Spring 2001: Heart to Heart

Nutritionist Note:
This session offers participants an opportunity to review heart disease risk factors for women, evaluate current knowledge about the role of diet in heart disease, and explore low-fat flavoring choices.

Nutritionist Guidelines

Time: 102-117 minutes

WHILMA: Enter session in WHILMA as: **7SP**

Objectives: (Key Points)
In this session, the participant will**:**

- Review the risk factors for women and heart disease.
- Assess personal knowledge about the role of diet in heart disease and clarify dietary misconceptions.
- Explore heart-healthy flavoring ideas.

Materials:

- Potential Session reminder (pg. 13)
- Risk Factors for Heart Disease (pgs. 14-15) - information from the American Heart Association.
- Nutritionist Resource Sheet: New Commercial Products for Flavoring (pg. 16)
- Group Nutritionist Resource Sheet for Spring Worksheet 1 Discussion (pgs. 17-20)
- Self-monitoring tools

Other WHI Resources Related to Session:

- Participant Maintenance Sessions (Years 5-9) Materials:
  - Winter 1998 – Not All Fats Are Created Equal
  - Summer 1999 – The Joy of Soy
  - Spring 2000 – High Five for Health
  - Winter 2000 – WHI Weight?

Optional - Nutritionist Background Reading:

- WHI Manuals, Vol. 1 – *Study Protocol and Policies*, Section 1, pgs. 9-10 (Dietary Modification and Coronary Heart Disease).
- AHA Dietary Guidelines Revision 2000: www.americanheart.org/dietaryguidelines (under Professional).
- Mosca L, et. al. Cardiovascular Disease in Women. Reprint available at **http://www.americanheart.org/Scientific/statements/1997/109701.html.**
- Krummel DA and Kris-Etherton, PM.(editors). Nutrition in Women's Health. Aspen Publishers, Inc., Gaithersburg, MD, 1996.
- Kris-Etherton PM, et. al. Role of nutrition in the prevention and treatment of coronary heart disease in women. *JADA* 93:987-993, 1993. [This Sept. '93 article provides an excellent overview about current knowledge of heart disease in women - even though it is 7 years old].
- WHI Manuals, *Vol. 2 Appendices, Appendix F – Required CC Printed Materials* - WHI Updates: *"What you should know about the 'HERS' Study"* (pg. F-59), *"What you should know about:**SERMS*** (pg. F-60).

Optional - * Internet Resources:

- **www.americanheart.org/** - American Heart Association website. The "Heart and Stroke A-Z Guide contains a lot of specific information on women and cardiovascular diseases and some biostatistical fact sheets broken down by age and ethnicity.
- **www.pharminfo.com/disease/cardio/HD_women.html** - National Heart, Lung, & Blood Institute website. Provides a number of links for facts about heart disease and women.
- **http://dash.bwh.harvard.edu/ -** Information about the DASH study and diet program.
- **www.womenheart.org -** National Coalition for Women & Heart Disease website. Provides excellent information and resources.

*The information in these websites is not an endorsement by WHI of specific food products or information.

Peer Group Ideas:

- Contact local Heart Association (or fire department) and learn how to do CPR.
- Contact local chapter of American Heart Association to rent a video or take part in a local heart-related activity.

Below is a list of the maintenance sessions planned for 2001/2002. This information will help Nutritionists plan ahead when responding to participant requests for 'additional information'.

