

wellness-cv connection

An e-newsletter from the Wellness CV RDs Subunit

Sports,
Cardiovascular,
and Wellness
Nutrition

eat right.
a dietetic practice group of the
Academy of Nutrition
and Dietetics

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A Message From the Directors

As autumn arrives and we get back into a more structured routine, it is a good time to get organized to help make life less stressful! For example, look at what works and what doesn't; what is new information that we can share with clients and colleagues; and what new tools may help clients with lifestyle change. This newsletter is a perfect avenue for up-to-date information that is quick reading and may be useful in your practice! In this issue:

- There has been a lot of talk about the lifestyle recommendations from the National Lipid Association. We are honored to have an article from Geeta Sikand, MA, RDN, FAND, CDE, CLS, FNLA, and Penny Kris-Etherton, PhD, RDN, CLS, FNLA, FAHA, who served as nutrition co-chairs of the NLA Lifestyle Recommendations expert panel. SCAN plans to have a reimbursement representative who will be working with Marsha Schofield, MS, RD, LD, FAND, and her team through the Academy of Nutrition and Dietetics to promote MNT coverage for dyslipidemia and hypertension.
- Chronic stress has been shown to increase the desire for "comfort foods." The article in this issue provides helpful strategies for stress reduction that can be incorporated when working with clients.
- It is helpful to be aware of how healthy lifestyles are influenced by government agencies, schools, worksites, etc. And, once aware, we can become involved and help sustain these changes.
- This last article talks about winning techniques to help clients be successful in making behavior changes. Health coaching is a very important skill to have when working with clients.

Also, remember to take time to check out the Resources section to expand your educational tools; and check out the Calendar of Events for opportunities to update your skills. I encourage you to look at the SCAN website for up-to-date webinars and join the EML (electronic mailing list). Using the EML allows you to connect with RDNs across the country to discuss/tackle any wellness/ cardiovascular nutrition challenge! See page 3 for information on joining.

Healthy Regards,

*Judy Hinderliter, MPH, RDN, LDN, CPT, and
Amanda Clark, MA, RDN, CHES*



Have Ideas...For This Newsletter?

We are always looking for talented professionals to join our team. If you feel that you have the knack for writing and would like to see your name in our newsletter, send inquiries to **Rebecca Rebmann** (managing editor) at rebecca.a.rebmann@gmail.com or **Allison Knott** (assistant editor) at allisonknott@gmail.com. Don't want to write but still want to contribute? We are also looking for reviewers for articles submitted to the newsletter. If you believe your experience qualifies you as an "expert" in a particular topic area, send us an e-mail describing your qualifications, and we will match you with an article when the opportunity arises.

Publication in the newsletter does not indicate endorsement by SCAN or the Academy.



If you're not already participating in our subunit electronic mailing list (EML), you can find more information about how to sign up and how to change settings here: <http://www.scandpg.org/benefits-of-scan-membership/electronic-mailing-list/>. You can also find important guidelines for the use of material posted to the EML on the SCAN website.

Inside This Issue

4 LIFESTYLE RECOMMENDATIONS FROM THE NLA

This overview of part 2 of the NLA's most recent guidelines discusses lifestyle recommendations to decrease disease risk.

5 DIETARY RELATIONSHIPS AND INTERVENTIONS FOR CHRONIC STRESS

Exploring the link between stress and overeating is essential for developing effective weight management plans for the overweight and obese.

6 COMBINING WELLNESS, NUTRITION, AND HEALTH COACHING FOR SUCCESS

Incorporating health coaching techniques may give the RDN an edge for creating long-term success for wellness patients.

8 RESOURCES

So much is going on in our industry that it's hard to keep track of everything. This list of valuable resources showcases new research, informative reads, and useful aides for professional counseling.

8 BE THERE... CALENDAR OF EVENTS

Don't miss out on all of the opportunities in our industry. Allow yourself the opportunity to learn, network, and enhance your profession by attending these seminars and conferences.

8 KEEPING CONNECTED

Stay up-to-date on all of the events and fun things SCAN has to offer!

