PLANT-BASED DIETS VERSUS FOOD DESERTS & THE EFFECTS

WE ARE WHAT WE REPEATEDLY DO

BY DORIAN VENABLE, M.D., R.D., N.C.H.C.

THE NEED TO GO GREEN (1 OF 5)
The Effect of Western Diet on Patients’ Health

- According to the USDA, number one vegetable consumed were potatoes in the form of french fries.
- Second leading vegetable consumed were tomatoes in the form of ketchup.
- Percentage of adults who was overweight and obese in America are high.

THE NEED TO GO GREEN (2 OF 5)
Most Used Leading Tool For Risk Factors - BMI

- Level of disease risk factors representing by Body Mass Index (BMI) Chart.
- Most of my patients experiences:
  - Sedentary lifestyle
  - High calorie beverages
  - Process food smoke
  - In past research, indicates that skipping breakfast and eating large dinners significantly increase the risk of developing obesity.

THE NEED TO GO GREEN (3 OF 5)
Health Literacy: Ability to manage your health and prevent diseases

- According to the National Assessment of Adult Literacy (NAAL) 17% adults are proficient with their health literacy.
- 44% adults are below average with their health literacy.

THE NEED TO GO GREEN (4 OF 5)
Chronic Low Grade Inflammation becoming problematic

- Higher risk factors with chronic low grade inflammation.
- In the past when patients were not motivated with reducing their BMI or elevated BP, AIC, or lipid panel.
- They were motivated when they saw their CRP for it affects their over active allergies and inflamed joint pain (living with discomfort).
- Chart indicating low-grade inflammation associate with chronic disease

THE NEED TO GO GREEN (5 OF 5)
Primary cause of death in the United States

- Addressing unspoken risk factors in the United States.
- According to the graph, diet was the leading cause of death.
- Majority of these risk factors are from poor lifestyle factors.
CHALLENGES: FOOD DESERT

Food Desert Defined as:

- An impoverished area where residents lack access to healthy foods due to geographic and socioeconomic factors, which increase risk of poor dietary intake and chronic health conditions.
- Convenience stores and vending machines are two large factors contributing to people’s food choices.

CHALLENGES: FOOD DESERT

(2 of 4)

MOST COMMON CHALLENGES

- Skipping breakfast due to not having time for work or school.
- Poor lunch choices at work or school due to high numbers of convenience stores.
- Poor dinner choices due to not having energy after work or school to cook.
- Unhealthy treats and snacks due to needing a pick me up at work or school.

CHALLENGES: FOOD DESERT

(3 of 4)

Food desert is not just a location, but also a state of mind.

SMART Goals

- Specific: Knowing what you will do and how
- Measurable: Having precise way to measure
- Achievable: Being able to visualize path
- Realistic: Being able to visualize results
- Time bound: Having timeline for achievement

CHALLENGES: FOOD DESERT

(4 of 4)

EFFECTS OF CONSTANT POOR DIETING WITHOUT EXERCISE

- Body weight
- Percent body fat
- Lean body mass

MAKING THE CHANGE (1 of 4)

Healthy Eating Tools For Behavioral Change
(Nutritional Group Food Journal Grading Techniques)

- Use Traffic Light Method: A green, yellow, and red high-lighter markings.
- Use MyPlate Method for each meal count the food groups (1-5) and add them up for the day.
- Use 5 A Day Fruits and Vegetable Method for the day.

MAKING THE CHANGE (2 of 4)

AVERAGE CHANGE OF BODY COMPOSITION RESULTING FROM A SIX- TO EIGHT-WEEK LIFESTYLE CHANGE

- Five dimensions of access for food sources:
  - Availability: Are there healthy food choices close by?
  - Accessibility: Do you have transportation to get there?
  - Affordability: Are the food choices affordable?
  - Acceptability: Are the food choices what you want to eat?
  - Accommodations: Are you adjusting to something new in your eating routine?
**MAKING THE CHANGE (3 OF 4)**

**TYPICAL BODY COMPOSITION FOR AGING ADULTS IN UNITED STATES**

Building a safe foods blueprint:
- Go-to foods that patients believe are healthy.
- Mapping out local healthy restaurants and food stores that patients believe are healthy.
- When muscle mass goes down, so does the resting metabolic rate. Increase non-starchy vegetable and decrease excess fat and carbohydrate intake to help decrease unhealthy weight gain.