Upcoming Maintenance Session Topics:

- 7SU - Summer 2001 Fulfilling Foods (nutrient density)
- 8F - Fall 2001 Women Helping Women
- 8W - Winter 2001 Goal-Getting Meals (Meal Planning Template)

Spring 2001: Heart to Heart
(Facilitation Outline)

	GROUP SHARING/NEXT STEPS FOLLOW-UP (20-30 minutes)
(20-30 minutes)	Objective: Participants share thoughts and feelings with other group members about how the session on weight management influenced their eating habits. Purpose: Build group cohesion and self-efficacy. A. **Group Sharing/Next Steps Follow-up:** Sharing Ideas: Following the long holiday season, many people think about 'getting back-on-track' and resuming normal eating patterns. **Q/A** (Example questions): ☛ What big or little success did you have over the holidays? ☛ What did you find useful from our discussion on popular diets and "weight management" last session? ☛ What was useful for you over the holidays? ☛ What can you, as a group, do to support each other? ☛ Share one strategy/skill you used over the past few months that you will continue to use.
	**Group Facilitation Suggestions:** Here are some examples of potential ways to encourage group cohesion and connection. • Use the "who else" question: *Who else had the same experience as _____ (name)?* • Use a "directive" question: *What about you _____ (name)?* • Point out "common threads" within the group. For example: Point out if a number of participants (2-3) all mention that they find popular diets less appealing than they used to be.
	---------- **Peer Group Sharing:** (If peer groups): Purpose: Provide support and recognition of peer group activities and promote interest. **Q/A** (Potential questions): ☛ During the past 3 months what types of activities have you done with other members in WHI? ☛ In what ways have these activities helped you maintain your interest and commitment to WHI?

Notes

	NEW MATERIAL (60-70 minutes)
(2 minutes)	**1. Overview/Introduction** A. Heart disease is the leading killer of American women. Each year over 5 times as many women die of heart disease than of breast cancer. For this reason, the WHI Dietary Study is looking at how a diet low in fat and high in fruits, vegetables and grains can help reduce the risk of heart disease, as well as cancer in postmenopausal women. B. This session will review some of what we know about heart disease in women and provide an opportunity to discuss the role that diet plays in reducing risk. In addition, the session will present some low-fat flavoring ideas that can add variety and spice to meals.
(15-20 minutes)	**1. Women and Heart Disease** Objective: Participants review the risk factors for women and heart disease. Purpose: Help participants increase their awareness about their own potential risks for heart disease. **A. Session Opener** • Put a scale from 1 to 10 on the board. Ask participants to come up and place an anonymous "X" in the general area that best represents how much information they have on the topic of heart disease. (1= no information and 10= extensive information). • Plan to re-ask this question at the end of the discussion about heart disease. This will help participants reassess their own knowledge and build confidence. **B. Heart Disease Risk Factors** • Mention that a 1998 Gallop survey sponsored by the American Medical Women's Association found that 80% of women did not know that heart disease was the leading cause of death for females. • Ask participants to share what they already know about risk factors associated with heart disease. • List the factors that participants identify on a blackboard or poster paper. • Get a sense of participant concerns by asking them to share their concerns about heart disease. Listen and reflect their thoughts and feelings. *Group Nutritionist Note:* **Risk factors** may include: family history, diabetes, smoking, obesity, high blood pressure, elevated cholesterol, lack of physical activity, older age, and African-American heritage. Nutritionist Resource – "Risk Factors for Heart Disease" (pgs. 14-16), if needed. (Optional): Depending on the group's interest and concerns, a nutritionist may expand the group discussion to include: discussions about early warning signs for heart attacks, heart disease in men, or other heart disease-related topics.

QA (Potential Questions):

- What are some of the heart disease risk factors that you've heard about from family, friends or health professionals?
- What concerns do you have about heart disease?
- What things make you think that _____ is a problem?
- What is there about _____ that you or other people might see as reasons for concern?

Group Facilitation Suggestions:

- Be sure to listen and REFLECT participant concerns.
- Look for opportunities to help participants express thoughts that support a change in current behavior. For example: expressing concern, recognizing a behavior as a problem, expressing an intention to change, etc.
- Summarize the groups' concerns and 'common threads' before moving on.
- Set the stage for the next activity.
  Example: *During the next part of the session, we will be looking at some of the common statements made about diet and heart disease. Some of this information may be helpful for you or someone you know and some may be a great reminder.*

Group Nutritionist Note for Special Populations:

There are large ethnic differences in the number of deaths from heart disease, but data are sparse for minorities other than African American.

