

Department of the Army  
Pamphlet 600-63-6

Personnel—General

**“Fit to Win”  
Nutrition & Weight  
Control**

Headquarters  
Department of the Army  
Washington, DC  
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**UNCLASSIFIED**

# ***SUMMARY of CHANGE***

DA PAM 600-63-6

"Fit to Win"

Nutrition & Weight Control

Not applicable.

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Personnel—General

“Fit to Win”  
Nutrition & Weight Control

By Order of the Secretary of the Army:

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General, United States Army  
Chief of Staff

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The Adjutant General

to implement, administer and evaluate various nutrition and weight control activities as part of an overall installation health promotion program.

**Applicability.** This guidance applies to installation commanders and members of installation/community health promotion councils. This includes but is not limited to: Director of Personnel and Community Activities (DPCA); Director of Logistics (DOL); Public Affairs Officer (PAO); Chief, Family Support Division (FSD); Chief, Community Operations Division (COD); Commander, Medical Treatment Facility (MTF); Director, Plans, Training, and Mobilization (DPTM); Civilian Personnel Officer (CPO); Chief, Community Mental Health Service (CMHS); Chief, Community Relations Division (CRD); Alcohol and Drug Abuse Prevention Control Program (ADAPCP) Officer; Field

Director, American Red Cross (ARC); Dietitian; Community Health Nurse (CHN)/Nurse Practitioner.

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**Summary.** This module serves as a tool

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## **I. Purpose.**

This module serves as a tool to implement, administer and evaluate various nutrition and weight control activities as part of an overall installation health promotion program. It provides suggestions and general guidance for your program planners. The goal is to help the members of the Army Community, supported by your installation, to improve their general health through exposure to nutrition information and participation in educational activities related to nutrition and weight control. The module is designed to complement the various nutrition initiatives that have already been implemented Army-wide, such as the Army Weight Control Program, nutrition awareness efforts within troop dining facilities, and nutrition education courses which have been incorporated into the curriculum of various TRADOC schools. Since each installation supports a unique population, the suggested activities within the module should be used to tailor the nutrition program to the community needs of the installation. The activities suggested in the module are designed for members of the Army community who want to make positive, lasting changes in their eating habits as a part of an overall life style plan to improve health and fitness and reduce the risk of heart disease and other potentially preventable diseases. Regardless of the number and variety of nutrition and weight control activities implemented, ideally they should all be integrated with the other modules to maximize total program effectiveness.

## **II. Applicability.**

This guidance applies to installation commanders and members of installation/community health promotion councils. This includes but is not limited to: Director of Personnel and Community Activities (DPCA); Director of Logistics (DOL); Public Affairs Officer (PAO); Chief, Family Support Division (FSD); Chief, Community Operations Division (COD); Commander, Medical Treatment Facility (MTF); Director, Plans, Training, and Mobilization (DPTM); Civilian Personnel Officer (CPO); Chief, Community Mental Health Service (CMHS); Chief, Community Relations Division (CRD); Alcohol and Drug Abuse Prevention Control Program (ADAPCP) Officer; Field Director, American Red Cross (ARC); Dietitian; Community Health Nurse (CHN)/Nurse Practitioner.

## **III. Background.**

*a.* With clear evidence of a relationship between certain dietary behaviors and 6 of the 10 leading causes of death, it follows that nutrition is an area of health in which soldiers, family members and others in the Total Army Family have a special opportunity and incentive to invest in health-enhancing programs. Many Americans, including our soldiers, may not be eating the types of foods that can aid in the prevention of heart disease, arteriosclerosis, stroke, some cancers, diabetes, obesity, and low birth weight infants.

*b.* Statistics show cause for concern. Two out of every five Americans are overweight. Obesity (defined as 20% or more above ideal weight) is associated with increased mortality at all ages due to its influence or increased risk of cardiovascular diseases, diabetes, gallbladder disease, and any surgical procedure. Illnesses and deaths from nutrition-related causes make a sizeable contribution to overall expenditures for health care. Heart attack is America's #1 killer. The American Heart Association estimates that the costs to society for treating patients with cardiovascular diseases will surpass 578.6 billion for 1986. In addition, an estimated 35% of all cancer deaths are related to nutrition (Doll and Peto, 1981).

*c.* The military implications for promoting good nutrition habits are clear: A fit Army is a lean Army. Every soldier is required to meet established body fat standards, because body fat is directly related to aerobic fitness, e.g. physical stamina and endurance. Body fat is also related to the likelihood of developing heart disease, hypertension and diabetes.

*d.* However, there is more to good nutrition than weight control alone. High blood cholesterol has recently been shown to contribute to premature heart attacks. Eating habits are the prime reason for high blood cholesterol levels. Eating fewer cholesterol-rich foods and significantly reducing total dietary fat intake are the major methods of reducing high blood cholesterol. According to the National Cancer Center for Health Statistics, there was a 39% decline in death from cardiovascular disease in the United States from 1963 to 1983 (USDHHS, 1985), and as much as 30% of this decline can be attributed to improvements in diet (Goldman and Cook, 1984).

*e.* Obesity and excess sodium intake tend to aggravate hypertension. By eliminating discretionary salt intake (i. e. salting foods at the table), reducing intake of high sodium processed foods, and achieving desirable weight, many problems with hypertension can be avoided.

*f.* Weight control, cholesterol reduction, and hypertension management have the most direct impact on improving health. Developing sound nutrition habits outlined in the U.S. Dietary Guidelines for Americans and in Army nutrition policy promotes prevention of these dietary related diseases and will also help to reduce risks of some types of cancer and dental caries.

*g.* An Installation/Community Nutrition Program can help soldiers and their families reduce the risk of heart disease and cancer, lose weight and maintain weight loss, reduce high blood pressure and cholesterol, control diabetes, and improve pregnant women's health. It can also improve workers' attitudes toward themselves and their work, enhances productivity, and reduce health care costs and absenteeism.

*h.* To adopt more healthful dietary practices, our Army family needs information, motivation, behavioral skills, access to healthful food choices, and the support of those around them. Nutrition and weight control activities,

combined with other nutrition program elements, integrated within the total installation health promotion program, can provide these components to enhance the health and productivity of the Total Army Family.

**IV. Goals.**

*a.* The following goals are in consonance with The Surgeon General’s recommended “Goals for the Nation” (U.S. Public Health Service). By 1990:

- The proportion of the population which is able to correctly associate the principal dietary factors known or strongly suspected to be related to disease should exceed 75 percent for each of the following diseases: heart disease, hypertension, cancer and dental caries.
- 70 percent of adults should be able to identify the major foods which are: low in fat content, low in sodium content, high in calories, high in sugars, good sources of fiber.
- 90 percent of adults should understand that to lose weight, people must either consume foods that contain fewer calories or increase physical activity or both.
- The prevalence of significant overweight (120 percent of “desired” weight) among the U.S. adult population should be decreased to 10 percent of men and 17 percent of women, without nutritional impairment.
- 50 percent of the overweight population should have adopted weight loss regimens, combining an appropriate balance of physical activity and diet.
- The mean serum cholesterol level in the adult population 18 to 74 years of age should be at or below 200 milligrams per deciliter.

*b.* The following additional goals are in consonance with Army policy and Nutrition Program objectives. By 1990:

- The average daily sodium ingestion for soldiers should be reduced to within 1400 and 1700 milligrams per 1000 calories of food and beverage consumed.
- Commissaries, AAFES food concessions, and other points of food purchase should provide useful calorie and nutrient information to enable consumers to select food items that promote and protect good health.
- The proportion of dining facility managers, club system managers, and post food advisors who are aware of and actively promoting Department of the Army dietary guidelines (AR 40–25) should be greater than 90 percent.
- By the year 1992, every soldier over 25 years of age will have had a cholesterol determination done within the last five years.

**V. Module Elements.**

*a.* The nutrition module is comprised of:

- Needs Assessment
- Promotions and Marketing
- Education Strategies
- Intervention Strategies
- Evaluation

*b.* The scope of the nutrition activities within the Installation Health Promotion Program will depend on the guidance and support provided by the Installation Health Promotion Council, the needs and interests of the Army community, and the community and installation resources. It is designed to be flexible, ranging from a simple nutrition awareness program (Level I) to a more structured education program with follow up activities, including life style nutrition groups, cooking classes, and individualized nutritional assessment (Level III). Figure 1 depicts an overview of the Fit to Win program. The program elements occur based on the Commander’s resources and community needs.

**Table 1**  
**Suggested Elements for Level 1–2–3 Fit To Win Programs**

Modules	Level 1 Program	Level 2 Program	Level 3 Program
<b>Commander’s Guide</b>	Introductory Chapter Strategies for program management, and resources	Same as Level 1	Same as Level 1

**Table 1**  
**Suggested Elements for Level 1–2–3 Fit To Win Programs—Continued**

Modules	Level 1 Program	Level 2 Program	Level 3 Program
<b>Marketing</b>	Unit briefings Post media Community needs assessment Posters, slides, videotapes Incentives. — Personal recognition certificates — Awards Evaluation Strategies	Level 1 plus: Guest speakers Promotional items	Level 2 plus Public relations campaigns Support groups Intramural competitions
<b>Individual Assessment</b>	Automated Health Risk Appraisal Health Risk Review Session	Same as Level 1	Same as Level 1
<b>Physical Conditioning*</b>	Community/unit based programs to include aerobic and strength development classes AR 350–15 Guidance National Fitness Month	Level 1 plus individualized prescription based on fitness evaluation	Same as Level 2
<b>Nutrition and Weight Control</b>	Pamphlets/posters brochures Media blitz for dining hall: menus National Nutrition Month AR 600–9 Guidance	Level 1 plus: Group classes Videotapes Slides/Cassette tape	Level 2 plus: Nutritional Assessment Individualized diet plans Computerized nutritional analysis Cooking classes
<b>Antitobacco</b>	Pamphlets/brochures Media blitz advice for smokers and nonsmokers National Smokeout AR 1–8 Guidance	Level 1 plus: Group cessation programs Videotapes Radio/TV spots	Level 2 plus: Computerized cessation program Support group
<b>Stress Management</b>	Pamphlets/brochures Posters Welcome Packets with resources within the community Sponsorship Program associated with PCs	Level 1 plus: Group classes Videotapes Radio/TV spots Commanders session's Unit training Community Skill/Activity Classes	Level 2 plus: Individual treatment programs conducted at medical Treatment Facility
<b>Hypertension Management</b>	Pamphlets/brochures Unit level Monitoring National High Blood Pressure Month (May) Periodic B.P. checks/follow-ups	Level 1 plus: Group classes Videotapes TV, Radio spots	Level 2 plus: Individual counseling
<b>Substance Abuse Prevention</b>	Pamphlets/brochures Posters Group meetings and classes AR 600–85 Guidance	Level 1 plus: Videotapes	Level 2 plus: Individual counseling Support groups
<b>Spiritual Fitness</b>	Pamphlets/brochures Posters Opportunities to meditate, pray, or worship AR 165–20	Level 1 plus: Group meetings classes Developmental activities	Level 2 plus: Individual counseling Referral agencies Values building resources Support groups
<b>Dental Health</b>	Pamphlets/brochures National Children's Dental Health Month Periodic Dental Examinations Unit Level Dental Fitness Classification Monitoring	Classes Videotapes Radio/TV spots Skills Classes	Individual Oral Hygiene Counseling Definitive Dental Treatment Long Term Follow-Up
<b>Procedures Guide</b>	Pamphlets/Brochures/Posters Command Briefings (at least monthly) Incentive/Sustainment Program	Unit Training Schedules which reflect health promotion education classes in all areas needed	Unit Days for: Health Risk Assessment Family Health Promotion Activities

Notes:

\* Table 1 depicts an overview of the Fit To Win program. The program elements occur based on the Commander's resources and community needs.

## **VI. Needs Assessment.**

*a.* No matter whether your installation is small or large, a needs assessment will provide valuable information and direction for planning your activities. You will want to know how many soldiers, employees, family members, etc. are interested in participating, and what aspects of nutrition might interest them. This assessment will assist you with logistics and program content. It also provides preliminary publicity for whatever activities you choose to do.

*b.* Two model Needs Assessment Survey Forms may be found in Figures 2 and 3. Also, you may want to assess participant knowledge and attitudes. A Nutrition Opinions Pre-test is included in Figure 4, and a Nutrition Knowledge Pre-test in Figure 5.

*c.* How To Conduct The Assessment.

- Identify an individual, perhaps from the Installation Health Promotion Council, to be responsible for gathering and analyzing all comments, complaints, and issues that have arisen on post regarding food availability and needs for nutrition education and/or weight control programs.
- Look at other installations' foodservices, dining facilities, cafeterias, Club System facilities, policies, incentives, education programs, support mechanisms, and achievements. Whenever possible, talk to the key manager or officer involved.
- Survey soldiers to determine their attitudes about nutrition and the workplace, their specific concerns and interests, how they feel about possible programs, and whether they are interested in participating.
- Consult with a registered dietitian at the Nutrition Care Division of your supporting Medical Activity or Medical Center, to determine specific nutrition-related health risks in the community population, and what resources, classes/lectures and audiovisual aids are already available.

*d.* Facilities and Equipment Requirements. Once your community needs assessment is complete and the nutrition needs and interests of your target populations have been determined, a location to conduct screening and education activities must be selected. Figure 6 lists some of the basic equipment and space requirements to conduct nutrition activities as part of an overall installation health promotion program.

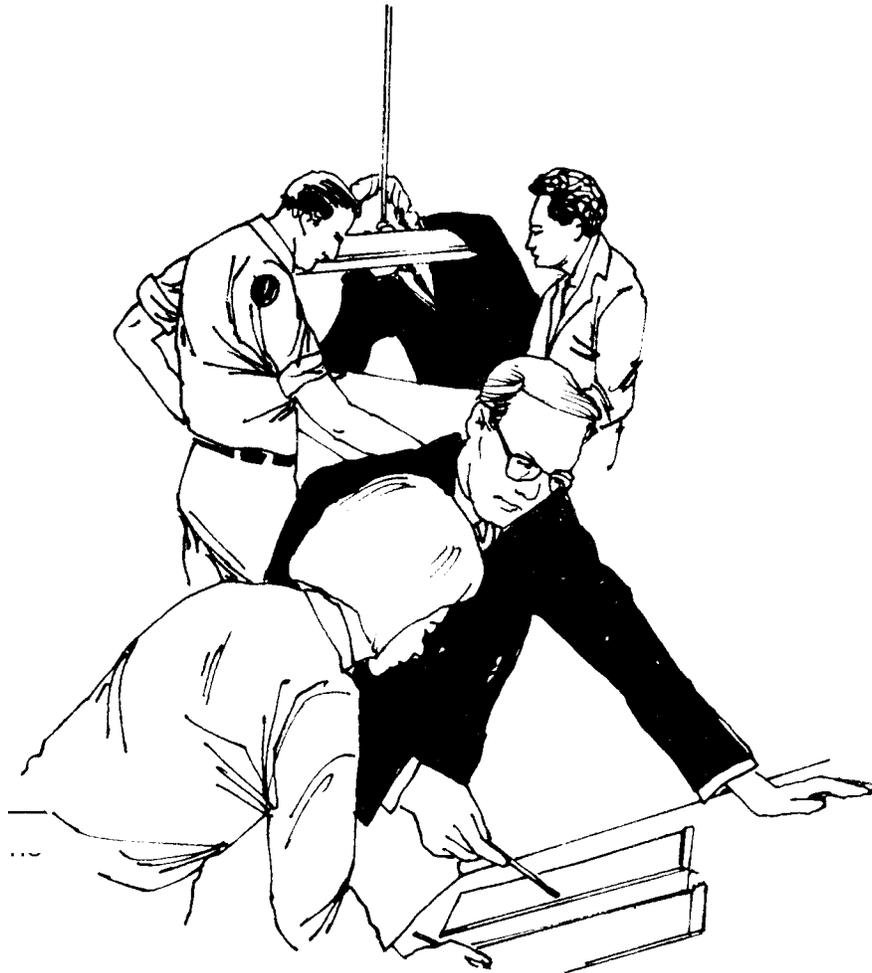


Figure 1. Facilities and Equipment Requirements

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**Individual Needs and Interests Survey**  
(Sample for the Small Installation)

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**Need 1** Would you participate in an installation-sponsored program?

Yes  No  
(continue with survey) (end of survey)

**Needs 2** Check the activities which interest you. You may choose as many as you wish.

- Health screening consisting of height, weight and blood pressure check only.
- Health screening consisting of height, weight, blood pressure, cholesterol and body fat screening.
- Nutrition packet: A series of pamphlets designed to encourage cardiovascular health and to lose excess weight.
- Self-instructional slide/tape presentation or videotape with practical suggestions for good eating to improve cardiovascular health and control weight.
- Nutrition packet: A series of pamphlets/fact sheets providing general good nutrition guidance.
- Dining facility program: Highlights foods recommended for balanced nutrition and weight control.

**Needs 3** If you indicated interest in the slide/tape presentation or videotape would you prefer to view this:

- Before work
- After work
- At lunchtime
- At a time when your family could join you

Thank you for taking the time to complete this survey.

Please return it to:

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Figure 2. Individual Needs and Interests Survey (Sample for the Small Installation)

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**Expanded Needs and Interests Survey**  
(Sample for Medium to Large Installation)

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**Need 1** Would you participate in an installation-sponsored nutrition program?

Yes  No  
(continue with survey) (end of survey)

**Needs 2** Check the activities which interest you. You may choose as many as you wish.

- Health screening consisting of height, weight and blood pressure check only.
- Health screening consisting of height, weight, blood pressure check, cholesterol and body fat screening.
- Nutrition packet: A series of pamphlets designed to encourage cardiovascular health and weight control.
- Self-instructional slide/tape presentation: Practical suggestions for good eating to improve cardiovascular health and control weight.
- Nutrition lectures given by guest speakers
- Dining Facility/Cafeteria Program: Highlights foods recommended for cardiovascular health, balanced nutrition, and weight control.
- Cooking Course: Practical classes designed to demonstrate how to prepare food to promote cardiovascular health and weight control.
- Nutrition Groups: Educational sessions designed to help you adapt a personalized eating pattern to lower your total blood

cholesterol level and help control your blood pressure. Conducted by a Registered Dietitian.

- Weight Control Group: Educational sessions to help you adopt a personalized, healthful eating pattern to help you maintain your normal weight. Conducted by a Registered Dietitian.

**Needs 3** If you indicated interest in the slide/tape presentation cooking class or either of the nutrition groups, would you prefer that they be held?

- Before work
- After work
- At lunchtime
- At a time when your family could join you

**Needs 4** If you indicated that you want your family to join you for the nutrition groups and cooking courses, would you be willing to share the cost, if necessary?

Yes  No

Thank you for taking the time to complete this survey.

Please return it to:

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Figure 3. Expanded Needs and Interests Survey (Sample for Medium to Large Installation)

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## Nutrition Opinions Pre-Test Explanation

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Type of Measure: Affective  
Outcome Assessed: Belief in the Positive  
Effects of Maintaining a  
Healthy Diet  
Target Population: Adults

### General Description:

**Nutrition Opinions** asks respondents to indicate the degree of their agreement with a series of statements on nutrition, diet and heart disease. Participants use a Likert-type-scale where 1 = Strongly Disagree and 5 = Strongly Agree. The inventory contains 19 items and is composed of two subtests, one focusing on the general role of diet in heart disease and the other on dietary modifications. All statements are based on the recommendations released by Health and Welfare Canada as the Report of the Committee on Diet and Cardiovascular Disease.

The authors score this measure by summing the points for each response, reversing the points for negative statements. A score of 1 represents either strong disagreement with a positive attitude or strong agreement with a negative attitude; a score of 5 signifies strong agreement with a positive attitude or strong disagreement with a negative attitude.