**PUTTING IT INTO PRACTICE (2 OF 6)**

**BE THE HEALTH ADVOCATE**

- Building rapport with your patients in their environment.
- Being the role model connecting with your patients.
- Task to complete:
  - Pick 5 organizations in your area to help your patients in their community.

**MAKING THE CHANGE (4 OF 4)**

**Physical Work Capacity, Aging, and Lifestyle Habits**

- Blue line - Indicates sedentary unhealthy lifestyle.
- Orange line - Indicates implementation of active healthy lifestyle later in life.
- Green line - Indicates lifetime of active healthy lifestyle.

**PUTTING IT INTO PRACTICE (3 OF 6)**

**FUNCTIONAL TOOLS**

- Making patients' hands into functional tools.
  - Nutrition handouts with Test Your Knowledge section on the back in crossword puzzle format.
  - Long Crossword Puzzle maker; personalized goal setting; and motivation.
  - [https://www.nutritioneducationstore.com/store/index.cfm](https://www.nutritioneducationstore.com/store/index.cfm)
  - [https://www.epicurus.com](https://www.epicurus.com)

**PUTTING IT INTO PRACTICE (1 OF 6)**

**DESIGNING COMMITMENT CARDS**

- Designing commitment cards to help your patients coming for a routine visit.
- Easily for patients that have a habit of falling off the grid.
- Add Fitness Nutritionist Specialist to your credentials to help motivate patients to be more active; and become more empowered to decrease their obesogenic risk factors.
- National Academy of Sports Medicine and American Council on Exercise provide free motivational materials to help combat obesity.

**PUTTING IT INTO PRACTICE (4 OF 6)**

**ADD COMMUNITY EVENTS TO YOUR PROGRAMS TO HELP PATIENTS’ TO STAY FOCUS**

Contact originations for collaborations health promotional events:
- Grocery store scavenger hunt
- Recommended map walking events
- Community workshops
- Farmer market tour
- Fitness challenges
- Fun walks
PUTTING IT INTO PRACTICE (5 OF 6)

TECHNIQUES TO MAKE A FUNCTIONAL HANDOUT:

- Nutritional handout with personalized nutritional/fitness journal on the back.
- Nutritional handout with individualized goal set on calendar layout form, which show a percentage of reaching goal per day.

Examples:

<table>
<thead>
<tr>
<th>Date</th>
<th>Client</th>
<th>Goal</th>
<th>Progress</th>
<th>Energy</th>
<th>Hunger</th>
<th>Stress</th>
<th>Sleep</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day 1</td>
<td>Julian</td>
<td>Lose</td>
<td>20%</td>
<td>70%</td>
<td>80%</td>
<td>50%</td>
<td>75%</td>
</tr>
<tr>
<td>Day 2</td>
<td>Alex</td>
<td>Gain</td>
<td>15%</td>
<td>85%</td>
<td>70%</td>
<td>85%</td>
<td>65%</td>
</tr>
<tr>
<td>Day 3</td>
<td>Maria</td>
<td>维持</td>
<td>20%</td>
<td>80%</td>
<td>60%</td>
<td>70%</td>
<td>65%</td>
</tr>
<tr>
<td>Day 4</td>
<td>Leo</td>
<td>Balance</td>
<td>25%</td>
<td>75%</td>
<td>70%</td>
<td>65%</td>
<td>80%</td>
</tr>
<tr>
<td>Day 5</td>
<td>Sophia</td>
<td>Maintain</td>
<td>20%</td>
<td>80%</td>
<td>65%</td>
<td>70%</td>
<td>75%</td>
</tr>
</tbody>
</table>

PUTTING IT INTO PRACTICE (6 OF 6)

IMPORTANT QUESTIONS FOR YOUR PATIENTS:
WORKDAY'S/WEEKEND & HOLIDAY'S/ BURNOUT DAY'S

- Important questions to ask your patients when it comes to confidence scale on these four types of days.

QUESTIONS

1 Year = 365 Possibilities