Get Started: Joslin’s Healthy Plate

Patient Learning Objectives

1. Describe how Joslin’s Healthy Plate is a tool to help people control food portions, calories and carbohydrate (carb) intake, while eating a variety and balance of foods.
2. State how commonly-eaten foods fit into sections on and around the plate.
3. List examples of foods that contain carbohydrate.
4. Discuss ways of including nutrient-dense foods, such as those with high-quality protein, healthy fats, and vitamins and minerals, at each meal.

Teaching Tips

• The average size of a dinner plate today is 13 inches in diameter. Advise using a smaller plate or even a salad plate to help reduce portions.
• Explain how to build a healthy plate: fill half the plate with colorful nonstarchy vegetables like broccoli and/or salad. Fill one quarter of the plate with a whole-grain carb like brown rice or a starchy vegetable, such as peas. Fill the other quarter of the plate with lean meat, eggs, tofu or lower-fat cheese. Add a small amount of heart-healthy fat such as canola or olive oil, trans-fat-free margarine, nuts or avocado. Add one or two more carb choices, such as a piece of fruit and/or a small cup of lowfat, light-style yogurt.
• Discuss meals that include a combination of foods, such as casseroles, stews, a burrito or a chicken stir-fry dish. Help patients visualize what these meals would look like on the plate if each of the ingredients were separated.
• Emphasize that Joslin’s Healthy Plate can be used by the whole family. Diabetes meal planning is similar to nutritional recommendations for everyone—the goal is for all family members to eat as healthfully as possible.
• Discuss breakfast and snacks; they don’t fit easily onto the plate, but the messages of portion and carb control, balance and variety still apply.

Learning Activities

• Give patients a paper plate with the divisions of the Joslin Plate drawn in. Ask them to write in each section the names of healthy foods that they might like to eat within the next month.
• Using paper food models, ask patients to create a plate based on the foods they usually eat. Then, after discussing more healthful foods, ask patients if they would make any changes in food choices or portions, and have them show you with the food models.

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Carbohydrate Counting 101

Patient Learning Objectives

1. Explain the importance of controlling carbohydrate (carb) intake for diabetes management.
2. List the four types of carb foods (starches, fruit, milk/yogurt, and sweets) and identify the serving size of two foods for each type.
3. State the relationship between a “carb choice” and “carb grams.”
4. Discuss how to read a Nutrition Facts panel for serving size and carb grams.
5. Plan a meal based on a specific amount of carb.

Teaching Tips

- Until patients meet with a dietitian for individualized eating plans, use the suggested number of carb choices or grams on the patient handout as a guide. Help patients select a target number of carb choices for each meal, such as 2 carb choices at breakfast, 3 at lunch, and 4 at dinner.
- It may be easier to discuss carb choices or servings rather than carb grams with some patients if they have difficulty counting or calculating.
- When discussing label reading, point out that the serving size on a Nutrition Facts panel is not necessarily the same portion recommended for people with diabetes.
- Remind patients that on the Nutrition Facts panel, dietary fiber and sugar are already included in the Total Carbohydrate grams.
- Ask patients whether they know their pre- and post-meal blood glucose goals. Suggest that they check their blood glucose 2–3 hours after a meal to learn how a particular amount of carb affects their blood glucose.
- Discuss snacks and how they fit into carb counting. Encourage lower-carb choices like raw vegetables, nuts, boiled eggs, lower-fat cheese and sugar-free gelatin if patients report hunger between meals. Remind patients that many beverages have carbs that need to be counted as part of their carb allotment. Suggest no-carb alternatives such as water, flavored seltzer water, diet soft drinks, and unsweetened tea and coffee.

Learning Activities

- Help patients write out one day of sample meals and snacks, based on their carb goals.
- Review accuracy of carb counting, as well as overall food choices and portions, by asking patients to keep a 3–5 day food record that they take to their next appointment.
- Keep a selection of Nutrition Facts panels in a notebook. Invite patients to look at the labels and to practice label reading for serving size, total carbohydrate, and other relevant nutrients (e.g., saturated fat, fiber, sodium).
- Show examples of several food-count books as well as a few online nutrient database sites and smartphone apps.
- Using food labels or a food-count book, ask patients questions such as, “If your lunch carb goal is 45 grams (or 3 carb choices), how much of this food could you eat?” or, “If you’ve eaten half of your 60-gram carb goal for the meal and you’d like a dish of ice cream, how would you decide to use the remainder of your carbs?”

Counting Combination Foods

- 1 cup of casserole, stew or Asian-style entrée = 15 grams of carb
- 1 cup of thick and hearty soup (lentil, split pea, chowder) = 30 grams of carb
- 1 slice of regular-crust pizza = 30 grams of carb
- ½ cup pasta or potato salad = 15 grams of carb
- 1 ounce of bread, bagel or English muffin = 15 grams of carb (a 5-ounce bagel would have 75 grams of carb)
Heart-Healthy Eating

Patient Learning Objectives:

1. State the importance of controlling blood lipid and blood pressure levels.
2. Describe components of a heart-healthy eating plan.
3. Identify healthy and unhealthy types of fat and their effect on blood lipids.
4. Explain how to identify a heart-healthy food using the Nutrition Facts panel.

