



# Nutrition for Family Living

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## August, 2004 Topics

Child Nutrition Bill Calls For School Wellness Policies

The Fats About Nuts

African American Participation in Food Stamp Nutrition Education and the Expanded Food and Nutrition Education Program – what can we learn from Los Angeles County, California?

Highlights from the 2005 Society for Nutrition Education Annual Conference

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## Child Nutrition Bill Calls For School Wellness Policies

On June 30, President Bush signed the Child Nutrition and WIC Reauthorization Act of 2004. This new law has many provisions of interest to Extension educators, including an amendment requiring local school boards to establish wellness policies to promote health and reduce childhood obesity. The wellness policies must include nutrition guidelines for foods and beverages sold or served to children at school and the policies must be in place when the 2006-7 school year starts a little over two years from now. The bill also requires that parents, students, school food service authorities, the school board, school administrators, and the public be involved in developing the school's wellness policy. USDA will be given \$4 million to provide technical assistance.

This reauthorization bill also expands the fresh fruits and vegetables pilot program that currently operates in Ohio, Indiana, Iowa, Michigan and Mississippi to provide free fruits and vegetables to students in designated schools. Nutrition education programs and personnel will get more support at the state level, along with many pilot and grant programs intended to support local districts in improving nutrition and physical activity among students.

### *Implications for Extension:*

If you are teaching nutrition in schools or after-school programs or if you are part of a local coalition promoting nutrition and physical activity to address child overweight/obesity issues, you may be able to provide helpful assistance as schools gear up to develop wellness policies.

*The Eating Well and Being Active* (EWBA) team plan has relevant resources and information to support your activities in this area (<https://www.uwex.edu/ces/flp/apps/flrc/team/eating>). If you have successful activities, do not forget to report them. The EWBA team outcome 7 is "Communities/institutions develop and implement plans to improve nutrition and/or physical activity" and outcome 10 is "Wisconsin communities decrease community barriers to adoption of healthy nutrition and physical activity practices."

For more information:

[http://www.eatright.org/Public/Media/PublicMedia\\_20013.cfm](http://www.eatright.org/Public/Media/PublicMedia_20013.cfm) (American Dietetic Association press release on the Child Nutrition and WIC Reauthorization Act)

[http://www.frac.org/html/federal\\_food\\_programs/cnreauthor/cnrc\\_highlights.htm](http://www.frac.org/html/federal_food_programs/cnreauthor/cnrc_highlights.htm) (highlights of the act from FRAC)

The American Dietetic Association has several relevant position statements, including one on local support for nutrition integrity in schools:

[http://www.eatright.org/Public/GovernmentAffairs/92\\_adap0100.cfm](http://www.eatright.org/Public/GovernmentAffairs/92_adap0100.cfm)



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## The Fats About Nuts

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A research summary by Rebecca Surlles and Sherry Tanumihardjo

You are hungry and want a quick snack. You are in the mood for something tasty and satisfying but are trying to maintain a healthy diet and weight. Concerned about the risk of developing diseases such as cardiovascular disease (CVD), hyperlipidemia or Type 2 diabetes, your doctor advises you to eat a low-fat diet and lose a little weight. So what do you grab to eat? Nuts! Yes really, nuts.



Last year, the Food and Drug Administration (FDA) approved a qualified health claim for almonds, hazelnuts, pecans, pistachios, walnuts and peanuts. The claim states that, "Scientific evidence suggests but does not prove that eating 1.5 ounces per day of most nuts, such as almonds, as part of a diet low in saturated fat and cholesterol may reduce the risk of heart disease." Earlier this year, the FDA specifically approved the health claim for walnuts and included a phrase which states that including walnuts as part of a healthy diet should not result in increased caloric intake and the consumer should check the nutrition information for fat and calorie content.

Most experts agree dietary modification is a key element in the prevention and treatment of many chronic diseases. However, numerous diets recommend restricting fat intake. Unfortunately, many pleasant flavors are associated with dietary fats. Recent evidence suggests it is not the amount of fat that matters but rather the type that counts. Unsaturated fatty acids (monounsaturated and polyunsaturated), commonly found in high concentrations in Mediterranean diets, have been found to be inversely associated with CVD, hyperlipidemia and Type 2 diabetes. Monounsaturated fat is especially high in olive oil and polyunsaturated fats are high in liquid vegetable oils like canola, soy and corn.

Nuts are about 70 - 80% fat. However, the composition is mostly monounsaturated fatty acids and very little of the disease causing saturated fatty acids. Walnuts are unique in that they are also a good source of polyunsaturated fatty acids. Almonds are unique in that they are also a significant source of calcium. Studies show that walnut and almond consumption in free-living individuals can improve plasma cholesterol levels. In general, as little as 5 ounces of nuts per week may have a 30 - 50% reduction in CVD. Additionally, those who eat nuts 5 times per week or frequently consume peanut butter have a lower risk of developing Type 2 diabetes compared to those who do not.

