Prevalence of physical activity among US adults, 2000 and 2001

During 1986-2000, the Behavioral Risk Factor Surveillance System (BRFSS) included questions that measured leisure-time physical activity, primarily exercise or sports-related activities. These questions were developed before the Centers for Disease Control and Prevention (CDC) and the American College of Sports Medicine concluded that health benefits could result from a minimum of 30 minutes of moderate physical activity on most days of the week. New BRFSS lifestyle activity questions were developed in light of this new information and included for the first time in the 2001 survey. The results show that US adults are still not physically active at levels that promote health.

In 2000, BRFSS respondents were asked to report the frequency and duration of the two most common leisure-time physical activities in which they participated during the previous month. In 2001, respondents were asked to recall overall frequency and duration of time spent in household, transportation, and leisure-time activities of moderate intensity (such as gardening, vacuuming, brisk walking, or biking) and of vigorous intensity (such as running, aerobics, or heavy yard work) in a typical week.

These two questions produced very different estimates of the nation’s level of physical activity. The 2001 lifestyle activity questions classified more people as physically active than did the 2000 leisure-time activity questions. In Wisconsin in 2000, a total of 27.1% of adults engaged in activities consistent with the recommendations, compared with 52.3% in 2001. Physical inactivity was measured by the same tracking question and was similar in Wisconsin in 2000 (22.0%) and in 2001 (20.6%). Because of the change in questions, the difference in the numbers may not reflect an actual increase in physical activity, but the new questions should provide an updated baseline for evaluating the effectiveness of public health physical activity interventions.

http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5232a2.htm
Weight Loss: What's South Beach Got to Do With It?

By Gail Frank, DrPH, RD, CHES
Visiting Professor, Department of Nutritional Sciences, University of Wisconsin-Madison (fall, 2003)
Professor of Nutrition, California State University Long Beach
Adjunct Professor of Internal Medicine, University of California Irvine
Spokesperson, American Dietetic Association

The South Beach diet has become the latest tidal wave in the endless flow of ‘new’ or ‘improved’ dieting plans. With the aura of a trendy Florida locale and the anticipation of a lean, tan body, South Beach is sure to conjure visions of pleasure while motivating readers to endure three waves of food restriction. Yes, initial weight loss will likely occur, but at what cost?

The credibility of the diet is enhanced by the professional credentials of its cardiologist author, Dr. Arthur Agatston. Overweight individuals may sense that they might be able to double-dip, that is, lose weight and promote a healthy cardiovascular system at the same time.

But, the skinny on what's publicized is this:

The diet begins with a 3-phase training table. Phase 1 is quick and only 2 weeks. Phase 2 is projected as several weeks but could last forever (a.k.a., the hook to keep you on the diet forever!), because this is the phase for people to reach their desired weight loss. Phase 3 is the 'eat and cheat' period to make the diet conform to the lifestyle of the person while hopefully keeping the weight off. Lack of success in Phase 3 means returning to Phase 1.

Each phase restricts food intake to about 1,200 to 1,400 kcal, irrespective of the dieter's gender, age or actual body weight. The percentage of calories from fat hovers above the 30% recommended in the 'Dietary Guidelines for Americans' and the 'National Cholesterol Education Program.' Two snacks a day are recommended, and after Phase 1 foods from all food groups, especially less processed foods, are encouraged.

The South Beach Diet includes all the meat of the Atkins' eating revolution and gradually allows more carbohydrates to flow into the eating plan, encouraging fruit, vegetables and whole grains during the middle phase, along with nuts and oils for monounsaturated fat.

All carbohydrates are eliminated for the first 2 weeks. The publicized result is the 8-13 pounds of weight loss mostly from water. Then the focus shifts to the glycemic index as the tool to keep body weight down or to promote further weight loss.

It seems that the the South Beach Diet is riding both the wave of popularity of the Atkins diet and the wave of curiosity and fun people are having with the glycemic index. Why?

