



**The Good Clean Nutrition Podcast  
Episode 9 Transcript**

**Episode 9: The Crusade to Make Diet a Vital Sign with David L. Katz, MD, MPH, FACPM, FACP, FACLM**

Mary Purdy:

Welcome to The Good Clean Nutrition Podcast, where we speak with credential experts about trending topics in health and nutrition. I'm your host, Mary Purdy, integrative dietitian and nutrition educator and we're thrilled to have you join us for the first episode of season two.

Vital signs are defined as key measurements of health and physical condition with the most common list including temperature, heart rate and blood pressure. But, according to our guest today, one that is overlooked is diet. While diet is recognized now more than ever as a crucial indicator of health, it's one that's been tough to assess and therefore rarely measured or managed as much as blood pressure, for example. Without any further ado, today's episode is The Crusade to Make Diet a Vital Sign. I am just thrilled to introduce our special guest to share more on this topic, founder, CEO and principal owner of the revolutionary and evidence-based dietary digital assessment tool, Diet ID, Dr. David Katz.

Dr. Katz is a globally recognized specialist in preventive medicine and lifestyle medicine with expertise in nutrition. In addition to his work with Diet ID, he is the founder and former director of Yale University's Yale-Griffin Prevention Research Center, past president of the American College of Lifestyle Medicine and president and founder of the nonprofit True Health Initiative. A highly respected author and recipient of numerous awards for teaching, writing and contributions to public health, Dr. Katz has received three honorary doctorate degrees and is also a fellow of the American College of Preventive Medicine, the American College of Physicians and the American College of Lifestyle Medicine. Wow. Welcome, Dr. Katz. Thank you so much for joining us today.

Dr. David Katz:

Oh, thanks for the lovely intro, Mary. Great to be with you. As it turns out, we know from our prep a few minutes ago we can bat Shakespearean soliloquies back and forth too into the bargain.

Mary Purdy:

That's right. That's why I said adieu with a special little flare there.

Dr. David Katz:

I appreciate that.

Mary Purdy:

You've been busy. My goodness. You've had such an impressive and admirable career and obviously have changed many lives for the better. I have actually been very inspired by the work that you've done, both in the field of nutrition but also in supportive environmental health. So, thank you very much. Considering this isn't really a traditional career path for a medical doctor, what exactly sparked your interest in nutrition as part of lifestyle and preventive medicine?



Dr. David Katz:

Well, again, Mary, thank you for all those kind words. Interesting timing for one thing. I finished my training in internal medicine in 1991, went immediately into a second residency in preventive medicine in public health and that was motivated by all the really bad stuff I saw 110 hours a week in the hospital as an internal medicine resident. I thought, gee, I'm learning how to be one of the king's horses and one of the king's men. We keep seeing health crack and we can't unscramble these eggs. We're patching people back up, but we're not restoring vitality. I want to do something more than that. I'd like to keep Humpty from falling off the wall in the first place. How can I do that? Preventive medicine beckoned.

And then I finished that training at Yale in 1993 and, within weeks to, at most, a few months, a paper came out in the Journal of the American Medical Association, which I routinely recommend to colleagues as arguably the most important medical paper of the modern era, entitled Actual Causes of Death in the United States. What it pointed out is all the things listed on death certificates, heart disease, cancer, stroke, diabetes as causes are actually effects. What we really want to know is effects of what? What caused the pathology that caused the premature death? That's the stuff that's fixable. And topping that list in 1993 were bad use of feet, forks and fingers, tobacco, poor diet, lack of physical activity. Collectively they accounted for 80%, an incredible 80% of the premature deaths and the burden of chronic disease in our country and, by extension, much of the modern world every year.

So, I looked at that and said whatever my ambitions had been before, however much I might have wanted to be a researcher who asked erudite questions no one had thought of and boldly go where no one had gone, what I really need to do if I'm going to help advance the human condition is turn what we already know into what we routinely do something about. And I thought, well, tobacco's really important, but it's also pretty straightforward. Smoking is bad, not smoking is good. Physical activity, really important, but also not a lot of debate or confusion about it. The one of the three here where people get lost and confused routinely is diet. I think that one is going to languish without dedicated attention. I'm going to devote my career to that. The rest, as they say, is history.

