

**Chapter 1 : On Target Living Nutrition : Chris Johnson :**

*On Target Living is a health and performance company that works with organizations and individuals to transform their performance from the inside out. The On Target Living lifestyle is centered on rest and rejuvenation, quality nutrition and daily movement practices to increase focus, energy, and drive.*

The target population of this program is elderly and functionally impaired adults, 18 years of age or older and adults 60 years of age or older who are unable to live independently or perform activities of daily living. Eligibility facilities must serve meals meeting eligibility requirements; maintain accurate and complete records; operate a nonprofit food service, train center personnel in program requirements and operations; and collect income eligibility information on all participants claimed as free or reduced. DHSS provides reimbursement for allowable meals served; provides technical assistance on nutrition, food service operations, program management, and recordkeeping; and reviews and monitors program services to ensure good nutrition for all enrolled participants. For assistance, contact us. Eligibility Requirements To participate in CACFP, an adult day care facility must be licensed by an approved state or federal authority and be nonresidential. In other words, the same participants cannot be maintained in care for more than 24 hours on a regular basis. Missouri tax-exempt status will not suffice. Sheltered workshops are not eligible to participate in the program. The center must provide a structured, comprehensive program that provides a regular daily schedule of specific activities including health, social, and related support services. The center must provide services to functionally impaired individuals. Centers serving only adults 60 years of age and older who are not functionally impaired cannot participate in the program. For each participant, the center must maintain individual plans of care that include: A written plan of service, based on the assessment which specifies: The goals and objectives of the planned care. The activities to achieve the goals and objectives. Referrals to and follow-up with other service providers as needed. Provisions for periodic review and renewal. Meal Requirements To qualify as a reimbursable meal, each participant must be served, the minimum quantity of food as outlined, by category per meal type, on the Adult Food Chart. This is referred to as the meal pattern requirement. Menus must contain all the food components in the proper quantity. The Food Buying Guide for Child Nutrition Programs is designed by the USDA to help you buy the right amount of food and help you determine the specific contribution each food makes toward the meal pattern requirements. It also has yield data for more than 1, food items. Reporting and Recordkeeping Participating facilities are required to maintain the following records: Daily meal count records recorded at point of service. Food expenses and income to the program indicating nonprofit food service. Enrollment documentation that includes the age of each enrolled participant. Documentation or plans of care for participants claimed as functionally impaired. Income Eligibility Forms for each participant claimed for free or reduced meal reimbursement. Documentation of training provided to center personnel regarding program requirements and operations.

*At the core of On Target Living is the Food Target, an easy-to-use device to help make better choices. Use this simple guide to balance carbohydrates, fats, and proteins, while also selecting healthier foods towards the center.*

The lead author developed the criteria for assessing the studies. The 12 characteristics assessed systematically in each study are described below. Ethnicity of Study Population: Although some studies targeted specific ethnic subgroups such as Cambodians and Mexicans, the paucity of data on communities of color in general warranted adherence to OMB standards. For studies reviewed here, ethnicity was usually determined through individual self-report ethnic self-identification. The type of geographical setting was evaluated by census and defined as urban, suburban, semirural, or rural. A category for interventions implemented in American Indian reservations was designated as reservation-based. With one exception, all studies were characterized as invoking well-defined behavioral theory that fit one of the following categories: We evaluated studies by design type. Studies employed one of the following 5 variants of evaluation research design: Randomized controlled trial and uncontrolled trial with pre- and post-test facilitated evaluation of intervention effect sizes. Uncontrolled trials were distinguished from demonstration projects by study instigation: Effective recruitment strategies engaging communities of color may differ from strategies that aim to impact a mainstream population. We characterized recruitment strategies as one of the following: This additional study dimension was included to collect information that represented a geographically defined population, even if the study design did not fit the "gold standard" of a randomized control trial. High attrition rates have the potential to seriously hamper study results. Studies reviewed in this paper were grouped into 3 thresholds of attrition: A fourth category includes studies for which no attrition data was provided. Interventions generally fell into one of the following categories: Where possible, a behavior target was defined as one of the following: Frequent weight monitoring appeared to be a salient characteristic of long-term weight control success in the National Weight Control Registry study. Central to this review is the consideration of community-level transformations, as well as individually targeted behavioral and clinical changes. We identified the following outcome measures: We defined the duration of a study as encompassing the following 3 phases: Long-term follow-up is defined here as follow-up lasting at least 12 months. Studies were grouped into 6 categories: The "Other" category included findings that were related to indirect target behavior, such as organizational policy changes supporting physical activity or healthier food choices. Primary Sources of Funding: Primary sources of funding may govern the adequacy and representativeness of the sample and the scope and duration of the intervention. Three distinct categories depict the studies analyzed: We aggregated results qualitatively for several reasons. One, we anticipated and observed the absence of outcome data for many interventions. Two, less-developed evaluation design, measures, and analytic approaches were available for capturing the range of more upstream intervention effects. Three, we recognized that intervention effects at the individual level may be small not statistically significant, but meaningful in terms of population benefit and temporally distant from intervention implementation<sup>46</sup>, decreasing the likelihood of publication or dissemination. Results The search yielded 23 interventions that met the selection criteria: The following narrative summarizes, in chronological order, the intervention methods and results for projects implemented during 2 periods: Nine of the latter 16 were projects of a CDC-funded California Department of Health Services physical activity promotion initiative in underserved and understudied ethnic communities. Table 2 presents project data by study characteristic for early and later interventions. Cross-sectional surveys captured sociodemographic and cardiovascular disease risk data at baseline and annually for 3 years. The reductions in dietary saturated fat consumption at follow-up versus baseline observed in the intervention areas compared with control areas were significantly greater among Latinos, but no significant differences were observed among whites. The Kaiser Family Foundation Community Health Promotion Grants Program was designed to improve multiple health outcomes, including cardiovascular disease and cancer, by changing community norms, environmental conditions, and individual behaviors in 11 western communities. 7 randomly assigned intervention communities with 7 randomly assigned control communities, and 4 intervention communities selected on