People love the taste of fat and they also love the concomitant melting of pounds, albeit water, indicated on their bathroom scale. So, Phase 1 jump-starts the weight loss with a 2-week taste bud pleasure plan. That's about as long as most adults can eat meatballs without spaghetti and burgers without buns.

Basing the diet on the glycemic index is difficult for many nutrition experts to accept. The glycemic index is not applicable to everyone, though everyone likes to blame carbohydrates for their being overweight! The glycemic index is more applicable to specific regulation of blood
glucose than to actual loss of body fat. Nonetheless, the mentality of the dieting public focuses on their believed 'culprit' foods, namely carbohydrates.

The South Beach diet and other fad diet plans do not partner physical activity with dieting, which is inappropriate. An hour of physical activity is now as dominant a national health recommendation as eating a minimum of 5-A-Day fruits and vegetables.

The South Beach Diet appeals to those wanting a quick fix, and won't appeal to those who need to work on reduced portions of their favorite desserts or snacks while pacing themselves through Phase 2. These phases remind me of another phased plan for healthy eating written by a well-known and distinguished cardiologist, Dr. William Connor, and his wife, Sonja, a researcher and Registered Dietitian.

The Connors tested and created a healthy eating pattern with real communities of people. They had body weight and biochemical profile data on which to base their plan and gave people checklists to evaluate their eating and activity before they launched their diets. The New American Diet allowed people to move through 'phases' adjusting favorite, yet problematic foods, to lower their calories and to improve their cardiovascular health and longevity. This is the preferred context for a diet, any diet.

For Extension educators, two important take-home messages rage like the tributaries of the mighty Mississippi.

First, income and body weight are poised at opposite banks of the river. Obesity is more prevalent in low-income populations. Working with low-income clients often means working with those facing the greatest challenges to achieving or maintaining a healthy weight: insufficient nutrition knowledge, limited cooking skills, and difficulty gaining access to healthy food resources. Some members of this population are especially vulnerable to the lure of a "quick fix" fad diet.

Second, the effect of media discussing every new diet like a "news story" positions that particular diet as the brightest, guiding star --- one to follow when navigating the diet world. Educators may feel like they’re swimming upstream at times, but the Dietary Guidelines for Americans and the Food Guide Pyramid remain the best advice and easiest model for long-term, healthy eating habits.
Education for Today's Media Savvy Consumers -- Enhancing Our Skills and Messages

Dr. Gail Frank will be presenting at district inservices on working with the media. Susan Nitzke will be a co-presenter, and David Giroux from the Extension Chancellor’s Office will also contribute to these sessions:

- October 14, southeast district
- October 15, central district
- October 16, southern district
- November 18, western district
- November 19, northern district
- December 3, northeast district

"Education for Today's Media Savvy Consumers -- Enhancing Our Skills and Messages"

Objectives: At the end of the seminar, the participant will be able to develop a practical media list for a local tv station, radio show, or newspaper; list and demonstrate three practical techniques for tracking the media; develop four concise media messages or 'sound bites' for two pertinent nutrition topics; list five ways to evaluate media messages or stories for validity and reliability; draft one concise pitch letter to a media outlet on a current nutrition topic; define and demonstrate hooking, bridging, and flagging interview techniques; and outline five ways to expand a media base with professional colleagues.
Walk, Dance, Play… Be Active Every Day!  2004 Plans

The Nutrition Education Network welcomes Mary Jane Getlinger as she follows Kate Pederson in the position of Network Coordinator. Kate has left our department to pursue her interest in massage therapy, yoga and nutrition counseling. We wish her great success and thank her for her years of dedicated service.

We are pleased to announce that Mary Jane Getlinger joined our staff as the new Wisconsin Nutrition Network Coordinator on Sept. 9. Her phone number will be the same as Kate's (608-265-2108) and her email is mjgetlin@nutrisci.wisc.edu.