### Technical Information:

This instrument was validated on a sample of 281 adults of which 79% were female and 62.7% were Canadian-born. Internal consistency reliability coefficients were .73 and .67 for the attitude subtests. Cronbach's alpha for the composite was .82. Respondents' attitudes were generally positive, with mean scores on both subtests and the total measure reported to be around 83%, with standard deviations of 8 to 9%.

A preliminary form of this measure was pretested with groups of faculty, graduate students in nutrition and laypersons. Based on results of item analyses, a 26-item measure was developed and administered in a pilot study to 76 individuals believed to represent a range of formal training in nutrition. Selected items with negative or low item subtest correlations were not included in the current version.

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### Additional Information:

Sullivan, A.D., and Schwartz, N.E. Attitudes knowledge and practice related to diet, and cardiovascular disease. *Journal of Canadian Dietetic Association*, 1981, 42, 169-177.  
Sullivan, A.D., and Schwartz, N.E. Assessment of attitudes and knowledge about diet and heart disease. *Journal of Nutrition Education*. 1981, 13(3), 106-108.

*Reference:* An Evaluation Handbook for Health Education Programs in Nutrition, U.S. DHHS, Centers for Disease Control, Sept. 1983, p. 266.

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Figure 4. Nutrition Opinions Pre-Test Explanation

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## Nutrition Opinions Pre-Test

Some statements about nutrition, diet, and heart disease are made below. We are interested in your immediate reaction to these statements. Please circle the number which **best** indicates how closely you agree or disagree with the FEELING expressed in each statement AS IT CONCERNS YOU. Circle:

- 1 If you STRONGLY DISAGREE with statement      4 If you AGREE with the statement  
 2 If you DISAGREE with the statement              5 If you STRONGLY AGREE with the statement  
 3 If you are UNDECIDED, neither agree nor disagree

**SAMPLE:** The premier of British Columbia should call an election at this time.      ① 2 3 4 5  
 This person STRONGLY DISAGREES with the statement.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
1. I am concerned about the amount of salt in the foods that I buy.	1	2	3	4	5
2. With no signs of heart disease, I guess one is eating right.	1	2	3	4	5
3. It is the doctor's job to make me eat for heart health.	1	2	3	4	5
4. Once an adult, it is too late to protect your heart by changing your food habits.	1	2	3	4	5
5. There is too much emphasis on eating for the heart.	1	2	3	4	5
6. As long as the doctor does not say that I should cut down the amount I eat. I do not need to be concerned.	1	2	3	4	5
7. What I eat will affect my heart.	1	2	3	4	5
8. Children should be taught proper food habits that will help prevent heart disease in later life.	1	2	3	4	5
9. If I am careful I can cut down the amount of fat I eat.	1	2	3	4	5
10. As long as I eat properly, I can forget about exercising for my heart.	1	2	3	4	5
11. I am trying to eat for a healthy heart.	1	2	3	4	5
12. I feel it is impossible to change what I eat regardless of my heart health.	1	2	3	4	5
13. Since I can't control the amount of salt in packaged foods, I can't cut down on the amount of salt I eat.	1	2	3	4	5
14. I think people should be advised to change the type of fat they eat.	1	2	3	4	5

Figure 4. Nutrition Opinions Pre-Test Explanation-Continued

		Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
15.	My eating habits influence my heart health.	1	2	3	4	5
16.	If I pay attention to how my food is cooked, I can reduce the amount of fat I eat.	1	2	3	4	5
17.	As long as I trim away the fat, I can eat all the meat I want.	1	2	3	4	5
18.	People of all ages should be concerned about eating for a healthy heart.	1	2	3	4	5
19.	I feel I should be concerned about the total amount of fat I eat.	1	2	3	4	5

Figure 4. Nutrition Opinions Pre-Test Explanation-Continued

### Nutrition Knowledge Pre-Test Explanation

Type of Measure: Knowledge  
 Outcome Assessed: Health Consequences of Food and Diet  
 Target Population: Adults or Adolescents

**Nutrition Knowledge** consists of 27 true and false statements concerning nutrition, diet and heart disease. Three subtests are included in the instrument: one on how food affects the heart, one on food composition and one on current facts versus fallacies. All statements are based on the recommendations released by Health and Welfare Canada as the Report of the Committee on Diet and Cardiovascular Disease. Individuals respond to the statements by circling the number that best indicates their knowledge of each statement. They are to use a scale from 1 to 5, where 1 = the statement is definitely false; 2 = the statement is probably false; 3 = do not know; 4 = the statement is probably true; and 5 = the statement is definitely true. The scoring is reversed for false statements.

#### Technical Information:

This instrument was validated on a sample of 281 adults of which 79% were female and

62.7% were Canadian-born. Internal consistency reliability coefficients were .45, .64 and .62. Cronbach's alpha for the total knowledge test was .72. The mean percent correct for the knowledge subtests and the total test ranged from 48 to 53%, with standard deviations of 12 to 17%.

In previous validation efforts, an earlier version of the measure was reviewed by an independent panel of five nutritionists who evaluated the correctness of the key and overall comprehensiveness of the instruments. The measure was also administered to 76 individuals representing a range of formal training in nutrition. Selected items were revised or eliminated based on these procedures and are not included in the current version.

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Figure 5. Nutrition Knowledge Pre-Test Explanation

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**Additional Information:**

Sullivan, A.D., and Schwartz, N.E. Attitudes, knowledge and practice related to diet, and cardiovascular disease. *Journal of Canadian Dietetic Association*, 1981, 42, 169-177.

Sullivan, A.D., and Schwartz, N.E. Assessment of attitudes and knowledge about diet and heart disease. *Journal of Nutrition Education*. 1981, 13(3), 106-108.

*Reference:* An Evaluation Handbook for Health Education Programs in Nutrition, U.S. DHHS, Centers for Disease Control, Sept. 1983, p. 281.

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**Nutrition Knowledge Pre-Test**

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Some statements about nutrition, diet, and heart disease are made below. Please circle the number which **best** indicates your knowledge of each statement. Circle:

- 1 If the statement is DEFINITELY FALSE      4 If the statement is PROBABLY TRUE  
2 If the statement is PROBABLY FALSE      5 If the statement is DEFINITELY TRUE  
3 If you DO NOT KNOW

		Definitely False	Probably False	Don't Know	Probably True	Definitely True
20.	Alcoholic beverages add extra calories to the diet	1	2	3	4	5
21.	Garlic purifies the blood thus protecting against heart disease.	1	2	3	4	5
22.	It is unnecessary for healthy people to limit their intake of cholesterol, a fatty substance found in animal foods.	1	2	3	4	5
23.	Nondairy cream substitutes such as Coffee-mate contain fat.	1	2	3	4	5
24.	What one eats affects the amount of fat in the blood.	1	2	3	4	5
25.	Being thin is no guarantee against heart disease.	1	2	3	4	5
26.	Hardening of the arteries (atherosclerosis) is caused by fat in the diet.	1	2	3	4	5
27.	The more polyunsaturated fat in the diet, the better protected one is against heart disease.	1	2	3	4	5
28.	High blood pressure is caused by high salt intake.	1	2	3	4	5
29.	Normal weight people need not exercise to protect their heart.	1	2	3	4	5

Figure 5. Nutrition Knowledge Pre-Test Explanation-Continued

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		Definitely False	Probably False	Don't Know	Probably True	Definitely True
30.	Polyunsaturated fats are made up of polyunsaturated fatty acids, the most important of which is linoleic acid.	1	2	3	4	5
31.	Just because no one in your family has had heart problems does not mean you are protected against heart disease.	1	2	3	4	5
32.	A good way to lose weight is to eat a high meat diet.	1	2	3	4	5
33.	Weight for weight, hamburger has the same energy value as white chicken breast meat.	1	2	3	4	5
34.	Of all the vegetable oils, corn oil contains the most polyunsaturated fat.	1	2	3	4	5
35.	Olive oil contains less polyunsaturated fat than safflower oil.	1	2	3	4	5
36.	Heart disease affects only people who overeat.	1	2	3	4	5
37.	Lecithin, a fatty substance in animal tissue and eggs, prevents heart disease by clearing cholesterol from the arteries.	1	2	3	4	5
38.	Drinking hard water causes heart disease.	1	2	3	4	5
39.	Obese (very fat) people have a greater chance of a fatal heart attack than people of normal weight.	1	2	3	4	5
40.	Vitamin C cures heart disease by removing fat from the bloodstream.	1	2	3	4	5
41.	Processed meats like sausage and salami are high in saturated fat.	1	2	3	4	5
42.	People do not outgrow the need for regular exercise	1	2	3	4	5
43.	Due to their high cholesterol content, eggs should be eliminated from the diet.	1	2	3	4	5
44.	White fish such as cod and haddock is lower in fat content than beef.	1	2	3	4	5
45.	The food we eat affects the development of heart disease.	1	2	3	4	5
46.	Fruit drinks such as Tang are a nutritious substitute for fresh fruit.	1	2	3	4	5

**Please Check to be Sure All Statements Have Been Answered.**

**Figure 5. Nutrition Knowledge Pre-Test Explanation-Continued**

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### Answer Key for Instructors

20. 5	34. 1
21. 1	35. 5
22. 1	36. 1
23. 5	37. 1
24. 5	38. 1
25. 5	39. 5
26. 5	40. 1
27. 5	41. 5
28. 3	42. 5
29. 1	43. 1
30. 5	44. 5
31. 5	45. 5
32. 1	46. 1
33. 1	

Figure 5. Nutrition Knowledge Pre-Test Explanation-Continued

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## Facilities and Equipment: What Do We Need

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### Health Screenings

A beam-balanced weight scale set-up in a reasonably private location is central to your program. (Calibrated or balanced correctly.)

### Waiting Area (Optional)

- Seating for four
- Coat rack
- Magazines
- Brochures
- Posters

### Screening Area

1. A private space. This could be either a separate room or a section of a larger room made private by the use of screens.
2. A beam-balanced scale with a height attachment.
3. Forms for recording height and weight.
4. The weight and height test can be self-administered or, administered by a community health nurse or an outside volunteer.

5. Desk-top blood analyzer for the one-stop cholesterol screening, or laboratory support for serum cholesterol tests.
6. Tape measure or skinfold calipers for body fat determination.

### Slide/Tape or Videotape Presentation

1. A suitably sized, quiet room
2. A sound-activated slide/tape projector
3. A videocassette recorder (VCR) with TV monitor
4. A table for educational literature
5. A folder of literature for each participant
6. Chairs for each of the participants

### Guest Lecturer

1. Room
2. Table for literature, if applicable
3. Chairs for each of the participants
4. Audio-visual equipment, if requested
5. Have someone greet the guest lecturer

Figure 6. Facilities and Equipment: What Do We Need

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## VII. Information Program.

a. The overall success of the nutrition activities will depend on effective promotion and communication about the program. Even the best program can go unnoticed if commanders, supervisors, soldiers and other potential participants do not know what it has to offer and how to take advantage of it. While nutrition activities can be promoted as part of the publicity for the Installation Health Promotion Program, some unique features of the nutrition program deserve special attention.

b. There should be two phases of promotion:

- promotion to commanders and supervisors
- promotion to all eligible beneficiaries

c. Promotion to Commanders and Supervisors.

(1) Commanders must be completely sold on a unit nutrition program before there is a budget and cooperation to carry it out. Endorsement of commanders and supervisors at all levels can make or break the program implementation.

(2) The goals of selling nutrition program activities to commanders and supervisors are:

- Explain the purpose of the program.
- Clarify program benefits.
- Gain commitment to the program.

(3) A meeting with a well-prepared visual presentation can serve this purpose.

(4) If nutrition activities are planned involving dining facilities, snack bars, and other food concessions, cooperation of the foodservice management is essential. This can present a variety of challenges, especially if the foodservice is

AAFES contracted or a franchise. Gaining the support of AAFES management personnel may be helpful in circumventing potential obstacles. Emphasize that alternative menu options can be profitable if they attract new customers who prefer the healthier food choices.

*d. Promotion to Eligible Beneficiaries.* Once a program has been established, visibility is essential so soldiers, their families, and other potential participants know how to become involved. Consider these “fun” activities to heighten awareness:

(1) *Presentations.* A general presentation to soldiers and employees at the worksite describing the philosophy and activities of the program is often a good time to get people to sign up.

(2) *Articles.* Articles in the post newspaper, unit bulletin, or newsletter let individuals know that a program is coming soon, give details about registration, and provide examples of past program successes. (See Figure 2.5 for a sample announcement/media release.)

(3) *Communication.* Posters and table tents around the unit and work place, and in the dining facilities and snack bars are excellent ways to advertise the program and the specific events.

(4) *Payroll stuffers.* LES attachments (payroll inserts) and flyers can be clever program reminders that reach every soldier and employee.

(5) *Coupons.* Promotional offers can include coupons for special “fitness” foods in cafeterias and snack bars, or a discount on jogging apparel at AAFES for individuals enrolled in a weight control class.

(6) *Nutrition Displays.* Set up displays at the post library (to highlight reputable nutrition references), the Inprocessing Center (to help make new personnel aware of what’s available), recreation centers, gymnasium locker rooms, and other high traffic areas.

(7) *Installation Schools.* I Offer to provide nutrition education materials and/or classes to students.

(8) *Mini Courses.* Introductory sessions give soldiers and other beneficiaries a sample of longer nutrition education courses that are available.

(9) *Cooking Demo.* Promotional events can include a cooking demonstration by a local celebrity or an aerobics demonstration followed by healthful snacks.

(10) *Diet Analysis.* Computerized dietary analysis is a good promotional gimmick for getting people interested in nutrition classes or behavior modification groups. This can be done by completing and mailing in a form, or by bringing a portable computer terminal with dietary analysis software into the dining facility or cafeteria where people can analyze their meal or their day’s food intake.

(11) *Participant Input.* Soldier/participant involvement and ownership. No one can promote a program better than the participant who has had a role in designing it. Participants who have had some success with a program are also good at attracting new participants. Task forces should be formed with successful participants who have been enlisted to share their successes with others.

(12) *Awareness.* Institute a Nutrition Awareness Month, using the media to draw attention to posters, pamphlets, and other nutrition-related activities. (March is designated every year as “National Nutrition Month” by the American Dietetic Association.)

- Hold a nutrition theme contest
- Resources permitting use promotional items, such as T-shirts, hats, mugs or pens carrying your nutrition theme.
- Conduct poster contests or healthy sandwich contests sponsored by the post school system or the Youth Activities Program.
- Link good nutrition with seasonal activities, such as holiday cooking, summertime cooking, and tailgate picnics during football season.
- As activities continue, replace initial promotional items (i.e. posters) with new materials.
- Use guest speakers and demonstrations to teach selected subjects.
- Identify healthy menu choices with “FIT TO WIN” stickers on Club System menus and in MWR or AAFES operated food concessions and cafeterias.
- Provide flyers with low-calorie recipes as “bag stuffers” at the commissary check-out counters.
- Use slogans to emphasize the objectives of your selected activities. Some suggestions are:
  - TRIMM (The Right Image of Me in the Military)
  - Good Nutrition — A Personal Choice
  - Nutrition for Fitness and Readiness
  - Nutrition and Readiness: Inseparable
  - Be All You Can Be Nutritionally!
  - Good Nutrition: Feel the Difference

*e. Challenge.*

(1) The Public Affairs Office should be instrumental in helping to publicize the nutrition program. Professional-looking materials will add to the image of the program. Although it is helpful to use the program logo “FIT TO

WIN”, it is equally important to vary the publicity, so the Army community does not get used to seeing the same things.

(2) Your Training Aids Support Center (TASC) can be of great help in developing professional posters, signs, banners, and audiovisual aids such as 35mm slides, transparencies and videotapes for publicity and teaching purposes.

f. **Keep Up The Good Work.** The opportunities for installation/community education activities are almost infinite. Once the formal program has been established, the Installation/Community Health Promotion Council may choose to offer or endorse special programs, according to participant interests. Some examples might be:

- Cooking courses offered through Morale Support Activities, the Army Education Center or Army Community Services.
- Nutrition Articles in Post Publications.
- Group Services for special nutrition concerns, such as weight control.
- Fun Runs Sponsored by an installation activity, highlighting nutritious refreshments after the race and door prizes that focus on good nutrition (i.e. a fruit basket, vegetable steamer, yogurt maker, etc.).

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## Fit To Win

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### Sample Announcement/Media Release

(Name of Installation) Offers

#### FIT TO WIN NUTRITION PROGRAM

(Name of Installation) is helping soldiers and other members of the Army Community learn how good nutrition can help their hearts.

“We’re using a special nutrition program developed by the Installation Health Promotion Council to help protect the heart-health of our soldiers,” said (full name), coordinator of (Name of Installation)’s Fit To Win Nutrition Program.

Diseases of the heart and blood vessels, this country’s number one killers, are common among industry’s most productive workforce – people between the ages of 35 and 65. Preventing or reducing the risk of these diseases can not only help people live longer and more productive lives but also lower health care costs.

“The Fit To Win Nutrition Program is aimed at reducing the risk of heart disease by following a diet that is low in cholesterol and saturated fats,” (last name) said.

The Commander of (name of MEDDAC/MEDCEN), (full name of commander) M.D., said the typical American diet is rich in eggs—which are high in cholesterol—and rich in meats, butter, cream and whole milk—which are high in saturated fats and cholesterol.

“These foods tend to raise the level of cholesterol in the blood. Excess cholesterol in the blood stream can accumulate and clog a blood vessel. If a major blood vessel supplying blood to the heart’s muscle is clogged, the result could be a heart attack,” (last name of commander) explained.

“The Fit To Win Nutrition Program is not just restricted to our soldiers. We would like for their families and DA civilian employees to follow a similar plan. Participants can use many of their favorite recipes, make a few changes, and cook exciting and delicious heart-healthy meals,” (last name of coordinator) said.

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Figure 7. Fit To Win

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## VIII. Education/Intervention Program.

### a. Overview.

(1) The Nutrition Program within the Installation Health Promotion Program offers three progressive levels of activities and involvement.

Level 1: Required program with restricted participation; Focus: Soldier awareness, education and intervention; community awareness

Level 2: Expanded community participation; Focus: Level 1 + community education

Level 3: Total Army Family Participation; Focus: Level 2 + community intervention

(2) This segmentation allows design of an installation program which best suits the target populations and the installation or command's commitment of time, staff and resources. Three sections follow, each providing guidance on how to implement a nutrition program at that level. Within each section are suggestions for program content, activities, and materials.

(3) A Resource and Reference Section is provided at the end of the Nutrition Module to further assist in program planning and implementation. Many excellent education materials are listed in this section which are available from government and non-profit agencies, either free-of-charge or at minimal cost. A packet of these references have been selected as enclosures for this module due to their versatility and excellent content. The Human Nutrition Information Service of the United States Department of Agriculture developed these materials. They are in the public domain and may be reproduced in part or as a whole, or rearranged to suit your nutritional activity requirements.

(4) In addition, a lesson plan on "Diet and Nutrition" is provided in Annex E to assist the commander in developing a unit nutrition program using either a Master Fitness Trainer or the Training NCO.

### b. Personnel Qualifications.

(1) Due to potential liability, personnel providing nutrition services must have appropriate credentials and maintain quality assurance standards. Therefore, individualized and group dietary intervention programs should be provided by a registered dietitian (R.D.). In many cases, a dietitian assigned to the medical treatment facility will provide these interventions through referral by a physician or other health care personnel. In the case of soldiers enrolled in the Army Weight Control Program, the unit commander refers soldiers to the medical treatment facility to receive weight reduction and nutrition counseling by a dietitian or other qualified health care personnel.