- Add and discuss important heart disease risk factors that may be relevant to your specific population.
  - African American women: 1) risk of developing high blood pressure is more than twice that of Caucasians, 2) also have a higher prevalence of diabetes and obesity.
  - Latina women: 1) diabetes is 2-3 times more common among Mexican, Cuban and Puerto Rican-American adults than Caucasians and 2) obesity is 1½ times more common among Mexican-American women than the general female population.
  - Native American women: 1) about 20% have diabetes and diabetes is the 4th ranked cause of death, 2) about 60% are overweight, and 3) Native American women have the highest smoking rates for any group in US.
  - Asian American and Pacific Islander women: have no significant differences from Caucasian women.

Notes

(30 minutes)

2. Self-Assessment: Role of Diet in Heart-Healthy Living

Objective: Assess personal knowledge about the role of diet in heart disease and clarify dietary misconceptions.

Purpose: Help participant build self-confidence and clarify the potential role of diet in reducing the risk of heart disease.

Group Nutritionist Note:
Based on your groups' areas of interest/questions about diet and heart disease, please modify or adapt the statements on **Spring Worksheet 1**, if necessary.

A. Introduce & Complete Spring Worksheet 1

- Point out that most Americans have heard a lot of conflicting and sometimes confusing information about the role of diet in heart disease. Let's look at some of the common statements/questions about the role of diet in heart disease and decide which changes might be the most appropriate for Americans.
- Ask participants to 'partner' with the person next to them and work together to complete **Spring Worksheet 1.**
- After all pairs have completed the worksheet, ask the group to discuss their thoughts and responses to each of the statements.

B. Discuss Worksheet & Obtain Group's Suggested Guidelines

- Have participants share their responses and discuss the reasons behind their responses.
- Provide clarification, if necessary, but be non-judgmental.
- Provide background, if the group wants more detail. (Nutritionist Reference Sheet, pg. 17-20).

QA (Potential questions –Ask for volunteers; use similar questions for each of the statements):

- ☛ Look at the first statement, what are your thoughts _____ (true, false or maybe)?
- ☛ What are some of the reasons that you think this statement is _____ (true, false or maybe)?

Group Facilitation Suggestions:

- Before providing information, find out what participants already know and what additional information they want.
- When providing information, be considerate and non-judgmental.
- Focus on building self-confidence and making participants feel comfortable sharing.
  For example, if a participant responds that they think butter is better than margarine: Instead of saying, "No, the correct answer is…." Try something like: "*You know the way that news is reported today, I can easily understand why you may be confused about the butter/margarine question.*

- Ask participants if they have other questions.

QA (Potential question):

☛ What other statements have you heard about the relationship of diet to heart disease that you would like to discuss?

- After discussing all the statements, ask the group to take a few minutes and think about the information they've discussed.
- Ask the group members to decide on about 4 dietary recommendations that they would make for Americans. Write their recommendations on a blackboard, flip chart, etc.

QA (Potential question):

☛ Based on our discussion, what dietary recommendation would you suggest for Americans?

- Ask the group to share how they think the WHI nutrition goals blend with their recommendations and the ones suggested by the American Heart Association.

QA (Potential questions):

☛ What similarities do you see between the guidelines your group created and what the American Heart Association recommends?

☛ What similarities do you see between your WHI nutrition goals the recommendations we've discussed?

Group Nutritionist Note: American Heart Association recommendations are listed on page 7 of the Spring 2001, Participant session materials.

- Finally, ask all the participants to look at their group list and identify one recommendation or fact that they would want to remember themselves or share with others (e.g., family or friends).
- Ask each participant if she would be willing to share her 'selection' with the group.

QA (Potential questions – select one or choose your own):

☛ Based on our discussion, what one recommendation or fact do you want to remember?

☛ If you could choose to do anything with the recommendations we've just discussed, what would you do?

