



U.S. Department
of Veterans Affairs

NAME:

VETERANS HEALTH ADMINISTRATION

Eating for Whole Health: Nutrition for All Clinicians



Prepared Under Contract to the VHA by
Pacific Institute for Research & Evaluation
with the University of Wisconsin-Madison.

March 2020

PARTICIPANT WORKBOOK

Eating for Whole Health: Nutrition for All Clinicians

AGENDA

DAY 1 MORNING

<u>Time</u>	<u>Topic/Title</u>
7:30am – 8:00am	Registration
8:00am – 8:10am	Leadership Welcome and Facility Introduction
8:10am – 9:00am	1. Introduction to the Course: Setting the Stage <ul style="list-style-type: none">• Course Resources• Small Group Introductions• Defining Whole Health• Finding Purpose
9:00am – 10:00am	2. Making the Case: The Power of Food & Drink <ul style="list-style-type: none">• Standard Diets• Food and Molecules• Nutrigenomics• Exercise: Best Meal Ever• Connections Around the Circle of Health• Practical Exercise
10:00am – 10:15am	Movement Experience and Break
10:15am – 11:15am	3. Food and the Gut <ul style="list-style-type: none">• Pathophysiology• The Gut-Brain Axis• Stomach Acid, SIBO, and the Microbiome• The Enteric Nervous System• Exercise: Acupressure for GERD• Practical Exercise
11:15am – 12:00pm	4. Mindful Eating <ul style="list-style-type: none">• Defining Mindful Awareness• Research on Mindful Eating• Tips for Mindful Eating• Exercise: Brief Guided Meditation
12:00pm – 1:00pm	Lunch

Eating for Whole Health: Nutrition for All Clinicians

DAY 1 AFTERNOON

<u>Time</u>	<u>Topic/Title</u>
1:00pm – 2:00pm	5. Nutrition and Pain <ul style="list-style-type: none">• Rethinking Osteoarthritis• Inflammatory Mediators• The Anti-Inflammatory Diet• Pain and Nutrient Deficiencies• Minding the Microbiome in Pain• Nutrition and Headaches• Practical Exercise
2:00pm – 3:00pm	6. Eating in Context: External Factors That Affect Nutrition <ul style="list-style-type: none">• Food Insecurity• Food Safety: Additives, Contaminants, and Alterations to the Food Supply• Exercise: Food Psychology Quiz (if time allows)• Practical Exercise
3:00pm – 3:15pm	Movement Exercise and Break
3:15pm – 3:45pm	Skill Application: The Personal Health Inventory <ul style="list-style-type: none">• Establishing The Back Story• Components of Health and Well-Being• Reviewing the PHI• Exercise: Completing your PHI
3:45pm – 4:15pm	Day 1 Application Exercise: Speed Dating
4:15pm – 4:30pm	End of Day 1—Wrap Up, Pulse Checks, and Adjourn

Eating for Whole Health: Nutrition for All Clinicians

DAY 2 MORNING

<u>Time</u>	<u>Topic/Title</u>
7:30am – 8:00am	Registration
8:00am – 8:15am	Mindfully Arriving, Pulse Check Review, Course Resources
8:15am – 9:15am	7. Your Brain on Food: Nutrition and Mental Health <ul style="list-style-type: none">• Mental Health in Veterans• How Nutrients Affect Psychology• The Role of Sugar• Dementia• Feeding your Brain: Neurotransmitters, Micronutrients, and Gut Health• Practical Exercise
9:15am – 10:00am	8. Serving It Up: Healthy Cooking Tips <ul style="list-style-type: none">• Introduction to Teaching Kitchens• Healthy Teaching Kitchen Demo• Local Food & Drink Resources
10:00am – 10:15am	Movement Experience and Break
10:15am – 11:15am	9. Functional Nutrition, Elimination Diets, and the 5R's <ul style="list-style-type: none">• Defining Functional Nutrition• 5R's of Gut Health• Elimination Diets• Functional Approach Case Study• Practical Exercise
11:15am – 12:00pm	10. Prevention of Cardiovascular Disease and Diabetes <ul style="list-style-type: none">• Breaking Down LDL Deposition• Dietary Patterns and Prevention• The Role of the Dietitian in CVD• Insulin Resistance and Diabetes: Intervening Early• Dietary Approaches to Prevent Diabetes• Interconnections Around the Circle• Practical Exercise
12:00pm – 1:00pm	Lunch

Eating for Whole Health: Nutrition for All Clinicians

DAY 2 AFTERNOON

<u>Time</u>	<u>Topic/Title</u>
1:00pm – 1:45pm	11. Prevention of Cancer <ul style="list-style-type: none">• Cancer Incidence Around the World• Cancer Risk Attributed to Diet• Specific Nutrients for Cancer Prevention• Practical Exercise
1:45pm – 2:45pm	12. Whole Health Visits: Creating a Personal Health Plan
2:45pm – 3:00pm	Faculty Q&A
3:00pm – 3:45pm	Implementation Exercise: Small Group Projects
3:45pm – 4:15pm	Implementation Exercise: Self-Reflection
4:15pm – 4:30pm	Wrap Up and Final Evaluation
	Thank You for Joining Us!

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ABOUT THE COURSE

Eating for Whole Health: Nutrition for All Clinicians is an advanced, stand-alone clinical education course designed to introduce VA clinicians to the Whole Health approach as it relates to a fundamental aspect of healing and self-care: nutrition. This two-day course (14 CEUs) is offered by the VHA Office of Patient Centered Care and Cultural Transformation (OPCC&CT) and is designed for providers from all different health backgrounds to help them incorporate nutrition recommendations into Veterans' Personal Health Plans (PHPs). It is informed by the latest research in nutrition and draws from the wisdom of dietitians and functional nutrition practitioners from throughout the VA and beyond. The focus of this course is not to mandate how nutrition guidance is given to Veterans, but rather to offer a learning environment that supports curiosity, exploration, and open discussion of topics that can at times be somewhat complex or controversial.

During this course, participants will have an opportunity to explore a number of nutrition-related topics, ranging from how foods affect our bodies at a molecular level to how best to support Veterans in making changes related to their eating patterns. Participants will be introduced to a series of Whole Health tools and techniques, as well as an array of nutrition resources to support their clinical work.

Areas of focus will include optimizing nutrition for specific disease states, preventing chronic diseases, collaborating effectively with dietitians and other care team members, and sharing nutrition success stories from throughout the VA. The research that is presented will be supported by a series of patient vignettes focused on how food and drink can influence pain, mental health, and gastrointestinal function. The latest knowledge on fats, proteins, carbohydrates and various micronutrients will be discussed. Mindful awareness, environmental effects on food, and healthy cooking tips will also be addressed. Participants will take time to assess their own nutrition practices and build on their professional skills with motivational interviewing and personal health planning with food and drink as a specific focus. They will practice with partners and in small groups.

This course can accommodate up to 80 participants, including dietitians, providers, and others who incorporate nutrition recommendations into health plans. Participants would ideally represent diverse teams and departments either within one given facility or from multiple facilities. The goal would be that they take what they learn back to their respective teams.

During this course, you are invited to:

- Learn more about the Whole Health approach to food and drink and how this area of self-care interconnects with other aspects of Whole Health
- Become familiar with the latest research regarding how nutrition can influence both health and healing in the setting of chronic diseases
- Understand how what we eat can affect our bodies' biochemical and genetic functioning

- Reflect on your own eating patterns, identifying strengths and opportunities to make healthier choices
- Discuss the benefits and potential limitations of common eating patterns or diets, and learn where to obtain more information about different eating guidelines that are popular with Veterans
- Learn about and explore local and national resources related to healthy eating
- Focus on key concepts related to food choices, recognizing how culture and socioeconomic constraints influence eating patterns
- Witness how effective cooking demonstrations can be in improving Veteran approaches to food and drink
- Network with other participants locally and nationally to share strong practices and tools to enhance your practice

This course will help you to:

- Understand key concepts of the Whole Health approach to nutrition
- Describe key aspects of functional nutrition and how they can fit into your practice
- Outline how nutrition can have health-promoting as well as therapeutic effects, particularly for mental health, gastrointestinal health, pain, and prevention of chronic disease
- Recognize physical signs and symptoms related to nutritional imbalances
- Identify what the latest research suggests regarding the health effects of popular herbs and spices
- List at least five key nutrition resources offered within the VA
- Create Personal Health Plans that address nutrition
- More effectively partner with patients to help them make healthy dietary choices

ACCME, ACCME-NP, ACPE, APA, ANCC, ASWB, CDR, and NYSED SW accreditation (14 hours) is available. Attendance at the two days of training is a requirement of the course and for obtaining Continuing Educations (CEU) credits available through EES.

ROLE OF THE REGISTERED DIETITIAN/NUTRITIONIST (RD)

Registered dietitians go beyond prescribing a dietary pattern. They work alongside the patient to assess and understand the most important and urgent nutrition concerns. They provide relevant education ranging from initial survival instruction to comprehensive education and use counseling skills to deliver supportive goal-oriented care. *We encourage you to get to know the registered dietitians at your facility and offer nutrition services to interested veterans.*

This document describes the four-step process registered dietitians use to create nutrition care plans, providing an overview of what they can offer veterans. This process is also known as Medical Nutrition Therapy (MNT); using MNT, dietitians diagnose nutrition problems and develop a treatment plan for their patients.

Step 1: Comprehensive Nutrition Assessment

A systematic method of obtaining, verifying, and interpreting data needed to identify nutrition-related problems, causes, and their significance. The assessment is an ongoing, dynamic process.

- Lifestyle goals most important to the veteran
- Readiness to change
- Food and beverage habits
- Eating style and eating environment
- Risk or presence of food insecurity
- Nutritional inadequacies and deficiencies
- Nutrition-related physical characteristics via a nutrition focused physical exam
- Anthropometrics
- Clinical lab data
- Dietary supplements
- Drug and nutrient interactions and depletions
- Adverse food reactions
- Other lifestyle factors: stress, movement, purpose, substance use, sleep

Step 2: Nutrition Diagnosis

The nutrition diagnosis is selected based on the nutrition assessment and most important or urgent problem identified to treat.

Step 3: Nutrition Interventions

Nutrition interventions are specific actions used to rectify the cause of the nutrition problem identified in the diagnosis.

Food and Nutrient Interventions may include recommendations on:

- Dietary patterns like the Mediterranean, Anti-inflammatory, MIND, or low FODMAP diet
- Foods to ADD to provide key vitamins, minerals, and phytonutrients
- Foods to REMOVE to decrease inflammation, address adverse food reactions, and support system balances
- Dietary supplements
- Nutrition-related medication interactions

Nutrition Education is a formal process to instruct patients on a skill or impart knowledge. Education topics may include:

- Prescribed dietary patterns and medical nutrition therapy
- Meal planning
- Cooking with whole foods
- Eating and/or cooking on a budget
- Mindful eating
- Interpreting nutrition related labs

Sometimes this process is a single intervention, but often ongoing education and coaching is used to keep moving the patient forward.

Nutrition Counseling is a supportive process, characterized by a collaborative counselor-patient relationship to establish priorities, goals, and action plans that foster responsibility for self-care. Theories such as the Health Belief Model or Stages of Change Model is used to design an intervention along with various strategies including:

- Motivational interviewing
- Goal setting
- Self-monitoring
- Reflective listening with a focus on clarifying and eliciting patient's thoughts
- Stimulus control
- Stress management
- Relapse prevention
- Cognitive restructuring

Coordination of Care includes facilitating services with other health professionals or agencies that can assist in managing nutrition-related problems. Referrals may include:

- Referral to RD with different expertise
- Referral to complementary care: acupuncture, yoga, Tai Chi, mindful awareness, cooking classes
- Referral or collaboration with other providers
- Referral to community agencies: YMCA, Food Banks, or Senior Meal programs

Interventions also exist designed to improve the nutritional well-being of a population.

Step 4: Nutrition Monitoring and Evaluation

Monitoring and evaluation determines the amount of progress being made and whether goals/expected outcomes are being met. The dietitian selects the most appropriate nutrition care indicators to monitor progress.

This is a brief glimpse of what an RD can do. Talk with RDs in your service area or contact your nutrition leadership, to learn more about the role of RDs in your facility.

Source: Academy of Nutrition and Dietetics. Electronic Nutrition Care Process Terminology (eNCPT). 2019. <https://www.ncpro.org/>

MODULE 1. INTRODUCTION TO THE COURSE: SETTING THE STAGE

PRIMARY WHOLE HEALTH RESOURCES

Passport to Whole Health: The *Passport to Whole Health* is distributed in hard copy at courses and serves as a basic, yet comprehensive reference manual on the Whole Health System and approaches to Whole Health Care. The [Passport](#) is also available online. The manual begins with introductory chapters covering the system, the Circle of Health, Whole Health assessment tools, and personal health planning. Subsequent chapters cover each of the eight areas of self-care within the Circle of Health, as well as the fundamentals of complementary and integrative health. Whole Health Tools on a variety of specific topics are found throughout the manual to support the practicalities of application.

Course Workbook: This course workbook offers a summary of key points from course modules, and a variety of resources related to each module. The [Eating for Whole Health course workbook](#) also can be found online.

Course PPTs and the Whole Health Library: The [course PPTs](#) can be found on the [Whole Health Library](#) website, <https://wholehealth.wisc.edu>. The website offers extensive materials related to Whole Health implementation and Whole Health care, including a number of handouts for Veterans. Throughout this workbook, links to specific resources on the Whole Health Library are included.



Besides the Whole Health Library website, there are two additional primary and comprehensive Whole Health websites.

VA Whole Health. Internet site for Veterans and their families, as well as for clinicians.
<https://www.va.gov/WHOLEHEALTH/>

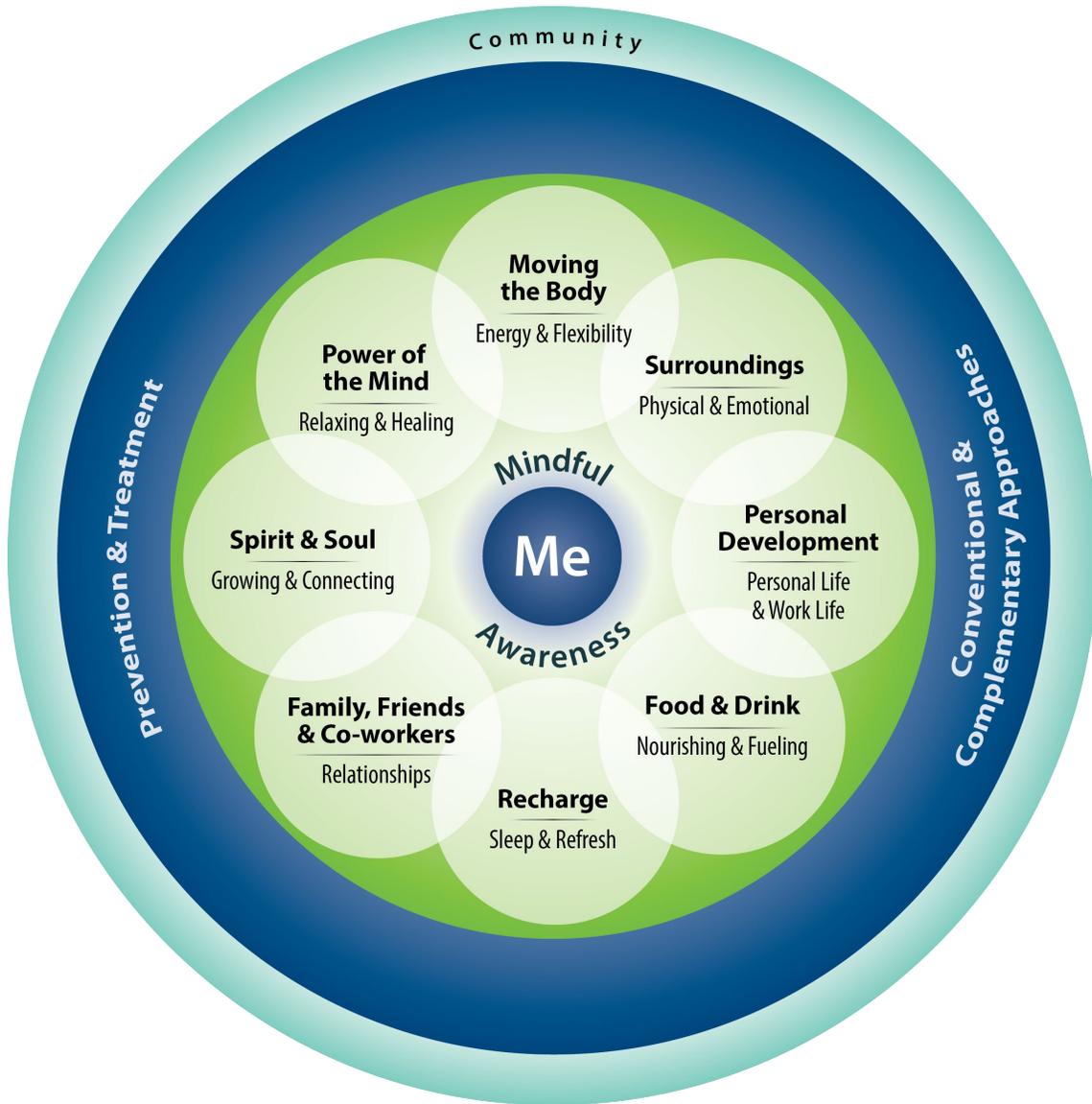
VHA Office of Patient Centered Care and Cultural Transformation Whole Health SharePoint Education Hub.
<https://dvagov.sharepoint.com/sites/VHAOPCC/Education/SitePages/Home.aspx?AjaxDelta=1&isStartPlt1=1565725923678>



U.S. Department of Veterans Affairs

Veterans Health Administration
Office of Patient Centered Care and
Cultural Transformation

The Circle of Health



To learn more visit: <https://www.va.gov/WHOLEHEALTH/>

WHOLE HEALTH SYSTEM DIAGRAM

Key Elements of the Whole Health System

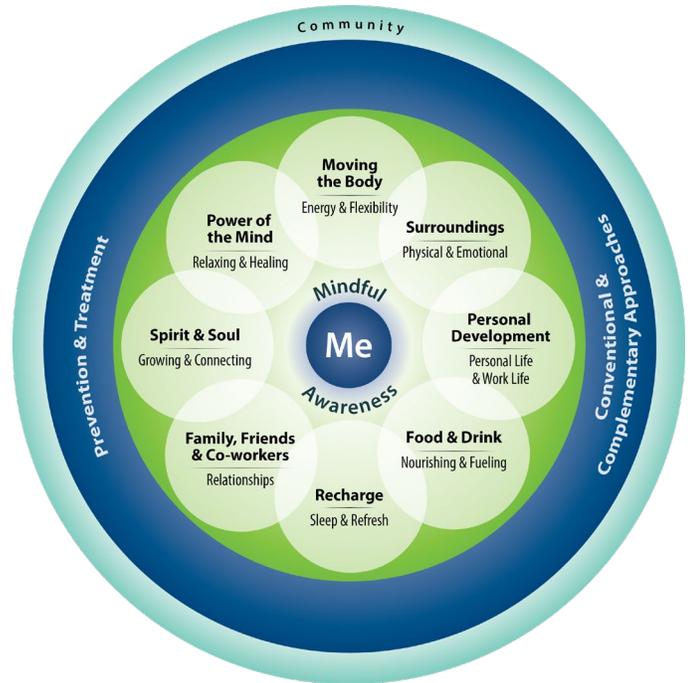




Personal Health Inventory

Use this circle to help you think about your whole health.

- All areas are important and connected.
- The body and mind have strong healing abilities.
- Improving one area can help other areas.
- The inner ring represents your mission, aspirations, or purpose. Your care focuses on you as a unique person.
- Mindful awareness is being tuned in and present.
- Your self-care and everyday choices make up the green circle.
- The next ring is professional care (tests, medications, supplements, surgeries, examinations, treatments, and counseling). This section includes complementary approaches like acupuncture and yoga.
- The outer ring includes the people and groups who make up your community



Rate where you feel you are on the scales below from 1-5, with 1 being miserable and 5 being great.

