



Nutrition for Family Living

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May, 2009 Topics

The American Dietetic Association Has a New Position Statement on Functional Foods

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The American Dietetic Association Has a New Position Statement on Functional Foods

By Susan Nitzke

You probably already know that “all foods are functional at some physiological level.” That important reminder is stated at the very beginning of the American Dietetic Association’s 2009 position statement on functional foods. Following are the statement summary and some highlights of the report.

All foods are functional at some physiological level, but it is the position of the American Dietetic Association (ADA) that functional foods that include whole foods and fortified, enriched, or enhanced foods have a potentially beneficial effect on health when consumed as part of a varied diet on a regular basis, at effective levels. ADA supports research to further define the health benefits and risks of individual functional foods and their physiologically active components. Health claims on food products, including functional foods, should be based on the significant scientific agreement standard of evidence and ADA supports label claims based on such strong scientific substantiation. Food and nutrition professionals will continue to work with the food industry, allied health professionals, the government, the scientific community, and the media to ensure that the public has accurate information regarding functional foods and thus should continue to educate themselves on this emerging area of food and nutrition science.

The position statement includes a figure that categorizes functional foods into conventional/whole (e.g., tomatoes), modified (e.g., calcium-fortified orange juice), medical (e.g., special formulas for phenylketonuria, an inborn error of metabolism), and foods for special dietary use (e.g., gluten-free). Another figure shows the continuum of scientific evidence that the U.S. Food and Drug Administration uses in determining scientific agreement. Weaker sources of emerging evidence include *in-vitro* or animal data, small uncontrolled human studies, and epidemiologic data with contradictory results; stronger sources that show significant scientific agreement or consensus are “a body of consistent, relevant evidence from well designed clinical and/or epidemiologic and laboratory studies” and public health recommendations such as those from the National Institutes of Health.

A paragraph on consumer education states that consumers need to be advised on the appropriate intake of functional foods in the context of a healthful diet. It goes on to point out that registered dietitians and dietetic technicians, registered are knowledgeable about this topic.

Implications for Extension educators. By clarifying what is meant by functional foods and pointing out that all foods have functional properties, this position paper may be a helpful reference in responding to learners’ questions about food choices and affordability. For example, pomegranates are excellent sources of nutrients and phytochemicals, but the delicious locally produced berries that will soon be abundant at grocery stores and farmers markets have many of the same properties. The importance of dealing with functional food issues in the context of a



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healthful diet also reminds us that there are no “superfoods” that can make up for poor eating habits. The information on types of evidence that are needed to substantiate health claims may also be helpful in putting marketing messages in perspective. (The press release on acai berries in this month’s Family Living press releases is a case in point.)

For more information, see the published position statement (Position of the American Dietetic Association: Functional Foods. *J Am Diet Assoc.* 2009;109:735-746) or view a pdf version online (non-printable for non-members) at http://www.eatright.org/cps/rde/xchg/ada/hs.xsl/advocacy_10091_ENU_HTML.htm



Similarities Between What Low-income, African American Adolescent Mothers and Their 13-month Old Toddlers Eat

By Gayle Coleman

A recently published study adds to the body of research documenting similarities between mothers' eating behaviors and their toddlers' eating behaviors. In this study, African American mothers were recruited and enrolled from three Baltimore hospitals where they had recently given birth. At baseline, approximately three weeks after delivery, information was collected on family demographics, personal and mental health, mother-grandmother relationships, access to services and adjustment to parenting. At baseline, all mothers were between 13 and 18 years of age, first time mothers, and eligible for the Special Supplemental Nutrition Program for Women, Infants and Children (WIC). They intended to be the primary caregiver for the child. When toddlers were 13 and 24 months of age other data such as heights and weights of mothers and their toddlers, and toddlers age, birth weight and breastfeeding history were collected.

Dietary variety data were collected on mothers and their toddlers during an in-home visit when the toddlers were 13 months of age. Maternal dietary variety was measured with the Youth Adolescent Food Frequency Questionnaire which was developed and validated for use with adolescents. This food frequency questionnaire was self-administered and mothers reported on food items they had consumed over the past year. Toddler dietary variety was measured with a 73-item feeding checklist adapted from an instrument that was based on ethnographic reports from urban African American mothers participating in WIC and food items frequently introduced into the diet of children between the ages of 6 and 13 months. Using this feeding checklist, mothers reported on food items their toddlers had consumed over the past week. Associations between toddler dietary variety and maternal dietary variety were calculated using paired sample correlation coefficients.

At the time that dietary data were collected, when toddlers were 13 months of age, over half of the mothers were either overweight (18%) or obese (35%). The majority of these mothers were in high school (62%), single (94%) and still living with their mothers (89%). Although 19% initiated breastfeeding, most stopped in the first three months.

Overall, these adolescent mothers' food frequency questionnaires indicated they were not following recommendations for daily servings from each food group. Few mothers (34%) reported eating five servings of fruits and vegetables per day. If french fries, the most commonly consumed vegetable, are omitted then only 29% of these mothers reported eating the daily recommended amounts of fruits and vegetables. Orange juice was the most commonly consumed fruit. Mothers reported eating an average of four servings per day of snack and dessert foods such as cookies, potato chips, corn chips and chocolate. These mothers reported consuming an average of .8 servings per day of soda and 73% drank fewer than 2 sodas a day. They reported consuming an average of 1.9 servings of dairy per day.

Like the mothers, the majority of toddlers ate snack and dessert foods such as cookies (81%), puffed cheese snacks (75%) and potato chips (72%). Mashed potatoes were the most commonly consumed vegetable (94%) but 73% of toddlers consumed french fries in the past week. Other commonly consumed vegetables were corn (80%), green beans (79%), and carrots (67%). Bananas were the most commonly consumed whole fruit with 69% of toddlers eating bananas in the past week. Ninety-four percent of toddlers consumed juice. Additional beverages that toddlers consumed were cow's milk (75%), Kool-Aid (69%), and non-diet soda (61%).

