

WIC CPAs: Walking the Talk



SELF-STUDY MODULE FOR WIC CPAs

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OBJECTIVES

The Competent Professional Authority will be able to:

- 1.** State the relationship between our current culture and the impact it has had on adult obesity.
- 2.** Define normal eating and determine if she is a normal eater, a dysfunctional eater, or a disordered eater.
- 3.** Plan a week's worth of menus that encourage normal eating.
- 4.** List 5 benefits of physical activity.
- 5.** Determine common barrier(s), to having more physical activity and identify possible solutions.



PRE-ASSESSMENT

Complete the following questions. Upon completion of the module, a post assessment will be completed.

1. T___ F___ The American Dietetic Association has stated that obesity is simply caused by over-consumption of food.
2. T___ F___ A total of 63% of adult Arkansans are either overweight or obese.
3. T___ F___ Some people carry disruptive eating patterns into adulthood from their childhood eating experiences.
4. T___ F___ To place eating in its rightful place in one's life, planning what, when and where meals will be eaten in advance is essential.
5. T___ F___ Only children benefit from eating breakfast.
6. T___ F___ A key component to being a normal eater is to give yourself permission to eat.
7. T___ F___ The increase of overweight and obesity has paralleled the increases in portion sizes over the past 30 years.
8. T___ F___ When eating normally, snacks should never be eaten.
9. List 3 benefits of Physical Activity.

10. List 3 hindrances to Physical Activity.

CASE SCENARIO

Meet Mary

Mary is a nurse and has been a WIC CPA for the past 8 years. She lives 20 minutes from the Health Unit where she works. She has two children, one in daycare and one in elementary school. She is overweight with a BMI of 26. When she first married, 10 years ago, her BMI was 24 (normal weight). She has been on some crash diets to try to get “baby” weight off and lost weight, but slowly gained it back. Her husband says that when Mary is on a diet she is irritable, preoccupied, and only talks about her weight and the diet. He thinks, and has told her, that she is a beautiful woman. He wants for her to believe him and to enjoy life without the irritability and preoccupation that diets bring. The family also wants “normal” food back in the house. Mary decided that she wanted to move towards this vision of enjoying life with a weight that may or may not be “ideal” and put food in its proper place in her life. Where will she start?

ORIENTATION/RATIONALE

Today we have busy families that have access to all kinds of food in convenient ways – from fast food restaurants to microwavable anything. We are no longer forced to place the procurement and preparation of food as a top priority because of the speed in which we can fill our stomachs. We also have more labor saving devices and ways to entertain ourselves that requires little physical activity than we have ever had before. Yet, we expect and want to have lean, beautiful bodies like the ones we see on the myriad of television shows, movies, and magazines.

It can be very hard to find the balance in our lives and to learn to place eating and physical activity in its rightful place. This module will help you to work through barriers that may be keeping you from healthful, normal eating. It will also help you to work towards prioritizing feeding you and your family well. As you develop in this area, you can serve as a better role model to WIC clients, share experiences that have worked for your family, and encourage clients’ progress in feeding their families well. You will be “Walking the Talk”.

INTRODUCTION

More and more people have become distressed about their eating. We swing from seeing food as the enemy to food as the cure-all for our problems. We are bombarded by the media on how America, and Arkansas, is getting fatter. We pick up a magazine and read about the latest, greatest “diet” and then turn the page and see the picture and recipe for a decadent chocolate cake.

Where is balance in the madness?

Is there a way to show a healthy respect for food – neither fearing it nor thinking of it as a life preserver to run to when we are in trouble or in misery?

Then, what about physical activity?



Do we have to be marathon runners to get any benefits?

Where is the balance?

Where is the normalcy?

This is a very hard subject to address. There is controversy over what is the best way to lose weight. There is controversy on whether or not weight loss is necessary for good health. There is controversy on whether or not to diet to lose weight. There is controversy on what should or should not be eaten to have optimal, healthy nutrition. There are even changing opinions on how much or what kind of exercise is healthy or necessary for weight management and heart conditioning. There are no easy answers.

This training module will focus on the challenge of putting food and activity in their proper place in your life with respect to balance and wellness. It is a belief for many that once food and activity have their proper place in one’s life, the weight issue will take a back seat.

THE IMPACT

Obesity is one symptom of having food and physical activity out of balance in our lives.

In Arkansas, 63% of adults are overweight or obese. In 2004, Arkansas jumped to the category of $\geq 25\%$ of adults being obese.

■ 24% of non-Hispanic white adults are obese.

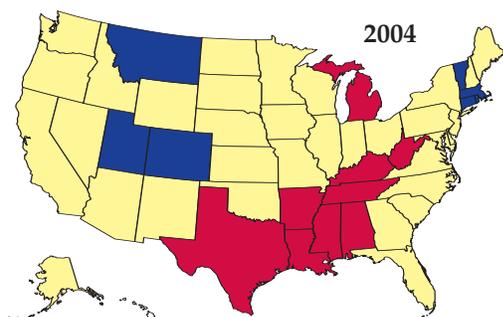
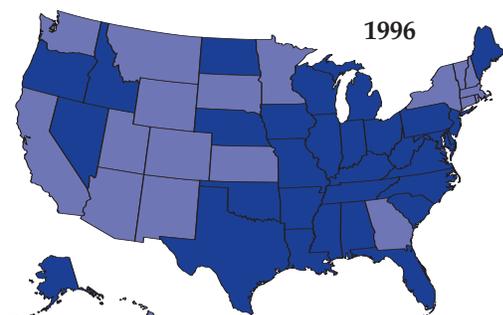
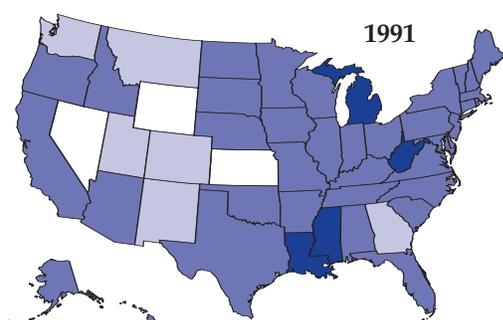
■ 37% of non-Hispanic black adults are obese.

In 1991, four states had obesity prevalence rates of 15-19 percent and no states had rates at or above 20 percent. In 2004, 7 states had obesity prevalence rates of 15-19 percent; 33 states had rates of 20-24 percent; and 9 states had rates more than 25 percent.

Obesity Trends* Among U.S. Adults

BRFSS, 1991, 1996, 2004

(*BMI ≥ 30 , or about 30 lbs. overweight for 5'4" person)



Source: Behavioral Risk Factor Surveillance System, CDC.

