



Nutrition for Family Living

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September, 2005 Topics

Register Now for the Wisconsin Nutrition Education Network's 2006 "Stepping Up to a Healthy Lifestyle" Campaign

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Statistical Sourcebook from American Heart Association and R.W. Johnson Foundation

Register Now for the Wisconsin Nutrition Education Network's 2006 "Stepping Up to a Healthy Lifestyle" Campaign

Mary Jane Getlinger, Network Coordinator

The Wisconsin Nutrition Education Network is accepting local team applications for the 2006 Stepping Up to a Healthy Lifestyle. The main objective of this campaign is to promote physical activity and healthy eating habits, consistent with the Dietary Guidelines for Americans and MyPyramid, to Wisconsin Food Share recipients and applicants.

Stepping Up to a Healthy Lifestyle lessons have been revised and pre-tested to help you reach several members of the same family or the same individual in several different settings to reinforce a common message. For example, Food Stamp families in your community may participate in a Family Fun Night at the Head Start Center, work on a parent-child activity to complement and reinforce lessons at their child's elementary school, participate in secondary education at WIC, attend a community health fair, or share in a group activity at the senior meal-site. Each county team can design a combination of activities that meets their county's unique needs using educational materials provided by the Network.

The 2006 Campaign has updated lessons reflecting the 2005 Dietary Guidelines and MyPyramid to reach a broad target audience, four sets of new lessons, added displays and a new tipsheet "Balance Your Calories and Physical Activity."

The Campaign promotes local agencies that serve Food stamp audiences to work together as a team. A local team is to be made up of at least 3 different partner agencies. No formal financial agreement between partnering agencies is required.

Team applications may be submitted on the web: <http://www.nutrisci.wisc.edu/nutrinet> Go to Campaign 2006--How to Participate. Applications must be received by Friday, September 16, 2005. All partners should participate in the Wisline Web training on Thursday, October 27, 2005 at 10:00 – 11:15 a.m.



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What Do Family Living Specialists Have to Say about *We Can*?

We Can! (Ways to Enhance Children's Activity & Nutrition) is a national program designed as a one-stop resource for parents and caregivers interested in practical tools to help children 8-13 years old stay at a healthy weight. Tips and enjoyable activities focus on three critical behaviors: improved food choices, increased physical activity and reduced screen time. The *We Can!* program is a collaboration of four Institutes of the National Institutes of Health (NIH): the [National Heart, Lung, and Blood Institute](#) (NHLBI), the [National Institute of Diabetes and Digestive and Kidney Diseases](#) (NIDDK), the [National Institute of Child Health and Human Development](#) (NICHD) and the [National Cancer Institute](#) (NCI).

Heather, Amy, Gayle and Susan found a combination of positive and negative features in the *We Can!* materials and the research that supports its widespread use. Our comments are summarized below.

***We Can!* Energize our Community: Toolkit for Action**

Heather Harvey

Overall, the *We Can!* community toolkit has a number of considerations that should be taken into account before being used by Extension educators. While certain components may be useful, others may not be.

Strengths of the *We Can!* community toolkit:

- The five components are child programs, parent programs, media elements, community events and partnerships. Utilizing a comprehensive approach as such is effective in the prevention of overweight and obesity.
- The media section (Appendix B of the toolkit) which includes information on working with the media and planning media events, in addition to sample public service announcements, press releases and proclamations.
- Appendix A may also be useful for coalitions as it contains a list of community events promoting nutrition and physical activity. While these are not all evidence based, they may have some utility, depending on the circumstance.

Limitations:

- The community component of *We Can!* is meant for use by parks and recreation centers, community centers and similar organizations. As a result, the suggested activities might not be easily coordinated by Extension educators and may not fit well with current Extension programming efforts. Also, it is unclear as to whether or not the suggested programs and events are evidence based and/or appropriate for lower income audiences.
- The *We Can!* community toolkit calls for additional staff to be hired or recruited to implement the various efforts.
- The community portion of *We Can!* does not include resources for an outcome-based evaluation.



