Healthy Living Message

Eat Wisely

*This information is for clinical staff to share with the Veteran.*

**Key Message for Veterans:** Eat wisely to maximize your health. Eat a variety of foods including vegetables, fruits and whole grains. It is important to include fat-free or low-fat milk and milk products in your diet, and limit total salt, fat, sugar, and alcohol.

**Expanded Message for Veterans:**

- **Key (basic) recommendations for eating wisely:**
  - **Vegetables & Fruit:**
    - Eat enough vegetables and fruits (fresh, canned, or frozen) while staying within your energy needs. Aim for 5-9 servings of vegetables and fruits every day (two and one half cups of vegetables and two cups of fruit per day). Fresh, canned or frozen fruit is preferred over fruit juice.
    - Choose a variety of vegetables and fruits each day. In particular, make selections from the different vegetable groups several times a week. Choices should include: dark green (i.e., broccoli, kale, spinach); orange (i.e., carrots, pumpkin, tomato); legumes (i.e., kidney, pinto and black beans, lentils, and peas), starchy vegetables (i.e., potato, corn, plantain) and other vegetables (i.e. beets, eggplant, artichokes, cabbage). Starchy vegetables contain more calories so choose these less often.
    - Canned, dried, and frozen fruits and vegetables are good options. Look for fruit without added sugar or syrups and vegetables without added salt, butter, or cream sauces.
  - **Whole Grains:**
    - Eat 3 ounces or more of whole-grain cereals, breads, crackers, rice, or pasta per day. One ounce is about 1 slice of bread, 1 cup of breakfast cereal, or ½ cup of cooked rice or pasta.
    - For many, but not all “whole-grain” food products, the words “whole” or “whole grain” may appear before the name (e.g., whole-wheat bread). But, because whole-grain foods cannot necessarily be identified by their color or name (brown bread, 9-grain bread, hearty grains bread, mixed grain bread, etc. are not always “whole-grain”), you need to look at the ingredient list. The whole grain should be the first ingredient listed. The following are some examples of how whole grains could be listed: whole wheat; brown rice; quinoa; buckwheat; whole oats/oatmeal; whole rye; bulgur (cracked wheat); sorghum; whole grain; barley; popcorn; millet; or wild rice.
- Salt (sodium and potassium):
  - Eat less than 1 teaspoon of salt (approximately 2,300 mg of sodium) per day.
  - Choose foods with little added salt and prepare foods without salt when possible. At the same time, eat potassium-rich foods, such as vegetables and fruits. Good potassium sources are: orange juice, beet greens, white beans, potatoes, tomatoes, tomato paste, and bananas.
  - People, who are middle-aged or older, have high blood pressure, or who are African American should limit their sodium intake to 1,500 mg of sodium per day. They should also get the recommended potassium (4,700 mg/day) in what they eat and drink.

Key (additional) recommendations for eating wisely:
- General recommendations:
  - Eat a variety of foods and beverages selecting from the basic food groups. Choose foods that are: high in fiber (whole-grains); have little added salt or sugars; and are low in saturated and trans fats, and cholesterol. Limit alcohol consumption.
  - Get the nutrients you need in a healthy way by following a balanced eating pattern, such as those provided by using the USDA MyPyramid food guide.
  - Maintain (or aim for) a body weight in a healthy range. To achieve your weight goals, balance the calories you take in from what you eat and drink with the calories you burn through activity. For additional weight loss information, please see the Healthy Living Message: “Strive for a Healthy Weight.”
  - Specific recommendations for calorie intake to maintain weight will vary depending on a person’s age, sex, size, and level of physical activity. Recommended total energy intakes range from 2000 to 3000 calories per day for men and 1600 to 2400 calories per day for women.
- Key recommendations about dairy:
  - Consume 3 cups per day of fat-free or low-fat milk or milk products such as yogurt or soft white cheese (cottage) cheese. If you don’t or can’t consume milk, choose lactose-free milk products and/or calcium-fortified foods and beverages.
- Key recommendations about protein/meat:
  - Go lean with protein. Choose lean meats and poultry. Lean beef cuts include round steaks (top loin, top sirloin, and top round) and roasts (round eye, top round, bottom round, round tip, arm, and chuck shoulder).
  - When selecting beef, choose cuts labeled “Choice” or “Select” instead of “Prime”. “Prime” usually has more fat. Choose cuts with the least amount of visible fat (marbling). Even then, trim any visible fat before preparing the beef. Choose extra lean ground beef. The label should say at least “90% lean”, 93% or 95% is even better.
- Vary your protein choices by choosing fish more often. Look for fish rich in omega-3 fatty acids such as salmon, trout, and herring.
- Choose dry beans or peas as a main dish or part of a meal. Consider including 2 or more meatless meals in your weekly menu. Some choices are: meatless chili with kidney or pinto beans; split pea, lentil, minestrone, or white bean soups; black bean enchiladas; rice and beans; veggie burgers or garden burgers, and chef salad with garbanzo or kidney beans.
- Choose nuts as a snack, in salads, or in main dishes. Use nuts to replace meat or poultry, not in addition to meat or poultry (i.e. pine nuts in pesto sauce, slivered almonds on steamed vegetables, toasted peanuts or cashews in vegetable stir fry, add walnuts or pecans to salads instead of cheese or meat.

