

# The Bronx Oncology Daily Living (B.O.L.D.) *Healthy Living Program*

*A DIABETES PREVENTION AND CONTROL PROGRAM FOR CANCER SURVIVORS*



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## What is the B.O.L.D. Healthy Living Program?

The B.O.L.D. Healthy Living Program is a **diabetes prevention and control program for cancer survivors.**

The focus of the program is to **prevent** and **reduce** the impact of diabetes in the Bronx, NY community.

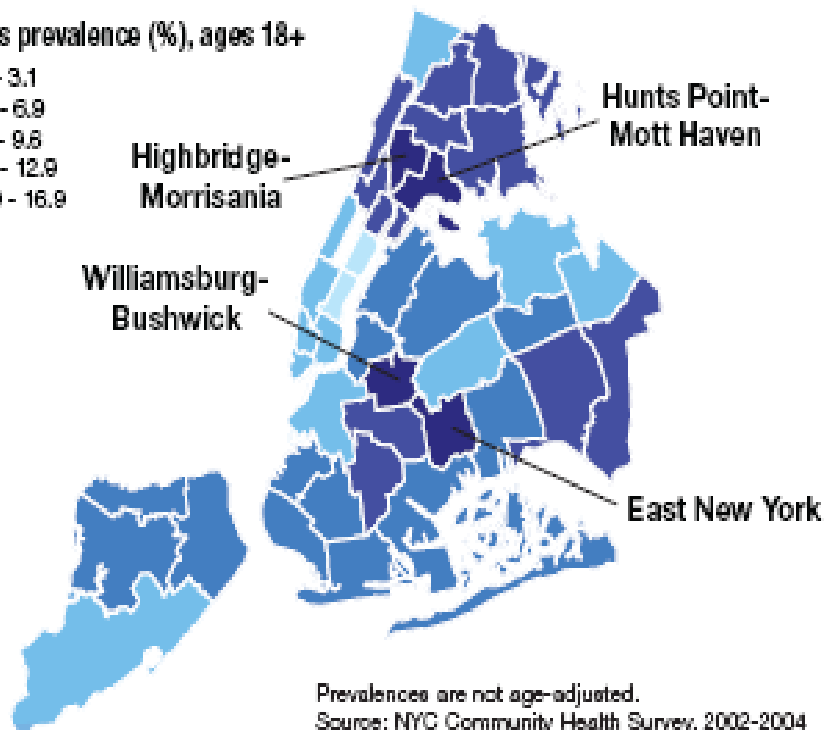
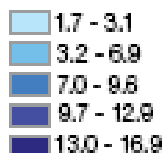
In order to provide you with a safe and effective program, the B.O.L.D. Healthy Living Program was created, reviewed, and approved by a panel of healthcare experts in the fields of diabetes, obesity, physical activity, nutrition, and behavior.

*The curriculum has been adapted from the Diabetes Prevention Program and the Bronx Health Reach's Fine, Fit, and Fabulous curriculum, and incorporates nutrition and physical activity guidelines as established by the American Diabetes Association, American Institute for Cancer Research, American Cancer Society, American College of Sports Medicine, United States Department of Agriculture, and other leading healthcare institutes, organizations, and professionals as referenced.*



# The B.O.L.D. Healthy Living Program: Fighting **Cancer** & **Diabetes** in the Bronx. Together.

Diabetes prevalence (%), ages 18+



# The B.O.L.D. Healthy Living (BHL) Program

## Key BHL Contacts

Your name: \_\_\_\_\_

Your BHL Fitness Instructor is: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Telephone: \_\_\_\_\_

Contact me if you have questions, comments, or concerns relating to the fitness component of the program.

Your BHL Nutrition Instructor is: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Telephone: \_\_\_\_\_

Contact me if you have questions, comments, or concerns relating to the nutrition component of the program.

Your BHL Program Coordinator is: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Telephone: \_\_\_\_\_

Contact me if you have questions, comments, or concerns relating to any aspect of the BHL program. All participants are encouraged to attend every exercise and nutrition class for best results. Please notify your BHL Program Coordinator of any absences.

## BHL Buddy Contact Information

My Buddy's Name Is:

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My Buddy's Contact Phone Number Is:

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My Buddy's E-Mail Address Is:

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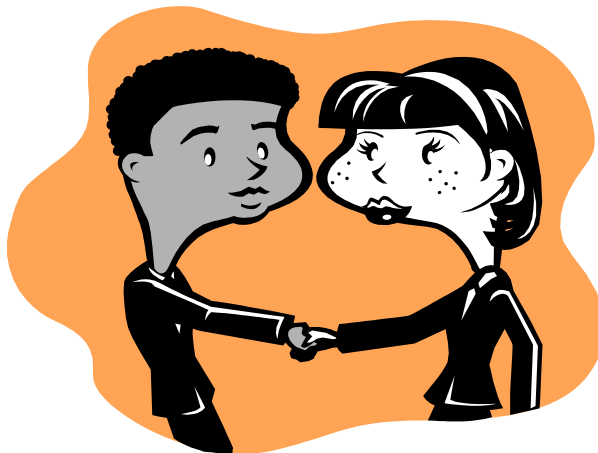
The Best Way To Reach My Buddy Is:

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The Best Time To Reach My Buddy Is:

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I will contact my buddy \_\_\_\_\_ times each week for motivation, friendship, and support.



## **Why the B.O.L.D. Healthy Living (BHL) Program?**

- There are HIGH rates of cancer in the Bronx community.
- Thankfully, the amount of cancer survivors is increasing.
- However, cancer survivors have an increased risk for other diseases, like diabetes and obesity.
- In some areas of the Bronx, 1 out of every 5 persons has diabetes!
- Diabetes can cause many problems like heart disease, stroke, blindness, kidney disease, and even death.
- B.O.L.D. Healthy Living aims to prevent and control diabetes, and thereby improve the health of the Bronx community.

