

# The Truth about Food

- of science, sense, and expert consensus-

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**David L. Katz, MD, MPH, FACPM, FACP, FACLM**

*CEO, Diet ID*

*President, True Health Initiative*

*Founding Director, Prevention Research Center, Yale University*

*Past-President, American College of Lifestyle Medicine*

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## MedFit Webinar



*April 20, 2021*

**Diet ID**<sup>TM</sup>

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DIET IS A VITAL SIGN

A stylized teal EKG line graphic that starts with a horizontal line, then rises and falls in a jagged pattern, ending with a horizontal line.

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*There's* **Diet, Lifestyle** *and everything else...*

- McGinnis JM, Foege WH. **Actual causes of death** in the United States. *JAMA*. 1993;270:2207-12
  - Mokdad AH, Marks JS, Stroup DF, Gerberding JL. **Actual causes of death** in the United States, 2000. *JAMA*. 2004;291:1238-45
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Opinion

# Our Food Is Killing Too Many of Us

Improving American nutrition would make the biggest impact on our health care.

By **Dariush Mozaffarian** and **Dan Glickman**

Dr. Mozaffarian is dean of the Tufts Friedman School of Nutrition Science and Policy. Mr. Glickman was the secretary of agriculture from 1995 to 2001.

Aug. 26, 2019

1463



## Health effects of dietary risks in 195 countries, 1990–2017: a systematic analysis for the Global Burden of Disease Study 2017

GBD 2017 Diet Collaborators •

**Open Access** • Published: April 03, 2019 • DOI: [https://doi.org/10.1016/S0140-6736\(19\)30041-8](https://doi.org/10.1016/S0140-6736(19)30041-8) •



Summary

Introduction

## Summary

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# There's an Epidemic That's a Bigger Threat Than the Coronavirus

And we're largely ignoring it

Angela Gilchrist, Reese Boyd III, and 16 others

Gary Gass, A, and 2 others



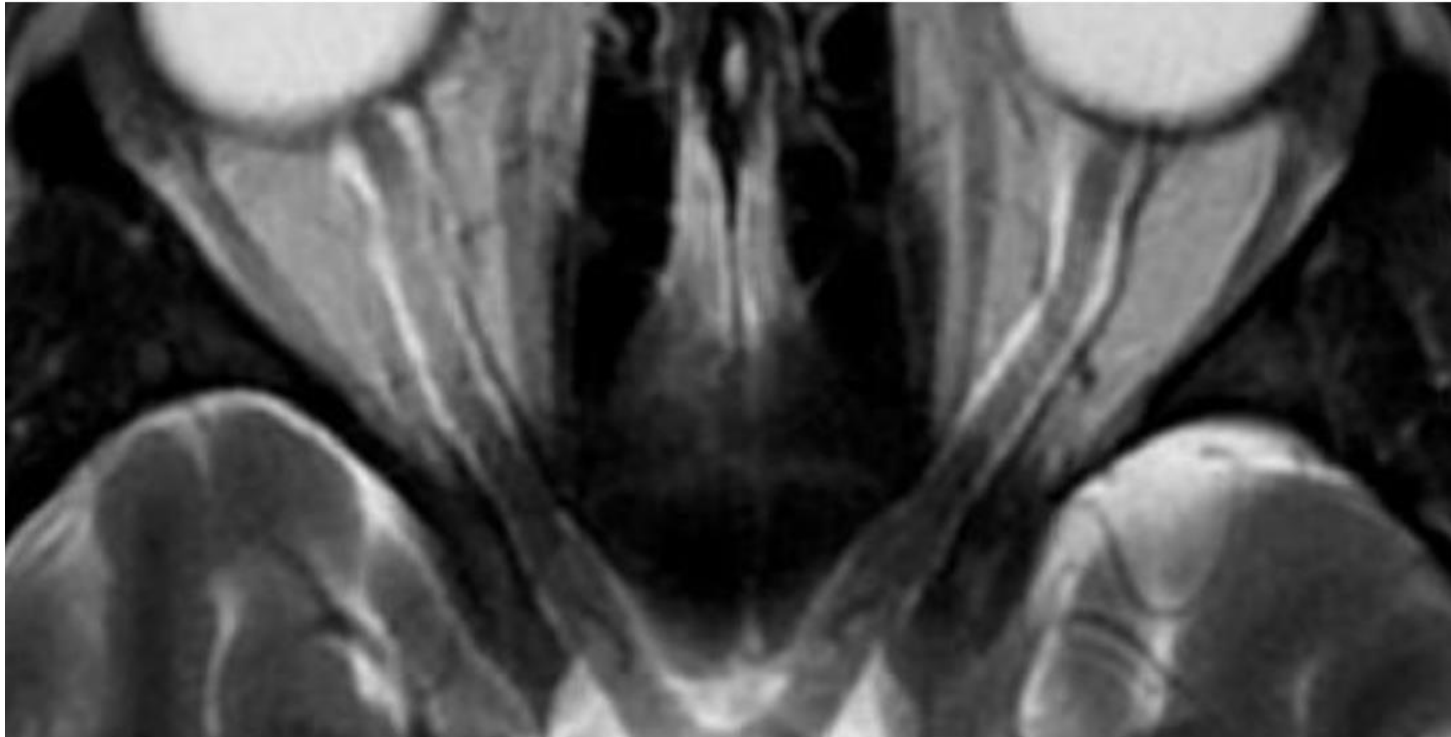
Dr. David L. Katz  
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David L. Katz, MD, MPH, FACPM, FACP, FACLM posted this

