

Are U Hungry?



*Know your
Food* LABELS !



TABLE FOR ONE:

*Better dining choices
for you and your
patients*



AMWA The Vision and Voice of
Women in Medicine
since 1915
American Medical Women's Association

AMWA Preventive Medicine Task Force
Teaching Nutrition in GME: An Interactive
Workshop. J Grad Med Educ 2017; 9(3):375-6.

Joan Lo, MD
Susan Peng, MD
Eliza Chin, MD

**NO RELEVANT FINANCIAL DISCLOSURES
OR CONFLICTS OF INTEREST TO REPORT**

Table for One . . .

- **SNACKING WITH A CONSCIENCE**
 - Experiential learning (fat, carbs, calories, sodium)
- **GUESS THE SODIUM CONTENT**
 - Raffle Prize
- **FOOD LABEL EXERCISE**
 - Match the labels, count the carbs, dose the insulin
- **WHAT'S IN A DIET ?**
 - Low carb, Paleo, Mediterranean, plant-based, gluten free...
- **FOOD DESERTS AND PUBLIC HEALTH**
 - Food deserts, swamps, and the obesity epidemic



Images courtesy of Pixabay.com

CHANGES IN THE NEW 2020-2021 FOOD LABEL

Nutrition Facts	
Serving Size 2/3 cup (55g)	
Servings Per Container About 8	
Amount Per Serving	
Calories 230	Calories from Fat 72
% Daily Value*	
Total Fat 8g	12%
Saturated Fat 1g	5%
Trans Fat 0g	
Cholesterol 0mg	0%
Sodium 160mg	7%
Total Carbohydrate 37g	12%
Dietary Fiber 4g	16%
Sugars 1g	
Protein 3g	
Vitamin A 10%	
Vitamin C 8%	
Calcium 20%	
Iron 45%	
* Percent Daily Values are based on a 2,000 calorie diet. Your daily value may be higher or lower depending on your calorie needs.	
	Calories: 2,000 2,500
Total Fat	Less than 65g 80g
Sat Fat	Less than 20g 25g
Cholesterol	Less than 300mg 300mg
Sodium	Less than 2,400mg 2,400mg
Total Carbohydrate	300g 375g
Dietary Fiber	25g 30g

SERVINGS →
larger,
bold type

NEW →
added sugar

CHANGE →
in required listing
of food nutrients

Nutrition Facts	
8 servings per container	
Serving size	2/3 cup (55g)
Amount per serving	
Calories	230
% Daily Value*	
Total Fat 8g	10%
Saturated Fat 1g	5%
Trans Fat 0g	
Cholesterol 0mg	0%
Sodium 160mg	7%
Total Carbohydrate 37g	13%
Dietary Fiber 4g	14%
Total Sugars 12g	
Includes 10g Added Sugars	20%
Protein 3g	
Vitamin D 2mcg	10%
Calcium 260mg	20%
Iron 8mg	45%
Potassium 235mg	6%
* The % Daily Value (DV) tells you how much a nutrient in a serving of food contributes to a daily diet. 2,000 calories a day is used for general nutrition advice.	

← **Serving size updated**

← **Calories: larger type**

← **Updated
daily values**

← **Actual amounts**

← **NEW footnote**

Nutrition Facts	
8 servings per container	
Serving size	2/3 cup (55g)
Amount per serving	
Calories	230
% Daily Value*	
Total Fat 8g	10%
Saturated Fat 1g	5%
Trans Fat 0g	
Cholesterol 0mg	0%
Sodium 160mg	7%
Total Carbohydrate 37g	13%
Dietary Fiber 4g	14%
Total Sugars 12g	
Includes 10g Added Sugars	20%
Protein 3g	
Vitamin D 2mcg	10%
Calcium 260mg	20%
Iron 8mg	45%
Potassium 235mg	6%
* The % Daily Value (DV) tells you how much a nutrient in a serving of food contributes to a daily diet. 2,000 calories a day is used for general nutrition advice.	

