



VOLUME 21, NUMBER 9

August 2016



**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.

STAFF

Kathleen Manenica, MS, CN
Executive Editor
State Program Coordinator, *Food \$ense*
253-445-4598
manenica@wsu.edu

Martha Marino, MA, RD, CD
Writer
206-817-1466
martha_marino@yahoo.com

SUBSCRIPTION INFORMATION

Energize Newsletter for Nutrition Educators can be sent to you electronically each month. There is no charge. To subscribe or unsubscribe, contact Kathleen Manenica, WSU Puyallup, 253-445-4598, e-mail manenica@wsu.edu.

To access past issues, go to
<https://nutrition.wsu.edu/energize-newsletter/>

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



Food \$ense

WASHINGTON STATE UNIVERSITY
EXTENSION

USDA is an equal opportunity provider and employer.

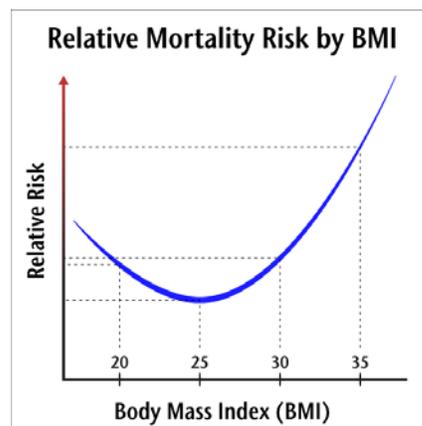
This material was funded by USDA's Supplemental Nutrition Assistance Program. SNAP. The Supplemental Nutrition Assistance Program (SNAP) provides nutrition assistance to people with low income. It can help you buy nutritious foods for a better diet. To find out more, contact: <http://foodhelp.wa.gov>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

This Month's Focus: *Obesity Prevention*

For many, many years, nutrition educators have focused on guiding people to healthier eating patterns and regular physical activity, hoping to turn the tide of the obesity epidemic. Obesity is tied to increased risks for chronic diseases, such as type 2 diabetes and heart disease. What have we learned about what works in obesity prevention for adults and kids? In this issue of the *Energize Newsletter for Nutrition Educators*, we'll dive into the results of research about obesity prevention.

Weight as a Measure of Health vs Health at Any Size – At the annual conference of the Society of Nutrition Education and Behavior in July, two speakers debated both sides of this issue, arriving at some similar conclusions. The two obesity experts were Glenn Gaesser, Director of Healthy Lifestyle Research at Arizona State University, and Christopher Gardener, Director of Nutrition Studies at Stanford Prevention Research Center. Dr. Gaesser showed research that people who initially lost weight almost invariably regained it over time. He noted that people with a BMI of 25 have the lowest relative risk of mortality, and as BMI increases or decreases from this point, the risk goes up, creating a “J”-shaped curve (see graph). His conclusion from a broad array of research studies is that it's more important to work toward the outcomes of normalizing blood pressure, blood glucose, and cholesterol levels through changes to dietary intake and fitness levels because these metabolic indicators have no correlation to weight loss. Dr. Gardener discussed predisposing factors to insulin resistance, comparing low-fat and low-carb diets. The type of diet didn't matter, so long as people maintained weight loss through dietary quality, not energy restriction. He advised avoiding the word “diet,” recommending instead “meal plan.” Both speakers acknowledged that physical activity can result in increased fatness and weight gain, but it also decreases blood pressure and blood lipids. Interestingly, they said that our bodies' physiology craves eating daily, but not physical activity. Both must be pleasurable to motivate lifestyle change. (Contact: Kathleen Manenica, State Coordinator, Food \$ense, Washington State University Extension, 253-445-4598, manenica@wsu.edu).