Mary Jane comes to us with 23 years of experience with the USDA, Food and Nutrition Service. She has worked in the Food and Nutrition Service Midwest Regional Office in Chicago which services the six Midwest states of Illinois, Indiana, Michigan, Minnesota, Ohio and Wisconsin. At USDA, Mary Jane was Section Chief for the School and Community Nutrition Programs responsible for the administration of the National School Lunch Program, School Breakfast Program, After-school Snacks, Team Nutrition, Food Distribution for Schools and Indian Reservations, and The Emergency Food Assistance Program (TEFAP) in the Midwest Region.

County teams have submitted applications and a training teleconference is planned for Wednesday, October 29 from 9-11am. Materials available for the 2004 campaign will include tip sheets, posters, and magnets, as in 2003, with new displays, news releases, parent handouts/menu backs, and activities for use with parents and preschoolers. Campaign activities will take place during March, April and May of 2004.

For more information, contact Mary Jane Getlinger (608)265-2108 mjgetlin@nutrisci.wisc.edu, or Betsy Kelley, (608)265-8785 kelley@nutrisci.wisc.edu.
For the record:  Action for Healthy Kids

(distributed to FLP listserv – reprinted here for the archive/index)

Many school districts and local/state policy makers need up-to-date information to help them make critical decisions that may affect children's health, nutrition and ability to learn.

The national and state Action for Healthy Kids initiative teams have resources that should be helpful. For example, at this website http://www.actionforhealthykids.org/teamtools/apitools.htm you will find:

*Health-Promoting Foods in Schools*
- Fact sheet on “Building the Argument: Providing Health-Promoting Foods Throughout Our Schools”
- Fact Sheet on “Healthy Foods and Healthy Finances How Schools Are Making Nutrition Changes that Make Financial Sense”
- Fact sheet on “Healthy Eating Guidelines for Schools,” including sample nutrition guidelines from districts and states
- Virtual Folder: Health-Promoting Foods in Our Schools

*Improving Physical Education and Physical Activity in Schools*
- Building the Argument: The Need for Physical Education and Physical Activity in Our Schools
- Virtual Folder: Physical Activity and Physical Education -- The Tools You Need to Make the Case
- Powerpoint Presentation: The Need for Physical Education and Physical Activity in Our Schools

*Education and Awareness-Building*
- Tips for Engaging Decision-Makers
- Virtual Folder: Basics about the Legislative Process

*Other tools include:*
- Healthy School Fundraisers: Tips from AFHK State Teams
- Ten Tips for Getting Youth Involved on AFHK State Teams
- Nutrition Education Intervention Resources
- Working Effectively with School Boards and School Administrators


The Changing the Scene tool kit addresses the entire school nutrition environment such as commitment to nutrition and physical activity, pleasant eating experiences, quality school meals, other healthy food options, nutrition education and marketing the issue to the public.

Additional resources will be shared at the November Family Living statewide conference.

--Susan Nitzke, UW-Madison/Extension
For the record: Food Guide Pyramid revisions

(distributed to FLP listserv – reprinted here for the archive/index)

The USDA Center for Nutrition Policy and Promotion has just published a Federal Register notice asking for comments on its planned revisions to the Food Guide Pyramid. The proposed revisions will most likely be re-revised and released along with the next edition of the Dietary Guidelines for Americans in 2005.

The basic structure of the Pyramid is not drastically changed in this proposal, but there are details which may ultimately affect our messages. For example, food group intake patterns are broken down to 12 levels based on energy intake ranges from 1,000 to 3,200 calories/day. There's also a breakdown of vegetable group recommendations into dark green, deep yellow, legumes, starchy and other (helping educators show that three servings of french fries doesn't work) and there's a new specification of "additional fats" which are added in cooking, at the table or when higher fat items such as whole milk and cookies are selected from the food groups. Furthermore, the additional fat recommendations are broken into two categories -- solid fats and oils/soft margarine -- to address the need to minimize saturated and trans fats.

We'll share more details in the Nutrition for Family Living e-newsletters in the coming months (http://www.uwex.edu/ces/wnep/p3/mmindx.html). In the meantime, please keep in mind that these proposed changes are not cast in stone. Indeed, sparks may fly as various experts and the interest groups make their case for and against these proposed changes.


--Susan Nitzke, UW-Madison/Extension