



**ENERGIZE YOUR LIFE!**  
**EAT HEALTHY-BE ACTIVE**

This newsletter is produced by the Nutrition Education Network of Washington to enhance communication and coordination among those who educate Washington families about nutrition and food. Energize Newsletter for Nutrition Educators shares brief information about programs and materials that support healthful and enjoyable eating.

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#### SUBSCRIPTION INFORMATION

Energize Newsletter for Nutrition Educators can be sent to you electronically each month. There is no charge. To subscribe or unsubscribe, contact Christa Albice, WSU Puyallup, 253-445-4541, e-mail [albice@wsu.edu](mailto:albice@wsu.edu).

To access past issues, go to  
<http://nutrition.wsu.edu/take5/index.html>.

Energize is a publication of the Nutrition Education Network of Washington, whose staff is responsible for its content.



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This material was funded by USDA's Supplemental Nutrition Assistance Program. SNAP. The Supplemental Nutrition Assistance Program (SNAP) provides nutrition assistance to people with low income. It can help you buy nutritious foods for a better diet. To find out more, contact: <http://foodhelp.wa.gov> or the Basic Food Program at: 1 877 501 2233.

## This Month's Focus: *Fast Food Realities*

It's a fact of life: Most Americans eat at fast food restaurants, which are also called quick service restaurants (QSRs). Busy parents, teens, adults – nearly everyone at some point, it seems – uses QSRs for their convenience, good taste, fast service, and inexpensive prices. Fast food establishments are the overall choice for food away from home, compared to traditional home-style restaurants. QSRs have adapted their menus to reflect consumer demand, such as changing the default items in some meals from fries to apples or carrots, and from soda to milk. As nutrition educators, we face the reality that the people that we counsel or teach eat fast food, and we can guide them to make healthful choices. Benefits of doing so are two-fold. Kids and adults are better nourished when they make wise choices, and QSRs are more likely to keep healthful options on their menu if people are buying them. In this issue

of the *Energize Newsletter for Nutrition Educators* we look at some of the tips, resources, and research that have to do with the reality that fast food is part of the American diet.



Stock photo from Thinkstock

Low-Income Families Eat More Fast Food, Right? – Wrong! A new study by the Centers for Disease Control (CDC) throws this misperception out the window. In reality, the CDC found no

correlation between fast food consumption and income status in its study of more than 5,000 Americans. In fact, children aged two to 11 from higher-income families got 9.1% of their calories from fast food, which is higher than the 8% in lower income families. Another myth that CDC's study debunked is the mistaken notion that kids who are overweight or obese are more likely to get more of their calories from fast food. Not so. The study uses the most recent data set from National Health and Nutrition Examinations Survey (NHANES). (Source: S Vikraman et al, "Caloric intake from fast food among children and adolescents in the United States, 2011-2012, Centers for Disease Control, September 16, 2015, accessed at [www.cdc.gov/nchs/data/databriefs/db213.pdf](http://www.cdc.gov/nchs/data/databriefs/db213.pdf).)

One in Three Kids Eats Fast Food Every Day – In a literature review of 77 studies related to fast food, the authors write that about 33% of US children and adolescents consume fast food on a typical day. Children from middle, and low socioeconomic status had high exposure to fast food restaurants

and low exposure to supermarkets, and therefore had lower consumption of fruits and vegetables. (D Demory-Luce and KJ Motil, "Fast food for children and adolescents," literature review current through September 2015, last updated October 22, 2015, accessed at [www.uptodate.com/contents/fast-food-for-children-and-adolescents](http://www.uptodate.com/contents/fast-food-for-children-and-adolescents).)

**Local Tips for Local Parents** – With its June 2015 lunch menu, Spokane Public Schools offered these tips to parents when eating out with their kids:

- Choose a restaurant that caters to children and has a healthy children's menu that includes smaller portion sizes and meals designed to provide ample nourishment for smaller bodies.
- For kids' meals, opt for milk as a beverage and fruit for dessert.
- Order kids plain foods with sauce on the side.
- Substitute healthier "sides" in place of fries, like carrots or apple slices.
- Choose two or three suitable menu items, then let your child pick one.
- Let kids order their familiar favorites when they eat out. For new foods, offer a bite or two from your order.
- Calcium is important at all ages, but especially for growing bones. To get more calcium, drink low-fat or fat-free white or chocolate milk or add a slice of cheese to their sandwich.

For more (not-so-local) tips for making healthful choices when eating away from home, along with examples at various restaurants, see "How to eat healthy meals at restaurants,"

[http://www.nytimes.com/interactive/2015/04/27/upshot/How-to-Eat-Healthy-Meals-at-Restaurants.html?ref=health&abt=0002&abg=0&\\_r=1](http://www.nytimes.com/interactive/2015/04/27/upshot/How-to-Eat-Healthy-Meals-at-Restaurants.html?ref=health&abt=0002&abg=0&_r=1).

