The Obesity Challenge

Weight Management for Adults and Older Adults

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The Obesity Challenge: Weight Management for Adults and Older Adults

Acknowledgements

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Becky's mission to improve nutrition care for older adults has inspired her to present more than 550 programs for national, international and state professional meetings in 5 countries and 50 states; and to publish more than 270 manuals, CEU programs and practical articles for professional journals and newsletters. Her free email magazine keeps 35,000 health care professionals up to date on the latest news in the field.

An active leader since 1984, national leadership positions have included: Academy of Nutrition and Dietetics Board of Directors, Speaker-elect/Speaker/Past Speaker of the House of Delegates, Chair of the Council on Future Practice, Academy Research Committee, Evidence Analysis Library, Academy Delegate, Chair DHCC DPG, and Board of Directors National Pressure Ulcer Advisory Panel.

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The Obesity Challenge: Weight Management for Adults and Older Adults

Letter to Our Readers
Thank you for purchasing this guide to weight management for adults and older adults. I’d like to provide a little history on how this publication began. My consulting company, Nutrition Consulting Services, Inc. (dba Becky Dorner & Associates Consulting), had the privilege of working with the staff and residents at a northeast Ohio nursing facility a number of years ago. At the time, the facility had approximately 80 extremely obese residents with ages ranging from mid-twenties to mid-fifties, and older. The majority of the residents were in their forties and fifties. In our work with the residents and staff, our role was to develop a total interdisciplinary team program that would include screening and admission into the weight management program, all policies, procedures, protocols and forms to be used by staff, training for staff, and educational materials for residents in the weight management program. Although this book was originally developed for use with long term care facilities, it has evolved into a guide for health care professionals which can be used in any health care setting.

The book has been revised to reflect current information related to obesity in adults and older adults in the U.S. The information in this book could apply to any adult, particularly those who are 50 years of age or older. This encompasses a wide variety of people with various levels of obesity and various diseases and conditions. Note: Typically the term “older adult” refers to people who are 65 and older.

We hope that the information in this book will assist you in providing the best possible treatment for those in your care. Best of luck to you as you pursue your mission to assist others to live healthier lives. Please let us know if we can be of support in any way.

Sincerely,

Becky Dorner, RDN, LD, FAND
President, Becky Dorner & Associates, Inc. and Nutrition Consulting Services, Inc.

Learning Objectives for Self Study Continuing Professional Education Program
Upon completion of this program, participants will:
1. Understand and apply available evidence based research related to successful adult weight loss
2. Apply tools provided to implement successful Nutrition Care Process documentation for this population including nutrition assessment, nutrition diagnosis, nutrition interventions, monitoring and evaluation
3. Implement appropriate policies and procedures for an organized interdisciplinary weight management program
4. Utilize available resources to assist in providing information and education for the unique long term health care needs of this population
5. Apply practical tips for assisting people to implement positive healthy changes

Note: Refer to page 116 for more information on continuing professional education program.
# The Obesity Challenge: Weight Management for Adults and Older Adults

