

FOOD Insight™

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Promoting Health with Dietary Guidance and MyPyramid: An Interview with Eric Hentges, PhD

The International Food Information Council Foundation's *Food Insight* had an opportunity to speak with Dr. Eric Hentges, executive director of the U.S. Department of Agriculture's (USDA's) Center for Nutrition Policy and Promotion (CNPP). Dr. Hentges represents USDA on nutrition education policy and nutrition guidance issues. The goals of CNPP are to advance and promote dietary guidance for all Americans and to conduct applied research and analyses in nutrition and consumer economics.

In the interview that follows, Dr. Hentges shares his perspectives on the *Dietary Guidelines for Americans* and how the food industry can work in partnership with the federal government to promote the understanding and use of nutrition guidance for optimal health for Americans.

FOOD INSIGHT: Many people have heard of the *Dietary Guidelines* but are not familiar with the objectives and process by which the government develops dietary guidance. Could you explain the objectives and process for *Food Insight* readers?

DR. HENTGES: In January 2005, the government released the 6th edition of the *Dietary Guidelines for Americans*. The *Dietary Guidelines* are the federal policy on nutrition and they dictate how education, communication and food assistance programs will be conducted by the government. The 2005 *Dietary Guidelines* cover nine topic areas that consist of 23 key recommendations for the general public and 18 key recommendations for special population groups. While the *Dietary Guidelines* by themselves are not regulatory, they impact the development of numerous diet/health regulations. For example, school lunch meal patterns, the WIC [Women, Infant, and Children] food assistance program, and food labeling. The guidelines also have a direct effect on Federal research priorities.



Dr. Eric Hentges, PhD

The whole reason for having federal dietary guidelines is to improve the health of the population. The challenge is to implement the guidelines in a meaningful manner. A large part of the federal effort is dedicated to consumer education initiatives. This would include my agency's work with *MyPyramid* as well as the Nutrition Facts panel. *MyPyramid* is a food guidance system, consisting of a "branded logo," an education message platform and interactive tools to put the recommendations into action. The information and tools focus on the individual, provide personalized diet recommendations, and encourage taking small steps toward a more healthful lifestyle. Although these efforts may help, the government's programs by themselves aren't likely to be enough to improve our meal patterns. This is why I'm excited

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Bone Up: Your Top 10 List for Maximizing Skeletal Health

Most people understand that nutrition affects bone health. In fact, many are aware that calcium is critical for building healthy bones and preventing osteoporosis later in life. What may be less apparent is that in addition to calcium, a constellation of nutritional and lifestyle factors influence the health of bones. Knowing the array of factors that affect bone health will help stave off osteoporosis and maximize skeletal health.

In It for the Long Haul

Osteoporosis is a condition of gradually weakening bones, also known as “brittle bones disease.” “One in every four women will likely develop osteoporosis later in life,” asserts Purdue University professor of foods and nutrition, Dorothy Teegarden, PhD. In fact, the National Osteoporosis Foundation estimates that 10 million Americans have osteoporosis—two million men and eight million women—and that an estimated 34 million are at risk of osteoporosis because they already have a low bone mass. Over time, bones lose calcium and other minerals, which can leave the bone structure fragile and porous. Protecting and supporting skeletal health, therefore, are lifelong tasks requiring vigilance well into the mature adult years. It is never too late to implement lifestyle changes that can help maintain bones for a lifetime therefore, paying attention to our diet and lifestyle when we are young and as we age is important.

Top Ten Ways to Protect Your Bones:

1. Continue Being Calcium Conscious. Calcium is the most recognized nutrient for bone health for a reason. Calcium is the chief bone-forming mineral. Most of the calcium that we consume can be found in the bone—99 percent of the body’s stores to be exact—can be found in our bones. It is a major requirement for adequate bone growth early in life and studies have shown that early intake prevents bone loss later in life.