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***We Can!* Energize our Community: Toolkit for Action -- Lessons for parents and caregivers**

Amy Rettammel

Six lessons for parents/caregivers are part of the *We Can!* community toolkit. They are designed as a 6-session program, with lessons 1 and 6 serving as introduction and wrap-up lessons, respectively. Lessons 2 and 3 cover energy balance and portion sizes. Lessons 4 and 5 cover physical activity. Overall, the lessons do a nice job of involving participants in discussion, brainstorming, goal-setting, and follow-up at subsequent sessions. Some parts of the materials would need adjusting, depending on the target audience. For example in lesson 2 “a business lunch” is one of the scenarios used for participants to brainstorm how they could maintain energy balance in real life situations. Most of the lessons include a “stretch break” that is out of scope for WNEP.

I give a thumbs up to:

- Physical activity lesson 4 -- participants brainstorm barriers, solutions, and ideas for being physically active individually and as a family. Make some minor adaptations for use in WNEP – check the tips as some may not be appropriate for your audience, and the stretch break is out of scope for WNEP.
- Physical activity lesson 5 -- participants assess their own screen time (TV, DVD, non-school and non-work-related computer use) and strategize about ways to reduce their families’ screen time. Participants use case studies to discuss how to handle challenging situations, and create a spinning wheel of activity ideas to take home. Statistics about screen time and recommendations are available for the educator to share with participants as well.
- These physical activity lessons have been added to the WNEP teaching resources database and they can be found at http://www.nhlbi.nih.gov/health/public/heart/obesity/wecan_mats/toolkit_a2.pdf.

I give a thumbs down to:

- Nutrition lesson 2 -- participants look up BMIs and chart how much of an exercise they would have to do in order to burn off the calories in a sample meal. This is a pretty restrictive approach to teaching about energy balance. Comparing calories burned in an exercise to calories eaten in a single meal is a misleading representation of how energy balance works. The portion distortion part of this lesson is okay, but is very similar to other materials already in use by Extension educators in Wisconsin - it uses the Portion Distortion slides from NIH and has participants compare the amount of a particular food they usually eat with the label serving size for that food.
- Nutrition lesson 3 – this teaches about the GO, SLOW, and WHOA chart that has serious drawbacks (see Gayle’s comments below).

***We Can!* Educational Materials**

Gayle Coleman

In addition to the toolkit, the *We Can!* website has a variety of downloadable educational materials (<http://www.nhlbi.nih.gov/health/public/heart/index.htm#wecan>). However, the materials vary in their quality and usefulness for Extension. Some items, such as *Cut Down on Fat, Not Taste* and *Stay Active and Feel Better*, are already in the WNEP teaching resources database. Following are my comments on the materials that I reviewed.



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I give a thumbs up to:

- *The Portion Distortion* Powerpoint® - This slide set has high quality graphics and visually compares typical portions served 20 years ago to typical portions served today.
- *We Can! Poster* – This colorful poster promotes physical activity, eating fruits and vegetables, and eating low-fat meals. It is targeted at parents.
- *Energize Yourself – Stay Physically Active* – This easy-to-read fact sheet promoting physical activity is appropriate for minority audiences.

I give a thumbs down to:

- The serving size card – Since we are emphasizing food group recommendations in terms of cups and ounces rather than serving sizes, this card is no longer appropriate.
- GO, SLOW and WHOA Foods chart – This chart indicates which foods are OK to eat almost any time (GO Foods), which foods are OK to eat no more than several times a week (SLOW Foods), and which foods are OK to eat only once in a while such as on special occasions (WHOA Foods). Since this classification is based on risk reduction for heart disease research, the classification does not always seem appropriate. For example, dried fruits and whole eggs are classified as “SLOW Foods,” full-fat cheeses are classified as “WHOA Foods”, and ice milk bars, low-fat cookies and cakes are classified as “GO Foods.”
- *We Can! A Parent Handbook* – has good features but includes the GO, SLOW and WHOA Foods.

Research Support for *We Can!*

Susan Nitzke

We Can materials are patterned after intervention materials and methods from several previous public health projects, especially the DISC (**D**ietary **I**ntervention **S**tudy in **C**hildren) study. In 1987, children from 6 medical centers who were at high risk of heart disease were assigned to either usual care or a focused treatment. Nutritionists and behaviorists worked with the children and their families to reduce consumption of “whoa foods” that were high in saturated fat and cholesterol while increasing “go foods” like fruits and vegetables. After 3 years, compared to the usual care group, the intervention group reported significantly reduced intakes of “whoa foods” in the breads/grains, dairy, fats/oils, meat/fish/poultry, snacks and vegetables food groups, but not pizza. The greatest increases in “go foods” were in dairy, desserts, and fats/oils, but fruit intakes did not improve. Overall, snacks, desserts and pizza were major calorie sources for both intervention and control children, showing that the extensive dietary counseling was effective for changing some, but not all, food intake behaviors.

