The Obesity Challenge:

Aging, Obesity and Long Term Health

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www.BeckyDorner.com
Objectives

1. Understand available evidence based research related to successful adult weight loss

2. Discover how to utilize current resources to help adults implement practical changes that lead to positive, healthy weight management
Have You Ever Been on a Diet?
Any of These Sound Familiar?

Let’s blow away the competition!
Here’s one
I bet you haven’t heard of...
"Thelma is trying that new Duct Tape Diet."
Why Me?

What’s an LTC RD doing talking about obesity?

- With 68% of Americans overweight, this is one of those issues that affects us all.
What Is Obesity?

How Do We Measure It?
Weight Classifications by BMI Level

- $<18.5 = \text{Underweight}$
- $18.5-24.9 = \text{Normal weight}$
- $25-29.9 = \text{Overweight}$
- $\geq 30 = \text{Obese}$
- $\geq 40 = \text{Extremely Obese}$
Obesity Trends* Among U.S. Adults
BRFSS, 1985

(*BMI ≥30, or ~30 lbs. overweight for 5’4” person)
<table>
<thead>
<tr>
<th>No Data</th>
<th>&lt;10%</th>
<th>10%–14%</th>
<th>15%–19%</th>
<th>20%–24%</th>
<th>≥25%–29%</th>
<th>&gt;30%</th>
</tr>
</thead>
</table>

(*BMI ≥30, or ~ 30 lbs. overweight for 5’ 4” person)
F as in Fat: How Obesity Threatens America's Future 2011
Obesity Rates in 2030

Current and Future Obesity Rates

[Map showing obesity rates across the United States]

F as in Fat:
http://healthyamericans.org/report/100/
Obesity Rates in 2030 if BMI Reduced 5%

Current and Future Obesity Rates

F as in Fat:

http://healthyamericans.org/report/100/
Adult Obesity Rate in Wisconsin Could Reach 56.3 Percent by 2030, According to New Study

Related Health Care Costs Could Climb by 14.7 Percent

Washington, D.C., September 18, 2012 - The number of obese adults, along with related disease rates and health care costs, is on course to increase dramatically in Wisconsin over the next 20 years, according to F as in Fat: How Obesity Threatens America's Future 2012, a report released today by Trust for America's Health (TFAH) and the Robert Wood Johnson Foundation (RWJF).

For the first time, the annual report includes an analysis that forecasts 2030 adult obesity rates in each state and the likely resulting rise in obesity-related disease rates and health care costs. By contrast, the analysis also shows that states could prevent obesity-related diseases and dramatically reduce health care costs if they reduced the average body mass index of their residents by just 5 percent by 2030. (For a six-foot-tall person weighing 200 pounds, a 5 percent reduction in BMI would be the equivalent of losing roughly 10 pounds.)

"This study shows us two futures for America's health," said Risa Lavizzo-Mourey, MD, RWJF president and CEO. "At every level of government, we must pursue policies that preserve health, prevent disease and reduce health care costs. Nothing less is acceptable."

The analysis, which was commissioned by TFAH and RWJF and conducted by the National Heart Forum, is based on a peer-reviewed model published last year in The Lancet. Findings include:

Projected Increases in Obesity Rates

If obesity rates continue on their current trajectories, by 2030, the obesity rate in Wisconsin could reach 56.3 percent. According to the latest data from the U.S. Centers for Disease Control and Prevention (CDC), in 2011, 27.7 percent of adults in the state were obese.
### Obesity Rates in Older Adults

<table>
<thead>
<tr>
<th>Age/Gender</th>
<th>Percentage of Obesity 2007-2008</th>
<th>Rate of Increase Since 1988-1994</th>
</tr>
</thead>
<tbody>
<tr>
<td>65-74 All</td>
<td>32%</td>
<td>45%</td>
</tr>
<tr>
<td>65-74 Men</td>
<td>40%</td>
<td>67%</td>
</tr>
<tr>
<td>65-74 Women</td>
<td>35%</td>
<td>30%</td>
</tr>
<tr>
<td>&gt;75 Men</td>
<td>26%</td>
<td>100%</td>
</tr>
<tr>
<td>&gt;75 Women</td>
<td>27%</td>
<td>42%</td>
</tr>
</tbody>
</table>

How did This Happen?!

Million dollar question!

- ↑Portions and ↓Activity
- High calorie/low nutrient convenience food (Junk vs real food, cheap and easy)
- Lack of cooking skills
- Food and nutrition insecurity
- Hormones in our food?
“Currently, the average American gains about a pound a year between the ages of 20 to 60 years.”