Dr. Gaesser showed research that people who initially lost weight almost invariably regained it over time. He noted that people with a BMI of 25 have the lowest relative risk of mortality, and as BMI increases or decreases from this point, the risk goes up, creating a “J”-shaped curve (see graph). His conclusion from a broad array of research studies is that it's more important to work toward the outcomes of normalizing blood pressure, blood glucose, and cholesterol levels through changes to dietary intake and fitness levels because these metabolic indicators have no correlation to weight loss. Dr. Gardener discussed predisposing factors to insulin resistance, comparing low-fat and low-carb diets. The type of diet didn't matter, so long as people maintained weight loss through dietary quality, not energy restriction. He advised avoiding the word “diet,” recommending instead “meal plan.” Both speakers acknowledged that physical activity can result in increased fatness and weight gain, but it also decreases blood pressure and blood lipids. Interestingly, they said that our bodies' physiology craves eating daily, but not physical activity. Both must be pleasurable to motivate lifestyle change. (Contact: Kathleen Manenica, State Coordinator, Food \$ense, Washington State University Extension, 253-445-4598, manenica@wsu.edu).



Source: WSU Extension Food \$ense

How to Calculate BMI – For better or worse, Body Mass Index is typically used as to categorize a person as underweight, average weight, overweight, or obese. To determine BMI, use this handy calculator from the National Heart, Lung, and Blood Institute of the National Institutes of Health: http://www.nhlbi.nih.gov/health/educational/lose_wt/BMI/bmicalc.htm.

Obesity Prevention: A Reality Check – Despite hundreds of well-intentioned programs and numerous studies, obesity prevention doesn't seem to work at a population level. That's the assessment by Glen Duncan, Chair of the Nutrition and Exercise Physiology Program at WSU. He says that there has been success in clinical and a few community settings in the US, but those programs have not translated on a population level. Duncan refers to new research using NHANES data which found a steadily increasing rate of obesity among American women and no improvement among men (K Flegal et al, "Trends in obesity among adults in the United States, 2005-2014." *Journal of the American Medical Association*, 315(21):2284-2291, 2016). The assessment is just as grim for kids – obesity is not on the decline. Although an earlier (2014) study showed that the prevalence of obesity had dropped for children ages 2 to 5, results across studies are inconsistent. (CL Ogden et al, "Trends in obesity prevalence among children and adolescents in the United States, 1988-1994 through 2013-2014." *Journal of the American Medical Association*, 315(21):2292-2299, 2016). The US remains one of the most obese nations, and he suggests it is largely because our obesogenic environment does not



Source: WAbikes.org

support prevention efforts. Instead, it encourages maximum energy input and minimum energy output. Improvements in one environment, such as the school or home, have not been successful to prevent obesity overall because those improvements are often negated by the rest of the person's environment, such as sedentary jobs and easy access to high-calorie foods. He advises nutrition educators to actively participate in efforts to alter the built environment in communities, such as establishing bike lanes and increasing access to recreation, and advocate for

better nutrition and activity related policies. (Contact: Glen E Duncan, PhD, RCEP, Professor, Elson S Floyd College of Medicine; Chair, Nutrition and Exercise Physiology Program; Director, Washington State Twin Registry, Initiative for Research and Education to Advance Community Health at WSU – Health Sciences Spokane, 509-358-7875, glen.duncan@wsu.edu).

Obesity Rates Improve for Some Kids in Some Places – Donna Johnson, a long-time researcher in child nutrition and obesity at the University of Washington, says that where childhood obesity rates are declining, it's because communities have embraced multi-faceted comprehensive approaches to making it easier for children to eat healthy foods and be physically active. A new report from the Robert Wood Johnson Foundation found that progress in reducing racial, ethnic, and socioeconomic disparities in obesity rates has been more limited. RWJF recommends identifying and pursuing a mix of policy and environmental approaches that may work best for specific communities. (Source: www.rwjf.org/content/dam/farm/reports/issue_briefs/2016/rwjf401163. Contact: Donna Johnson, RD, PhD, Professor, Nutritional Sciences Program and Department of Health Services, UW, 206-685-1068, djohn@uw.edu).

What Does Research Say about Obesity Prevention?

