

FOOD Insight™

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Communicating the Dietary Guidelines for Americans, 2005: Lessons Learned from Consumer Research

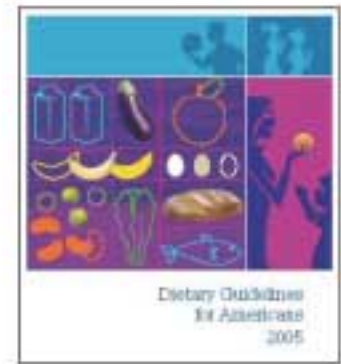
The Dietary Guidelines for Americans, 2005, released on January 12, 2005, by the U.S. Department of Health and Human Services (HHS) and the U.S. Department of Agriculture (USDA) provide the latest science-based advice to promote health and to reduce the risk for major chronic diseases through diet and physical activity. Released every five years, the 2005 *Guidelines* have two notable differences: 1) the Dietary Guidelines Advisory Committee took an evidence-based approach in writing their scientific report; and 2) separate documents were developed for use in policy and communications. The *Dietary Guidelines* call for health professionals to communicate this advice in useful and consumer-friendly ways to help individuals make wise choices about maintaining a healthful lifestyle and weight. They also charge nutrition educators with the task of relaying the *Guidelines* to consumers through educational materials and communications.

To help begin to communicate the information in the *Dietary Guidelines*,

HHS and USDA have issued a consumer brochure, *Finding Your Way to a Healthier You: Based on the Dietary Guidelines for Americans*.

Given this call to action, an important question is how can health professionals best communicate the new *Dietary Guidelines* to increase the likelihood that consumers will act on this valuable advice?

To answer this question, one must begin with consumer research. Basing communications on qualitative research, such as information garnered from focus groups, helps ensure that consumers receive science-based messages as intended and allows health professionals to communicate *with* consumers, rather than *to* them. This makes it more likely that consumers will understand the information, find it relevant, and compelling enough to act upon. Appreciating the importance of understanding the consumer and testing messages, the International Food Information Council (IFIC) Foundation has an extensive history producing consumer research. The following findings demonstrate the lessons that have been learned from



such consumer research, and can help health professionals communicate dietary guidance effectively.

Speak the same language.

Research reveals that the message that nutrition communicators send may not be the message that consumers receive. For example, the Dietary Guidelines Alliance, a partnership of public and private organizations dedicated to providing positive and simple messages to help consumers achieve healthful diets and active lifestyles, commissioned focus groups to test consumers' understanding of the term "energy balance." Health professionals often use this term to describe the concept of managing weight by consuming the same amount of calories as the amount burned through physical activity.

However, consumers do not interpret "energy balance" as a means to

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Using Nutrition-Related Claims to Build a Healthful Diet

The newly released *Dietary Guidelines for Americans, 2005* provides the latest scientific consensus about the role that diet plays in living a healthful lifestyle. It also points to the importance of providing consumers with the necessary tools so that they can be successful in meeting that goal. The role of nutrition communicators, dietitians, and other health professionals in helping Americans learn how to implement the new *Dietary Guidelines* cannot be overemphasized. Various educational tools exist, and as the new *Dietary Guidelines* points out, “the food label and the Nutrition Facts panel provide information that is useful for implementing the key recommendations in the *Dietary Guidelines* and should be integrated into educational and communication messages.”

Consumers indicate that they are looking at labels to make food choices. According to the *2004 Food Marketing Institute (FMI)/Prevention Magazine: Shopping for Health* consumer trends survey, shoppers are buying products that claim to reduce the risk of disease. Forty-two percent of respondents said that they have purchased foods claiming to reduce their risk of developing heart disease, and 26 percent said that they had purchased foods claiming to reduce the risk of cancer. We also know that consumers are interested in seeking out foods on the basis of the health-related benefits that they provide. In fact, consumers state that they want to learn more about such foods.