### **The Mission of the**

#### **B.O.L.D. Healthy Living Program:**

***To improve the health of and reduce the risk of diabetes in the cancer survivor community of Bronx, NY, through physical activity, nutrition, and healthy weight management.***

# Benefits of Participating in the BHL Program

## 1. Prevent or manage your diabetes.

- People who achieve and maintain a healthy body weight are at less risk for diabetes.
- People who engage in regular physical activity and exercise are at less risk for diabetes.
- Weight loss and exercise help people manage their diabetes.
- People with type II diabetes may avoid or require fewer medications when following a weight loss and exercise program.

## 2. Reduce your risks of certain types of cancers.

- People who achieve and maintain a healthy body weight are also at less risk for certain types of cancer.
- 30-40% of all cancers in the United States can be prevented by healthy making lifestyle change.
- People who achieve and maintain a healthy body weight may also be at less risk for cancer recurrence.

## 3. Help you feel better about yourself and be healthier.

- Relieve tension, help you relax and sleep.
- Give you more energy; make it easier to get around.
- Lower your blood pressure.
- Lower your blood levels of LDL ("bad" cholesterol or fat in the blood).
- Raise your blood levels of HDL ("good" cholesterol or fat in the blood).

## 4. Help you set a good example for your family, friends, and community and encourage them to live healthy, too.

***Changing your lifestyle is hard.  
But we are here to help. Together, we can do it!***

## BHL Program Agenda

*The B.O.L.D. Healthy Living program is (insert # weeks). Each week, you will attend 1 nutrition class and 1 fitness class. They will be on (Insert same day of the week or different days of the week).*

<b>Week</b>	<b>Title</b>	<b>Topics</b>
1	Orientation	-Introduction to the B.O.L.D. Healthy Living Program -Goal setting
2	Diabetes-Cancer Connection	-Learning about diabetes and cancer -Getting started eating right and moving more
3	Rethink Your Drink	-Hidden sugars and calories -Beverage nutrition facts labels -Healthier beverage choices
4	Make a Better Plate	-The role of foods in disease -Food groups and their health benefits -What a healthy plate should look like
5	Portion Distortion	-Trends in portion sizes -Measuring portion sizes -Eating the right portion sizes for weight management
6	Face the FACTS	-Understanding the Nutrition Facts Label -Using the Facts Label to control portion sizes -Comparing food products using the Facts Label
7	Build a Better Meal	-Half-way through review -Meal planning and timing -Substituting healthier food choices at meals/snacks
8	Healthy Home Cooking	-Healthy fats -Health cooking techniques -Recipe makeovers
9	Be a Savvy Shopper	-Tips to save at the supermarket -Comparing generic and name brands using the Facts Label -Buying produce in season
10	Survival Skills	-Healthy dining -Easy-to-pack snacks -Holidays and parties
11	A BOLDER Community	-Local community resources -Farmers' markets and gardening -Healthy families and friends
12	Staying Motivated	-Reflection of goals, barriers, and successes -Setting new goals -Strategies for staying motivated -Program completion celebration!



## Participants' Guide

Success in the B.O.L.D. Healthy Living Program (BHL) depends on YOU!

We encourage you to attend as many group exercise and nutrition classes as possible—we would love it if you attend them all!

If you will be absence from a class for any reason, please contact your BHL Program Coordinator.

## Participants' Tool Kit

**You will use the following tools to track progress and reach your goals:**



### **1. Personal Health, Fitness and Medical History Questionnaire**

At the beginning of the program you will be telephoned to complete questionnaires designed to capture general health status information. This provides background and baseline information for evaluation of the program and aids the instructors in helping you set appropriate nutrition and fitness goals.

### **2. B.O.L.D. Buddy**

Your B.O.L.D. *Buddy* is another person in the class who will provide you with ongoing support, motivation, and friendship. Whether you exchange a quick email, a short phone call, or take a long walk together each week, your B.O.L.D. *Buddy* will keep you motivated throughout the program.

### 3. **B.O.L.D. Goals & S.M.A.R.T Goals**

**B.O.L.D. goals** are a standardized way to measure your success in the program. They apply to everyone. **S.M.A.R.T goals** reflect your personal short-term and long-term goals for healthy living. A guide for setting your **S.M.A.R.T goals** is included in this packet.

### 4. **My 3 C's: Goal Planning Worksheet**

This worksheet will help you achieve your **S.M.A.R.T goals**. A guide for completing your **3 C's** is included in this packet.

### 5. **Food and Activity Diary (FAD)**

Recording in your *FAD* will make you aware of how much you are eating and moving. Most of us eat too much and move too little. People who keep diaries are more likely to lose and maintain weight than those who do not.

### 6. **Weekly Challenges**

Are you up to the challenge? Reinforce what you learned during class and promote healthful behavior changes by stepping up to your **Weekly Challenges**.

### 7. **Weigh-Ins**

Some BHL participants may decide to pursue a weight loss goal, others may not. All participants will be weighed approximately every three weeks throughout the program. Your weight and all personal information will always remain confidential.

### 8. **Pedometers**

You are encouraged to wear a pedometer all day, everyday throughout the week to monitor and evaluate how many steps they are taking every day. The more steps you take, the more physically active you are. Can you reach 10,000 steps a day?

### 9. **Your BHL Instructors**

Your BHL instructors are here to answer any questions you may have. They put your health, safety, and happiness first! Please do not hesitate to contact them at anytime.

## B.O.L.D. Goals

There are 3 main goals of the BHL Program.

These goals are modeled after the Diabetes Prevention Program's goals for diabetes risk reduction and management.