(2) Other nutrition and weight control information and education programs, however, may be provided by a variety of qualified health care professionals who have a background in health education, such as the community health nurse, and a variety of other health and fitness specialists. In addition, information and education programs in weight control and nutrition can be sponsored by Morale, Welfare and Recreation Activities, or at the unit level by individuals such as the Master Fitness Trainer.

(3) The American Red Cross offers "Nutrition Instructor Specialty Training" courses at minimal cost designed to train individuals with a health related degree to become a certified and authorized instructor for the "Better Eating for Better Health" course. Details of the course are provided in Annex B. The course is designed for adults with an interest in their nutritional health or the nutritional health of others, and is organized and taught through Red Cross chapters. Its emphasis is on both weight control and improving nutrition habits to reduce risk factors for cardiovascular diseases and cancer. The program is ideal for implementation at level 2 or 3.

(4) Another excellent program is "Heart at Work" which is a multifaceted health promotion program developed by the American Heart Association, focusing on reduction of cardiovascular disease risk factors. There are five modules within the kit, each concentrating on a different risk factor for cardiovascular disease. The nutrition module provides guidance and materials for program development in weight control, cholesterol reduction, and hypertension control. Additional details about "Heart at Work" are provided in Annex C.

(5) The American Cancer Society's "Taking Control" program is another excellent public education program which focuses on cancer prevention and risk reduction. Local American Cancer Society representatives provide free training for facilitators and a coordinated package of educational materials. More information is provided in Annex D.

(6) If contract services are sought to conduct the education and intervention programs, the contract specifications should be clear on the required credentials. Prior to hiring individual health and fitness specialists, approval of credentials should be obtained by the Installation Health Promotion Council and the Director of Health Services, as appropriate. Particularly when contract nutrition services are utilized, the installation nutrition program should be under the direct consultative guidance of a military or DA civilian registered dietitian whenever possible. When the focus is on cooking technique and food purchasing, however, instructors do not need special credentials.

(7) **A word of caution:** The title, "nutritionist" is an uncontrolled title, with no special education or credentials required for its use. Anyone can call himself or herself a nutritionist.

## **IX. Level 1.**

a. Commanders are presently required to implement programs such as the Army Weight Control Program (AR 600–9), and the Army Physical Fitness Program (AR 350–15) — which promote exercise and proper nutrition to assist in weight control. Additional programs can be provided by the commander for the soldier: to prevent cardiovascular disease through surveillance of cholesterol and blood pressure, and to assist soldiers who are at risk through education and intervention programs. The principal providers of these education and intervention programs are the health care personnel at medical treatment facilities.

b. However, Level 1 also includes:

(1) *Awareness Information Campaign.* Nutrition awareness is the first step in leading soldiers, their families, and other members of the Army community to choose appropriate eating life styles. Level 1 provides basic nutrition information using all available forms of media at the installation or within the community.

(2) *Literature.* Distributing nutritional literature provided in the handout and reference sections will provide good information to soldiers and their families, and increase their awareness of nutrition-related risk factors.

(3) *Advertising.* Materials may be offered in Company day rooms, dining facilities, or through direct distribution by commanders, training NCOs and supervisors. Use bulletin boards to present the nutrition story.

(4) *Guest Speakers.* Invite a guest speaker, like a registered dietitian from your Medical Treatment Facility, to address your unit for inservice training, or invite a dietitian, doctor or nurse to write an article for your unit's newsletter or post newspaper.

(5) *Planning for the Future.* Once essential awareness is achieved based on evaluation measures, the Fit To Win Coordinator should plan with the Installation Health Promotion Council to further expand education activities.

## **X. Level 2.**

a. The needs and attitudes of the Army community, focusing at this level on soldiers, their families, and other subgroups, as deemed appropriate, will provide direction for your program. The total scope of the nutrition activities will be determined by the size of the installation and the availability of resources. It is recommended that you plan your nutrition activities around large, homogeneous groups whenever possible for level 2 activities. In this way you can reach large numbers of your installation population, and maximize resources by minimizing manpower requirements and the need for diversified education materials, such as posters, pamphlets, etc.

b. As soldiers and other members of the Army community become more aware of the benefits of good nutrition, additional educational activities can be phased in to encourage a healthy eating life style.

c. Program possibilities include:

(1) *Furnishing additional literature on nutrition topics.* Posters, pamphlets, booklets, and fact sheets, in addition to those that accompany the "Fit for Life" nutrition module, are available through a variety of sources listed in the reference section at the end of the module. Literature can be strategically placed in high traffic areas, such as hospital outpatient clinics, worksite bulletin boards, dining facilities, and commissary and post exchange entrances to name a few. Pamphlets can also be placed in "Welcome Packets" by Army Community Services volunteers for all newly assigned personnel and their families.

(2) *Study Groups.* Formal nutrition study groups can be organized, during or after duty hours, through the installation civilian personnel office, the Army Education Center, or MWR activities. (A sample program outline for nutrition groups at the worksite, developed by the American Heart Association, is provided in Annex F.

(3) *Self-Help Programs.* Offer self-study opportunities by procuring programs like the American Heart Association's Nutrition Self-Study Packet, which includes slides, tapes and a study guide.

(4) *Guest Lecturers.* Bring in guest lecturers for programs during special times of the day, (i.e. for inservice training or professional development seminars), or before or after the duty day. A list of possible education class topics is provided in Figures 8 and 9.

(5) *Media Attention.* A series of nutrition articles and media releases could appear in post publications.

(6) *Recipes and Menus.* Publish or otherwise make available recipes and menus for weight control, heart-health, or cancer prevention.

(7) *Communication Materials.* Continue the nutrition and weight control emphasis with posters and bulletin board displays.

(8) *Environmental Changes.* Encourage nutritious food offerings in vending machines located throughout the installation. Work with your machine vendors, usually under AAFES contract, to see that nutritionally sound foods are available. Provide a recommended list of nutritious food selections (e.g. yogurt, fruit juice (not fruit drinks; there is a difference!)) and provide it to AAFES Management. AAFES's insistence that vendors supply healthy choices in addition to regular snack choices is important.

(9) *Involve Dependents.* Emphasis on obesity and dental caries prevention should be aimed at preschool and school-age children by educating child development center workers, home child care providers and school teachers regarding obesity identification and referral for counseling and/or intervention.

d. Conducting Weight Control Groups.

(1) The number of weight control and diet plans advertised in the media seems infinite. Approximately 25% of adult

Americans attempt to reduce their body weight each year at a cost of at least \$10 billion annually. Most are unsuccessful. Why? Because there is no quick fix. It takes time, dedication, motivation and knowledge about the healthy ways to reduce weight and body fat. In the first Surgeon General's Report on Health Promotion and Disease Prevention, Healthy People, the point is made that among adults, especially, it has proved very difficult to lose weight on a lasting basis. Permanent weight loss has been found easier to achieve by people who inventory their food intake, avoid situations that entice them to overeat, and change their eating and exercise habits gradually.

(2) Recommendations for good weight loss programs that were developed by the American College of Sports Medicine and endorsed by the American Dietetic Association are provided in Figure 10.

(3) Interest in weight control is usually high among all subgroups within the Army family (e.g. adolescents, teenagers, spouses, etc.). Although nutrition counseling is provided to soldiers who are enrolled in the Army Weight Control Program, this information infrequently reaches the soldier's family, and spouse in particular, who may frequently be responsible for meal preparation. In fact, weight problems often involve several family members, so a group approach makes good sense.

(4) If enough soldiers and their families are interested, group learning sessions can be a highly effective way to motivate individuals to adopt healthier exercise and eating patterns for lasting weight control success.

(5) Weight control groups usually meet on a weekly basis for a period of eight or more weeks. Each session usually lasts one hour. Participants are taught to use the techniques of behavior modification to control their environment and eating patterns. Figure 11 lists some behavior modification suggestions for changing eating habits.

(6) No specific diet is emphasized, but instead, each participant learns to recognize his own problem areas through self-monitoring and is encouraged to make gradual changes, solving problems in advance. Participants are also encouraged to exercise to increase metabolism and caloric expenditure. Individuals over age 40 should be medically cleared prior to participation in an exercise program.

*e.* Target Audience. The group approach is designed for individuals who want to maintain their present weight as well as those interested in losing weight and/or body fat. Participants must be interested enough to make this course a priority in their lives, because time consuming homework is usually assigned, such as food diaries and activity logs. Anyone of high school age or older can attend. Ten participants is ideal, but up to 15 could meet effectively. Because of the expected attrition rate, a group of less than 10 is not recommended.

*f.* Group Leader. Ideally the group should be instructed by a Registered Dietitian.

*g.* Objectives.

- (1) To learn to control weight.
- (2) To learn relative caloric composition of different foods.
- (3) To be able to recognize cause of overweight.
- (4) To self-monitor for recognition of current eating pattern.
- (5) To learn to recognize problem areas.
- (6) To set realistic goals for gradual change.
- (7) To solve problems in advance.
- (8) To exercise to achieve a balance of calories and energy expenditure.
- (9) To plan for weight maintenance after the session ends.
- (10) To learn the facts about fad diets.

*h.* Program Content. Each group should end with participant goal setting. Each succeeding group will begin with a discussion of progress and problems. Each member should weigh in once a week.

Session 1: Introduction of program

Overweight: Definition, treatment, causes;  
Difficulty with weight maintenance with increasing age;  
Introduction to behavior modification for weight control  
Introduction to record keeping and portion sizes

Session 2: Comments on self-monitoring — slowing down pace of eating

Session 3: Portion control Controlling eating situation (position, place, activity);

Using smaller plates

Session 4: Calorie counting — taking the calories out of recipes; Fad diets

Session 5: "Fat-Proofing the House" — household inventory Shopping principles, menu planning

Session 6: Exercise (guest speaker or aerobics/slimnastics instructor

Session 7: Techniques for eating out

Session 8: Testing out pleasurable non-food activities

Session 9: Relaxation techniques

Session 10: Dealing with eight plateaus or failure;

Body imagery (success);  
Long-term goals

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## Outline for Nutrition Groups at the Place of Duty

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### General Sessions

(For use by Registered Dietitian)

#### Session I

- General introductions
- Find out expectations of the group
- Balanced diet vs. fad diets (basic food groups)
- Instruction in food record keeping
- Assignment—three-day food record

#### Session II

- Have group review their three-day food records
- Looking for a general balance. Have them suggest ideas for achieving a balance, if lacking.
- Introduce the cardiovascular disease problem
  - Epidemiology
- Begin work with cholesterol and saturated fat
  - Define, describe effects on serum lipids and give food sources of:
    - a. Cholesterol, saturated fat
    - b. Polyunsaturated fat
    - c. Monounsaturated fat

#### Session III

- Continue with food sources of various fats
- Introduce healthy eating pattern
- Begin discussion of food choices—offer substitutions for old favorites
- Begin recipe modifications

#### Session IV

- Continue recipe modifications
- Introduce sodium (salt)
- Definition

- Effect on blood pressure
- Recommended amounts
- Food sources of sodium

#### Session V

- Continue sodium
- Discuss alternatives to high-sodium foods
- Recipe modifications

#### Session VI

- Finish sodium
- Discussion of potassium (briefly)
- Fiber
- Sugar
- Vitamins
- Other minerals

#### Session VII

- Shopping
- Cooking under special circumstances
  - For one
  - For working couples
  - For small children
  - For the specific needs of your group
- Hand out last record keeping assignment

#### Session VIII

- Review records
- How to dine out
- How to entertain
- Putting it all together

Figure 8. Outline for Nutrition Groups at the Place of Duty

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## Possible Weight Control Education Class Topics

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### Exercise Topics

Role of aerobic exercise  
Energy costs of various activities  
Intensity of exercise  
Duration of exercise  
Frequency of exercise  
Exercise and metabolic rate  
Exercise and appetite suppression  
Extension exercises while traveling  
Exercise log keeping  
Exercise and environmental stress—  
heat, humidity, cold  
Signs of overdoing it  
Exercise injuries when overweight—  
how to avoid  
Ingredients of a good workout—  
warmup, exercise, cooldown  
Progressions of a normal training  
program  
Use of appropriate equipment and  
apparel  
What to do when you take a vacation  
from exercise  
Spot-reducing misconceptions  
Exercise gimmicks  
Ways to increase physical activity  
in normal living  
Resource materials

Dangers of diet pills  
Vitamin and mineral supplements  
Meal planning  
Fat-burning gimmicks  
What to do when you fall off the  
wagon  
Healthy eating behaviors—how,  
when, where to eat  
Behavior substitution—good one for  
bad ones  
Contingency management  
Consumer education regarding  
nutrition  
Resource materials

### Nutrition Topics

Dangers of fad diets  
Low-fat diets  
High-fiber diets  
Dangers of high salt intake  
Dangers of high-protein diets  
Dangers of fasting  
High sugar intake-empty calories low  
blood sugar  
Complex carbohydrates  
Caloric density and obesity  
Vegetarian diets

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Figure 9. Possible Weight Control Education Class Topics.

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Figure 9. Possible Weight Control Education Class Topics.

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**Possible Class Topics Which Encourage Improved Dietary Habits  
and Enhance Health Performance**

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Sports Nutrition  
Diet and Hypertension  
Nutrition During Adolescence  
Nutrition, Fitness and Well-Being  
Nutrition and Dental Health  
Nutrition and Handicapped  
Nutrition and the Elderly  
Nutrition and Pregnancy  
Fiber: "The Missing Ingredient"  
Teenage Pregnancy & Nutrition  
Vitamin/Mineral Supplements  
How to Reduce Your Salt Intake  
Cholesterol Reduction  
The Importance of Calcium  
Recommended food groups  
How to eat healthy while eating out

Vegetarianism  
Diet and Cancer  
Nutrition and Diabetes  
Food Composition  
Nutrition, Learning and Behavior  
Anorexia Nervosa and Bulimia  
Nutrition and Alcohol  
Nutrition Misinformation  
Nutrition for Infants and Toddlers  
Food Irradiation  
Dietary Fat & Heart Disease  
Food Additives  
All About Caffeine  
Fast Food Tips  
Consumer Nutrition Issues

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Figure 10. Possible Class Topics Which Encourage Improved Dietary Habits and Enhance Health Performance.

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Figure 10. Possible Class Topics Which Encourage Improved Dietary Habits and Enhance Health Performance.

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## The American College of Sports Medicine Guidelines for Weight Loss Programs

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A good weight loss program is one that:

1. Provides a caloric intake not lower than 1200 cal per day, and allows normal adults to get a proper blend of foods to meet nutritional requirements. (Note: this requirement may be different for children, older individuals, athletes, and so on.)
2. Includes foods acceptable to the dieter from viewpoints of sociocultural background, usual habits, taste, costs, and ease in acquisition and preparation.
3. Provides a negative caloric balance (not to exceed 500 to 1000 cal per day lower than recommended), resulting in gradual weight loss without metabolic derangements. Maximal weight loss should be 2.2 pounds per week.
4. Includes the use of behavior-modification techniques to identify and eliminate dieting habits that contribute to improper nutrition.
5. Includes an endurance exercise program of at least 3 days per week, 20-30 minutes in duration, at a minimum intensity of 60% of maximum heart rate (refer to: American College of Sports Medicine. Position statement on the recommended quantity and quality of exercise for developing and maintaining fitness in healthy adults. *Medicine and Science in Sports* 15:i, 1983.
6. Provides new eating and physical activity habits that can be continued for life to maintain the achieved lower body weight.

Figure 11. The American College of Sports Medicine Guidelines for Weight Loss Programs

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### XI. Level 3.

a. Nutrition education is a lifelong learning experience. In level 3, as the Army community's nutrition awareness grows, you will find many opportunities to offer positive, exciting programs which will improve health and morale of all eligible beneficiaries — our Total Army Family. In this sense, the opportunities to expand the Installation Nutrition Program are limitless, but pacing and measuring your program at regular intervals is recommended so that commanders, supervisors, and the Installation Health Promotion Council can reevaluate its commitment.

b. Ongoing activities will depend on community interests, resources, and availability of teaching/training personnel. Your goal should be to continue the momentum established and respond to community needs. Refer to your community needs assessment results to determine special interest areas of all sub-groups within your target population, and plan to meet these needs.

c. Program possibilities include:

(1) *Individualized Nutritional Assessment.*

(a) In level 3, individual nutritional assessments can be conducted. However, these require the intensive use of one or more registered dietitians and the use of a personal computer with a nutrition analysis software program. These individualized nutritional assessments can include information from an automated health risk appraisal and laboratory tests (lipid profile, fasting blood sugar), and perhaps a three-day diet history to assess dietary nutritional adequacy, caloric requirement versus actual intake, and an individual's risks for heart disease and certain cancers.

(b) Since an automated health risk appraisal is being institutionalized within the Department of the Army's Revised Periodic Physical Examination (RPPE) Program, it is recommended that any nutritional analysis software purchased for conducting individualized dietary analysis be compatible with hardware which will support the RPPE. The hardware to support the Army's Health Risk Appraisal Instrument is IBM compatible, but also can be operated on a WANG PC. Contact the Physical Examination Section operated by your installation's medical treatment facility to determine hardware specifications.

(2) *Cooking Classes.*

(a) An installation-sponsored cooking course is excellent for disseminating nutritional information. One such course, "The Culinary Heart's Kitchen," is available through your local American Heart Association. The course could be conducted by the team approach of a Registered Dietitian and a home economist post food advisor or nutritionist experienced in food demonstration.

(b) These courses should be practical "how to" lessons on cooking foods to maintain good cardiovascular health and weight control. Participants should be allowed to see the foods cooked and taste the results. These courses can also

focus on shopping tips such as how to choose the healthiest (low fat) cuts of meat, vegetables with the lowest sodium content, dairy products which provide optimum nutrient content without the fat and/or salt, etc. Nutrition tips for travel, entertaining and eating out can also be included in the course structure of the cooking classes which your installation sponsors.

(c) The course could be offered to individuals who express an interest (i.e. via advertisements by Morale, Welfare and Recreation Activities), or taught by demonstration during lunch or after duty hours. Commissary and Post Exchange vendors may be willing to provide the food and equipment used to teach the course to promote their products — a wonderful idea providing the products and equipment truly coincide with good nutrition practices! Some suggestions would be, “How to use a Food Processor in the Preparation of Nutritious Recipes,” or a slow (crock) cooker, or a Chinese Wok, or a yogurt maker, etc.

(3) *Videotape Self-Help Programming.*

(a) Providing the audiovisual support is available, there is no better way to maximize exposure and minimize the use of manpower than by using videotape instruction — particularly if the tapes are professionally done and the viewer is able to relate to it’s message. Many good videotapes are available on various nutrition topics from either nonprofit or government organizations (a nominal cost) or commercial sources. Hospital and outpatient clinic waiting rooms and personnel in and outprocessing areas are some location suggestions.

(b) Computer Study Programs. If computer study labs are available, self-help computer study programs or games can be provided (another manpower saver). Kellogg’s and Pillsbury are two examples of companies which offer these fun programs at low cost as a consumer service to promote good nutrition.

## **XII. Evaluation.**

a. It is important to provide feedback to commanders and supervisors about the nutrition activities you implement. The results achieved by the nutrition program at the installation will depend on such factors as the motivation of the eligible beneficiaries to improve their nutrition practices; the quality of the education and intervention programs; the time and expense (if any) investments made by the participants; and the level of support for healthful eating behavior from family, fellow soldiers and co-workers, and the unit. Depending on the installation resources, choose the method of evaluation that best fits the needs of your installation.

b. There are two kinds of evaluation that will be of interest to commanders and supervisors:

(1) Process Evaluation refers to the activities conducted and participation generated by the program in achieving the program’s goals. Examples of process evaluation include:

- Participation rates in group activities
- Attendance at lectures.
- Numbers of posters, flyers or brochures distributed.

