

# **Project Health Manual**

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## **OVERVIEW**

### **PURPOSE**

This manual outlines a dissonance-based obesity prevention intervention that has been developed and used at Stanford University, the University of Texas at Austin, and Oregon Research Institute. The intervention is the outgrowth of a 16-year program of research on the risk factors for eating disorders by this research team. The original version of the intervention, called Healthy Weight, drew upon behavioral weight control programs that have been found to result in effective weight control (Brownell, 1997). This program provided information about the impact of caloric intake and physical activity on body weight and encouraged participants to make lasting lifestyle changes involving reduced caloric intake and increased physical activity. Participants developed individualized lifestyle modification plans and the majority of the 3 sessions were devoted to implementing these changes and overcoming barriers to change. The results from our initial trial suggested that the Healthy Weight intervention produced significant reductions in consumption of high-fat foods, increases in physical activity, and decreases in BMI and bulimic symptoms. This intervention also produced significantly stronger reductions in eating pathology relative to an assessment-only control group in an independent follow-up trial (Stice et al., 2003). Based on the promising findings for the Healthy Weight intervention from our prior prevention trials (Stice, Chase et al., 2001; Stice et al., 2003), and on the appealing possibility of developing a program that would produce effects for both obesity and eating pathology, we refined the intervention and evaluated it in a preliminary prevention trial of 188 female adolescents to determine whether the enhanced version of this intervention would produce reductions in risk for future obesity onset. Results from this trial indicated that the Healthy Weight intervention significantly reduced the risk for obesity onset over a 2-year follow-up and resulted in significant improvements in self-reported eating habits and exercise.

Project Health is an improved version of the Healthy Weight intervention that integrates persuasion principles from social psychology that have appeared to be effective in our eating disorder prevention programs. This version of the intervention draws upon dissonance induction procedures to reduce attitudinal and behavioral risk factors for eating disorders and obesity. The new dissonance version of the intervention encourages participants to take a critical look at unhealthy lifestyle choices that can lead to obesity, and to evaluate the costs of obesity. It also evaluates the benefits of maintaining a healthy lifestyle and encourages participants to pursue physical activity and maintain a healthy diet.

### **THEORETICAL FOUNDATION**

According to Festinger (1957), cognitive dissonance occurs when there is a discrepancy between one's beliefs and one's actions. This inconsistency creates psychological distress, which then motivates the individual to reduce the cognitive discord by changing their beliefs. In this intervention, young men and women with body image and weight concerns are encouraged to evaluate the costs of obesity, sedentary lifestyles and unhealthy diets through a series of verbal, written, and behavioral exercises. We use strategic self-presentation (Cialdini & Goldstein, 2004), wherein participants make verbal commitments to making healthy lifestyle changes in a group setting. Research suggests that people often change their behaviors to conform to the perspectives or behaviors enacted in group settings (Killen, 1985; Leake, Friend, & Wadhwa, 1999). Such effects putatively emerge because the cognitive dissonance that this creates increases the likelihood that participants will act or think in ways that accord more closely to the perspectives taken in the group settings.

In order to produce cognitive dissonance, it is vital for the participants to generate the costs of obesity and an unhealthy lifestyle, rather than the group leaders. In addition, participants should never focus on any benefits of unhealthy lifestyle choices, because this will only undermine the effects of the intervention. The present manual is for a third generation high-dissonance version of this intervention, in which we have incorporated a number of components that should maximize the dissonance that putatively accounts for intervention effects. This high-dissonance version of this intervention draws from procedures used in the Green and associates trial (2005).

It is important that group leaders not embellish this intervention in any way (e.g., discuss their own personal experiences related to obesity) because this may undermine the effects of the intervention that have been observed in past trials.

## **STRUCTURE**

Groups consist of a group leader, who can be a school counselor, psychologist, grad student, teacher, or nurse. It is often useful to include a co-leader, who can be a participant from a previous group, to help run the sessions (e.g., pass out material and write participant responses on a whiteboard). Experience suggests that the optimal group size is approximately 6 to 8 participants, as this ensures that all group members will be able to participate verbally. The group meets for four consecutive weeks in 1-hour sessions.

## **COMMON PROBLEMS**

Homework assignments can pose difficulties, especially those that seem “school-like.” Participants’ adherence to between-session assignments depends on whether leaders emphasize the importance of completing these exercises and how well leaders track the assignments in subsequent session. Contacting participants via email, phone, or text message a day before the scheduled session can help prompt participants to complete their assignments and in bring them to their next session. Additionally, all home exercise forms should be placed in participants’ folders, which should be kept in the possession of the facilitator.

It is important not to allow *participants* to argue for unhealthy lifestyle choices. Always keep in mind that the primary goal of the intervention is to get the *participants* to criticize and challenge the costs of obesity. Experience indicates that the program does not work if *participants* do not critique obesity. It may be helpful for facilitators to say that they are simply trying to follow the script when they ask participants to discuss the costs rather than the benefits of obesity and unhealthy lifestyles. It is also crucial for group leaders to keep self-disclosure to a minimum to make sure that participants can maximize the time spent critiquing obesity.

It is useful to make a distinction between obesity and people who are obese. If at any point in the discussion, participants blame their family members or friends for becoming obese, bring the discussion back to the costs of obesity for that person, regardless of the cause of the obesity. The purpose is to criticize obesity, not obese people.

It is also important to engage all participants during the group sessions. Although it is crucial to follow the manual closely, participants often get bored if group leaders consistently read directly from the script. Thus, we recommend becoming familiar with the main points so

that you can minimize the extent to which you read from the script. Maintaining eye contact with participants during the entire session and using first names helps encourage discussion as well. Be sure to look at each participant and try to draw her in to the discussions, paying special attention to those who are less talkative or reluctant to speak up. If one or two participants tend to dominate the discussion, call on other participants to share their opinions. We recommend going around the entire group so that *each* group member participates in each main activity (change the order so the same person does not always have to go first). Try to use humor when possible, be relaxed, smile and laugh when appropriate, and listen carefully to what participants are saying. When a participant shares personal information or discusses difficulties they have with body image, make empathetic statements (“Wow, it sounds like you’re really struggling with this”, “That must have been hurtful when your father made that comment to you about your weight”). While it is extremely important to stay on track and cover the necessary information for each session, participants want to feel heard and understood.

## **THERAPIST TRAINING**

This manual has been developed for school counselors, psychologists, grad students, nurses, or teachers. It is vital for group leaders to carefully read this manual and practice each activity (i.e., role play) before attempting to lead a group. Experience indicates that participants quickly lose interest if the group leaders are not familiar with the activities and the flow of the sessions.

## **MANUAL GUIDELINES**

The curriculum contained in this manual has been demonstrated in several randomized clinical studies to be an effective prevention program for individuals at risk for obesity and eating disorder onset. Adherence to the manual protocol is critical in obtaining positive outcome results.

It is particularly crucial for group leaders to manage the session effectively and make sure that *all listed exercises* are completed. It is sometimes necessary to tactfully interrupt particularly talkative individuals so that the group leader can move the group onto the next exercise in the manual.

If a participant misses a session, try to schedule a brief 15-minute mini-session that covers the important points and exercises with them. We often do this right before the next session begins. Although this represents extra work for the facilitators, it helps to minimize missed sessions and communicates that each participant is important.

The manual describes each of the 4 intervention sessions. For each session, information is provided on (a) materials used for the session, (b) a listing of topic areas to be covered, (c) main procedural elements for group leaders to follow, and (d) assigned home exercises for the participants to complete between sessions. Throughout the manual all handouts are distinguished by **underlined bold print**. Instructions to group leaders are presented in regular typeface. Verbal instructions that group leaders should say, or paraphrase, to participants are presented in *italics*.

