# Agenda

## Eating for Whole Health: Nutrition for All Clinicians

### Day 1

<table>
<thead>
<tr>
<th>Time</th>
<th>Topic/Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>7:30am – 8:00am</td>
<td>Registration</td>
</tr>
<tr>
<td>8:00am – 8:10am</td>
<td>Facility Introduction</td>
</tr>
<tr>
<td>8:10am – 9:00am</td>
<td>1. Setting the Stage</td>
</tr>
<tr>
<td>9:00am – 10:00am</td>
<td>2. Making the Case: The Power of Food &amp; Drink</td>
</tr>
<tr>
<td>10:00am – 10:15am</td>
<td>Break and Movement Experience</td>
</tr>
<tr>
<td>10:15am – 11:15am</td>
<td>3. Food and the Gut</td>
</tr>
<tr>
<td>11:15am – 12:00pm</td>
<td>4. Mindful Eating</td>
</tr>
<tr>
<td>12:00pm – 1:00pm</td>
<td>Lunch</td>
</tr>
<tr>
<td>1:00pm – 2:00pm</td>
<td>5. Functional Nutrition, Elimination Diets, and the 5R's</td>
</tr>
<tr>
<td>2:00pm – 3:00pm</td>
<td>6. Eating in Context: External Factors That Affect Nutrition</td>
</tr>
<tr>
<td>3:00pm – 3:15pm</td>
<td>Break and Movement Exercise</td>
</tr>
<tr>
<td>3:15pm – 3:45pm</td>
<td>PHI and Skill Application</td>
</tr>
<tr>
<td>3:45pm – 4:15pm</td>
<td>Speed Dating Day 1 Application Exercise</td>
</tr>
<tr>
<td>4:15pm – 4:30pm</td>
<td>Wrap Up and Pulse Checks</td>
</tr>
<tr>
<td>4:30pm</td>
<td>End of Day 1</td>
</tr>
</tbody>
</table>
Eating for Whole Health: Nutrition for All Clinicians

**DAY 2**

<table>
<thead>
<tr>
<th>Time</th>
<th>Topic/Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>7:30am – 8:00am</td>
<td>Registration</td>
</tr>
<tr>
<td>8:00am – 8:15am</td>
<td>Mindfully Arriving, Pulse Check Responses</td>
</tr>
<tr>
<td>8:15am – 9:15am</td>
<td>7. Your Brain on Food: Nutrition and Mental Health</td>
</tr>
<tr>
<td>9:15am – 10:00am</td>
<td>8. Serving It Up: Healthy Cooking Tips</td>
</tr>
<tr>
<td>10:00am – 10:15am</td>
<td>Break and Movement Experience</td>
</tr>
<tr>
<td>11:15am – 12:00pm</td>
<td>10. Food and Your Future: Nutrition and Prevention</td>
</tr>
<tr>
<td>12:00pm – 1:00pm</td>
<td>Lunch</td>
</tr>
<tr>
<td>1:00pm – 1:45pm</td>
<td>11. Prevention of Cancer</td>
</tr>
<tr>
<td>1:45pm – 2:45pm</td>
<td>12. The Whole Health Visit: Creating a Personal Health Plan</td>
</tr>
<tr>
<td>2:45pm – 3:00pm</td>
<td>Faculty Q&amp;A</td>
</tr>
<tr>
<td>3:00pm – 3:45pm</td>
<td>Implementation Exercise #1</td>
</tr>
<tr>
<td>3:45pm – 4:15pm</td>
<td>Implementation Exercise #2</td>
</tr>
<tr>
<td>4:15pm – 4:30pm</td>
<td>Wrap Up and Submit Final Course Evaluations</td>
</tr>
<tr>
<td>4:30pm</td>
<td>End of Course—Thank You!</td>
</tr>
</tbody>
</table>
# TABLE OF CONTENTS

About the Course .................................................................................................................. 3

