Implementing Dietary Recommendations for Heart Health:
Moving from Ideal to Real

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Approved for 1 CPE (Level 2) by the American Dietetic Association Commission on Dietetic Registration

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ConAgra Foods Science Institute

With a mission of:

Promoting Dietary and related Choices affecting Wellness by linking evidence-based Understanding with Practice.
Today’s Faculty

- James M. Rippe, MD – Leading cardiologist and Founder and Director of the Rippe Lifestyle Institute
- Lisa Cooper, MS, RD – Senior Research Dietitian, Rippe Lifestyle Institute
- Barbara J. Ivens, MS, RD, FADA – Senior Nutrition Director, ConAgra Foods
Implementing Dietary Recommendations for Heart Health: Moving from Ideal to Real

Learning Objectives

- Describe the current landscape of dietary recommendations for heart health

- Identify influences on, and barriers to, heart healthy eating and lifestyle behaviors

- Describe counseling strategies and techniques to help clients implement heart healthy behaviors
The Big Picture

- Dramatically expanded view of prevention
- Effective opportunities for implementing nutrition guidelines
- Moving from “ideal to real”
The Problem
How many Americans can say yes?

1. I don’t smoke. 0%
2. I accumulate at least 30 minutes of moderate to brisk physical activity on five or more days/week. 0%
3. My BMI is 25 or lower. 0%
4. I eat 5 to 9 servings of fruits & vegetables daily. 0%
5. If female, I drink up to one serving of alcohol daily but not more. If male, up to two servings daily. 0%
The Opportunity

- Nurses Health Study: 74% CVD, 82% CHD, 91% diabetes in women could be prevented by five lifestyle behaviors: not smoking, regular physical activity, healthy weight, eating healthier food, moderate alcohol intake.

- Health Professionals Follow-up Study: Men (40-75y) having 1, 2, 3, 4, or 5 of same healthy behaviors had 54%, 63%, 71%, 78%, and 87% lower risks, respectively, than men with no healthy behaviors.

- But in US women (35-54y) the coronary death rate has shifted from a decline of 5.4%/y in 1980-89 to an increase of 1.5%/y in 2000-02. Declines in men (35-54y) were 6.2%/y in 1980-89 but only 0.5%/y in 2000-02

- In 2010, AHA found studies estimate the prevalence of ideal cardiovascular health at approximately 5% of US adults.

Sources: Bassuk and Manson, AJLM 2008; Chiuve et al, Circulation 2006; Lloyd-Jones et al. Circulation 2010;121; epub
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Landscape of Dietary Recommendations for Heart Health
Major Dietary Guidelines

**Current – Disease prevention**
- National Cholesterol Treatment Program; Adult Treatment Panel III (2001) – Lipids
- NHLBI Clinical Guidelines... On Overweight and Obesity (1998)

**Current – Public health promotion**
- Dietary Guidelines for Americans 2005 & MyPyramid Food Guidance System
- Corollary guidelines: 2008 Physical Activity Guidelines for Americans
**Major Dietary Guidelines**

**Upcoming – Public health promotion**

- **Dietary Guidelines for Americans 2010** – Dietary Guidelines Advisory Committee has been working since October 2008 and publication of DGA 2010 are expected in Fall 2010.

**Upcoming – Disease prevention**

- **AHA Strategic Cardiovascular Health Promotion Goals for 2020** – Special Report published January 10, 2010

Consistency of Recommendations

- DGA & AHA first emphasize whole foods and eating patterns as the source for necessary nutrients

- Most disease prevention guidelines tend to emphasize specific nutrients or food components first

- But comparison of recommendations of DGA2005/MyPyramid and authoritative guidelines shows consistency of recommendations