## Table of Contents

### Aging, Obesity, and Long Term Healthcare

- Introduction ................................................................................. 1
- BMI Formula and Calculation ....................................................... 1
- Definitions: Overweight and Obese ............................................. 1
- Classification of Obesity by BMI ................................................. 2
- Waist Circumference .................................................................. 2
- Health Effects of Obesity ........................................................... 3
  - Metabolic Syndrome ............................................................... 3
- Weight Management Practice Guidelines for Adults ......................... 4
  - American Society of Bariatric Physicians .................................. 4
  - American Heart Association. American College of Cardiology, and
    The Obesity Society .............................................................. 4
  - Academy Evidence Analysis Library: Adult Weight Management .... 5
- Strategies for Weight Loss and Weight Maintenance ......................... 7
  - Behaviors Related to Body Weight ........................................... 7
  - Additional Diet Related Strategies .......................................... 8
- Recommended Dietary Patterns for Good Health .......................... 9
  - USDA Healthy U.S. Style Food Patterns: Recommended Daily Intake Amounts ...... 9
  - DASH Plan - Number of Food Servings by Calorie Level ............. 10
- Estimated Nutritional Needs for Obese Adults ............................... 11
  - Calories ................................................................................. 11
  - Protein .................................................................................... 11
  - Fluids ...................................................................................... 12
  - Recommendations ................................................................. 12
- Physical Activity Guidelines for Americans .................................... 12
  - Potential Benefits of Physical Activity .................................... 12
- Obesity in Older Adults ............................................................... 13
  - Obesity and Disease Risk in Older Adults ................................ 13
  - Potential Advantages of Planned Weight Loss in Older Adults ........ 13
  - The Obesity Paradox .............................................................. 14
  - Long Term Healthcare and Safety Concerns in Older Adults ........ 14
  - Challenges to Weight Management in Older Adults .................. 15
  - Bariatric Surgery for Older Adults .......................................... 16
  - Physical Activity for Older Adults .......................................... 16
- Medications for the Treatment of Obesity ...................................... 18
  - Prescription Medications for Weight Loss .................................. 19
  - Other Medications .................................................................. 19
  - Over-the-Counter Medications .................................................. 20
  - Herbs and Supplements Used for Weight Loss ............................ 21
  - Ineffective Over-the-Counter Weight Loss Drugs and Supplements .... 21
- New FDA-Approved Device for Weight Loss ................................. 23
- Surgical Treatment of Obesity ..................................................... 24
  - How Surgery Promotes Weight Loss ........................................ 25
  - Surgical Options ..................................................................... 25
  - Expected Weight Loss ............................................................. 26
The Obesity Challenge: Weight Management for Adults and Older Adults

Potential Complications .................................................................27
Potential Benefits ........................................................................27
Open and Laparoscopic Bariatric Surgery .......................................27
Medical Costs ................................................................................27
Diet Progression after Bariatric Surgery ..........................................28
Additional Guidelines ....................................................................28
Suggested Diet Progression After Gastric Bypass Surgery Table .........29
Returning to a More Normal Diet ....................................................30
Long Term Nutritional Concerns .....................................................30
Complications and Risks ...............................................................30

The Weight Management Program
♦ Implementing a Structured Weight Management Program in a Long Term Care Setting .................................................................31
♦ Guidelines on Accepting Candidates for the Weight Management Program ..........................................................32
♦ Sample Pre-admission Information and Weight Management Program Review for Healthcare Settings ........................................33
♦ Guidelines for Admissions into the Structured Weight Management Program ........................................................35
♦ Sample Screening Tool for Admission into the Weight Management Program .........................................................37
♦ Sample Weight Management Service Contract ..........................................................42
♦ Allowing Participants to Stay in the Structured Weight Management Program ..........................................................44
♦ Sample Meeting Attendance Form ................................................46
♦ Guidelines for Following the Structured Nutrition Program ..........47
♦ Guidelines on How to Address Poor Adherence to the Structured Weight Management Program ........................................49
♦ Sample Education Tracking Form For Difficulty Adhering to the Plan of Care .........................................................50
♦ Guidelines for Interdisciplinary Team Involvement for the Structured Weight Management Program ........................................51
♦ Nutrition Counseling Program (Group and Individual) for the Structured Weight Management Program ........................................53
♦ How to Obtain Accurate Heights .....................................................54
♦ How to Obtain Accurate Weights ...................................................55
♦ Sample Height, Weight and Waist Circumference Chart ................56
♦ Body Mass Index .........................................................................58
♦ Eating Pattern and Menus for the Structured Weight Management Program ..........................................................61
♦ Guidelines on Addressing the Individual’s Rights Related to Food and Activity When Participating in the Structured Weight Management Program ..........................................................63
♦ Guidelines for Discharge Planning for Weight Management Participants ..........................................................64
♦ For Healthcare Facilities: Sample Interdisciplinary Discharge Planning Assessment for the Structured Weight Management Program ..........................................................65
♦ The Structured Weight Management Program Staff Inservice ..........................................................67
♦ The Structured Weight Management Program Inservice Handouts 68
♦ Weight Management Program Nursing Inservice and Therapy Inservice ..........................................................72
♦ For Healthcare Facilities: Weight Management Program Food and Nutrition Services Inservice ..........................................................73
♦ Bariatric Equipment Resources and Information ................................74