- Less than 3% of American adults meet the criteria for a healthy lifestyle. A three-state study looked at four measures of health: a balanced diet, being active, not smoking, and BMI. Only 2.7% of all adults met all four criteria. (Source: PD Loprinzi et al, "Healthy lifestyle characteristics and their joint association with cardiovascular disease biomarkers in US adults." *Mayo Clinic Proceedings*, 2016.)
- If an overweight individuals can maintain their weight loss for a year, their bodies "accept" the new weight and can maintain that weight loss. (EW Iepsen et al, "Successful weight loss maintenance includes long-term increased meal responses of GLP-1 and PYY 3-36." *European Journal of Endocrinology*, March 14, 2016.)

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.

Please Copy This Newsletter! Feel free to copy any or all of this newsletter to share with others. We only ask that you credit the Nutrition Education Network of Washington and please let us know if you have made copies and to whom you distributed copies.

* Listing of products and goods in this newsletter does not imply endorsement.

- Body Mass Index (BMI) is typically used to categorize people as overweight or obese, which in turn is a measure of health. But, that may be flawed, and there may be direct consequences. For example, the US Equal Employment Opportunity Commission has proposed rules allowing employers to penalize employees up to 30% of health insurance costs if they fail to meet certain health criteria, such as a specified BMI. In a study of 40,420 adults, nearly half of overweight individuals and 29% of obese individuals were cardio-metabolically healthy. In contrast, more than 30% of normal weight individuals were cardio-metabolically unhealthy. (Source: AJ Tomiyama et al, "Misclassification of cardio-metabolic health when using body mass index categories in NHANES 2005-2012." *International Journal of Obesity*, 40:883-886, 2016.)
- Most studies classify obesity based on BMI, but what people tell researchers about their height and weight (used to calculate BMI) doesn't square with actual prevalence data. As a result, it's difficult to assess what efforts are effective. The Robert Wood Johnson Foundation commissioned a study to look into these discrepancies and make recommendations for improving the way researchers collect data. (Source: "Assessing prevalence and trends in obesity: Navigating the evidence." June 2016.) Infographic at <http://resources.nationalacademies.org/infographics/ObesityFramework/Obesity.html>.
- Good news for pasta-lovers: Italian researchers found that, contrary to popular thinking, eating pasta is not associated with obesity or overweight. Furthermore, it was negatively associated with BMI, waist circumference, and waist-to-hip ratio. The authors suspect that pasta-eating is a marker for following the Mediterranean diet. (Source: G Pounis et al, "Association of pasta consumption with body mass index and waist-to-hip ratio: Results from Noli-sani and INHES studies." *Nutrition and Diabetes*, 6:e218, July 4, 2016.)
- Adults who think that their kids are overweight might be creating a self-fulfilling prophesy. A study that tracked 3,500 kids and their parents found that kids who were overweight at the start of the study gained even more weight if their parents perceived them as overweight. (Source: E Robinson et al, "Parental perception of weight status and weight gain across childhood." *Pediatrics*, May 2016.)

IN THE MEDIA

Fresh Bucks Rx for SNAP Clients in Seattle – The City of Seattle and key partners launched a program in late July for SNAP recipients with diet-related diseases. The Rx aspect of the program means that participating health care providers can "prescribe" fruits and vegetables to their low-income patients and give them a voucher to use at farmers markets and farm stands. More at <http://greenspace.seattle.gov/2016/07/seattle-launches-fresh-produce-prescription-program/#sthash.miW1xKls.dpbs>.



Source: kingcountyfreshbucks.org

Time Spent on Food – Americans spend 64 minutes each day eating and drinking as their main activity, and an additional 16 minutes eating or drinking while engaged in doing something else, such as watching TV. This is the latest data from the Economic Research Service (ERS), which found a decline in the amount of time spent on food since its previous study. SNAP and WIC participants, and people with household income less than 185% of the poverty threshold spent more time preparing food and cleaning up than others. (K Hamrick et al, "Americans' eating patterns and time spent on food: The 2014 eating and health module data." ERS, USDA, July 2016. <http://ers.usda.gov/media/2122095/eib158.pdf>).