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## Paradigm Lost: Pandemic Policies in a Sociopolitical Blind Spot

David L. Katz, MD, MPH, FACPM, FACP, FACLM on LinkedIn

October 22, 2020



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Volume 26, Number 9—September 2020

*Dispatch*

## Updated Estimates of Chronic Conditions Affecting Risk for Complications from Coronavirus Disease, United States

**Mary L. Adams**✉, **David L. Katz**, and **Joseph Grandpre**

Author affiliations: On Target Health Data LLC, Suffield, Connecticut, USA (M.L. Adams); True Health Initiative, Derby, Connecticut, USA (D.L. Katz); Wyoming Department of Health, Cheyenne, Wyoming, USA; (J. Grandpre)

[Suggested citation for this article](#)

### Abstract

We updated estimates of adults at risk for coronavirus disease complications on the basis of data for China by using recent US hospitalization data. This update to our previous publication substitutes

#### On This Page

[The Study](#)

[Conclusions](#)

[Suggested Citation](#)

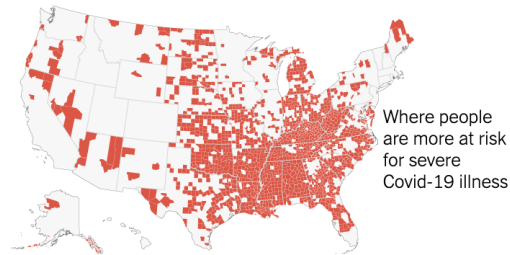
#### Tables

[Table 1](#)

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The New York Times

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# Where Chronic Health Conditions and Coronavirus Could Collide

By [Nadja Popovich](#), [Anjali Singhvi](#) and Matthew Conlen May 18, 2020

As the new coronavirus continues to spread over the next months, [and maybe even years](#), it could exact a heavy new toll in areas of the United States that have not yet seen major outbreaks but have high rates of diabetes, obesity, high blood pressure and other chronic health conditions.

Large parts of the South and Appalachia are especially vulnerable, according to a health-risk index created for The New York Times

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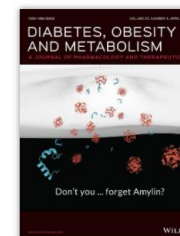
DIABETES, OBESITY AND METABOLISM  
A JOURNAL OF PHARMACOLOGY AND THERAPEUTICS

ORIGINAL ARTICLE | [Open Access](#) |

## Obesity as a driver of international differences in COVID-19 death rates

Julian Gardiner PhD, Jude Oben PhD, Alastair Sutcliffe PhD

First published: 23 February 2021 | <https://doi.org/10.1111/dom.14357>



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## Reducing COVID-19 hospitalization risk through behavior change

MARY L ADAMS, David L Katz, Joseph Grandpre, Douglas Shenson

doi: <https://doi.org/10.1101/2020.07.21.20159350>

**This article is a preprint and has not been certified by peer review [what does this mean?]. It reports new medical research that has yet to be evaluated and so should not be used to guide clinical practice.**