## TOOLS OF THE TRADE

**Educator Resources on Fast Foods** – USDA provides links to resources that nutrition educators might find interesting when helping consumers think about healthful choices at restaurants. Of particular interest is the *Interactive Fast Food Menu with Fitness*. Users click on menu items from McDonalds, Burger King, Subway, Chik-fil-A, Domino's, or Taco Bell to see how many calories, sodium, and various nutrients are included. It also shows the exercise needed to burn off that meal. See <https://fnic.nal.usda.gov/consumers/eating-health/healthy-restaurant-eating>.

**WIC Resources about Fast Foods** – These educational tools are useful not just in WIC clinics, but other settings as well.

- California WIC has modules to use with parents at [www.cdph.ca.gov/programs/wicworks/Pages/WICNELessonPlanARCHIVES.aspx](http://www.cdph.ca.gov/programs/wicworks/Pages/WICNELessonPlanARCHIVES.aspx), scroll down to "Fast Food."
- Pennsylvania's "Choosing Fast Food Wisely" training curriculum includes guidance for staff, a lesson module, and parent handouts including a list of healthful choices at selected QSRs. [https://wicworks.fns.usda.gov/wicworks//Sharing\\_Center/MD/2010/2Obesity/2eChildObesityFastFood.pdf](https://wicworks.fns.usda.gov/wicworks//Sharing_Center/MD/2010/2Obesity/2eChildObesityFastFood.pdf).
- The website [www.fastfoodmarketing.org](http://www.fastfoodmarketing.org) is a good resource for the nutritional value of fast food meals and for the low-down on fast food marketing to kids. Fast Food FACTS was developed by the Rudd Center for Food Policy & Obesity, in consultation with a steering committee of experts in nutrition, marketing, and public health.

**SNAP Benefits for Fast Food** – In Washington State, people who receive food assistance on SNAP (Supplemental Nutrition Assistance Program, also called Basic Food in our state) cannot use their benefits at fast food restaurants. However, other states might choose to participate in the "Restaurant Meals" option, and what this looks like varies from state to state. For example, in California, SNAP benefits are allowable for hot prepared foods at certain restaurants in select counties, but only homeless, elderly, and disabled food benefit recipients are eligible. According to Bonnie Clark with Basic Food Education and Assistance at the Department of Social and Health Services (DSHS), "Washington State has chosen not to participate in the restaurant meals program at this time because it does not encourage healthy food choices and making the most of your benefits, which is what we strive for." (Source: Bonnie Clark, Food Policy Program Manager, Basic Food Education and Assistance/SNAP-Ed, DSHS/Community Services Division, 360-725-4613, [ClarkBJ@dshs.wa.gov](mailto:ClarkBJ@dshs.wa.gov))



**OUR MISSION:** *The Nutrition Education Network* coordinates nutrition education efforts to communicate consistent, positive and relevant messages to increase awareness of healthful and enjoyable eating among low-income families. *Energize* is one way that *the Network* shares information and resources to accomplish this mission.

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## IN THE MEDIA

**Processed Meat, Red Meat, and Cancer** – The World Health Organization’s (WHO) report released on October 26 linking meat and cancer created quite a media frenzy and a great deal of consumer confusion. What are the take-aways for nutrition educators? First, a look behind the headlines. The statement was issued by the International Agency for Research on Cancer, the cancer agency of the WHO. Comprised of 22 experts from 10 countries, they considered 800 studies that investigated potential associations of meat with more than a dozen types of cancer. Since its recommendations would be applied to food patterns globally, red meat includes the types of meat eaten around the world: beef, goat, horse, lamb, mutton, pork, and veal. Processed meat includes any meat (beef, poultry, offal, or meat by-products such as blood) that has been transformed through salting, curing, fermentation, smoking, or other processes to enhance flavor or improve preservation.



Photo courtesy of Martha Marino

Red meat is *probably carcinogenic* based on *limited evidence*. WHO experts say that red meat has nutritional value (iron, B-12, protein) and governments in various countries should balance the benefits with the risks.

Processed meat was classified as *carcinogenic* to humans in increasing risk of colorectal cancer based on *sufficient evidence*. The experts concluded that each 50-gram portion (1.8 ounces) of processed meat eaten daily increases the risk of cancer of the colon by 18%. The risk is much lower, of course, with lower consumption. Although the evidence is strong, scientists do not know why processed meats are linked with cancer risk.

