



Nutrition for Family Living

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April, 2003 Topics

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Family meals and adolescent diet quality

Family meals appear to play an important role in promoting positive eating behaviors among adolescents. A population-based, cross-sectional study was conducted with 4,746 middle and high school students with diverse racial and socioeconomic backgrounds from Minneapolis/St. Paul public schools. The students completed the Project EAT (Eating Among Teens) survey and the Youth and Adolescent Food Frequency Questionnaire. The study had two objectives: to examine family meal patterns across gender, school level, race/ethnicity, mother’s employment status, and socioeconomic status (SES), and to examine associations between family meal patterns and food and nutrient intake among adolescents.

The data showed that:

- Girls reported fewer family meals than boys, and were more likely to report no family meals during the past week.
- Middle school students reported more family meals than high school students.
- There were significant differences among racial groups. Asian American teens, which in this sample were mostly Hmong, reported the greatest number of family meals.
- Teens whose mothers did not work outside the home reported the most family meals; teens whose mothers worked full time reported the fewest.
- Teens in higher socioeconomic groups reported the most family meals.
- Teens who reported more family meals also reported eating more fruits, vegetables, grains, and calcium-rich foods, and fewer soft drinks.
- Teens who reported at least 7 family meals during the past week reported eating fewer snack foods.
- Teens who ate more family meals had higher intakes of energy, percentage of calories from protein, calcium, iron, vitamins A, C, E, B6, folate, and fiber.



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Implications for educators

Family meals are not extinct. However, about one third of the respondents reported eating with their family two or fewer times during the previous week. *There is much room for improvement in the number of families that eat together frequently.*

As students progressed from middle school to high school, they ate fewer family meals. Previous research has shown that dietary quality also decreases during this time, especially fruit and vegetable intake. Changes in family meal patterns may be contributing to this trend.

As mothers worked more, teens reported fewer family meals. Future research could focus on what strategies working mothers use to make family meals happen when they do. *Educators can help by sharing strategies for quick and nutritious family meals with working mothers.*

There is wide variability within socioeconomic groups, as well as between socioeconomic groups, when it comes to the frequency of family meals. Because of this degree of variability, *educators should be careful not to make assumptions about families based on racial/ethnic or socioeconomic groups.*

This study showed clear evidence that dietary intake improved as the number of family meals increased. Other studies have confirmed that family meals can have an important role in promoting good nutrition among adolescents. This is especially important due to adolescents' greater nutritional needs; the potential for developing eating habits that will continue into adulthood, and the inadequate intakes reported by many adolescents. *Educators can remind parents that there are many well-established reasons why family meals are good for teenagers.*

Neumark-Sztainer D, et al. Family meal patterns: Associations with sociodemographic characteristics and improved dietary intake among adolescents. *J Am Diet Assoc.* 2003;102:317-322.



Focus on teaching: Messages people will hear

Anyone who has worked in nutrition education knows that simply educating people about healthy choices does not guarantee that they will make healthy choices. An article in the December, 2002 *Journal of Extension* gives some tips for presenting health and nutrition messages in a way that will encourage people to act on knowledge and make behavior changes.

Reviewing the literature, four factors contribute to whether a person will adopt or reject a preventive health behavior, such as improving their diet:

1. *Perception of risk.* When people don't believe they're at risk, they're not motivated to change. On the other hand, if people believe they are at great risk of developing a health condition, they may adopt fatalistic or avoidance behaviors. For example, people who are very anxious about heart disease but don't believe they can change their eating habits may justify eating high fat foods by saying that they could die tomorrow in a car accident. Another example is a person who is worried about heart disease and believes that heredity matters more than diet. They may continue to eat a high fat diet because they believe that heart disease is "in their genes."
2. *Perception of self.* Self-efficacy is a person's belief that they CAN accomplish the desired behavior. People with greater self-efficacy are more likely to adopt health behaviors in the absence of significant barriers.
3. *Environmental conditions, both physical and social.* Difficulty in obtaining health services, healthy food, transportation, and financial resources can all be barriers to adopting health behaviors, especially in rural areas or among people with limited incomes. Social contacts can affect people's health values and their opinions about the social desirability of health behaviors. For example, a person may learn that a meat thermometer is important in safely cooking a Thanksgiving turkey, but if their family and friends think it's unnecessary, they may be unwilling to use one.
4. *Perceptions of costs and benefits of the recommended behavior.* For people to adopt a new health behavior, they need to feel that the benefits outweigh the costs.

