



Nutrition for Family Living

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November, 2000 Topics

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American Heart Association Dietary Guidelines

The American Heart Association (AHA) has released their Dietary Guidelines, revised for 2000 and intended to help individuals reduce their risk of cardiovascular disease by dietary and other lifestyle practices. The revised guidelines emphasize foods and the overall eating pattern, and the need for all Americans to achieve and maintain a healthy body weight. These new guidelines replace the American Heart Association Step 1 recommendations. They will appear in the October 31 issue of *Circulation: Journal of the American Heart Association*.

The guidelines are based on three principles:

- There are dietary and other lifestyle practices that all individuals can safely follow throughout the life span as a foundation for achieving and maintaining cardiovascular and overall health.
- Healthy dietary practices are based on one's overall pattern of food intake over an extended period of time and not on the intake of a single meal.
- The guidelines form a framework within which specific dietary recommendations can be made for individuals based on their health status, dietary preferences, and cultural background.

The guidelines can be summarized in the following table:

Population Goals:	Overall Healthy Eating Pattern	Appropriate Body Weight	Desirable Cholesterol Profile	Desirable Blood Pressure
Major Guidelines:	Include a variety of fruits, vegetables, grains, low-fat or nonfat dairy products, fish, legumes, poultry, lean meats.	Match energy intake to energy needs, with appropriate changes to achieve weight loss when indicated.	Limit foods high in saturated fat and cholesterol; and substitute unsaturated fat from vegetables, fish, legumes, nuts.	Limit salt and alcohol; maintain a healthy body weight; and consume a diet with emphasis on vegetables, fruits, and low-fat or non-fat dairy products.



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The advice presented in these guidelines is consistent with the Dietary Guidelines for Americans published by the USDA. Both sets of guidelines recommend that people keep total fat intake to <30% of total calories, saturated fat at 10% or less and dietary cholesterol at <300 mg/day, as a way to control calorie intake and serum cholesterol. Both sets of guidelines recommend maintaining a healthy weight and a diet with plenty of vegetables, fruits and low fat dairy products, limited salt (<2400 mg/day) and limited alcohol (no more than 2 drinks per day for men and 1 for women).. The primary difference between the two sets of guidelines is the AHA guidelines' focus on serum cholesterol, blood pressure, and chronic disease prevention. The AHA guidelines also recommend at least 2 servings each week of fatty fish rich in omega-3 fatty acids, such as salmon and tuna, due to its benefits to the cardiovascular system.

Is this relevant to Extension educators? While most Extension programs do not target a specific disease, it is useful to know what information is being presented to consumers in other contexts and from other major sources such as the AHA.

For more information, visit www.americanheart.org.



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Obesity Continues to Climb Among American Adults in the Past Year

In a letter to the editor of the *Journal of the American Medical Association*, the Centers for Disease Control and Prevention (CDC) reported that the prevalence of obesity in the United States continued to grow in 1999. Their data are based on the Behavioral Risk Factor Surveillance System (BRFSS), a telephone survey conducted by state health agencies in collaboration with CDC. A total of nearly 150,000 individuals completed the 1999 survey.

Obesity rose 6% nationally between 1998 and 1999, affecting all regions and demographic groups and most states. Obesity is defined as having a body mass index of 30 or higher, which for most people means being about 30 lbs overweight. Since 1991, obesity has increased by nearly 60% nationally.

Certain subgroups had increases even greater than the national rate. For adults age 30-39, the rate of obesity increased 10%. Another study by the CDC (summarized in the August monthly mailing) found that diabetes increased by 70% in the 1990's in this age group. This is of great concern because diabetes and obesity increase the risk for other chronic diseases. There is potential for a large, relatively young, segment of the population to have significant obesity-related health problems in the future. Furthermore, their influence as models and gatekeepers for children could have far-reaching implications. CDC warns the impact on public health and health care could be staggering. Overweight and physical inactivity account for more than 300,000 premature deaths each year in the U.S., second only to tobacco-related deaths.