Physical Well-Being				
1 Miserable	2	3	4	5 Great
Mental/Emotional Well-Being				
1 Miserable	2	3	4	5 Great
Life: How is it to live your day-to-day life				
1 Miserable	2	3	4	5 Great

What is your mission, aspiration, or purpose? What do you live for? What matters most to you?

Write a few words to capture your thoughts:



Where You Are and Where You Would Like to Be

For each area below, consider “Where you are” and “Where you want to be.” Write in a number between 1 (low) and 5 (high) that best represents where you are and where you want to be. You do not need to be a “5” in any of the areas now, nor even wish to be a “5” in the future.

Area of Self-Care	Where I am Now (1-5)	Where I Want to Be (1-5)
Moving the Body: Our physical, mental, and emotional health are impacted by the amount and kind of movement we do. Moving the body can take many forms such as dancing, walking, gardening, yoga, and exercise.		
Recharge: Our bodies and minds must rest and recharge in order to optimize our health. Getting a good night’s rest as well as recharging our mental and physical energy throughout the day are vital to well-being. Taking short breaks or doing something you enjoy or feels good for moments throughout the day are examples of ways to refresh.		
Food and Drink: What we eat and drink can have a huge effect on how we experience life, both physically and mentally. Energy, mood, weight, how long we live, and overall health are all impacted by what and how we choose to eat and drink.		
Personal Development: Our health is impacted by how we choose to spend our time. Aligning our work and personal activities with what really matters to us, or what brings us joy, can have a big effect on our health and outlook on life.		
Family, Friends, and Co-Workers: Our relationships, including those with pets, have as significant an effect on our physical and emotional health as any other factor associated with well-being. Spending more time in relationships that ‘fuel’ us and less in relationships that ‘drain’ us is one potential option. Improving our relationship skills or creating new relationships through community activities are other options to consider.		
Spirit and Soul: Connecting with something greater than ourselves may provide a sense of meaning and purpose, peace, or comfort. Connecting and aligning spiritually is very individual and may take the form of religious affiliation, connection to nature, or engaging in things like music or art.		
Surroundings: Our surroundings, both at work and where we live, indoors and out, can affect our health and outlook on life. Changes within our control such as organizing, decluttering, adding a plant or artwork can improve mood and health.		
Power of the Mind: Our thoughts are powerful and can affect our physical, mental, and emotional health. Changing our mindset can aid in healing and coping. Breathing techniques, guided imagery, Tai Chi, yoga, or gratitude can buffer the impact of stress and other emotions		
Professional Care: “Prevention and Clinical Care” Staying up to date on prevention and understanding your health concerns, care options, treatment plan, and their role in your health		

Reflections

Now that you have thought about what matters to you in all of these areas, what is your vision of your best possible self? What would your life look like? What kind of activities would you be doing?

Are there any areas you would like to work on? Where might you start?

After completing the Personal Health Inventory, talk to a friend, a family member, your health coach, a peer, or someone on your healthcare team about areas you would like to explore further.

LIST I AND II COMPLEMENTARY AND INTEGRATIVE HEALTH SERVICES IN THE VA

[VHA Directive 1137—Provision of Complementary and Integrative Health \(CIH\)](#) was approved by the Acting Under Secretary for Health on May 19, 2017. The CIH Directive establishes internal policy regarding the provision of CIH approaches in VHA, and features two lists of CIH approaches. Given the level of evidence supporting their use, List 1 approaches, the subject of this document, **must** be made available to Veterans across the system, either within a VA medical facility or in the community. Note: chiropractic care is not included in this list as it is covered under earlier policy.

LIST I currently includes:

- Acupuncture
- Massage Therapy
- Tai Chi/Qi Gong
- Yoga
- Meditation
- Guided Imagery
- Biofeedback
- Clinical Hypnosis

List II includes **optional** CIH approaches. The Under Secretary for Health sanctions the optional use of the CIH approaches on this list as those generally considered by those in the medical community to be safe when delivered as intended, by an appropriate VHA practitioner or instructor. They may be made available to enrolled Veterans, within the limits of VA medical facilities. List II is included only for reference, as these approaches are not covered in this document.

List II currently includes:

- Acupressure
- Alexander Technique
- Animal-Assisted Therapy
- Aromatherapy
- Biofield Therapies
- Emotional Freedom Technique
- Healing Touch
- Reflexology
- Reiki
- Rolfing
- Somatic Experiencing
- Therapeutic Touch
- Zero Balancing

WHOLE HEALTH LIBRARY MATERIALS

Module 1. Setting the Stage

Clinician Resources

- [Food and Drink Clinical Overview](#)
This is a longer document that provides a thorough review of the Food and Drink self-care circle of the Circle of Health. It includes a case study and the most up-to-date research.

Veteran Handouts

- [Introduction to Food and Drink](#)
- [Whole Health Food, Drink, Activity, and Symptom Log](#)

WHOLE HEALTH FOR FOOD & DRINK BINGO

Find people from the class whose activities match the descriptions on the bingo sheet. Write their names in the corresponding boxes. The **winning “Bingo” table** will have 5 consecutive squares (or 4 corners) with a *different name for each box*.

	B	I	N	G	O
1	Has tried to follow an elimination diet	On average, eats at least five handfuls of fruits and veggies daily	Tried a new food in the past week	Ate something with turmeric in it in the past week	Enjoys hot peppers regularly
2	Tried a new spice in the past week	Rates their hunger before meals (sometimes)	Has taught someone else how to cook	Has tried intermittent fasting	Regularly watches cooking shows on TV
3	Has eaten food made from insects (e.g., cricket flour)	Has at least 5 cookbooks at home (or 5 favorite cooking websites)	WHOLE HEALTH FREE SPACE	Has tried durian or cherimoya (custard apple)	Had a meal in the past week where all they did was eat (no TV, no working, no phone, etc.)
4	Eats a handful of nuts most days of the week	Has tried keeping track of their fiber intake	Has eaten fruit they picked themselves	Tried a new grain in the past month	Has made a diet change that has helped their health in the past year
5	Packs their own lunch for work	Cooks at home at least five days each week	Eats at least two servings of fish each week	Grows or raises at least one food on their own (garden, farm, etc.)	Can make a soufflé or roll out a pie crust

MODULE 2. MAKING THE CASE: THE POWER OF FOOD & DRINK

PRACTICAL EXERCISE

Throughout this module, we discussed how important food and drink can be. We recognized that we spend approximately 67 minutes eating and drinking every day, and that we take the importance of this process for granted. Consider your own daily routine during the work week. Are there moments when you rush through eating/drinking? Do you feel you take nutrition for granted at any point during the day? If so, what are ways you can be more thoughtful about eating and drinking?

KEY POINTS

The standard American diet is high in processed foods, and most meals are chosen based on convenience.

Highly palatable, high-fat foods trigger the dopamine-reward pathway in the brain, and this can lead to an addiction to high-fat foods in the long-run.

Most Americans are not meeting suggested dietary goals for healthy food groups and exceed recommended limits for added sugars, saturated fat and sodium.

The intersection point of most popular diets is as follows: fruits, vegetables, whole grains, nuts, seeds, and often fish.

Key neurotransmitters such as serotonin, dopamine, and norepinephrine require micronutrients as cofactors in their production. If our diet is deficient in these micronutrients, we risk developing a deficit in these neurotransmitters.

Similarly, omega-3 and omega-6 fatty acids can convert back and forth to meet the body's needs. To maintain a healthy ratio of omega-3 and omega-6 fatty acids, we need to consume healthy micronutrients such as fruits, vegetables, whole grains, nuts, seeds, and fish.. These micronutrients are most frequently found in fruits, vegetables, whole grains, nuts, and seeds.

Our genetic predisposition towards obesity influences how the foods we eat affect our weight.

Different micronutrients such as B vitamins, zinc, and iron play a key role in the health of our DNA. An example of this is folic acid; a deficiency in folate (even when in the “normal” lab value range) can have a similar effect to x-rays on our DNA.

A period of starvation can result in sustained alteration in our genes that regulate insulin sensitivity; this effect can last for 60+ years and may even impact future generations.

What we eat prior to exercise can actually impact how well we break down carbohydrates during exercise. Conversely, certain types of exercise (aerobic) can actually reduce our appetite if we eat after exercising.

Our preconceptions of what a food will taste like can change how we taste the food; similarly, if we think a food is more filling, hormonal changes in our body actually make the food more satiating.

Lack of sleep reduces leptin levels and increases ghrelin levels. These hormonal changes increase our appetite and reduce satiation (feeling full).

Increasing sleep to a goal of 7-9 hours per day may have the added bonus of reducing processed food and sugar intake.

The environment of a grocery store is one example of how our surroundings can dramatically influence our food and drink choices.

WHOLE HEALTH LIBRARY MATERIALS

Module 2. Make the Case: The Power of Food & Drink

Clinician Resources

- [Food and Drink Clinical Overview](#)
(This is a longer document that provides a thorough review of the Food and Drink self-care circle of the Circle of Health. It includes a case study and the most up-to-date research.)
- [Choosing a Diet](#)
- [What We Drink](#)

Veteran Handouts

- [Introduction to Food and Drink](#)

MODULE 3. FOOD AND THE GUT

PRACTICAL EXERCISE

Choose a partner at your table and decide who will serve as the clinician and who will serve as the patient.

Clinician: Read out loud the Balloon Self-Hypnosis script (see handout below) to manage abdominal pain.

Patient: Follow along with the script. After the exercise is over, discuss how you felt during the exercise. Is this a helpful technique to teach your patients?

Jot down some ideas on how you might apply this technique in your practice:

BALLOON SELF-HYPNOSIS TECHNIQUE FOR IBS AND ABDOMINAL PAIN

This Whole Health tool for clinicians can be found at:

<https://wholehealth.wisc.edu/tools/balloon-self-hypnosis-technique-ibs-abdominal-pain/>

This tool offers a script you can follow to help someone with abdominal pain from IBS (or other causes) use self-hypnosis to more effectively manage their pain. It involves 3 steps:

1. Guiding a person into a trance state.
2. Moving through the balloon exercise to ease pain.
3. Guiding him or her out of the trance.

It can be done in about 10 minutes.

1. Entering the Trance

Read the following script.

Imagine a beautiful staircase. It is your favorite color. It has 10 steps. These 10 steps lead to a peaceful and relaxing place—your favorite place.

We are going to count backwards from 10 to 1 as you go down each step. After each step, focus on a different part of your body. Allow yourself to gently relax deeper and deeper with each step.

As you start at the top of the staircase, release any tension or strain in your body each time you breathe out.

10. Relax your face and jaw, letting your tongue gently rest at the floor of your mouth...
9. Relax your temples, eyes, and eyelids as you step down to [your favorite place]...
8. Relax the back of your neck and shoulders, simply letting go...
7. Relax your arms knowing that there is nothing for them to do...
6. Relax your chest, with each rise and fall of the breath...
5. Relax your abdomen setting the muscles free...
4. Relax your pelvis allowing it to sink into the chair...
3. Relax your legs giving them the day off with nothing to support...
2. Relax your toes as you arrive at...
1. Your favorite place.

Now, take a few moments to explore your peaceful place in your mind's eye. Involving all your senses will help you feel like you are really there.

What do you see? What colors? What objects?

Do you smell anything?

Do you hear anything?

What is the temperature?

When you feel comfortable and safe, find a place to settle down or sit.

2. The Balloon

Begin by asking the person to identify to colors:

1. What color best describes the pain? (Pain color)
2. What color should your abdomen be? (Preferred color)

Next, take them through the following script, filling in the bracketed areas with answers to questions 1 and 2, above.

Read the following script.

Focus your attention on your pain. Now, imagine your discomfort to be a large [insert pain color] balloon. Your discomfort is a large [pain color] balloon. Watch this [pain color] balloon get smaller and smaller as it slowly loses air.

See the color of the balloon beginning to lighten, slowly changing to a soft [insert preferred color], reducing in size. As you watch, the balloon becomes smaller and smaller, you feel less and less discomfort. The balloon gets smaller still, and you feel less discomfort. You begin to feel better and better; you feel better as you watch the balloon lose air and become smaller.

Now watch the pale [preferred color] balloon become tiny and tiny, smaller and smaller. It is shrinking to a small [preferred color] dot. A small [preferred color] dot.

Now see it simply disappear. When it disappears you feel much, much better. You feel better, more comfortable. You feel better. More comfortable. You feel completely comfortable.

3. Coming Out of the Trance

Read the following script.

Now, let's reverse the process. You will climb back up the staircase. As you do, feel the energy coming back into your relaxed muscles.

In a moment you will climb the staircase. You will feel a sense of happiness and ease, knowing you can visit this place whenever you wish. You can return to your favorite place and work with the balloons whenever you wish.

1. As you proceed up the first step, allow the energy to re-enter your body starting at your toes...
2. And now allow it to flow up your legs...
3. Into your pelvis as you feel it press into the chair...
4. Traveling to your abdomen, feel your body come alive...
5. Take in this energy with each rise of the chest...
6. As you feel it travel into your arms...
7. Going up to the shoulders and neck...
8. Into the temples, eyes, and eyelids...
9. Feel your tongue, jaw, and the muscles of the face energize and allow your eyes to open when you are ready...
10. When you are ready slowly return your awareness to this room.

“Balloon Self-Hypnosis Technique for IBS and Abdominal Pain—A Guide for Clinicians” was written by [J. Adam Rindfleisch](#), MPhil, MD (2014). Some sections were adapted from [“Self-Hypnosis Balloon Technique for Abdominal Pain”](#) by [David Rakel](#), MD, and [“Self-Hypnosis Techniques”](#) by [Steven Gurgevich](#), MD (Integrative Medicine, 2nd edition).

This Whole Health tool was made possible through a collaborative effort between the University of Wisconsin Integrative Health Program, VA Office of Patient Centered Care and Cultural Transformation, and Pacific Institute for Research and Evaluation.

KEY POINTS

Bacteria cells in the human body outnumber human cells (approximately 1.3 bacteria for every 1 human cell). These beneficial bacteria developed a symbiotic relationship with humans over thousands of years. They are collectively known as the gut microbiome.

Functions of the microbiome include regulating gut motility, producing vitamins (K, B12), aiding in mineral absorption, metabolizing foreign invaders, transforming bile acid and steroids, regulating gene expression in humans, and destroying genotoxins.

Probiotics are living organisms that confer a metabolic benefit to the host. Prebiotics help feed probiotics.

Probiotic foods include: sauerkraut, kefir, kombucha, yogurt, brine-cured olives, tempeh, miso, apple cider vinegar, and raw cheese.

Prebiotic foods include: asparagus, fruits such as avocados and bananas, chicory, soybeans, legumes, onions, green tea, and honey.

Our earliest exposure to healthy bacteria occurs when we are exposed to the maternal vaginal flora during childbirth. Breastfeeding also allows for transference of healthy bacteria to infants.

Antibiotic use may promote energy retention, which can lead to weight gain.

Non-caloric artificial sweeteners (e.g. aspartame) significantly lower our concentration of healthy bacteria in the colon.

Early research supports the use of fecal transplantation to increase beneficial bacteria in the gut and treat *C. Difficile* stool infections and irritable bowel syndrome.

Consider gut-directed hypnotherapy to treat abdominal symptoms associated with irritable bowel syndrome.

The 5 R's approach is an effective way to treat abdominal symptoms that may be associated with intestinal dysbiosis, or an unfavorable gut microbiome.

The **sympathetic** nervous system is responsible for your body's '**fight, flight or freeze**' reaction. It serves to accelerate the heart rate, constrict blood vessels, and raise blood pressure when needed.

The **parasympathetic** system looks after the workings of your body during **rest and recuperation**. It also controls your heart rate and body temperature under normal conditions and helps to relax the body and inhibits or slows many high energy functions.

There is a two-way communication pathway between the gut and the brain, and this impacts motility, absorption, and elimination, among other processes. There are actually

more neurons in the gut than in the brain! Neurotransmitters involved in this process include serotonin, GABA, norepinephrine, glutamate, and dopamine.

Most of the serotonin in our body is produced and stored in our gut, not our brain.

Proper acidity in the stomach (pH 1.8-3.2) helps kill off pathogens, digest proteins, and control the lower esophageal sphincter to prevent reflux of acid into the esophagus.

Taking a proton pump inhibitor (PPI, e.g. omeprazole) for just five days can suppress acid production and increase the pH in the stomach to greater than 4.0 (out of the normal range of 1.8-3.2).

Chronic acid suppression may lead to B12 deficiency, iron-deficiency anemia, low magnesium or calcium levels, SIBO, eosinophilic esophagitis, and increased risk of infections such as C. Difficile. Long-term proton-pump inhibitor use is also associated with an increased risk of dementia, chronic kidney disease, and heart disease.

Rebound dyspepsia, or increased reflux after stopping a PPI, can develop in patients, so it is hard to come off PPIs. Some beneficial strategies to help wean off a PPI include: slow titration; switching temporarily to an H2 blocker such as ranitidine; adding sucralfate temporarily; acupuncture; acupressure; and supplements such as DGL, marshmallow root, chamomile, and melatonin.

A healthy mucous layer in the gut is the first layer of defense in the gut immune system. It is also the biofilm where the microbiome lives.

It is abnormal to find a significant amount of bacteria in the small intestine, and this may be a sign of small intestinal bacterial overgrowth (SIBO).

The single-cell layer lining of the small intestine regenerates every 3-4 days, and cells in the small intestine called Goblet Cells secrete mucus to protect this layer.

WHOLE HEALTH LIBRARY MATERIALS

Module 3. Food & the Gut

Clinician Resources

- [Coming Off a Proton Pump Inhibitor](#)
- [Promoting a Healthy Microbiome with Food and Probiotics](#)
- [Balloon Self-Hypnosis Technique for IBS and Abdominal Pain—A Guide for Clinicians](#)

Veteran Handouts

- [How A Healthier Gut Makes For A Healthier You](#)
- [Probiotics For Specific Conditions](#)

GENERAL RESOURCES

[US Probiotic Guide](#) (app-based clinical decision making tool, including specific probiotics for specific conditions)

Book: *Missing Microbes* by Martin Blaser, MD

Documentary on amazon.com: [“It Takes Guts.”](#) directed by Leora Eisen

MODULE 4. MINDFUL EATING

MINDFUL EATING: MINDFUL AWARENESS AND FOOD

WHAT IS IT?

Mindful eating involves a series of practices used to focus awareness on eating. The intent is to bring people into a state of paying attention, nonjudgmentally, in the present moment. It can also encourage reflection about how one eats, one's eating patterns, and the role of food in one's life and health. Various practices tend to involve consuming a small quantity of food in a deliberate way, with close attention to sensations noted during the process.

HOW IT WORKS

Mindful awareness practices, used over time, shift brain function, allowing for better focus and more positive states of mind.

Increasing numbers of studies support mindful eating. For example, the SHINE randomized controlled trial, which enlisted 194 participants with obesity, found that mindful eating led to decreased intake of sweets and lower fasting glucose levels.¹

HOW TO USE IT

The following exercise is one example a person can try. It is easiest if they hear it read to them, versus trying to read it and follow it at the same time. It is possible to record it and then play it back.

The exercise, like any mindful awareness approach, can be repeated daily or interspersed with other mind-body approaches.

Eating Meditation

This exercise puts a new spin on the eating exercises that you may have tried in the past.

In her book, *Mindful Eating*, Jan Chozen Bays, MD, outlines nine different types of hunger.² Imagine you have landed on another planet and need food. A seemingly friendly alien offers you an object and encourages you to eat. You have no idea what this object is. You must learn about it with the only tools you have: your senses. Using a single bite of a food of your choice (a raisin, a section of orange, a chocolate chip, etc.), explore the different forms of hunger with mindful awareness by following these steps:

1. **Begin** by tuning in to your baseline hunger. On a scale from 1 to 10, how hungry are you? Where are the signals your body gives you to tell you how hungry you are? Do they come from your stomach? Your brain? Your mouth? A combination of places?