Source: Krebs-Smith, Kris-Etherton. JADA 2007

<table>
<thead>
<tr>
<th>Dietary Component</th>
<th>MyPyramid (17)</th>
<th>Clinical Guidelines on Overweight and Obesity in Adults (18)</th>
<th>American Diabetes Association (19)</th>
<th>National Cholesterol Education Program (20)</th>
<th>American Heart Association (21)</th>
<th>National Committee on High Blood Pressure (22)</th>
<th>American Institute for Cancer Research (23)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Protein</td>
<td>18% of energy</td>
<td>~15% of energy &lt;30% of energy &lt;8%-10% of energy</td>
<td>15%-20% of energy &lt;10% of energy; &lt;7% for those with low-density lipoprotein cholesterol &gt;2.6 mmol/L (100 mg/dL)²</td>
<td>~15% of energy 25%-35% of energy &lt;7% of energy</td>
<td>Limit how much saturated fat, trans fat, and cholesterol you eat</td>
<td>Follow Dietary Approaches to Stop Hypertension Eating Plan</td>
<td>Select foods low in fat</td>
</tr>
<tr>
<td>Total fat</td>
<td>29% of energy</td>
<td>Not mentioned</td>
<td>Minimize</td>
<td>Limit how much saturated fat, trans fat, and cholesterol you eat</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Saturated fat</td>
<td>7.6% of energy</td>
<td>Not mentioned</td>
<td>Minimize</td>
<td>Limit how much saturated fat, trans fat, and cholesterol you eat</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Monounsaturated fat</td>
<td>10.7% of energy</td>
<td>≤15% of energy</td>
<td>≤20% of energy</td>
<td>Select foods low in fat</td>
<td>Choose diet rich in plant-based foods and eat plenty of fruits and vegetables</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Polyunsaturated fat</td>
<td>8.9% of energy</td>
<td>≤15% of energy</td>
<td>≤20% of energy</td>
<td>Select foods low in fat</td>
<td>Choose diet rich in plant-based foods and eat plenty of fruits and vegetables</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trans fatty acids</td>
<td>Estimate not available</td>
<td>Not mentioned</td>
<td>Minimize</td>
<td>Limit how much saturated fat, trans fat, and cholesterol you eat</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cholesterol</td>
<td>230 mg/d</td>
<td>≤300 mg/d</td>
<td>≤300 mg/d; ≤200 mg/d for those with low-density lipoprotein cholesterol &gt;2.6 mmol/L (100 mg/dL)²</td>
<td>≤200 mg/d</td>
<td>&lt;300 mg/d</td>
<td>Select foods low in fat</td>
<td>Choose diet rich in plant-based foods and eat plenty of fruits and vegetables</td>
</tr>
<tr>
<td>Carbohydrate</td>
<td>55% of energy</td>
<td>≥55% of energy</td>
<td>60%-75% of total energy when combined with monounsaturated fat</td>
<td>50%-60% of energy</td>
<td></td>
<td>Select foods low in fat</td>
<td>Choose diet rich in plant-based foods and eat plenty of fruits and vegetables</td>
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<tr>
<td>Fiber</td>
<td>31 g/d</td>
<td>20-30 g</td>
<td>20-30 g</td>
<td>~75 g/d</td>
<td>≤2,400 mg/d</td>
<td>Select foods low in fat</td>
<td>Choose diet rich in plant-based foods and eat plenty of fruits and vegetables</td>
</tr>
<tr>
<td>Sodium</td>
<td>1,779 mg/d</td>
<td>≤2,400 mg/d</td>
<td>≤2,400 mg/d</td>
<td>≤2,400 mg/d</td>
<td>≤2,400 mg/d</td>
<td>Select foods low in fat</td>
<td>Choose diet rich in plant-based foods and eat plenty of fruits and vegetables</td>
</tr>
<tr>
<td>Energy</td>
<td>1,987 kcal/d</td>
<td>500-1,000 kcal/d below usual intake</td>
<td>Balance energy intake and expenditure to maintain weight</td>
<td>Use as many calories as you falli in every day</td>
<td>Use as many calories as you falli in every day</td>
<td>Select foods low in fat</td>
<td>Choose diet rich in plant-based foods and eat plenty of fruits and vegetables</td>
</tr>
<tr>
<td>Alcohol</td>
<td>Estimate not provided</td>
<td>Provides unneeded energy and displaces more nutritious foods</td>
<td>Limit to 1 drink/d for adult women and 2 drink/d for adult men</td>
<td>Limit to 1 drink/d for adult women and 2 drink/d for adult men</td>
<td>Limit to 1 drink/d for adult women and 2 drink/d for adult men</td>
<td>Limit to 1 drink/d for adult women and 2 drink/d for adult men</td>
<td>Limit to 1 drink/d for adult women and 2 drink/d for adult men</td>
</tr>
</tbody>
</table>

