The Dietary Guidelines for Americans

What Are They, And How Can I Use Them In My Practice?

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Presentation Learning Objectives

- List 5 key recommendations of the Dietary Guidelines for Americans 2015-2020
- Describe where to access educational materials for client care
- Explain at least one recent intervention to improve adherence in primary care

Pre/Post Test Questions

- What is the first website to access for educational materials?
- Why is it important to use the Dietary Guidelines for Americans during counseling?

Why Federal dietary guidance?

- Main purpose is to inform Federal food, nutrition, and health policies and programs
 - SNAP, WIC, NSLP, HHS, DD, DVA, IHS
- Written for health professionals, not the general public
- Focus on disease prevention, not treatment



DIETARY GUIDELINES FOR AMERICANS 2015-2020 EIGHTH EDITION

U.S. Department of Health and Human Services and U.S. Department of Agriculture. 2015 – 2020 Dietary Guidelines for Americans. 8th Edition. December 2015. Available at http://health.gov/dietaryquidelines/2015/guidelines/.

About the DGA

- New edition published every 5 years since 1980 by USDA and HHS
- Purpose is to make evidence-based recommendations about the components of a nutritionally adequate diet
- Previous editions targeted healthy population, now all Americans aged 2+
- Advancements in the 2015-2020 DGA include healthy eating patterns as a focus

5 Overarching Guidelines

- 1. Follow a healthy eating pattern across the lifespan
- 2. Focus on variety, nutrient density, and amount
- 3. Limit calories from added sugars and saturated fats and reduce sodium intake
- 4. Shift to healthier food and beverage choices
- 5. Support healthy eating patterns for all

Healthy Eating Patterns

- Key recommendations should be applied in their entirety due to interconnectedness of foods/nutrients
- Consume a healthy eating pattern that accounts for all foods and beverages within an appropriate calorie level
- More than one way to implement them
 - Healthy US Eating Plan (HEP)
 - Mediterranean
 - Vegetarian

Key Elements of Healthy Eating Patterns – Key Recommendations

A healthy eating pattern includes:

- 1. A variety of vegetables from all subgroups
- 2. Fruits, especially whole
- 3. Grains, at least half of which are whole grains
- 4. Fat-free or low-fat dairy
- 5. A variety of protein foods
- 6. Oils



*Recommended amounts are dependent upon calorie needs

Key Elements of Healthy Eating Patterns – Key Recommendations

A healthy eating pattern <u>limits</u>:

- Saturated fats and trans fats, added sugars, and sodium
- 1. Consume less than 10 percent of calories per day from added sugars
- 2. Consume less than 10 percent of calories per day from saturated fats
- 3. Consume less than 2,300 milligrams (mg) per day of sodium
- 4. If alcohol is consumed, it should be consumed in moderation—up to one drink per day for women and up to two drinks per day for men—and only by adults of legal drinking age
- 5. Meet the Physical Activity Guidelines for Americans

Contextual Factors and Healthy Eating Patterns HOME Example:

SCHOOL

WORKSITE COMMUNITY

FOOD RETAIL

Healthy meals and snacks

- Food Access
- Household Food Insecurity
- Acculturation
- Meeting people where they are:
 - Multicultural resources for teaching and counseling

Other

- Caffeine
- Artificial sweeteners
- Food safety
- Physical activity

Where do I get my copy?

- You can <u>download the Dietary Guidelines [PDF 10.8 MB]</u> or order a hard copy.
- Businesses and industry professionals can <u>purchase copies from the U.S.</u> Government Bookstore.
- Additionally, a free ePub download is available through Apple iBooks, Barnes and Noble NOOK Books, Google Play Books, and Overdrive use ISBN: 9780160934650 to find it through their platforms or the <u>U.S.</u> <u>Government Bookstore</u>.
- https://health.gov/dietaryguidelines/2015/
- https://www.dietaryguidelines.gov/

2020 Dietary Guidelines

USDA and HHS <u>announced</u> that the 2020 Dietary Guidelines Advisory Committee will hold its <u>first public meeting</u> on March 28 and 29, 2019

Starting March 19, 2019 the public will be able to register at <u>DietaryGuidelines.gov</u> to attend the meeting in person or via webinar

Website under construction, but sign up for email updates







MyPlate, MyWins!

