHOCOLATE CHIP COOKIE

20 Years Ago



55 calories
1.5 inch diameter

Today



How many calories
are in today's large
cookie?



Source: National Heart, Lung, and Blood Institute.
Online Slide Show Obesity Education Initiative (OEI) Slide Sets page.
Available at http://hp2010.nhlbi.nih.gov/oei_ss/menu.htm#PD2.

SAY:

How many extra calories in today's cookies?

Portion Distortion II Interactive Quiz

CHOCOLATE CHIP COOKIE

20 Years Ago



55 calories
1.5 inch diameter

Today



275 calories
3.5 inch diameter

Calorie Difference: 220 calories

Source: National Heart, Lung, and Blood Institute.
Online Slide Show Obesity Education Initiative (OEI) Slide Sets page.
Available at http://hp2010.nhlbi.nih.gov/oei_ss/menu.htm#PD2.

SAY:

220—for one cookie!

Portion Distortion II Interactive Quiz

Maintaining a Healthy Weight is a Balancing Act
Calories In = Calories Out



How long will you have to wash the car
to burn those extra 220 calories?*



*Based on 130-pound person

Source: National Heart, Lung, and Blood Institute.
Online Slide Show Obesity Education Initiative (OEI) Slide Sets page.
Available at http://hp2010.nhlbi.nih.gov/oei_ss/menu.htm#PD2.

SAY:

How about washing the car as activity to burn off that extra cookie? Anyone care to guess?

Portion Distortion II Interactive Quiz

Calories In = Calories Out



If you wash the car for 1 hour and 15 minutes you will burn approximately 220 calories.*



***Based on 130-pound person**

Source: National Heart, Lung, and Blood Institute.
Online Slide Show Obesity Education Initiative (OEI) Slide Sets page.
Available at http://hp2010.nhlbi.nih.gov/oei_ss/menu.htm#PD2.

SAY:

An hour and 15 minutes for a larger cookie. What do you think—could it be good idea to pay attention to those portion sizes and split that large cookie with someone?

Smart Rules to Live by

- Go for color & variety.
- Learn your labels.
- Beverages count.
- Make ½ your grains whole.
- Include low fat dairy.
- Get the most out of snacks.
- Get active & get in balance.



SAY:

In the face of environmental influences like all you can eat buffets and super-sized portions that help us overeat, what can we do to combat these forces?

Here are smart rules to live by when trying to choose a healthy lifestyle:

- Get healthy *AND* satisfied: choose variety and color. The more color in your fruits and vegetables the more nutrients they contain. Trying new foods and getting out of eating ruts leads to learning, discovery, better nutrition and enjoyment. If you are eating 1-2 vegetables each day, start by adding one more at dinner or lunch. If you want to eat more fruit, add a piece in at breakfast or for a snack.
- By reading the labels you can watch out for added sugars. If they contain sugar, corn syrup, molasses and other sweeteners at the front of the ingredient list, think about choosing another food or watching your portion.
- Calories from beverages add up—add up yours and see how much you get from drinks. Juice drinks, carbonated beverages, sport drinks, alcoholic beverages, and “entertainment drinks” (like those found in coffee houses) all add extra calories without adding much in the way of nutrients.
- Whole grains are those which contain all parts of the grain. They are higher in fiber and are therefore more filling both at meals and at snacks.
- Change how you think about snacks. Many new products make it easy and convenient to munch on fruit and vegetables for snacks. Grab a healthy snack pack. Fill in the gaps in your pyramid with vegetables, fruit and lower fat protein snacks. They will give you more nutrition for the calories.
- Think of high energy, low nutrition snacks as “sometimes snacks” instead of “everyday snacks.”
- Start thinking about physical activity as something you do in 10-15 minute time periods. Research demonstrates that 2 bouts of activity for 15 minutes each is just as effective in improving your risk profile as one 30 minute bout.
- Enjoy all foods—just not all the time. There is a time and a place for most every food. Make your choices with balance in mind so that good nutrition, fun and satisfaction are all a part of your eating habits.

Check out http://www.oregondairycouncil.org/dash_site/cookbook/index.html for recipes that were specifically created to put the DASH plan into action. The DASH plan has been tested and results in improvements in blood pressure and in weight loss.