These goals are for everyone in the program. We will refer to them throughout your (insert # weeks) with us.

*Note: These goals may need to be adjusted on an individual basis. Please speak to your instructors if you have any concerns, questions, or specific recommendations provided by your physician. Your health, safety, and happiness comes first! 😊*

**Goal #1 Lose 5% of your body weight through healthy eating and physical activity over the course of 12-weeks.**

Your current weight is: \_\_\_\_\_ pounds.

Your goal weight will be: \_\_\_\_\_ pounds or less.

**Goal #2 Perform 30-60 minutes of physical activity 3-5 days per week for a total of 2 ½ hours per week.**

*Example: Take a brisk walk for 30 minutes on five days of the week.*

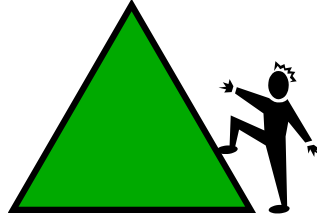
**Goal #3 Make healthy diet choices that include a variety of fruits, vegetables, whole grains, lean proteins, and healthy fats.**

*Example: Choose a piece of fruit for a snack instead of chips or candy.*



# My S.M.A.R.T Goals

What's a S.M.A.R.T goal? Glad you asked! S.M.A.R.T goals are:



## Specific:

Something accomplishable (What? Where? How?).

## Measurable

Something concrete and traceable (How much? How long?).

## Attainable

You are *confident* your goal can come true

## Realistic

Something practical. You *believe* you can *achieve* it.

## Timely

Able to be *achieved* within a *certain time* (1 month? 1 year?).

## Example:

Not-so- **S.M.A.R.T** goal: “I am going to lose weight by dieting.”

**S.M.A.R.T** goal: “I am going to lose 2 lbs. this month by exercising for 30 minutes 5 days a week and eating more fruits and vegetables instead of junk food.”

## Discussion Questions:

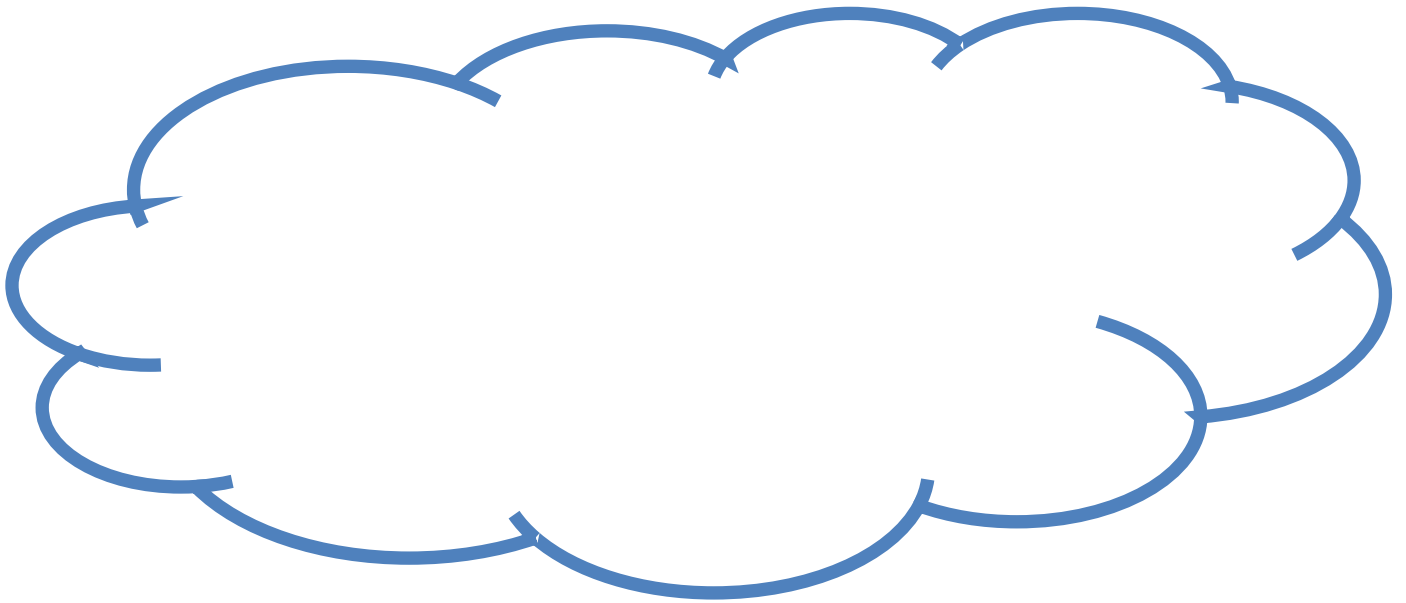
- What’s the difference between these two goals?
- What makes one “**S.M.A.R.T**” and one “Not-so- **S.M.A.R.T**”?
- Can you make the **S.M.A.R.T** goal even **S.M.A.R.T**-er?