# Project Health: Facilitator Fact Sheet

## 1. Obesity epidemiology:

- Obesity is a leading preventable cause of death worldwide, with increasing prevalence in adults and children, and authorities view it as one of the most serious public health problems of the 21st century.
- As of 2005 the WHO estimates that at least 400 million adults worldwide (9.8%) are obese, with higher rates among women than men.
- From 1980 to 2002, obesity rates have doubled in the U.S., reaching the current rate of 34% of the adult population. In the U.S., 58 million adults are overweight; 40 million are obese; 3 million are morbidly obese.
- Rates of obesity vary by ethnicity and gender. In the US, as of 2007, 33% of men and 35% of women are obese.
- About 65 percent of Americans are now considered either overweight or obese.
- Nineteen percent of children between the ages of 6 and 11 are overweight, up from 4% in the 1970s.

## 2. Obesity costs:

- Obesity in the U.S. carries an annual health care cost of about 100 billion dollars.
- Direct medical costs of obesity are easiest to calculate, coming in at \$93 billion, or 9%, of our national medical bill. But there are other costs as well that are harder to pin down.
- In 2000, health care costs associated with physical inactivity were more than \$76 billion.
- According to the United States Department of Agriculture, healthier diets could prevent at least \$71 billion per year in medical costs, lost productivity, and lost lives.

## 3. Physical activity:

- Less than 32% of US adults get regular physical activity (defined as light/moderate activity five times or more per week for 30 minutes or more each time and/or vigorous activity three times or more per week for 20 minutes or more each time).
- About 25% of young people (ages 12-21) participate in light to moderate activity (walking, bicycling) nearly every day. About 50% regularly engage in vigorous activity.
- Decrease in physical activity is related to increased accessibility to elevators, escalators, remote controls, driving instead of walking, etc.
- U.S. Surgeon General recommends moderate physical activity on most days of the week of at least 30 minutes per day for adults....important for weight loss, maintenance of weight loss, and general good health.
- Today's youth are considered the most inactive generation in history caused in part by reductions in school physical education programs and unavailable or unsafe community recreational facilities.
- Starting in adolescence, girl's physical activity declines 7.4 percent per year, while boys' activity decreases 2.7 percent per year.

- In 1969, an average of 48 percent of all students and 90 percent living no more than a mile away walked or bicycled to school. In 1999, only 19 percent of children walked to or from school and 6 percent rode bicycles to school.

#### 4. Nutrition:

- Researchers recommend eating from the four food groups and cutting normal portions in half for three balanced meals a day.
- Sweets, desserts, soft drinks and alcoholic beverages account for nearly 25 percent of all calories consumed by Americans. Salty snacks and fruit-flavored drinks add another five percent. Sodas alone contribute 7.1 percent of total calories eaten. Healthy fruits and vegetables make up only 10 percent of caloric intake in the U.S. diet.
- Annual sales of food and beverages to young consumers exceeded \$27 billion in 2002. Food and beverage advertisers collectively spend \$10 billion to \$12 billion a year to reach children and youth. Of that, more than \$1 billion is spent on media advertising to children, and \$3 billion is spent on packaging designed for children.
- Consumption of away-from-home foods comprised 20 percent of children's total caloric intake in 1977, rising to 32 percent by 1996.
- More than 60 percent of young people eat too much fat, and less than 20 percent eat the recommended five or more servings of fruits and vegetables each day.
- By 14 years of age, 32 percent of adolescent girls and 52 percent of boys in the United States are consuming three or more eight-ounce servings of sweetened soft drinks daily.
- Americans are consuming more calories than they did 30 years ago, and the rate of increase is three times greater in women than men.
- Women increased their daily calorie consumption 22 percent between 1971 and 2000, from 1,542 calories per day to 1,877 calories. The calorie intake for men increased 7 percent from 2,450 calories per day to 2,618 calories.
- Only about one-fourth of U.S. adults eat the recommended five or more servings of fruits and vegetables each day.
- Household income spent on away-from-home foods rose from 25 percent of total food spending in 1970 to nearly one-half in 1999.

#### 5. Obesity and socio-economic status:

- Obesity appears to have a strong inverse relationship with SES (obesity increases as income level decreases) among women in developed societies such as the U.S.
- Low-income women in minority populations appear most likely to be overweight.

#### 6. Obesity and age:

- Women are more likely to become overweight (BMI of 25 or more) as they become older.
- Obesity (BMI of 30 or more) has increased among U.S. women of all age groups over the last decade.

- Middle-age women are at a particularly high risk of becoming obese. The prevalence of obesity among middle-age women (ages 35 to 64) has increased at a minimum of 2 percentage points per year over a 40-year time period from 1960 to 2000.

7. Obesity and race:

- Among U.S. adults, African American (non-Hispanic) women have the highest prevalence of overweight (78 percent) and obesity (50.8 percent).
- Mexican American adults have the second highest prevalence of overweight (72%) and obesity (40%).
- 57.5% of White (non-Hispanic) adults in the U.S. are overweight, and 30% are obese.

8. Mortality rates of obesity:

- Obesity results in about 112,000 deaths per year in the United States (CDC).
- When BMI exceeds 30, the relative risk of death related to obesity increases by 50 percent.

9. According to a report by the Trust for America's Health titled, *F as in Fat: How Obesity Policies Are Failing in America 2009*:

- Adult obesity rates increased in 23 states and did not decrease in a single state in the past year.
- The percentage of obese or overweight children is at or above 30 percent in 30 states.
- The current economic crisis could exacerbate the obesity epidemic. Food prices, particularly for more nutritious foods, are expected to rise, making it more difficult for families to eat healthy foods. At the same time, safety-net programs and services are becoming increasingly overextended as the numbers of unemployed, uninsured and underinsured continue to grow. In addition, due to the strain of the recession, rates of depression, anxiety and stress, which are linked to obesity for many individuals, also are increasing.

10. Oregon specific obesity statistics:

- Oregon has the 28th highest rate of adult obesity in the nation, at 25.4 percent and the third lowest of overweight youths (ages 10-17) at 24.3 percent, according to a new report by Trust for America's Health (TFAH) and the Robert Wood Johnson Foundation (RWJF).

11. Neuroscience findings

- Consumption of very energy dense foods (e.g., ice cream) results in a down-reduction of responsivity of reward regions to food intake (suggesting that food becomes less rewarding).
- High levels of adipose tissue (fat) appears to cause inhibitory regions of the brain to shrink, increasing vulnerability for further overeating



- A period of obesity alters the expression of your genes, rendering any children you have at much higher risk for obesity (even if you loose weight before childbirth!).

# SESSION 1

**Prep:** Email/call/text each participant before this session to remind them about the time and location of the first group.

**Materials:** Handout—Food and Activity Changes  
Handout – Calories in Beverages  
Handout – How Society Encourages Overeating (Exercise #1)  
Handout- Letter About Costs of Obesity Form (Exercise #2)  
Flip chart (or whiteboard) and markers  
(all handouts should be placed in participants’ folders)  
Video camera

**Topic Areas:**

- I. Introduction
- II. Group Rules and Expectations
- III. Discussing the Costs of Obesity
- IV. Small Healthy Changes to Diet and Activity Levels
- V. Home Exercises

## I. INTRODUCTION (5 MINS)

*Thanks for joining us. All of you decided to take part in this group because of your desire to prevent weight gain or lose weight. We will focus on ways to achieve and maintain a healthy body weight since that is the main predictor of body satisfaction. Being at a healthy weight is also an important goal given that over 60% of US adults are overweight or obese. You can begin reversing this trend with your own healthy weight.*

The group leader begins by introducing herself to the group. Introductions include name, professional status, and personal information (e.g., something interesting or unique about themselves). The group leader asks the co-leader (if available) and group members to introduce themselves.

*Let's start by getting to know each other better. Can each of you tell us your name and the grossest unhealthy food or bizarre food you've ever seen or eaten?*

Group leaders should spend a few moments with each participant to elicit specific information and show interest (e.g., How long have you been horseback riding? What kind of paintings do you do?).