Low Fat Dairy Products are Smart Choices

- Choose low fat dairy products for bone and heart health.
- Consuming low fat dairy aids weight loss.

Did you know...



SAY:

Choosing low fat dairy products as a part of our everyday diet improves our health by helping us maintain strong bones. To meet recommendations for adequate calcium intake, it's best to consume 2-3 oz low fat milk (1% or skim) or yogurt, 3-5 oz of low fat cheese or some combination of the 2. Calcium can also be found in some vegetables but it is good to realize that calcium from fruits and vegetables is not digested and absorbed as well as that from dairy products. Can you get calcium from fruits and vegetables? Sure. It does take quite a bit more of it than from dairy.

Be advised that the higher the fat content of the dairy product, the bigger the tradeoff in consuming it. In order to meet your needs within your calorie limits, it's easier and smarter to choose low fat dairy products. If you consume low fat dairy, the latest research suggests that it can assist you in weight loss.

(Read more about it at
<http://www.nationaldairycouncil.org/nationaldairycouncil/healthyweight/science>)

Tips for Keeping Things In Balance

- Be aware of calories in foods and read labels. BUT, you don't have to count calories all the time.
- Balance the energy you consume with activity as many days as you can.

Nutrition Facts	
Serving Size 1 cup (228g)	
Servings Per Container 2	
Amount Per Serving	
Calories 250	Calories from Fat 110
% Daily Value*	
Total Fat 12g	18%
Saturated Fat 3g	15%
Trans Fat 1.5g	
Cholesterol 30mg	10%
Sodium 470mg	20%
Total Carbohydrate 31g	10%
Dietary Fiber 0g	0%
Sugars 5g	
Protein 5g	
Vitamin A	4%
Vitamin C	2%
Calcium	20%
Iron	4%
*Percent Daily Values are based on a diet of 2,000 calories. Your Daily Values may be higher or lower depending on your calorie needs.	
	Calories: 2,000 2,500
Total Fat	Less than 65g 80g
Sat Fat	Less than 20g 25g
Cholesterol	Less than 300mg 300mg
Sodium	Less than 2,400mg 2,400mg
Total Carbohydrate	300g 375g
Dietary Fiber	25g 30g

SAY:

One way to learn what you need to know about making smart food choices is to read the food labels. On each food label you will find 6 key pieces of information:

1. The serving size
2. The number of calories per serving
3. The number of servings in a package
4. The amount of fat in a serving
5. The amount of sugars in a serving
6. The amount of fiber in a serving

You can also find the information for some vitamins and minerals.

Once you become aware of this information, you can gauge whether the food is giving you the most nutrition for the calories. A good way to evaluate foods is with the **5/20 rule**. The rule of thumb is that if a food supplies less than 5% of a nutrient in one serving, it is low in that nutrient. On the other hand, if it supplies >20% of that nutrient in one serving, it is considered high in that nutrient. This holds true for nutrients that you want to get a lot of (like vitamins and minerals) and those you might want to limit (like fat and calories). You don't have to count calories, but knowing them by reading the label can help you make smart choices.

A second way to keep things in balance is to try to be active on most days. Being active can be accomplished in many different ways.

Traditionally we think of going to the gym or to a class to get more activity in our lives—and many of us groan (at least mentally) when we think of this. However, there are many ways to increase your physical activity level without joining a gym. The newest research reveals that there are many health benefits to be gained from “lifestyle” physical activities.

What are “lifestyle” activities?

Lifestyle activities include small changes in the ways we live each day. They can include going for a 15 minute walk after a meal, taking the stairs instead of escalators and elevators, parking a little farther away from the store or riding your bike to work of the store some days of the week. Really, anything that helps you be a little more active is a lifestyle activity.

Go to http://www.nabiscoworld.com/100caloriepacks/100cp_burn.aspx for a good website that shows the number of minutes it takes in different kinds of activities to burn 100 calories. Also available in pdf form.

As they say on that website: Exercise can be fun: think of it as *recess for adults!*

The following will NOT be read but will serve as reference material.

Endocr Pract. 2006 Jan-Feb;12 Suppl 1:118-20.Related Articles, Links

Changing patient behavior.

Marrero DG.

Indiana University School of Medicine, Indianapolis, USA.