¹Values represent estimated levels assuming typical choices.
²To convert mg/dL, cholesterol to mmol/L, multiply mg/dL by 0.026. To convert mmol/L, cholesterol to mg/dL, multiply mmol/L by 38.6. Cholesterol of 100 mg/dL = 2.6 mmol/L.
³See Table 2.
⁴Alcohol would be counted as discretionary calories. No specific advice given in MyPyramid.
AHA Dietary Guidelines

AHA 2006 Diet and Lifestyle Recommendations for Cardiovascular Disease Risk Reduction

• Balance calorie intake and physical activity to achieve or maintain a healthy body weight.
• Consume a diet rich in vegetables and fruits.
• Choose whole-grain, high-fiber foods.
• Consume fish, especially oily fish, at least twice a week.
• Limit your intake of saturated fat to 7% of energy, trans fat to 1% of energy, and cholesterol to 300 mg per day by
  — choosing lean meats and vegetable alternatives;
  — selecting fat-free (skim), 1%-fat, low-fat dairy products; and
  — minimizing intake of partially hydrogenated fats.
• Minimize your intake of beverages and foods with added sugars.
• Choose and prepare foods with little or no salt.
• If you consume alcohol, do so in moderation.
• When you eat food that is prepared outside of the home, follow the AHA Diet and Lifestyle Recommendations.

Source: Lichtenstein et al. Circulation 2006
Impact on CVD

- Deaths from CVD and stroke declining for four decades.
- But CVD and stroke are still leading causes of morbidity and mortality.
- Both reduced prevalence of risk factors and treatment therapies contribute to decline.
- Increased prevalence of diabetes, obesity, and aging population increase CVD and stroke prevalence.
- Ongoing and new efforts to reduce incidence and burden of CVD and stroke must address these trends.

Impact on CVD


Impact on CVD

From 1980 - 2000, an estimated 149,635 fewer deaths from CHD from decreased prevalence of some major risk factors and an estimated 59,370 more deaths from higher rates of two risk factors.

But We’re Still Falling Far Short

Beyond increased prevalence of diabetes and obesity, we can see other indicators of failure to meet dietary guidelines.

- AHA estimates that only 5% of American population meets criteria for ideal cardiovascular health.
- In 2005, 27.2% of adults consumed vegetables three or more times daily; 32.6% of adults consumed fruit two or more times daily.
- In 2007-2008, the prevalence of obesity was 32.2% among adult men and 35.5% among adult women, with no increase in last three data points (no decline either).
- Low adherence (about 19%) to DASH-accordant diet in US hypertensives. Adherence to this pattern has declined since introduction of recommendation of DASH diet. (NHANES 1988-2004 v 1999-2004)

Impact on Future Guidelines

Nutrition and dietary patterns play a major role in the promotion of health and prevention of disease.

Diet is not “one factor but a complex constellation of multiple factors.”

These facts and observations of how they play out in lives of Americans are shaping new goals, guidelines and strategies for change.
AHA 2020 Strategic Impact Goals

Focus: “Primordial Prevention
Prevention at all levels of risk across the lifespan

Goal:
“By 2020, to improve the cardiovascular health of all Americans by 20% while reducing deaths from cardiovascular disease and stroke by 20% ”

“Health is a broader more positive construct than just the absence of clinically evident disease.”

