

Nutrition for Family Living

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June, 2004 Topics

Waist size is one factor in heart disease risk

ADA Publishes Position Statement on Dietary Guidance for Healthy Children Ages 2 to 11 Years

To answer your question: Using Nutrition for Family Living as Your “Research Base”

Waist size is one factor in heart disease risk

Waist circumference has been found to be a better predictor of heart disease risk than Body Mass Index (BMI) in a recent study of overweight women. For a group of 80 women in Connecticut, ages 20-45, some predictors of coronary heart disease risk (insulin and leptin) were related to both BMI and waist circumference. In addition, as the women’s waist sizes increased, so did their diastolic blood pressure, and their blood levels of triglycerides and another risk factor called ApoC-III. In addition, the study by Lofgren and others showed that waist size was associated with the women’s levels of exercise – the women with larger waist circumference walked an average of 1000 fewer steps per day.

Implications for Extension educators: The 2000 Dietary Guidelines for Americans (DGAs) state that high waist circumference and high BMI indicate higher risk for chronic disease, along with family history, smoking, sedentary lifestyle, high blood pressure, abnormal blood lipids, diabetes and being an older male or postmenopausal female. According to the DGAs, “excess abdominal fat may place you at greater risk of health problems, even if your BMI is about right.” Generally, waist circumference over 35 inches for women and 40 for men indicates excess deposits of abdominal/visceral fat. Of course, no one individual’s risk of chronic disease is completely predicted by the size of their waist. Whether your body tends to store excess fat in the abdominal area rather than on your hips and thighs is partly determined by genetics. This study shows that it may also be affected by exercise.

Source: Lofgren I, Kerron K, Zern T, et al. Waist circumference is a better predictor than Body Mass Index of coronary heart disease risk in overweight premenopausal women. *J. Nutr.* 2004;134:1071-1076.



ADA Publishes Position Statement on Dietary Guidance for Healthy Children Ages 2 to 11 Years

The American Dietetic Association's dietary guidance for healthy 2 to 11-year-old children was recently summarized as a position statement (J Am Diet Assoc. 2004;104:660-677). The statement describes current trends in children's diet quality and eating patterns, followed by recommendations and guidelines.

Highlights of nutrition trends among children:

- **Improved health in some areas** - the past 3 decades have seen improvements in children's health as evidenced by declining rates of infant mortality and nutrition deficiency diseases.
- **Overweight** - the prevalence of overweight children has tripled over the past 3 decades. Overweight is now more prevalent among American children, including low-income children, than underweight or growth retardation.
- **Food insecurity** - although chronic undernutrition is rare in the U.S., nearly 11% of all US households were food insecure sometime during 2001. Food insecurity affects children's emotional, behavioral, and cognitive development.
- **Iron deficiency anemia** - the incidence of this condition has decreased in the U.S. recently, but its prevalence still remains higher than the 2010 national health objectives.
- **Critical nutrition concerns** - concerns for US children include excessive intakes of dietary fat, especially saturated fats, and inadequate intake of foods rich in calcium (milk products) and fiber (whole grains, fruits and vegetables).
- **Role of breakfast** - Children who eat breakfast tend to eat more grains, fruits, and milk products, and have more variety in their diets, than children who skip breakfast. Breakfast consumption declined between 1965 and 1991 among children and teens; currently about 10% of children skip breakfast.
- **Role of school meals** - More than 25 million children participate in the National School Lunch Program daily. Those children are likely to consume more vegetables, milk products, meat and meat substitutes, and fewer soft drinks and/or fruit drinks, than children who are not participating in the program. For some 10-year-old children, approximately 50%-60% of total daily intake of energy, protein, cholesterol, carbohydrate, and sodium comes from school meals.

Dietary Recommendations and Guidelines:

- **Food** - Support and promote the Dietary Guidelines for Americans for healthy children over the age of 2 years. The best tool for helping the US public meet the US Dietary Guidelines is the USDA's Food Guide Pyramid or Food Guide Pyramid for Young Children.
- **Physical activity** - Children need to be physically active every day for at least one hour. Educational efforts about limiting child TV/video viewing and keeping the TV out of the child's bedroom need to begin before the child is 2 years old. Daily physical education in schools should be a goal, with an emphasis on active lifestyle through enjoyable participation, rather than on competitive sports.
- **Role of parents** - Parents can influence children's dietary practices in at least five areas: availability and accessibility of foods, meal structure, adult food modeling, food socialization practices, and food-related parenting style.



