

CDC/National Diabetes Education Program
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NDEP Nutritional Guidelines 2015–2020 Webinar

TRANSCRIPT

SLIDE 1 Welcome

Betsy Rodríguez: Welcome to the NDEP Webinar Series, “*The Dietary Guidelines for Americans 2015–2020: What Are They? How Have They Changed? And How Can You Use Them In Practice?*”

SLIDE 2 Introducing Betsy Rodríguez

Betsy Rodríguez: My name is Betsy Rodríguez, Deputy Director of the National Diabetes Education Program at the Centers for Disease Control and Prevention. And today, I will serve as your moderator.

SLIDE 3 Introduction

Betsy Rodríguez: Today two nutrition experts will discuss recommendations for developing healthier eating patterns; suggestions for small, manageable dietary changes; and resources for putting the guidelines into practice.

SLIDE 4 Learning Objectives

Betsy Rodríguez: Before I introduce our presenters, I would like to go over the purpose of today’s webinar, which includes the following learning objectives: explain the purpose of the dietary guidelines and how they have changed, and how they should be used in diabetes education; describe the impact that changes to the dietary guidelines can have from the broader public health nutrition work; name the tools to apply the recommendations in public health; and finally, identify aspects of culture that can facilitate the use of the dietary guidelines.

SLIDE 5 Knowledge Check

Betsy Rodríguez: This is the first of our four questions that we will be asking during our webinar. We call them ‘Knowledge Check.’ If you are in front of a computer, feel free to answer it directly in your screen. And the question reads, ‘The main theme of the *Dietary Guidelines 2015–2020* is...?’ I will give you a couple of seconds to answer. Eating patterns, food and drinks? Compare diets to recommendations? Guidelines in shifts and food choices? Or all of the above? So our poll has been closed.

SLIDE 6 Knowledge Check Results

Betsy Rodríguez: And as you can see here, 85 percent of the participants answered all of the above, which is the correct answer. Good.

SLIDE 7 Brief Background

Betsy Rodríguez: As a brief background to food guidance and nutrition education, as early as 1917 the USDA and FDA worked together to devise recommendations called, '*Choose Your Food Wisely*.' In the 1940s, the *Guide to Food Eating* provided the foundation diets for nutrition adequacy, and included daily number of servings needed for each of seven food groups. In 1956, '*Food for Fitness, A Daily Guide Basic Four*' was published and included four groups—milk, meat, vegetable and fruit, and bread and cereal groups. Other guides follow, up to the current *MyPlate* system, introduced along by the 2010 *Dietary Guidelines for Americans*. The initial approach of the early government document was to prevent nutrient deficiencies.

SLIDE 8 Brief Background – 2

Betsy Rodríguez: All of the guidelines that have been published since 1980 are shown here. They evolved over time to make better use of nutrition science and to better communicate the science. The 1980s—1985 version of the dietary guidelines were small brochures aimed at consumers. The information came mainly from the experts appointed to the *Dietary Guidelines Advisory Committee*. The committee members drew from their collective knowledge of nutrition research.

Then the 2000 version was a 39-page document that was both for consumer-oriented and for policy documents. This reflects the move by the government toward helping nutrition educators, dietitians, and other nutrition professionals to better understand the science behind the consumer material.

In 2005, we got a 70-page booklet that served as a policy document and represented a departure by acknowledging that in nutrition education, nutritionists and policymakers all need the science in plain language that will serve as the foundation for the work. Research and review of the scientific literatures served as the basis for these guidelines.

The 2010 document, again, was a policy document intended for policymakers to design and carry out nutrition-related programs, and nutrition educators and healthcare professionals developing nutrition curricula, teaching tools, and advice for consumers.

In 2010, a robust systemic approach was used to organize and evaluate the science on which the guidelines are based.

For the remainder of today's presentation, we will be providing details, especially about the newly developed *2015–2020 Dietary Guidelines*. That was a short brief history to set the foundation for today's webinar.

SLIDE 9 Knowledge Check

Betsy Rodríguez: So let's have another knowledge check. What changed in the *Dietary Guidelines 2015–2020*? And again, let me give you another couple of seconds to answer. No longer have the quantitative requirements for dietary cholesterol, that's choice A. Choice B, added sugar quantitative requirements. C, emphasis on food patterns rather than individual's nutrients and specific food. D, all of the above. And E, nothing changed.

SLIDE 10 Knowledge Check Results

Betsy Rodríguez: So most of the people answer all of the above, 68 percent of the people, and that's the right answer. Good.

SLIDE 11 Today's Presenters

Betsy Rodríguez: So as you can see there is a lot to cover today. So as I said before, today we have a superb group of experts from the nutrition field that I'm sure will enlighten us with valuable information regarding the *Dietary Guidelines for Americans*.

I am very pleased to introduce Dr. Jennifer Seymour, a Senior Policy Advisor at the Division of Nutrition, Physical Activity, and Obesity at CDC. She was CDC Lead for the development of the *Dietary Guidelines for Americans 2015–2020*, a member of the Healthy Weight Commitment Evaluation Advisory Committee, and the Feeding American Nutrition Advisory Team.

Then we will have Lorena Drago, Founder of *Hispanic Foodways*, who specialized in the multicultural aspect of diabetes management education. She has served for the Board of the American Association of Diabetes Educators, and Latinos and Hispanics in Dietetics and Nutrition. Lorena is also an award-winning author of many diabetes books and chapters among other accomplishments.

Welcome ladies.

SLIDE 12 *Dietary Guidelines for Americans 2015–2020*

Betsy Rodríguez: Dr. Seymour, from now on known as Jenna, the microphone is yours.

Jennifer Seymour: Thank you Betsy. It's very nice to be speaking to all of you today.

SLIDE 13 *Dietary Guidelines for Americans 2015–2020: What It Is, What It Is Not*

Jennifer Seymour: So I am going to start out with some of the basic overview of the dietary guidelines—what it is, what it's not.

So the dietary guidelines really provide evidence-based recommendations about a healthy and nutritionally adequate diet. It's important to know that they focus on disease prevention, rather than disease treatment. So, of course, as diabetes educators, a lot of you may say, "Well then, how is this relevant?"

It is important to know that, of course, a healthy diet is really good thing for everyone to be thinking about. But it shouldn't really—the guidelines that are for disease prevention, sort of in general—should not override specific advice for someone who has a specific chronic disease.

Now, the guidelines also—and I should say, let me just step back and say—and of course Lorena, after me, is going to be talking much more specifically about ADA recommendations. So, we'll really let you see both sides.

And then of course, the dietary guidelines, really, it's a policy of the federal government. And therefore it informs federal food, nutrition, health policies, and programs.

SLIDE 14 *Dietary Guidelines for Americans 2015–2020: Figure 1–3*

Jennifer Seymour: So it's important to understand a little bit about the way that the guidelines are created. As Betsy pointed out, the guidelines have changed quite a bit over the years. And really, in the last 15 years, have particularly gone much more from a very simple booklet for the consumer, to much more of a very large policy.