Today, the food label offers more complete, useful, and accurate information than ever before. Fifteen years have passed since the enactment of the Nutrition Labeling and Education Act (NLEA) — and as the scientific community continues to learn more about the emerging research on diet and health — more and more foods

bear nutrition-related claims to inform consumers of the special nutritional properties that certain foods and dietary supplements may deliver. NLEA was designed to give consumers scientifically valid information about the foods that they eat, including the use of “truthful, non-misleading, and useful” label statements that describe the relationship between a food and health-related conditions. With oversight from the US Food and Drug Administration (FDA) and the US Department of Agriculture (USDA), food labels provide a wealth of information that consumers can use. In fact, FDA has been increasing its efforts to expand opportunities for food manufacturers to provide meaningful, up-to-date information to consumers about the health effects of their dietary choices, through additional health claims based on emerging science (“qualified” health claims).

With more emphasis on the recommendation/advice to “*get the most nutrition out of our calories*” in the words of the recently released *Dietary Guidelines for Americans, 2005*, there is an even greater need for consumers to understand how to put this information into practice. The Nutrition Facts Panel and label claims on the food package can be used to identify the amount of key nutrients a serving provides to help ensure consumption of essential nutrients for good health. Rather than using the food label to determine only those nutrients that should potentially be decreased in the diet, consumers can also use the food label to learn which foods provide important nutrients that should be increased in the diet. Further, nutrition-related claims also provide consumers with the opportunity to learn about the positive health benefits of various nutrients and food components not included on the Nutrition Facts panel.

What’s in a Claim? Making Sense of Nutrition-Related Claims

Claims on food labels are made to identify the nutrition-related attribute of a food. Regulated claims that can be used on food and dietary supplement labels fall into the following categories: (1) health claims, (2) nutrient content claims, (3) structure-function claims, and (4) dietary guidance statements. For the first two, health and nutrient content claims, a food must meet criteria pre-approved by the FDA.

1) Health claims confirm a relationship between a food or a component in a food — such as calcium, fat, soluble fiber, soy protein, or plant sterols — and risk of a health-related condition or disease, like heart disease or cancer. Health claims can be authorized in three ways:

- **NLEA-Authorized Health Claims.** These claims are based on a rigorous review of scientific literature, using a *significant scientific agreement (SSA)* standard. They are sometimes called *unqualified* health claims because they meet the SSA standard and do not require a qualifying statement to explain the state of the science (see Qualified Health Claims below). “*Diets low in saturated fat and cholesterol that include 25 grams of soy protein a day may reduce the risk of heart disease. One serving of [name of food] provides X grams of soy protein*” is an example of an *unqualified* health claim.
- **Authoritative Statements Based on the Food and Drug Administration Modernization Act of 1997 (FDAMA).** This Act allows a health claim to be

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Nutrition-Related Claims to Build a Healthful Diet

used on the basis of an authoritative statement by a scientific body of the US government or the National Academy of Sciences. They still must be approved by FDA. An example of a FDAMA-authorized health claim is *"Diets containing foods that are a good source of potassium and that are low in sodium may reduce the risk of high blood pressure and stroke."*

- **Qualified Health Claims.** The launch in March 2003 of FDA's Consumer Health Information for Better Nutrition Initiative provided for the use of qualified health claims to communicate emerging evidence for a relationship between a food, food component, or a dietary supplement and the reduced risk of a disease or health-related condition. Therefore, qualified health claims convey a developing relationship between components in the diet and risk of disease on the basis of the *weight of the credible scientific evidence available*. "Qualifying" language is included as part of the claim to indicate that the evidence supporting the claim has not yet reached the standard of SSA. An example of a qualified health claim is, *"Scientific evidence suggests but does not prove that eating 1.5 ounces per day of most nuts [such as name of specific nut] as part of a diet low in saturated fat and cholesterol may reduce the risk of heart disease."*

2) Nutrient content claims on a food label characterize the level of a nutrient in a serving of the food. This type of claim is authorized under NLEA. To make this type of claim, a food product must contain a FDA-designated amount of the nutrient per reference amount (or standard serving size). Example phrases used for nutrient content claims include

excellent source of [nutrient], good source of [nutrient], fat-free, rich in [nutrient], low cholesterol, reduced saturated fat, less sugar, more fiber, light, and many more.