Start Simple with MyPlate campaign provides ideas and tips from the five MyPlate food groups that Americans can easily incorporate into their busy lives to help improve their health and well-being over time

BEST PRACTICES FOR CREATING NUTRITION EDUCATION MATERIALS

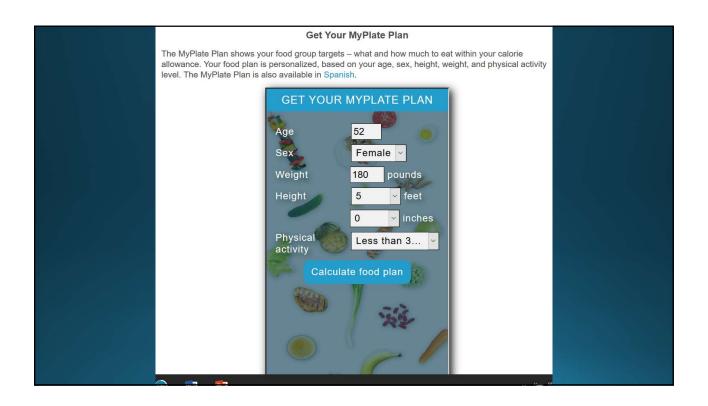
- √ Know your audience
- √ Tailor messages and materials to your audience
- ✓ Review, test and revise
- ✓ Use plain language
 - ✓ Use pronouns such as "you"
 - ✓ Write in the active voice
- ✓ Health literacy and other considerations
- ✓ Maximize impact through partnerships

https://www.choosemyplate.gov/best-practices-creating-nutrition-education-materials

Social Media Sites

- Twitter:
 - https://twitter.com/MyPlate?ref_src=twsrc%5Ego ogle%7Ctwcamp%5Eserp%7Ctwgr%5Eauthor
- Facebook
 - https://www.facebook.com/MyPlate/





Department of Health and Human Services Resources



health.gov

https://health.gov/dietaryguidelines/

National Nutrition Month® Promo Kit

- Contains content that can help you promote National Nutrition Month®, along with the recommendations in the 2015-2020 DGA
- Specifically aims to encourage Americans to take time to enjoy food traditions and social experiences while also developing a mindful eating patterns
- Website content
- Listserv messages
- Newsletter articles
- Facebook posts
- Tweets
- Graphics
- https://health.gov/dietaryguidelines/2015/promo.asp

Eat Healthy, Be Active Community Workshops

- Six 1-hour workshops
 - lesson plan
 - learning objectives
 - talking points
 - hands-on activities
 - videos
 - Handouts



https://health.gov/dietaryguidelines/2015/workshops/

Resources:

USDA - Center for Nutrition Policy and Promotion Department of Health and Human Services

- https://www.choosemyplate.gov/professionals
- https://health.gov/dietaryguidelines/2015
- MANY handouts and other resources available

https://www.choosemyplate.gov/national-collaboration-partners-projects/



Barriers to Following the DGA for Vegetables- US

Response by caregiver	Average response ^a	Response by children	Average response ^a
We are not used to eating vegetables since we were young	9.9	Get tempted to eat other foods	9.7
Fast food is convenient	8.4	They don't always taste good	8.1
Not knowing vegetables are healthful	6.9	Sometimes kids would rather eat candy	8.1
Don't know how to prepare good or fun recipes with vegetables	6.6	Lacking of trying vegetables	7.2
Illness prevents us from eating vegetables	6.6	People don't notice they are eating too much from other food groups	7.2