CARBOHYDRATE & DIETARY FIBER

When carbohydrate counting needs to get precise... check for dietary fiber

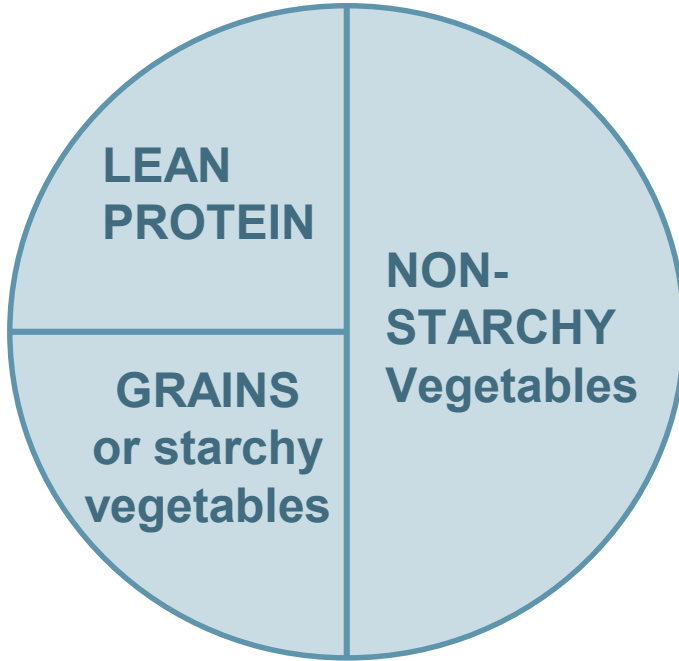
Net Carbs = Total Carbs – Fiber

Locate total carbs/serving (37g)

Look below for dietary FIBER (4g)

Subtract it: 1 serving = NET 33g carbs

My Plate recommendations for Diabetes



- Use a **9-inch plate**
- HALF: non-starchy veg
- 1/4: lean protein
- 1/4: grain OR starchy veg
- Milk & fruit ***on the side***

MATCH THE FOOD TO ITS LABEL & CALCULATE TOTAL CALORIES

HAMBURGER



SIDE SALAD, no dressing



Ranch dressing adds 200 calories
(17g fat, 11g carbohydrates)

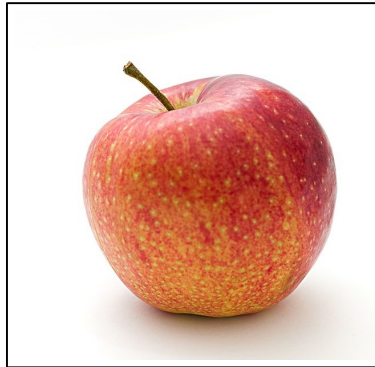
Iced coffee latte



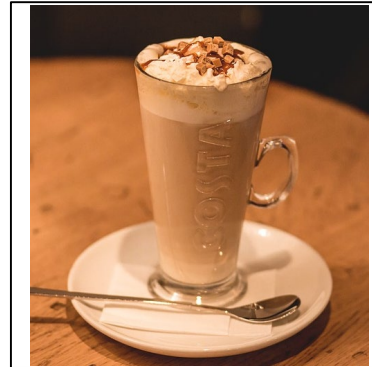
SMALL FRIES



LARGE APPLE



coffee latte/whip cream



You have diabetes, but couldn't resist the hamburger and fries. Your friend got you an iced coffee latte.

How much insulin do you need to cover the meal?

- your insulin to carb ratio is 1 U / 15 g (e.g. type 1 DM)
- your insulin to carb ratio is 1 U / 5 g (e.g. type 2 DM)

You have type 2 diabetes and a BMI of 30 kg/m.²

The nutritionist has placed you on an 1800 calorie diet with no more than 30% carbohydrates

- What is your total daily carbohydrate allowance?
- What is your carb allowance for lunch ?
- You decline the beverage but what should you order off the menu for lunch?

What's in a Diet?

Susan Peng, MD

Low-Carb Diet

- Low carbohydrate, *high fat*, moderate protein
- Includes Atkins and Keto diets
- Atkins: carb intake starts low at 20 gm daily with gradual increase to 100 gm daily when reach goal weight
- Keto diet: carb intake remains low at 20-50 gm daily to maintain ketosis, ratio 1 gm carb:1 gm protein:3-4 gm fat
- Side effects: constipation, dehydration, kidney stones, gout, nutrient deficiencies

Stafstrom CE and Rho JM. Front Pharmacol. 2012; 3: 59.