Body Mass Index

Body Mass Index (BMI) is a measure of your weight relative to your height and provides a more accurate measure of total body fat than body weight alone. Your health and quality of life may be affected if you have either a too high or too low BMI. Its limitations include overestimating body fat in those who have a muscular, athletic build and underestimating body fat in older persons and others who have lost muscle mass such as chronic dieters. The Body Mass Index can be determined if you know your height in inches and weight in pounds. Either a Body Mass Index Table (see appendix) can be used to determine your BMI, or you can calculate it by the following method:

Multiply your weight in pounds by 703;
multiply your height in inches by your
height in inches. Divide the first result by
the second. For example:

If you weigh 155 pounds and are 5'4" (64 inches) tall then:

$$155 \times 703 = 108965$$

$$64 \times 64 = 4096$$

$$108965 \div 4096 = 26.6 \text{ BMI}$$

A BMI of 27 would fall into the overweight category.

Definition of Body Mass Index for Adults

Underweight = <18.5

Healthy weight = 18.5 – 24.9

Overweight = 25 – 29.9

Obesity \geq 30

Activity: BMI Activity

Using the BMI table, find the BMI for someone who is 5'7" and 121 pounds.

What is this person classified? (circle)
underweight normal overweight

Using the BMI table, find the BMI for someone who is 5'7" and 155 pounds.

What is this person classified? (circle)
underweight normal overweight

These 2 people are both 5'7", have a weight difference of 34 pounds, and they both are classified as "normal" weight. Even within the normal weight range of the same height, you have different sizes and shapes – some to do with genetics, some to do with environment. The same is true for all classifications of the Body Mass Index.

WHY ARE AMERICANS GROWING BIGGER?

The American Dietetic Association states that, “Obesity develops from an interaction of genetic and environmental factors and is a complex multifactorial chronic disease.” In other words, there are a lot of reasons why Americans are growing fatter. We are a changing society – some for the better, some for the worse. There are some parts of the obesity problem we may never solve, so we might as well accept that some people will carry more weight around than they or others would like. There are some parts of the obesity problem that we have brought upon ourselves, and with a little (or a lot) of attention paid to those things, we can decrease the rate of obesity and live healthier lives.

Yesterday and Today

Take a minute and think about your or your parent’s childhood (depending on your age). Were endless hours spent on the internet or playing computer games? Did you watch several DVD’s a day? Did you watch a few cable or satellite T.V. shows too? Did you cook tasty snack foods and gourmet meals in the microwave anytime of the day or night? Did you eat Supersized Value meals daily?

For a lot of us, we didn’t have the internet, a computer, a DVD player or cable T.V. And for the Supersized Value meals – they haven’t been around for very long. The advancement of technology has reduced the amount of energy (calories) exerted to do daily tasks.



We now have dishwashers, microwaves, remote controls, leaf blowers, power-tools, remote-control vacuum cleaners, etc. At the same time, there has been an increase in food availability – drive through, super-sized, mega calorie meals that are heavily marketed by mass media.

Up until the last few decades of the 1900’s, lives were organized around the procurement of food and the preparation of it for family meals. There were few or no fast-food restaurants, quick microwave foods, or the individual-packaged, ready-to-eat foods. Families had to make the buying or growing of food and the preparation of it a priority of the day. Then, everyone ate together. The stress of two parents working outside the home for long hours has added to the decline of family meals.

Ironically, as the environment has produced little need for physical activity and increased availability of high calorie foods, the value on attractiveness based on thinness has

increased. Mass media shows us beautiful women and men, most of who are slender and fit, and we feel the need to conform to receive recognition, value, love, success, and other rewards.

Enter “diets”. Since there is less need for activity and there is more food easily available and we are “supposed” to be slim and trim, then won’t a diet just take care of everything? For the 5% of the population that can diet and keep the weight loss off, then, “Yes” diets will take care of at least, the weight issue. The other 95% are going to have to find another way to survive the culture.

Weight and Diet Obsession

Even the words, “Let’s eat” can bring about fear and anxiety in many. The thought of eating in public and thinking that others are criticizing their eating because they are already too large sends some into seclusion – only to eat. Then the feelings of guilt come – guilt over what was eaten, what wasn’t eaten, and over the amount eaten. Anger – anger at themselves, circumstances and the people that have failed them. All of which could be used as an excuse to eat, feel guilty, angry, and eat again. It is a vicious cycle. An obsession...a bondage...a prison?

There are also those that seem to be preoccupied with eating and weight. They are always looking and listening for the latest diet. Their relationships with others revolve around their dieting, and conversations are dominated by what the diet involves and how much weight has been lost. They are preoccupied with food and weight loss and



how their life will be better when the weight comes off. It can be an obsession.

For others, the diet cycle has set them up for failure, and they feel like a failure. They are in a vicious cycle of food restriction followed by overeating. Their hope comes in the belief that the next diet will be different and they will be able to control themselves better. It can be a real bondage.

There are those who are so stressed out by life that to simply get a tasty meal on the table at night would overwhelm them to the point of a break-down. Some may even have the view of perfection in mind and anything short of a beautiful, nutritious meal on an exquisitely decorated table would not be worth even trying for. The bag of fast-food burgers has the word “failure” written all over it for them as they concede another lost night of a beautiful meal. It can be a real frustration.

Some people carry disruptive eating patterns from their childhood experiences. Their parents may have been overly restrictive.

When they had the chance, they overate – those rebels! Now, they may not be able to know when to stop eating because nobody is telling them when to stop.

Free to Eat Normal

What would freedom from this bondage, obsession, and frustration look like? To be free to be a normal eater would mean:

- To trust that you will eat good foods in the amount your body needs to satisfy hunger and to provide the nutrition your body needs for health – most of the time (sometimes you won't).
- To place planning, purchasing, preparation, and eating of good food in its rightful place in life. There would be freedom in knowing that time is allotted to do these necessary and meaningful tasks. There does not need to be guilt over time spent doing these things or guilt over what type of food you are planning, purchasing, preparing and eating.
- To give yourself the permission to eat anything you want in the quantity you want, or to stop eating when you really don't want to, knowing that you will give yourself permission to eat the food again.
- That you may overeat at times, but that is okay. You may undereat at times, but that is okay. You may thoroughly enjoy a meal or be dissatisfied with a meal – both are okay.
- To be comfortable to eat what and how much you want in front of anybody.

- Valuing your body as it is and knowing you have something good to offer whether or not you are thin, heavy, on a diet or not on a diet. You are able to feed, move, rest, groom, and clothe the body you have well.
- To break free from the vicious cycle of diet, weight loss, off diet, weight gain – restriction, binge eating, restriction, binge eating. To believe that the diet is the failure and not you – 95% of all diets fail.

Case Scenario

When Mary began looking at the concept of normal eating, she realized she had a lot of anxiety surrounding eating and was not a normal eater. She could always remember being told by either her parents or her “diet” what and how much she needed to eat. Her only escape from her parents dictating what and how much she ate was that she often got to eat in front of the T.V. alone – currently it is the place she ends up eating the most when she has gone “off” her latest “diet”. The thought of trusting herself to eat good foods when she was hungry and stop when she was satisfied scared her. She thought of her kids. She was not modeling normal eating behaviors. Would they have the same problems that she has?

What Mary was beginning to realize is that eating behaviors and attitudes start early in life. Primary caregivers while growing up are major factors in what kind of an eater you are today – normal, dysfunctional, or disordered. The following Dysfunctional Eating Chart gives a good comparison of the different eating behavior patterns.