US Dietary Guidelines Report, 2010
Obesity’s Impact on Health
Obesity and its Relation to Mortality and Morbidity Costs

Worldwide epidemic with significant negative impact on health, mortality and related costs

Associated with increased prevalence of diabetes, CVD, HTN and some cancers

Increased weight is associated with kidney disease, stroke, osteoarthritis and sleep apnea

Obesity significantly increases risk of death

www.surgeongeneral.gov/library/calls/obesity/fact_consequences.html
In 2005, 133 million Americans – almost 1 out of every 2 adults – had at least one chronic illness.

About 80% of older adults have one chronic condition, and 50% have at least 2.

By 2025, chronic diseases will affect an estimated 164 million Americans – nearly half (49%) of the population.

www.cdc.gov/chronicdisease/overview/index.htm
Waist Circumference

A large belly in mid-life has been shown to increase the risk of:

– Diabetes
– Stroke
– Coronary heart disease
– Dementia
Diabetes Diagnosis Rates are Soaring

Among Americans aged 65 years or older, 26.9% have diabetes (10.9 million people)

- An additional 35% of adults have pre-diabetes
- 25% of NH residents >65 diagnosed with diabetes

www.cdc.gov/diabetes/consumer/research.htm
www.cdc.gov/nchs/fastats/diabetes.htm
Prevalence of Diabetes 2010

http://altfutures.org/diabetes2025/
WI’s state median is just above the US median.

CDC: [www.cdc.gov/diabetes/atlas/obesityrisk/County_statelist.html](http://www.cdc.gov/diabetes/atlas/obesityrisk/County_statelist.html)
Percentage of Adults Aged 20 Years and Older Who Have Been Told They Have High Blood Pressure, 2007

CDC: http://www.cdc.gov/dhdsp/library/fs_bloodpressure.htm
Heart Disease Death Rates, 35+

CDC: http://www.cdc.gov/dhdsp/maps/national_maps/hd_all.htm
Heart Disease Death Rates, 65+

Heart Disease Hospitalization Rates Among Medicare Beneficiaries, 2000-2006
Adults Ages 65+, by County

CDC: http://www.cdc.gov/dhdsp/maps/national_maps/hd_all.htm
Sarcopenic Obesity

Age-related loss of skeletal muscle mass coupled with obesity
Metabolic Syndrome

Based on one study, 34% of Americans meet the criteria for metabolic syndrome


• Increases chance for CVD and other health problems such as diabetes and stroke
Think About the Impact Obesity Will Have on Long Term Health & Care
What Can We Do?

Claim our place as the nutrition experts!

We have the knowledge, tools, resources, credentials, and most important, the evidence!
Focus on Prevention

Focus on primary prevention (diet, exercise, nutrition)

Could have a major impact among existing Medicare beneficiaries and the near-elderly (55 to 64)

Emory University study published in *Health Affairs*

Heightened awareness of the dangers of smoking cut the number of people smoking from 30% to 20% since the 1950s--

Similar programs might curb obesity, too: Need aggressive interventions to deal with obesity and chronic disease among older adults to control spending (and improve QoLife)
Benefits of Weight Loss for Healthy Adults/Older Adults

- Reduced risk of cardiovascular episodes
- Reduction in blood cholesterol, lipids and glucose levels
- Some evidence that weight reduction in obese people >65 has similar health benefits to those at younger ages (due to ↓ CVD risk)

NHLBI, Clinical Guidelines on the Identification, Evaluation & Treatment of Overweight and Obesity in Adults
http://www.nhlbi.nih.gov/guidelines/obesity/ob_home.htm
For People Who are Appropriate for Planned Weight Loss Programs...

How do we help them lose weight safely AND keep it off?

What does the evidence support?

Academy Evidence Analysis Library: Weight Management
How Do Most People Want to Lose Weight?!
We are Dispelling the Myths

• The total diet approach and energy balance are promoted in policy initiatives - and the media:
  – 2010 *Dietary Guidelines for Americans*
  – DASH Diet (Dietary Approaches to Stop Hypertension)
  – MyPlate
  – Let’s Move
  – Nutrition Facts labels
  – Healthy People 2020
  – Dietary Reference Intakes

• Evidence based approach is more important than ever
It is the position of the Academy of Nutrition and Dietetics that the total diet or overall pattern of food eaten is the most important focus of healthy eating.

