

HANDS-ON Health

Health Wave Newsletter, March 2011

Visit us on our website at www.healthwaveinc.com

March is National Nutrition Month

On January 31st, Agriculture Secretary Tom Vilsack and Secretary of the Department of Health and Human Services (HHS) Kathleen Sebelius announced the release of the 2010 Dietary Guidelines for Americans, the federal government's evidence-based nutritional guidance to promote health, reduce the risk of chronic diseases, and reduce the prevalence of overweight and obesity through improved nutrition and physical activity.

The new 2010 Dietary Guidelines for Americans focus on balancing calories with physical activity, and encourage Americans to consume more healthy foods like vegetables, fruits, whole grains, fat-free and low-fat dairy products, and seafood, and to consume less sodium, saturated and trans fats, added sugars, and refined grains.

Twenty three Key Recommendations for the general population and six additional Key Recommendations for specif-

ic population groups are addressed in the 2010 Dietary Guidelines. The recommendations are intended as an integrated set of advice to achieve an overall healthy eating pattern. To get the full benefit, all Americans should carry out the Dietary Guidelines recommendations in their entirety.

More consumer-friendly advice and tools, including a next generation Food Pyramid, will be released by USDA and HHS in the coming months.

2010 Dietary Guidelines for Americans: Executive Summary

Eating and physical activity patterns that are focused on consuming fewer calories, making informed food choices, and being physically active can help people attain and maintain a healthy weight, reduce their risk of chronic disease, and promote overall health. The Dietary Guidelines for

In This Newsletter:

In recognition of National Nutrition Month, March's newsletter is devoted to the release of the

2010 Dietary Guidelines for Americans.

The Executive Summary begins on [page 1](#), while the Key Recommendations are sited on the [pages 3-4](#)

Also included in the newsletter are the findings of the Youth Risk Surveillance System (YRBSS) as they relate to dietary intake and physical activity ([see page 5](#)).

Select Messages for Consumers



TAKE ACTION ON THE DIETARY GUIDELINES BY MAKING CHANGES IN THESE THREE AREAS:

BALANCING CALORIES

- Enjoy your food, but eat less
- Avoid oversized portions

FOODS TO INCREASE

- Make half your plate fruits and vegetables
- Switch to fat-free or low-fat (1%) milk

FOODS TO REDUCE

- Compare sodium in foods like soup, bread, and frozen meals—and choose the foods with lower numbers
- Drink water instead of sugary drinks

CHOOSE STEPS THAT WORK FOR YOU AND START TODAY.

Americans, 2010 exemplifies these strategies through recommendations that accommodate the food preferences, cultural traditions, and customs of the many and diverse groups who live in the United States.

Dietary Guidelines recommendations traditionally have been intended for healthy Americans ages 2 years and older. However, Dietary Guidelines for Americans, 2010 is being released at a time of rising concern about the health of the American population.

Poor diet and physical inactivity are the most important factors contributing to an epidemic of overweight and obesity affecting men, women, and children in all segments of our society. Even in the absence of overweight, poor diet and physical inactivity are associated with major causes of morbidity and mortality in the United States. Therefore, the Dietary Guidelines for Americans, 2010 is intended for Americans ages 2 years and older, including those at increased risk of chronic disease.

Dietary Guidelines for Americans, 2010 also recognizes that in recent years nearly 15 percent of American households have been unable to acquire adequate food to meet their needs.¹ This dietary guidance can help them maximize the nutritional content of their meals. Many other Americans consume less than optimal intake of certain nutrients even though they have adequate resources for a healthy diet. This dietary guidance and nutrition information can help them choose a healthy, nutritionally adequate diet.

The intent of the Dietary Guidelines is to summarize and synthesize knowledge about individual nutrients and food components into an interrelated set of recommendations for healthy eating that can be adopted by the public. Taken together, the Dietary Guidelines recommendations encompass two over-arching concepts:

1. MAINTAIN CALORIE BALANCE OVER TIME TO ACHIEVE AND SUSTAIN A HEALTHY WEIGHT.

People who are most successful at achieving and maintaining a healthy weight do so through continued attention to consuming only enough calories from foods and beverages to meet their needs and by being physically active. To curb the obesity epidemic and improve their health, many Americans must decrease the calories they consume and increase the calories they expend through physical activity.

2. FOCUS ON CONSUMING NUTRIENT-DENSE FOODS AND BEVERAGES.

Americans currently consume too much sodium and too many calories from solid fats, added sugars, and refined grains.² These replace nutrient-dense foods and beverages and make it difficult for people to achieve recommended nutrient intake while controlling calorie and sodium intake. A healthy eating pattern limits intake of sodium, solid fats, added sugars, and refined grains and emphasizes nutrient-dense foods and beverages—vegetables, fruits, whole grains, fat-free or low-fat milk and milk products,³ seafood, lean meats and poultry, eggs, beans and peas, and nuts and seeds.