special merit with 4 matched control communities. Local coalitions, with technical support from Stanford University, controlled program development. The program was stratified by community type: In suburban and rural communities, nutrition and physical activity promotion included media campaigns and nutrition education campaigns in grocery stores. Urban community activity centered on school- and community-based nutrition education. The state component targeted worksite exercise. However, the only significant difference in self-reported dietary behaviors in that community was a decline in fruit and vegetable consumption. Physiological measures were monitored to provide individual feedback. Cross-sectional surveys documented aggregate demographic and physical activity data at baseline, and outcomes for the first and second years were assessed outcome ecologically, with no differences demonstrated between intervention and control communities. In "organized" intervention communities with enthusiastic exercise leaders and higher class attendance, however, physical activity levels did increase significantly compared with controls. A similar intervention Bootheel Heart Project worked through regional coalitions of community-based organizations to develop fitness promotion activities such as walking clubs, cooking demonstrations and classes, aerobic exercise classes, walking trails, and health fairs. The study documented significant decreases in sedentary behavior within targeted regions. Other studies during this period did not report behavioral outcome data. Project Salsa 52 used community organization techniques to promote nutrition behavior changes and institutionalize intervention components in San Ysidro, Calif. This study included the following components: Of these intervention components, only the latter 2 survived 4 years after funding ended. Two communications strategies were aimed at diabetes prevention and control by the A Su Salud en Accion project. The 9 projects were the following: A special journal supplement documented these efforts 54 - 63, so they will not be chronicled here. Strengthening individual knowledge and skills. Definition of Level: Early 71; Later 62. Walking club orientation.

**Chapter 3 : On Target Living Nutrition : Chris Johnson :**

*On Target Living Cooking walks you through the value of cooking with foods that are unrefined and rich in nutrients. Whether it be a quick It is much more important to consider the quality of food rather than quantity.*