Mary Purdy:

Well, we thank you, Humpty Dumpty thanks you, the king's horses, they've all been pretty busy, so I think everyone's very grateful. Great story to really look at those underlying causes, to get to the root causes of what is contributing to so much of the chronic disease that we see here. You talk about diet being the most important predictor of health outcomes. You view it as a vital sign that should be measured and managed like blood pressure. As someone who believes in food is medicine, I think this is fantastic. Explain to us, how exactly is diet a vital sign and what can we do to better manage it?

Dr. David Katz:

All right. Well, thank you, Mary. To begin with, when I first entered the fray back in 1993, diet was number two behind tobacco. It now is incontrovertibly the single leading predictor of premature death and chronic disease in the modern world for one good reason and one bad. The good reason is less smoking, certainly much less smoking in the United States and in a number of other countries, many more restrictions on when and where you can smoke if you remain a smoker. Tobacco use has declined. That's a big part of the explanation for why diet is now exerting a greater influence.



The other part of the explanation is everybody eats, most of us almost every day. All too many of us do it badly for many reasons we can get into. I don't think we should be blaming the victim. The food supply, the modern food supply is booby trapped to make people eat badly. Michael Moss writes about that brilliantly in *Salt, Sugar, Fat* and *Hooked*.

Mary Purdy:  
Indeed.

Dr. David Katz:

We can get more into that. Yeah. Again, it's not your fault, but here we are at the receiving end of a booby-trapped bad diet and the result is, and this is addressed in both popular media and the peer reviewed literature, diet is the single leading predictor, diet quality measured objectively, single leading predictor of premature death and chronic disease. Period, full stop, drop the mic. Well, okay. We know from a famous expression in the world of business, we manage what we measure, and that reverberates through the house of medicine. You opened this discussion talking about vital signs. In medicine, the things that are most vitally important are called vital signs because they are indicators of your current health and your future vulnerability. We measure them not just so we can tick off a box, but so that we can manage them. If your temperature's not what it should be, it has to be addressed. If your hypothermic or hyperthermic, that's bad, it needs to be fixed. If your blood pressure is too low or too high, that's bad, it needs to be addressed.

Well, if the single leading predictor of premature death and chronic disease doesn't belong on the list of vital signs, I don't know what does. Limiting that opportunity has been the arduous difficulty of assessing diet. All of the traditional methods, short of locking people on metabolic boards which most people object to, involve detailed recollection of exactly what you ate, exactly how much and exactly how often. Frankly, humans are terrible at that. I mean, every psychology experiment ever performed said do not ask humans to remember details of stuff that happened in the past, they will get it all wrong.

That's what, for example, the most revered method of dietary assessment, the food frequency questionnaire does. How many times in the past six months did you eat pasta? Exactly how much? Exactly what kind? Exactly what sauce? Exactly how much of that? Nobody has a clue. Each question you ask simply amplifies the error, not to mention it's incredibly tedious. I mean, you're basically filling out forms until your eyeballs catch fire. This was incredibly frustrating in everything that I did over the course of my career as a researcher, as a teacher, as a clinician. And I spent a long time just reflecting on the fact that there's got to be a better way. Frankly, one day, literally I had an epiphany. I was working out and I saw a completely alternative approach to this unfold in my mind like origami in reverse.

At first, I couldn't believe it was this simple, so I immediately took the idea to highly respected colleagues. I'm privileged that a who's who in nutrition are among my friends. I took this to Walter Willett, the past chair of nutrition at Harvard and Frank Hu the current chair of nutrition at Harvard and the three of us had a conversation. Then I spoke to Christopher Gardner and Linda Snetselaar, a short group of premier nutrition researchers very quickly just to get a reality check. They all said, "No, the idea is sound." And once again, the rest is history. The idea was sound, but we had to develop it, which took years of work.



Essentially the idea was we could reverse engineer dietary assessment. Rather than ask people to remember their dietary intake, one food, one badly estimated food at a time, we could jump to the end game, create a comprehensive map of real-world diets type stratified by quality and show people images and say, "Which of these two images looks more like stuff you eat? A or B?" When you pick one, say, "Okay, how about now? A or B?" Really just like an eye test. I've got glasses on, you've got glasses on, so we've been through this. Where you're asked, "Okay. Two images. One is in focus, one is blurry. Which one's more in focus? A or B?" Within 30 seconds you've got a specific match for your eyes in diopters. Well, we've done that for diet, but not in diopters, in measures of diet quality. We use the Healthy Eating Index 2015 which is the most robust measure available, and we can consequently complete a comprehensive dietary assessment in 60 seconds. That was the missing piece of the puzzle.