A basic premise of the Dietary Guidelines is that nutrient needs should be met primarily through consuming foods. In certain cases, fortified foods and dietary supplements may be useful in providing one or more nutrients that otherwise might be consumed in less than recommended amounts. Two eating patterns that embody the Dietary Guidelines are the USDA Food Patterns and their vegetarian adaptations and the DASH (Dietary Approaches to Stop Hypertension) Eating Plan.

By law (Public Law 101-445, Title III, 7 U.S.C. 5301 et seq.), Dietary Guidelines for Americans is reviewed, updated if necessary, and published every 5 years. The U.S. Department of Agriculture (USDA) and the U.S. Department of Health and Human Services (HHS) jointly create each edition. Dietary Guidelines for Americans, 2010 are based on the Report of the Dietary Guidelines Advisory Committee on the Dietary Guidelines for Americans, 2010 and consideration of Federal agency and public comments.

Health Wave Publishing Company

39 Davenport Street
Stamford, CT 06902
Tel: 203-975-7810 or
800-374-7953
Fax: 203-975-7946
e-mail: hpwinfo@
healthwaveinc.com



A healthy eating pattern needs not only to promote health and help to decrease the risk of chronic diseases, but it also should prevent foodborne illness. Four basic food safety principles (Clean, Separate, Cook, and Chill) work together to reduce the risk of foodborne illnesses. In addition, some foods (such as milks, cheeses, and juices that have not been pasteurized, and undercooked animal foods) pose high risk for foodborne illness and should be avoided.

The information in the Dietary Guidelines for Americans is used in developing educational materials and aiding policymakers in designing and carrying out nutrition-related programs, including Federal food, nutri-

tion education, and information programs. In addition, the Dietary Guidelines for Americans has the potential to offer authoritative statements as provided for in the Food and Drug Administration Modernization Act (FDAMA).

The following are the Dietary Guidelines for Americans, 2010 Key Recommendations, listed by the chapter in which they are discussed in detail. These Key Recommendations are the most important in terms of their implications for improving public health.⁴ To get the full benefit, individuals should carry out the Dietary Guidelines recommendations in their entirety as part of an overall healthy eating pattern.

KEY RECOMMENDATIONS

BALANCING CALORIES TO MANAGE WEIGHT

- Prevent and/or reduce overweight and obesity through improved eating and physical activity behaviors.
- Control total calorie intake to manage body weight. For people who are overweight or obese, this will mean consuming fewer calories from foods and beverages.
- Increase physical activity and reduce time spent in sedentary behaviors.
- Maintain appropriate calorie balance during each stage of life—childhood, adolescence, adulthood, pregnancy and breastfeeding, and older age.

FOODS AND FOOD COMPONENTS TO REDUCE

- Reduce daily sodium intake to less than 2,300 milligrams (mg) and further reduce intake to 1,500 mg among persons who are 51 and older and those of any age who are African American or have hypertension, diabetes, or chronic kidney disease. The 1,500 mg recommendation applies to about half of the U.S. population, including children, and the majority of adults.
- Consume less than 10 percent of calories from saturated fatty acids by replacing them with monounsaturated and polyunsaturated fatty acids.
- Consume less than 300 mg per day of dietary cholesterol.
- Keep trans fatty acid consumption as low as possible by limiting foods that contain synthetic sources of trans fats, such as partially hydrogenated oils, and by limiting other solid fats.
- Reduce the intake of calories from solid fats and added sugars.
- Limit the consumption of foods that contain refined grains, especially refined grain foods that contain solid fats, added sugars, and sodium.
- If alcohol is consumed, it should be consumed in moderation—up to one drink per day for women and two drinks per day for men—and only by adults of legal drinking age.⁵

FOODS AND NUTRIENTS TO INCREASE

Individuals should meet the following recommendations as part of a healthy eating pattern while staying within their calorie needs.

- Increase vegetable and fruit intake.
 - Eat a variety of vegetables, especially dark-green and red and orange vegetables and beans and peas.
- Consume at least half of all grains as whole grains. Increase whole-grain intake by replacing refined grains with whole grains.
- Increase intake of fat-free or low-fat milk and milk products, such as milk, yogurt, cheese, or fortified soy beverages.⁶
- Choose a variety of protein foods, which include seafood, lean meat and poultry, eggs, beans and peas, soy products, and unsalted nuts and seeds.
- Increase the amount and variety of seafood consumed by choosing seafood in place of some meat and poultry.
- Replace protein foods that are higher in solid fats with choices that are lower in solid fats and calories and/or are sources of oils.
- Use oils to replace solid fats where possible.
- Choose foods that provide more potassium, dietary fiber, calcium, and vitamin D, which are nutrients of concern in American diets. These foods include vegetables, fruits, whole grains, milk and milk products.

