From: Hussain, Tasneem

Sent: 2/28/2013 10:15:55 AM

To: TTAB EFiling

CC:

Subject: U.S. TRADEMARK APPLICATION NO. 85455577 - STRATEGIC SNACKING - 020589.0200 - Request for Reconsideration Denied - Return to TTAB - Message 2 of 5

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Attachment Information:
Count: 7
Files: iowa-02.jpg, iowa-03.jpg, iowa-04.jpg, iowa-05.jpg, iowa-06.jpg, iowa-07.jpg, iowa-08.jpg

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(vegetable subgroup amounts are per week)

| Calorie Level | 1,000 | 1,200 | 1,400 | 1,600 | 1,800 | 2,000 |
|---|---|---|---|---|---|---|
| Food Group[1] | Food group amounts shown in cup (c) or ounce-equivalents (oz-eq), with number of servings (srv) in parentheses when it differs from the other units. See note for quantity equivalents for foods in each group.[2]<br><br>Oils are shown in grams (g). | | | | | |
| Fruits | 1 c (2 srv) | 1 c (2 srv) | 1.5 c (3 srv) | 1.5 c (3 srv) | 1.5 c (3 srv) | 2 c (4 srv) |
| Vegetables[3] | 1 c | 1.5 c | 1.5 c | 2 c | 2.5 c | 2.5 c |



| | (2 srv) | (3 srv) | (3 srv) | (4 srv) | (5 srv) | (5 srv) |
|---|---|---|---|---|---|---|
| Dark green veg. | 1 c/wk | 1.5 c/wk | 1.5 c/wk | 2 c/wk | 3 c/wk | 3 c/wk |
| Orange veg. | .5 c/wk | 1 c/wk | 1 c/wk | 1.5 c/wk | 2 c/wk | 2 c/wk |
| Legumes | .5 c/wk | 1 c/wk | 1 c/wk | 2.5 c/wk | 3 c/wk | 3 c/wk |
| Starchy veg. | 1.5 c/wk | 2.5 c/wk | 2.5 c/wk | 2.5 c/wk | 3 c/wk | 3 c/wk |
| Other veg. | 4 c/wk | 4.5 c/wk | 4.5 c/wk | 5.5 c/wk | 6.5 c/wk | 6.5 c/wk |
| Grains[4] | 3 oz-eq | 4 oz-eq | 5 oz-eq | 5 oz-eq | 6 oz-eq | 6 oz-eq |
| Whole grains | 1.5 | 2 | 2.5 | 3 | 3 | 3 |
| Other grains | 1.5 | 2 | 2.5 | 2 | 3 | 3 |
| Lean meat and beans | 2 oz-eq | 3 oz-eq | 4 oz-eq | 5 oz-eq | 5 oz-eq | 5.5 oz-eq |
| Milk | 2 c | 2 c | 2 c | 3 c | 3 c | 3 c |
| Oils[5] | 15 g | 17 g | 17 g | 22 g | 24 g | 27 g |
| Discretionary calorie allowance[6] | 165 | 171 | 171 | 132 | 195 | 267 |

**1. Food items included in each group and subgroup:**

- **Fruits** - All fresh, frozen, canned, and dried fruits and fruit juices. For example: oranges and orange juice, apples and apple juice, bananas, grapes, melons, berries, raisins. In developing the food patterns, only fruits and juices with no added sugars or fats were used. *See note 6 on discretionary calories if products*

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added sugars or fats were used. *See note 6 on discretionary calories if products with added sugars or fats are consumed.*

- **Vegetables** - In developing the food patterns, only vegetables with no added fats or sugars were used. *See note 6 on discretionary calories if products with added fats or sugars are consumed.*
  - Dark green vegetables - All fresh, frozen, and canned dark green vegetables, cooked or raw. For example: broccoli, spinach, romaine, collard, turnip, and mustard greens.
  - Orange vegetables - All fresh, frozen, and canned orange and deep yellow vegetables, cooked or raw. For example: carrots, sweet potatoes, winter squash, and pumpkin.
  - Legumes - All cooked dry beans and peas and soybean products. For example: pinto beans, kidney beans, lentils, chickpeas, tofu. (dry beans and peas) (See comment under meat and beans group about counting legumes in the vegetable or the meat and beans group.)
  - Starchy vegetables - All fresh, frozen, and canned starchy vegetables. For example: white potatoes, corn, green peas.
- **Grains** - In developing the food patterns, only grains in low-fat and low-sugar forms were used. *See note 6 on discretionary calories if products that are higher in fat and/or added sugars are consumed.*
  - Whole grains - All whole-grain products and whole grains used as ingredients. For example: whole-wheat and rye breads, whole-grain cereals and crackers, oatmeal, and brown rice.



  - Other grains - All refined grain products and refined grains used as ingredients. For example: white breads, enriched grain cereals and crackers, enriched pasta, white rice.

*See note 6 on discretionary calories if higher fat products are consumed.* Dry beans and peas and soybean products are considered part of this group as well as the vegetable group, but should be counted in one group only.