If it took 90 minutes to assess blood pressure, okay, it's vitally important, but it's just too damn hard. We're not going to get it in everybody. That's kind of how it's been for diet. We've fixed that. I think we could all agree diet deserved to be a vital sign. The American College of Cardiology, actually within the past year, took a formal position, this was a position statement in their flagship journal *Circulation*, that diet is so important in cardiovascular medicine it should be captured in every clinical encounter if only we had a tool that would allow us to do that elegantly, efficiently and in a user friendly and scientifically reliable manner. And now we do.

Mary Purdy:

That's amazing. I have to tell you again, as a dietitian I'm breathing a sigh of relief because I feel like finally, we're getting validation of how incredibly vital diet is as a measurement of health and being able to measure it sounds like is a key component. I have to tell you, as a dietitian I'm not even sure I remember what I had for lunch yesterday. And I adore food and I think about food all the time, so it makes complete sense to me. I'd love to know, what are some of the barriers that you've come across in this personal crusade to get folks to include diet in the routine screenings and how can we overcome these barriers?

Dr. David Katz:

Excellent questions, Mary. There are a couple. First, with regard to dietitians, you are expert in assessing diet and do it far better than certainly physicians do. So, I think misguidedly some dietitians may view this as competition. This is something I do, it calls on a unique, special skill I have, training I have, I don't want to be replaced by this automated, digital thing, but that's completely misguided. Because all this does is catalyze the conversation. Dietitians, first of all, we think can get a lot more referrals from physicians who now see that diet quality is objectively bad. Oh, I don't know what to do about this, time for team care, I'm going to refer to a dietitian. We actually hope this massively amplifies the opportunity for dietitians to fix what's broken.

The other thing is, if dietitians are already engaged and can get comprehensive and by the way, in as little as 60 seconds, what Diet ID can generate is operationally defined dietary type, an objective measure of diet quality on the scale of the Healthy Eating Index 2015, estimates of 150 nutrient intake levels and estimates of the daily servings of all the different food groups. All of that instantaneously in 60 seconds. You don't complete the assessment and wait for the analysis. The analysis is, when you click



your mouse, it's all there on your screen. We actually hope that this simply empowers dietitians to say, "Okay, I have all the information I need to start coaching you," and to essentially accelerate the real mission, which is not to spend a lot of time identifying what's broken but fixing it.

But because we hope to start populating electronic health records with this, a lot of physicians who are not well-trained in nutrition, and that's the majority of physicians, and who are oblivious to it and never even ask about it are suddenly going to have this in their faces as a vital sign that says, "Hey, this one's broken and now I need to do something about it." If I don't feel qualified and competent to do something about it, I need to refer. My entire career I've worked closely in teams with dietitians. Dietitians have helped build Diet ID. Shout out to our two lead dietitians, Dina Aaronson and Lauren Rhee, they're amazing and we couldn't have done this without them.

Mary Purdy:  
Yes.

Dr. David Katz:  
We worked with a team of dietitians at Stanford to develop our diet map initially. So, this is not a threat. That's one issue. The second issue is the house of medicine is hidebound. Practice patterns change very slowly. New drugs get prescribed because drug companies push really hard and spend lots of money and new technology gets adopted, but changing the workflow of physicians comes very, very hard. Elevating the standard of care comes very hard. This has always been the case. I actually did a review of the history of the blood pressure cuff because I was curious. This is obviously so important. When this was developed, I assumed physicians embraced it with wild enthusiasm. Absolutely not. Physicians who were used to assessing blood pressure without a sphygmomanometer said, "We don't need this newfangled contraption. We can feel pulses and look at the tongue and kind of intuit more or less whether blood pressure's good or bad." Now, of course they were wrong. They were doing a horrible job, but that's how they were used to doing it.

I think with diet it's a little bit like that. Physicians have gotten comfortable with the idea that we can't measure diet, so we don't need to deal with it. Well, it's a new day, but it takes a while to diffuse that innovation. That's one of our big challenges. We're overcoming it, but that's one of the reasons why this innovation didn't immediately result in, okay, this is everywhere. You've got to spend time climbing the hill.

Mary Purdy:  
Absolutely and increasing comfort level around this platform with people who may not be as familiar with gathering data in this way.

