

WISEWOMAN

February 2023

Healthy Food for Healthy Women



Well-Integrated Screening and Evaluation for WOMen Across the Nation

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Introduction

The WISEWOMAN (Well-Integrated Screening and Evaluation for WOMen Across the Nation) program was created to help women understand and reduce their risk for heart disease and stroke by providing services to promote lasting heart-healthy lifestyles. Working with low-income, uninsured and underinsured women aged 40 to 64 years, the program provides heart disease and stroke risk factor screenings and services that promote healthy behaviors. The WISEWOMAN program is currently



administered through CDC's <u>Division for Heart Disease and Stroke Prevention (DHDSP)</u> and is operated on a state-by-state basis. Services provided by each WISEWOMAN program vary, but all are designed to promote lifelong heart-healthy lifestyle changes.

Strategies to achieve WISEWOMAN goals include tracking and monitoring clinical measures to improve healthcare quality; identifying patients with hypertension; promoting team-based care to reduce cardiovascular risk; and developing clinic/community links to support evidence-based lifestyle change for at-risk women. The long-term outcomes are increased blood pressure control and improved detection, prevention, and control of cardiovascular disease.

Purpose of Module

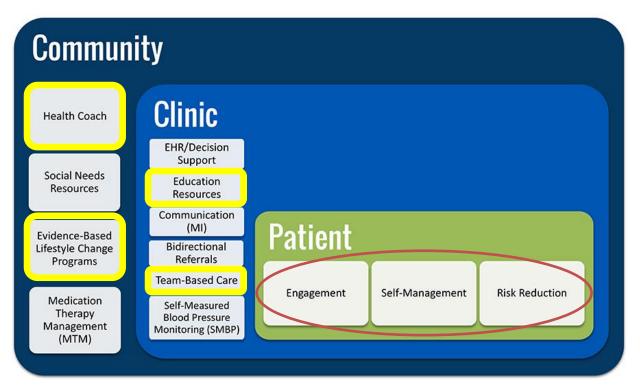
As a health care provider, you probably routinely advise patients about the importance of achieving and maintaining a healthy weight and eating fewer high-fat or high-cholesterol foods. With 74 percent of American adults overweight or obese, these principles apply to patients of diverse ages and ethnic/racial backgrounds. The Office of Minority Health reports that 52.1 percent of Hispanic adults received such advice in 2016, compared to 46.5 percent of Non-Hispanic white adults. The continued higher prevalence of overweight and obesity in Hispanic populations suggests that targeted resources and education are needed to address knowledge gaps and promote behavior change.

The purpose of this module is to:

- Adapt the dietary principles of the <u>Dietary Guidelines for Americans</u>.
- Summarize key elements of the American Heart Association's <u>2021 Dietary Guidance to</u> <u>Improve Cardiovascular Health</u>.
- Provide patient-friendly and culturally competent resources that can be used as educational tools.



WISEWOMAN Dimensions of Health



Obesity: Causes and Consequences

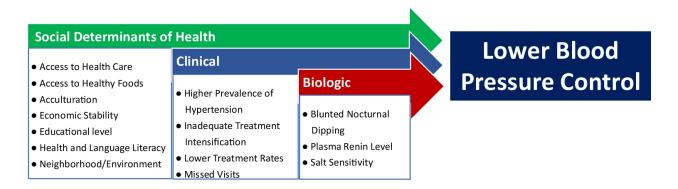
In most cases, providers assess the nutritional status of patients in primary care by measuring height and weight and calculating Body Mass Index (BMI). The most common finding outside normal limits is an elevated BMI indicating overweight (BMI 25.0 to 29.9) or obesity (BMI 30.0 or higher). While BMI is considered a screening tool, it gives providers data to discuss with the patient. According to the Centers for Disease Control and Prevention, obesity is a complex health issue resulting from a combination of causes and individual factors such as behavior and genetics. In addition to being associated with the leading causes of death in the U.S. and worldwide, obesity is associated with poorer mental health outcomes, reduced quality of life, and more severe illness risk with COVID-19.

Individual behaviors such as physical activity and healthy eating, community environment, and certain medical conditions and medications contribute to overweight and obesity. In some cases, family history and genetics influence an individual's tendency to be overweight or obese. While these factors may not be modifiable, sometimes they indicate the effects of shared eating habits and physical activity. It is important to encourage patients to focus on modifiable behaviors in order to improve both their own health and that of the next generation.

