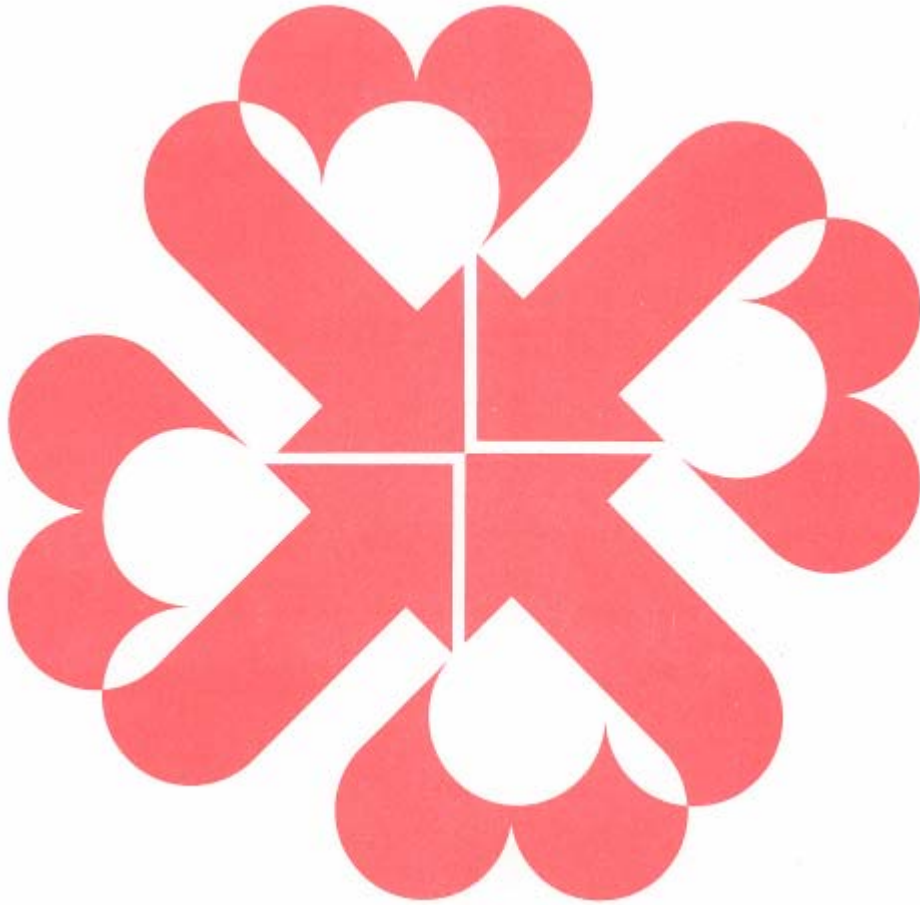


Department of Food Science and Human Nutrition

Colorado State University Extension

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healthy heart beats



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Healthy Heart Program Updates

April - June 2009

Volume 31, Issue 2

In This Issue

Greetings!

Summer has arrived and with it the outdoor activities that accompany warmer weather. However, recent reports are causing some concern for both activity and nutrition.

Apparently this economic downturn has resulted in people becoming less active as money becomes tighter. It is not surprising that cost is often thought to be required to exercise or be active. Health club memberships are being cancelled, and people are holding off joining summer sports clubs or paying fees for recreation. This leaves a good opportunity to suggest ideas for no-cost activities for some of your clients. Suggest places to hike and visit in the community for free. Local parks are a great place for neighborhood get-togethers. Bring along a badminton or croquet set or put up a volleyball net for a larger group to enjoy.

In addition to a decline in activity, it is being reported that people are eating fewer fruits and vegetables due to the perceived high cost. We need to highlight



local produce, help people learn how to grow their own vegetables, and provide suggestions on ways to add fruits and vegetables while keeping the budget in mind. Remember to promote farmers' markets.

Roasting fruits on the grill such as peaches are a great summer treat. Grilling vegetables alongside meat, poultry or fish makes cooking in the summer a fun and outdoor affair all can enjoy. Despite the

challenges of the economy, we need to help people boost their intake of fruits and vegetables year round for the health benefit they provide!