Dr. David Katz:  
And doing science and that I fully respect. This method makes so much sense, the idea that humans are good at pattern recognition, bad at detailed recollection. If we can build a method of dietary assessment based on pattern recognition, it's going to be massively better, more reliable, more user friendly. That all made sense. To quote Ronald Reagan, trust but verify, that's what science does. You can't just rely on your intuition. We've validated this against the food frequency questionnaire, we've validated this



against the 24-hour recall. Just as we're speaking in fact, we have a press release out today in a collaboration with Boston Heart Diagnostics, we looked at the variance in diet quality scores from Diet ID and biomarkers with significant tracking there and on and on it goes.

So that's really important too and it takes a lot of those studies. It's not as if one study that says this works is enough to convince the house of medicine as it were, okay, it's time for a new standard. Once we aggregate enough of those arguments, that's exactly what the message is going to be. It's time for a new standard. Everybody's electronic health record should include an objective measure of their diet quality. Yes, it's that important, yes, we need to deal with it every time in everybody.

Mary Purdy:

Amen to that. I'm hearing you say diet quality. For our listeners, can you define diet quality and elaborate a little bit more on why the quality of diet actually matters?

Dr. David Katz:

Mary, there are lots of ways to eat badly. Americans, frankly, seem committed to exploring them all. One of the things we've gotten horribly wrong is we fixated on one nutrient at a time. Just add oat bran. If you go back far enough, we're dating ourselves, but just add oat bran. There was a time when every box, bag, bottle, jar had a big banner ad on the front, contains oat bran. It was basically essence of oat bran. It was homeopathic oat bran added to a vat of gloop, but the banner ad was contains oat bran.

More recently, it's not been so much about what's in a food as what's left out of the food, cholesterol free or gluten free or whatever the newest thing is and it's changing all the time. You can have cholesterol free junk, you can have gluten free junk. Frankly, the food industry is only too happy to play that let's put lipstick on a pig game. We'll just invent a new variety of junk food that satisfies the nutrient preoccupation du jour. The only way to get eating right is to focus on wholesome foods in a sensible, balanced assembly and fundamentally, that's what makes up diet quality.

The Healthy Eating Index 2015 looks at a distribution of wholesome foods. You get credit as it were for fruits, vegetables, whole grains, beans, lentils, nuts and seeds, drinking water when thirsty. You lose credit for ultra-processed food, you lose credit for an excess of meat relative to vegetables because most diets are animal food excessive and plant food deficient. Then there's some attention to nutrients that are of particular importance in current epidemiologic context. That would include saturated fat, salt, added sugar so, those are all penalized. Not too long ago, trans fat would have topped that list, but it's mostly out of the food supply now. It's an aggregate measure of the overall association, mostly of foods, in a balanced assembly and a few select nutrients and their association with health outcomes.

I mean, ultimately what defines the quality of diet is its contribution to the quality of health. Food is the fuel that runs the human machine. High performance bodies require high quality fuel and so we measure the quality of the fuel by the performance of our bodies. Frankly, that varies by species, right? I mean, a high-quality diet for lions would be all meat and a high-quality diet for horses would be oats and grass and hay. We're kind of in between. We didn't make this up. We chose the measure that correlates most robustly with the things that matter most, years in life, life in years, longevity, vitality. As you climb up the Healthy Eating Index 2015 scale, it's more likely that you will live long, more likely that you will prosper with vitality. Those are the things that really matter.



And by the way, a quick digression, it's equally important to me that high quality diets tend to be better for the planet. That's a really happy confluence because it might have been otherwise. It might have been that the best things for humans to eat to be well were at odds with what's best for the planet, but it's not so. A diet, as Michael Pollan put it, real food, not too much, mostly plants, it's better for human health, it's better for planetary health. The two things that you want to do to reduce your environmental footprint are move away from highly processed foods to minimally processed and unprocessed foods direct from nature and to shift from animal food centric diets, meat and dairy, to plant food centric diets, lots of vegetables, fruits, whole grains, beans, lentils, nuts and seeds. It's much better for human health, much better for planetary health and, oh, by the way, kinder and gentler to our fellow creatures. Those three lenses all matter to me and fortunately advancing the proposition of human health with better diet means advancing all three of those agendas.