As with all living tissue, bones are in a constant state of change. Calcium gets deposited and withdrawn from the bone structure on a daily basis to help support other body functions. Bones get stronger and denser as more calcium becomes part of the bone structure, or the bone matrix. In fact, bones can store additional calcium for days when calcium consumption comes up short. “Adults need 1,000 mg [milligrams] of calcium daily, while adolescents need 1,300 mg,” says Dr. Teegarden, “about three to four servings of low-fat dairy daily can be consumed to meet this target.” Dr. Teegarden highlights skim milk, 1 percent milk, yogurt and cheese as great options, as well as lactose-free milk products and calcium-fortified beverages, such as orange juice, for those with lactose intolerance.

2. Complement Calcium with Vitamin D. An *American Journal of Clinical Nutrition* bone health review by noted bone health researcher, Robert P. Heaney, M.D., John A. Creighton University Professor, described vitamin D and calcium as a “partnership.” Vitamin D and

calcium work together to promote bone growth, reduce loss with age and decrease the risk for fractures. Vitamin D helps us get the most out of the calcium that we consume by improving the efficiency of calcium absorption. “Vitamin D facilitates calcium’s absorption,” agrees Rachel Johnson, PhD, RD, professor of nutrition and dean of the College of Agriculture and Life Sciences at the University of Vermont. Additionally, the combination of vitamin D and calcium appears to reduce excess breakdown and repair, also known as bone remodeling. Breakdown and repair are necessary, but they appear to increase with age leading to bone fragility. Low levels of vitamin D are associated with an increased risk of hip fracture, especially in elderly individuals.

Experts cite low vitamin D intake as an emerging worldwide public health issue for people of all ages. “There’s growing support that the current recommended intake for vitamin D is too low,” warns Dr. Teegarden. The adequate intake (AI) required to maintain adequate levels of vitamin D in blood is 200 IU/day for people under 50 years of age, 400 IU/day for those 51 to 70 years of age, and 600 international units (IU)/day for individuals over age 70 years. Vitamin D can be found in fortified milk, fatty fish (like cod liver oil, mackerel, sardines, salmon, and tuna), some vegetable oil spreads, fortified cereals, fortified orange juice, egg yolk and some cheeses. Supplements and multivitamins may also contain vitamin D, however the consumption of amounts greater than 2,000 IU/day could become a potential health risk; check the label on your multivitamins to make sure that you do not exceed this amount.

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The major source for vitamin D—the sun—cannot be found in your local grocery store. The UV rays from the sun trigger the skin to produce vitamin D. Overexposure to the sun is a known health risk; however, exposure of the hands, arms, and face to sunlight for 10 to 15 minutes twice weekly for adults who have medium skin tone and who do not burn easily in the sun should be adequate to allow the synthesis of the necessary amounts of vitamin D. People with darker-pigmented skin and those living in areas with reduced exposure to sunlight may not synthesize enough vitamin D from the sun, therefore look for vitamin D sources in the diet.

3. If You Don't Use It, You Lose It. Studies have shown that weight-bearing exercises, like walking, jogging, dancing, or even marching, help to strengthen your bones. Strength training is recommended to stabilize and secure bones and even simple activities have been shown to provide big gains in bone strength. The American College of Sports Medicine's (ACSM's) position on physical activity and bone health describes impact activities, that is, weight-bearing activities, as well as strength training as ideal forms of exercise for your bones. For growing bones in kids, they recommend participating in intense weight-bearing activity for at least 10-20 minutes at least three times per week and note that such activity two times a day is even better. To help maintain bone health throughout adulthood, ACSM advises adults to engage in weight bearing activity, such as tennis, stair climbing, jogging, walking, or activities that involve jumping, like volleyball or basketball, along with strength training. To optimize bone health, adults are advised to do weight-bearing exercises three to five times per week and strength training two times per week for at least 30 to 60 minutes.