*This class is based on research that the topics we discuss and the exercises you do in this class have motivated people to make healthy lifestyle changes, which can be difficult as you become independent adults. Research has shown that making small but lasting healthy lifestyle improvements promotes body satisfaction and reduces risk for obesity. Each of you will have different goals about your body and we want you to be able to reach these goals in a healthy way.*

*Over the course of these classes, you can develop a better relationship with food and exercise, and gain greater control over your body size and shape. The goal is to reach a balance that will permit you to stop obsessing about food and how you look and achieve a lasting healthy weight.*

*Experience suggests that people get the most out of these groups if they attend all four meetings, participate verbally, and complete home exercises.*

*It is important to note that participation is voluntary. Is each of you willing to volunteer to actively participate in the group?*

## **II. VOLUNTARY COMMITMENT AND OVERVIEW (5 MINS)**

Have each participant verbally confirm that they are willing to actively participate.

### Group Rules:

*During these sessions it is also important that everyone is respectful to other group members. We ask that you please take this class as seriously as you would your other courses. We also ask that you do not use your cell phone (including texting) during these sessions.*

### Video Taping

*We need to videotape sessions for supervision and to train new facilitators. Is this OK with you?*

If anyone does not want to be filmed, make sure they are not in the picture frame.

### Attendance

*It is important that everyone attends all four sessions of this group. If you need to miss a session, please let us know as soon as you can. We will schedule a make-up session with you before the next regular group session so you will be caught up with everyone.*

Group leaders should **call or email participants** the day before each session to remind them about the session and to bring completed home exercise assignments. If a participant must miss a session, please schedule a brief (15 minute) individual make-up session to discuss key points from the session and get the participant “caught up” before the next session. Ask them to complete the home exercises before the next session too.

## **III. DISCUSSING HOW SOCIETY PROMOTE OVEREATING (15 MINS)**

*The first exercise is to discuss ways in which our society promotes overeating. What are some of the ways our culture promotes overeating?*

Answers:

Fast food restaurants are everywhere.

Cues (signs) for unhealthy foods are everywhere, and places they never used to be (e.g.; the gas station), prompting cravings for those foods  
Commercials for unhealthy foods, but not for healthy foods, are extremely common.  
Unhealthy food is cheaper than healthy food.

*What are some of the ways in which our government promotes overeating?*

Answers:

Subsidies for growing corn, which is used to produce high-fructose corn syrup.  
Does not do a good job regulating health claims made by food producers.  
Does not require that healthy foods be served in our schools (the nutrition standards are very low).

*Let's play a quick trivia game. There's a prize for the person who guesses the closest numbers. Here are the prizes that you can choose from if you win (put prizes out on table for participants to see). : Can anyone tell me what is inside trucks labeled Pepsi?*

Answer: Pretty much anything. Not just Pepsi. The company pays to paint their logos on trucks that deliver a variety of foods and beverages. The winner can pick a prize.

*Trivia time! Can anyone take a guess at what percentage of an American's income is typically spent on food?*

Answer: Less than 10%! The amount we spend on food has drastically decreased over the years due to the increased availability of food that is fast and cheap. Almost half of that money is spent on meals away from the home. For comparison the French spend about 14.9% and the Spanish 17.1%. The winner can pick a prize.

*Are you aware of some of the tactics that food companies use to trick us into thinking we're eating healthy but are actually eating a lot more calories than we need? Identify what's wrong with each of the following claims/ads:*

- 1) Nestle giving away free exercise sessions by submitting proof-of-purchase vouchers for 24 of their products highest in sugar and fat (e.g., KitKat bars).
- 2) Coke making smaller, 90-calorie cans. (The profit margins are larger for smaller cans and people could end up drinking 2 cans instead of just one.)
- 3) Coca Krispies made by Kellogg's can boost immunity. Frosted Miniwheats helps kids do better in school.
- 4) Vitamin Water is "healthy hydration for every occasion." (It contains 33 grams of sugar. Soda has around 39 grams.)
- 5) Nutella is a delicious hazelnut spread with a hint of cocoa that moms can serve as part of a balanced breakfast. (The first ingredient for Nutella is sugar; contains 21 grams of sugar and half of the calories in a serving come from fat).
- 6) 100 calorie snacks. (What's actually in them? Trans fat, white sugar, and preservatives).

- 7) Fast food chains offering diet menus (e.g., Taco Bell's Diet Drive-Thru Menu, Dunkin' Donuts offering to make breakfast sandwiches with egg whites instead of eggs.).

*Are there other foods that make health claims but are not actually healthy?*

*"Fortified" food products. The processing of foods depletes several key nutrients that companies try to "add back in". You might see a lot of cereals and breads with this health claim.*

*Who benefits from us being overweight or obese? Who gains financially while we gain weight?*

Food companies, diet industry, food advertising.

*Are you someone who benefits from lots of other people in our country being overweight?*

Ask group member if they personally benefit from an environment that promotes overeating.

### **III. DISCUSSING THE COSTS OF OBESITY (15 MINS)**

*The second exercise is to review the costs of obesity. We've found that this can be motivating for people to commit to living a healthier lifestyle and to achieve greater body satisfaction.*

*If there are women in the group: Who can guess the weight cutoff for obesity for a woman who is 5'4"?*

Write answers of group members on white board. Participant with the closest answer can choose a prize. A woman who is 5'4" would be considered obese if she weighed 175 pounds or more.

*If there are men in the group: Does anyone know the weight cutoff for obese for a man who is 5'10"?*

A man who is 5'10" would be considered if he weighed 209 pounds or more.

*What are some of the health problems associated with obesity?*

Answer: Make sure the following medical conditions are discussed and described, with a focus on the consequences of the conditions:

Heart attacks (e.g., *What is a heart attack? What happens to the heart when you have a heart attack?* Part of muscle dies.)

Strokes

High blood pressure

Diabetes (e.g., *What happens to your body when you have diabetes? What are consequences of having diabetes?* Body is resistant insulin, blood sugar increases, body unable to process blood sugar, causes damage to circulation, leads to amputation of fingers/hands, toes/feet.)

Cancer (involving most of the organs in the gastro-intestinal track)

Arthritis

Knee/hip/back/joint problems  
Physical pain  
Sleep problems  
Gastric reflux  
Irritable bowel syndrome  
Pregnancy complications  
Lower sperm count, poor quality of sperm

*Trivia time! How many deaths result from obesity in the US per year? Let's see who can get the closest with their guess.*

Write everyone's answer on the whiteboard and the winner can pick a prize. Answer: 300,000 deaths each year from illnesses related to overweight and obesity. This means that 1 out of every 8 deaths in the U.S. is caused by an illness directly related to overweight/obesity. The winner can pick a prize.

*Trivia time! Does anyone know how much life is shortened by obesity? Again, let's see who can get the closest with their guess.*

Answer: 7 years on average. A large range: 5-20 years. The winner can pick a prize.

*What are some of the psychological costs of obesity?*

Answer, write on whiteboard:

Low self-confidence  
Depression  
Anxiety  
Body image concerns  
Obsession with dieting  
Substance abuse

*What are some of the inter-personal costs of obesity? How can obesity negatively affect our relationships with other people?*

Answer, write on whiteboard:

Weight-related teasing in school and later in life  
More challenging to make friends  
More difficult to date/marry  
More difficult to get good jobs or promotions  
Wages are typically less for obese individuals – particularly women  
More difficult to get loans (for a house or business)  
People lose loved ones prematurely

*What are some of the costs of obesity for our broader society?*

Answer, write on whiteboard:

Excess burden on the health care system (Total annual cost of obesity in the U.S. in 2000: \$117 billion)  
Drives up health insurance costs due to more illness and more complications to interventions such as surgery  
Spend over 100 million dollars each year in weight loss programs or products  
Having to change our public transportation and buildings (e.g., theaters, planes) to accommodate obese individuals  
Food that contributes to obesity could be used for the malnourished  
Loss of productivity due to increased sick leave, disability pensions and premature deaths

Note: If at any point in this discussion, participants blame people for becoming obese, bring the discussion back to the costs of obesity for that person, regardless of the cause of the obesity. The purpose of this section is to criticize obesity, not obese people.