All foods can fit within this pattern if consumed in moderation with appropriate portion size and combined with physical activity.

The Academy strives to communicate healthy eating messages that emphasize a balance of food and beverages within energy needs, rather than any one food or meal.
• Focusing on variety, moderation, and proportionality in the context of a healthy lifestyle, rather than targeting specific nutrients or foods, can help reduce consumer confusion and prevent unnecessary reliance on supplements.

• Proactive, empowering, and practical messages that emphasize the total diet approach promote positive lifestyle changes.
The Incremental Value of Medical Nutrition Therapy in Weight Management

ABSTRACT

The Incremental Value of Medical Nutrition Therapy

INTRODUCTION

The potential benefits of Medical Nutrition Therapy (MNT) in weight management have been well documented. However, the incremental value of MNT in this context has not been thoroughly investigated. The present study aimed to evaluate the effectiveness of MNT in weight management, comparing it with usual care, and to assess the potential incremental value of MNT.

METHODS

A randomized controlled trial was conducted in a metropolitan area. Participants were randomly assigned to either the MNT group or the usual care group. The MNT group received nutritional counseling and individualized meal planning, while the usual care group received standard weight management advice. Anthropometric measurements, including body weight, body mass index (BMI), and waist circumference, were taken at baseline and 6 months.

RESULTS

The results showed significant differences in weight loss between the two groups. Participants in the MNT group achieved a greater weight loss compared to those in the usual care group. Furthermore, the incremental value of MNT was evident, as the additional weight loss was not negligible. The effects were maintained at the 6-month follow-up.

CONCLUSION

Medical Nutrition Therapy is an effective intervention for weight management, providing incremental benefits over usual care. It is recommended for individuals seeking weight loss.
MNT Provided by RDs Improves Weight Loss/Health, Saves $$

Study - Duke U, U of Iowa, BCBS NC, Academy:
MNT provided by RDs as part of a health benefit plan is an effective, low-cost way to help people safely lose weight.

"MNT is a valuable adjunct to health management programs that can be implemented at a relatively low cost. MNT warrants serious consideration as a standard inclusion in health benefits plans."

The cost of the MNT benefit to the health plan was $0.03 per member per month.
"Individuals who received full MNT were more successful than those who did not receive MNT at maintaining or losing weight (66.3% vs. 57.5%) and had twice the odds of achieving a clinically significant weight loss....

And they were more likely to exercise more frequently after participating in the program."
Evidence from the Adult Weight Management Academy EAL Guidelines
### Criteria for Recommendation Rating

**Statement Rating**

- **Strong**: Should follow these recommendations
- **Fair**: Should generally follow these recommendations
- **Weak**: Be cautious in applying
- **Consensus**: Be flexible in deciding whether to follow
- **Insufficient Evidence**: Use clinical judgment

© Academy of Nutrition and Dietetics Evidence Analysis Library
Criteria for Recommendation Rating

Conditional vs. Imperative

Conditional statements clearly define a specific situation

Imperative statements are broadly applicable to the target population without restraints on their pertinence
Evidence Supports…

Weight loss for adults who are overweight or obese to reduce:

- Risk factors for DM and CVD
- BP in both hypertensive and pre-hypertensive individuals
- BG in persons with DM and pre-diabetes
- HgbA1C in type 2 diabetes
- Serum triglycerides
- Total serum cholesterol
- LDL cholesterol
Weight loss and weight maintenance therapy should be based on a comprehensive weight management program including diet, physical activity, and behavior therapy.

The combination therapy is more successful than using any one intervention alone.

Rating: Strong, Imperative
Medical Nutrition Therapy for weight loss should last at least 6 months or until weight loss goals are achieved, with implementation of a weight maintenance program after that time.

A greater frequency of contacts between the patient and practitioner may lead to more successful weight loss and maintenance.

Rating: Strong, Imperative
Individualized goals of weight loss therapy should be to reduce body weight at an optimal rate of 1-2 lbs. per week for the first 6 months and to achieve an initial weight loss goal of up to 10% from baseline.

These goals are realistic, achievable, and sustainable.

Rating: Strong, Imperative
Estimated energy needs should be based on RMR. If possible, RMR should be measured (e.g., indirect calorimetry).

If RMR cannot be measured, then the Mifflin-St. Jeor equation using **actual** weight is the most accurate for estimating RMR for overweight and obese individuals.

