



# Nutrition for Family Living

Susan Nitzke, Nutrition Specialist; susan.nitzke@ces.uwex.edu  
Sherry Tanumihardjo, Nutrition Specialist; sherry.tan@ces.uwex.edu  
Amy Rettammel, Outreach Specialist; arettamm@facstaff.wisc.edu  
Betsy Kelley, Outreach Specialist; kelley@nutrisci.wisc.edu

---

## August, 2000 Topics

Increasing Prevalence of Overweight Among Wisconsin Adults  
Healthy Lifestyle Reduces Risk of Heart Disease in Women  
Nutritional Guidance is Needed During Dietary Transition in Early Childhood  
School Health Index for Physical Activity and Healthy Eating  
Dietary Guidelines Booklets and Fact Sheets  
Eat Smart, Play Hard

## Increasing Prevalence of Overweight Among Wisconsin Adults

---

In a recent article in Wisconsin Medical Journal, UW-Madison preventive medicine researchers discussed the increasing prevalence of overweight among Wisconsin adults. Data from the Wisconsin Behavioral Risk Factor Survey (BRFS) was used to examine trends in overweight prevalence between 1989 and 1998 and to measure progress in reaching the goals of *Healthier People in Wisconsin: A Public Health Agenda for the Year 2000*.

A state-wide sample of adults provided self-reported height and weight as part of a telephone interview. Heights and weights were used to calculate Body Mass Index (BMI) for each respondent, and in this study overweight was defined as a BMI of 27.8 or greater for men and 27.3 or greater for women. Their analysis showed that the prevalence of overweight has increased steadily over the past decade from 23% in 1989 to 34% in 1998, an increase of over 1% per year. The prevalence increased among all age groups, both genders, and among blacks, whites and Hispanics. Nationally, the increase in prevalence was similar to Wisconsin's, with the greatest increases among men and whites.

Genetics, diet and physical activity all contribute to a person's risk of being overweight. Of these, only changes in diet and physical activity could explain the recent increases in overweight. During the past ten years, advances in technology have contributed to an even more sedentary lifestyle than before we had "labor-saving" devices such as remote controls and garage door openers. Extra-large portions of high-fat and high-calorie foods may be part of the problem. The implications for the population include an increased risk of chronic disease (heart disease, diabetes, some cancers) due to overweight and obesity as well as psychosocial effects such as depression and social stigmatization.

The goal of *Healthier People in Wisconsin* was to decrease the prevalence of overweight to no more than 25% of the adult population by the year 2000. Since this goal was not met, and the causes of overweight are many and complex, educational messages to reduce overweight should continue to focus on long-term lifestyle behaviors like selecting sensible portion sizes, using fats and sweets sparingly, and being more physically active.

Russell A, Remington P, Rumm P, Haase R. Increasing Prevalence of Overweight Among Wisconsin Adults, 1989-1998. Wisconsin Medical Journal. 2000:June, 53-56.



## Healthy Lifestyle Reduces Risk of Heart Disease in Women

---

Good news for women who are exercising, eating well and not smoking: data from the Nurses' Health Study show that these lifestyle factors reduce the risk of coronary heart disease by as much as 80%.

Since 1980, the Nurses' Health Study has followed over 84,000 women who did not have heart disease, cancer or diabetes at the beginning of the study. Every two years through 1994 information on diet and lifestyle was updated and medical records were analyzed for incidences of coronary heart disease and stroke. Women were considered "low risk" if they had stopped smoking or had never smoked; if they drank alcohol moderately; if they engaged in an average of a half-hour per day of moderate or vigorous exercise; if they had a body mass index of less than 25; and if they scored in the highest 40% on a measure of dietary quality.

The most important single factor in reducing heart disease risk was cigarette smoking. For women smoking more than 15 cigarettes per day, the risk of cardiovascular disease was more than 5 times greater than for women who did not smoke. Smoking 1-14 cigarettes per day tripled the risk. This graded effect was evident for other behaviors as well, which means that practicing healthy lifestyle behaviors is not an "all or nothing" situation.

In this population of middle-aged women, those who had the healthiest lifestyles, meaning they did not smoke, were not overweight, ate a healthy diet, exercised at least moderately for 30 minutes/day, and consumed alcohol moderately, had an incidence of coronary events more than 80% lower than the rest of the population. This study ties in with a study we discussed in the June, 2000 newsletter which showed that following the pattern of eating recommended by the Dietary Guidelines for Americans reduced the risk of mortality in women over 40. These two studies lend support for using the Dietary Guidelines and Food Guide Pyramid to educate women about healthy food choices as a way of decreasing their risk of chronic disease.

Stampfer MJ, Hu FB, Manson JE, Rimm EB, and Willett WC. Primary prevention of coronary heart disease in women through diet and lifestyle. *N Engl J Med* 2000;343:16-22.