OBJECTIVE: To discuss barriers and strategies relevant to initiating lifestyle modifications for the prevention and treatment of type 2 diabetes. **METHODS:** Findings from previously published studies are reviewed. In light of reported successful changes in patient behavior and resultant improved outcomes pertinent to reduction or control of diabetes, methods to achieve optimal results are outlined. **RESULTS:** Both the Diabetes Prevention Program and the Finnish Diabetes Prevention Study demonstrated that intensive lifestyle interventions, such as weight loss as a result of physical activity, can delay and prevent the development of type 2 diabetes. Key barriers to initiating behavioral modifications in patients include the following: (1) health-care provider experience, (2) patient experience and beliefs, (3) lack of health-care system support, and (4) minimal availability of community support. These barriers can be overcome through use of proven strategies--promoting patient awareness of health risks, selecting patients who are willing to participate in a behavioral modification program, defining realistic goals, establishing patient accountability, and maintaining regular follow-up for review of progress, providing assistance with problem solving, and reinforcement of efforts and successes. **CONCLUSION:** The feasibility of initiating successful lifestyle interventions has been shown in numerous studies. The effective implementation of these interventions in clinical practice will necessitate fundamental changes in the health-care system and society in general.

Am J Prev Med. 2000 Jul;19(1):1-8.Related Articles, Links

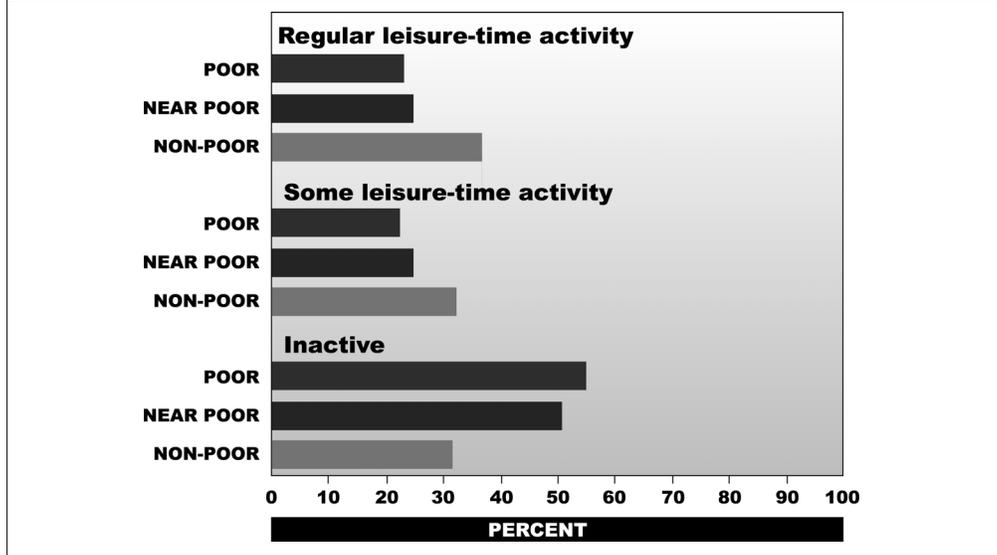
Cost-effectiveness of lifestyle and structured exercise interventions in sedentary adults: results of project ACTIVE.

Sevick MA, Dunn AL, Morrow MS, Marcus BH, Chen GJ, Blair SN.

Department of Public Health Sciences, Wake Forest University School of Medicine, Winston-Salem, North Carolina 27157, USA. msevick@wfubmc.edu

BACKGROUND: Project ACTIVE was a randomized clinical trial comparing two physical activity interventions, lifestyle and traditional structured exercise. The two interventions were evaluated and compared in terms of cost effectiveness and ability to enhance physical activity among sedentary adults. **DESIGN:** This was a randomized clinical trial. **Setting/ Participants:** The study included 235 sedentary but healthy community-dwelling adults. **Intervention:** A center-based lifestyle intervention that consisted of behavioral skills training was compared to a structured exercise intervention that included supervised, center-based exercise. **MAIN OUTCOME MEASURES:** The main outcome measures of interest included cost, cardiorespiratory fitness, and physical activity. **RESULTS:** Both interventions were effective in increasing physical activity and fitness. At 6 months, the costs of the lifestyle and structured interventions were, respectively, \$46.53 and \$190.24 per participant per month. At 24 months these costs were \$17.15 and \$49.31 per participant per month. At both 6 months and 24 months, the lifestyle intervention was more cost-effective than the structured intervention for most outcomes measures. **CONCLUSIONS:** A behaviorally-based lifestyle intervention approach in which participants are taught behavioral skills to increase their physical activity by integrating moderate-intensity physical activity into their daily lives is more cost-effective than a structured exercise program in improving physical activity and cardiorespiratory health. This study represents one of the first attempts to compare the efficiency of intervention alternatives for improving physical activity among healthy, sedentary adults.