### Key recommendations about carbohydrates:
- Choose fiber-rich vegetables, fruits, and whole grains often.
- Choose and prepare foods and beverages with little added sugar or other sweeteners that contain calories.

### Key recommendations about fats:
- When selecting and preparing meat, poultry, fish, dry beans, and milk or milk products, choose lean (skinless), low-fat or fat-free varieties and do not add fat when you cook them.
- The best cooking methods to capture flavor and retain nutrients in your food without adding fat or salt are to bake, broil, braise, roast, steam, sauté, poach, grill, or stir-fry. Drain off any fat that appears during cooking.
- Look for foods low in saturated fats, trans fats, and cholesterol by using the Nutrition Fact Labels on food products. Daily Value listed as 5% or less is low, where a Daily Value listed as 20% or more is high.
- Most of the heart-healthy fats you eat should be polyunsaturated and monounsaturated fats such as those found in fish, nuts, and most vegetable oils. Limit saturated fats that are found in high-fat cheeses, high-fat cuts of meat, whole-fat milk, cream, butter, ice cream, palm kernel and coconut oils. Eat less than 10 percent of your total daily calories from saturated fats.
- Avoid foods that contain trans fats. Trans fats are often found in commercial baked goods such as cookies, crackers, and pies. Some restaurants may also use oils with trans fats for frying.
- Eat less than 300 mg of cholesterol each day. Cholesterol is found in animal based food such as meats, poultry, egg yolks, and whole milk. Limit egg yolks to 3 per week and choose egg whites or pasteurized egg white products as substitutes for whole eggs.
- Keep your fat intake between 20 and 35 percent of your total calories.

### Key recommendations for specific population groups:
- People over age 50 should:
  - Get enough vitamin B₁₂. Vitamin B₁₂ is naturally found in animal products, such as fish, meat, poultry, eggs, milk or milk products. The best sources...
of vitamin B₁₂ include: breakfast cereals fortified with 100% Daily Value of vitamin B₁₂ per serving, fish/seafood (trout, salmon, sockeye, tuna, clams), and supplements.

- Older adults often have trouble absorbing vitamin B₁₂ from foods. However the type of vitamin B₁₂ used in supplements and in fortified foods is absorbed the best.

- Older adults, people with dark skin, and people who do not get exposed to enough sunlight should:
  - Get extra vitamin D from vitamin D-fortified foods (cereal, breads, margarine, milk) and/or supplements. Foods naturally high in vitamin D are: fish liver oils (cod liver oil); fatty fish (salmon, mackerel, sardines, tuna, eel); shitake mushrooms, and eggs.
  - Most people’s bodies are able to make enough vitamin D if they can be out in the sun without sunscreen for 10-15 minutes at least twice a week.

- Women of childbearing age and those in the first trimester of pregnancy should:
  - Eat foods high in heme-iron and/or consume iron-rich plant foods or iron-fortified foods along with vitamin C-rich foods which help iron absorption.
  - Heme-iron is iron found in animal sources (i.e. turkey, beef, mussels, shrimp, clams, and liver) and is absorbed best by the body.
  - Non-heme-iron is found in vegetable sources (i.e. enriched cereals, cooked beans, blackstrap molasses, and enriched pasta); it is not as easily absorbed.
  - Vitamin C-rich foods include the following fruits: orange, orange juice, cantaloupe, strawberries, kiwi, guava, and mango; and vegetables: broccoli, asparagus, tomato, tomato juice, potato, and green and red peppers.
  - Consume adequate folic acid daily (from fortified foods or supplements) in addition to the folate in foods from a varied diet.
  - Foods that are a good source of folate include: fortified breakfast cereals, whole wheat products, leafy green vegetables, asparagus, oranges, liver, eggs, beans (kidney, black, Lima), and sunflower seeds.