Lifestyle Recommendations From the NLA

by Geeta Sikand, MA, RDN, FAND, CDE, CLS, FNLA, and Penny Kris-Etherton, PhD, RDN, CLS, FNLA, FAHA



In 2015, the National Lipid Association (NLA) issued a 2-part report: “National Lipid Association Recommendations for Patient-Centered Management of Dyslipidemia: Part 1 and Part 2.”^{1,2} The lifestyle recommendations (one of the focuses of Part 2 of the report) target low-density lipoprotein cholesterol (LDL-C) and non-high-density lipoprotein cholesterol (non-HDL-C) levels as they relate to cardiovascular disease.² Triglyceride (TG) recommendations for those with very high levels are also discussed, but in the relation of reducing risk of acute pancreatitis. Of specific interest to dietetic professionals is the inclusion and recognition of evidence that strongly supports medical nutrition therapy (MNT) provided by a registered dietitian nutritionist (RDN) for improved LDL-C, TG, HDL-C, glucose levels, body weight, waist circumference, and body mass index (BMI). Thus, the recommendations explicitly suggest clinicians refer patients with dyslipidemia to an RDN. The following discusses some of the recommendations set forth in the second part of this 2-part report.

NUTRITION THERAPIES FOR REDUCING ATHEROGENIC CHOLESTEROL (LDL-C AND NON-HDL-C)

A cardio-protective dietary pattern includes²:

Saturated fat (SFA) intake <7% of energy and minimal intake of trans fatty acids

Both the 2015 NLA Recommendation² and the 2013 American Heart Association/American College of Cardiology Guidelines on Lifestyle Management to Reduce Cardiovascular Disease (CVD) Risk³ recommend limiting SFA and trans fatty acids. The predicted

effects of replacing 5% of energy from SFA with PUFA, MUFA, and carbohydrate are shown in Table 1.^{2,3}

<200 mg/day dietary cholesterol

Randomized controlled trials (RCT) have shown a modest effect of dietary cholesterol on LDL-C (100 mg/day increases LDL-C \approx 1.9 mg/dL).^{2,4} There is marked variability in the response to dietary cholesterol, but there are no current methods available to identify a hyper- or hypo-responder. The NLA recommends <200 mg/day to reduce LDL-C and non-HDL-C. When baseline dietary cholesterol is low, the increase in LDL-C from dietary means is greater than when baseline levels are high.² However, even small reductions in LDL-C decrease CVD events.² Decreasing dietary cholesterol from 300 mg/day to 150 mg/day is expected to lower LDL-C by approximately 3 mg/dL and lower risk by approximately 5%.⁵ The increase in HDL-C with dietary cholesterol remains of uncertain importance.²

Increase plant stanols/sterols and viscous fiber intake

About 2 g/day of plant stanols and sterols have been shown to lower LDL-C in the range of 4% to 10%.² The typical diet provides about 200 to 400 mg/day of plant stanols/sterols, and a vegetarian diet provides about 800 mg/day. Vegetable oils, nuts, seeds, and grain products are common sources of plant stanols. The NLA recommends intake of foods fortified with plant stanols/sterols, as well as consuming dietary supplements. Fortified foods and supplements, however, are not advised for patients with phytosterolemia, or sitosterolemia.

The NLA recommends 5 to 10 g/day of viscous fiber (up to 25 g/day as tolerated) to decrease atherogenic cholesterol levels.² Food sources include oats, barley, legumes, and a variety of fruits and vegetables. Some fiber laxative products also contain viscous fibers (eg, psyllium seed husk and methylcellulose).

Reduce sugars and refined carbohydrates

For moderate hypertriglyceridemia (TG=150-499 mg/dL) a cardio-protective dietary pattern as well as achieving and maintaining a healthy body weight are recommended.² Additionally, limit foods with refined carbohydrates and added sugars (processed foods), fruit juices, sugar-sweetened beverages, and alcohol. Substitute lean protein and high-fiber foods rich in unsaturated fats.

