May, 2011 Topics

Healthiest Wisconsin 2020
Development of Taste Preferences and Implications for Healthy Eating
Why Preschool Shouldn’t Be Like School
Recent Additions to the WNEP Resource Database

Healthiest Wisconsin 2020

By Susan Nitzke

**Healthiest Wisconsin 2020** is the newly published state health plan. It identifies priority objectives for improving health and quality of life in our state. The vision of **Healthiest Wisconsin 2020** is “Everyone Living Better, Longer.” The state plan includes dozens of priority objectives that were chosen to achieve the goals of improving lifelong health, eliminating health disparities, and achieving more equal access to conditions in which people can be healthy. The **Healthiest Wisconsin 2010** objectives will guide the work of policy makers, government agencies, educational institutions, employers, health care organizations, non-profit groups, community-based organizations, faith communities and others.

The state health plan objectives are grouped into focus areas. Following are the goals for the “Adequate, appropriate, and safe food and nutrition” focus area (section 5 of the plan).

**Objective 1:** By 2020, people in Wisconsin will eat more nutritious foods and drink more nutritious beverages through increased access to fruits and vegetables, decreased access to sugar-sweetened beverages and other less nutritious foods, and supported, sustained breastfeeding.

**Objective 1 Indicators**

- Proportion of Wisconsin infants exclusively breastfed at three months, and breastfeeding duration of at least six months and 12 months (National Immunization Survey, CDC).
- Proportion of Wisconsin census tracts with healthy food retailers (State Indicator Report on Fruits and Vegetables, CDC).
- Number of farmers markets per 100,000 population (State Indicator Report on Fruits and Vegetables, CDC).
- Proportion of Wisconsin and Milwaukee schools that do not sell candy, highfat snacks, or soda and juice that is not 100% juice (School Health Profiles, CDC).

**Objective 2:** By 2020, all people in Wisconsin will have ready access to sufficient nutritious, high-quality, affordable foods and beverages.

**Objective 2 Indicators**

- Proportion of Wisconsin infants exclusively breastfed at three months among racial/ethnic populations, low income and low education population groups (Pregnancy Risk Assessment Monitoring System, CDC; Pediatric Nutrition Surveillance System, CDC).
- Proportion of Wisconsin farmers markets that accept payment from Electronic Benefit Transfer (EBT) and Women, Infants and Children (WIC) Farmers Market Nutrition Program Coupons (State Indicator Report on Fruits and Vegetables, CDC).
Objective 3: By 2020, Wisconsin will reduce disparities in obesity rates for populations of differing races, ethnicities, sexual identities and orientations, gender identities, and educational or economic status.

Objective 3 Indicators

- Proportion of adults who are obese or overweight by race and ethnicity (Survey on Health of Wisconsin). (Indicator to be developed)
- Proportion of Wisconsin and Milwaukee high school youth who are obese or overweight by race/ethnicity (Youth Risk Behavior Survey).
- Proportion of children aged 2-4 years in the Women, Infants and Children (WIC) program who are obese or overweight

Implications for Extension Educators.

Our work to help the people of Wisconsin eat well and live active lifestyles fills an important niche in the efforts that will be necessary to achieve the goals of the state health plan. Planning and measuring our achievements with these goals in mind will help us focus our efforts and report our successes.

Source: (http://dhs.wisconsin.gov/hw2020/ pages 99-100)
Development of Taste Preferences and Implications for Healthy Eating

By Gayle Coleman

A recent article in the journal *Appetite* motivated me to share the messages in this article along with a 1999 review article on the development of food preferences by Leann Birch. Both articles discuss the importance of taste when making food choices, taste preferences, and factors that influence young children’s development of food preferences. The article by Birch discusses how the ready availability of energy-dense foods that are high in sugar, fat and salt provides an eating environment that interferes with developing food preferences that are consistent with dietary guidelines. The article in *Appetite* discusses how children’s sugar/fat/salt palate might be linked to knowledge of food brands, experience with food products and advertising.