## Nutritional Guidance is Needed During Dietary Transition in Early Childhood

---

The second year of life is a time of dramatic dietary changes as children switch from diets based on formula and breast milk to more adult-style diets. It is also a time of steady growth and high nutrient needs. Unfortunately, there is no official dietary guidance for feeding children at this unique stage where they particularly need food rich in nutrients to take the place of formula.

A study conducted at Pennsylvania State University assessed the nutritional quality of the diets of 55 children from 12-18 months of age. Three-day diet records and anthropometric data (weight, length, arm circumference, and triceps and subscapular skinfolds to measure body fat) were collected monthly for six months. During the six months, energy intake increased and the percentage of energy contributed by carbohydrate, fat and protein remained fairly constant. Vitamin and mineral intakes varied for some nutrients (Vitamins A, C, B6, B12, and D, and calcium) while others increased steadily (folate), decreased (iron), or remained well below recommended levels throughout the study (zinc, vitamin E). Throughout the study, fat intakes were below 30% of total calories for 22-33% of the children.

This study showed that in this sample of predominantly white, middle-to-higher-ranked socioeconomic households, the one recommendation that exists for children in the second year of life is not being followed. This recommendation is to not restrict dietary fat until after age 2. In children over the age of 2, fat intake should decrease gradually until fat provides approximately 30% of calories by age 5. It is impossible to say whether caregivers were intentionally restricting fat or whether they were unable to translate the advice into food choices for this age group.

Zinc, iron and vitamin E have been identified in the *Third Report on Nutrition Monitoring in the United States* as current or potential public health issues for children 1 to 2 years of age. Iron is of particular concern because the effects of iron deficiency in early childhood may not be entirely reversible. A study we discussed in the October, 1999 monthly mailing found that children participating in WIC were not consuming enough zinc.

We can help parents and caregivers to understand that limiting dietary fat is appropriate for adults but not for very young children. Since older children as a group consume more dietary fat than recommended, it is important that the message is clear that there is a different recommendation for very young children, especially those under age 2. Grains, dairy and meat groups are good sources of the problem nutrients iron, zinc, and vitamin E. Caregivers can be advised to choose foods from each food group, read labels carefully and choose iron-fortified cold and hot cereal to replace iron-fortified infant cereal.

Picciano MF, Smiciklas-Wright H, Birch LL, Mitchell DC, Murray-Kolb L, McConahy KL.  
Nutritional Guidance is Needed During Dietary Transition in Early Childhood.  
*Pediatrics* 2000;106:109-114.



## Nutrition for Family Living August, 2000

---

### School Health Index for Physical Activity and Healthy Eating

---

Get a free copy of the School Health Index for Physical Activity and Healthy Eating: A Self-Assessment and Planning Guide (2000) developed by the Centers for Disease Control and Prevention (CDC). The School Health Index features a series of brief questionnaires that provide structure and direction to a school's efforts to improve its health promotion policies and programs. It enables schools to (1) identify strengths and weaknesses of their health policies and programs, (2) develop action plans for improving student health, and (3) involve administrators, teachers, parents, students, and concerned community members in improving school services.

The School Health Index can be used to help schools set goals for the year, as part of the School Improvement Plan, and as an advocacy tool. You can request a copy of the Elementary School Version and/or the Middle School/High School Version, and promotional brochures, by emailing [HealthyYouth@cdc.gov](mailto:HealthyYouth@cdc.gov) calling toll-free (888)231-6405, or faxing toll-free (888)282-7681. The Index and promotional brochures are also available on the Internet at <http://www.cdc.gov/nccdphp/dash>.



## **Nutrition for Family Living August, 2000**

---

### **Dietary Guidelines Booklets and Fact Sheets**

---

At the Society for Nutrition Education Annual Meeting in Charleston, SC last week, officials from the USDA Center for Nutrition Policy and Promotion (CNPP) announced that a summary document is about to go to print summarizing the highlights of the new Dietary Guidelines for Americans. The CNPP group is also developing plans for a series of one-page camera-ready fact sheets on specific Dietary Guidelines topics. The fact sheets will come later. We'll watch for availability of both resources and do our best to obtain copies for UW-Extension programs.



## Nutrition for Family Living August, 2000

---

### Eat Smart, Play Hard

---

USDA Secretary Dan Glickman has announced a new campaign with materials featuring the "great purple Power Panther," USDA's new mascot that encourages children and their families to eat healthy and exercise. The national, healthy eating and physical activity campaign is designed to reach school-aged children (age 2 - 18 years) and their caregivers through materials and activities that incorporate the Power Panther and its message, "Eat Smart, Play Hard." Partners for the campaign include: the American Dietetic Association, the American School Food Service Association, the National Association of WIC Directors, the President's Council on Physical Fitness and Sports, the Society for Nutrition Education and the International Food Information Council.

Source: <http://www.usda.gov/news/releases/2000/07/0241.htm>