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CHAPTER 1. NORMAL NUTRITION

Section 1: Healthy Eating Practices

The healthy eating practices section is intended to establish guidelines for the general, healthy adult population that is absent from chronic disease and for those who do not require specific medical nutrition therapy (MNT).

Normal Eating

What is normal eating?

The definition of normal eating may seem evasive, as normal eating has wide parameters with gray areas. Normal eating is generally what fits within an individual's personal preferences, tastes, values, beliefs, social context, emotions, food availability, and medical history. There is not one “best way” to eat. Instead, ensure eating habits provide regular, varied, nutritious, and tasty meals that create an enjoyable experience.

Ellyn Satter, MS, RDN, CICSW, BCD, defined normal eating as the following:

“Normal eating is eating competence. It is going to the table hungry and eating until you are satisfied. It is being able to choose food you enjoy and eat it and truly get enough of it –not just stop eating because you think you should. Normal eating is being able to give some thought to your food selection so you get nutritious food, but not being so wary and restrictive that you miss out on enjoyable food. Normal eating is giving yourself permission to eat sometimes because you are happy, sad, or bored, or just because it feels good. Normal eating is mostly three meals a day, or four or five, or it can be choosing too much along the way. It is leaving some cookies on the plate because you know you can have some again tomorrow, or it is eating more now because they taste so wonderful. Normal eating is overeating at times, feeling stuffed and uncomfortable. And it can be under eating at times and wishing you had more. Normal eating is trusting your body to make up for your mistakes in eating. Normal eating takes up some of your time and attention, but keeps its place as only one important area of your life. In short, normal eating is flexible. It varies in response to your hunger, your schedule, your proximity to food and your feelings.”¹

The Hunger Scale

The hunger level scale² was developed as a tool to help individuals assess their physiological hunger. It helps individuals to eat for feelings of physical hunger, rather than external cues or psychological reasons. True hunger should be felt in your stomach area

(where your ribs join), not in your head or your chest. When we eat for reasons outside of physical hunger, we are likely eating for emotional reasons (such as feeling bored, anxious, or sad). Although eating for emotional reasons is a part of normal eating, chronic emotional eating may lead to struggles with managing weight and contribute to negative body image and eating disorders.

Hunger Level Scale/Intuitive Eating²

Table 1.1.1 The Hunger Scale

1	2	3	4	5	6	7	8	9	10
Starving and feeling weak/ dizzy	Very hungry, irritable, low energy, large amounts of stomach growling	Pretty hungry, stomach is beginning to growl	Beginning to feel hungry	Satisfied, neither hungry nor full	Slightly full or pleasantly full	Slightly uncomfortable	Feeling stuffed	Very uncomfortable, stomach aches	So full you feel sick

The scale is rated 1-10, with 1 feeling overly hungry and famished and 10 feeling so stuffed you feel physically ill. The goal is to start eating around 3, when you start to feel the pangs of physical hunger and stop eating at 6 where you are pleasantly satisfied but not stuffed. If you allow yourself to become overly hungry (such as a 1-2), it is possible to have an equal and opposite reaction to being overly full (8-10). One should periodically check in with their physical hunger throughout a meal, as well as throughout the day, to help gauge their hunger and fullness signals.

Eating according to “honoring your hunger” and “feeling fullness” are the principal tenets of intuitive eating. Rather than subjecting oneself to a specific dietary regimen, intuitive eating involves using your physical hunger and fullness cues to determine the amount (portion size) of food eaten and considering food preferences concerning the types of foods eaten. Learning to eat according to internal rather than external cues may or may not result in weight change; however, individuals who are intuitive eaters will reach a body weight that is healthy for them.

The Total Diet Approach

The overarching philosophy to healthy eating practices is the Total Diet Approach (TDA), which refers to “the overall patterns of food a person consumes, over time, in moderation, combined with appropriate portion sizes and physical activity.” It is important to encourage the intake of a variety of food and beverages in balance with energy needs. To support life-long healthy eating practices, refrain from focusing on any one nutrient, using dichotomous “all-or-nothing” thinking, practicing exclusion or avoidance, or labeling foods

‘good or bad.’ The Registered Dietitian, Nutritionist (RDN) is positioned to assist with how individual needs can be met with the TDA.³

Section 2: The Dietary Guidelines, Nutrient Density

The Dietary Guidelines for Americans (DGA) are designed for professionals to help all individuals across the lifespan and their families consume a healthy, nutritionally adequate diet to promote health and prevent disease. The 2020 DGAs recommend that “consuming a healthy dietary pattern, meeting food group and nutrient needs with nutrient-dense foods and beverages and limiting intake of foods and beverages that are not nutrient-dense is related to many health benefits.” Nutrient-dense foods include vegetables, fruits, especially whole fruit, whole grains, lean proteins, low-fat dairy, and oils. It is recommended to limit foods and beverages that are higher in added sugars, saturated fats, and sodium, and limit alcoholic beverages.

Nutrient density is one tool that nutrition professionals and consumers can use to identify foods to choose most often. According to the 2020 DGAs, “Nutrient-dense foods and beverages provide vitamins, minerals, and other health-promoting components and have little added sugars, saturated fat, and sodium. Vegetables, fruits, whole grains, seafood, eggs, beans, peas, and lentils, unsalted nuts and seeds, fat-free and low-fat dairy products, and lean meats and poultry—when prepared with no or little added sugars, saturated fat, and sodium— are nutrient-dense foods.” Particular attention needs to be given to beverage choices, since sports drinks, fruit juices, and other sugar-sweetened beverages are high in added sugars and low in nutrients.⁴

Many federal and non-federal organizations have created nutrient density profiling systems in retail grocery and foodservice settings to help consumers quickly identify healthier items at the point-of-purchase. These include Front of Package (FOP) labeling, which simply highlights items from the Nutrition Facts. When communicating with consumers, it is best to refer to nutrient density as “nutrient-rich.”

See Appendix A for more information on the DGA.

MyPlate Guidelines

MyPlate guidelines are a tool for general healthy eating practices. They help ensure balanced meals considering all food groups and portion control. The five (5) main food groups are Fruits, Vegetables, Grains, Dairy, and Protein. The overall guidelines for each food group on www.myplate.gov are:

- **Fruits:** Any fruit or 100% fruit juice. Fruits may be fresh, canned, frozen, or dried,