These statistics provide yet another reason for Extension educators to encourage people to eat according to the Dietary Guidelines and increase daily physical activity to aim for a healthy weight. Educators can also participate in collaborations to address these needs at the community level. Examples of potential partners are included in the following CDC recommendations for controlling the obesity epidemic:

- Health care providers should counsel obese patients.
- Workplaces should offer healthy food choices in cafeterias, and provide opportunities for physical activity in the workplace.
- Schools should offer more physical education that encourages lifelong physical activity.
- Urban policymakers should provide more sidewalks, bike paths, and other alternatives to cars.
- Parents should reduce their children's TV and computer time and encourage outdoor play.

CDC's nutrition and physical activity website can be found at www.cdc.gov/nccdphp/dnpa.



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The New York Times has had an interesting series during the past few weeks on obesity in America. The articles can be found on the web at <http://www.nytimes.com/library/national/science/health/obesity-health.html>.

Mokdad AH et al. The Continuing Epidemic of Obesity in the United States. *JAMA*. 2000;284(13):1650-1651.

<http://jama.ama-assn.org/issues/v284n13/ffull/jlt1004-4.html>



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Lower Direct Medical Costs Associated with Physical Activity

More evidence about the benefits of physical activity: results of the National Medical Expenditures Survey show that people who are physically active spend less on health care.

This study looked at actual medical expenditures of people who were physically able to participate in regular exercise. They found that Americans 15 years and older who engaged in regular physical activity – at least 30 minutes of moderate to strenuous physical activity 3 or more times/week – had approximately \$330 less in annual medical costs, based on 1987 dollars. They had fewer physician visits, were hospitalized less often, and filled fewer prescriptions.

The cost savings were consistent for men and women, for those with and without physical limitations, and for smokers and nonsmokers. The biggest difference in direct medical costs was among women 55 and older, supporting the belief that this age group benefits greatly from increasing physical activity.

The potential savings if all inactive American adults became physically active could be \$29.2 billion in 1987 dollars, or \$76.6 billion in 2000 dollars. On a more personal level, the possibility of saving \$330 per year in direct medical expenses might be a significant motivator for individuals, and the amount of physical activity necessary to make a difference is within reach of most Americans.

The Dietary Guidelines for Americans encourage the public to aim for fitness by being physically active each day. This study verifies the potential health benefits of following this advice.

Pratt M, Macera CA, Wang G. Higher direct medical costs associated with physical inactivity. *The Physician and Sportsmedicine*. 2000; 28(10).

www.physsportsmed.com



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Using the Dietary Guidelines for Americans

The new Dietary Guidelines pamphlet for consumers is available on the CNPP web page. The color brochure summarizes the ten guidelines and provides a chart listing the number of servings people should eat based on a 1,600 calorie, 2,200 calorie or 2,800 calorie diet. The brochure can be found at www.usda.gov/cnpp.



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Questions and Answers about Fish and Fish Oils

The American Heart Association recommendation that people consume more fish is bound to bring up plenty of questions for Extension educators. Here are some general answers to some of the more common questions with sources you can contact for more information.

What are the health benefits of eating fish and fish oil?

Fish is a good source of protein, and is low in saturated fat. Almost any kind of fish may have health benefits if it replaces a high-fat source of protein in the diet.

The oil found in many types of fish is high in omega-3 fatty acids. We're not sure yet exactly how fish oil protects against heart disease, but studies have shown that high intakes of fish oil are associated with decreased blood triglyceride levels, which may be protective for some individuals. Research has shown that omega-3 fatty acids help reduce the stickiness of blood platelets, which may be involved in the progression of heart disease.

How much fish do you need to eat to get benefits?

The American Heart Association recommends two to three servings a week of fish high in omega-3 fats. Fatty species of fish such as sardines, salmon and tuna are especially rich in omega-3 fats. Saltwater fish generally have higher levels than freshwater fish.

Kendall, Pat. Catch of the Day: Fish Oils. Colorado State University Cooperative Extension newsletter, January 28, 1998.

www.colostate.edu/depts/CoopExt/PUBS/COLUMNNN/n980128.html

What about fish from Wisconsin rivers and lakes?

For a clear and interesting source of information on this topic, read the DNR's publication Important Health Information For People Eating Wisconsin, Great Lakes, And Mississippi River Fish. It can be downloaded from the DNR website:

www.dnr.state.wi.us/org/water/fhp/fish/advisories.