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- **Role of schools** - The school is consistently recognized as an appropriate site for health education and promotion. Multicomponent prevention models should be used to incorporate a broad spectrum of school-related activities and services that intersect. The goal is to provide students and their families with exposure to a range of cognitive, effective, and skill development opportunities that can foster improved health. Examples include a health curriculum for students and parents, healthful school meal environment, school health services, and school-community linkages.

Implications for Extension educators:

- The US Dietary Guidelines for Americans and USDA Food Guide Pyramid continue to be appropriate foundations for nutrition education in schools and communities.
- It is important to encourage adequate physical activity among children and adults.
- Parenting educators and nutrition educators can help parents develop healthful eating practices.
- Community coalitions that address child nutrition and/or obesity should remember the central role of schools (meal programs, nutrition and physical education curricula, opportunities for active play during and after school, foods served or sold to students during the school day and at school-sponsored events, etc.) as they work to make overall improvements in children's health.
- Many of the studies and surveys cited in this ADA position statement have been summarized in previous issues of Nutrition for Family Living, and can be found here http://www.uwex.edu/ces/wnep/p3/NFLindex_DQAgeAppr.html (scroll to the heading "children").
- Here are some teaching resources that you may find helpful:
 - Parents and Children Sharing Food Tasks (lesson module for use with parents) http://www.uwex.edu/ces/wnep/tch_res/res_detail.cfm?resource_id=194
 - Feeding Young Children (series of case study-based lesson plans for use with parents) http://www.uwex.edu/ces/wnep/tch_res/res_detail.cfm?resource_id=257
 - Nibbles for Health (newsletters for use with parents) http://www.uwex.edu/ces/wnep/tch_res/res_detail.cfm?resource_id=260
 - Power of Choice (curriculum for use with 11-13 year olds) http://www.uwex.edu/ces/wnep/tch_res/res_detail.cfm?resource_id=266
 - Food Works and Food Time (curricula for use with elementary and middle school youth) http://www.uwex.edu/ces/wnep/tch_res/res_detail.cfm?resource_id=234
http://www.uwex.edu/ces/wnep/tch_res/res_detail.cfm?resource_id=235
 - Youth Curriculum Sourcebook (curriculum for use with 5-11 year olds) http://www.uwex.edu/ces/wnep/tch_res/res_detail.cfm?resource_id=23
 - The Foods I Eat, the Foods you Eat (kit for use with preschoolers) http://www.uwex.edu/ces/wnep/tch_res/res_detail.cfm?resource_id=107
 - Other materials http://www.uwex.edu/ces/wnep/tch_res/res_search.cfm



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To answer your question: Using Nutrition for Family Living as Your “Research Base”

Q: I will be teaching about appropriate feeding practices for young children, and I anticipate being challenged by this particular group. I plan to use Parents and Children Sharing Food Tasks. Can you point me to the research behind the recommendations that are in this lesson module, so that I can back myself up if I need to?

A: The Nutrition for Family Living (NFL) newsletters can be a place for you to access the research behind what you are teaching, particularly for Dietary Quality topics. The newsletter articles are often summaries of research studies and are indexed in over 30 topic areas for easier reference. The topic areas are listed here <http://www.uwex.edu/ces/wnep/p3/NFLindex.html>.

For your particular question, go to the topic area “Dietary Quality: Age-appropriate meals and snacks” – then to the heading “children,” where you will find a number of relevant articles, including the following:

“Children eat more when served more” June 2003 issue

<http://www.uwex.edu/ces/wnep/p3/mmpdfs/0306.pdf#page=1>

“Parents’ effects on young children’s eating” March 2001 issue

<http://www.uwex.edu/ces/wnep/p3/mmpdfs/0103.pdf>

“Parents serve as role models for eating fruits and vegetables” Feb. 2002 issue

<http://www.uwex.edu/ces/wnep/p3/mmpdfs/0202.pdf>

Of course, always feel free to contact a specialist if you don’t find what you are looking for.