An <u>article</u> from *Current Cardiology Reports* suggest the importance of understanding Social Determinants of Health (SDoH) for opportunities to improve blood pressure. "...lack of access to



affordable, healthy, and nutritious food has been linked to poorer health outcomes, with food insecurity associated with a 77% increased risk of hypertension... and a 51% increase odds for diabetes." (Abrahamowicz, A.A., Ebinger, J., Whelton, S.P. *et al.* 2023) The figure below demonstrates the impacts that SDoH has on blood pressure control.



People who have obesity, compared to those with a healthy weight, are at increased risk for many serious diseases and health conditions, including:

- All -cause mortality
- Hypertension
- Dyslipidemia
- Type 2 diabetes
- Coronary heart disease
- Stroke
- Gallbladder disease
- Osteoarthritis
- Sleep apnea
- Many types of cancers
- Low quality of life

Obesity Statistics and Disparities

- 74 percent of American adults are overweight or obese.
- Six out of ten American adults are living with one or more diet-related chronic diseases.
- The average American diet scores a 59 out of 100 on the Healthy Eating Index (HEI), which measures how closely a diet aligns with the Dietary Guidelines for Americans.
- 78.8 percent of Hispanic American women are overweight or obese, as compared to 64 percent of non-Hispanic white women.
- In 2018, Hispanic women were 20 percent more likely to be overweight compared to non-Hispanic white women.



Table 1: Age-adjusted percentage of persons 20 years of age and over who were overweight or obese, 2013 - 2016

Age-adjusted percentage of persons 20 years of age and over who were overweight or obese, 2013- 2016. (Body Mass Index (BMI) of 25 or greater)				
	Hispanic	Non-Hispanic White	Hispanic / Non-Hispanic White Ratio	
Men	81.8	75.3	1.1	
Women	78.8	64.8	1.2	
Total	80.4	69.8	1.2	

Source: CDC 2019. Health United States, 2018. Table 26. https://www.cdc.gov/nchs/data/hus/hus18.pdf [PDF | 1.56MB]

Begin with the Basics: MyPlate

All people should eat to promote optimal health and prevent the development of chronic ailments such as diabetes and heart disease. It can be challenging to know how to begin dispensing advice beyond the most general recommendations. Registered Dietitian Nutritionists (RDNs) are at the forefront of educating patients and consumers about healthy eating and can bring a wealth of knowledge and resources for your patients, but not everyone has access to their expertise. Fortunately, there are abundant online resources that are patient-friendly, easily accessible, and address diverse patient needs for foundational nutritional education. Many educational resources and tools are available in Spanish as well as English.

The U.S. Department of Agriculture (USDA) created MyPlate, an easy-to-follow food guide, to help people understand how to eat nutritious, balanced meals. MyPlate is based on the Dietary Guidelines for Americans 2020-2025 and is represented by a colorful, divided plate that includes sections for vegetables, fruits, grains and foods high in protein. The MyPlate recommendations are broadly consistent with the 2021 American Heart Association Dietary Guidance for Cardiovascular Health.



Source: https://www.myplate.gov/resources/graphics/myplate-graphics



A healthy eating routine is important at every stage of life and can have positive effects that add up over time. It's important to guide patients to eat a variety of nutrient-dense foods. MyPlate helps people make healthy selections from the food groups, and its bright graphics make appropriate portions easy to understand. These are the basic foundations of a healthy diet for most people.

Resources and Tip Sheets*

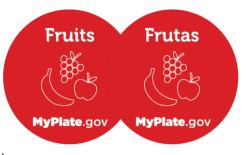
Start Simple with MyPlate Today – <u>English</u> and <u>Spanish</u> What's MyPlate All About? – <u>English</u> and <u>Spanish</u> Healthy Eating for Adults – <u>English</u> and <u>Spanish</u> Healthy Eating for Families – <u>English</u> and <u>Spanish</u> National Lipid Association – Building a Heart-Healthy Plate - <u>English</u> and <u>Spanish</u>

*Unless otherwise indicated, all resources are from MyPlate. A complete listing of resources is available in the Appendix.

Fruits

MyPlate recommends filling half the plate with vegetables and fruits. Eating a diet rich in vegetables and fruits as part of an overall healthy diet may reduce risk for heart disease, including heart attack and stroke, and may protect against certain types of cancers.

