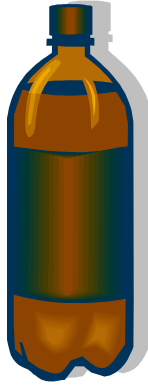


NUTRITION 101

SPEAKING WITH PATIENTS ABOUT NUTRITION

The Tools





Sugar-in-Soda-Bottle

The tool consists of an empty 20 ounce plastic soda bottle (soda removed) with 17 teaspoons of sugar added – representing the sugar content of an average bottle of soda (the actual range is approximately 16-22 teaspoons depending on the brand).

Goal:

The Sugar-in-Soda-Bottle tool provides an opportunity to open a discussion about sugar content in beverages – particularly soda and fruit drinks. **People are often surprised to learn that a 20 oz. bottle of soda typically contains 17 teaspoons of sugar and actually is intended to be 2.5 servings! A reduction or elimination of beverages with high sugar content can have a dramatic effect on patient health.**

Time:

One minute or less

How to Use with Patients:

- **Prominently display the Sugar-in-Soda-Bottle in the patient exam room or waiting room.** The sugar-in-soda-bottle will likely spark curiosity among patients and help facilitate conversations about sugar content in beverages with the physician or other health care team members. The provider will then have the opportunity to discuss with the patient how excess sugar affects nutrition, weight, and diabetes management and prevention.
- **Directly ask the patient about soda and other high-sugar-content beverage consumption.** Use the tool to visually demonstrate the high sugar content.
- **If possible, create a goal.**

Conversation Example with Patients:

Provider: “One way to decrease your calorie intake would be to reduce the amount of soda you’re drinking. Do you know how many teaspoons of sugar are in this bottle?”

Patient: “Maybe five or six?”

Provider: “Actually there are 17 teaspoons of sugar!”

Patient: “Really? That’s like eating a couple of candy bars.”

Provider: “Yes! Are you willing to try and replace the soda with something better?”

Patient: “I like iced tea, but you probably want me to drink it unsweetened.”

Provider: “Unsweetened would be best, but you can try sweetening it with a smaller amount of sugar or a sugar substitute.”

Patient: “I’d be willing to give it a try.”

Provider: “Do you want to make this your goal for the next week?”

Patient: “Okay, for the next week I’ll drink iced tea instead of soda.”

Conversation Example for Modular Training with Providers:

Trainer 1: “Have you noticed many of our patients come in here with soda bottles or juice? Can you guess how many teaspoons of sugar are in a 20 oz bottle of Cola?”

Provider 1: “Maybe five or six?”

Provider 2: “I’m going to guess 12?”

Trainer 1: “Actually there are 17 teaspoons of sugar!”

Provider 1: “Really?”

Trainer 1: “Yes, and that’s like eating a couple of candy bars. Seems like all of our patients come in with soda. What do you think we can suggest as a reasonable substitute to our patients?”

Provider 1: “I like iced tea, but I don’t think the patients would want to drink it without any sugar.”

Trainer 1: “Unsweetened would be best, but if we suggest sweetening it with a smaller amount of sugar or a sugar substitute, patients may be more willing to try it. It would still be a better choice than soda or juice.”

Provider 2: “I tell my patients to drink water.”

Provider 3: “If the patient comes in with juice, I ask if they can try to dilute the juice by adding water. Like half juice, half water as a small change.”

Provider 1: “I personally would be willing to give it a try, and if I think it’s reasonable, I think our patients would consider it as well.”

Trainer 1: “These are good ideas. It’s really important to suggest substitutions that are not only better choices, but realistic so that the patients will be more willing to try to make that small change.”

Trainer 1: So, do you think you can talk with patients about the amount of sugar in a soda bottle?”

Providers: (all nod yes)

Trainer 1: “If you want to calculate the number of teaspoons of sugar in anything, use the next tool, “How much sugar is in your beverage?” worksheet.