For severe hypertriglyceridemia (TG levels >1000 mg/dL and some patients

with TG 500-999 mg/dL) following a cardio-protective dietary pattern and achieving and maintaining a healthy body weight should also be followed.² Restriction of refined carbohydrates and added sugars, fruit juices, and sweetened beverages is recommended. Initiate a very low-fat (<15% of daily energy) diet and abstain from alcohol to minimize chylomicronemia. Dietary fat may be liberalized after achieving TG <500 mg/dL and if there is no lipoprotein lipase deficiency. Use medium-chain TG oil to supplement calories as necessary. In patients with diabetes, lean protein foods should replace fat instead of carbohydrate foods. Consider supplementing with therapeutic doses (2.0-4.0 g/day) of omega-3 fatty acids [eicosapentaenoic acid (EPA) plus dexamethanoic acid (DHA)], but only under a clinician's supervision.

THE EFFECTS OF PHYSICAL ACTIVITY AND WEIGHT REDUCTION²

The minimum amount of exercise to decrease TG and increase HDL-C is 150 minutes/week of moderate- to high-intensity aerobic activity. More, however, may be needed if the goal is to reduce LDL-C (200-300 minutes/week of moderate- or high-intensity physical activity or \geq 2000 kcal expended/week) and achieve weight loss to lower TG and increase HDL-C.

Results from RCTs show that weight loss of at least 2.5 kg or 3% of body weight improves CVD risk factors. For example, a 3-kg weight loss is expected to decrease TG by at least 15 mg/dL, and a sustained 5- to 8-kg weight loss can be expected to lower LDL-C approximately 5 mg/dL and increase HDL-C by 2 to 3 mg/dL.

SUMMARY

The most recent NLA recommendations include a cardio-protective diet and regular physical activity to treat disorders of lipid metabolism. There are also specific lifestyle recommendations that target LDL-C, non-HDL-C, and TG. The predictive cumulative effect of lifestyle therapies for lowering LDL-C is a 12% to 25% reduction, as shown in Table 2. Additionally, a referral to an RDN is recommended to help patients achieve and maintain these target lipid/lipoprotein goals.

AUTHOR'S BYLINE

Geeta Sikand, MA, RDN, FAND, CDE, CLS, FNLA, and Penny Kris-Etherton, PhD, RDN, CLS, FNLA, FAHA, served as the nutrition co-chairs of the 2015 NLA Lifestyle Recommendations expert panel.

REFERENCES:

1. Jacobson TA, Ito MK, Maki KC, et al. National Lipid Association recommendations for patient-centered management of dyslipidemia Part 1-full report. *J Clin Lipidol.* 2015;9:129-169.
2. Jacobson TA, Maki KC, Orringer CE, et al. National Lipid Association recommendations for patient-centered management of dyslipidemia Part 2. *J Clin Lipidol.* 2015;9:S1-S122.
3. Eckel RK, Jakicic JM, Ard JD, et al. American College of Cardiology/American Heart Association Task Force on Practice Guidelines. 2013 AHA/ACC guideline on lifestyle management to reduce cardiovascular risk: a report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines. *J Am Coll Cardiol.* 2014;63(25 pt B): 2960-2984.
4. Berger S, Raman G, Vishwanathan R, et al. Dietary cholesterol and cardiovascular disease: a systematic review and meta-analysis. *Am J Clin Nutr.* 2015;102:276-294.
5. Yu S, Derr J, Etherton TD, Kris-Etherton PM. Plasma cholesterol-predictive equations demonstrate that stearic acid is neutral and monounsaturated fatty acids are hypocholesterolemic. *Am J Clin Nutr.* 1995;61:1-11.