But those who are food-insecure or low-income also face unique challenges in adopting and maintaining healthful behaviors, as described below. Limited resources and lack of access to healthy, affordable foods. Instead, residents “ especially those without reliable transportation ” may be limited to shopping at small neighborhood convenience and corner stores, where fresh produce and low-fat items are limited, if available at all. Comprehensive literature reviews examining neighborhood disparities in food access find that neighborhood residents with better access to supermarkets and limited access to convenience stores tend to have healthier diets and reduced risk for obesity Larson et al. Households with fewer resources e. Food choices and purchases may be constrained by limits on how much can be carried when walking or using public transit e. Transportation costs also cut into the already limited resources of low-income households, and these costs plus travel time can be substantial Rose et al. When available, healthy food may be more expensive in terms of the monetary cost as well as for perishable items the potential for waste, whereas refined grains, added sugars, and fats are generally inexpensive, palatable, and readily available in low-income communities Aggarwal et al. Households with limited resources to buy enough food often try to stretch their food budgets by purchasing cheap, energy-dense foods that are filling “ that is, they try to maximize their calories per dollar in order to stave off hunger DiSantis et al. When available, healthy food “ especially fresh produce “ is often of poorer quality in lower income neighborhoods, which diminishes the appeal of these items to buyers Andreyeva et al. Low-income communities have greater availability of fast food restaurants, especially near schools Fleischhacker et al. These restaurants serve many energy-dense, nutrient-poor foods at relatively low prices. Fast food consumption is associated with a diet high in calories and low in nutrients, and frequent consumption may lead to weight gain Larson et al. Cycles of Food Deprivation and Overeating Those who are eating less or skipping meals to stretch food budgets may overeat when food does become available, resulting in chronic ups and downs in food intake that can contribute to weight gain Bruening et al. Unfortunately, overconsumption is even easier given the availability of cheap, energy-dense foods in low-income communities Drewnowski, ; Hilmers et al. Such a coping mechanism puts them at risk for obesity “ and research shows that parental obesity, especially maternal obesity, is in turn a strong predictor of childhood obesity Dev et al. High Levels of Stress, Anxiety, and Depression Members of low-income families, including children, may face high levels of stress and poor mental health e. A number of recent studies find associations between food insecurity and stress, depression, psychological distress, and other mental disorders Laraia et al. Research has linked stress and poor mental health to obesity in children and adults, including for adults stress from job-related demands and difficulty paying bills Block et al. In addition, a number of studies find associations between maternal stress or depression and child obesity Gross et al. Emerging evidence also suggests that maternal stress in combination with food insecurity may negatively impact child weight status Lohman et al. There also is growing evidence that low-income mothers struggling with depression or food insecurity utilize obesogenic child feeding practices and unfavorable parenting practices that could influence child weight status Bronte-Tinkew et al. Fewer Opportunities for Physical Activity Lower income neighborhoods have fewer physical activity resources than higher income neighborhoods, including fewer parks, green spaces, and recreational facilities, making it difficult to lead a physically active lifestyle Mowen, Research shows that limited access to such resources is a risk factor for obesity Gordon-Larsen et al. There is emerging evidence that food insecurity is associated with less physical activity and greater perceived barriers to physical activity e. This is not surprising, given that many environmental barriers to physical activity exist in low-income communities. When available, physical activity resources may not be attractive places to play or be physically active because low-income neighborhoods often have fewer natural features e. Crime, traffic, and unsafe playground equipment are common barriers to physical activity in low-income communities Neckerman et al. Because of these and other safety concerns, children and adults alike are more likely to stay

indoors and engage in sedentary activities, such as watching television or playing video games. Not surprisingly, those living in unsafe neighborhoods are at greater risk for obesity Duncan et al. Low-income children are less likely to participate in organized sports C. Students in low-income schools spend less time being active during physical education classes and are less likely to have recess, both of which are of particular concern given the already limited opportunities for physical activity in their communities Barros et al. Greater Exposure to Marketing of Obesity-Promoting Products Low-income youth and adults are exposed to disproportionately more marketing and advertising for obesity-promoting products that encourage the consumption of unhealthful foods and discourage physical activity e. Such advertising has a particularly strong influence on the preferences, diets, and purchases of children, who are the targets of many marketing efforts Institute of Medicine, ; Institute of Medicine, This results in lack of screening for food insecurity and referrals for food assistance, as well as lack of diagnosis and treatment of emerging chronic health problems like obesity.

### Chapter 4 : Topics and Objectives “ Objectives A”Z | Healthy People

*On Target Living means achieving a balanced life with increased energy and vitality by blending intelligent nutrition, balanced exercise, and restorative rest and recovery. In On Target Living Nutrition, health and fitness expert Chris Johnson cuts through the current landscape of dieting and deprivation.*

### Chapter 5 : On Target Living Nutrition: The Power of Feeling Your Best by Chris Johnson

*Nutrition is the core of the On Target Living Nutrition program, but Chris also gives the reader additional tools for building a solid foundation of better health, including a complete step-by-step exercise section and a full chapter on mindful eating and motivation.*

### Chapter 6 : Granola Bar Recipes | SparkRecipes

*Kristen specializes in unlocking happiness, optimal health, and mindful living. As the Chief Nutrition Officer of a multi-million dollar company with global operations, Kristen is uniquely positioned to help leaders and teams develop positive habits despite high stress, high demand environments.*

### Chapter 7 : Nutrition and Weight Status | Healthy People

*Thousands of people of all ages and life stages have attended Chris Johnson's On Target Living seminars. As a result, a better understanding of simple nutrition has not only improved their health, but changed their blog.quintoapp.com Target Living Nutrition, was published under ISBN and ISBN*

### Chapter 8 : Healthy Lifestyle - Healthy Lifestyle - Mayo Clinic

*Tablets per package. Chlorella is a green algae that contains the highest amount of Protein, Chlorophyll and Nucleic Acids (RNA/DNA) of any blog.quintoapp.com also Contains vitamins, minerals and lots of natural dietary fiber which encourages better digestion and helps remove toxins from the body.*

### Chapter 9 : On Target Living Nutrition: The Power of Feeling Your Best by Chris Johnson

*On Target Living Book By Chris Johnson \$ Add to cart Quick View. All products, Snacks/ Food Brazil Nuts \$ Add to cart Quick View. All products, Snacks/ Food.*