

ILSI NA - Canadian Diabetes Association Workshop on Carbohydrate Quality

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Discussion Points

- Review American Diabetes Association Nutrition Therapy Recommendations for Adults with Diabetes 2013 Position Statement as it relates to carbohydrate quality.
 - **Nutrition Therapy Recommendations for the Management of Adults With Diabetes. (n.d.). Retrieved January 30, 2017, from <http://care.diabetesjournals.org/content/36/11/3821>**
- Review U.S. Department of Health and Human Services Office of Disease Prevention and Health Promotion Health Literacy & Numeracy Basics
- Provide summary statement related to the need for labeling foods to indicate quality of carbohydrates.

Goals of Nutrition Therapy for Adults With Diabetes

1. To promote and support healthful eating patterns, emphasizing a variety of nutrient-dense foods in appropriate portion sizes, in order to improve overall health and specifically to:
 - Achieve and maintain body weight goals
 - Attain individualized glycemic, blood pressure, and lipid goals
 - Delay or prevent the complications of diabetes
2. To address individual nutrition needs based on personal and cultural preferences, health literacy and numeracy, access to healthful foods, willingness and ability to make behavioral changes, and barriers to change
3. To maintain the pleasure of eating by providing nonjudgmental messages about food choices
4. To provide an individual with diabetes the practical tools for developing healthy eating patterns rather than focusing on individual macronutrients, micronutrients, or single foods

ADA Nutrition Therapy Recommendations for the Management of Adults With Diabetes 2013

- Monitoring carbohydrate intake, whether by carbohydrate counting or experience-based estimation, remains a key strategy in achieving glycemic control. (B)
- For good health, carbohydrate intake from vegetables, fruits, whole grains, legumes, and dairy products should be advised over intake from other carbohydrate sources, especially those that contain added fats, sugars, or sodium. (B)
- Substituting low–glycemic load foods for higher–glycemic load foods may modestly improve glycemic control. (C)

Nutrition Therapy Recommendations for the Management of Adults With Diabetes 2013

- The literature regarding glycemic index and glycemic load in individuals with diabetes is complex, and it is often difficult to discern the independent effect of fiber compared with that of glycemic index on glycemic control or other outcomes.
- Further, studies used varying definitions of low and high glycemic index and glycemic response to a particular food varies among individuals and can also be affected by the overall mixture of foods consumed.

ADA Nutrition Therapy Recommendations for the Management of Adults With Diabetes 2013

- People with diabetes should consume at least the amount of fiber and whole grains recommended for the general public. (C)
- Intake of dietary fiber is associated with lower all-cause mortality in people with diabetes.

Guidelines published in November 2013. Update to statement coming by November 2018.

Literacy and Numeracy in the US

Why is health literacy important?

- Only 12 percent of adults have Proficient health literacy, according to the National Assessment of Adult Literacy.
- In other words, nearly nine out of ten adults may lack the skills needed to manage their health and prevent disease.
- Fourteen percent of adults (30 million people) have Below Basic health literacy.
- These adults were more likely to report their health as poor (42 percent) and are more likely to lack health insurance (28 percent) than adults with Proficient health literacy.
- Low literacy has been linked to poor health outcomes such as higher rates of hospitalization and less frequent use of preventive services
Both of these outcomes are associated with higher healthcare costs.

<https://health.gov/communication/literacy/quickguide/factsbasic.htm>

U.S. Department of Health and Human Services Office of Disease Prevention and Health Promotion

Who is responsible for improving health literacy?

- The primary responsibility for improving health literacy lies with public health professionals and the healthcare and public health systems.
- **We must work together to ensure that health information and services can be understood and used by all Americans.**
- We must engage in skill building with healthcare consumers and health professionals.
- Adult educators can be productive partners in reaching adults with limited literacy skills.

Summary Statement:

- Providing a scale by which consumers can choose the most nutrient dense, minimally processed carbohydrate sources that will have the least effects on overall blood glucose would be a benefit to people with diabetes, at risk for diabetes and the public in general.
- *The goal would be to ensure that the scale is both simple to navigate and easy to understand at all levels of health literacy across cultures and languages and is communicated via multiple channels of communication.*

For the General Population

- **The American Diabetes Association does not currently provide guidelines specifically for the general population.**

For Pre-Diabetes Population

- **Current ADA Guidelines state:** For good health, carbohydrate intake from vegetables, fruits, whole grains, legumes, and dairy products should be advised over intake from other carbohydrate sources, especially those that contain added fats, sugars, or sodium.
- **Current opportunities:** Expand research and messaging around the healthy plate and other simple picture based messages that reach across literacy and numeracy levels as well as languages. Consider also messages that highlight if a food should be eaten often, sometimes, or rarely.
- **Current gaps:** Nutrition label information can be overwhelming and requires significant guidance from a dietitian for many Americans. Literacy and numeracy is required for effective use of the current label and that presents a major gap. The goal would be to ensure that any symbol is both simple to navigate and easy to understand at all levels of health literacy across cultures and languages and is communicated via multiple channels of communication.

For Persons Living with Diabetes

- **Current ADA Guidelines state:** For good health, carbohydrate intake from vegetables, fruits, whole grains, legumes, and dairy products should be advised over intake from other carbohydrate sources, especially those that contain added fats, sugars, or sodium.
- **Current opportunities:** Expand research and messaging around the healthy plate and other simple picture based messages that reach across literacy and numeracy levels as well as languages. Consider also messages that highlight if a food should be eaten often, sometimes, or rarely.
- **Current gaps:** Nutrition label information can be overwhelming and requires significant guidance from a dietitian for many Americans. Literacy and numeracy is required for effective use of the current label and that presents a major gap. The goal would be to ensure that any symbol is both simple to navigate and easy to understand at all levels of health literacy across cultures and languages and is communicated via multiple channels of communication.