“How Much Sugar is in Your Beverage?” Worksheet

This tool consists of a double sided worksheet. Side one contains a simple worksheet that will allow patients to convert the grams of sugar from any beverage container to the number of teaspoons of sugar. Side two is a “cheat sheet” which lists the conversion of grams of sugar into teaspoons of sugar.

Goal:

The tool provides patients with a take-away that will allow them to examine the sugar content of their beverages (and packaged foods). This is a good tool to use in conjunction with the Sugar-in-Soda-Bottle tool.

CAUTION: THIS TOOL IS APPROPRIATE ONLY FOR PATIENTS WITH BASIC ARITHMETIC SKILLS.

Time:

Two minutes or less

How to Use with Patients:

- **Keep a stack of the worksheets in your exam room(s) or other appropriate places.**
- **Provide a copy when engaging in conversations about the high sugar content of soda and other beverages.**
- **If you have a bottled beverage handy, demonstrate the worksheet with that beverage.**
- **If possible, create a goal.**

Conversation Example with Patients:

Provider: “You can use this simple worksheet to figure out the sugar content in any packaged beverage you drink.”

Patient: “How does it work?”

Provider: (Hands patient a soda bottle.) “How many servings are in this bottle?”

Patient: “2.5.”

Provider: “Okay, let’s write that down. Now, how many grams of sugar are listed per serving?”

Patient: “35.”

Provider: “Write that down, and let’s multiply 35, the number of grams per serving, by 2.5, the number of servings – that comes to 87.5 grams of sugar in this bottle. Now divide by four, the number of teaspoons in a gram, and we will know the number of teaspoons.”

Patient: “Twenty-two teaspoons of sugar! Yikes!”

Conversation Example for Modular Training with Providers:

Trainer 1: “Do you know how much sugar is in that soda (or juice, sports drink)? I just learned how to figure out the sugar content in a packaged beverage! I got this simple worksheet at the training.”

Provider 1: “How does it work? I think this would be useful for patients to know, too!”

Trainer 1: (Hands other providers a soda bottle or packaged food, or whatever is on hand.) “How many servings are in this bottle?”

(Walk other providers through the worksheet and sample label below. Keep in mind that you need to adjust calculations according to the actual food label used)

Serving Size: 8 fl oz • 240 mL		
Amount Per Serving		
Calories 150	Calories from Fat	0
		% DV
Total Fat 0g		0%
Saturated Fat 0g		0%
Trans Fat 0g		
Cholesterol 0mg		0%
Sodium 35mg		1%
Total Carbohydrate 38g		13%
Dietary Fiber 0g		0%
Sugars 38g		
Protein 0g		0%
Vitamin A 0%	Vitamin C	130%
Calcium 0%	Iron	0%
Unofficial Pts: 3		
Percent of Calories from: Fat-0% Carb-100% Protein-0% (Total may not equate 100% due to rounding.)		

How Much Sugar is in Your Beverage? *Follow these steps to find out!*

- Step 1. Look at the “Nutrition Facts” panel.
- Step 2. Write down the number of “Servings per Container” 1
- Step 3. Write down how many “Grams of Sugar” 38
- Step 4. Multiply “Servings per Container” by “Grams of Sugar”

$$\begin{array}{r}
 \boxed{1} \text{ servings per container} \\
 \times \\
 \boxed{38} \text{ grams of sugar} \\
 \hline
 \boxed{38} \text{ total grams of sugar} \\
 \text{in the whole container}
 \end{array}$$

- Step 5. Divide “Total Grams of Sugar” by 4. This will tell you how many teaspoons of sugar are in your beverage container.

$$\begin{array}{r}
 \boxed{38} \text{ total grams of sugar} \\
 \hline
 4
 \end{array}
 =
 \boxed{9.5} \text{ Teaspoons of sugar} \\
 \text{in the whole container}$$

Cornell University Cooperative Extension - New York City

Tool from:
Cornell University Cooperative Extension – New York City’s
Learning Station Materials



Test Your Knowledge on Portion Sizes Flipchart

This tool consists of 14 color cards that have side-by-side pictures of common foods comparing portions and calories from 20 years ago with those of today. The objective is to guess how many calories are in today's food portions, and then flip the card for the answer.