Leisure-Time Physical Activity 18+ years, 2003



SAY:

This slide shows the percentage of adults who report getting regular leisure-time activity and compares it to their income level. First, it suggests that relatively few people regularly get physical activity (somewhere between 30 – 40%). It also suggests that individuals who earn less income are less likely to be active (>55% of individuals in low income strata are inactive).

It's true that some forms of physical activity cost more money more than others do. However, walking, biking, and dancing are relatively low cost activities that can be enjoyed most anywhere and that are great physical activities for health and well-being.

How Much Activity to Prevent Weight Gain?

- 45-60 minutes on most days of the week to prevent weight gain.
- A 500 calorie deficit, by eating less and moving more, can produce weight loss.
- 60-90 minutes on most days of the week to sustain weight loss.



SAY:

The experts suggest that 60 minutes of leisure time physical activity is necessary in order to prevent weight gain. This can be achieved all in one period or in as many as 4-5 bouts of activity per day. The end result should be that 45-60 minutes total of activity is accrued on most days.

The rather daunting news for some is that 60-90 minutes is suggested to keep off weight that has already been lost. Of course, the real key is to achieve energy balance by both changing unhealthy eating habits and by expending more energy in physical activity.

The following will not be read but will serve as reference material:

Lakka TA, Bouchard C. Physical activity, obesity and cardiovascular diseases. *Handb Exp Pharmacol.* 2005;(170):137-63.

Sedentary lifestyle and overweight are major public health, clinical, and economical problems in modern societies. The worldwide epidemic of excess weight is due to imbalance between physical activity and dietary energy intake. Sedentary lifestyle, unhealthy diet, and consequent overweight and obesity markedly increase the risk of cardiovascular diseases. Regular physical activity 45-60 min per day prevents unhealthy weight gain and obesity, whereas sedentary behaviors such as watching television promote them. Regular exercise can markedly reduce body weight and fat mass without dietary caloric restriction in overweight individuals. An increase in total energy expenditure appears to be the most important determinant of successful exercise-induced weight loss. The best long-term results may be achieved when physical activity produces an energy expenditure of at least 2,500 kcal/week. Yet, the optimal approach in weight reduction programs appears to be a combination of regular physical activity and caloric restriction. A minimum of 60 min, but most likely 80-90 min of moderate-intensity physical activity per day may be needed to avoid or limit weight regain in formerly overweight or obese individuals. Regular moderate intensity physical activity, a healthy diet, and avoiding unhealthy weight gain are effective and safe ways to prevent and treat cardiovascular diseases and to reduce premature mortality in all population groups. Although the efforts to promote cardiovascular health concern the whole population, particular attention should be paid to individuals who are physically inactive, have unhealthy diets or are prone to weight gain. They have the highest risk for worsening of the cardiovascular risk factor profile and for cardiovascular disease. To combat the epidemic of overweight and to improve cardiovascular health at a population level, it is important to develop strategies to increase habitual physical activity and to prevent overweight and obesity in collaboration with communities, families, schools, work sites, health care professionals, media and policymakers.

Finding Your Balance with Activity

- Small changes do count. Start with 10 or 15 minute bouts of activity.
- Feel more balanced and less stressed.



SAY:

How much activity is enough activity to find your balance? That depends, of course, on your eating.

But, aside from your energy balance, what about your *mental and emotional balance*?

Not many people have the perspective that they have 60-90 spare minutes in their day when they aren't doing something else. Don't be discouraged! Make goals that are doable for YOU, not for the guideline. Small changes can make a big impact on your health. Start with 10 – 15 minute time periods and build from there. Think of yourself as *deserving* this time for yourself.

This doesn't mean that if you walk around the block that you don't have to worry about portion control or eating lots of high pleasure/low nutrient foods and beverages. What it does mean is that being more active allows you to keep eating a little more pleasurably. And isn't that what most of us want? Health *AND* Satisfaction.