Group Facilitation Suggestions:

- Summarize and reflect.
- Point out "common threads" and recommendations within the group.
- Consider using the questions in the QA (above) as a "Next Steps" summary that could help participants identify how they might use the information discussed.

Notes

SKILLS PRACTICE (20 minutes)

(20 minutes)

Objective: Participants explore heart-healthy flavoring ideas.

Purpose: Provide hands-on practice to promote self-management and self-efficacy.

A. New Flavor Adventures:

1. Activity Ideas

- Explore flavoring options that contain less fat.
  - Using rubs and marinades. (see Participant Resource materials: *Secrets of Flavoring with Less Fat*).
  - American Heart Association - All-Purpose Herb Mix: 1/2 teaspoon cayenne pepper, 1 tablespoon garlic powder and 1 teaspoon of each of the following ground herbs – basil, black pepper, mace, onion powder, parsley, savory, sage, and thyme.
- Explore new food products or new uses for old favorites (see Nutritionist Resource, pg. 16).
  - Cooking with wine or fruit juices or low-fat broths
  - Non-stick sprays (flavored cooking sprays, such as PAM™).
  - Low-fat commercial soups or sauces.
- Focus on the use of fresh herbs.

2. Delivery Ideas (Depending on available space and resources):

- Have participants work in small groups to make and package (in baggies) some flavoring mixtures for other group members to take home.
- Have participants share their favorite flavoring ideas: marinades, spice mixtures, etc.
- Bring in potted fresh herbs (4-6 pots). Have participants guess the herb by looking and smelling. Discuss how to grow on the windowsill, and how to preserve.

3. At the end of the sampling, ask participants to share their experiences and thoughts.

QA: (Potential questions)

☛ Which flavoring ideas appealed to you and why?

☛ How might you incorporate these flavoring ideas into your current eating patterns?

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NEXT STEPS (15 minutes)

(15 minutes)

Objective: Participants reflect on the information and skills that may help them reduce their own risk of heart disease.

Purpose: Increase likelihood that participant will consider making a dietary change to reduce their risk of heart disease and reinforce WHI nutrition goals.

A. Ask the group to help summarize what they learned.
- For example: "*Now, let's pull together what we've talked about today. I will start and then I would like someone to add on to what I said, then someone else add on to what the person before them said, etc…..*
- Re-ask the group, the scaling question to help them reassess their own knowledge and build confidence: (1= no knowledge and 10= extensive knowledge).

QA: (Potential question) – Ask for volunteers
At the beginning of today's session, everyone placed an "X" on the blackboard indicating her general area of knowledge on the topic of heart disease.
- ☛ Based on what you heard today, who feels that they would like to change the placement of their "X"?
- ☛ Where would you move your "X" and why?

B. Help participants assess their readiness and confidence levels.

QA: (Potential questions)
- ☛ How ready do you feel to try some of the things that we talked about today?
- ☛ If you don't feel ready to try anything, what might help increase your willingness or readiness to try something?
- ☛ How confident are you that you can make some of these changes?
- ☛ If you're not very confident, what might help to increase your confidence?

Group Facilitation Suggestions:
- Summarize and reflect.
- Point out "common threads" within the group.

Notes

Potential Session Reminder

Heart to Heart

Is butter better than margarine? Come to the next session on heart disease to find the answer. Heart disease is often thought to be a "man's disease." However, heart disease affects women as often as men.

Please join us for the Spring 2001 session where we will be talking about heart disease in women and clarifying the role that diet plays in reducing risk. In addition, we will explore new ways to add variety and flavor to heart-healthy meals.

Please bring your questions about diet and heart disease and your favorite ideas or recipes for flavoring your meals (spices, marinades, herbs, etc.). **We look forward to seeing you!**

Group Nutritionist Resource - Risk Factors for Heart Disease

(Information adapted from American Heart Association pamphlet –
Controlling Your Risk Factors (Publ. # 50-1400)

Clinical studies, laboratory investigations and population surveys show that certain factors that point to increased risk of heart disease. These risk factors can be put into two categories of risk: 1) factors that cannot be changed and 2) factors that can be changed. The more risk factors a person has, the greater the chance of developing heart disease.