Dysfunctional eating
Compared with normal eating and eating disorders

	<i>Normal eating</i>	<i>Dysfunctional (disordered) Eating</i> <i>mild moderate severe</i>	<i>Eating Disorders</i>
<i>Eating Pattern</i>	<i>Eating at regular times, usually three meals a day and one or two snacks to satisfy hunger.</i>	<i>Irregular, chaotic eating – skip meals, fast, binge, diet; or consistent pattern of eating much more or much less than the body wants or needs.</i>	<i>Eating typical of anorexia, bulimia, binge eating disorder, other eating disorders.</i>
<i>How Eating is Regulated</i>	<i>Eating regulated by internal signals of hunger, appetite and satiety; eat when hungry, stop when full and satisfied.</i>	<i>Eating often regulated by inappropriate internal and external controls such as dieting, counting calories, emotional events, sight or smell of food.</i>	<i>Eating regulated mainly by inappropriate internal and external controls.</i>
<i>Purpose of Eating</i>	<i>Eat to satisfy hunger, for health, growth, well-being (and at times for pleasure, social reasons). After eating, feel good.</i>	<i>Often eat (or restrain eating) for thinness; eat to relieve anxiety or stress; may feel too full after eating, or feel remorse, guilt, shame.</i>	<i>Eating almost entirely for purposes of body shaping and to relieve stress; eating may cause distress.</i>
<i>Prevalence</i>	<i>Small children, persons who don't interfere with natural regulations; likely more males than females.</i>	<i>Large percentage of girls and women, perhaps at times as many as 50 to 81 percent age 10 and over (who report trying to lose weight); increasingly boys and men.</i>	<i>Estimated prevalence: 10 percent of high school and college age youth, 90 to 95% female.</i>
<i>Physical</i>	<i>Promotes health and energy; growth and development of children.</i>	<i>Often feel tired, dizzy, chilled; may have weak bones, delayed puberty, if undernourished; increased risk of eating disorders.</i>	<i>Severe physical effects; mortality as high as 15 to 20 percent for anorexia, bulimia.</i>

	<i>Normal eating</i>	<i>Dysfunctional (disordered) Eating mild moderate severe</i>	<i>Eating Disorders</i>
<i>Weight</i>	<i>Normal, stable weight, expressing genetic and environmental factors.</i>	<i>Varies; eating pattern may cause weight to cycle up and down, decrease, remain stable, or increase.</i>	<i>Weight varies, depending on genetics, the disorder and its expression.</i>
<i>Mental</i>	<i>Promotes clear thinking, and ability to concentrate.</i>	<i>Decreased mental alertness, concentration; narrowing of interests.</i>	<i>Diminished mental capacity, memory loss.</i>
<i>Thoughts of food, weight</i>	<i>Food thoughts low, usually at meal time, about 15-20% of day; less if no food preparation.</i>	<i>Preoccupied with food; thoughts often focus on eating, planning to eat, counting calories or fat grams, body image; may occupy 30 to 65 % of time awake</i>	<i>Thoughts focused on food, weight; as much as 90-100% of time awake in anorexia, 70-90% in bulimia.</i>
<i>Emotional</i>	<i>Promotes mood stability.</i>	<i>Greater mood instability; easily upset, irritable, anxious, lower self-esteem; increasing concern with body image.</i>	<i>Mood instability, risk of functional depression.</i>
<i>Social</i>	<i>Promotes healthy relationships with family and friends.</i>	<i>Less social integration; may be withdrawn, self-absorbed, lonely; diminished capacity for affection, generosity.</i>	<i>Social withdrawal, alienation, often eat alone; worsening family relations.</i>

Children and Teens Afraid to Eat, Women Afraid to Eat Copyright 2001, 1997. All rights reserved. Reprinted with permission from the publisher. Healthy Weight Network, 402 South 1st Street, Hettinger ND 58639 (701-567-2646; Fax 701567-2602) www.healthyweight.net.

Activity

What struggle do you have related to eating?

Do you plan meals or eat impulsively?

Do you snack so much that you're not hungry for a meal?

What struggle do you have related to dieting?

Do you believe there is a diet that will really make you lose weight and keep it off?

What struggle do you have in valuing your body as it is?

What good things does your body do for you?

What struggles do you have in relationships with others regarding eating, etc?

Are you constantly trying to control what others eat or don't eat? How much they eat?

Is someone always on you about what you eat or don't eat?

What words would you put to what freedom would look like for you in these areas?

Activity

Use the following Eating and Feeding Cues test to help evaluate your eating behaviors. This test can help you see why you may or may not have a particular eating behavior. Following the test, the italicized text throughout the module helps you to assess your answers to the test. If you are not overall a normal eater, then the questionnaire may help you get some insight on a few things that may have caused the dysfunction. This exercise is not to place blame on your childhood caregiver, it is merely a tool to help you to become aware of the problem so that you can be a step closer to becoming a normal eater.

EATING AND FEEDING CUES TEST

	Never/ Rarely	Sometimes	Often/ Always
1. If you did not like what was served, was a special dish prepared for you?			
2. Did your caregivers use food as a reward or to get you to do things – dessert for cleaning your plate or food for cleaning your room, etc.?			
3. Did your caregivers eat snack foods that they didn't allow you to have?			
4. Did your caregivers require you to eat everything placed on your plate – to "clean" your plate?			
5. Did your caregivers decide how much food went on your plate?			
6. Did your caregiver decide for you how much you had to eat?			
7. Did your caregivers allow you to decide how to eat (e.g. keep foods from touching, dip food in catsup, choose the order to eat, etc.)?			
8. Did your caregivers allow you to have a serving of dessert even if you had not eaten the other foods served?			
9. Did you and your family eat meals together?			
10. Did you and your caregivers eat different foods (separate prepared foods for each person)?			
11. Did your caregivers allow you to get food from the cupboards or refrigerator whenever you wanted?			
12. As a child, did your eating or not eating depend on your moods (bored, happy, sad)?			
13. Did you eat more than your parents thought you should have eaten?			
14. Did you eat less than your parents thought you should have eaten?			
15. Did your caregivers allow you to watch TV while eating?			
16. Did you eat breakfast?			

Adapted from: Eating and Feeding and Activity Assessment Form by Madeleine Sigman-Grant & Susan Johnson, 2002 (draft form).

SURVIVING THE CULTURE

Our culture of weight obsession has produced victims that are not free to enjoy their bodies and food. Surviving the culture in regards to putting food and physical activity into their normal and rightful place in our lives will take effort and somewhat of a feeling of going against the culture.

Trust Yourself to Be a Normal Eater

You were born with the ability to know when you are hungry and when you are full. Think of the little babies you have observed. They tell you when they are hungry and when they are full. It's not until we are being told to eat more or to stop eating more (by parents or a diet), or chronically eating for reasons other than feeding our bodies, that the ability to recognize and follow these internal regulators ends up missing. If you trust yourself to provide food for yourself, then let yourself feel hunger. Go to the table hungry and eat until you are truly satisfied. You can quit before you are about to explode because you know that you will be able to eat again soon – either a planned meal or snack.