“It makes sense that the avoidance of adverse levels of risk factors in the first place may be the most effective means for avoiding clinical events during the remaining lifespan.”

This approach to prevention is well-established.

- Lifestyle medicine practitioners and research scientists have promoted for over two decades

- Part of the objectives of Dietary Guidelines for Americans

- An objective of 2008 Guidelines for Physical Activity

- The approach of professional organizations such as American Dietetic Association (www.eatright.org), Preventive Cardiovascular Nurses Association (PCNA) and others
AHA Ideal CV Health Metrics

Five of seven metrics for definition of ideal cardiovascular health have a dietary component.

- **Current smoking status** – never or quit
- **Body mass index** – <25 kg/m² adults or <85th percentile C/A*
- **Physical activity** – 150 min/wk mod or 75 min/wk vig adults; 60 min/day mod-vig C/A
- **Healthy diet score** – meet 4-5 identified healthy diet goals
- **Total cholesterol** – <200 mg/dL adults; <170 mg/dL C/A
- **Blood pressure** – <120/<80 mm Hg adults; <90th percentile C/A
- **Fasting plasma glucose** – <100 mg/dL adults and C/A

*C/A = children/adolescents

AHA Healthy Diet Score

**Vital Signs of a Healthy Diet?**

From more extensive recommendations and in context of an energy balanced diet, AHA identified five primary dietary goals to serve as a healthy diet score.

*Basis: 2000 calorie diet*

- Fruits and vegetables: ≥ 4.5 cups/day
- Fish: ≥ two 3.5 oz svgs/wk (preferably oily fish)
- Fiber rich whole grains: ≥ three 1 oz. equiv/day
- Sodium: <1500 mg/day
- Sugar-sweetened beverages: ≤ 450 cal (36 oz)/wk [1/4 of a week’s discretionary calories]

AHA: “A practical approach providing individuals with set of potential concrete actions”
Summary of AHA Dietary Concerns

Going forward, major dietary concerns addressed by these recommendations include:

- Energy balance – calorie intake appropriate to maintain healthy weight
- Limit sodium consumption to 1500 mg/day for larger population (hypertensives; all middle-age/older adults)
- Focus on whole foods and eating patterns rather than specific nutrients
- A dietary pattern in keeping with DASH, emphasis on fruits, vegetables, fiber-rich whole grains, fish, and limit on sodium and sugar-sweetened beverages
Dietary Concerns DGA 2010

Overarching themes and emphases in DGAC presentations and discussions include:

- Energy density of American diet, energy balance and prevalence of overweight and obesity
- Influences on food patterns, food choices, and lifestyle behaviors affecting weight and nutritional status
- Environmental factors such as economy, social and cultural issues, accessibility and availability of food, eating away from home
- Issues related to what and how much people actually eat – portion size, meal frequency, snacking, breakfast – and factors associated with eating such as family meals, television or computer time

Source: Minutes and transcriptions of meetings of DG Advisory Committee 2010. www.dietaryguidelines.gov
2008 Physical Activity Guidelines

- Designed to provide information and guidance on the types and amounts of physical activity that provide substantial health benefits. Regular physical activity over months and years can produce long-term health benefits.

- Complement dietary guidelines.

- Most health benefits occur with at least 150 minutes (2 hours and 30 minutes) a week of moderate intensity physical activity, such as brisk walking. Additional benefits occur with more physical activity.

- Both aerobic (endurance) and muscle-strengthening (resistance) physical activity are beneficial.

- Recommendations by Age Group
  - Children: 60 minutes daily
  - Adults: 150 min/wk moderate intensity or 75 min/wk high intensity or combo. Muscle-building/strength training at least 2 days/wk. Same for older adults as able.