Fruits provide nutrients vital for health and maintenance of the body. Any fruit or 100 percent fruit juice (no added sugar)



counts as part of the Fruit Group. Fruits may be fresh, frozen, canned (in juice not syrup), or dried/dehydrated, and may be whole, cut-up, pureed, or cooked. At least half of the recommended amount of fruit should come from whole fruit, rather than 100 percent fruit juice. Adding fruit can help increase intake of fiber and potassium which are important nutrients that many Americans do not get enough of in their diet.

Resources and Tip Sheets*

Focus on Whole Fruits – <u>English</u> and <u>Spanish</u> AHA: Five Reasons to Add Color – <u>English</u> and <u>Spanish</u>

*Unless otherwise indicated, all resources are from MyPlate. A complete listing of resources is available in the Appendix.



Vegetables

Any vegetable or 100 percent vegetable juice counts as part of the Vegetable Group. Vegetables may be raw or cooked; fresh, frozen, canned (low sodium preferable), or dried/dehydrated; and may be whole, cut-up, or mashed. Based on their nutrient content, vegetables are organized into 5 subgroups: dark green; red and orange; beans, peas, and lentils; starchy; and other vegetables. Most



vegetables are full of nutrients and dietary fiber, while being low in fat and calories. The American Heart Association (2021) notes that a diet rich in fruits and vegetables—except for white potatoes—is associated with a reduced risk of cardiovascular disease.

Resources and Tip Sheets*

Vary Your Veggies – <u>English</u> and <u>Spanish</u> AHA: Eat More Color – <u>English</u> and <u>Spanish</u>

*Unless otherwise indicated, all resources are from MyPlate. A complete listing of resources is available in the Appendix.

Grains

Choose foods made mostly with whole grains. Randomized controlled trials have shown that eating whole grains instead of refined grains improves cardiovascular risk factors. Grains are good sources of complex carbohydrates, dietary fiber, several B vitamins, and minerals.



MyPlate's recommendation is for half of the daily grain intake to come from whole, rather than refined, grains. It's important to read labels to check the ingredient list for the words "whole grain," "whole wheat," "whole corn," etc., to determine if they are made from a whole grain. In whole grains, these words will typically be in the first three ingredients. Some of these foods may be made from a mixture of whole and refined grains.

Resources and Tip Sheets*

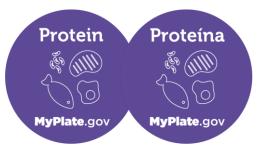
Make Half your Grains Whole Grains – English and Spanish

*Unless otherwise indicated, all resources are from MyPlate. A complete listing of resources is available in the Appendix.



Protein Foods

Protein foods include seafood, poultry, and eggs; nuts, seeds, and soy foods; and beans, peas, and lentils (which are also included in the vegetable group). MyPlate recommends limiting sources high in saturated fat (fatty cuts of beef, pork, and lamb, regular ground beef, and processed meats) in favor of lean or low-fat beef and skinless chicken breasts, and seafood options high in omega-3 fatty acids.



Vegetarians can get enough protein (meeting their amino-acid needs) as long as the variety and amount of foods selected are adequate. Sources include eggs (for ovo-vegetarians), beans, peas, and lentils, nuts and seeds (including nut butters) and low-fat dairy or soy alternatives.

AHA recommends choosing healthy sources of protein, including mostly plant-based sources such as legumes that are associated with lower risk of cardiovascular disease; two or more fish meals per week (prepared by means other than frying); and lean, unprocessed poultry. AHA notes the direct association between red meat intake and CVD incidence and mortality, and the even stronger association for processed meat such as bacon or hot dogs.

Resources and Tip Sheets*

Vary Your Protein – <u>English</u> and <u>Spanish</u> Enjoy Vegetarian Meals – <u>English</u> and <u>Spanish</u> AHA: Protein Portions – <u>English</u> and <u>Spanish</u>

*Unless otherwise indicated, all resources are from MyPlate. A complete listing of resources is available in the Appendix.

Dairy

The Dairy Group includes milk, yogurt, cheese, lactosefree milk and fortified soy milk and yogurt. It does not include foods made from milk that have little calcium and a high fat content, such as cream cheese, sour cream, cream, and butter.