You may have trouble trusting yourself if your parents tried to control your feeding and did not share the feeding responsibility with you. If you answered sometimes or often/always to questions 1, 4, 5, 6, 11, 12, 13, 14, and 15 on the Eating and Feeding Cues Assessment then you may have not been allowed as a child to learn to trust yourself with your eating. Your parents put their external

control of themselves upon you. The problem with this is that your parents cannot be with you wherever you go telling you to stop eating or to eat certain foods. You may have learned to override your internal cues of hunger and fullness to meet your parent's demands. If your parents restrained your eating you may have had to sneak food. You may have overeaten when given the chance.

Portion sizes: An obstacle to trust

The expansion of waistlines over the past 30 years has paralleled the increases in portion sizes of many foods and the prevalence of eating away from home. Marketplace food portions began increasing in size in the 1970's, rose sharply in the 1980's, and have continued to increase. While it is good to eat enough food to be satisfied, it is also good to know that our perception of a serving size has changed from that of our leaner ancestors. We have lost the ability to be able to have a reasonable portion on our plate and feel that we have gotten our money's worth, or that we can be content until the next meal.



A **portion** is the amount of food you choose to eat. There is no standard portion size and no single right or wrong portion size.

A **serving** is a standard amount used to help give advice about how much to eat, or to identify how many calories and nutrients are in a food.

For example: You eat a plate of spaghetti (a portion) which measures to be 2 cups. Using MyPyramid, the government’s guide to healthy eating, as the standard, 2 cups of spaghetti would be 4 servings from the grain group.



Perpetual large portion sizes may lead to perpetual weight gain from excess calories. While you should not be obsessed over serving/portion sizes, it is good to be mindful that sometimes our desires are way out of proportion from our needs. It is also good to be mindful that there needs to be a balance between giving into our desires and simply meeting our needs. Proper self-control offers us protection in our daily lives and for the future.

For a fun quiz on portion distortion see <http://hin.nhlbi.nih.gov/portion>.

The following shows how larger portion sizes compared to smaller portion sizes at some popular fast-food restaurants have some big differences in calories and fat.

Meal 1

Product	Calories	Fat (g)
Original Whopper®		
Sandwich with cheese	800	49
Medium French Fries	360	18
Medium Coca Cola®	200	0
Total	1360	67

Or

Meal 2

Product	Calories	Fat (g)
Original Whopper Jr.®		
Sandwich	390	22
Small French Fries	230	11
Medium Coca Cola®	200	0
Total	820	33

Meal 1

Product	Calories	Fat (g)
Taco Supreme	220	14
Grilled Stuft Beef Burrito	720	33
Nachos	320	9
Total	1260	66

Or

Meal 2

Product	Calories	Fat (g)
Hard Taco	170	10
Bean Burrito	370	10
Mexican Rice	210	10
Total	750	30

Feed Yourself – Positively and Dependably

Have a plan to know that you are going to feed yourself responsibly. Not even thinking of breakfast until you are on your way to work, then pulling in the gas station for a honey bun is not feeding yourself dependably. You need a plan that fits into your life and works for you. Plan to have meals and snacks at regular times. Snacks can be a positive thing if you have trouble with hunger and strong cravings in between meals. They can also keep you from eating continuously and spoiling your appetite for the next meal. You need to feel the comfort in knowing that the next meal or snack has been planned and is on its way. No more starvation and binge eating cycles. You will feed your body on a regular basis and you will feed it enough to be satisfied. Plan for that!

Plans will look different for different people. Some may only eat three meals a day – they eat enough breakfast, lunch and supper to satisfy them and they are not hungry in between meals. Because they are not hungry in between meals, and they know they will provide their bodies with satisfying meals when they are hungry, they can do without snacks.

Some will need one to three snacks a day in addition to the three meals. This is fine as long as you are still going to the next meal hungry. If you find you are not hungry for a meal, you may have to change, reduce, or delete a snack.

“Some people avoid planning as a way of getting around their conscience.”
(Satter, 1999)

If your caregivers allowed you to have free access to food in the house, you may have learned grazing habits (question 11 of the Eating and Feeding Cues Assessment). Grazing keeps you from eating those planned meals and keeps you from being hungry so that you can eat until you are full and be satisfied. If you answered often/always to questions 9 and 16 and never/rarely to question 11 then your parents were likely to be dependable about providing regular meals and snacks for you. You probably did not get too preoccupied with food because you always knew food was coming soon

Plan, Purchase, Prepare, and Eat Meals

Planning out what you and your family will eat for a few days at a time can be a stress-saver, a time-saver, and a nutrition-saver. It helps put eating in its rightful place in your life. If you don't have an idea of what you will eat in a day, or have any food in the house, then you may feel as if at some point during the day you will not be fed – which can scare you into overeating when food becomes available. Planning out a menu for a few days, making a list of the foods needed and grocery shopping does not need to be complicated.

1. Begin by writing a list of meals and foods you and your family likes.
2. Think through the week and determine which meals would be the best for each day. For example, if the night is full of ballgames and dance lessons, then a slow-cooker meal or sandwiches may be necessary for that evening. Be realistic of what can or cannot be done for that day.

3. If you are new to menu planning, stick to familiar and tried recipes at the beginning. Keep things simple. Grilled cheese and vegetable soup is quite an acceptable meal.



4. Stick to your grocery list at the store. Buying too much food will only result in eating too much or waste. Remember, you'll be back to the store again real soon.
5. Some may want to try a concept of preparing a lot of meals at one time and freezing them to have later. It can be a real money and time saver in the long run if you can handle the planning and preparation day. What is good about this is that you chop

onions only once, cook chicken only once, etc. and use the food in several meals. Some books published on this are entitled: Once-A-Month Cooking by Mary Beth Lagerborg and The Freezer Cooking Manual by Tara Wohlenhaus.

6. In the planning of meals, MyPyramid can help provide direction to the amount and variety of foods needed. For a personalized plan based on your age, sex, and activity level go to <http://www.MyPyramid.gov>. A calorie level will be given to you with the amount of food recommended to be eaten from each food group in a day. It is an awesome site for the motivated meal planner. For those of you who relate to the "good ole days" the following may help you too.

The old, basic principles of a meal include a food from most food groups:

- Protein (meat, beans, cheese)
- Starch (vegetable or grain)
- Vegetable and or fruit
- Bread
- Milk or dairy source
- Fat



At breakfast, milk may serve as the protein and milk source.

A breakfast menu may look like this:

- Raisin Bran cereal with milk (starch, protein)
- Toasted wheat bread with butter and jelly (bread and fat)
- Apple sauce (fruit)
- Milk

Lunch:

- Tuna salad sandwich with lettuce and tomato
- Apple
- Cheese string
- Iced Tea

Let's see what we can do fast, conveniently, and nutritiously with this principle for a

Supper:

- Baked, roasted chicken from the grocery store (meat, protein)
- BBQ beans – canned with BBQ sauce (starch)
- Broccoli – microwaved (vegetable)
- Whole wheat roll with butter (bread and fat)
- Canned peach slices (fruit)
- Glass of milk (milk)

If fast food is needed – then plan it. The key is to plan that you will have something to eat so that you know you will provide your hungry body with a meal. Knowing you have food coming can curb snacking on high-calorie foods so that you will be desirous of the planned meal.