So, in general, we think of the dietary guidelines from a three-step process. There's a lot of detail on this slide, and I'm not going to go into all of it, but I think it gives you a little more detail for the people who really want to understand how the guidelines are created.

What I'm going to say is that the first part of the process is a review of the science that is done by a federal advisory committee. And that advisory committee spends two years doing a really detailed process and ends up producing a report that is provided to the secretaries of HHS and USDA. This year that report was over 500 pages long. So it's a very intense, detailed report about what we know about nutrition currently.

The second part of the process is the actual development of the dietary guidelines. And this part is really where the government takes the previous edition to the dietary guidelines, the report from the advisory committee, comments that come in from the public and from federal agencies, pulls it all together, and really works for—usually it takes about a year, really, to put all of that together, into what becomes the policy that is known as the dietary guidelines.

And it's really important to know that currently this very large—this document is over a hundred pages long—it's really designed for policymakers and for professionals. And isn't really intended for the public to understand nutrition.

But, so that's where the third part of the process comes in, which is the implementation of the dietary guidelines, really figuring out how to use it. And part of that is about creating materials that will end up being for the public. But also part of it is about using this in the programs and all the different ways that the federal government might use these guidelines. And I'll talk about that in more detail at the end of the presentation.

SLIDE 15 *Dietary Guidelines for Americans 2015–2020: Contents*

Jennifer Seymour: So what is in the guidelines? The guideline starts out, it has an executive summary, an introduction, three main chapters, and appendices. What I'm going to focus on in this presentation is the three main chapters. But there really is a lot of detail there for someone who wants to know a lot more about what's going on in the guidelines.

SLIDE 16 *Dietary Guidelines for Americans 2015–2020: The Guidelines*

Jennifer Seymour: So what are the actual guidelines? There are five overarching guidelines that are part of the *DGA 2015–2020*. The first guideline is to follow a healthy eating pattern across the lifespan. And this really is a very big change from previous guidelines that really focused much more on—think earlier—there was much more focused on specific nutrients. Then as things started to change over time, there was a bit more of a focus

on food groups. But the real very big change with these guidelines is a heavy focus on eating patterns, and really understanding the whole way you eat is what matters.

The second guideline: getting at the same idea, it's really talking about and focusing on variety, nutrient density, and amount. Really understanding that you need to eat a variety of foods. You really want to have foods that are very nutrient-dense. This is getting at the idea that you want foods that have a lot of the nutrients that we need in our diets without a lot of the nutrients that we shouldn't be eating very much of, and certainly without too many calories. And that also gets into amount, really thinking about the amount of food that you consume in terms of the calories that you are taking in.

And then the third guideline is to limit calories from added sugars and saturated fats and to reduce sodium intake. And so this is where we do get back to the nutrients that are real issues in the diet, but this should be thought of within the context of that healthy eating pattern.

SLIDE 17 *Dietary Guidelines for Americans 2015–2020: The Guidelines (cont.)*

Jennifer Seymour: So the fourth guideline gets at the idea of the need to shift to healthier food and beverage choices. And I'll really show you a lot more detail about the shift as we go forward. But it's really the idea that right now the way Americans are eating is really not fitting into that healthy eating pattern. And there are ways that you can shift your diet much more towards a healthy eating pattern.

And then finally, the fifth guideline really is about that bigger support that is needed for healthy eating patterns to be possible for people to really getting at the role of all the different ways that the food environment, and where we live, and where we work, and all those different ways that we interact with food clearly plays a role in whether we are going to have a healthy eating pattern or not.

SLIDE 18 Chapter 1: Key Elements of Healthy Eating Patterns

Jennifer Seymour: OK. So let's focus very much on what's in Chapter 1. This is where we really talk about the healthy eating patterns.

SLIDE 19 Key Elements of Healthy Eating Patterns: Key Recommendations

Jennifer Seymour: So what actually is a healthy eating pattern? The most important thing is that it really encompasses everything that you eat and drink. A healthy eating pattern includes vegetables and really making sure you get a variety of those vegetables from all the

different food—all the different groups of vegetables—dark green, red, orange, legumes, starchy, and other vegetables.

It includes fruits, especially whole fruits, really whole fruits over having a lot of juice as the way you get fruit intake.

Grains, very important, and to make sure that at least half your grains are whole grains.

Fat-free and low-fat dairy, including milk, yogurt, cheese, and, for people who can't or who choose not to consume milk, fortified soy beverages.

And then of course, a variety of protein foods, including seafood, lean meat, poultry, eggs, legumes, nut seeds, and soy products.

And oils as opposed to the unhealthy solid fats.

So of course, a healthy eating patterns also limits saturated *trans*-fat, added sugars, and sodium.

And what you might notice here is that dietary cholesterol is not listed here. I'll talk about dietary cholesterol in more detail in a little while.

SLIDE 20

Key Elements of Healthy Eating Patterns: Key Recommendations (cont.)

Jennifer Seymour: So, of course within the key recommendations, there are also a number of quantitative recommendations that really do get at very specific areas where we know that there needs to be limits on how much someone is consuming.

The big addition in these guidelines is to consume less than 10 percent of calories per day from added sugars. Something that's been more consistent in the guidelines over a number of years is to consume less than 10 percent of calories from saturated fats. Also quite consistent over the years has been to consume less than 2,300 milligrams per day of sodium.

And then finally, also, certainly for the last two editions of the guidelines, if alcohol is consumed, it should be consumed in moderation, which is up to one drink per day for women and up to two drinks per day for men, and of course, only by adults of legal drinking age.

And then finally, not a quantitative recommendation, but there is a recommendation to meet the *Physical Activity Guidelines for Americans*. In the past, the dietary guidelines often did also talk about physical activity, sort of as an aside, and eventually it became clear that there really should be physical activity guidelines. And so in 2008, that's when physical activity guidelines were created for the first time. And there's a lot of detail within those guidelines that maybe another webinar on physical activity guidelines would be a good thing.

SLIDE 21 Principles of Healthy Eating Patterns

Jennifer Seymour: So of course, it's important to really think about the principles of healthy eating patterns. Really understanding the idea that a diet as a whole is what matters, that really understanding that there are synergistic ways that our diet works together, that what you eat, what you drink, they have an impact on each other. And that really just thinking in terms of eating more healthfully as just having an impact on one aspect of your diet is really probably not going to get you to a healthy eating pattern.

It's also very important to know that nutritional needs should really be primarily met with foods as opposed to supplements. There are certainly needs for supplements, that, for various people and for various different reasons. But there is so much more to the food that we eat than what is in supplements. And so it's really important to get away from a message, that I have heard in the past, that someone who says, "Oh, I can just take a multivitamin and then I'll be OK." And there really is so much more in our food that you will never get from a multivitamin and that's an important thing to keep in mind.

And then, of course, it's really important to know that healthy eating patterns are adaptable. They really can be tailored to all kinds of sociocultural and personal preferences. And there are many kinds of diets that can fit in to the overall broad perspective of what is a healthy eating pattern.