**Rating: Strong, Conditional**
Dietary Interventions
Reduced Calorie Diets

An individualized reduced calorie diet is the basis of the dietary component of a comprehensive weight management program.

Reducing dietary fat and/or carbohydrates is a practical way to create a caloric deficit of 500 – 1000 kcals below estimated energy needs and should result in a weight loss of 1 – 2 lbs per week.

Rating: Strong, Imperative
Meal Replacements

For people who have difficulty with self selection and/or portion control, meal replacements (e.g. liquid meals, meal bars, calorie controlled packaged meals) may be used as part of the diet component of a comprehensive weight management program.

Substituting 1 or 2 meals or snacks with meal replacements is a successful weight maintenance strategy.

Rating: Strong
Total caloric intake should be distributed throughout the day, with the consumption of 4 to 5 meals/snacks per day including breakfast.

Consumption of greater energy intake during the day may be preferable to evening consumption.

Rating: Fair, Imperative
Portion control at meals and snacks results in reduced energy intake and weight loss.

Portion control should be included as part of a comprehensive weight management program.

Rating: Fair
Nutrition education should be individualized and included as part of the diet component of a comprehensive weight management program.

Short term studies show that nutrition education (e.g. reading nutrition labels, recipe modification, cooking classes) increases knowledge and may lead to improved food choices.

Rating: Fair
The work group examined the existing literature on some specific diets based on the availability of research as well as interest.
A low glycemic index diet is **not** recommended for weight loss or weight maintenance as part of a comprehensive weight management program, since it has not been shown to be effective in these areas.

**Rating: Strong, Imperative**
Dairy/Calcium and Weight Management

In order to meet current nutritional recommendations, incorporate 3-4 servings of low fat dairy foods a day as part of the diet component of a comprehensive weight management program.

- Research suggests that calcium intake lower than recommended levels is associated with increased body weight.
- However, the effect of dairy and/or calcium at or above recommended levels on weight management is unclear.

Rating: Fair, Imperative

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Low Carbohydrate Diet

Having patients focus on reducing carbohydrates rather than reducing calories and/or fat may be a short term strategy for some individuals.

- Research indicates that focusing on reducing carbohydrate intake (<35% of kcals from CHO) results in reduced energy intake.
- Consumption of a low-CHO diet is associated with a greater weight and fat loss than traditional reduced calorie diets during the first 6 months, but these differences are not significant after 1 year.

Rating: Fair, Conditional
Physical Activity Interventions
Health Benefits of Physical Activity: Strong Evidence for Adults/Older Adults

Lower risk of:
- Early death
- Heart disease
- Stroke
- Type 2 diabetes
- High blood pressure
- Adverse blood lipid profile
- Metabolic syndrome
- Colon/breast cancers

• Prevention of weight gain
• Weight loss when combined with diet
• Improved cardiorespiratory and muscular fitness
• Prevention of falls
• Reduced depression
• Better cognitive function (older adults)
Physical Activity

Physical activity should be part of a comprehensive weight management program.

• Physical activity level should be assessed and individualized long term goals established to accumulate ≥30 min of moderate intensity physical activity on most, if not all days of the week, unless medically contraindicated.

• Physical activity contributes to weight loss, may decrease abdominal fat, and may help with maintenance of weight loss.

Rating: Strong, Imperative

© Academy of Nutrition and Dietetics Evidence Analysis Library
Energy Balance & Weight Management

Physical Activity
(while not exceeding caloric requirements)

- 30 minutes of moderate-intensity physical activity, most days of week

US Dietary Guidelines, 2010
Energy Balance & Weight Management

To manage weight:
- 60 minutes of moderate to vigorous intensity activity most days of week

To sustain weight loss:
- 60 to 90 minutes of daily moderate-intensity physical activity

Include cardiovascular conditioning, stretching and resistance exercises or calisthenics

US Dietary Guidelines, 2010
A comprehensive weight management program should make maximum use of multiple strategies for behavior therapy (e.g. self monitoring, stress management, stimulus control, problem solving, contingency management, cognitive restructuring, and social support).

- Behavior therapy in addition to diet and physical activity leads to additional weight loss.
- Continued behavioral interventions may be necessary to prevent a return to baseline weight.

**Rating: Strong, Imperative**

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FDA-approved weight loss medications may be part of a comprehensive weight management program.

- Dietitians should collaborate with other members of the health care team regarding the use of FDA approved weight loss medications for people who meet the NHLBI criteria. (BMI>30 with no obesity related risk factors or diseases; Or BMI 27-29.9 with obesity related risk factors and diseases)

- Research indicates that pharmacotherapy may enhance weight loss in some overweight and obese adults.

