

FACILITATOR GUIDE

Event Title: **Dietary Lipids: Who's in Control?**

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Setting: **Seminar or Collaborative Classroom**

Learning Objectives:

Upon completion of this session, learners will:

1. Describe the interdependent relationships among basic science, health policy, government regulations, the food industry, human behavior, and health outcomes;
2. Review key recommendations from the National Dietary Guidelines;
3. Investigate the influence of socio-economics and environment on food access and dietary lipid consumption.

Prior to class, learners and facilitators will

Review the pre-event slides. Note: the pre-event slides contain notes which are visible when you click on the "Layers" icon and activate the "Presentation Notes."

USE FILE LABELLED 'IN CLASS SLIDES.Dietary Lipids Who's In Control.PPT'

OPENING DISCUSSION – ALL CLASS (10 MINUTES TOTAL)

(SLIDE 2) What we will cover

(SLIDE 3) Do you have any questions from the video?

Did anything surprise you, either from the National Dietary Guidelines or the data presented?

Make sure the learners are familiar with the following information from the video:

DIETARY GUIDELINES FOR FATS

- A. Saturated fatty acids—less than 10% of total calories for the general population; <5% for those with elevated LDL.
 - a. Lower percent reduces risk of CVD further
 - b. Replace saturated fats with poly- and monounsaturated fatty acids (not with sugar or refined grain)
- B. *Trans* fats—less than 1% of total calories
- C. Cholesterol—In 2010, cholesterol was limited to 300mg/d, however, that restriction was lifted in the 2015 guidelines. The effect of dietary cholesterol on blood lipids is negligible, especially when compared to saturated fats and trans fats.

Tell learners that foundational material is available in the pre-event slides. Our time today is for them to have the experience of using resources.

AT EACH TABLE, LEARNERS WILL INVESTIGATE AND ANSWER THE FOLLOWING QUESTIONS. ENCOURAGE THEM TO CREATE A SHARED DOCUMENT (e.g., GOOGLE DOCS) AND TO SELECT A GROUP SCRIBE TO RECORD THEIR ANSWERS.

(SLIDE 4) VERBALLY SHARE WITH THE LEARNERS THE FOLLOWING INFORMATION:

A diet low in saturated fat helps reduce the risk of heart disease. Because much of the food consumed in the United States is processed, government regulations have been enacted to help people know the ingredients and nutritional content of what they are eating.

GROUP WORK

(SLIDE 5) QUESTION #1. (10 MINUTES TOTAL – 5 minutes group work, 5 minutes report to whole class)

Use the FDA – Code of Federal Regulations 101.75 Health Claims: Dietary Saturated Fat and Cholesterol and Risk of Coronary Heart Disease [**Subpart c Requirements**] https://www.ecfr.gov/cgi-bin/text-idx?SID=eaf8b05f4c36e7c40fabb0d8c089b05e&mc=true&node=pt21.2.101&rgn=div5#se21.2.101_175

- a. describe criteria for food labeling and advertising related to dietary saturated fat and cholesterol;
- b. discuss if you think the criteria for labeling is sufficient for most people to make informed decisions about food purchase.

TELL THE LEARNERS THAT SECTIONS a-b OF THE CFR ARE BACKGROUND + INFORMATION ON FOOD LABELLING. TO ANSWER THE QUESTIONS, THEY SHOULD GO TO SUBPART c REQUIREMENTS (LINK WILL TAKE THEM THERE).

ANSWER TO 1.a. criteria for health claims and advertising

***Health claims describe a relationship between a food substance (a food, food component, or dietary supplement ingredient), and reduced risk of a disease or health-related condition (FDA).**

- (A) The claim states that diets low in saturated fat and cholesterol "may" or "might" reduce the risk of heart disease;**
- (B) In specifying the disease, the claim uses the terms "heart disease" or "coronary heart disease;"**
- (C) In specifying the nutrient, the claim uses the terms "saturated fat" and "cholesterol" and lists both;**
- (D) The claim does not attribute any degree of risk reduction for coronary heart disease to diets low in dietary saturated fat and cholesterol; and**
- (E) The claim states that coronary heart disease risk depends on many factors.**

ANSWER TO 1.b. are criteria for labeling sufficient for most people to make informed decisions?

(SLIDE 6) Sample food labels

The message is ambiguous and confusing.