RISK FACTORS THAT CANNOT BE CHANGED

- **Family History** - A tendency toward heart disease seems to be inherited. That means children of parents with heart disease are more likely to develop it themselves.
- **Ethnicity** - Race is a consideration, too. African-Americans have a greater risk of heart disease due to a greater occurrence of high blood pressure.
- **Sex** - Men have a greater risk of heart attack than women, and they have attacks earlier in life (about 10-12 years earlier).
- **Age** - More than half of all heart attack victims are age 65 or older, and about four out of five are over 65. At older ages, women who have heart attacks are twice as likely as men to die from them within a few weeks.
- **Menopause -** Heart disease in women increases after menopause. The reason is thought to be lower levels of estrogen. The WHI Hormone Study is looking at the effect of hormone replacement therapy on the risk of heart disease.

RISK FACTORS THAT CAN BE CHANGED

- **Smoking** - Smoking is a woman's single biggest risk factor for heart attack. Smokers' risk of heart attack is more than twice that of nonsmokers. Smoking may promote heart disease in several ways: by increasing atherosclerosis (raised plaques and scar tissue on the artery wall), possibly by damaging the artery wall, and by allowing more cholesterol to deposit. Smoking also reduces the HDL (good) cholesterol levels. Available evidence also indicates that exposure to second-hand smoke (passive smoking) increases the risk of heart disease. When people stop smoking, regardless of how long or how much they've smoked, their risk of heart disease rapidly declines.
- **High Blood Pressure** – High blood pressure (hypertension) increases the heart's workload, causing the heart to enlarge and weaken over time. It also increases the risk of stroke, heart attack, kidney failure and congestive heart failure. As a rule, blood pressure tends to increase with age. High blood pressure is defined as blood pressure greater than 140 systolic (top number) or 90 diastolic (bottom number). The systolic number indicates the pressure that occurs when the heart contracts and pushes blood through the arteries. The diastolic is the pressure in the arteries when the heart relaxes between beats. It

effects both women and men. Ethnicity (race) is also a factor. For example, African-Americans have moderate high blood pressure twice as often as whites and severe hypertension three times as often.

- **Blood Cholesterol** – The risk of heart disease rises as blood cholesterol levels increase. Age, sex, family history, and diet affect a person's cholesterol level. Many investigators believe that the desirable level of blood cholesterol for American adults is below 200mg/dl (milligrams per deciliter). A level of 240 mg/dl and over roughly doubles a person's risk. Most cholesterol in the blood is carried in the LDL (bad) cholesterol. A certain amount of cholesterol in the body is necessary to build cell membranes, etc. However, the liver produces enough cholesterol to meet these needs.
- **Activity** - Lack of exercise is a risk factor for heart disease. Regular, aerobic exercise plays an important role in preventing heart disease. Even modest levels of low-intensity physical activity, such as walking for pleasure, gardening, house work and dancing, are beneficial, if done regularly and long term. Exercise can help control blood cholesterol, diabetes and obesity as well as help to lower blood pressure in some people.
- **Diabetes** – Diabetes is defined as abnormally high blood sugar (glucose). More than 80% of people with diabetes die of some form of heart or blood vessel disease. Part of the reason for this is that diabetes affects the levels of blood fat (e.g., cholesterol and triglycerides). If you have diabetes, it is critical for you to monitor and control any other risk factors you can. If you have diabetes, it does not go away. You can do a lot to help control your diabetes. You can reduce your blood sugar and blood fats by diets, exercise or medication.
- **Obesity** - People who have excess body fat (more than 30 percent over their ideal body weight) are at higher risk to develop heart disease, even if they have no other risk factors. Some of the reasons for this are known, but others are not. For example, obesity raises blood cholesterol and triglyceride levels, lowers HDL (good) cholesterol, raises blood pressure, and can encourage diabetes. Excess weight also increases the strain on the heart. Recent evidence indicates that how fat is distributed on the body may affect the risk of coronary heart disease.
- **Stress** – The stresses of modern society are often mentioned as a risk factor. However, it's almost impossible to define and measure someone's level of emotional stress. All people feel stress, but they feel it in different amounts and react in different ways. Life would be dull without stress, but excessive amounts of stress over a long time may create health problems in some people. Some scientists have noted that stress may provoke other risk factors, for example, cause a rise in blood pressure or blood cholesterol, lead in excessive smoking or eating, etc.