Goal:

In this age of super sizing it is easy to forget the recommended portion size. These cards illustrate the dramatic increase in size and caloric intake over the last 20 years, even though the foods consumed are not very different. **Portion control is key to a healthy diet and successful weight management. Eating smaller portions is one of the most effective ways to reduce calories.**

Time:

2-5 Minutes

How to Use with Patients:

- **Display the flipchart in waiting and exam rooms.**
- **Use the flipchart to start a conversation about making nutritional changes.**
- **You can continue your examination while the patient looks through the flipchart.**
- **If possible, create a goal.**

Conversation Example with Patients:

Provider: “Have you noticed how portion sizes have increased over time?”

Patient: “Not really.”

Provider: “Take a look at this flipchart and see if you can guess the calories in these foods.”

Patient: (looks through flipchart) “Wow. I get a bagel every morning before work.”

Provider: “Maybe you can consider eating only half the bagel, and taking the other half home.”

Patient: “My Deli does sell mini bagels, I can try that.”

Provider: “That sounds like a great idea. Do you want to make that your goal for the next week?”

Patient: “Definitely!”

Conversation Example for Modular Training with Providers:

Trainer 1: “Have you noticed how portion sizes have increased over time?”

Provider 1: “Not really.”

Provider 2: “Sort of.”

Trainer 1: “Take a look at this flipchart. (Show Providers flipchart.) Twenty years ago a turkey sandwich had 320 calories. How many calories do you think a turkey sandwich has now? 510 calories? 630? Or 820?”

Provider 1: “630 calories.”

Provider 2: “510 calories.”

Trainer 1: “Actually, it’s 820 calories!”

“Twenty years ago French Fries had 210 calories. How many calories do you think there are in fries now? 350 calories? 610? Or 800?”

Provider 2: “Hmm, I’m going to go with 800 calories since the turkey sandwich had way more than I thought.”

Provider 3: “350 calories is my guess.”

Trainer 1: “The answer is 610 calories!”

(Continuing through the rest of the flipchart, a similar conversation may follow, as below.)

Provider 1: “This makes me rethink my own choices. This flipchart would definitely be useful for some of my patients.”

Provider 2: (Looks through flipchart.) “Wow. I get a bagel every morning before work, and I’m sure a lot of my patients do the same.”

Trainer 1: “What can we suggest as a better choice for patients?”

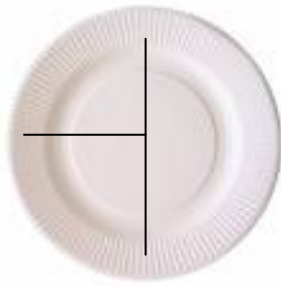
Provider 1: “I think maybe just eating half of the bagel instead of the whole thing, but sometimes that’s hard to do.”

Provider 2: “Well, I noticed the delis are selling mini bagels, I would suggest that as a small change or goal for a patient.”

Provider 3: “Or, how about whole wheat toast instead?”

Provider 4: “I like English muffins!”

Trainer 1: “Excellent! Those are great ideas and they all have fewer calories than bagels.”



Paper Portion Plate

The tool consists of a NYC DOHMH-printed paper plate or any standard blank paper plate with a marker to write or draw on it.

Goal:

This tool is particularly powerful when used correctly. The plate can be used as a teaching tool to explain healthy eating ($\frac{1}{4}$ protein, $\frac{1}{4}$ starch and $\frac{1}{2}$ vegetables), and it can also be used to elicit information. (e.g., “Write down what you had for dinner last night in the appropriate sections.”) Additionally, by you taking the time to write out or draw healthy eating examples for the patient and giving it to the patient to take home, you are sending a powerful message that healthy eating is important.