Grilling lends itself to using other herbs and spices in place of salt. The recent CDC report underscores the need for 69 percent of Americans to cut salt intake. Let's season without the salt shaker! The suggestions in this issue may give you ideas and materials to use in your teaching.



A recent report in the AHA journal, *Circulation*, points to a growing concern about the development of cardiovascular risk factors in young people.



This highlights the need to find safe and fun activities for our youth so they can enjoy summer and stay active. The prevention of diabetes associated with weight gain remains an important goal in our educational efforts--especially for youth and women—as well.

Enjoy an active summer!

Jennifer Anderson, Ph.D., R.D.
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Did You Know . . . ?

When shopping for my family at several local grocery stores, I try to make the healthiest choices by reading labels. Lately, I’ve noticed different logos on the shelves under various food products and labels on other foods in different grocery stores. How can I use these to make healthier choices? It’s confusing to me. Are these symbols comparable from store to store?.....	11
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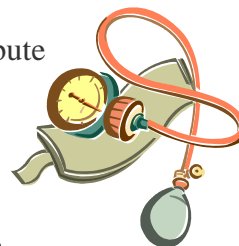
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Nutrition and Research Updates

DASH Diet an Advantage for Women's Health

"The Dietary Approaches to Stop Hypertension (DASH) diet may contribute to prevention of heart failure in some cases because it effectively reduced blood pressure and low-density lipoprotein (LDL, or "bad") cholesterol levels in clinical trials," wrote Emily B. Levitan, of Beth Israel Deaconess Medical Center in Boston, and colleagues. "This diet features high intake of fruits, vegetables, low-fat dairy products and whole grains, resulting in high potassium, magnesium, calcium and fiber consumption, moderately high protein consumption, and low total fat and saturated fat consumption," the authors added.



The study included an analysis of data from 36,019 Swedish women, aged 48 to 83, who did not have baseline heart failure. These women, also, completed a questionnaire about their eating habits. A DASH diet frequency score was created to assess consistency with the DASH diet. The 25 percent of women with the highest DASH diet scores had a 37 percent lower rate of heart failure than the 25 percent of women with the lowest DASH diet scores, the researchers found. The rate of heart failure of women in the top 10 percent of DASH diet scores was 50 percent of those with the lowest DASH diet scores.

Previous research has shown that the DASH diet cuts systolic (top number) blood pressure by about 5.5 mm Hg, a decrease that could lower the rate of heart failure an estimated 12 percent, Levitan noted in a news release from the journal.

Source: *Archives of Internal Medicine*, 2009, 169(9):851-857 (May).

Salt Intake Too High Among Americans

Adults in the United States consume more than twice the recommended amount of salt, raising their risk for high blood pressure, heart attacks and strokes. According to a 2005-2006 Centers for Disease Control (CDC) estimate 29 percent of adults had hypertension; 28 percent had pre-hypertension. Over 69 percent of U.S. adults met the criteria for the risk groups (including African-Americans and those over the age of 40) recommended to lower sodium consumption to less than 1,500 mg per day.



Recommendations to stay within recommended limits include:

- Trim serving sizes.
- Eat less processed food high in sodium (not limited to salty foods).
- Check nutrition labels to limit or avoid high sodium foods.
- Recognize that restaurant and fast foods tend to be high in sodium.

"It's important for people to eat less salt. People who adopt a heart-healthy eating pattern that includes a diet low in sodium and rich in potassium and calcium can improve their blood pressure," Dr. Darwin Labarthe of the CDC said in a statement. "People need to know their recommended daily sodium limit and take action to reduce sodium intake," Labarthe said. The 2005 Dietary Guidelines for Americans recommend that healthy adults should consume less than 2,300 mg of sodium or about one teaspoon of salt per day.

The CDC said it will join other agencies in the Health and Human Services department in working with major food manufacturers and chain restaurants to reduce sodium levels in the food supply. For more information visit the Web site of the Division of Heart Disease and Stroke Prevention: www.cdc.gov/dhdsp.

