

HIDALGO COUNTY WELLNESS PROGRAM WELLNESS GUIDE

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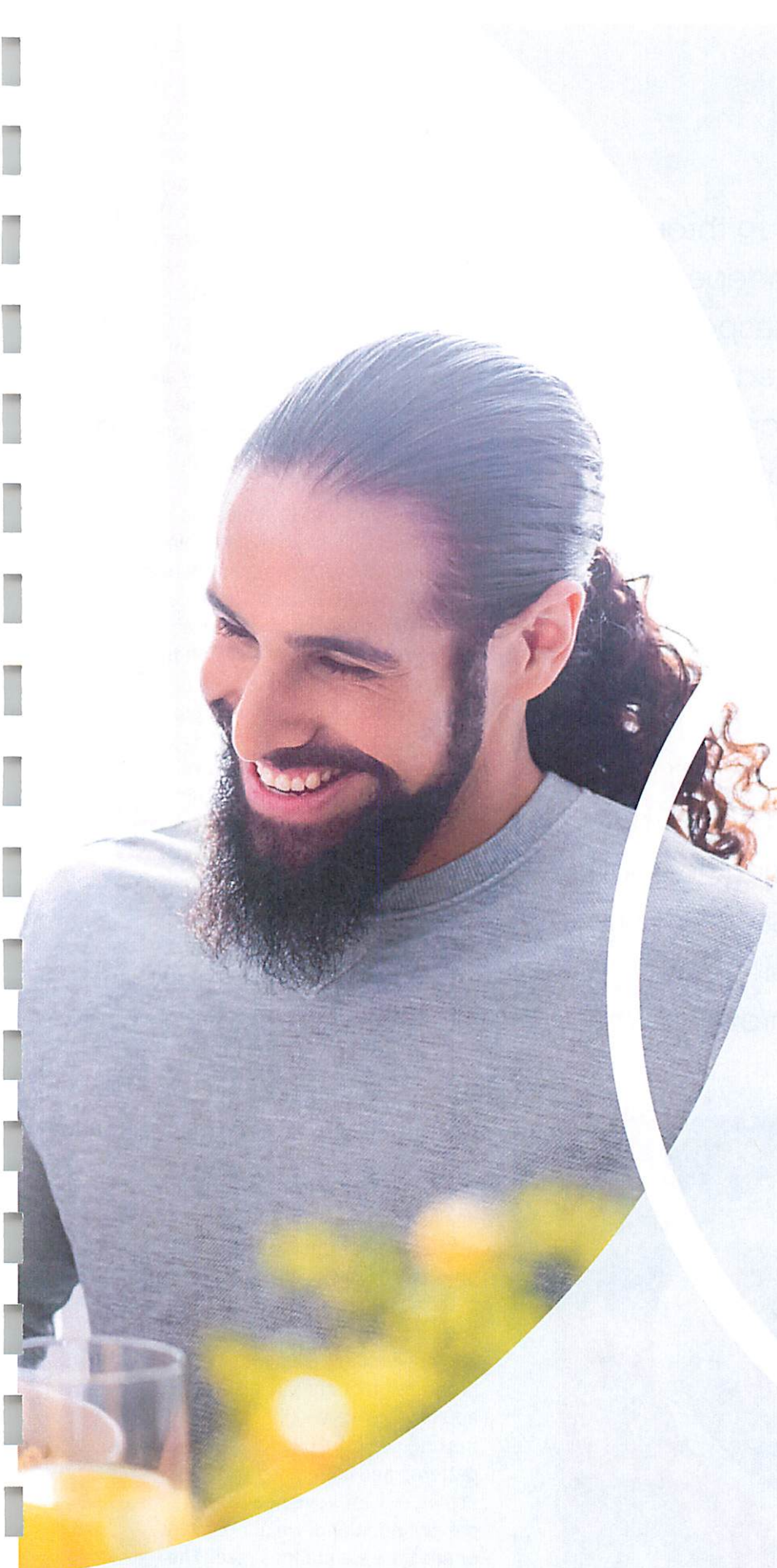


SECTION 1

NUTRITION

Source: U.S. Department of Agriculture and U.S. Department of Health and Human Services. Dietary Guidelines for Americans, 2020-2025. 9th Edition. December 2020.





CHAPTER **4**
Adults

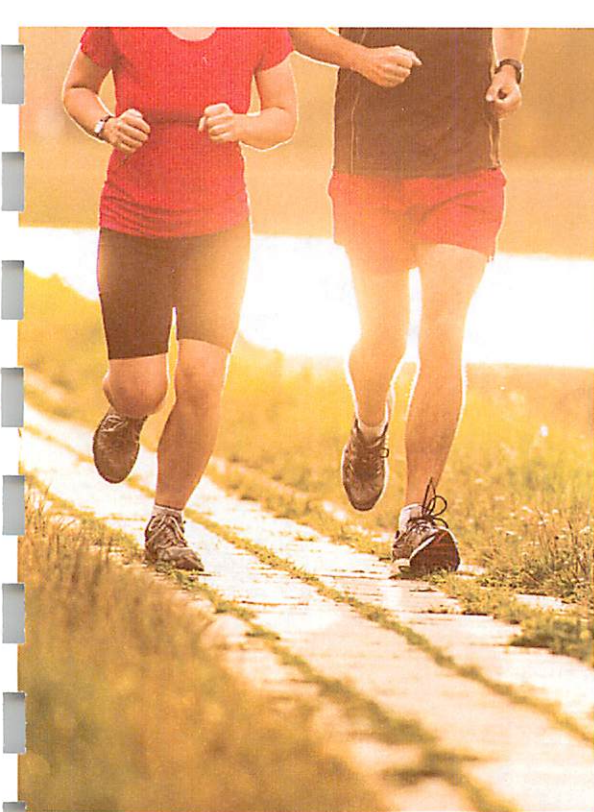
Introduction

The adult life stage (ages 19 through 59) is characterized by independence, opportunity, and increased responsibility—from starting or completing education and training, to managing work and/or family, to planning for the transition to older adulthood. Balancing work or school responsibilities with personal, family, or other commitments can create real or perceived barriers to healthy eating. Constraints on available time and financial resources may make it challenging for adults to adopt and maintain a healthy dietary pattern. Support for healthy food and beverage choices across the multiple places where adults live, work, play, and gather is needed to improve dietary patterns among adults.



Many individuals enter the adult life stage with an unhealthy dietary pattern already established from the childhood and adolescent years. A concerted effort to change this trajectory and support adults in adopting a healthy dietary pattern is needed for better health and to promote the well-being of family and friends across life stages. Learned food and beverage preferences, and norms and values placed on diet, physical activity, and health, can positively or negatively influence health because they can determine an individual's willingness to change and maintain behaviors. These norms and values, including preferences toward certain types of food, attitudes about healthy eating, and beliefs about the importance of physical activity, can extend beyond the individual to larger social networks, influencing the behaviors of friends and older or younger family members. Among adults caring for children, role modeling healthy dietary choices is important because the food components of public health concern observed in earlier life stages are similar for adults.

Following a healthy dietary pattern, engaging in regular physical activity, and managing body weight are critical during this life stage. More than one-half of adults are living with one or more chronic disease—diseases that are often related to poor-quality diets and physical inactivity. Improving dietary patterns in adulthood can play a beneficial role in promoting health and preventing the onset or rate of progression of chronic disease. For adults with overweight or obesity, making healthful changes to dietary patterns and increasing physical activity will improve health and prevent additional weight gain and/or promote weight loss (see [“The Importance of Physical Activity”](#) and [“Overweight and Obesity”](#)).



The Importance of Physical Activity

Adults who are physically active are healthier, feel better, and are less likely to develop many chronic diseases than are adults who are inactive. For adults, regular physical activity can provide both immediate benefits (e.g., boost mood, reduce stress, improve sleep) and long-term benefits (e.g., improved bone health and reduced risk of many diseases, such as cardiovascular disease, type 2 diabetes, depression, dementia, and many types of cancer).

Adults should move more and sit less throughout the day. Some physical activity is better than none. To attain the most health benefits from physical activity, adults need at least 150 to 300 minutes of moderate-intensity aerobic activity, like brisk walking or fast dancing, each week. Adults also need muscle-strengthening activity, like lifting weights or doing push-ups, at least 2 days each week.

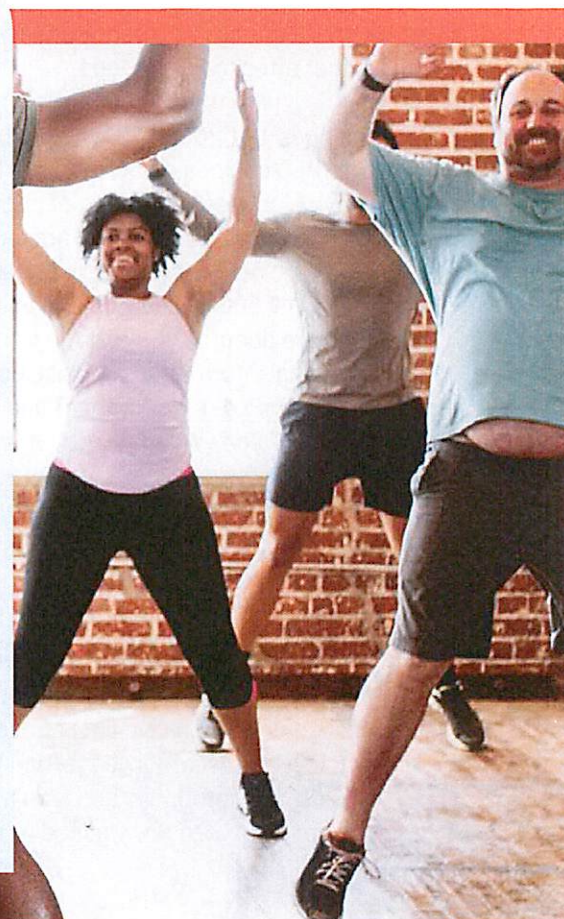
The U.S. Department of Health and Human Service's *Physical Activity Guidelines for Americans* and related Move Your Way® resources have more information about the benefits of physical activity and tips on how to get started. Available at health.gov/paguidelines.

Overweight and Obesity

In the United States, 74 percent of adults have overweight or obesity, creating an increased risk for the development of other chronic health conditions, including cardiovascular disease, type 2 diabetes, and certain types of cancer.

Losing weight and maintaining weight loss is not a simple task. It requires adults to reduce the number of calories they get from foods and beverages and increase the amount expended through physical activity. Weight loss and maintenance are not likely achieved using short-term solutions. They require a commitment to long-term lifestyle change and often need support from healthcare providers, family members, and social networks. Intensive behavioral interventions that use one or more strategies—like group sessions and changes in both diet and physical activity—can be effective for individuals trying to lose a significant amount of weight. In addressing obesity, professionals should be mindful of health problems stemming from obesity-related stigma and discrimination.

The Centers for Disease Control and Prevention's website provides resources to support preventing weight gain (cdc.gov/healthyweight/prevention/index.html) and losing weight (cdc.gov/healthyweight/losing_weight/index.html).