It is very important that you get the objective here—preprinted information sheets are not as effective as a personalized drawing that you complete in the presence of the patient.

Time:

Four minutes or less

How to Use with Patients:

- **Keep a stack of paper plates in your exam room and/or office.**
- **In the presence of the patient, with a marker, section the plate into healthy eating proportions.** (Make a line down the center dividing the plate into two sections. Then further divide one section in half again.)
- **Label the sections: 1/4 protein, 1/4 starch, 1/2 vegetables (includes salad).**
- **Explain to your patient that these proportions represent a healthy meal.**
- **Work with your patient to write down food examples in each section** (e.g., in the 1/4 starch section: potatoes, rice, or corn), **or ask them to fill in the sections based on what they ate last night for dinner.**
- **Use the opportunity to engage your patient in a conversation about their eating habits and changes that can be made.**
- **Give the resulting paper plate to your patient to take home.**
- **If possible, create a goal.**

Conversation Example with Patients:

Provider: “Have you heard about the plate method for healthy eating?”

Patient: “No, I haven’t.”

Provider: (Using a paper plate and marker.) “This is a really simple way to eat healthily. When you’re planning a meal, fill 1/2 of your plate with vegetables and salad, 1/4 of the plate with meat or protein, and 1/4 with starch. Here, take the plate and see if you can map out what you had for dinner last night.”

Patient: (Patient takes plate and writes out last night’s dinner.) “Last night I had a hamburger and french fries.”

Provider: “Well you’ve got the protein covered, but your meal was heavy on the starch – the bun and the french fries. There was also a lot of fat and no vegetables.”

Patient: “So I guess I have my work cut out for me.”

Provider: “Would you be interested in using the plate method this week?”

Patient: “Yeah, I’d like to try it.”

Provider: “So let’s get specific about setting a goal. How often will you do it? Certain days? Certain meals?”

Patient: “During the next week I’ll eat according to the plate method for three dinners, on Friday, Saturday, and Sunday.”

Provider: “Sounds like a good plan.”

Conversation Example for Modular Training with Providers:

Trainer 1: “Have you heard about the plate method for healthy eating?”

Provider 1: “No, I haven’t.”

Trainer 1: (Using a paper plate and marker.) “This is a really simple way to eat healthy. When you’re planning a meal, fill $\frac{1}{2}$ of your plate with vegetables and salad, $\frac{1}{4}$ of the plate with meat or protein, and $\frac{1}{4}$ with starch. Here, take the plate and see if you can map out what you had for dinner last night.”

Provider 1: (Provider 1 takes plate and writes out last night’s dinner.) “Last night I had a hamburger and french fries.”

Provider 2: (Provider 2 takes a piece of plain 8.5 x 11 paper, draws a large circle and adds divisionary lines for vegetables, protein, and starch, then writes out last night’s dinner.) “I had a medium fried chicken breast, and a lot of mashed potatoes.”

Trainer 1: “Well you’ve (Provider 1) got the protein covered, but your meal was heavy on the starch – the bun and the french fries. There was also a lot of fat and no vegetables, and the same for you (Provider2).”

Provider 1: “So I guess I have my work cut out for me, and I think this would be similar for my patients.”

Provider 2: “A lot of patients are surprised to hear that mashed potatoes do not count as a vegetable! And now after doing this exercise, I realize how it’s hard for some of my patients to have a balanced meal, because I even have the same problem.”

“So, what counts as a starch?”

Trainer 1: “Foods that count as a starch are bread, pasta, potatoes. Yucca and corn are some examples of starchy vegetables.”

“Do you think you would be able to use the plate method with your patients?”

Provider 1: “Yeah, I’d like to try it. This was quick and easy to do!”

Provider 2: “I agree! And you don’t have to measure because you just look at your plate.”

Trainer 1: “How do you think we can use the plate method with goal setting with patients?”

