FOOD Insight™
Current Topics in Food Safety & Nutrition
IFIC Foundation
http://ific.org
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Going To School With **Food Allergies**

Pencils, notebooks, backpack, and . . . Epipen®. If your child has food allergies, packing up the backpack to head off to school means more than just having enough pencils and erasers — and being prepared for a food-related emergency doesn't mean just packing a snack. The 5 to 8 percent of American children who have food allergies need to be ready to face potential life-and-death situations in the classroom, in the lunchroom, and during after-school activities. Parents, educators, and fellow students all need to be aware of the seriousness of food allergies and how to help food-allergic students. Sometimes parents need a little guidance on how to handle the school situations as well. Here are a few tips to help.

A Food Allergy Primer

The most common food allergens for all people are peanuts, tree nuts (such as walnuts, pecans, and almonds), dairy products, eggs, soy products, wheat, fish, and shellfish. "For children, peanuts, tree nuts, milk, egg, and soy are the main culprits," explains Susan L. Hefle, PhD, codirector of the Food Allergy Research and Resource Program at the University of Nebraska — Lincoln. The rates of peanut allergy in particular seem to be increasing among children. "Recent reports from Mount Sinai Medical School indicate that childhood peanut allergy has doubled, while the adult rate has remained steady," says Hefle. Nevertheless, it is important to realize that other foods that cause allergies can be just as prevalent and dangerous, especially among younger children. "Although peanut allergy receives the most press coverage, milk and egg allergies actually affect more children in the U.S.," adds Anne Muñoz-Furlong, founder and chief executive officer of the Food Allergy & Anaphylaxis Network (FAAN).

True food allergies (as opposed to food intolerances) involve the immune system and occur when the body mistakenly interprets something in a food or a food ingredient (usually a protein) as an invader and produces antibodies to fight it. With repeated exposure to the offending protein, the body continues to mount its defense so that, finally, the allergenic food triggers the release of histamine and other powerful chemicals in the body. These are the components of the body's defense that cause food allergy symptoms.

Food allergy symptoms can range from mild (such as an itchy mouth, an itchy tongue, or hives) to severe (shock or cardiac arrest). The most severe food allergy reaction is called anaphylaxis. This infrequent, yet potentially fatal, response to an allergen involves several different body systems and results in a collection of symptoms instead of the usual one or two seen with a typical food allergy. Difficulty breathing, throat constriction, decreased blood pressure, and unconsciousness may occur almost simultaneously. Anaphylaxis progresses quickly, and treatment usually includes an injection of epinephrine. According to Hefle, anaphylactic reactions occur most often when someone is eating away from home and inadvertently consumes the offending food. This is the reason why it is extremely important that school personnel be familiar with both the symptoms of food allergies (so that they can recognize a reaction in progress) and the proper treatment procedures.

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INSIDE

Caffeine and Blood Pressure:

Keeping a Finger on the Pulse of Current Research

Caffeine. Many of us look forward to a cup of coffee, tea, or cola to get us going in the morning or to lift our sagging midafternoon attention spans. Caffeine is one of the most comprehensively studied ingredients in the food supply and has a place on the Food and Drug Administration's list of ingredients considered Generally Recognized as Safe (GRAS).

Although much is already known about the physiological effects of caffeine consumption, researchers continue to investigate caffeine's health effects. As with most foods and ingredients, the key is moderation. Experts agree that most people can consume moderate amounts of caffeine (about 300 milligrams [mg] per day, which is equivalent to two to three 8-ounce cups of brewed coffee as generally prepared at home or five to six cups of brewed tea) without negative health effects. In light of concerns about rising rates of hypertension in the United States, recent research seeks to clarify the relationship between caffeine and blood pressure, especially in those population groups at risk for developing hypertension.

What Researchers Are Saying

The 1988 *Surgeon General's Report on Nutrition and Health* drew an important distinction between the short- and long-term effects of caffeine consumption on blood pressure. For regular consumers, caffeine has no effect on blood pressure. People who do not consume caffeine regularly may experience a short-term increase in blood pressure after they consume caffeine. The effect is relatively small and temporary, and after about 2 hours blood pressure returns to the level that the individual had before he or she consumed caffeine.

Since publication of the 1988 *Surgeon General's Report*, researchers have continued to gather data to understand whether the temporary effect of caffeine on blood pressure has any long-term health implications. The latest studies confirm much of what was already known, reaffirming caffeine's safety in moderation and suggesting areas for further research.