The density and complexity of the message can be an issue for:

- (A) consumers with low literacy;**
- (B) adolescents and children;**
- (C) consumers with impaired vision;**
- (D) consumers with little time or major distractions at point of purchase (ex. parents of small children).**

(SLIDE 7) VERBALLY SHARE WITH THE STUDENTS THE FOLLOWING INFORMATION:

“Food environment factors—such as store/restaurant proximity, food prices, food and nutrition assistance programs, and community characteristics—interact to influence food choices and diet quality. Research has been documenting the complexity of these interactions, but more research is needed to identify causal relationships and effective policy interventions.

The Food Environment Atlas assembles statistics on food environment indicators to stimulate research on the determinants of food choices and diet quality, and provides a spatial overview of a community's ability to access healthy food and its success in doing so.” <http://www.ers.usda.gov/data-products/food-environment-atlas.aspx>

(SLIDE 8 and 9) QUESTION #2. (20 MINUTES TOTAL – 12 minutes group work, 8 minutes report to whole class)

Use the **USDA ERS Food Environment Atlas**: www.ers.usda.gov/data-products/food-environment-atlas/go-to-the-atlas.aspx) to complete the following activity:

- A. Develop a summary statement about the inter-relationship between economics, geographic location, food access, and health outcomes for the county population of your choice. Please include the following:
- the socioeconomic characteristics of New Haven county's population (include the poverty rate; childhood poverty rate; percent of the population who are WIC participants; the percent of the population who are National School Lunch Program (NSLP) and School Breakfast Program (SBP) participants);
 - the population's access to a grocery store (include sub-populations - children, seniors);
 - the county's local food availability (farms, farmers' markets, etc.);
 - the county's obesity rate (adult);
 - the adult diabetes rate.
- B. As a physician, how might you use these population-level data to improve the health of your patients.

NOTE: THE SOCIOECONOMIC STATUS OF THE RESIDENTS OF MANY US COUNTIES VARY WIDELY FROM THE VERY POOR TO THE EXTREMELY WEALTHY. CONSEQUENTLY, DATA MAY INDICATE A SEEMINGLY LOW PERCENTAGE OF THE POPULATION NEEDING FOOD ASSISTANCE. FOR EXAMPLE, IN NEW HAVEN COUNTY THERE ARE NEIGHBORHOODS AND SCHOOL DISTRICTS IN WHICH >90% OF CHILDREN PARTICIPATE IN THE SBP (School Breakfast Program) AND NSLP (National School Lunch Program). IN THE NEAR FUTURE, DATA WILL BE AVAILABLE AT THE LEVEL OF ZIP CODE SO POLICY DECISIONS CAN BE MADE WITH GREATER PRECISION.

SAMPLE ANSWER TO 2B

AS A PHYSICIAN, HOW MIGHT YOU USE THESE POPULATION-LEVEL DATA TO IMPROVE THE HEALTH OF YOUR PATIENTS?

- a. LOBBY LOCAL AND STATE GOVERNMENT TO ASSURE ACCESS TO QUALITY FOOD
- b. TAILOR INDIVIDUAL PATIENT NUTRITION EDUCATION TO LOCAL RESOURCES
- c. MAKE SURE PATIENT EDUCATION MATERIALS ARE CULTURALLY AND LINGUISTICALLY APPROPRIATE TO THE POPULATION
- d. ADVISE SCHOOL DISTRICTS TO ADOPT HEALTHY FOOD AVAILABILITY AT SCHOOLS
- e. MANY OTHER CREATIVE IDEAS THAT THE STUDENTS WILL IDENTIFY!

(SLIDES 10 and 11) KEY SUMMARY POINTS – (5 MINUTES)

- **National Dietary Guidelines for Fats**
 - SFA < 10% of calories
 - Replace with PUFA and MUFA (not with sugar or refined grain)
 - Trans fats <1% of calories
- **Criteria for food labeling and advertising (dietary saturated fat and cholesterol)**
 - "may" or "might" reduce risk

- terms "heart disease" or "coronary heart disease"
 - terms "saturated fat" and "cholesterol"
 - does not attribute any HD risk reduction to diets low in saturated fat and cholesterol
 - states HD risk depends on many factors
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- How you might use Food Environment Atlas data
 - Lobby government to assure access to quality food
 - Tailor patient nutrition education
 - Develop culturally and linguistically appropriate patient education materials
 - Advise school districts