Source and more information: www.health.gov/PAguidelines
Influences on Heart Healthy Eating and Lifestyle Behaviors
Why Influences Matter

Understanding influences on and barriers to heart healthy eating provides opportunities for developing effective strategies to help individuals make recommendations “real” in their everyday lives.

Understanding influences and barriers help us move from “what” to “how.”
What Are We Eating Now?

Two examples of issues of concern, US population, NHANES 2005-2006

- **Sources of energy**
  - Grain-based desserts – 6.5%
  - Yeast breads – 5.9%
  - Chicken and chicken-mixed dishes – 5.6%
  - Soda, energy and sports drinks – 5.5%
  - Pizza – 5.0%

- **Sources of Sodium**
  - Yeast breads – 7.2%
  - Pizza – 6.9%
  - Chicken and chicken-mixed dishes – 6.9%
  - Pasta and pasta dishes – 4.9%
  - Condiments – 4.3%

What & When Are We Eating Now?

Trends NHANES 1971-75 to NHANES 1999-2002

- Eating episodes averaged 5 daily; no significant increase
- Foods and beverages, by total and per eating episode, increased significantly (grams).
- Average energy intake (kcal/day) increased significantly from 1968(±20) to 2205(±16).

Trends NHANES 1971-75 to NHANES 2005-2006

- By 2006 snacking increased about one snacking event/day in adults with contribution to energy intake from snacks rising from 18% to 24 - 25%.

If little increase in eating occasions, has snacking replaced meals for many people?

Basics of Human Food Behaviors

Research suggests that there are three principles of human behavior that cannot be changed. These relate to food choices and other choices.

As individuals and consumers we seek:

- Convenience.
- Variety and choice
- (The option of) Value

Food taste or palatability also plays an important role in food choices.

Many Influences on Food Choices

Beyond internal determinants of food behaviors, a growing body of research suggests that a complex mix of environmental factors influence individual food choices.

Better understanding of these factors may help us:

- Answer *why* nutritional guidelines have not had as great an impact on individual food choices and public health as intended and hoped.
- Develop more effective strategies – *how* – to promote individual and population change and adherence to healthful food choices and eating patterns.
Influencing Food Choices

Individual Food Influences

Family Food Influences

Within the family environment, shaping children’s eating patterns may be the most important aspect of prevention. Good habits learned in the family environment tend to carry over to young adulthood.

Community Food Influences

- **Work Environment**
  - Food available at work & in surrounding neighborhood
  - Workplace policies
  - Company support of health programs

- **Economic Factors**
  - Local food costs
  - Neighborhood SES

- **School Environment**
  - School Breakfast & Lunch Programs/ Menus
    - Implementing 2009 IOM Recommendations for school nutrition standards?
    - Availability of "competitive" foods in vending machines, cafeterias, sch. stores, fundraisers
    - Childcare env. for youngest children

- **Peer Modeling**
  - Intake patterns of peers one eats with regularly (school, work, other)

- **Built Environment**
  - Encourages/discourages activity
    - Walkability
    - Parks present or not
  - Accessible supermarkets v. convenience stores

- **Community Environment**

- **Food Availability**
  - Accessibility of supermarkets v. convenience stores
  - Prevalence of fast food/quick serve restaurants v. full service (mixed evidence)

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Macro Public Environment

Ongoing Research

- Research into web of environmental influences on individual and population food choices is important but, as reviewers note, is in its “infancy.”

- Most studies are cross-sectional. Many have methodological limitations.

- More longitudinal and experimental studies needed to explore causality and interlinkage of factors.

The promise and importance of deepening this research is to help us develop ever more effective ways to encourage healthful dietary behaviors.
Making It Real — Strategies and Techniques to Help Clients Implement Heart Healthy Behaviors
The Challenges

In making it real, what are some of the things we’ll have to do?