3) Structure-function claims describe the role of a nutrient or dietary ingredient that affects or maintains the normal structure or function of the body. For example, "calcium builds strong bones," "fiber maintains bowel regularity," or "lycopene maintains cell integrity."

4) Dietary Guidance Statements are statements on a label that describe the health effects of a *broad category of foods*. FDA, as part of a cooperative effort with the National Cancer Institute (NCI), offers this dietary guidance message for consumers: *"Diets rich in fruits and vegetables may reduce the risk of some types of cancer and other chronic diseases."*

Consumers can use nutrition labels to make informed food choices for improved health. However, the food label is only *one* way to guide consumers to make healthful dietary choices; the food label is a tool and does not, in and of itself, provide education to consumers. Research shows time and again that consumers continue to be confused by nutrition information; they often state that they hear conflicting advice from a variety of sources — family, friends, professional colleagues, journalists, and the Internet, among others. This can result in information overload. Thus, the context that can help put the information into perspective and therefore, practice, is often lacking.

Consumer-based communications and education are essential to the success and effectiveness of any dietary guidance or food labeling system. Additional consumer research is needed to better understand how and to what extent labeling information is used and understood by consumers. This will ensure that the information effectively

promotes consumer awareness and is helpful in making purchase decisions, allowing consumers the opportunity to better implement the *Dietary Guidelines for Americans, 2005*. In the meantime, health professionals, in coordination with other health communicators such as the government, media, and industry, have the opportunity to provide the context that consumers need to interpret labels so that they can translate the information into a set of actionable choices that will lead to achieving the goal of an overall healthful diet and lifestyle.

For more information:

Dietary Guidelines for Americans, 2005

Dietary Guidelines for Americans, 2005. U.S. Department of Health and Human Services and U.S. Department of Agriculture. HHS publication number: HHS-ODPHP-2005_01_DGA-A; USDA publication number: Home and Garden Bulletin No. 232. www.healthierus.gov/dietaryguidelines

Resources on How to Use the Food Label (including a list of currently authorized label claims)

US Food and Drug Administration Center for Food Safety and Applied Nutrition. Food Labeling and Nutrition, <http://www.cfsan.fda.gov/label.html>

What's New at IFIC.ORG?

Want useful tips on food safety, nutrition and health in Spanish?

Simply go to ific.org/sp and click on "Hechos Concretos" in the left navigation bar. To view more tips, hit the refresh button.

Insights on Traditional (Tried and True) Dietary Fat Consumption

A number of dietary trends that have advocated for the elimination of a single nutrient from the diet have come and gone over the past few decades. Fat is one such nutrient that has acquired a negative reputation among some health-conscious consumers. However, clinical and population (epidemiological) studies provide growing evidence that severe restriction of dietary fat from the diet isn't realistic and, more importantly, *not* necessary. Why? Because fat is an essential nutrient and some types of fats and oils may promote health.

Dietary Fat Basics

The body needs dietary fats to absorb fat-soluble vitamins, produce hormones, maintain a healthy skin, and promote normal growth, among other vital functions.