Mary Purdy:

Absolutely. It's great to hear you say that. I hope more healthcare practitioners will begin to engage in considering the environment when we talk about diet and dietary recommendations. As you say, diet quality, the quality of the diet is also good for the planet if it's good for the humans, but also the way that we're growing our food can have a huge impact in terms of agrochemicals and quality of soil on the quality of that food as well. It's a bit of an interesting cycle there where we support ourselves, we support the Earth, and everyone wins.

Dr. David Katz:

Amen. And by the way, we're just launching a product where we will be able to, or a project rather where we'll develop a product, an app where we can quantify shifts in the environmental footprint of diet. We couldn't do this without the novel intellectual property that Diet ID owns. We're working with scientists, we'll actually put this measure in the public domain. We call the project DIEM. It comes from the expression *carpe diem*, seize the day, because we need to do that. We're running out of time to save the planet, so *carpe diem*. What it stands for is dietary impacts on environmental measures, so it's an acronym.

We call the project DIEM and it'll probably take us the better part of six months to complete, but once it's done, we will have a summative measure of the environmental footprint of different dietary patterns, we'll be able to link that back to the diet map in Diet ID and then we will make available an app that will tell you, if your current diet is this and you move to this, this or this, here's how much each of those different choices would reduce your overall environmental footprint. We hope that'll engage a whole different audience, because young, healthy people aren't yet thinking about chronic disease or premature death, it's not in their minds, but they are thinking about what's going on with the planet and the climate and biodiversity. That's on everybody's minds. We think we can reach and empower more people that way. I'm excited about that project.

Mary Purdy:

I will definitely be looking out for that because that sounds right up my alley. I remember hearing a wonderful quote from you when you spoke at a presentation called Empowering Nutrition Professionals to Advance Sustainable Food Systems by the organization Food + Planet. You said, "You cannot call



yourself a healthcare professional anymore if you don't advocate frequently and fiercely," I like that fiercely, "For the health of the planet." So, what can healthcare professionals do besides advising someone to have a veggie burger once a week, which is not going to solve the problem, or what can anyone do for that matter to help protect the health of the planet?

Dr. David Katz:

Well, thank you. Yeah, no, I was tempted. Do I go there? Do I start ranting? That's really what I want to say.

Mary Purdy:

Rant away. Rant away.

Dr. David Katz:

All right. Well, a shout out to Kate Geagan and her colleagues at Food + Planet, great organization. They're a new organization and they're dedicated basically to preaching that gospel to dietitians specifically. They've already trained more than 10,000 dietitians; their goal is to reach more than a million. I'm sure they will. Kate is a force of nature. And essentially the idea there is, look, these are experts in nutrition for human health but there will be no human health on an uninhabitable planet. Let's just accept that. So, I think Kate fully shares with me the view that you cannot be a health professional anymore if you're not advocating for planetary health. The only way to do your job to advance human health while advocating for planetary health is to understand where they overlap, that Venn diagram. That's the training they're doing at Food + Planet.

On the physician side, I think the person leading that charge is Sam Myers at Harvard. Sam is a practicing physician, expert in environmental impacts of diet. He is the principal architect of the São Paulo Declaration which came out just shortly before COP26 and calls on all the different constituencies, so health professionals but also marketers and industry and on and on it goes and actually delineates all the different ways you can get involved, things you can do personally, ways you can modify your own diet. Let's face it, that really matters. Agriculture has a huge contribution to greenhouse gas emissions, water utilization, land use. What drives all of that is the production of food for eight billion hungry homosapiens. If we can shift that at scale, it has a massive influence not just on land use and greenhouse gas emissions and so forth, but also on the use of fossil fuels because this industry, the agricultural industry is fueled by petroleum.

Mary Purdy:

Right.

Dr. David Katz:

Actually, we're reaching into two of the leading industries contributing to climate change and planetary degradation. Food production per se and then the use of fossil fuels which are responsible for the mechanized approach that supply to agriculture and the generation of chemical fertilizers, herbicides, pesticides. If we make better use of the land, if we diversify crop production for humans rather than vast monoculture to feed animals for humans to eat, all of that gets fixed. I think the potential contribution of shifting diet is massively greater than most people realize.





I do think one of the things we can do is simply, every chance we get, raise awareness that how you eat is part of the climate solution, is part of the biodiversity solution. So, people need to recognize that and by the way, Mary, I don't think they do. I noted, for example, in the lead up to COP26, the New York Times was covering this, there was a big front-page story on progress since the Paris Accord. Where are we? Where should we be? Where would we have been? In that whole coverage, I did a text search to see, does the word "diet" or "food" appear anywhere, and it did not.