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**Abstract**

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### Abstract

Our objective was to determine strategies that could potentially reduce the risk of hospitalizations from COVID-19 due to underlying conditions. We used data (N=444,649) from the 2017 Behavioral Risk Factor Surveillance System to identify potentially modifiable risk factors associated with reporting any of the underlying conditions (cardiovascular disease, asthma, chronic obstructive pulmonary disease, diabetes, hypertension or obesity) found to increase risk of US hospitalizations for COVID-19. Risk factors included lifetime smoking, sedentary lifestyle, and inadequate

## COVID-19 SARS-CoV-2 preprints from medRxiv and bioRxiv

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Abstract

METHODS

RESULTS

DISCUSSION

## Coronavirus Disease 2019 Hospitalizations Attributable to Cardiometabolic Conditions in the United States: A Comparative Risk Assessment Analysis

Meghan O'Hearn , Junxiu Liu, Frederick Cudhea, Renata Micha, and Dariush Mozaffarian

Originally published 25 Feb 2021 | <https://doi.org/10.1161/JAHA.120.019259> | Journal of the American Heart Association. 2021;10:e019259

### Abstract

#### BACKGROUND

Risk of coronavirus disease 2019 (COVID-19) hospitalization is

  
Details

  
Related

  
References



**March 2, 2021**  
**Vol 10, Issue 5**

**Article Information**

Metrics



## Why Two Pandemics are Better Than One: The COVID19 Opportunity

Published on May 23, 2020 [Edit article](#) | [View stats](#)



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712 articles



		Age-Related Risk Tiers		
		<i>High</i> (≥70)	<i>Intermediate</i> (50-69)	<i>Low</i> (<50)
Health-Related Risk Tiers	<i>High</i> (significant burden of organ-system disease)	<b>A</b>	<b>B</b>	<b>C</b>
	<i>Intermediate</i> (generally healthy)	<b>D</b>	<b>E</b>	<b>F</b>
	<i>Low</i> (healthy; no chronic medical conditions; no activity restrictions)	<b>G</b>	<b>H</b>	<b>I</b>

### ***A COVID19 Risk Stratification Matrix.***

Cell **A** requires the strictest interdiction policies- sheltering in place- to prevent viral exposure due to very high risk of adverse outcomes. Cells **B** and **D** represent the next level of requirement, warranting strict social distancing, mask use, and active monitoring. Cells **A**, **B**, and **D** would not return to the worksite until the *all clear*\* is sounded. Cells **C**, **E**, and **G** can return to the worksite, but with social distancing and personal protection practices encouraged or mandated, plus monitoring. Cells **F** and **H** can return to the worksite with discretionary use of social distancing, personal protection. Cell **I** can return to the worksite with no precautions. Arrows represent opportunities to migrate from higher to lower risk tiers with health promotion / lifestyle medicine interventions.

*\*The “all clear” is achieved with herd immunity and near-zero viral transmission, whether due to native infection or vaccination.*



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**WHAT DIET** could do it?-

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*“Eat food, not too much, mostly plants.”*

-Michael Pollan



Figures

Tables



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# Can We Say What Diet Is Best for Health?

Annual Review of Public Health

Vol. 35:83-103 (Volume publication date March 2014)

<https://doi.org/10.1146/annurev-publhealth-032013-182351>

D.L. Katz<sup>1,2</sup> and S. Meller<sup>2</sup>

<sup>1</sup>Prevention Research Center, Yale University School of Public Health, Griffin Hospital, Derby, Connecticut 06418; email: david.katz@yale.edu

<sup>2</sup>Yale University School of Medicine, New Haven, Connecticut 06510

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ABSTRACT

Abstract

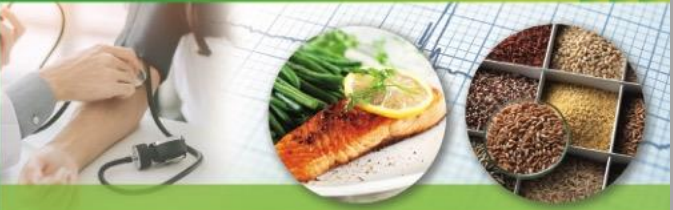
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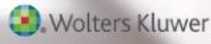
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**Ming-Chin Yeh**