Source: <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5811a2.htm> [March 27, 2009 / 58(11); 281-283]; <http://www2a.cdc.gov/podcasts/player.asp?f=11112>

Sweetened Beverages Linked to Women's Heart Disease Risk

In addition to weight gain and an increased risk of type 2 diabetes, drinking sweetened beverages has now been linked to a higher risk of coronary heart disease (CHD). "We found that consumption of sugar-sweetened beverages is associated with a higher risk of CHD in women, even after other risk factors for CHD or an unhealthy diet or lifestyle are accounted for. This finding provides further rationale for limiting the consumption of sugar-sweetened beverages," wrote lead author Teresa Fung from Simmons College in Boston and Harvard Medical School.

The study evaluated data from 88,520 women between 34 and 59 years of age participating in the Nurses' Health Study. The women were free of CHD, stroke, or diabetes at the start of the study in 1980. Food-frequency questionnaires were used to evaluate dietary habits.

During 24 years of follow-up Dr. Fung and her research team documented 3,105 incident cases of both non-fatal myocardial infarction and fatal CHD. After adjusting the data for other factors including but not limited to body mass index and energy intake, the researchers found that consuming two or more servings of sugar-sweetened beverages per day was associated with a 35 per cent increase in the risk of CHD.



Commenting on the possible mechanism, the researchers said: "Fructose has been the major sweetener in sugar-sweetened beverages since the mid-1980s, and it increases triacylglycerol synthesis in the liver, which results in elevated triacylglycerol concentrations, which have been associated with a greater risk of CHD. Fructose is also the only sugar that can increase blood uric acid concentrations. High uric acid concentrations may reduce endothelial nitric oxide, which could partly mediate a relation between soft drink consumption and risk of CHD."

The researchers defined sweetened beverages as "caffeinated and non-caffeinated colas, other carbonated beverages with sugar, and non-carbonated sweetened beverages." Artificially sweetened beverages were defined as "all types of low-calorie sweet carbonated beverages, such as diet colas and other diet carbonated beverages." The researchers noted that artificially sweetened beverages were not associated with CHD risk.

Source: *American Journal of Clinical Nutrition*, 2009, 89(4):1037–1042 (April).

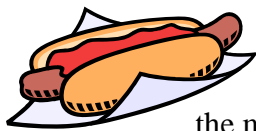
Daily Red Meat Consumption Linked to Mortality

In the first large study which addressed the link between eating red and processed meat and mortality, researchers concluded eating red meat (beef and/or pork) and processed meat were associated with modest increases in total mortality, cancer mortality, and cardiovascular disease mortality. "The bottom line is we found an association between red meat and processed meat and an increased risk of mortality," said Rashmi Sinha of the National Cancer Institute, who led the study.



More than half a million middle-aged and elderly Americans aged 50 to 71 in the National Institutes of Health–AARP Diet and Health Study filled out diet questionnaires. After accounting for other variables that might confound the findings, such as smoking, physical activity, family history and fruit and vegetable consumption, the researchers found that those who ate about four ounces of red meat daily were more than 30 percent (36 percent for women; 31 percent for men) likely to die from any cause than those who ate the least red meat. The risk of dying from cancer increased 20 percent (20 for women; 22 for men). The largest disparity among women and men was in the risk for dying from heart disease (50 percent for women and 27 percent for men).

The risk of dying also rose among those who consumed the most processed meat (sausage, cold cuts or hot dogs). Women who consumed the most processed meat (about an ounce a day) were about 25 percent more likely to die overall, about 11 percent more likely to die of cancer and about 38 percent more likely to die from heart disease, compared to those who ate the least. The men who ate the most processed meat were 16 percent more likely to die for any reason, about 12 percent more likely to die of cancer and about 9 percent more likely to die of heart disease.



However, regular consumption of fish and poultry decreased the risk of death. Those who consumed the most white meat were about 8 percent less likely to die during the study period than those who ate the least, the researchers found. The researchers noted that poultry contains more unsaturated fat, which improves cholesterol levels, and fish contains omega-3 fatty acids, which are believed to help reduce the risk of heart disease. "The uniqueness of this study is its size and length of follow-up," said Barry M. Popkin, a professor of global nutrition at the University of North Carolina, who wrote an editorial accompanying the study. "This is a slam-dunk to say that, 'Yes, indeed, if people want to be healthy and live longer, consume less red and processed meat.'"