#### IV. SMALL HEALTHY CHANGES TO DIET AND ACTIVITY LEVEL (15 MINS)

*Next, we would like to ask each of you to make one healthy change to your diet and one healthy change to your activity level this week, with the ultimate goal of balancing caloric intake with caloric needs to reach a healthy balance. We've talked a lot about the consequences of being too heavy, but we want to emphasize that the aim here is to be healthy. This means that being too thin is also unhealthy because there also are quite a few health and psychological consequences associated with being too thin. Think about the least healthy part of your weekly diet. Also think about the best single way to improve your fitness level.*

*Let's go around the room to see what healthy changes people can make. Next week we will ask you about your changes and if you met your goals. This is really for you, so if you're honest about not having met your goals, we can help brainstorm to make the change better. If you say everything is going well when it's not, then we will also think everything is going well.*

Hand out **Food and Activity Changes Form**.

Get everyone to publically commit to making a small healthy change to their diet and activity level. Ask them to write down the changes in their handouts and to sign it. If people are not forthcoming, suggest eating less high-fat food or more veggies and fruit. Likewise, encourage people to exercise a little if they are sedentary or turn it up a notch if they already exercise. If a particular participant is already exercising a lot, encourage cross-training or incorporating exercises that increase flexibility.

*Here is a handout that can help you think about the calories in what you're drinking. Often we don't realize how many calories there really are in the things we drink.*

Hand out **Calories in Beverages** form to participants.

#### V. HOME EXERCISES (5 MINS)

*We would like you to dig a little deeper into the ways in which our society encourages overeating in young people. Please write a 2-minute presentation that you can give to the group next session. Topics can cover how school environments and the food industry contribute to overeating and obesity. People have talked about junk food ads aimed at children, the low cost/huge portions of fast foods, and how the food industry creates junk foods to be more appealing or make health claims. You could look at the packaging in the food you have in your home/dorm and see if it contains any untrue health claims. We would like you to discuss how society contributes to overeating AND talk about what you can do to fight these social pressures to eat poorly. Please feel free to bring in an example of an ad showing product placement, making a health claim for unhealthy food, or targeting kids with games/toys.*

*You are welcome to pair up with another group member and do a 4-minute joint presentation, if that sounds like fun. Please bring your written presentation to the next session so you can read it to the group.*

*Can each of you tell me the topic you want to investigate?*

Hand out **How Society Encourages Overeating** (Session 1- Exercise #1).

*For the second exercise, please write a letter to a younger friend, sibling, or someone else you know about the health, inter-personal, and social costs associated with overweight/obesity. You can also choose to write an email or script out a phone conversation if you think that would be more realistic. Think of as many costs as you can, and feel free to work with others to come up with ideas.*

*Please bring this home exercise form to our next meeting so you can read it to the group.*

Hand out **Letter About Costs of Obesity Form** (Session 1 - Exercise #2). Ask a participant to paraphrase the two assignments back to you.

*Does everyone understand what we are asking you to do between sessions?*

*Can someone use their own words to describe the three home exercises?*

*Please include your full name and signature on your home exercises. I will be collecting all home exercises.*

*We want these exercises to be fun as well as thought provoking, so please feel free to talk about them with others between sessions.*

*Experience shows that participants get the most out of this program when they do the exercises the best they can. Does everyone feel that they can do this?*

Get some form of public commitment from each participant.



*We wanted to give out some free workout clothes to say thanks for participating in this study. Please select something that appeals to you. If you attend all four sessions, you get to pick another item at the end of the last session too.*

*That's all for today. Thanks for coming. We look forward to seeing you next week!*

## SESSION 2

**Prep:** Email/call/text each participant before this session to remind them about the time/location of group and to complete each home exercise.

**Materials:** Handout – 10-Ten Costs Form (Session 2 – Exercise #1)  
Handout – Refusing Unhealthy Food Practice (Session 2 – Exercise #2)  
Handout – Tips for Eating Out  
(all handouts should be placed in participants' folders)  
Video camera

**Topic Areas:**

- I. Voluntary commitment
- II. Letter About Costs of Obesity Debriefing
- III. Presentations about How Society Encourages Overeating
- IV. Costs of an Unhealthy Diet
- V. Role-Play: Unhealthy Food/Drink Refusal
- VI. Sedentary Behaviors
- VII. Small Healthy Changes to Diet and Activity Level
- VIII. Home Exercises

### **I. REINFORCING VOLUNTARY COMMITMENT (1 MIN)**

Go around the room and get some sort of affirmation that they are willing to participate.

*Again, it is important to note that participation is voluntary. Is each of you willing to participate in today's session?*

### **II. LETTER ABOUT COSTS OF OBESITY DEBRIEFING (5 MINS)**

*Last week we asked if you would be willing to write a letter, email message or phone script to someone you know about the health, inter-personal, and social costs of obesity.*

*I would like each of you to read what you wrote. Are you willing to do that?*

*I would like to get a video-clip of you reading your letter so you can post it either on our group website, or on YouTube if you would like.*

Have each participant read her/his letter standing at the front of the room. For those that may be hesitant, allow them to go last. Encourage everyone to read as much of their letter as possible. Record with a separate camera or their cell phones so you can generate short individual video clips for participants. NOTE: For confidentiality purposes, it is important to make sure that the participant reading the letter is the ONLY person in the video.

Collect home exercise form. Make sure each participant has written their name on it and signed their name. Make a copy and return the original to them next session if they want to give it to the person to whom they wrote the letter.

### **III. PRESENTATIONS ABOUT HOW SOCIETY ENCOURAGES OVEREATING (15 MINS)**

*The other exercise we asked you to do was to write a brief presentation on one way in which our society encourages overeating in young people.*

*I would like each of you to read your presentation. Is it OK if I videotape you reading the presentation so you can consider posting it on our webpage or YouTube?*

Ask participants to stand for their presentation. Record with a separate camera or their cell phones so you can generate short individual video clips for participants.

*Anything you learned doing this presentation? Surprising/not surprising?*

Collect the home exercise form. Make sure each participant has written their name on it and signed their name.

### **IV. DISCUSSING COSTS OF AN UNHEALTHY DIET (6 MINS)**

*The next exercise is to discuss some of the costs of an unhealthy diet. What are the main types of unhealthy foods?*

Answer: Make sure people bring up each of the following unhealthy food types, prompting as necessary:

High-fat food, such as ice-cream, donuts, chips, fries, pastries (e.g., scones/muffins at Starbucks).

High-fat meats, such as hamburgers, steaks.

High-sugar foods, such as candy, desserts, pastries.

High-sugar/high fat beverages, such as soda, sports drinks, or sweetened coffee drinks

Highly processed foods

*Trivia time! What is the most consumed vegetable in the U.S.?*

Answer: French fries. The winner can pick a prize.

*What are some of the negative effects of eating high-fat foods? How about high-sugar foods?*

Answer: Feel stuffed, sleepy. Can cause skin blemishes or acne. Can make you feel not like exercising if you feel like you have a brick in your stomach. Unhealthy weight gain. Eating a lot of sugar increases preferences for sweet tastes in a self-perpetuating cycle, causes sugar crash, may be as addictive as drugs, causes cavities, unhealthy weight gain.

*Do people know the downsides of sugar substitutes?*

Answer: Increases preferences for sweet tastes. It is also associated with weight gain because it gives your body false signals about the energy content of foods (i.e., although foods with sugar

substitutes taste like they have a lot of calories, they do not, leading to weight homeostasis disruption). There have also been medical problems from some sugar substitutes in the past.

*What are some of the barriers to eating well?*

*Who creates these barriers and how?*

Possible answers:

Government subsidies of crops like corn and soybeans can help make highly processed food cheap

Fresh produce is more expensive than fast food

A lot of fast food restaurants are open 24-7

Food is in places it never used to be like gas stations and pharmacies

Lack of time to prepare healthy meals

We create barriers by not allowing down time to eat well

The food industry creates barriers to eating well with advertisements and accessibility of unhealthy food

## **V. ROLE-PLAY: UNHEALTHY FOOD/DRINK REFUSAL (10 MINS)**

*I've heard from a lot of students that one of the challenges to sticking with healthy changes is dealing with pressure from others to eat unhealthy foods or even dealing with internal pressure from themselves to make poor food choices. So, I would like to role-play refusing unhealthy foods and beverages. I will have you each role-play how you would politely but firmly refuse the request and say what the benefit is to you of not eating the food. Our experience has shown that the more you practice these refusals, the more comfortable you feel making them in your every day lives.*

You can use some of the examples below if necessary. Try to use examples that are particular to your students in their environment. Often at a university there will be certain cafeterias that are known for unhealthy choices (e.g. offering brunch or late night snacks). Ask students what these places are. Try to keep the exercise playful. Do one example per person, but push them on the refusal a few times.