Nutritionist Resource

New Commercial Products for Flavoring

Melissa's My Grinder Seasonings and Blends:
Freshly ground seasonings and blends in 7 varieties: Garlic & Herb, Italian, Cinnamon Stix, Rainbow Pepper, Oriental, Coarse Sea Salt (with Organic Herbs), and Nutmeg. To use, simply remove the protective lid, twist the grinder and enjoy! Located in the produce section of the supermarket. Distribution for this product is spotty, but it can be ordered by phoning the Melissa toll-free number (800-588-0151) or accessing their website: www.melissas.com for the location of the stores that carry the products. ($4.99-6.49 per 2-ounce grinder).

McCormick Spice Blends & Flavor Medleys:
Flavor Medleys are seasoning sauces that offer a variety of flavoring possibilities for consumers short on time. The all-in-one liquid seasonings are perfect for beef, chicken, fish, and pasta. The line includes four varieties: Garlic Herb, Lemon Pepper, Sun-Dried Tomato & Basil, and Italian Herb. Approximately 3-4 grams fat and 370-450 mg sodium per 2 TB serving.

Spice Blends are colorful herbs and coarsely textured spices in three varieties: Monterey Style (roasted garlic and red bell pepper), Key West Style (lemon basil and thyme) and Santa Fe Style (chili, cumin and garlic). Although salt is not mentioned, it is present in amounts between 70-100 mg per ¼ teaspoon serving. Contact: 800-632-5847, www.mccormick.com. (Spice blends - $2.79-3.87/3.87 ounce jar; Flavor medleys - $2.49/ 8.9 ounce jar).

Angostura Sauces:
Flavorful sauces with less sodium. Angostura Soy Sauce has 380 mg of sodium per tablespoon (67% less than regular soy sauce) and quite a bit less than most lite soy sauces. Other Angostura Products worth mentioning are: Worcestershire Sauce (20 mg sodium/TB), Teriyaki Sauce (280 mg/TB), and Steak Sauce (90 mg/TB). Contact: 800-978-9463. (Soy, Teriyaki and Worcestershire sauces - $1.79/10 ounce bottle; Steak sauce $2.79/ 10 ounce bottle).

Tryson House Seasoning Mists:
All-natural flavor cooking sprays: Buttery Delite, Mesquite Mist, Garlic Mist, Italian Mist, Olive Mist and Oriental Mist. Except for Olive and Oriental Mists, these products are made with canola and sunflower oils. The Oriental Mist also contains peanut oil and the Olive Mist also contains olive oil. These flavor sprays contain no tropical or hydrogenated oils and no trans fatty acids. Contact: 800-222-6820. ($2.79-3.29/6 ounce can).

Cooking Sprays:
- Pam (Lemon, Garlic, Olive Oil, Butter, Original) www.pam4you.com

Soups:
- Campbell's Healthy Request Soups http://www.healthyrequest.com/ (recipes and label information)
- ConAgra's Healthy Choice soups
- Other potential brands: Progresso, Health Valley Foods, Pritikin, Trader Joe's, etc.