A comprehensive review of the effects of caffeine on human health, conducted by Health Canada and published in 2003, determined that for healthy adults moderate daily caffeine intake is not associated with adverse effects, including cardiovascular problems such as hypertension. Finnish researchers reached similar conclusions in 1999, finding that long-term studies showed no relationship between caffeine consumption and blood pressure, although short-term studies detected caffeine sensitivity in some people. They highlighted the need for long-term clinical studies and epidemiologic research involving large numbers of participants to answer questions about caffeine consumption by hypertensive or hypertension-prone people.

Short-Term Studies Lead to More Research Questions

Short-term studies of specific populations elicit definitive information for that subgroup, but the results cannot necessarily be generalized to the population as a whole. As they are conducted under fairly specific conditions, these studies frequently generate suggestions for further investigation.

That is the case with a recent investigation of the effect of caffeinated beverages on blood pressure in a group of African-American and Caucasian adolescents. Researchers from the Medical College of Georgia reported that a small group of African-American teens in their study who consumed more than 100 mg of caffeine had higher blood pressure readings than Caucasian teens consuming the same amount. (A 12-ounce can of a caffeinated soft drink contains an average of 24 mg of caffeine.) The majority of teens in the study consumed 50 to 100 mg of caffeine per day and demonstrated no blood pressure effect, regardless of their ethnicity or race.

Several limitations in the study design prevented the investigators from drawing definitive conclusions. Although salt intake was controlled, the teens chose and consumed a variety of foods containing nutrients, such as potassium, magnesium, fiber, and fat, that may also influence blood pressure. The investigators noted that a teen's caffeine consumption might not be an independent factor but, rather, a marker or indicator of other diet or lifestyle practices that together influence blood pressure. Thus, according to the authors, the take-home message of this one study is that more research is needed to separate out and clarify the multiple factors contributing to hypertension in teenagers.

Older adults are another population considered at risk for the development of high blood pressure, and several studies have examined the health effects of caffeine consumption

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Caffeine

in this group. Some research has focused on the idea that even the small, temporary, caffeine-related rise in blood pressure may have health significance for the older population over a period of time. Several short-term studies have yielded conflicting results that may be due to differences in age, individual differences in the response to caffeine, or simply differences in the ways in which the studies were conducted. Nevertheless, several researchers have suggested that older adults who are at risk for developing hypertension or who already have hypertension moderate their caffeine intake.

The Tolerance Question

Many studies report that regular consumers of caffeine develop a tolerance to it, and consequently, it does not have long-term effects on blood pressure. Researchers at the Veterans Affairs Medical Center in Oklahoma City challenged this conclusion in a study published in *Hypertension* earlier this year. Of 97 adults who regularly consumed caffeine, half showed small spikes in blood pressure shortly after taking capsules containing caffeine in amounts equivalent to about five cups of coffee over a 4-hour period. The authors say that the findings suggest the need for long-term studies on the effects of caffeine in people who are at risk for developing hypertension.

An editorial commenting on the study pointed out that the method of caffeine administration did not reflect the way in which people usually consume their caffeine-containing beverages. It stressed the lack of evidence linking caffeine consumption to increased blood pressure, even in people with hypertension. "In the absence of definitive scientific data, it would seem prudent to recommend moderation when it comes to the ingestion of caffeine-containing beverages such as coffee, tea, and cola drinks," according to Dr. Martin G. Myers, University of Toronto. He noted that the regular consumption of caffeine can minimize any effects that it may have on blood pressure.

What Does It All Mean?

Hypertension is a complex condition with multiple causes and risk factors, and no study by itself tells the whole story. No doubt new research will add to our knowledge of caffeine's health effects as scientists continue to take up the challenge of pinning down the dietary factors that have the most impact on hypertensive or hypertension-prone people. However, a vast body of scientific evidence from which we can draw a few conclusions already exists.

First, if you enjoy caffeinated beverages, whether it is a morning cup of coffee or tea or a soft drink during an afternoon break, you can certainly continue to do so. Experts generally agree that for most people, moderate caffeine consumption (300 mg per day) has no negative impact on blood pressure.

Second, this country's medical information gatekeepers on whom we depend for authoritative advice and guidelines on health issues do not recommend caffeine reduction as a means of managing blood pressure. Although individual health care organizations define moderation slightly differently, the general recommendation is one to three cups of a caffeinated beverage per day. The American Heart Association states that "moderate coffee drinking (1-2 cups per day) doesn't seem to be harmful." The American Dietetic Association also advises that, "For most healthy adults, 200 to 300 milligrams of caffeine per day — about two to three cups of coffee — pose no physical problems."