*So here's an example,*

*If I say: "Let's get a monster cookie for a snack after class",*

*You could say: "No thanks, but maybe we could grab some fresh fruit instead; I don't want to crash from all that sugar because I need to study later."*

*Let's go around the room so that each of you can try.*

Sample statements:

*I have been craving pancakes and bacon for breakfast – want to go to the brunch buffet with me and get some?*

*Do you want to go get some donuts?*

*I'm hungry from partying all night, we must have worked off a lot of calories, let's go get McDonald's!*

*Aunt Sally is going to get offended if you bring your own food to the birthday party. Why can't you just eat what they'll have there?*

*Have you tried one of those deep-fried Twinkies at that new diner? We should go get one!*

*Do you want to go to Burger King for lunch?*

*Let's go grab a 6-pack to celebrate finishing that exam.*

*I bet I can finish that extra-large pizza faster than you can!*

*We don't have time to get food before class, let's just grab some chips/candy/breakfast bar/etc. from the convenience store!*

*Look at those (e.g., lemon bars/chocolate cakes/cookies) there in the window; they look so good! Want to get one?*

*Everyone's going to get treats to keep up our energy for studying tonight, want to come along?*

*It's sunny outside, want to go get some ice cream?*

*I am going to run down to the store for a soda – can I get you one?*

*I have been craving a milkshake – want to get one with me?*

*Did you want to go out to pizza for dinner?*

*Since it's your birthday tomorrow, we should go out to that local dessert place (e.g. Sweet Life) and celebrate!*

*I'm low on points, let's just get cheesy grillers (or other cheap food available to students).*

*[Mom] Honey, I know this is your favorite cake- I baked it especially for you.*

*I know you're full but just try one of these cookies—they are SO good.*

*Your aunt Alice made this just for you so you'd better have more.*

*We worked so hard on that final, exam, paper, etc.—let's treat ourselves to some dessert!*

*Do you think that you are better prepared to refuse unhealthy food offers now?*

## **VI. DISCUSSING COSTS OF SEDENTARY BEHAVIORS (6 MINS)**

*We've been talking a lot about unhealthy foods. Let's talk about sedentary behaviors. What are some types of sedentary behaviors?*

For example, sitting at computer, playing video games, watching TV/movies, checking Facebook/Twitter, chatting online, taking elevator, and driving.

*What are some benefits of having an active lifestyle versus a sedentary lifestyle?*

Improved fitness, performance in sports  
More restful sleep  
Less stress, anxiety, depression  
Stronger immune system, less illness, quicker recovery time  
Increased self-confidence  
Increased metabolism

## **VII. SMALL HEALTHY CHANGES TO DIET AND ACTIVITY LEVEL (15 MINS)**

*Last week we asked each of you to make one healthy change to your diet and one healthy change to your activity level over the last week. Who was able to reach your goal?*

Take time to go around the room and ask each participant if they made their changes. Ask for specific examples of what they did.

*For those who did not meet your health change goals, what will you do differently to succeed next week?*

If people begin to give excuses, say, “*We are not going to focus on excuses for not making these healthy changes – instead we want to focus on making positive changes and carrying this momentum into the future.*” If situations come up when a participant needs suggestions or problem solving, allow the other group members to come up with the ideas first (e.g., Have others come across the same problems? How have you handled it?) and only jump in if needed.

*If you've met your goal for this week, put your name in Healthy Changes jar for a raffle at our last meeting.*

Participants enter their name once for each goal met (e.g., if they met both food and exercise goals, then they enter their name twice).

*Is each of you willing to continue these changes and add another healthy change to your diet and activity level next week? So to be clear, you're still doing the changes that you made last week and you're adding another change to diet and activity level this week.*

*Does anyone in your dorm or group of friends or family know about the changes you are making? Telling others increases the likelihood of really making these changes.*

Go around the room and get a verbal commitment from each participant that is highly specific. Have them write down the changes on their handout and sign it. Each participant should be making two healthy changes to their diet and two healthy changes to their activity level. Having group members tell others in their life can be a good way of increasing accountability.

*Trivia Time! How many extra calories do you need to eat per day to gain 1 pound in a week?*

Answer: 457 calories per day. This is roughly equivalent to a serving of sweet and sour pork at Panda Express, half of a small cheese and sausage pizza (Domino's), half of a pint of Ben and Jerry's vanilla ice cream, or 3 Odwalla bars. The winner can pick a prize.

*Eating out frequently can lead to eating a lot of calories that you don't intend to eat. Here is another handout that has helpful tips on what to do when eating out.*

Hand out **Tips for Eating Out** form.

### **VIII. HOME EXERCISES (2 MINS)**

*Now that we have discussed the costs of consuming unhealthy foods and of engaging in sedentary behaviors, we would like you to generate a top-10 list of costs of eating unhealthy foods and engaging in sedentary behaviors that are personally meaningful to you.*

*Please bring your top-10 list to our next meeting so you can read some of it and we can discuss your experience about writing it.*

Hand out **Top-10 Costs of Unhealthy Foods and Sedentary Behaviors** (Session 2 – Exercise 1).

*Second, would you be willing to practice trying some of the unhealthy food refusal techniques we discussed today? Sometime during the next week when you are confronted by someone else (or by your own temptations) to eat unhealthy food, try to make a healthy food choice instead. Some people have found that it is most helpful to think of the benefits of not eating the unhealthy food. Remember, the more you practice these refusals, the more comfortable and normal it will feel making healthy choices.*

*Please write down what you did and bring it to the next session so you can share it with the group.*

Hand out **Refusing Unhealthy Food/Beverage Practice** (Session 2 – Exercise 2).

*Does everyone understand what we are asking you to do between sessions?*

*Can someone use their own words to describe the two home exercises?*

Ask a participant to paraphrase the two assignments back to you.

*Again, experience shows that students get the most out of this class when they do the exercises the best they can. Does everyone feel that they can do this?*

Get some form of public commitment from each participant.

*We want these exercises to be fun as well as thought provoking, so please feel free to talk about them with others between group sessions.*

*That's all for today. Thanks for coming. We look forward to seeing you next week!*



## SESSION 3

**Prep:** Email/call/text each participant before this session to remind them to complete each home exercise.

**Materials:**

Handout – Exercise and Caloric Expenditure

Handout—Be A Healthy Body Activist (Session 3 – Exercise #1)

Handout – Finding Healthy Food Choices (Session 3 – Exercise #2)

(all handouts should be placed in participants' folders)

Video camera

- Topic Areas:**
- I. Voluntary commitment
  - II. Top-Ten List Debriefing
  - III. Refusing Unhealthy Food Practice Debriefing
  - IV. Fighting challenges to maintaining an active lifestyle
  - V. Discuss how corporations encourage a sedentary lifestyle
  - VI. Small Healthy Changes to Diet and Activity Level
  - VII. Home Exercises

### I. REINFORCING VOLUNTARY COMMITMENT (1 MIN)

*Again, it is important to note that participation is voluntary. Is each of you willing to participate in today's session?*

Go around the room and get affirmation that they are willing to actively participate.

### II. TOP-10 LIST OF COSTS OF UNHEALTHY DIET AND SEDENTARY BEHAVIOR DEBRIEFING (10 MINS)

*Last week we asked if you would be willing to list the top-10 personal costs of an unhealthy diet and sedentary behavior.*

Have each participant read at least the top 5 personal costs they generated. Probe about which are top personal costs if participants do not say.

*What were your feelings as you generated this list?* Say this to the group, not to each participant individually.

Collect lists. Make sure each participant has written their name on the list and signed their name.