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The Obesity Challenge: Weight Management for Adults and Older Adults

♦ The Physical Activity Guidelines for Americans At-A-Glance: A Fact Sheet for Professionals ................................................................. 75

Nutritional Guidelines
♦ Nutrient Needs Calculations ................................................................. 77
  Kilocalories ............................................................................................ 77
  Mifflin-St Jeor Equation ........................................................................ 78
  Estimating Kilocalorie Needs Based on Activity and Injury Factor Requirements .... 79
  Alternate Methods of Calculating Energy Needs .................................. 79
♦ General Guidelines for Estimating Protein Needs ............................... 80
♦ General Guidelines for Estimating Fluid Needs .................................... 81
♦ Height/Weight Tables for Determining Healthy/Ideal Body Weight Range .......... 83
♦ Adjusting Weights for Amputees ......................................................... 84
♦ Evaluating Weight Status .................................................................... 85
♦ Tracking Significant Weight Change/Gain ........................................... 86
♦ Resource: The Nutrition Care Process ................................................ 87
♦ Resource: Sample PES Statements ....................................................... 89
♦ Introduction .......................................................................................... 90
♦ Resource: Medical Nutrition Therapy Abbreviations ........................... 91
♦ Resource: Medical Nutrition Therapy Assessment Instructions for Sample Form ..... 92
♦ Sample Form: Medical Nutrition Therapy Assessment .......................... 96
♦ Resource: MDS 3.0. Care Assessment (CAA) and Care Plan ................... 98
♦ Sample Worksheet for MDS 3.0 Section K Swallowing/Nutritional Status ....... 99
♦ Resource: Medical Nutrition Therapy Care Plan .................................... 100
♦ Sample Form: Medical Nutrition Therapy Care Plan .............................. 101
♦ Resource: Medical Nutrition Therapy Re-Assessment Instructions for Sample Form 102
♦ Sample Form: Medical Nutrition Therapy Re-Assessment ...................... 104
♦ Sample Form: Medical Nutrition Therapy Notes .................................... 105
♦ Sample Worksheet for MDS 3.0 Section K Swallowing/Nutritional Statue .......... 106
♦ Sample Weight Management Program Interdisciplinary Care Plan ............ 107

♦ References and Resources ................................................................... 110

Continuing Professional Education Program
♦ Instructions ........................................................................................... 116
  Description ........................................................................................... 116
  Learning Objectives ............................................................................. 117
  CDR Learning Needs Codes ................................................................ 117
  CDR Level ........................................................................................... 117
  Continuing Professional Education Expert Reviewers ........................... 117

Copy Ready Educational Materials
♦ Introduction to Educational Materials
  Educational Materials .......................................................................... 118
  Suggested Classes for 8 Week Course .................................................. 119
  Template: Instructor’s Outline for Weight Management Program ............ 120

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The Obesity Challenge: Weight Management for Adults and Older Adults

Lose Weight to Improve Health ................................................................. 121
Reasons I Want to Lose Weight ............................................................... 122
The Importance of Goal Setting .............................................................. 124
Lifestyle Commitment Contract and Goals for the Week ....................... 126