Then there was a plea published simultaneously in 200 leading peer reviewed journals to world leaders saying, "Please address the looming calamity of planetary, climate, environmental degradation." We searched that text for the words "meat", "beef", "diet", "food", they didn't appear there either. Actually, colleagues and I from a couple different countries, they invited me, we wrote a letter which was published in the BMJ saying, "We salute the plea. We're on your side, but there's an important blind spot here and it's actually the one most actionable thing at the individual level." So, I think raising awareness is key.

I also think we ought to find new ways to motivate people. We're currently working on a project at the True Health Initiative for 2022. We're thinking this is going to be, our as an organization, as a nonprofit, our resolution for 2022 is to help save the Amazon because we're going to be healthy, vital people on a healthy, vital planet or we're not going to be healthy, vital people. What we're working on is engaging A-list celebrities from around the world to say, "I will go one week without eating or buying beef to protest the destruction of the Amazon and you should too." We want to engage hundreds of millions of people and essentially fire a shot across the bow of the beef industry that says this is not a general protest of beef, whatever the merits of that might be, this is simply the world saying no to turning the magnificent biodiversity of the Amazon, the lungs of the world into hamburger meat. It doesn't matter how much I may like hamburgers or steak, I'm saying no to that. We think we can engage a global community to rise up and make that statement.

I think there are whole new ways to engage people. It's critically important. We are running out of time. Honestly, I've spent my whole career battling chronic disease but it's planetary degradation that keeps me up at night. Will my grandchildren have an Amazon rainforest? It's incredible to think that they might not. That's what looms.

Mary Purdy:

That's the reality ahead. I know that the UK has also put forth a policy to not allow anything that has deforested the rainforest, things like beef production and palm oil production, and so that's a step in the right direction from a policy point of view and thank goodness for that. Saving the Amazon, we're way beyond Humpty Dumpty at this point, right?

Dr. David Katz:

Oh yeah. Yeah, yeah. We've actually migrated the mission of the True Health Initiative. We used to say add years to lives, add life to years. And I've asked my board, "Let's change that to healthy, vital people on a healthy, vital planet," because we're either responsive to the exigencies of our time or we become obsolete. That is the great imperative of our time. Healthy, vital people, healthy, vital planet. We are literally in this together.



Mary Purdy:

Going back to Diet ID, would you say that the recommendations that are coming out of that, or the assessment of that takes into consideration the environmental impacts of the foods that people are either consuming or are being recommended to consume?

Dr. David Katz:

Absolutely. Partly that's just fortunate because high quality diets, even if all you look at is the effects on human health, they shift away from ultra-processed foods. And a shout out now to Carlos Monteiro and colleagues who developed the NOVA classification. It used to be junk food couldn't be defined, you just knew it when you saw it and now it can be defined. We've got ultra-processed food courtesy of Carlos Monteiro the professor. The high-quality diets leave ultra-processed food behind inevitably and move to real food and they shift from animal foods to plant foods because that's better for human health. Well, those are the two key things you need to do to reduce the environmental footprint.

On the other hand, diet type also has implications for environmental footprint. So, in Diet ID, and I think this is important to this audience, we are in a sense diet agnostic because there isn't just one way to eat well. I mean, imagine, for example, that you're South Asian or Chinese or of Mexican heritage, you don't want to give that up. It's all well in good that there's a DASH diet or an Ornish diet, but none of that looks like anything you're used to eating. Diet ID, we can take a Mexican American diet, and we do, and stratify that into 10 tiers of objectively measured quality and say, "If that's the way you want to eat, let's take you from a tier three to a tier 10." You're staying within the lane that you've claimed you want to own. You're comfortable there, fine, we can optimize that.

Well, that tier 10 diet is massively better for you and for the planet. Is it as good as a whole food plant exclusive diet? Maybe not. And so, we're thinking, as we combine the environmental measure with the personal health measure, it may invite people to say, "I'm not just looking to optimize the quality of my diet, I'm even thinking I want to change lanes for the sake of the planet." We have the opportunity really to encourage both. We're a B2B company, Diet ID, so we market to health systems and to employers and wellness programs and so forth. Many of them share this interest. Many of them are saying, "Well, we particularly want to highlight the goal diets that are best for people and the planet." We're seeing more and more of that, and I certainly applaud that trend.