Module 1: Setting the Stage .................................................................................................. 5
  General Resources .............................................................................................................. 5
  Circle of Health .................................................................................................................. 5
  Blank PHI ........................................................................................................................... 6
  List I and II Complementary and Integrative Health Services in the VA ....................... 9
  Whole Health Library Material ....................................................................................... 10
  Whole Health for Food & Drink Bingo ........................................................................... 11

Module 2: Making the Case: The Power of Food & Drink .................................................... 13
  Practical Exercise ............................................................................................................. 13
  Clinical Pearls .................................................................................................................. 13
  Whole Health Library Materials ..................................................................................... 14

Module 3: Food and the Gut ................................................................................................ 15
  Practical Exercise ............................................................................................................. 15
  Balloon Self-Hypnosis Technique for IBS and Abdominal Pain .................................... 15
  Clinical Pearls .................................................................................................................. 17
  Whole Health Library Materials ..................................................................................... 19
  General Resources ......................................................................................................... 19

Module 4: Mindful Eating .................................................................................................... 21
  Mindful Eating: Mindful Awareness and Food ............................................................... 21
  Practical Exercise ............................................................................................................. 24
  Whole Health Library Materials ..................................................................................... 24

Module 5: Functional Nutrition, Elimination Diets, and the 5R’s ......................................... 25
  Practical Exercise ............................................................................................................. 25
  Clinical Pearls .................................................................................................................. 25
  Whole Health Library Materials ..................................................................................... 26
  General Resources ......................................................................................................... 26

Module 6: Eating in Context: External Factors That Affect Nutrition ................................. 27
  Practical Exercise ............................................................................................................. 27
  Clinical Pearls .................................................................................................................. 27
  Whole Health Library Materials ..................................................................................... 29
  General Resources ......................................................................................................... 29

Module 7: Your Brain on Food: Nutrition and Mental Health .............................................. 31
  Practical Exercise ............................................................................................................. 31
  Clinical Pearls .................................................................................................................. 31
  Whole Health Library Materials ..................................................................................... 32
  Supplements Highlighted ............................................................................................... 32
Exercises to Consider Implementing in Your Practice .......................................................... 32
Table of Essential Vitamins and Minerals (Effects and Sources) ........................................ 32
General Resources .............................................................................................................. 32
Module 9: Nutrition and Pain ............................................................................................... 33
  Practical Exercise .............................................................................................................. 33
  Clinical Pearls .................................................................................................................. 33
  Whole Health Library Materials ....................................................................................... 34
  General Resources .......................................................................................................... 34
Module 10: Food and Your Future: Nutrition and Prevention ............................................... 35
  Practical Exercise .............................................................................................................. 35
  Clinical Pearls .................................................................................................................. 35
  Whole Health Library Materials ....................................................................................... 37
  General Resources .......................................................................................................... 37
Module 11: Prevention of Cancer .......................................................................................... 39
  Practical Exercise .............................................................................................................. 39
  Clinical Pearls .................................................................................................................. 39
  Whole Health Library Materials ....................................................................................... 40
  General Resources .......................................................................................................... 40
Module 12: The Whole Health Visit: Creating the Personal Health Plan ............................ 41
  Gary’s Story ....................................................................................................................... 41
  Key Principles of Personal Health Planning .................................................................... 43
  SMART Goal and Action Steps Worksheet ...................................................................... 44
  Factors to Consider in Health Planning for Food & Drink .............................................. 45
  Food & Drink Questions ................................................................................................. 46
  Guidelines for Writing an Elevator Speech ..................................................................... 48
  Personal Health Plan (PHP) ............................................................................................. 49
Implementation Exercise #1 (group exercise) ..................................................................... 51
Implementation Exercise #2 (self-reflection) ..................................................................... 53
Blank Pages for Notes ........................................................................................................ 55
Day 1 – Pulse Check .......................................................................................................... 59
Day 2 – Pulse Check .......................................................................................................... 61
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 program, you will be 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

The 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.
MODULE 1: SETTING THE STAGE