# My **S.M.A.R.T** Goals

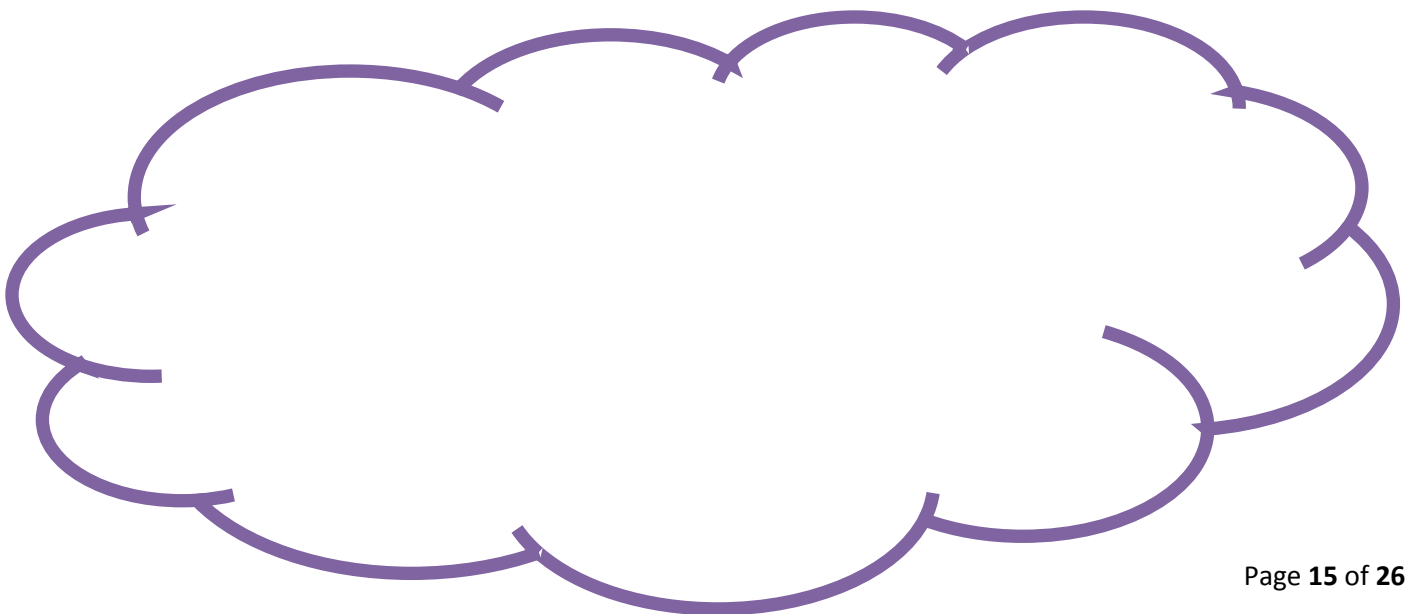
## Let's BRAINSTORM!

Brainstorming will help you write **S.M.A.R.T** Goals.

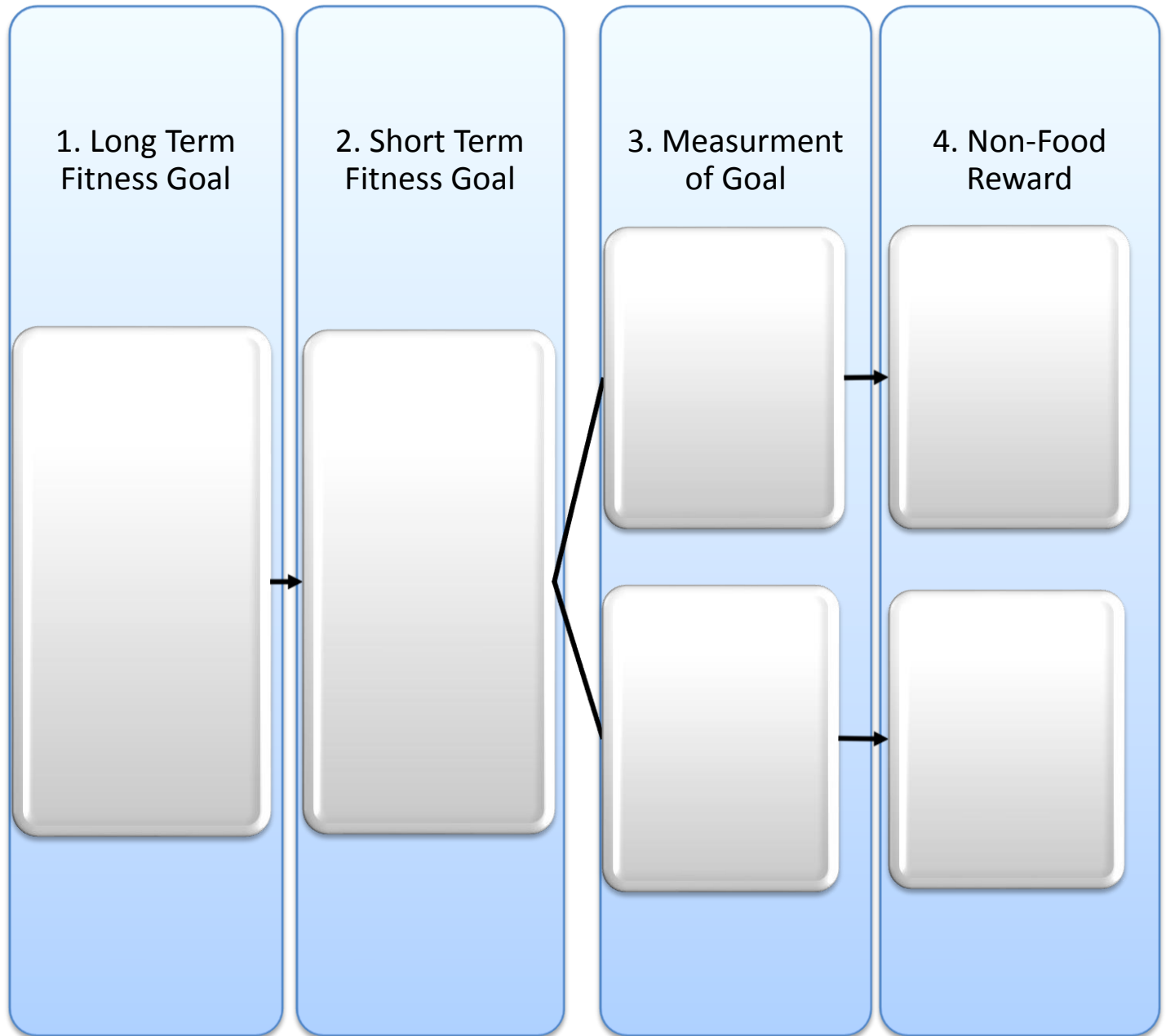
What are some fitness goals you want to achieve? Why? What activities do you enjoy? What are some activities that you would like to try?