Guidelines for written or verbal messages:

1. Present a realistic picture of risks.
2. Bolster people's confidence in their ability to adopt the behavior. Demonstrate that the desired behaviors are easy to do. Express confidence in the learners' ability to adopt the behavior.
3. Show people how the recommended behavior can produce the desired results.
4. Acknowledge the constraints of the social and physical environments, and provide suggestions and motivations for overcoming barriers.
5. Promote benefits in relation to costs.

The best messages will consider the target audience's specific obstacles to adopting the recommended behaviors, and show them how to overcome those obstacles.



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Implications for Educators:

While knowledge and education are important parts of effective message and program design, other factors that affect health decisions should also be considered. People's perceptions of risks, perceptions of their ability to adopt recommended behaviors, physical and social environmental factors, and the perceived costs and benefits all inform personal health decisions. By incorporating these factors into written and verbal messages, Extension educators can more effectively promote behavior changes that result in improved health.

Gordon, Joye C. Beyond Knowledge: Guidelines for Effective Health Promotion Messages.
Journal of Extension. 2002;40(6).



“Overweight, underweight, or just about right?” People’s misperceptions of their weight

A recent analysis of data from the 1994-1996 Continuing Survey of Food Intakes by Individuals (CSFII) and the Diet and Health Knowledge Survey (DHKS) was conducted by USDA’s Economic Research Service. Its objective was to determine which categories of individuals were most likely to be mistaken about their weight status. This information is important in designing obesity prevention efforts – if people who are overweight do not consider themselves to be overweight, they may disregard public health messages about obesity because they believe they are meant for someone else.

The surveys included the question, “do you consider yourself to be overweight, underweight, or about right?” Responses were compared with BMI data collected as part of the survey.

Four categories described the match between people’s perceptions and reality:

Realists: people who are overweight or obese, and say they are overweight

Practical: people who are a healthy weight, and say they are a healthy weight

Doubters: people who are overweight or obese, and say their weight is about right

Anxious: people who are a healthy weight and say they are overweight

The study showed:

- More women than men were Realists (41% vs 35%); Practical (34% vs 30%), and Anxious (14% vs 4%). More men than women were Doubters (31% vs 11%).
- Among those with more education, there were fewer Doubters and more Anxious, but overall perceptions were more accurate among those with more education.
- A majority of Asian respondents were considered Practical. Among blacks, there were more Doubters and fewer Anxious than among whites. Hispanics fell between Blacks and Whites in numbers of Doubters and Anxious.
- Age had a substantial effect on the distribution of the groups. The greatest number of Realists (who were overweight and knew it) was in the 50-69 age group.

Realists will most likely recognize that messages about obesity are intended for them, but Doubters probably will not. Messages about obesity won’t be relevant to Practical, and may actually be harmful to Anxious. Until Doubters, who are more concentrated among men, middle-aged adults, and those with less education, agree that they are overweight, they are unlikely to act on a message linking overweight and health risks. Many Realists are well informed about diet and health, despite being overweight, and believe their obesity is genetic and maintaining a healthy weight is less important. Realists are more common among Blacks, women, and middle-aged subgroups.

Implications for Educators: In a typical brief educational contact, educators won’t be able to place their learners in a category and then individualize their teaching. Also, in most settings, a group of learners is likely to be a mixed group. However, this study ties in with the previous article to emphasize the importance of presenting messages people will hear. It may be useful to know which attitudes are most common among certain population groups when planning your teaching, so your educational messages won’t “fall on deaf ears.”

Kuchler, Fred and Variyam, Jayachandran N. Misperceptions in self-assessed weight status vary along demographic lines. *Food Review*. 2002;25(3):21-27.