2. **Place the “mysterious alien food item in your hand.”** Start with “beginners mind.” Imagine you have never seen anything like it before. How does it feel in your hand? What is its temperature? Does it have a good vibe to it?
3. **Eye hunger.** Look at the object. Note its color, texture, and shape. Is it visually appealing to you? Rate your eye hunger for this item on a scale from 1 to 10 in terms of how the looks of the food affect your hunger.
4. **Nose hunger.** Smell the alien food. Rate the nose hunger. On a scale of 1 to 10, how much does the smell of this food make you hungry?
5. **Mouth hunger.** Place the alien food in your mouth but do not bite it right away. You can roll it around and explore it with your tongue. What do you notice? After a pause, bite into the food just once and roll it around again. What do you notice? Don’t swallow yet! You know the drill: On a scale of 1 to 10, how much hunger do you have for this object based upon the sensations in your mouth?
6. **Stomach hunger.** “What the heck?” you think. “I am starving, and I have to eat something.” You decide to eat this object. Chew it slowly, and notice how it changes as your teeth and saliva break it down. How many times can you chew it? Take your time. Savor it. Swallow it and pay attention to the experience of swallowing. Are there any bits still in your mouth? Are there pieces in your teeth that might insult your mysterious alien host if you smile? What does the tongue do when you have finished eating the food? How long can you detect the aftertaste? Rate stomach hunger on a scale from 1 to 10. Is the stomach full or not? Does it want more of this alien item?
7. **Cellular hunger.** Tune in to how the food is moving into your body, through the digestive system, toward the bloodstream. How will your cells respond to it? Are there any other sensations that tell you that this food is being absorbed? What is your body’s feedback? Are you full? Nauseated? Now rate cellular hunger on a scale from 1 to 10. How much would your body’s cells like to have more of this food?
8. **Mind hunger.** What has your mind been saying about this food? Often, it will be in the language of “should” or “shouldn’t.” What are you thinking? Is your mind wandering. Is it judging? On a scale of 1 to 10, how much would the mind like to have more of this food?
9. **Heart hunger.** What about the heart, your emotions? Is the food soothing or comforting? Has it led you to feel anything new emotionally, like disgust or happiness or contentment? Rate on a scale of 1 to 10 how much your heart would like you to have more of this food.
10. You can practice this with any number of foods, or throughout an entire meal. Don’t forget to try it with liquids as well.

*This exercise is adapted from *Mindful Eating: A Guide to Rediscovering a Healthy and Joyful Relationship with Food*, by Jan Chozen Bays, as well as from an exercise based on her work that was created for WeBiteBack.com, at <http://webiteback.com/forum/viewtopic.php?p=293409>.*

WHEN TO USE IT

This can be used by anyone. The guidance of a trained mindfulness instructor may be very useful. It can put eating into a broader context before people start delving into details about healthy approaches to nutrition.

WHAT TO WATCH OUT FOR (HARMS)

If someone has a history of an eating disorder, it is best done under the guidance of a mental health professional.

TIPS FROM YOUR WHOLE HEALTH COLLEAGUES

- One man followed up after a Whole Health class to report that over 3 months he had lost 25 pounds simply by applying mindful eating to his life. He would constantly ask himself if he were truly hungry and plan his eating accordingly. When he ate, he would do so slowly and deliberately, noticing each bite and not doing anything else while he was sitting down to eat, unless it involved conversations over the meal.
- A helpful suggestion is to have people eat sitting down, with no distractions.
- There is an entire literature on “mindless eating” as well. The intention with this is to have people take steps that will lead to unconscious changes in how they eat.

¹ Mason AE, Epel ES, Kristeller J, et al. Effects of a mindfulness-based intervention on mindful eating, , sweets consumption, and fasting glucose levels in obese adults: data from the SHINE randomized controlled trial. *J Behav Med.* 2016 Apr;39(2):201-13. doi: 10.1007/s10865-015-9692-8. Epub 2015 Nov 12.

² Chozen Bays J. *Mindful Eating: A Guide to Rediscovering a Healthy and Joyful Relationship with Food.* Boulder, CO: Shambhala Publications; 2009.

PRACTICAL EXERCISE

Over lunch, take some time to be mindful of what you are eating. Consider what it took to bring this food to you. Who was involved in the growing process and production? Consider the sun and soil to grow the ingredients and ask yourself where in the world the foods came from (hopefully not a factory!). Appreciate all of what it took to bring your lunch food to your plate.

What did you notice about mindful eating during your lunch meal that you would like to remember?

KEY POINTS

Mindful awareness is a central component of Whole Health. It is about an overall approach that can be brought to everything, including when eating to consider the “what, when, how and why” of what we eat and the role of food in our lives.

Mindful awareness can help us to stop, be calm and at rest which has a positive influence on digestion, activating the parasympathetic nervous system, “rest and digest.”

Mindful awareness practices are being broadly used across many populations with intentions such as to improve performance and to support good self-care.

Mindful awareness is a “way of being” in the present moment, on purpose and without judgment. Mindful awareness invites us to pay attention with curiosity and openness.

Meditation and mindful awareness practices can reduce the rate of telomere () decay, which may slow the rate of aging.

In the late 1970s, Jon Kabat-Zinn developed Mindfulness Based Stress Reduction (MBSR). MBSR is a mind-body therapy that involved mindfulness meditation, yoga, patient education, and group support. Research shows that even after a few weeks of MBSR, brain changes begin to show up in imaging studies.

MBSR is used as a complementary therapy to address a wide variety of health problems such as chronic pain, anxiety, depression, psychosis, cancer & chronic disease, somatization, work, family and emotional stress, eating disturbances, heart disease, substance use and poor sleep.

MBSR has value for healthy people as well in reducing stress.

VA CALM (Compassionate Action Learning Modules) is a year-long training available to all VA clinicians. Participants completing the VA CALM National Mindfulness Facilitator's Training are issued a Certificate of Completion. For additional information, please contact: Jessica.Pieczynski@va.gov.

Mindful eating:

- Uses all your senses in choosing to eat foods that are both satisfying and nourishing
- Acknowledges emotions and responses to food without judgement
- Encourages awareness of physical hunger and satiety cues

Meta-analysis from 2015 showed overall medium-large effects on binge eating. Other research suggests that mindfulness practices can reduce factors associated with problematic eating behavior including food cravings, dichotomous thinking, body image concern, emotional eating and external eating.

Various therapies incorporate mindfulness such as Dialectical Behavioral Therapy (DBT), Acceptance and Commitment Therapy (ACT) and Mindfulness-Based Cognitive Therapy (MBCT).

Tips for mindful eating (before eating):

- Sit quietly for 30 seconds
- Notice your breathing, posture, emotions, but don't judge them
- Try some mindful breathing exercises
- Take a moment for gratitude
- Pay attention to hunger or fullness
- During your meal:
 - Eat with your non-dominant hand or chopsticks to slow pace
 - Set your utensils down or take a sip of water between bites
 - Portion out meals and snacks and avoid eating out of containers
 - Chew your food 10-15 times per bite
 - Pay attention to taste, texture and how flavors change
 - Try to make the meal last 20 minutes

WHOLE HEALTH LIBRARY MATERIALS

Module 4. Mindful Eating

Clinician Resources

- [Mindful Awareness: Enhancing your Relationship with Your Food](#)

Veteran Handouts

- [Mindful Eating](#)

MODULE 5. NUTRITION AND PAIN

PRACTICAL EXERCISE

Discuss the following at your table: During this module, we learned how inflammation plays a key role in the development of osteoarthritis. Imagine a 40-year-old male Veteran comes to your clinic with early signs of osteoarthritis of the right shoulder and the left knee. Your Veteran asks you for some pain management and prevention strategies besides steroid injections and surgery. What are some interventions you can suggest for his health plan? When discussing diet in particular, what SPECIFIC recommendations would you suggest?

KEY POINTS

Chronic pain makes fat less satiating, which results in us consuming more fat.

Osteoarthritis may be a reflection of overall inflammation in the body, and the foods we consume can increase or decrease inflammatory cytokines in the body.

Even small amount of weight loss can dramatically increase functionality with osteoarthritis.

An anti-inflammatory diet, including 5-9 servings of fruits and vegetables daily, at least 25 grams of fiber daily, whole grains, and fish twice weekly can reduce inflammation.

High glycemic foods can increase inflammation; consider a low glycemic index dietary approach.

Increase fiber intake to help support a more diverse microbiome and reduce inflammation in the body.

Spices that may reduce inflammation in the body include cloves, cinnamon, ginger, garlic, and turmeric.

Acupuncture is an effective method for reducing the frequency of chronic migraines.

Magnesium and Riboflavin (Vitamin B2) are both effective at preventing chronic migraines.

Consider meditation as an adjunct treatment for chronic pain in Veterans; specifically, think about suggesting mindfulness-based stress reduction (MBSR).

Some general tips to reduce headaches include: avoid skipping meals, achieve an optimal body weight, be mindful of caffeine intake and withdrawal, stay hydrated, and consider an allergy elimination diet.

WHOLE HEALTH LIBRARY MATERIALS

Module 7. Nutrition and Pain

Clinician Resources

- [Communicating about Chronic Pain: Instructions for Clinicians](#)
- [Diaphragmatic Breathing to Assist with Self-Management of Pain](#)
- [Mindfulness Meditation for Chronic Low Back Pain](#)
- [Moving the Body in Chronic Pain: What Clinicians Need to Know](#)
- [Supplements for Pain](#)
- [Non-Drug Approaches to Chronic Pain](#)

GENERAL RESOURCES

[Passport to Whole Health](#), Chapter 15: Biologically-Based Approaches: Dietary Supplements

Website: [Practical Pain Management Resource Guide with >50 resources geared towards Veterans](#)

MODULE 6. EATING IN CONTEXT: EXTERNAL FACTORS THAT AFFECT NUTRITION

PRACTICAL EXERCISE

Find a partner (ideally from your site) and discuss if you are currently screening for food insecurity among Veterans at your site. How might you go about screening for low access to food? Once you identify patients with low access to food, what are three resources that you could offer these Veterans?

KEY POINTS

Veterans are impacted by food insecurity at a higher rate than the rest of the population.

In urban areas, food insecurity means not having reliable access to food within 1 mile of one's home, and in rural areas, it is defined as not having access within 10 miles of one's home.

Food insecurity is associated with lower scores in physical and mental health, poorer control of diabetes, and increased incidence of chronic illnesses such as hypertension and hyperlipidemia.

The Supplemental Nutrition Assistance Program (SNAP) is the largest food safety net in America. As of 2012, 15% of Americans qualified for SNAP, but only 72% of eligible people actually use SNAP.

Globally, we throw out one-third of what we grow, and in the US, 40% of all food goes uneaten.

At home, we throw away up to 25% of our meals on average, and this adds up to approximately \$2,275, annually.

On a societal level: adopting a plant-based diet in addition to reducing red meat consumption, sugar, and refined grains could significantly increase food access and save 11 million lives annually. This change would also allow us to fulfill the climate goals of the Paris Accords.

A significant number of food additives have been banned over the last 100 years, and many of them were used for decades before associations with cancer and organ damage were discovered.

Coal tar distillate is used to create many food dyes.

Processed foods frequently include dozens of ingredients that may be toxic at higher levels; it is easier to keep track of what you are eating if you consume whole foods instead.

Endocrine disrupting chemicals (EDCs) mimic hormones and bind hormone receptors. This alters the function of the original hormone, either by enhancing its effect, blunting its effect, or creating a totally different effect.

EDCs are stored in fat cells and can increase our risk of developing obesity and cardiovascular disease. They are found in a variety of products we are frequently exposed to, including food packaging and medical instruments.

Recent research showed that organic food consumption was associated with a reduced risk of developing cancer (N = 69,000, France). Consider using the Environmental Working Group's Dirty Dozen and Clean Fifteen™ lists to help guide purchasing choices for organic foods.

Organic meat has been shown to have more omega-3-fatty acids and Vitamins A and E and less total cholesterol and saturated fat.

The predominant breed of dairy cows in the US lacks genetic diversity, and this has led to increased levels of A1-beta casein, which results in diarrhea, abdominal pain, and gut inflammation.

Some fruits and vegetables are altered by exposure to chemicals (ethylene in peaches and tomatoes) to look more aesthetically pleasing to consumers.

Modern farming techniques have resulted in less organic matter content in soils and destruction of top soil layers. This has resulted in a noticeable reduction in nutrient content in our fruits and vegetables.

Methods of processing food at home (i.e. heating, peeling, cutting) also affect nutrient quality.

Food psychology is a field in nutrition that focuses on reducing unintentional behaviors that lead to negative health outcomes and promoting healthier habits.

If possible, choose fish from safe sources and consider possible exposure to chemicals, heavy metals, and pharmaceuticals.

The concept that one pound contains 3,500 calories is erroneous; multiple studies have shown that we undergo two phases of metabolism and the number of calories it takes to lose one pound varies based on a variety of factors.

Examples of pause points include repacking snacks in smaller packages, putting utensils down between bites, keeping food an arm's length away, and considering stopping midway through the meal to say thanks.

Try to chew each bite 15-20 times before swallowing.

Just by looking at a food we imagine will taste good, our body produces more salivary amylase, which leads to insulin secretion. The extra insulin that is produced then increases our perception of hunger and increases conversion of energy to central adipose tissue. Unhealthier foods have a greater effect.

Eating foods with a larger volume (water, air, low calorie fillers) helps us eat fewer calories.

If a patient wishes to decrease portion sizes, consider suggesting that they reduce meal contents by no more than 20-30% so that they don't miss the calories.

We consume fewer calories but feel as satisfied when we drink from taller, thinner glasses rather than shorter, fatter glasses.

Eating with more people leads to eating more calories overall.

When our meal contrasts with our plate, we consume less food overall.

Putting more than two items on your plate will significantly increase the amount that you consume.

Always leave a little on your plate when eating with someone else. That way, if your company eats slower than you, you won't go back for seconds.

Slower eaters have a lower odds ratio of being obese. Changing from a faster to slower eater can result in a lower BMI

WHOLE HEALTH LIBRARY MATERIALS

Module 6. Eating in Context: External Factors That Affect Nutrition

Clinician Resources

- [Food Safety](#)

Veteran Handouts

- [Healthy Tips on Eating Out and Grocery Shopping](#)
- [Mindful Eating](#)

GENERAL RESOURCES

App (free): [EWG Healthy Living App](#)

Video on YouTube: [A Date with Your Family: A 1950's Instructional Video](#)

Website: [Lois Bielefeld, Weeknight Dinner Portraits \(2013-2015, 2017\)](#)

Website: [Old Ways Food Pyramids](#)

Website: [Center for Science in the Public Interest, Eating Healthy \(on food safety\)](#)

MODULE 7. YOUR BRAIN ON FOOD: NUTRITION AND MENTAL HEALTH

PRACTICAL EXERCISE

What key points from this module will assist you in building a healthy foundation for your own mental health? The health of our Veterans? What nutrition resources will you offer your patients with mental illness (in addition to a consult to a mental health professional and dietitian)?

KEY POINTS

20 Veterans commit suicide in the US every day; consider how we can intervene sooner and refer our patients to mental health professionals within the VA.

The symptoms of nutrient depletion mirror the symptoms of common mental health disorders.

Over 10,000 processed foods are introduced into the US every year; reducing processed foods and fast food in our diets can dramatically reduce our risk of developing depression and anxiety.

Start by helping patients decrease sugar in their diets. Sugar intake is associated with many of the symptoms of mental illness.

Eating whole foods (fruits, vegetables, legumes, whole grains, nuts, seeds, and fish) lowers our risk of depression.

Increasing healthy fats in our diets can reduce fear-based memories in PTSD and decrease aggression in our patients.

Micronutrients found in grains, fruits, and vegetables can help balance important neurotransmitters such as serotonin, dopamine, adrenaline, and GABA. These neurotransmitters play a key role in depression and anxiety.

Our patients' medications may reduce their ability to absorb key micronutrients that impact mood. Consider stopping medications when they are not necessary or increasing micronutrients that are lowered by essential medications (ideally through diet rather than supplements).

Supporting a healthy microbiome can play a part in treating mental illness. Consider the key points highlighted in the “Food and the Gut” module.

WHOLE HEALTH LIBRARY MATERIALS

Module 9. Your Brain on Food: Nutrition and Mental Health

Clinician Resources

- [Depression](#)
- [Anxiety](#)
- [Diaphragmatic Breathing to Assist with Self-Management of Pain](#)

Veteran Handouts

- [Breathing and Health](#)

SUPPLEMENTS HIGHLIGHTED

- B-complex vitamins
- Omega-3 Fatty Acids
- Magnesium
- Vitamin D3

EXERCISES TO CONSIDER IMPLEMENTING IN YOUR PRACTICE

- **Mason Jar Gratitude Exercise**
Every day, write down something for which you are grateful and put in the jar. Read notes at the end of the week.
- **4-7-8 Breathing Technique**
Widely taught by Dr. Weil, this breath involves breathing in for the count of 4, holding the breath for the count of 7, and exhaling for the count of 8. You can adjust the speed of each breath based on how fast you count. When a person does this for the first time, they should do it seated or lying down and only for a few breaths, as it can make some people feel a bit giddy or light-headed. This is an easy technique to teach patients.

TABLE OF ESSENTIAL VITAMINS AND MINERALS (EFFECTS AND SOURCES)

The document “[Food for thought: Mental health and nutrition briefing](#)” from the Mental Health Foundation includes a helpful table of essential vitamins and minerals, their effects and where to find them. (See Table 3 on page 7.)

GENERAL RESOURCES

App: [Mytavin](#): FREE medication-induced nutrient depletion calculator

Apps: [Buddhify](#), [Headspace](#), [Calm](#): Apps with guided breathing and meditation exercises

Book: *Man's Search For Meaning* (Victor Frankl): Positive Psychology book

Cookbook: *The Happy Kitchen Cookbook* (Rachel Kelly)

Cookbook: *The Healthy Mind Cookbook* (Rebecca Katz)

Documentary: Sugar: [The Bitter Truth](#); [Fat Chance](#) (Robert Lustig): Free documentaries on www.Youtube.com

MODULE 8. SERVING IT UP: HEALTHY COOKING TIPS

HEALTHY TEACHING KITCHEN PROGRAM

For information on the Healthy Teaching Kitchen Program:

<https://vaww.infoshare.va.gov/sites/Nutrition/NFS/FSB/HTK/SitePages/Home.aspx>

The SharePoint site provides outlines, handouts, recipes, cookbooks, evaluation materials, and training materials from VAs that have successfully started healthy teaching kitchens.

There is also a Healthy Teaching Kitchen monthly call and a Healthy Teaching Kitchen listserv. To join the listserv and get reminders about the calls, email:

VHANFSHealthyKitchens@va.gov.

In searching Facebook for “Chicago VA Medical Center,” you will find recipe videos from their Healthy Teaching Kitchen, as well as a Facebook Live class once per month.

For YouTube videos, go to the [Veterans Health Administration channel](#) and search for “Healthy Teaching Kitchens.” You will find recipe videos, as well as informative videos about Healthy Teaching Kitchens around the nation.



MODULE 9. FUNCTIONAL NUTRITION, ELIMINATION DIETS, AND THE 5R'S

PRACTICAL EXERCISE

Choose a partner and designate one member of your pair to be the patient and one member to be the clinician.

Instructions for the clinician: Imagine that the patient presents to your clinic with eosinophilic esophagitis and you recognize that an elimination diet may be worth considering for their health plan. Your patient states that they would be interested in seeing a dietitian for this, but would like to know a little more about how an elimination diet works. Please take a moment to explain to your partner what an elimination diet might look like (how to prepare for this, how many days it will typically last, what symptoms they may experience, how they will measure the effectiveness of the therapy, etc.).

Instructions for the patient: Pretend this is the first time you have heard about elimination diets. Did your provider's explanation help you better understand the process you will eventually undergo? Are there any important gaps in your understanding after the explanation?

KEY POINTS

Functional Medicine is an approach to patient care that is holistic and takes into account root causes of disease. Nutrition, and specifically our gut health, plays a significant role in functional medicine.

The 5 R's approach to gastrointestinal healing includes the following steps: Remove, Replace, Reinoculate, Repair, and Rebalance.

Elimination diets can treat a variety of conditions including (but not limited to) migraines, fibromyalgia, eczema, Hashimoto's thyroiditis, seizure disorders, sinusitis, GERD, celiac disease, irritable bowel syndrome, and inflammatory bowel disease.