BUILDING HEALTHY EATING PATTERNS

- Select an eating pattern that meets nutrient needs over time at an appropriate calorie level.
- Account for all foods and beverages consumed and assess how they fit within a total healthy eating pattern.
- Follow food safety recommendations when preparing and eating foods to reduce the risk of food-borne illnesses.

1. Nord M, Coleman-Jensen A, Andrews M, Carlson S. Household food security in the United States, 2009. Washington (DC): U.S. Department of Agriculture, Economic Research Service. 2010 Nov. Economic Research Report No. ERR-108. Available from <http://www.ers.usda.gov/publications/err108>.

2. Added sugars: Caloric sweeteners that are added to foods during processing, preparation, or consumed separately.
Solid fats: Fats with a high content of saturated and/or trans fatty acids, which are usually solid at room temperature.
Refined grains: Grains and grain products missing the bran, germ, and/or endosperm; any grain product that is not a whole grain.

3. Milk and milk products also can be referred to as dairy products.

4. Information on the type and strength of evidence supporting the Dietary Guidelines recommendations can be found at <http://www.nutritionevidencelibrary.gov>.

5. See Chapter 3, Foods and Food Components to Reduce, for additional recommendations on alcohol consumption and specific population groups. There are many circumstances when people should not drink alcohol.

6. Fortified soy beverages have been marketed as “soymilk,” a product name consumers could see in supermarkets and consumer materials. However, FDA’s regulations do not contain provisions for the use of the term soymilk. Therefore, in this document, the term “fortified soy beverage” includes products that may be marketed as soymilk.

Click the link below to view the new Guidelines in its entirety.

<http://www.cnpp.usda.gov/Publications/DietaryGuidelines/2010/PolicyDoc/PolicyDoc.pdf>

The **Youth Risk Behavior Surveillance System (YRBSS)** monitors priority health-risk behaviors and the prevalence of obesity and asthma among youth and young adults. The YRBSS includes a national school-based survey conducted by the Centers for Disease Control and Prevention (CDC) and state, territorial, tribal, and district surveys conducted by state, territorial, and local education and health agencies and tribal governments. Below are some of their findings on dietary behaviors and obesity.

Dietary Intake

	1999	2001	2003	2005	2007	2009
Ate fruits and vegetables less than five times per day [excluding french fries, fried potatoes, or potato chips]	76.1	78.6	78.0	79.9	78.6	77.7
Did Not eat fruit (during the 7 days before the survey)	15.2	15.6	14.8	14.7	14.7	11.4
Did Not eat carrots (during the 7 days before the survey)	50.4	52.8	52.0	53.1	53.7	51.8
Did Not eat green salad (during the 7 days before the survey)	35.1	32.9	33.7	34.4	35.9	36.6
Did Not eat other vegetables (excluding green salad, potatoes, or carrots, during the 7 days before the survey)	13.8	14.8	16.5	17.9	17.6	16.7
Drank a can, bottle, or glass of soda or pop at least one time per day (not including diet soda or diet pop, during the 7 days before the survey)					33.8	29.2
Ate fruit or drank 100% fruit juices less than two times per day (during the 7 days before the survey)	65.2	68.2	68.1	69.9	67.8	66.1
Ate Vegetables less than three times per day	86.0	86.5	85.4	87.1	86.8	86.2

Weight

Overweight (students who were \geq 85th percentile but $<$ 95th percentile for body mass index, by age and sex, based on reference data)

	14.4	13.6	14.8	15.7	15.8	15.8
Obese (students who were \geq 95th percentile for body mass index, by age and sex, based on reference data)	10.7	10.5	12.1	13.1	13.0	12.0
Did Not exercise to lose weight or to keep from gaining weight (during the 30 days before the survey)	41.6	40.1	42.9	40.0	39.	38.5
Went without eating for 24 hours or more to lose weight or to keep from gaining weight (during the 30 days before the survey)	12.6	13.5	13.3	12.3	11.8	10.6
Took diet pills, powders or liquids to lose weight or to keep from gaining weight (without a doctor's advice, during the 30 days before the survey)	7.6	9.2	9.2	6.3	5.9	5.0

Physical Activity

Physically active at least 60 minutes per day on less than 5 days (doing any kind of physical activity that increased their heart rate and made them breathe hard some of the time during the 7 days before the survey)

				64.2	65.3	63.0
Did not attend physical education classes in an average week (when they were in school)	43.9	48.3	44.3	45.8	46.4	43.6
Watched television 3 or more hours per day (on an average school day)	42.8	38.3	38.2	37.2	35.4	32.8
Used computers 3 or more hours per day (played video or computer games or used a computer for something that was not school work on an average school day)			22.1	21.1	24.9	24.9