Table 1. Predicted effects of replacing 5% of energy from SFA with PUFA, MUFA, and carbohydrate, based on results from controlled feeding trials³

Predicted Effects on Lipids (mg/dL) When 5% of Energy From Saturated Fatty Acids Is Replaced With PUFA, MUFA, or Carbohydrate			
Dietary Component	LDL-C	TG	HDL-C
PUFA	-9.0	-2.0	-1.0
MUFA	-6.5	+1.0	-6.0
Carbohydrate	-6.0	+9.5	-2.0

Table 2. Predicted percent reduction of LDL-C with lifestyle therapies²

Lifestyle Therapy	Predicted Reduction in LDL-C
Diet low in saturated and trans fat and dietary cholesterol	5%-10%
Loss of 5% of body weight	3%-5%
Addition of 2 g/day plant sterols/stanols and 7.5 g/day viscous fiber	4%-10%
Total reduction	12%-25%

Dietary Relationships and Interventions for Chronic Stress

by Julie Coleman, BS

Obesity and many of its comorbidities are some of the nation’s top health concerns.¹ To effectively counsel overweight patients, dietitians need to understand the considerable role stress plays in obesity. Examining the dietary and health implications of stress can help determine effective interventions that can be provided to at risk populations.

Two formal types of stress—acute and chronic—exist and, at first glance, appear to create similar adaptations within the body.² However, each type releases specific hormones that are responsible for shifts in dietary behavior.^{2,3} During acute stress, adrenaline and noradrenaline are released, decreasing appetite.² Chronic stress hyperactivates the hypothalamic pituitary adrenal axis (HPA), causing an overproduction of cortisol.^{2,3} These high cortisol levels trigger an increase in appetite, which is thought to be the foundation of stress-induced eating.^{2,3}

Various longitudinal studies and reviews have found that the combination of appetite stimulation, due to hormone dysregulation in stress, and a shift in dietary preference to “comfort foods,” due to neural reward pathway interactions, has helped explain long-term, stress-related health issues.²⁻⁴ Chronic stress has been shown to decrease the selection of nutrient-dense foods, such as fruits and vegetables, and increase the desire for so-called “comfort” foods that are higher in calories, fat, and sugar.⁴ Intake of calorically dense foods, elevated cortisol, and high insulin levels all lead to an increase in visceral (abdominal) fat by promoting lipid accumulation.^{3,4} As eating becomes a regular coping mechanism for stress, abdominal fat can

accumulate, greatly increasing the risk for hypertension, cardiovascular disease, and diabetes.⁴

With the continued increase of wellness and counseling programs being developed, the research is suggesting that tools to manage stress lead to improved patient outcomes. A 2011 randomized, controlled pilot study published in the *Journal of Obesity* found that a group of overweight and obese females who underwent a 4-month intervention program consisting of mindful-based strategies were less likely to eat emotionally, tended to have lower cortisol levels, and had sustained or decreased abdominal fat than a control group who did not undergo the intervention.⁵ Not surprisingly, greater doses of mindfulness correlated

Examining the dietary and health implications of stress can help determine effective interventions that can be provided to at risk populations.

with more improvements, especially among the subset of obese patients. This idea was tested and validated again in 2013, when a study published in *Journal of Human Nutrition and Dietetics* found that dietary weight loss interventions paired with stress management were more effective than dietary interventions alone.⁶ Stress management interventions have also proven to be effective in decreasing hypertension and improving long-term glycemic control in patients with type 2 diabetes.^{7,8}

Many factors can influence dietary behaviors that promote weight gain.⁹ Stress, in particular, should be considered as a likely factor in individuals who are female, overweight, influenced by an intense workplace, or have low socioeconomic status (SES).^{3,5} Dietitians

should aim to incorporate stress reduction counseling into practice. The following are some possible strategies that may be helpful with clients^{5,6,8}:

- Mindful-based training, with an emphasis on mindful eating patterns such as satiety awareness, taste satisfaction, food cravings, and eating triggers
- Progressive muscle relaxation and diaphragmatic breathing
- Transcendental meditation

One resource that can help you get started incorporating such measures into your practice is *Counseling Overweight Adults: The Lifestyle Patterns Approach and Toolkit*. This is available online at the Academy of Nutrition and Dietetics’ eatright store.