SLIDE 22 The Science Behind Healthy Eating Patterns

Jennifer Seymour: So what is the science behind healthy eating patterns? So in general, a lot of people may think, when they know about the dietary guidelines, about using scientific studies to determine what might be said in the dietary guidelines. But there actually is a lot more that goes into—certainly those systematic reviews and scientific research play a very important role.

But there's also really a need to think through, sort of food pattern modelling, really trying to understand how can you really go through and figure out all the ways that the person can get the nutrients that they need, while staying within calorie limits, while also not getting too much of the nutrients that we are eating too much of currently, and really trying to think through all of those aspects, and come up with patterns that—from out of that model.

And then of course it's also important to realize that there is a need to analyze current intakes, really understanding what's already going on, what needs to be improved within diet, and how does that play into what is going to be suggested as a healthy diet.

SLIDE 23 Inside Healthy Eating Patterns: Food Groups – Examples of Content

Jennifer Seymour: So let's look in a little more detail about a couple of things. I already mentioned a variety of vegetables. But it's important to know that within vegetables, all different forms of vegetables can be a part of a healthy eating pattern. You can have fresh, frozen, canned, dried options, and including vegetable juices. But of course, you should keep in mind, again, the idea of nutrient density. Vegetables should be consumed in a nutrient-dense form with limited additions of salt, and butter, and cream sauces.

Also, with dairy, you should really be thinking about including fat-free and low-fat, 1 percent dairy, including milk, yogurt, cheese, or fortified soy beverages.

I did, sort of in the corner of my eye, see that someone asked the question about rice milk, and things like that. This was addressed by the Dietary Guidelines Committee. And what they looked into and really decided was that a big role that was being played by the dairy products in our diet was as a protein source. And that soy milk has a pretty consistent amount of protein as compared to dairy products, whereas things like rice milk and almond milk and other forms do not. And so that is why they chose not to include other forms of beverages besides dairy in this recommendation.

So fat-free or low-fat milk and yogurt in comparison to cheese contains less saturated fat and sodium, and more potassium, Vitamin A, and Vitamin D. So it's important to also think in terms of when you're thinking about the dairy products you consume that there really are different choices that can be made that will be better for a healthy eating pattern.

SLIDE 24 Inside Healthy Eating Patterns: Other Components

Jennifer Seymour: So of course, there are all those other components within a healthy eating pattern that really need to be thought about and considered when figuring out what to eat. And they include the added sugars, saturated fat, trans fat, dietary cholesterol, sodium, alcohol, and caffeine.

SLIDE 25 Inside Healthy Eating Patterns: Other Components – Examples of Content

Jennifer Seymour: I'm going to focus on two specifically next, that have been talked about a fair amount since these dietary guidelines were released. The first is cholesterol. So the quantitative recommendation was removed. But there is a statement in the guidelines that says individuals should eat as little dietary cholesterol as possible while consuming a healthy eating pattern.

Now, I saw a question before the webinar began that asked about this. And so I want to specifically point out that if the sentence stopped after the word possible, it would have a very different meaning. So this is not suggesting that people need to drastically limit their dietary cholesterol intake. What it is saying is that people should eat as little cholesterol as possible while consuming a healthy eating pattern. And that's an important addition, because, really, when you look at the dietary guidelines, look at a *Healthy US-Style Eating Pattern*, and really took general US-style habits but came up with a healthy eating pattern that met all the criteria, and really found that within that, the diet was getting between 100 milligrams and 300 milligrams of cholesterol.

And so it's really—it's not actually saying, as little as possible, because, of course, you could get to zero by eating absolutely no animal products. But that is not what the dietary guidelines are suggesting. So I think that's an important point to keep in mind.

So for caffeine, there was discussion—it's not a key recommendation—but there was discussion about the fact that the people can consume caffeinated beverages. What's important to know here is that most caffeine evidence focuses on coffee.

So there really hasn't been the kind of studies on all kinds of other caffeinated beverages. And so this recommendation should not be taken as a recommendation to consume a whole bunch of other caffeinated beverages. But it really does say that three to five eight-ounce cups per day can be included in the healthy eating pattern.

It's important to note though that there's nothing that suggests that a person who isn't consuming caffeine really should start in any way. And it really is also important to

think about, what else you get when you are having caffeine in your diet. Thinking about all the different creams and whole and 2 percent milk or added sugars that are put in a lot of caffeinated beverages, really need to be thought of in terms of the calories that that adds to your diet.

SLIDE 26 Healthy Eating Patterns: Detailed Information

Jennifer Seymour: And so I won't go into much detail here. But I just want to say there are a lot of callout boxes in the dietary guidelines that go into any number of details about a whole bunch of issues that may be of interest to people.

SLIDE 27 Healthy Eating Patterns: Multiple Approaches

Jennifer Seymour: And I think one thing that's important to note, and again, I saw some questions from when people registered about different kinds of diets. There are all kinds of diets that can fit the healthy eating patterns described in the dietary guidelines. There are three specific ones that are described and pointed out in the dietary guidelines. That's the *Healthy US-Style Dietary Eating Pattern*, the *Healthy Mediterranean-Style Eating Pattern*, and the *Healthy Vegetarian Eating Pattern*.

And so yes, vegetarianism definitely can fit within the guidelines and it does show that pattern in the guidelines. But there are other healthy eating patterns that are outside of these three that clearly would fit within the dietary guidelines. So there are a lot of different ways to meet the guidelines.

SLIDE 28 Chapter 2: Shifts Needed to Align with Healthy Eating Patterns

Jennifer Seymour: Now let's shift to shifting eating patterns. This is the content of Chapter 2.

SLIDE 29 Current Eating Patterns in the United States

Jennifer Seymour: So what's important to see here, and I'll try to make this picture as clear as possible pretty quickly. Think of the orange bars as sort of more the negative and the blue bars as the positive.

What this graphic is really showing here is that there are areas that need a lot of work for Americans. You can see that Americans are just not eating the vegetables that they should, that over 80 percent of people are not getting enough vegetables. It's really 75 percent not getting enough fruit.

Total grains, looks a little bit better. But I'll show you why that might not be so good on the next slide. Dairy products, really over 80 percent, again, not getting enough. Protein foods, again, looks a little bit better. But there might be something more

behind that. Oils, as opposed to solid fats, really there's still more need to shift that as well.

And then you can see going in the other direction, people are consuming way too much added sugar, saturated fat, and sodium, really got close—we're getting up there—close to 100 percent of people consuming more sodium than they should.

SLIDE 30 Whole and Refined Grains: Intakes and Recommendations

Jennifer Seymour: So like I said, I want to make sure, for the two areas where it looks like we're in pretty good shape for Americans, it's important to look at this in a little more detail.

So for whole and refined grains, if you look at the blue bars, that represents the recommendations, and then the orange is refined grain intake, and the green is whole grain intake. And so what you can see is that overall for most men, and then the second column is women, you can see that our refined grain intake is well over the recommendations, except for some older men who are getting very close there. But the intake of whole grains is well below recommendation.