Birch looked at how genetic factors, such as early taste preferences, interact with factors in the environment, such as exposure to foods, to influence food preferences. She reports that multiple studies indicate that normally developing children prefer sweet and salty tastes, and are less likely to like bitter or sour tastes although there are mixed results for sour tastes. In surveys done with adults, taste consistently ranks as the most important factor in choosing whether to consume foods and therefore is likely to be an important factor for children. Food preferences also are affected by experience with food. There is evidence that repeated exposure to foods and other social influences, such as watching an adult eat the food, affect preferences for food. Birch found that for 2-year-old children, the age when the food-neophobic response emerges, it takes between 5 and 10 exposures to a new food for children to show an increased preference for it. She also reports that encouraging children and adults to taste foods because they taste good, and providing opportunities to sample foods can reduce neophobia. However, giving children information such as “it’s good for you” had no effect on children’s willingness to try new foods. Multiple studies have shown that children’s food preferences are influenced by their mothers’ eating behaviors, attitudes and child-feeding practices. Research indicates that restricting or forbidding children’s intake of foods that parents consider “bad” foods and coercing children to consume “good” foods with comments, such as “if you eat your vegetables then you can watch TV,” do not work.

The authors of a recent article in the journal *Appetite* looked at the relationship between children’s taste preferences and factors such as knowledge of food brands, experience with products and advertising.

After validating a sugar/fat/salt (SFS) survey, the researchers used their SFS survey and a “brand representative task” to quantify how much information a child has about food brands. In the “brand representation task” 67 3-5-year-old children sorted picture cards to create collages reflecting their knowledge about fast-food and soda brands. This part of the study showed that even children this young recognize foods and beverages by their brand associations. Furthermore, a child’s brand knowledge was found to be significant predictor of SFS palate (β=.65, p<.001) and SFS palate is a significant predictor of a child’s choice of foods, condiments and toppings that provide “flavor-hits”* (β=.30, p<.01). The authors commented that once a SFS palate has formed, a child’s consumption behavior is affected to an extent where less flavorful foods are no longer acceptable to the child.

**Implications for Extension Educators:** Since taste and familiarity are important factors in food selection and taste preferences form at an early age, educators and parents can help children to enjoy the taste of nutrient-dense (i.e., “healthy”) foods. To foster preference for healthier foods in education, include opportunities for children (and adults) to taste foods with minimal amounts of sugar, salt and fat (e.g., blueberries rather than heavily sweetened blueberry-flavored shakes.) In addition, use lessons, teaching
strategies and educational messages that encourage parents to create an environment that supports healthy eating. For example:

- Offer nutrient-dense foods such as fruits, vegetables, whole grain products and low-fat dairy products without added sugar, salt and/or fat
- Serve nutrient-dense foods multiple times
- Limit the availability of foods with added sugars, salt and fats
- Be a role model
- Encourage but don’t bribe or coerce children to taste foods.

Suggested resources from the FLP/WNEP resource database related to this topic are: Nibbles for Health newsletters, Maximizing the Message: Helping Moms and Kids Make Healthier Choices guide book, and Raising Healthy Eaters curriculum.

*’flavor-hits’ are heavily flavored foods such as Cheetos or flavors added to foods using salt, ketchup and similar condiments or toppings

Source


Why Preschool Shouldn’t Be Like School

Article by Alision Gopnik, additional information by Gayle Coleman

The article, Why Preschool Shouldn’t Be Like School, can be found at this site, [http://www.slate.com/id/2288402/](http://www.slate.com/id/2288402/). In the article, Alison Gopnik (a professor at UC-Berkeley) summarizes several recent studies that compared teaching using direct instruction to teaching that encouraged children to explore and discover information. The author concluded that “while direct instruction from a teacher may help preschool-age children get to a specific answer more quickly, it also makes them less likely to discover new information about a problem and to create a new and unexpected solution.”

**Implications for Extension Educators:** This information reinforces the importance of including experiential learning activities in lessons for children. It provides evidence for using learner-centered techniques such as asking open-ended questions that do not have right or wrong answers to encourage exploration and discovery.

**Sources**
Recent Additions to the WNEP Resource Database


Food $ense newsletters, April 2011, [https://www.uwex.edu/ces/flp/apps/flrc/tch_res2/resourceDetails.cfm?rid=7504](https://www.uwex.edu/ces/flp/apps/flrc/tch_res2/resourceDetails.cfm?rid=7504)