7. As meal planning gets easier for you, begin to think through the colors of the food as they would look on your plate. A variety of colors and textures adds to the appeal of the meal as well as nutritional quality. You may plan a meal of macaroni & cheese, sweet potatoes, and cauliflower only to see a very monochrome plate. Plan meals that are of varying texture – soft, crunchy, lumpy, smooth, runny, etc.

Plan for Breakfast

Breakfast offers a healthy start to anyone's day. After going hours without eating while sleeping (fasting), you need to break the fast. Breaking the fast is a way to replenish your body's supply of blood sugar (glucose) which is your brain's main energy source. This is why children who eat breakfast in the morning tend to perform better in school. Adults who eat breakfast tend to have better concentration and problem-solving ability,



tend to moderate their calorie and fat intake during the day and have less problems with high blood cholesterol, and have more strength and endurance.

Plan a supportive breakfast. A supportive breakfast will taste good to you, help you feel good and not dragged down, and keep you from being ravenously hungry mid-morning. You may have to experiment and see what your supportive breakfast may look like. Your body will also have to get used to eating

breakfast again if you have not done so in a while. If you absolutely do not want to eat when you get up, try drinking juices or an instant breakfast drink, and have on hand some supportive snacks for mid-morning.

A breakfast of high sugar foods such as sweetened cereal and an orange-flavored breakfast drink will likely leave you feeling hungry and low on energy in about an hour.

A breakfast that will keep you going would likely involve:

- a starch (wholegrain cereal or bread)
- a protein and/or milk (egg, cheese, milk)
- fruit or vegetable (juice)
- fat

Breakfast 1

- Toasted bread with cheese (fat in the cheese)
- Banana
- Coffee, milk, or juice

Breakfast 2

- Toast with margarine
- Scrambled egg
- Apple sauce
- Milk

Breakfast 3

- Raisin and Bran Flake cereal with milk
- Orange juice

Breakfast 4

- Instant Breakfast drink prepared with milk
- Banana

Activity

Plan out three days of meals that you would consider appropriate for you and your family and make a shopping list.

Give Yourself Permission to Eat

Eating is a basic life need. Eating is meant to be enjoyed! Allow yourself to meet your basic need of life with enjoyment. Enjoy familiar foods and unfamiliar foods. Don't tell yourself you will never eat _____ again. Have you noticed that once you say you will never eat a certain food again you suddenly desire it more? By reassuring yourself that you can have what you want in the amount that you want, there is more freedom to allow yourself to enjoy other foods and not have to binge on that particular food. You actually have more control over the "forbidden" food than ever before.

On the flip side to this, your less than favorite foods won't be as bad because you don't have to eat them just because they are "good-for-you". Don't force yourself to eat repulsive food. Try to find other foods that you can enjoy that would give you the same benefits. For example, if you desire to increase the amount of green leafy vegetables and you cannot stand cooked spinach, what about a spinach salad with a yummy salad dressing? If you cannot tolerate carrots, then how about cantaloupe? By the way, did you try cooking the carrots in butter and honey? Remember, you have permission to eat butter.

With your new found permission to eat, you may overeat at times. That's okay. With your new found permission to eat, you may undereat at times because you know that another meal or snack is coming. That is okay. You will find you are more likely to tolerate less than desirable meals because you let yourself have enjoyable meals too.

Permission for Snacks

You may give yourself permission to eat anything you want for a snack. It is helpful to learn to ask yourself a few questions before eating a snack.

1. Am I hungry or eating to fulfill another need I have?
2. Will this food allow me to be hungry before my next meal?
3. Will this food give me energy or will I feel like taking a nap?
4. Will I feel deprived if I don't eat this food and be preoccupied with a desire for it?

Your environment and situation will help you to determine what you need to get out of the snack. Making sure you stay awake at a conference may override your desire to eat doughnuts that frequently make you sleepy. Give yourself permission to have them on Saturday when you can take a nap. Or maybe you put the doughnuts off until Sunday because you know they will make you feel sluggish for the family soccer game. The key is being in tune with how foods and combinations of foods support or don't support your daily activities.

If you answered often/always to questions 7&8 and never/rarely to questions 3&10 of the Eating and Feeding Cues Assessment, then your parents did a good job of giving you opportunity to learn to eat in grown-up ways. You were respected and allowed to take charge of your own eating. If you were allowed to choose which foods and how much you ate of what was offered you, you probably learned to give yourself permission to eat or not to eat what you want.

If you answered often/always to question 2, then you were given the message that dessert foods were better than other foods and that food is used for more than meeting your physical needs. If you had to eat so many bites of a vegetable or even clean your plate before you got dessert, then you may have overeaten just to get a dessert.

Case Scenario

Mary tried the permission principle out on her favorite doughnut store. She works close to a doughnut store that she just loves. When she was on a "diet" she would stay away from the forbidden place. She would sometimes dream of

eating a doughnut as she slept. She would sometimes get very grumpy as she drove by the store, knowing that she could not have one. When Mary would be "off" of her "diet" she would park in the back of the store and run in for a dozen doughnuts. She would have half of the dozen eaten by the time she got to work and the other half eaten by the time she got home. She felt physically horrible as well as guilt-ridden.

Once Mary began to give herself permission to eat the doughnuts, she would park in front of the store, walk in and order as many as she thought she could eat and still be hungry for lunch. That was usually 2 to 3. Sometimes she would lose control and have a few more, but she told herself that was okay. She savored them. She did this everyday for 2 weeks. After about 2 weeks the doughnuts amazingly began to lose their appeal. She now stops for doughnuts maybe once a month. They don't have a hold on her like they did when they were a forbidden food. She also likes how her body feels when she offers it a more supportive breakfast.

Acceptance of Body Size

"Accepting oneself does not mean that a person is absolutely okay and needs to do nothing. Rather, it implies that he/she has the energy to feel good about his/herself, cares about oneself, and wants to do what is best for body and mind to be the best that he/she can be!" (Omichinski)

Healthy, beautiful women come in all shapes and sizes. Does America's media portray this concept? No, in general, the ideal female body portrayed by the American media cannot be achieved naturally without

starvation or surgery for a majority of women. Oliver-Pyatt (2003) quotes an ad by the Body Shop, “There are three billion women who don’t look like super-models, and only eight who do.” Then what are we doing? Let’s see our beauty in our individual size and shape, eat in freedom, and enjoy life and health!!!! In fact, Oliver-Pyatt states that the men of Peru actually prefer women with a larger shape. If you are “starving” for a man, consider Peru.