Implications for Extension Educators: The research base that backs up *We Can!* lessons and materials shows that extensive counseling can change some, but not all, dietary behaviors in children with a specific disease risk. In an educational setting with more general audiences of children, specific and achievable goals such as eating more fruit for snacks are more realistic.

Source: Van Horn L, Obarzanek E, Friedman LA, Gernhofer N, Barton B. Children’s adaptations to a fat-reduced diet: The dietary intervention study in children (DISC). *Pediatrics* 2005;115:1723-1733.



A Healthy Diet Cannot be Substituted with Supplements

By Li Hui and Sherry Tanumihardjo



**DOES
NOT
EQUAL**



Millions of Americans take dietary supplements every day. They often assume, "Even if a product does not help me, at least it will not hurt me." Is this statement true? Do dietary supplements improve our health?

Background: Traditionally, dietary supplements referred to products made of one or more essential nutrients, such as vitamins, minerals, and protein. Now the definition is broader and they can be extracts or concentrates from various sources, and found in many forms such as tablets, capsules, bars or powders. Dietary supplements are intended to enhance the diet, but not replace the variety of foods important for a healthy diet. While we need essential nutrients, too much of some nutrients can cause problems. When consumed in high amounts for a long time or in combination with certain other substances, they can be toxic, and this includes nutrients, plant components, and other biologically active ingredients.

Research summaries: Although strong data show an association between dietary patterns and disease risk, the results of most single-nutrient or nutrient cocktail supplement trials have been disappointing. Several epidemiological studies have demonstrated a decreased risk of cancer, particularly lung cancer, in individuals who consume a diet rich in beta-carotene, a carotenoid found in deeply orange colored fruits and vegetables. Conversely, the results of a series of beta-carotene intervention trials showed an increase in lung cancer among smokers or asbestos-exposed workers after beta-carotene supplementation. The workers ingested 20 - 30 milligrams beta-carotene daily and the researchers found an 18 - 25% increase in lung cancer incidence. From these studies, a clear relationship between beta-carotene and cancer could not be identified.

Another example of discordant results is vitamin E intervention trials and the prevention of cardiovascular disease. Epidemiological observations suggested that the habitual use of vitamin E supplements was associated with decreased risk of developing cardiovascular disease. However, subsequent intervention studies did not support the original observations. A series of large, negative intervention studies with vitamin E supplements have failed to demonstrate a consistent or significant benefit. Furthermore, vitamin E supplements may have detrimental effects in some individuals as assessed by a recent analysis of vitamin E intervention studies, which suggested that 400 IU or more vitamin E per day increased all-cause mortality.

Moreover, some supplements interact with prescription and over-the-counter medicines. Taking a combination of supplements or using these products together with medications could produce adverse effects, some of which could be life-threatening. For example, aspirin and vitamin E can each thin the blood, and taking them together can increase the potential for internal bleeding.



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Implications for Extension Educators: Dietary supplements are not intended to treat, prevent, or cure diseases. Unlike prescription drugs, the Food and Drug Administration does not regulate dietary supplements for safety, effectiveness, potency, or purity. In some cases, dietary supplements may have unwanted effects, especially if taken before surgery or with other supplements or medicines, or if you have certain health conditions. Consuming a variety of foods, as recommended by the Dietary Guidelines for Americans, ensures an adequate amount of essential nutrients and promotes optimal health and performance. Supplements can not make up for poor diet quality.

References:

Lichtenstein, A.H., Russell, R.M. Essential nutrients: food or supplements? *Journal of the American Medical Association* 2005; 294: 351-358.

<http://www.mypyramidtracker.gov/supplements.aspx>



This article is part of a 4-year project supported by the National Research Initiative of the USDA Cooperative State Research, Education and Extension Service, grant number 2003-35200-05377 to Tanumihardjo entitled "Promotion of high vegetable consumption as a weight-loss strategy and general well-being."