♦ Nutrition Nuggets
How Does Your Diet Rate ........................................................................ 135
Guidelines for a Healthy Lifestyle .......................................................... 136
Choose MyPlate ......................................................................................... 139
Finding Your Way to a Healthier You ....................................................... 141
Eating Plan: Food Choice Values ............................................................. 142
Food and Activity Diary ........................................................................... 161
Measurements and Weight Record ......................................................... 162
Nutrition Basics ....................................................................................... 163
Carbohydrates: Choose Wisely ............................................................... 164
Dietary Fats ............................................................................................... 167
Protein: Choose Wisely ............................................................................ 172
Increasing Fiber in Your Diet ................................................................. 173
Reducing Sodium in Your Diet ............................................................... 179
Vitamins and Minerals ............................................................................ 184
Portion Sizes ............................................................................................. 188
How to Use Nutrition Information from Food Labels ............................ 190
Healthy Shopping and Cooking ............................................................... 191
Good Selections when Dining Out ........................................................... 193
Medication and Herbs for Weight Loss ................................................... 198
Controlling the Amount You Eat ............................................................ 202
Positive and Empowering Reinforcement ............................................. 204
Visualization and Positive Affirmations ................................................ 208
Identify Why You Eat ............................................................................. 209
Physical Activity for Weight Management ............................................. 211
Munch Busters ......................................................................................... 214
Website Resources for Healthy Eating .................................................. 215

The Copy Ready Educational Materials are also included on the enclosed CD.
Aging, Obesity, and Long Term Healthcare

Introduction
In the past 30 years adult obesity rates have more than doubled (1), leading experts to declare that obesity is a national epidemic. Childhood obesity in the U.S. has risen to a staggering 18.4% (2) in 2011-2012. Although the rate of childhood obesity has increased dramatically since 1980, the rate has not changed significantly since 2003-2004 (3). Rates of adult Americans with a body mass index (BMI) of 40 or higher have grown in the past 30 years from 1.4 percent to 6.3 percent—a 350% increase (1).

Obesity is a chronic disease of excess body fat or adiposity which results from excessive accumulation of fat that exceeds the body's skeletal and physical standards. Currently, healthcare professionals define obesity by body mass index (BMI). BMI is a quick, inexpensive, and fairly reliable measure of body fatness. It is measured using height and weight and is calculated the same way for both adults and children (excluding pregnant women). The calculation is based on the following formulas (4).

<table>
<thead>
<tr>
<th>Measurement Units</th>
<th>BMI Formula and Calculation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pounds and Inches</td>
<td><strong>Formula:</strong> Weight (lb.) / [Height (in)] ² x 703</td>
</tr>
<tr>
<td></td>
<td>Calculate BMI by dividing weight in pounds (lbs) by height in inches (in) squared and multiplying by a conversion factor of 703.</td>
</tr>
<tr>
<td></td>
<td><strong>Example:</strong> Weight = 150 lbs, Height = 5'5&quot; (65&quot;)</td>
</tr>
<tr>
<td></td>
<td><strong>Calculation:</strong> [150 ÷ (65)²] x 703 = 24.96</td>
</tr>
<tr>
<td>Kilograms and Meters (or Centimeters)</td>
<td><strong>Formula:</strong> Weight (kg) / [Height (m)] ²</td>
</tr>
<tr>
<td></td>
<td>With the metric system, the formula for BMI is weight in kilograms divided by height in meters squared. Since height is commonly measured in centimeters, divide height in centimeters by 100 to obtain height in meters.</td>
</tr>
<tr>
<td></td>
<td><strong>Example:</strong> Weight = 68 kg, Height = 165 cm (1.65 m)</td>
</tr>
<tr>
<td></td>
<td><strong>Calculation:</strong> 68 ÷ (1.65)² = 24.98</td>
</tr>
</tbody>
</table>

Definitions: Overweight and Obese (5)
Body weight status can be categorized as underweight, healthy weight, overweight, or obese. The terms overweight and obese describe ranges of weight that are greater than what is considered healthy for a given height. Underweight describes a weight that is lower than what is considered healthy for a given height. Most of the studies that define the healthy range for BMI were done on younger adults (6). BMI thresholds for overweight and obese are overly restrictive for older people (6,7). In the elderly it may be better to have a BMI between 25 and 27, rather than under 25 (8). BMI categories are a guide. Refer to the chart Classification of Obesity by BMI on the next page.