<https://www.healthline.com/nutrition/atkins-vs-keto>

Paleo Diet

- **Mimics human diet during Paleolithic era of hunter-gatherers, prior to farming**
- **Low in carbohydrate, moderate fat, moderate to high in protein**
- **No dairy, cereal grains, legumes, potatoes, processed foods, refined sugar, salt, alcohol, coffee**
- **Whole30 is a more restrictive variation for 30 days**

<https://www.mayoclinic.org/healthy-lifestyle/nutrition-and-healthy-eating/in-depth/paleo-diet/art-20111182>

Mediterranean Diet

- Greece, Italy (spans Portugal/Spain to Turkey)
- Moderate carbs, moderate fat, lower protein
- *Plant-based*, whole foods
- Includes seafood, dairy, and red wine
- Low on red meat, eggs, and refined sugars
- Associated with decrease in CV disease

Martinez-Gonzalez MA, Gea A, Ruiz-Canela M. *Circ Res.* 2019; 124(5): 779-798.

Whole Foods Plant-Based Diet

- High carbohydrate, low fat, and lower protein
- Emphasis on complex carbohydrate/high fiber and vegetable protein diet
- *Dietary fiber is exclusively found in plant-based foods*
- No meat, dairy, eggs, oils, processed foods (protein isolates, refined grains, refined sugar), soda/fruit juice

T. Colin Campbell Center for Nutrition Studies (nutritionstudies.org)

Campbell TC and Campbell TM (2016). The China Study. Dallas, TX: BenBella Books, Inc.

Whole-Food Plant-Based Diet

- Side effect: vitamin B12 deficiency as found mostly in meat, fish, milk, and eggs
- Can check B12 and methylmalonic acid (MMA) levels in strict vegans

T. Colin Campbell Center for Nutrition Studies (nutritionstudies.org)

Further information can also be found in documentary “Forks Over Knives” (Swank Motion Pictures, Inc.)

Gluten-Free Diet

- Excludes protein gluten
- Celiac disease
 - Autoimmune disease reaction to gluten → inflammation and damage to small intestine → malabsorption
- Gluten intolerance
 - GI symptoms (bloating, abdominal pain) with normal small intestine on biopsy
 - Differentiate from allergy

Intermittent Fasting

- **Strong evidence in animal models**
 - Activation of cellular pathways that improve mitochondrial health, DNA repair, and autophagy
 - Show benefit in diabetes, CV disease, cancer, neurological disorders
 - Increased lifespan
 - Humans?

Mattson MP, Longo VD, Harvie M. Ageing Res Rev. 2017; 39: 46-58.

Patterson RE, Laughlin GA, LaCroix AZ, et al. J Acad Nutr Diet. 2015; 115(8): 1203-1212

Intermittent Fasting

- Whole-day fasting (5:2 diet), alternate-day fasting, time-restricted feeding
- vs continuous caloric restriction:
 - No significant difference in weight loss or body composition
 - Higher dropout rate
- Consider the patient (avoid in diabetes, eating disorder, medications with food, adolescents/pregnant/breastfeeding)

<https://www.hsph.harvard.edu/nutritionsource/healthy-weight/diet-reviews/intermittent-fasting/>

The Michael Pollan Diet

**“Eat food.
Not too much.
Mostly plants.”**

In Defense of Food: An Eater’s Manifesto (2008)

London: Penguin Books

Current Events

- Plant-based meat substitutes, most recently:
 - Beyond (pea protein)
 - Impossible (GMO soy)
- Generally less calories and fat, *significantly more sodium*
- Ultra-processed with ~20 ingredients
- ~10% of global greenhouse emissions are from beef/dairy cattle
- 1 lb almonds : 370 gallons water; 1 lb beef : 1700 gallons water

<https://www.cnn.com/2019/09/02/beyond-meat-uses-climate-change-to-market-fake-meat-substitutes-scientists-are-cautious.html>

https://www.huffpost.com/entry/avocados-california-drought_n_7127666

Current Events



Annals of Internal Medicine®

[LATEST](#)[ISSUES](#)[CHANNELS](#)[CME/MOC](#)[IN THE CLINIC](#)[JOURNAL CLUB](#)[WEB EXCLUSIVES](#)[AUTHOR INFO](#)