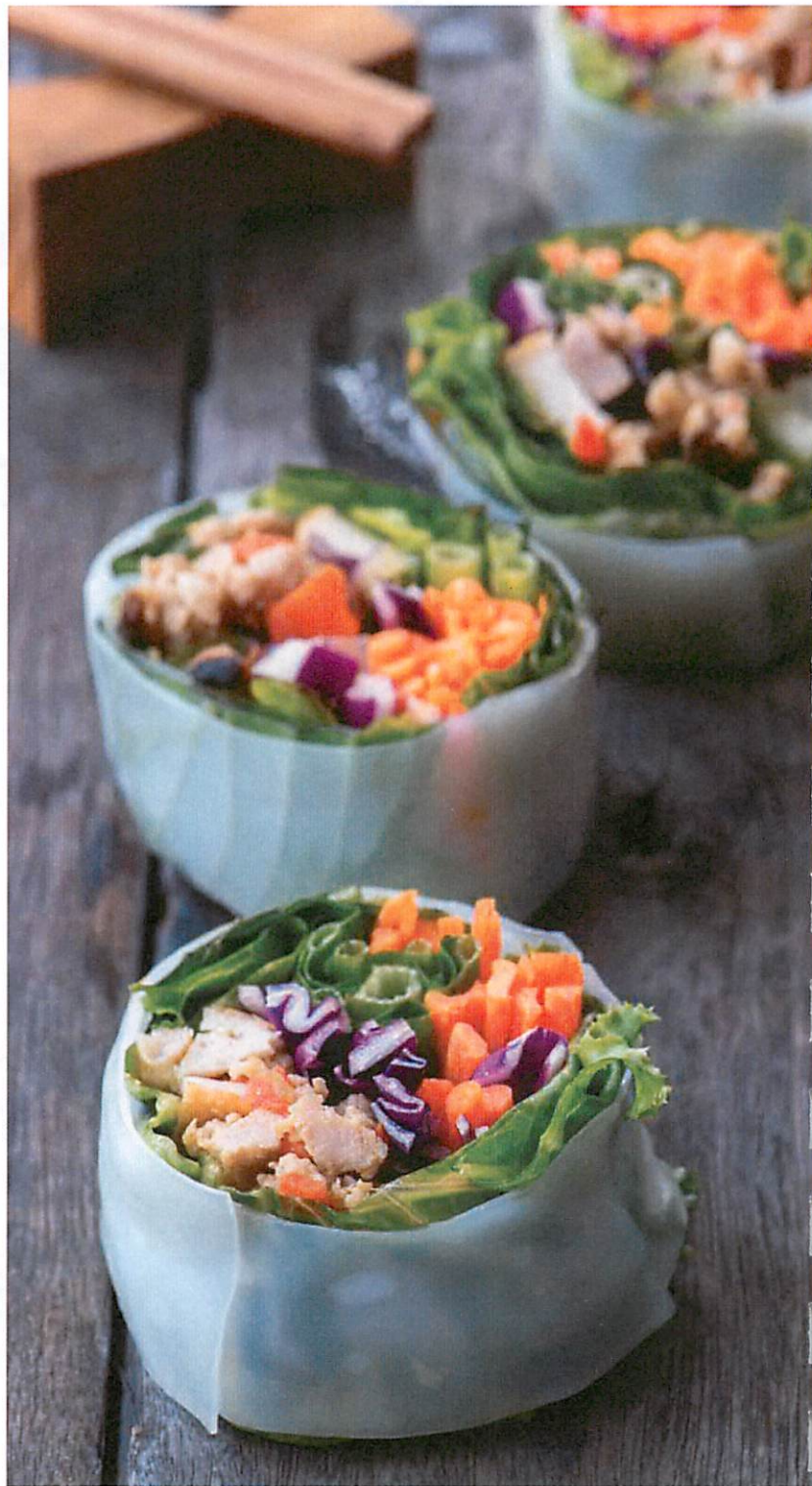


Healthy Dietary Patterns

Adults are encouraged to follow the recommendations on the types of foods and beverages that make up a healthy dietary pattern described in [Chapter 1. Nutrition and Health Across the Lifespan: The Guidelines and Key Recommendations](#). The USDA Dietary Patterns provide a framework of nutrient-dense foods and beverages that can be adapted to accommodate budget, culture, and personal preferences to help adults follow a healthy dietary pattern and meet the Guidelines and their Key Recommendations.

[Table 4-1](#) displays the Healthy U.S.-Style Dietary Pattern at eight calorie levels that are appropriate for most adults ages 19 through 59 years to illustrate the specific amounts and limits for food groups and other dietary components that make up healthy dietary patterns. In general, calorie needs are lower for females compared to males. Calorie needs decline throughout adulthood due to changes in metabolism that accompany aging. Level of physical activity, body composition, and the presence of chronic disease are additional factors that affect calorie needs.

Females ages 19 through 30 require about 1,800 to 2,400 calories a day. Males in this age group have higher calorie needs of about 2,400 to 3,000 a day. Calorie needs for adults ages 31 through 59 are generally lower; most females require about 1,600 to 2,200 calories a day and males require about 2,200 to 3,000 calories a day. Additional information on these estimates is provided in [Table 4-1 \(footnote a\)](#) and in [Appendix 2. Estimated Calorie Needs](#). The USDA Dietary Patterns are discussed in greater detail in [Chapter 1](#) and [Appendix 3. USDA Dietary Patterns](#).



Nutrient-Dense Foods and Beverages

Nutrient-dense foods and beverages provide vitamins, minerals, and other health-promoting components and have little added sugars, saturated fat, and sodium. Vegetables, fruits, whole grains, seafood, eggs, beans, peas, and lentils, unsalted nuts and seeds, fat-free and low-fat dairy products, and lean meats and poultry—when prepared with no or little added sugars, saturated fat, and sodium—are nutrient-dense foods.



Table 4-1

Healthy U.S.-Style Dietary Pattern for Adults Ages 19 Through 59, With Daily or Weekly Amounts From Food Groups, Subgroups, and Components

CALORIE LEVEL OF PATTERN ^a	1,600	1,800	2,000	2,200	2,400	2,600	2,800	3,000
FOOD GROUP OR SUBGROUP ^b	Daily Amount of Food From Each Group (Vegetable and protein foods subgroup amounts are per week.)							
Vegetables (cup eq/day)	2	2 ½	2 ½	3	3	3 ½	3 ½	4
	Vegetable Subgroups in Weekly Amounts							
Dark-Green Vegetables (cup eq/wk)	1 ½	1 ½	1 ½	2	2	2 ½	2 ½	2 ½
Red & Orange Vegetables (cup eq/wk)	4	5 ½	5 ½	6	6	7	7	7 ½
Beans, Peas, Lentils (cup eq/wk)	1	1 ½	1 ½	2	2	2 ½	2 ½	3
Starchy Vegetables (cup eq/wk)	4	5	5	6	6	7	7	8
Other Vegetables (cup eq/wk)	3 ½	4	4	5	5	5 ½	5 ½	7
Fruits (cup eq/day)	1 ½	1 ½	2	2	2	2	2 ½	2 ½
Grains (ounce eq/day)	5	6	6	7	8	9	10	10
Whole Grains (ounce eq/day)	3	3	3	3 ½	4	4 ½	5	5
Refined Grains (ounce eq/day)	2	3	3	3 ½	4	4 ½	5	5
Dairy (cup eq/day)	3	3	3	3	3	3	3	3
Protein Foods (ounce eq/day)	5	5	5 ½	6	6 ½	6 ½	7	7
	Protein Foods Subgroups in Weekly Amounts							
Meats, Poultry, Eggs (ounce eq/wk)	23	23	26	28	31	31	33	33
Seafood (ounce eq/wk)	8	8	8	9	10	10	10	10
Nuts, Seeds, Soy Products (ounce eq/wk)	4	4	5	5	5	5	6	6
Oils (grams/day)	22	24	27	29	31	34	36	44
Limit on Calories for Other Uses (kcal/day) ^c	100	140	240	250	320	350	370	440
Limit on Calories for Other Uses (%/day)	6%	8%	12%	11%	13%	13%	13%	15%

^a Calorie level ranges: Ages 19 through 30, Females: 1,800-2,400 calories; Males: 2,400-3,000 calories. Ages 31 through 59, Females: 1,600-2,200 calories; Males 2,200-3,000 calories. Energy levels are calculated based on median height and body weight for healthy body mass index (BMI) reference individuals. For adults, the reference man is 5 feet 10 inches tall and weighs 154 pounds. The reference woman is 5 feet 4 inches tall and weighs 126 pounds. Calorie needs vary based on many factors. The DRI Calculator for Healthcare Professionals, available at nal.usda.gov/fnic/dri-calculator, can be used to estimate calorie needs based on age, sex, height, weight, and activity level.

^b Definitions for each food group and subgroup and quantity (i.e., cup or ounce equivalents) are provided in [Chapter 1](#) and are compiled in [Appendix 3](#).

^c All foods are assumed to be in nutrient-dense forms; lean or low-fat; and prepared with minimal added sugars, refined starches, saturated fat, or sodium. If all food choices to meet food group recommendations are in nutrient-dense forms, a small number of calories remain within the overall limit of the pattern (i.e., limit on calories for other uses). The number of calories depends on the total calorie level of the pattern and the amounts of food from each food group required to meet nutritional goals. Calories up to the specified limit can be used for added sugars, saturated fat, or alcohol, or to eat more than the recommended amount of food in a food group.

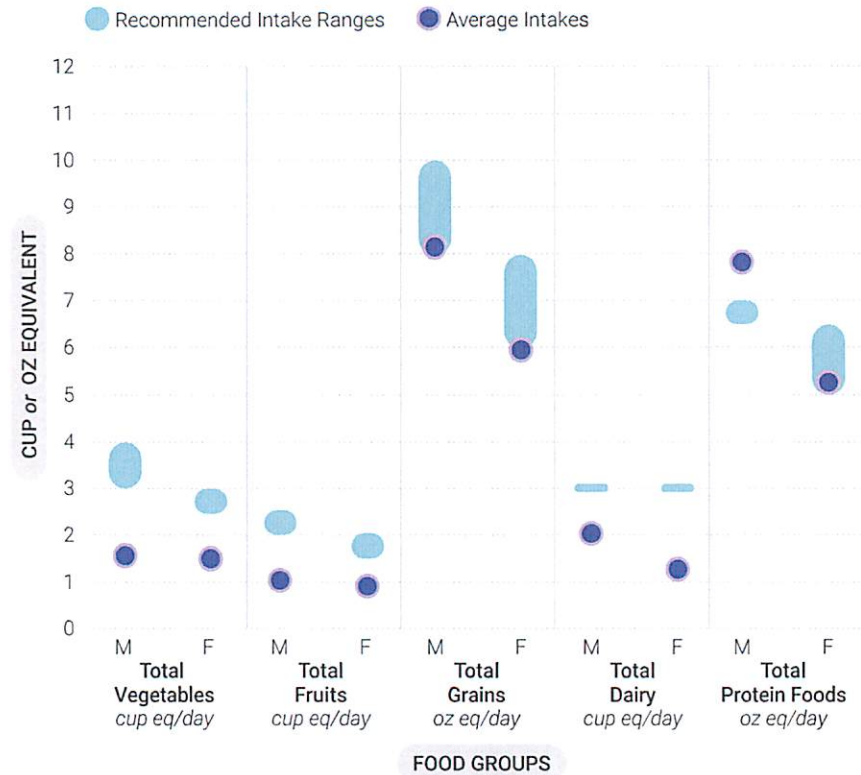
NOTE: The total dietary pattern should not exceed *Dietary Guidelines* limits for added sugars, saturated fat, and alcohol; be within the Acceptable Macronutrient Distribution Ranges for protein, carbohydrate, and total fats; and stay within calorie limits. Values are rounded. See [Appendix 3](#) for all calorie levels of the pattern.