(2) Outcome Evaluation measures the degree to which program goals have been met. Some examples would be:

- Changes in nutrition knowledge and attitudes (See sample instruments in Appendix), based on differences between pre and post assessments.
- Health improvement: weight/body fat loss or cholesterol reduction.
- Change in risk factor status (i.e., high blood pressure reduced to normal levels).
- Reduction in absenteeism or sick call.
- Increased sales of lowfat milk, fresh fruits and vegetables, whole grain breads, etc. at points of selection (i.e. the commissary, snack bars, dining facilities).

c. To the extent possible, commanders, supervisors, and the installation health promotion council should evaluate the results of all nutrition activities to assess program progress and address possible changes in the program and activities once they are underway. The Nutrition Program should be flexible enough to allow changes in the overall plan if necessary and if the proposed changes coincide with the original program goals.

(3) *Measurement of Success — Weight Control.*

(a) The standard definition of success in weight control for the purposes of this program is to maintain weight loss and/or body fat reduction (determined by body composition assessments) for at least a year after completion of the intervention program.

(b) An evaluation statement should contain:

- The number of participants.
- The number and/or percentage of participants completing the intervention who had lost weight and/or body fat by the end of the program/intervention. (Denominator=total number of program participants completing 80% or more of the sessions.)
- The number and/or percentage of participants completing the program who had not regained weight or body fat lost during the program by the end of one year. (Denominator=the total number of program participants completing 80%

of the program sessions and lost weight.)

(4) Collection of Data: Minimum Information Required

(a) *Participation.* Each case-record should contain identifying information needed for follow-up purposes (i.e. name, address, telephone number). It should also contain the beginning and ending dates of the program/intervention in which the participant was enrolled, and the frequency of session attendance for the program's duration.

(b) *Time-1, Time-2 Analysis.* Finally, it should include weight and body fat status at Time-1 (program's beginning) and Time-2 (point of one-year follow-up).

(5) Measurement of Success — Cholesterol Reduction.

(a) *Follow-up.* The standard measurement of success in cholesterol reduction programs/interventions is maintenance of serum cholesterol at or below 180 mg/dl for adults under age 30, and 200 mg/dl for those age 30 or older (National Institutes of Health Consensus Development Conference Statement, 1984) for at least one year after completion of the intervention.

(b) *Quantitative Measurements*

(c) *Referral Criteria for Intervention.* participants should be those with blood cholesterol levels above the 75th percentile for age:

Age	Cholesterol Level
20-29	200 mg/dl
30-39	220 mg/dl
40 and over	240 mg/dl

Age-adjusted blood cholesterol levels need to be recorded at the initial assessment and following intervention. This data can be used to support resource and program justification reports.

(d) *Participation.*

- The number and/or percentage of participants who completed the program (i.e. attended 80% of all the sessions).\*
- The number and/or percentage of participants completing the program who had reduced their serum cholesterol to approximately 180 mg/dl for adults under age 30 and to 200 mg/dl for those age 30 and above by the end of one year (as determined by follow-up test for serum cholesterol).\*\*
- Each case-record should contain identifying information needed for follow-up purposes. It should also contain the beginning and ending dates of the program in which the participant was enrolled, and the number of sessions attended.

(e) *Time-1, Time-2 Analysis.* Finally, it should record cholesterol status at the program's beginning (baseline) and at the point of one-year follow-up.

d. *Measurement of Success — Hypertension.*

(1) The standard definition of success in hypertension control is maintenance of blood pressure at or below 140/90 for two or more years (1990 Health Objectives for the Nation, U.S. DHHS). Risk factors for hypertension include excess body weight and body fat, and excessive dietary sodium intake. Intervention objectives, therefore, are to achieve and maintain desirable weight (see section on "Measurement of Success-Weight Control"), and reduction of sodium intake.

(2) It is difficult to assess progress of participants regarding reduction of sodium intake to recommended levels (1400-1700 mg sodium intake consumed) in order to reduce blood pressure to target levels, since dietary data regarding sodium intakes are not precise. The sodium content of some food is highly variable, as is the amount of sodium added by consumers in food preparation or at the table. Therefore, the measurement of success for dietary intervention for hypertension reduction and control focuses on knowledge, attitude, and belief about the association between high sodium intake and hypertension in some individuals, about sources of sodium in the diet, and about recommended sodium intakes.

(3) Baseline surveys taken of participants prior to intervention program participation, and follow-up surveys taken after program completion and one year later, can provide comparison data to determine program success. Sample surveys are included in Figure 3 and 4.

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## Behavior Modification Suggestions for Changing Eating Habits

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<p><b>Cue Elimination and Physical Environment</b></p> <p>Eat only in designated place</p> <p>Eat only when sitting in designated place</p> <p>Set regular eating times</p> <p>Plan snacks and meals ahead</p> <p>Determine degree of hunger before eating</p> <p>Dissociate eating from other activities (e.g., reading, watching television)</p> <p>Plan and order restaurant meals ahead</p> <p>Store all foods; use opaque containers or store in inaccessible places</p> <p>Use small plates and bowls</p> <p>Let others get their snacks</p> <p>Record food intake</p> <p>Shop when <i>not</i> hungry, and use a list</p> <p>Store foods out of sight</p> <p>Avoid "problem" places and people</p>	<p>Serve buffets</p> <p>Remove plate from eating place after meal</p> <p>Clean plates directly into garbage</p> <p>Change route of travel to bypass a tempting eating place</p> <p>Write notes as reminders or use pictures; put on mirrors or refrigerator</p> <p><b>Manner of Eating</b></p> <p>Slow rate of eating — chew slowly</p> <p>Swallow each bite before taking a second one</p> <p>Put utensils down between bites</p> <p>Count mouthfuls</p> <p>Pause in the middle of a meal for a few minutes</p> <p>Relax 60 seconds before eating</p> <p>Savor foods; enjoy each bite</p> <p>Eat only until reaching a "satisfied" hunger level (<i>not</i> until "stuffed")</p>	<p>Allow at least 20 minutes for eating a meal</p> <p>Leave 5% to 20% of meal uneaten</p> <p>Push food aside ahead of time</p> <p>Cover plate with napkin when finished eating</p> <p><b>Food Choice</b></p> <p>Portion control—cut snacks in half</p> <p>Measure foods until portions can be estimated</p> <p>Serve only amounts planned</p> <p>Preplan eating when guest or entertaining; set aside portions</p> <p>Share dessert</p> <p>Include favorite foods</p> <p>Eat a variety of foods</p> <p>Have appropriate snacks planned and "ready to go"</p> <p>Serve "on-the-side" dressings and sauces</p> <p>Use spices instead of high-calorie condiments</p>	<p>Use garnishes (attractive and take up space on the plate)</p> <p>Use low-calorie ingredient substitutes</p> <p><b>Alternative Activities</b></p> <p>Exercise—walking or jogging, other aerobic activities, recreational activities</p> <p>Relaxation</p> <p>Meditation</p> <p>Imagery (visualize food to be in an inedible form or think of being in another place)</p> <p>Do necessary tasks, errands, yard work, or housework</p> <p>Write a letter</p> <p>Call someone</p> <p>Do problem solving</p> <p>Reevaluate goals and priorities</p> <p>Practice assertiveness</p> <p>Make charts for progress</p> <p>Take up a reward for following plans</p> <p>Brush teeth</p> <p>Take a bath or shower</p> <p>Go for a drive</p>
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Source: O'Donnell, M., and Ainsworth, T. *Health promotion in the workplace*. Philadelphia: John Wiley & Sons, 1984, pp. 312-313.

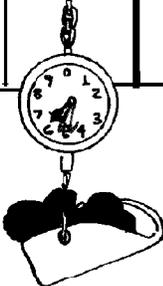
Figure 12. Behavior Modification Suggestions for Changing Eating Habits

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**Appendix A  
Individual Assessment.**

**A-1. Food Diary.**

Food Diary						
Day of Week	Time (am or pm)	Food Eaten	Amount Eaten	Degree of Hunger	How Did You Feel	Where Did You Eat
Example: Tue.	8 pm	ice cream	large bowl 4 scoops	little	bored	in front of the T.V.
Mon.						
Tue.						
Wed.						
Thur.						
Fri.						
Sat.						
Sun.						

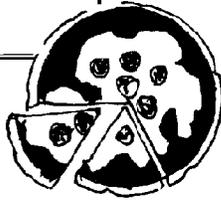


Figure A-1. Food Diary

**A-2. Title not used.**  
Paragraph not used.

**Appendix B**  
**American Red Cross — Program for “Better Eating for Better Health”**

**B-1. Fact Sheet**

**Better Eating for Better Health American Red Cross (Red Cross Nutrition Course)**

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<p><b>Fact Sheet</b>  <b>Better Eating for Better Health</b>  <b>(Red Cross Nutrition Course)</b></p>		<p><b>American Red Cross</b></p>
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<p><b>Purpose</b></p>	<p>The purpose of the Red Cross nutrition course, <b>Better Eating for Better Health</b>, is to enable the consumer to make wise personal food decisions for better health based on current scientific knowledge.</p>
<p><b>Sponsor</b></p>	<p>The nutrition course is organized by and taught through Red Cross chapters. The curriculum was developed by the American Red Cross, Educational and Instructional Programs Division, national headquarters, in conjunction with the Human Nutrition Information Service of the U.S. Department of Agriculture, Washington, D.C.</p>
<p><b>Students</b></p>	<p>The course is designed for adults with an interest in their nutritional health or the nutritional health of others.</p>
<p><b>Instruction</b></p>	<p><b>Better Eating for Better Health</b> is taught by authorized Red Cross instructors.</p>
<p><b>Class Time</b></p>	<p>12 hours; six 2-hour sessions.</p>
<p><b>Recommended Class Size</b></p>	<p>8-16 participants</p>
<p><b>Location</b></p>	<p>The nutrition course may be offered at Red Cross chapters, health centers, hospitals, civic clubs, churches, housing centers, workplaces, social service agencies, county extension services, and other appropriate sites. Telephone your Red Cross chapter for details.</p>
<p><b>Content</b></p>	<p>The course stresses the concept that each person is responsible for his or her own nutritional health and can enhance nutritional health and well-being by applying the principles of nutrition to food choices. During the course the participants will—</p> <ul style="list-style-type: none"> <li>• Examine personal eating habits.</li> <li>• Evaluate information on food labels.</li> <li>• Identify roles of food additives.</li> <li>• Examine dietary factors related to risk of heart disease, high blood pressure and cancer.</li> <li>• Determine how to modify fat, sugar, and sodium in the diet.</li> <li>• Evaluate personal need for vitamin-mineral supplements.</li> <li>• Identify ways to control weight.</li> <li>• Examine nutritional needs at a stage of the life cycle and apply this information to food selection.</li> <li>• Modify a recipe to help put the Dietary Guidelines in practice.</li> <li>• Try new foods that reflect the Dietary Guidelines.</li> <li>• Discuss experiences in trying out new food selection practices that involve change in a food habit.</li> </ul>

**Figure B-1. Fact Sheet**

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Materials	Participant's packet for Better Eating or Better Health (Stock No. 322074), which contains the <i>Participant's Guide</i> , the Food Wheel poster, and six Nutrition and the Life Cycle booklets.
Course Fee	Participants may be asked to pay for the cost of books, training supplies, and, in some cases, the use of a building or facility. Specific course fees are determined by Red Cross chapters.
Certificates	Participants who attend five of the six sessions are eligible to receive a certificate of completion.

Figure B-1. Fact Sheet-Continued

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**B-2. Title not used.**

Paragraph not used.

**Appendix C**  
**American Heart Association — “Heart At Work”**

**C-1. American Heart Association**

Heart at work.



**HEART AT WORK**

Heart at Work is a health promotion program designed to help employees reduce their risk of developing cardiovascular disease. It offers a combination of educational materials and activities designed to create positive attitudes and behavior toward high blood pressure control, nutrition, smoking, exercise, and signals and actions for survival.



**Levels of Implementation**  
**Heart At Work Modules**

Module	(1) Low-Level Implementation	(2) Medium-Level Implementation	(3) High-Level Implementation
High Blood Pressure	Awareness through posters, literature distribution and paycheck inserts	Establish screening programs, referral and follow-up using volunteers or other outside resources speakers.	Screening, referral, follow-up and education by nurse. Continued education and blood pressure monitoring. Community or consultant nurse on education.
Smoking	Awareness through posters, signs, and literature distribution.	Self-Help kit. Model smoking policy. Volunteer speakers.	Organized Smoking Cesection classes and Continued Follow-up.
Nutrition	Awareness through posters and literature distribution	Literature, slide/tape presentation and volunteer nutrition speakers.	Hire nutrition consultant (Registered Dietition) to conduct cooking classes, consult on cafeteria program, etc. Remove unhealthy foods from cafeteria/vending machines.
Exercise	Awareness through posters and distribution of literature. Offer maps or local walking, running, bicycling trails.	College and university programs and facilities. YMCAs, contract exercise instructors. Volunteer speakers.	Use outside facilities. Hire staff to develop and manage on-site facilities.
	Signals and Posters, signs, literature. Actions (SAS)	SAS instruction literature and slide/tape presentations. Volunteer speakers.	Certified CPR Course

Figure C-1. Heart at work

**C-2. Title not used.**

Paragraph not used.

Appendix D  
American Cancer Society — “Taking Control”

D-1. “Taking Control” A Public Education Program on Cancer Prevention — Risk Reduction

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“Taking Control” A Public Education Program  
on Cancer Prevention — Risk Reduction



AMERICAN CANCER SOCIETY®

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Purpose:	The purpose of the American Cancer Society’s “TAKING CONTROL” program is to provide an introduction to a healthy, enjoyable lifestyle that reduces one’s risk of developing cancer. The program gives an overview of five “protective factors” against cancer and five preventable “risk factors” as well.
Content:	<p>The “TAKING CONTROL” program helps people think about health and nutrition in terms of their overall lifestyles. The program is positive, optimistic and action-oriented.</p> <p>“TAKING CONTROL” specifically addresses five protective factors (anything known to lessen the likelihood of developing cancer):</p> <ul style="list-style-type: none"><li>Cabbage-family vegetables</li><li>Fiber</li><li>Vitamin A</li><li>Vitamin C</li><li>Weight Control</li></ul> <p>and five risk factors (anything that makes it more likely one may develop cancer):</p> <ul style="list-style-type: none"><li>High-fat diets</li><li>Salt cured, smoked and nitrite cured foods</li><li>Tobacco</li><li>Alcohol</li><li>Excessive sun exposure</li></ul>
Program and Supporting Materials:	<p>The “TAKING CONTROL” coordinated package of materials include:</p> <ul style="list-style-type: none"><li>Film</li><li>Videotape</li><li>Slide-tape presentation</li><li>Flip Chart</li><li>Poster</li><li>Facilitator’s Guide</li><li>Self-help booklet</li><li>Take-home folder</li></ul>
Target Audience:	“TAKING CONTROL” is for the entire adult public. Regardless of an individual’s risk factor status or lifestyle, he or she can benefit from exerting greater control over personal health behaviors.

Figure D-1. Cancer Prevention — Risk Reduction

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**Facilitators:**

A "TAKING CONTROL" facilitator should be committed to the specific goal of cancer risk reduction and, more generally, to the individual's responsibility in maintenance of good health. The facilitator should also have a comprehensive knowledge of the health actions relevant to cancer risk reduction. Finally, he or she should have personal qualities that affect group dynamics positively.

**For Orientation  
and Program  
Arrangements**

Contact your local American Cancer Society representative.

**Figure D-1. Cancer Prevention — Risk Reduction—Continued**

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**D-2. Title not used.**

Paragraph not used.

**Appendix E  
Lesson Plan**

**E-1. Lesson Plan.**

**Title: Diet and Nutrition**

**A. Scope Statement:**

**Scope:** The soldier will be provided diet and nutrition guidelines for better health and fitness. The introduction will include the 7 dietary guidelines, the 4 major food groups, weight control and its relationship to exercise, and alternative methods for soldiers to select food in the Dining Facility.

**B. Time Required: 1 Hour**

Lesson Plan	Training Aids
<b>C. 1. Introduction</b>	<b>VU 1 ON</b>
<p>Aside from heredity, no single factor plays a bigger role in the quality of your life than diet. Great efforts have been made to ensure the best dietary <i>service</i> for physical training, mental alertness, and muscular development is being offered in Army dining facilities. Good nutrition isn't complicated provided you have an understanding of the basics. But remember, a good diet will not perform miracles. It will not turn a 250 pound slug into a star physical performer, but a good diet will help soldiers to perform at their maximum.</p> <p>During this period of instruction, we'll discuss diet and nutrition guidelines to help you become more physically fit. Specifically, we'll discuss: the 7 dietary guidelines, the four major food groups, the value of exercise and diet as a means of weight control and finally, discuss food selection ideas to help soldiers eat properly.</p> <p>These are the seven dietary guidelines for Americans. We'll take a look at each one of these in more detail.</p> <p><b>(1) Eat a variety of foods.</b></p> <p>A well-balanced diet must provide about fifty nutrients to keep an individual healthy. All of these nutrients are in the foods available to you in your dining facility. Most foods contain more than one nutrient, but no single food item supplies all the essential nutrients in the amount that you need. The greater the variety, the less likely you are to develop either a deficiency or an excess of any single nutrient. It is critical that you select foods from each of the several major food groups which include (1) milk and dairy products; (2) meats, poultry, fish, eggs and dried beans, (3) breads and cereals, (4) vegetables and fruits. These food groups provide the <i>variety</i> that will ensure you get those fifty different nutrients to stay healthy. Let's look at a typical soldier's diet and assess its adequacy.</p>	<p><b>VU 1 OFF</b></p> <p><b>VU 2 OFF</b> <b>VU 3 ON</b> <b>VU 3 OFF</b> <b>VU 4 ON</b></p> <p><b>VU 4 OFF</b></p> <p><b>VU 5 ON</b></p>

Figure E-1. Diet and Nutrition

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You wake up in the morning and skip breakfast, drink a coke for a snack, eat at the greasy spoon for lunch and dinner and finally top it all off with a beer or soda with chips.

Let's take a look at some of the deficiencies and excesses that were found in the sample menu.

**First, deficiencies:** Your typical menu lacks breakfast, fruit, vegetables, starch and fiber, and milk or dairy products. To get the proper fuel from the food we eat and meet the essential variety necessary for balance requires a meal pattern that includes breakfast. A soldier often accomplishes more before lunch than most others accomplish in an entire day, but without breakfast, your physical and mental state is less than optimal. You cannot do your best without a balanced diet that is provided from eating 3 meals per day.

**Second, excesses:** And for the most of us our typical menu has too much fat, salt and sugar.

**(2) Maintain desirable weight.**

Losing weight takes more time and effort than most people want to allow. The Army leadership realizes this and is understanding of the difficulty one must endure. Desirable weight maintenance is necessary for good health.

The best way to lose weight is to combine exercise with diet. That is, you should increase exercise duration and frequency while decreasing calories by reduced portion sizes but still maintaining a variety of nutritious foods. Even if you lose only 1/2 pound per week, that is 26 pounds in a year. All the while you are not suffering to the extent most fad diets would have the dieters endure. If you eat right and maintain daily exercise, the weight will take care of itself. This emphasizes permanent lifestyle changes rather than temporary diet plans. We will discuss more about weight control later in this presentation.

**(3) Avoid excessive dietary fat intake.**

(INSTRUCTOR NOTE: Cover definitions of saturated fat and cholesterol and list of foods to avoid until ready to discuss.)

Results show that lowering cholesterol will reduce the risk of coronary artery disease, a major form of heart disease. How do you lower blood cholesterol? Reduce the amount of saturated fat and cholesterol containing animal fat in foods eaten. Saturated fats are generally those that are solid. Cholesterol is a waxy substance associated with animal fat. Moderation in eating the foods listed on the slide will help reduce fat and cholesterol intake.