Nutritionist Resource for Spring Worksheet 1 Discussion

Statements describe potential diet-heart disease relationships

Statement	Food Component	Background Information	Heart Association Guideline
1. Vegetable oils, such as olive or canola oils can help protect against heart disease.	Unsaturated fats: mono- and polyunsaturated fat	**Answer: MAYBE** • Most vegetable cooking oils are a healthier alternative to butter or lard because they can be rich in mono- or polyunsaturated fats – both of which can modestly lower blood cholesterol levels. • However, all oils have about 13 grams of fat and 120 calories per tablespoon and can contribute to weight gain.	• ↓ Total fat.
2. Butter is better to use than margarine.	Saturated fat, and trans fat	**Answer: FALSE** • Margarine is a more healthy choice and leading health authorities continue to recommend its use in place of butter. Margarine contains unsaturated fats (polys and monos) that tend to reduce LDL "bad" cholesterol level, while butter contains both saturated fat and cholesterol. • The confusion arose from media reports about trans fats in margarine and other foods. Research had shown that this type of fat increased LDL 'bad' cholesterol and decreased HDL "good" cholesterol levels. • Trans fats are found mainly in commercially fried foods and baked goods containing partially hydrogenated vegetable oils (e.g., hydrogenated margarines and shortenings, cookies, crackers, and commercially fried foods). • Trans fats do increase blood cholesterol levels, <u>but not to the same degree as saturated fat</u> (found in butter). Most people eat more saturated fat (about 12-14% of total calories) than trans fat (2-3% of total calories). In fact, margarine contributes very little trans fat to the diet. • Today, softer margarines, such as those found in tubs have very little or no trans fat and there are many trans-free margarines available.	• ↓ Saturated fats and dietary cholesterol. • ↓ Foods high in trans fatty acids. • Use more liquid-type margarines, such as tubs or squeeze-bottle varieties.

Statement	Food Component	Background Information	Heart Association Guideline
3. Cholesterol-rich foods are the biggest contributor to high blood cholesterol levels.	Cholesterol and saturated fats	**Answer: FALSE** • Foods high in dietary cholesterol increase LDL cholesterol, but to a lesser extent than saturated fats. • Studies show that foods high in saturated fats are 3 to 5 times as powerful in raising blood cholesterol as cholesterol-rich foods.	• ↓ Saturated fats and dietary cholesterol.
4. Trimming fat takes all the cholesterol from meat – so does removing poultry skin.	Cholesterol and saturated fats	**Answer: FALSE** • Trimming away fat and removing poultry skin reduces but does not eliminate cholesterol or fat. Dietary cholesterol is found in the lean muscle and fat in meat, poultry and fish.	• ↓ Saturated fats and dietary cholesterol.
5. Shortening, such as Crisco®, is a better choice than butter to use in baking because it contains no cholesterol.	Cholesterol and saturated fat	**Answer: FALSE** • Both shortenings, like Crisco® and butter contain saturated and trans fats, which makes them equally harmful in raising blood cholesterol. • It is correct that Crisco® and other 'all vegetable' shortenings contain no cholesterol because they contain no animal fat. However, a label indicating 'no cholesterol' does not mean that a food is a healthy choice.	• ↓ Saturated fats
6. Increasing dietary fiber can help lower cholesterol.	Dietary fiber	**Answer: TRUE** • Studies have shown benefits of dietary fiber, but the challenge is to eat the amounts associated with lower cholesterol levels. • It is also important to note that only soluble fiber, found in F/Vs and some grains can help lower blood cholesterol levels (LDL 'bad' cholesterol).	• ↑ Variety of fruits, vegetables and grain foods, including whole grains.
7. Eating fruits and vegetables can help reduce blood pressure.	Fruits and vegetables	**Answer: TRUE** • Increased dietary intake of potassium, calcium and magnesium in F/Vs has been associated with lower blood pressure. • The Dietary Approaches to Stop Hypertension (DASH) study found that a dietary pattern low in fat and emphasizing fruits, vegetables, and low-fat dairy products, significantly reduced blood pressure in people with & w/o high blood pressure.	Maintain a low-fat dietary pattern that emphasizes: • Fruits • Vegetables and • Low-fat or fat-free dairy foods