Current Intakes

Figure 4-1

Current Intakes: Ages 19 Through 30

Average Daily Food Group Intakes Compared to Recommended Intake Ranges

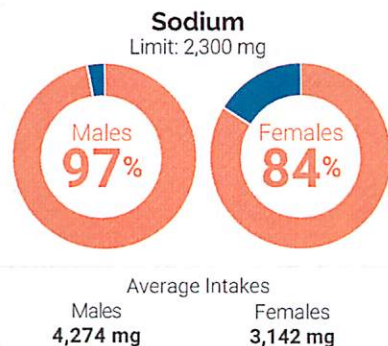
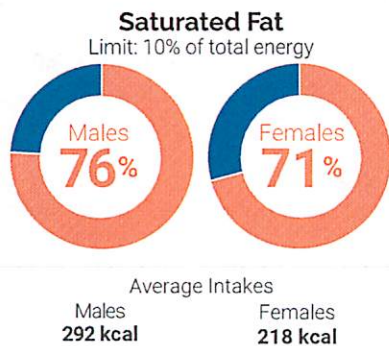
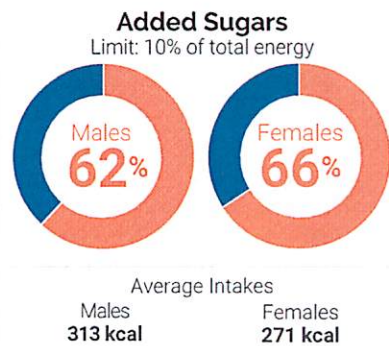


Healthy Eating Index Score (on a scale of 0-100)



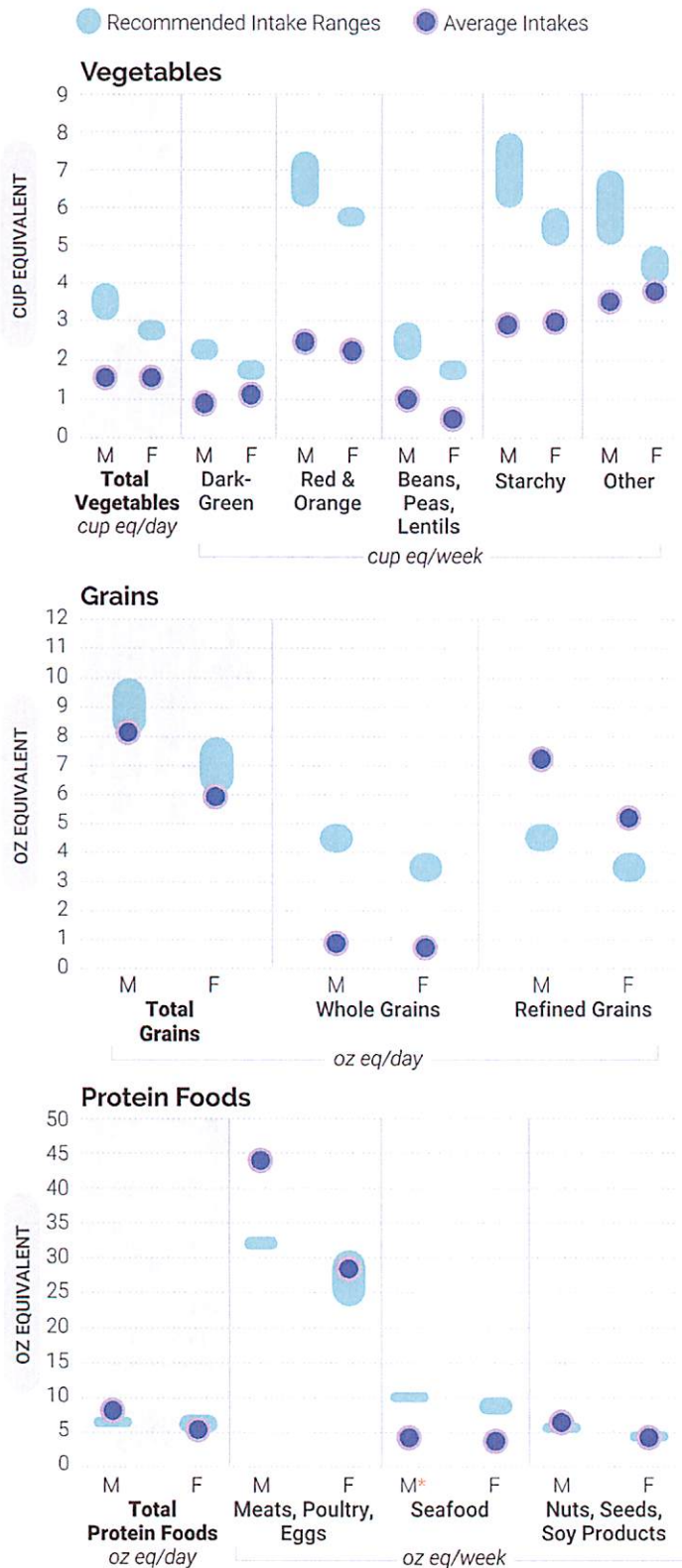
Percent Exceeding Limits of Added Sugars, Saturated Fat, and Sodium

● Exceeding Limit ● Within Recommended Limit



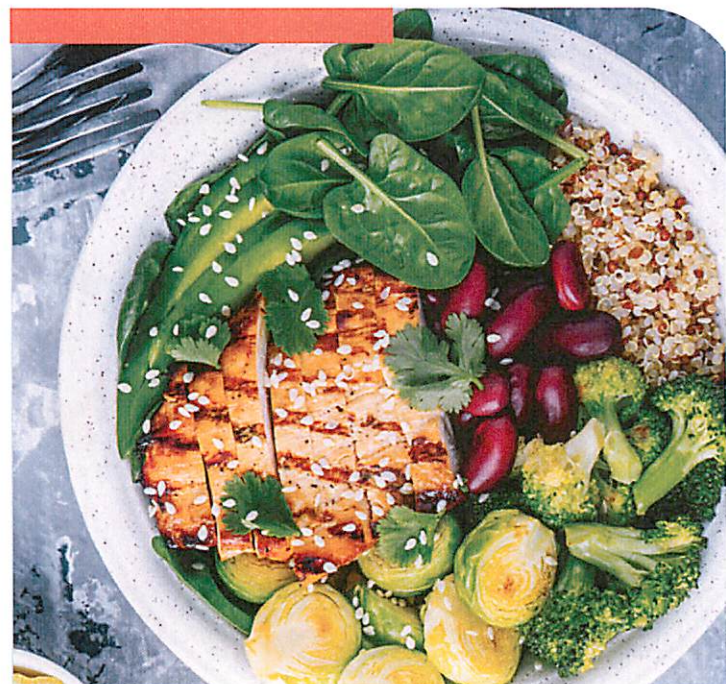
Data Sources: Average Intakes and HEI-2015 Scores: Analysis of What We Eat in America, NHANES 2015-2016, day 1 dietary intake data, weighted. Recommended Intake Ranges: Healthy U.S.-Style Dietary Patterns (see Appendix 3). Percent Exceeding Limits: What We Eat in America, NHANES 2013-2016, 2 days dietary intake data, weighted.

Figure 4-2
Average Intakes of Subgroups Compared to Recommended Intake Ranges: Ages 19 Through 30



Figures 4-1 to 4-4 highlight the dietary intake of adults, including the Healthy Eating Index-2015 (HEI) score, which is an overall measure of how intakes align with the *Dietary Guidelines*, as well as information on the components of a healthy diet—specifically, the food groups. Figures 4-1 and 4-3 display the average intakes of the food groups compared to the range of recommended intakes at the calorie levels most relevant to males and females in both adult age groups. Additionally, the percent of adults exceeding the limits for added sugars, saturated fat, and sodium is shown, along with average intakes of these components. Average intakes compared to recommended intake ranges of the subgroups for grains are represented in daily amounts; subgroups for vegetables and protein foods are represented in weekly amounts (see Figures 4-2 and 4-4).

The HEI scores in Figures 4-1 and 4-3 show that adults across this life stage have diets that do not align with the recommendations for food group and nutrient intake as described in Chapter 1. Although intake patterns are generally not consistent with the *Dietary Guidelines*, adults ages 31 through 59 have a slightly higher HEI score (59 out of 100) compared to adults ages 19 through 30 (56 out of 100).



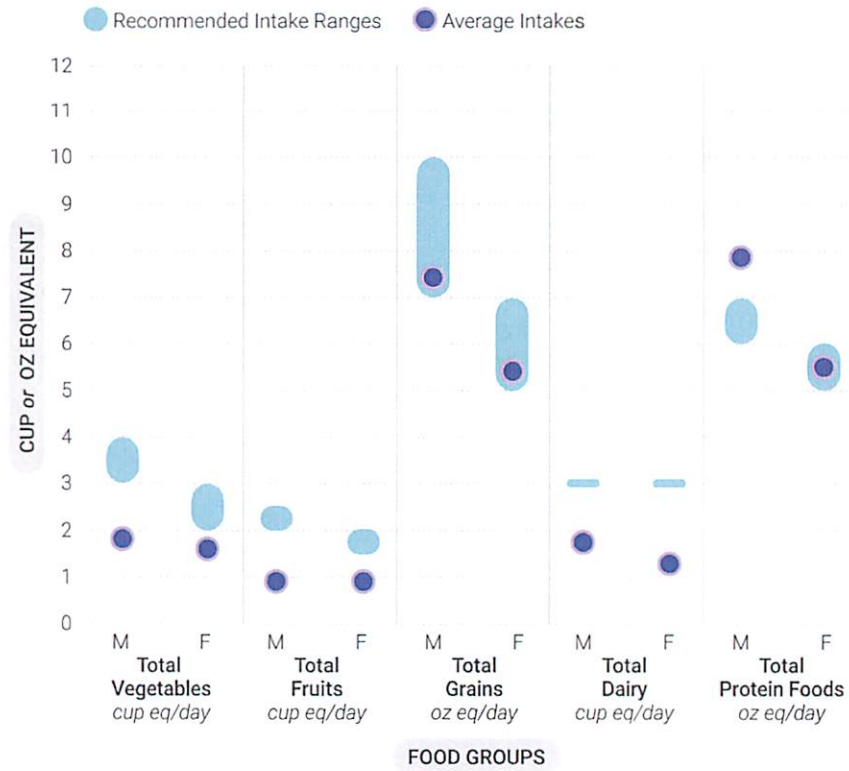
*NOTE: Estimates may be less precise than others due to small sample size and/or large relative standard error.

Data Sources: Average Intakes: Analysis of What We Eat in America, NHANES 2015-2016, day 1 dietary intake data, weighted. Recommended Intake Ranges: Healthy U.S.-Style Dietary Patterns (see Appendix 3).

Figure 4-3

Current Intakes: Ages 31 Through 59

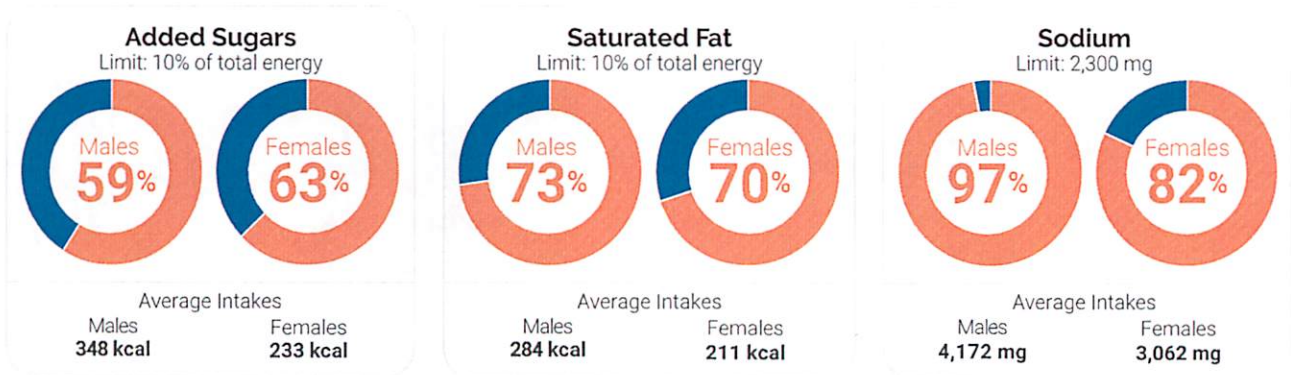
Average Daily Food Group Intakes Compared to Recommended Intake Ranges



Healthy Eating Index Score (on a scale of 0-100)