New changes in the Army menu have lowered the fat composition from 42% to 35% of total calories. Coronary artery disease (CAD) is a slow, progressive process leading to heart attack. The dietary habits of young soldiers must be modified to prevent development of CAD which manifests itself later in life.

VU 5 OFF  
VU 6 ON

VU 6 OFF

VU 7 ON

VU 7 OFF

VU 8 ON

VU 8 OFF

VU 9 ON

VU 9 OFF

VU 10 ON

VU 10 OFF

Figure E-1. Diet and Nutrition-Continued.

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<p><b>(4) Eat Foods with Adequate Starch and Fiber.</b>  (INSTRUCTOR NOTE: Cover high/low fiber foods until ready to discuss).</p>	VU 11 ON
<p>Starch is not the bad guy of a diet. Actually, populations that eat high starch, high fiber diets are usually healthier and thinner. Research has been based primarily on observation or types of foods eaten by industrialized (low fiber) and primitive (high fiber) groups. In higher fiber groups there is a decreased incidence of coronary artery disease, diabetes, diverticulitis (inflammation in large colon), bowel cancer and hemorrhoids. The fiber in your diet can be increased by eating more whole grain breads and cereals, fresh fruits and vegetables, and beans, or legumes. The amount of starches eaten daily should be increased to make up any calorie deficit caused by reductions of fat and refined sugar in the diet. The slide shows some examples of high fiber foods and contrasting low fiber foods.</p>	VU 11 OFF VU 12 ON
<p><b>(5) Avoid Too Much Sugar.</b>  (INSTRUCTOR NOTE: Cover high sugar foods and diseases until ready to discuss.)</p>	VU 11 OFF VU 12 ON
<p>Sugar is basically a nutritional zero, just plain empty calories. Americans consume over 125 pounds of sugar and sweeteners every year. The main contributors are soda pop, candy, and sugar-coated cereals.</p>	VU 11 OFF VU 12 ON
<p>High sugar consumption is related to a high incidence of dental cavities. It is estimated that over 95% of America's teenagers have dental cavities. Sugar is a concentrated source of calories. Foods high in sugar often replace other more nutrient dense foods. How much sugar is in a 12 oz. soft drink? About 9 teaspoons (18 cubes of sugar). No vitamins, minerals or protein. A small 1 oz. box of Sugar Frosted Flakes has the equivalent of 9 cubes of sugar.</p>	VU 11 OFF VU 12 ON
<p>Americans consume over 125 pounds of sugar and sweeteners every year. The main contributors are soda pop, candy and sugar-coated cereals. American's consumption of sugar and other sweeteners has slowly increased over the past eight years, while our total calorie requirement has decreased.</p>	VU 12 OFF
<p>What about honey? Honey which is more "natural", somehow seems the more nutritious alternative to refined white sugar, right? Wrong — honey and sugar are both nutritionally zero. Honey or sugar in any form — white, brown, maple — have insignificant amounts of vitamins, minerals, protein and other nutrients. You would become fat and toothless if you tried to eat sugar as a healthful contribution to your diet.</p>	VU 12 OFF
<p>The energy used for exercise or training comes from foods eaten days and even weeks prior to the event. A high carbohydrate diet from the major food groups:</p>	VU 13 ON
<ul style="list-style-type: none"> <li>Bread and Cereal</li> <li>Fruits</li> <li>Vegetables</li> <li>Dried Beans and Peas</li> </ul>	VU 13 ON
<p>and adequate training will enable the soldier to perform at their best.</p>	VU 13 OFF

Figure E-1. Diet and Nutrition—Continued.

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**(5) Avoid Too Much Sodium.**

Americans like salt. After sugar it is the most popular food additive. Per person, we average 2-4- teaspoons of salt per day. A teaspoon of table salt contains 2 grams, or 2,000 milligrams of sodium. Our health requirements are about half of that amount (RDA = 1100-3300 mg/day). The sodium helps our bodies maintain normal fluid balance. (INSTRUCTOR NOTE: Cover second bullet.) High levels of salt consumption are related to hypertension or high blood pressure. One out of every 4 Americans is susceptible to hypertension, and, as we age, the susceptibility increases. Science does not know for certain that hypertension can be prevented by lowering your intake of salt or sodium, but science does know that if your dietary sodium is decreased, your blood pressure usually falls. Food processing increases the sodium content of food (canned soups, canned vegetables, processed luncheon meats, relishes, dill pickles, salted snack foods). Army cooks have been instructed to cut back where ever possible on using salt as the sole source of seasoning. It is being left up to the diner to season to taste. Does a soldier need extra salt to replace sodium lost during hot weather exercises and training? Sweat is really very dilute, it has only a small amount of sodium. Additional salt is unnecessary since normal meals's replace the sodium lost in sweat. The most important replacement during excessive sweating is plain, cool water. Drink 2 cups of water for every pound of weight lost due to excessive sweating. By no means should soldiers be instructed to take salt tablets. These can cause stomach discomfort and other physical problems. It destroys the balance between salt and water in the body, requiring the soldier to take in more water, not more salt.

VU 14 ON

VU 14 OFF

**(6) If You Drink Alcohol, Do so in Moderation.**

Alcohol has many calories but no other nutritive value. Heavy drinkers may lose their appetites for food containing essential nutrients. Vitamin and mineral deficiencies occur commonly in heavy drinkers, in part because of poor intake, but also because alcohol alters the absorption and use of some essential nutrients. Even moderate drinkers may need to drink less if they wish to achieve ideal weight.

VU 15 ON

(One or two drinks daily appear to cause no harm in adults. If you drink, you should do so in moderation.)

VU 15 OFF

**b. Identify and discuss weight control and its relationship to exercise.**

VU 16 ON

While you need sound information to establish a good weight control program, the motivation to control your weight is still up to you. You alone have the final say so on how effective your weight control program will be. The rewards will be a better self-image, a higher level of physical fitness, and possible protection from heart disease, arteriosclerosis, diabetes, and other degenerative diseases.

VU 16 OFF

(INSTRUCTOR NOTE: Arteriosclerosis is hardening of the arteries.)

**(1) The major reasons why people are overweight and obese are:**

VU 17 ON

- (a) Inactivity
- (b) Overeating
- (c) Emotional problems
- (d) Physiological disturbances

VU 17 OFF

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Figure E-1. Diet and Nutrition-Continued.

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**(2) Creeping Obesity.** In creeping obesity, metabolic rate decreases with age, thus requiring a lowered food intake. For every 10 years over the age of 25 the body loses about 2-4% of its metabolically active cells (i.e. muscle). Also, with increasing age, people reduce their activity levels, thus expending less calories. However, most people continue to eat as they did when they were younger; thus weight creeps up.

VU 18 ON

VU 18 OFF

**(3) Energy Intake/Energy Expenditure.**

VU 19 ON

What is energy intake and energy balance?

- (a) Energy intake refers to the calories consumed in your diet.
- (b) Energy expenditure refers to the calories burned in the course of all daily activities, which includes exercise.
- (c) If your caloric intake and energy expenditure are equal then there is a caloric balance and weight remains stable. If your expenditure is greater than your intake you will lose weight. If your caloric intake is greater you will gain weight.
- (d) Since so many Americans are overweight, there has been an array of ideas, devices, and diets that guarantee easy methods of weight control or weight reduction, and the public has spent millions of dollars in hope that such methods will work. There has also been much publicity concerning the value of special diets and supplements to be used with exercise programs. Unfortunately, most of these methods are not based upon scientific evidence, and their promoters are more interested in money than in your health. The basic fact is that to lose weight you have to consume less calories than you expend.
- (e) One pound of fat has the energy equivalent of 3500 calories. Thus 3500 calories must be lost to lose one pound of fat. It is best to both decrease food intake and increase exercise to lose weight. By combining these two factors the individual does not have to cut down caloric intake as much; the loss of actual fat is greater, and there is an increase in the percentage of lean tissue (muscle). If the loss of weight is done by diet alone, there is a loss of muscle tissue as well as fat.

VU 19 OFF

VU 20 ON

**Energy Expenditure During Exercise.**

- (a) When exercising try to burn 300 calories per exercise period.
- (b) The more intense and longer the exercise, the greater the caloric loss will be.
- (c) The caloric effects of exercise does not stop when exercise stops. Caloric expenditure remains elevated for 30 minutes or more.

VU 20 OFF

This vugraph shows the caloric cost of certain activities for one minute and how long it will take to burn 300 calories.

VU 21 ON

VU 21 OFF

(4) For those who need to reduce their caloric intake, Fitness Food Menu patterns are available at Army dining facilities. The Fitness Food Menu will provide approximately 1500 calories per day, 500 calories per meal. To aid you in identifying the particular foods that will make up the 500 calorie meals, most food service managers in some way identify the calorie content of selected

Figure E-1. Diet and Nutrition-Continued.

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<p>food items. These patterns can be adopted by soldiers who eat meals at home or bring in their lunch. Let's take a look at a couple of Fitness Food Menu Patterns. First the Breakfast Menu.</p> <p>(INSTRUCTOR NOTE: Talk the soldier through slide, relate menu to your unit dining facility.</p>	VU 22 ON
<p>(INSTRUCTOR NOTE: Traditionally, breakfast meals in dining facilities have been too high in sodium, fat, and cholesterol. The Army is changing to provide breakfasts which are not only nutritionally sound, but also taste great.)</p> <p>Let's take a quick look at an alternate short order menu, different from the hot dog, hamburger, cheeseburger, and french fries soldiers have been accustomed to.</p>	VU 22 OFF
<p>(INSTRUCTOR NOTE: Walk the soldier through vugraph, relate menu to your unit dining facility.)</p> <p>If you eat more than you use, you will gain weight.</p>	VU 23 ON
<p>At the beginning of an exercise program, there may be a rapid, initial weight reduction due to water loss, but the body will correct this water imbalance within a few days. Make sure you drink plenty of water.</p>	VU 23 OFF
<p><b>c. Advice on making food selections.</b></p> <p>Let's spend a few minutes on how to actually make food selections in the dining facility. We'll go through a typical day at the serving line to give you advice on various foods that may be encountered. Let's start with breakfast.</p>	
<p>(1) Breakfast.</p>	VU 24 ON
<p>(a) <i>Eggs</i>. Eggs are nutritious, <i>but</i> you should limit how often you have them in order to keep your intake of cholesterol down. Try to limit your intake of eggs to 3 per week (i.e. one every other day) — preferably scrambled, poached or hard boiled (avoid fried eggs).</p>	
<p>(b) <i>Alternatives to eggs..</i></p>	
<p>(1) Pancakes, waffles. A good alternative to eggs. Remember to go easy on the margarine and syrup. Consider trying fruit as a topping rather than syrup.</p>	VU 24 OFF
<p>(2) Cereal. Another excellent choice as an alternative to eggs. Avoid the sugar-coated cereals and preferably select a high fiber cereal such as bran flakes or shredded wheat. Use lowfat or skim milk. And again, go easy on the sugar or consider fruit to add sweetness.</p>	VU 25 ON
<p>(c) <i>Breakfast meats</i>. Bacon, sausage and creamed beef (SOS) are all high in fat content. Try limiting these items to once or twice a week and then have only a couple of pieces of bacon or sausage or a small spoonful of creamed beef.</p>	VU 25 OFF
<p>(d) <i>Fried potatoes</i>. A good source of carbohydrate but high in fat content. Select fried potatoes only once or twice per week.</p>	VU 26 ON

Figure E-1. Diet and Nutrition-Continued.

- 
- (e) *Bread.* Avoid the sweet pastries and donuts. A better option is whole wheat toast or rolls or muffins. Again, be sure to go easy on the margarine or even leave it off if you can. You could try just a 1/2 teaspoon or so of jam or jelly for a little flavor. VU 26 OFF
  - (f) *Fruit/Juice.* Have at least one serving with your meal. VU 27 ON
  - (g) *Milk.* Choose the lowfat milk, it saves you approximately 45 calories a cup over whole milk and helps keep your cholesterol and fat intake down. If you select non-fat (skim) milk that's even better. And also remember the chocolate milk, even if it's made from low-fat milk, is high in calories from sugar. VU 27 OFF
- (2) Now that we've talked about ideas for breakfast let's move on to some tips for selecting nutritionally packed lunch and dinners: VU 28 ON
- (a) *Entree —* Opt for items which are baked, broiled — cooked any way but fried. Try to avoid foods which are drowned in a sauce or gravy. Frying and adding sauces and gravies increase the fat and calorie content. If you really want gravy, ask for just a small spoonful on one item of your meal. Also watch the portion size, 3-4 ounces is more than enough. VU 28 OFF
  - (b) *Starchy item —* Go for the non-fried starchy items like rice, noodles, boiled potatoes. And skip or at least go lightly on the margarine or gravy. VU 29 ON  
VU 29 OFF
  - (c) *Vegetables —* Here's where you fill up — especially with salad. Vegetables are the lowest calorie food at about 25 calories per 1/2 cup. Remember again to enjoy the taste of the vegetables rather than masking them with margarine or sauces. At the salad bar go for all the raw vegetables — but take it easy on the calorie laden extras such as cheese, eggs, seeds or mayonnaise — based salads like potato salad or macaroni salad. Also try to limit yourself to 1-2 tablespoons of salad dressing, preferably of the low calorie type. VU 30 ON  
VU 30 OFF
  - (d) *Bread —* Select a whole grain bread or roll and try leaving off the margarine. VU 31 ON  
VU 31 OFF
  - (e) *Dessert —* Ah, here's where the calories can add up quickly. Your best option would be a serving or two of fruit — hopefully fresh or canned without syrup or in lite syrup. If you are tantalized by a sweet tooth at least try to keep it down to 2 or 3 servings a week, especially if you're trying to lose weight. And watch the size of the serving, eating a half a pie for one "serving" defeats the purpose. VU 32 ON
  - (f) *Beverages —* A glass of lowfat milk or unsweetened juice would be great. Try to limit yourself to two to three 8 ounce glasses of each per day. Fill up on other non-caloric fluids like water (the optimal choice), tea or coffee (without sugar). VU 32 OFF
- INSTRUCTOR NOTE:** Visit the dining facility.) VU 32 OFF
- 

Figure E-1. Diet and Nutrition—Continued.

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(5) Have your dining facility manager show the soldiers the fitness menu pattern and how they can control their diet more effectively. Take some time and encourage soldiers to eat well but avoid high caloric food. The manager should emphasize the following areas:

- (a) Location of posted menu which should have low calorie options listed.
- (b) Describe system for indicating low calorie, nutritious foods on serving line (i.e., nutrition and calorie cards).
- (c) Point out low fat and skim milk availability.
- (d) Point out non-caloric beverage sources, i.e., water, tea, diet sodas if available.
- (e) Point out low calorie salad dressings at salad bar.

By getting the dining facility manager involved you can help make a sound nutrition program a reality.

3. Summarize and conduct a question and answer session.

4. END.

Figure E-1. Diet and Nutrition-Continued.

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**E-2. Training Aids.**

Visual Aids: VU1 through VU32.

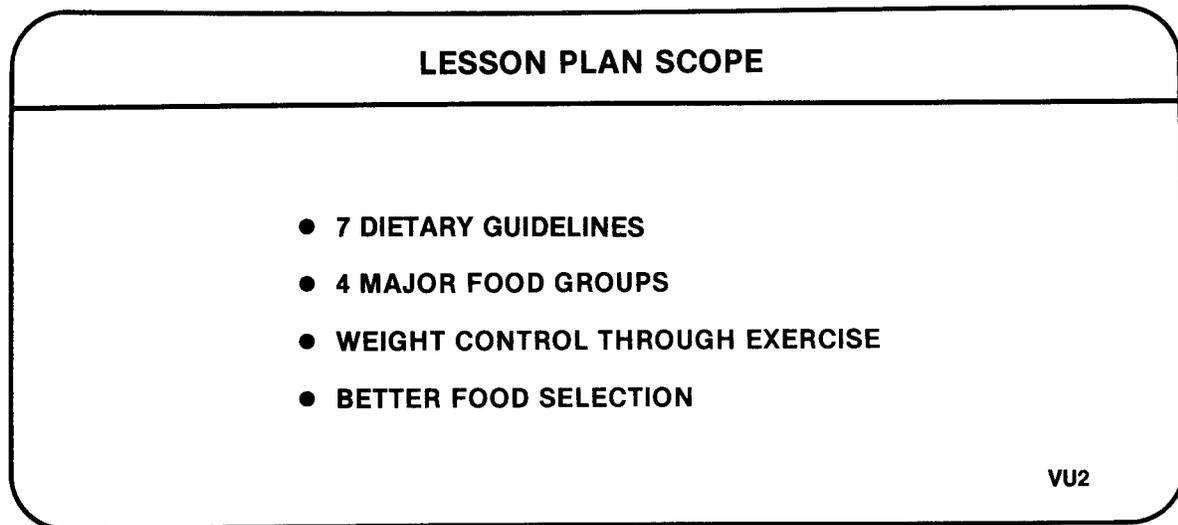
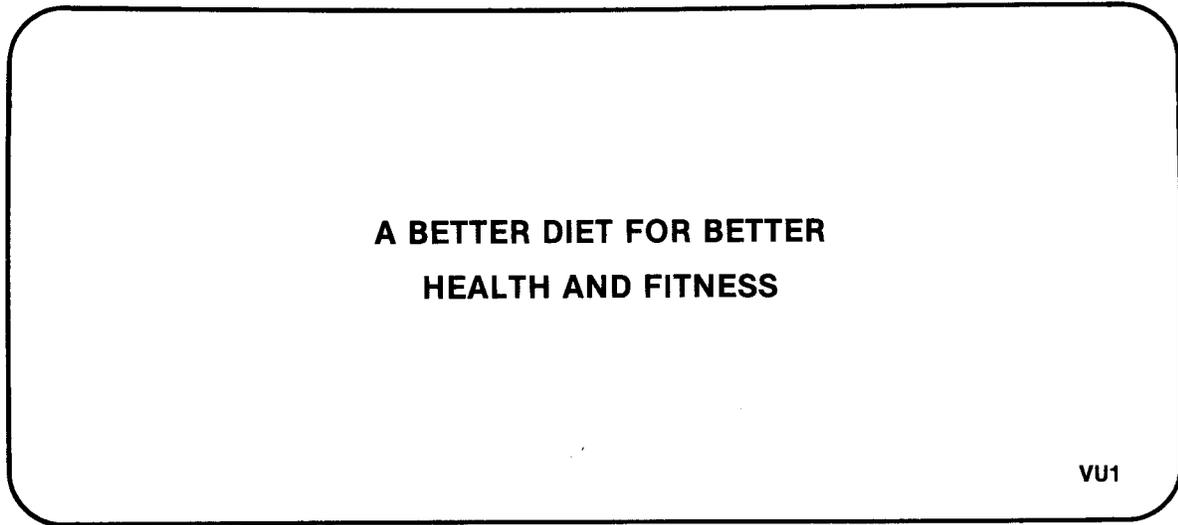


Figure F-1. Diet and Health

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## SEVEN DIETARY GUIDELINES

- EAT A VARIETY OF FOODS
- MAINTAIN DESIRABLE WEIGHT
- AVOID EXCESSIVE FAT, SATURATED FAT, AND CHOLESTEROL
- EAT FOODS WITH ADEQUATE STARCH AND FIBER
- AVOID TOO MUCH SUGAR
- AVOID TOO MUCH SODIUM
- IF YOU DRINK ALCOHOL, DO SO IN MODERATION

VU3

## 1ST GUIDELINE

### EAT A VARIETY OF FOODS

- MAJOR FOOD GROUPS
  - MILK AND DAIRY PRODUCTS
  - MEATS, POULTRY, FISH, EGGS AND DRIED BEANS
  - BREAD AND CEREALS
  - VEGETABLES
  - FRUITS