4. More Minerals: Magnesium and Phosphorus. Magnesium and phosphorus are required for bone mineral metabolism. Low magnesium levels are associated with low bone growth, osteopenia (osteopenia refers to a bone mineral density [BMD] that is lower than the normal peak BMD but not low enough to be classified as osteoporosis), bone fragility, and calcium loss. Phosphorus, on the other hand, is necessary for bone health; but too much phosphorus in the diet can be of concern, especially if excess phosphorus is coupled with a low calcium intake. Consuming adequate magnesium from halibut, tuna, artichokes, grains, nuts, and dairy products can help you manage or balance your phosphorus intake. Eat a varied diet, and make sure that you eat enough calcium-containing foods.

5. Vital Vitamin: Vitamin K? The evidence is still developing, but it appears that inadequate intakes of vitamin K have ill-effects on bone density and may result in the risk of bone fracture. The solution is to eat a variety of fruits and vegetables, such as spinach, tomatoes, lettuce, cauliflower, broccoli, cabbage and soybeans to maintain adequate levels of vitamin K in your body. Talk to your doctor before you increase your intake of vitamin K if you are taking certain blood-thinning medication.

6. Protein. Protein has developed a reputation for having a negative influence on bone because high-protein diets were associated with an increase in urinary calcium loss. Not all studies have confirmed this finding, and some have shown that high-protein, calcium-rich diets may be beneficial to bone growth. In addition, protein is necessary for healthy bone structure and for the production of bone growth-promoting hormones. Evidence points to the need for the inclusion of adequate amounts of protein in the diet (the Recommended Dietary

Allowance is 0.8 grams per kilogram (or .36 grams per pound) of body weight per day for most adults).

7. Go Low with Saturated Fat. We know that too much saturated fat is bad for your heart, and now evidence suggests that it could also be bad for your bones. According to the findings from the third National Health and Nutrition Examination Survey, a large nationwide survey of Americans, people who consumed a diet high in saturated fat had significantly lower bone mineral densities. Interestingly, other researchers have found that the essential fatty acid omega-3—whose reputation precedes it as a heart-healthy option—may positively influence bone health. Researchers found that plant sources of omega-3 fatty acids protect bone and decrease bone tissue turnover. Therefore, continue your heart-healthy diet consisting of low levels of saturated fat (i.e. choose lean meats and low-fat or nonfat dairy products), choose walnuts, flaxseed, and salmon; and use vegetable oil blends rather than butter to get omega-3 fatty acids in your diet.

8. What about Caffeine and Carbonation? “Neither caffeine nor carbonation, by themselves, has a significant effect on bone health,” remarks Dr. Heaney. They become an issue when they displace milk or calcium sources, so do not feel guilty about adding milk to your morning coffee.

9. Smoking: Quitting is Key. The National Institutes of Health (NIH) has stated that smoking has been linked to compromised bone health. Jeffrey Hampl, PhD, RD, of the Department of Nutrition at Arizona State University concurs, “the damage to bones thanks to smoking may be collateral.” “In other words,” describes Dr. Hampl, “a number of studies have shown that smokers tend to have poor diets (including less calcium and

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about new initiatives that the private sector may undertake.

FOOD INSIGHT: How do public-private alliances help educate the public about the *Dietary Guidelines*?

DR. HENTGES: Private-sector diet/health initiatives can be a very significant means for improving the nation's health. However, to keep the credibility high with consumers, these initiatives must also be built on and maintain meaningful standards. The credibility of these private-sector programs also dictates consistency with federal guidance and education programs. For example, if children learn MyPyramid lessons in school, a mother visits the website or a dietitian gives counseling using MyPyramid tools, then the industries' programs need to be consistent in providing the same messages.

I am most appreciative of the recent cooperative effort between the IFIC [International Food Information Council] Foundation, the Food Marketing Institute, and my USDA staff on the consumer brochure titled "Steps to a Healthier You." Additionally, I would point to the longer-term efforts of the Dietary Guidelines Alliance as a model public-private partnership. Other public-private partnership programs are underway or have already been launched.