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REFERENCES:

1. We Can! National Education Program. Healthy weight basics: why obesity is a health problem. <http://www.nhlbi.nih.gov/health/educational/wecan/healthy-weight-basics/obesity.htm>. Updated February 13, 2013. Accessed May 25, 2016.
2. Torres SJ, Nowson CA. Relationship between stress, eating behavior, and obesity. *Nutr.* 2007;23:887-894.
3. Adam TC, Epel ES. Stress, eating and the reward system. *Physiol Behav.* 2007;91:449-458.
4. Dallman MF, Pecoraro NC, Fleur SEL. Chronic stress and comfort foods: self-medication and abdominal obesity. *Brain Behav Immun.* 2005;19:275-280.
5. Daubenmier J, Kristeller J, Hecht FM, et al. Mindfulness intervention for stress eating to reduce cortisol and abdominal fat among overweight and obese women: an exploratory randomized controlled study. *J Obes.* 2011;2011:1-13.
6. Christaki E, Kokkinos A, Costarelli V, et al. Stress management can facilitate weight loss in Greek overweight and obese women: a pilot study. *J Hum Nutr Diet.* 2013;26:132-139.
7. Surwit RS, Tilburg MAV, Zucker N, et al. Stress management improves long-term glycemic control in type 2 diabetes. *Diabetes Care.* 2002;25:30-34.
8. Rainforth MV, Schneider RH, Nidich SI, et al. Stress reduction programs in patients with elevated blood pressure: a systematic review and meta-analysis. *Curr Hypertens Rep.* 2007;9:520-528.
9. Raynor HA, Champagne CM. Position of the Academy of Nutrition and Dietetics: interventions for the treatment of overweight and obesity in adults. *J Acad Nutr Diet.* 2016;116:129-147

Combining Wellness, Nutrition, and Health Coaching for Success

by Kerry Clifford, MS, RD

Creating the Case

This year, healthcare costs are expected to rise at a rate of 9.1% per year compared with the general inflation rate of 3.6%.¹ Facing these daunting numbers, it's not surprising that more than 70% of companies in the United States offer some type of wellness program to their employees. Registered dietitian nutritionists (RDNs) have a role to play in wellness. For example, the well-known Diabetes Prevention Program clinical trial clearly demonstrated the value of RDNs in reducing the cost of preventing diabetes: lifestyle intervention by an RDN was \$24,400 versus the use of medication at \$35,500.²

Many other studies have also demonstrated the impact of health promotion and disease prevention on delaying early death, increasing overall quality of life, and reducing the cost put on America's health care system.³ The Academy of Nutrition and Dietetics posits that "Registered Dietitians (RDs) are critical members of healthcare teams offering nutrition-focused preventive services in clinical, community and business settings, advocating for policy, programming, and leading disease prevention and health promotion efforts. These dietetic efforts are strategic for reducing the economic burden on America's healthcare system."

The All-encompassing Term

The word wellness is generally defined as being in good physical and mental health. Over the years, however, it has become very widely adopted and used very loosely. Even within the workplace wellness landscape, there is a broad definition. In an effort to provide clarification, the National Wellness Institute defined wellness as encompassing an individual's emotional, physical, occupational, intellectual, social, and spiritual health.⁴ They also agree that wellness is a conscious, *self-directed and evolving* process of achieving one's full potential. Wellness has become a hobby for many, which can sometimes lead to misinformation being presented to the public. However, for success, wellness programs should be devised using intentional, targeted, and evidence-based strategies that yield real outcomes. As nutrition experts whose professional education is grounded in research, RDNs are primed to lead these types of programs.

Winning Techniques

To be successful with a client, it helps to first apply health coaching techniques to understand the person's full wellness spectrum. Health coaching helps to bring the client and coach to the same level. For example, understanding a person's financial wellness can help determine what recommendations to make and how to make them—Is adding salmon realistic to their budget? How can this person's work stress alter their ability to manage their type 2 diabetes. While diet education is a crucial part of the RDN's role, incorporating the health coaching piece can improve the ability to help clients make changes that last. Health coaching differs from health education because it uses multiple behavior change theories, including motivational interviewing, to elicit real behavior change.⁵

Motivational interviewing is one method used to provide patient-centered care that allows the patient to find answers on their own by identifying barriers and setting up strategies and goals.⁶ Many times the patient knows what they need to do, but they are not set up properly to do so. Motivational interviewing incorporates raising and providing advice with permission, affirming one's efforts, and emphasizing personal control. Scare tactics and threats typically don't work, rather focusing on the positive has a greater chance of improving a client's confidence to be successful at their goals. According to BJ Fogg, PhD, psychologist and innovator who founded the Persuasive Technology Lab at Stanford University, behavior change should be a systematic approach and not just guess work.⁷ Small changes that are specific and that focus on tiny habits that increase confidence and motivation will help one reach the larger, overarching goal.