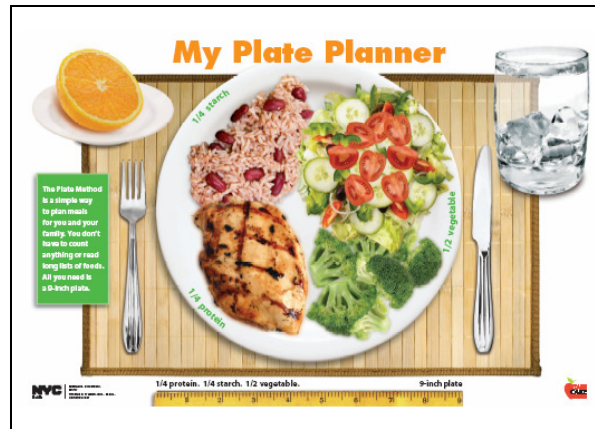
Provider 1: “This could work, for example, if I were to ask a patient, how often will you do it? Certain days? Certain meals?”

Trainer 1: “Right! It would be great to hear a patient respond, during the next week I will eat according to the plate method for three dinners, on Friday, Saturday, and Sunday. Also, I really think the plate method will help patients set goals, and it really allows tailoring to their culture’s diet, too.”

Provider 1: “How would you speak to your patient about that?”

Trainer 1: “Well the beauty is, you don’t know what someone eats until you ask them. Using the plate forces us to ask them. If a patient eats very few vegetables, you can ask, ‘what vegetable do you like? What is green? Yellow?’”

Provider 1: “This would definitely help with conversations about nutrition, considering the diverse patient population we work with.”



My Plate Planner

The tool is a printed 11” x 17” poster which visually displays the plate method with examples of food choices for breakfast, lunch, and dinner on the back. The “My Plate Planner” handout/poster is available in both English and Spanish.

Goal:

My Plate Planner is a quick and easy way to spur discussion between health care providers and patients regarding portion sizes and dietary intake. The poster can be used by the provider to explain the plate method, and can be used by itself or in conjunction with the paper portion plate.

Time:

Two minutes or less

How to Use with Patients:

- **Post on your office/exam room wall and/or keep a supply readily available.**
- **Use as a visual tool to explain the plate method (1/4 protein, 1/4 starch, 1/2 vegetables).**
- **Explain that the size of the plate is important for portion control (many plates are quite large).**
- **Use the opportunity to engage your patient in a conversation about their eating habits.**
- **If possible, create a goal.**

Conversation Example with Patients:

Provider: “Have you heard about the plate method for healthy eating?”

Patient: “No, I haven’t.”

Provider: (Using “My Plate Planner.”) “This is a really simple way to eat healthily. When you’re planning a meal, fill 1/2 of your plate with vegetables or salad, 1/4 of the plate with meat or protein, and 1/4 with starch. Do your meals look like this plate?”

Patient: “Sometimes.”

Provider: “Well, let’s talk about your dinner last night. What did you eat?”

Patient: “Chicken, rice, beans, and green beans. But I had much more rice and beans than are on that plate!”

Provider: “Could you add more vegetables to your meal and try to cut back on the rice and beans?”

Patient: “Yes, I could add salad and try to cut down on the rice and beans.”

Conversation Example for Modular Training with Providers:

Trainer 1: “Have you heard about the plate method for healthy eating?”

Provider 1: “No, I haven’t.”

Trainer 1: (Using “My Plate Planner.”) “This is a really simple way to show patients how to eat healthily. When you’re planning a meal, fill ½ of your plate with vegetables or salad, ¼ of the plate with meat or protein, and ¼ with starch. Do your meals look like this plate?”

Provider 1: “Sometimes.”

Trainer 1: “We could ask patients the same thing and be more specific, such as, let’s talk about your dinner last night. What did you eat?”

Provider 1: “Chicken, rice, beans, and green beans. But I had much more rice and beans than are on that plate!”

Trainer 1: “Could you add more vegetables to your meal and try to cut back on the rice and beans?”