The National Institutes of Health's Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure does not mention caffeine as a blood pressure risk factor in its newest report, issued in 2003. This group, which represents 46 professional, voluntary, and federal organizations, is charged with developing clinical guidelines for the prevention, detection, and treatment of high blood pressure.

For those people who are hypertensive or who are at risk for developing hypertension, advice concerning caffeine is best obtained from a health professional regarding scientifically supported means of managing the condition. Ongoing research may soon help to elucidate details specific to this group of people.

Experts do recommend a variety of lifestyle adjustments that have been found to be effective in lowering blood pressure. These include

- Weight reduction in individuals who are overweight or obese
- Adoption of the Dietary Approaches to Stop Hypertension (DASH) eating plan, which is rich in potassium and calcium
- Reduction of dietary sodium
- Increased amounts of physical activity
- Moderation of alcohol consumption

Information Resources on Hypertension and Blood Pressure

American Heart Association: **www.americanheart.org**

National Heart, Lung, and Blood Institute: **http://www.nhlbi.nih.gov**

International Food Information Council Foundation Publications:

Questions and Answers about Caffeine and Health
http://www.ific.org/publications/qa/caffqa.cfm

Everything You Need to Know About Caffeine
http://www.ific.org/publications/brochures/caffeinebroch.cfm

Caffeine and Women's Health
http://www.ific.org/publications/brochures/caffwomenbroch.cfm

IFIC Review: Caffeine and Health: Clarifying the Controversies
http://www.ific.org/publications/reviews/caffeineir.cfm

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Food Allergies

Speaking Up About Your Child's Food Allergy

Thoroughly communicating with the school about a child's allergies is one of the most important things that a parent can do to help prevent a reaction from occurring during school hours. This is even more important if a child has been newly diagnosed with an allergy, as there won't be any history from which the nurse, food service staff, or teachers can draw.

Meet with the school nurse and the child's teachers.

"It's very important to call the school *early* and make an appointment for a meeting; everyone will be more focused on you and your child that way," advises Muñoz-Furlong. Even if the school staff claims to be familiar with the problem already and has had the student in class before, ask for a meeting anyway. It will help the staff brush up on your child's symptoms and treatment plan and any changes in your child's medical condition. Who should attend the meeting? At a minimum, your child's primary teacher and the school nurse should be present. At the meeting, discuss the allergy, its symptoms, and treatments. Find out whether your school system allows children to carry their own allergy medications, and if not, find out who will be in charge of the medication. If your child is older and moves from class to class, request that all the child's teachers come to the meeting, but be prepared if they don't.

Get to know the food service manager.

Aside from teachers, most people focus on the lunchroom scene when communicating allergy information. The school's food service staff is part of the food allergy management team and should be invited to any meetings about your child's allergy. The School Nutrition Association (SNA), formerly the American School Food Service Association, provides school nutrition professionals with information and resources on managing food allergies through conference education sessions, its Web site, and its member publications. However, "Policies and approaches for managing food-allergic students are set at the local school and district level, and they can vary widely," explains SNA spokesperson Erik Peterson. "We encourage parents to contact their local food service director to discuss these policies one on one." In addition, you may want to order the International Food Information Council (IFIC) Food Allergy Poster for Food Service Workers to give to your school's food service manager. The poster, written in both English and Spanish, describes "what you need to know" and "what you need to do" to answer questions or deal with an allergic reaction to food. The poster can be ordered on the IFIC Web site at **http://ific.org** or by e-mail at foodinfo@ific.org.

Provide copies of your child's Food Allergy Action Plan.

You can obtain a form to create your child's Food Allergy Action Plan from the FAAN Web site (www.foodallergy.org). The form lists the symptoms and step-by-step instructions to treat your child's allergy and is to be signed by the child's doctor. It also has a place to attach a picture of your child. Have multiple color copies of the form ready to hand out to school staff.

Don't forget adjunct staff.

Food allergies are an issue that the entire school staff — not just your child's primary teacher — should be made aware of. "Reactions in school frequently occur when children are working with food for projects — in math class, art, home economics — and during school celebrations," explains Muñoz-Furlong. After-school activity supervisors, such as coaches, tutors, and advisors, should also be included in the communication chain. Have Food Allergy Action Plan forms handy for all supervisory staff with whom your child will come into contact during the day.