Mindfulness is another behavior change technique that utilizes an individual's ability to focus and enhance their in-the-moment attention and intention. Studies have demonstrated those who have a higher mindfulness scores are less likely to be overweight or obese, and incorporating this form of treatment has been shown effective in weight loss and eating disorder populations, where focus on food triggers and behaviors can change one's intake.⁸⁻¹⁰ In the current landscape, people are forced to make so many food-related decisions on a daily basis. Changing just a few habits opens the opportunity to cut calories and pounds. Mindless eating, a term coined by Brian Wansink of Cornell, states that most of us don't overeat because we're hungry, we overeat because of family, friends, packages, plates, numbers, labels, lights, colors, candles, shapes, smells,



distractions, distances, cupboards, and containers.⁹ Through the use of multiple behavior change techniques, people are more likely to make lasting changes that improve their health over time. While the broad term wellness is difficult to quantify, measuring health-related outcomes through the use of health evaluations that include questionnaires, body mass index, and lab measures can help demonstrate an RDN's impact. It is evident that the RDN plays a crucial role in the preventive healthcare team, and incorporation of an RDN on the team is an effective way to save on long-term healthcare costs.³ Promoting wellness done well and advocating for RDNs in the wellness space can help further the reach of the RDN and the success of wellness programs.

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REFERENCES:

1. International Monetary Fund. World Economic Outlook Database 2015. <https://www.imf.org/external/pubs/ft/weo/2015/01/weodata/index.aspx>. Accessed June 30, 2016.
2. Diabetes Prevention Program Research Group. Within-trial cost-effectiveness of lifestyle intervention or metformin for primary prevention of type 2 diabetes. *Diabetes Care*. 2003;26(9):2518-2523.
3. Slawson D, Fitzgerald N, Morgan K. Position of the Academy of Nutrition on the role of nutrition in health promotion and chronic disease prevention. *Acad Nutr Diet*. 2013;113:972-979.
4. National Wellness Institute. About wellness. <http://www.nationalwellness.org/?page=AboutWellness>. Accessed August 18, 2016.
5. Kohn J. How can registered dietitian nutritionists use health coaching techniques? *Acad Nutr Diet*. 2014;114:824.
6. Rollnick S, Miller W, Butler C. *Motivational Interviewing in Health Care*. New York, NY: The Guilford Press; 2008.
7. Fogg BJ. BJ Fogg's Behavior Model. <http://www.behaviormodel.org/>. Published 2015. Accessed August 22, 2016.
8. Camilleri G, Mejean C, Bellisle F, et al. Association between mindfulness and weight status in a general population. *Plos One*. 2015; 10(6):1-14.
9. Godsey J. The role of mindfulness based interventions in the treatment of obesity and eating disorders: an integrative review. *Complement Ther Med*. 2013;21(4):430-439.
10. O'Reilly GA, Cook L, Spruijt-Metz D, Black DS. Mindfulness-based interventions for obesity-related eating behaviours: a literature review. *Obes Rev*. 2014;15(6):453-461.
11. Mindless Eating website. <http://mindlesseating.org/>. Accessed August 18, 2016



EAS Sports Nutrition knows that your recommendations are based on the facts. On scientific evidence.

At EAS Sports Nutrition, we're relentless in our pursuit of superior science that performs. We've spent more than 20 years studying nutrition and fitness, researching efficacious and purposeful ingredients, and developing trustworthy products that perform.



With this dedication, our Sports RD team has developed a customizable toolkit for your practice - the *SportsRD2Athlete* e-toolkit: www.EAS.com/RD.

And, look out for the **NEW EAS Files** later this year. The **EAS Files** will be a comprehensive arsenal of evidence-based resources that translate the science behind sports nutrition and key ingredients for professionals to explore, share and use with athletes and in counseling.