Maternal consumption of fruits, vegetables, snack and dessert foods, meats and main dishes were statistically significantly associated with toddler dietary variety of these food items. The correlation between maternal dairy consumption and toddler dairy variety was borderline statistically significant. Maternal consumption of soda, snacks and desserts, and dairy were associated with offering soda to their toddlers.

There are several limitations to this study including lack of validation of the Youth Adolescent Questionnaire specifically with African American adolescents, differences in metrics (what was eaten in the past year for mothers and what was eaten in the past week for toddlers), and the relatively small sample size. Despite these limitations the



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results of this study extend the body of data from other studies that document poor dietary habits among adolescents and the similarity between maternal diets and their children's diets.

Implications for Extension Educators: The results of this study reinforce the need for nutrition education for adolescents for their own health as well as the influence they have on their children's health. Although developed for mothers of preschool-age children, some of the core nutrition messages (<http://www.fns.usda.gov/fns/corenutritionmessages/Messages.htm>) might be useful with mothers of toddlers. For example, the message *They learn from watching you. Eat fruits and veggies and your kids will too.* seems appropriate for mothers of toddlers.

Source: Papas MA, Hurley KM, Quigg AM, Oberlander SE, Black MM. Low-income, African-American adolescent mothers and their toddlers exhibit similar dietary variety patterns. *J Nutr Educ Behav.* 2009;41:87-94.



Recent Food and Nutrition Assistance articles from the Economic Research Service (ERS)

THE FOOD ASSISTANCE LANDSCAPE: FY 2008 ANNUAL REPORT

ABSTRACT: Federal expenditures for USDA's food assistance programs totaled \$60.7 billion in fiscal 2008, 11 percent more than in the previous fiscal year—the largest percentage increase in 16 years. Fiscal 2008 marked the eighth consecutive year in which food assistance expenditures exceeded the previous historical record amount. The five largest food assistance programs in fiscal 2008—the Food Stamp Program, the National School Lunch Program, the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), the Child and Adult Care Food Program, and the School Breakfast Program—accounted for 95 percent of USDA's expenditures for food assistance. Each of these five major programs expanded during fiscal 2008. This report uses preliminary data from USDA's Food and Nutrition Service to examine trends in the food and nutrition assistance programs through fiscal 92008. It also discusses a recent ERS report that examined some of the issues facing the National School Lunch Program.

Released Thursday, April 16, 2009

Source: <http://www.ers.usda.gov/Publications/EIB6-6/>

WIC AND THE BATTLE AGAINST CHILDHOOD OVERWEIGHT

ABSTRACT: One of the most worrisome aspects of the growing tide of obesity in the United States is the high rate of overweight among children. Over one in five young children, ages 2 to 5, are at risk of being overweight. The number of children at risk of being overweight has grown in the past two decades, as has the number of young children whose families participate in the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). Are these increases connected? The answer appears to be "No." However, being from a low-income family, especially a low-income, Mexican-American family, does raise the probability of a child's being at risk for overweight. This brief examines trends in the relationship between WIC participation and weight status by updating the results of Food and Nutrition Assistance Programs and Obesity: 1976-2002 (ERR-48) to include data from the 2003-2006 National Health and Nutrition Examination Survey (NHANES).

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See <http://www.ers.usda.gov/Publications/EB13/>

THE WIC PROGRAM: BACKGROUND, TRENDS, AND ECONOMIC ISSUES, 2009 EDITION

The mission of the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) is to safeguard the health of low-income women, infants, and children through age 4 who are at nutritional risk. WIC provides nutritious foods to supplement diets, nutrition education, and referrals to health care and other social services. Administered by USDA's Food and Nutrition Service (FNS), almost half of all infants and about a quarter of all children ages 1-4 in the United States participate in the program. WIC is USDA's third-largest food and nutrition assistance program, accounting for 10 percent of total Federal spending on food and nutrition assistance. This report describes the WIC program—how it works, its history, program trends, and the characteristics of the population it serves. It also examines current issues facing WIC, focusing mainly on those with important economic implications.

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See "Report summary" at <http://www.ers.usda.gov/Publications/ERR73/> for highlights of this report.



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Materials recently added to WNEP resource database

- Dinero Par Alimentos Plan de estudios (Español) / Full Money for Food curriculum file (Spanish), https://www.uwex.edu/ces/flp/apps/flrc/tch_res2/resourceDetails.cfm?rid=3408
- Wisconsin's Fall Harvest flip chart and support materials, https://www.uwex.edu/ces/flp/apps/flrc/tch_res2/resourceDetails.cfm?rid=3419
- Kids A Cookin' recipes, https://www.uwex.edu/ces/flp/apps/flrc/tch_res2/resourceDetails.cfm?rid=3428
- Commodities recipes
- Nonfat dry milk fact sheet, https://www.uwex.edu/ces/flp/apps/flrc/tch_res2/resourceDetails.cfm?rid=3188
- Magic Mix recipes, https://www.uwex.edu/ces/flp/apps/flrc/tch_res2/resourceDetails.cfm?rid=3192

Coming soon/in review process:

- Updated Food and Nutrition Fact sheets in English and Spanish
- Updated *What Can \$6 Buy display* focusing on fruits & veggies
- Fruit & vegetable costs activity
- *Rethink Your Drink* flipchart and supporting materials focusing on beverages and drinking utensils for infants and toddlers
- 4 Preschool lessons adapted from *Tickle Your Appetite* and parent newsletters
- Series of kindergarten lessons