Mary Purdy:

That's great that you're taking into consideration cultural preferences, cultural history, because that is such a key part of personalizing nutrition recommendations for somebody who may be Somalian or who may be from, as you mentioned, Mexico or Peru. It's great to hear that Diet ID incorporates that. What about things like cost to access? What kind of advice do you give to people when it comes to improving their diet who may have financial or access constraints?

Dr. David Katz:

Yeah. Really, really important question. We're doing lots including partnering with organizations that are devoted just to that. We recently announced our partnership with a company called Tangelo, which is focused on helping to incentivize healthy food options for the SNAP population, people who get food stamps essentially, food assistance. We recently announced that, working with them, we were able to



complete 5,000 dietary assessments in a low literacy disadvantaged population in a single week and then Tangelo was able to use the information about their baseline diets and diet quality to help incentivize the specific foods that would elevate diet quality in an individualized way. We're looking for those kinds of synergies. We think that's really exciting. There are lots of potential partnerships like that, but a shout out to Tangelo. It's a really great partnership.

The other thing is though is that years ago, Mary, I sort of grew tired of hearing everywhere I went healthy food costs more. As a scientist, I ran a clinical lab at Yale for over 20 years, I would say, "Okay, where are the data that more nutritious food always costs more?" Nobody really had them. There's some data to show that eating well overall tends to cost more because produce is expensive and so forth. Okay, I buy that, but the contention being advanced here is that more nutritious food costs more, is that really true? We did a study. We published it in Public Health Nutrition all the way back in 2011 and our answer was actually not. The problem is that people don't know all the highly nutritious foods that are incredibly economical. For example, if you know what to do with dried beans and lentils –

Mary Purdy:

Yes.

Dr. David Katz:

They're incredibly good for you, they're incredibly good for the planet, they're incredibly inexpensive and they're a swap out for beef so you're saving a ton of money. Then there are many other examples, cooking grains for example that extend the volume, add great nutrition, very low cost. So, a huge part of this issue is low food literacy, low nutrition literacy, low cooking literacy. All of that's fixable, but it's not really a monetary issue, it's a skill set issue. So, we work on that. The information that we provide at Diet ID, the coaching that our app provides addresses many of those issues. Our partners get directly at the economics. We recognize that there are many barriers to eating well on a budget that we can help fix with skill power, so we cultivate that skill power.

The other thing is, when you shop in the aisles of a supermarket that are made up of things in bags, boxes, bottles, jars and cans, there's a lot of pseudo-nutrition on display. There are many examples, but the two best ones would be things like low-fat peanut butter or multigrain bread. When you see low-fat peanut butter, it costs more than regular peanut butter because the implication is we did something to make this product better for you, but it's not true. They took out healthy unsaturated oil, replaced it with copious amounts of sugar and salt and then put lipstick on that pig and said, "Low-fat peanut butter, buy this if you're health conscious." People actually spend more on nutrition to get a less nutritious product. That's a food label literacy problem, not really an economics problem. You need to fix that by making people aware, so we work on that.

Same thing with multigrain bread. A lot of multigrain bread charges a premium, but it's not whole grain. They don't tell you it's multiple whole grains, it's just multigrain. We've actually got several different highly refined grains in this bread, but the packaging, basically amber waves of grain on the package, buy me and pay extra for me. People actually fall into the pitfall, "Ah, that's more nutritious, I can't afford it. That's more nutritious, I can't afford it." It's not more nutritious, it's pseudo-nutrition. It's Madison Avenue jerking us around. So again, it's a much more complex issue than the idea that healthy food truly does consistently cost more. It does not. Very few people have directly studied that. I have.



Sometimes it does. Fresh produce is pricey. There are a lot of incentive programs that address that. Tangelo does, Wholesome Wave, another shout out to Michelle Nischan, his terrific work there. They address that, others do as well. We think that's great. We really do need to change all of the subsidies and incentives in the farm bill which ought to be a food bill –

Mary Purdy:  
Yes.

Dr. David Katz:  
As my friend Mark Bittman writes about, I mean, a food bill would pay a lot more attention to the eaters. A farm bill is all about big agribusiness. It's just wrong. Mark and Michael Pollan have been ranting on that topic for years. A lot of good it's done us so far, but they're saying all the right things. So there's a lot that needs to be done, a lot that can be done, but absolutely Diet ID, by sharing tips for healthy, economical meals, recipes, showing people here's how you can eat this way, we can accomplish a lot that doesn't run into the problem of greater expense.