While the process of action is unclear, it is believed that the unsaturated fatty acids found in nuts play a beneficial role in disease prevention by lowering low density lipoprotein cholesterol with little or no reduction in high density lipoprotein cholesterol. Unsaturated fatty acids may also improve insulin sensitivity and thereby prevent and aid in treatment of Type 2 diabetes. Nuts are also excellent sources of fiber, magnesium, potassium, vitamin E, and plant proteins; all thought to have potential protective effects against the above mentioned diseases.

Now for the punch line: nuts are high in fat but consumption is not associated with a higher body mass index. In fact, a review of nut-feeding studies and epidemiological evidence found nut eaters to have a lower body mass index compared to non-nut eaters. Furthermore, in a recent study where an additional 320 calories worth of almonds were supplemented to individuals for 6 months, there was no significant weight gain in the subjects. A possible explanation of why this occurred included evidence that nut eaters are more physically active, and thus may have a higher resting energy than non-nut eaters. Nuts are also believed to enhance the feeling of satiety and therefore prevent overeating. Finally, absorption of fats from nuts is incomplete, resulting in a significant amount of fat being excreted.



## Nutrition for Family Living August, 2004

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Implications: More research is needed on the role nuts play in prevention of disease and why consumption of this energy-dense food is not associated with higher body mass index. As with all high-fat foods, moderation is the key and beneficial effects are seen with about ¼ cup of nuts. Weight reduction is associated with eating nuts right before a meal. Thus, the next time you are hungry you may want to consider grabbing a handful of nuts instead of chips. In fact, go nuts!

### References:

Fraser, G.E. et al. Effect on body weight of a free 76 kilojoule (320 calorie) daily supplement of almond for six months. (2002) *J Am College Nutr.* 21:275-283.

Sabate, J. Nut consumption and body weight. (2003) *Am J Clin Nutr.* 78:647S-650S.

Hu, F.B. et al. Frequent nut consumption and risk of coronary heart disease in women: prospective cohort study. (1998) *BMJ.* 317:1341-1345.

Jiang R et al. Nut and peanut butter consumption and risk of type 2 diabetes in women. (2002) *JAMA.* 288:2554-2560.

Almario RU et al. Effects of walnut consumption on plasma fatty acids and lipoproteins in combined hyperlipidemia. (2001) *Am J Clin Nutr.* 74:72-79.

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## African American Participation in Food Stamp Nutrition Education and the Expanded Food and Nutrition Education Program – what can we learn from Los Angeles County, California?

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Food Stamp Nutrition Education (FSNE) and the Expanded Food and Nutrition Education Program (EFNEP) staff in Los Angeles (L.A.) County, California noticed a significant drop over time in the participation of African American learners in their programs. Their response to this trend is described in an article in the June issue of the Journal of Extension (volume 42). The entire article can be accessed here <http://www.joe.org/joe/2004june/a7.shtml>.

In 1969, 70% of EFNEP learners in L.A. County were African American. In 2000-2001, that percentage dropped to 6%. Likewise in 1970, 20% of African American families had incomes below the poverty level; in 2000 that percentage was 13%. Because there was not a significant increase of African Americans in L.A. County over those 30 years, this represents a decrease in the pool of potential African American nutrition program participants. In addition, low-income African Americans in this area have become more geographically dispersed, which makes outreach more challenging.

While less and less of the low-income population in L.A. County was made up of African American families over time, a look at health disparities demonstrates the continued need for nutrition education among this population. Nationally, rates of diabetes, kidney failure, cardiovascular disease, childhood asthma, and infant mortality are all higher for African Americans than for the population as a whole. For example, African Americans experience a 70% higher rate of Type 2 diabetes than do whites, and African American babies are almost three times as likely to be born with low birth weight as white babies.

Given the challenges of a smaller pool of potential participants who are more dispersed but at high risk for nutrition-related diseases, L.A. County and California Extension staff conducted interviews and focus groups to inform their outreach and programming with this audience.

Interviews: They first interviewed 10 community-based nutrition and health professionals to gather information about how to increase visibility of EFNEP and FSNE in the African American community.



## Nutrition for Family Living August, 2004

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Focus groups: They then conducted 7 focus groups with 70 low-income African Americans to understand this audience's perception of their nutrition education needs and what kinds of programs would be of interest.