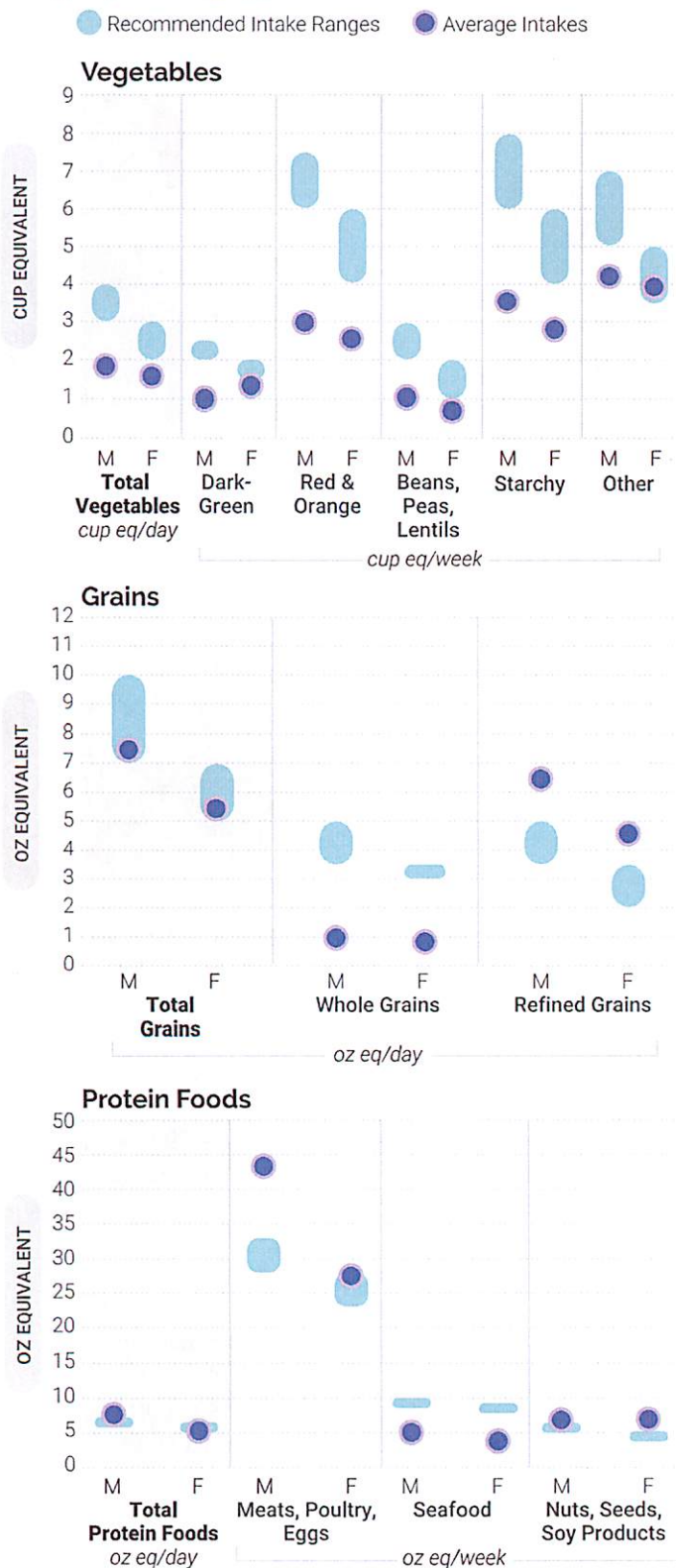


Percent Exceeding Limits of Added Sugars, Saturated Fat, and Sodium



Data Sources: Average Intakes and HEI-2015 Scores: Analysis of What We Eat in America, NHANES 2015-2016, day 1 dietary intake data, weighted. Recommended Intake Ranges: Healthy U.S.-Style Dietary Patterns (see Appendix 3). Percent Exceeding Limits: What We Eat in America, NHANES 2013-2016, 2 days dietary intake data, weighted.

Figure 4-4
**Average Intakes of Subgroups
 Compared to Recommended Intake Ranges:
 Ages 31 Through 59**



Average intakes of fruits, vegetables, and dairy fall below the range of recommended intakes for all adults. Although average total grains intakes meets recommendations, **Figures 4-2 and 4-4** show that intake of whole grains is well below recommendations, and intakes of refined grains exceeds the upper end of the recommended intake range for adults in both age groups. Intakes of protein foods generally meets or exceeds recommended intake levels. Current patterns generally include meats, poultry, eggs, and nuts, seeds, and soy, while average intake of seafood falls well below recommendations. Beans, peas, and lentils—a subgroup of both the vegetable and protein foods groups—also are underconsumed by most adults.

Figures 4-1 and 4-3 show that adults are exceeding recommendations for added sugars, saturated fat, and sodium. About 60 percent of men and 65 percent of women exceed the limit for intakes of added sugars. This is an average daily intake of about 330 calories from added sugars for men and around 250 calories for women. More than 70 percent of adults are exceeding the recommendations for saturated fat. The average daily intakes of saturated fat is about 290 calories for men and 210 calories for women. The calorie levels relevant to most adults (1,600-3,000 calories) have about 100 to 400 calories remaining after food group recommendations are met through nutrient-dense choices. Combined, these average amounts of calories from added sugars and saturated fat exceed the amount most adults have available—and do not account for calories from alcoholic beverages. For sodium, nearly all men and about 80 percent of women consume too much on a given day. Men generally consume more than 4,000 mg of sodium per day and women more than 3,000 mg.

Data Sources: Average Intakes: Analysis of What We Eat in America, NHANES 2015-2016, day 1 dietary intake data, weighted. Recommended Intake Ranges: Healthy U.S.-Style Dietary Patterns (see [Appendix 3](#)).

Special Considerations

The dietary considerations for the general U.S. population, including adults, are described in [Chapter 1](#). The following sections of this chapter focus on several special considerations to support a healthy dietary pattern for adults that reflect adults' current intake patterns and the prevalence of overweight and obesity and diet-related chronic disease that become more apparent in this life stage. These considerations include a focus on dietary changes to increase intakes of dietary fiber, calcium, and vitamin D and to decrease intakes of added sugars, saturated fat, and sodium. Special considerations related to alcoholic beverages also are discussed.

Dietary Fiber

Dietary patterns that do not meet recommended intakes of fruits, vegetables, and whole grains contribute to low intakes of dietary fiber. More than 90 percent of women and 97 percent of men do not meet recommended intakes for dietary fiber. This aligns with intake patterns where fruits, vegetables, and whole grains are underconsumed by more than 85 percent of adults. [Appendix 1. Nutritional Goals for Age-Sex Groups](#) provides dietary fiber goals for men and women based on the Dietary Reference Intakes. These recommendations are based on levels observed to reduce risk of coronary heart disease. Increasing intakes of fruits, vegetables, and replacing refined grains with whole grains to improve dietary fiber intakes is especially important during this life stage, as the impact of poor diet quality becomes apparent with the onset and/or progression of diet-related chronic diseases. [Chapter 1](#) provides strategies on how to increase intakes of these important food groups. A list of common food sources of dietary fiber is available at [DietaryGuidelines.gov](https://www.dietaryguidelines.gov).

Calcium and Vitamin D

Calcium and vitamin D are important at any age, and most adults do not consume adequate amounts. Close to 30 percent of men and 60 percent of women older than age 19 years do not consume enough calcium, and more than 90 percent do not consume enough vitamin D. Dietary patterns that do not meet recommended intake amounts for food groups and subgroups, which include sources of calcium and vitamin D—such as dairy foods and fortified soy alternatives and seafood—contribute to low intake of



these nutrients. Particular attention should be given to consuming adequate amounts of foods with these nutrients during adult years to promote optimal bone health and prevent the onset of osteoporosis. Adequate intake of calcium and vitamin D is particularly important for adults during the time period when peak bone mass is still actively accruing (ages 19 through about 30) and, for women, in the post-menopausal period when rapid bone remodeling occurs.

A healthy dietary pattern with nutrient-dense, calcium-rich foods, such as low-fat milk and yogurt and fortified soy alternatives and canned sardines and salmon, can help adults better meet intake recommendations. Vitamin D aids in the absorption of calcium. Consuming the recommended amount of seafood and choosing foods that are fortified with vitamin D, including milk, fortified soy beverages, and fortified soy yogurt, and some whole-grain cereals, can help adults meet their needs. In addition to dietary sources, the body can make vitamin D from the



sun. However, some individuals may have difficulty producing sufficient vitamin D from sunlight exposure or consuming enough vitamin D from foods and beverages, so a supplement may be recommended by a health professional. [Appendix 1](#) provides calcium and vitamin D goals for men and women based on the Dietary Reference Intakes. A list of common food sources of calcium and vitamin D is available at [DietaryGuidelines.gov](https://www.dietaryguidelines.gov).

Saturated Fat

[Chapter 1](#) explains the importance of limiting intakes of saturated fat to support healthy dietary patterns. Staying within saturated fat limits and replacing saturated fat with unsaturated fat is of particular importance during the adult life stage. The prevalence of coronary heart disease increases with age, and high LDL cholesterol peaks between the ages of 50 to 59 in men and 60 to 69 in women.

¹ Ostchega Y, Fryar CD, Nwankwo T, Nguyen DT. Hypertension prevalence among adults aged 18 and over: United States, 2017–2018. NCHS Data Brief, no 364. Hyattsville, MD: National Center for Health Statistics. 2020

About 70 to 75 percent of adults exceed the 10-percent limit on saturated fat as a result of selecting foods and beverages across food groups that are not in nutrient-dense forms. The top sources of saturated fat for adults are sandwiches (e.g., deli sandwiches, burgers, tacos, burritos, grilled cheese, hot dogs) and other grain-based mixed dishes (e.g. spaghetti and meatballs, casseroles, quesadillas) that typically contain ingredients from several food groups that are not in nutrient-dense forms, including grains, protein foods, and dairy. Making changes to the type of ingredients as well as amount and/or frequency of their consumption will help adults lower saturated fat intake without a need to eliminate these foods from the household diet. Strategies include using lean meats and low-fat cheese to prepare these foods or substituting beans in place of meats as the protein source. Saturated fat also can be reduced by substituting certain ingredients with sources of unsaturated fat (e.g., using avocado, nuts, or seeds in a dish instead of cheese). Cooking with oils higher in polyunsaturated and monounsaturated fat (e.g., canola, corn, olive, peanut, safflower, soybean, and sunflower) instead of butter also can reduce intakes of saturated fat.

Sodium

The number of adults exceeding the Chronic Disease Risk Reduction level for sodium (see [Chapter 1](#) or [Appendix 1](#)) during this life stage is concerning given that 45 percent of adults ages 18 and older are living with hypertension. During adulthood, prevalence of hypertension increases from about 22 percent of adults ages 18 through 39 to about 55 percent of adults ages 40 through 59.¹ Changing this trend is important because hypertension is a preventable risk factor for cardiovascular disease and stroke. Unlike other factors that cannot be changed, such as genetics and family history, reduced dietary intake of sodium is a modifiable risk factor that can help improve blood pressure control and reduce risk of hypertension.

Overconsumption of sodium occurs for several reasons, as discussed in [Chapter 1](#). Because sodium is found in foods and beverages across all food groups, with most coming from foods that have salt added during commercial processing rather than salt added to foods during or after preparation, reducing sodium consumption will require a joint effort by individuals, the food and beverage industry, and food service and retail establishments.

Added Sugars

Most adults exceed recommended limits for added sugars as a result of eating foods and drinking beverages higher in added sugars and selecting foods and beverages across food groups that are not in nutrient-dense forms. Added sugars are of particular concern for adults because exceeding limits contributes to excess calorie intake.

BEVERAGES AS A SOURCE OF ADDED SUGARS

Sugar-sweetened beverages (e.g., soda, sports drinks, energy drinks, fruit drinks) and sweetened coffees and teas (including ready-to-drink varieties) contribute over 40 percent of daily intake of added sugars. More than in earlier life stages, adults consume coffees and teas with additions, such as sugar and flavored syrup. Frequent consumption of these and other beverages containing added sugars can contribute to excess calorie intake. Some sugar-sweetened beverages, such as coffee and tea with milk, contribute to food group intake (e.g., dairy) and can be made without added sugars. Others, such as fruit drinks, can be replaced with nutrient-dense options such as 100% juice to help meet fruit group recommendations.