"The take-home message is pretty clear," said Walter Willett, a nutrition expert at the Harvard School of Public Health. "It would be better to shift from red meat to white meat such as chicken and fish, which if anything is associated with lower mortality." The mechanism for the link between heightened mortality and frequent consumption of red meat and processed meat is not entirely understood. However, experts suggest that the findings do not mean people need to eliminate red meat and processed meat from their diet, but instead should eat it less frequently and eat smaller portions.

Source: *Archives of Internal Medicine*, 2009, 169(6):562-571 (March).

Total Calories Most Important when “Dieting”

A two-year National Institutes of Health (NIH)-funded study assigned 811 overweight people to one of four reduced-calorie diets. The researchers concluded that the total number of calories consumed was most critical to weight loss regardless of percent calories from fat, protein, and carbohydrate in the diet. This study "really goes against the idea that certain foods are the key to weight loss," says Frank Sacks, principal investigator and a professor of cardiovascular-disease prevention at Harvard School of Public Health. "This is a pretty positive message. It gives people a lot of choices to find a diet they can stick with."

Study participants followed one of four low-calorie diets. Two of the diets were low fat and two were high fat, and each of these included either a high-protein or an average-protein component. The percentages of energy derived from fat, protein, and carbohydrates in the four diets were 20, 15, and 65 percent; 20, 25, and 55 percent; 40, 15, and 45 percent; and 40, 25, and 35 percent. The diets consisted of similar foods and met guidelines for cardiovascular health. Participants were asked to exercise a fixed 90 minutes a week and were offered group and individual counseling sessions for two years.



Participants who attended counseling sessions lost an average of 13 pounds after six months. They began to regain weight after 12 months. After two years 80 percent of the participants who remained in the study had lost nine pounds on average and trimmed two inches off their waists regardless of which diet they followed. Attendance was strongly linked to weight loss. Satiety, hunger, satisfaction with the diet, and attendance at group sessions were similar for all diets. The diets improved lipid-related risk factors and fasting insulin levels.

The message is that dieting may be "much simpler" than everyone thought, says Catherine Loria, a nutritional epidemiologist at the NIH and co-author of the study. Along with choosing healthful foods, "all you have to do is count your calories."

In the NIH study participants used a Web-based, self-monitoring tool that tracked how their daily food intake met their calorie goals. Debbie Mayer, of Brockton, Mass., says this helped her stay disciplined. "I'd just see the numbers and say, 'I can't eat anymore today.'"

In an editorial accompanying the *New England Journal of Medicine* report, Martijn Katan, a nutrition researcher at Amsterdam's VU University, noted that participants had waning success keeping off weight toward the end of the study, suggesting their discipline began slipping. "Evidently, individual treatment is powerless against an environment that offers so many high-calorie foods and labor-saving devices," he said.

Source: *New England Journal of Medicine*, 2009, 360(9):859-873 (February).

Palm Oil an Unhealthy Substitute for Trans Fats

Food labels must state the amount of trans fatty acids, a known factor in heart disease risk, in packaged foods. A recent study has investigated whether palm oil would be a good substitute for partially hydrogenated fat in manufactured foods.

Fifteen adults over the age of 50 with elevated LDL “bad” cholesterol, both male and female, volunteered for the study. Each participant consumed each of four 35-day experimental diets. The fats tested were partially hydrogenated soybean oil (moderately high in trans fat), palm oil (high in saturated fat), canola oil (high in monounsaturated fat), and soybean oil (high in polyunsaturated fat).



The findings suggest that consuming either increased levels of partially hydrogenated soybean oil or palm oil as part of a diet would result in similar unfavorable levels of LDL “bad” cholesterol and apolipoprotein B (a protein, attached to fat particles, that carries bad cholesterol throughout the bloodstream). However, the diets enriched with canola or soybean oils, high in monounsaturated and polyunsaturated fats, respectively, did not yield similar unfavorable results.