- **Key recommendations about alcoholic beverages:**
  - If you choose to drink alcoholic beverages, drink moderate amounts. Women should limit themselves to one drink per day and men to two drinks per day. Alcohol adds calories to your diet without providing the nutrition you need.
  - For additional information, please see the Healthy Living Message: “Limit Alcohol.”

**Message Delivery by Clinical Staff:**
**During Face to Face Encounters:**
- Deliver the “Eat Wisely” Healthy Living Message while providing primary care services.
• Provide individually-adapted health behavior change intervention through health coaching in Patient-Aligned Care Teams (PACT), Health Promotion and Disease Prevention (HPDP), and MOVE! (prevention and maintenance phases).
• Discuss and review results of the VHA online Health Risk Assessment (under development) during a clinical visit.
• Any Veteran presenting with nutrition risk factors* that are beyond the scope of prevention or that require more detailed nutrition intervention, should be triaged to a Registered Dietitian (RD) for appropriate Medical Nutrition Therapy (MNT) and/or specialized nutrition education. (*Refer to nutrition risk factor list located under Clinical Staff Tools)
  ▪ MNT is an essential component of the PACT. Individuals with a variety of conditions and illnesses can improve their health and quality of life by receiving medical nutrition therapy. During an MNT intervention, RD’s counsel clients on behavioral and lifestyle changes required to impact long-term eating habits and health.
  ▪ In addition to supporting nutrition related health promotion and disease prevention interventions, RDs provide MNT and other nutrition services for a variety of diseases and conditions including:
    ▶ Diabetes: type 1, type 2, gestational
    ▶ Renal Disease: insufficiency, chronic failure, transplantation
    ▶ Cardiovascular Diseases: hypertension, dyslipidemia, congestive heart failure
    ▶ Pulmonary Disease: COPD
    ▶ Weight Management: overweight/obesity, bariatric surgery, eating disorders
    ▶ Oncology
    ▶ Transplants: liver, renal, heart
    ▶ Women’s Health: pregnancy, osteoporosis, anemia
    ▶ Immune Deficiency: food allergy, HIV/AIDS
    ▶ Nutritional Support: oral, enteral, parenteral
    ▶ GI Disorders: celiac disease, cirrhosis, Crohn’s disease
    ▶ Disease Prevention

At the Facility Level:
• Support mass media campaigns to promote the “Eat Wisely” message.
• Participate in VA community-wide strategies (Farmers Markets, promotion healthy options in VA Cafeterias and VCS retail stores).
• Post “point of decision” prompts encouraging and educating on healthy food choices.
• Promote social support interventions in community setting (buddy system, contracts).

Important Considerations:
If a Veteran needs more intensive intervention in this area than the clinical staff member delivering the message is able to provide, the staff member should refer the Veteran to
the appropriate clinical staff, clinic or program for further education or clinical care, following local referral/consult protocol.

**Clinical Staff Tools:** *(Staff may also benefit by reviewing the Veteran Tools listed in the next section)*.

- **Nutrition Risk Factors/Screening:**
  1. **Physical Changes and Weight Concerns**
     - Weight loss or weight gain (unintentional) of 10 pounds in the past 6 months
     - Visible muscle wasting or Visibly underweight for height
     - Visibly overweight or Obese for height or BMI > 25
     - Has 2 plus or more pitting edema of lower extremities
  2. **Oral or GI Concerns**
     - Loss of appetite, desire to eat, or poor oral intake of food and fluid for > 3 days
     - Difficulty swallowing or has mouth sores
     - Persistent diarrhea, constipation, nausea, or vomiting for > 3 days
     - Tube feeding or Nutrition Support—poorly tolerated (if newly started send consult)
  3. **Barriers to Nutrition: Living Environment, and Functional Status**
     - Homebound—must depend upon others to cook
     - Unable to secure food or buy groceries
     - Too weak to cook—eats only two meals per day or less
     - Has no refrigerator, microwave, or stove
  4. **Behavioral Concerns or Unusual Eating Patterns**
     - Binges, purges, skips two or more meals daily, avoids eating when hungry
     - Alcoholic beverage or recreational drug use effecting food intake
     - Forgetful or has periods of confusion or disorientation—forgets to eat
     - Uses many vitamin/mineral supplements, complimentary or alternative therapies, colon cleansing
  5. **Metabolic and Other Medical Conditions**
     - Non-healing wounds or pressure ulcers
     - Patient verbalizes difficulty with Diabetic Diet or A1C elevated
     - Scheduled for Surgery and serum albumin is 2.8 or less
     - Scheduled for chemotherapy or radiation
     - Hypertension: Three Blood Pressures greater than 135/85 or recently diagnosed with hypertension