VU4

Figure F-1. Diet and Health—Continued

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**SAMPLE MEAL PATTERN THAT LACKS ADEQUATE VARIETY**

**BREAKFAST:** SKIPPED, NOT ENOUGH TIME OR  
I CAN'T EAT EARLY

**MORNING SNACK:** SOFT DRINK/COFFEE AND DOUGHNUT

**LUNCH:** QUARTER POUNDER, LARGE ORDER  
FRENCH FRIES, AND A LARGE SOFT DRINK

**SUPPER:** TWO HOT DOGS, LARGE ORDER OF FRENCH  
FRIES, AND A MILK SHAKE

**EVENING SNACK:** A BAG OF CHIPS WITH A CAN OF SODA

VU5

**SAMPLE MEAL PATTERN THAT LACKS ADEQUATE VARIETY**

**DEFICIENCIES:** LACKS BREAKFAST  
LACKS FRUIT  
LACKS VEGETABLES  
LACKS ADEQUATE STARCH AND DIETARY FIBER  
LACKS ADEQUATE MILK OR DAIRY PRODUCTS

**EXCESS NUTRIENTS:** TOO MUCH FAT (FRENCH FRIES, MILK  
SHAKE, DOUGHNUT, HOT DOGS, CHIPS)  
TOO MUCH SODIUM (CHIPS, HOT DOG)  
TOO MUCH SUGAR (DOUGHNUT, SHAKE,  
SOFT DRINK)

VU6

Figure F-1. Diet and Health—Continued

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## 2ND GUIDE LINE

### MAINTAIN DESIRABLE WEIGHT

- **PREVALENCE OF OBESITY**
  - **FACT: 40-50% of U.S. POPULATION IS OVERWEIGHT**
  - **FACT: 1 IN 5 IS OBESE**
  - **FACT: DEATH RATE IS INCREASED FOR OVER WEIGHT INDIVIDUALS**
  - **FACT: HIGH BLOOD PRESSURE IS MORE FREQUENT IN THE OBESE**

VU7

## THE BEST WAY TO LOSE WEIGHT IS BY

- **INCREASING EXERCISE DURATION (AT LEAST 40 MIN) AND FREQUENCY (5-6 DAYS/WEEK) AT APPROPRIATE EXERCISE INTENSITY (60-75% OF INDIVIDUALS MAX. HEART RATE)**
- **DECREASING CALORIES BY REDUCED PORTION SIZES BUT STILL MAINTAINING THE VARIETY (FOLLOW THE FITNESS FOOD MENU)**

**SATISFACTORY WEIGHT LOSS PER WEEK IS 1/2 TO 2 POUNDS**

VU8

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Figure F-1. Diet and Health—Continued

### 3RD GUIDELINE

#### AVOID EXCESSIVE FAT, SATURATED FAT, AND CHOLESTEROL

##### DEFINITIONS

- SATURATED FAT — FATS SOLID AT ROOM TEMPERATURE
- CHOLESTEROL — WAXY SUBSTANCE IN ANIMAL FATS

##### HIGH FAT/CHOLESTEROL FOODS

- FRIED EGGS
- BACON
- SAUSAGE
- FRIED POTATOES
- WHOLE MILK
- FRIED MEATS
- EXCESSIVE GRAVY
- GREATER THAN 3 PATS BUTTER

VU9

### FITNESS FOOD BREAKFAST PATTERN

EGG — 1 BOILED OR POACHED, OR 1 OZ  
WELL DRAINED BREAKFAST MEAT

BREAD OR TOAST — 1 SLICE WITH 1 PAT  
MARGARINE OR 1 SERVING  
UNSWEETENED, READY-TO-EAT CEREAL

MILK — 1(8 OZ) CUP SKIM MILK OR 3/4 CUP  
LOW FAT MILK

BEVERAGE — 1 GLASS ORANGE JUICE

FRUITS — A PORTION OF FRESH OR DRAINED  
CANNED FRUIT

VU10

Figure F-1. Diet and Health—Continued

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## 4TH GUIDELINE

### EAT FOODS WITH ADEQUATE STARCH AND FIBER

#### HIGH FIBER

- WHOLE GRAIN CEREALS (I.E. WHEAT, BRAN, OAT & RYE CEREALS)
- WHOLE GRAIN BREADS
- FRESH FRUIT
- RAW OR PROPERLY COOKED VEGETABLES

#### LOW FIBER

- PROCESSED, SUGAR-COATED CEREALS (I.E. CORN AND RICE CEREALS)
- WHITE ENRICHED BREADS
- PROCESSED, CANNED FRUITS
- PROCESSED, PEELED, OVERCOOKED VEGETABLES

VU11

## 5TH GUIDELINE

### AVOID TOO MUCH SUGAR

- A ONE-CAN-A-DAY SODA POP HABIT IS THE CALORIC EQUIVALENT OF 15 POUNDS A YEAR

$$140 \text{ KCAL} \times 365 \text{ DAYS} \div 3,500 \text{ KCAL} = 15 \text{ LBS}$$

VU12

Figure F-1. Diet and Health—Continued

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### QUICK-ENERGY MYTH

- **MYTH: EATING HONEY, SUGAR, SOFT DRINKS, OR A CANDY BAR IS AN EXCELLENT WAY TO GET QUICK ENERGY JUST BEFORE A BIG ROAD MARCH, PHYSICAL TRAINING PERIOD OR THE ARMY PHYSICAL TRAINING PERIOD OR THE ARMY PHYSICAL FITNESS TEST.**
- **FACT: SWEETS EATEN OR DRUNK AN HOUR OR LESS BEFORE THESE EVENTS CAN CAUSE LOW BLOOD SUGAR. THIS THEN USES UP THE MUSCLE GLYCOGEN (ENERGY STORE) FASTER AND CAN LEAD TO FATIGUE OR EXHAUSTION.**

VU13

### 6TH GUIDELINE

#### AVOID TOO MUCH SALT

- **HIGH LEVELS OF SALT INTAKE MAY AGGRAVATE HYPERTENSION**
- **EXTRA SALT IS NOT NEEDED AFTER HOT WEATHER EXERCISE AND TRAINING (NO SALT TABLETS)**

VU14

Figure F-1. Diet and Health—Continued

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## 7TH GUIDELINE

IF YOU DRINK ALCOHOL, DO SO IN MODERATION

- HEAVY DRINKERS MAY EXPERIENCE:
  - LOSS OF APPETITE
  - VITAMIN AND MINERAL DEFICIENCIES
  - WEIGHT PROBLEMS

VU15

## WEIGHT CONTROL AND EXERCISE

- WEIGHT CONTROL IS THE SOLDIER'S RESPONSIBILITY
- REWARDS OF IDEAL BODY WEIGHT:
  - BETER SELF-IMAGE
  - HIGHER LEVEL OF PHYSICAL FITNESS
  - PROTECTION FROM HEART DISEASE
  - PROTECTION FROM ARTERIOSCLEROSIS
  - PROTECTION FROM DIABETES

VU16

Figure F-1. Diet and Health—Continued

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## REASONS FOR OVER WEIGHT AND OBESITY

- INACTIVITY
- OVEREATING
- EMOTIONAL PROBLEMS
- PHYSIOLOGICAL DISTURBANCES

VU17

## CREEPING OBESITY

- METABOLIC RATE DECREASES 4% FOR EVERY 10 YEARS OVER AGE 25
- REDUCED ACTIVITY
- SAME EATING HABITS (CALORIC INTAKE)

VU18

Figure F-1. Diet and Health-Continued

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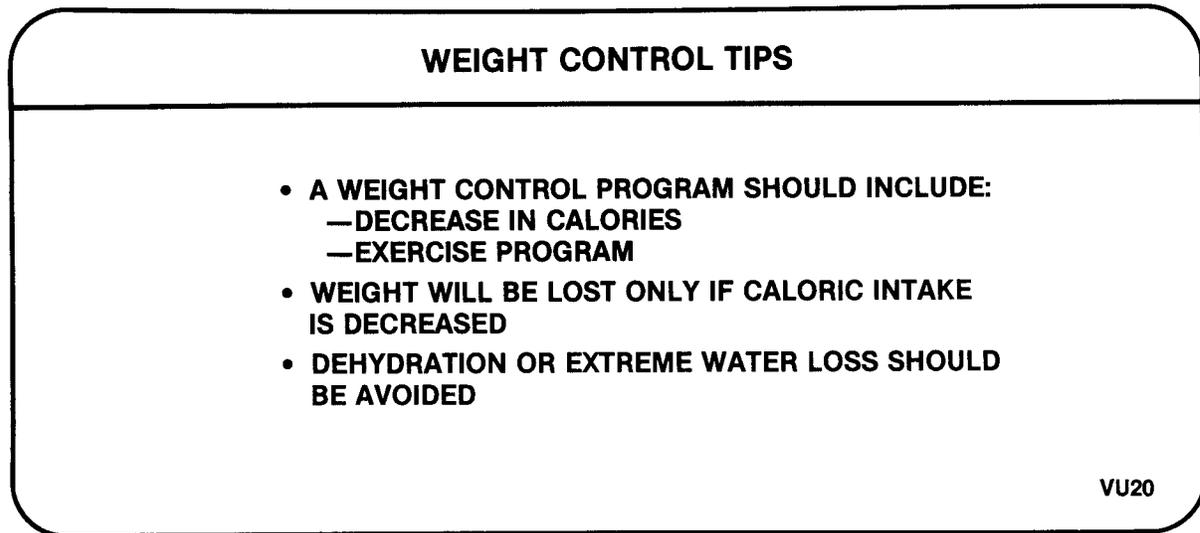
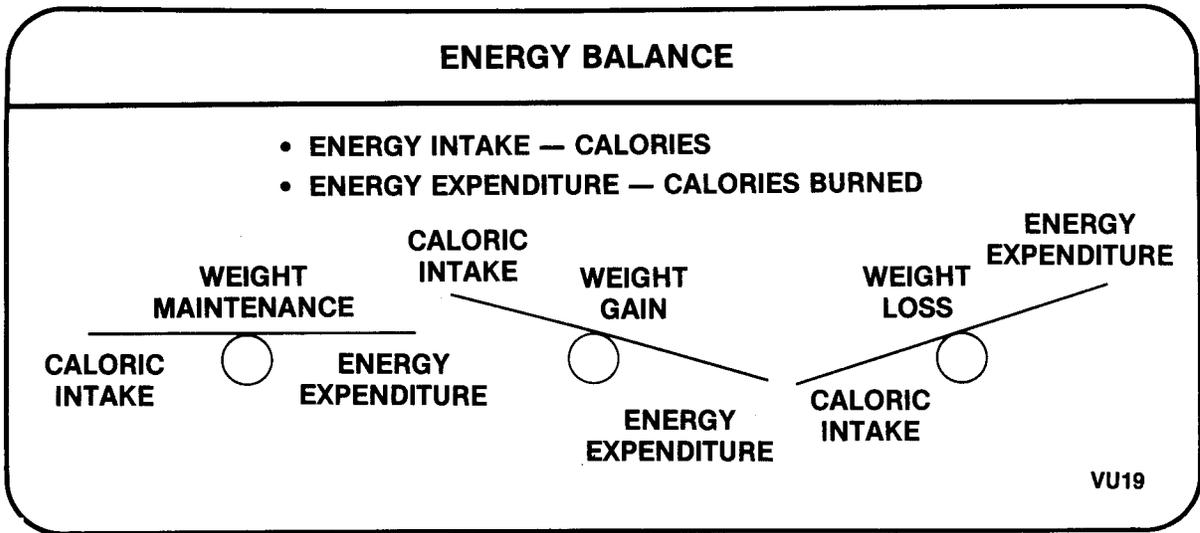


Figure F-1. Diet and Health—Continued

### ACTIVITY COSTS

ACTIVITY	CALORIE COST PER MINUTE	TIME TAKEN TO BURN APPROX. 300 CAL (MIN)
CALISTHENICS	5.0	60
WALKING (3.5 MPH)	5.6	54
CYCLING (10 MPH)	8.5	35
SWIMMING (CRAWL)	9.0	33
ROPE SKIPPING (120/MIN)	10.0	30
JOGGING (5 MPH)	10.0	30
RUNNING (7.5 MPH)	15.0	20
SLEEPING	1.2	250

VU21

### SHORT ORDER FITNESS MENU PATTERN

- ALTERNATIVE ENTREE ITEMS FOR STANDARD HOT DOG,  
HAMBURGER OR CHEESEBURGER
  - CHICKEN PATTY SANDWICH
  - COLD PLATE
  - ROAST BEEF SANDWICH
  - CHEF'S SALADS

VU22

Figure F-1. Diet and Health—Continued

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### SHORT ORDER FITNESS MENU PATTERN (CONTINUED)

- ALTERNATIVES FOR FRENCH FRIES AND POTATO CHIPS
  - REDUCED PORTIONS OF MACARONI AND CHEESE, FRIED RICE, BAKED BEANS, OR MEDIUM BAKED POTATO
- SANDWICHES SHOULD BE PREPARED USING A VARIETY OF WHOLE GRAIN BREADS/ROLLS IN PLACE OF TRADITIONAL WHITE BREAD/ROLLS

VU23

### BREAKFAST IDEAS

#### EGGS

- EVERY OTHER DAY (OR EVERY DAY IF YOLKS AREN'T EATEN)
- 1-2 EGGS PER SERVING (NOT TO EXCEED 3 YOLKS PER WEEK)
- SCRAMBLED, POACHED, OR HARD BOILED

#### PANCAKES/WAFFLES

- GOOD ALTERNATIVE TO EGGS
- GO EASY ON MARGARINE, SYRUP
- TRY FRUIT AS ALTERNATIVE TO SYRUP

VU24

Figure F-1. Diet and Health—Continued

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## BREAKFAST IDEAS

### *CEREAL*

- EXCELLENT ALTERNATIVE TO EGGS
- AVOID SUGAR-COATED VARIETIES
- SELECT HIGH FIBER CHOICE IF POSSIBLE
- USE LOW-FAT OR SKIM MILK
- AVOID ADDING SUGAR
- TRY FRUIT AS SUGAR ALTERNATIVE

VU25

## BREAKFAST MEATS

- ONCE OR TWICE A WEEK
- SMALL SERVINGS

### *FRIED POTATOES*

- ONCE OR TWICE A WEEK

### *BREAD*

- AVOID SWEET PASTRIES OR DOUGHNUTS
- SELECT WHOLE WHEAT/GRAIN BREADS, ROLLS, MUFFINS
- LIMIT THE MARGARINE

VU26

Figure F-1. Diet and Health—Continued

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**(CONTINUED)**

***FRUIT/JUICE***

- **AT LEAST ONE SERVING WITH MEAL**

***MILK***

- **LOW-FAT SAVES 45 CALORIES PER CUP**
- **NON-FAT (SKIM) MILK EVEN BETTER**
- **CHOCOLATE MILK HIGH IN SUGAR CALORIES**

VU27

**LUNCH/SUPPER SELECTIONS**

***ENTREE***

- **SELECT BAKED OR BROILED ITEMS**
- **AVOID FRIED CHOICES**
- **AVOID EXCESSIVE SAUCES OR GRAVIES**
- **3-4 OUNCES FOR PORTION SIZE**

VU28

Figure F-1. Diet and Health—Continued

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## LUNCH/SUPPER SELECTIONS (CONTINUED)

### STARCHY ITEM

- NON-FRIED ITEMS SUCH AS RICE, NOODLES, BOILED POTATOES
- SKIP OR GO LIGHTLY ON MARGARINE OR GRAVY

VU29

### VEGETABLES

- LOWEST CALORIE FOOD CHOICE AT ABOUT 25 CALORIES/1/2 CUP
- AVOID MARGARINE OR SAUCES
- ENJOY SALAD BARS, BUT . . .
  - AVOID CALORIE LADEN EXTRAS SUCH AS CHEESE, EGGS, SEEDS AND MAYONNAISE-BASED SALADS
  - LIMIT SALAD DRESSING TO 1-2 TBSP. (PREFERABLY LOW CALORIE)

VU30

Figure F-1. Diet and Health—Continued

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**VEGETABLES (CONTINUED)**

***BREAD***

- SELECT WHOLE GRAIN VARIETIES
- TRY LEAVING OFF THE MARGARINE

VU31

**DESSERT**

- CHOOSE FRUIT
  - FRESH OR
  - CANNED WITHOUT SYRUP
- IF YOU LIKE SWEETS, LIMIT TO 2-3 TIMES/WEEK

***BEVERAGES***

- CHOOSE LOW-FAT MILK OR JUICE
- TRY TO CONSUME AT LEAST 8 GLASSSES OF WATER PER DAY

VU32

Figure F-1. Diet and Health-Continued

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## Appendix F Dining Facility Support Plan

### F-1. Dining Facility Support Plan.

*a.* The following guidelines are provided for commanders and dining facility managers to help ensure that their facility meets the nutritional needs of the soldiers they support, and encourages nutritious eating habits.

(1) All Dining Facilities should be utilizing 2% milk as primary milk in bulk containers. Skim milk should also be available in 1/2 pint containers or bulk dispensers.

(2) Fresh fruit or canned fruit should be available at each meal. Fresh fruit should be offered as frequently as the budget will allow.

(3) Whole grain breads should be available at each meal. Check list of ingredients on the side of the bread wrapper to ensure whole grain flour is the first ingredient. Brown wrappers do not always mean whole grain quality. (FSN 8920-00-753-5779-Whole Wheat Bread). Review your bread contract to ensure whole grain breads are requested.

(4) The breakfast bar which encourages the selection of high fiber, low-fat items as alternatives to the traditional high fat and cholesterol breakfast choices is an excellent concept which are authorized for all dining facilities. Whole grain cereals, breads, muffins, fresh or canned fruits and juices, yogurt, and dried fruit are possible components.

(5) Salad bars are authorized for all Dining Facilities. One or more low calorie dressings should be available at salad bars.

Low calorie Italian	-8940-01-056-5273
Low calorie French	-8940-01-056-5272
Low calorie 1,000 Isle	-8940-01-056-9879
Low calorie Blue Cheese	-8950-01-050-9585

(6) One or more non-caloric drinks should be available. (Unsweetened iced tea, diet sodas, artificially sweetened beverage bases.)

(7) A liquid vegetable compound spray is authorized and listed in the supply catalogue. (NSN 8945-01-134-3345) This product can assist in reducing the amount of fat in grilled and fried foods. This will also enhance the taste and palatability of the grilled foods.

(8) The Army Master Menu outlines a 1500 calorie restricted menu for each day. This is in support of the Army Weight Control Program. Ensure your DF is identifying this fitness menu pattern to assist those who need to lose or maintain weight. The dining facility should post a written fitness menu near the entrance to the dining facility or serving line or have a display of fitness meal near serving line.

(9) Dining facilities should utilize some means of identifying the caloric and nutrition content of foods to soldiers. Enclosure 1 describes one suggested method.

(10) Whenever possible, reduce the amount of salt, sodium, and fat used to prepare foods.

(11) Utilize the nutrition checklist (Appendix J) in AR 30-1, The Army Food Service Program, as a guide to promotion of good nutrition in unit dining facilities.

(12) Who can make these changes a reality? The commander needs to coordinate with the dining facility manager and the installation food advisor. Don't hesitate to contact the installation dietitian at the MEDDAC or MEDCEN.

*b.* Consolidated Dining Facility Calorie Awareness Information.

The color-coded placards used in CDF are to identify the menu items, the amount of calories per serving portion, and for the determination of the calorie category (high, medium and low caloric content), i.e.:

- Red placards identify high-calorie items.
- Yellow placards identify medium-calorie items.
- Green placards identify low calorie items.

*c.* Calorie category determination is based on the food group involved, as illustrated below.