However, I don't want to leave this topic without a further comment on the credibility of industry and/or public-private initiatives for health improvement. Many people may be familiar with the European Union's platform on diet and health initiatives. The concept is for the government to work voluntarily with the private sector to identify "best practices" to improve the population's health. USDA and HHS [the U.S. Department of Health and Human Services] are actively cooperating with the EU [European

Union] Commission to see how this voluntary approach will work to address a significant health problem. However, there are calls both here and in Europe for new regulation and/or new legislation as the only meaningful cure to the nutrition and health situation.

FOOD INSIGHT: In addition to education, how can government and the food industry work together to help consumers understand and use dietary guidance?

DR. HENTGES: Education can only take us so far and requires a willingness or desire to change behavior. However, education coupled with changes in the food supply not only makes change easier for the willing, but also provides a way to improve health in spite of a lack of motivation to change behavior. Here again, the food industry's initiatives start to make a difference.

Changing the food supply and turning the direction of food production are significant undertakings. These may involve everything from changing plant or animal genetics, getting growers' buy-in on the proposed changes, making sure that the processing capacity and infrastructure are available, and developing food technology applications. These are understandably big shifts with big coordination challenges. Thus, food manufacturers need to know that the science behind the federal policy is correct, represents a meaningful health improvement, and reflects a long-term public health agenda.

FOOD INSIGHT: What is "evidence-based" research and why is it important in developing the *Dietary Guidelines*?

DR. HENTGES: The 2005 *Dietary Guidelines* used a new approach to the review of the scientific literature. This process is called a systematic, evidence-based review, and it was first applied in evidence-based medicine. An approach such as

this is required by the Data Quality Act, established by the Office of Management and Budget in 2002. For the government's part, future nutrition policy will be developed using an evidence-based, systematic review. This critical review process of the literature should remove subjective opinion or bias from the process. And our desire is to keep the process open and transparent. The process should be continual so there won't be any suspense as to what will happen every 5 years. At the same time continuity of recommendations must be maintained so that long-term planning can be implemented. If we do our part, industry should be able to effectively plan and predict where the science is leading for new "better-for-you" products and marketing.

FOOD INSIGHT: If nutrition is a long-term priority what support is there for USDA nutrition programs?

DR. HENTGES: Currently, USDA develops and maintains the databases on food composition, consumption, production, and economics. Through the Extension Service, school lunch program and MyPyramid.gov, USDA has an extensive nutrition education network. USDA also has six human nutrition research centers across the country and the National Research Initiative, the competitive nutrition research grants program.

FOOD INSIGHT: Using your crystal ball and long experience with the *Dietary Guidelines for Americans*, how might the 2010 *Dietary Guidelines* differ from the 2005 *Guidelines*?

DR. HENTGES: First, overweight and obesity colored most topic discussions of the Advisory Committee for the 2005 *Guidelines*. Other health issues have not gone away and in fact, the overweight situation usually compounds the problem, whether it is heart disease, arthritis, or diabetes. There is a long-term health cost to this issue and this is a global trend. It is high on the

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public health agenda and will remain so in the future.

Topics that may appear on the agenda of the Dietary Guidelines Advisory Committee include a further discussion of “discretionary” calories, and the nutrient density and energy density of foods. There may be a renewed discussion of glycemic index or glycemic load.

There may also be new discussion of supplementation and fortification of foods; vitamins E and D are likely to be part of this discussion. The role of phytonutrients and/or herbal compounds may be considered. Additionally, the nutrient-gene interaction could be a new topic.

Regarding fats and oils, there may be

a further discussion of omega-3 fatty acids. But possibly, there could be a renewed discussion on optimal fatty acid ratios as changes occur in the food supply.

FOOD INSIGHT: In closing, what would be your long-term advice to the food industry?

DR. HENTGES: It is important that the food industry continues to make nutrition a priority. Consumers are the ultimate beneficiaries of the combined efforts of the food industry and the government and we at USDA appreciate industry’s support and promotion of the *Dietary Guidelines* and MyPyramid.