Adverse food reactions can be immune-mediated (true food allergies) or non-immune mediated (intolerances such as lactose intolerance). Non-immune mediated responses occur when the enzyme needed to metabolize a pathway is absent (i.e. lactase in lactose intolerance).

Delayed hypersensitivity reactions can occur 48-72 hours after consuming an offending food, making them difficult to identify without a careful elimination and challenge protocol.

Common sources of food sensitivities include FODMAPs, histamine, tyramine, artificial sweeteners / colors / dyes, MSG, and yeasts/molds.

An elimination diet is the gold standard for identifying adverse food reactions. Elimination is characterized as removal/avoidance of food(s)/group(s) of foods and food additives that may be causing immune or non-immune mediated adverse reactions.

Consider referring patients to dietitians for elimination diet counseling if they present with multiple symptoms and no clear diagnosis, notice that foods exacerbate their symptoms, have a history of multiple childhood infections/atopic disease, or don't seem to be responding to conventional treatments for their condition.

Multiple physical exam signs are frequently present in the setting of adverse food reactions. Screening for these physical signs can help identify patients who may benefit from an elimination diet.

Contraindications to elimination diets include patients with a history of anaphylaxis or eating disorders, and patients who are pregnant or actively breastfeeding.

Three types of elimination diets include food specific diets, multiple food group diets, and few food/oligoantigenic diets.

Most elimination diets are broken down into four phases: Plan, Avoid, Challenge, Evaluate. Avoidance is usually 2-4 weeks and reintroduction of a new food usually occurs every 3-4 days.

Proper planning and support are essential to successfully completing an elimination diet.

ELIMINATION DIET: CLINICAL TOOL

In an elimination diet, a food or group of foods is removed from a person’s diet for a set period of time. This helps to determine whether specific foods or ingredients in foods contribute to symptoms. Diets are individualized based on each patient’s history, eating patterns, and overall symptom picture. Elimination diets are, in essence, controlled experiments that focus on changing a single dietary variable at a time.

The process of outlining and then following an elimination diet can take effort and time both for practitioners to explain and for patients to conduct. However, successfully discovering food allergies or intolerances can potentially alter the courses of several diseases and lead to profound symptom improvements.

Serum tests are available to help diagnose adverse food reactions, and these remain controversial given their low accuracy (save maybe for irritable bowel syndrome). Many of these are offered by private laboratories and focus on IgG levels. Food allergies that are IgE-mediated, however, can be accurately assessed through widely available tests. However, the “gold standard” for food allergies and food intolerances remain placebo-controlled food challenges.

Four key steps are involved in the process.

STEP 1: THE PLANNING PHASE

FIGURING OUT WHICH FOOD(S) TO ELIMINATE

Begin by ensuring that an elimination diet is clinically appropriate and something that a patient is both willing and motivated to try. A thorough dietary history, which may include a food journal, can help assure clinicians that food restrictions will not contribute to nutrient deficiencies or inappropriate weight loss.

INFORMATION TO GATHER IF FOOD INTOLERANCE IS SUSPECTED ¹

The following lists key points to keep in mind when taking a history from people who may have food intolerances.

- **History of present illness**
 - Relation of symptoms to exercise
 - Substance use (caffeine, smoking, alcohol, illicit drugs)
 - Life stressors
- **Past medical history**
 - Respiratory allergies
 - Chronic respiratory congestion
 - Asthma
 - Atopic dermatitis
 - Infant colic

- Irritable bowels
- Eating disorders
- Food allergies
- **Family history**
 - Food intolerance
 - Irritable bowels
 - Headache
 - Mouth ulcers
- **Lab testing**
 - Previous allergy tests

Some potential risks to consider:

- Elimination diets may exacerbate an existing or activate a latent eating disorder such as anorexia or bulimia nervosa.
- Do not reintroduce foods known to provoke anaphylactic reactions.
- Be wary if one is already malnourished or is at high risk for nutritional deficiencies. This may include the elderly, autistic (given they often already restrict their diets), and those with very limited food resources.
- Given that foods also heal, be cautious of instilling a fear of food.

Consider having one keep a *food-symptom diary* for a few weeks as a way to better understand what foods may be leading to bothersome symptoms (Reference [sample food diary](#)). Here are some questions that often illicit problematic foods:

- What foods do you eat most often?
- What foods do you crave?
- What foods do you eat to help you feel better?
- What foods do you think you might have trouble giving up?

Why might these foods be problematic? One hypothesis is that problematic foods can both trigger an inflammatory process in the gut as well as cause endorphin release in the brain. Endorphins reduce pain, and because they lead to a sense of well-being, their release may cause continued regular consumption of triggering foods.

Once a list of potential problematic foods is generated, decide which foods to eliminate. An *individualized* elimination diet should be based on one's intuition (what is my "gut feeling"?), the answers to the above questions, and common provoking foods based on one's disease. The following table lists foods that one might consider avoiding based on specific diagnoses.

TABLE 1. FOODS THAT OFTEN INFLUENCE SPECIFIC HEALTH PROBLEMS ¹

Condition	Foods to consider avoiding
Attention deficit hyperactivity disorder (ADHD)	Apples, artificial colors, aspartame (NutraSweet), butylated hydroxyanisole, butylated hydroxytoluene (in packed cereals), benzoates (chewing gum, margarine, pickles, prunes, tea, raspberries, cinnamon, anise, nutmeg), caffeine, corn, dairy products, nitrate and nitrites (preserved meats, like bacon, frankfurters, pepperoni), oranges, propyl gallate, sulfites (dried fruits, mushrooms, potatoes, baked goods, canned fish, pickles, relishes), peanuts, tomatoes
Atopic dermatitis	Children: dairy, eggs, soy, wheat Adults: pollen-related foods (fruit, nuts, vegetables) Other considerations: artificial colors, benzoates, berries, citrus, currants, fish, legumes, sulfites, tomatoes, beef, chicken, pork
Autism spectrum disorders	Gluten and casein (gluten-free, casein-free diet), food additives, artificial colors
Irritable bowel syndrome	Dairy, eggs, wheat Specific carbohydrate diet (Refer to Inflammatory Bowel Disease).
Migraine	Caffeine, monosodium glutamate (MSG), processed meats and fish, dairy, nuts, alcohol, vinegar, certain fruits and vegetables (citrus, onions), yeast-risen baked goods, aspartame (NutraSweet)
Rheumatoid arthritis	Level 3: The Few-Foods Diet Corn, dairy, nightshade vegetables (bell peppers, eggplant, potatoes, tomatoes)
Gastroesophageal reflux disease (GERD)	Alcohol, chocolate, coffee, cow's milk, saturated fat, orange juice, spicy foods, tea, tomato juice, peppermint/spearmint
Inflammatory bowel disease	Dairy, gluten, yeast, some carbohydrates
Serous otitis media	Dairy

STEP 2: THE AVOIDANCE PHASE

ELIMINATING FOODS: THREE LEVELS ¹

The intensity of the diet depends primarily on how many foods are eliminated at a time.

LOW: THE SIMPLE DIET ELIMINATES MILK, EGGS, AND WHEAT

Elimination of one or a few key foods. Often, these may include milk products and gluten.

- Pros: Better for people at risk of undernutrition or who might have difficulty with adherence.
- The less good: This diet plan will not help to determine if one is intolerant a broader group of foods or food combinations.

Animal proteins

Allowed: Beef, chicken, lamb, pork, turkey

Eliminated: Dairy products, chicken eggs

Grains and starches

Allowed: Arrowroot, barley, buckwheat, corn, millet, oats, rice, rye, sweet potatoes, tapioca, white potatoes, yams

Eliminated: Dairy-based butter and margarines

All fruits, vegetables, salt, spices, sweeteners, and vegetable proteins are allowed.

MODERATE: A STRICTER DIET THAT ELIMINATES SEVERAL FOOD GROUPS

- Pros: High rates of success in determining all kinds of food intolerances without significant nutritional risks.
- Cons: Requires significant planning, recording, and time.

Animal proteins

Allowed: Lamb

Eliminated: All others, including eggs and milk

Vegetable proteins

Allowed: None

Eliminated: Beans, bean sprouts, lentils, peanuts, peas, soy, all other nuts

Grains and starches

Allowed: Arrowroot, buckwheat, corn, rice, sweet potatoes, tapioca, white potatoes, yams

Eliminated: Barley, millet, oats, rye, wheat

Vegetables

Allowed: Most

Eliminated: Peas, tomatoes

Fruits

Allowed: Most

Eliminated: No citrus or strawberries

Sweeteners

Allowed: Cane or beet sugar, maple syrup, corn syrup

Eliminated: Any others, including aspartame

Oils

Allowed: Coconut, olive, safflower, sesame

Eliminated: Animal fats (lard), butter, corn, margarine, shortening, soy, peanut, other vegetable oils

Other

Allowed: Salt, pepper, a minimal number of spices, vanilla, lemon extract

Eliminated: Chocolate, coffee, tea, colas and other soft drinks, alcohol

HIGH: A FEW-FOODS DIETS ELIMINATES OF ALL BUT A FEW FOODS

This might be used if one has a long list of potential intolerances and wants to “wipe the slate clean.”

- Pros: Highest chance for symptom improvement.
- Cons: Greatest potential risks for malnutrition or orthorexia (a “fear of food”). Requires significant time for the reintroduction process (Reference “Step 3: The Challenging Phase,” below).

Only the foods listed below are allowed.

Apples (juice okay), Apricots, Asparagus, Beets, Cane or beet sugar, Carrots, Chicken, Cranberries, Honey, Lamb, Lettuce, Olive oil, Peaches, Pears, Pineapple, Rice (including rice cakes and cereal), Safflower oil, Salt, Sweet potatoes, White vinegar.

TABLE 2. ANOTHER CHALLENGE: HOW TO KNOW WHICH FOODS TO AVOID ¹

If You Are Avoiding	Also Avoid
Dairy	Caramel candy, carob candies, casein and caseinates, custard, curds, lactalbumin, goat's milk, milk chocolate, nougat, protein hydrolysate, semisweet chocolate, yogurt, pudding, whey. Also beware of brown sugar flavoring, butter flavoring, caramel flavoring, coconut cream flavoring, "natural flavoring," and Simplese.
Peanut	Egg rolls, "high-protein food," hydrolyzed plant protein, hydrolyzed vegetable protein, marzipan, nougat, candy, cheesecake crust, chili, chocolates, pet feed, sauces.
Eggs	Albumin, apovitellin, avidin, béarnaise sauce, eggnog, egg white, flavoprotein, globulin, hollandaise sauce, imitation egg products, livetin, lysozyme, mayonnaise, meringue, ovalbumin, ovoglycoprotein, ovomucin, ovomucoid, ovomuxoid, Simplese.
Soy	Chee-fan, ketjab, metiauzza, miso, natto, soy flour, soy protein concentrates, soy protein shakes, soy sauce, soybean hydrolysates, soby sprouts, textured vegetable, protein, tofu, whey-soy drink. Also beware of hydrolyzed plant protein, hydrolyzed soy protein, hydrolyzed vegetable protein, natural flavoring, vegetable broth, vegetable gum, and vegetable starch.
Wheat	Atta, bal ahar, bread flour, bulgur, cake flour, cereal extract, couscous, cracked wheat, durum flour, farina, gluten, graham, flour, high-gluten flour, high-protein flour, kamut flour, laubina, leche alim, malted cereals, Minchin, multigrain produces, puffed wheat, red wheat flakes, rolled wheat, semolina, shredded wheat soft wheat flour, spelt, superamine, triticale, vital gluten, vitalia macaroni, wheat protein powder, wheat starch, wheat tempeh, white flour, whole-wheat berries. Also beware of gelatinized starch, hydrolyzed vegetable protein, modified food starch, starch vegetable, gum, and vegetable starch.

STEP 3: THE CHALLENGING PHASE

REINTRODUCING THE ELIMINATED FOODS

Rule of 3s:

- 3 weeks of elimination,
- then challenge during all 3 meals of 1 day,
- then wait 3 days before another rechallenge.

Symptoms will often worsen for a few days before they improve.

Given the subtleties of how food intolerances manifest, eliminating a food is not enough to determine if it might be a problem. Reintroducing the food will provide yet another way to assess an association between foods and symptoms, given the waxing and waning course of most diseases. On the single day of a food or food group's reintroduction, one should eat increasing quantities with each meal. Starting low is important, in case a serious adverse reaction occurs with an exposure to even a small amount of food. Because it can take several days for symptoms to reappear, a 3-day waiting period after reintroduction is recommended. Regardless of what occurs, that food should then be eliminated again. A new food is reintroduced, and the cycle starts again. The section below summarizes the timing for a typical elimination diet process.

ELIMINATION DIET TIMING

Begin Elimination Diet...

- **Week 1:** Symptoms may worsen
- **Week 2 and 3:** Symptoms may improve
- **Reintroduction Day (Food #1):** Reintroduce one eliminated food, in increasing amounts, at all three meals for just 1 day
- **Watching and waiting for 3 days:** Symptoms may worsen or not; then continue to eliminate selected food after 1-day reintroduction
- **Reintroduction Day (Food #2):** Reintroduce a different eliminated food, in increasing amounts, at all three meals for just 1 day
- **Watching and waiting for 3 days:** Symptoms may worsen or not; then continue to eliminate selected food after 1-day reintroduction
- **Reintroduction Day (Food #3):** Reintroduce a different eliminated food, in increasing amounts, at all three meals for just 1 day

...and the cycle continues until all foods have been evaluated

STEP 4: THE MAINTENCE PHASE

THE BEGINNING OF A NEW DIET (AND A BETTER LIFE!)

After the elimination diet has been completed, a new diet should emerge that removes specific foods or food groups long term. If it is not found to be beneficial, another elimination diet could be instituted at a later time.

If one is avoiding specific food groups that are associated with higher levels of specific vitamins or nutrients, other foods that are tolerated might need to be eaten in higher amounts to make up for these deficits (e.g. increasing leafy green intake if one is avoiding dairy foods). Dieticians can be valuable team members for assisting with these issues.

Foods that cause an IgE-mediated food allergy should NOT be reintroduced.

Given that the removal of problematic foods or food groups can allow the body to heal, one may be able to reintroduce eliminated foods (using the every-3-days process described above) in 3-12 months. In this way, elimination diets not only may *alleviate symptoms* but also may *treat disease*. Ideally, the clinician will work with the patient to improve the ecosystem of the GI tract, reduce intestinal permeability, and enhance tolerance so that formerly problematic foods can eventually be reintroduced.

AUTHOR(S)

“Elimination Diet” was written by [David Lessens](#), MD, MPH (2014). Sections were adapted from “Food Intolerance and Elimination Diet” by [J. Adam Rindfleisch](#), MPhil, MD. (Integrative Medicine, 3rd Edition)

This Whole Health tool was made possible through a collaborative effort between the University of Wisconsin Integrative Health Program, VA Office of Patient Centered Care and Cultural Transformation, and Pacific Institute for Research and Evaluation.

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WHOLE HEALTH LIBRARY MATERIALS

Module 5. Functional Nutrition, Elimination Diets, and the 5R's

Clinician Resources

- [Elimination Diet](#)

Veteran Handouts

- [Eating To Reduce Irritable Bowel Symptoms: The FODMaP Diet](#)

GENERAL RESOURCES

App (\$10): [Monash University FODMAP diet app](#)

[The Institute for Functional Medicine Medical Symptoms Questionnaire \(MSQ\)](#)

MODULE 10. PREVENTION OF CARDIOVASCULAR DISEASE AND DIABETES

PRACTICAL EXERCISE

Choose a partner. Designate one of you as the clinician and one as the patient. Pretend that the patient comes to you, the clinician, and asks how nutrition can specifically prevent heart disease. Describe the step-by-step process of plaque formation and provide a few key food suggestions to prevent these steps. As the patient, can you provide any feedback to your clinician about their explanation of the benefits of nutrition for cardiovascular prevention?

What is your take-away from this exercise that you might wish to apply in your practice?

KEY POINTS

Cardiovascular Disease Risk Prevention

Both low-carbohydrate and high-carbohydrate diets can increase our all-cause mortality risk.

Replacement of carbohydrates with animal protein sources increases our mortality risk compared to plant-based proteins.

High-fiber diets are associated with a dramatic reduction in all-cause mortality. Aim for AT LEAST 25-29 grams of fiber daily if you can tolerate. Add fiber into your diet slowly to reduce bloating.

A variety of plant-based diets have shown benefit in reducing the risk of developing cardiovascular disease. These diets share fruits, vegetables, whole grains, fish, and nuts/seeds in common.

Similarly, Mediterranean-type diets lower our risk of developing both diabetes and cardiovascular disease.

Cardiovascular disease development involves four progressive steps: endothelial cell damage, LDL deposit at the damaged site, a cascade of inflammatory molecules, and cap formation to repair the tissue. This fibrous cap can then break off and block a blood vessel downstream. Multiple key micronutrients can prevent every stage of this process.

The better we adhere to a Mediterranean-type diet, the greater cardiovascular risk reduction we experience.

Every additional serving of fruits and vegetables lowers our cardiovascular risk. Aim for 7-9 cups per day.

When it comes to preventing cardiovascular disease, there is no minimum safe level of alcohol consumption. The less you drink, the better off you are.

The consumption of red meat can lead to increased levels of TMAO, which enhances the recruitment of inflammatory factors prior to plaque formation. Reducing red meat lowers our cardiovascular risk.

Diabetes Risk Prevention

In the pathogenesis of diabetes, antecedents/triggers (such as visceral adiposity and lack of exercise) eventually lead to insulin resistance, which can give rise to diabetes.

Early signs/symptoms of insulin resistance may include low energy, sugar cravings, mood swings, PCOS, weight gain, acne, acanthosis nigricans, and skin tags.

92% of type 2 diabetes cases are related to lifestyle, and lifestyle interventions have been shown to be twice as effective as oral medications for the prevention of diabetes.

Mediterranean-type diets, the alternative health eating index, the DASH diet, and primarily plant-based diets lower our risk of diabetes. The PREDIMED study was one of the largest studies showing this effect for Mediterranean-type diets (both with olive oil and nuts).

A diet high in processed meat, refined carbohydrates, high-fat dairy, eggs, and fried foods increases our risk of diabetes.

Tips for choosing quality olive oil include: choose extra virgin (EVOO), consume less than 2 years from harvest date, store in a dark/cool area, make sure the mouthfeel is crisp, and aim for bitterness and pungency in taste (rather than sweetness).

Refined carbohydrate consumption results in a spike and drop in blood sugar (glucose) over approximately 1.5 hours, and these abrupt shifts respectively result in insulin and cortisol surges. Both insulin and cortisol convert energy to central adiposity and increase inflammation. Fiber with food helps mitigate this process.

The EPIC study showed that higher total protein consumption in diets resulted in a higher risk of diabetes, and further analysis showed that plant-based proteins (nuts, grains, seeds, legumes) were safe but animal-based proteins increased diabetes risk.

Our risk of developing diabetes increases dramatically (18%) with every additional soda we drink each day. And diet sodas may increase our risk even more (25%).

Standing for just five minutes every half hour will reduce our blood glucose level after meals.

Reduced sleep impairs glucose tolerance; make sure to address sleep issues with patient trying to prevent diabetes or actively managing diabetes.

Cognitive behavioral therapy is an effective adjunct treatment for diabetes and has been shown to lower HbA1c levels and improve adherence to treatment.

An effective screening tool to assess for burnout in the setting of diabetes is the [Diabetes Distress Scale](#). Consider evaluating your patients to ensure they are not experiencing burnout, which will affect adherence to treatment.

CARBOHYDRATES & YOUR HEALTH: GLYCEMIC, GLYCEMIC LOAD, AND BLOOD SUGARS: VETERAN HANDOUT

What do I need to know about carbohydrates?

There are 3 basic building blocks that make up the foods we eat: carbohydrates, fats, and proteins. Most foods are made from a combination of each of these building blocks. All 3 are needed to help you feel well, be healthy, and stay active throughout the day.