- **Milk, yogurt, and cheese** (milk) - All milks, yogurts, frozen yogurts, dairy desserts, cheeses (except cream cheese), including lactose-free and lactose-reduced products. Most choices should be fat-free or low-fat. In developing the food patterns, only fat-free milk was used. *See note 6 on discretionary calories if low-fat, reduced-fat, or whole milk or milk products-or milk products that contain*

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*low-fat, reduced-fat, or whole milk or milk products or milk products that contain added sugars are consumed.* Calcium-fortified soy beverages are an option for those who want a non-dairy calcium source.

**2. Quantity equivalents for each food group:**

- Grains - The following each count as 1 ounce-equivalent (1 serving) of grains: ½ cup cooked rice, pasta, or cooked cereal; 1 ounce dry pasta or rice; 1 slice bread; 1 small muffin (1 oz); 1 cup ready-to-eat cereal flakes.
- Fruits and vegetables - The following each count as 1 cup (2 servings) of fruits or vegetables: 1 cup cut-up raw or cooked fruit or vegetable, 1 cup fruit or vegetable juice, 2 cups leafy salad greens.
- Meat and beans - The following each count as 1 ounce-equivalent: 1 ounce lean meat, poultry, or fish; 1 egg; ¼ cup cooked dry beans or tofu; 1 Tbsp peanut butter; ½ ounce nuts or seeds.
- Milk - The following each count as 1 cup (1 serving) of milk: 1 cup milk or yogurt, 1½ ounces natural cheese such as Cheddar cheese or 2 ounces processed cheese. Discretionary calories must be counted for all choices, except fat-free milk.

**3. Explanation of vegetable subgroup amounts**: Vegetable subgroup amounts are shown in this table as weekly amounts, because it would be difficult for consumers to select foods from each subgroup daily. A daily amount that is one-seventh of the weekly amount listed is used in calculations of nutrient and energy levels in each pattern.

**4. Explanation of grain subgroup amounts:** The whole grain subgroup amounts shown in this table represent at least three 1-ounce servings and one-half of the total amount as whole grains for all calorie levels of 1,600 and above. This is the minimum suggested amount of whole grains to consume as part of the food patterns. More whole grains up to all of the grains recommended may be selected, with offsetting decreases in the amounts of other (enriched) grains. In patterns designed for (1,000, 1,200, and 1,400 calories), one-half of the total amount of grains is shown as whole grains.



**5. Explanation of oils:** The fat shown in this table represent the amounts that are added to foods during processing, cooking, or at the table. Oils and soft margarines

include vegetable oils and soft vegetable oil table spreads that have no *trans* fats. The amounts of oils listed in this table are not considered to be part of discretionary calories because they are a major source of the vitamin E and polyunsaturated fatty acids, including the essential fatty acids, in the food pattern. In contrast, solid fats are listed separately as discretionary calories because, compared with oils, they are higher in saturated fatty acids and lower in vitamin E and polyunsaturated and monounsaturated fatty acids, including essential fatty acids. The amounts of each type of fat in the food intake pattern were based on 60% oils and/or soft margarines with no *trans* fats and 40% solid fat. The amounts in typical American diets are about 42% oils or soft margarines and about 58% solid fats.

**6. Explanation of discretionary calorie allowance:** The discretionary calorie allowance is the remaining amount of calories in each food pattern after selecting the specified number of nutrient-dense forms of foods in each food group. The number of discretionary calories assumes that food items in each food group are selected in nutrient-dense forms (that is, forms that are fat-free or low-fat and that contain no added sugars). Solid fat and sugar calories always need to be counted as discretionary calories, as in the following examples:

- The fat in low-fat, reduced fat, or whole milk or milk products or cheese and the sugar and fat in chocolate milk, ice cream, pudding, etc.
- The fat in higher fat meats (e.g., ground beef with more than 5% fat by weight, poultry with skin, higher fat luncheon meats, sausages).
- The sugars added to fruits and fruit juices with added sugars or fruits canned in syrup.
- The added fat and/or sugars in vegetables prepared with added fat or sugars.
- The added fats and/or sugars in grain products containing higher levels of fats and/or sugars (e.g., sweetened cereals, higher fat crackers, pies and other pastries, cakes, cookies).

Total discretionary calories should be limited to the amounts shown in the table at each calorie level to maintain weight and avoid weight gain. The nutrient goals for the 1,600-calorie pattern are set to meet the needs of adult women, which are higher and require that more calories be used in selections from the basic food groups.

**Older American Act Nutrition Program** requires compliance with the most recent Dietary Guidelines for Americans. The USDA Food Guide is a menu planning tool. For example, when planning to meet the calorie needs for an 80 year old female who is 5'4" tall, weighs 150 lbs and has less then 30 minutes of physical activity a day, use amounts in the 1600 calories (calculations via MyPyramid.gov). The number of servings provided for identified calorie level need to be

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divided by three for the amount needed for one meal.