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vitamins D and K, which are needed for strong bones).” Hampl adds that smokers also tend to be leaner than non-smokers. They therefore have less weight and hence, they have reduced weight pushing against their bones. In addition, there is evidence that smokers are less physically active than non-smokers, supporting Hampl’s and the NIH’s concern that smoking is part of a cluster of poor health behaviors, which can have a negative impact on bone health. Experts agree that quitting smoking is key and that smoking cessation success is significantly improved when you seek help....don’t go it alone.

10. Last, but Not Least: Eat a Balanced Diet for Overall Health and Wellness.

“The 2005 *Dietary Guidelines for Americans* are the best health plan to follow for both bone health and for overall health,” advises Connie M. Weaver, PhD, distinguished professor and head of the Foods and Nutrition Department at Purdue University. The *Guidelines* recommend three servings of low-fat dairy products per day, ample amounts of fruits and vegetables, and exercise. As it turns out, Dr. Weaver says that these recommendations support health in other ways—namely, by possibly reducing the risk of cancer and heart disease, along with maintaining gastrointestinal health, protecting yourself from heart disease, and much more. The bottom line is that diet and lifestyle choices affect bone health. By choosing a diet rich in calcium, vitamins D and K, and magnesium, combined with an active, smoke-free lifestyle, you can protect your bone mass through a lifetime.

To assess your risk for osteoporosis, see the National Osteoporosis Foundation’s “Osteoporosis: Can It Happen to You?” risk factor questionnaire at: http://www.nof.org/prevention/Risk_Factor_Questionnaire.pdf.

Produce Safety: Back to Basics for Producers and Consumers

Feeling a little uneasy these days about the health-promoting properties of those fresh fruits and vegetables? Have we learned to love the invisible army of phytonutrients, vitamins, and minerals fighting the good fight for our long-term health, only to be reminded of the insidious presence of an equally invisible army of foodborne bacteria with the potential to make us sick?

According to the Centers for Disease Control and Prevention, there are approximately 76 million cases of foodborne illness reported in the United States each year. To reduce the incidence of foodborne illness, the actions taken to prevent produce contamination must be

diligent and consistent, beginning on the farm and continuing through the entire food-handling process to consumer preparation.

Although proper cooking will kill most pathogens that may be present in or on a food, recent outbreaks in the United States have involved fresh produce that was not cooked before being consumed. Nevertheless, the consumption of raw fresh fruits and vegetables provides numerous valuable dietary nutrients. Therefore, it is important to consider ways to enhance the safety of these foods so that consumers can continue to enjoy fresh produce, whether it is cooked or uncooked.

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Produce Safety

Consumers want to reduce the risk in food; therefore, food producers and government regulators work tirelessly to do this as much as possible. There are also steps that consumers can take to reduce that risk. Still, an absolute absence of risk, even for food, simply is not possible.

Many factors can contribute to the risk of foodborne illness. Pathogens (any disease-producing agent) may be introduced by the exposure of foods to improperly processed manure used as fertilizer or to manure from animals on the farm. Exposure to foodborne pathogens may also occur because of the use of bad-quality water in irrigation or as a result of poor worker hygiene. Inferior storage and preparation practices, such as the storage of food at improper temperatures and cross-contamination among foods, can also further the growth of pathogens that are already present.

Food producers and suppliers, including farmers, processors, distributors, grocery stores, and restaurants that prepare and sell food to consumers, all play a significant role in reducing foodborne illness risk. Foods must be grown, harvested, packed, processed, and distributed in a manner that minimizes microbial contamination.

Produce growers and processors have recognized the importance of preventing contamination at each step from farm to fork, as the pathogens present on these foods are difficult to remove. For example, the natural curve and curling characteristics of lettuce and leafy greens provide a safe haven for microbial stowaways.

What are Food Producers and Regulators Doing to Protect Consumers?

