

## National Nutrition Month 2011



### The Colors of Health

Fruits and vegetables come in terrific colors and flavors, but their real beauty lies in what's inside. Fruits and vegetables are great sources of many vitamins, minerals and other natural substances that may help protect you from chronic diseases.

To get a healthy variety, think color. Eating fruits and vegetables of different colors gives your body a wide range of valuable nutrients, like fiber, folate, potassium, and vitamins A and C. Some examples include green spinach, orange sweet potatoes, black beans, yellow corn, purple plums, red watermelon, and white onions. For more variety, try new fruits and vegetables regularly.

### What's In Season?



*Spring:  
March,  
April,  
May*



Apricots  
Asparagus  
Bitter Melon  
Butter Lettuce  
Chayote Squash  
Chives  
Corn  
Fava Beans  
Green Beans  
Jackfruit  
Lychee  
Morel Mushrooms  
Oranges  
Pineapple  
Ramps  
Snow Peas  
Spinach  
Strawberries  
Vidalia Onions

Artichokes  
Belgian Endive  
Broccoli  
Cactus  
Cherimoya  
Collard Greens  
English Peas  
Fiddlehead Ferns  
Honeydew  
Limes  
Mango  
Mustard Greens  
Pea Pods  
Radicchio  
Rhubarb  
Sorrel  
Spring Lettuce  
Swiss Chard  
Watercress



# JSC Wellness Program

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### Appropriate Physical Activity Intervention Strategies for Weight Loss and Prevention of Weight Regain for Adults

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Overweight and obesity affects more than 66% of the adult population and is associated with a variety of chronic diseases. Weight reduction reduces health risks associated with chronic diseases and is therefore encouraged by major health agencies. Guidelines of the National Heart, Lung, and Blood Institute (NHLBI) encourage a 10% reduction in weight, although considerable literature indicates reduction in health risk with 3% to 5% reduction in weight. Physical activity (PA) is recommended as a component of weight management for prevention of weight gain, for weight loss, and for prevention of weight regain after weight loss. In 2001, the American College of Sports Medicine (ACSM) published a Position Stand that recommended a minimum of 150 min·wk<sup>-1</sup> of moderate-intensity PA for overweight and obese adults to improve health; however, 200-300 min·wk<sup>-1</sup> was recommended for long-term weight loss. More recent evidence has supported this recommendation and has indicated more PA may be necessary to prevent weight regain after weight loss.

To this end, we have reexamined the evidence from 1999 to determine whether there is a level at which PA is effective for prevention of weight gain, for weight loss, and prevention of weight regain. Evidence supports moderate-intensity PA between 150 and 250 min·wk<sup>-1</sup> to be effective to prevent weight gain. Moderate-intensity PA between 150 and 250 min·wk<sup>-1</sup> will provide only modest weight loss. Greater amounts of PA (>250 min·wk<sup>-1</sup>) have been associated with clinically significant weight loss. Moderate-intensity PA between 150 and 250 min·wk<sup>-1</sup> will improve weight loss in studies that use moderate diet restriction but not severe diet restriction. Cross-sectional and prospective studies indicate that after weight loss, weight maintenance is improved with PA >250 min·wk<sup>-1</sup>. However, no evidence from well-designed randomized controlled trials exists to judge the effectiveness of PA for prevention of weight regain after weight loss. Resistance training does not enhance weight loss but may increase fat-free mass and increase loss of fat mass and is associated with reductions in health risk. Existing evidence indicates that endurance PA or resistance training without weight loss improves health risk. There is inadequate evidence to determine whether PA prevents or attenuates detrimental changes in chronic disease risk during weight gain.

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## Colorectal Cancer

### Introduction

Colorectal cancer is cancer of the colon or rectum. It is equally common in men and women. An estimated 142,579 people will be diagnosed in 2010, and an estimated 51,370 people will die from the disease. With recommended screening, this cancer can be prevented (by removing polyps before they become cancerous) or detected early, when it can be more easily and successfully treated.



### Who is at risk?

- Men and women age 50 and older
- People who use tobacco, are obese or are sedentary
- People with a personal or family history of colorectal cancer or benign (not cancerous) colorectal polyps
- People with a personal or family history of inflammatory bowel disease, such as long standing ulcerative colitis or Crohn's disease
- People with a family history of inherited colorectal cancer

### Risk Reduction

- Be physically active and exercise regularly.
- Maintain a healthy weight.
- Eat a high-fiber diet rich in fruits, vegetables, nuts, beans and whole grains.
- Consume calcium-rich foods like low-fat or skim milk.
- Limit red meat consumption and avoid processed meats.
- Don't smoke.
- Don't drink alcohol excessively.

### Early Detection

If you are at average risk for colorectal cancer, start having regular screening at age 50. If you are at greater risk, you may need to begin regular screening at an earlier age.

- **Colonoscopy:** Every 10 years
  - **Virtual colonoscopy:** Every 5 years
  - **Flexible sigmoidoscopy:** Every 5 years
  - **Double-contrast barium enema:** Every 5 years
  - Screening intervals for tests that mainly find cancer:
  - **Fecal occult blood test (FOBT):** Every year
  - **Fecal immunochemical test (FIT):** Every year
  - **Stool DNA test (sDNA):** Ask your health care professional
- Any abnormal result of a virtual colonoscopy or double-contrast barium enema, as well as a positive FOBT, FIT or sDNA test, should be followed up with a colonoscopy.

### Symptoms

Early stages of colorectal cancer do not usually have symptoms. Advanced disease may cause:

- Rectal bleeding or blood in or on the stool
- Change in bowel habits or stools that are narrower than usual
- Stomach discomfort (bloating, fullness or cramps)
- Diarrhea, constipation or feeling that the bowel does not empty completely
- Weight loss for no apparent reason
- Constant fatigue
- Vomiting

### Treatment

Surgery is the most common treatment. When the cancer has spread, chemotherapy or radiation therapy is given before or after surgery.