What are some nutrition goals you want to achieve? Why? What are some healthy eating tips that would you like to learn?



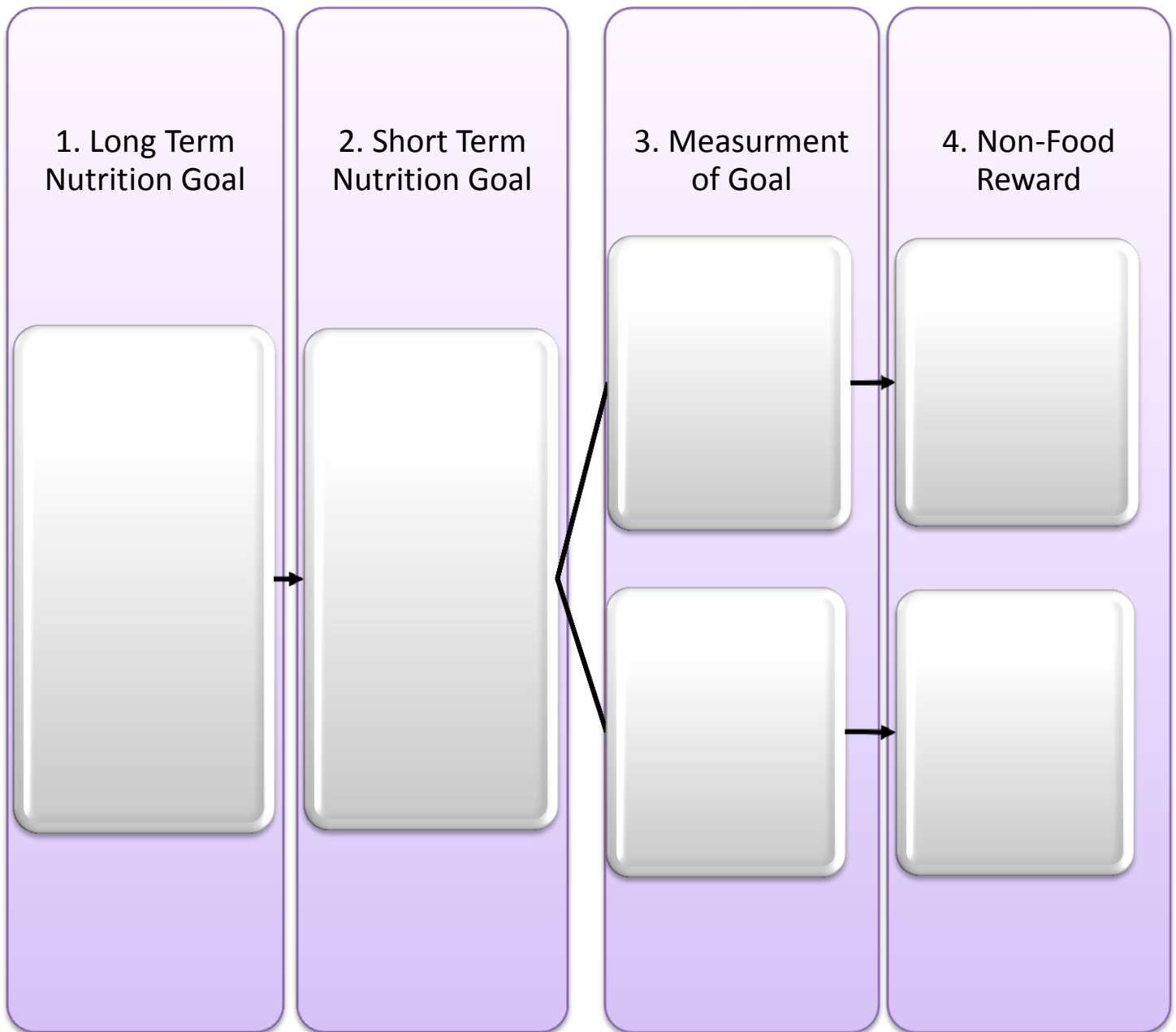
# MY FITNESS S.M.A.R.T Goals.!



1. Long-term goals: What do you want to achieve in a year from now?
2. Short-term goals: What do you want to achieve by the end of the program?
3. Measurement of goals: How will you track your goals?
4. Non-food/beverage reward: How will you celebrate achieving your goals?



# MY NUTRITION S.M.A.R.T Goals.!



1. Long-term goals: What do you want to achieve in a year from now?
2. Short-term goals: What do you want to achieve by the end of the program?

3. Measurement of goals: How will you track your goals?

4. Non-food reward: How will you celebrate achieving your goal?

## Overcoming Challenges



There are many challenges to weight loss. The first step to overcoming your challenges is to identify the challenge. The second step is to create a solution for overcoming the challenge. Some common challenges are:

1. Finding time to exercise.
2. Asking for what you want when you eat out.
3. Stopping negative thoughts and replacing them with positive ones.
4. Getting back on your feet again after medical surgery or treatment.
5. Overcoming chronic pain and/or fatigue.

What are your biggest challenges? How can you conquer them?