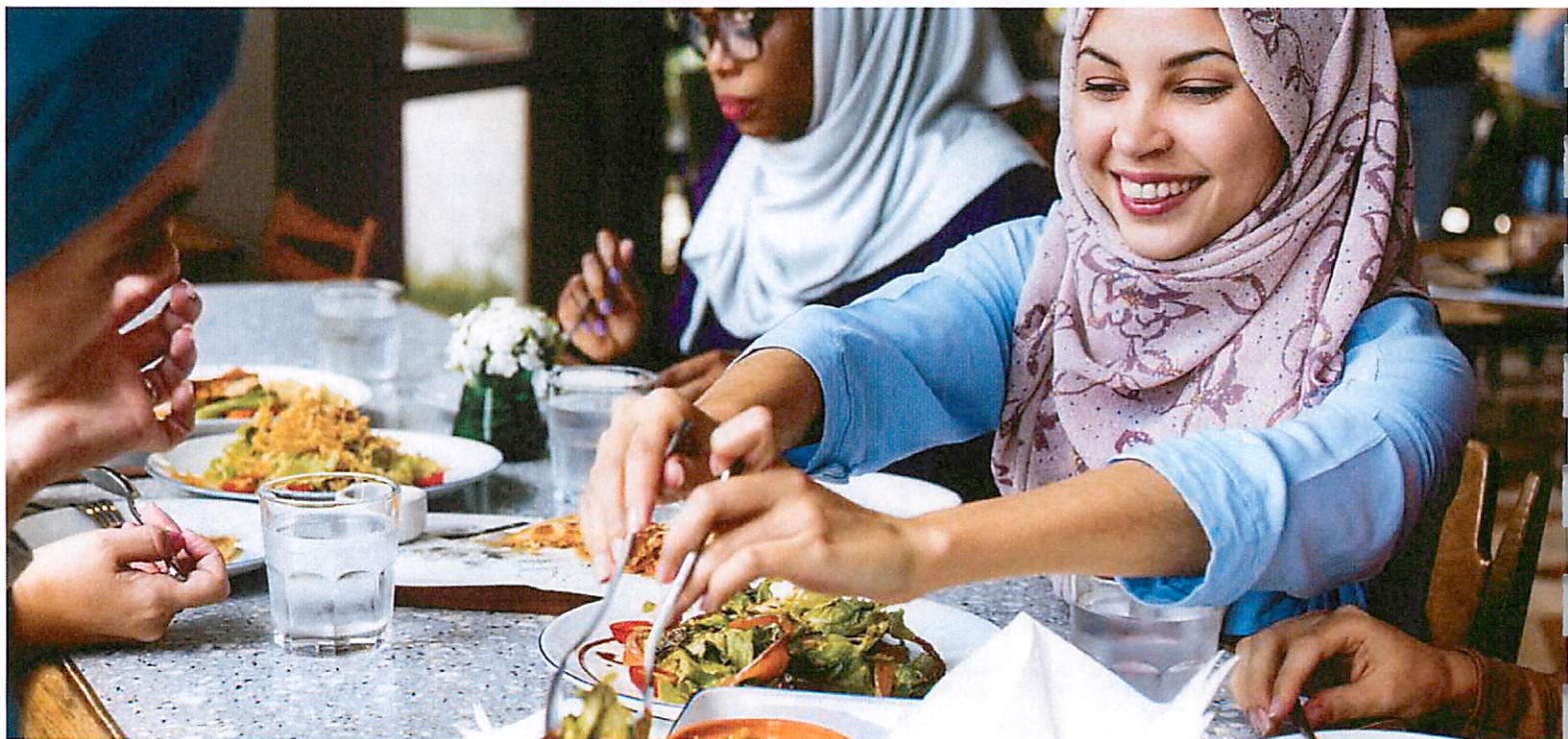
Most adults' diets include choices across multiple food groups that are not in nutrient-dense forms and therefore cannot accommodate excess calories from

sweetened beverages. Intake of sugar-sweetened beverages should be limited to small amounts and most often replaced with beverage options that contain no added sugars, such as water.

OTHER SOURCES OF ADDED SUGARS

A variety of foods and beverages contribute to the remaining added sugars consumed by adults. In addition to the contribution of sugar-sweetened beverages and sweetened coffees and teas, about 30 percent come from desserts and sweet snacks, candies, and sweetened breakfast cereals. The remaining 30 percent of added sugars is consumed in relatively small amounts across many food categories, as discussed in [Chapter 1](#). Many of these food categories have seen market expansion in recent years. For example, over the past decade, beverages, snacks, and bakery foods have continuously topped the list for the most new product introductions.² As these and other food categories continue to change and expand, it is vital for individuals to learn how to identify the amount of added sugars in a beverage or food product by reading the Nutrition Facts label (see [Chapter 1](#)). Understanding which food choices contribute to intakes of added sugars without contributing to nutrient needs can help individuals remove or replace these foods with better choices that meet food group and nutrient recommendations within calorie needs.

² Additional information is available at ers.usda.gov/topics/food-markets-prices/processing-marketing/new-products.aspx.



Alcoholic Beverages

Alcoholic beverages are not a component of the USDA Dietary Patterns and their calories are considered discretionary. Regular consumption of alcoholic beverages can make it challenging for adults to meet food group and nutrient needs while not consuming excess calories. The ingredients in certain mixed drinks, including soda, mixers, and heavy cream, also can contribute to intake of added sugars and saturated fat.

The majority of U.S. adults consume alcoholic beverages. About 66 percent of adults ages 21 through 59 report alcoholic beverage consumption in the past month, and of those, approximately half report binge drinking, sometimes multiple times per month. Among adults who choose to drink, average intakes of calories from alcoholic beverages exceed the remaining calorie limit that is available after food group recommendations are met.

There are some adults who should not drink alcoholic beverages at all, such as if they are pregnant or might be pregnant; younger than age 21; or recovering from an alcohol use disorder or if they are unable to control the amount they drink. For those who choose to drink, intakes should be limited to 1 drink or less in a day for women and 2 drinks or less in a day for men, on days when alcohol is consumed. More information is available in [Chapter 1](#) under Alcoholic Beverages.

Supporting Healthy Eating

Individuals need support in making healthy choices at home, work, and in the community to build healthy dietary patterns.

Food retail outlets (e.g., grocery stores, convenience stores, restaurants) provide adults with the option to purchase ingredients to prepare foods themselves or to purchase foods prepared by others. National food expenditures suggest the purchase of prepared foods is a regular habit for most adults, with expenditures outpacing those of foods purchased for household meal preparation.³ Estimates also suggest that the younger generation of American adults are spending an even larger proportion of their total food dollars on prepared foods than are older generations.⁴

³ Details are available at ers.usda.gov/webdocs/publications/96957/ap-083.pdf?v=5848.3.

⁴ Details are available at ers.usda.gov/amber-waves/2017/december/millennials-devote-larger-shares-of-their-grocery-spending-to-prepared-foods-pasta-and-sugar-and-sweets-than-other-generations.



When adults prepare meals themselves, they have more control over the types of food ingredients selected and can focus on choosing nutrient-dense options that contribute to food group goals with little or no added sugars and saturated fat and less sodium. The same is not always true when purchasing prepared foods, despite changes and innovation in the marketplace, such as menu and product labeling or reformulation.

For some adults, preparing and consuming healthy meals at home will mean adopting a new habit and/or learning new skills, such as meal planning. For others, it may entail small changes to current routines. Planning meals and snacks in advance with food groups and nutrient-dense foods and beverages in mind can support healthy eating at home and improve dietary patterns of individuals and families. Preparing meals with family and friends also presents an opportunity for greater connection and enjoyment around food. For adults who are parents, guardians, or caregivers of children or adolescents, preparing meals also provides an opportunity to teach valuable cooking skills and model behaviors that support the adoption of healthy dietary patterns across younger life stages.

It is not realistic or desirable to avoid the purchase and consumption of foods prepared by others. Limits on available time and the desire for convenience make restaurant and ready-to-eat meals a part of many household routines. Many of these settings also provide for social enjoyment of food with friends and family. However, foods prepared outside of the home can contribute to the overconsumption of calories as a result of large portion sizes and methods of preparation. Being mindful of the portion sizes and ingredients of prepared foods can help adults achieve a healthy dietary pattern while still enjoying foods prepared by others. Health promotion activities that center on increasing consumer knowledge and access to healthy options in the places where Americans purchase prepared foods are needed to provide support for adults in these efforts.

Health professionals play an important role in supporting adults' healthy eating behaviors. Helping adults become more aware of the foods and beverages that make up their typical dietary patterns and identifying areas for improvement can empower individuals to make changes to the types of foods they purchase or prepare. Teaching skills like cooking and meal planning and helping adults understand how to read labels or make healthy menu substitutions also will support the adoption of a healthy dietary pattern during this life stage.

In settings where adults spend their time, changing organizational practices, approaches, and/or policies to support improved dietary patterns also is needed. Strategies include offering healthy meals and snacks in workplace cafeterias and vending machines, or implementing educational programs tailored to working adults. Or, communities can support farmers markets, community gardens, and related educational programming efforts.

Learn More

The *Federal Foodservice Guidelines* is a resource that food service providers can use to help make healthy choices more available in food service establishments. The Guidelines are available at [cdc.gov/nutrition/healthy-food-environments/food-serv-guide.html](https://www.cdc.gov/nutrition/healthy-food-environments/food-serv-guide.html).

Accessing a Healthy Dietary Pattern

A healthy dietary pattern can only be achieved when adequate resources and supports exist in the places where adults live, work, and gather. Food access is crucial for adults to achieve a healthy dietary pattern and is influenced by diverse factors, as discussed in [Chapter 1](#). Food insecurity, which occurs when access to nutritionally adequate and safe food is limited or uncertain, is most prevalent in households with children and in single-parent households. Income is one of the primary characteristics associated with food insecurity. Government programs, such as the **Supplemental Nutrition Assistance Program (SNAP)** or the **Food Distribution Program on Indian Reservations (FDPIR)**, serve as a resource for low-income adults by supplementing food budgets to support healthy lifestyles. Adults with children or those caring for older family members also may benefit from resources discussed in [Chapters 2, 3, and 6](#).

Additional Government and non-Government resources, such as food banks or community meal sites and programming offered through **SNAP Education (SNAP-Ed)** and the **Expanded Food and Nutrition Education Program (EFNEP)**, play a role in providing food and educational resources to support adults in making healthy food choices within a limited budget. Innovative approaches to support health, such as incentive programs at farmers markets or healthy corner-store initiatives, continue to expand. Continued attention and creativity in approaches to expand food access are needed to support a healthy dietary pattern for adults and the larger social networks that they influence.



Meal Prep Power Bowl

5 servings • 15 min prep time • 50 minutes total • 506 calories per serving

Ingredients:

- Roasted Cauliflower
 - 1 small head cauliflower, florets removed
 - 2 tablespoons olive oil
 - 2 teaspoons ground turmeric
 - ¼ teaspoon sea salt
- Spiced Chickpeas
 - 2x 14 oz cans of chickpeas, drained and rinsed
 - 1 tablespoon olive oil
 - 2 teaspoons curry powder
 - ¼ teaspoon sea salt
- Rice
 - 1 cup brown rice
 - 2 cups water
 - ½ teaspoon sea salt
- Vegetables
 - 1 box/bag of leafy greens
 - 1 cup cabbage
 - 1 pint cherry tomatoes, halved
- Garlic Tahini Dressing
 - ¼ cup tahini
 - 2 tablespoons Dijon mustard
 - 1 lemon, juiced
 - 2 tablespoons olive oil
 - 1 clove garlic, minced
 - 1 tablespoon maple syrup
 - 1 pinch sea salt
 - Water to thin, if needed



Instructions:

1. Preheat the oven to 425°F.
2. In a saucepan, combine water, rice, and sea salt and bring to a boil. Once boiling, reduce to a simmer and cook for 45 minutes until tender and fluff with a fork. (See package for specific instructions.) In a bowl, add cauliflower florets, drizzle with olive oil, season with turmeric and sea salt. Using a spoon, toss until cauliflower is well coated with oil and turmeric mixture.
3. Add seasoned cauliflower to a large baking sheet, spread it out evenly, and set aside. Using the same bowl, add drained and rinsed chickpeas, drizzle with olive oil, and season with curry powder and sea salt. Stir to ensure chickpeas are well coated in spices, and then transfer to a second baking sheet or tray. (If you only have one baking sheet, use a second oven-proof dish, pretty much any baking dish will work.)

Meal Prep Power Bowl (continued)

5 servings • 15 min prep time • 50 minutes total • 506 calories per serving

4. Transfer both the cauliflower and chickpeas to the oven and roast for 25-30 minutes until cauliflower is tender, and chickpeas are crispy. While the cauliflower and chickpeas are cooking, prepare the dressing. Combine the dressing ingredients in a jar or bowl and whisk until well combined. Add water to thin as needed, and set aside. Prepare the vegetables. Chop or shred cabbage into bite-size pieces, and half cherry tomatoes. Once the cauliflower, chickpeas, and rice are done cooking, remove from the oven, set aside, and allow to cool 10-15 minutes before preparing the bowls.