So overall, grain consumption is in fairly good shape among Americans, but we need to change the types of grains that are consumed.

SLIDE 31 Seafood: Intakes and Recommendations

Jennifer Seymour: And the same thing for protein. I'll just specifically show this chart on seafood intake. So if you look at, again, the blue bars being recommendations, and the orange being where intake is, you'll see we're all well below the recommendations for seafood consumption.

SLIDE 32 Shifts to Align with Healthy Eating Patterns: Examples

Jennifer Seymour: So just let's think a little bit about the way you might shift toward healthy eating patterns. So its things like increasing vegetables and mixed dishes while decreasing the amount of refined grains, meats high in saturated fat, and/or sodium, in those mixed dishes.

You could think of it as the pizza that you really might want to start moving towards a whole grain crust that's got quite a bit more vegetables on it, and removing the pepperoni, and really thinking from those perspectives, that perspective.

Really trying to make sure you're adding seafood into meals twice per week, and replacing the meat, poultry, and eggs. Using vegetable oils in place of solid fats and

things using oil-based dressings and spreads on food instead of those made with solid fats like butter. Choosing beverages with no added sugar, like water. And using the nutrition facts label to compare sodium content in various foods.

These are just a couple of ideas of things—the kinds of shifts you can do towards healthier eating patterns.

SLIDE 33 Major Messages from Chapter 2

Jennifer Seymour: So I think to save a little time, I'm going to skip past that overview slide and just go to....

SLIDE 34 Food Sources of Added Sugars

Jennifer Seymour: Let's look at a little bit at the food sources of some of these nutrients that we really need to reduce in our diets.

What you can see is, certainly for added sugar, the plurality coming close to the majority of added sugar is coming from beverages. And so this is a really big component of the added sugar intake.

If you add in snacks and sweets, that makes up 78 percent of the added sugar that people consumed. And so right there, those really are the big areas to be thinking of in terms of how to reduce added sugar intake.

SLIDE 35 Food Sources of Saturated Fats

Jennifer Seymour: If you look at saturated fat, the bulk of saturated fat is coming from these mixed dishes. That's things like the pizzas, the burgers, the meat, poultry, seafood dishes, you can think of these as the stews, the soups, the rice and grain dishes. These are all the different things that make up mixed dishes.

And then you can see there's also a big component made up of snacks and sweets. So...

SLIDE 36 Food Sources of Sodium

Jennifer Seymour: And then if you look at sodium, again, it's the mixed dishes, and there's a fairly big component also from snacks and sweets. I wouldn't put that in the... as one of the higher ones for sodium, but it really should be thought about the mixed dishes, the snacks and sweets, and then the beverages kind of together as a bulk area, really are where the sodium, saturated fat, and added sugar are coming from.

And so those are real areas to focus on in terms of trying to move people towards the fruits, vegetables, grains, low-fat dairy, and good protein sources, and moving away from these areas where people are getting really heavy nutrients that we want to stay away from.

SLIDE 37 Chapter 3: Everyone Has a Role in Supporting Healthy Eating Patterns

Jennifer Seymour: OK. So then the third chapter is really focusing on supporting healthy eating patterns.

SLIDE 38 Creating and Supporting Healthy Choices (Figure 3-1)

Jennifer Seymour: So I certainly hope that a lot of you have seen the socio-ecologic model. This is one particular version of it. What I would say is that if you start over to the right, in the yellow section of this, you can see that this is really where a lot of people talk about nutrition and really changing things within nutrition, talk about it from those individual factors from the perspective of the food and beverage intake and the physical activity for an individual.

But there really are so many different ways that the settings that people are in—the early care for children, the schools—for adults, their work sites—and for everyone, the recreational facilities—the food service and retail establishments. These are all areas where you can constantly be barraged with all the wrong foods to eat, or you could really have an environment that allows and makes it so much easier for people to consume the foods that would be healthy for them.

And of course, there are also the sectors, the government, how transportation affects people, all the different agricultural food and beverage industry, retail, and how all of that affects people's intake.

And then, of course, there are all the social and cultural norms and values that go into how and why people eat. And it really is important to be thinking about and taking into account all of these different aspects in order to really be thinking about how to help people get to those healthy eating patterns.

SLIDE 39 Strategies to Align Settings with the *Dietary Guidelines for Americans 2015–2020*

Jennifer Seymour: And then, just quickly, I want to talk a little bit about—so this is getting at some of the tools on the more environmental or policy end. There are so many different ways that the dietary guidelines are used. For instance in schools. I think, probably a lot of people have heard because it's got a lot of attention—the changes to the school breakfast program—the changes to the school lunch program—the changes to

competitive foods in schools, that was known as Smart Snacks—all kinds of wellness policies—the changes to food in the child and adult care food program, as well as things, like in work sites.

We currently, at CDC, have food service guidelines that we put together based on the 2010 dietary guidelines. They are currently right now being updated and being expanded to include the entire federal government to create guidelines for the foods served throughout the federal government that will be based on the *2015–2020 Dietary Guidelines*.

And these trickle down. States end up using them to come up with state guidelines for the food that will be served in any state facilities. Local facilities can do this also, and then, also just private work sites can take this on as well. And we've seen a lot of private work sites that set standards about the kind of food. And all of this, the food service guidelines that I'm talking about are based on the dietary guidelines.

SLIDE 40 Implementing the Guidelines through *MyPlate*

Jennifer Seymour: To look at it from a more direct to consumer perspective, I know that Betsy at the beginning talked about *MyPlate* briefly. So, *MyPlate* is created by the Department of Agriculture. And it really is a simple graphic that represents the dietary guidelines. It really shows the idea of a plate and the portion of foods on that plate in terms of trying to get at the idea of what a healthy eating pattern would look like.

And there's a lot more detail, and they go into any number of examples, and really thinking through the idea that maybe not everyone eats on a plate. And so there are other ways of thinking about those foods and there's a lot of information.

And it really is a very good source for people to really be able to track their own diet, to track some progress, to really get some understanding about the details for a more general audience than the dietary guidelines themselves.

SLIDE 41 Nutrition Facts Label Update

Jennifer Seymour: And then finally, I want to give one example, there are many out there. But one example of the way the dietary guidelines are being used to really make a big difference to the labelling of food.

So there was a whole process to change the labelling of food that started long before these dietary guidelines. But the process was very much influenced by what was

being changed in the 2015 through 2020 guidelines and when the guidelines came out. Some issues were tweaked here.

So what you can see on the left is—that is the current nutrition facts label. That is what a lot of people have probably seen if they look at packaged food to see what is in it. The label on the right is how it is going to change. And some foods have already made this change. The new label was announced just quite recently, just a couple of months ago, from FDA. Manufacturers have—big manufacturers have until 2018 for this change to happen; small manufacturers until 2019. But you will start seeing this as companies get it ready and are ready to make the change.