Carbohydrates include sugars, starches, and fiber. Many modern diets focus on cutting out most carbohydrates, but we know that low-carb diets are not helpful for the following reasons:

- There are both healthy and unhealthy carbohydrates. Fruits, vegetables, beans, and whole grains like oats, barley, and rye are some of the healthiest foods you can eat. In fact, studies show that you should aim for 7 to 9 servings of whole fruits and vegetables every day to reduce heart disease, diabetes, stroke, and other chronic diseases throughout your lifetime.¹
- Research shows that it is very difficult to cut out all carbohydrates from your diet. Most carbohydrate-free diets don't last long before people gain back the weight they lost at the beginning of the diet. Studies have shown that diets that restrict a lot of foods do not help for long. People on these sorts of diets—low-carb or low-fat—gained back much of the weight they lost after 2 years.²
- Carbohydrates give you energy that can be used right away. Cutting them out entirely means you will have no quick energy stores to help you move, think, and interact with others.

Think of carbohydrate-containing foods as falling along a spectrum. The least healthy include those made with sugar and refined flours. The healthiest are whole, plant-based foods in their natural state like fresh vegetables and fruits. Try to get most of your carbohydrates from the healthier end of the spectrum and limit your intake of those made with sugar and refined flours, such as:

- Most pastas, breads, bagels, cereals, tortillas, and pizza crust
- Snack foods like corn chips, pretzels, and crackers
- Waffles, pancakes, granola bars, and muffins
- Most desserts, including ice cream, cookies, cakes, pies, doughnuts, and candy
- Sweetened beverages including sodas, sports and energy drinks, fruit drinks, juices, and some flavored waters
- Jellies, jams, syrup, honey, agave, ketchup, honey mustard, and barbecue sauces
- Foods made with sugar, corn syrup, high-fructose corn syrup, dextrose, sucrose, cane juice, barley, malt, etc.

These common foods are more likely to increase your blood sugar than others with different carbohydrate content. As a result, you may gain weight and store energy as belly fat. Eating too much of these may increase your chances of getting diabetes, heart disease, stroke, and many other chronic diseases.^{3,4,5,6}

What should I know about simple and complex carbohydrates?

Experts used to say that the goal was to eat more complex carbohydrates and fewer simple ones, but it depends on which food they are coming from. The point is, don't judge a carbohydrate based on whether or not it is simple or complex. There are other ways to figure out if a carbohydrate is healthy. We will discuss them below.

How do carbohydrates affect my blood sugar levels? Why is this important?

After you eat food, your blood sugar rises. The rise in blood sugar gives your body energy. But it can also be harmful in certain situations. When your blood sugar rises too fast, it also tends to drop quickly. These highs and lows cause your body to react by releasing hormones like adrenaline, insulin, and cortisol (the stress hormone). The combined effect of these hormones makes your mind feel tired and more stressed while your body converts more energy to fat, feels hungrier, and increases inflammation.⁷ Increased inflammation, in turn, increases pain and the risk of chronic diseases such as heart disease.

When you eat proteins and fats, your blood sugar rises slowly over 6 to 8 hours. In this case, your body doesn't react in a negative way. When you eat fruits, vegetables, beans, and whole grains, your blood sugar also rises steadily (over 3 to 4 hours). Your body can handle that. However, when you eat added sugars and refined carbohydrates (see above for examples), your blood sugar goes up and down in just 1 to 2 hours. Also, because of this blood sugar rollercoaster, you end up craving more carbohydrates. This becomes a vicious cycle of eating unhealthy foods and still feeling hungry enough to eat more unhealthy foods.⁸

What do glycemic index and glycemic load mean?

Glycemic index is the measure of how much a carbohydrate increases blood sugar 2 hours after it is eaten. Foods that cause a higher rise in blood sugar have a higher glycemic index. These are the foods to limit.

The problem with using glycemic index to help decide which foods with carbohydrates to eat is that it doesn't account for serving size. That is why we also measure glycemic load. Glycemic load adjusts for how many grams of carbohydrates are in each serving. To understand this better, you may want to look at a chart listing the glycemic index and load of different foods. You can see one in a Harvard Health Publication at the following link: http://www.health.harvard.edu/diseases-and-conditions/glycemic_index_and_glycemic_load_for_100_foods.

Try to avoid foods with a high glycemic load (20 or more). Cut down on foods with a moderate glycemic load (10 or more). Replace these foods with carbohydrates with a low glycemic load (less than 10).⁹ You can think of it like a stoplight. You have a green light to eat low glycemic load foods. Be careful about eating moderate glycemic load foods (yellow light). Stop before eating too many high glycemic load foods (red light).

There are many online tools and apps available to help you see which foods have low or high glycemic loads. But looking up these numbers can become very tiresome, so if you feel

this is not practical, then just try to remember that foods made with added sugars and refined flours generally have higher glycemic loads. Fruits, vegetables, beans, and whole grains tend to have low to moderate glycemic loads.

How does fiber affect my blood sugar level?

To better understand why certain carbohydrates have higher or lower glycemic loads/indexes, it is helpful to understand the role of fiber. Fiber is a carbohydrate that the body cannot digest. There are 2 types of fiber: soluble and insoluble. Insoluble fiber bulks up your stool and helps you to have more regular bowel movements.¹⁰ It is found in vegetables and most whole grains, like wheat. Soluble fiber—found in fruit, oats, barley, and beans—mixes with water in your stomach and intestines to form a gel. It slows down how quickly food moves through your body.¹¹ By doing this, soluble fiber prevents your blood sugar from rising sharply. Low glycemic foods tend to be high in soluble fiber, which makes them healthier for you. Higher glycemic foods are typically low in fiber, which makes them less healthy for you. Fruits are a great example of this. A whole orange has a low glycemic load because it is a good balance of sugar (fructose) and fiber. On the other hand, orange juice is sugar without the fiber. As a result, it has a moderate glycemic load. **Aim to eat at least 30-36 grams of fiber per day. This will help you keep better control of your blood sugar levels.**

How can I simplify this process and apply it to my daily eating habits?

We covered a lot of material in this handout. It can become confusing to apply all of these lessons to every meal we eat. To simplify this process, consider the following recommendations:

- Eat as many servings of fruits, vegetables, beans, and whole grains as you can. Try to make these half of your plate during a meal.
- Cut down on refined carbohydrates and sugars. Keep in mind that the average American eats at least 17 teaspoons of added sugar per day (or 270 calories).¹² This accounts for more than 13 percent of the total daily calories. Most of this sugar is “hidden” in the foods we eat regularly. Almost half (47%) of all added sugars consumed by the U.S. population is from beverages (soft drinks, fruit drinks, sweetened coffee and tea, energy drinks and alcoholic beverages). **Error! Bookmark not defined.** The other major source of added sugars (31%) is from snacks and sweets. Take a look at this list of foods with refined sugars so you know where the sugar in your diet comes from: <http://www.diagnosisdiet.com/refined-carbohydrate-list/>.
- Eat foods high in fiber. Aim for 30-36 grams of fiber daily.

For you to consider:

- Think about what you usually eat. Do you eat a lot of carbohydrates? Do these fall along the healthy or unhealthy end of the spectrum?
- Consider keeping track of the fiber you eat. How many grams of fiber do you usually eat each day?

- Based on the information in this handout, what one or two things will you do first to improve your blood sugars, which may improve your health?

The information in this handout is general. Please work with your health care team to use the information in the best way possible to promote your health and happiness.

For more information:

ORGANIZATION	RESOURCES	WEBSITE
Veterans Health Administration	A variety of Whole Health handouts on healthy eating	https://www.va.gov/patientcenteredcare/veteran-handouts/wh-ed-handouts-index.asp

This handout was written by Sagar Shah MD, Academic Integrative Health Fellow, Integrative Health Program, University of Wisconsin Department of Family Medicine and Community Health. It is based in part on an overview for clinicians, “Food and Drink” written by Samantha Sharp MD and a UW Integrative Health handout for patients, “Glycemic Index & Glycemic Load,” written by David Rakel MD. The handout was reviewed and edited by Veterans and VHA subject matter experts.

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WHOLE HEALTH LIBRARY MATERIALS

Module 10. Prevention of Cardiovascular Disease and Diabetes

Clinician Resources

- [Type 2 Diabetes Mellitus](#)

Veteran Handouts

- [Carbohydrates and Your Health – Glycemic Index, Glycemic Load, and Blood Sugars](#)
- [How to Eat a Mediterranean Diet](#)

GENERAL RESOURCES

Book: *Diabetes Burnout* by William Polonsky

Book: *Say Goodnight To Insomnia* by Gregg Jacobs

MODULE 11. PREVENTION OF CANCER

PRACTICAL EXERCISE

Consider a patient, family member, or friend who you have previously counseled on cancer prevention or treatment. In their specific case, what dietary resources would you provide them to prevent a first episode or recurrence of cancer? What are three key dietary suggestions that you would make?

KEY POINTS

The greater extent to which you adhere to a Mediterranean diet, the lower your risk of mortality by cancer.

Lower vitamin D levels may increase the risk of developing colorectal cancer.

Alcohol consumption is associated with a dramatic increase in risk of developing the following cancers: breast, colorectal, liver, esophageal, and tracheal cancer. More of these types of cancer can be attributed to alcohol consumption in men compared to women.

Only 5% of cancer cases are due to genetic defects. On the other hand, 30-35% of all cancer cases can be linked to diet. Specifically, colon cancer (70%), breast cancer (50%), and prostate cancer (75%) cases are linked to diet.

Three mechanisms by which our food can lower our cancer risk are: affecting the liver detoxification pathways (phase 1 and phase 2), enhancing antioxidants in the body, and inhibiting vascular endothelial growth factor (which provides blood supply to tumors).

Crucifers such as cabbage, cauliflower, broccoli, kale, and arugula have been shown to be potent at preventing cancer. Specifically, they assist with liver detoxification, induce apoptosis of cells, and inhibit formation of new blood vessels (angiogenesis).

Breast cancer risk is dramatically reduced with a greater intake of fruits and vegetables (especially yellow/orange vegetables).

Alliums (such as onions, garlic, scallions) are another powerful food group for cancer prevention. Wait ~10 minutes after chopping onions/garlic/other alliums before cooking, as heat inactivates the enzyme that converts the allium phytochemicals into beneficial compounds.

WHOLE HEALTH LIBRARY MATERIALS

Module 11. Prevention of Cancer

Clinician Resources

- [Colorectal Cancer Care And Prevention](#)

GENERAL RESOURCES

Book: *Eating on The Wild Side* by Jo Robinson

Book: *The Longevity Kitchen* by Rebecca Katz

Website: [American Institute for Cancer Research \(AICR\)](#)

MODULE 12. WHOLE HEALTH VISITS: CREATING A PERSONAL HEALTH PLAN

GARY'S STORY

I never thought I'd see 18. I was with the 101st Airborne and we were flying over the English Channel for the invasion of Normandy. It was early in the morning, about 1 a.m. I looked out the window and I could see all the boats in the Channel ready for invasion. There were so many that it looked like you could walk from one to the next without getting wet. And there were planes all over, thousands of them. Transporters, bombers and freighters, all getting ready.

You could never forget that day. There were so many airplanes around us. When we jumped, we could hear the machine gun fire coming at us. Hack-hack-hack. It was like the 4th of July. It was the first time any of us in the airplane has been in combat, and it was the first time the pilots flying the airplanes were in combat. It was very exciting. Planes were hit by anti-aircraft fire and were going down all around us. None of the guys I knew was hit when we parachuted.

It wasn't long before a concussion grenade got me. I remember being thrown 20-30 feet through the air. I was unconscious two or three days, and I ended up in a German Field Hospital, where they took good care of me. When they were ready to transfer me to the prisoner-of-war camp, the only thing I remember was that my hearing was bad, but then that cleared up. I was not at the hospital for more than a week.

The POW camp was right on the border between Czechoslovakia and Germany. It turned out that escaping was easy. Most people think of barbed wire and tunnels, but we walked out of the main gate with a guard, a donkey and a cart. They had asked volunteers for wood cutting, and me and a couple of buddies, George and Wally, offered to go right away. It was the day after Christmas, and it started snowing heavily when we were out in the woods. I told George, "I don't know about you guys, but I'm gonna take off because in five minutes they won't be able to find our tracks. I just can't stand this anymore." I started walking away, and all of a sudden the two other guys were right there with me. The guard was in his 70s, and he didn't want to be there anymore than we did. He had a gun, but I don't know that he could lift it.

We were on the loose in Poland and Czechoslovakia for the next five months.

I hadn't thought about it. We just left because it was snowing so hard. We wrapped ourselves in gunny sacks we'd found in barns. We had to forage for food. We ate a lot of rutabagas (which I cannot stand to look at now) and rotten potatoes. That's when we lost most of our weight. When I went into the Army, I weighed 165 pounds; when I got out of the prison camp, I weighed 89. We stayed in barns in the daytime and traveled at night, because we had no way of knowing who the enemy was. It was near the end of the war, and the Germans were discarding their uniforms and wearing civilian clothes. We had no idea where we were.

One day I came out of the barn for some fresh air, and saw a British fighter plane come over. A German Ack shot it out of the sky, and we saw two parachutes blossom out. I told George and Wally to stay put, and I went to find them and see if they were alright.

I found them, and they had their survival pistols aimed at me. They didn't know who we were. We had no uniforms. We were wrapped in gunny sacks, my beard was long, and we were very thin. I finally convinced them that we were POW, and they came with us. Fortunately, they knew exactly where we were and where the American lines were. It took us about two weeks to get close to the American lines, but prior to getting there, we had to cross a big river. We found a wooden row boat buried in the mud and dug it out. There were no oars or paddles. The Brits cut some tree branches so we could push ourselves across, but the water was too deep and the branches didn't reach the bottom. We all got in. The boat was leaky. We started to float downstream and we could hear the fighting going on. I thought "Oh boy: all this time and now we're either going to drown or get recaptured." But finally, we made it across.

Even when we got across the American lines they split us up and interviewed us separately for two days before they were confident we were escaped POWs. Finally, they let us go to the Mess Hall. The mess sergeant looked at the three of us. We were all a mess.

I said, "We are American soldiers who escaped from a prison camp."

He said, "I'll make you anything you want!" He made us hamburger steak and American fries, and we took about two bites. My stomach was shrunk, and I just couldn't eat anymore, so I started to cut the food up and put it in my pockets. The cook said, "What the hell are you doing? I'm not going any place."

I said, "I don't know that." We had lost all faith in others. We had been living on instinct alone.

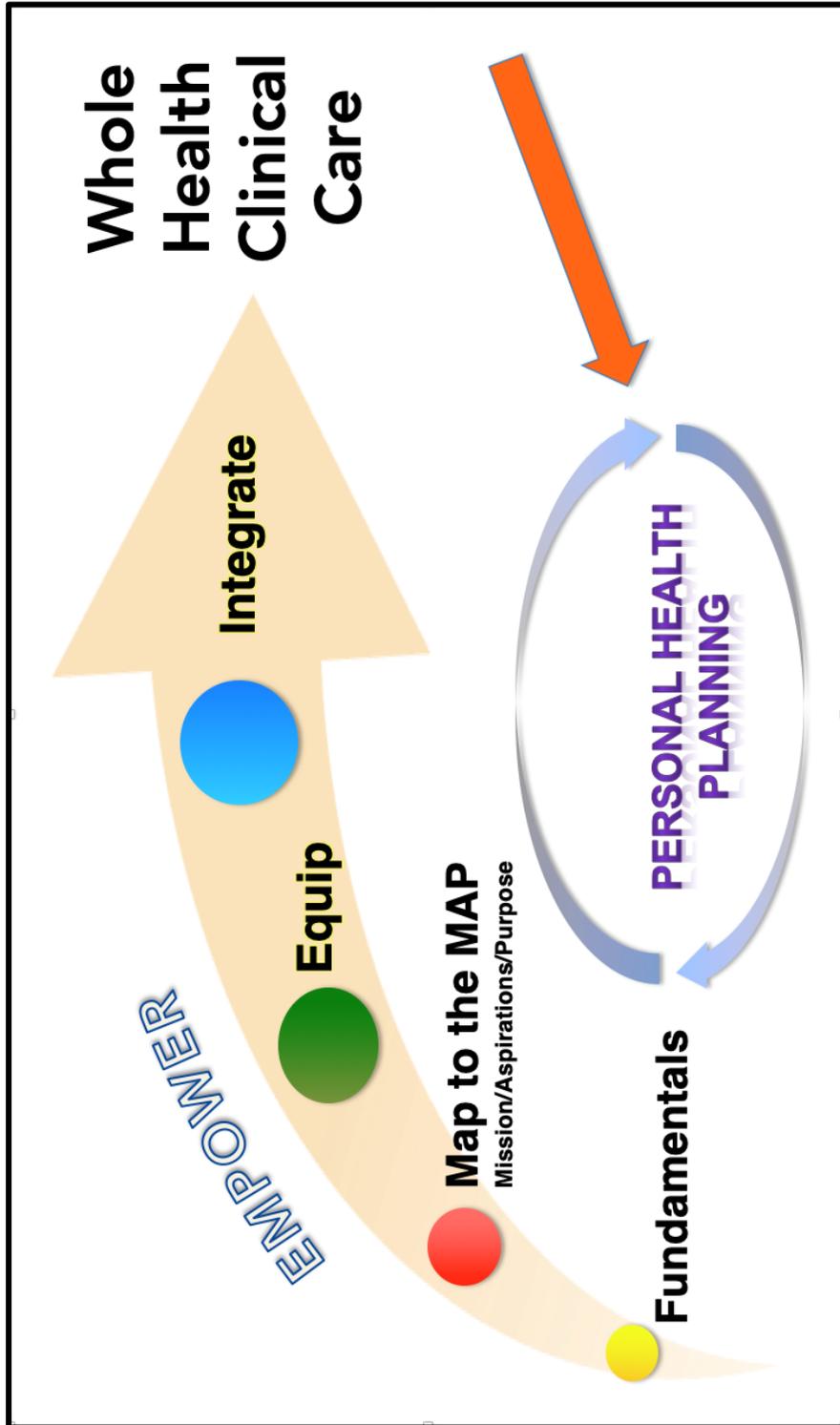
How I met my wife is a really good story.

When I was in prison camp, I met a guy who was also from Wisconsin. We made a bond. One day he got a letter from home with a photo of his family. In the picture was Annie, his sister. I said, "Geez, she's pretty. I'm going to marry her someday." Three years later, I did.