In *The Truth about Food*, one of the world's leading authorities on lifestyle medicine, health promotion, and the prevention of chronic disease lays out not just what he knows about diet and health, but how and why he knows it. This book uniquely empowers readers to benefit from what's fundamentally and reliably true - while setting us all free from fads, false claims, and distractions by showing how to differentiate truth from the exploitative "lies" that abound. This book would be much shorter if it only detailed what we know to be true today. It shows how to keep up with new findings, too, and most importantly, how never to be duped again. Based on science, informed by uncommon sense, and aligned with the global consensus of diverse experts, *The Truth about Food* is an invitation to add years to your life and life to your years; to love the food that loves you back for a lifetime; and to enjoy the comforting confidence that only comes from genuine understanding.

*"David Katz helps insulate us from the next food fad by making sure we are armed with the truth, and nothing but the truth. Facts do matter, and The Truth about Food is full of them. The Truth about Food should have a home in everyone's kitchen."*

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- **Walter Willett, MD, DrPH**; Professor, Epidemiology  
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THE TRUTH ABOUT FOOD

David L. Katz, MD, MPH

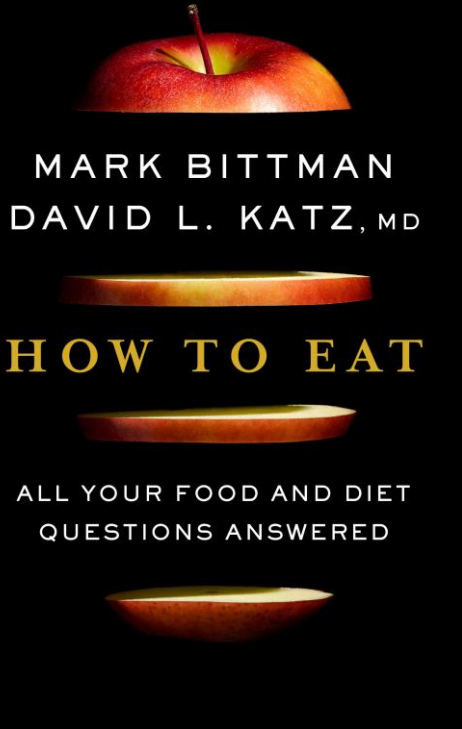
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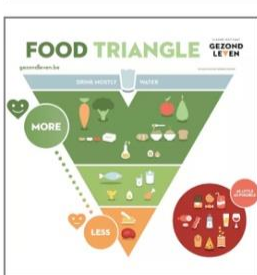
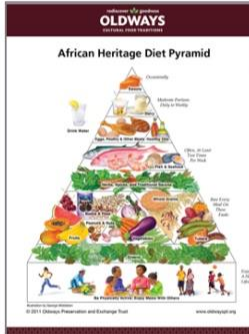
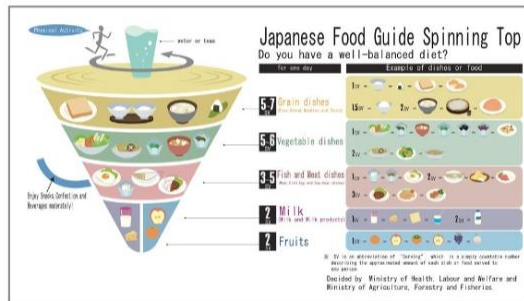
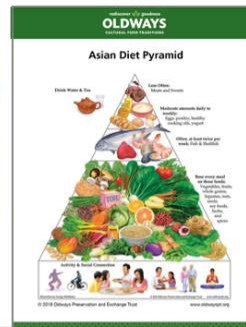
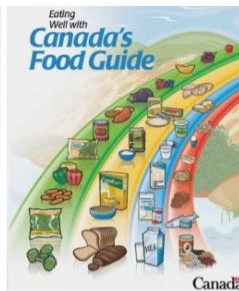
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*"You've got a terrific book in front of you...addressing some of the most important topics of our time, and Dr. David Katz is the ideal person to put it together."* - **Mark Bittman**

**David L. Katz, MD, MPH**





Food and Agriculture Organization of the United Nations		
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Summary Report —

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**How We Know...**  
what we know

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David L. Katz, MD, MPH, FACPM, FACP, FACLM on LinkedIn

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[D. L. Katz](#), [M. C. Karlsen](#) , [M. Chung](#), [M. M. Shams-White](#), [L. W. Green](#), [J. Fielding](#), [A. Saito](#) & [W. Willett](#)

*BMC Medical Research Methodology* **19**, Article number: 178 (2019) | [Download Citation](#) 

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### Abstract

#### Background

Current methods for assessing strength of evidence prioritize the contributions of

objective of this study was to characterize

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Obstacles:  
What + How = Why **Not**?