Statement	Food Component	Background Information	Heart Association Guideline
8. You can reduce the risk of heart disease by taking antioxidant supplements.	Supplements	**Answer: FALSE** • While eating foods rich in antioxidants, such as fruits and vegetables, has been proven to lower the risk of disease, the American Heart Association says there isn't enough evidence to suggest antioxidant pills can do the same. • Supplement Use: **Vitamin E:** Although initial population studies supported the hypothesis that vitamin E supplementation reduces the development of coronary artery disease, results from randomized, double-blind, multi-center, controlled studies show that vitamin E at a dosage of up to 400 IU/day does not prevent cardiovascular events or atherosclerosis when given for up to 5 years (paper presented at AHA 2000 meeting). **Vitamin C:** Studies have been negative. **Beta carotene:** Studies have been negative. In fact, taking large amounts of beta carotene supplements could even cause harm (J. of Nat. Cancer Inst. 1996, 88:145). • Bottom line: In view of these findings, the most practical and scientifically supportable recommendation for the general public is to eat a balanced diet with emphasis on antioxidant-rich fruits, vegetables and whole grains.	• ↑ Intake of dietary antioxidants by using whole foods – not supplements. • ↑ Intake of fruits, vegetables and whole grains.
9. Most of the sodium that Americans eat comes from the salt shaker at the kitchen table.	Salt/sodium	**Answer: FALSE** • Only about 25% of the sodium in the American diet comes from table salt and ingredients added to foods (e.g., baking soda). Processed and prepared foods are the main sources of sodium. • Recent studies have shown that a reduced sodium intake can prevent high blood pressure in people at risk for high blood pressure and can help control high blood pressure in older-aged people on medication. Trials of Hypertension Prevention, 1997, (TONE) and Trials of Nonpharmacologic Interventions in the Elderly, 1998).	• ↓ Salt intake. • Choose foods low in salt and limit the amount of salt added to food.

Statement	Food Component	Background Information	Heart Association Guideline
10. Moderate drinking reduces the risk of heart disease for all adults.	Alcohol	**Answer: MAYBE** • There is evidence from observational studies showing that moderate alcohol intake may reduce heart disease risk by acting as an antioxidant (especially red wine) and by increasing levels of HDL "good" cholesterol. • On the negative side: alcohol tends to increase triglycerides (another blood fat), may cause a rise in blood pressure, possibly increase the risk of stroke and breast cancer, and contribute to obesity by adding 'empty' calories to a person's diet. • It's important to remember that alcohol is not recommended because of it's proven risk and potential for abuse. Even moderate amounts of alcohol can lead to addiction, while heavy intakes cause liver disease, pancreatitis, cancer of the gullet, and damage to the heart muscle and nervous system.	• ↓ Alcohol intake. • For people who drink: No more than 1 drink/day (women); 2 drinks/day (men). What's a drink? - 12 oz. beer - 5 oz. wine - 1.5 oz. alcohol (80-proof)
11. Eating fish reduces your risk of heart disease.	Fish	**Answer: TRUE** • Growing evidence indicates cardiovascular benefits of fish (*particularly fattier fish, such as salmon, albacore tuna, mackerel, herring, rainbow trout, black cod, swordfish, and shark). Fish can protect the heart in several ways: 1) lowers elevated triglyceride levels (a risk factor for heart disease); 2) decreases the risk of heart rhythm abnormalities which can increase the risk of heart attack; 3) helps make the blood thinner and able to flow more easily, which decrease the risk of heart attack and stroke; and 4) provides a healthy lower-fat substitute for fattier cuts of meat. *Light-Hearted Seafood by J. Harsila and E. Hanson, (RDs)	• Substitute grains and unsaturated fats from vegetables, fish, legumes and nuts. • Eat at least 2 servings of fish/week.