Food-Allergic Teen? Handle with Care

Most teens aren't too willing to let their parents proclaim the dangers of their child's food allergy to everyone at school. In fact, they often don't want anyone to know they suffer from food allergies at all. Teens with food allergies are considered a high-risk group because they have more opportunities to consume food unsupervised and they don't tell others that they have food allergies. Teens have been known to just walk away from the group during the throes of an allergic reaction, simply because they don't want to draw attention to themselves. These issues of fitting in and privacy concerns can make a parent's job more difficult, but not impossible. "The basic difference between informing a young child's school staff and informing a teen's school is that the teen should be included in all aspects of the communication, whereas a younger child is not," explains Muñoz-Furlong. For instance, your teen should be included in the meeting with the school staff so that he or she can discuss his or her allergy experiences and specific symptoms. He or she should also be involved in any school plans for handling a food allergy emergency, such as who will be informed or contacted and under what conditions.

Teens should also be encouraged to educate at least one friend about the allergy and enlist that friend's help should an emergency occur. For instance, the chosen friend could be trained to spot symptoms and could be taught how to administer epinephrine. FAAN's Protect a Life (PAL) program discusses the importance of sharing the food allergy responsibility with a friend and offers tips and techniques for doing so successfully. Details on the PAL program can be found on the FAAN Web site.

"Role-playing with your teen is another good idea," says Muñoz-Furlong. "Go through a variety of situations that could occur and ask, 'Who would you tell?' That way both teen

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How Do Health and Nutrition Become News?

Seasons, studies, and scientists. These are the driving forces behind the food and nutrition stories you read in the morning paper or hear on the evening news.

Food and health journalists and editors have shared with *Food Insight* the ways in which they formulate story ideas, along with some of the key components that go into a story's development and eventual publication or broadcast.

"You pick up ideas from talking to various scientists, or you receive a press release from an industry source or a university, or you see an article," said Eric Berger, a medical and health reporter for *The Houston Chronicle*.

Susan Houston, food editor for *The News & Observer* in Raleigh, North Carolina, explains that for food stories she depends on the seasons and the weather for inspiration; and for nutrition stories, she relies heavily on what is in the news. "If there's a new report that's come out on the relative safety of a food, I'll probably want to report on that," Houston added.

Hot Topics

Food journalists described their responsibility for expanding on breaking stories and broad movements in the food and health world.

"Say there's an incidence of foodborne illness — then the breaking news stories would be covered by our daily news department, but we would supplement that with a bit more depth," said Michael Dunne, a food editor at *The Sacramento Bee*.

"We would follow up the news stories with a little more information on how concerned people should be," he offered, adding that they would provide additional explanatory material.

The Information Hunt

As they begin to gather facts, journalists first try to establish a knowledge base for themselves. Berger gets that base from the primary source, which might be the author of a scientific article or the leader of the research team. "Generally, there's a primary source, and if it's a topic I'm not familiar with, I'll ask that person," he said. After that, he added, "you might consult a service, look at clips, run through LexisNexis." "There are also media guides put out by various sources that can be helpful." (One example is the International Food Information Council Foundation's Media Guide, which is provided to newspaper editors and other journalists.)

Next, journalists turn to outside sources and experts. Journalists said they seek to satisfy two goals when locating experts: finding unbiased sources and representing a range of opinions.

Source Credibility

Dunne said he looks for university faculty with specialty areas: "I know that there are a lot of sources . . . people with vested interests, industry sources," he said. "But I think our first choice would be universities."

Houston said she seeks an array of opinions so that her stories are not one-sided. "Especially for nutrition and food safety stories we try not to rely on one source of information, but look for a wide range," she said.

A Balancing Act

To give readers a fair look, journalists say they attempt to put all relevant information out in plain view. "We try to put forward what everyone is saying, and let the consumer draw their own conclusions," Houston said.

Berger said that the more people who are cited in a story, the more balanced the piece is. "Generally, you try to talk to as many people as possible, and then generally, you get more balance," he said.

Sometimes it is difficult to make final deductions for the reader when the sources conflict with one another, Dunne confessed. "Striving for the balance, we try to round up deep representations of views — pros and cons — and then work out a consensus," Dunne said. "If there's no one way or the other, we provide everything and let the readers draw conclusions that are best for them."