- Reach real people where and how they live.
- Translate guidelines into practical, simple actions that fit individual lives (actual behaviors $\rightarrow$ desired behaviors)
- Tap into motivations for health, for change
- Encourage self-efficacy and self-management
- Provide support and follow-through
- Keep messages fresh and effective

Guidelines Continue Evolving . . .

to Meet the Challenges

- Moving from nutrients and components to emphasize whole foods and eating patterns
- Providing simple messages about food
  - Eat more fruits, vegetables and whole grains
  - Get two fish meals weekly; eat healthy fats
  - Limit sodium
- Positive messages when possible – “Do” rather than “Don’t”
- Linking nutrition and physical activity
“Who’s the audience?” is a very important question.

Increasing evidence suggests that educational efforts, counseling and other interventions for dietary change work best when they are tailored to the individual as much as possible.

Research also suggests that multi-component strategies may also be more effective than single-component strategies.

What Audience?

Some ways to segment potential audience for dietary change include:

- Age – children, adolescents, adults, older adults
- Gender – individually and as family role player
- Economic and education status
- Cultural or ethnic group
- Food insecure v. food secure
- Risk status for CVD, diabetes or other chronic diseases
- Interest and commitment to healthful eating/willingness to try new behaviors
What Audience?

Wansink’s Consumer Segments

The Nutrition Vigilant
Changed or on target

The Nutrition-Predisposed
Would like to change if easy enough
Best target audience for intervention?

The Nutrition Disinterested
Target for “stealth health”
Strategies for Change

What do we know works?

- Start with the individual client (or focused group)
- Assess client readiness to change
- Assess barriers that may block success
- Use counseling techniques that foster clients making their own decisions and choosing steps for change
  - Motivational interviewing
  - Five A’s: Assess, Advise, Agree, Assist, Arrange
- Provide tools for change
- Provide support

Goal: Empower client → self efficacy

Counseling for Change

Support for effectiveness:

- 2009 review of 24 studies of motivational interviewing (MI) techniques as part of intervention to modify diet and/or exercise: overall support of effectiveness

- US Preventive Services Task Force Review
  - General population: Fair evidence for brief, low- to medium-intensity behavioral dietary counseling producing small to medium changes (esp. fat, f/v).
  - At-risk population for CVD and other chronic disease: Good evidence for medium- to high- intensity counseling producing medium-to-large changes

Can a variety of specific counseling techniques be adapted to your practice?

Counseling for Change

Success examples from growing literature:

- Use of brief, validated dietary assessment instruments (print, online, PDA) for assessment and monitoring
- Telephone or online follow-up: scheduled or random v. face-to-face
- Motivational print newsletter (quarterly) tailored to barriers and preference for autonomy support increased f/v consumption. (Online may be more efficient?)

Tools Targeting Simple Steps

Examples: Two Positive Messages

- Eat more fruits and vegetables
  - “Market basket” visuals or checklists of affordable, nutrient-dense fruits and vegetables; list may be culturally specific or tailored to risk factors
  - Suggestions and simple recipes for preparing
  - Web-based resources with more information or aids
  - One-time cooking class or short series (have fun, learn new tasty skills)

- Size portions “right” for good nutrition and weight control
  - Portion distortion quiz
  - Visuals
  - Tips on using controlled-portion foods
Market Basket Example

Message: Eat more fruits and vegetables

Consumer objective: Convenience, affordability

Foods: Every food group contains affordable foods

Barrier: Many of these foods take longer preparation or cook time

Strategy: Provide seasonal checklist of foods
           If possible – illustrated, individualized, online
           Link to simple recipes (My Pyramid Meal Planner & MyFood-o-pedia, selected online recipes, etc)

Portion Control Examples

Positive Message: Size portions “right” for good nutrition and weight control.

Portion Distortion Quiz from NHLBI
- Interactive
- Visual impact
- Commonly eaten foods
- Easy to suggest link

Recommend healthful, portion-controlled food to compare with client’s usual serving or meal.