**Table F-1**  
**Calorie category determination based on the food group**

	Low	Medium	High
Meat	Under 200	200-399	400 and over
Starches and grain	Under 100	100-199	200 and over
Fruit, salad & vegetables	Under 75	75-149	150 and over
Milk and other	Under 100	100-299	300 and over
Short order	Under 200	200-399	400 and over
Pastries	Under 50	50-99	100 and over
Sauces/Gravies	Under 15	15-39	40 and over

(Reference: SB 10-264, Master Menu Guidance)

d. To further assist the soldier in making nutritious food choices, the color-coded placards could also give information on a food item's contribution to the Basic Four Food Groups (see card below). The Basic Four can be illustrated on each placard, and a check mark (✓) can be placed next to the appropriate food group which applies to each item served. This system is designed to encourage soldiers to select a varied diet for both weight maintenance and weight reduction.

**GUIDE TO GOOD EATING**

**CALORIES**

**FOOD ITEM** \_\_\_\_\_

**SERVING SIZE** \_\_\_\_\_

**Nutrition Information**



**DAIRY** \_\_\_\_\_ **MEAT** \_\_\_\_\_ **GRAIN** \_\_\_\_\_ **FRUIT/VEG** \_\_\_\_\_ **OTHER** \_\_\_\_\_

Figure F-1. Guide To Good Eating

**F-2. Title not used.**  
 Paragraph not used.

## Appendix G Resources.

### G-1. Resources.

Numbers in parentheses ( ) following each listing refer to information sources listed in the Reference Index. Subject categories are in alphabetical order.

*a. Army Nutrition References (50):*

- Nutrition Allowances, Standards and Education, AR 40-25
- The Army Weight Control Program. AR 600-9.
- The Army Food Program. AR 30-1
- Family Fitness Handbook. DA PAM 350-21
- Individual's Handbook on Physical Fitness. DA PAM 350-18
- Nutrition Posters. DA Posters 30-1.

*b. Basic Nutrition.*

(1) *Books: Encyclopedia Of Associations* 1986, 20th Edition, Vol. I and II, Denise S. Akey, editor, Gale Research Company, Book Tower, Detroit, MI. 48226

(2) Try this resource for the names and addresses of nutrition and food-related industries and organizations, for example:

National Dairy Council  
American Meat Institute  
Cereal Institute  
Wheat Flour Institute  
United Fresh Fruit and Vegetable Association  
National Peanut Council  
California Raisin Advisory Board

(3) Many of these organizations provide general nutrition information as well as material related to their particular interest. This resource is available in most public libraries.

(4) *Directory of Food and Nutrition Information Services and Resources*, Robyn C. Frank, editor, 1984, Oryx Press, 2214 North Central at Encanto, Phoenix, AZ, 85004-1483, (1-800) 457-ORYX.

(5) *Jane Brody's Nutrition Book*, Brody, J., W. W. Norton, New York, 1981

*c. Caffeine.* More Cups Lifted Sans Caffeine. (16) May 80. *The Latest Caffeine.*, (16), Mar 84.

*d. Calcium.*

(1) *Osteoporosis, Calcium and Estrogens.* (16). Explains that the lack of calcium in the diet and diminishing supplies of estrogen are usually the causes of osteoporosis, a bone weakening condition that most often affects women. 1985. 4 pp (FDA) 85-1117.

(2) *Osteoporosis: The Bone Thinner.* (36). States that one in four women after the age of 60 develops the bone-thinning disorder, osteoporosis. Discusses possible contributing factors, diagnosis, treatment, and prevention. 1983. 2 pp. Age Page Series.

(3) *Calcium — The Bone Builder.* (1) Catalog No. 8717.

*e. Cancer.*

(1) *Grandma Called It Roughage.* (16). Discusses both the benefits and the possible ill effects of adding fiber to the diet, emphasizing the need for more research. Discusses cellulose as a food additive and urges moderation in the ingestion of fiber. This is a reprint from the FDA Consumer. 1977. 2 pp. (FDA) 78-2087 (**free**).

(2) *What Black Americans Should Know About Cancer.* (29). Explains the rates and risks of cancer among blacks and answers the most-often-asked questions about cancer — its causes, detection, prevention, treatment, and rehabilitation — and addresses some of the common misconceptions. A section on dietary recommendations is included. 1982. 28 pp. NIH Pub. No. 82-1635 (**free**).

(3) *Good News, Better News, Best News...Cancer Prevention.* (29). Describes cancer risk factors and what people can do to reduce their risks. Includes a section on diet and cancer risk and current information on reducing dietary risks. 1984. 19 pp. NIH Pub. No. 84-2671. Spanish version: Buenas noticias, mejores noticias, las mejores noticias: prevention del cancer, NIH Pub. No. 84-2674 (**free**).

(4) *Diet, Nutrition And Cancer Prevention: A Guide To Food Choices.* (29). Describes what is now known about diet, nutrition, and cancer prevention and provides current information about food components (e.g. fiber, fat, and vitamins) that affect the risk of getting certain cancers. Suggests ways to use the information to select from a broad variety of foods, — choosing more of some foods and less of others. 1984.51 pp. NIH Pub. No. 85-2711 (**free**).

*f. Cardiovascular Disease.*

(1) *Books*: The American Heart Association Cookbook. (2). Third Edition; David McKay Company, Inc., New York, 1979.

The American Way of Life Need Not be Hazardous to Your Health. J. Farquhar.

Prevent Your Heart Attack. Norman Kaplan, M. D., Charles Scribner's Sons, New York, 1982.

Don't Eat Your Heart Out. Joseph Piscatella.

(2) *Pamphlets*: *NHLBI Facts About Blood Cholesterol*. (35). Defines and discuss cholesterol, coronary heart disease risk factors, high density lipoproteins, and low density lipoproteins. Provides tips for lowering blood cholesterol by diet. Presented in question-and-answer format. 1983. 3 pp. NHLBI Facts About... Series (**Free**)

(3) *On Being Too Rich, Too Thin, Too Cholesterol Laden*. (16). Discusses the relationship between fatty foods, cholesterol, and heart disease. Differentiates between high-density lipoproteins and low-density lipoproteins and describes the lipid-lowering drugs. Recommends a low-fat diet, exercise, and maintaining ideal weight as ways to promote cardiovascular health. This is a reprint from the FDA Consumer. 1981. 3 pp. (FDA) 81-108 (**Free**).

(4) *Hyperlipoproteinemia*. (35). Discusses the five different kinds of hyperlipoproteinemia, describing symptoms, therapeutic diets, and drugs, and lists research centers. Directed to the patient. 1981. 9 pp. NIH Pub. No. 81-734 (**Free**).

(5) *The Cholesterol Countdown*. (1) Catalog No. 8715.

(6) *NHLBI Facts About Women: Heart Disease And Stroke*. (35). Answers questions about cardiovascular risk factors such as elevated blood cholesterol, high blood pressure, and cigarette smoking and how these factors affect women and their risk of having heart disease or a stroke. 1985. 1 p. NHLBI Facts About... Series (**free**).

(7) *AHA Nutrition Support Materials*. (2). Available through your local American Heart Association.

(8) *AWARENESS*. About Your Heart and Diet.

The Way to a Man's Heart.

A Guide For Weight Reduction.

Salt, Sodium and Blood Pressure.

Nutrition For the Fitness Challenge.

(Packaged in the nutrition worksite kit)

(9) *KNOWLEDGE/EDUCATION*. Save Food Dollars and Help Your Heart. Nutrition Labeling.

Recipes for Fat-Controlled Low-Cholesterol Meals.

Weight Control Guidance and Smoking Cessation.

AHA Grocery List.

Self-Instruction Slide/Tape Presentations w/Study Guide.

(10) *EATING AWAY FROM HOME*. "Creative Cuisine" Kit.

"Lighten Up" Quantity Recipes.

Cafeteria Manual.

(11) *COOKING COURSE*. "Culinary Hearts Kitchen"

(12) *BACKGROUND READING*. Diet and Coronary Heart Disease Statement.

Rationale of the Diet-Heart Statement.

Dietitian's Resource Guide.

*g. Child Nutrition Programs*, (18). A Planning Guide for Food Service in Child Care Centers., (\$2.75) FHS-64  
Child Nutrition Labeling Program: An Overview., FNS-245

Equipment Guide for On-Site School Kitchens., PA-1091

Facts About The Child Care Food Program., FNS-242

Food Chart — Child Care Food Program., PA-1 165

Food Buying Guide for Nutrition Programs, (\$4.50) PA-1331

Food Service Equipment Guide for Child Care Institutions., (\$3.50) PA-1264.

Menu Planning Guide for School Food Service., (\$4.00) PA-1260

Nutrition Education for Pre-Schoolers. (\$4.25) FNS-241

Quality Recipes for Child Care Centers. FNS-86

*h. Dental Health*.

(1) *Good Teeth For You And Your Baby*. (37). Explains that good dental habits are especially important for pregnant women and for giving infants a head start toward strong teeth. Covers brushing, flossing, diet, fluoride, dental visits, and baby bottle tooth decay. 1979. 16 pp. NIH Pub. No. 79-1255. Spanish version: Una buena dentadura para usted y su bebe, NIH Pub. No. 70-1465. (**free**)

(2) *Fluoride To Protect the Teeth of Adults*. (37). Describes the various ways in which fluoride acts to make teeth

less susceptible to decay, both when taken internally during tooth development and when applied directly to the teeth. 1981. 4 pp. NIH Pub. No. 83-2239. **(free)**

(3) *Fluoride To Protect Your Children's Teeth.* (37). Describes the various ways in which fluoride can be provided: community water fluoridation, school fluoridation, fluoride tablets and drops, fluoride containing mouth rinses, fluoride dentifrices and the professional application of topical fluorides. 1982. 3 pp. NIH Pub. No. 82-1141. **(free)**

i. *Food Labeling.* On Making Food Labels Truthful. (16) Feb 84., HHS Pub 84-2181. **(free)**

j. *Fiber.*

(1) Fiber Facts. (1) Catalog No. 8714.

(2) Fiber: Something Healthy to Chew On. (16) June 85. (FDA) 85-2206 **(free)**.

k. *Food Safety.*

(1) *Enfermedades Causadas Pro Alimentos Contaminados.* (16). Available only in Spanish, this brochure on food-borne illness outlines ways to handle and store food safely, from proper shopping, refrigeration, and freezing to thawing, cooking, and canning methods. Discusses organisms that cause food poisoning — salmonella, trichinella spiralis, clostridium botullium — tells how to safeguard against them. 1980. 5-fold brochure. (FDA)80-2044S. **(free)**

(2) *FSIS Facts: Food Additives.* (19). Gives a brief history of food additives, the laws governing their use, and why and how they are used in foods. FSIS-16. 1982. **(free)**

l. *Food Stamp Program.* (18).

(1) Building A Better Diet, PA-1241 (\$28.00 per 100 copies)

(2) Cooking for 1 or 2., (Unnumbered).

(3) Eating for Better Health, (\$3.50) PA-1290.

m. *Minerals.*

(1) Potassium: Keeping a Delicate Balance. (16)Apr 83, HHS Pub 83-2. **(free)**

(2) Tracking Trace Minerals. (16) Jul/Aug 83, HHS Pub 83-2176. **(free)**

(3) Dietary Minerals, (16) Sept 74. HHS Pub 77-2070. **(free)**

(4) Please Pass that Woman Some More Calcium and Iron. (16) Sept 83. HHS Pub 85-2198. **(free)**

(5) Iodine — Going from Hypo to Hyper. (16) April 81., HHS Pub 81-3212. **(free)**

n. *Miscellaneous.*

(1) *Nutrition And Your Health: Dietary Guidelines For Americans.*, (34; free)or (52; No 001-000-04248-3, \$2.25; \$27 for 100 copies)

(2) *Presents seven guidelines for a healthy diet with special reference to the food habits of Americans.* Avoiding too much fat, sugar, sodium, and alcohol, eating a variety of foods with adequate starch and fiber, and maintaining ideal weight are discussed. 1980. 20 pages.

(3) *Spanish version: Nutrition y su salud: una guia para su dieta.*

(4) *Printing negatives:* Available on loan from the DHHS Nutrition Coordinating Office, Mary E. Switzer Building, Room 2132, 330 C Street SW., Washington, DC 20201

(5) *Nutrition: A Lifelong Concern.* (36). Discusses the kind of diet needed as one grows older, including the basic nutrients and fiber, and stresses the need for variety and moderation. Advises older people to talk with their doctors about their eating habits if they have any illnesses that require dietary changes or if they are taking drugs that may interfere with foods. 1984. 2 pp. Age Page Series. **(free)**

(6) *Primer On Three Nutrients: Proteins, Carbohydrates, And Fats.* (16). Focuses on these three main energy producing nutrients. Discusses amino acids, simple and complex carbohydrates, and saturated and unsaturated fatty acids. Other topics include the amount of fat and carbohydrates we consume and nutrition labeling of protein. This is a reprint from the FDA Consumer. 1981. 4 pp. (FDA) 81-2026. **(free)**

(7) *Hints For Shopping, Cooking, And Enjoying Meals.* (36). Encourages older people to eat nourishing foods each day. Gives hints about planning meals, grocery shopping, saving money, preparing food, and enjoying meals. States that healthful diets contain a wide variety of foods, and that snacks should be nutritious too. Suggests limiting foods that are high in fat, salt, and sugar. 1984. 2 pp. Age Page Series. **(free)**

(8) *More Than You Ever Thought You Would Know About Food Additives.* (16). Discusses additives in processed foods and explains the purpose of four major categories: those added for nutritional reasons, those that maintain freshness, those that make food appealing, and those used for processing food. Briefly mentions the objections to a few specific additives and explains FDA regulations. This is a reprint from the FDA Consumer. 1982. 4 pp. (FDA) 82-2160. **(free)**

(9) *Food: Staying Healthy After 65.* (36). Discusses the kind of diet needed as one grows older with special attention to caloric intake, the basic nutrients, and fiber. Also mentions research being sponsored by the National Institute on Aging to understand how diet and the aging process affect one another. 1980. 1 pp. Age Page Series. **(free)**

(10) *Food And Drug Interactions.* (16). Tells how some foods and drugs can interfere with each other, producing an undesirable effect on the medication's action or on the body's nutritional needs. Gives numerous examples of specific interactions between foods and drugs, such as dairy products and tetracycline. **(free)**

(11) *Sugar: How Sweet It Is — And Isn't.* (16). Addresses an issue that has become controversial in recent years: the

amount of sugar, especially in beverages and processed foods, that Americans consume. Summarizes the positions of the Sugar Associations, the American Diabetes Association, and other groups on both sides of the issue. This is a reprint from the FDA Consumer. 1980. 4 pp. (FDA) 80-2127. **(free)**

(12) *There's Something To Be Said For Never Saying, "Please Pass The Meat"*. (16). Discusses the myth that vegetarians are poorly nourished fanatics and points out the nutritional and ecological advantages of a meatless diet. Gives general guidelines for a vegetarian diet from the Food and Nutrition Board. This is a reprint from FDA Consumer. 1981. 2 pp. (FDA) 81-2144. **(free)**

(13) *Diet And The Elderly*. (16). Explains how people over 65 have specific health problems that may be related to what they do and don't eat. 1985. 4 pp. (FDA) 85-2201. **(free)**

(14) *Dietary Supplements: More Is Not Always Better*. (36). States that some older people who are ill or those on diets are deficient may benefit from a vitamin and/or mineral preparation prescribed by a physician, but cautions against high-dose supplements without a doctor's advice. 1983. 1p. Age Page Series. **(free)**

(15) *The Confusing World Of Health Foods*. (16). Discusses the expense of health foods organic versus synthetic fertilizers, pesticides, and the difficulty of regulating the health food industry. Disagrees sharply with health food advertising claims. This is a reprint from the FDA Consumer. 1978. 4 pp. (FDA) 79-2108 **(free)**.

(17) *Cook's Questions Answered Here*. (16). Poses and answers some commonly asked questions about food preparation, such as how much to reheat leftovers. This is a reprint from the FDA Consumer. 1983. 2 pp. (FDA) 83-2175 **(free)**.

(18) *Alcohol Topics In Brief: Alcohol And Nutrition*. (30). Reviews the history of alcoholic beverages as food sources. Discusses the nutrient content, effects, and food value of alcoholic beverages as they have evolved to the present. Contains a chart of nutrients in alcoholic beverages. 1982. 10 pp. **(free)**.

(19) *Herbs Are Often More Toxic Than Magical*. (16) Oct 83, HHS Pub 84-1112 **(free)**.

(20) *The Gender Gap at the Dinner Table*. (16) June 84., HHS Pub 84-2197 **(free)**.

(21) *The Foods for Health Program Kit*. (35). Kit includes ideas and tips on program activities and complete set of reproducible Eaters' Almanacs. A free copy of the kit may be requested by calling or writing reference 35.

(22) *Water: The Number One Nutrient*. (16) Nov 83, HHS Pub 84-2180. **(free)**

(23) *What about Nutrients in Fast Foods?* (16) May 83, HHS Pub 83-2172. **(free)**

(24) *A Compendium on Fats*. (16) March 83, HHS Pub 83-2171. **(free)**

(25) *Food Is More Than Just Something To Eat*. (18 or 52) (HGB No. 216) \$.80

(26) *Nutrient Analysis of General Mills Products*. (21) Available free by request.

(27) *Food For Fitness* (21) (Facts and fallacies of nutrition for athletes) \$.25

(28) *Food For Training*. (21) (Energy needs for various sports determined by body weight and age.) \$.35

(29) *Energy For Sport*. (21) (Energy balance calculations, table of calories expended per minute in various sports.) \$.25

(30) *Food For Fitness*. (18 or 52) (USDA leaflet #424; covers basic four food groups). \$.25

(31) *Fast Tips for Fast Foods*. (34) 1985, (fold-out brochure)**(free)**.

(32) *Snacks — Bocadillos Para Ninos*. (34) (fold-out brochure)**(free)**.

(33) *Fad Diets: A National Pastime*. (34) 1984, (fold-out brochure)**(free)**.

(34) *Index: The Food Additives in Your Food*. (34) 1983, (fold-out brochure)**(free)**.

(35) *What Is Your Sugar IQ?* (34) 1984, (fold-out brochure)**(free)**.

#### *o. Obesity And Diets*

(1) *Kay Kellogg Calorie Guide*. (24).

(2) *Obesity*. (40). General guide to weight loss with helpful charts and tips; adult oriented. (15 pp; **free**)

(3) *Fructose: Questionable Diet Aid*. (16). Refutes claims that fructose is an ideal substitute for table sugar. Summarizes the studies, reports, and opinions of health experts, emphasizing the lack of clinical evidence and the need for long-term studies on this and other nonglucose sweeteners. This is a reprint from the FDA Consumer. 1980. 4 pp. (FDA) 80-2130.

(4) *Sweetness Minus Calories — Controversy*. (16) Feb 85. (FDA) 85-2205.

(5) *How to Take Weight Off (and Keep it Off) without Getting Ripped Off*. (16)(FDA) 85-1116.

(6) *Weight Control*. (34). Cites publication on weight control, nutrition, exercises, and diets. 1984. 2 pp. **(free)**.

(7) *The Potato Lovers' Diet Cookbook*. (45). Thirty seven pages of recipes and calories count for each recipes. Up to 100 free; \$25 for 1000.

(8) *Calories and Weight, USDA Pocket Guide*. (19) Bulletin #153.

(9) *Food and Your Weight*. (19) Bulletin #74.

(10) *Weight Expectations — Weight Loss and You*. (1) Catalog No. 8713.

#### *p. Pregnancy*

(1) *Food For The Teenager During and After Pregnancy*.(38).

(a) Emphasizes the importance of nutrition and weight gain in pregnancy. Provides general nutrition information and

sample food plans. Contains easy-to-use chart on which the pregnant teenager can monitor her weight gain. 1982. 31 pp. (HRSA) 85-5106.