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# Fools & Fanatics

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NEW YORK TIMES BESTSELLER

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THE HIDDEN DANGERS IN "HEALTHY"  
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# The Din of Discord

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Bradley C. Johnston, PhD; Dena Zeraatkar, MSc; Mi Ah Han, PhD; Robin W.M. Vernooij, PhD; Claudia Valli, MSc; Regina El Dib, PhD; Catherine Marshall; Patrick J. Stover, PhD; Susan Fairweather-Taitt, PhD; Grzegorz Wójcik, PhD; Faiz Bhatia, PEng; Russell de Souza, ScD; Carlos Brotons, MD, PhD; Joerg J. Meerpohl, MD; Chirag J. Patel, PhD; Benjamin Djulbegovic, MD, PhD; Pablo Alonso-Coello, MD, PhD; Malgorzata M. Bala, MD, PhD; Gordon H. Guyatt, MD

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## Abstract

**Description:** Dietary guideline recommendations require consideration of the certainty in the evidence, the magnitude of potential benefits and harms, and explicit consideration of people's values and preferences. A set of recommendations on red meat and processed meat consumption was developed on the basis of 5 de novo systematic reviews that considered all of these issues.

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The Powers that Be

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In *The Truth about Food*, one of the world's leading authorities on lifestyle medicine, health promotion, and the prevention of chronic disease lays out not just what he knows about diet and health, but how and why he knows it. This book uniquely empowers readers to benefit from what's fundamentally and reliably true - while setting us all free from fads, false claims, and distractions by showing how to differentiate truth from the exploitative "lies" that abound. This book would be much shorter if it only detailed what we know to be true today. It shows how to keep up with new findings, too, and most importantly, how never to be duped again. Based on science, informed by uncommon sense, and aligned with the global consensus of diverse experts, *The Truth about Food* is an invitation to add years to your life and life to your years; to love the food that loves you back for a lifetime; and to enjoy the comforting confidence that only comes from genuine understanding.

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Professor, Medicine, Harvard Medical School

THE TRUTH  
ABOUT FOOD

David L. Katz, MD, MPH

# THE TRUTH ABOUT FOOD

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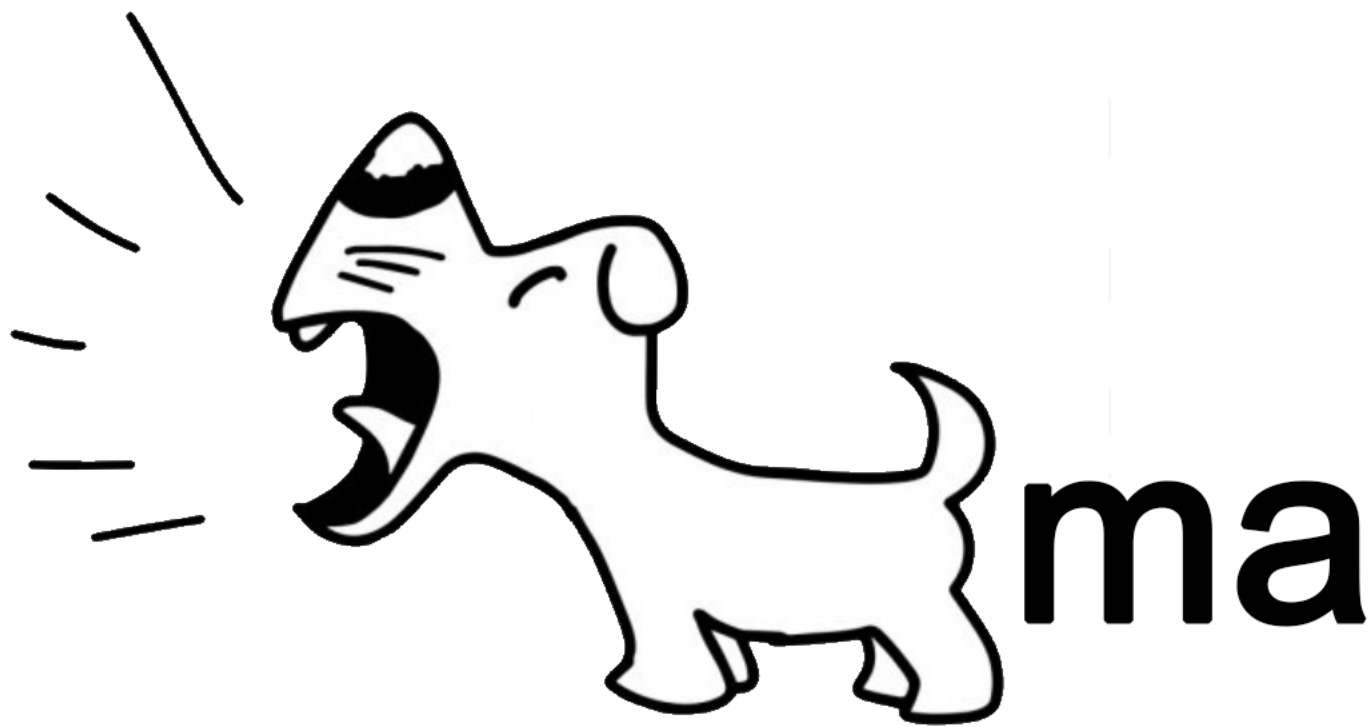
David L. Katz, MD, MPH