**Rating: Strong, Imperative**

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### Medications that May be Prescribed for Weight Loss (NIH)

<table>
<thead>
<tr>
<th>Generic Name</th>
<th>FDA-Approved for Weight Loss</th>
<th>Drug Type</th>
<th>Common Side Effects</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phentermine</td>
<td>Yes; short term (up to 12 weeks) for adults</td>
<td>Appetite Suppressant</td>
<td>Increased blood pressure and heart rate, sleeplessness, nervousness</td>
</tr>
<tr>
<td>Diethylpropionate</td>
<td>Yes; short term (up to 12 weeks) for adults</td>
<td>Appetite Suppressant</td>
<td>Dizziness, headache, sleeplessness, nervousness</td>
</tr>
<tr>
<td>Phendimetrazine</td>
<td>Yes; short term (up to 12 weeks) for adults</td>
<td>Appetite Suppressant</td>
<td>Sleeplessness, nervousness</td>
</tr>
<tr>
<td>Orlistat</td>
<td>Yes; long term (up to 1 year) for adults and children age 12 and older</td>
<td>Lipase Inhibitor</td>
<td>Gastrointestinal issues (cramping, diarrhea, oily spotting), rare cases of severe liver injury have been reported</td>
</tr>
<tr>
<td>Bupropion</td>
<td>No</td>
<td>Depression Treatment</td>
<td>Dry mouth, insomnia</td>
</tr>
<tr>
<td>Topiramate</td>
<td>No</td>
<td>Seizure Treatment</td>
<td>Numbness of skin, change in taste</td>
</tr>
<tr>
<td>Zonisamide</td>
<td>No</td>
<td>Seizure Treatment</td>
<td>Drowsiness, dry mouth, dizziness, headache, nausea</td>
</tr>
<tr>
<td>Metformin</td>
<td>No</td>
<td>Diabetes Treatment</td>
<td>Weakness, dizziness, metallic taste, nausea</td>
</tr>
</tbody>
</table>
People should always talk to their doctors about the herbs, pills, powders or supplements they plan to take before taking them.

Drug-drug or food-drug interactions are common.

For more information on herbal supplements, visit the National Center for Alternative and Complimentary Medicine (NCAM) website for “Herbs at a Glance” at http://nccam.nih.gov/health/herbsataglance.htm
Dietitians should collaborate with other members of the health care team regarding the appropriateness of bariatric surgery for people who have not achieved weight loss goals with less invasive weight loss methods and who meet the NHLBI criteria. \((BMI > 40; 35-39.9 \text{ w/co-morbidities})\)

Refer to the Academy’s evidence based guidelines on nutrition care in bariatric surgery.

**Rating: Strong, Imperative**
Nutrition Interventions
To boil it all down into simple terms...
NEW USDA DIETARY GUIDELINES

AVOID FATTY MEATS

EAT YOUR VEGETABLES

GET DAILY EXERCISE
“Older overweight or obese persons can derive as much benefit from losing weight and keeping it off as do younger persons, with resulting improvements in quality of life, disabilities and risk factors for chronic diseases”

USDGR, 2010
A Calorie is NOT Just a Calorie!

2 oz. candy bar
260 cal, 0 pro

20 oz. soda
240 cal, 0 pro

+ = 500 cals
0 protein
0 nutrients
Nutrient Adequacy

Lower overall energy intakes to match energy needs

Replace energy dense foods (SoFAS) with nutrient dense vegetables, fruits, whole grains, fluid milk/products to increase shortfall nutrients: vit D, calcium, potassium, dietary fiber
Nutrient Adequacy

Consume a variety of nutrient-dense foods & beverages within and among the basic food groups while choosing foods that limit intake of saturated and trans fats, cholesterol, added sugars, salt and alcohol.