Pulling It Together

Journalists always have the readers in mind. In reporting on breaking health news, reporters know that it is important to explain the scientific basics. It can be easy to get mired in scientific jargon and explanations that take up all the space in the story. However, reporters want to give the public useful and applicable information on how to respond to news and whether to make changes in their daily habits.

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Food Allergies

and parent can rehearse potential crisis situations and figure out the most acceptable way to handle it for all involved."

Awareness, Education, and Preparedness are Key

Watching a food-allergic child head off to school for the first time can be frightening for parents. There are so many potential pitfalls, and no one will be as careful with your child as you will be. Yet, with vigilant effort you can do a lot to make your child's journey to school a safe one. Spreading the word about food allergies, providing adequate information on allergies and treatment steps, and rehearsing problem situations are the most effective ways for both you and your child to manage food allergies when school is in session.

Starting a new school year is an exciting time for children, and there is no reason why it shouldn't be so for the food-allergic child as well. Be careful not to overemphasize the potentially alarming and dangerous aspects of your food-allergic child's school experience; the point is to prepare and empower the child, not scare the child. Your matter-of-fact, consistent, and thorough handling of school situations will help keep your child safe and enhance the child's entire academic experience.

Top Food Allergens for Children

- **Peanuts**
- **Milk**
- **Eggs**
- **Soy products**
- **Tree nuts (walnuts, pecans, almonds)**

For More Information

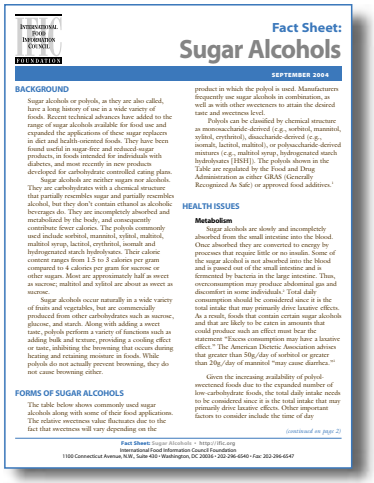
Food Allergy & Anaphylaxis Network (FAAN): 800-929-4040 • **www.foodallergy.org**

American Dietetic Association: 800-877-1600 • **www.eatright.org**

School Nutrition Association: 703-739-3900 • **www.sna.org**

New IFIC Foundation Publication

Sugar Alcohols Fact Sheet



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The Journalistic Process

Journalists want their stories to be accurate and informative, but they also want them to be interesting or even entertaining for the reader. They face quite a challenge to quickly produce a piece that's precise, objective, interesting, thorough, and generally, brief. Journalists want to interview experts in the field; and they want to reach out to the reader with clear, comprehensible, and appealing stories, preferably with advice or "what now" suggestions for the reader. The goal is balance and fairness, although these are sometimes subjective qualities.

New IFIC Foundation Publication

New! Sugar Alcohols Fact Sheet

Sugar alcohols are neither sugars nor alcohols but are carbohydrates that are incompletely absorbed and metabolized in the body, thus contributing fewer calories. In the current environment of low-carbohydrate diets and foods, sugar alcohols are often used in food products, but what they are and why they are used may be confusing to consumers and nutrition communicators alike. This referenced fact sheet provides background information on the types of sugar alcohols, the numbers of calories per gram of each type, their approximate sweetness, and their typical food applications. For anyone wondering about sugar alcohols or how to communicate about them, this fact sheet may be the resource that you have been looking for.

To access the fact sheet go to **http://www.ific.org/publications/factsheets/sugaralcoholfs.cfm**.

FDA Announces Qualified Health Claim for Omega-3 Fatty Acids

On September 8, 2004, the Food and Drug Administration (FDA) announced the availability of a qualified health claim for a reduced risk of coronary heart disease (CHD) that can be placed on conventional foods that contain eicosaentaenoic acid (EPA) and docosahexaenoic acid (DHA) omega-3 fatty acids.

A qualified health claim on a conventional food must be supported by credible scientific evidence. Because the research related to this claim is promising yet not conclusive, FDA has approved the following qualified health claim:

> Supportive but not conclusive research shows that consumption of EPA and DHA omega-3 fatty acids may reduce the risk of coronary heart disease. One serving of [name of food] provides [x] grams of EPA and DHA omega-3 fatty acids. [See nutrition information for total fat, saturated fat, and cholesterol content.]