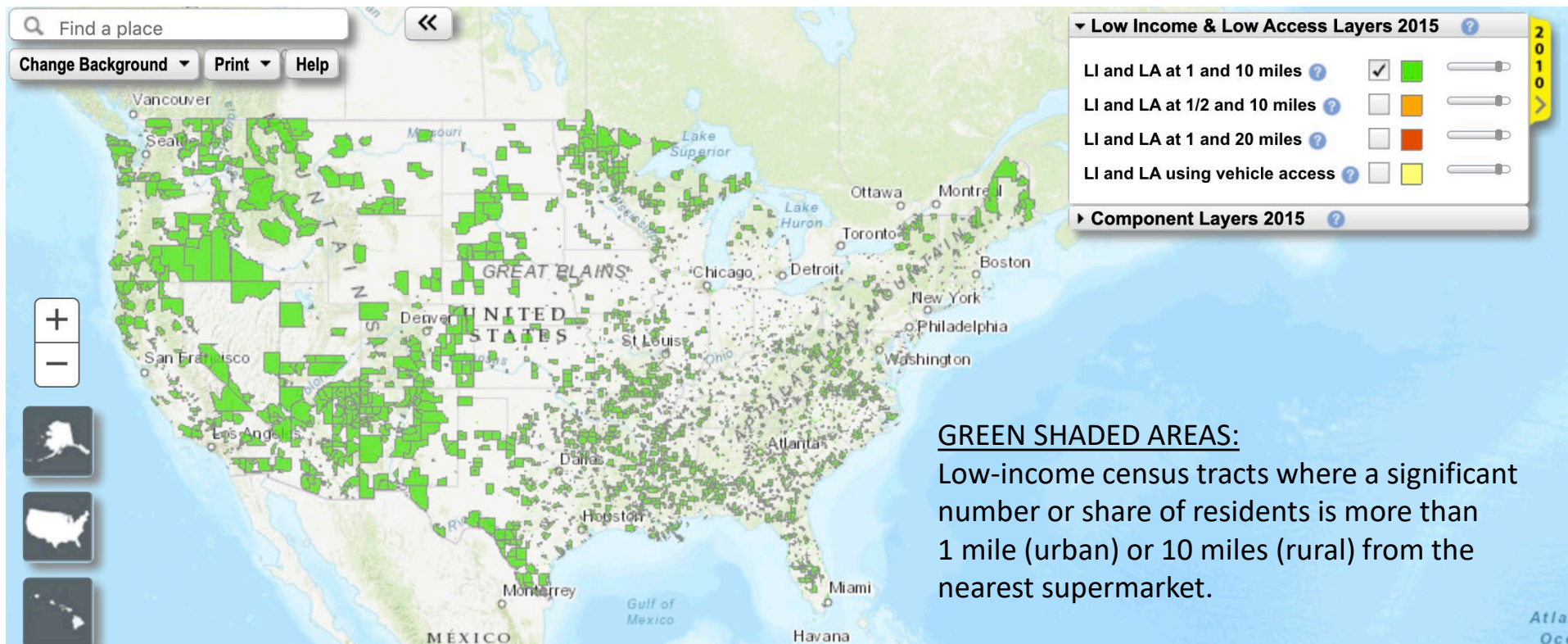
CLINICAL GUIDELINES | 1 OCTOBER 2019

Unprocessed Red Meat and Processed Meat Consumption: Dietary Guideline Recommendations From the Nutritional Recommendations (NutriRECS) Consortium FREE

Bradley C. Johnston, PhD; Dena Zeraatkar, MSc; Mi Ah Han, PhD; Robin W.M. Vernooij, PhD; Claudia Valli, MSc; Regina El Dib, PhD; Catherine Marshall; Patrick J. Stover, PhD; Susan Fairweather-Taitt, PhD; Grzegorz Wójcik, PhD; Faiz Bhatia, PEng; Russell de Souza, ScD; Carlos Brotons, MD, PhD; Joerg J. Meerpohl, MD; Chirag J. Patel, PhD; Benjamin Djulbegovic, MD, PhD; Pablo Alonso-Coello, MD, PhD; Malgorzata M. Bala, MD, PhD; Gordon H. Guyatt, MD

Johnston BC, et al. Ann Intern Med. October 2019 [Epub ahead of print]

USDA Food Access Map



GREEN SHADED AREAS:

Low-income census tracts where a significant number or share of residents is more than 1 mile (urban) or 10 miles (rural) from the nearest supermarket.