Following are suggestions and ideas that came out of these interviews and focus groups. The authors point out that these are relevant to reaching any underserved group:

1. Use/develop materials that reflect images of the audience we are attempting to reach, including the dietary concerns of that audience.
2. Make connections between dietary practices and health concerns very concrete, addressing options for reducing sodium and/or moderating sugars in the recipes we provide and demonstrate.
3. Identify the programs by something other than their acronyms, which do not resonate with nutrition education to the intended audience.
4. Select locations for the programs that reflect the fact that the African-American population has dispersed from its traditional base in South Central Los Angeles.
5. De-emphasize the "low-income" designation of the audience for whom the program is intended. We can ensure that we continue to reach a low-income audience by other methods, such as by selecting the location in which we recruit and by doing eligibility screening.
6. Consider revising the attendance guidelines to encourage participants to attend classes in "teams," so that they can support each other in adopting healthier food practices.
7. Emphasize food demonstrations in the nutrition education classes.
8. Add an out-of-class component to the classes, which encourages participants to get additional information by visiting a supermarket, reading a nutritional label, or conducting an informal survey of friends and family.
9. Create new methods of publicizing the programs and inviting participation by personalizing the invitation in some way.
10. Consider holding the classes in the evening or on weekends. Programs are usually held Monday-Friday, but the mobility of our low-income audience, coupled with the fact that many of them are now working or attending school, may require that we shift class schedules to accommodate their needs.
11. Consider having childcare or supervision during the classes. Neither EFNEP nor FSNEP regulations currently allow for utilizing resources to provide childcare. It is possible that an ancillary funding source could be sought to cover these expenses.
12. Consider advertising the program in ethnic media outlets, such as radio stations and newspapers. Costs for such advertising would also need to be underwritten by a new source of funding, unless they are accepted as Public Service Announcements.



## Nutrition for Family Living August, 2004

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### *Implications for Extension*

In Wisconsin in 2002-2003, 42% of EFNEP learners and 9% of FSNE learners were African American. Some of the suggestions published by our California Extension colleagues may be helpful to consider in your county, or you may see suggestions that you are already implementing. Of note is that the content of the EFNEP booklet "Eating for Pleasure and Health" was partly based on findings from focus groups conducted with African Americans in Wisconsin.

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## Highlights from the 2005 Society for Nutrition Education Annual Conference

### **The Dietary Guidelines and Food Guide Pyramid**

*The Food Guide Pyramid: A Call-to-Action* symposium speakers presented current plans, developmental processes and technical considerations for the 2005 DGAs and Pyramid, as well as a panel on how nutrition educators are preparing for the new guidance system. Susan Nitzke was a member of that panel, speaking on behalf of Extension Educators. Susan shared the Pyramid issues we're facing in Wisconsin and emphasized that Extension educators will continue to offer nutrition education based on the Dietary Guidelines and Pyramid, with emphasis on research based content, needs based planning, theory based strategies, and outcome based evaluation.

Eric Hentges, Director of USDA/CNPP, announced that the Dietary Guidelines Advisory Committee scheduled an extra meeting for August 2004 to take care of some important issues that need more deliberation, but the USDA/CNPP is still planning to develop the consumer materials and graphics, pre-test them, and publish the materials by "early 2005." Following up on their previously announced food patterns, CNPP will soon decide whether to update the current Pyramid graphic or develop a new image to convey the key messages of this dietary guidance system. The proposed Food Guidance System for the food guide's graphic presentation and education materials was announced in a Federal Register notice in July. CNPP has asked for comments on the proposed system, either in-person at a public meeting on August 19, 2004 or in writing. A subcommittee of the Society for Nutrition Education's Advisory Committee on Public Policy is preparing written comments, and Susan Nitzke has helped prepare parts of their current draft. Here are some possible changes to be prepared for:

- servings in household measures like cups and ounces
- a possible new shape to replace the Pyramid
- more emphasis on whole grains
- more specific advice on legumes, dark green and deep-yellow vegetables
- more specific advice on types of fat and
- advice on limiting added sugars
- possible increases in milk/yogurt/cheese for some age groups

For more information, see an article on page 7 of the October 2003 Nutrition for Family Living at <http://www.uwex.edu/ces/wnep/specialist/nfl/mmpdfs/0310.pdf#page=7> and CNPP's website: <http://www.usda.gov/cnpp/pyramid-update/index.html>.



## Nutrition for Family Living August, 2004

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### **Beverages in schools**

A speaker from the National Association of Secondary School Principals (NASSP) shared his organization's new Guidelines for school beverage partnerships. They stress variety in vending options at the high school level and recommend that company logos not be used in textbooks, curriculum materials or book covers. This new document can be a resource for school wellness councils (see companion article in this issue of Nutrition for Family Living), as well as school administrators. The full document is on-line at [http://www.nassp.org/schoolimprove/school\\_beverage\\_partnerships.cfm](http://www.nassp.org/schoolimprove/school_beverage_partnerships.cfm).

Susan Nitzke is one of three co-authors of a viewpoint article that will be published in the *Journal of Nutrition Education and Behavior* this fall with suggestions for schools to consider when establishing policies on beverage choices.