5. Once cooled, you can begin to assemble the bowls. Divide ingredients among 4 or 5 glass containers (this will make 4 slightly larger portions or enough to make 5 filling portions). Add rice to the bottom, layer with cauliflower and chickpeas, leaving leafy greens, cabbage, and cherry tomatoes on top or to the side to ensure they do not wilt.

6. Do not dress the salad ahead of time! You can portion your dressing into 5 smaller containers or keep it in one large jar to be used every day. These meal prep power bowls store well in the fridge for up to 5 days. The chickpeas may lose their initial crispiness a little but their flavor is still great!

Author: Stephanie Kay

Nutrition Facts:

Calories	1,530
Sugar	9 g
Total Fat	24 g
Total Carbohydrates	64 g
Protein	15 g
Fiber	12 g

Lemon Chicken Noodle Salad

4 servings • 50 min prep time • 10 min cook time • 60 minutes total



Ingredients:

- 1 stem lemongrass, pale section only, finely chopped
- 1 tsp finely grated lemon rind
- 1/2 tsp turmeric
- 2 long fresh red chillies, deseeded, finely chopped
- 80ml (1/3 cup) fresh lemon juice
- 100g dried egg noodles
- 1 small red onion, thinly sliced
- 150g sugar snap peas, thinly sliced diagonally
- 1/4 small red cabbage, shredded
- 100g grape tomatoes, halved
- 1 cup fresh mint leaves
- 1 cup fresh coriander leaves
- 2 tsp fish sauce
- 2 tsp brown sugar

Instructions:

- Combine the chicken, lemongrass, lemon rind, turmeric, half the chilli and 2 tablespoons lemon juice in a shallow glass bowl. Cover and place in the fridge for 30 minutes to marinate.
- Cook the noodles following the packet directions or until tender. Drain. Refresh under cold running water.
- Heat a large wok over high heat and spray with oil. Stir-fry the chicken for 2-3 minutes or until golden brown and cooked through. Transfer to a large bowl.
- Add the noodles, onion, sugar snap peas, cabbage, tomato, mint and coriander to the chicken. Combine fish sauce, sugar, remaining chilli and 2 tablespoons lemon juice in a small bowl. Stir until sugar dissolves. Add the dressing to the salad. Gently toss to combine. Serve warm.

Author: Chrissy Freer

Nutrition Facts:

Serving Size: 1 muffin Calories Per Serving: 181

Calories.....	293
Fat.....	4 g
Fiber	6 g
Protein	35 g
Carbohydrates.....	25 g
Saturated Fats	1 g

Healthy Spanish Chicken and Beans

2 servings • 10 min prep time • 15 min cook time • 30 minutes total • 367 calories

Ingredients:

- 1 tsp smoked paprika
- 1 tsp harissa paste
- 2 garlic cloves, thinly sliced
- 1 tbsp fresh lemon juice
- 4 (about 250g) Chicken Tenderloins
- 125g green beans, chopped
- 400g can no-added-salt cannellini beans, rinsed, drained
- 1 small zucchini, sliced
- 50g (1/4 cup) pitted Sicilian green olives, halved
- 400g can cherry tomatoes
- 1 tsp extra virgin olive oil
- Fresh parsley sprigs, to serve



Instructions:

- Combine paprika, harissa, garlic and lemon juice in a large sealable glass or plastic container. Add chicken and turn to coat.
- Place the green beans, cannellini beans, zucchini, olive and tomatoes in another large sealable glass or plastic container.
- Freeze the containers for up to 3 months or until the night before cooking. Defrost overnight in the fridge.
- Heat oil in a large frying pan. Add contents of chicken container. Cook for 2 minutes each side or until browned. Add contents of veg container. Simmer for 10 minutes or until veg is just tender. Divide chicken and veg mixture among serving plates. Top with parsley.

Author: Lindsay Pleskot, RD

Nutrition Facts:

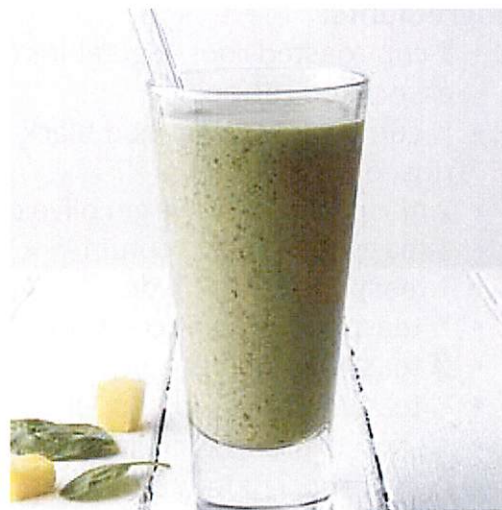
Calories	367
Total Fat	11 g
Fiber	13.5 g
Total Carbohydrates	23 g
Protein	41 g

Pineapple Green Smoothie

1 servings • 5 min active time • 5 minutes total • 297 calories

Ingredients:

- ½ cup unsweetened almond milk
- ⅓ cup nonfat plain Greek yogurt
- 1 cup baby spinach
- 1 cup frozen banana slices (about 1 medium banana)
- ½ cup frozen pineapple chunks
- 1 tablespoon chia seeds
- 1-2 teaspoons pure maple syrup or honey (optional)



Instructions:

- Add almond milk and yogurt to a blender, then add spinach, banana, pineapple, chia and sweetener (if using); blend until smooth.

Author: Lisa Valente

Nutrition Facts:

Calories	343
Total Fat	5.7 g
Fiber	9.8 g
Total Carbohydrates	54.3 g
Protein	12.8 g
Sugars.....	29 g

Roasted Vegetable and Black Bean Tacos

2 servings • 15 min active time • 15 minutes total • 343 calories

Ingredients:

- 1 cup roasted root vegetables (see associated recipe)
- ½ cup cooked or canned black beans, rinsed
- 2 teaspoons extra-virgin olive oil
- 1 teaspoon ground cumin
- 1 teaspoon chili powder
- ½ teaspoon ground coriander
- ¼ teaspoon kosher salt
- ¼ teaspoon ground pepper
- 4 corn tortillas, lightly toasted or warmed
- ½ avocado, cut into 8 slices
- 1 lime, cut into wedges
- Chopped fresh cilantro & salsa for garnish



Instructions:

- Combine roasted root vegetables, beans, oil, cumin, chili powder, coriander, salt and pepper in a saucepan. Cover and cook over medium-low heat until heated through, 6 to 8 minutes.
- Divide the mixture among the tortillas. Top with avocado. Serve with lime wedges. Garnish with cilantro and/or salsa, if desired.

Author: Sylvia Fountaine

Nutrition Facts:

Calories	343
Total Fat	16.8 g
Fiber	12.1 g
Total Carbohydrates	44.4 g
Protein	7.9 g
Sugars.....	5.7 g

No Sugar-Added Vegan Oatmeal Cookies

12 servings • 25 min active time • 1 hour 15 min minutes total • 177 calories

Ingredients:

- 1 cup quick-cooking oats
- ¾ cup almond flour or almond meal
- ¾ teaspoon ground cinnamon
- ¼ teaspoon salt
- 2 medium ripe bananas, mashed
- ½ cup almond butter or natural peanut butter
- 1 teaspoon vanilla extract
- ¾ cup raisins or chopped dates



Instructions:

- Preheat oven to 350 degrees F. Line a large baking sheet with parchment paper or a silicone baking mat.
- Whisk oats, almond flour (or almond meal), cinnamon and salt in a medium bowl. Mash bananas, almond butter (or peanut butter) and vanilla together in a large bowl until creamy and well combined. Add the dry ingredients and raisins (or dates) to the banana mixture and stir with a wooden spoon until combined. Scoop or roll level tablespoons of dough into balls and place on the prepared baking sheet, making 12 cookies per batch. Press with a fork to flatten slightly.
- Bake until firm to the touch and light brown on the bottom, about 15 minutes. Transfer to a wire rack to cool completely. Repeat with the remaining batter.

Author: Carolyn Casner

Nutrition Facts:

Serving Size.....	2 cookies
Calories	177
Total Fat	10 g
Fiber	3.5 g
Total Carbohydrates	19.9 g
Protein	5.1 g
Sugars.....	8.9 g

SECTION 2

PHYSICAL ACTIVITY

Source: A Harvard Health article
How to Build an Exercise Plan
A Guide to Getting Started and Developing a Balanced Plan



[A Harvard Health article](#)

How to Build an Exercise Plan

A Guide to Getting Started and Developing a Balanced Plan



What type of exercise should you do?

There is no single type of exercise that can take care of all your needs. In fact, to get the most benefits from your routine, you want a mix of activities during the course of a week. Otherwise, it's like a diet consisting only of fruit—healthful as far as it goes, but lacking a lot of the nutrients you'll find in other foods, such as fish, vegetables, nuts, and whole grains.

Developing a balanced exercise plan

So what does a balanced exercise plan consist of? The Physical Activity Guidelines for Americans from the U.S. Department of Health and Human Services urge all adults to include the following types of exercise in their weekly routines:

- 150 minutes of moderate aerobic exercise per week (for example, 30 minutes on each of five days) or 75 minutes of vigorous aerobic activity (or an equivalent mix of the two).
- two or more strength training sessions per week, with at least 48 hours in between to allow muscles to recover.
- balance exercises for older adults at risk for falls.

If this all sounds overwhelming, remember that workouts can be broken up into smaller segments. For example, three 10-minute walks can get you to your daily goal of 30 minutes of aerobic exercise.

Each workout should also include a simple warm-up at the beginning and a cool-down at the end. The warm-up should consist of gentle exercise, such as marching in place, to loosen up your muscles and get more oxygen-rich blood flowing to them. To cool down, slow your activity and the intensity for five to 10 minutes, then finish off with stretches to help prevent stiffness.

Read on to learn more about each component of a balanced exercise program in greater depth and suggest a mix of activities and exercises to get you going.

Aerobic exercise (cardio)

Often called cardio or endurance activities, aerobic activities are great for burning calories and paring down unwanted fat. They consist of activities that make the heart and lungs work harder: think of walking, biking, running, and swimming, for example.

Aerobic exercise temporarily boosts your heart rate and breathing, allowing more oxygen to reach your muscles and tuning up cardiovascular endurance. These are the activities that are associated with lower risk for many diseases and longer life span.

How much should you do?

The Physical Activity Guidelines for Americans recommend accumulating a weekly total of at least two- and-a-half hours of moderate aerobic activity, or one hour and 15 minutes of vigorous aerobic activity. (Note: If you prefer a mix, 10 minutes of vigorous activity equals roughly 20 minutes of moderate activity.) Raising your weekly goal to five hours of moderate activity, or two-and-a-half hours of vigorous activity, nets additional health benefits, especially weight loss. Each session should last at least 10 minutes.

Get started

Walking is usually safe for people of any age or level of fitness and can easily be adjusted to a comfortable speed. It doesn't jar joints or raise your heart rate to dangerous levels. For a greater challenge, you can add time, distance, or hills to improve endurance or use resistance bands to tone while you walk.

Follow these tips to get the best workout from your walks:

Find a safe place to walk. Quiet streets with side-walks, park trails, athletic tracks at local schools, or shopping malls are often good choices.

Buy a good pair of shoes. Look for supportive but flexible soles that cushion your feet. Comfort is the key when buying shoes for walking. Shop at the end of the day when your feet are at their largest size. Choose shoes with "breathable" uppers, such as nylon mesh.

Dress for comfort and safety. Wear lighter clothes than you'd need if standing still. Dress in layers so you can peel off garments if you get hot. Light-colored clothes and a reflective vest help drivers notice you.

Do a five-minute warm-up and cool-down. Start off at a slower pace for your warm-up. At the end of your walk, slow down to cool down (even if you're not sweaty).

Practice good technique:

- Walk at a brisk, steady pace. Slow down if you're too breathless to carry on a conversation.
- Stand tall.
- Hold your head up so your chin is level and look 10 to 20 feet in front of you.