Seriously, outer beauty needs to be defined as what is normal and healthy for each individual body. If you have to starve yourself to achieve a size 8, but with normal, moderate eating and comfortable activity you become a size 12, then your natural body is more than likely a size 12. Accept the size 12. Buy clothes that flatter your color, your shape, and that you feel you look good in. Keep your hair shaped nicely for your face and wear a good color makeup for you – as little or as much as what you are comfortable with. Do what you can without becoming obsessed. There is more to life than being in bondage for a size 8. It’s a choice that is in your power to make.

“Put weight in its proper perspective and focus on what’s really important in life. Do you want people to remember you for the shape of your body or the shape of your character and soul?” (Johnson, 1999)

If your caregivers regularly pressured you to eat less or to eat more, then you may have gotten the message that your weight/eating status was not “right” and needed to be changed for you to be of value (questions 13&14 of the Eating and Feeding Cues Assessment).

Support

Support in the journey to be a normal eater can take many forms. Some people only need the guidance of a resource and a food journal and they are on their way to normal and joyful eating. Others critically need the support of their family – encouragement and a desire to eat normally also. And still others may need the support of a partner, group or professional to keep them accountable. The key is to think through your needs and to not deny them. Then, ask an appropriate person for the help you need. What are the risks you take by asking? What are the risks you take by not asking?

Appendix C is a sample Food Journal that will be helpful to you in monitoring your patterns of eating. You will be able to identify areas that you need to work on. It is crucial that you focus on one thing at a time. For example, if you see that you are consistently eating when you are not hungry at night before you go to bed and that you are rarely coming to lunch hungry, then choose one to work on before you move to the next. Don’t overwhelm yourself! You have plenty of time!

Summary – Normal Eating

A summary of what we are striving for is summed up in the way Francis Berg (2004) defines normal eating:

- “Normal eating is usually eating at regular times, typically three meals and one or two snacks to satisfy hunger. It is regulated mostly by internal signals of hunger, appetite, satiety — we eat when hungry and stop when satisfied.

- Normal eating enhances our feelings of well-being. We eat for health and energy, also for pleasure and social reasons, and afterward, we feel good.
- Normal eating means that food choices more likely provide variety, moderation, and balanced nutrition.
- Normal eating promotes clear thinking and mood stability. It fosters healthy

relationships in family, work, school, and community. Thoughts of food, hunger, and weight occupy only a small part of the day (perhaps 10 to 15 percent).

- Normal eating nurtures good health, vibrant energy, and the healthy growth and development of children. It promotes stable weights, within a wide range, expressing both genetic and environmental factors.”

PHYSICAL ACTIVITY

Moving Your Body

Children usually have no trouble moving their bodies. They enjoy running, dancing, playing ball, turning cart-wheels and riding bikes. What happens to all of this movement as you age? Is there so much sitting at school and work that you begin to lose your strength and motivation for moving? Return to the joy of moving! Play! Dance! Play Ball! Oh, and if you enjoy aerobics, running, walking, biking, and or swimming, then by all means “just do it!” Fitness is for everybody – large or small or in between. We all need to be moving our bodies so we can experience the benefits of physical activity.

Benefits of Physical Activity

- Improved self-satisfaction, self acceptance, sense of personal worth
- Increased energy
- Greater psychological health
- It can be fun
- Renewed sense of control and accomplishment
- Improved mood
- Increased muscular strength and endurance
- More flexibility and less stiffness
- Reduced stress and increased sense of well-being

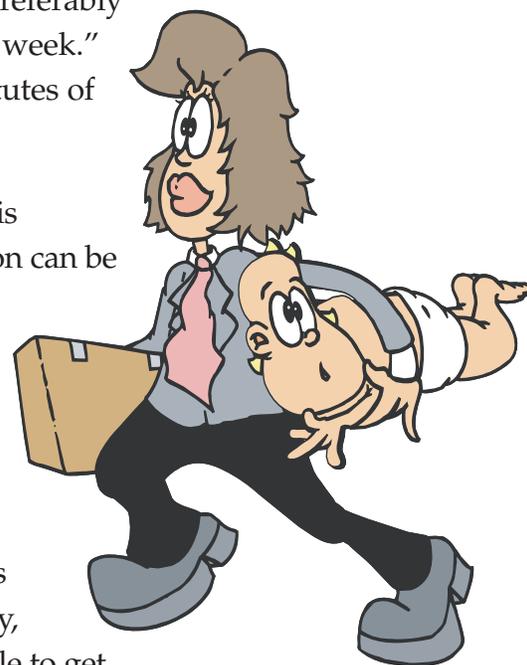
- Helps to manage blood pressure, LDL cholesterol, and triglycerides (and increases HDL cholesterol)

Hindrances to Physical Activity

If Physical Activity has such wonderful benefits then why don't more people engage in it regularly?

The recommendation by the Obesity Education Initiative states that “Initially, moderate levels of physical activity for 30-45 minutes, 3 to 5 days per week should be encouraged. All adults should set a long-term goal to accumulate at least 30 minutes or more of moderate-intensity physical activity on most, and preferably all, days of the week.” (National Institutes of Health, 1998)

Living up to this recommendation can be overwhelming. Some people hear this amount of time and don't give it another thought. Others may give it a try, but when unable to get the full 30 minutes in for at least 3 days, they give up – it's all or nothing. Some other reasons for not carrying through with regular physical activity include: (Adapted from *Moving Away From Diets*, by Kratina, et.al.)



1. Not having much natural athletic ability as a child. This person may have sometimes felt rejected because of this and eventually lost any interest in trying.
2. Pushed into exercise by a parent or friend for weight loss purposes or to make the body look better. This person may be rebelling against those who pushed her into exercise in the past where she received the message she wasn't good enough as she was.
3. Not wanting to have any attention drawn to her body by moving it.
4. Injured by exercise in the past and fears it will happen again.
5. Exercised in the past during a diet when energy level was low so associates exercise as something unpleasant. When diet ceased, so did the exercise.
6. Rejection may have been experienced due to the size of her body and she uses exercise to change the body. She experiences disappointment with herself and the exercise when she fails to meet her expectations.
7. Does not feel there is a safe location to be physically active.
8. The feeling of loneliness by spending the time alone.
9. Simply doesn't like sweating.
10. Feels there is no time to exercise.

Activity

If any of the 10 statements for not engaging in physical activity are true for you, then write any that apply in the spaces below. For each statement you write, write an action step you can take to deal with the problem. Discussing your issue with a trusted friend may help you remove the barriers. You may need to consult a skilled therapist to help.

Example: I don't want to have attention drawn to my body while moving it. I will go with my friend to buy some proper fitting, comfortable clothes to walk in. I will go to the track at a time that there are fewer people so to build up my confidence a little at a time.

Lifestyle Physical Activity (LPA)

Lifestyle Physical Activity (LPA) is the term used to give hope to those who do not enjoy exercise. LPA is a way of incorporating activity into a daily routine.

Another way of defining LPA is:

'Lifestyle physical activity is the daily accumulation of at least 30 minutes of self selected activities, which includes all leisure, occupational, or household activities that are at least moderate to vigorous in their intensity and could be planned or unplanned activities that are a part of everyday life'. (J. Gavin as quoted in "Kratina, et.al." 2003)



In addition, the Surgeon General's report on physical activity and health concluded that:

- People who are usually inactive can improve their health and well-being by becoming even moderately active on a regular basis.
- Physical activity need not be strenuous to achieve health benefits.
- Greater health benefits can be achieved by increasing the amount (duration, frequency, or intensity) of physical activity.