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# The Bark of Dogma

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# The “Moss” Effect...

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# The Extraordinary Science of Addictive Junk Food -

By MICHAEL MOSS FEB. 20, 2013

**The New York Times**


$$\left( \frac{\text{Salt} + \text{Fat}^2}{\text{Satisfying Crunch}} \right) \times \text{Pleasing Mouth Feel} = \text{A Food Designed to Addict}$$

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Opportunities:  
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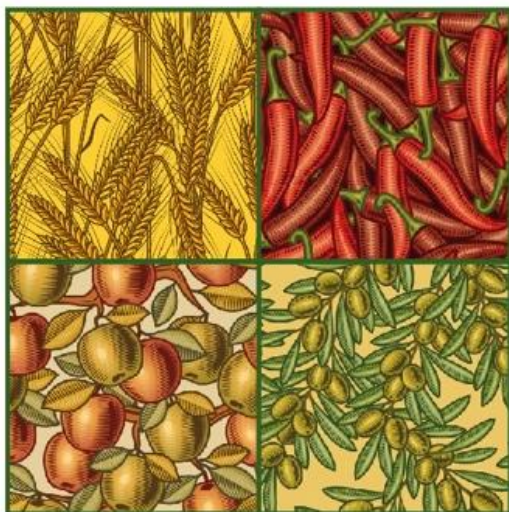
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# The Solace of Accord

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# **OLDWAYS FINDING COMMON GROUND**

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# WE AGREE



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Of Skill & Political Will...

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# Obesity...Be Dammed!: What It Will Take to Turn the Tide

*David Katz, MD, MPH, FACPM, FACP*

In the United States, obesity is not only epidemic, but arguably the gravest and most poorly controlled public health threat of our time.<sup>1,2,3</sup> Some 65-80% of adults in the US are overweight or obese, defined as a body mass index (BMI) at or above 25kg/m.<sup>2,4</sup> The increasingly global economy has rendered obesity an increasingly global problem, with the United States the putative epicenter of an obesity pandemic.<sup>5,6,7</sup> Rates of obesity are already high and rising in most developed countries, and lower but rising faster in countries undergoing a cultural transition.<sup>8</sup> In (BMI), at least 15% (over 9 million) of children aged 6-19 in the population at large are considered overweight.<sup>12,13</sup> The prevalence of overweight among some ethnic minority groups is higher; over 23% of Mexican American children aged 6-19 are overweight and approximately 20% of 6-11 year old and 24% of 11-19 year old non-Hispanic black children are overweight.<sup>12</sup> The prevalence of overweight among Native-Americans has been estimated at 30%.<sup>14</sup> Overall, the number of children who are overweight has tripled over the past two decades.<sup>15</sup>



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We manage...