Some fish take in contaminants from the water they live in and the food they eat. Some of these contaminants build up in the fish, and may build up in people over time. Two main contaminants are responsible for fish advisories in Wisconsin: polychlorinated biphenyls (PCB's) and mercury. It may take months or years for the contaminants to build up to a level where they become a health concern. While scientists are more certain of the effects of contaminants on fetuses and children, it's important for everyone to minimize their exposure to PCB's over time to avoid potentially negative health effects. The majority of waters tested in Wisconsin do not contain contaminated fish that pose a health hazard.



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What are the health effects of PCB's and mercury in fish?

High consumption of PCB-contaminated fish has been linked to slower development and learning disabilities in infants and children born to women who regularly have eaten highly contaminated fish for many years before becoming pregnant. Once eaten, PCB's are stored in body fat for many years. This is true for animals, such as game fish, and humans. It is important to minimize your lifetime build-up of PCB's regardless of your age, sex or physical status.

Mercury poses a short-term health risk. Human fetuses and children under 15 are more sensitive to mercury than adults. Mercury affects the human nervous system and can harm your ability to see, feel, taste, and move. Occasional fish eaters face a lower health risk than people who frequently eat mercury-contaminated fish.

Is there anything special people can do in preparing Wisconsin fish?

The University of Wisconsin Sea Grant Institute recommends trimming the fat and skin from filets before cooking. This can decrease the amount of contaminants in the fish by up to 40%. For more information on cooking and eating Great Lakes fish, visit the Sea Grant Institute's web site at http://seagrant.wisc.edu/greatlakesfish/cook_eat.html.

For people who don't like fish, are there other ways to get omega-3 fatty acids? What about fish oil capsules?

Because of their ability to thin blood and slow the clotting process, high doses of fish oils should be taken only under a doctor's supervision. This is especially true for people who are at risk of certain types of strokes or bleeding disorders, or are taking other drugs or supplements which thin blood.

What is the FDA's standpoint on fish oil capsules?

The FDA has recently considered the health claims associated with fish oil capsules and the prevention of heart disease. FDA is allowing a qualified health claim, about EPA and DHA omega-3 fatty acids in dietary supplements and reduced risk of coronary heart disease (CHD). This claim is being allowed even though the agency had determined that it did not meet the "significant scientific agreement" standard that had been previously established for such claims.

The qualified health claim states: "The scientific evidence about whether omega-3 fatty acids may reduce the risk of coronary heart disease (CHD) is suggestive, but not conclusive. Studies in the general population have looked at diets containing fish and it is not known whether diets or omega-3 fatty acids in fish may have a possible effect on a reduced risk of CHD. It is not known what effect omega-3 fatty acids may or may not have on risk of CHD in the general population." Such a claim may be used in labeling for EPA and DHA omega-3 fatty acid-containing dietary supplements, provided that such supplements do not recommend or suggest in the labeling, or under ordinary conditions of use, daily intakes exceeding 2 grams EPA and DHA omega-3 fatty acids.

For more information, the FDA's web site is located at <http://www.fda.gov/>.



Options for Improving Nutrition for Older Americans

The following is a summary of a General Accounting Office (GAO) report responding to a Congressional request to look at four nutrition programs – the Food Stamp Program, the Elderly Nutrition Program, the Commodity Supplemental Food Program, and the Child and Adult Care Food Program – to determine why some older persons do not use the programs and to identify ways to increase participation. Another summary of this GAO report is found in the September 22, 2000 *CNI Nutrition Week*. The full report, GAO/RCED-00-238, can be obtained by calling (202)512-6000 or visiting www.gao.gov.

According to the Food and Nutrition Service, the Administration on Aging and interviews with state officials and local providers, many factors prevent older adults from participating in food assistance programs:

- Many older adults take pride in their independence and think food assistance would compromise that.
- Some see food assistance as a form of welfare, which many older people view negatively.
- Older adults may not participate because of lack of transportation, especially in rural areas, or physical difficulty with leaving their homes.

Some barriers were identified that were unique to certain programs:

The Food Stamp Program is by far the largest of the four programs serving older adults, both in number of participants and cost. According to USDA, only about 30% of eligible elderly persons participate in the program. Officials say some older people believe the burden of applying for food stamps outweighs the benefits. In 1998, almost 40% of elderly households receiving food stamps received \$25 or less each month.