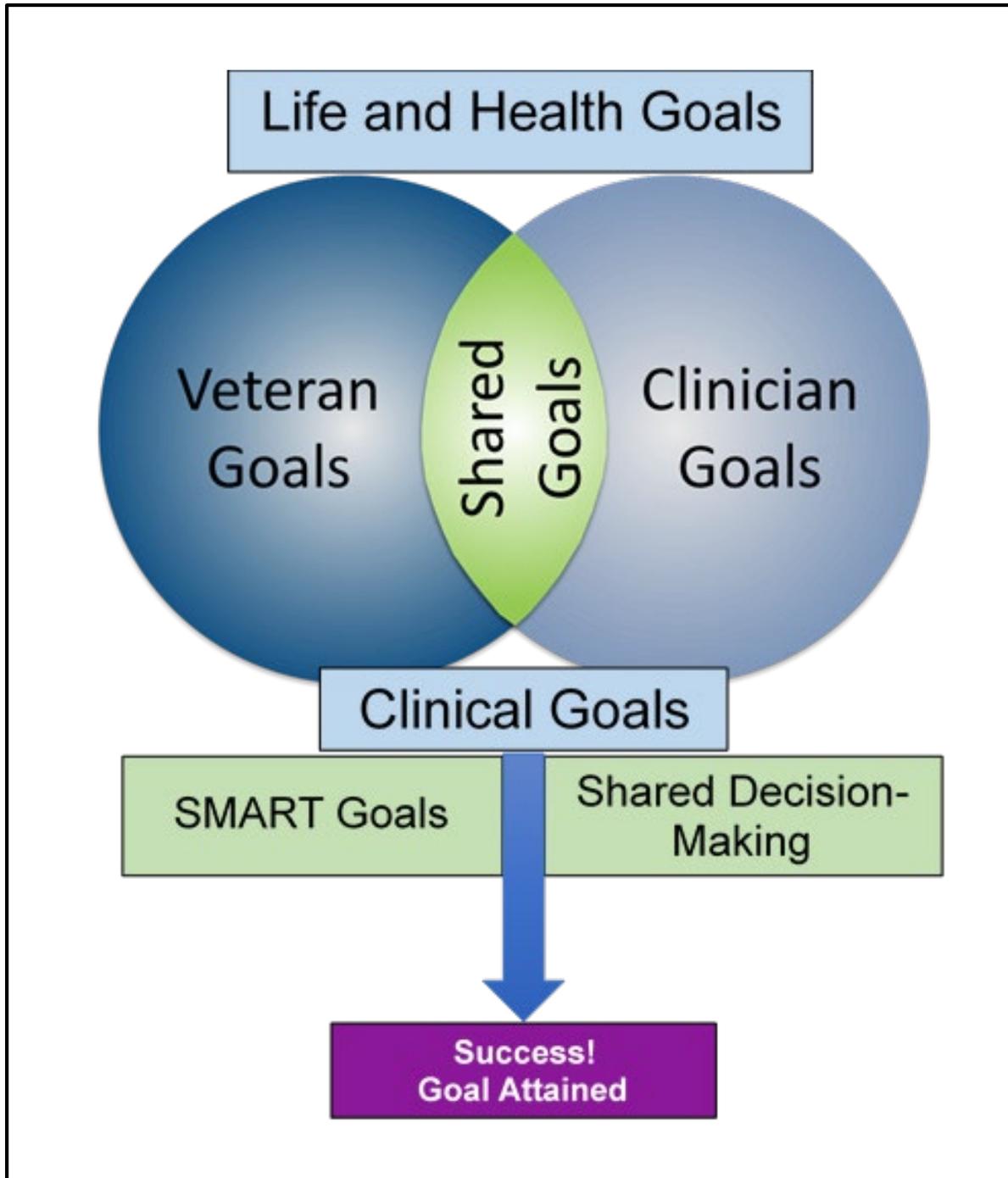
She looked at me and said, "Who are you?" I told her, and she said, "My brother knew a guy by that name, but he was killed." "Well," I said. "I'm still around!" We later figured out that the Germans had told other POWs that they'd captured and shot us after we had walked away from the wood-cutting job. They didn't want anyone else trying to escape.

Shortly after we met, Annie and I started dating, and then we got married. We had 61 wonderful years. We ran five businesses together and then, by age 51, we sold the last business, bought a little cabin in Rhinelander and enjoyed ourselves. I had the best wife and son. We had a lot of give and take, but we always came out of it. My wife and son are both gone now. Annie had colon disease and had a rough time at the end. But life is great when it's going good.

THE JOURNEY TO WHOLE HEALTH CLINICAL CARE



SHARED GOAL SETTING



SMART GOAL AND ACTION STEPS WORKSHEET

Area of Focus _____

Timeframe (select one) 3 months 6 months Other _____

SMART Goal and Action Steps Criteria

- Specific—clear and concise
- Measurable—clear criteria for assessing if goal is met
- Action-Oriented—action that is in direct control of the person
- Realistic—based on what is possible or achievable for the person
- Timed—contains timeframes for achievements along the way to the final goal

Goal

Action Steps

Action steps are steps toward achieving the goal that can be accomplished in the following week and meet the same SMART criteria. Action steps can be planned out over time or designed after the first week’s action steps are attempted and assessed.

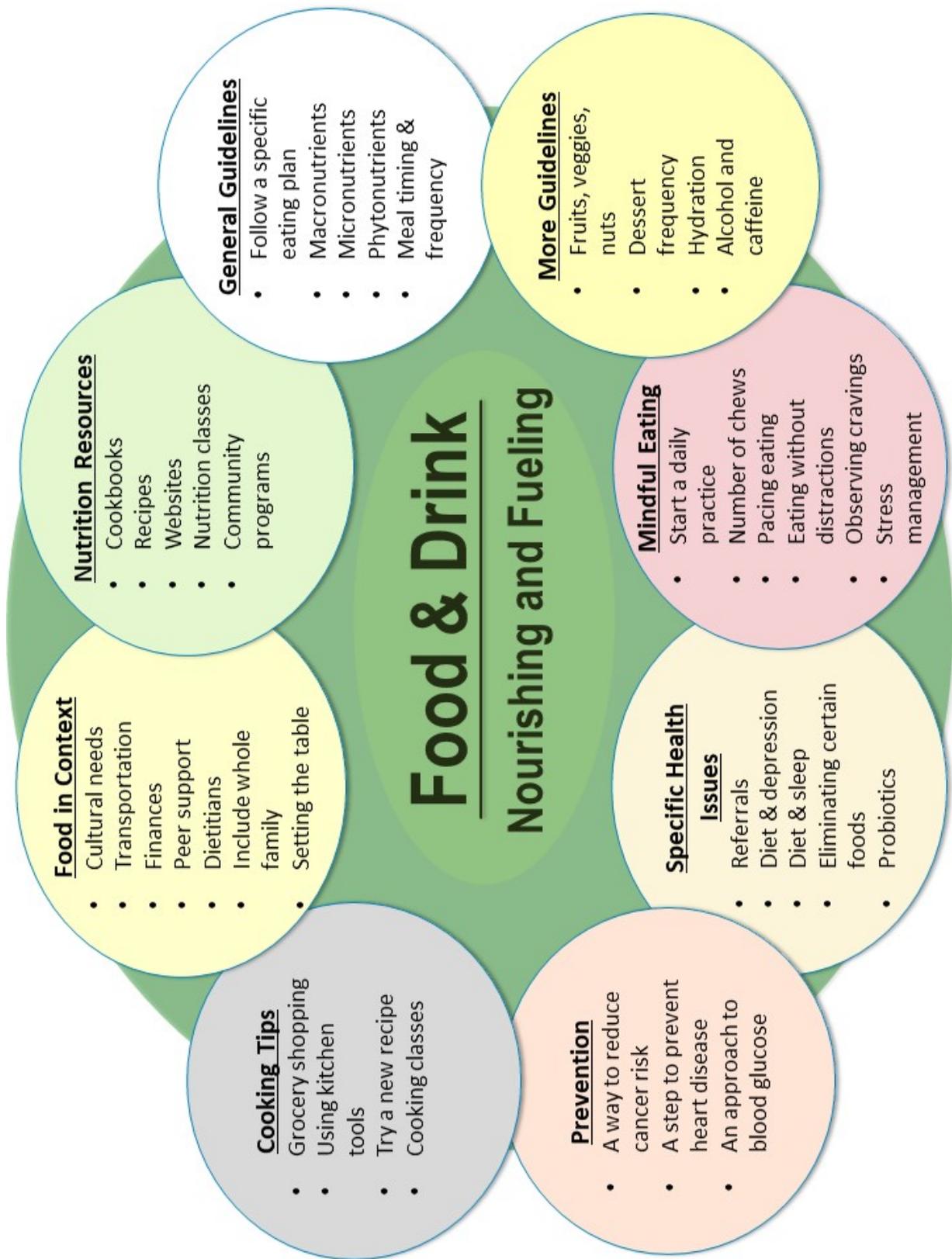
Action Step 1

Action Step 2 (Optional)

Action Step 3 (Optional)

To whom will I be accountable for my action steps?

FACTORS TO CONSIDER IN HEALTH PLANNING FOR FOOD & DRINK



FOOD & DRINK QUESTIONS

General

- Do you have any concerns that you believe are related to the way you eat?
- How would you describe your relationship with eating?
- Are you satisfied with your eating habits? Why or why not?
- Do you ever skip a meal? How often, and which meals?
- What is typically your biggest meal?
- What are your favorite foods? What don't you like?
- What would you like to focus on today in terms of your nutrition?
- Why is healthy nutrition important to you?

Eating and Drinking Patterns

- What is your eating pattern? How many meals do you eat a day, and when do you eat them?
- Have you recently changed the way you eat? If yes, for what reason?
- Do you follow a specific diet? Vegetarian? Low-carb? Mediterranean?
- How often do you eat out? What types of restaurants (fast food, fast casual, casual, fine dining)? What do you usually order?
- How often do you eat fast food? What do you usually get?
- How much water do you drink in a day?
- Do you drink anything else regularly (e.g. sodas, alcohol, caffeinated drinks, juice, sports drinks)?
- Do you ever eat when you are not hungry?
- Do you ever wake up in the middle of the night and eat?
- Do you ever binge eat?
- What is the most important thing for me to know about the role food plays in your life?
- What do you typically eat for breakfast? Lunch? Dinner? Snacks?
- Do you ever skip meals or fast?
- What are your comfort foods?
- Are you taking any vitamins, minerals, or other dietary supplements? Why?

Eating and Body Weight

- Have you been eating more or less than normal? If yes, for what reason?
- What is your usual weight?
- Have you gained or lost weight recently?
- What is your highest weight in adulthood? When were you that weight?
- What is your lowest weight? When were you that weight?
- Have you ever tried to intentionally lose weight? How much? If you succeeded, did you ever regain it back? How much? Why was it regained?
- What weight loss strategies (diets, exercise programs, etc.) have you used?
- Do you have the same body type as anyone else in your family?

Context for Eating

- Who are the members of your household? Who does the food shopping and preparation?
- Do you share your meals with others? Who?
- Who participates in food choices and mealtime in your household?
- Are the other members of your household supportive of your efforts to make dietary changes?
- Where do you eat? (At the kitchen/dining room table, in front of the tv/computer, in the car, at your desk, etc.)

Mindful Awareness and Nutrition

- Sometimes hunger is physical, but it can also be emotional or mental. When you eat, what part of yourself are you feeding?
- Are you an emotional, or stress, eater?
- Are you conscious of your cravings? What do you tend to crave and when?
- What factors influence how you choose your food?
- Do you do other activities, like driving, working, or watching TV while you are eating?
- How do you feel after eating? Physically (e.g. satisfied, stuffed, still hungry)? Emotionally (e.g. content, guilty, angry)?

Nutrition and Symptoms

- Are there any foods that do not agree with you?
- Do you have any food allergies, intolerances, or sensitivities that you are aware of? What reactions have you noticed?
- How much of a role do you think what you eat plays in how you are feeling?
- Have you noticed that what you eat and drink affect your sleep?
- Do you ever feel like particular foods cause you to have more or less pain?
- Do any foods give you heartburn, gas, bloating, diarrhea, or constipation? How soon after eating these do you notice these symptoms?

GUIDELINES FOR WRITING AN ELEVATOR SPEECH

Everyone on the team needs to feel comfortable with describing the Whole Health Approach, and what it means to do personal health planning. With Food and Drink as a focus, can you summarize your thoughts about Whole Health and Functional Nutrition?

For this exercise, your task is to create an oral presentation—an Elevator Speech—that is about 30 seconds long. The idea is that you will be able to share this with patients or colleagues quickly to let them know what Whole Health and personal health planning are all about, especially when it comes to nutrition.

Here are some snippets you can consider putting in (change into your own words).

Whole Health care...

- Is a different way to approach health care
- Respects the individual uniqueness of each person and their preferences
- Looks at the whole person
- Emphasizes self-care and what people can do to take care of themselves
- Is about personalized, proactive, patient-driven care
- Gets people asking, “Why do I want my health? What really matters to me?”
- Brings in complementary approaches and various nutrition tools, when appropriate
- Involves creating a personal health plan for each patient, and Food and Drink can be a major part a plan
- Respects the importance of prevention and the work of HPDP
- Centers around teams, not just one provider
- The patient is the captain of the team, and dietitians are key team members
- Incorporates mindful awareness, including mindful eating

PERSONAL HEALTH PLANNING VISIT OUTLINE

Name:

Date:

1. SET THE STAGE

Tell them what Whole Health and personal health planning are about (e.g., give your Elevator Speech)

2. SELF-REFLECTION: EXPLORE MEANING, ASPIRATION, PURPOSE (MAP)

Ask the big questions: What really matters? Why is their health important?

My mission, aspiration or purpose in life is...

My Long-Term Goals:

3. REVIEW THE PERSONAL HEALTH INVENTORY (PHI), ASSESS THE CIRCLE

Strengths (what's going right already):

Challenges/Areas to focus on:

4. SET GOALS

Are there any areas on the Circle of Health they want to focus on? Use the circle to guide you. (Need not fill all of these out – focus on one to start.) Start with shared goals. Fine-tune to one or more SMART goals. SMART = Specific, Measurable, Action-Oriented, Realistic, Timed.

Write your goal(s) in the appropriate sections below:

Mindful Awareness:

Areas of Self-Care:

- Moving the Body
- Surroundings
- Personal Development

- Food and Drink
- Recharge
- Family, Friends and Co-Workers
- Spirit and Soul
- Power of the Mind

Professional Care: Conventional and Complementary:

- Health concerns
- Prevention/Screening
- Treatment (e.g., conventional and complementary approaches, medication, and supplements)

**5. EMPOWER AND EQUIP – EDUCATION, SKILL BUILDING, RESOURCES, SUPPORT
(What happens to help them achieve their goals?)**

- Referrals and Support Team
- Complementary and Integrative Health (CIH)
- Skills
- Handouts, websites, community resources
- Follow up – when will you connect with them again?

Please Note: This plan is for personal use and does not comprise my complete medical or pharmacological data, nor does it replace my medical record.

IMPLEMENTATION EXERCISE: SMALL GROUP PROJECTS

1. Designate a recorder for your implementation team, and note your group (NFS, MH, etc.).

Team Recorder: _____ Implementation Team from: _____

2. Send around one second page (see back) of this sheet to collect the names and email addresses of all of your team members for recorder to keep.

3. Work with your team to create a long-term Whole Health nutrition intervention at your site. Today, you are simply deciding what project you'd like to pursue. You will be asked to submit the project details to your Whole Health POC.

Some examples of projects chosen by former teams include: creating a community garden, reviewing and raising awareness about the Whole Health Food & Drink nutrition handouts for Veterans, starting group visits on Whole Health nutrition topics, and rating the nutritional quality of food served in the VA cafeteria.

Project Details (Use the SMART goal format – Specific, Measurable, Action-Oriented, Realistic, and Time-Based). We plan to:

4. Identify one significant barrier to carrying out this implementation project. How will you overcome this obstacle?

5. Have the recorder email project details to team members and cc your Whole Health POC.

Note the site's Whole Health POC email address from the PPT: _____

[] Email sent to all team members following course, and cc'd to Whole Health POC.

6. Set a date for your team recorder to send a two-week follow-up email to all team members to remind everyone about the project details and to continue conversations about how to achieve your project goals.

Follow-up date: _____

7. Now choose someone to briefly summarize your project with the large group!

Implementation Team from: _____

Team Member Names	Email Addresses

IMPLEMENTATION EXERCISE: SELF-REFLECTION

Question #1: Consider the speed dating exercise, group discussions during modules, and the team implementation exercise we just completed. What ideas did you get from other groups, and what may you want to bring back to your clinic?

Question #2: When you return to work tomorrow, how will you start applying Whole Health nutrition in your own practice? Lay out some initial steps to help bring back what you have learned to your clinic and colleagues.

EATING FOR WHOLE HEALTH: ONE WEEK OF SAMPLE RECIPES

ONE-WEEK MENU PLAN

	<i>Special Focus</i>	Breakfast	Lunch	Dinner
Sunday	<i>Pain</i>	Golden Chia Pudding*	Red Lentil Dahl*; Ayurvedic Spiced Rice*; Roasted Broccoli*	Cilantro Lime Cauliflower Rice*; Chili Lime Salmon and Peppers*
Monday	<i>Gut Health</i>	Overnight Refrigerator Oats*	Warming Winter Squash Soup*, Mediterranean Chard*	Slow Cooker Curry Chicken* with Sweet Potatoes; Roasted Asparagus*
Tuesday	<i>Cancer</i>	Veggie Omelet; served with scoop of Kimchi	Massaged Kale Salad* with Grilled Chicken; Fresh Fruit	Creamless Broccoli Soup* with Toasty Tempeh*
Wednesday	<i>Mental Health</i>	Brain Power Smoothie*	Salmon Salad in Lettuce Cups*; Fresh Fruit	Eggs over Greens*; Baked Sweet Potato Cubes
Thursday	<i>Diabetes and Heart Health</i>	Flax Muffin in a Mug*; Green Tea Chai*	Nuts and Berries Salads* Topped with Garbanzo Beans	Zoodles with peanut sauce* and Tofu Cubes*
Friday	<i>Elimination Diet</i>	Green Smoothie of Life*	Blanched Collard Green Wrap* Filled with Hummus* and Veggies	Cabbage Unrolls* with “Cheesy” Sprinkle*
Saturday	<i>Quick and Easy Whole Foods</i>	Good Morning Granola* with Greek Yogurt	Avocado Toast and Hardboiled Egg	Quick and Easy Stir Fry* with Tamari Ginger Sauce*

* Asterisk indicates recipe is included.

Healthy Snacks and Additional Quick/Easy Meals

- ½ Avocado stuffed with canned tuna salad (or sardines or salmon)
- ½ Avocado stuffed with sauerkraut
- Avocado Toast with sprouts on top
- Baked sweet potato (with toppings! Such as black beans and avocado or cinnamon and walnuts)
- Berries on plain yogurt, sprinkled with cinnamon, squirt of honey if needed

- Brownie bites*
- Can of sardines
- Canned fish (tuna, sardines or salmon) on a rice cake or rye cracker
- Chia pudding (try Lemon Chia Pudding*)
- Grain free brownies*
- Handful of nuts (try “dry-roasted” instead of roasted in oil and salted)
- Hardboiled egg
- Hummus* and veggie sticks
- Peanut butter or almond butter (or sunflower seed butter!) on fresh fruit (banana or apple works well!)
- Peanut butter or almond butter (or sunflower seed butter!) on fresh vegetables (try celery, carrots, or bell peppers)
- Piece of fruit or cup of fruit
- Smoothie
- Sunflower or pumpkin seeds with 2 tablespoons raisins
- Tostada (corn tortilla spread with refried, diced veggies, light sprinkle of cheese, baked until crispy)

Healthy Beverages

- Lots of water (try flavoring with fresh cucumber, mint, lemon, lime, or berries)
- Unsweetened green tea or black tea (be aware of caffeine content)
- Herbal tea (variety of flavors and health benefits available here without caffeine!)
- Green Tea Chai*
- Coffee (work with healthcare team to decide if this is right for you...and when! Also, be careful about what goes in the coffee)
- Kombucha (check label for added sugar)
- Golden Milk*
- Bone broth* (warm, homemade bone broth can be very calming and healing; also, use for making soups in menu above)

EATING FOR WHOLE HEALTH RECIPES

AYURVEDIC SPICED RICE

Makes 6 Servings Preparation Time: 10 minutes Cooking Time: 30 minutes

Ingredients

- 1 tablespoon ghee (clarified butter)
- 1 teaspoon cumin seeds
- 3 cloves
- 3 cardamom pods, loosely cracked
- ½ teaspoon cinnamon
- ¼ teaspoon black pepper
- 1 teaspoon coriander powder
- ½ teaspoon turmeric powder
- 1 ½ cups white basmati rice, rinsed
- ½ teaspoon salt

Directions

1. Heat ghee in a medium pot. Add cumin seeds. Sauté until golden brown. Add cloves and cardamom pods. Sauté for 1-2 minutes more. Then add cinnamon, black pepper, coriander and turmeric powders. Stir to combine and sauté another minute.
2. Add rinsed rice. Stir to coat rice with spices and sauté for 2 more minutes.
3. Add 4.5 cups water and the salt. Bring to boil. Then cover, reduce heat to lower, and simmer for about 25 minutes longer until rice is soft and water has evaporated. Remove from heat, allow to stand about 10 more minutes. Remove cardamom pods and cloves. Fluff with a fork and serve.