**Challenges**

**Solutions**

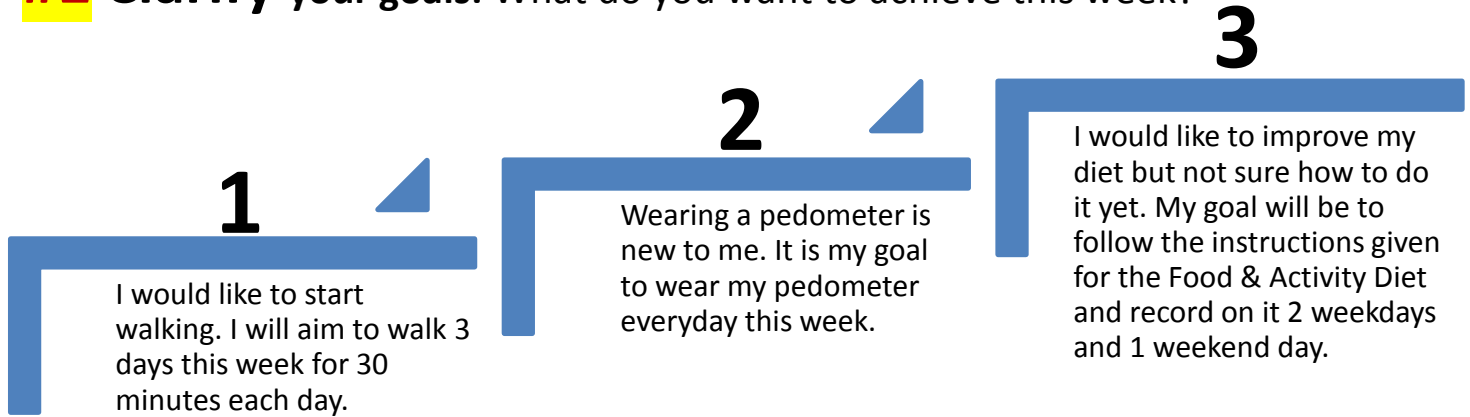
A diagram consisting of two columns of empty, rounded rectangular boxes. The left column has three boxes and is labeled 'Challenges' in red, slanted text above it. The right column has three boxes and is labeled 'Solutions' in green, slanted text above it. The boxes are arranged in a staggered fashion, with the top box of the right column being higher than the top box of the left column.

# My 3 C's - EXAMPLE

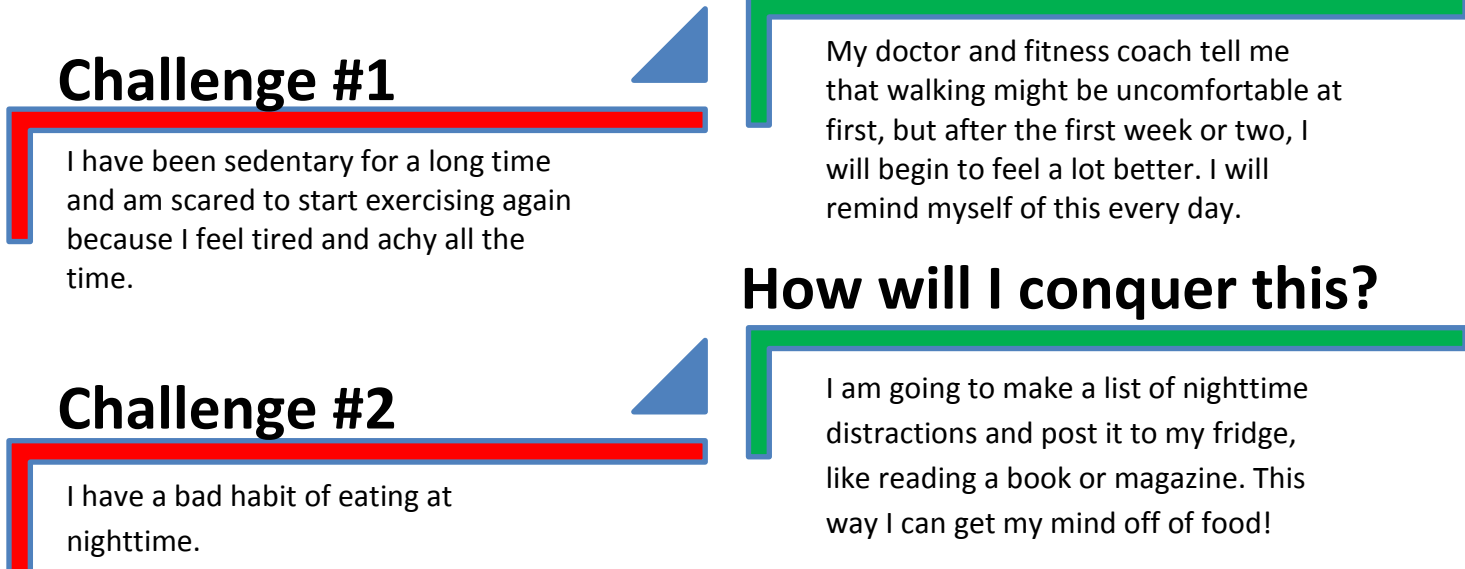
Use your 3 C's each week to reach your **S.M.A.R.T** Goals.