For individuals who choose dairy alternatives, fortified

soy milk and yogurt - which have calcium, vitamin A, and vitamin D added - are included as part of the Dairy Group because their nutrition content is similar to dairy milk and yogurt. Other products sold as "milks" but made from plants (e.g., almond, rice, coconut, oat, and hemp



"milks") may contain calcium, but they are not included as part of the Dairy Group because their nutrition content is not similar to dairy milk and fortified soy milk.

Resources and Tip Sheets*

Move to Low-Fat or Fat-Free Dairy – English and Spanish

*Unless otherwise indicated, all resources are from MyPlate. A complete listing of resources is available in the Appendix.

More Key Topics

MyPlate advises that certain foods should be limited, including saturated fats, added sugars, sodium, and alcohol.



Added Sugars

According to MyPlate, people should choose foods and beverages with little to no added sugars. Added sugars are sugars and syrups that are added to foods or beverages when they are processed or prepared. This does not include sugars found in milk and fruits.

AHA concurs with this recommendation and notes that added sugars have consistently been associated with elevated risk of type 2 diabetes and excess body weight. Alternative sweeteners have shown mixed effects on metabolism.

Resources and Tip Sheets*

AHA: Cut Out Added Sugar – <u>English</u> and <u>Spanish</u>
AHA: Life is Sweet – <u>English</u> and <u>Spanish</u>
AHA: Sip Smarter – <u>English</u> and <u>Spanish</u>

*Unless otherwise indicated, all resources are from MyPlate. A complete listing of resources is available in the Appendix.

Sodium

Most American adults consume too much salt, exceeding the recommended limit of 2,300 mg per day. The relationship between sodium intake and blood pressure is well-documented; as one goes up, so does the other. Evidence has shown that limiting sodium intake provides benefits and may reduce one's risk for heart disease and hypertension.



In the United States, leading sources of salt are packaged/processed foods prepared outside the home. AHA recommendations promote selection of minimally processed foods instead of ultra-processed foods which are associated with obesity, type 2 diabetes, CVD, and all-cause mortality.

Resources and Tip Sheets*

AHA: How Too Much Salt Affects Your Health – English and Spanish

*Unless otherwise indicated, all resources are from MyPlate. A complete listing of resources is available in the Appendix.

Alcohol

According to MyPlate, people who do not drink alcohol should not start drinking for any reason. Adults of legal drinking age who choose to drink should do so in moderation by limiting intake to 2 drinks or less in a day for men and 1 drink or less in a day for women, on days when alcohol is consumed. Alcoholic beverages provide calories but few nutrients and should be accounted for to stay within the daily calorie allowance.

Risk of atrial fibrillation and hemorrhagic stroke increases with increased alcohol intake. The American Heart Association does not recommend using alcohol to improve heart health.

Fats and Oils

Oils are fats that are liquid at room temperature, such as vegetable oils used in cooking. They come from many different plants and from fish. Oils are not a food group, but they provide important nutrients such as unsaturated fats and vitamin E. Choosing unsaturated fat in place of saturated fat can reduce risk of heart disease and improve "good" (HDL) cholesterol levels.

Saturated fat, which AHA notes is linked to cardiovascular risk, obesity and mortality, is often found in forms that are solid at room temperature, such as milk fat, butter, or the fat inside or around meat. A few food products such as coconut oil, palm oils, or whole milk remain as liquids at room temperature but are high in saturated fat.

A number of foods are natural sources of oils, like nuts, olives, some fish, and avocados. Most oils are high in monounsaturated or polyunsaturated fats, and low in saturated fats. Foods that are mainly made of oil include mayonnaise, certain salad dressings, and soft (tub or squeeze) margarine.

AHA likewise recommends use of liquid plant oils rather than tropical oils (such as coconut, palm, and palm kernel), animal fats (such as butter and lard), and partially hydrogenated fats.



Resources and Tip Sheets*

Rethink Fats – <u>English</u> and <u>Spanish</u> AHA: <u>The Facts on Fats</u> AHA: <u>Four Ways to Get Good Fats</u>

*Unless otherwise indicated, all resources are from MyPlate. A complete listing of resources is available in the Appendix.

Personalize the Plan

MyPlate Quiz

Once patients understand the basic MyPlate and AHA recommendations, help them apply that knowledge to their own situation. A great way to start is with the online MyPlate quiz, available in English and Spanish. The brief quiz assesses individual interests, goals and barriers and walks through each of the food groups. Responses include MyPlate levels so that quiz takers can assess their nutrition performance, and tailored resources are recommended.