So, get some LPA into your DAY by:

- Parking your car further away so you have to walk further
- Playing actively with children
- Playing basketball with teenagers
- Gardening

- Dancing
- Taking the stairs instead of the elevator
- Walking around the soccer field while watching children play
- Wearing a headset and walking while talking on the phone
- Hand-delivering a memo instead of e-mailing it to a colleague
- Going window shopping

To find an activity that you enjoy, you may want to take 6 months or longer to explore a variety of exercise experiences. Try:

- Dancing – you could dance to music in your house, take a ballroom dance class, go line-dancing or join a local clogging or square-dancing group
- Canoeing – those of you who live near water, go for it
- Bicycling – join your kids for a bike ride
- Rollerblading – you may purchase your own and do it in or outdoors
- Hiking – Arkansas is full of beautiful places to hike
- Ball sports – football, basketball, volley ball, soccer, softball, tennis, golf (without golfcart) – play with your kids or join a church or community team
- Swimming

Call local parks, recreation centers, colleges, dance studios, health clubs etc. and find out what is offered and the fees. You can also refer to www.arkansas.gov/ha to find places in respective communities for physical activity.

Just like eating, moving your body has to find its normal and rightful place in your life. It may take trial and error, time and patience; but don't give up. Move your body. Every little bit makes a difference.

A Final Look at Mary

Let's look at how Mary is doing. Mary takes an hour on Friday afternoon to plan out her family's meals for the upcoming week. She takes her shopping list to the grocery on Saturday morning and purchases only what is on the list. She gives herself permission to write on her list potato chips, cookies, and butter. She also doesn't mind writing cauliflower and spinach because she now puts a little cheese or butter on them to make them so much more enjoyable.

Mary gets up 20 minutes earlier each morning and does an exercise video that is not too hard or too easy. She then eats her planned breakfast, prepares her and her family's lunches for the day and then dresses for the day in clothes that look good and fit properly.

On her drive to work she usually doesn't even notice the doughnut store. If she does, she evaluates if she wants them bad enough to plan to have them another day for breakfast.

For lunch Mary sits down in the lunch room to enjoy her lunch. First of all she pauses to give thanks for the privilege of having plenty of tasty

food to eat and a body that serves her well. She then focuses on her hunger and eats to satisfy her hunger. She doesn't feel the need to listen to the details of the latest diet that someone is on – she feels too free as well as in control to mess all of that up.

For lunch, she sometimes eats leftovers; sometimes she eats a sandwich, chips, and fruit; and sometimes she eats a fast food lunch. It took a while but she trained herself to eat the smaller portion sizes of fast food. She first started out ordering a smaller sandwich, but keeping the fries and drink the same size. She then went for the smaller fries, and is now working on a smaller drink. She is amazed that she really does feel satisfied with the smaller portions.



After work, Mary does her "taxi" driving to all the places her children need to go. She walks laps around the soccer field while her son practices. When they get home, she begins the process of preparing the meal she planned. On practice nights, grilled cheese and canned soups are popular. She also plans frozen pizza and salads,

Sloppy Joes and frozen vegetables, or a roasted chicken with baked beans for busy nights.

The family eats together now at the table with no distractions. They talk about the day and what their plans are for the next day. They enjoy a serving of dessert together on some nights.

Mary finds that she usually needs a snack in the afternoon so that she will not get out-of-control hungry before supper is ready. She has found that peanuts, a fruit and water are examples of a supportive snack for her. She is pleasantly hungry for supper and feels energetic in the afternoon.

Her husband reports that Mary looks better than ever – not because Mary has lost much weight, but because she is much happier and self-confident. As far as Mary’s weight – she gained a few pounds at first (the doughnuts), but then she began to lose that after she had been on her journey to eat normal and be physically active.

Some days she thinks of the way she looked when she was younger, the size jeans she once wore. But then, she thinks about the bondage it would take to get there and determines that her new found freedom is worth the bigger jean size.

POST-ASSESSMENT

The post-assessment questions which follow are intended to assist you in determining whether you have achieved the objectives in this module.

Instructions: Read the questions which follow and respond to each on a separate sheet of paper.

- 1.** What in our current culture has been an obstacle for you in managing your weight?
- 2.** Are you a normal eater, dysfunctional eater, or a disordered eater? State some reasons why you are that kind of eater.
- 3.** In relation to meal planning, list the types of foods that need to be included in a meal.
- 4.** List the benefits you personally receive from physical activity.
- 5.** What barriers have you identified to having more physical activity? What are possible solutions to these barriers?

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PRE-ASSESSMENT ANSWER KEY

- 1.** T___ F___ The American Dietetic Association has stated that obesity is simply caused by over-consumption of food.

False. The American Dietetic Association has stated that obesity is a complex, multifactorial disease.

- 2.** T___ F___ A total of 63% of adult Arkansans are either overweight or obese.

True.

- 3.** T___ F___ Some people carry disruptive eating patterns into adulthood from their childhood eating experiences.

True. Your relationship with food, either positive or negative, begins to form from birth.

- 4.** T___ F___ To place eating in its rightful place in one's life, planning what, when and where meals will be eaten in advance is essential.

True. You are able to trust yourself to provide good food for your body when you have planned out your meals in advance. Hunger is not to be feared because you know another meal or snack is coming.

- 5.** T___ F___ Only children benefit from eating breakfast.

False. Eating breakfast benefits both children and adults.

- 6.** T___ F___ A key component to being a normal eater is to give yourself permission to eat.

True. Normal eaters don't obsess over what they should and should not eat.

- 7.** T___ F___ The increase of overweight and obesity has paralleled the increases in portion sizes over the past 30 years.

True. As portion sizes have gotten bigger so have our bodies.

- 8.** T___ F___ When eating normally, snacks should never be eaten.

False. Most people need at least one supportive snack a day to help protect against overeating driven by excessive hunger.

- 9.** List 3 benefits of Physical Activity.

Refer to page 23.

- 10.** List 3 hindrances to Physical Activity.

Refer to pages 23 and 24.

MODULE EVALUATION

Module Evaluation

WIC CPA's: Walking the Talk

Childhood Obesity Self-Study Module

Please take a moment to provide feedback on the training that you received.

Date: _____

Name: (optional) _____

Your Position: RN____ LPN____ RNP____

H Ec.____ RD____ Social Worker____

How long have you been working with WIC clients? _____ Years

Use the rating scale to best describe your opinion of the following statements:

5 = Strongly Agree

4 = Somewhat Agree

3 = Somewhat Disagree

2 = Strongly Disagree

1 = NA (not applicable or not able to answer)

1. I am able to describe the relationship between our current culture and the impact it has had on adult obesity.

5 4 3 2 1

2. I am able to define normal eating and have determined if I am a normal eater, dysfunctional eater or a disordered eater.