BHL Program Week# \_\_\_\_\_

## #1 Clarify your goals: What do you want to achieve this week?

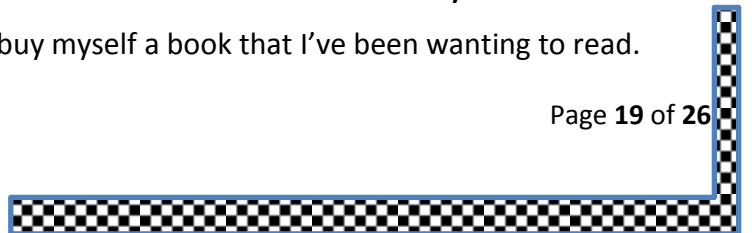


## #2 Conquer your challenges: What's standing in your way?



## #3 Celebrate your success: Focus on the finish line. Reward yourself!

**Non-food/beverage reward:** I am going to buy myself a book that I've been wanting to read.

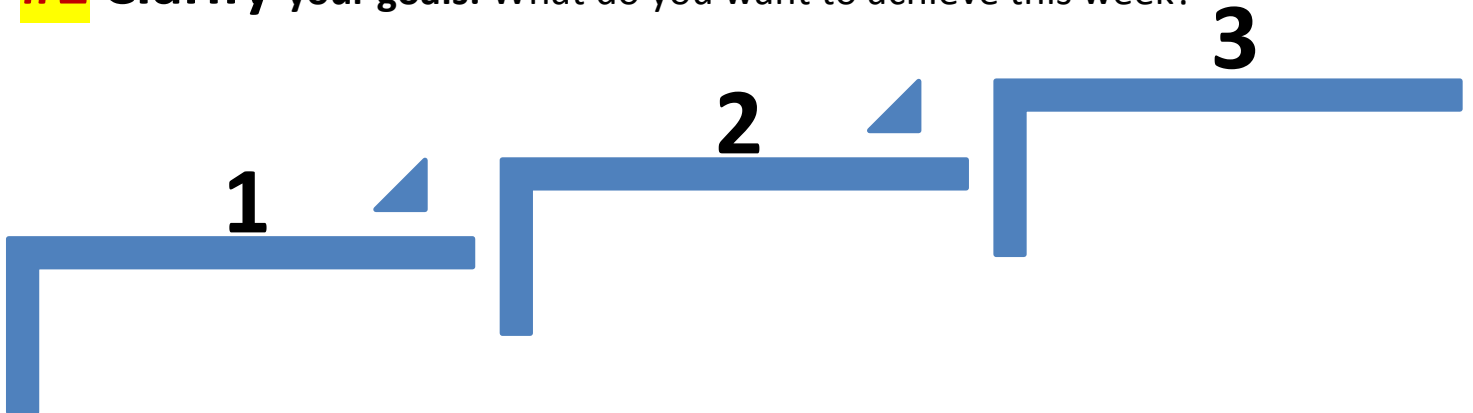


# My 3 C's

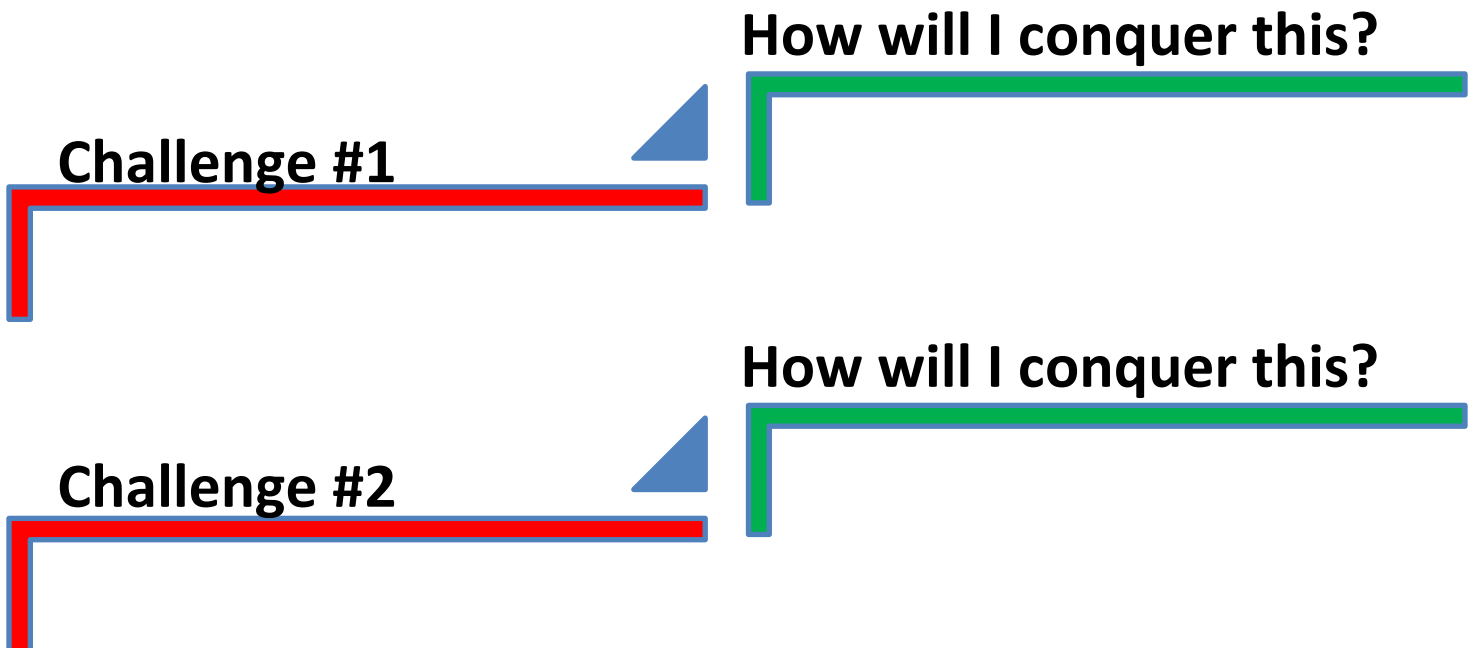
Use your 3 C's each week to reach your **S.M.A.R.T** Goals.