Provider 1: “Yes, I could add salad and try to cut down on the rice and beans. This is great! It’s simple, easy, and we would be talking about foods they’re really eating and how to make changes based on their responses.”

My Self-Management Goal for a Healthy Weight



My Self-Management Goal for a Healthy Weight

The tool is a 8.5 x 11 sheet of paper which takes a person through self-management goal setting for a healthy weight. The “Self-Management Goal for a Healthy Weight” is available in English and Spanish.

Goal:

My Self-Management Goal for a Healthy Weight is a quick and easy way to work with patients on goal-setting around achieving or maintaining a healthy weight. This can be used for patients who may benefit from any improvement in dietary intake or physical activity.

Time:

Two minutes or less

How to Use with Patients:

- **Keep a stack of the goal-setting sheets in your exam room(s) or other appropriate places.**
- **Provide a copy to patients when engaging in conversation about improving eating and activity behavior.**
- **Use the opportunity to engage your patient in setting a goal.**

Conversation Example with Patients:

Provider: I know there are a lot of things you want to work on right now. Let's pick one for this week. (Show Provider 1 My Self-Management Goal for a Healthy Weight.

Patient: "Ok. I would like to eat fruit as my snacks."

Provider: "How much fruit do you eat now?"

Patient: "I eat fruit a couple times a week."

Provider: "Ok, how many times do you want to eat fruit each week?"

Patient: "I could eat one fruit as all my snacks – two times every day."

Provider: "That might be a very big change. How about you start with having one fruit per day. How much fruit can you eat?"

Patient: "Ok, how much can I eat? Hmm...I can eat a whole mango, a whole banana, a whole apple."

Provider: "How about 1 whole apple, 1/2 a banana, 1 orange, 1/2 a mango? Is there anything getting in the way of doing that?"

Patient: "Fridays will be hard because I visit my mom and she has candy. (Thinking of a solution) I can start off with having a fruit once a day, except on Fridays."

Provider: "On a scale of 0 – 10 where 0 is not at all and 10 is totally confident, how confident are you that you can reach your goal?"

Patient: "An 8."

(Note: If patient responds with ≤ 7 , see below)

Provider: "What would it take for you to be at an 8?"

Patient: “I would be an 8 if I start with having fruit as a snack three times a week.”

Conversation Example for Modular Training with Providers:

Trainer 1: (Walk through “My Self-Management Goal for a Healthy Weight” with providers.) “Let’s start off by asking the patient, ‘What is one way you want to improve your health?’”

Provider 1: “I can imagine some of my patients saying, eat smaller portions.”

Provider 2: “I think some of my patients would say, choosing water.”

Trainer 1: “Next, ask the patient, what is your goal for this week?”

Provider 1: “Eat one slice of pizza instead of two slices this week.”

Provider 2: “Add lemon slices to my water so it has flavor.”

Trainer 1: “Then ask, when will they do it?”

Provider 1: “At a restaurant.”

Provider 2: “At work and home.”

Trainer 1: “Next, how often will they do it?”

Provider 1: “Monday and Thursday.”

Provider 2: “Monday, Wednesday, and Friday.”

Trainer 1: “Then, we’ll have to address potential barriers. Ask the patient, ‘What might get in the way of your plan?’”

Provider 1: “A patient might say that one slice of pizza is not filling.”

Provider 2: “Maybe, I might not be able to have lemons on hand.”

Trainer 1: “So, then ask what they can do about it?”

Provider 1: “Have salad with it.”

Provider 2: “Add cucumber slices, or cut up peaches.”

Trainer 1: “Then ask, how confident are they that they can reach this goal? If the patient responds with 8 or greater, they’re on their way!”

Primary Care Nutrition Training Program

Congratulate them, and remind them that taking small steps can make a difference!”

“But, keep in mind that if a patient responds with less than 8, you’ll have to return and address barriers and rework the plan.”

Trainer 1: “Lastly, document their follow-up plan by asking them when they will come in and set a follow-up date.”