The benefit of USDA Food Guide is that it helps provide the structure for a well balanced meal that includes food groups such as whole grains and the various vegetables. In addition to the USDA Food Guide, a computer analysis of the menu is still needed to determine if specific levels of nutrients are being provided [IAC 321-7.17(1)].

Meal provider contracts that contain meal patterns need to be updated with the USDA Food Guide to reflect the Dietary Guidelines for Americans. Menu patterns and calorie levels provided should be targeted to meet the needs of the majority of meal participants.

## Evidence-based Health Promotion Programs in Iowa

As a part of the Administration on Aging (AoA) emphasis on providing evidenced-based prevention and chronic disease management, AoA funded the "Empowering Older People to take Control of their Health through Evidence-based Prevention Programs" grant. Iowa was awarded funding for three years to support the *Iowa Healthy Links*. The AoA evidence-based grants are designed to mobilize the aging, public health and non-profit networks at the State and local level to accelerate the translation of HHS funded research into practice through the deployment of low-cost evidence-based disease and disability prevention programs at the community level. This initiative holds great potential for improving the quality of life of our seniors and reducing the cost of health care over the long run. One of the criteria for being evidence-based, is that these programs have already been researched and have proven their benefits in improving participant health care outcomes. The three Iowa projects are collecting program data to document that the same improved outcomes are achievable in Iowa.

*Iowa Healthy Links* is implementing the Stanford Chronic Disease Self Management Program (CDSMP) and EnhanceFitness which are both AoA approved evidence-based programs in three locations. Over the past year, Polk, Linn and Hawkeye Counties have trained leaders and conducted classes for the CDSMP. They are just getting started with the EnhanceFitness program. The following provides an overview of these programs.

### 1. Chronic Disease Self-Management Program

The Chronic Disease Self-Management Program is a workshop given two and a half hours, once a week, for six weeks, in community settings such as senior centers, churches, libraries and hospitals. People with different chronic health problems attend

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churches, libraries and hospitals. People with different chronic health problems attend together. Workshops are facilitated by two trained leaders, one or both of whom are non-health professionals with a chronic diseases themselves.

Subjects covered include: 1) techniques to deal with problems such as frustration, fatigue, pain and isolation, 2) appropriate exercise for maintaining and improving



strength, flexibility, and endurance, 3) appropriate use of medications, 4) communicating effectively with family, friends, and health professionals, 5) nutrition, and, 6) how to evaluate new treatments.

Each participant in the workshop receives a copy of the companion book, *Living a Healthy Life With Chronic Conditions, 3rd Edition*, and an audio relaxation tape, *Time for Healing*.*

It is the process in which the program is taught that makes it effective. Classes are highly participative, where mutual support and success build the participants' confidence in their ability to manage their health and maintain active and fulfilling lives.

Participants benefit from significant improvements in exercise, cognitive symptom management, communication with physicians, self-reported general health, health distress, fatigue, disability, and social/role activities limitations. They also spent fewer days in the hospital, and there was also a trend toward fewer outpatient visits and hospitalizations. These data yield a cost to savings ratio of approximately 1:10. Many of these results persist for as long as three years.

**2. EnhanceFitness**

EnhanceFitness is led by a certified leader. Participants meet for one hour, three times a week to focus on stretching, flexibility, balance, low impact aerobics, and strength training exercises — everything needed to maintain health and function with aging.

A typical class has:

- Ten to 25 older adults with similar levels of fitness
- A certified instructor with special training in bringing out the physical best from

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- A certified instructor with special training in bringing out the physical best from older adults
- A 5-minute warm-up to get the blood flowing to muscles
- A 20-minute aerobics workout that gets participants moving or a walking workout to lively music.
- A 5 minute cool down
- A 20-minute strength training workout with soft ankle and wrist weights (0 up to 20 pounds)
- A 10-minute stretch to keep muscles flexible
- Balance exercises throughout the class
- Lots of opportunities to make new friends and acquaintances

Participants benefit from increased strength, balance and flexibility. They also report having higher levels of energy and being able to do the things they want to do. There is also an elevated mood with less depression reported by program participants.



The opportunity exists to expand EnhanceFitness across Iowa. Fitness centers and organizations like YMCAs are starting to look for programs designed specifically for older adults. AAAs might advocate for older adults and encourage implementation of evidence-based fitness programs such as EnhanceFitness. Fitness centers or YMCAs could become certified to offer the program and better serve the older adults in the community. You may obtain more information about the program and the certification process by visiting http://www.projectenhance.org/.

**Eat Better & Move More: Another Example of an Evidence-base Health Promotion Program**

Several of the Area Agencies on Aging are implementing the *Eat Better & Move More Program*. Program information and materials can be accessed at http://nutritionandaging.fiu.edu/You_Can/index.asp. This program could provide structure for a Lighten Up Iowa team to meet weekly for lessons on nutrition and physical activity. The following provided by Sally Myers highlights the Hawkeye Valley Area Agency program.

Hawkeye Valley Area Agency on Aging recently received a local grant from Wheaton