Provide sample of smaller size plate for portion control

Tools Targeting Simple Steps

Tools for Parents for Healthy Kids

- Introducing new foods
  - Tips
  - Easy recipes
  - Online learning resources for children

- Helping children manage weight –
  child-oriented online resources

- Using online resources for parents & children –
  examples:
  - MyPyramid for Kids or MyPyramid for Mom
  - Kidnetic.com from IFIC
  - Eatright.org from ADA
  - PCNA’s FamilyatHeart.org—helpful to RDs and nutrition counseling, too

- Skills building to help parents work with schools on dietary and wellness issues
Tools Targeting Simple Steps

Tools for Weight Management or Loss

- Know Vital Signs of Obesity (weight, BMI, waist circumference)
  - An opening to discuss weight mgt in primary practice
  - Cost effective
  - Knowing one’s numbers may help individuals control weight

- Help clients use an individual tracking program. Example: MyPyramid’s program and daily tracker—tipsheet, class

- Offer a practice-based, short-term class or link clients with other classes, wellness programs

More Extensive Interventions

- Short-term and longer-term supportive interventions have been effective
  - Programs with motivational interview, group educational sessions, follow-up interviews

- Tailored newsletters as support for goals

- Interactive health communication tools
  - Computerized assistance
  - Telephone support

- Such interventions may be incorporated into existing clinical or hospital practices efficiently. Possibility of partnering with other community organizations.

What works?

You Can’t Expect What You Don’t Inspect!
Use Vital Signs of Heart Health

- Vital Signs of Heart Healthy Diet
- Vital Signs of Obesity
- Vital Signs of Physical Activity

Each provides a cost-effective opportunity to discuss heart healthy behaviors and strategies for change.
Vital Signs of Heart Healthy Diet

How well does the client do on the AHA Healthy Diet Score?

- Fruits and vegetables: ≥ 4.5 cups/day
- Fish: ≥ two 3.5 oz svgs/wk (preferably oily fish)
- Fiber rich whole grains: ≥ three 1 oz. equiv/day
- Sodium: <1500 mg/day
- Sugar-sweetened beverages: ≤ 450 cal (36 oz)/wk [1/4 of a week’s discretionary calories]

2000 kcal/d basis.

Source: Lloyd-Jones et al. Circulation 2010
Vital Signs of Obesity

- Weight
- Body Mass Index (BMI)
- Waist circumference

Vital Signs of Physical Activity

Stanford Brief Activity Survey (SBAS) is a validated checklist that asks patients to check the statement that best describes their activity.

- On-the-job Activity (3 levels)
- Leisure-time Activity (5 levels)

Simple score may help individuals see how they are doing and help motivate change.

Take Away Summary

- Individualize interventions to overcome barriers
- Take Vital Signs of Cardiovascular Health to open door to counseling and educational tools to motivate client change
- Target the individuals and groups most receptive to dietary changes for heart health
Questions?
This webinar covered:

- Current landscape of authoritative recommendations for heart health converging on the need for a preventative approach.

- Understanding influences on, and barriers to, heart healthy eating provides opportunities for developing effective strategies to help individuals make recommendations ‘real’ in their everyday lives.

- Individualize the interventions; use Vital Signs of Cardiovascular Health to open counseling conversation; target those most receptive to dietary changes for heart health.
Contact Information

- For CPE information: astachnik@rippelifestyle.com

- For recorded webcast and PDF download of PowerPoint: www.startmakingchoices.com/health-professionals

- For future ConAgra Foods Science Institute Nutri-Bites™ webinars: www.startmakingchoices.com/health-professionals
2008 Physical Activity Guidelines

Russell Pate, PhD

Member, 2008 Physical Activity Guidelines Advisory Committee
Professor, University of South Carolina

Date: May 25, 2010
2-3 pm EST
ConAgra Foods Science Institute

Promoting Dietary and related Choices affecting Wellness by linking evidence-based Understanding with Practice