Helping People to Eat More Fruits and Vegetables

Heather Harvey

As September is National 5 a Day Month, it seems fitting to comment on a document released earlier this year on the topic of changing people's behavior to eat more fruits and vegetables. Recently, the Produce for Better Health Foundation released a National Action Plan to Promote Increased Fruit and Vegetable Consumption. This document outlines a plan that incorporates policy, marketing and communication at various levels, aimed at reducing the gap between actual and recommended intake of fruits and vegetables.

As we all know, the vast majority of Americans are not consuming the recommended amounts of fruits and vegetables. This is despite the fact that over half of Americans knew that they needed to eat 5 servings a day in January of this year. Fruit and vegetable consumption appears to be closer to recommended levels among people consuming large amounts of food or in older individuals who eat more meals at home. In order to change people's behavior towards increased consumption of vegetables and fruit, people need to have motivation, opportunity and ability. Communication helps to motivate people and can increase a person's ability; however, changes to the environment through policy and marketing are needed to address the issue of opportunity.

Through the use of policy, marketing and communication strategies implemented at the national, state and local levels, in a variety of organizations and settings, the Produce for Better Health Foundation's Action Plan aims to:

1. Increase the accessibility and desirability of fruits and vegetables by making them available at all eating and snacking occasions.
2. Offer practical strategies to help increase individuals' ability to obtain and prepare meals and snacks rich in fruits and vegetables.
3. Change Americans' attitudes and habits so that they include fruits and vegetables at every eating occasion.

There are over 75 strategies, organized into 9 settings, to increase consumption of fruits and vegetables. These strategies are a combination of evidence-based practices and innovative ideas that have yet to be tested. The strategies are specific actions that range in scope and time to implement. The 9 settings are:

- Marketing to children
- Supermarkets and retailers
- Fruit and vegetable growers, processors and shippers
- Cafeterias, restaurants and other food establishments
- Schools, daycare centers and youth camps
- Worksites
- Health care industry and health organizations
- Communities
- Research entities
- Federal policies

While not every one of the 75 strategies is applicable to Extension's work, this Action Plan serves as a good overall document to guide work in promoting the consumption of fruits and vegetables. It is especially useful for coalitions and as a resource for non-traditional partners who may not see how they can be involved in fruit and vegetable promotion.



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Implications for Extension Educators: It is important through our teaching efforts that we not only focus on the health benefits of fruits and vegetables, but also on the learner's self-efficacy to eat fruits and vegetables. If learners don't have the confidence to eat fruits and vegetables, then they won't eat them, regardless of their availability. We need to help learners see how they can choose and eat produce in a variety of settings and then build their abilities through practice. We also need to build learners' skills in preparing vegetables and fruit in tasty, quick, convenient and affordable ways so that learners will have the confidence and skills to make fruit and vegetables a part of each meal. Finally, it is crucial that as educators we find out what is most important to our learners and then gear our messages regarding fruits and vegetables to this. Many of our learners know fruits and vegetables are good for them. We must take the next step, working with others in our communities, and help our learners to change their behavior and incorporate fruits and vegetables into each eating occasion.

Resources:

Produce for Better Health's National Action Plan to Promote Increased Fruit and Vegetable Consumption. <http://www.5aday.org/commcenter/actionplan/index.php>



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Statistical Sourcebook from American Heart Association and R.W. Johnson Foundation

Susan Nitzke

The American Heart Association, in partnership with the Robert Wood Johnson Foundation, released *A Nation at Risk: Obesity in the United States: A statistical sourcebook of facts about obesity*. It is meant to summarize data for media, policymakers, health professionals, school officials and other stakeholders to help them begin meaningful dialogue toward concrete solutions to the obesity epidemic. The statistical sourcebook contains charts and verbal summaries on racial/ethnic disparities, financial consequences, and causes of obesity (too much of the wrong foods and lack of physical activity). The 36-page report is available as a rather large PDF file (2592 KB) from: <http://www.americanheart.org/presenter.jhtml?identifier=3030570>.

You may also request a copy from the American Heart Association, 7272 Greenville Avenue, Dallas TX 75231-4596 (americanheart.org).