GENERAL 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. It also is 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, “clinical pearls,” 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. 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.
Circle of Health

Me + Self Care + Professional Care + Community = Whole Health

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

<table>
<thead>
<tr>
<th></th>
<th>Miserable</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>Great</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Well-Being</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental/Emotional Well-Being</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Life: How is it to live your day-to-day life</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Area of Self-Care</th>
<th>Where I am Now (1-5)</th>
<th>Where I Want to Be (1-5)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Moving the Body:</strong> 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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Recharge:</strong> 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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Food and Drink:</strong> 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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Personal Development:</strong> 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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Family, Friends, and Co-Workers:</strong> 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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Spirit and Soul:</strong> 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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Surroundings:</strong> 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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Power of the Mind:</strong> 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</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Professional Care:</strong> “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</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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 MATERIAL

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.

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

_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

CLINICAL PEARLS

The standard American diet is highly processed, and the choice to consume these foods is frequently 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 are instead beyond recommended limits for unhealthy foods.

The intersection point of most fad diets is as follows: fruits, vegetables, whole grains, multigrain, 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 IF we consume adequate micronutrient cofactors in our diet. These micronutrients are most frequently found in fruits, vegetables, whole grains, multigrains, 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 story is one example of how our surroundings can dramatically influence our food and drink choices.

**WHOLE HEALTH LIBRARY MATERIALS**

**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?

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.

CLINICAL PEARLS

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 our skin is 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 (i.e. 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'Rs approach is an effective way to treat abdominal symptoms that may be associated with intestinal dysbiosis, or an unfavorable gut microbiome.

The sympathetic NS 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 stored in our gut, not our brain.

Proper acidity in the stomach (pH 1.5) 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 (PPP, i.e. 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 1.5-3.5).

Chronic acid suppression may lead to B12 deficiency, iron-deficient 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 a H2 blocker such as ranitidine; acupuncture; acupressure; and supplements such as DGL, Sucralfate, 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 mucous to protect this layer.

WHOLE HEALTH LIBRARY MATERIALS

**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](#) (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 “beginner’s 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

---


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.

WHOLE HEALTH LIBRARY MATERIALS

Clinician Resources
  • Mindful Awareness: Enhancing your Relationship with Your Food

Veteran Handouts
  • Mindful Eating
MODULE 5: 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?

________________________________________________________________________________________________________

________________________________________________________________________________________________________

________________________________________________________________________________________________________

________________________________________________________________________________________________________

________________________________________________________________________________________________________

CLINICAL PEARLS

Functional Medicine is an approach to patient care that is holistic and takes into account root causes of disease. Nutrition, and specifically our gut microbiome, 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, 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).
Immune-mediated reactions can be immediate (IgE) or delayed for 48-72 hours (IgG, IgM, IgA).

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

An elimination diet is the gold standard for treating 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 would may benefit from an elimination diet.

Contraindications to elimination diets include patients with a history of anaphylaxis or eating disorders, and patients who are actively pregnant or 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 is essential to successfully completing an elimination diet.

WHOLE HEALTH LIBRARY MATERIALS

Clinician Resources
- Elimination Diet

Veteran Handouts
- Eating To Reduce Irritable Bowel Symptoms: The FODMaP Diet

GENERAL RESOURCES

App ($10): Monash FODMaP

The Institute for Functional Medicine Medical Symptoms Questionnaire (MSQ)
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?

________________________________________________________________________________________________________

________________________________________________________________________________________________________

________________________________________________________________________________________________________

CLINICAL PEARLS

People frequently don't eat together, consume the same meal, or make dinner table conversation the focus of dinner. No two households are alike in what they eat.

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

23.5 million Americans live in food deserts.

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
EATING FOR WHOLE HEALTH—PARTICIPANT WORKBOOK

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.

If possible, choose fish from safe sources and consider possible exposure to chemicals 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 less 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 less 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

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: 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 me in building a healthy foundation for my own mental health? The health of our Veterans? What nutrition resources will I offer my patients with mental illness (in addition to a consult to a mental health professional and dietitian)?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

CLINICAL PEARLS

22 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, 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 meds when they are not necessary or supplementing 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**

**Clinician Resources**
- Depression
- Anxiety
- Diaphragmatic Breathing to Assist with Self-Management of Pain

**Veteran Handouts**
- Breathing and Health

**SUPPLEMENTS HIGHLIGHTED**
- B complex multivitamins
- Omega 3 Fatty Acids
- Magnesium
- Vitamin D3

**EXERCISES TO CONSIDER IMPLEMENTING IN YOUR PRACTICE**
- Mason Jar Gratuity Exercise
- 4-6-8 Breathing Technique

**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)

MODULE 9: 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?

__________________________________________________________________________________________________

__________________________________________________________________________________________________

__________________________________________________________________________________________________

__________________________________________________________________________________________________

CLINICAL PEARLS

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

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 10: FOOD AND YOUR FUTURE: NUTRITION AND PREVENTION

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?

CLINICAL PEARLS

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.

The DASH, Alternate Healthy Eating Index, and Healthy Eating Index diets have all been shown to reduce 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 handfuls 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 eventually develop into diabetes.

Early physical exam signs can develop in the setting of this progression towards diabetes, including 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 prevention has been shown to be twice as impactful as our most effective oral medication for 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 insulin 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 diet soda we drink each day. And diet sodas 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.

**WHOLE HEALTH LIBRARY MATERIALS**

**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?

________________________________________________________________________________________________________

________________________________________________________________________________________________________

________________________________________________________________________________________________________

CLINICAL PEARLS

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.
WHOLE HEALTH LIBRARY MATERIALS

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: THE WHOLE HEALTH VISIT: CREATING THE 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 has 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.
KEY PRINCIPLES OF PERSONAL HEALTH PLANNING
SMART GOAL AND ACTION STEPS WORKSHEET

Area of Focus ____________________________________________________________

Timeframe (circle 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

- General Guidelines
  - Follow a specific eating plan
  - Macronutrients
  - Micronutrients
  - Phytonutrients
  - Meal timing & frequency

- More Guidelines
  - Fruits, veggies
  - Nuts
  - Dessert
  - Frequency
  - Hydration
  - Alcohol and caffeine

- Nutrition Resources
  - Cookbooks
  - Recipes
  - Websites
  - Nutrition classes
  - Community programs

- Food in Context
  - Cultural needs
  - Transportation
  - Finances
  - Peer support
  - Diets
  - Include whole family
  - Setting the table

- Mindful Eating
  - Start a daily practice
  - Number of chews
  - Pacing eating without distractions
  - Observing cravings
  - Stress management

- Specific Health Issues
  - Referrals
  - Diet & depression
  - Diet & sleep
  - Eliminating certain foods
  - Probiotics

- Cooking Tips
  - Grocery shopping
  - Using kitchen tools
  - Try a new recipe
  - Cooking classes