### III. REFUSING UNHEALTHY FOOD/BEVERAGE PRACTICE DEBRIEFING (10 MINS)

*The other exercise we asked you to do was to write down a time that you practiced refusing unhealthy food and beverages in the past week when you were either tempted by someone else or yourself. Could you each tell us what you did?*

*Did this exercise help you feel more comfortable about making healthy food choices and resisting temptation to eat unhealthy foods? If so, in what ways?*

Collect their refusing unhealthy food practice form. Make sure each participant wrote their name on the form and signed it.

*Trivia Time! How long do you need to exercise to see a significant boost in attention and problem-solving skills?*

Write answers on board and allow winner to pick a prize. Answer: 10 minutes. The longer and more intense the exercise, the bigger the benefits.

#### **IV. ROLE-PLAY: FIGHTING CHALLENGES TO MAINTAINING AN ACTIVE LIFESTYLE (10 MINS)**

*Now I would like to do another role-play fighting challenges to your plans to be physically active. I would like you to politely but firmly refuse, indicating that you would prefer to stick with your plan to do something physically active. When you are fighting this challenge, say why you would benefit today from being active. (You can use some of the examples below if you need more. Try to use examples that are particular to your students). Just like the unhealthy food refusals, we've found that practicing these refusals helps you stick to your physical activity plans. Do one example per participant, but push their refusal several times. Try to keep this exercise as playful as possible.*

*So for example,*

*If I say; "Why don't you skip your exercise class today? Let's go to a movie instead",  
You could say; "How about we go to that movie after my exercise class? I'd really like to do both. I get a lot of energy from going to exercise class and it feels great to move my body!"*

*Let's go around the room so that each of you can practice.*

Sample statements:

*It's such a pain to put on my workout clothes and then take another shower. My hair looks great today. Let's skip the workout just for today.*

*I'll get "helmet head" if I go for a bike ride right now. I think I'll just stay in and read instead.*

*It's raining and I never feel like exercising when the weather is so bad out.*

*I really can't exercise today; the team practice was cancelled.*

*It's not really very fun to exercise if the guys can't shoot hoops; I think I'll watch TV instead.*

*I have really bad cramps during my period. I can't exercise then.*

*It's been 90 degrees outside for the past week and there's no way I am going to go on that bike ride when it's this hot!*

*I'm too tired this morning—I've been up late almost every night this week studying, I need a break from going on that run.*

*I have too much studying to do! I need to skip going to the gym.*

*It's the weekend—you're supposed to just relax!*

*[Mom] Dear, you're only home for this 3-day weekend. Do you really need to go for that run?*

*You really should not exercise every day—you need to give your muscles time to recuperate.*

*You'd better not do weight lifting—you're going to start looking too buff.*

*We just ate—I feel like vegging out on the couch instead of going on a walk.*

## **V. HOW CORPORATE AMERICA OR SCHOOLS ENCOURAGES SEDENTARY BEHAVIOR (10 MINS)**

*What are some ways that corporations or the bureaucratic system (i.e. government) have made our lives less active or unhealthy?*

Computer/video games

Online shopping

Facebook/Twitter/blogs

Watching TV/movies on the computer

Sponsoring soda, junk food vending machines in schools

Lack of bike lanes, safe walking/running paths

News reports make parents feel it's unsafe to let their children bike or walk unsupervised

Cutting PE classes

Cell phone apps

Lack of stairs in businesses (e.g., hotels)

No places to walk in our cities

Urban planning often creates sprawl and forces people to use a car

Corporations fight public transportation so that people have to buy and use cars

*Trivia time! How many hours a week do you think students spend in front of the computer and TV?*

Write answers on board. Answer: 40 hours per week. Winner can pick a prize.

## **VI. SMALL HEALTHY CHANGES TO DIET AND ACTIVITY LEVEL (15 MINS)**

*Last week we asked each of you to make two healthy changes to your diet and two healthy changes to your activity level this week. Was each of you able to make your planned health improvements? Have you noticed any benefits since making these changes?*

Take time to go around the room and ask each participant if they did it (ask for specifics). If people begin to give excuses, say, “Again we are not going to focus on excuses for not making these healthy changes – instead we want to focus on making positive changes and carrying this momentum into the future.” If situations come up when a participant needs suggestions or problem solving, allow the other group members to come up with the ideas first, and only jump in if needed.

*If you’ve met your goal for this week, put your name in Healthy Changes jar for a raffle at our last meeting. Remember you get to enter your name once for each goal met.*

*Is each of you willing to continue these changes and add another healthy change to your diet and activity level next week?*

Go around the room and get a verbal commitment from each participant that is specific. Ask them to write down their changes on their handout and sign it. Each participant should identify three healthy changes to their diet and three healthy changes to their activity level.

*Here’s a handout with information about how many calories are burned on average doing these different exercises.*

Handout **Exercise and Calorie Expenditure** form.

## **VII. HOME EXERCISES (4 MINS)**

*For the first home exercise of this session, we would like you to be a “healthy body activist.” This is an assignment to do something that promotes a healthy lifestyle. These activities can be writing a letter to the school about having healthy menu options and decreasing the points for healthy foods, writing a letter to community leaders or politicians about a junk food tax or health food credit, posting a pro-active or pro-health food message on your Facebook or MySpace pages (e.g. “Friends Don’t Let Friends Eat Junk Food”; “A Good Friend Listens, A Best Friend Listens While Spotting You on Your Workout,” etc.). Remember to include a discussion of the costs of an unhealthy diet and sedentary behaviors and benefits of maintaining a healthy lifestyle.*

*Bring a copy of the letter or posts you wrote, or write down what you said and what the reaction was and we’ll talk about it next week.*

Hand out **Be a Healthy Body Activist** (Session 3 – Exercise 1).

*For the second home exercise, we would like to ask you to pick a place where you eat often (e.g., dorm cafeteria, convenience store, restaurants, etc.), go there and write down some of the healthy food and beverage choices that are available. For example, if you eat at the student center often, you might find that you could choose to eat a salad at Subway instead of the Chinese food at Panda Express. Other places you might think about are the dorms on campus or other eateries on campus that offer convenience food or are open late at night. Pick examples that are specific to the campus. Please try to pick options that you would actually choose in the future instead of the less healthy options. Bring this list with you to share with the group next week.*

Hand out **Finding Healthy Food Choices** (Session 3 – Exercise 2).

*Does everyone understand what we are asking you to do between sessions?*

*Can someone use their own words to describe the two home exercises?*

Ask a participant to paraphrase the two assignments back to you.

*Again, experience shows that students get the most out of this class when they do the exercises the best they can. Does everyone feel that they can do this?*

Get some form of public commitment from each participant.

*We want these exercises to be fun as well as thought provoking, so please feel free to talk about them with others between group sessions.*

Time permitting:

*Can everyone tell me something that “hit home” in this session?*

*That’s all for today. Thanks for coming. Next session will be our last session and we look forward to seeing you next week!*

## SESSION 4

**Prep:** Email/call/text each participant before this class to remind them to complete each home exercise.

**Materials:**

Handout – Fruits and Vegetables  
Video camera

**Topic Areas:**

- I. Presentations about Being a Healthy Body Activist
- II. Presentations about Finding Healthy Food Choices
- III. Making Healthy Choices in our Food Environment
- IV. Small Healthy Changes to Diet and Activity Level
- V. Adding Accountability Factors
- VI. Home Exercises and Closure

### I. PRESENTATIONS ABOUT BEING A HEALTHY BODY ACTIVIST (10 MINS)

*Last week we asked you to be a healthy body activist. What did you do?*

Collect the presentation form. Make sure participants put their names on the form and signed it.

### II. PRESENTATIONS ABOUT FINDING HEALTHY FOOD CHOICES (10 MINS)

*We also asked you to either find some healthy food/beverage choices at a place where you eat often. What did you find? Did you make these healthier choices?*

Have each participant share the food choices she found.

Collect food choices form. Have each participant write their name on the letter and sign it.