- The Guide to Community Preventive Services-Nutrition
  [http://www.thecommunityguide.org/nutrition/index.html](http://www.thecommunityguide.org/nutrition/index.html)
- Behavioral Counseling in Primary Care to Promote a Healthy Diet
  [http://www.ahrq.gov/clinic/uspsstf/uspsdiet.htm#related](http://www.ahrq.gov/clinic/uspsstf/uspsdiet.htm#related)
• Recommended Community Strategies and Measurements to prevent Obesity in the United States  http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5807a1.htm?s_cid=rr5807a1_e*
• Agency for Healthcare Research and Quality (AHRQ) – Integrating Evidence-Based Clinical and Community Strategies to Improve Health http://www.ahrq.gov/clinic/uspstf07/methods/tfmethods.htm*
• How to Use I Statements in Clinical Practice (VIDEO)  http://www.ahrq.gov/clinic/ivideos.htm*

Veteran Tools:
• U.S. National Institutes of Health (NIH), National Institute on Aging (NIA) health information  http://www.nia.nih.gov/HealthInformation including brochures such as: Healthy Eating After 50; Osteoporosis: The Bone Thief; High Blood Pressure*
• The Food Guide Pyramid  http://www.mypyramid.gov/*
• Office of Disease Prevention and Health Promotion, HHS  http://www.health.gov/dietaryguidelines/*
• U.S. Department of Agriculture and U.S. Department of Health and Human Services (HHS)  http://www.nutrition.gov*
• Centers for Disease Control and Prevention (CDC), HHS  http://www.cdc.gov/nutrition/*
• Office on Women's Health (OWH), HHS  http://www.womenshealth.gov/FitnessNutrition/basics/*
• Healthfinder: Eat Healthy  http://www.healthfinder.gov/prevention/ViewTopic.aspx?topicId=21*

* Indicates that the link leads to a non-VA website. The VA is not responsible for the content that is on the site.

Supporting Information:
Definitions:
• **Nutrient-dense**: Nutrient-dense forms of foods are smart choices — they give you the nutrients you need with relatively fewer calories than other choices in the same food group.
• **Saturated fat**: Fat that consists of triglycerides containing only saturated fatty acid radicals. Often described as “solid” fats. Examples of foods containing a high proportion of saturated fat include dairy products (especially cream and cheese but also butter and ghee), animal fats such as suet, tallow, lard and fatty meat, coconut oil, cottonseed oil, palm kernel oil, chocolate, and some prepared foods.
• **Trans fat**: Another name for trans fats is “partially hydrogenated oils.” Trans fats (or trans fatty acids) are created in an industrial process that adds hydrogen to liquid vegetable oils to make them more solid – a process called hydrogenation. These
partially-hydrogenated oils are inexpensive to produce and tend to keep food fresh longer. The consumption of trans fats increases the risk of coronary heart disease by raising levels of "bad" LDL cholesterol and lowering levels of "good" HDL cholesterol. Trans fats can be found in many foods – but especially in fried foods like French fries and doughnuts, and commercially-baked goods including pastries, pie crusts, biscuits, pizza dough, cookies, crackers, and stick margarines and shortenings. Some commercial restaurants may also use partially-hydrogenated oils when frying their entrees and side items.