The authors concluded the results suggest that palm oil would not be a good substitute for trans fats by the food industry. Lead scientist Alice H. Lichtenstein and colleagues conducted the study. She is with the Jean Mayer USDA Human Nutrition Research Center on Aging at Tufts University in Boston, Mass.

Source: *Agricultural Research Magazine*, 2009, 57(4):22 (April).

Dietary Supplement Ingredient Database

The Nutrient Data Laboratory, Beltsville Human Nutrition Research Center, part of the USDA Agricultural Research Service, working with the Office of Dietary Supplements, NIH, and other federal agencies, has developed a Dietary Supplement Ingredient Databases (DSID) to estimate levels of ingredients in dietary supplement products.

This first data release of the DSID (DSID-1) provides access to information on analyzed levels of nutrients in adult multivitamin/minerals (MVMs) used in the U.S. These estimates were derived from analytical data generated for a representative set of adult MVM products collected from various U.S. locations. At this time, the DSID is intended primarily for research applications. These data are appropriate for conducting population studies of nutrient intake, rather than for assessing individual products. Since over half of American adults report taking a dietary supplement, the estimates in the DSID will improve assessment of total nutrient intake from foods and supplements. To access DSID-1, go to: <http://dietarysupplementdatabase.usda.nih.gov>.

Source: <http://www.ars.usda.gov/is/pr/2009/090420.htm> (*Agricultural Research Service*; April 20, 2009)

Resources

President's Council Encourages Physical Fitness

Physical activity is viewed as a preventive measure to stem the rise of chronic diseases and obesity among both adults and children. In a statement issued by the Office of the Press Secretary of the White House, President Barack Obama proclaimed May as National Physical Fitness and Sports Month. To encourage attention to physical fitness, the President's Council on Physical Fitness and Sports is sponsoring the National President's Challenge, a six-week competition to determine America's most active State. The Challenge extends from May 1, 2009, through July 24, 2009. Americans are encouraged to register for the Challenge at www.presidentschallenge.org and to begin recording activity to help their State win this year's competition.



The Department of Health and Human Services 2008 Physical Activity Guidelines for Americans are designed to help Americans of various ages and abilities engage in physical activity that can be incorporated easily into their daily lives. More information about the guidelines is available at: www.health.gov/paguidelines.

Any individual 18 years of age or older can first assess his/her current level of fitness by taking the Adult Fitness Test at www.adultfitnessstest.org. Use the Pre-participation Screening Questionnaire provided by the American Heart Association and the American College of Sports Medicine to determine the level of risk for cardiovascular events during exercise testing. The screening includes:

- Aerobic Fitness Test
- Muscular Strength & Endurance Test
- Flexibility Test
- Body Composition Test
- Instruction Booklet (pdf)

Nutrition Tips on the Web

The University of Hawaii College of Tropical Agriculture and Human Resources has launched a Web site that provides a short nutrition and health tip each day. The tips link to both a consumer article and a related research reference for those who want more information about the topic. The "Got Nutrients" Web site can be accessed via: www.manoa.hawaii.edu/gotnutrients.

The philosophy behind the website is that the number one goal of good nutrition is meeting essential nutrient needs by achieving "variety, moderation, and balance" in the overall diet.

Heart Disease and Stroke Prevention Newsletter

The Colorado Heart Disease Stroke Prevention (HDSP) e-News premiered in April 2009. This newsletter was developed in response to coalition member requests for more information and communication: [Heart e-Newsletter April 2009.pdf](#).

Included are current events, links, national updates, and more. To request an online subscription to this newsletter, email Laura Scott, Administrative Assistant, Colorado Department of Public Health and Environment Heart Disease and Stroke Prevention, laura.scott@state.co.us.

Tufts University Offers Web Evaluation Guide

When evaluating health and nutrition information on Web sites, use the online tool from Tufts University at <http://www.tufts.edu/med/ebscam/nutrition/organizations.html> for guidance. Ask the following questions about organizations and agencies offering guidance on nutrition:

- Are they financially uninvolved? What is their possible vested interest or bias?
- What data do they provide to support their position or policy?
- What is their history and political involvement?