Nutrition Facts (for 1/6 of recipe): Calories 195, Total Fat 2g, Sodium 195mg, Total Carbohydrate 39g, Dietary Fiber 1g, Added Sugar 0g, Protein 3g

BONE BROTH-CHICKEN

Makes ~8 Servings Preparation Time: 10 minutes Cooking Time: 12-24 hours

Ingredients

- 1 chicken carcass (bones, cartilage, and skin)
- 8 cups water (or enough to cover carcass)
- 2 tablespoons apple cider vinegar
- Optional Ingredients:* chopped celery, crushed garlic cloves, chopped onion, chopped carrots, parsley

Directions

1. Place chicken carcass, water, and apple cider vinegar in a slow cooker. Add optional ingredients, if using.

2. Cover and simmer for 12-24 hours. If foam is collecting on the top, skim it off with a spoon and discard.
3. Strain broth into a shallow, large container or canning jars.
4. To prevent growth of harmful bacteria, cool the broth quickly by adding several ice cubes. Ice cubes will not dilute the flavor.
5. Refrigerate and use within 3 days. Freeze up to 3 months.

Nutrition Facts (for 1 cup): Calories 50, Total Fat 1g, Sodium 240mg, Total Carbohydrate 0g, Dietary Fiber 0g, Added Sugar 0g, Protein 10g

BRAIN POWER SMOOTHIE

Makes 2 Servings Preparation Time: 10 minutes Cooking Time: None

Ingredients

- ½ cup (cold) green tea
- 1 cup hemp milk (or other unsweetened non-dairy milk)
- 1-2 tablespoons ground flaxseeds
- ¼ teaspoon cinnamon
- ½-inch piece of fresh ginger
- 1 tablespoon fresh lemon juice
- ½ avocado
- 1½ cup frozen fruit (especially berries!)
- 1-2 cups packed leafy greens (examples: baby spinach, kale, collards, arugula)
- ½ cup ice cubes, if desired

Directions

1. Add prepared green tea, hemp or almond milk to blender. Then add the rest of the ingredients in the order listed ending with the greens. Blend at very low speed until ingredients are mixed then gradually increase speed to high and blend well for 1 minute.
2. Serve immediately and enjoy!

Nutrition Facts (for ½ of recipe): Calories 222, Total Fat 13.5g, Sodium 87mg, Total Carbohydrate 23g, Dietary Fiber 9.5g, Added Sugar 0g, Protein 4g

BROWNIE BITES

Makes 12 Servings Preparation Time: 10 minutes Cooking Time: None

Ingredients

- 1 cup raw walnut halves
- ¼ cup cocoa powder, unsweetened
- 1 teaspoon 100% vanilla extract
- ¼ teaspoon salt
- 1 cup soft dates, pitted
- 1 tablespoon water

cocoa powder, unsweetened, optional
coconut flakes, unsweetened, optional

Directions

1. In a large food processor fitted with an “S” blade, grind the walnuts into a fine meal. Add the cocoa, vanilla, salt, dates, and water. Process until a sticky uniform dough is formed.
2. Scoop the batter by heaping tablespoons onto a plate or baking sheet lined with parchment paper, to prevent sticking. This should make about 12 balls.
3. Roll the balls between your hands and roll them in cocoa powder or coconut flakes, if using.
4. Store the balls in the refrigerator or freezer. Serve them chilled for the firmest texture.

Nutrition Facts (for $\frac{1}{12}$ of recipe): Calories 100, Total Fat 7g, Sodium 50mg, Total Carbohydrate 12g, Dietary Fiber 2g, Added Sugar 0g, Protein 2g

CABBAGE UNROLLS

Makes 4 Servings Preparation Time: 15 minutes Cooking Time: 30 minutes

Ingredients

2 tablespoons olive oil
1 medium yellow onion, chopped
1-pound ground turkey or grass fed ground beef
4 cloves garlic, minced
7-8 cups green cabbage, shredded
1 can (14.5 ounces) diced tomatoes
1 can (15.5 ounces) Great Northern beans, rinsed and drained
salt and pepper, to taste
Optional Ingredients
1 cup celery, chopped
1 medium bell pepper, de-seeded and chopped

Directions

1. In a Dutch oven, or large skillet, heat olive oil over medium heat. Add onion and ground turkey. Cook and stir for 8-10 minutes or until meat is brown and crumbly.
2. Add garlic, cabbage, tomatoes, and beans. Add optional ingredients, if desired.
3. Cook over medium heat for 20 minutes or until cabbage is tender.
4. Season with salt and pepper to taste.
5. Serve in a bowl and enjoy!

Nutrition Facts (for $\frac{1}{4}$ of recipe): Calories 266, Total Fat 14g, Sodium 210mg, Total Carbohydrate 15g, Fiber 6g, Added Sugar 0g, Protein 22g

CHEESY SPRINKLE

Makes 8 Servings Preparation Time: 5 minutes Cooking Time: None

Ingredients

- ½ cup nutritional yeast (see note)
- ¼ cup almonds, unsalted
- ¼ cup cashews, unsalted
- ¼ teaspoon salt

Directions

1. Place all ingredients into a food processor or blender and pulse until very fine and crumbly. Avoid over processing.
2. Store in the refrigerator until ready to use.
3. Sprinkle and enjoy adding a cheesy flavor to any dish!
4. Note: Nutritional yeast is not yeast used in baking. It is a form of deactivated yeast. It looks like little yellow flakes and is sold in the health food section of most stores. It is high in B vitamins.

Nutrition Facts (for ⅛ of recipe): Calories 70, Total Fat 4g, Sodium 73mg, Total Carbohydrate 4g, Fiber 2g, Added Sugar 0g, Protein 5g

CHILI LIME SALMON WITH PEPPERS

Makes 2 Servings Preparation Time: 10 minutes Cooking Time: 25 minutes

Ingredients

- 2 salmon fillets, fresh or frozen and thawed (4-6 oz. each)
- 2 bell peppers, washed, seeded and cut into strips
- ½ large onion (yellow or red) cut into wedges
- Marinade Ingredients
- ⅓ cup lime juice (juice of ~2 limes)
- ¼ cup Italian flat-leaf parsley
- 2 tablespoons olive oil
- 2 tablespoons water
- 2-3 cloves garlic, minced
- 1 teaspoon chili flakes
- 1 teaspoon cumin, ground
- ½ teaspoon salt
- 2 teaspoons honey

Directions

1. Preheat oven to 375°F.
2. Line a baking sheet with parchment paper or cover with cooking oil spray.
3. Arrange salmon fillets, onions, and peppers in a single layer on the baking sheet.
4. In a medium bowl, whisk all marinade ingredients.

5. Pour half the marinade over the salmon and vegetables.
6. Bake for 25 minutes or until salmon is heated to an internal temperature of 145°F. The salmon should easily flake apart with a fork.
7. Remove from the oven and pour remaining marinade over the salmon and vegetables. Serve and enjoy!

Nutrition Facts (for ½ of recipe): Calories 394, Total Fat 18g, Sodium 85mg, Total Carbohydrate 23g, Dietary Fiber 3.5g, Added Sugar 0g, Protein 36g

CILANTRO LIME CAULIFLOWER RICE

Makes 2 Servings Preparation Time: 15 minutes Cooking Time: 15 minutes

Ingredients

- 1 head cauliflower (about 6 cups chopped)
- 2 tablespoons coconut oil
- 2 cloves garlic
- 2 scallions, diced
- ¼ teaspoons salt
- ¼ teaspoons pepper
- 1 lime, juiced (about 3 tablespoons)
- ¼ cup fresh cilantro, chopped

Directions

1. Rinse cauliflower, pat dry, remove leaves, and chop into florets.
2. Process florets into cauliflower rice: Method 1: Pulse cauliflower florets in a food processor for 30-60 seconds. Avoid over processing. Method 2: Shred cauliflower using the largest side of a cheese grater.
3. In a large skillet, heat coconut oil over medium heat. Add garlic and scallions. Cook for 3-4 minutes.
4. Add cauliflower and cook for 5-6 minutes. Using a spatula, turn the cauliflower over and cook another 3 minutes. Remove from heat and transfer to a large bowl before cauliflower gets mushy.
5. Toss with sea salt, pepper, lime juice, and cilantro. Serve and enjoy!

Nutrition Facts (for ½ of recipe): Calories 138, Total Fat 10g, Sodium 255mg, Total Carbohydrate 13g, Fiber 4g, Added Sugar 0g, Protein 4g

COLLARD WRAPS

Servings vary Preparation Time: 5 minutes Cooking Time: 1 minute

Ingredients

- 1 bunch (large) collard greens

Directions

1. Cut the stems off of the bottom of each collard green. Bring a large pot of water to a boil. Meanwhile, prepare an ice bath (a bowl of cold ice water).
2. To blanch the collard greens, dunk each one in the boiling pot of water for approximately 60 seconds. Gently remove with tongs and place in a bowl of ice water to cool. Then set aside on a plate and continue until all the greens are blanched.
3. Dry the leaves with paper towel or cloth napkin. Eat immediately or store in an airtight container (a Ziploc bag works well) in the fridge for a week. Use in place of a tortilla in all your favorite wrap recipes.

Nutrition Facts (Per Leaf): Calories 12, Total Fat 0g, Sodium 7mg, Total Carbohydrate 2g, Fiber 1g, Added Sugar 0g, Protein 1g

CREAMLESS BROCCOLI SOUP

Makes 4 Servings Preparation Time: 10 minutes Cooking Time: 40 minutes

Ingredients

- 1 tablespoon olive oil
- 1 large onion, chopped
- 1 teaspoon cumin
- 1 teaspoon dried sage
- ½ teaspoon dried celery seed
- 2 cups chicken broth or vegetable broth
- 2 cups water
- 13-ounce can unsweetened coconut milk
- 8 cups broccoli, chopped
- 4 cups zucchini, chopped
- 1 medium avocado, peeled and pit removed
- Black pepper, and/or hot sauce (optional)

Directions

1. In a soup pot, heat olive oil on medium setting. Add onion, cumin, sage, and celery seed and sauté until onion is translucent.
2. Add broth, water, coconut milk, broccoli, and zucchini. Bring to a boil, and then simmer until vegetables are tender, 20- 30 min.
3. Add avocado. Puree with an immersion blender, or transfer to a stand blender to puree.
4. Season with salt, pepper, or hot sauce, if using.

Nutrition Facts (for ¼ of recipe): Calories 397, Total Fat 32g, Sodium 365mg, Total Carbohydrate 28g, Fiber 10g, Added Sugar 0g, Protein 10g

EGGS OVER GREENS

Makes 1 Serving Preparation Time: 10 minutes Cooking Time: 10 minutes

Ingredients

~4 cups dark leafy greens (chard, kale, collards, spinach, etc.)
 1 tablespoon olive oil
 ¼ onion (optional), diced
 Salt and pepper to taste
 2 eggs

Directions

1. Remove stems from leafy greens if they are large, thick stems. Chop or break leafy greens into bite-sized pieces.
2. Heat frying pan over medium heat. Add olive oil. Add onion and sauté until translucent and soft.
3. Add leafy greens and stir to coat with oil. Add salt and pepper. Continue to sauté until greens soften; they will continue to cook after you add the eggs, so they don't need to wilt all the way yet.
4. Spread the greens out in the pan so they cover the whole bottom. Then, crack the 2 eggs on top of the leaves. Add a drizzle of water (1-2 tablespoons) to the edge of the pan, turn heat to low, and then cover the pan. Cooking time will vary depending on how well-done you want your egg cooked. Generally, 3-4 minutes produces a medium-cooked egg.

Nutrition Facts (for whole recipe): Calories 288, Total Fat 23g, Sodium 150mg, Total Carbohydrate 9g, Fiber 3g, Added Sugar 0g, Protein 14g

FLAX MUFFIN IN A MUG

Makes 1 Servings Preparation Time: 5 minutes Cooking Time: 2 minutes

Ingredients

1 egg
 3 tablespoons ground flax seed (flax meal)
 ½ teaspoon baking powder
 1 packet stevia
 1 tablespoon cinnamon
 ½ cup fruit (sliced apple or blueberries work well)

Directions

1. In a small bowl, whisk the egg with a fork. Add ground flax, baking powder, stevia, and spices and mix well until all ingredients are moistened. Add fruit and mix.
2. Lightly grease a coffee mug with olive oil, coconut oil, or butter. Pour mixture into prepared mug.

3. Cook in a microwave on high for 1 minute and 45 seconds. (Cooking times may vary depending on microwave strength.)
4. Let cool slightly and remove muffin by using a knife to loosen the muffin from the sides and invert cup. Cut in half to cool before eating.

Nutrition Facts (for whole recipe): Calories 245, Total Fat 15g, Saturated Fat 3g, Sodium 314mg, Total Carbohydrate 22g, Dietary Fiber 11g, Added Sugar 0g, Protein 11g
Source: “Cardiometabolic Food Plan Weekly Meal Planner and Recipes,” Institute of Functional Medicine, page 14, 2014.

GOLDEN CHIA PUDDING

Makes 4 Servings Preparation Time: 5 minutes Chill Time: 4 hours or overnight

Ingredients

- 1 13.5 ounce can coconut milk
- 1¼ teaspoons turmeric
- ¼ teaspoon cinnamon
- ¼ teaspoon ginger powder
- Dash of black pepper (helps absorb the curcumin from the turmeric!)
- 6 tablespoons chia seeds
- Toppings: toasted nuts (try pecans, walnuts, or almonds), dried unsweetened coconut flakes, or fresh fruit (try blueberries or pomegranate seeds), drizzle of honey

Directions

1. Combine all ingredients (except chia seeds) in a blender and process until creamy smooth.
2. Whisk in chia seeds and pour into glass jar.
3. Refrigerate for at least 4 hours or overnight. Top with your favorite toppings. Enjoy!

Nutrition Facts (for ¼ of recipe, not including toppings): Calories 265, Total Fat 25g, Sodium 15mg, Total Carbohydrate 10g, Dietary Fiber 5.5g, Added Sugar 0g, Protein 4.5g

Source: <https://www.savorylotus.com/golden-milk-chia-pudding/>

GOLDEN MILK

Makes 4 Servings Preparation Time: 15 minutes Cooking Time: 10 minutes

Ingredients

- 1 cup coconut milk, from can
- 1 cup water
- 1 teaspoon turmeric
- ½ teaspoon cinnamon
- ¼ teaspoon ginger powder
- Pinch of black pepper
- 1 tablespoon honey, optional

Directions

1. Method One: Blend all ingredients together in a blender until smooth. Then transfer to a saucepan and heat until simmering. Simmer for 5 minutes and then serve.
2. Method Two: Add all ingredients to a saucepan. Bring to a boil, turn to simmer for 5 minutes. Use an immersion blender to thoroughly mix all the spices into the milk. Serve.

Nutrition Facts (for $\frac{1}{4}$ of recipe, includes honey): Calories 130, Total Fat 12g, Sodium 8mg, Total Carbohydrate 7g, Dietary Fiber .5g, Added Sugar 4g, Protein 1g

GOOD MORNING GRANOLA

Makes 15 Servings Preparation Time: 10 min Cooking Time: 25 min

Ingredients

- 3 cups oats
- $\frac{1}{2}$ cup almonds, chopped (or try nuts)
- $\frac{1}{2}$ cup sunflower seeds (or pumpkin seeds)
- 2 tablespoons ground flax seed
- 1 tablespoon cinnamon
- $\frac{1}{4}$ teaspoon salt
- $\frac{1}{2}$ cup applesauce
- $\frac{1}{4}$ cup honey
- $\frac{1}{4}$ cup water
- 1 tablespoon vanilla
- $\frac{1}{2}$ cup raisins

Directions

1. Preheat oven to 325 degrees F. Line a rimmed baking sheet pan with parchment paper or lightly grease.
2. In large mixing bowl, combine dry ingredients: oats, almonds, flax seed, sunflower seeds, cinnamon, and salt. Stir until well mixed.
3. In a separate bowl, combine wet ingredients: applesauce, honey, water, and vanilla. Stir to combine.
4. Drizzle wet ingredients over dry ingredients. Stir until evenly coated.
5. Spread onto prepared pan. Bake in oven for about 25 minutes. Every 10 minutes, take it out, stir it, and check it for doneness. When it reaches desired crispiness, remove pan from the oven, add raisins and let cool completely before transferring to airtight container.

Nutrition Facts (for $\frac{1}{15}$ of recipe, about $\frac{1}{3}$ cup): Calories 175, Total Fat 5g, Sodium 40mg, Total Carbohydrate 27g, Dietary Fiber 4g, Added Sugar 4g, Protein 6g

GRAIN-FREE BROWNIES

Makes 16 Servings Preparation Time: 10 minutes Cooking Time: 25 minutes

Ingredients

- 2 cups raw walnuts (or pecans!)
- 1/3 cup cocoa powder
- 1/2 teaspoon baking soda
- 1/8 teaspoon salt
- 2 large eggs
- 1/2 cup maple syrup
- 1 tablespoon vanilla extract

Directions

1. Preheat oven to 350 degrees F. Grease an 8 x 8-inch glass baking dish.
2. Place the walnuts into a food processor fitted with the “s” blade. Process until very finely ground, stopping just before they turn into nut butter. Then add the cocoa powder, baking soda, and salt; pulse again to combine. Add the eggs, maple syrup, and vanilla; blend until smooth.
3. Pour batter into prepared baking dish. Spread evenly into pan with a rubber spatula or spoon. Bake for 25 minutes. Cool for about 20 minutes before slicing into 16 pieces.

Nutrition Facts (for 1/16 of recipe): Calories 106, Total Fat 7g, Sodium 70mg, Total Carbohydrate 9g, Dietary Fiber 1g, Added Sugar 6g, Protein 3g

Source: Nourishing Meals, <http://www.nourishingmeals.com/>, 2013.

GREEN SMOOTHIE OF LIFE

Makes 2 Servings Preparation Time: 10 minutes Cooking Time: None

Ingredients

- 1 green apple, diced
- 1 ripe pear, diced
- 2 cups or more dark leafy greens (spinach, collards, chard, kale, mustard greens, etc.)
- 1/2-inch piece ginger root
- 1/2 lemon, with peel, seeds scooped out
- 1 1/2 cups water
- A few ice cubes
- Optional add-ins: 1 clove raw garlic, a handful of fresh parsley or cilantro, 2 stalks celery, 1 kiwi, (peel removed), 1/2 avocado, 1 tablespoon ground flaxseed

Directions

1. Place all ingredients into a high-powered blender in the order listed. Add enough greens to fill up the blender. Puree until smooth. Add water as needed to achieve desired consistency

Nutrition Facts (for ½ of recipe, not including optional ingredients): Calories 117, Total Fat 0.5g, Sodium 12mg, Total Carbohydrate 29g, Dietary Fiber 6g, Added Sugar 0g, Protein 1.5g

GREEN TEA CHAI

Makes 1 Servings Preparation Time: 5 minutes Cooking Time: None

Ingredients

- 2 tablespoons green tea
- 3 dried cloves
- ½ teaspoon dried ginger, or 2 slices fresh ginger
- 2 cardamom pods, smashed
- ½ teaspoon dried cinnamon, or 1 small piece of cinnamon bark
- 2 cups water

Directions

1. Pour boiling water over combined dry ingredients. Steep 3-4 minutes. Dilute to taste.

Nutrition Facts: Not a significant source of calories

HUMMUS

Makes 8 Servings Preparation Time: 10 minutes Cooking Time: none

Ingredients

- 1½ cups cooked chickpeas, or one 15-oz. can, rinsed and drained
- ¼ cup tahini
- 2 tablespoons lemon juice (about 1 lemon)
- 2 tablespoons water or cooking liquid from the beans
- ¼ teaspoon salt
- 1 clove garlic
- ¼ teaspoon cayenne pepper (optional)
- 2 tablespoons olive oil

Directions

1. In a food processor or blender, add: chickpeas, tahini, lemon juice, water, salt, garlic, cayenne. Blend until smooth. Add water if needed to achieve desired consistency.
2. Transfer hummus to a serving dish. Drizzle with olive oil. Serve.

Nutrition Facts (for ⅛ of recipe, about ¼ cup): Calories 95, Total Fat 5g, Sodium 75mg, Total Carbohydrate 10g, Dietary Fiber 3g, Added Sugar 0 g, Protein 4g

LEMON CHIA PUDDING

Makes 3 Servings Preparation Time: 5 minutes Chill Time: 4 hours

Ingredients

12 ounces coconut milk, canned, full fat
Zest from 1 lemon
2 tablespoons fresh lemon juice
1 teaspoon pure vanilla extract
2 teaspoons sugar or other sweetener
1/3 cup chia seeds
Optional Ingredients for topping: berries, mango, pineapple

Directions

1. In a medium mixing bowl or wide mouth 16-ounce mason jar, whisk all ingredients together. If using a mixing bowl transfer to the mason jar.
2. Cover and let sit in the refrigerator for 4 hours or overnight.
3. Serve in a bowl and top with fresh fruit. Enjoy!