Teaching Tips

- Discuss how controlling blood lipids (cholesterol and triglycerides) and blood pressure can help prevent or delay heart disease.
- Ask patients if they know their LDL, HDL, triglyceride and blood pressure numbers and their goals. Remind them that in many cases, medication is needed to control both blood lipids and blood pressure.
- Remind patients that some fat in their diet is necessary, although too much may lead to weight gain. Review sources of heart-healthy (unsaturated) fats and unhealthy (saturated and trans) fats.
- Clear up the misconception that dietary cholesterol is a major determinant for blood cholesterol levels. Saturated fat is the primary driver of blood cholesterol, not cholesterol found in food.
- Discuss how other dietary factors, such as soluble fiber and plant stanols/sterols, can be helpful in lowering blood cholesterol.
- Explain how losing even 5 to 10 pounds, eating more fruits, vegetables and whole grains, cutting back on salt and sodium, and being more physically active can help manage blood pressure.
- Emphasize that more than 90% of the sodium in the diet comes from processed foods and prepared meals. Advise patients to choose no-salt-added, unsalted, low-sodium and reduced-sodium versions of processed foods.
- Advise patients to watch out for hidden sodium in canned fish, vegetables and beans, and to rinse these foods before eating.

Learning Activities

- Using food models, ask patients to put together a meal low in saturated fat and sodium using Joslin’s Healthy Plate method.
- Show patients food labels for similar types of foods. Ask them to compare the labels and identify which product is more “heart healthy.”
- Ask patients to describe how they could decrease the saturated fat and/or sodium in one of their favorite meals or recipes.

<table>
<thead>
<tr>
<th>Name</th>
<th>What it Is</th>
<th>Goal for Diabetes</th>
</tr>
</thead>
<tbody>
<tr>
<td>LDL cholesterol</td>
<td>“Bad” cholesterol that can lead to blocked arteries in the heart, brain and legs</td>
<td>Less than 100 mg/dl; less than 70 mg/dl with or at high risk for heart disease</td>
</tr>
<tr>
<td>HDL cholesterol</td>
<td>“Good” cholesterol that removes LDL cholesterol from the blood</td>
<td>Greater than 40 mg/dl for men; greater than 50 mg/dl for women</td>
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<tr>
<td>Triglycerides</td>
<td>Blood fat that, if too high, may lower HDL and exacerbate the effect of LDL</td>
<td>Less than 150 mg/dl</td>
</tr>
<tr>
<td>Blood pressure</td>
<td>The force that moves blood through the body. High blood pressure can lead to heart attack, stroke, kidney disease and blindness.</td>
<td>At or below 140/80 mmHg</td>
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Eating Out, Eating Right

Patient Learning Objectives:
1. Identify what style of restaurant or prepared food individual patients tend to select.
2. Explain the importance of planning ahead when eating out in order to stay as close to meal-planning goals as possible.
3. List three methods to try that will limit portions when eating at a restaurant.
4. Describe two changes to make to commonly eaten restaurant foods or fast foods so that the meals better fit within carbohydrate and heart-healthy eating goals.

Teaching Tips
• Ask patients to describe any barriers to making healthful choices while outside of the home; then revisit and address these barriers at the end of the session.
• Suggest patients use a reference book of nutrition facts (food-count book), use nutrition database websites or mobile apps, or use the restaurant’s or fast food establishment’s website, to more easily identify healthy choices and avoid making impulsive, unhealthy choices. Remind patients that seemingly healthy restaurant foods or fast foods are not necessarily so; breaded chicken or fish sandwiches, dressed salads and smoothies can all be laden with calories, carbs and fat.

• Encourage patients to practice making special requests to help ensure that the meal is a better fit with meal-plan goals. For example, patients can ask that salt not be added to foods; sauces, dressings, and gravies be served on the side; or foods be grilled or baked instead of fried.
• Suggest patients ask the wait staff or counterperson to remove the bread or chips and substitute a side salad or other vegetable, which will help limit carbohydrate and calories.
• Advise patients to weigh and measure food portions (using a food scale, measuring cups and spoons) periodically at home to help them more accurately “guesstimate” portions when eating away from home. Show them how to use their hand as a guide for portion control.
• Suggest that patients share an entrée, ask for a “to go” box upon ordering, or request a half-order or a child-size portion to help control portion size.

Learning Activities
• Using a variety of restaurant menus, have patients identify more healthful options. Prompt them to ask questions of the wait staff and practice making special requests.
• Observe patients’ measuring skills by having them practice. Use a pitcher of water to practice liquid measurements (measure out a 4 fl. oz. serving), a box of dry cereal (fill a bowl with an amount equal to 15 grams of carb) and a box of elastic bands to represent spaghetti (portion out one cup onto a plate) for dry measurements.
• Ask patients to describe how they might make better choices while eating away from home, giving specific examples based on the tips discussed.