Numerous resources and links are listed in the following categories:

- Government, e.g. USDA
- Professional, e.g. American Dietetics Association
- Advocacy/Consumer, e.g. Center for Science in the Public Interest
- Industry supported, e.g. American Egg Board

The [MedlinePlus Guide to Healthy Websurfing](#) gives guidance on what to look for when evaluating the quality of health information on Web sites from organizations and agencies in nutrition. Topics addressed include:

- Consider the Source—note expertise of the developer of the Web site.
- Focus on Quality—look for the review policy.
- Be a Cyberskeptic—watch out for quackery.
- Look for Evidence—rely on medical opinion.
- Check for current information.
- Read the privacy policy statement.

Eat Smart. Play Hard. Together

North Dakota State University Extension Service in collaboration with the university athletic department has created a Web site with a video, a magazine and links to resources for kids, teens, parents/caregivers and educators. There is an additional link for recipes and health tips: <http://www.ag.ndsu.edu/eatsmart/>. Any of these educational pieces can be used in entirety without getting special permission. To use parts follow the permission process at the bottom of the page.



Feeding Kids Newsletter

The May issue of the Feeding Kids newsletter is available at <http://nutritionforkids.com/emlnews/FK-May09.htm>. The topics in this issue include:

- For Kids Only: Find Your Food Style (quiz)
- Veggies for Breakfast: Recipe and copy-ready handout
- Teaching Nutrition is as easy as A-B-C!
- News in Brief:

Produce for Kids: Spring Campaign

Recent Studies of Interest

Recommended Site: Michigan Team Nutrition Booklist

Promote Fresh and Local Flavors

With more emphasis on eating less salt, the University of Nebraska-Lincoln Extension has created a one-page spice and herb seasoning chart. Add flavor without adding calories back to foods with these sodium-free herb/spice/food combinations.

Download the spice/herb chart (“Add a Little Spice (and Herbs) to Your Life”) and post inside a cupboard or other easy-access place in your kitchen: <http://www.lancaster.unl.edu/food/SpiceHerbChart.pdf>.



Additionally, a free PowerPoint and handouts on spices and herbs can be found at <http://www.lancaster.unl.edu/food/spiceherb.shtml>.

To promote local fresh food, watch “Fresh from the Farmers' Market,” a YouTube video at <http://www.youtube.com/watch?v=YkTS5CrA34U>.

A free PowerPoint, “The Garden Grocery: Food Safety and Selection at the Farmers’ Market,” and handouts, including “Healthy Cooking with Fresh Herbs” as well as others related to the Farmers’ Market, is at <http://www.lancaster.unl.edu/food/farmar.shtml>.

“Fresh Produce from the Farmers' Market, Your Garden or Grocery Store!” includes recipes, storage, canning and freezing tips: <http://lancaster.unl.edu/food/fresh-produce.shtml>.

Visit <http://www.ext.colostate.edu/pubs/foodnut/09354.pdf> for a Fact Sheet from Colorado State University, *Sodium in the Diet*, Table 4: “Seasoning without your salt shaker with herbs and spices.”

Please remember to credit the source for free resources used as PowerPoint presentations, handouts, articles, etc.

Did You Know . . . ?

Q. When shopping for my family at several local grocery stores, I try to make the healthiest choices by reading labels. Lately, I've noticed different logos on the shelves under various food products and labels on other foods in different grocery stores. How can I use these to make healthier choices? It's confusing to me. Are these symbols comparable from store to store?

A. Currently the food scoring system most of us are familiar with is to read the Nutrient Facts Label. Visit www.nutrientrichfoods.org for helpful tips on navigating the grocery store if your local grocery stores have not yet instigated one of the new systems intended to help shoppers identify healthy foods. In simplistic terms each of the new systems is an attempt to rate foods by assigning an overall score to help educate consumers as to which foods are more nutrient dense or lower in calories. However, each system uses different criteria to determine healthfulness which can be confusing to the consumer. Though none of the systems factor in cost, understanding how to get the most nutrition for dollars spent may be helpful—especially in these current economic times. Below is the breakdown on how each program can help consumers make the healthiest choices. Time will tell if any of these systems proves helpful to nutrition-conscious consumers.