Note: Because children and adolescents are growing, their BMI is plotted on growth charts for sex and age. The percentile indicates the relative position of the child’s BMI among children of the same sex and age.
The Classification of Obesity by BMI

Obesity Class | BMI (kg/m²)
--- | ---
Obesity I | 30.0 to 34.9
Obesity II | 35.0 to 39.9
Extreme Obesity III | ≥40

Waist Circumference
Excess abdominal fat out of proportion to total body fat is an independent predictor of health risk and morbidity. A large waist circumference in mid-life has been shown to increase the risk of diabetes, stroke, coronary heart disease and dementia. There is an increase in obesity-associated risk factors in most adults with a BMI of 25 to 34.9 and waist circumference of greater than 40 inches for men, and greater than 35 inches for women (4).
The Obesity Challenge: Weight Management for Adults and Older Adults

Health Effects of Obesity
About half of American adults have one or more chronic health conditions, and one in four have two or more. Many of these chronic health conditions are associated with overweight and obesity. Chronic disease accounts for about 86% of the nation’s aggregate health care spending (11).

Obese individuals have a high risk for developing conditions that often reduce mobility and quality of life, including hypertension, dyslipidemia, certain cancers, diabetes, coronary artery disease, stroke, liver disease, gallbladder disease, infertility problems, and osteoarthritis (12).

The doubling of obesity has been blamed for the rise in diabetes rates. In 2012 approximately 9.3% of U.S. adults had diabetes (13) and 33% of adults in the U.S. had prediabetes (14). Fifteen to 30% of those with prediabetes will develop diabetes within 5 years (14).

The increase in obesity rates in the older adult population has had a major impact on chronic disease rates. Currently, 80% of adults 65 years of age or older and 50% of people aged 45 to 64 have multiple chronic conditions (11). Approximately 25.9% of older adults have diabetes (15). Estimates of diabetes in nursing homes range from 8.8%-26.7% (16).

Metabolic syndrome refers to a group of risk factors which are associated with cardiovascular disease (CVD) and type 2 diabetes. Metabolic syndrome is diagnosed when an individual has three or more of these heart disease risk factors (17):

1. Waist Circumference: $\geq 40$" (102 cm) for men $\geq 35$" (88 cm) for women.
2. Triglycerides: $\geq 150$ mg/dL (or undergoing treatment for high triglyceride levels).
3. HDL Cholesterol: $<40$mg/dL men/$<50$mg/dL women (or undergoing treatment for low HDL cholesterol level).
4. Blood Pressure: $>130$ systolic or $>85$ diastolic (or on medication to treat hypertension).
5. Fasting plasma glucose: $\geq 100$mg/dL (or undergoing treatment for elevated blood glucose).

Between 1999-2010, approximately 22.9% of adults age 20 and older met the criteria for metabolic syndrome (18). Between 2003 and 2006, prevalence increased with age:

- 15.6% for 20 to 39 years,
- 37.2% for 40 to 59 years, and
- 54.4% for 60 years and older (19).

People with metabolic syndrome are twice as likely to develop coronary heart disease (CHD) and five times as likely to develop diabetes. The more risk factors, the greater the chance the person has of developing CHD, diabetes or stroke (20).
Introduction

Educational Materials
A combination of lifestyle and eating behaviors contribute to healthy weight status. The copy ready educational materials in this publication provide “Lifestyle Lessons” and “Nutrition Nuggets” for you to use to teach participants to recognize how simple changes in lifestyle and behaviors can yield positive results in health and weight. The Eating Plan is provided for use as desired. There are also examples of other healthy diet guidelines in the main text section of The Obesity Challenge book.