- **Polyunsaturated**: Polyunsaturated fats are fats that have more than one double-bonded (unsaturated) carbon in the molecule. Polyunsaturated fats are typically liquid at room temperature and when chilled. Polyunsaturated fats can have a beneficial effect on your health when eaten in moderation and when used to replace saturated fats or trans fats. Polyunsaturated fats can help reduce the cholesterol levels in your blood and lower your risk of heart disease. They also include essential fats that our body needs but can’t produce itself – such as omega-6 and omega-3. Foods high in polyunsaturated fat include a number of vegetable oils, including soybean oil, corn oil and safflower oil, as well as fatty fish such as salmon, mackerel, herring and trout. Other sources include some nuts and seeds such as walnuts and sunflower seeds.

- **Monounsaturated**: Monounsaturated fats are fats that have one double-bonded (unsaturated) carbon in the molecule. Monounsaturated fats are typically liquid at room temperature but start to turn solid when chilled. Monounsaturated fats can have a beneficial effect on your health when eaten in moderation and when used to replace saturated fats or trans fats. Monounsaturated fats can help reduce bad cholesterol levels in your blood and lower your risk of heart disease and stroke. They also provide nutrients to help develop and maintain your body’s cells. Examples of foods high in monounsaturated fats include vegetable oils such as olive oil, canola oil, peanut oil, sunflower oil and sesame oil. Other sources include avocados, peanut butter, and many nuts and seeds.

- **Cholesterol**: Cholesterol is a soft, fat-like, waxy substance found in the bloodstream and in all your body's cells. Cholesterol is an important part of a healthy body because it’s used for producing cell membranes and some hormones, and serves other needed bodily functions. Too much cholesterol in the blood is a major risk for coronary heart disease and for stroke. Cholesterol comes from two sources: your body and food. Your liver and other cells in your body make about 75 percent of blood cholesterol. The other 25 percent comes from the foods you eat. Cholesterol is found in animal based food such as meats, poultry, egg yolks, and whole milk.

- **USDA MyPyramid Food Guide**: The Dietary Guidelines for Americans has been published jointly every 5 years since 1980 by the Department of Health and Human Services (HHS) and the Department of Agriculture (USDA). The Guidelines provide authoritative advice for people two years and older about how good dietary habits
can promote health and reduce risk for major chronic diseases. They serve as the basis for Federal food and nutrition education programs.

**For more detailed definitions please visit the links embedded in the terms found in the definitions section.

**Evidence and/or Guidelines:**

- **From the USPSTF:**
  - The U.S. Preventive Services Task Force (USPSTF) updated evidence review and guidance for healthy lifestyle (diet and physical activity) is scheduled for public release late in 2010.
  - Currently the U.S. Preventive Services Task Force (USPSTF) concludes that the evidence is insufficient to recommend for or against routine behavioral counseling to promote a healthy diet in unselected patients in primary care settings.
    Grade: I Statement.
  - Currently the USPSTF recommends intensive behavioral dietary counseling for adult patients with hyperlipidemia and other known risk factors for cardiovascular and diet-related chronic disease. Intensive counseling can be delivered by primary care clinicians or by referral to other specialists, such as nutritionists or dietitians.
    Grade: B Recommendation.

- **From the Community Guide - Promoting Healthy Eating - Community Guide Branch, Center for Disease Control and Prevention (CDC):**
  - Healthy eating is associated with lower risk for:
    - Chronic diseases, such as Type 2 diabetes, hypertension, heart disease, and certain cancers
    - Overweight and obesity
    - Micronutrient deficiencies, such as for:
      - Folic acid, which can result in neural tube defects among newborns
      - Iron, iodine, and vitamin A, which if inadequate can cause cognitive impairment, blindness, and decreased immune function (CDC)
  - Nutrition among the U.S. population needs improvement.
    - 63% of the adult population is overweight or obese (CDC).
    - Less than 1 in 4 Americans eats fruits and vegetables 5 or more times a day (CDC).
  - CDC nutrition recommendation links:
    - Youth
    - Adults

**VHA Guidance:**

- VHA National Health Promotion and Disease Prevention Program:
  Prevention Handbook 1120.02 (2006)
VHA Program Office Stakeholders:
• National Center for Health Promotion and Disease Prevention
• My HeathteVet
• Veterans Canteen Service
• Primary Care Services
• eBenefits
• Office of Public Health and Environmental Hazards
• Office of Nursing Service
• Specialty Care Services
• Nutrition and Food Services
• Office of Information and Technology
• Geriatrics and Extended Care

VHA Content Experts:
• Nutrition and Food Services
• Veterans Canteen Service
• National Center for Health Promotion and Disease Prevention

Source Documents: