

#### HEALTH & WELLNESS WEBINAR

# BRIDGING NUTRIENT GAPS: INSIGHTS ON GLP-1 & OPPORTUNITIES FOR PRODUCE

Tuesday, March 25th at 2:00 PM ET





### WELCOME



#### **Katie Calligaro**

Director, Marketing & Communications

The Foundation for Fresh Produce





Growing a healthier world by changing the trajectory of human health.







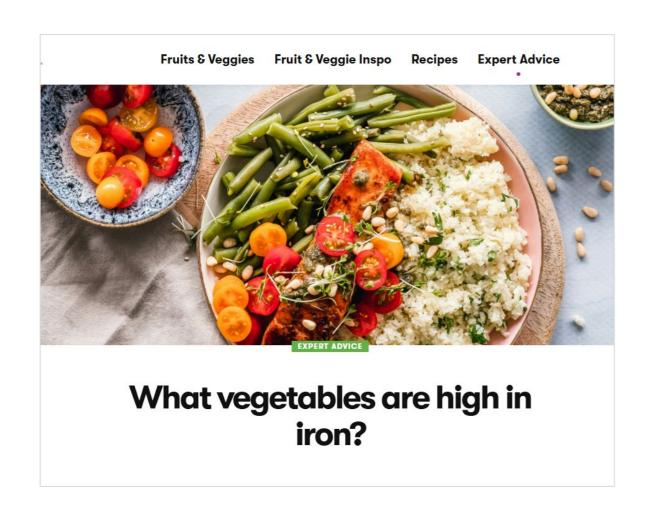




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Every Time You Eat, Have A Plant®



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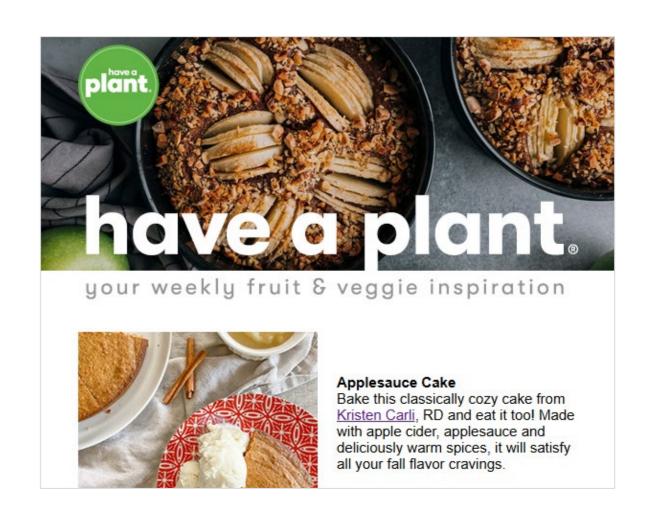


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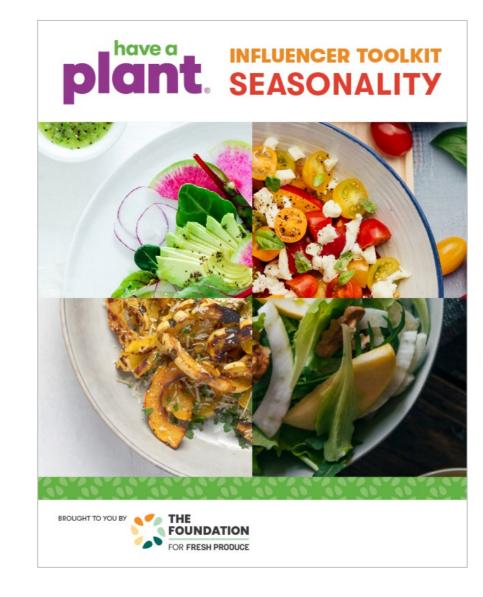


## Resources For Produce Pros

Have A Plant® resources support professionals with unique fruit and veggie insights and communication tools.

fruitsandveggies.org/educational-resources







WINTER		
JANUARY	FEBRUARY	MARCH
Say Hello To New Year #Goals  Let's make enjoying more fruits and veggies fun with easy hacks.	Fruits & Veggies For The Heart Give yourself the love you deserve by enjoying fruits and veggies all month long.	Step Into Spring  Reset the clock and embrace the arrival of spring the Make it easy to step into the new season with franching and veggies.
	SPRING	
APRIL	МАУ	JUNE
Spring Clean Your Routine  Your guide to what's in season and all the tips and recipes you need to refresh your routine with fruits and veggies.	Feel-Good Food  It's easy to add fun and flavor to everyday moments that will keep you feeling happy and healthy.	Effortless Outdoor Entertaining What better way to boost your mood than enjoy fruits 8 veggies outside? Elevate your outdoor entertaining spread to welcome in the start of sur
	SUMMER	
JULY	AUGUST	SEPTEMBER
Celebrating Summer  Isn't summer the best? Soak up as much as you can with these tasty ideas for adding produce to your summertime faves.	Simply Savor Summer Simplicity is key when it comes to maintaining habits. Make the most of the summer's harvest with ideas for simple snacks, routines, and solutions.	Cheers To National Fruits & Veggies Molth, and we a ready for a plant party!
	FALL	
OCTOBER	NOVEMBER	DECEMBER
Fabulous Fall Flavors  Celebrate the season's bounty with the feel-good flavors of fall faves.	Sensational Seasonings  Cooler weather calls for gathering 'round the table for something warm from the kitchen — like perfectly seasoned stews, soups, casseroles and chilis!	Hack The Holiday  We've got you covered with all the fruit and veg inspo you need for the ultimate holiday celebrat



### Housekeeping

Completion of this webinar awards 1.0 CPEUs in accordance with the Commission on Dietetic Registration's CPEU Prior Approval Program.

You will receive a link to the certificate of attendance, the webinar recording and PDF of the presentation once approval has been granted.

Type your questions and/or comments into the Q&A section located at the bottom of your screen at any time during the webinar.

Funding from non-CPE revenue for CPE planning, development, review, and/or presentation has been provided by the International Fresh Produce Association.



### Learning Objectives

- 1. Gain insights into the latest research on GLP-1 usage and its effects on dietary habits among different population groups.
- 2. Learn actionable strategies to bridge nutrient gaps using whole foods, even with reduced appetites, and apply these strategies in practice.



### TODAY'S SPEAKERS





Amaris Bradley, MPH, RD

Senior Vice President Eat Well Global Dr. Joan Salge Blake, EdD, RDN, LDN, FAND

Clinical Professor Boston University

#### Disclosures:

#### **Amaris Bradley**

- Employer: Eat Well Global
- Paid Speaker: Not applicable

#### Dr. Joan Salge Blake

- Employer: Boston University
- Advisory Boards/Consultants: Fresh Communications, Prevention Magazine, US News & World Report, The Foundation for Fresh Produce
- Sponsor Travel & Educational Speaking Honorarium: National Cattlemen's Beef Association, Pacific Coast Producers, General Mills, Pepsico, True Aussie Beef and Lamb, General Mills

## From Prescription To Practice: Behavior Change Insights From Users & Dietitians

### THE RESEARCH



We are a strategy and communication agency for the food and health industries to accelerate positive impact on people, planet and profits.

#### **Our Mission**

To unlock business potential and positive impact in food and health

#### **Our Vision**

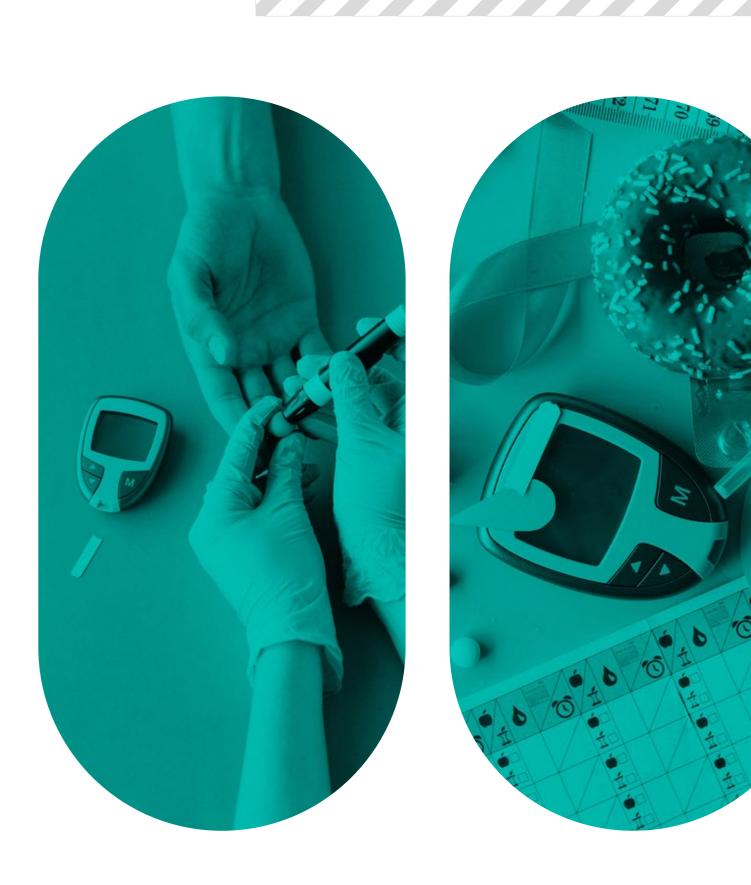
A thriving food and health ecosystem that nourishes and provides for all



### What is a GLP-1 receptor agonist?

These are a class of medications that stand for glucagon-like peptide 1.

These medications were created to help improve blood sugar control for people living with Type 2 Diabetes but have also been found to aid in weight loss by curbing hunger and slowing digestion.



GLP-1 RAs directly impacts the central nervous system, the pancreas, and the stomach

#### **Glucagon-like Peptide-1 Receptor Agonism**

#### **Central Nervous System**

- 个 Satiety
- ↓ Food Intake
- ↑ Nausea
- ↓ Body Weight

#### **Pancreas**

- ↑ Insulin
- ↓ Glucagon

#### Stomach

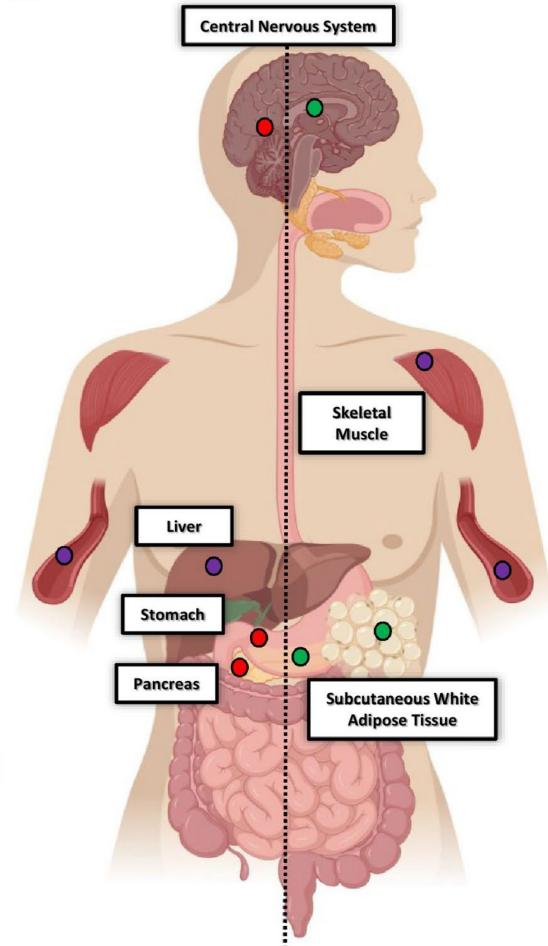
↓ Gastric Emptying

#### Systemic

↓ Hyperglycemia

#### Liver

- ↑ Insulin Sensitivity
- → Hepatic Glucose Production
- ↓ Ectopic Lipid Accumulation



Glucagon-like Peptide 1 Receptor Agonism

Indirect Action

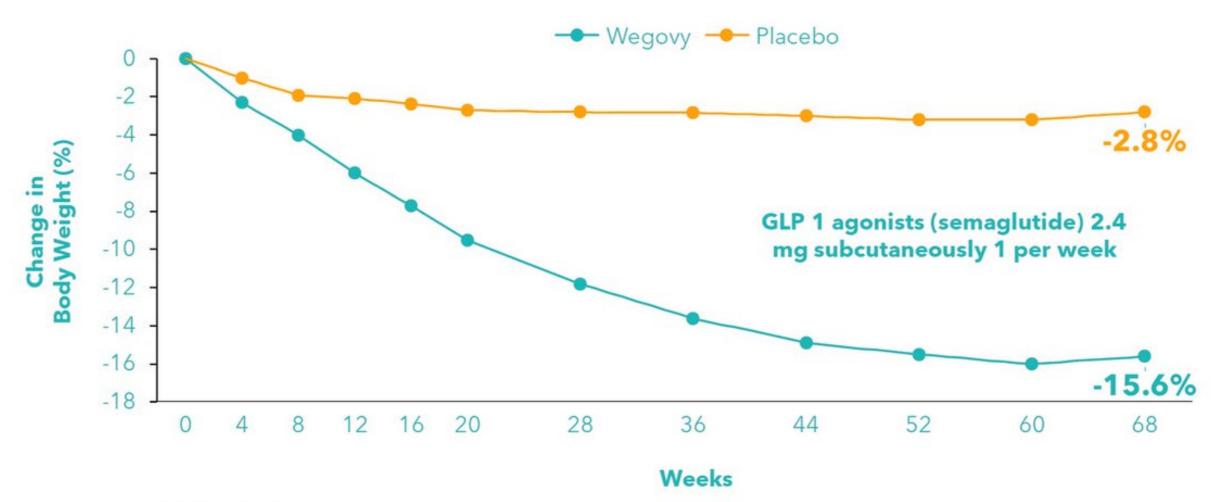
### Studies have evidenced significant weight loss



GLP-1 users experienced up to 20% weight reduction within 6 to 12 months<sup>1</sup>



The medication has also been found to reduce the risk of heart attacks by  $20\%^2$ 



Source: Novo Nordisk Clinical Trials

#### Sources:

<sup>1</sup> Value Gene Consulting, Navigating Change: The Impact of GLP-1 Drugs on the Food Industry and Dietary Habits

<sup>2</sup> The New England Journal of Medicine, Semaglutide and Cardiovascular Outcomes in Obesity without Diabetes, November 2023

# The public interest in GLP-1s in the U.S. is unsurprising and unprecedented

#### 42% of Americans over 20 years old live with obesity<sup>1</sup>

- And 20% of Americans under 20 years old live with obesity
- 15% of Americans over 20 live with diabetes
- 45% of Americans over 20 have hypertension

#### 40% of Americans want to lose weight<sup>2</sup>

- This is primarily made up of Gen Z, followed closely by Millennials, then Gen X, and lastly Boomers+
- Women (45%) desire weight loss more than men (35%)

#### Sources:

- 1 National Center for Health Statistics, National Health and Nutrition Examination Survey, 2017-March 2020 data <u>files</u>.
- 2 The New Consumer, Consumer Trends Survey, January 2024
- 3 KFF Health Tracking Poll May 2024: The Public's Use and Views of GLP-1 Drugs
- 4 UBS Evidence Lab GLP-1 Survey

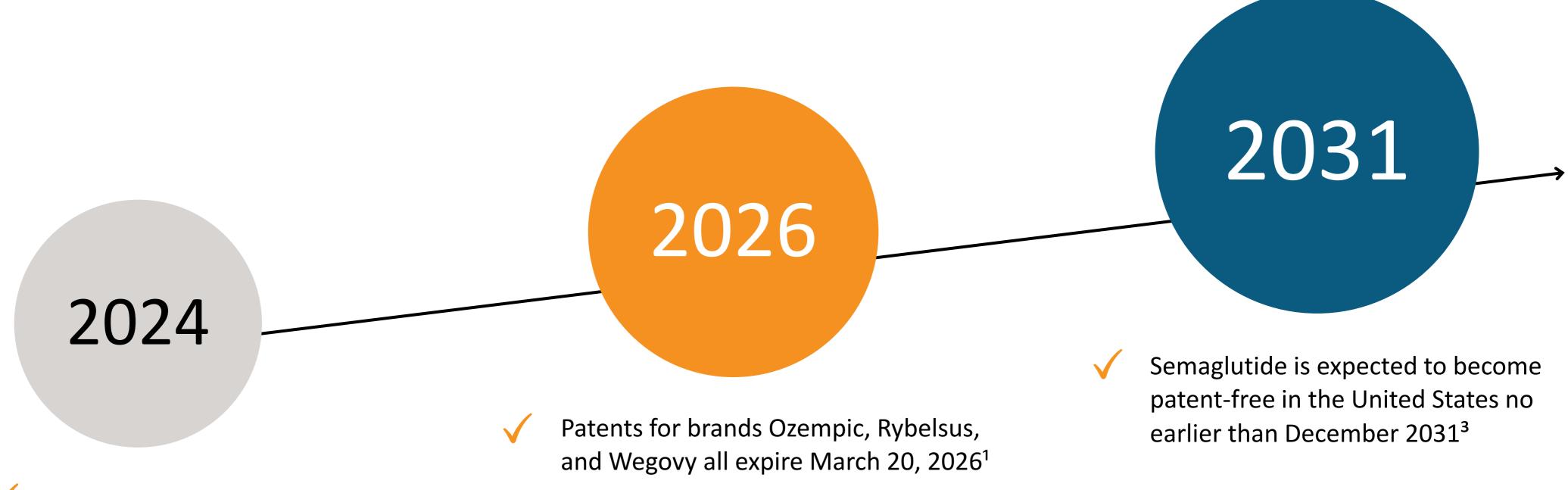
## 1 in 8 American adults have been estimated to have used a GLP-1 agonist<sup>3</sup>

• Rising to 4 in 10 among adults who have been diagnosed with diabetes

## GLP-1 model forecasts 18m people will be on GLP-1s by 2029 in the U.S.<sup>4</sup>

- UBS global GLP-1 model forecasts 40 million people on GLP-1s by 2029, with 44% in the US (17.6 millions)
- This translates into \$126bn sales by 2029, a
   2023-2029 sales CAGR of 30%

Usage and accessibility of GLP-1s are anticipated to rise with the launch of new forms of therapies and the expiration of patents



- ✓ Launch of compounded GLP-1 medications (Hims & Hers, Ro, Noom)
- ✓ Launch of generic liraglutide injections (Victoza, Saxenda)

Semaglutide's patent in Canada will expire – Sandoz plans to launch a generic semaglutide<sup>2</sup>

Sources:

NIH

3 <u>DrugPatentWatch</u>

<sup>1</sup> National Library of Medicine at the

<sup>2</sup> Barron's, August 2024

In the absence of conclusive peerreviewed research on the topic, it is essential to gather insights from GLP-1 users and healthcare professionals to identify a potential optimal diet composition that may help reduce treatment-related side effects and support users' overall health and well-being.

Healthcare

that reduced caloric intake and appetite

professionals worry

may lead to

malnutrition and

inadequate protein

and micronutrient

intake<sup>1, 2</sup>

Sources:

<sup>1</sup> Eat Well Global, US RDN online survey, March 2024.

<sup>2</sup> Obesity Pillars, July 2024

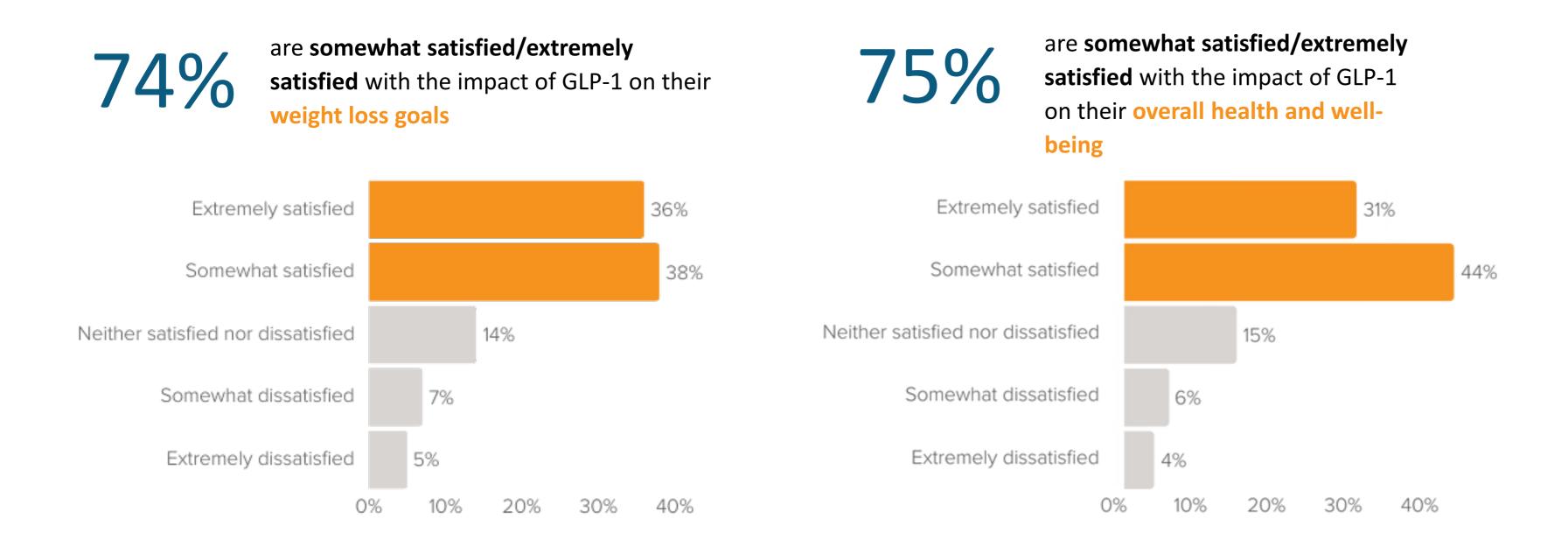
<sup>3</sup> Healthline, March 2024

We surveyed 720 GLP-1 users and 432 Registered Dietitian Nutritionists (RDNs) across the U.S.

- We've gathered **robust samples** representing a diverse range of GLP-1 user profiles and the active and experienced part of the U.S. dietetics profession
- ✓ We're combining consumer and RDN perspectives an approach that provides a unique, holistic view of the GLP-1 landscape that isn't available elsewhere
- Exploring the ideal nutritional profile for GLP-1 users
- Understanding how **consumers guided by RDNs** differ in their experiences and behaviors compared to those without RDN guidance



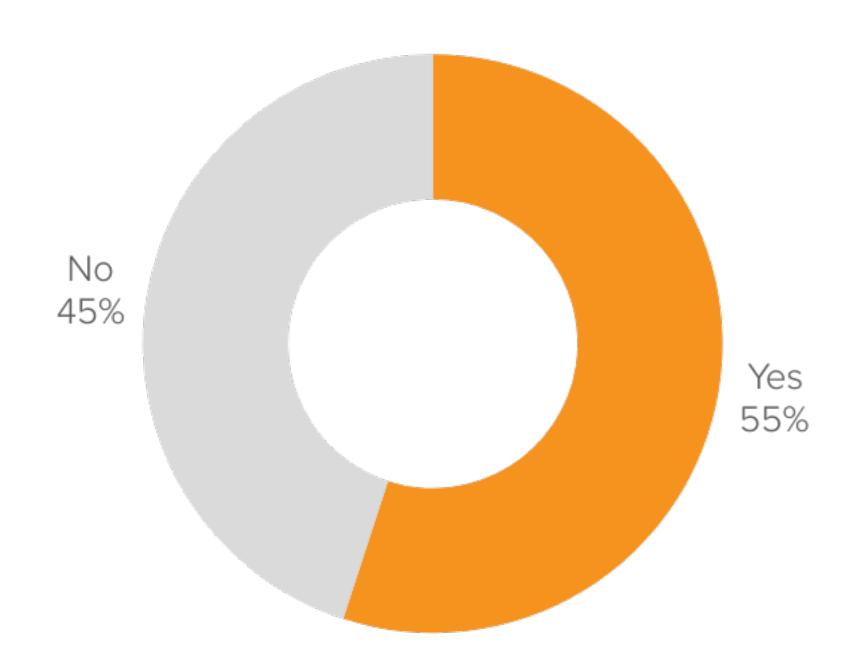
Three out of four GLP-1 users are satisfied to extremely satisfied with the impact of GLP-1 medication on their weight loss goals and overall health and well-being





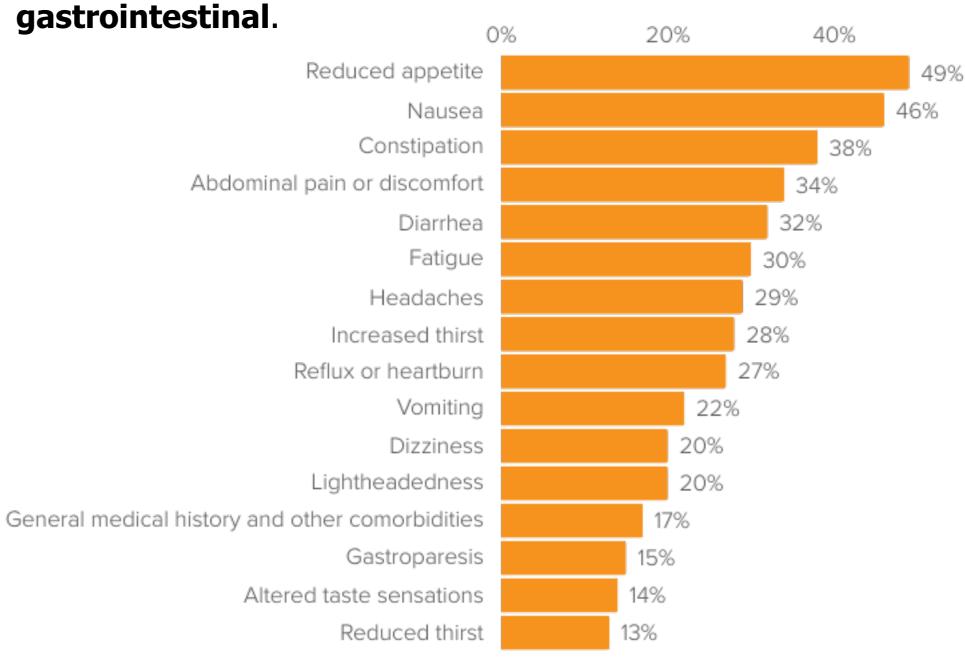
Question: Thinking of weight loss goals and overall health and wellness, how satisfied are you with the impact of prescription GLP-1 agonist medication? (n=720)

## However, more than half of the respondents experience side effects while taking the medication



Question: Thinking specifically of side effects that impact appetite or food choices, have you ever experienced side effects after or while taking prescription GLP-1 agonist medication? (n=720)

Beyond reduced appetite, the **primary side effects are qastrointestinal**.



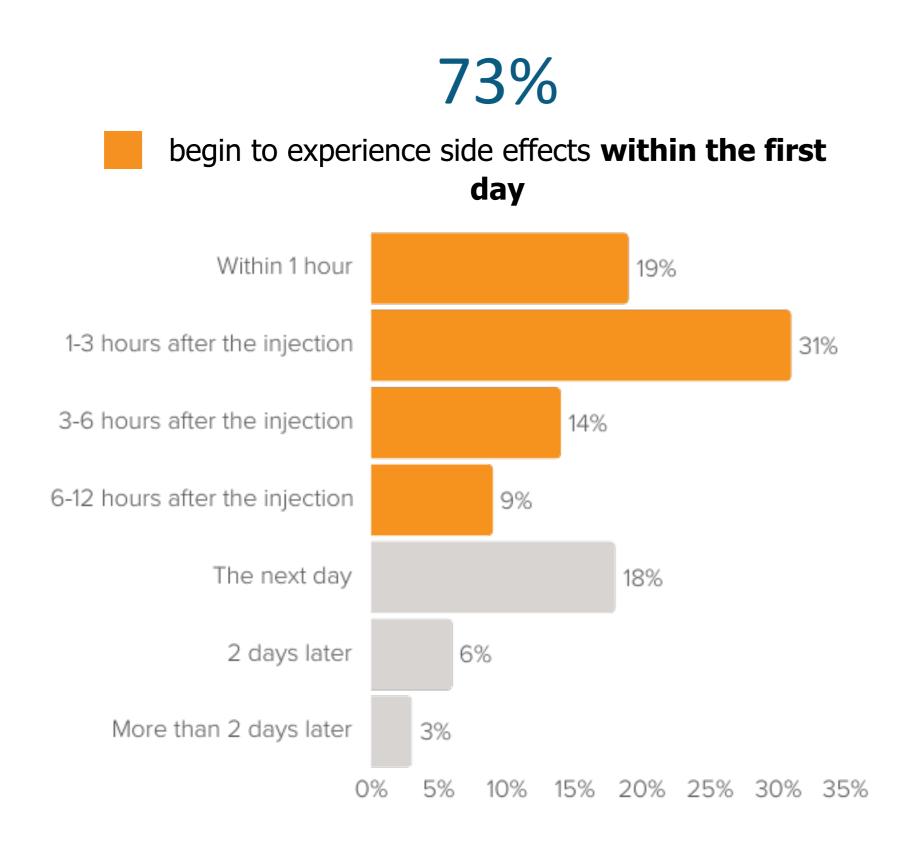
**Question:** Which of the following concerns do you have about prescription GLP-1 agonist medication? (n=399; 45% filtered out)



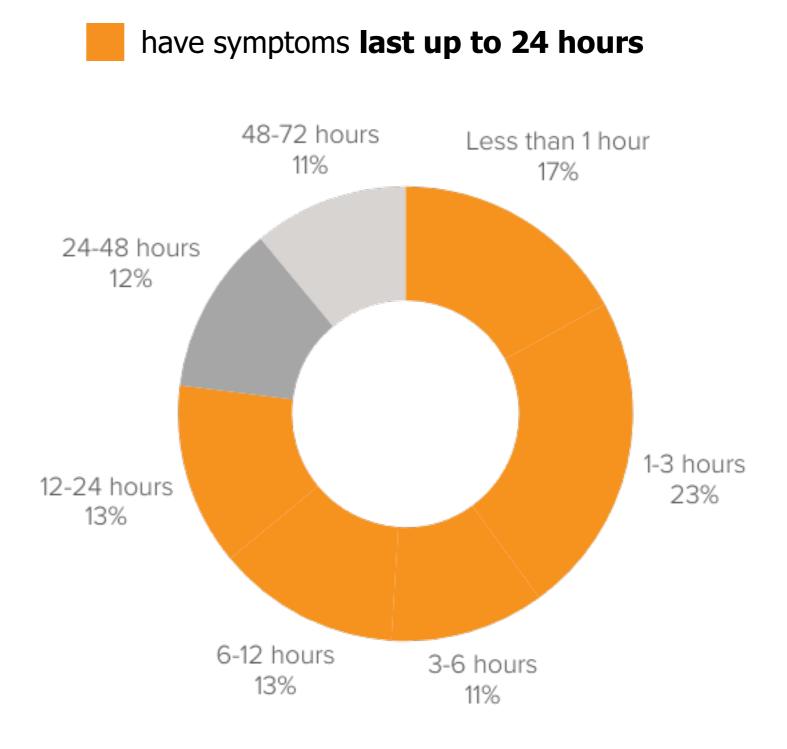
GLP-1 users report similar side effects to their RDNs.



## For most, these symptoms are short-term, often appearing soon after injection and fading by day's end



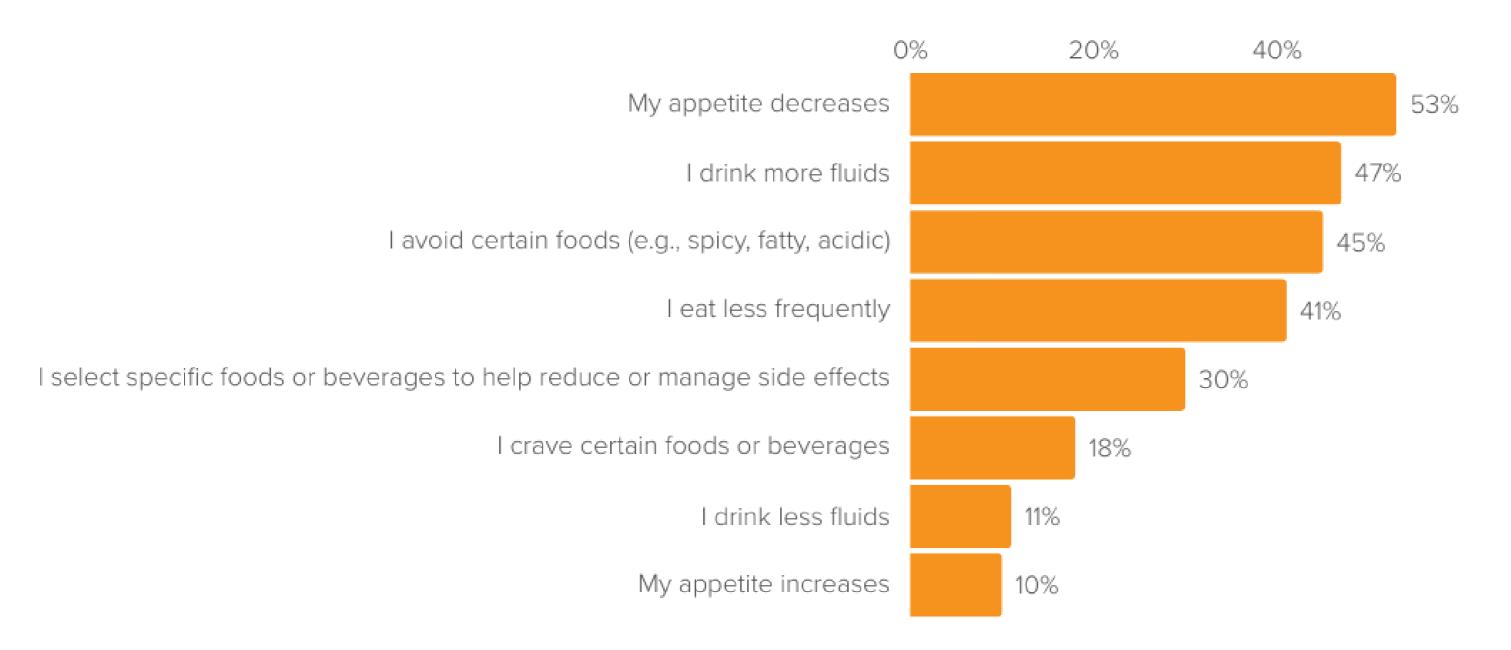
Question: How soon after taking your prescription GLP-1 agonist medication do you typically begin to experience side effects that impact food choices? (n=399; 45% filtered out)



77%

Question: Once side effects begin, how long do they typically last? (n=399; 45% filtered out)

## GLP-1 medications influence more than just appetite suppression and physical side effects; they contribute to changes in dietary choices and eating behaviors



Question: Which side effects have you experienced after or while taking prescription GLP-1 agonist medication? (n=399; 45% filtered out)



#### **Dietitian insights**

98% of polled RDNs have observed a change in their GLP-1 patients' eating habits, predominantly a reduction in portion sizes and number of eating/snacking occasions. Most find these changes to be consistent across age and gender groups.

"I don't feel the need to binge eat like I used to and I feel more motivated to get in shape and be healthier."

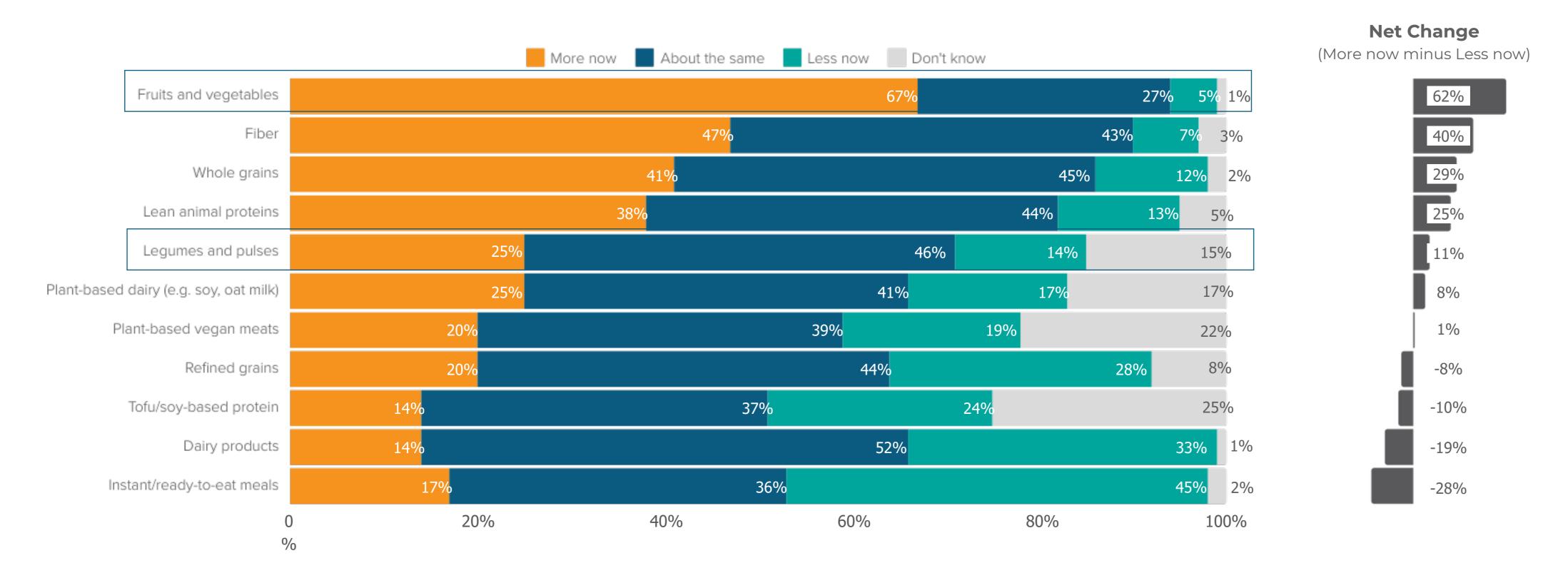
"I eat smaller to not fill my stomach so full."

"My sweet cravings have reduced significantly especially for sodas. Now I drink a lot of water to stay hydrated."

**GLP-1 Users and Dietary Choices** 

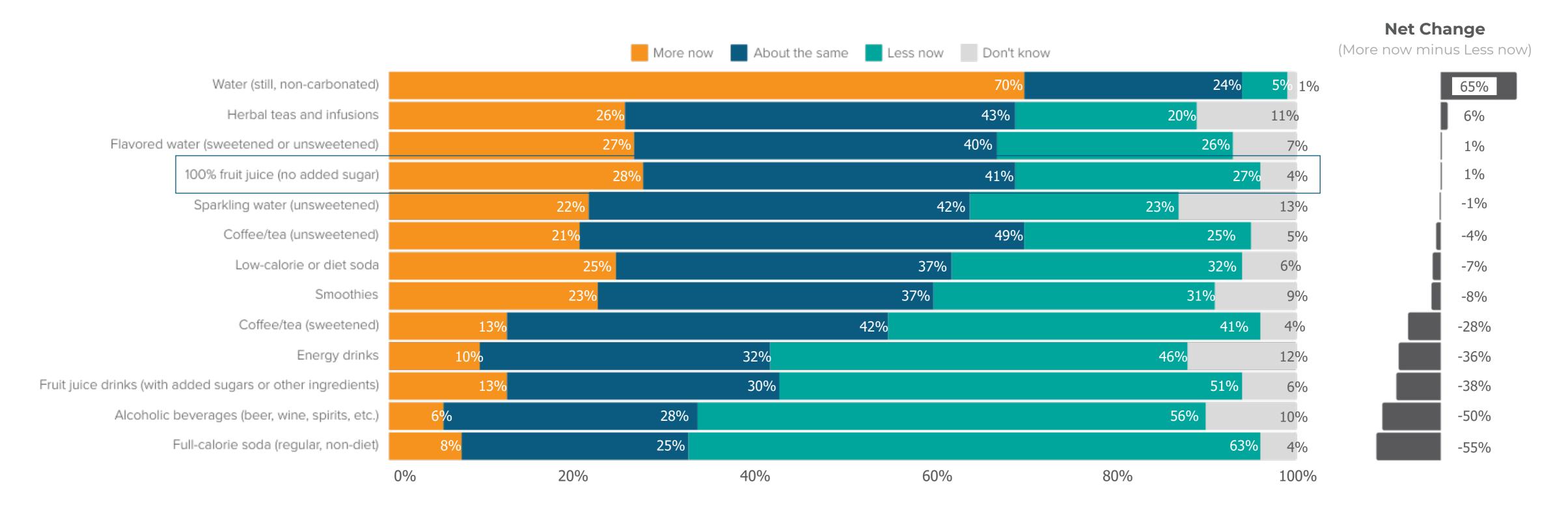
Function over pleasure

## GLP-1 users turn to fruits and vegetables, whole grains, and lean animal proteins and move away from instant/ready-to-eat meals



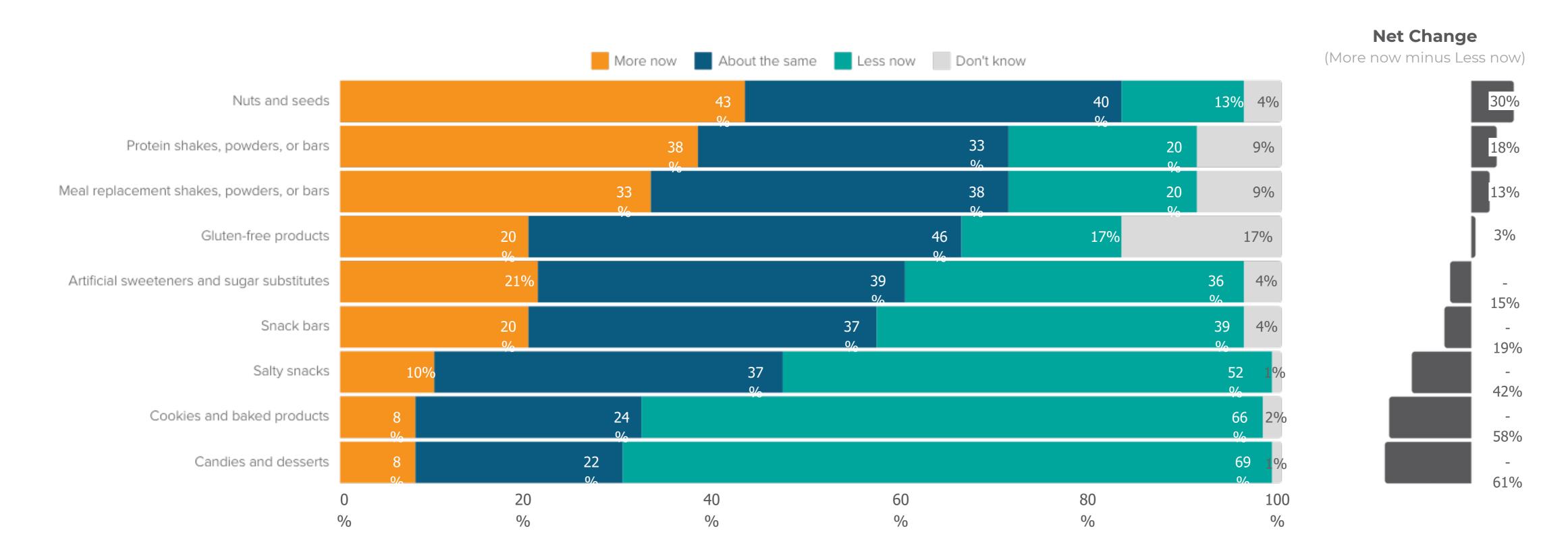
Question: How has the consumption of the following primary foods and meals changed since starting prescription GLP-1 agonist medication? (n=720)

GLP-1 users largely prioritize still water in their beverage choices at the expense of full-calorie soda, alcohol, and fruit juice drinks. Teas, flavored water and 100% fruit juice are the most preferred alternatives.



Question: How has the consumption of the following beverages changed since starting prescription GLP-1 agonist medication? (n=720)

### GLP-1 users show a clear shift from indulgent snacks to light and functional snacks like nuts and seeds and protein shakes

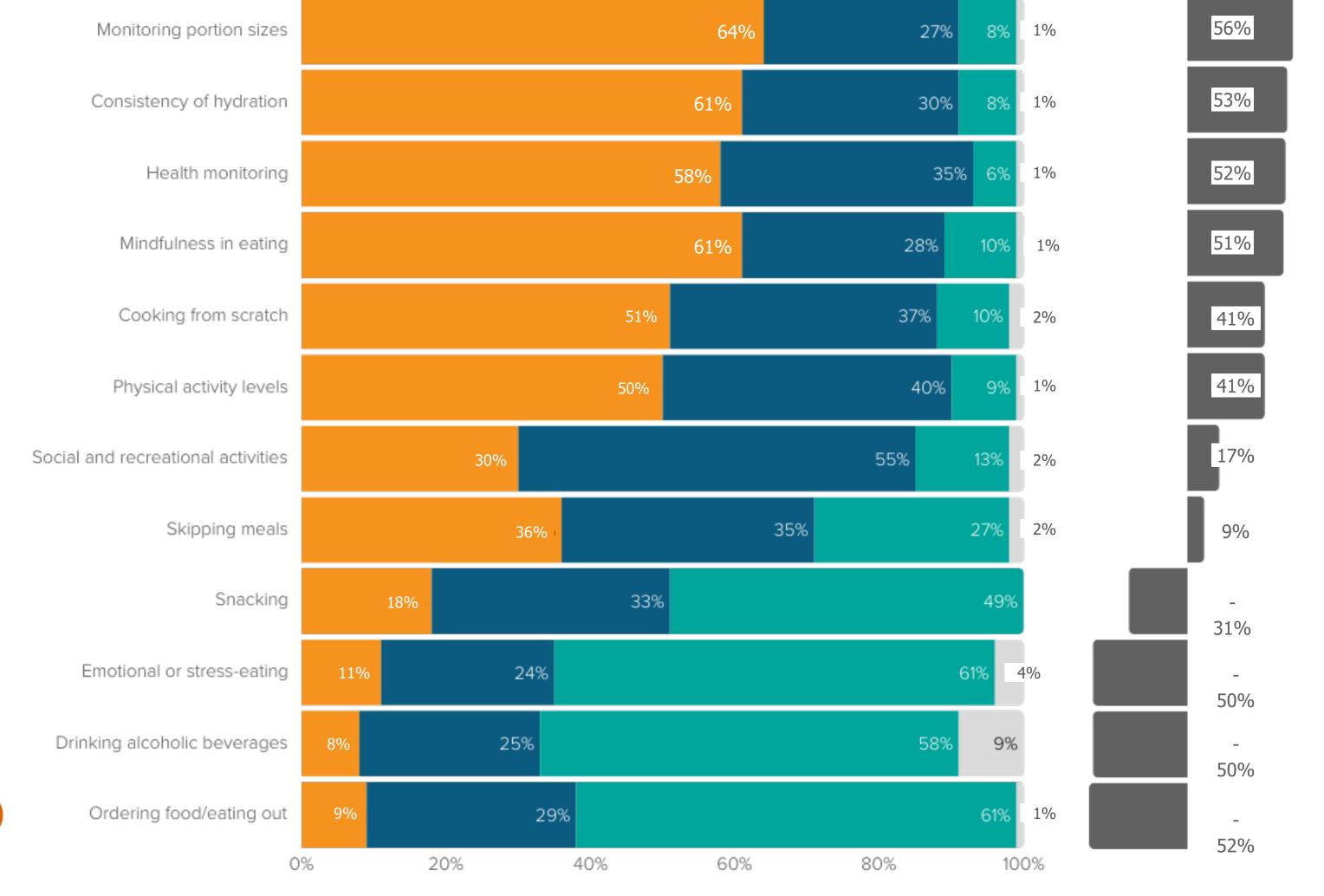


Question: How has the consumption of the following snacks and supplements changed since starting prescription GLP-1 agonist medication? (n=720)

Since starting the medication, many users have adopted healthy

practices beyond diet, such as monitoring their health or increasing their physical activity levels.

Emotional/stress-eating has reduced for many



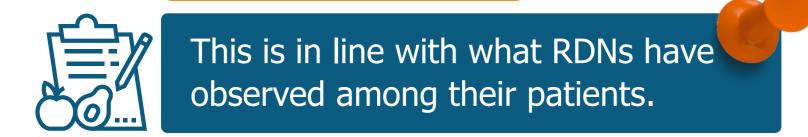
About the same Less Don't know

**Net Change** 

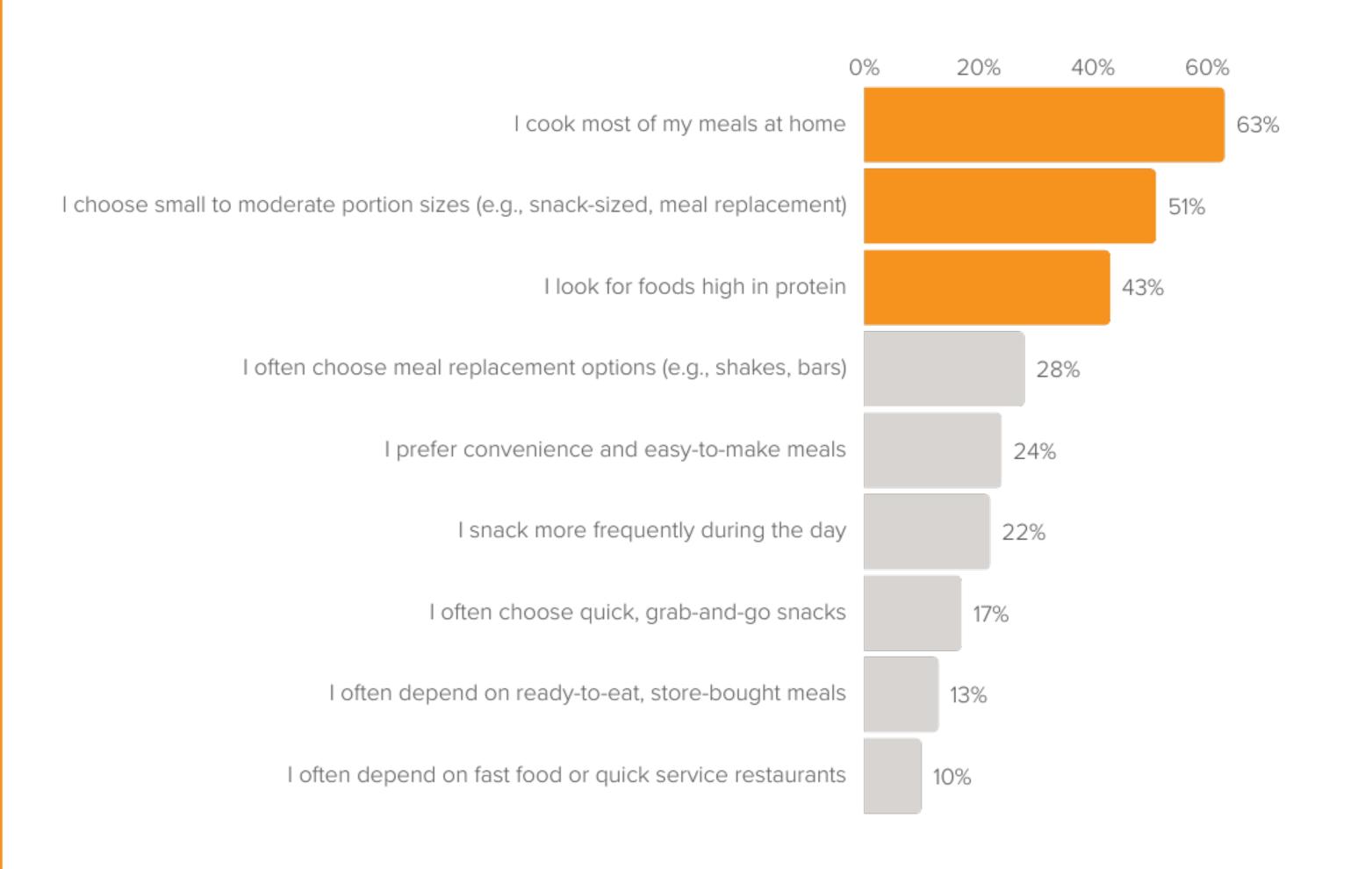
(More now minus Less now)

**Question:** How have the following factors and behaviors changed since starting prescription GLP-1 agonist medication? (n=720)

**Dietitian insights** 

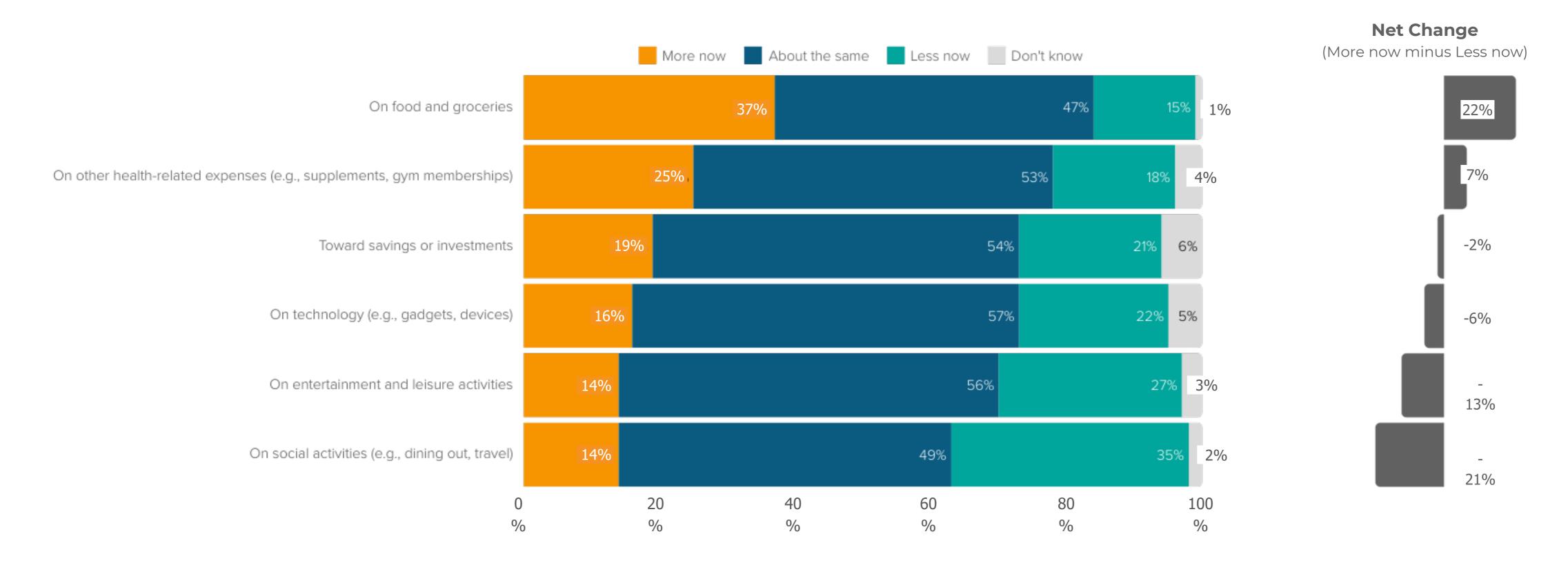


A typical GLP-1 user now tends to cook at home, opt for smaller to moderate portions, and rely less on ready-to-eat meals or fast food



Question: Which of the following behaviors do you prioritize to help achieve your health and weight loss goals? (n=720)

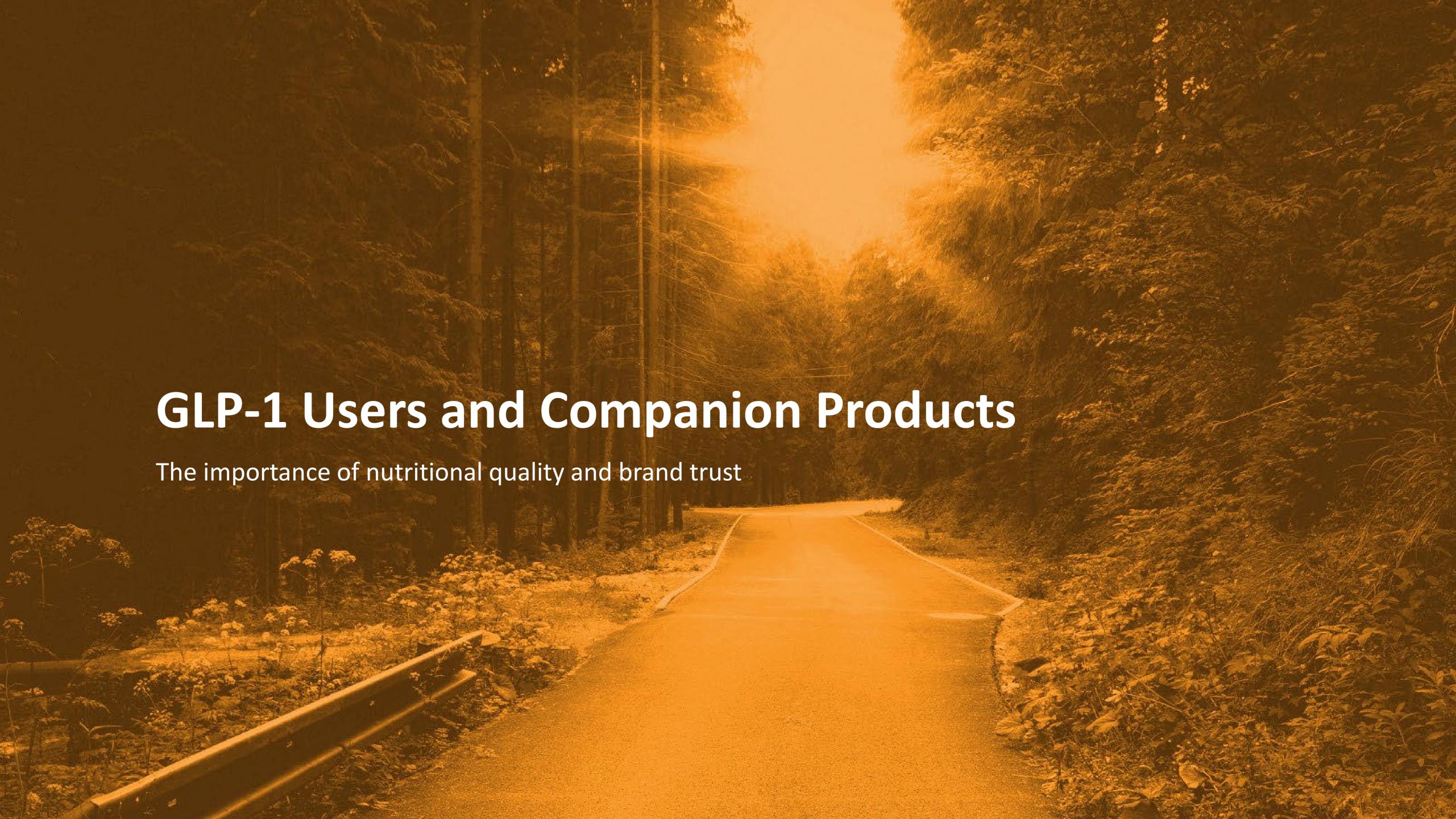
## GLP-1 users have increased their spending on food and groceries and other health-related costs, at the expense of social activities and entertainment and leisure activities



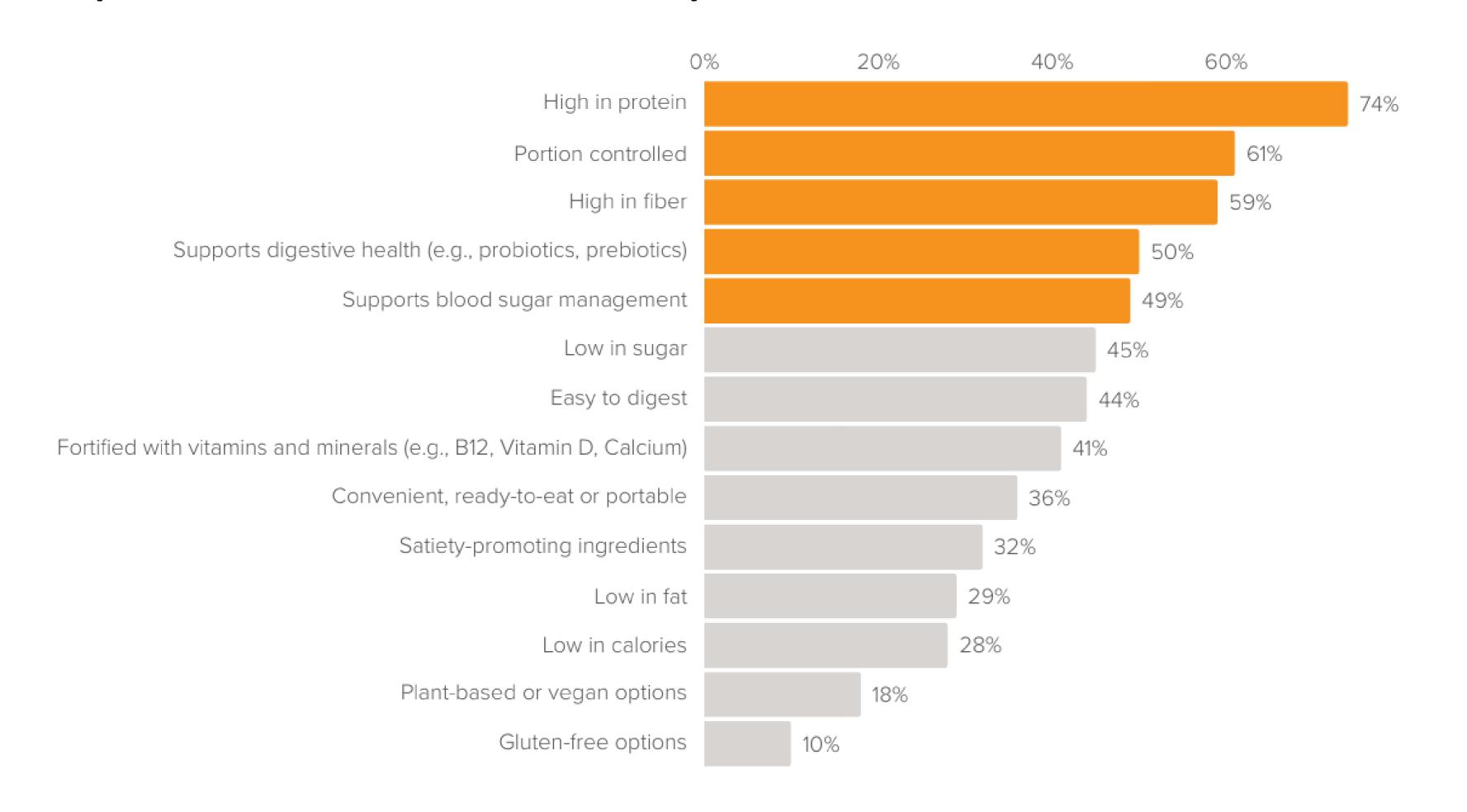
Question: As a result of the cost of your prescription GLP-1 agonist medication, have you had to change your spending in any of the following areas? (n=720)

With only 8% of respondents funding the medication out-of-pocket, there is no dramatic impact on GLP-1's users budget.





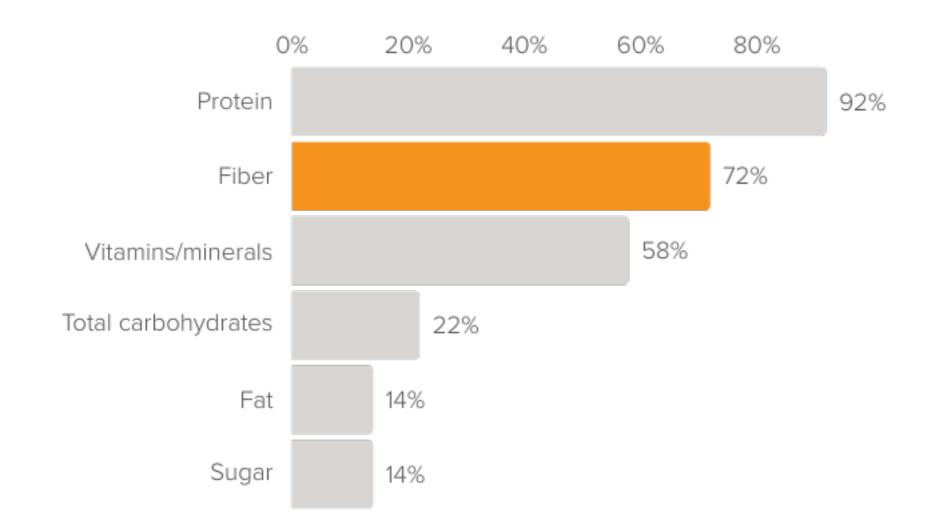
## According to RDNs, GLP-1 companion products need to be high in protein and fiber, and portion controlled



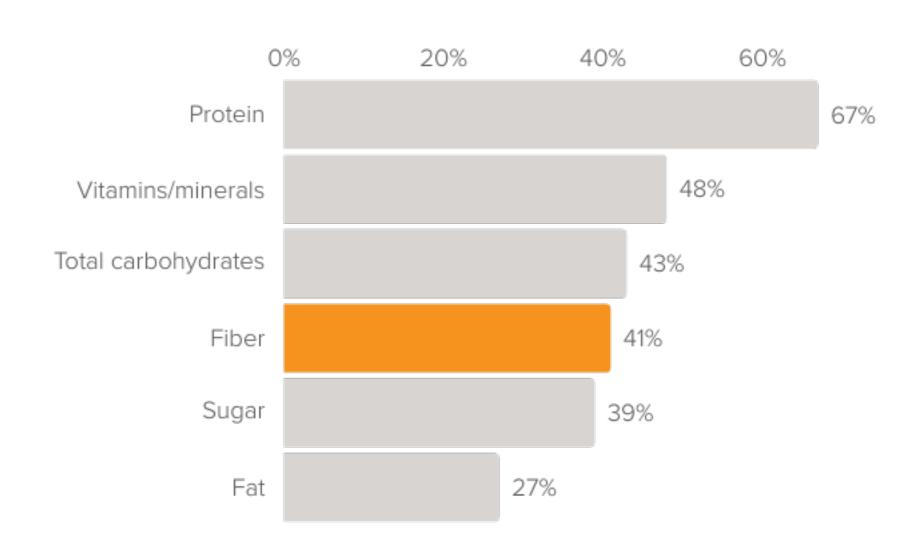
Question: What specific nutrients, features, or benefits do you consider essential for products designed to accompany prescription GLP-1 agonist medications? (n=423)

## There is a potential need to elevate the importance of fiber with GLP-1 Users

### Most important nutrients according to RDNs



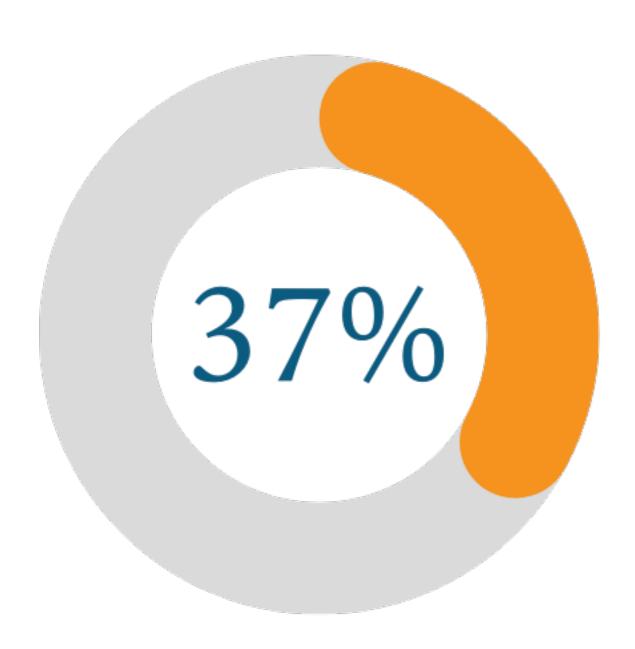
### Most important nutrients according to GLP-1 users



Question: Which of the following nutrients do you think are most important to prioritize for clients/patients taking prescription GLP-1 agonist medications? (n=423)

Question: When selecting foods, which of the following nutrients is most important to you while taking your prescription GLP-1 agonist medication? (n=720)

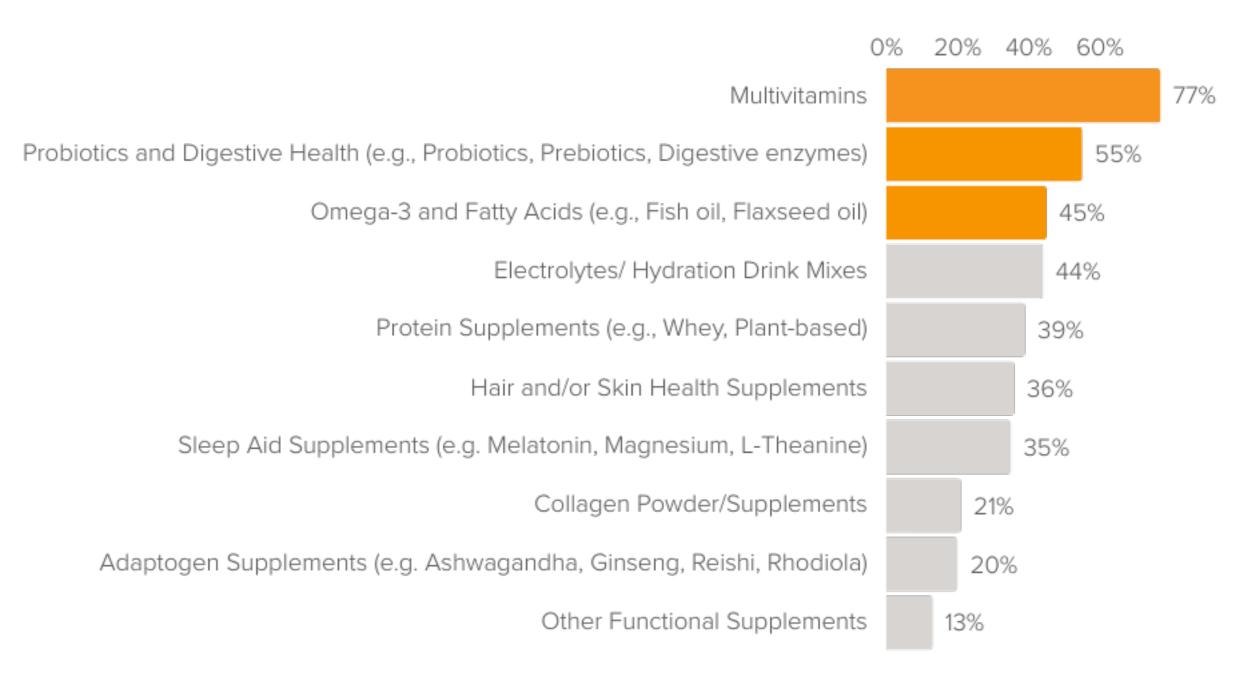
#### Supplementation is essential for 37% of GLP-1 users



have health supplements as part of their routine

Question: Which types of foods do you purchase most often while taking prescription GLP-1 agonist medication? (n= 720)

Among those who often purchase health supplements, more than half take **probiotics and digestive health-related supplements**.



Question: Which types of supplements do you currently use? (n=266; 63% filtered out)



**Dietitian insights** 

RDNs recommend Multivitamins (77%), Protein supplements (66%), Probiotics and Digestive Health (60%), and Fiber supplements (58%) the most.



### PRACTICAL APPLICATIONS





NEWS & PERSPECTIVE DRUGS & DISEASES CME & EDUCATION VIDEO DECISION POINT

## Are Patients On GLP-1s Getting the Right Nutrients?

Batya Swift Yasgur, MA, LSW January 10, 2025

But... Specific guidelines that are unique to **GLP-1** users do not yet exist

Existing research states a <u>lack of evidence</u> to determine unique nutrition needs of adults on GLP-1 medications in order to establish firm nutritional guidelines:

Dietary intake by patients taking GLP-1 and dual GIP/GLP-1 receptor agonists: A narrative review and discussion of research needs.

Christensen S, Robinson, K, Thomas S, Williams DR.

Obesity Pillars. 11:100121. 2024



#### Methods:

This narrative literature review summarizes clinical studies quantifying and characterizing dietary intake in people with obesity and/or T2DM using GLP-1 or GIP/GLP-1 RAs.



#### Results:

Though data from these studies reveal that total caloric intake was reduced by 16-39%, few studies evaluated the actual composition of the diet.



#### Conclusions:

**Further research is needed** to understand the unique nutritional needs of adults on GLP-1 or dual GIP/GLP-1RAs and to support the development of nutritional guidelines for these individuals.

Source: Obesity Pillars, July 2024

### FROM THE ACADEMY



# Incretin-Based Therapies and Lifestyle Interventions: The Evolving Role of Registered Dietitian Nutritionists in Obesity Care

Linda Gigliotti, MS, RDN, CDCES, FAND; Hope Warshaw, MMSc, RD, CDCES, BC-ADM; Alison Evert, MS, RDN, CDCES, FADCES; Colleen Dawkins, FNP-C, RDN, CSOWM; Julie Schwartz, MS, RDN, CSOWM, NBC-HWC, ACSM-EP; Caroline Susie, RDN, LD; Robert Kushner, MD, MS; Savitha Subramanian, MD; Deepa Handu, PhD, RDN; Mary Rozga, PhD, RDN

Source: Gigliotti, L., Warshaw, H., Evert, A., Dawkins, C., Schwartz, J., Susie, C., Kushner, R., Subramanian, S., Handu, D., & Rozga, M. (2025). Incretin-based therapies and lifestyle interventions: The evolving role of registered dietitian nutritionists in Obesity Care. *Journal of the Academy of Nutrition and Dietetics*, 125(3), 408–421. https://doi.org/10.1016/j.jand.2024.10.023

### The Side Effects

Medication adverse effect	Nutrition management strategies
Nausea	Eat regularly with smaller portions than usual Eat slowly Stop at first sign of fullness Limit high-fat or spicy foods Stay hydrated: daily fluid intake of 64 oz Moderate use of carbonated beverages
Constipation	High-fiber food diet with vegetables, fruits, whole grains Stay hydrated: daily fluid intake of 64 oz Increase physical activity; reduce sedentary behavior Consider a fiber supplement Consider a stool softener
Diarrhea	Avoid sugar alcohols Limit intake of coffee, dairy, alcohol, carbonated beverages Increase fiber intake Stay hydrated: daily fluid intake of 64 oz

**Figure 3.** Nutrition management of gastrointestinal adverse effects. Adapted from Wharton and colleagues<sup>55</sup> and Academy of Nutrition and Dietetics.<sup>57</sup>

"Rather than placing the focus on achieving calorie reduction with these new medications, nutrition counseling should instead focus on nutrient quality, adequate nutrient intake, regular food intake, sufficient protein consumption.....and adequate fluid consumption."

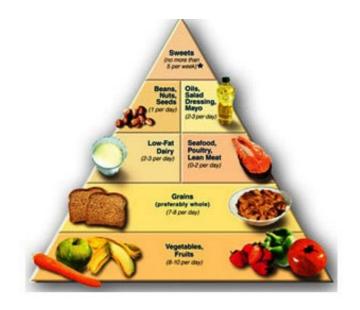


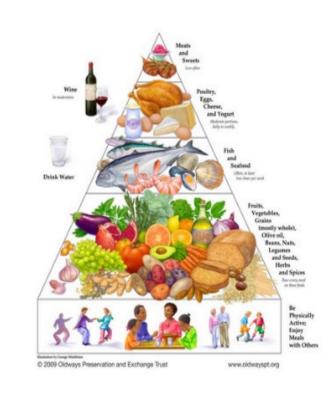
The Evolving Role of Registered Dietitian Nutritionists in Obesity Management with Medications and Lifestyle Interventions

### **Nutrition Interventions**

Nutrition intervention	Recommendations
Nutrition adequacy Assess for nutrition quantity and quality	Assess for adequacy of nutrition intake and need for education based on food history Use shared decision making to outline healthful, nutrient-dense food choices and an eating pattern that is sustainable considering client food preferences and availability Assess food and nutrition security Provide guidance on evidence-based healthy eating patterns that promote weight-loss maintenance as well as cardiovascular health, such as the Mediterranean-style, plant- based (vegetarian or vegan), or Dietary Approaches to Stop Hypertension. 27,64,65
Protein Assess quantity and quality of protein intake	Recommended Daily Allowance of 0.8 g protein/kg  Minimum of 60 g protein daily and up to 1.2-1.5 g/kg ideal body weight recommended during weight reduction 10,63  Distribute intake throughout the day to maximize protein synthesis 66,67  Recommend lean meats, poultry, fish, eggs, legumes, tofu, low-fat dairy  Supplement with protein powders, shakes, or bars if dietary intake is inadequate
Hydration Assess for sufficient noncaloric fluid intake	Recommend a minimum of 64 fl oz of water or other noncaloric beverages daily Moderate use of carbonated beverages <sup>55</sup>
Fiber Assess for adequate fiber intake	Recommend high-fiber diet (14 g/1000 kcal) to reduce risk of constipation <sup>68</sup> Emphasize high-fiber foods, such as legumes, vegetables, fruit, and whole grains Suggest fiber supplement, with adequate hydration, if client experiences early satiety
Vitamins and minerals Assess for intake and status	Assess for potential micronutrient deficiencies. Consider multivitamin/mineral supplement if nutrient intake is inadequate

Figure 4. Nutrition guidance with an incretin-based therapy.







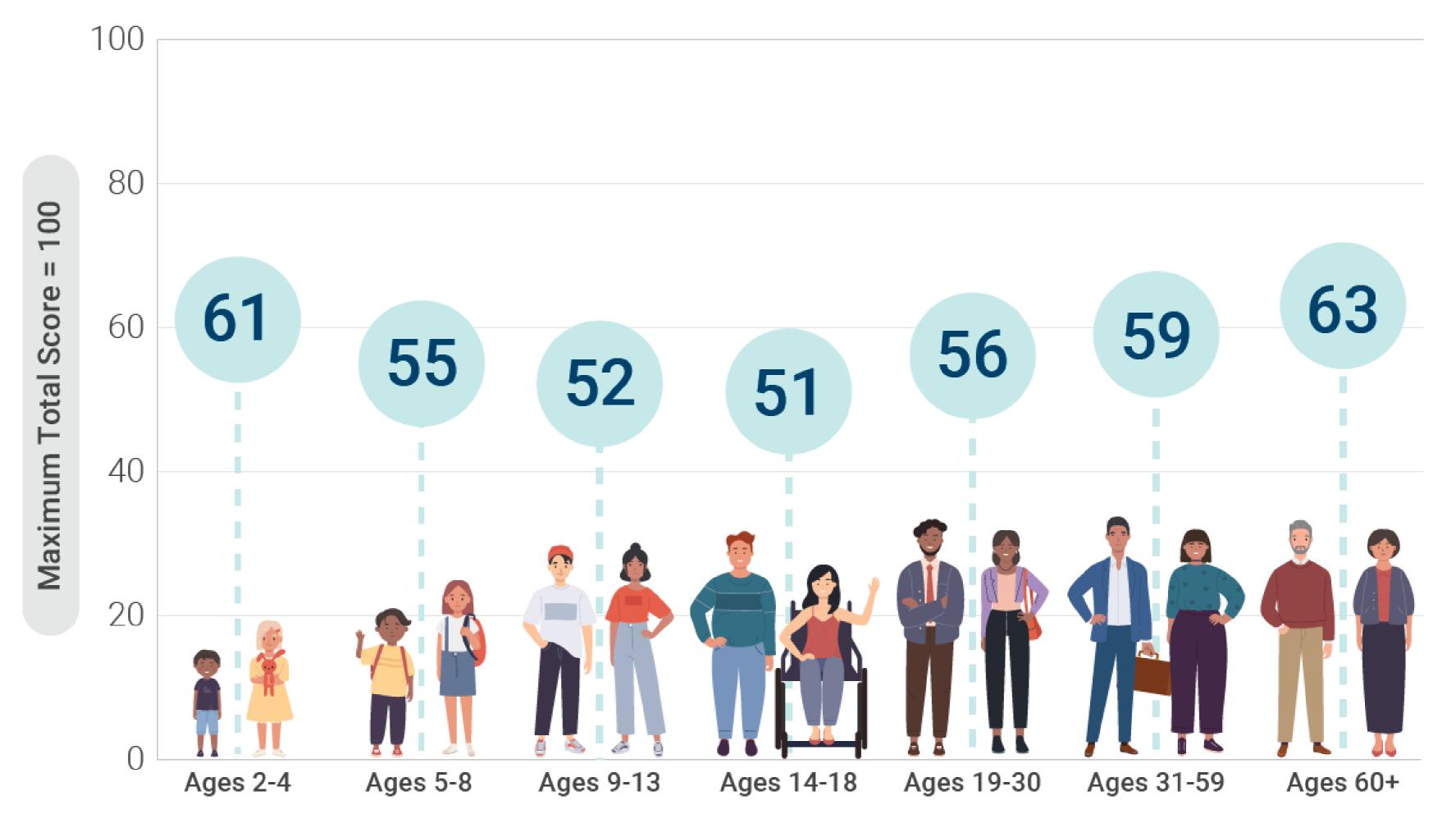
### **Culturally Appropriate**

Source: Gigliotti, L., Warshaw, H., Evert, A., Dawkins, C., Schwartz, J., Susie, C., Kushner, R., Subramanian, S., Handu, D., & Rozga, M. (2025). Incretin-based therapies and lifestyle interventions: The evolving role of registered dietitian nutritionists in Obesity Care. *Journal of the Academy of Nutrition and Dietetics*, 125(3), 408–421.

https://doi.org/10.1016/j.jand.2024.10.023

## Adherence of the U.S. Population to the Dietary Guidelines Across Life Stages, as Measured by Average Total Healthy Eating Index-2015 Scores

The Healthy Eating Index (HEI) measures how closely food and beverage choices align with the *Dietary Guidelines*. A higher total score indicates a higher quality diet.





**NOTE:** HEI-2015 total scores are out of 100 possible points. A score of 100 indicates that recommendations on average were met or exceeded. A higher total score indicates a higher quality diet.

Data Source: Analysis of What We Eat in America, NHANES 2015-2016, ages 2 and older, day 1 dietary intake data, weighted.

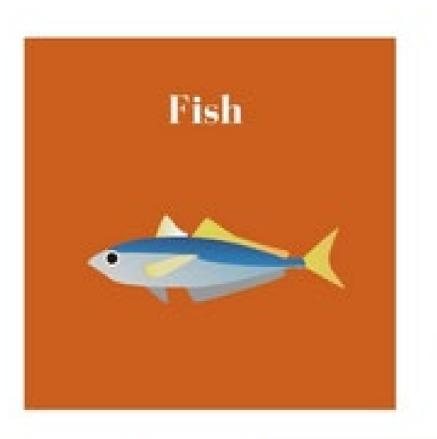
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Vitamins and minerals Assess for intake and status	Assess for potential micronutrient deficiencies. Consider multivitamin/mineral supplement if nutrient intake is inadequate

Figure 4. Nutrition guidance with an incretin-based therapy.

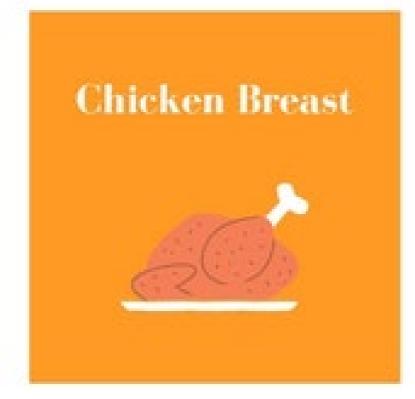
### Protein: Quantity, Quality, & Timing



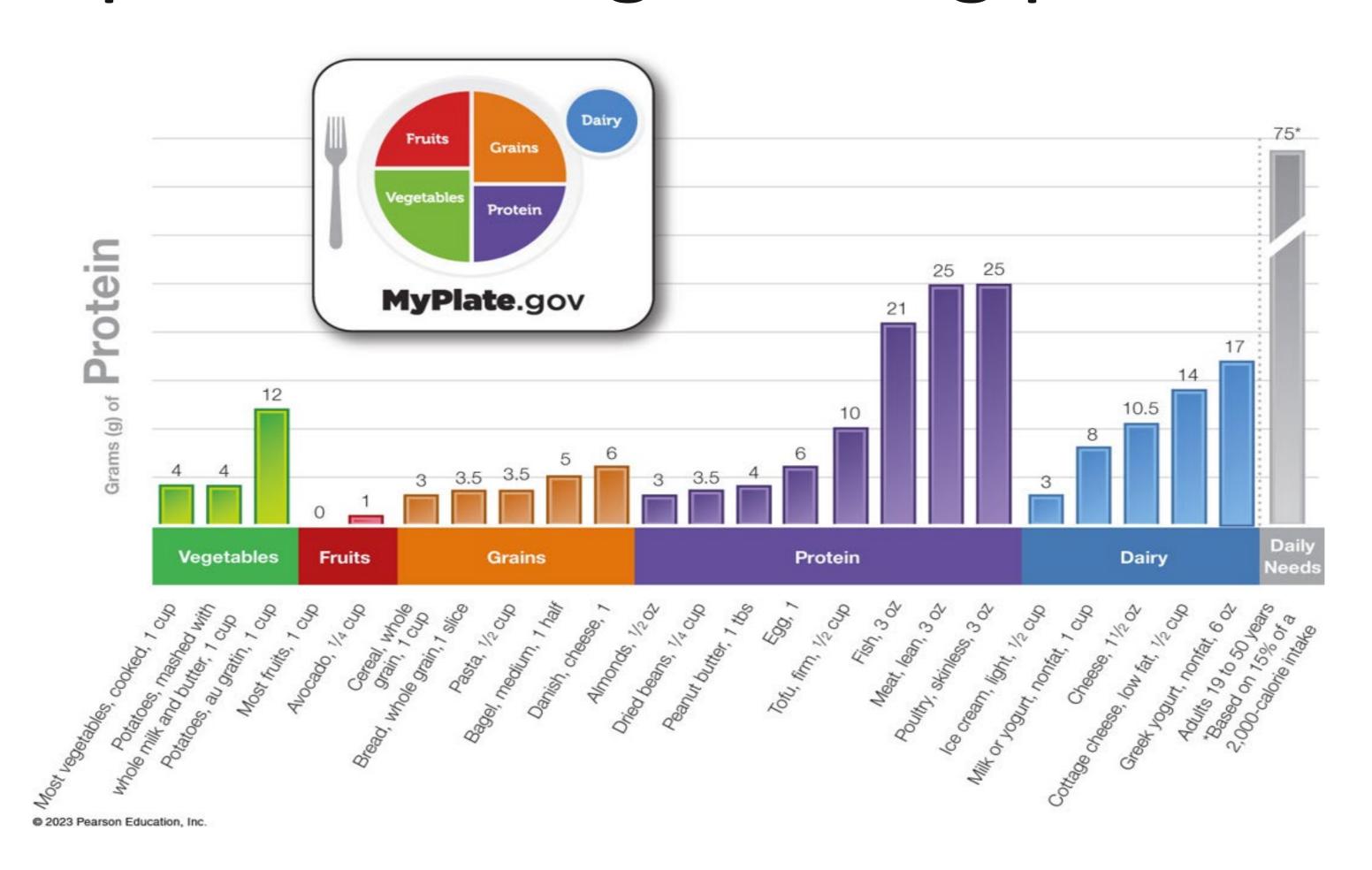






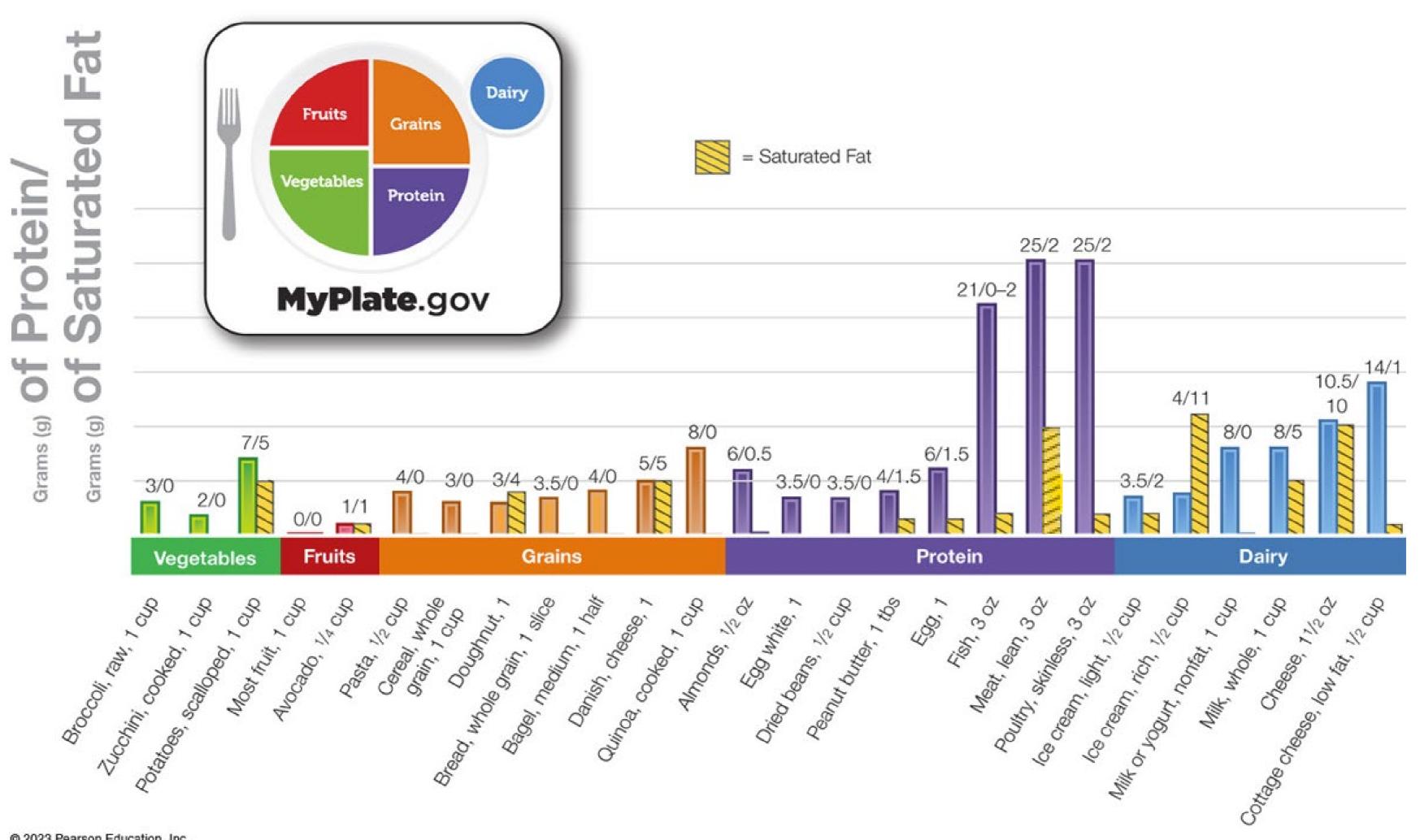


## Quantity: Minimum 60 grams daily and up to 1.2-1.5 grams/kg per IBW



Source: Gigliotti, L., Warshaw, H., Evert, A., Dawkins, C., Schwartz, J., Susie, C., Kushner, R., Subramanian, S., Handu, D., & Rozga, M. (2025). Incretin-based therapies and lifest interventions: The evolving role of registered dietitian nutritionists in Obesity Care. *Journal of the Academy of Nutrition and Dietetics*, 125(3), 408–421. https://doi.org/10.1016/j.jand.2024.10.023

### Quality



### Timing Is Everything In Life



Distribute protein throughout the day to maximize protein synthesis

### Hydration

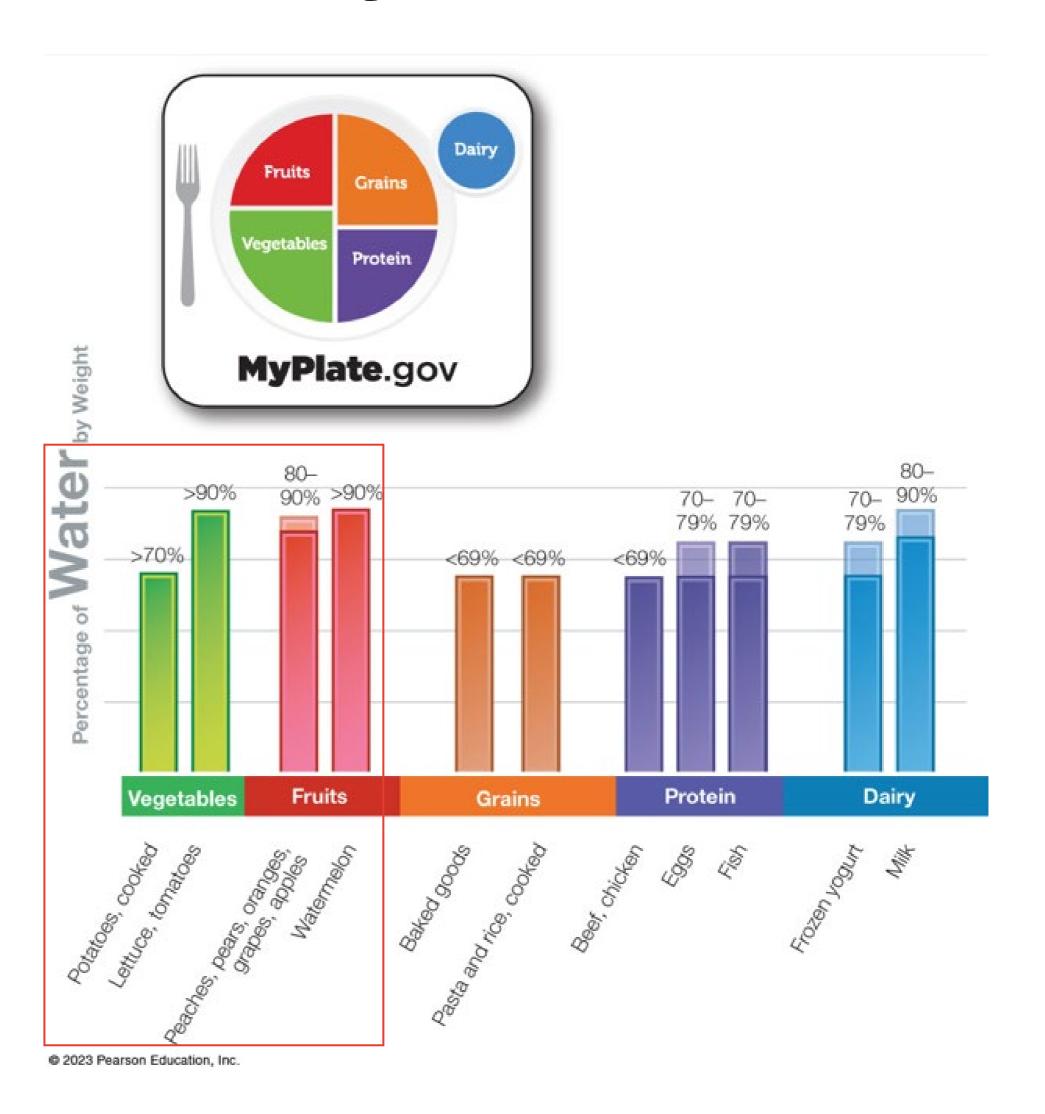
Nutrition intervention	Recommendations
Nutrition adequacy Assess for nutrition quantity and quality	Assess for adequacy of nutrition intake and need for education based on food history Use shared decision making to outline healthful, nutrient-dense food choices and an eating pattern that is sustainable considering client food preferences and availability Assess food and nutrition security Provide guidance on evidence-based healthy eating patterns that promote weight-loss maintenance as well as cardiovascular health, such as the Mediterranean-style, plant- based (vegetarian or vegan), or Dietary Approaches to Stop Hypertension. 27,64,65
Protein Assess quantity and quality of protein intake	Recommended Daily Allowance of 0.8 g protein/kg  Minimum of 60 g protein daily and up to 1.2-1.5 g/kg ideal body weight recommended during weight reduction <sup>10,63</sup> Distribute intake throughout the day to maximize protein synthesis <sup>66,67</sup> Recommend lean meats, poultry, fish, eggs, legumes, tofu, low-fat dairy  Supplement with protein powders, shakes, or bars if dietary intake is inadequate
Hydration Assess for sufficient noncaloric fluid intake	Recommend a minimum of 64 fl oz of water or other noncaloric beverages daily Moderate use of carbonated beverages <sup>55</sup>
Fiber Assess for adequate fiber intake	Recommend high-fiber diet (14 g/1000 kcal) to reduce risk of constipation <sup>68</sup> Emphasize high-fiber foods, such as legumes, vegetables, fruit, and whole grains Suggest fiber supplement, with adequate hydration, if client experiences early satiety
Vitamins and minerals Assess for intake and status	Assess for potential micronutrient deficiencies. Consider multivitamin/mineral supplement if nutrient intake is inadequate

Figure 4. Nutrition guidance with an incretin-based therapy.

Source: Gigliotti, L., Warshaw, H., Evert, A., Dawkins, C., Schwartz, J., Susie, C., Kushner, R., Subramanian, S., Handu, D., & Rozga, M. (2025). Incretin-based therapies and lifestyle interventions: The evolving role of registered dietitian nutritionists in Obesity Care. *Journal of the Academy of Nutrition and Dietetics*, 125(3), 408–421. https://doi.org/10.1016/j.jand.2024.10.023

Minimum of 64 fluid ounces of water or other noncaloric beverages daily

### Hydration



### Fiber

Nutrition intervention	Recommendations
Nutrition adequacy Assess for nutrition quantity and quality	Assess for adequacy of nutrition intake and need for education based on food history Use shared decision making to outline healthful, nutrient-dense food choices and an eating pattern that is sustainable considering client food preferences and availability Assess food and nutrition security Provide guidance on evidence-based healthy eating patterns that promote weight-loss maintenance as well as cardiovascular health, such as the Mediterranean-style, plant- based (vegetarian or vegan), or Dietary Approaches to Stop Hypertension. 27,64,65
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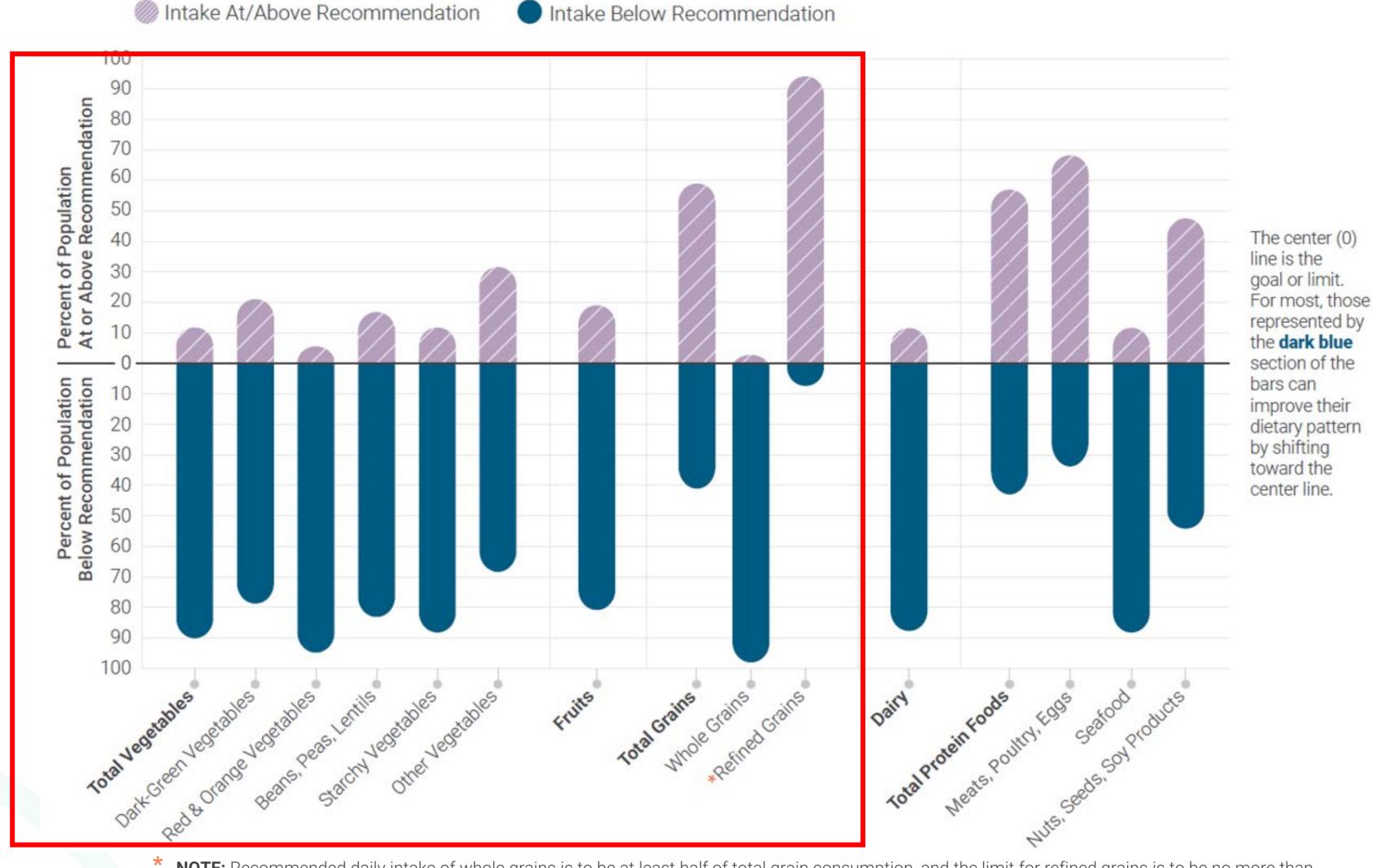
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According to the Dietary Guidelines for Americans (DGA), "more than 90 percent of women and 97 percent of men do not meet recommended intakes for dietary fiber."



### Dietary Intakes Compared to Recommendations



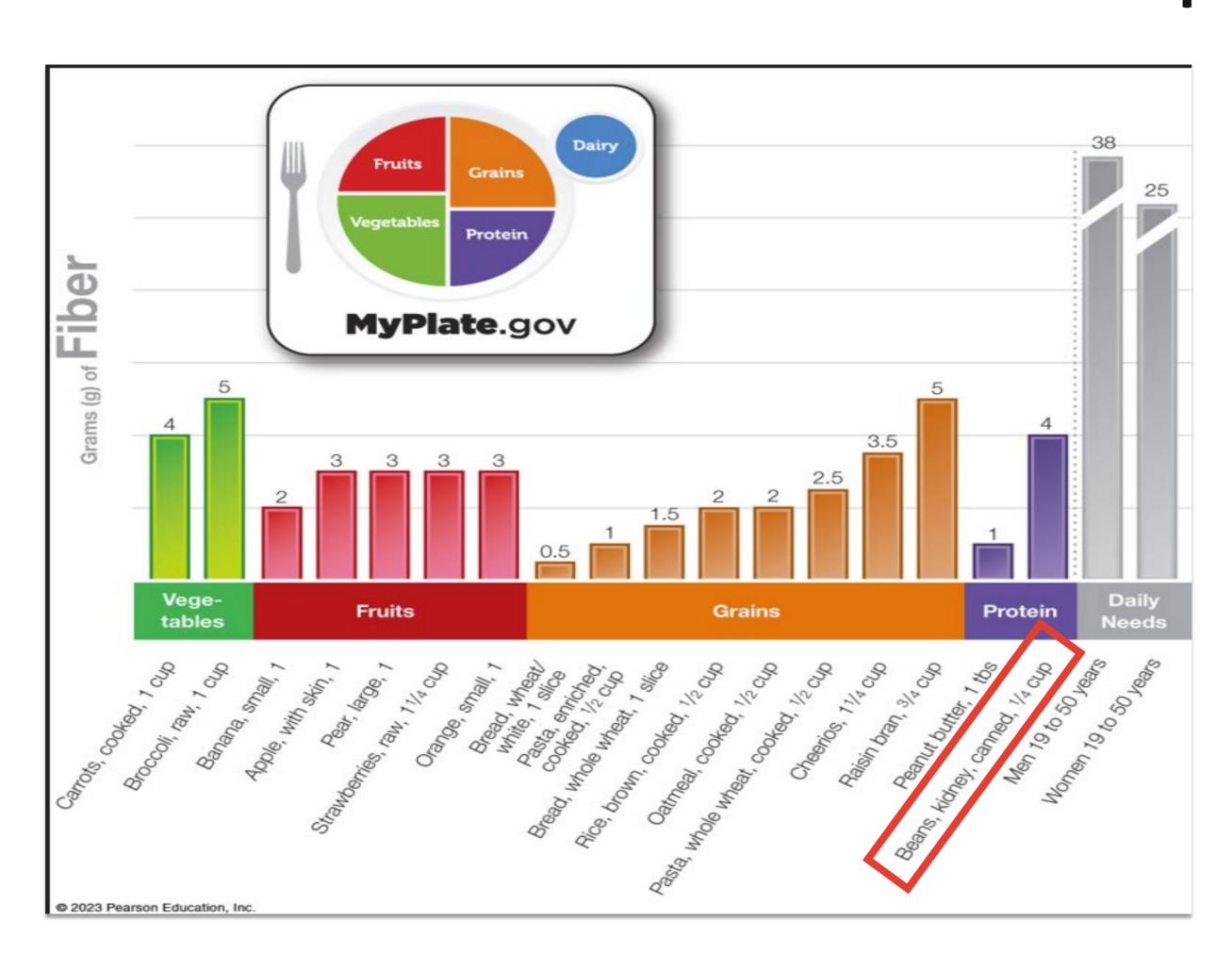




**NOTE:** Recommended daily intake of whole grains is to be at least half of total grain consumption, and the limit for refined grains is to be no more than half of total grain consumption.

**Data Source:** Analysis of What We Eat in America, NHANES 2013-2016, ages 1 and older, 2 days dietary intake data, weighted. Recommended Intake Ranges: Healthy U.S.-Style Dietary Patterns

## Fiber: 14 grams/1,000 calories to Reduce the Risk of Constipation



### have a plant.

Fruits and vegetables that contain 5 grams or more fiber per reference amount qualify to carry the label "high in fiber."

Fruits and vegetables that contain 2.5 grams but less than 5 grams fiber per reference amount qualify to carry the label "good source of fiber."

Apple

Blackberries

Lentils

Lima Beans

Pear

Pigeon Peas

Pink Beans

Pinto Beans

Raspberries

Artichoke

Banana

Blueberries

Broccoli

**Brussels Sprouts** 

Chickpeas

Dates

Figs

Figs, Dried

Green Beans

Guavas

Kiwifruit

Onions

Oranges

Peas, Split

Plums, Dried

Sweet Potato

White Beans

### Vitamin and Mineral Supplements

Nutrition intervention	Recommendations
Nutrition adequacy Assess for nutrition quantity and quality	Assess for adequacy of nutrition intake and need for education based on food history Use shared decision making to outline healthful, nutrient-dense food choices and an eating pattern that is sustainable considering client food preferences and availability Assess food and nutrition security Provide guidance on evidence-based healthy eating patterns that promote weight-loss maintenance as well as cardiovascular health, such as the Mediterranean-style, plant- based (vegetarian or vegan), or Dietary Approaches to Stop Hypertension. <sup>27,64,65</sup>
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### The Three P's

1. Produce (Fiber, Nutrients)

2. Protein

3. Plenty of Fluids

### Help In The Kitchen

POPULAR RECIPE CATEGORIES





SIGN UP LOG IN

### Recipes

From simple snacks to special sides to memorable meals, there are so many ways to serve and savor fruits and vegetables every day.

#### **Health and Diet**

Omnivorous or Flexitarian

Vegan

Vegetarian

Low Carb

### **Cooking Style**

Quick & Easy 30 Minutes or Less 5 ingredients or less

**Budget Cooking** 

#### Course

Breakfast and Brunch

Lunch

Dinner

Dessert

#### VIEW ALL CATEGORIES >

VIEW ALL FRUITS & VEGGIES >

Source: www.fruitsandveggies.org/

Breakfast		Produce (Fiber, Nutrients)	Protein	Plenty of Fluids
Orange Creamsicle		Peaches Mandarin Oranges	Milk	lce Milk
Cantaloupe Smoothie		Cantaloupe Banana Flaxseed	Yogurt	Orange Juice
Egg-celent Breakfast Muffins		Broccoli Peppers	Eggs Cheese Milk	Milk
Pumpkin Overnight Oats		Pumpkin Oats	Milk	Milk
Chocolate Milkshake	MEGA-3 Brain Health  CACOA  PART TO LOC  CANTIC  COCOA	Banana Oats	Milk Almond Butter	Milk

Lunch		Produce (Fiber, Nutrients)	Protein	Plenty of Fluids
Spiced Carrot & Lentil Soup	Or Ga	arrots nions arlic inger	Lentils	Vegetable stock Light coconut milk Lime juice
Pesto Chickpea Salad		ucumbers	Chickpeas Mozzarella Cheese	(Add a glass of water)
Slow Cooker Minestrone Soup	Ce	nion, Garlic, elery, Carrots, ucchini, Canned Tomatoes	Kidney Beans	Vegetable broth
Chipotle Pumpkin Black Bean Chili		anned Diced Tomatoes anned Pumpkin	Black beans Chicken	Chicken broth
Acorn & Chayote Ratatouille	Or Pe	quash nions eppers arlic	(Add drained canned beans)	Orange Juice

Dinner	Produce (Fiber, Nutrients)	Protein	Plenty of Fluids
Spicy Butternut Squash & Kale Stew With Peanuts	Kale, Onion, Garlic, Ginger, Butternut Squash	Peanut Butter Peanuts	Lite Coconut Milk
Slow Cooker Italian Meatball Soup	Tomatoes, Canned Spinach	Frozen Chicken or Turkey Meatballs	Chicken Stock
Three Bean Pepper Stew	Onion, garlic, Diced Tomatoes, Beans, Tomato sauce	Greek Yogurt Beans	Vegetable Broth
Harvest Chicken Casserole  Visit of the control of	Sweet potatoes, Onions, Brussel Sprouts, Carrots Dried Cherries	Chicken	Chicken Broth
Vegetable Tortellini Soup	Zucchini, Peppers, Mixed Vegetables, Celery, Onions Diced Tomatoes	Cannellini Beans	Chicken Broth

## QUESTIONS & DISCUSSION







## Fruitsandveggies.org

Your one-stop-shop for all things fruits & veggies



## THANKYOUS

WE'RE SO HAPPY YOU'RE WITH US!

