In 2000, FDA announced a similar qualified health claim for dietary supplements containing EPA and DHA omega-3 fatty acids and the reduced risk of CHD. FDA recommends that consumers' intakes not exceed more than a total of 3 grams of EPA and DHA omega-3 fatty acids per day, with no more than 2 grams per day from a dietary supplement. For marine sources of omega-3 fatty acids and the amount of omega-3 fatty acids per serving, visit the IFIC Web site at **http://www.ific.org/publications/brochures/fishbroch.cfm**.

The qualified health claim for foods containing EPA and DHA omega-3 fatty acids is the second qualified health claim that FDA has announced for a conventional food; nut consumption and a reduced risk of CHD was the first. For additional information about qualified health claims, visit **http://www.cfsan.fda.gov/~dms/lab-qhc.html**.

What's New at IFIC.ORG?

The Spanish version of ific.org is now on-line. To view the new Spanish Web site go to **ific.org/sp** or click on "Español" at **ific.org**.

Tools for Effective Communications

In today's world, health and nutrition information is available from a variety of sources: family, friends, celebrities, the government, the news, Internet, and magazines, among others. Still, consumers look to health professionals as credible sources to communicate nutrition information and clarify the nutrition information they receive.

It is important for health professionals to continually develop their communications skills in order to increase the effectiveness and impact of information provided.

"Tools for Effective Communications" was developed to provide health professionals with tools to sharpen their communication skills. This Web site provides resources to build upon writing, public speaking, and media messaging skills, as well as develop consumer-tested messages. In addition to these great resources, you will also find consumer case studies, consumer-tested messages and tips, and ready-made presentations on various nutrition topics that you can download and use. The more tools you have to deliver nutrition information, the more effective you can become as a nutrition communicator.

Go to **http://www.ific.org/tools/** and continue building your New Nutrition Conversation with Consumers today!

Partnership for Food Safety Education Kicks-Off Safe Produce Handling Campaign

On October 18, 2004, the Partnership for Food Safety Education announced a national food safety education campaign focused on safe handling of fresh fruits and vegetables with recommendations built upon the Partnership's successful FightBAC!® campaign. To facilitate safe produce handling education efforts, the Partnership has enhanced the existing FightBAC!® program offerings with new produce handling educational materials and community outreach ideas. Materials can be downloaded at **fightbac.org**.

Lester M. Crawford, Acting Commissioner of the Food and Drug Administration (FDA) said, "Raising and maintaintaining consumer awareness about how to handle fresh produce safety is an important step in the overall goal of reducing foodborne illness." The FDA, the agency responsible for regulating the produce industry, supports this effort.

Says Bryan Silbermann, Partnership Board member and president of Produce Marketing Association, "Through the FightBAC® campaign, PMA joins other industry, government, and consumer groups to educate consumers about safe produce handling."

New IFIC Foundation Publications

Below are the newest releases from the IFIC Foundation. Single copies of most publications are available free-of-charge. For a comprehensive listing of publications or for bulk prices, please request the IFIC Foundation Publications List below.

❑ **Publications List (MI-4010)**
A complete list of publications available from the IFIC Foundation.

❑ **Everything You Need to Know About Aspartame (EB-2155)**
A brochure containing information on the latest science, safety, uses and consumption of Aspartame. Favorably reviewed by the American Academy of Family Physicians.

❑ **Everything You Need to Know About Sucralose (EB-2180)**
A brochure containing information on the latest science, safety, uses and consumption of Sucralose. Favorably reviewed by the American Academy of Family Physicians.

❑ **Food Biotechnology: Enhancing Our Food Supply (EB-2055)**
A brochure that contains information concerning the benefits, safety and future of biotechnology in our food supply. Favorably reviewed by the American Academy of Family Physicians.

❑ **Helping Your Overweight Child (EB-2085)**
A four page fact sheet filled with practical advice and useful ideas. Tips for improving eating habits include eat fast food less often, trying not to use food as a reward, and avoid controlling the amount of food a child eats. Healthful snack ideas are listed, as are fun physical activities the while family can enjoy together. Co-published with the National Institute for Diabetes and Digestive and Kidney Diseases.

❑ **Kidnetic.com Leader's Guide (MI-4265)**
A Leader's Guide filled with resources, tools and activities to promote healthy eating and physical activity to kids 9-12. Based on material from the healthy eating and active living Web site, Kidnetic.com, this guide can be used by health professionals, health educators, public health professionals and community youth service providers and can be implemented in after-school settings, classrooms, outpatient clinic settings and health departments. Please send me _____ copy (ies) at $19.95. Enclosed is a check for _____.

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