NuVal scores foods on a scale of 1 to 100 with the higher score reflecting higher nutrient content and appears on store shelves in NuVal's double-hexagon logo. So far, more than 50,000 products have been tested. Those foods displaying this logo make it easier for you to compare similar items, e.g. potatoes, white rice and pasta. Supermarkets pay a licensing fee to participate. Look for NuVal in Price Chopper and Hy-Vee supermarkets in early 2009; another 15 chains are expected to roll out the system by year's end. A multidisciplinary group of experts led by David Katz, M.D., director of the Yale-Griffin Prevention Research Center in Connecticut guides this program. For more information on the complex mathematical formula based on the dietary guidelines and the Institute of Medicine's Dietary Reference Intakes (DRI) go to: www.nuval.com.



Smart Choices awards a single icon as an on-package green check mark of approval to healthy foods. A green checkmark means Smart Choices has determined that the food item meets the program's nutritional standards including (1) nutrients to encourage, e.g. fiber, (2) food groups to encourage, e.g. fruits and vegetables, and (3) nutrients to limit, e.g. trans fat. Additionally, calories per serving and number of servings are shown on the front of the package. Making conscientious nutrition-based decisions is quick and easy. Selecting a product with a check mark means it has met dietary guidelines. A partnership of food manufacturers and retailers, as well as public health and nutrition-science organizations, including the American Dietetic

Association and the American Heart Association backs this program. The Smart Choices Program will be found wherever you shop beginning in mid-2009 but companies must pay to participate. Therefore, smaller companies may choose not to participate. For a complete list of food-specific factors, see: www.smartchoicesprogram.com.

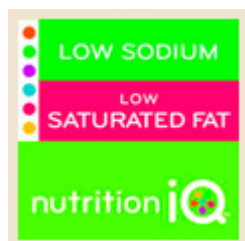


Guiding Stars is a shelf-tag program which uses unpublished formulas to rate foods with star ratings with the intent of helping consumers navigate the grocery aisles to choose foods with more fiber, vitamins, minerals and whole grains while limiting both saturated and trans fat, cholesterol and added sodium and sugar. A 3-star product scores “best,” 2 stars is “better,” and one star is “good.” Of the more than 50,000 items that have been rated so far, about 25 percent have received stars. This program is particularly useful when comparing items in the same category, e.g. several frozen-entrée choices. The grocery chain, Hannaford, developed the program with input from researchers at Tufts and Harvard universities, Dartmouth School of Medicine, and the universities of North Carolina, Southern Maine, and California-Davis. Supermarkets pay a licensing fee to use the system. Currently 1,500 Hannaford, Food Lion, Bloom, and Sweetbay supermarkets have this system. To learn more go to: www.guidingstars.com.

Other grocery chains are developing their own ranking system:



Healthy Ideas has been implemented by Giant Food and Stop and Shop supermarkets. Foods are rated using nutrition threshold criteria rather than mathematical formulas to qualify foods to display their Healthy Ideas symbol. Visit their Web site at: http://i4.peapod.com/wp/media/living_well/hi_criteria_giant-1.0.1.pdf.



Nutrition iQ uses color-coded shelf-tag bars to identify foods that meet specific nutrient thresholds for key ingredients. Products that meet baseline criteria for good nutrition are further evaluated to identify their top one or two benefits among seven categories: fiber, calcium, whole grains, protein, low sodium, low saturated fat, and low calories. These are denoted by color-coded bar labels on the shelf. Those who are watching their intake of particular nutrients, e.g. sodium or calcium, will find this system particularly useful. The first phase of the program covers only packaged and processed foods. The Joslin Clinic, an affiliate of Harvard Medical School, supports the program found in Supervalu, Inc. stores including Albertsons, Jewel-Osco, and Shaw's. For more information visit: www.nutritioniQ.com.

Spotlight

Karen Massey, M.A., R.D.

Karen Massey, M.A., R.D., received two bachelor's degrees from Colorado State University in Food Science and Nutrition; and Home Economics Education. After completing her Master's Degree from the University of Northern Colorado in Health Education, Karen completed the requirements and became a Registered Dietitian. Currently, Karen is a Family and Consumer Science Agent for Routt County Extension in Steamboat Springs, Colorado.