- Lift your chest.
- Keep your shoulders down.
- Point your toes straight ahead.
- Let your arms swing loosely at your sides. If you want to boost your speed, bend your elbows at 90-degree angles and swing your hands from waist to chest height.
- Land on your heel, then roll forward onto the ball of your foot, pushing off from your toes.
- Take comfortable strides. To go faster, take quicker steps instead of longer ones.

Strength training

Strength or resistance training, which typically employs equipment such as weight machines, free weights, or resistance bands or tubing, protects against bone loss and builds muscle. It also improves your body's ratio of lean muscle mass to fat. It, too, deserves an important place in your exercise routine.

Technically, strength or resistance training takes place any time your muscles face a stronger-than-usual counterforce, such as pushing against a wall or lifting a dumbbell. Using progressively heavier weights or increasing resistance makes muscles stronger. Aside from toning you, strength training provides the functional strength you need to do everyday activities—lifting groceries, climbing stairs, rising from a chair, rushing for the bus—with ease.

How much should you do?

The Physical Activity Guidelines for Americans recommend strengthening exercises for all major muscle groups (legs, hips, back, chest, abdomen, shoulders, and arms) two or more times a week, with at least 48 hours between sessions. One set per session is effective, though two or three sets may be better, according to some research. Repeat each exercise eight to 12 times (reps). Your body needs at least 48 hours for recovery and repair between strength training sessions in order to build more muscle and get stronger.

Get started

These tips for safe strength training will help you get the most from your workouts:

Focus on form, not weight. Align your body correctly and move smoothly through each exercise. Poor form can prompt injuries. Many experts suggest starting with no weight, or

very light weight, when learning a strength training routine. Concentrate on slow, smooth lifts and equally controlled descents while isolating a muscle group. You isolate muscles by holding your body in a specific position while consciously contracting and releasing the targeted muscles.

Tempo, tempo. Tempo helps you stay in control rather than undercut strength gains through momentum. For example, count to four while lifting a dumbbell, hold for two, then count to four while lowering it to the starting position.

Breathe. Blood pressure increases during a work-out, but it rises even more if you hold your breath while performing strength exercises. To avoid steep increases, exhale as you lift, push, or pull; inhale as you release. To make sure that you're not holding your breath, count your tempo aloud. You can't hold your breath when you're talking.

Keep challenging muscles. The right weight differs depending on the exercise. Choose a weight that tires the targeted muscle or muscles by the last two repetitions (reps) while still allowing you to maintain good form. If you can't do the minimum number of reps, choose a lighter weight. When it feels too easy, as if you could continue doing reps, challenge your muscles again by adding weight (roughly 1 to 2 pounds for arms, 2 to 5 pounds for legs) or using a stronger resistance band. Alternately, you can add another set of reps to your workout (up to three sets), or work out additional days per week. If you add weight, remember that you should be able to do the minimum number of reps with good form, and the targeted muscles should feel tired by the last two reps.

Give muscles time off

Strenuous exercise like strength training causes tiny tears in muscle tissue. These tears are good, not bad: muscles grow stronger as the tears knit up. Always allow at least 48 hours between sessions for muscles to recover. So, if you do a strenuous full-body strength workout on Monday, wait until at least Wednesday to repeat it. It is fine to do aerobic exercise on the days between your strength training. If you're doing a partial-body strength session, however, you might do upper-body exercises on Monday, lower-body exercises on Tuesday, upper-body exercises on Wednesday, lower-body exercises on Thursday, etc., and also do aerobic exercise on as many days as possible.

Balance exercises

Our sense of balance typically worsens as we age. It can be further compromised by medical conditions like neuropathy (a complication of diabetes or certain chemotherapy drugs) that can cause tingling, pain, and numbness in the feet; side effects from other medications; uncorrected vision problems; or a lack of flexibility. Poor balance often leads to falls, which can cause head injuries and temporarily or permanently disabling injuries to the bones and nervous system. Hip fractures, particularly, can lead to serious health complications and can impair independence.

Older adults at risk for falls can benefit from a combination of walking, strength training, and balance exercises. Balance-enhancing activities include tai chi, yoga, and Pilates. Strength training exercises that work core muscles in your abdomen and back also help with balance.

How much should you do?

For older adults at risk for falls, the guidelines recommend 30 minutes of balance training and muscle strengthening exercises three times a week, plus at least 30 minutes of walking activities twice or more weekly.

Flexibility exercises

Flexibility exercises like stretching and yoga gently reverse the shortening and tightening of muscles that typically occur with disuse and age. Shorter, stiffer muscle fibers may make you vulnerable to injuries and contribute to back pain and balance problems.

Frequently performing exercises that isolate and stretch elastic fibers surrounding muscles and tendons helps counteract this. A well-stretched muscle more easily achieves its full range of motion. This improves athletic performance—imagine an easier, less restricted golf swing or tennis serve—and functional abilities, such as reaching, bending, or stooping during daily tasks. Stretching can also be a great way to get you moving in the morning or a way to relax after a long day. Activities such as yoga combine stretching and relaxation and also improve balance, a wonderful combination.

However, note that experts no longer recommend stretching before exercise. Prolonged stretching impedes the maximum contractile force of muscles. For example, stretching prior to jumping decreases jump height. Instead, experts now recommend starting off your

exercise with a warm-up, such as an easy walk or a sport-specific routine such as serving some tennis balls and practicing ground strokes before a match. This increases the movement of blood and oxygen to the muscles. Then, when muscles are warm and pliable—for example, after five to 10 minutes of exercise—you can stretch. Or, even better, do your flexibility exercises as your post-workout cool-down.

How much should you do?

The Physical Activity Guidelines for Americans present no specific recommendations for making flexibility exercises part of your routine. However, the American College of Sports Medicine recommends that older adults do flexibility exercises on the same days as aerobic or strength activities, or at least twice a week.

Get started

When starting a stretching routine, follow these tips for safety:

- Check with your doctor. If you have joint disease or arthritis, or if you've had a joint replacement, check with your doctor before starting stretching exercises.
- Warm up first. Warm muscles are more flexible. Warm up for five to 10 minutes first, or save stretching for your cool-down routine after exercising.
- Stretch all muscle groups. Just as with strength training, stretching should include all muscle groups.
- No bouncing. Never bounce as you stretch. This triggers a contracting reflex that actually tightens the muscle you're trying to loosen.
- Feel mild tension only. Extend your muscle to the point where you feel mild tension and hold that position. You should never feel pain.
- Breathe. Breathe easily through your nose while stretching.
- Hold and repeat. The best results come from holding a stretch for 10 to 30 seconds and repeating each stretch two to six times for a total of one minute.

Adapted with permission from [Starting to Exercise](#), a special health report published by Harvard Health Publishing.

HIDALGO COUNTY WELLNESS PROGRAM

Beginner HIIT Workout

HIIT (High Intensity Interval Training)

Repeat this workout 3 times for a 15 minute home workout.

SQUAT

TIME 50 SEC REST 10SEC

Stand with your feet slightly wider than hip-width apart. Bend at your knees and hips to lower, pushing your bum back as if you were sitting down. When your thighs are roughly parallel to the ground, push through your heels to stand back up. Keep your back straight throughout.

PUSH-UP

TIME 50 SEC REST 10SEC

Get on all fours with your hands slightly wider than shoulder-width apart and your body forming a straight line from your head to your heels. Lower your chest to the floor, then push back up. Go from your toes to your knees if you need to make it easier.

LUNGE

TIME 50SEC REST 10SEC

Stand with your feet hip-width apart. Keeping your torso upright, step forwards, bending both knees and lowering until your rear knee is about to touch the floor, then return to standing. Alternate legs with each rep.

JUMPING JACKS

TIME 50 SEC REST 10 SEC

With your feet almost together and hands by your sides, jump your feet wider than hip-width apart and simultaneously raise your hands to the sides, bringing them back together above your head. Reverse the movements back to standing.

CRUNCH

TIME 50SEC REST 10SEC

Lie on your back with your knees bent and feet flat on the floor. Using your abs muscles, raise your shoulders off the floor, pushing your chest towards your hips, then lower back to the start.

By: Nick Harris-Fry

HIDALGO COUNTY WELLNESS PROGRAM

Advanced HIIT Workout

HIIT (High Intensity Interval Training)

Total Workout Time: 27 minutes

BURPEE

SETS 6 TIME 30SEC REST 30SEC

From a standing position drop down and kick your feet out behind you so you're in an elevated press-up position. Lower into a press-up, then push back up, jump your feet up to your hands, and then stand and jump straight up in one smooth motion. Land softly to complete one burpee and go straight into the next.

SITUP

SETS 3 TIME 60SEC REST 60SEC

Lie with your back on the ground, knees bent and feet flat on the floor. Brace your abs and raise your shoulders towards your knees. Lower slowly back to the start.

SHUTTLE RUNS

SETS 2 TIME 90SEC DISTANCE 10M REST 90SEC

Set up two markers 10m from one another and sprint between them as many times as possible in the work period.

DOUBLE LEG LOWER

SETS 3 TIME 60SEC REST 60SEC

Lie on your back with your legs raised straight and perpendicular (or as close to perpendicular as you can get) to the ground. Lower both legs slowly at the same time until your feet are just above the ground, then raise them back to the starting position.

PUSH UP

SETS 6 TIME 30SEC REST 30SEC

Drop to the ground supporting your body with your hands and toes, forming a straight line between your shoulders and feet. Lower until your chest is close to the ground, then push back up to the starting position.

By: Nick Harris-Fry

HIDALGO COUNTY WELLNESS PROGRAM

Running Methods

The American Heart Association advises that when exercising, an individual should reach 50-85% of their maximum heart rate.

To calculate your maximum heart rate follow this equation.

$$220 - (\text{your age}) = \text{Maximum HeartRate}$$

1. Monitor Your Run Using the HR Zone Method

Zone 1: 60-70% of Maximum HeartRate

(You should feel relaxed and able to hold a conversation.)

Zone 2: 70-80% of Maximum HeartRate

(Your body should feel "the burn". 1-2x/week)

Zone 3: 81-93% of Maximum HeartRate

(You should feel challenged but comfortable.)

Zone 4: 94-100% of Maximum HeartRate

(Unable to hold a conversation, generally used for races.)

2. Monitor Your Run Using the Run/Walk Method

	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
Week 1	Rest	30 mins easy run/walk	Rest	30 mins easy run/walk	Rest	Rest	1-mile easy run
Week 2	Rest	30 mins hard run/walk	Rest	30 mins medium run/walk	Rest	Rest	1.5-mile medium run
Week 3	Rest	30 mins easy run/jog	Rest	30 mins medium run/jog	Rest	Rest	2-mile medium run
Week 4	Rest	30 mins easy run/jog/walk	Rest	30 mins medium run/jog	Rest	Rest	2.5-mile medium run
Week 5	Rest	30 mins medium run/jog	Rest	30 mins hard run/jog	Rest	Rest	3-mile easy run
Week 6	Rest	30 mins hard run	Rest	30 mins easy run	Rest	Rest	3.5-mile medium run
Week 7	Rest	30 mins medium run	Rest	30 mins medium run	Rest	Rest	5K (3.1-mile) race

"A note on Run/Walk Method: Developed by Olympian Jeff Galloway, the run/walk method should be executed by switching to a walk when you're not yet tired instead of slowing to a walk when you're too tired during your run."

Running Methods

3. Monitor Your Run Using Your Pace

Running by feel involves responding to what's sometimes called RPE, or "rating of perceived exertion." It is a subjective number you come up with for how hard your pace feels at any given moment on a run. It's usually expressed on a scale of 1-10:

RPE	Pace	How to Estimate It
1-2	Easy run	Relaxed; you can carry on a conversation
3-5	Long run	Moderate; you can speak sentences
6-8	Tempo run	Challenging but sustainable; you can speak single words
9-10	Speed run	Very challenging; you can't speak comfortably

HIDALGO COUNTY WELLNESS PROGRAM

Flexibility Stretches

Stretching for 20-30 minutes 3-4 times per week is recommended to improve flexibility.

STANDING HAMSTRING STRETCH

- Stand tall with your feet hip-width apart, knees slightly bent, arms by your sides.
- Exhale as you bend forward at the hips, lowering your head toward floor, while keeping your head, neck and shoulders relaxed.
- Wrap your arms around backs of your legs and hold anywhere from 45 seconds to two minutes.
- Bend your knees and roll up when you're done.