The Commodity Supplemental Food Program (CSFP) provides free boxed and canned food and nutrition education to low-income participants, including the elderly. Barriers to using the program include: the limited number of foods provided, packaging in amounts too large for one or two-person households, foods provided require too much preparation for elderly with difficulty cooking, and the food provided isn't consistent with many restricted diets.

The elderly do not use the **Child and Adult Care Food Program** primarily because not enough adult day care facilities participate. Directors said they do not participate because they are not aware of the program, their facilities do not meet program guidelines, paperwork is burdensome and reimbursement rates are low.



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Implications for Extension Educators

While Extension educators are not expected to be social workers, it is helpful to know which programs are available in your county and where to send older adults for more information. Understanding the barriers to using these programs and the difficulties faced by program organizers can help educators work with their clients on creative ways to overcome the problems. Extension can help older adults use their Food Stamp purchases or commodity foods to prepare meals that meet the Food Guide Pyramid recommendations and the Dietary Guidelines for Americans. Educators can also discuss food safety issues related to home delivered meals and safety and storage issues related to commodity foods when working with elderly consumers.



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Quest Card Conversion Almost Complete

The Wisconsin Quest card conversion for the state is almost complete. Only Milwaukee County food stamp recipients remain to be converted from paper food coupons to the new electronic card. Milwaukee County began its three-month rollout period in August as almost one-third of its 36,000 food stamp cases began to receive training. By the end of November, all food stamp recipients in Wisconsin will be utilizing the Quest card.

To read more about the Quest card conversion process, including how consumers are reacting and what is being done to address the needs of clients, go to <http://www.nutrisci.wisc.edu/nutrinet/newsletters/Oct00News.pdf>. On page 2-3 is an article by Jon Janowski, Director for Advocacy, Hunger Task Force of Milwaukee, describing the progress to date.



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Hunger Summit 2000 in Portage County

From the desk of Sherry T.:

Portage County Health and Human Services (PCHHS) hosted Hunger Summit 2000 on October 16, 2000 in Stevens Point in conjunction with World Hunger Day. While the concentration was on hunger and food insecurity in Portage County, people attended from many counties and from all walks of life in the state.

After looking at many wonderful interactive displays including Portage County WNEP, the first activity was a hunger awareness lunch where the serving of one or two lunches per table was delayed. This left apprehensive “hungry” individuals at each table. While offers to share lunches began spreading across the tables, after introductions and hunger awareness statements, all were served.

Portage business owners, John and Patty Noel, gave a brief overview and encouraged everyone in the audience to try to get more business people involved in hunger related initiatives. Mr. Noel made this statement after noting that only one other person in the audience of about 150 people was representing a business. Following an introduction by Lauri Rockman (PCHHS), Will Allen, a former professional basketball player and currently a farmer dedicated to alleviating food insecurity, presented the keynote address on his action steps to feed and educate children at risk. This included a video presentation entitled “Growing Power” that highlighted his successful youth community garden initiative in Milwaukee County. Following another video, which included case studies of hunger in Portage County, Pat Ludeman (UWEX, Hunger Prevention Council of Dane County), Larry Jones (UWEX) and Michael Skaer (Food & Nutrition Service, USDA) presented an “Innovations Panel Discussion” to present current efforts to alleviate hunger in their organizations.

The remainder of the day was facilitated by Linda Cates (UWEX) and was spent brainstorming in small groups on what steps could be taken to alleviate hunger. Each group presented their top ideas. The following ideas were shared:

- “Victory Gardens” emphasizing the educational aspects of gardening in all schools
- Food programs, i.e. snacks and meals, at appropriate times within the school day
- Start with ourselves and then educate others
- Involve and hold the business community “accountable”
- School breakfast programs in all schools
- Standard, simplified application process for all programs geared toward alleviating food insecurity
- Nutrition education



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- Advocate appropriate legislation
- Community involvement: gardens, communication of issues, sharing resources
- Mobile service pantry to reach rural areas
- Change public policy through regular forums
- Promote intergenerational education
- Form partnerships

The afternoon closed with an original song written and performed by Bruce Hobright and Patti Sandman encouraging us to reach out and do our part to alleviate hunger in our communities.

UW-Cooperative Extension is heavily involved in many aspects of alleviating food insecurity in the state. Many of the audiences we work closely with are at the greatest risk for experiencing hunger and food insecurity. Being sensitive to the needs of our clients is important in making steps towards solving these problems in our state.