The actions that industry and government regulators have taken to protect consumers from

foodborne illness can be broken down into four categories: (1) preventing contamination; (2) minimizing actual harm to the public if contamination has occurred; (3) improving communications among food producers, regulators, and the public; and (4) research into how and where foodborne illnesses arise in produce, and identify actions that can be taken to reduce these risks.

Numerous local actions have been ramped up as the result of the recent outbreaks. In January 2007, the produce industry—supported by industry representatives in the processing, distribution, and retail industries—called for the application of mandatory, strong, consistent, science-based, safety standards to both domestic and imported produce.

What Can Consumers Do to Protect Themselves?

It is important to remember that we do not live in a world free from risk. Thus, although consumers must understand that foodborne illness is a real risk, health care professionals can convey that prevention is possible and provide them with specific steps to prevent the consumption of foodborne pathogens. The FightBAC! campaign, managed by the Partnership for Food Safety Education is an excellent resource for consumer guidance for safe food handling procedures (www.fightbac.org). The four steps are simple and memorable:

- Clean: Wash hands and surfaces often
- Separate: Don't cross-contaminate
- Cook: Cook to proper temperature
- Chill: Refrigerate promptly

The FightBAC! website, as well as the International Food Information Council Foundation's brochure "A Consumer's Guide to Food Safety Risks" (<http://ific.org/publications/other/consumersguideom.cfm>), provide specific guidance for each step.

Fresh fruits and vegetables should be rinsed under running tap water. Fruits and vegetables with firm skins should be rubbed under running tap water or scrubbed with a clean cloth or paper towel. The use of detergent or bleach to wash produce is unnecessary and potentially hazardous, but even foods that will be peeled should be washed first. If pathogens are camped out on the rind of a cantaloupe, a perfectly clean knife could transfer the pathogen from the rind to the edible flesh with one slice.

Tips to Keep Your Kitchen Clean

Always wash all surfaces and utensils that come into contact with food with soap and hot water after each use. To kill bacteria, sanitize surfaces and utensil that come into contact with food with a solution of 1 to 3 tablespoons of household chlorine bleach per gallon of water, let stand 2 minutes; rinse, and allow the surface to air dry.

Creating and Sustaining Change

The incidence of foodborne illness can be reduced significantly, and consumers can play a leading role in making that happen. Together, the integrated actions of consumers, food suppliers, and regulators not only will reduce the incidence of foodborne illness, but also will sustain the wholesomeness of the food that we eat.

For more information:

A Consumer's Guide to Food Safety Risks

<http://www.ific.org/publications/other/consumersguideom.cfm>

The Food and Drug Administration's Produce Safety Action Plan

<http://www.cfsan.fda.gov/~dms/prodpla2.html>

Obesity and Nutrition Transition in the Developing World

In a recent seminar at the International Food Policy Research Institute there was significant discussion of the situation in developing countries, where undernutrition and overnutrition often coexist. In these countries the overweight and obese segments of the populations do not immediately die of fatal diseases associated with protein-energy deficiencies. Instead, those who are overweight or obese will live with chronic health conditions that reduce the quality of life such as diabetes, stroke, gallbladder disease, heart disease, and certain cancers.

As the low- to middle-income countries around the world become more prosperous, increases in the prevalence of overweight and obesity in those countries tend to parallel their economic growth. The Food and Agriculture Organization of the United Nations describes obesity in the developing world as “A result of a series of changes in diet, physical activity, health and nutrition, collectively known as the nutrition transition.” These shifts include

- declines in fruit, vegetable, and fiber consumption and increased intakes of calories, fats, and sugars in an environment of diversified food choices available at cheaper prices and
- physical inactivity because of less labor-intensive work, mechanized production, modern transportation, and sedentary leisure activities.

Combined with poor lifestyle choices, the transition to a more nutritious diet can increase the

disease burden. For example, the World Health Organization estimates that more than 115 million people in developing countries have obesity-related health problems. Specifically, the number of people with diabetes is expected to double to 300 million by 2025, and three-quarters of that growth is projected to occur in the developing world.