Resources

By Crystelle Fogle, MBA, MS, RD



American Diabetes Association (www.diabetes.org)

- The American Diabetes Association partnered with SmartBrief to create a daily snapshot of diabetes news from HealthDay News, Reuters, and other sources. To sign up, see <http://www2.smartbrief.com>. Select Healthcare and then DiabetesPro SmartBrief.

American Heart Association (AHA)/American Stroke Association (ASA) (www.heart.org)

- Connect with other health professionals via AHA's Professional Online Network. See <http://professional.heart.org/professional/>. From the Communities tab, select Nutrition Science or one of the other choices.
- If your stroke patients want to find a nearby support group, they can use the Stroke Support Group Finder on the AHA home page. Then enter a zip code and a mile radius.

Centers for Disease Control and Prevention (www.cdc.gov)

- If you want to enhance your communication skills by writing and speaking in easy-to-understand language, check out CDC's health literacy resources at <http://www.cdc.gov/healthliteracy/index.html>.

Health.gov (www.health.gov)

- The Office of Disease Prevention and Health Program has numerous companion available materials on the Dietary Guidelines, including a PowerPoint on the guidelines, downloadable graphics, and handouts on healthier food/ beverage choices and reducing added sugars, at <http://health.gov/dietaryguidelines/2015/resources.asp>.

National Stroke Association (www.stroke.org)

- NSA's Post-stroke Checklist for Survivors and Caregivers can help stroke patients identify issues they need to discuss with their provider. See www.stroke.org/sites/default/files/resources/National_Stroke_Assn_Post-stroke_Checklist_01.pdf

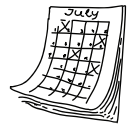
Why Weight Guide (www.whyweightguide.org)

- The Strategies to Overcome and Prevention (STOP) Obesity Alliance has created a tool for health professionals to start conversations about weight and health with their patients. From the home page, click on the tool link. The website also has several videos showing sample conversation techniques.

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Be There... Calendar of Events



OCTOBER 15-18, 2016

2016 Food & Nutrition Conference & Exhibition (FNCE); Boston, MA. SCAN events include the Member Meeting & Reception (Sunday); SCAN'S Spotlight Session on: *Going Coconut Over Saturated Fat? Why So Much Confusion* (Tuesday); and more.

For information: www.scandpg.org

OCTOBER 31-NOVEMBER 4, 2016

Obesity Week, New Orleans, LA.

American Society for Metabolic & Bariatric Surgery and The Obesity Society,

For information: www.obesity.org/meetings/obesity-week

NOVEMBER 11-13, 2016

Annual Renfrew Center Foundation Conference, Philadelphia, PA.

For information: www.renfrew.org

MARCH 3-APRIL 2, 2017

Mark your calendar and plan to join your colleagues at the 33rd Annual SCAN Symposium, Synching Nutrition Science & Practice: Advancing Knowledge and Building Skills, at the Sheraton Charlotte Hotel, Charlotte, NC. Watch for registration details at www.scandpg.org

APRIL 22-25, 2017

Experimental Biology (EB) 2017, Chicago, IL.

For information: www.experimentalbiology.org/2017/Home.aspx

Keeping Connected

Join the Wellness/Cardiovascular subunit!

This subunit was created to provide enhanced member involvement, networking, visibility, professional growth, and leadership development in the practice areas of wellness and cardiovascular nutrition. The concerted efforts of the Wellness/CV RDs will serve to expand our expertise and give SCAN members a broader scope of recognition. You can join the subunit free of charge as a benefit of SCAN membership. Visit www.scandpg.org; sign in to the Members Only section; click on My Profile; under Subunits, check the Wellness and Cardiovascular RDs (Wellness/CV) box. While you are signed in, please join our electronic mailing list! Go to About Us; click on Benefits of SCAN Membership; and click "here" on the third item. This is a great way to connect with other Wellness/CV RDs. If you wish to volunteer, visit this link www.tinyurl.com/277ms2x. We would love to have you!



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