Mary Purdy:  
So really getting back to basics, which again makes so much common sense, getting whole foods in there, getting your oats instead of your oat bran yogurt filled good pseudo-food. Keep away from the organic Doritos or the probiotic enriched soda, these pseudo-foods that you're talking about and enhancing people's skillset in the kitchen and understanding how to actually cook a lentil so that it provides a nutritious and delicious meal. Beans by themselves may not be as enticing, but beans with garlic and onions and ginger and cumin, now you're talking.

Dr. David Katz:  
For sure. I'm a beneficiary of that excellent cuisine. My wife's a brilliant cook, just to toss this in the mix for this audience, all of the Katz family greatest hits are freely available to all of you. She has a website called Cuisinicity.com. It's like Cuisine City with an I in the middle, Cuisinicity.

Mary Purdy:  
Excellent.

Dr. David Katz:  
She's from Southern France, grew up there, amazing cook and an incredible inventory of recipes with beans and lentils. We eat that all the time. It's great. Yeah, exactly. The tagline at Cuisinicity is love the food that loves you back. She's a foodie, taste is not negotiable, so exactly as you say, Mary, I mean, this is not a sacrifice. It's great for you, better for the planet and, oh, by the way, it tastes great. The other thing is we raised five kids to adulthood and Catherine did most of the cooking with mayhem in the house. You don't need to be a chef and you don't need special equipment, you don't need fancy ingredients and you don't need a lot of time. These are meals that are economical, convenient, quick to prepare, family friendly. Check it out, Cuisinicity.com.



Mary Purdy:

Well, thank you so much, Dr. Katz. You have been a wealth of information, an inspiration both to people, to planet, to the Humpty Dumpty's of the world. We thank you so much for joining us today. I'll ask you one final question which is, if you have one bit of advice to somebody who is looking to improve their health or for advice that a practitioner might give to somebody to improve their health, what would be one choice that someone could make today?

Dr. David Katz:

Well, first of all, Mary, thank you so much. These opportunities to spread the word are crucial. As nice as it is to hear the gratifying feedback about my work and my influence, the reality is we're not yet winning this war. We've got miles to go before we sleep, so thank you for this opportunity. I would say that the one thing to focus on, it's very much like in the Billy Crystal movie City Slickers where the old trail ride boss, I'm trying to remember his name-

Mary Purdy:

Jack Palace? Jack Palance?

Dr. David Katz:

Yeah, but what was the name of the character that he played?

Mary Purdy:

Oh, I don't know, old wrinkle face, old ... I can't remember.

Dr. David Katz:

It'll come to me, but he said it's one thing, health really is holistic. I would not presume to say what the single thing that most weighs down your personal vitality is. As much as I focus on diet, it might be relationships, a problem with your kids, a problem with your spouse, a job you don't like, poor sleep, chronic pain. I would say first and foremost be honest with yourself about what stands between you and the vitality you deserve and then seek help for that, whatever that is and then basically what that provides you is the wherewithal you need to address the next thing and the next and the journey to the vitality you deserve. There's no helicopter ride, it's a spiral staircase. You get up there one step at a time, you identify what you think that first step ought to be and find the help so that you can climb up there and let the journey begin.

Mary Purdy:

Wonderful. Hear that folks? Let your journey begin wherever that may be. Well, thank you again so much. It's been an absolute pleasure speaking with you today. I look forward to future conversations and learning more about your work as you continue forward.

Dr. David Katz:

Thank you, Mary.



Mary Purdy:

Did you know that Orgain offers live professional education webinars, all free of charge and approved for continuing education credit for registered dietitians and dietetic technicians? The Orgain Professional Education Series provides healthcare professionals with valuable and empowering information presented by subject matter experts on a variety of timely topics such as intermittent fasting, diabetes care, plant-based eating and more. Register now for the exciting webinar lineup in 2022 with one new webinar released every month. You can also watch over 20 webinars on-demand, including one by today's featured guest, Dr. David Katz, titled Eating Like the World Depends on It (Because It Does). Visit [healthcare.orgain.com](https://healthcare.orgain.com) and click the Professional Education tab to learn more.

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