Food Desert vs. Food Swamp

- **Food Desert** - neighborhoods that lack healthy food sources (USDA)
- First Lady Michelle Obama's *Let's Move* initiative
- **Food Swamp** – places where unhealthy foods are more readily available than healthy foods Maryland Food System Map, Johns Hopkins
- 2017 Study “Food Swamps Predict Obesity Rates Better Than Food Deserts in the United States.”

Rudd Center for Food Policy and Obesity, University of Connecticut
Sanford School of Public Policy, Duke University

Cooksey-Stowers, et al. Int J Environ Res Public Health 2017; 14(11)

Innovations to improve nutrition

EXAMPLE: Nutrition Prescription Program

- A nutrition prescription program for fruits & vegetables was implemented in a pediatric medical facility in Flint, MI, in partnership with local farmers' markets
- Directed by Dr. Mona Hanna-Attisha through the Michigan State University and Hurley Children's Hospital Pediatric Public Health Initiative
- This local program subsequently inspired a national nutrition prescription program in the US Farm Bill

Other Strategies to change dietary habits



Use of artificial intelligence to
examine food consumption
among low income residents
to power the development
of solutions



Policy – regulations or
taxes on certain foods

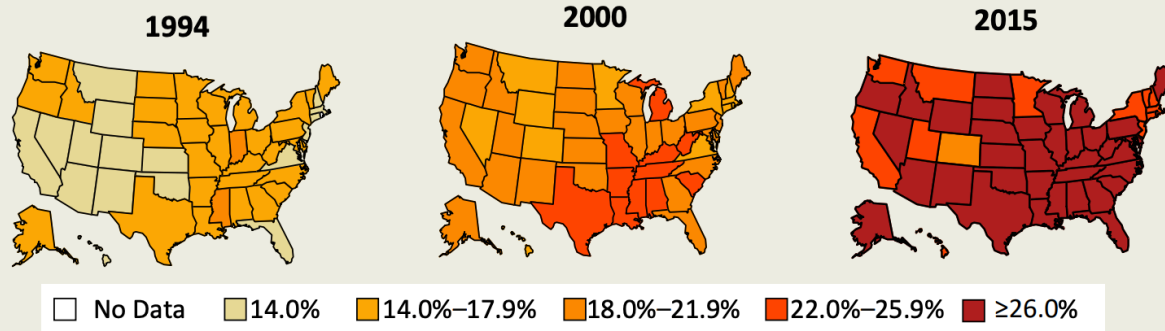
Incorporate nutrition counseling in the patient visit

- Start the conversation – Questionnaires
- Structure the encounter – 5A's (assess, advise, agree, assist, arrange)
- Focus on small steps – Use available resources – many on-line
- Don't do it all at once – Focus on long-term behavioral change
- Collaborate – Use assistants, nurses, dietitians, etc.

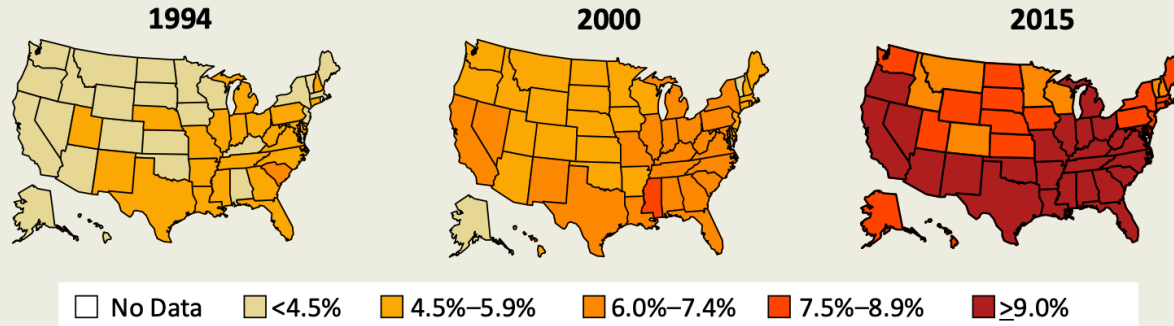
“Nutrition Counseling in Clinical Practice”
(Kahan and Manson, JAMA 2017)