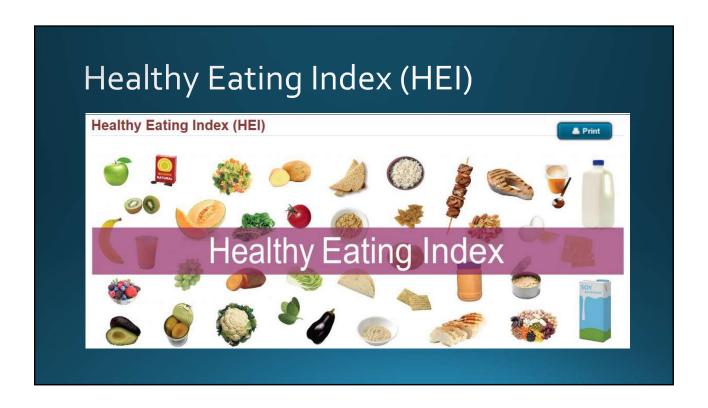
Nicklas, JAND 2013

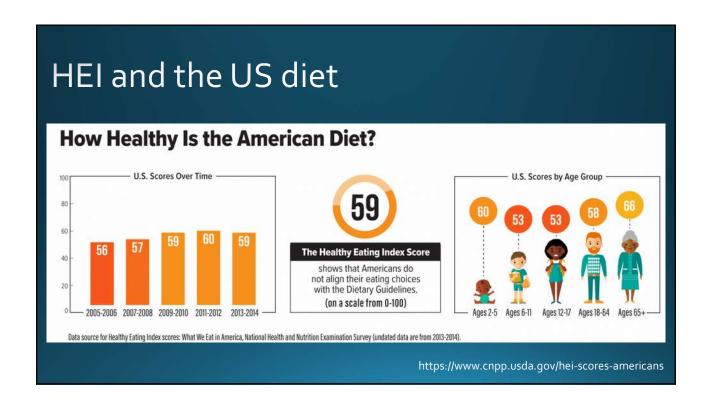
Barriers to Following the DGA for Vegetables- Children in a Tribal Community

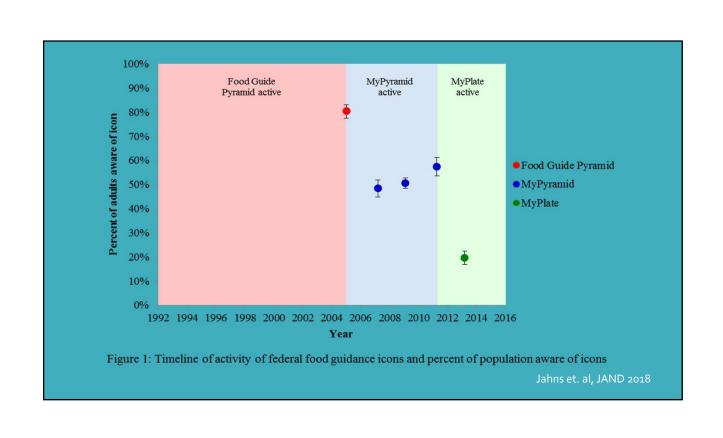
Barriers				
Responses	Voting	Sum score		
Don't like them	5, 3, 5, 5, 3, 1, 4	26		
Mom don't buy them	2, 5, 1, 3, 1, 4, 1	17		
Gross the taste	3, 4, 2, 1, 2	12		
Don't like the way they taste	1, 3, 1, 5, 3	13		
No time	4, 4, 4, 4	16		
They smell funny	2, 5, 2	9		
Look funny	4, 5	9		
Cost too much	3, 2	5		
Grandma don't cook them	3, 2	5		
School don't have the kind I like	1, 2	3		
Store is too far to get them	5	5		

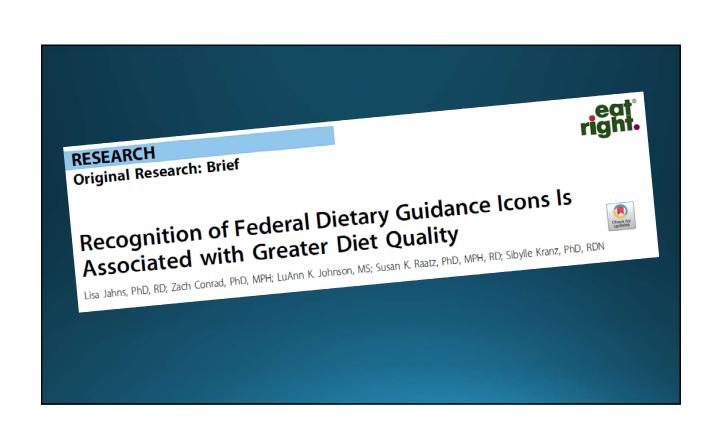
Jahns, PHN 2014

DGA/MyPlate Used to Assess: **National Food Supply** Food production Imports **Exports** Food availability • Quality of federal food assistance programs Individual diets Food processing • Food pantry offerings Manufacturers • Supermarket offerings **Community Food** Grocery circulars Environment Markets and other outlets Schools and other settings Households •and many more situations Food Intake Groups/Populations Individuals Adapted from https://epi.grants.cancer.gov/hei/uses.html