Perhaps a reasonable response to the report is the tried-and-true advice of variety and moderation, following the meal patterns in the Dietary Guidelines, and understanding one’s own hereditary risk factors for colon cancer. The report does not recommend giving up meat, but does provide a rationale for cutting back on processed meats such as hot dogs and bacon. WHO’s findings are based on epidemiological research and they do not equate cause and effect. For WHO’s press release which includes links to Q & A, see [www.iarc.fr/en/media-centre/pr/2015/pdfs/pr240\\_E.pdf](http://www.iarc.fr/en/media-centre/pr/2015/pdfs/pr240_E.pdf).

**Pediatricians’ New Policy on Childhood Food Security** – The American Academy of Pediatrics (AAP) took a strong stand on childhood hunger this month by issuing a policy statement – on food insecurity. The AAP now recommends that pediatricians screen children for food insecurity using two tested questions during office visits, and that they connect families with food assistance programs and other community resources. The AAP also urges pediatricians to advocate for federal and local policies to support access to healthy food for children and their families. The statement describes SNAP, WIC, National School Lunch and Breakfast programs, and food pantries. This background enables pediatricians to understand what resources are available so that they can help families get the nutritious foods that they need. Noting that 21% of US children live in households without consistent access to adequate food, the AAP report outlines effects on children, such as getting sick more often, taking a longer time to get well, iron deficiency, lower bone density, obesity, emotional distress, lower cognitive indicators, and dysregulated behavior. (Source: “Promoting food security for all children” by the Council on Community Pediatrics and Committee on Nutrition of the American Academy of Pediatrics, October 23, 2015, accessed at <http://pediatrics.aappublications.org/content/early/2015/10/20/peds.2015-3301>.)

## WASHINGTON GROWN

**Fresh This Month** – As leaves begin to fall and temperatures drop, Washington’s fields are winding up their growing season. Root vegetables and a wide variety of squash are continuing to be harvested, and some will be available at farmers’ markets before they close until next year. Although squash is rich in beta-carotene, fiber, potassium, and other nutrients, some consumers are reluctant to purchase it because the varieties are unfamiliar and they are unsure how to cook them. A good video by Utah State University Extension describes both familiar and unusual types of winter squash (such as buttercup, butternut, kabocha, delicata, turban, spaghetti). It also shows how to purchase and prepare it. The video would be useful to show in a class or waiting area, or you could watch it to get ideas for your own demo, viewable at [www.youtube.com/watch?v=NdhW5XFueXc](http://www.youtube.com/watch?v=NdhW5XFueXc).

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## DID YOU KNOW?

What's the difference between apple cider and apple juice? Although both are made from pressing apples, cider has not undergone a filtration process to remove coarse particles of pulp or sediment, so it's cloudy. To make fresh cider, apples are washed, cut, and ground into a mash that is the consistency of applesauce. Layers of mash are wrapped in cloth, and put into wooded racks. A hydraulic press squeezes the layers, and the juice flows into refrigerated tanks. Apple juice has been filtered to remove solid, so it is clear. Apple juice is also pasteurized so that it will stay fresh longer. Vacuum sealing and additional filtering extend the shelf life of the juice. Some shelf-stable apple cider is pasteurized, so check the label. Babies and immunocompromised individuals are advised to avoid fresh apple cider. (Source: [http://www.mass.gov/agr/massgrown/cider\\_juice\\_difference.htm](http://www.mass.gov/agr/massgrown/cider_juice_difference.htm).)



Photo courtesy of WSU Western Washington Tree Fruit & Alternative Fruits



### EAT TOGETHER EAT BETTER – Family Meals Focus

*Because our readers have told us that Family Meals is a hot topic, in the May 2011 issue we began a small section on recent news relating to this topic and our long-standing signature program, Eat Together, Eat Better.*

**Impact of the Great Recession on Family Meals and Eating Out** – The Great Recession of 2007-09 was the deepest recession in postwar WWI period, and many of its effects have persisted after its official end in June 2009. During the recession, families ate out less often, had more family dinners at home, and improved their diets. Between 2006 and 2009, families dramatically cut their inflation-adjusted spending on food prepared outside the home by 13%. USDA's Economic Research Service speculates that although eating out will likely rebound, diet quality may not decline as a result. During the recession, consumers focused more on nutrition when selecting foods, and that pattern may be here to stay. (Source: JE Todd and RM Morrison, "Less eating out, improved diets, and more family meals in the wake of the great recession," USDA Economic Research Service, accessed at [www.ers.usda.gov/amber-waves/2014-march/less-eating-out,-improved-diets,-and-more-family-meals-in-the-wake-of-the-great-recession.aspx#.Vi6dAn6rTcs](http://www.ers.usda.gov/amber-waves/2014-march/less-eating-out,-improved-diets,-and-more-family-meals-in-the-wake-of-the-great-recession.aspx#.Vi6dAn6rTcs).)

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