Karen has had a wide range of experience in her 25 years as a nutrition educator. Originally she worked for Western Dairy Council, and later served as the nutritionist for the state-of-the-art Coors Wellness Center. She was also an Associate Professor at Metropolitan State College of Denver. Karen edited two cookbooks for the Colorado Dietetics Association, *Simply Colorado* and *Simply Colorado, Too!* As an active member of the Colorado Dietetic Association, Karen served as their Media Spokesperson for 4 years.



Excited to be back in on the western slope of Colorado where she grew up, Karen and her family love Steamboat Springs. Prior to moving there 4 years ago, the Massey family lived on a sailboat for 4 years. Karen, her husband Dean, and their twin sixteen-year-old sons, Jack and Ben, sailed the Mediterranean and crossed the Atlantic in their 43-foot sailboat before moving back to Colorado.



Dining a la Health

Menu Options: Salad or French Fries?

Just seeing a salad on the menu seems to push some consumers to make a less healthy meal choice, according to Gavan Fitzsimons, professor of marketing and psychology at Duke's Fuqua School of Business, who led the research. It's an effect called "vicarious goal fulfillment," in which a person can feel a goal has been met if they have taken some small action, like considering the salad without ordering it. In a lab experiment, participants possessing high levels of self-control related to food choices (as assessed by a pre-test) avoided French fries, the least healthy item on a menu, when presented with only unhealthy choices. But when a side salad was added to this menu, they became much more likely to take the fries.



Although fast-food restaurants and vending machine operators have increased their healthy offerings in recent years, "analysts have pointed out that sales growth in the fast-food industry is not coming from healthy menu items, but from increased sales of burgers and fries," Fitzsimons said. "There is clearly public demand for healthy options, so we wanted to know why people aren't following through and purchasing those items."

Fitzsimons and his co-authors asked research participants to select a food item from one of two pictorial menus. Half of the participants saw a menu of unhealthy items, including only French fries, chicken nuggets and a baked potato with butter and sour cream. The rest of the participants were given the same three options, plus the choice of a side salad. When the side salad was added, a few consumers did actually choose it. However, the vast majority of consumers did not, and went toward healthier options. Ironically, this effect was strongest among those consumers who normally had high levels of self-control. "In this case, the presence of a salad on the menu has a liberating effect on people who value healthy choices," Fitzsimons said. "We find that simply seeing, and perhaps briefly considering, the healthy option fulfills their need to make healthy choices, freeing the person to give in to temptation and make an unhealthy choice. In fact, when this happens people become so detached from their health-related goals, they go to extremes and choose the least healthy item on the menu."



Two other test menus showed the same effect. “We also had participants choose from menus contrasting a bacon cheeseburger, chicken sandwich and fish sandwich with a veggie burger,” Block said. “And we tried chocolate covered Oreos, original Oreos and golden Oreos against a 100-calorie pack of Oreos and obtained the same result. Adding the healthier option caused people with high self-control to choose the least healthy option possible...even though it was not their first choice before the healthy option was included,” Block said.

The team’s findings suggest that encouraging people to make better choices may require significant effort on the part of both food service providers and customers. “What this shows is that adding one or two healthy items to a menu is essentially the worst thing you can do,” Fitzsimons said. “Because, while a few consumers will choose the healthy option, it causes most consumers to make drastically worse choices.”

Schools and other establishments concerned with promoting healthy behaviors may need to take an extreme approach and eliminate all unhealthy food, Fitzsimons said. “It sounds quite drastic, but because the effect of mixing healthy and unhealthy choices is so powerful, we would suggest that the safest way to get children to eat well is to take the pizza, fries and other junk foods completely out of schools, and replace them with healthy foods.”

The team also suggests that consumers might empower themselves through awareness. “This is one of those human quirks that we may be able to overcome if we are conscious of it and make a concerted effort to stick to the healthy choices we know we should be making,” Block said.

Source: News release, Duke University; the team’s findings will be available in the *Journal of Consumer Research*, October 2009.