Prevalence of Obesity and Diagnosed Diabetes in U.S. Adults 1994, 2000, 2015

Obesity (BMI ≥ 30 kg/m²)



Diabetes



CDC's Division of Diabetes Translation. United States Surveillance System available at
<http://www.cdc.gov/diabetes/data>, accessed June 14, 2019



Patient FACTS

The Healthy Plate

Think of your plate as different sections. One half is for vegetables, and the other half is for proteins and healthy carbohydrates (carbs).



ACP American College of Physicians
Leading national medical societies

ACP is a national organization of general internists and family physicians who share a common goal: to improve quality, efficiency, and satisfaction in patient care and the practice of medicine.

www.acponline.org/patient_ed

The content on this website is for informational purposes only and does not constitute a medical recommendation. The content is not intended to be used as a substitute for professional medical advice. © 2015 American College of Physicians, Inc. (ACP)

www.acponline.org/system/files/documents/practice-resources/patient-resources/healthy-plate-facts.pdf

Tips For Eating Out

You do not have to give up eating fast foods to eat right. Here are some tips on how to make heart healthy choices when eating out.

General Tips

- Let the restaurant know your dietary needs, so they can suggest ways to meet your needs, if possible.
- Instead of buffet, order healthy choices from the menu.
- On the day you are planning to eat out, eat foods with less sodium to your other meals and snacks. Many meals at restaurants are high in sodium.
- Ask that no salt be added to your meal.
- When eating heart food, use light soy sauce to season the food.

Main Dishes

- Choose restaurant-style chicken rather than fried chicken. Always remove the skin.
- Order plate with vegetable toppings, such as peppers, mushrooms, or onions. Ask to put the usual amount of cheese.
- Choose grilled, steamed, or baked instead of fried food.
- Leave off all butter, gravy, and sauces.
- Make sure the restaurant does not use monosodium glutamate (MSG) in the dishes. MSG is high in sodium.

Side Dishes

- Choose a baked potato over french fries.
- Share a small order of french fries instead of eating a large order by yourself.
- Use low-calorie, low-fat salad dressing. Ask that the salad be served on the side, and use less.
- Order a green vegetable or salad instead of two or more servings.
- Ask for a baked chicken and beef or pork dinner.

Beverages

- Choose water, 100% fruit juice, unsweetened iced tea, or fat-free or low-fat (1%) milk rather than a soft drink or a milkshake.
- If you really want to have a soft drink, order a small or share one.

Desserts

- Order the smallest size of fat-free frozen yogurt, low-fat cream, or sherbet instead of cones, sundaes, pies, or other desserts.



National Heart, Lung, and Blood Institute

COMMUNITY HEALTH WORKERS
NDC COO HEALTH EDUCATION SERVICES

www.nhlbi.nih.gov/health/educational/healthdisp/pdf/tipsheets/Tips-for-Eating-Out.pdf

CHOOSING HEALTHY FOODS ON HOLIDAYS AND SPECIAL OCCASIONS

Buffet Table Tips for People with Diabetes

Barbecues, picnics, potlucks, and family reunions are gatherings to enjoy and treasure. But if you have diabetes, these events can pose special challenges. How can you stick with your meal plan, stay on track, and have some fun? You can do it! If you choose wisely and watch how much you eat, you can have a delicious meal and feel great, too. So, grab your plate and head for the buffet table.

WHEN YOU GO

- Plan ahead.** Before you go, think about the foods that might be served. Decide which foods will help keep your blood sugar under control and which foods you want to avoid.
- Check out all that's offered on the buffet.** Before you serve yourself, look at all the options first, then choose one or two favorite items along with healthier items to round out your meal.
- Watch your portions.** Many of your favorite foods may have a lot of fat, sugar, or salt. Take very small portions of high-fat foods, fatty foods like bacon or pork, cheesy foods, and desserts.
- Go prepared.** If possible, bring a low-fat main dish so you'll have something healthy to eat. Let people know what ingredients you want. This will be helpful for your friends and family members who are also trying to watch what they eat.
- Focus on family and friends, instead of the food.** One trip to the buffet table may be enough if you make enjoying the company of your loved ones the focus of the day.