TOOLS OF THE TRADE

SNAP-Ed Tool Kit Emphasizes Obesity Prevention – In the past, the focus of SNAP-Ed was on nutrition education, but the Healthy Hunger-Free Kids Act of 2010 altered that focus to explicitly adopt obesity prevention as a major emphasis. In fiscal year 2016, USDA authorized \$408 million to provide obesity prevention services to include not just direct nutrition education but also social marketing and PSE (policy, systems, and environmental) change. To assist SNAP-Ed in all 50 states, USDA updated its SNAP-Ed Tool Kit in April 2016. The Tool Kit is a portfolio of existing evidence-based and actionable tools, useful not just for SNAP-Ed but other nutrition educators working with low-income populations. Tool Kit at <https://snaped.fns.usda.gov/materials/snap-ed-strategies-interventions-obesity-prevention-toolkit-states>.

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.

Please Copy This Newsletter! Feel free to copy any or all of this newsletter to share with others. We only ask that you credit the Nutrition Education Network of Washington and please let us know if you have made copies and to whom you distributed copies.

* Listing of products and goods in this newsletter does not imply endorsement.

WASHINGTON GROWN

Fresh This Month – In Washington State, choices for fresh produce are plentiful in August! It's a great month to stop by a farmers' market and try an unfamiliar vegetable. The Washington State Department of Agriculture (WSDA) offers a useful chart showing the seasonality of vegetables grown in our state, color-coded by the Healthier US Challenge Vegetable Group. Some interesting local veggies on that chart include rapini, mizuna, Jerusalem artichokes, Romanesco, kohlrabi, and chicory. <http://agr.wa.gov/aginwa/docs/seasonalitycharthusssvegetablefinal.pdf>.



Source: Washington State University

Beautiful Blueberries – Blueberries are rich in vitamin C, they're an excellent source of manganese, and they contain a wide variety of phytochemicals, such as anthocyanins. They found to protect against age-related decline in brain function, cancer, and heart disease. Although fresh and frozen blueberries are available year-round, August and September are the best months for U-pick blueberries in Washington State. Besides eating them fresh or putting them in pancakes or muffins, check out recipes at www.blueberrycouncil.org. Food pantries might be receiving frozen blueberries in September or October. About twice a year, through USDA's The Emergency Food Assistance Program (TEFAP) makes frozen blueberries available as a "bonus food." According to James Scovel with Food Assistance at WSDA, in September Washington State will receive two to four truckloads containing cases of three-pound bags of frozen blueberries. These will be shipped to two major food banks in our state, Food Lifeline and 2nd Harvest, then distributed to their food pantries. (Contact: James Scovel, Program Specialist, WSDA FS & CS Division, Food Assistance & Regional Markets, WSDA, 360-725-5641, jscovel@agr.wa.gov).

DID YOU KNOW?

What would you guess is the most-consumed vegetable in the US? The potato! It's followed by tomatoes, sweet corn, and lettuce. <http://supplementsos.com/nutrition-stats/most-consumed-foods/most-eaten-vegetables-usa/>.



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.

Family Meals and Obesity Prevention: It's Complicated – Research is quite strong in showing that family meals are associated with positive outcomes for youth: stronger family relationships, reduced risky behavior, and better diets (more fruits and vegetables, less sugar-sweetened beverages and high-calorie low-nutrient foods). But, results are mixed about the connected between family meals and a child's weight. In a recent study, researchers question whether the problem lies in how questions are asked. For example, the definition of who needs to be present for a family meal could be interpreted as everyone in the family, one parent, or something else. "Sitting and eating together" could be at the kitchen table, but it could also be interpreted as eating at a fast food restaurant, in front of a TV, or with everyone on their own mobile devices. (Horning et al, "Associations among nine family dinner frequency measures and child weight, dietary, and psychosocial outcomes." *Journal of the Academy of Nutrition and Dietetics* 116(6):991-999, June 2016.)

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.

Please Copy This Newsletter! Feel free to copy any or all of this newsletter to share with others. We only ask that you credit the Nutrition Education Network of Washington and please let us know if you have made copies and to whom you distributed copies.

* Listing of products and goods in this newsletter does not imply endorsement.