These materials may be used as tools for individual education and counseling, or as part of a class or newsletter for your clients. You may want to consider providing the materials on three hole punch paper and providing a three ring binder for each participant’s use. Please note that the copyright must remain on all copied materials.

Suggestions for use of copy ready materials:
1. Place the following materials from *Lifestyle Lessons* in a three ring notebook for each participant’s use:
   - Lose Weight to Improve Health
   - Reasons I Want to Lose Weight
   - The Importance of Goal Setting
   - Lifestyle Commitment Contract
   - Goals for the Week of ______ pages
   - Food and Activity Diary
   - Measurements and Weight Record
   - Additional materials may be added as desired

2. Utilize the materials in any way you choose based on individual needs for counseling and education. Provide the materials with three hole punches to be placed in the three ring binder. Ask the client to bring the binder to each counseling session so you can review the meal planner, measurements, goals for the week, and place new material in the binder.

3. Materials may also be used for group classes. Optional class outlines are included for your use. We have presented them in what we think is a logical order, however you may combine them any way you choose.

4. The materials may be printed in full color or black and white.
Nutrition Nuggets
Finding Your Way To A Healthier You

The food and physical activity choices you make every day affect your health—how you feel today, tomorrow, and in the future. Healthful habits can help reduce the risk of many chronic diseases and increase your chances for a longer life.

1. Make smart choices from every food group
Give your body the balanced nutrition it needs by eating a variety of nutrient-packed foods every day within your daily calorie needs.

- **Focus on fruits:** Eat a variety of fruits (rather than fruit juice) for most of your fruit choices.
- **Vary your veggies:** Eat more dark green vegetables (broccoli, kale, dark leafy greens); orange vegetables (carrots, sweet potatoes, pumpkin, winter squash); and beans and peas (pinto, kidney, black, garbanzo beans, split peas, lentils).
- **Get your calcium-rich foods:** 3 cups of fat free or low-fat milk (or equivalent) every day. If needed, consider lactose-free products and/or calcium-fortified foods and beverages to meet your calcium needs.
- **Make half your grains whole:** Eat at least 3 ounces of whole-grain cereals, breads, crackers, rice, or pasta every day (1 ounce = 1 slice of bread, 1 cup of cereal, or ½ cup of cooked rice/pasta). When reading labels, look for whole wheat, rice, oats, corn.
- **Go lean with protein:** Choose lean meats and poultry. Bake, broil, or grill. And vary protein choices—with more emphasis on fish, beans, peas, nuts, and seeds.
- **Know the limits on fats, salt, and sugars:** Read the Nutrition Facts label on foods. Look for foods low in saturated fats and trans fats. Choose and prepare foods and beverages with little salt (sodium) and/or added sugars (caloric sweeteners).

2. Find a balance between food and physical activity
Regular physical activity helps control body weight by balancing the calories you consume with the calories you expend each day.

- Be physically active at least 30 minutes on most days.
- Increasing the intensity or the amount of time you exercise can have even greater health benefits.
- 60 minutes a day may be needed to prevent weight gain.

3. Get the most nutrition out of your calories

- The right number of calories for you depends on your age, activity level and whether you want to maintain or lose weight.
- Choose the most nutritionally-rich foods from each food group daily—those packed with vitamins, minerals, fiber, and other nutrients but lower in calories. Pick fruits, vegetables, whole grains, and fat-free or low-fat milk/milk products more often.

4. Understand and manage behaviors related to overeating and lack of physical activity.

---

**Consider This:**
If you eat 100 more calories a day than you burn, you’ll gain about 1 pound per month (10 pounds a year). To lose weight, you must reduce calories and increase physical activity. Body fat provides 3500 calories per pound. To lose 1 pound of body fat, reduce calorie intake and/or increase caloric expenditure by 3500 calories a week.

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