### III. MAKING HEALTHY CHOICES IN OUR FOOD ENVIRONMENT (7 MINS)

*Now I would like to discuss ways you can avoid the temptations of eating unhealthy foods.*

*What are your temptations?*

*How do other people successfully handle these temptations?*

*What are some alternatives to those unhealthy foods?*

*Are there strategies you've learned here that you could continue to use or try out?*

*What are things you can do to change your food environment to increase your ability to make healthy choices?*

Have participants list their temptations/tempting situations. Ask other participants for suggestions on how to handle temptations before providing an answer so that discussion is more likely to occur with the group and they can provide support for each other.

#### **IV. SMALL HEALTHY CHANGES TO DIET AND ACTIVITY LEVEL (15 MINS)**

*Last week we asked each of you to make three healthy changes to your diet and three healthy changes to your activity level this week. Was each of you able to make your planned health improvements?*

*What benefits have each of you noticed as a result of making these healthy changes?*

Go around the room and just see if they did it. Avoid letting participants give excuses.

Go around the room and have each participant say at least one benefit they have noticed. Often benefits include sleeping better, feeling more energetic, better able to concentrate rather than immediate weight loss.

*If you've met your goal for this week, put your name in Healthy Changes jar the raffle!*

Participants enter their name once for each goal met. Randomly pick a name out of the jar and allow winner to pick a prize.

*Is each of you willing to continue these changes into the future? Can each of you think of one other food and one other activity change you would like to make and keep for the next 6 months?*

Go around the room and get a verbal commitment from each participant that is highly specific. Have each participant write down a food and activity change that they will commit to for the next 6 months.

*If you're able to shop for your food (e.g. when you move into an apartment or go home), here's a list of fruits and vegetables you might want to try. The American Dietetic Association recommends 5-9 servings of fruits and vegetables a day. We've grouped the vegetables and fruits by color and the benefits associated with them.*

Hand out **Fruits and Vegetables** form.

#### **V. ADDING ACCOUNTABILITY FACTORS (10 MINS)**

*Now we would like to discuss some ways to help you continue with your healthy lifestyle changes once this group is over. We have found that having accountability for keeping up with these changes really helps to maintain them in the future. We think the best ways to add accountability are to write down the changes you are making and tell someone about them. So you could write it down on a post-it note and put it on your bathroom mirror, put notes in your school planner, set reminders on your cell phone, or even keep a food journal. Then, choose a person (or*

people) to tell about your changes and have this person check in with you regularly. You can even choose another group member to be your accountability partner if you'd like.

Is each of you willing to do this? What exactly are you going to do to be accountable for maintaining your healthy changes?

Go around the room and get a specific plan from each participant (make sure they each choose a way to write down their changes and a person who they are going to tell).

## **VI. HOME EXERCISES AND CLOSURE (8 MINS)**

Since this is our last session, we're interested in hearing how these meetings have been helpful for you. What changes have you noticed? Has this changed how you feel about your body? In what ways? This class has been shown to be effective in the long-run, so we want to encourage you to continue making tweaks to your lifestyle to make it healthier.

For your first exit exercise, I would like you to email me next week about the ideas that we discussed that struck you as the most personally compelling and I will email this to the whole group. Please discuss the costs of obesity, an unhealthy diet, and sedentary behaviors and benefits of maintaining a healthy weight, a healthy diet, and physical activity that really struck home for you. If you just want to email me, let me know.

Provide people the option of not showing their email address to the group. Send around a piece of paper to write down their email and whether or not they want their address to be shared.

For your second exit exercise, I would like to ask you to make an exercise plan with a friend to do something fun together. For instance, you could go play tennis, go to yoga class, take a hike, go for a run, take a bike ride, or play basketball. Starting with something small and manageable is fine, though you should also feel free to try to make some more significant healthy behavior changes.

I will email you and ask you to tell me about what you decided to do and how it went.

Now that we are about done, is anyone willing to say what you feel you got out of participating in this group?

Once again, thanks again for deciding to be a part of this group. We have been impressed with your thoughtful comments and participation—they are much appreciated!

Finally, if you've come to all four sessions, I would like to offer each of you another item of exercise clothing. Please select something that appeals to you.





# Project Health

## Food and Activity Changes

Please write down the healthy changes to your food and activity habits you intend to make each session. These should be small and do-able changes that you're committed to doing for the next week. Each time we meet, we will ask you to make an additional change.

### Session 1

Food change: \_\_\_\_\_

Activity change: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Session 2

Food change: \_\_\_\_\_

Activity change: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Session 3

Food change: \_\_\_\_\_

Activity change: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### After Session 4 (in the next 6 months)

Food change: \_\_\_\_\_

Activity change: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Beverages

Below is a list of beverages indicating the number of calories and the number of grams of fat for each specified amount.

Beverage	Amount	Calories (kcal)	Fat (grams)
Apple juice (unsweetened)	1 cup/ 8 fluid oz	117	0.3
Beer	1 cup/ 8 fluid oz	102	0.4
Beer (light)	1 cup/ 8 fluid oz	68	0.0
Caffe Mocha, Starbucks	1 cup/ 8 fluid oz (1/2 Grande)	165	7.5
Caffe Latta, Starbucks	1 cup/ 8 fluid oz (1/2 Grande)	95	3.5
Chocolate Triple Thick Shake, McDonald's	1.5 cups/12 fluid oz (small)	440	5.0
Coffee	1 cup/ 8 fluid oz	2	0.1
Cranberry juice (unsweetened)	1 cup/ 8 fluid oz	116	0.3
Cranberry juice cocktail	1 cup/ 8 fluid oz	140	0.3
Carbonated beverage, cola	1 cup/ 8 fluid oz	91	0.1
Carbonated beverage, cola (low calorie)	1 cup/ 8 fluid oz	5	0.1
Crystal light	1 cup/ 8 fluid oz	5	0.0
Frappuccino, Starbucks	1 cup/ 8 fluid oz (1/2 Grande)	120	1.5
Hard Liquor (Vodka, Rum, Gin, Whiskey)	1 shot/1 fluid oz	64	0.0
Hot chocolate	1 cup/ 8 fluid oz	192	5.8
Long Island Iced Tea	1 cup/ 8 fluid oz	452	0.0
Orange juice (unsweetened)	1 cup/ 8 fluid oz	112	0.2
Margarita	1 cup/8 fluid oz	253	0.0
Milk (nonfat)	1 cup/ 8 fluid oz	86	0.4
Milk (2% fat)	1 cup/ 8 fluid oz	122	4.8
Milk (whole)	1 cup/ 8 fluid oz	146	7.9
Milk, chocolate (reduced fat)	1 cup/ 8 fluid oz	190	4.8
Sports drink, Gatorade	1 cup/ 8 fluid oz	63	0.0
Tea	1 cup/ 8 fluid oz	2	0.0
Tomato & Vegetable juice	1 cup/ 8 fluid oz	53	0.2
Wine (red)	1 cup/ 8 fluid oz	200	0.0
<b>Sweeteners</b>			
1 tsp honey	½ tablespoon	32	0.0
1 tsp sugar	1 teaspoon	16	0.0







## Session 1

### Project Healthy Exercise #1: Food Policy Resources

Here are some resources to help you find ideas for your presentation on a way in which our society encourages obesity in young people.

#### **Websites**

<http://www.foodpolitics.com/> Marion Nestle, Ph.D., is a professor at New York University. Her blog includes daily updates on food policy and nutrition related news.

<http://www.yaleruddcenter.org/> Yale Rudd Center for Food Policy and Obesity. A non-profit research and public policy center.

<http://aphg.jhsph.edu/index.cfm> The Agriculture & Public Health Gateway is a project of the [Johns Hopkins Center for a Livable Future](#).

<http://www.cspinet.org> The Center for Science in the Public Interest. This website also has links to the “*Nutrition Action Healthletter*”.

#### **Books**

Brownell, Kelly D. (2004) *Food Fight: The Inside Story of the Food Industry, America's Obesity Crisis, and What We Can Do About It*. McGraw-Hill Companies, Inc.

Pollan, Michael (2008) *In Defense of Food: An Eater's Manifesto*. New York: The Penguin Press

#### **Videos**

Kenner, Robert & Schlosser, Eric (Producers) & Kenner, Robert (Director). (2009). *Food, Inc.* (motion picture). United States. Magnolia Home Entertainment.