Nutrition Facts (for 1/3 of recipe): Calories 367, Total Fat 28g, Sodium 20mg, Total Carbohydrate 19g, Dietary Fiber 12g, Added Sugar 4 g, Protein 9g

MASSAGED KALE SALAD

Makes 2 Servings Preparation Time: 15 minutes Cooking Time: None

Ingredients

3 cups kale, washed, stalks removed and torn into bite-size pieces
1 lemon, juiced
2+ tablespoons olive oil
1/4 teaspoon salt
Optional Toppings: Sliced apple, berries, chopped broccoli, shredded carrot, chopped celery, sliced cucumber, sliced onion, chopped pepper, chopped tomato, cooked and chopped chicken, chopped walnuts, slivered almonds

Directions

1. Put kale in large serving bowl. Add 2 tablespoons of olive oil, half of the lemon juice, and salt.
2. Massage for 2-5 minutes or until the kale starts to soften. It will wilt and turn bright green. Spritz with remaining lemon juice.
3. Split kale between two bowls and add optional toppings.
4. Serve and enjoy! Place leftovers in a sealed container in the refrigerator overnight.

Nutrition Facts (for 1/2 of recipe, not including optional toppings): Calories 175, Total Fat 14g, Sodium 334mg, Total Carbohydrate 12g, Fiber 2g, Added Sugar 0g Protein 3g

MEDITERRANEAN CHARD

Makes 4 Servings Preparation Time: 10 minutes Cooking Time: 10 minutes

Ingredients

2 bunches chard leaves and stems, rinsed and chopped
 1-2 tablespoons extra virgin olive oil
 4-5 cloves garlic, chopped or crushed
 1 lemon, juiced
 ½ cup pitted Kalamata olives, chopped
 ⅓ cup pine nuts or chopped walnuts, toasted
 salt, to taste

Directions

1. Rinse the chard and pat dry. Prepare the leaves
2. Fold a leaf in half lengthwise so the stem is on one side and the leaf on the other side. Use a sharp knife to cut along the edge of the stem rib.
3. Repeat with each leaf and stack the stems and leaves separately.
4. Keeping them separate, chop the leaves and then the stems.
5. Heat extra virgin olive oil in a large pot or skillet over medium heat. Add chopped chard stems and sauté for 3-4 minutes. Add garlic and sauté for 30 seconds.
6. Add chard leaves and sauté until wilted and bright green, about 3-4 minutes.
7. Remove from the heat and add lemon juice, olives, nuts, and salt, if desired.
8. Note: This pairs well with baked salmon, chicken, soups, or eggs.

Nutrition Facts (for ¼ of recipe): Calories 195, Total Fat 14g, Sodium 650mg, Total Carbohydrate 15g, Fiber 6g, Added Sugar 0g, Protein 7g

NUTS AND BERRIES SALAD

Makes 1 Servings Preparation Time: 15 minutes Cooking Time: None

Ingredients

3 cups leafy greens
 1 cup mixed berries, sliced (strawberries, blueberries, raspberries)
 ¼ cup nuts (walnuts, pecans, or cashews)
 1 cup brightly colored fruit (mandarin orange slices, apple slices, grapes)
 For the vinaigrette
 5 raspberries mashed or juice of ½ an orange
 ½ tablespoon of balsamic vinegar or white wine vinegar
 ¼ tablespoon of olive oil
 ½ teaspoon honey
 Dash of salt and pepper (to taste)

Directions

1. Place leafy greens, sliced berries, nuts, and brightly colored fruit in a bowl or on a plate.
2. Add the vinaigrette ingredients to a small bowl or jar. Whisk or shake until well combined.
3. Drizzle vinaigrette over top of the salad. Top with a protein source if desired to make it a full, balanced meal (examples: hard boiled eggs, garbanzo beans, chicken, or salmon).

Nutrition Facts (for whole recipe): Calories 68, Total Fat 4g, Sodium 11mg, Total Carbohydrate 9g, Fiber 2g, Added Sugar 0g, Protein 1.5g

OVERNIGHT REFRIGERATOR OATS

Makes 1 Servings Preparation Time: 5 minutes Chill Time: Overnight

Ingredients

- 1/3 cup dry rolled oats
- 1 tablespoon ground flax (or chia seeds)
- 1/4 cup kombucha, berry flavored
- 1/4 cup plain yogurt
- 1/2 cup mixed berries (fresh or frozen)
- 2 tablespoons crushed walnuts or pecans

Directions

1. In a pint jar add oats, ground flaxseeds, and kombucha. Mix well.
2. Then add yogurt and fruit in layers on top of oat mixture.
3. Let sit in refrigerator overnight or for at least six hours.
4. When ready to enjoy, add the crushed nuts.

Nutrition Facts (for whole recipe): Calories 445, Total Fat 19g, Sodium 48mg, Total Carbohydrate 56g, Fiber 11g, Added Sugar 0g, Protein 16g

QUICK AND EASY STIR FRY

Makes 4 Servings Preparation Time: 5 minutes Cooking Time: 10 minutes

Ingredients

- 1/2 recipe of “Tamari Ginger Sauce” (recipe also included in this book)
- 1 tablespoon arrowroot powder or tapioca starch
- 1 tablespoon olive oil
- 16 ounces frozen “stir fry” vegetables (~5 cups)
- 12 ounces cooked shrimp (if frozen, thaw first by running under cold water for 5 minutes)

Directions

1. Combine 2 tablespoons of the “Tamari Ginger Sauce” with the arrowroot or tapioca starch. Whisk together to form a uniform paste. Return the paste to the sauce, and whisk well until the sauce takes on a cloud-like appearance.
2. Heat olive oil in a large frying pan.
3. Add vegetables. Cook until vegetables are tender, but not soft, about 3-4 minutes. Add shrimp. Continue to cook until shrimp are heated, about 1-2 minutes.
4. Pour sauce over vegetable and shrimp mixture. Continue to cook while stirring until sauce is heated through and begins to thicken. Serve over rice or cauliflower rice or just eat plain right out of a bowl!

Nutrition Facts (for ¼ of recipe): Calories 225, Total Fat 5g, Sodium 725mg, Total Carbohydrate 19g, Fiber 5g, Added Sugar 0g, Protein 26g

RED LENTIL DHAL

Makes 4 Servings Preparation Time: 5 minutes Cooking Time: 30 minutes

Ingredients

- 1 cup red lentils
- 3 cups water
- ¼ teaspoon turmeric
- 2 teaspoons ginger, minced
- 1 tablespoon ghee
- ½ teaspoon black mustard seeds
- 2 Thai chilies, diced (optional)
- 1½ teaspoon salt
- Juice from 2 lemons

Directions

1. In a medium pot, add red lentils, water, turmeric, and ginger. Bring to boil, reduce to simmer and cook for 30 minutes. Remove from heat.
2. Meanwhile, heat ghee in small saucepan. Add black mustard seeds. Cover pan because the seeds will start to pop and fly. Once seeds have popped, turn off heat. Add chilies, if using, and stir to combine with ghee and seeds.
3. Add the sautéed mustard seeds and chilies to the cooked red lentils. Add salt and lemon juice.

Nutrition Facts (for ¼ of recipe): Calories 80, Total Fat 1.5g, Sodium 335mg, Total Carbohydrate 12g, Fiber 2g, Added Sugar 0g, Protein 5g

ROASTED BROCCOLI (OR ASPARAGUS)

Makes 4 Servings Preparation Time: 5 minutes Cooking Time: 20-25 minutes

Ingredients

6 cups of broccoli florets (feel free to do this with other vegetables too such as cauliflower florets, onion chunks, halved Brussels sprouts, asparagus spheres, or sliced cabbage)
2-4 tablespoons avocado oil or olive oil
Herbs or spices optional (salt, pepper, parsley, sage, thyme, red pepper flakes, turmeric)

Directions

1. Preheat oven to 375 degrees F.
2. In a large bowl, mix broccoli and oil. Toss to coat.
3. Spread broccoli out into a single layer on a baking sheet. Sprinkle with herbs and spices, if using. Bake for 15-25 minutes, or until broccoli is lightly browned but fork tender. Cooking time will vary for different types of vegetables.

Nutrition Facts (for ¼ of recipe, using 2 T. olive oil and broccoli): Calories 73, Total Fat 7g, Sodium 20mg, Total Carbohydrate 2g, Fiber 2g, Added Sugar 0g, Protein 2g

SALMON SALAD IN LETTUCE CUPS

Makes 4 Servings Preparation Time: 15 minutes Cooking Time: None

Ingredients

¼ cup mayonnaise (avocado or olive oil-based preferred)
2 tablespoons olive oil
juice from half a lemon
14 ounces canned salmon, drained or use smoked salmon
1 red bell pepper, diced
½ red onion, minced
1-2 tablespoons pickle relish
¼ cup fresh parsley, minced
4 large lettuce leaves (or 8 smaller ones)

Directions

1. In a small bowl, whisk the mayonnaise, olive oil, and lemon juice until well blended. Set aside.
2. In a large bowl combine the salmon, bell pepper, red onion, pickle relish, and parsley.
3. Pour the mayonnaise mixture over the salmon mixture and combine.
4. Divide salmon salad evenly between lettuce leaves. Serve and eat like a taco.
5. Store any extra in the refrigerator and eat within 3-4 days

Nutrition Facts (for ¼ of recipe): Calories 290, Total Fat 20g, Sodium 585mg, Total Carbohydrate 5g, Fiber 1g, Sugar 1g, Added Sugar 1g, Protein 21g

SLOW COOKER CURRY CHICKEN

Makes 4 Servings Preparation Time: 10 minutes Cooking Time: 40 minutes

Ingredients

- 1 cup coconut milk, canned
- 1 cup chicken broth
- 3-4 cloves garlic, minced
- 1 tablespoon ground ginger
- 3 tablespoons curry powder
- salt and pepper, to taste
- 1 red bell pepper, washed, de-seeded and sliced
- 1 yellow onion, sliced
- 1 ½ pounds chicken breast
- 1-2 cups sweet potato, diced into cubes, optional
- 3 cups dark leafy greens, washed and patted dry, optional

Directions

1. In a slow cooker, whisk together canned coconut milk, chicken broth, garlic, ginger, curry powder, salt and pepper.
2. Add red peppers, onions, and chicken breast. Mix all ingredients together in order to completely cover the chicken in the curry mixture. Place sweet potatoes on top of the chicken and curry mixture (optional).
3. Cover with the lid and cook on:
4. Low setting for 6-8 hours or
5. High setting for 4-5 hours
6. Use a meat thermometer to make sure the chicken is heated to at least 165°F. Add dark leafy greens in the last 20 minutes (optional).
7. Serve and enjoy!

Nutrition Facts (for ¼ of recipe): Calories 357, Total Fat 11g, Sodium 285mg, Total Carbohydrate 16g, Fiber 5g, Added Sugar 0g, Protein 42g

TAMARI-GINGER SAUCE

Makes 8 Servings Preparation Time: 5 minutes Cooking Time: None

Ingredients

- ½ cup tamari, low-sodium (which is wheat-free soy sauce)
- ½ cup water
- 1 tablespoon rice vinegar
- 1 tablespoon freshly grated ginger
- ½ cup minced scallions (green onions)
- 1 clove garlic, minced
- 2 teaspoons sesame oil

Directions

1. Whisk all ingredients together and let stand for ~15 minutes before using. Can also be refrigerated for weeks.

Nutrition Facts (for 1/8 of recipe): Calories 22, Total Fat 1g, Sodium 575mg, Total Carbohydrate 1.5g, Fiber 0g, Added Sugar 0g, Protein 1.5g

TOASTY TEMPEH

Makes 4 Servings Preparation Time: 25 minutes Cooking Time: 20 minutes

Ingredients

- 2 tablespoon apple cider vinegar
- 1 tablespoon tamari, low-sodium
- 2 tablespoons water
- 1 tablespoon Dijon mustard
- 1 teaspoon oregano
- 2 cloves garlic, minced
- Freshly ground black pepper
- 8 ounces tempeh, diced into ~20 pieces
- 1 tablespoon olive oil for

Directions

1. Combine apple cider vinegar, tamari, water, mustard, oregano, garlic, and a few dashes black pepper. Shake or stir to mix well. Add tempeh. Cover evenly with marinade. Set aside for at least twenty minutes to marinate. If marinating longer than twenty minutes, put in fridge for up to twenty-four hours. You can also freeze it at this point and cook it later.
2. Preheat oven to 375°F. Line a baking sheet with parchment paper (for easier clean up, not necessary). Drizzle olive oil on baking sheet. Transfer tempeh to baking sheet. Bake for 20 minutes, or until sides begin to brown. Serve and enjoy!

Nutrition Facts (for 1/4 of recipe): Calories 114, Total Fat 2g, Sodium 227mg, Total Carbohydrate 14g, Fiber 5g, Added Sugar 0g, Protein 9g

TOFU CUBES

Makes 4 Servings Preparation Time: 40 minutes Cooking Time: 25 minutes

Ingredients

- 12 ounces extra-firm tofu
- 3 tablespoon rice vinegar
- 2 tablespoons tamari, low-sodium
- 1 tablespoon ginger root, minced
- 1 clove garlic, minced
- 1/2 teaspoon red pepper flakes
- 1 tablespoon olive oil

Directions

1. Remove tofu from the package; drain out as much water as possible. Set the tofu on a plate and cover with another plate and then top with something heavy (like a book). Set aside for about 15 minutes. This process will squeeze out more of the water.
2. Meanwhile, in a medium bowl, combine rice vinegar, tamari, ginger root, garlic, and red pepper flakes. Mix well to combine.
3. Cut the tofu into ~40 cubes, drying with paper towels as you cut. Place tofu into the bowl with marinade. Stir gently or shake to coat tofu with the sauce. Set aside to marinate. Let the tofu marinate for at least 20 minutes (or for even more flavor, marinate in the fridge up to 24 hours).
4. Preheat oven to 375°F. Line a baking sheet with parchment paper (for easier clean up, not necessary). Drizzle olive oil on baking sheet. Transfer tofu to baking sheet. Bake for 25 minutes, or until sides begin to brown. Serve and enjoy!

Nutrition Facts (for ¼ of recipe): Calories 140, Total Fat 9g, Sodium 145mg, Total Carbohydrate 5g, Fiber 2g, Added Sugar 0g, Protein 11g

WARMING WINTER SQUASH SOUP

Makes 4 Servings Preparation Time: 10 minutes Cooking Time: 30 minutes

Ingredients

- 1 medium winter squash (acorn, butternut, or kabocha are all great options)
- 1 jalapeno pepper, optional
- 1 cup coconut milk
- 4 cups low-sodium vegetable broth (or water or homemade bone broth)
- ½ teaspoon cinnamon
- dash of nutmeg

Directions

1. Preheat oven to 350 degrees. Cut the squash in half. Scoop out the seeds. Place face down on foil-lined baking sheet. Bake for ~30 minutes. Squash is done when the inside is very soft and peels easily away from the skin. Scoop out soft flesh from squash and add it to the blender.
2. Remove seeds and ribs from jalapeno pepper, if using. If more heat is desired, leave some seeds. Add jalapeno to blender along with the rest of the ingredients. Blend on high until desired consistency is formed. Transfer soup to a pot and heat on stovetop.
3. Taste test and add salt as needed. Serve in individual bowls with a dash of nutmeg on top.

Nutrition Facts (for ¼ of recipe): Calories 175, Total Fat 12g, Sodium 560mg, Total Carbohydrate 17.5g, Fiber 2.5g, Added Sugar 0g, Protein 2.5g

ZOODLES WITH SPRING GREEN PEANUT SAUCE

Makes 4 Servings Preparation Time: 15 minutes Cooking Time: 10 minutes

Ingredients

For the “Zoodles”:

- 5 medium zucchini
- 1 tablespoon olive oil

For the Sauce:

- 1/3 cup peanut butter
- 1/2 -inch piece ginger root, cut into a few pieces
- 2 teaspoons honey
- 1/4 teaspoon cayenne pepper
- 1/3 cup hot water
- 2 tablespoons low-sodium tamari
- 1 tablespoon rice vinegar
- 3 cups packed spinach leaves

For the Topping:

- 2 scallions (green onions), diced
- 1/4 cup unsalted peanuts, dry roasted and crushed

Directions

1. For the “Zoodles”:
 - a. Use a vegetable peeler to peel zucchini into thin strips. Alternately, use a julienne peeler, mandolin, or vegetable spiralizer to make the noodles. Once you get to the seeds stop. Discard the seeds and center. Heat olive oil in a large frying pan. Add “zoodles.” Stir fry until lightly browned.
2. For the Sauce:
 - a. Place all ingredients in a blender in the order listed. Blend on high until smooth adding hot water as necessary.
3. To Serve:
 - a. Transfer “zoodles” to a serving bowl. Pour peanut sauce over “zoodles” and stir until evenly coated. Top with fresh scallions and toasted crushed peanuts.

Nutrition Facts (For 1/4 of recipe): Calories 215, Total Fat 15g, Sodium 310mg, Total Carbohydrate 17g, Dietary Fiber 5g, Added Sugar 2g, Protein 9g

DAY 1—PULSE CHECK

Eating for Whole Health

We value your input, and it will shape how we plan the rest of the course.

1) Please rate the following sections of Day 1:

MODULE	Poor				Excellent
1. Introduction to the Course:L Setting the Stage	1	2	3	4	5
2. Making the Case: The Power of Food & Drink	1	2	3	4	5
3. Food and the Gut	1	2	3	4	5
4. Mindful Eating	1	2	3	4	5
5. Nutrition and Pain	1	2	3	4	5
6. Eating in Context: External Factors That Affect Nutrition	1	2	3	4	5
Skill Application: The Personal Health Inventory	1	2	3	4	5
Application Exercise: Speed Dating	1	2	3	4	5
Rating of Facility	1	2	3	4	5
OVERALL MATERIAL ON DAY ONE	1	2	3	4	5

2) What about the course today (Day 1) was most helpful to you?

3) What about the course today (Day 1) could be even better?

4) Other feedback and helpful suggestions (feel free to write on the back of this page, too):

Day 1—Pulse Check, Page 2

Please do not write your course notes on this page as you will be turning this sheet in at the end of Day 1.

DAY 2—PULSE CHECK AND FINAL EVALUATION

Eating for Whole Health

We value your input, and it will shape planning for future courses.

1) Please rate the following for Day 2:

MODULE	Poor				Excellent
7. Your Brain on Food: Nutrition and Mental Health	1	2	3	4	5
8. Serving It Up: Healthy Cooking Tips	1	2	3	4	5
9. Functional Nutrition, Elimination Diets, and 5R's	1	2	3	4	5
10. Prevention of Cardiovascular Disease and Diabetes	1	2	3	4	5
11. Prevention of Cancer	1	2	3	4	5
12. Whole Health Visits: Creating a Personal Health Plan	1	2	3	4	5
Implementation Exercise: Small Group Projects	1	2	3	4	5
Implementation Exercise: Self-Reflection	1	2	3	4	5
Rating of Facility	1	2	3	4	5
OVERALL MATERIAL ON DAY TWO	1	2	3	4	5

2) What about the course today (Day 2) was most helpful to you?

3) What about the course today (Day 2) could be even better?

4) What was your favorite thing about the Eating for Whole Health course?

Please See Back of Page

5) What is the #1 thing you would change about this course?

6) As we move forward with future Whole Health Advanced Clinical Education courses, do you have any additional thoughts about how to optimize their experience?

7) Other thoughts and comments?

Do You Have a Supportive Statement to Share?

We hope you have enjoyed the course. If you would like to share a positive statement that can be passed along to the Office of Patient Centered Care & Cultural Transformation for use in brochures, courses, and other materials, please write it here.

Tear out this sheet and submit to the course administrator. Thank you!

Supportive Statement, Page 2

Please do not write your course notes on this page.