PIRIFORMIS STRETCH

- Sit on the floor with both legs extended in front of you.
- Cross your right leg over your left, and place your right foot flat on the floor.
- Place your right hand on the floor behind your body.
- Place your left hand on your right quad or your left elbow on your right knee (as shown) and press your right leg to the left as you twist your torso to the right.
- If the spinal rotation bothers your back, take it out and simply use your left hand to pull your right quad in and to the left.

TRICEPS STRETCH

- Kneel, sit, or stand tall with feet hip-width apart, arms extended overhead.
- Bend your right elbow and reach your right hand to touch the top middle of your back.
- Reach your left hand overhead and grasp just below your right elbow.
- Gently pull your right elbow down and toward your head.
- Switch arms and repeat.

BUTTERFLY STRETCH

- Sit tall on the floor with the soles of your feet together, knees bent out to sides.
- Hold onto your ankles or feet, engage your abs, and slowly lower your body toward your feet as far as you can while pressing your knees toward the floor.
- If you're too tight to bend over, simply press your knees down.
- Hold this stretch for 30 seconds to 2 minutes.

LUNGING HIP FLEXOR STRETCH

- Kneel on your left knee. Place your right foot flat on the floor in front of you, knee bent.
- Lean forward, stretching your left hip toward the floor.
- Squeeze your butt; this will allow you to stretch your hip flexor even more.
- Hold for 30 seconds to 2 minutes.
- Switch sides and repeat.

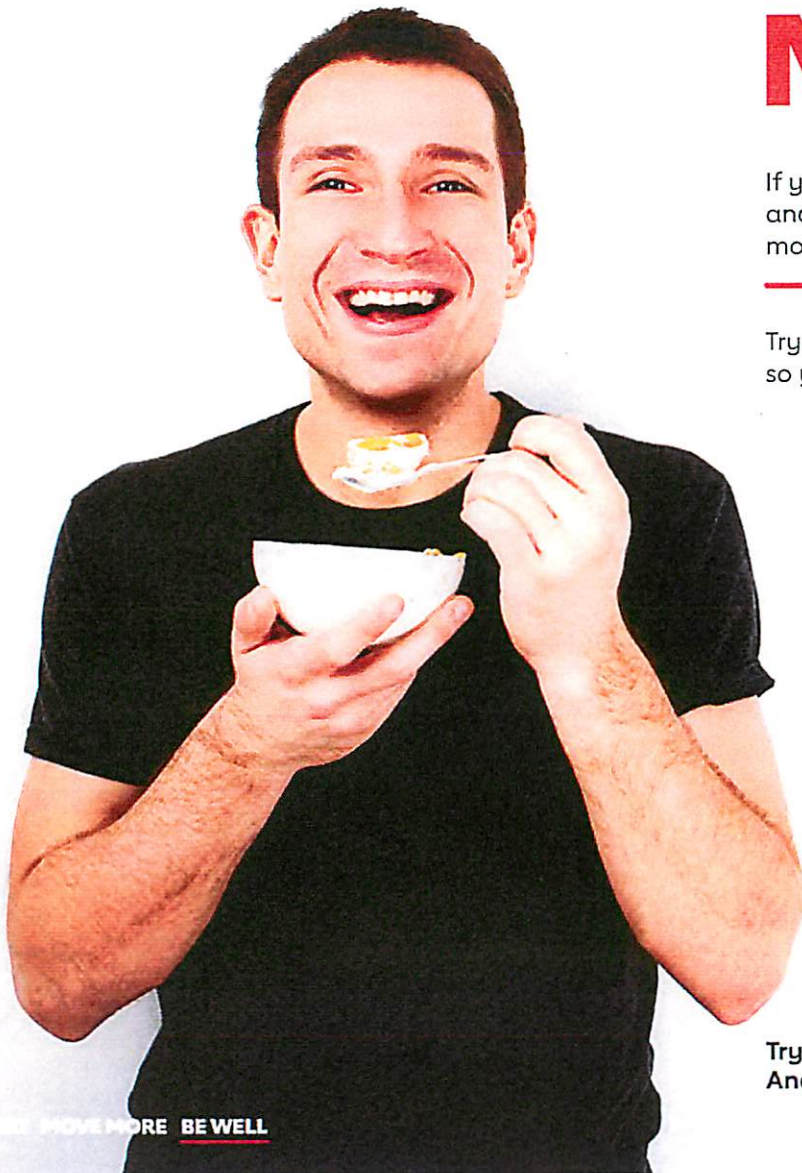
By: Amy Marturana Winderl, C.P.T.

SECTION 3

MINDFULNESS

Source: DeSena, Dan Michigan Medicine University of Michigan, Cognitive-Behavioral Therapy (CBT) Basic Group for Anxiety Adult Patient Manual





MAKE EVERY BITE A MEDITATION

If you want to put healthier eating habits on the menu, mindfulness may be a simple and effective place to start! It's not about dieting or restrictions – it's about taking a moment to take it in.

Try these easy ways to incorporate mindful eating into your day, so you can Eat Smart at every meal:



Ponder: Check in with yourself about your hunger before you eat – you may actually be thirsty, bored or stressed.



Appraise: Take a moment to take it in. How does it smell? Do you really want it? Is it more than you need?



Slow: Slow down so your brain can keep up with your stomach. Put your fork down between bites and focus on the flavor.



Savor: Enjoy your food. Take a moment to savor the satisfaction of each bite – the taste, texture, everything!



Stop: Stop when you're full – there's no need to join the clean plate club if it means overeating.

Try one or more of these tactics to help you eat more mindfully. And for more ways to be Healthy for Good, visit heart.org/HealthyForGood

Slow down the mind...

Mindfulness for relaxation and anxiety management

Take a moment to observe the photo to the right and then try this exercise:

Just describe what you see in completely *objective* terms. Just notice colors, shapes, shades, etc. Write what you see here:

Now notice the memories and thoughts that come up when you look at this picture. Allow your mind to wander as it will, and write down what “pops” into your mind as it comes up. Take 1-2 minutes to do this.



Mindfulness Exercise

1. Sit quietly with your feet on the floor, or lie down, and relax your body. Begin with some **slow, diaphragmatic breathing**. Focus your mind on your breath as it flows in and out of your nostrils. Continue to follow your breath to whatever extent you can.
2. As you breathe, notice the tendency of the mind to wander. Instead of trying to focus just on the breath, *just notice what the mind does*. It may wander to a worry, or a memory, or to what you plan to do later today. You may notice sensations in your body, such as a pain or itch. You may hear or smell things. Just notice whatever happens and then gently bring yourself back to your breath. You can remind yourself that you will tend to these other things later, and for now you will just spend time paying attention to your breath and to your mind.
3. Allow the mind to wander as it will, time after time. Avoid the tendency to try hard to focus on something. Simply allow your mind to wander and then bring yourself back to your breath. Notice the tendency of your experience to *change*. Imagine that each thought, sensation, emotion—anything—is like a cloud floating through the sky, soon to be replaced by another one.
4. Continue to practice this for about 10 minutes. Depending on your schedule you can add time to your practice if you want. Practice once or twice a day.
5. Remember that there is no “right” way to do this, other than to just notice whatever comes into your consciousness. It is impossible to “fail” at mindfulness—just let your mind wander!

The techniques you were just using are called **mindfulness** skills. These are techniques that originate in Buddhist meditation practices, but they have been studied and used more and more by psychologists and physicians in the last 20 years or so to help people regulate their emotions and calm their minds. So how do they work?

It is not fully understood why mindfulness is so helpful, but we have some ideas. The goal of mindfulness is to describe all kinds of experiences *objectively* and *non-judgmentally*, focusing on the facts about the present moment. Sound familiar? It may remind you of **cognitive skills**, which are an attempt to gather evidence around a thought that triggers our anxiety, which lessens the power of that thought. Another way to lessen the power of the thought is to see it for what it is: just a thought. And one thing we know about thoughts is that they *change*. It is difficult to adequately capture the gist of mindfulness by trying to explain it, so try the exercise to the right.



Relaxation Strategies: When? How? Why?

Relaxation strategies are just one set of skills used in CBT. We all would like to spend more time feeling relaxed, but relaxation skills are not always the right skills to improve our anxiety in the long run. One important CBT skill is knowing when to use certain techniques, so we want to know when relaxation strategies are or are not helpful for us.

Relaxation strategies are best used as a **companion to exposure and cognitive skills, but not as a replacement** to them. Sometimes relaxation strategies can actually make anxiety *worse* in the long run. Why? Because sometimes relaxation strategies are used as a way to get rid of anxiety when we are in distress; trying to get rid of something trains our brains to see it as “bad.” So we teach the brain to set off the anxiety “alarm” even louder when the anxiety presents itself. In the long run, this makes the anxiety worse. In short, there are times and places for relaxation skills!

When to use relaxation strategies

-As a daily practice, like exercise, to lower tension and feel calmer in our bodies over time

-During times of distress in order to **prevent avoidance** of something that is integral to our life aims

Why? It is more assertive: “Doing this exercise will not cure my anxiety, but it will keep me from avoiding the situation.”

(When we face the anxiety, the brain learns that it is not so dangerous, which, in turn, lowers the anxiety in the long run)

When *not* to use relaxation strategies

-In times of panic or severe distress as a way to get rid of the anxiety

-As a replacement for other types of CBT skills such as cognitive restructuring and exposure

Why? It is overprotective: “This anxiety is unbearable!

I must do something to make it feel better!”

(This trains in the idea that anxiety is dangerous, which causes more anxiety over time)

Take home points:

Relaxation strategies can be useful in reducing general levels of anxiety and tension over time. They are not typically a “cure” for anxiety; they are best used together with other CBT skills such as cognitive restructuring and exposure and practiced regularly, like exercise. They also should not be used to prevent or get rid of panic or severe anxiety symptoms. For each person there is a different set of activities and skills that help them relax. Our best strategy is to find the ones that work for us and practice them.



“How should I relax? What will work for me?”

Everyone is different— some relaxation skills work well for some people, and others for other people. It is likely that there are some methods that you already use to relax. Think about exercises, practices, or activities you use regularly in order to relax and list them below. If you are having a hard time coming up with something, see page 74, “Finding Relaxation Strategies That Work for You” and review the list of some common methods of relaxation.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Just breathe!

You may have been told in the past to “take a few deep breaths” when you were feeling worried or upset about something. On one hand this is helpful to just slow down and cool off. However, altering the speed of our breath actually can slightly change our body’s anxiety response. **Slow diaphragmatic breathing** is a developed technique that involves slowing down the breath to communicate “safety” to the brain.

While we do not recommend that you use breathing techniques to try to eliminate anxiety when you are feeling anxious, it can be a way to get through a tough situation and calm the body some so that we can make a good decision about what to do next. Try the following exercise:



“Slow Diaphragmatic Breathing”

1. Sit comfortably in a chair with your feet on the floor. You can lie down if you wish.
2. Fold your hands on your belly.
3. Breathe in slowly and calmly. Fill up the belly with a *normal* breath. Try not to breathe in too heavily. The hands should move up when you breathe in, as if you are filling up a balloon. Avoid lifting the shoulders as you inhale; rather, breathe into the stomach.
4. Breathe out slowly to the count of “5.” Try to slow down the rate of the exhale. After the exhale, hold for 2-3 seconds before inhaling again.
5. Work to continue to slow down the pace of the breath.
6. Practice this for about 10 minutes.
7. This works best if you practice this two times each day for 10 minutes each time. Try to find a regular time to practice this each day.

Slow Diaphragmatic Breathing

Tips:

1. The speed of the breath is more important than the depth of the breath. Avoid trying to “catch” your breath by taking really deep breaths.
2. Don’t use breathing exercises to “get rid of” the anxiety; use the breath to help get you through a tough situation, or practice it daily to “train in” a slower, calmer breathing style over time.
3. Practice! It takes time to learn how to calm the body using the breath.



Take home points:

Slow diaphragmatic breathing is one relaxation skill used in CBT. It is best used as a daily practice, like exercise, or as a way to get through a tough situation without leaving or making things worse. For best results, practice slow breathing twice a day for around 10 minutes each time.

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