Boak, Naomi & Spain, Tom (Producers) & Spain, Tom (Director). (2007) *Fat: What No One is Telling You*. United States. PBS







## Session 2

### Project Health Exercise #1: Top-10 Costs of Unhealthy Foods and Sedentary Behaviors

Please generate a top-10 list of costs of consuming unhealthy foods and of engaging in sedentary behaviors that are personally meaningful to you. Please bring your top-10 list to our next meeting so you can read some of it and we can discuss your experience about writing it.

1)

2)

3)

4)

5)

6)

7)

8)

9)

10)

Name: \_\_\_\_\_ Signature: \_\_\_\_\_







## Tips for Eating Out

### **Balance your intake over the whole day, or over a few days.**

- If you eat a large meal out, eat a little less at the next meal (but don't skip meals).
- Think about what your meal out may have lacked – such as fruits and vegetables – or what it may have contained too much of – such as fat. Plan to balance out your intake with more fruits and vegetables or less fat at the next meal.

### **Use portion control.**

- Order a regular or junior burger rather than a larger one to reduce calories, fat, and sodium.
- Order the smallest sizes of French fries and drinks, if you choose to order these items.
- Order salad dressing on the side so you can control how much you eat.
- Consider drinking water or skim milk, having a salad rather than French fries, and skipping dessert (or having something low in calories, such as fruit) if you eat a large burger.
- Many restaurants serve very large portions. When you get your food at a restaurant, divide it in half on your plate. Eat half, and take the other half home for later.

### **Choose appetizers and starters wisely.**

- If free bread or chips come with your meal, decide in advance how much of these items you will eat, and stick to your plan. Or, skip them altogether.
- Order a clear, broth-based soup as a starter (such as vegetable soup, miso soup, etc.). It will reduce your hunger and allow you to eat less of a heavier main course, and still feel full.

**Consider modifying toppings or sauces to make your favorite foods a little healthier.**

- For pasta, tomato-based sauces with vegetables generally contain less fat and calories than cream-based or meat-based sauces.
- Pizza can be made healthier in a number of ways:
  - o You can order the opposite of extra cheese – ask for less than the usual amount of cheese.
  - o Vegetable toppings provide more vitamins and fiber, and less fat and sodium, than meat toppings.
  - o Order thin-crust pizza for fewer calories per slice.
- Order sandwiches made with whole-grain bread and lots of vegetables.
- Consider removing high-fat sauces like mayonnaise and substituting lower-fat sauces like mustard or ketchup on your sandwiches.

**Look at the nutrition information for the restaurants you often go to. You'll be able to choose healthy options, or plan for the larger options you'd like to "splurge" on.**



## Exercise and Caloric Expenditure

This handout shows you the number of calories you burn for 20 minutes participation in different exercises. An excellent goal is to engage in at least 30 minutes of exercise 7 days a week. This can be a mixture of all types of physical activity, anything that makes you slightly out of breath and raises your heart rate slightly.

<u>ACTIVITY</u>	<u>CALORIES</u>	
	<u>130 lb woman (approx.)</u>	<u>160 lb man (approx.)</u>
Leisurely walk	68	85
Dancing	99	132
Cycling	138	170
Running	197	243
Aerobics	128	157
Weights	118	146
Cleaning	49	60
Driving	41	51
Swimming	138	170
Tennis	138	170
Rowing	167	206
Golf (carrying clubs)	89	109
Circuit Training	158	194
Skipping	197	243
Skiing	118	146
Ultimate Frisbee	166	205
Yoga	49	60
Soccer	138	170
Basketball	158	194







## Session 3

### Project Health Exercise #2: Finding Healthy Food Choices

Please choose a place where you eat often (like the dorm cafeteria, “Grab and Go” convenience store, EMU, etc...) go there, and write down some of the healthy food choices that are available. Write down what healthy alternatives you could choose to eat instead of some of the other, less healthy options.

**Location:** \_\_\_\_\_

**Healthy food choice:**

instead of...

**Unhealthy food choice:**

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Name: \_\_\_\_\_ Signature: \_\_\_\_\_



## Fruits and Vegetables – Benefits by Color

It's easy to get into a rut when it comes to the food you eat. Here's a list of fruits and vegetables and the possible health benefits for each color category. Try eating one per category every day.

### Blue/ Purple

*Benefits:*

- Lower risk of some cancers
- Urinary tract health
- Memory function
- Healthy aging

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 Blackberries  
 Blueberries  
 Black currants  
 Dried plums  
 Elderberries  
 Purple figs  
 Purple grapes  
 Plums  
 Raisins  
  
 Purple asparagus  
 Purple cabbage  
 Purple carrots  
 Eggplant  
 Purple Belgian endive  
 Purple peppers  
 Potatoes (purple fleshed)  
 Black salsify

### Green

*Benefits:*

- Lower risk of some cancers
- Vision health
- Strong bones and teeth

-----  
 Avocados  
 Green apples  
 Green grapes  
 Honeydew  
 Kiwifruit  
 Limes  
 Green pears  
  
 Artichokes  
 Arugula  
 Asparagus  
 Broccoflower  
 Broccoli  
 Broccoli rabe  
 Brussels sprouts  
 Chinese cabbage  
 Green beans  
 Green cabbage  
 Celery  
 Chayote squash  
 Cucumbers  
 Endive  
 Leafy greens  
 Leeks  
 Lettuce  
 Green onion  
 Okra  
 Peas  
 Green pepper  
 Snow Peas  
 Sugar snap peas  
 Spinach

### White

*Benefits:*

- Heart health
- Cholesterol levels that are already healthy
- Lower risk of some cancers

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 Bananas  
 Brown pears  
 Dates  
 White nectarines  
 White peaches  
  
 Cauliflower  
 Garlic  
 Ginger  
 Jerusalem artichoke  
 Jicama  
 Kohlrabi  
 Mushrooms  
 Onions  
 Parsnips  
 Potatoes (white fleshed)  
 Shallots  
 Turnips  
 White Corn

### Yellow/ Orange

*Benefits:*

- Heart health
- Vision health
- Immune system health
- Lower risk of some cancers

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 Yellow apples  
 Apricots  
 Cantaloupe  
 Cape  
 Gooseberries  
 Yellow figs  
 Grapefruit  
 Golden kiwifruit  
 Lemon  
 Mangoes  
 Nectarines  
 Oranges  
 Papayas  
 Peaches  
  
 Yellow pears  
 Persimmons  
 Pineapples  
 Tangerines  
 Yellow watermelon  
 Yellow beets  
 Butternut squash  
 Carrots  
 Yellow peppers  
 Yellow potatoes  
 Pumpkin  
 Rutabagas  
 Yellow summer squash

Sweet corn

### Red

*Benefits:*

- Heart health
- Memory function
- Lower risk of some cancers
- Urinary tract health

-----  
 Red apples  
 Blood oranges  
 Cherries  
 Cranberries  
 Red grapes  
 Pink/Red grapefruit  
 Red pears  
 Pomegranates  
 Raspberries  
 Strawberries  
 Watermelon  
  
 Beets  
 Red peppers  
 Radishes  
 Radicchio  
 Red onions  
 Red potatoes  
 Rhubarb  
 Tomatoes

Adapted from:

Produce for Better Health Foundation: [http://www.5aday.com/html/colorway/colorway\\_home.php](http://www.5aday.com/html/colorway/colorway_home.php)





## Session 4

# Project Health Exit Exercises

### **Exit Exercise #1:**

For your first exit exercise, I would like you to email me next week about the ideas that we discussed that struck you as the most personally compelling and I will email this to the whole group. Please discuss the costs of obesity, an unhealthy diet, and sedentary behaviors and benefits of maintaining a healthy weight, a healthy diet, and physical activity that really struck home for you.

### **Exit Exercise #2:**

For your second exit exercise, I would like to ask you to make an exercise plan with a friend to do something fun together. For instance, you could go play tennis, go to yoga class, take a hike, go for a run, take a bike ride, or play basketball. Starting with something small and manageable is fine, though you should also feel free to try to make some more significant healthy behavior changes.