### **Study of Fat Intake Behaviors**

Susan Nitzke presented a poster with results of a study of relationships among fat intake behaviors and dietary self-efficacy among obese WIC participants. The bottom line finding was that "nutrition education to reduce fat intake of WIC mothers should include strategies to cope with negative affect (sad feelings in times of trouble or stress) and these educational messages are appropriate for both Black and white low-income women."

### **Recommended method for doing a 24-hour food recall**

Amy Rettammel attended a session where Linda Ingwersen from USDA talked about the newest recommendations for completing accurate 24-hour food recalls. This is especially of interest to those of you with EFNEP programming, and is not too different from what we talked about when EFNEP staff gathered in Milwaukee last November to talk about doing recalls.

USDA tested 3 methods. One of the things they tested was what participants liked most. The method USDA settled on is called "multiple-pass" because you go over the information with the person multiple times, looking for different details each time. The method involves 5 steps:

**Step 1** – "Quick List" – here you just collect a list of foods consumed the previous day, midnight to midnight. You use memory prompts to help, like who they may have been with during the day or places they may have gone.

**Step 2** – "Forgotten Foods" – here you collect foods that were forgotten during step 1. You use categories of foods to help participants remember foods they may have missed, asking them if they had: nonalcoholic beverages; alcoholic beverages; sweets; chips or snacks; fruits, vegetables, or cheese; breads, tortillas, or rolls; or any other foods. Researchers found that foods in the beverages and chips/snacks categories were the most frequently missed foods. Participants liked this step because it helped them remember foods they had forgotten, and because they said it let them know that the person taking the diet recall was serious about getting it right.

**Step 3** – "Time and Occasion" – here you collect the time and name of eating occasions for each food. The way you can do this is to divide the day into sections – from midnight to 7 am, then 7 am to noon, etc. – to help get details about whether this was breakfast or a snack or lunch or what.

**Step 4** – "Detail Cycle" – here is where you collect detailed descriptions of each food, including amounts and additions to the food. This also gives the participant another opportunity to remember forgotten foods.

**Step 5** – "Final Probe" – one last time to remember forgotten foods. Using memory prompts like in Step 1 can help (in the car, shopping, during meal preparation, at meetings, etc.)



## Nutrition for Family Living August, 2004

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It's important to keep in mind that this method was developed for use in very involved, national food surveys where researchers have more time with people than we typically do in our programs. However it may benefit our programming, in places where we use the 24-hour recall, to apply parts of this method in ways that makes sense for our participants and settings.

### **Food Industry Response to the Obesity Epidemic**

Amy Rettammel attended a session where nutritionists from McDonald's Corporation and Yum Brands (parent company for Pizza Hut, A&W and others, as well as for companies in the packaged food industry) talked about what the food industry is doing in light of the obesity epidemic.

Cathy Kapica, PhD, RD, spoke about the McDonald's Corporation. She gave some basic information about McDonald's, including that it was founded in 1955 and currently has 30,000 restaurants worldwide (13,000 are in the U.S.). Every day in the U.S., 23 million people eat at McDonald's and 1.5 million people work there. She said that 80% of the franchises are independently owned.

McDonald's has a Global Advisory Council that includes health and fitness professionals. The Council has three main strategies it is working on: menu choice, physical activity, and education. Examples of what they have implemented include:

- Sold over 150 million salads in 2003
- Happy Meals are now available with apple slices and dip, and lowfat milk
- A fruit and walnut salad is now being tested in Los Angeles and Rockford, IL.
- Adult happy meals now available (salad, water, pedometer, and log book)

By the end of 2004, every McDonald's restaurant will have Nutrition Facts on the back of trayliners. At [www.McDonalds.com](http://www.McDonalds.com) consumers can choose a meal and get a nutrition analysis, and make changes to the meal and reanalyze.

Marilyn Schorin, PhD, RD, spoke about industry responses in general, rather than about one company. She pointed out that, in the packaged food industry, food and beverage store sales amount to \$44 billion per month. There are 320,000 packaged foods available to consumers, with 15,000 new foods introduced each year. However 9 out of 10 new foods introduced will fail within a year.

She categorized industry responses to the obesity epidemic in 5 ways:

- Developing better choices (dubbed "Better for You" - or BFY - products)
- Reviewing advertising policies
- Sponsorships and links to health authorities
- Involvement with non-profit foundations
- Private-public partnerships

Schorin gave examples of how a few different companies are exploring these areas. I'll choose one of her examples – Kraft – to give you an idea of what a company might do in these areas. Kraft is the largest food company in the U.S. They decided to reduce the fat in 200 of their existing products, reduce the size of some of their packages, and eliminate advertising in schools. They sponsor [www.Kidnetic.com](http://www.Kidnetic.com), and they are part of a Latino Healthy Lifestyle Program.