BHL Program Week# \_\_\_\_\_

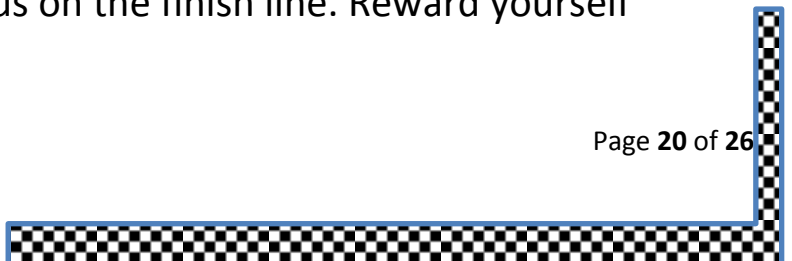
**#1 Clarify** your goals: What do you want to achieve this week?



**#2 Conquer** your challenges: What's standing in your way?

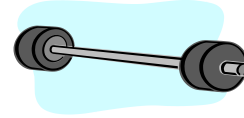


**#3 Celebrate** your success: Focus on the finish line. Reward yourself





# Instructions for Completing Your Daily Food & Activity Diary (FAD)



1. You can keep your FAD with you at all times and record immediately after eating and exercising. Or you can record in your FAD at a certain time everyday. Just remember to write everything down!
2. At minimum, record in your *diary* on 2 days during the week (Monday – Friday), and 1 day during the weekend (Saturday or Sunday).
3. Write down everything! Even ketchup! Be honest. You are only cheating yourself if you're not.
4. Counting calories is OPTIONAL. Only experienced persons (e.g., those who have previously attended a weight loss program) should consider counting calories. Please speak to your nutrition instructor if you would like to practice calorie counting.
5. Always record the time, food/beverage, amount water, and physical activity. You may write personal comments/feelings/thoughts using the “Notes” section.
6. In the beginning of the program, you will focus on WHAT you are eating. A few weeks into the program, you will begin recording HOW MUCH you are eating.
7. Follow the **Week-By-Week Guide For Completing Your FAD**.

## Week-by-Week Guide for Completing Your FAD.

**Weeks 1 and 2:** Record the *Time*, *Food/Beverage*, and *Physical Activity*. Gain awareness of WHAT you are eating and drinking, and how much you are moving.

*Food-for-Thought: Pay special attention to WHAT you are drinking each day.*

**Week 3:** Record the *Time*, *Food/Beverage*, and *Physical Activity*. **In addition**, for beverages, record HOW MUCH you are consuming, e.g., 1 can (20 oz.) soda at lunchtime.

*Food-for-Thought: Can you decrease the amount of sugary/caloric beverages you are consuming?*

**Week 4:** Continue to follow instructions for Week 3. **In addition**, record the number of servings of fruits and vegetables you eat at every meal and snack in the fruit and vegetable food group boxes on your FAD.

*Food-for-Thought: Can you eat the recommended number of fruits and vegetables each day?*

**Weeks 5-7:** Continue to follow instructions for Week 4. **In addition**, record the number of servings of all food groups you eat at every meal and snack in the matching food group boxes on your FAD. Begin applying your knowledge of food and nutrition to make healthier lifestyle changes

*Food-for-Thought: Can you eat the recommended number of food groups each day?*

**Week 8:** Continue to follow instructions for **Weeks 5-7**. **In addition**, record the AMOUNT of food/beverage you are consuming in the AMOUNT column on your FAD.

*Food-for-Thought: Can you mind your portion sizes? Can you reshape your plate?*

**Weeks 9-12:** Continue to follow instructions for **Week 8**. **In addition**, pay extra attention to how foods make you FEEL. For example, if overeating is a problem for you, jot down when you are overeating. Is coming home from work a trigger? Is feeling bored or lonely a trigger? Stress? How does eating less healthy foods make you feel? How does eating more healthy foods make you feel?

*Food-for-Thought: Can you make healthier lifestyle changes that will last? Can you make behavioral changes that will help you live healthier?*

# Pedometer Instructions

**Placement:** Clip the pedometer to your belt or waistband of your pants. The pedometer should be near your hips, midway between your side and your belly button (directly above your knee).

**When should I wear my pedometer?** Wear your pedometer as much as possible. Please fill out your pedometer log accurately. You should not wear your pedometer in the shower or pool, or while sleeping.

**How can I be sure that my pedometer is working?** We will check your pedometer and your walking results each week.

**Remember to bring your pedometers to every fitness class!**





# My BHL Commitment Contract



I, \_\_\_\_\_, hereby agree to reduce my risk of (or better manage my) diabetes and improve my overall health by agreeing to complete the **(Insert # Weeks)** *B.O.L.D. Healthy Living* Program. Each week, I will strive to attain **My S.M.A.R.T Goals** and the **B.O.L.D. Goals**. I will encourage and support my buddy and fellow participants in her/his **Goals** for healthy living. I will be a healthy living role model for my family and friends by promoting good nutrition and physical activity in all communities that I belong to.

Print Name: \_\_\_\_\_

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

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

My Buddy's Signature: \_\_\_\_\_

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

## BHL Weekly Checklist

- Attend the weekly BHL fitness class. Contact the program coordinator if I am absent.
- Attend the weekly BHL nutrition class. Contact the program coordinator if I am absent.
- Record in my *Food and Activity Diary* at least two weekdays (Monday, Tuesday, Wednesday, Thursday, Friday) and one weekend day (Saturday or Sunday).
- Complete your 3 C's.
- Complete any at-home activities or assigned reading.
- Wear my pedometer everyday and report the steps in my *diary*.
- Review **My S.M.A.R.T Goals** and **B.O.L.D. Goals**. Am I on track? If not, how can I get on track?
- Contact my *Buddy* to check in!

### Remember to Bring to Each Class:

- My *food and exercise diary*
- My pedometer
- Questions/Comments/Concerns/Thoughts/Achievements, etc...

The secret of getting  
ahead is getting started.  
– Mark Twain