Improving Diabetes Care and Outcomes on the South Side of Chicago

- Seven-year project funded by the Merck Company Foundation, through the Alliance to Reduce Disparities in Diabetes, and the National Institute of Health.
- Spearheaded by Drs. Monica Peek and Marshall Chin of the University of Chicago, the project engages patients, providers, clinics, and community collaborators to improve the health care and outcomes of African-Americans on the South Side of Chicago.

Improving Diabetes Care and Outcomes on the South Side of Chicago

1. Patient Education and Empowerment

We educate and empower patients to manage their diabetes and communicate effectively with their doctors. Preliminary results indicate that these classes have significantly improved patients' HbA1c levels, diabetes self-efficacy and diabetes self-management behaviors.

2. Provider Workshops

We work with health care providers to troubleshoot the challenges of communicating with their patients, recognize cultural stereotypes on which they may unknowingly rely, and effectively motivate patients towards health behavior change.

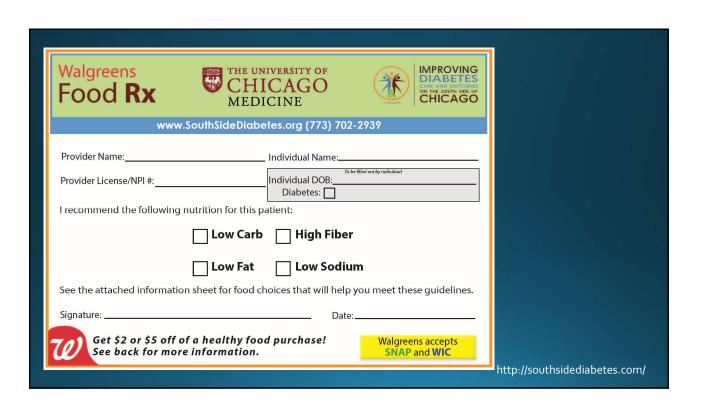
Improving Diabetes Care and Outcomes on the South Side of Chicago (Cont...)

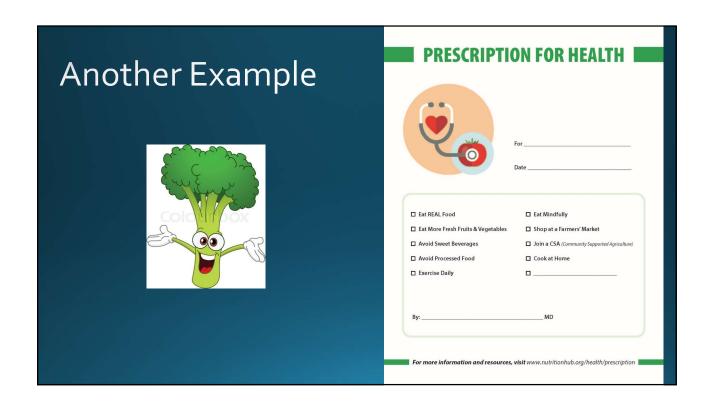
3. Clinic System Redesign

Our team facilitates quality improvement (QI) programs redesigning clinic operations to improve care for diabetes patients. QI initiatives have included instituting group visits, patient medication cards, peer support groups, flow sheets, nurse case management, and patient registries. New initiatives include improving access and tracking of specialists visits, employing community health workers/patient navigators, coordinating care, and implementing other team-based care initiatives.

4. Community Collaborations

We collaborate with existing community resources to create sustainable collaborations that support diabetes patients outside of the health care system. We collaborate with food pantries, the Chicago Park District, prescription discount cards, farmers markets, media channels, grocery stores and other organizations.





Wrap-up

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Wrap up

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