5 4 3 2 1

3. I am able to plan a week's worth of menus that encourage normal eating.

5 4 3 2 1

4. I am able to list five benefits of physical activity.

5 4 3 2 1

5. I have determined the applicable barriers that keep me from being more physically active, if applicable.

5 4 3 2 1

6. The module was accurate, up-to-date, well organized and easy to follow.

5 4 3 2 1

7. Instructions were easy to follow.

5 4 3 2 1

8. What I learned in this module will be useful.

5 4 3 2 1

9. I would recommend this module to others.

5 4 3 2 1

Any other comments or suggestions:
(May use back if needed.)

REQUEST FOR CONTINUING EDUCATION ACTIVITY CERTIFICATE

Evaluation form of the module you have completed must be included with this form to receive a CEU Certificate.

Please Print or Type:

Name: _____

Title: _____

RD# _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Send the two items listed below to:
WIC Nutrition and Breastfeeding
Slot H-43
Arkansas Department of Health and Human Services
P.O. Box 1437
Little Rock, AR 72203-1437

We will not send a certificate unless we receive both items.

- ✓ Module Evaluation
- ✓ Request Form

Body Mass Index Table

	Normal										Overweight										Obese										Extreme Obesity									
	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54				
BMI	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54				
Height (inches)	Body Weight (pounds)																																							
58	91	96	100	105	110	115	119	124	129	134	138	143	148	153	158	162	167	172	177	181	186	191	196	201	205	210	215	220	224	229	234	239	244	248	253	258				
59	94	99	104	109	114	119	124	128	133	138	143	148	153	158	163	168	173	178	183	188	193	198	203	208	212	217	222	227	232	237	242	247	252	257	262	267				
60	97	102	107	112	118	123	128	133	138	143	148	153	158	163	168	174	179	184	189	194	199	204	209	215	220	225	230	235	240	245	250	255	261	266	271	276				
61	100	106	111	116	122	127	132	137	143	148	153	158	164	169	174	180	185	190	195	201	206	211	217	222	227	232	238	243	248	254	259	264	269	275	280	285				
62	104	109	115	120	126	131	136	142	147	153	158	164	169	175	180	186	191	196	202	207	213	218	224	229	235	240	246	251	256	262	267	273	278	284	289	295				
63	107	113	118	124	130	135	141	146	152	158	163	169	175	180	186	191	197	203	208	214	220	225	231	237	242	248	254	259	265	270	278	282	287	293	299	304				
64	110	116	122	128	134	140	145	151	157	163	169	174	180	186	192	197	204	209	215	221	227	232	238	244	250	256	262	267	273	279	285	291	296	302	308	314				
65	114	120	126	132	138	144	150	156	162	168	174	180	186	192	198	204	210	216	222	228	234	240	246	252	258	264	270	276	282	288	294	300	306	312	318	324				
66	118	124	130	136	142	148	155	161	167	173	179	186	192	198	204	210	216	223	229	235	241	247	253	260	266	272	278	284	291	297	303	309	315	322	328	334				
67	121	127	134	140	146	153	159	166	172	178	185	191	198	204	211	217	223	230	236	242	249	255	261	268	274	280	287	293	299	306	312	319	325	331	338	344				
68	125	131	138	144	151	158	164	171	177	184	190	197	203	210	216	223	230	236	243	249	256	262	269	276	282	289	295	302	308	315	322	328	335	341	348	354				
69	128	135	142	149	155	162	169	176	182	189	196	203	209	216	223	230	236	243	250	257	263	270	277	284	291	297	304	311	318	324	331	338	345	351	358	365				
70	132	139	146	153	160	167	174	181	188	195	202	209	216	222	229	236	243	250	257	264	271	278	285	292	299	306	313	320	327	334	341	348	355	362	369	376				
71	136	143	150	157	165	172	179	186	193	200	208	215	222	229	236	243	250	257	265	272	279	286	293	301	308	315	322	329	338	343	351	358	365	372	379	386				
72	140	147	154	162	169	177	184	191	199	206	213	221	228	235	242	250	258	265	272	279	287	294	302	309	316	324	331	338	346	353	361	368	375	383	390	397				
73	144	151	159	166	174	182	189	197	204	212	219	227	235	242	250	257	265	272	280	288	295	302	310	318	325	333	340	348	355	363	371	378	386	393	401	408				
74	148	155	163	171	179	186	194	202	210	218	225	233	241	249	256	264	272	280	287	295	303	311	319	326	334	342	350	358	365	373	381	389	396	404	412	420				
75	152	160	168	176	184	192	200	208	216	224	232	240	248	256	264	272	279	287	295	303	311	319	327	335	343	351	359	367	375	383	391	399	407	415	423	431				
76	156	164	172	180	189	197	205	213	221	230	238	246	254	263	271	279	287	295	304	312	320	328	336	344	353	361	369	377	385	394	402	410	418	426	435	443				

Source: Adapted from *Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report*.

Food Journal Example

<i>Time</i>	<i>Food and Quantity</i>	<i>Pre-meal Hunger</i>	<i>Post-meal Satisfaction</i>	<i>Mood, Thought, Feelings</i>
<i>8:00</i>	<i>1 large bagel with light cream cheese and jelly 12 oz. skim milk</i>	<i>A little “4”</i>	<i>Stuffed</i>	<i>Should have stopped at 1/2 of bagel but I didn't want to get too hungry before lunch. It scares me to get too hungry.</i>
				<i>Was not hungry for a snack. I didn't even think about it.</i>
<i>12:00</i>	<i>Plain bean burrito Regular order of nachos Small Pepsi</i>	<i>Pleasantly hungry “6”</i>	<i>Satisfied</i>	<i>It felt good to eat. I allowed myself to have what I wanted, but I didn't order the bigger sizes like I usually do. I am satisfied and feel good.</i>
<i>3:00</i>	<i>Milky Way bar 12 oz. Coke</i>	<i>Didn't even think about it</i>	<i>Some guilt Some pleasure</i>	<i>Stressed at work. Needed a diversion. Ate it fast. Feel yuk that I had the coke.</i>
<i>6:30</i>	<i>Spaghetti (1 1/2 cups) Garlic bread – 2 slices Broccoli with cheese – 1/2 cup 12 oz. skim milk apple</i>	<i>A lot “8”</i>	<i>Very satisfied</i>	<i>I'm glad I had this meal planned. It was satisfying and feels good to know I provided myself with good nutrition that tasted good. I could have stopped at 1 slice of bread and not feel deprived, but I didn't want to waste the last piece.</i>
				<i>Was not hungry for a snack. Decided to read instead of snack tonight. Yeah!</i>

*Pre-meal hunger could be done on a scale from 1 to 10.
1 = no hunger, 5 = hunger, 10 = out of control hunger*

Food Journal

<i>Time</i>	<i>Food and Quantity</i>	<i>Pre-meal Hunger</i>	<i>Post-meal Satisfaction</i>	<i>Mood, Thought, Feelings</i>

*Pre-meal hunger could be done on a scale from 1 to 10.
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