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**...what we measure.**

“Hospitals  
should include  
nutrition in any  
electronic health  
record”

## Our Food Is Killing Too Many of Us

Improving American nutrition would make the biggest impact on our health care.

By **Dariusz Mozaffarian** and **Dan Glickman**

Dr. Mozaffarian is dean of the Tufts Friedman School of Nutrition Science and Policy. Mr. Glickman was the secretary of agriculture from 1995 to 2001.



Aug. 26, 2019



# Circulation: Cardiovascular Quality and Outcomes

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## Rapid Diet Assessment Screening Tools for Cardiovascular Disease Risk Reduction Across Healthcare Settings: A Scientific Statement From the American Heart Association

Maya Vadiveloo, Alice H. Lichtenstein, Cheryl Anderson, Karen Aspary, Randi Foraker, Skylar Griggs, Laura L. Hayman, Emily Johnston, Neil J. Stone, Anne N. Thorndike, ... [See all authors](#) 

Originally published 7 Aug 2020 | <https://doi.org/10.1161/HCQ.0000000000000094> | Circulation: Cardiovascular Quality and Outcomes. 2020;13

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## Abstract

It is critical that diet quality be assessed and discussed at the point of care with clinicians and other members of the healthcare team to reduce the incidence and improve the management of diet-related chronic disease, especially cardiovascular disease. Dietary screening or counseling is not usually a component of routine medical visits. Moreover, numerous barriers exist to the implementation of screening and counseling, including lack of training and knowledge

# To solve this need, we brought together world leading experts in nutrition and prevention...



Led by David Katz, MD



**Walter Willett,  
MD, DrPH**

Harvard School of  
Public Health



**Michael  
Dansinger, MD,  
MS**

Tufts University



**Christopher  
Gardner, PhD**

Stanford University



**Gail Frank, DrPH,  
RD**

CA State University



**Mary Murimi,  
PhD, RD**

Texas Tech  
University



**David Jenkins,  
MD PhD**

Univ. of Toronto  
*Inventor of the  
Glycemic Index*



**Linda Snetselaar,  
PhD, RD**

University of Iowa  
*President of AND*



# And invented a new methodology for diet assessment

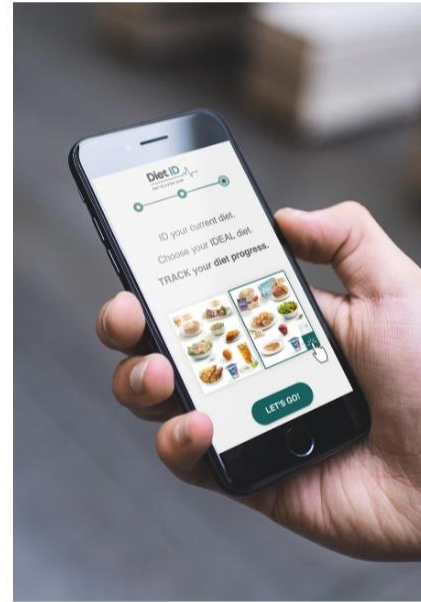
Use a simple, image-based module to get a 95% completion rate and quickly (**in 1 minute**) baseline your patients' nutrition needs



Like at the eye doctor...



...choose the more clear image



Diet ID uses image-based pattern recognition



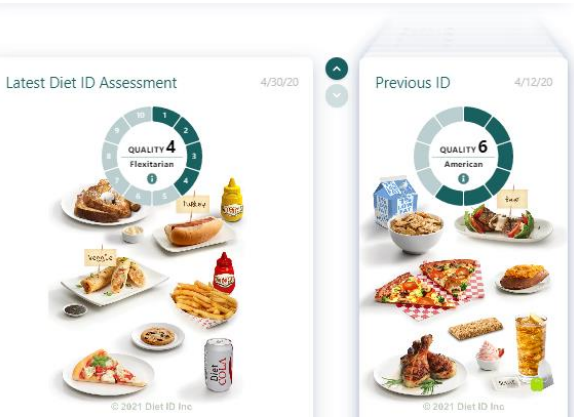
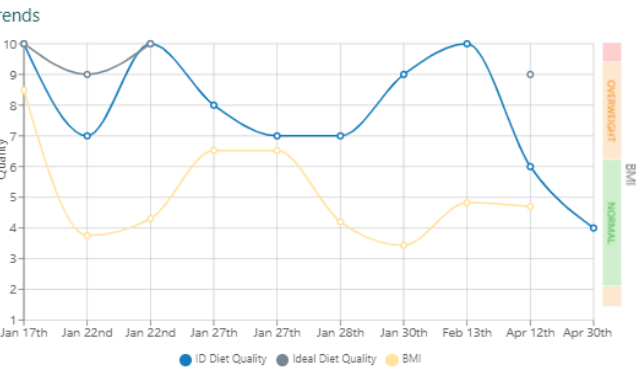
...choose the image that looks more like how you eat routinely