Taking just 30 minutes a day to be active can help you feel stronger and less stressed. Just think, feeling better and stronger in 2 bouts of 15 minutes each.

Here are some ideas for ways that you can squeeze in 30 minutes of activity.

- 15 minutes in the morning
- 15 minutes before or after lunch
- 15 minutes right after work
- 15 minutes before or after dinner

Don't you Deserve 30 Minutes for You?

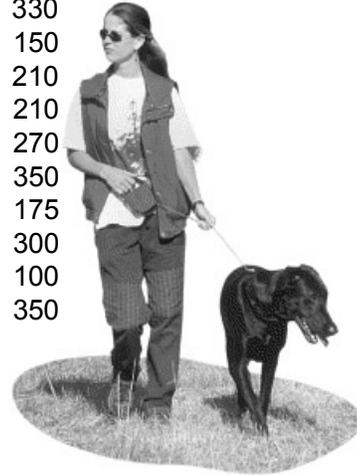
EXERCISE TYPE

- Walk, 15 minutes/mile
- Jogging 10 minutes/mile
- Skiing, alpine
- Skiing, x-country
- Tennis, singles
- Basketball
- Rowing
- Weight lifting
- Stair climber
- Raking leaves
- Snow shoveling

CALORIES

200
330
150
210
210
270
350
175
300
100
350

*Most people can be active for 30 minutes
without risk to their health.*



SAY:

Here are examples of different kinds of physical activity and how many calories the average individual will burn in 30 minutes. Note that this is for the average person: small people will burn less and big people will burn more in that 30 minutes.

Physical activity is a choice that requires some planning AND most everyone has 30 minutes in their day if they look for them and put themselves FIRST.

Balancing Tools

- DASH into balance
 - Focus on fruits, vegetables, low fat dairy, grains, nuts & seeds, lean cuts of protein, heart-healthy fats & oils, and snacks.
 - <http://www.nhlbi.nih.gov/health/public/heart/hbp/dash/index.htm>..
- Find your personal balance at: www.MyPyramid.gov

GRAINS VEGETABLES FRUITS MILK MEAT & BEANS

SAY:

There are two plans, based upon research and underwritten by the government, to help us get balance back into our lives and to assist us with weight management.

The first, The Dash Plan, or the Dietary Approaches to Stop Hypertension, has 20 years of research behind it that has resulted in a book, complete with tips and recipes, to help you put it into action. The book can be bought from www.amazon.com or from the publisher, Transitions Nutrition Consulting, The DASH Diet Action Plan. Or you can download a free 56-page guide on the DASH diet from the National Heart, Lung, and Blood Institute at <http://www.nhlbi.nih.gov/health/public/heart/hbp/dash/index.htm>.

To use the DASH Plan you must focus on consuming fruits, vegetables, low fat dairy, grains, nuts and seeds, lean cuts of meat & poultry and sensible snacks.

Another tool, MyPyramid, is based upon the premise that one size does **not** fit all. The MyPyramid Plan can help you choose the foods and amounts that are right for you. On the MyPyramid website you can determine what and how much you need to eat, based upon your age, sex, and activity level. Unique to MyPyramid is the opportunity to perform a detailed, personal assessment of your physical activity level on MyPyramid Tracker.

It all depends upon your desires—start with a basic plan like DASH and put it to work for you or put in a little more time and effort and get your own personal plan from www.MyPyramid.gov. Both of these tools are available free and online to everyone.

Choosing Health

- You are in charge.
- Remember—take small steps; avoid radical changes.
- Choosing health decreases stress.
- You deserve time to be healthy.

SAY:

You now know the principles of healthy eating and physical activity. You've learned a lot of the common pitfalls. The last key to healthy living and managing your weight is CHOOSING HEALTH.

Here are the facts:

1. You are in charge of your health. Ultimately, no one else can be healthy for you. It really is up to you.
2. The thing to remember is that small changes are far less overwhelming and more likely to be sustained than radical ones. Small steps in eating and physical activity are steps in the right direction to healthier lives.
3. Choosing to be healthy by eating better and being more active has impacts on your physical being but also is extremely important for your mental well being. An active body is a less stressed body.

The bottom line? You deserve to be healthy and choosing health is the necessary first step in leading a healthier life.