Resources and Tip Sheets*

MyPlate Quiz – English and Spanish

*Unless otherwise indicated, all resources are from MyPlate. A complete listing of resources is available in the Appendix.

My Plate Plan

For individuals who want further information, the MyPlate Plan personalizes food group targets and portion recommendations based on age, sex, height, weight, and physical activity level.

Resources and Tip Sheets*

MyPlate Plan – English and Spanish

*Unless otherwise indicated, all resources are from MyPlate. A complete listing of resources is available in the Appendix.



Special Concerns

Many resources are available to help people improve their nutrition and health according to their needs and circumstances.

Resources and Tip Sheets*

Celebrations and Gatherings – <u>English</u> and <u>Spanish</u> Dine In/Take Out - <u>English</u> and <u>Spanish</u> Eat Healthy on a Budget – <u>English</u> and <u>Spanish</u> National Lipid Association: Heart-Healthy Eating on a Budget – <u>English</u> and <u>Spanish</u> Meal Planning – <u>English</u> and <u>Spanish</u> Kitchen Time Savers – <u>English</u> and <u>Spanish</u> AHA: Making the Most of the Nutrition Facts Labels – <u>English</u> and <u>Spanish</u> National Lipid Association – Heart-Healthy Eating Latino Style – <u>English</u> and <u>Spanish</u>

*Unless otherwise indicated, all resources are from MyPlate. A complete listing of resources is available in the Appendix.

Next Steps: Referrals

Most patients will benefit from the information and resources available from MyPlate, American Heart Association, and other trusted organizations. In certain situations, however, you may wish to refer patients for additional specialized support.

Healthy Behavior Support Services

WISEWOMAN recommends community-based resources for better health and hypertension management, including:

- Walk with Ease (available in Spanish)
- Healthy Heart Ambassador Blood Pressure Self-Management program
- Health Coaching (available in Spanish)
- National Diabetes Prevention Program (available in Spanish)
- The Delaware Quitline tobacco cessation.

<u>See the flyer</u> for more details, and watch for an upcoming module focusing on these valuable resources.

Registered Dietitian/Nutritionist

Registered Dietitians (RDs) or Registered Dietitian Nutritionists (RDNs) are food and nutrition experts who have met rigorous educational and practical criteria and earned the RD or RDN credential. RDs or RDNs may work in a variety of settings and provide patient and healthcare professional education, administer medical nutrition therapy, consult in food service; and



advise the public to improve their quality of life through healthy eating habits. An <u>article</u> from Healthcare states that overweight or obese individuals that receive Dietitian counseling on average lost 1.03 kg (2.3 lbs) more weight than those who did not receive Dietitian counseling.

- <u>Referring Patients to an RDN</u> Academy of Nutrition and Dietetics
- <u>RDNs and Medical Nutrition Therapy Services</u> Academy of Nutrition and Dietetics 2021
- <u>Find a Nutrition Expert</u> (options for in-person and telehealth) Academy of Nutrition and Dietetics
- <u>Westside Family Healthcare</u> Wilmington FQHC includes Registered Dietitians in listed providers.

Call to Action

As a dedicated WISEWOMAN partner, you have demonstrated interest in improving the health of this population. Consider sharing the easily accessible resources in this module when providing patient counseling. With so much nutrition misinformation, reliable advice from a trusted health care provider is vitally important. Thank you for your work in improving outcomes by discussing healthy food for healthy women.

For more information, email Sarah Toborowski at <u>stoborowski@qualityinsights.org</u> or call 1-800-642-8686, Ext. 130.