VEGETABLE TIPS

- Fill half of a 10-inch plate** the size of a regular dinner or supper plate with colorful, non-starchy vegetables such as broccoli, bell peppers, green beans, carrots, cabbage, eggplant, and squash.
- Choose fresh or steamed vegetables that are light on salad dressing, cheese, or cream.** If you can, make your own dressing for salads with a little olive oil and vinegar.
- Watch out for vegetable dishes loaded with butter and cheese.** Use condiments and vegetables with water.
- Take just a taste of vegetable dishes cooked with fat** like butter or high fat meats such as ham borscht or pork belly.



National Diabetes Education Program

A program of the National Institutes of Health and the Centers for Disease Control and Prevention

https://www.cdc.gov/diabetes/ndep/pdfs/NDPEP_Buffet_Table_Tips_General.pdf

Accessed 10/12/19

RESOURCES FOR YOUR PATIENTS



PRE-MED	MED STUDENT	RESIDENT	PHYSICIAN	RETIRED
---------	-------------	----------	-----------	---------

Current membership includes women (and men) from all levels of training and career, all fields of medicine, and both physicians and non-physicians

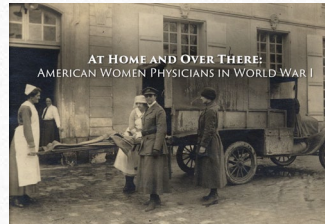
INITIATIVES

Gender Equity, Advancement
Women's Health, Public Health



LITERARY AMWA STUDIO AMWA

FILM Women in WWI



A Mighty Woman with a Torch, Kathryn Ko MD





ACP

Where We Stand

ACP advocates on behalf of internists and their patients on a number of timely issues. Learn about where ACP stands on the following areas:

Access to Care

Patients Before Paperwork

Medicare and the Quality Payment Program

Medicaid Reform

Public Health

Physician Workforce and Team Based Care

Women in Medicine

Health Information Technology

Medical Liability Reform

In this Section

Where We Stand

Achieving Gender Equity in Physician Compensation + Career Advancement

It is important to recognize the progress that has been made to ensure gender diversity in the physician workforce. However, despite this progress, gender inequities have contributed to the disproportionately low number of women achieving academic advancement and serving in leadership positions.

Find full Position Paper published at [Annals.org](https://annals.org) on 17 April 2018.

(F) = Female, (M) = Male

Pipeline Stats

- 34% of active physicians (F)
- 46% of physicians-in-training (F)
- 50%+ of medical school students (F) (and have been for many years)



Leadership in Medicine

- 38% of medical school faculty (F)
- 21% of full professors of medicine (F)
- 15% of Dept. Chairs (F)
- 16% of Deans of medical schools (F)



Compensation Inequity

- Females are paid 16% less than their male counterparts in primary care (\$197k vs. \$229k)
- Females are paid 37% less than males in subspecialties of medicine (\$251k vs. \$345k)
- 57.1% (F) versus 33.7% (M) academic physicians are paid less than \$200,000.



Me Too movement for Physicians (F)

- 51.3% of physicians (F) reported discrimination vs. 31.2% (M)
- 30.4% of physicians (F) have filed sexual harassment charge vs. 4.2% (M)
- 59% of females who filed harassment charges perceived negative effect on their professional self-confidence, 47% reported that it negatively affected their career advancement
- 69.6% of physicians (F) report gender bias vs. 21.8% (M)
- On 3:1 scale, females more likely to experience disrespectful or punitive actions than males
- Females more likely to be described as judgemental, rude or unfriendly by patients in online reviews



Parenthood

- Only 28.9% of physician contracts provide maternity coverage
- \$10k lost income while out for maternity leave



- Gender Bias & Advancing Equity
- Leadership & Mentoring
- Addressing Sexual Harassment
- Comprehensive Toolkit

ACKNOWLEDGEMENTS

- American College of Physicians (ACP) Northern California Chapter
- American Medical Women's Association (AMWA)
 - AMWA Preventive Medicine Task Force*
 - AMWA Graduate Medical Education Committee*
- Internal Medicine Residency Program at Kaiser Permanente Oakland