And some things that I would point out are a much bigger serving size, so people really understand what this information on this label—it's about how much of the food that is in that product. The calories are much bigger to really make sure that people are seeing this. And calories from fat have been removed since there really has been much more of a move towards saying people should consume healthy fats not unhealthy fats, as opposed to telling people that fats in general are bad.

You can see that, if you go farther down in the list that added sugars have been added to this. And the percent daily value is based on that 10 percent of calories as a maximum recommendation that is in the dietary guidelines.

There are a number of other changes. I could only show really these two on here. But I would advise anyone who really is much more interested to go and see, because they really are going to be for packages of food, like say, a 20-ounce soda that people really might drink at one sitting. That really—that is now going to have a label that describes what is in that full 20-ounce soda because it really is likely to be consumed all at once. And it was very confusing for people to see an eight-ounce soda and they might assume that what they were seeing on that label represented what was in that 20-ounce soda.

And there will be any number of other changes that I think would take a little too long to go into here.

SLIDE 42 Additional Resources

Jennifer Seymour: So now I just want to point out that, as I've said, there are so many things to see, so much more detail here. So dietaryguidelines.gov is the place to go to get all the information, to see the dietary guidelines. This is where you can download a copy or

PDF of the guidelines. This is where you can order a hard copy of the guidelines. There are additional resources at health.gov and at choosemyplate.gov which is where all the *MyPlate* information is. There's a lot more to see here.

SLIDE 43 Knowledge Check

Jennifer Seymour: So now, before we turn over to Lorena, we just have one knowledge check question. So this one is, Do you know how the *Dietary Guidelines for Americans* are used?

So A, is to learn how to control diseases like diabetes? B, to inform policymakers and health professionals, not the general public? C, to teach to help providers how to educate their patients? D, all of the above? Or E, none?

SLIDE 44 Knowledge Check Results

Jennifer Seymour: So, 70 percent of the people said all of the above. The answer is actually to inform policymakers and health professionals. So I do think that it is important to make clear that, like I said, the dietary guidelines are designed to be for disease prevention but not really to control specific diseases.

And we did think, when we're talking about this, that that third one, teach providers to educate patients could be a little bit confusing. I certainly think that the guideline is a resource for professionals to read and understand. But I wouldn't say that there's anything in it that directly teaches providers how to educate patients.

So really, the inform policymakers and health professionals is the correct answer there.

OK. So now I am going to turn the presentation over to Lorena.

SLIDE 45 ADA's Nutrition Recommendations and Practical Applications

Lorena Drago: Thank you very much Jenna. That was great. I was taking my notes as well.

Good afternoon everyone. So let me just move quickly into the second part of the presentation, and that is the *American Diabetes Association's Nutrition Recommendations* and pretty much the practical application. So, how do we take this information for patients with diabetes and how do we put it all together when we are teaching patients and their families about food.

SLIDE 46 *ADA Nutritional Guidelines – 2016*

Lorena Drago: So I will be pointing out what are the similarities, as well as some of the differences in both the nutrition guidelines, as well as in the dietary guidelines.

So one thing that Jenna had talked about at the beginning of her presentation was, how this was—the emphasis was really on dietary patterns. So, not just specific “diet” or not something that is extremely prescriptive, but we are learning that not one size fits all of eating approach.

So that means that we have an array of different dietary patterns that fit and also that can work very well to accommodate the patient’s socioeconomic status, cultural, and eating habits.

So at the end, the eating patterns should emphasize glucose, blood pressure, and lipids. And we want to emphasize that the eating patterns, the recommendation should fit the individual and fit for her needs, and that is ideally provided by a registered dietitian.

SLIDE 47 Carbohydrates (CHO)

Lorena Drago: So I am going to focus on just a few nutrients and look at the recommendations. The first one is carbohydrates. When I first started teaching diabetes education, there was a lot of prescriptive amount of what the recommendation should be. It was either 50 percent, 40 percent of the calories, 30 percent if you were recommended in a low-carbohydrate diet. So as the recommendations have changed over the years, those numbers have changed.

Now ultimately, the evidence is inconclusive for an ideal amount of carbohydrate. So this has to be done collaboratively with the patients looking at their blood glucose levels and other parameters, as well as keeping that enjoyment of eating and food.

SLIDE 48 Carbohydrates (cont.)

Lorena Drago: So the amount of carbohydrates and the available insulin will be the most important factor that influences that glycemic response. And that is what should be considered when we are recommending an amino pattern.

So the patient that has type 2 diabetes, if there is enough endogenous insulin, the best approach is to look at their blood glucose levels, pre-prandial, post-prandial, and then based on those recommendations, as well as other markers, that should be the carbohydrate, the amount of carbohydrate that should be recommended. And that is usually how I approach the recommendation of the carbohydrate.

So it could range between 30 percent of the total daily calories, to 40 to 50 percent. Again, taking into account that not one size fits all and that I want to look, in general, at the patient's profile and their blood results in order to make a recommendation about the amount of carbohydrates.

And I usually use diagrams which I will share with you later on in practice, as to how does this look? So I do show, well, we need the carbohydrates that you're consuming, but we also want to take into the account your endogenous insulin or the insulin that you are using. And then that will determine whether your blood glucose levels are elevated or they are not. And there are other multiple factors to change those numbers.

SLIDE 49 Carbohydrates (cont.)

Lorena Drago: So after giving that prescription, what would be the best way for the patient to monitor the amount of carbohydrates that they are consuming? It depends on the patient and also the level of literacy of that patient and prior education.

So, I already know that patients that only want to use their hands as a guide, then I indicate the hands to use to provide them with an average of the amount of foods that they are consuming.

There are other individuals that like to know the exact amount of carbohydrates that they are eating. And they are using apps, or they're just simply counting their carbohydrates. And that also works for them.

For other patients, I choose the plate method, because I find that by using the plate method and kind of estimating the amount of carbohydrates. It's perhaps easy for some individuals that may have literacy problems and they are not as adept at multiplying and adding.

So whatever method you use, there are many different ways. And the evidence is Level B. And this is the level of evidence. So that means that this is supported by well-conducted cohort studies. And I think that that gives the educator a great way and latitude to making a selection that suits the patient.

SLIDE 50 Carbohydrates (cont.)

Lorena Drago: So where do these carbohydrates should come from? Vegetables, fruits, whole grains, legumes, and other sources that are nutrient-dense.

So here it aligns with the message of the dietary guidelines: the sources, the nutrient-density that Jenna had mentioned at the beginning, the variety of the different fruits and vegetables. So we are pretty much preaching exactly the same message. And of course, we are talking about the amount.

I always like to use the Ps and Qs. And when I talk to patients, I always say, remember the Ps, to mind your Ps and Qs. P for portion and Q for quality of the food. And most of the time, if you're minding your portions and the quality of the food, you are probably doing everything the right way.

So here we have again, how to translate the message of the nutrient-density that will be the quality, and the amount, that will be P for portion—minding the Ps and Qs.