- Prevention
  - A way to reduce cancer risk
  - A step to prevent heart disease
  - An approach to blood glucose
<table>
<thead>
<tr>
<th>Food &amp; Drink Questions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>General</strong></td>
</tr>
<tr>
<td>- Do you have any concerns that you believe are related to the way you eat?</td>
</tr>
<tr>
<td>- How would you describe your relationship with eating?</td>
</tr>
<tr>
<td>- Are you satisfied with your eating habits? Why or why not?</td>
</tr>
<tr>
<td>- Do you ever skip a meal? How often, and which meals?</td>
</tr>
<tr>
<td>- What is typically your biggest meal?</td>
</tr>
<tr>
<td>- What are your favorite foods? What don't you like?</td>
</tr>
<tr>
<td>- What would you like to focus on today, in terms of your nutrition?</td>
</tr>
<tr>
<td>- Why is healthy nutrition important to you?</td>
</tr>
<tr>
<td><strong>Eating and Drinking Patterns</strong></td>
</tr>
<tr>
<td>- What is your eating pattern? How many meals do you eat a day, and when do you eat them?</td>
</tr>
<tr>
<td>- Have you recently changed the way you eat? If yes, for what reason?</td>
</tr>
<tr>
<td>- Do you follow a specific diet? Vegetarian? Low-carb? Mediterranean?</td>
</tr>
<tr>
<td>- How often do you eat out? What types of restaurants (fast food, fast casual, casual, fine dining)? What do you usually order?</td>
</tr>
<tr>
<td>- How often do you eat fast food? What do you usually get?</td>
</tr>
<tr>
<td>- How much water do you drink in a day?</td>
</tr>
<tr>
<td>- Do you drink anything else regularly (e.g. sodas, alcohol, caffeinated drinks, juice, sports drinks)?</td>
</tr>
<tr>
<td>- Do you ever eat when you are not hungry?</td>
</tr>
<tr>
<td>- Do you ever wake up in the middle of the night and eat?</td>
</tr>
<tr>
<td>- Do you ever binge eat?</td>
</tr>
<tr>
<td>- What is the most important thing for me to know about the role food plays in your life?</td>
</tr>
<tr>
<td>- What do you typically eat for breakfast? Lunch? Dinner? Snacks?</td>
</tr>
<tr>
<td>- Do you ever skip meals or fast?</td>
</tr>
<tr>
<td>- What are your comfort foods?</td>
</tr>
<tr>
<td>- Are you taking any vitamins, minerals, or other dietary supplements?</td>
</tr>
<tr>
<td>- Why?</td>
</tr>
<tr>
<td><strong>Eating and Body Weight</strong></td>
</tr>
<tr>
<td>- Have you been eating more or less than normal? If yes, for what reason?</td>
</tr>
<tr>
<td>- What is your usual weight?</td>
</tr>
<tr>
<td>- Have you gained or lost weight recently?</td>
</tr>
<tr>
<td>- What is your highest weight in adulthood? When were you that weight?</td>
</tr>
<tr>
<td>- What is your lowest weight? When were you that weight?</td>
</tr>
<tr>
<td>- 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?</td>
</tr>
<tr>
<td>- What weight loss strategies (diets, exercise programs, etc.) have you used?</td>
</tr>
<tr>
<td>- Do you have the same body type as anyone else in your family?</td>
</tr>
</tbody>
</table>
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 PLAN (PHP)

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 Complimentary:**

• 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 #1 (GROUP EXERCISE)

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: ________________________________________________________

<table>
<thead>
<tr>
<th>Team Member Names</th>
<th>Email Addresses</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
IMPLEMENTATION EXERCISE #2 (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.

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________
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:

<table>
<thead>
<tr>
<th>MODULE</th>
<th>Poor</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Setting the Stage</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>2. Making the Case: The Power of Food &amp; Drink</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>3. Food and the Gut</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>4. Mindful Eating</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>5. Functional Nutrition, Elimination Diets, and 5R’s</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>PHI and Skill Application</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Speed Dating Day 1 Application Exercise</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td><strong>OVERALL MATERIAL ON DAY ONE</strong></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

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:
Day 1—Pulse Check, Page 2

Please do not write your course notes on the back page as you will be turning this sheet in at the end of Day 1. See note pages starting on page 55 for space to take notes.
**DAY 2—PULSE CHECK AND FINAL EVALUATION**

**EATING FOR WHOLE HEALTH**

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

1) Please rate the following for Day 2:

<table>
<thead>
<tr>
<th>MODULE</th>
<th>Poor</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td>7. Your Brain on Food: Nutrition and Mental Health</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>8. Serving It Up: Healthy Cooking Tips</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>9. Nutrition and Pain</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>10. Food and Your Future: Nutrition and Prevention</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>11. Prevention of Cancer</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>12. The Whole Health Visit: Creating a Personal Health Plan</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Implementation Exercise #1</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Implementation Exercise #2</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>OVERALL MATERIAL ON DAY TWO</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

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?
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?