References

- Abrahamowicz, A.A., Ebinger, J., Whelton, S.P. *et al.* Racial and Ethnic Disparities in Hypertension: Barriers and Opportunities to Improve Blood Pressure Control. *Curr Cardiol Rep* 25, 17–27 (2023). <u>https://doi.org/10.1007/s11886-022-01826-x</u>
- 2. American Heart Association. 2021. <u>2021 Dietary Guideline to Improve Cardiovascular</u> <u>Health: A Scientific Statement from the American Heart Association</u>.
- 3. U.S. Department of Health and Human Services Office of Minority Health. 2020. Obesity and Hispanic Americans
- 4. Centers for Disease Control and Prevention. 2021. <u>Adult Obesity Causes and</u> <u>Consequences</u>.
- 5. Centers for Disease Control and Prevention. 2021. <u>Defining Adult Overweight &</u> <u>Obesity</u>.
- 6. Centers for Disease Control and Prevention. 2019. <u>Health, United States, 2018</u>.
- 7. Centers for Disease Control and Prevention. 2015. Hispanic health. <u>https://www.cdc.gov/vitalsigns/hispanic-health/index.html</u>
- 8. National Lipid Association. n.d. <u>Heart-Healthy Eating Latino Style</u>
- 9. U.S. Department of Agriculture. 2020. <u>Eat Healthy, Be Healthy</u>.
- Williams LT, Barnes K, Ball L, Ross LJ, Sladdin I, Mitchell LJ. How Effective Are Dietitians in Weight Management? A Systematic Review and Meta-Analysis of Randomized Controlled Trials. *Healthcare*. 2019; 7(1):20. <u>https://doi.org/10.3390/healthcare7010020</u>

Resources for Providers

- 1. <u>2021 Dietary Guideline to Improve Cardiovascular Health: A Scientific Statement from</u> <u>the American Heart Association</u>.
- 2. <u>MyPlate Professionals</u>. USDA 2021.
- 3. <u>Clinician's Lifestyle Modification Toolbox</u>. National Lipid Association 2020.
- 4. <u>Dietary Guidelines for Americans 2020-2025</u>. USDA. 2020.
- 5. Academy of Nutrition and Dietetics



Resources for Patients

Source	Resource Title English	Resource Title Spanish
Natl. Lipid Assoc.	Building a Heart-Healthy Plate	Como armar un plato cardiosaludable
MyPlate	Celebrations and Gatherings	Celebraciones y Reuniones
AHA	Cut Out Added Sugars	Elimine los Azucares Anadidos
MyPlate	Dine In/Take Out	Salir a Comer/Comprar Comida para
		<u>Llevar</u>
MyPlate	Eat Healthy on a Budget	Coma Saludable con Poco Dinero
AHA	Eat More Color	Coma Mas Color
MyPlate	Enjoy Vegetarian Meals	Disfrute Comidas Vegetarianas
AHA	Facts on Fats	N/A
АНА	Five Reasons to Add Color	5 Razones Para Comer Mas Color
MyPlate	Focus on Whole Fruits	Enfoquese en las Frutas Enteras
АНА	Four Ways to Get Good Fats	N/A
MyPlate	Healthy Eating for Adults	Alimentacion Saludable para Adultos
MyPlate	Healthy Eating for Families	Alimentacion Saludable para Familias
Natl.l Lipid	Heart-Healthy Eating Latino-	Alimentacion Cardiosaludable al Estilo
Assoc.	<u>Style</u>	<u>Latino</u>
AHA	How Too Much Salt Affects Your	Como Demasiado Sodio Afecta su
	<u>Health</u>	<u>Salud</u>
MyPlate	Kitchen Time Savers	Como Ahorrar Tiempo en la Cocina
AHA	Life is Sweet	La Vida es Dulce
MyPlate	Make Half Your Grains Whole	Haga que la Mitad de sus Granos
	Grains	Integrales
AHA	Making the Most of the	Coma Sabiamente a las Etiquetas de
	Nutrition Facts Labels	Informacion Nutricional
MyPlate	Meal Planning	Planificacion de Comidas
MyPlate	Move to Low-Fat or Fat-Free	Cambie a Leche, Yogur o Productos
	<u>Dairy</u>	Lacteos Bajos en Grasa o Sin Grasa
MyPlate	MyPlate Plan	<u>Plan de MiPlato</u>
MyPlate	MyPlate Quiz	<u>Que Hay en tu Plato</u>
AHA	Protein Portions	Porciones de Proteina
MyPlate	<u>Rethink Fats</u>	Reflexione sobre de las Grasas
AHA	<u>Sip Smarter</u>	<u>Sorbos Mas Sanos</u>
MyPlate	Start Simple with MyPlate Today	Comience Hoy de una Forma Sencilla
		<u>con MiPlato</u>
MyPlate	Vary Your Protein Routine	Consuma una Variedad de Proteinas
MyPlate	Vary Your Veggies	Varie Sus Vegetales
MyPlate	What's MyPlate All About?	De que se Trata MiPlato