SLIDE 51

Sucrose

Lorena Drago:

What about sugar? And I wanted to include this for two reasons. Because the recommendations for ADA do allow for some amount of sugar consumption, as long as you're substituting for the same amount of calories of other carbohydrate foods.

Now what happens is that the recommendation has to be very clear to the patient that while it might be OK to substitute for another food that has equal amounts of carbohydrates, we have to go back to the original message of a nutrient density. And that is what should prevail.

The other issue is where does the added sugars are coming from and the excess consumption of added sugars. And in certain communities, it is extremely important to always address what beverages, if the patient or the community that you're teaching, what are they drinking? And that should be part of every single assessment, in my opinion.

SLIDE 52

Guava

Lorena Drago:

Another recommendation is the emphasis of consuming fruits in its natural state when possible, because of the fiber and the nutrients. And juice, even when there's no added sugar to the juice, even when the patient says, "I drink juice because it's natural, and I do not drink sweetened beverages." It is still very important to relay the message that most of us do not drink two to three ounces of juice. Most of us, in our home, do not have glasses that only hold three to four ounces of juice. So most likely, the average person might be drinking between eight to 12 ounces of juice per day. And that has an impact on blood glucose levels.

Remember, what affects blood glucose levels is the amount of carbohydrates and the amount insulin available. So if the amount of carbohydrates increased by the increasing consumption of sugars, even when they are coming from fruit juice, that will have a negative impact on blood glucose levels.

So again, the key message is, consume fruits in its natural state when possible. And let's be mindful of the juices, because that will be one item that the patient or the client is not going to consider to have a problem later on.

SLIDE 53

Sucrose

Lorena Drago: So here it is, something that, again, perfectly aligns with the recommendations, and that is sugar-sweetened beverages. And I have added a picture of ginger. The reason that I have ginger is because most people, at least the communities that I served, do not consider ginger ale or other sweetened beverages to have the same impact as colas or sodas that are not.

So pay attention, especially when you're communicating with patients that have low health literacy, it's very difficult for them to sometimes translate the message. So if you say, "Do not drink sodas or sweetened sodas," they might not translate that message to ginger ales or any other sodas that you have not mentioned. So that is just one tip that I have found out to be true most of the time.

SLIDE 54

Fats

Lorena Drago: I'm moving on to fats because the other recommendation with the dietary guidelines was about fats. And once again we used to have a very prescriptive message in the past that 30 percent, and perhaps the nutritionists, the dietitians in the group would probably remember, no more than 30 percent of the calories should come from fats.

Well, here, again, it appears that it's also inconclusive and the goal has to be individualized. We went through the fat-free years in which everything was fat-free. And then what happened was, once the fat is removed from the product, in order to have more palatability, more carbohydrate was added. So the consumption of carbohydrates increased to replace the fat. And then that had a more detrimental effect on the cardio-metabolic profile.

So be aware of sharing that message that we have shared for so long. It is also a little difficult to say not all fats are bad—and that's part of the message—but also that the quality is important and remember the Ps and Qs. Even when you're sharing the types

of fats that are healthier, it has to be conveyed into the right amount. And it has to be part of that eating pattern, not isolated nutrients.

And then I just want to focus on the saturated fats, the cholesterol, and trans fat. That the recommendations are the same as that recommended for the general population. Therefore, the recommendation of saturated fats will be less than 10 percent of the calories.

SLIDE 55 Sodium

Lorena Drago: The sodium recommendation, it will be exactly the same—of less than 2,300 milligrams—again, very much aligned with the dietary guidelines.

One thing that is very important, and that's why I have that folder here that says top-secret salt mission, is that most people believe that most of the sodium that they consume comes from the salt shaker. And that's why I love Jenna's slide that shows that almost 50 percent of the sodium that we consume are the mixed dishes, the snacks, and even the sweets.

So this is the key message. Ask the educator that you need to translate that message and work on the implementation, where it comes from.

SLIDE 56 [Break Photo of the Sea]

Lorena Drago: So now I just want to just give you a few minutes of respite before the end of the presentation and allow you to see the beautiful view and the beautiful sea because this will be a great segue--

SLIDE 57 Eating Patterns

Lorena Drago: -- to talk about the different eating patterns. And the first one that I have here is the Mediterranean style. So I just wanted you to just help you travel to the Mediterranean.

And these are—and since you're going to receive copies of the slides later on they will be available, I am not going to read through all of them. But I just want to highlight that the key of the different eating patterns, the Mediterranean, which is the stew of different countries, but it focuses on whole grains—once again, we are repeating the same thing—using healthy fats such as olive oil; consume moderate amounts of certain foods that are high in saturated fats; and also focusing on locally growing fruits and vegetables and a variety—and, of course, a glass of wine at times. So I love that piece.

Then there's the vegetarian or vegan. That will also be an option for patients that want to do or try something different.

And then the low-fat diet is one that is a little bit more focusing on the amount of fat reduction to the right amount. And again, the emphasis is on the right kind of fat.

SLIDE 58 Eating Patterns (cont.)

Lorena Drago: And then we have two more recommendations of the different ones that have been proven to have yield optimal results, and that it is the low-carbohydrate diet, as well as the DASH diet or the *Dietary Approaches to Stop Hypertension*.

So the key message that I want to leave you with is, there are different patterns. So whether someone chooses a little bit lower carbohydrate, a little bit higher carbohydrate, a different variety, there is a choice for someone that should be individualized. And I think that it speaks beautifully how it dovetails that it is individualized.

And I also wanted to add something else, which is, if you're looking at patients from different countries and cultures, there is a way to find out what is it that they're eating, and then adapting things if its needed to the recommendation based on their favorite foods.

SLIDE 59 Using the Guidelines in Practice: Translating Information into Practice

Lorena Drago: So the last few minutes that I have left, I just want to tell you something that I find to be very helpful in practice.

SLIDE 60 Use Risk Communication

Lorena Drago: The first is using risk communication. And I just want to go briefly through what it is to use risk communication when you're talking to the patient or the client.

SLIDE 61 Impact of Diabetes on Cardiovascular Mortality

Lorena Drago: When you tell someone that he or she is at risk of—and I'm using this example of cardiovascular risk—it is important to talk about, what is someone's risk? Am I in danger? If my blood pressure is high, or if my cholesterol level is high, or if I smoke, what is my risk based on those markers compared with someone that doesn't have those conditions?

And that's why I always like to use graphs. So in this example, based on the risk factors, you can see the cardiovascular mortality once there are more risk factors. So

it is important to communicate that to the patient. Instead of just providing them with a blanket statement about hypertension leads to...define it. Where is the patient? And what are the risk factors?

SLIDE 62 Your Numbers

Lorena Drago: The other thing that is important when it comes to risk communication is not just to throw the numbers. Not to say, “Your goal should be less than seven when it comes to A1C levels.” But, tell the patient what is your level, and this is what the goal should be. Make it very specific so that the patient can understand what is the goal, and where is he or she compared to that goal? Show them the risk factors.

SLIDE 63 The A1C and Blood Sugar Levels

Lorena Drago: The other thing that is important is explain numbers that need explanation. And the A1C, this is the chart that I really love because it has side by side the A1C and the blood glucose levels that the patient is more familiar with.

So I numbered it from nine to seven for someone who doesn't understand what A1C means, might not be taking seriously because it's only two points. So if I have an A1C of 9, and the goal is of 7, in my head, I'm thinking, “It's not so bad. I'm only two points away from the goal.” However, if it's explained that a 9 means an average of 212, and the goal is 154, immediately, I can see that there is almost 60 points between where I am and where I am supposed to be.

SLIDE 64 Provide Treatment Strategies

Lorena Drago: Also provide treatment strategies, and ask what are you doing and then make a suggestion. It's very important to show and to show and ask the patient if this is something that he or she will be amenable to changing.

SLIDE 65 Counseling Tips

Lorena Drago: I focus on three things. What am I going to say? What am I going to show? And what is the patient going to do?

SLIDE 66 Key Messages

Lorena Drago: So let me just give you a few examples of what I mean. If my key message is – I want the patient to choose whole grains, reduce the saturated fats and replace it with poly-unsaturated fats, not carbohydrates – I want to focus on the patient's reduce in sodium and added sugars. So these are some of the examples that I choose from my real life.

SLIDE 67 Whole Grains: What are you going to say?

Lorena Drago: So what am I going to say? And I'm using the example of whole grains. Well, going back to risk communication, I want to be very specific. I want to tell them, "Well, if some studies have shown, that if you eat more whole grains, you're going to reduce type 2 diabetes."

And what does that mean? I want to quantify it, if possible. So I can use examples of two servings, or I can say, "Well, three servings of whole grains have shown to reduce this percentage." I'd like to be as exact as possible so that it is tangible, what I am saying.

SLIDE 68 What Are You Going to Show?

Lorena Drago: Then what am I going to show? And that is the show and tell. That is the props session. What are you going to show so that—most of us are visual learners. So I always think, how can I convey this message and translate that into application? Well, I like to use analogy.

In order for me to explain what is a whole grain that I am telling the patient to consume, I compare that to the yolk, to an egg. And I say, "Well, just like an egg has three parts, so does the grain. And we want to make sure that all those three parts are there when you eat them because each one brings you that nutrient density that you need in order to have the effects that you would want."

SLIDE 69 What is the patient going to do?

Lorena Drago: I also want to focus on what is the patient going to do? And usually a patient has already given you what he or she is eating, and then you talk about swapping. And it has to be based on what the patient wants to change.

SLIDE 70 What are you going to say?

Lorena Drago: And in this example, I am talking about saturated fats. Again, I talk about what are saturated fats? And again, specific, I say, "Well, in terms of reduction of the food that you're consuming that has saturated fat, you might see, based on the studies that there, your LDL or bad cholesterol, or your healthy cholesterol, can drop from 150 to 135 milligrams per deciliter."

SLIDE 71 What are you going to show?

Lorena Drago: I also want to ask them about the food so that then I can provide suggestions, and then we will share decision-making because the patient can decide what goals to choose.

And because my population is Hispanic, I usually have everything in English and Spanish.

SLIDE 72

Saturated Fat

Lorena Drago: I have mentioned how much I enjoy having—creating my own teaching materials and I like to use graphs. In this example, on the left is what I call their saturated fat-based budget, which is about—based on a 1,200 to 1,500 calorie—less than 10 percent of the calories from saturated fat. So I used the concept of budgeting. Budgeting saturated fat, budgeting carbohydrates, et cetera. And then, I give them an example of different foods, and based on their serving size, the amount of saturated fat that each one has.

This is a slide that can be used not just for patients that have restricted health literacy but everyone can appreciate the message at that point. So right there I can see the difference between whole milk and 1-percent. You can see the difference between one cut of meat and another cut of meat. And this creates awareness to show, where is their diet? That will suggest choosing what are the items that they should be looking at and then thinking about recreating so that overall their eating patterns becomes better.

SLIDE 73

What are you going to do?

Lorena Drago: So again, I do a lot of swapping with the patients. And you can see here, this is a just an example of what the patient just gives me.

SLIDE 74

Guide to a Better Sandwich in Your Favorite Bodega (Small Grocery Store)

Lorena Drago: And last but not least, I—this is a project that we created for patients that, instead of going to restaurants, they'll be using small mom-and-pop stores, and they were consuming a lot of different sandwiches, especially at lunch time. And we were concerned about the amount of sodium. So we wanted to help them to select the cold cuts that had the least amount of sodium.

So we created this handout. And as you can see here, going back again to my love of graphs, we indicated what were the different types of cheeses and cold cuts, which one had more or less amount of sodium. So that when there's not the best choices, I want to offer the better choices, the more realistic choices.

But everything is guided. And even there are some recommendations here that says, "If you consume the high-sodium lunch, then this is what you can do at night and

have these others choices that are lower in sodium.” Because I am not focused on just one meal. I am focused on what is done day-in and day-out. So circling back again to the healthy eating patterns, not just demonizing one meal versus another.

SLIDE 75 How Do You Know Your Patients Know?

Lorena Drago: And to make sure that your patients know, always use what we call the ‘Teach-Back.’ Have the patient tell you, what did I learn today. Ask the patients to demonstrate or explain what you have just said. When you go home, how would you share this with your husband or your children? And how would you reconstruct this meal to make it healthier? Then you know whether your explanation actually was clear to the patient.

SLIDE 76 Information = Education?

Lorena Drago: So this one of my favorite slides, and one boy tells the other one, “I taught my dog how to sing.” And then the young man says, “I don’t hear anything.” And he responds, “I said I taught him how to sing, not that he learned.” So remember, information is not education.

SLIDE 77 Teach-Back

Lorena Drago: So to conclude, I just want to show you some of the questions that you can pose to use the teach-back method. You can say things like, “Using your own words, you tell me...” Or many times, I say, “I have given you so much information. Can you tell you me in your own words...” Or, “How could you describe this to someone else?”

SLIDE 78 Knowledge Check

Lorena Drago: So we have to come to the end of this presentation. And this is the knowledge check question. The amount of saturated fat for someone with diabetes should be? Individualized? Less than 10 percent of the calories? Less than 30 percent of calories? Depends on the triglycerides level?

OK.

SLIDE 79 Knowledge Check Results

Lorena Drago: So let’s me show you. Fifty-five percent of you says less than 10 percent of the calories. So that is the correct answer, because the recommendations are that the amount of fat that is recommended is the same as the general population and the recommendations from the dietary guidelines do specify that the consumption of saturated fats should be less than 10 percent.

SLIDE 80 Summary and Application

Lorena Drago: So I am going to pass this over to my friend, Betsy, who will give you a summary of the presentation. Thank you very much.

Betsy Rodríguez: Thank you Jenna and thank you Lorena.

We have been blessed of having these great two speakers with us today. As we conclude our overview this webinar today, we are reminded of the important potential for the guidelines to implement policy as well as practice.

Given the significant nutrition-related health issues facing the US population, such as cardiovascular diseases, type 2 diabetes, and certain cancers, the importance of the best possible science to inform the public regarding dietary recommendations is a paramount.

Managing the chronic disease like diabetes requires multiple decisions each day on a range of complex process. There are no vacations, no time-outs.

At best, conditions like poverty and food insecurity, only complicates diabetes self-management. At worst, they make effective self-management impossible.

This simple fact is true for the millions of Americans who live with diabetes while facing food insecurity. We're hoping that with today's webinar, healthcare professionals remind ourselves that we all have a critical role in implementing dietary guidelines recommendations to people with diabetes and at risk.

SLIDE 81 Q&A

Betsy Rodríguez: Now, we're moving into the Q&A section. We have been getting a lot of great questions and Jenna answered some of those.

We will try to get to as many questions as possible. So let me see what questions we have here.

Jennifer Seymour: Betsy?

Betsy Rodríguez: Yes.

Jennifer Seymour: So there's a question that I just saw that I'd be happy to answer. It was a question around the WHO and the American Heart Association are recommending an amount of added sugar that would be significantly less than what's in the dietary guidelines.

So what I would say in response to that is it's very important to understand that the dietary guidelines is saying, a maximum of less than 10 percent of calories. That is not to suggest that 10 percent of calories is good or right, but that it really is a maximum.

And actually when the advisory committee did an analysis and looked at how much added sugar could be included in people's diets, what they really found, in order to then also get all the healthy nutrients you need, what they found is really it's between 4 percent and 9 percent of calories, depending on the number of calories you should be consuming.

And so really that recommendation of less than 10 percent is setting it at a high goal from the understanding that right now Americans' consumption is above that. And so there's no question that we want to be moving people, that no one would be satisfied with getting everyone to 10 percent, that this is pushing for and really trying to.

But this is the first time that the dietary guidelines have had a quantitative recommendation for added sugar. And I think that's important to realize that the dietary guidelines are not always about the optimal diet but about moving people in the right direction. And right now our added sugar consumption is well above the 10 percent. And so, and that is just a recommendation to less than 10 percent.

Betsy Rodríguez: Thank you, Jenna. Thank you, Jenna. I have a question here for Lorena.

Lorena Drago: Yes.

Betsy Rodríguez: Lorena, how do we explain to patients why their total carbs do not equal to fiber and total sugars?

Lorena Drago: Yes. The way that I explain it is, I use a nutrition facts label. And then I say that there are different types of carbohydrates. And that the total already includes the others, the sugars, et cetera. So that's the way that I explain that.

And there were recommendations in the past that the dietary fiber was subtracted from the total amount of carbohydrates, which later on changed to only half of the total fiber would be reduced. And now it's pretty much whatever the amount of carbohydrate is there, that's the amount of it that we count.

So I just want to just say that I usually say everything is already included in the total amount. So that's the message that I say. And then I use the example, if it's 20 grams of carbohydrates, and when they look at sugars, it says 10, I say, you don't have to count this twice but the 10 is already part of the 20 grams of carbohydrate.

Betsy Rodríguez: Thank you Lorena. And now, Jenna, I have a question here that says, what about recommendations for eggs? I'm telling my patients one or two egg yolks per day. Then, egg white for patients with no cardiovascular diseases.

Jennifer Seymour: Yes. So, of course, it's important to know and I would not want to say anything if the patients that you are treating specifically have diabetes. So I'm going to say, if that's true, there probably will be a different answer to this question.

But if I would say that that's a very reasonable recommendation in general, and it really is kind of moving away from the, sort of, very rigid anti-egg view that may have come in the past when there were more strict limits on dietary cholesterol. And it really did hurt the egg industry in a major way that people were really avoiding eating eggs that really are a very healthy protein source when kept in moderation.

Lorena Drago: I just wanted to add a little bit to what Jenna just said about the eggs. And the emphasis that I try to do is to show that saturated fats and *trans* fat usually have much more of an impact on dietary cholesterol in general. So I do what Jenna says is just very safe recommendations when it comes to dietary cholesterol. But to understand that about 3 percent of the dietary cholesterol is what impacts blood cholesterol levels, and then to focus more on the saturated fats and *trans* fat in the diet.

Betsy Rodríguez: Good. I have a question here for you Lorena. It says, are there are substitution list for ethnic foods?

Lorena Drago: Are there substitutions? Well, yes. Yes, there are. There are certain sources that have looked at different foods of different ethnicities and religious groups, and what are their healthier alternatives. So there is a source of that.

So I was the co-editor and co-writer of this particular book. So it sounds like a shameless plug, but there are sources that provide this.

Betsy Rodríguez: Will high fructose be eliminated?

Jennifer Seymour: So at this point, I assume high-fructose corn syrup, so of course, high-fructose corn syrup is considered an added sugar, and certainly will be taken into account. Will it be eliminated? There is no, at this point, no regulation that is going to eliminate it from food. I think there is pressure. There are a lot of people, just in the general public, who are pushing against it. And so products are taking it out and replacing it.

But I think it is important to note that if they just replace it with other sugar, that's really not addressing the problem of added sugar in people's diet. And so I do think it is important to note that there are a lot of people who maybe feel like, "Well, if I drink the soda that's made with sucrose that somehow that's OK because it's no longer high-fructose corn syrup." And I think it is important to note that it's still sugar and a lot of sugar certainly in a soda. And it's all added sugar and no other beneficial ingredients.

And so I think that we need to get away from the notion that if we just get rid of high-fructose corn syrup that we'd be—that people would be OK consuming other kinds of sugar.

Betsy Rodríguez: Thank you Jenna. I would like to have more time for more questions but we're running out of time.

SLIDE 82 Stay Tuned!

Betsy Rodríguez: Also, we are in the process of updating one of the most popular resources for the National Diabetes Education Program, which is the bilingual recipe book, *Tasty Recipes for People with Diabetes and Their Families*.

So stay tuned in the next few months to see our updated booklet reflecting some of the changes that have been discussed here today.

SLIDE 83 Claim Your Continuing Education Credits

Betsy Rodríguez: I'd like to also mention to you that the NDEP webinar series is offering continuing education credits. You will have to complete an online evaluation in order to claim your credits. Just go to the CDC TCEO at the link that is showing at the top of your screen and follow the instructions. You will receive a certificate of completion too.

SLIDE 84 Thank you!

Betsy Rodríguez: I'd like to thank everybody that joined us today. It has been an amazing participation.

SLIDE 85 NDEP National Diabetes Education Program

Betsy Rodríguez: You have seen my contact information during the Q&A session. So please feel free to contact me.

Thank you Jenna, and thank you Lorena for sharing your expertise and words of wisdom. Everyone else, see you next time for another great NDEP webinar series. Thank you again and goodbye.

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