Meet recommended intakes within energy needs by adopting a balanced eating pattern.
Choose Real Food!
Cook Your Own

Healthier than most foods eaten out

Back to basics:
Teaching people how to cook

Academy’s “How do I…” videos for simple cooking tips:

- Dice onion
- Broil fish
- Cut an avocado
**Fatty Acids & Cholesterol**

- Limit SFA to <7% of calories, replace these calories with those from MUFA or PUFA, rather than CHO
- <300 mg/day cholesterol, with further reduction to 200 mg/day for CVD or T2D (or risk of)
- Keep trans fats as low as possible
- Consume 2 servings of seafood per week (4 oz. cooked, edible per serving) to provide 250 mg/day of n-3 fatty acids from marine sources
Protein

Animal proteins are the highest quality proteins
- Combine plant proteins to form more complete proteins (include legumes and grains)

RDA based on IBW (0.8/kg BW/day for >19 y/o)
- Lower calorie diets require higher percentage of protein intake (up to 35% on VLCD)

Higher protein diets assist in initial wt loss.
However, long term studies of weight loss or maintenance of wt loss find no differences among diets lower or higher in protein.
Protein

Seafood twice a week
(4 oz cooked portion each)

More beans and other plant based sources of protein

Lean meat, poultry

Low fat dairy
Meatless Mondays

Don’t have a cow! It’s Meatless Monday.

Now we get Mondays off!
Carbohydrates

45-65% of cals from CHO
with max of <25% of total energy from added sugars

- Active ➔
  High end of range
- Low cal diets ➔
  Low end of range (usually protein replaces CHO)
Carbohydrates

Choose fiber-rich fruits, vegetables, whole grains, cooked beans/peas as staples of the diet

Sedentary → Decrease caloric CHOs to balance energy needs and maintain ideal weight
Sodium, Potassium, Water

**Consume 2300 mg of sodium per day**
(<1500 mg if >50 or at risk of HTN)
Reduce over time by reducing convenience/fast foods, foods with added salt, added table salt

>4700 mg K+/day for healthy people

**Elderly at risk of hyperkalemia** (drugs and diseases impair K+ excretion) ➔ **Arrhythmias**

- ACE inhibitors, angiotensin receptor blockers, K+ sparing diuretics
- DM, CKD, ESRD, severe heart failure, adrenal insufficiency
Average daily intake of 1-2 alcoholic beverages is associated with the lowest all cause mortality and low risk of DM and CHD among middle aged and older adults.

Positive association between excess alcohol and risk of unintended injuries, breast/colon cancer.
Alcohol: If you drink…

**Up to 1 drink/day for women**
No more than 3 drinks in any single day

**Up to 2 drinks/day for men**
No more than 4 drinks in any single day

**One drink equals:**
- 12 oz. regular beer
- 5 oz. wine
- 1 oz. distilled spirits

*Calories can add up fast!*
• Evidence Analysis Library
  http://andevidencelibrary.com/default.cfm?auth=1

• Adult Weight Management Toolkit
  https://andevidencelibrary.com/store.cfm?category=1

• Weight Management Resources
  www.eatright.org/shop/categories.aspx?id=254

• Practice & Position Papers
  www.eatright.org/positions/

• Info for professionals and the public
  www.eatright.org

• Weight Management DPG
  www.eatright.org/Members/content.aspx?id=738
Free Physical Activity Toolkit for RDs (from WM and SCAN DPGs)

Includes The 2008 Physical Activity Guidelines for Americans, links to resources that are camera ready to print and provide to your patients, links to brief how to videos on exercise, screening resources, and case studies utilizing the use of the toolkit within the Nutrition Care Process and in a variety of scenarios.

www.eatright.org/HealthProfessionals/content.aspx?id=6862
Government Resources

- NHLBI: http://www.nhlbi.nih.gov/
- CDC: www.cdc.gov/obesity
- USDA: www.nal.usda.gov
- Choose My Plate: www.choosemyplate.gov
- Eat Healthy, Be Happy http://health.gov/dietaryguidelines/workshops/
- WIN www.win.niddk.nih.gov/
- http://go4life.niapublications.org/
- Center for Nutrition Policy and Promotion (Many links to helpful sites) http://www.cnpp.usda.gov/
• HBO Series: The Weight of the Nation
  http://www.cdc.gov/obesity/strategies/hbo_wotn.html

• Strategies to take action for your community:
  http://www.cdc.gov/obesity/strategies/community.html

• The Obesity Challenge, Becky Dorner & Associates, Inc.
  www.beckydorner.com
Call to Action!

Obesity will have a major impact on the US healthcare system.

Now is the time to get involved – including support of policy initiatives.

We can have a major impact in preventing and treating obesity in adults, and improving health of Americans.
Thank you!

• Sign up for our FREE Membership
  – Free e-zine packed with news, discounts on our publications, plus free resources
  – Provide your email address (or visit www.beckydorner.com)

• Watch our e-zine for news and resources

• Email your questions: Becky@BeckyDorner.com

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