<http://www.ers.usda.gov/publications/foodreview/dec2002/>



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Milk promotion agencies to combine resources

In a move designed to create greater operating efficiencies, the Wisconsin Milk Marketing Board, Inc. (WMMB) and the Dairy Council of Wisconsin (DCW) boards of directors have agreed to consolidate operations.

WMMB provides most of DCW's \$2 million budget. Under the agreement, DCW's school nutrition, communications and technical services functions will be merged with WMMB. Five to seven jobs will be eliminated in the move, primarily in administrative areas, and DCW's Westmont, IL office will be closed.

"This move will reduce redundancies in our respective organizations and allow us to realize significant savings," said WMMB Board of Directors Chairman Clarence Castleberg. "By becoming more efficient we will be able to re-direct resources into other areas of the organization that need to be shored up, such as nutrition education in our schools."

At the same time, WMMB, funded by Wisconsin dairy producers, also has initiated a partnership with the Midwest Dairy Association. MDA will now assume from DCW the role of implementing nutrition education in the 17 counties of northern Illinois schools. WMMB's retail and foodservice promotions will continue in the marketplace.

"The only change in the marketplace will be which organization is executing the school nutrition programs in northern Illinois," stated James Robson, CEO of WMMB. "This change will allow us to expand our school nutrition programming in Wisconsin and, by partnering with other organizations, to build a stronger program in northern Illinois," he said.

The move to combine resources will become effective July 1. The Wisconsin Milk Marketing Board, a non-profit organization funded by the dairy farmers of Wisconsin, promotes the consumption of milk and other dairy products.

From a press release distributed by DCW. For more information, contact James Robson, WMMB (608) 836-8820 or Dan Borschke, DCW (630) 655-6980.



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Since you asked: Community resources for obesity prevention

Q: I am part of a task force in the county working on the obesity problem. Can you suggest any resources we can use in getting our group "off the ground?"

A: There are a number of resources for counties to use when addressing obesity prevention.

1. **The Children and Weight: What Communities Can Do** resource kit is a "how-to" guide for community leaders who want to launch a local task force dedicated to reducing childhood overweight. One copy of this resource from UC-Berkeley Extension is available to borrow from Media Collection. If you'd like to order one, it would be worth the \$100, especially if you would like help thinking carefully about an approach that does more good than harm. The link for ordering is <http://anrcatalog.ucdavis.edu/merchant.ihtml?pid=5523&lastcatid=349&step=4>
2. **Surgeon General's Call to Action To Prevent and Decrease Overweight and Obesity:** <http://www.surgeongeneral.gov/topics/obesity/calltoaction/CalltoAction.pdf>
3. **Hearts N' Parks Community Mobilization Guide** from the National Recreation and Park Association (NRPA) and the National Heart, Lung, and Blood Institute (NHLBI). This guide is intended to help local community, park, and recreation agencies promote heart-healthy lifestyle changes such as increased physical activity and heart-healthy eating among children and adults. It includes background information; reproducible materials; techniques for creating activities; tools for reaching target audiences, forming partnerships, and working with the media; assessment tools to measure progress; and examples of how the program has worked in various communities around the country. It can be ordered from: NHLBI Health Information Center, PO Box 30105, Bethesda MD 20824-0105; Phone: 301-592-8573, Fax: 301-592-8563, online catalog at <http://email.nhlbihin.net/default.asp>. The cost is \$12.50 + \$5.00 S&H
4. **Promoting Physical Activity: A Guide to Community Action**, published by the Centers for Disease Control and Prevention. This guide shows you how to facilitate behavior change both from an individual and a community perspective. Using a social marketing and behavioral science approach to intervention planning, the text guides you step-by-step in addressing your target population's understanding and skills, the social networks, the physical environments in which they live and work, and the policies that most influence their actions. By discovering what matters most to the people you want to reach, you'll be able to create physical activity programs and messages that your specific audience wants, needs, and is ready for. It can be ordered through Human Kinetics, PO Box 5076, Champaign, IL 61825-5076, Phone: (800) 747 - 4457 or (217) 351 - 5076. The cost is \$32.00.