Clearly, obesity is not just a US public health issue or one of industrialized nations alone; it is a global health concern.

For more information go to <http://www.fao.org/FOCUS/E/obesity/obes2.htm>.

Meeting the Global Challenge of Nutrition Labeling

The nutrition label can be a valuable tool to help consumers make informed decisions about their diets and lifestyles.

In many parts of the world, nutritionists, health officials, food producers and consumers are examining the provision of nutrition

information on food and drink product labels. In a climate where the prevalence of diet- and nutrition-related disease is increasing, it is important that the nutrition information provided is appropriate and understandable to the consumer and has an impact on food choice behaviors.

With this in mind, the International Food Information Council (IFIC) Foundation and the Canadian Council of Food and Nutrition (CCFN) joined forces with food information organizations from Europe and Asia to stage an international webcast discussion of consumer perceptions of the food label, in the United States and around the world.

Moderated by Professor Theresa Glanville, PhD, Mount Saint Vincent University, Canada, the webcast looked at the data gathered globally and sought to establish commonalities and differences.

The event took place on March 8, 2007 with PowerPoint presentations from the IFIC Foundation, CCFN, the European Food Information Council, and the Asian Food Information Centre. A live, interactive question-answer period followed the four presentations.

If you were unable to participate in the original webcast, you can still listen to the proceedings online, view the presentations, and hear the question-and-answer session and comments and recommendations made by the four presenters. To access the webcast go to

<http://w.on24.com/r.htm?e=36408&s=1&k=93CCCF818E7C892EBE868B95E93A5D84> and log in.

The webcast will be available online until August 2007.



NewsBites NewsBites

Continuing Education Credits for Dietitians

The International Food Information Council (IFIC) Foundation has developed a Commission on Dietetic Registration-approved continuing professional education (CPE) online module, "Sugar Alcohols."


Sugar alcohols, or polyols, as they are also called, have a long history of use in a wide variety of foods. Recent technical advances have added to the range of sugar alcohols available for use in foods and have expanded the applications of these sugar replacements in diet and health-

oriented foods. They have been found to be useful in sugar-free and reduced-sugar products, in foods intended for individuals with diabetes, and most recently in new products developed for carbohydrate-controlled eating plans.

If you are a registered dietitian or a registered dietetic technician, simply follow the instructions to earn one CPE credit hour after your successful completion of the CPE questions. The CPE module can be accessed at <http://www.ific.org/adacpe/index.cfm>.

What's New @ IFIC.ORG?

In light of ongoing news regarding possible food contaminations, consumers may have questions on how they can keep their food safe for their families. A Consumer's Guide to Food Safety Risks is a great resource where consumers can learn more about how to reduce their risk of foodborne illness. A Consumer's Guide to Food Safety Risks can be accessed on the International Food Information Council Foundation website at <http://ific.org/publications/other/consumersguideom.cfm>.




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Editor: Ann Bouchoux
Associate Editor: Jennifer Schleman
Contributors: Elizabeth Bally, RD, Andy Benson, Susan Borra, RD, Danielle Carbo, Rachel Cheatham, MS, Amy Coddington, RD, Gretchen Duenas, MS, MPH, Dick Elder, Stephanie Ferguson, Anthony Flood, Winifere Jenkins-Ford, Shelley Goldberg, MPH, RD, Kimberly Hamilton, MPH, Janelle Mathews, Geraldine McCann, Lindsey Monroe, Becky Rasdall, Wendy Reinhardt, Kapsak, MS, RD, Joan Rotherberg, MS, MA, Jennifer Schleman, Dave Schmidt, Elver Ariza Silva, Jeff Strei, MA, Matt Tarka, Lauren Verdun, Milton Stokes, MPH, RD, CDN, Jenna Bell-Wilson, PhD, RD, CSSD

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