## Find your Diet ID

Which one of these images better represents the foods you typically eat?



NUTRIENT	ID	IDEAL	CHANGE
Estimated Calorie Intake	2320 kcal	2320 kcal	0 kcal
<i>i</i> Carbohydrates	257 g (44% of daily calories)	400 g (44% of daily calories)	▲ +143 g
<i>i</i> Total Fat	101 g (39% of daily calories)	55 g (39% of daily calories)	▼ -46 g
<i>i</i> Protein	94 g (16% of daily calories)	91 g (16% of daily calories)	▼ -3 g
<i>i</i> Added Sugars	71 g	5 g	▼ -66 g
<i>i</i> Saturated Fat	33 g	7 g	▼ -26 g
<i>i</i> Sodium	4041 mg	1728 mg	▼ -2313 mg
<i>i</i> Dietary Fiber	16 g	79 g	▲ +63 g
<i>i</i> Cholesterol	443 mg	0 mg	▼ -443 mg
<i>i</i> Total Sugars	106 g	113 g	▲ +7 g



## Food Group Changes

Details

### ⬆ Increase

- Unsweetened beverages (Water)
- Plant-based meat alternatives
- Plant-based dairy alternatives
- Whole grains

### ⬇ Decrease

- Fatty condiments (Cream, Creamy dressings, Gravy)
- Sweet / salty condiments (Sugar)
- Sweets & desserts (Sugar)
- Salty snacks

## Food Group Change in Servings

Fruit Juice	0.5 → 0.1	-0.4 <i>i</i>
Fruit	0.3 → 6.5	+6.2 <i>i</i>
Vegetables	2.1 → 16.5	+14.4 <i>i</i>
Fried Vegetables	0.4 → 0.0	-0.4 <i>i</i>
Beans & Lentils	0.0 → 1.8	+1.8 <i>i</i>
Nuts & Seeds	0.0 → 2.2	+2.2 <i>i</i>
Whole Grains	0.2 → 6.3	+6.1 <i>i</i>
Refined Grains	5.8 → 1.8	-4.0 <i>i</i>
Full-Fat Dairy Products	0.5 → 0.0	-0.5 <i>i</i>
Reduced or Non-Fat Dairy Products	1.3 → 0.0	-1.3 <i>i</i>
Dairy-Based Desserts	0.3 → 0.0	-0.3 <i>i</i>
Plant-Based Dairy Alternatives	0.0 → 2.0	+2.0 <i>i</i>



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## Outline

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## Medical Hypotheses

Volume 140, July 2020, 109644



# Dietary assessment can be based on pattern recognition rather than recall

D.L. Katz <sup>a</sup> <sup>1</sup> , L.Q. Rhee <sup>a</sup>, C.S. Katz <sup>a</sup>, D.L. Aronson <sup>a</sup>, G.C. Frank <sup>b</sup>, C.D. Gardner <sup>c</sup>, W.C. Willett <sup>d</sup>, M.L. Dansinger <sup>e</sup>

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<https://doi.org/10.1016/j.mehy.2020.109644>

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## Abstract



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# Comparison of the Diet ID Platform to the Automated Self-administered 24-hour (ASA24) Dietary Assessment Tool for Assessment of Dietary Intake

Gabrielle Turner-McGrievy  , Brent Hutto, John A. Bernhart & Mary J. Wilson

Received 20 Oct 2020, Accepted 05 Feb 2021, Published online: 11 Mar 2021

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Personalizing nutrition in the blink of an eye

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# Thank you -

It's not what we don't know  
about diet that most threatens  
our health; it's the constant,  
wild misrepresentations of  
what we do know.



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