(b) Also available from the Superintendent of Documents, US Government Printing Office, Washington, DC 20402; Stock No. 017-026-00103-4, \$4.50; \$90 for 100 copies. Printing negatives: Available on loan.

(2) *Breast Feeding*. (38). Gives practical and detailed advice about breast feeding for new parents, including the advantages, how to prepare, and how to breast feed. Answers some common questions. An extensive daily food guide for nursing mothers is also included. 1980. 22 pp. (HSA) 80-5109. Also available with the title, "A Gift of Love — Breastfeeding" from the American Academy of Pediatrics, 141 Northwest Point Road, P. O. Box 927, Elk Grove Village, IL 60007; \$1.25 for a single copy; \$75 for 100 copies.

(3) *All About Eating For Two*. (16). Discusses the ways in which pregnancy and lactation affect a woman's nutritional needs. This is a reprint from the FDA Consumer. 1984. 4 pp. (FDA) 84-2183 (**free**).

(4) *Alcohol And Your Unborn Baby*. (30). Warns women of the birth abnormalities associated with heavy drinking during pregnancy, a condition known as fetal alcohol syndrome. Describes research findings, offers specific guidelines for alcohol use during pregnancy, discusses alternatives to alcohol, and suggests sources of counseling and support. 1978. 14 pp. (ADM) 78-251. Also available from the Food and Drug Administration, (FDA) 81-2155 (**free**).

q. *Quackery*.

(1) *The Voice of the Quack*. (16) Oct 80, HHS Pub 80-1082 (**free**).

(2) *Critiquing Quack Ads*. (16) Mar 85, HHS Pub 85-4196 (**free**).

r. *Sodium*.

(1) *How To Ignore Salt And Still Please The Palate*. (16)(free). Suggests substitutes for salt when it is necessary to reduce sodium consumption, listing specific herbs and spices. Suggests books on the subject. This is a reprint from FDA Consumer. 1982. 2 pp. (FDA) 82-2165.

(2) *Questions About Weight, Salt And High Blood Pressure*. (22). Explains that high blood pressure is more common to overweight people and in people whose diet is high in sodium. Suggests ways to lose weight and cut down on sodium and explains the role of high blood pressure medicines. 1984. 8 pp. NIH Pub. No. 84-1459.

(3) *Be Sensible About Salt*. (36). Discusses the body's need for sodium, but cautions that many people consume too much of it. States that overuse is associated with high blood pressure.

(4) *A Word about Low-Sodium Diets*. (16) 84-2179.

(5) *The Public Knows and Cares about Sodium*. (16) Apr 83. 83-2173.

(6) *Eating Well with Less Salt*. (13) 20 pg booklet, May 1983.

(7) *Sodium Smart*. (13) 21 pg. booklet.

(8) *The Sodium Story*. (1) Catalog No. 8716.

(9) *Sodium — Think About It*. (19). A guide for the person who wants to moderate sodium intake. Gives ranges of sodium content for various types of foods and provides helpful tips for reducing sodium when selecting foods at supermarket, preparing meals, or eating out. H&G Bulletin 237. 1982.

(10) *Do Yourself A Flavor*. (19). Explains which herbs to use in place of salt. Includes chart listing food combinations for different foods such as poultry, soups, lamb, and cheese dishes. A companion to H&G Bulletin 237. Bulk orders limited to 250 copies. 1984. (**free**)

s. *Vitamins* (34). (1985) Guides consumers to pamphlets and books that can help answer questions and clear up misunderstandings about vitamins.

(1) *Some Facts And Myths Of Vitamins*. (16). The myths — that natural vitamins are superior to synthetic, that vitamin supplements are necessary, and that vitamins give you pep — are countered with facts. Provides a chart showing the U. S. Recommended Dietary Allowances for vitamins for infants, children, adults, and pregnant or lactating women. This is a reprint from FDA Consumer. 1974. 4 pp. (FDA) 79-2117 (**free**).

(2) *Vitamin E: Miracle Or Myth?* (16). Refutes the extravagant claims made for vitamin E, describing research studies that have produced no scientific evidence that supplementary vitamin E, in either food or cosmetics, is beneficial to persons in good health. This is a reprint from the FDA Consumer. 1973. 4 pp. (FDA) 76-2011 (**free**).

(3) *What About Vitamin C?* (16). Summarizes what scientists know and do not know about vitamin C. Describes in detail two studies showing that it may reduce severity of colds but mentions other evidence that high doses may be toxic. "What and see" is the advice given readers. This is a reprint from FDA Consumer. 1974. 4 pp. (FDA) 75-2015. (**free**)

t. *Weight Control*.

(1) *Books*:

(a) *Slim Chance in a Fat World*. Condensed edition. R.B. Stuart and B. Davis. Research Press, Campaign, IL. 1976.

(b) *The Learn Manual for Weight Control*. K.D. Brownell, Ph.D., Dept of Psychiatry, University of Pennsylvania School of Medicine, 133 South 36th Street, Philadelphia, PA. 19104. Tel: (215) 898-7314. (\$15.00 per manual to cover printing, binding and mailing).

(2) *Pamphlets and Booklets: Fad Diets*.

(a) *About Body Wraps, Pills and Other Magic Wands for Losing Weight*. (16). Reviews various weight-reducing

- products, such as wraps, starch blockers, spirulina, and diet pills, focusing on their lack of effectiveness and possible harm. 1983. 3 pp. Single copy free.
- (b) *Cambridge Diet Update. (16)*. Presents the known hazards of the Cambridge diet, including the incidence of consumer illness reported to the FDA. Also makes recommendations on the minimum number of calories in any diet. 1982. FDA Talk Paper T82-95. 2 pp. Single copy free.
- (c) *Cellulite: Hard to Budge Pudge. (16)*. Discusses myths and fallacies concerning fat and Cellulite. Highlights the products marketed for the condition with the basic premise that to lose weight requires diet and exercise. 1980. 4 pp. FDA 80-1078. Single copy free.
- (d) *Diet Books Sell Well But...(16)*. Reviews diet claims, how they work, and their hazards. 1982. 4 pp. Single copy free.
- (e) *In Only Four Weeks...(16)*. Informs consumers about weight control devices, products, practices, and programs and warns against fraudulent claims, citing harmful effects and long-term consequences. 1977. 5 pp. Single copy free.
- (f) *Popular Diets — How They Rate. (26)*. Reviews and evaluates 14 popular diets for their nutritional value and their effectiveness in weight reduction. Each diet is analyzed by dietitians and reasons for not recommending certain diets are included. 1982. 56 pp. Los Angeles District, California Dietetic Association, P.O. Box 3506, Santa Monica, CA. 90403, (213) 453-5375. \$4.75.
- u. *Weight Control, Nutrition and Exercise.*
- (1) *Calories and Weight. (52)*. Contains basic diet information, including how to choose foods for weight control. Includes a 70-page calorie table. 1981. 80 pp. Stock no. 001-000-04164-9. \$3.75.
- (2) *Exercise and Weight Control. (44)*. Stresses the importance of exercise for weight loss and control and for general health and fitness. Explains how to combine exercise and diet to maintain body weight. 1976. 8 pp. Single copy free.
- (3) *Food 2. A Dieter's Guide. (1)*. Covers all areas concerning weight loss, from exercise to designing a diet regimen, including cholesterol and fat content in foods, the four basic food groups, low-calorie snacks, changing eating habits, fad diets, and sample 1200-, 1500-, and 1800- calorie diets. Contains over 40 recipes and photographs. 1982. 48 pp. \$6.50.
- (4) *Food for Weight Reduction. (7)*. Compiles numerous articles on food, eating habits, and factors contributing to obesity, as well as ways to make your own exercise program and diet plans. 1973. 96 pp. \$1.25.
- (5) *A Guide for Weight Reduction. (2)*. Emphasizes the need to count and limit calories. Provides sample diets from 1200 to 1800 calories and selections from the four basic food groups. 1975. 12 pp. Single copy free.
- (6) *The Healthy Approach to Slimming. (4)*. Provides equal emphasis on diet and on exercise to lose weight. Includes a weight chart, exercise activities, sample 1200- and 1600-calorie diets, and information on the four basic food groups. 1983. 20 pp. \$1.00.
- (7) *How You Can Control Your Weight. (28)*. Presents the current Metropolitan Life Height and Weight Table and encourages well-designed diets to obtain the ideal weight. Suggests getting on a weight control plan that changes eating habits and establishes an exercise routine. 1984. 6 pp. Single copy **free** with self-addressed stamped business envelope.
- (8) *Metropolitan's Four Steps to Weight Control. (28)*. Discussed reasons why people are overweight. Explained the Basic Four. Cholesterol and fats in diet — listed some foods high in saturated and unsaturated fats. Gave four steps to weight control and included an example of a three day food diary. Included 1000 cal, 1200 cal, 1500 cal, and packed lunch 1200 cal diets, and also a calorie table of common food items. Adult oriented. Metropolitan Life Insurance Co., 32 pp. (**free**).
- (9) *Nutrition Fact Sheets. (42)*. Packet of 24 fact sheets on nutrition. Includes three weight control: "Weight Control", "A Dieter's Bookshelf", and "Fad Diet Fraud". 1983. Single copy free. \$7.50 for the entire packet of 24 fact sheets.
- (10) *Pathfinders: Fad Weight Loss Diets and Nutrition, Fitness, and Well Being. (17)*. Provides an overview of information resources on these topics. Pathfinders are a series of resource guides on food and nutrition topics with separate guides written on consumer, educator, and professional levels. They include pamphlets, booklets, journal articles, and organization contacts. 1983. Single copy free.
- (11) *What to Know About a Weight Control Diet Before You Eat One. (31)*. Offers practical advice to individuals planning to start a weight control diet. Stresses the importance of good nutrition while dieting and the importance of exercise to aid weight loss. 1981. 8 pp. Catalog No. 0133N. \$20.
- (12) *Your Calorie Catalog. (31)*. Lists caloric content of over 130 common foods and beverages. Includes height and weight charts for men and women, with space for maintaining records of individual caloric intake and weight. 1977. 14 pp. Catalog No. 0040. \$25.
- v. *Women, Infants and Children, (WIC) Program. (18)(free)*.
- (1) *Food for Health*. Poster PA-1268.
- (2) *How WIC Helps — Eating for You and Your Baby*. PA-1198.
- (3) *Making WIC Work for You*. PA-1300.

- (4) *The Idea Book: Sharing Nutrition Education Experiences*. FNS-234.
- (5) *Supplemental Food Programs of the USDA*. FNS-235.
- (6) *What Shall I Feed My Baby?* (\$4.25) PA-1281. Working With the Pregnant Teenager. FNS-1303.

**G-2. Title not used.**

Paragraph not used.

## Appendix H References

### H-1. References.

a. List of references.

(1)

American Dietetic Association  
430 North Michigan Avenue  
Chicago, IL 60611  
(312) 280-5000 (or local/state/regional offices)

(2)

American Heart Association  
7320 Greenville Avenue  
Dallas, TX 75231  
(214) 706-1363 (or local/state/regional offices)

(3)

American Home Economic Association  
2010 Massachusetts Avenue, NW  
Washington, DC 20036  
(202) 862-8300 (or local/state/regional offices)

(4)

The American Medical Association  
Department of Foods and Nutrition  
535 N. Dearborn St.  
Chicago, IL 60610  
(312) 280-7178

(5)

The American Society for Clinical Nutrition  
9650 Rockville Pike  
Bethesda, MD 20014  
(301) 530-7110

(6)

Best Foods, Public Affairs Dept.  
Ronald M. Deutsch, Consultant  
International Plaza  
Englewood Cliffs, New Jersey 07632  
(201) 894-4000

(7)

Blue Cross Blue Shield Association  
840 North Lake Shore Drive  
Chicago, IL 60611  
(312) 440-6000

(8)

Cancer Information Service  
(National Cancer Institute)  
TOLL FREE: (800) 4-CANCER or (DC, MD, VA, HI - 800G16-3H070)

(9)

Center for Science in the Public Interest  
1755 South Street, NW  
Washington, DC 20009  
(202) 332-9110

(10)

Cereal Institute, Inc  
111 Plaza Drive  
Schaumburg, IL 60195  
(312) 981-0110

(11)

Consumer Affairs Center  
The Quaker Oats Company  
Chicago, IL 60654  
(312) 222-7111

(12)

Consumer Information Center  
P.O. Box 100  
Pueblo, CO 81002  
Request catalog listing free booklet on food, nutrition, and weight control from FDA and USADA.

(13)

Consumer Nutrition Center  
Campbell Soup Company  
Campbell Place  
Camden, NJ 08101  
(201) 350-5700

(14)

The Department of Health and Human Services (DHHS)  
Health Services Administration of the U.S.  
Public Health Service  
Washington, DC 20852

and

U.S. Government Printing Office  
Pueblo, Co 81009  
TOLL FREE: (800) 368-5779

(15)

Fleischmann's Margarines  
1000 Donnelly Drive  
Elm City, North Dakota 27822

(16)

The Food and Drug Administration (FDA)  
Office of the Consumer Affairs, DHHS  
5600 Fisher's Lane (HFE-88)  
Rockville, MD 20857  
(301) 443-3170

(17)

Food and Nutrition Information Center  
National Agricultural Library  
Room 304  
Beltsville, MD 20705  
(301) 344-3719

(18)  
Food and Nutrition Service  
U.S. Department of Agriculture  
(Contact your regional office (under "U.S. Government" in the telephone book) or write)  
Public Information Office  
Park Office Center 3101 Park Center Drive  
Alexandria, VA 22302  
(703) 756-3276  
Materials are free for those in USDA programs or can be purchased through the Government Printing Office.

(19)  
Food Safety and Inspection Service  
Office of Public Awareness Information Specialist  
U.S. Department of Agriculture  
Room 1163-S  
Washington DC 20250  
(202) 472-4485/447-9351  
Also the Meat and Poultry Hotline (800) 535-4555 (10 a.m. to 4 p.m. E.S.T.) TTY (202) 447-3333 or write  
Meat and Poultry Hotline  
USDA, FSIS  
Washington, DC 20250

(20)  
General Foods Consumer Center  
250 N. Street  
White Plains, NY 10625  
(914) 997-6000

(21)  
General Mills, Inc.  
Nutrition Department  
P.O. Box 1113  
Minneapolis, MN 55440  
(612) 540-2311

(22)  
High Blood Pressure Information Center Information Specialist  
120/80 National Institutes of Health  
Bethesda, MD 20205  
(301) 496-1809

(23)  
Human Nutrition Information Service Public Affairs Staff  
6505 Belcrest Road Room 325-A  
Hyattsville, MD 20782  
(301) 436-8498  
Request publications list; Also, publications are available through the Government Print Office (52).

(24)  
Kellogg Company  
Public Affairs Department  
Battle Creek, MI 49016 (312) 981-0110  
Write for Food and Nutrition Publications  
Catalog for complete list of materials;  
limited quantity free.

(25)

Kraft Foods, Inc.  
Dept. E  
1 Kraft Court  
Glenview, IL 60473  
(312) 998-2000

(26)

Los Angeles District  
California Dietetic Association  
P.O. Box 3506  
Santa Monica, CA 90403  
(213) 453-5375

(27)

March of Dimes (for Maternal and Infant nutrition information)  
Try local/state/regional offices or Supply Division, National Headquarters  
1275 Mamaroneck Avenue  
White Plains, NY 10605 (914) 428-7100

(28)

Metropolitan Life Insurance Company  
Health and Safety Education Division  
One Madison Avenue  
New York, N.Y. 10010  
(212) 578-5016

(29)

National Cancer Institute  
Office of Cancer Communications  
Building 31 Room 10A-18  
Bethesda, MD 20205  
(800) 4-CANCER

(30)

National Clearinghouse For Alcohol Information  
P.O. Box 2345  
Rockville, MD 20852  
(301) 468-2600

(31)

National Dairy Council  
6300 North River Road  
Rosemont, IL 60018  
(312) 696-1020  
local/state/regional offices)  
National Dairy Council Nutrition Education  
Materials Catalogue (lists over 75 leaflets plus films, slides, and transparencies  
available on a variety of topics. Price list included. **free**)

(32)

National Diabetes Information Specialist  
Box NDIC  
Bethesda, MD 20205  
(301) 468-2162

(33)  
National Digestive Diseases Education and Information Clearinghouse  
1555 Wilson Boulevard Suite 600  
Rosslyn, VA 22209-2461  
(301) 496-9707

(34)  
National Health Information Clearinghouse  
ODPHP/NHIC  
P.O. Box 1133  
Washington, DC 20013-1133  
TOLL FREE: (800) 336-4797

(35)  
National Heart, Lung and Blood Institute Technical Information Specialist  
Public Inquiries and Reports Branch  
Department of Health and Human Services  
Building 31  
Room 4A-21  
Bethesda, MD 20205 (301) 496-4236

(36)  
National Institute of Aging  
Information Office  
Building 31, Room 5C-35  
Bethesda, MD 20205  
(301) 496-1752

(37)  
National Institute on Dental Research  
Information Office  
Building 31, Room 2C-34  
Bethesda, MD 20205  
(301) 496-4261

(38)  
National Live Stock and Meat Board  
444 North Michigan Avenue  
Chicago, IL 60611 (312) 467-5520  
A variety of pamphlets, booklets, etc. available. Write for current catalogue and price list.

(39)  
National Maternal and Child Health Clearinghouse  
Information Specialist  
3520 Prospect Street, NW  
Washington, DC 20057  
(202) 625-8410

(40)  
Nutrition Foundation, Inc.  
99 Park Avenue  
New York, NY 10016

or

888 17th St. NW  
Washington, DC 20006  
(202) 872-0778

(41)

Oscar Mayer and Company  
Consumer Relations  
P.O. Box 7188  
Madison, Wisconsin 53707

(42)

Pennsylvania State University  
Nutrition Information and Resource Center  
Benedict House  
University Park, PA 16802  
(814) 865-6323

(43)

Pillsbury Company  
Home Economics Services  
Dept. 2101 South Tacoma Way  
Tacoma, Washington 98411

(44)

The President's Council on Physical  
Fitness and Sports  
450 5th Street, N.W. Suite 7103  
Washington, D.C. 20201  
(202) 755-7478

(45)

Potato Board  
1385 South Colorado Boulevard Suite #512  
Denver, Colorado 80222

(46)

Safeway's Nutrition Awareness Program  
ATTN: Corporate Nutritionist  
Safeway Stores, Inc.  
430 Jackson Street  
Oakland, CA 95660  
(415) 891-3000

(47)

Society for Nutrition Education  
1736 Franklin Street Suite 900  
Oakland, CA 94612  
(415) 444-7133

(48)

Sunkist Growers, Inc.  
Consumer Services — AV78  
P.O. Box 7888  
Van Nuys, California 91409  
(818) 986-4800

(49)

United Fresh Fruit and Vegetable Association  
1019 19th St. NW  
Washington, DC 20036  
(202) 836-3410

(50)  
U.S. Army AG Publication Center  
2800 Eastern Blvd.  
Baltimore, MD 21220-2896  
(301) 962-7202

(51)  
The USDA Extension Service  
— at any land-grant university (see your local telephone directory).

(52)  
U.S. Government Printing Office (GPO)  
Superintendent of Documents  
Washington, DC 20402  
(202) 783-3238  
Orders must be accompanied by the stock number. Checks and money orders should be made payable to the Superintendent of Documents. Orders can be charged to Mastercard and VISA accounts. Prices are subject to change without notice. There are several GPO Bookstores throughout the United States. Check your telephone book under "U.S. Government".

(53)  
Vitamin Information Bureau, Inc.  
664 N. Michigan Avenue  
Chicago, IL 60611  
(312) 751-2223

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