Fats can either be *saturated* or *unsaturated*, as designated by the presence of double bonds. Saturated fats have no double bonds, whereas unsaturated fats do. Unsaturated fats with one double bond are called *monounsaturated fatty acids* (MUFAs) and those with more than one double bond are called *polyunsaturated fatty acids* (PUFAs). There are several kinds of PUFAs. Two that are nutritionally important are *linoleic acid* and *linolenic acid*. They are also referred to as *essential fatty acids* because the body cannot produce them; they have to be obtained from food. Certain forms of PUFAs, called omega-3 fatty acids, have gained special attention because of their positive health effects. Studies have shown that eicosapentaenoic acid (EPA) and docosahexaenoic acid (DHA) from fish and fish oils may reduce coronary heart disease (CHD)



risk. In fact, the Food and Drug administration has recently allowed foods with *omega-3 fatty acids* to carry a qualified health claim on the label about their role in reducing the risk of heart disease.

Unsaturated fats such as liquid oils have a greater tendency than saturated fats to become rancid when exposed to air. To increase their shelf-life and stability, these oils are often hydrogenated. Hydrogenation is the process of making oils more solid through the addition of hydrogen atoms, thus breaking the double bonds, as in the case of shortening.

Complete hydrogenation converts unsaturated fats into *saturated* fats. Because they are saturated with hydrogen atoms, fully hydrogenated fats contain no *trans* fatty acids. *Partial* hydrogenation creates *trans* fatty acids.

Research suggests that *trans* fats raise blood LDL cholesterol levels, reduce HDL, and increase CHD risk, more than saturated fatty acids.

Health professionals recommend a moderate total fat intake (20 to 35 percent of calories) emphasizing consumption of unsaturated fats (MUFA and PUFA).

Traditional Roots

Epidemiological studies of ethnic groups living in some parts of Asia and Europe — particularly in the Mediterranean region — suggest protective health effects from consuming traditional diets that include food sources rich in MUFAs and PUFAs. Consumption of these unsaturated fats as part of a healthful diet may improve blood cholesterol levels, lower the risk for heart disease and even certain cancers. Today, these cultures remain among some of the world's healthiest populations.

Here are some examples of traditional food patterns and lessons learned concerning MUFA and PUFA consumption:

Mediterranean Diet: MUFA

Olive oil is rich in MUFA and is a major ingredient of the Greek, Southern Italian, and Spanish culinary traditions. When consumed as a substitute for butter or lard, olive oil appears to lower blood LDL (“bad”) cholesterol levels, increase HDL (“good”) cholesterol, and reduce the risk of heart attack. This may also help explain why CHD death rates are lower among Mediterranean populations. Their diets are higher in vegetables, fruits, and whole grain products than the typical U.S. diet. Furthermore, antioxidants in olive oil, fruits, and vegetables may protect body cells and tissues from damage by oxidation — a process that could set the stage for heart disease.

MUFA may also have other health benefits. In a study of 3,442 Italian women's dietary habits, those who ate large amounts of olive oil (about 1.5 tablespoons) daily reduced their risk for ovarian cancer by 30 percent. A survey of 5,632 elderly participants called the Italian Longitudinal Study on Aging (ILSA) showed that the higher an individual's MUFA consumption is, the lower the likelihood for developing age-related cognitive decline — a mild deterioration in memory. However, these results are preliminary. In the US, it is currently recommended that MUFA and PUFA sources should be eaten more frequently than foods rich in saturated fat, *trans* fat, and cholesterol — but within the parameters of 20 to 35 percent of total calories.

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Insights on Traditional Dietary Fat Consumption

Eskimo & Japanese Diets: Eicosapentaenoic Acid (EPA) and Docosahexaenoic Acid (DHA)

Despite the climatic variations influencing their traditional food patterns, fatty, cold water fish consumption is what the Eskimos and the Japanese share in common.

Fatty, cold-water fish — especially salmon, herring, mackerel, sardines, and swordfish — are high in EPA and DHA. This may help account for the rarity of ischemic heart disease (a condition characterized by narrowed heart arteries) among Eskimos as well as the lower cholesterol levels and blood pressure of Japanese living in Japan compared to that of Japanese-Americans living in Hawaii, who consume lesser amounts of omega-3 fatty acids.

In addition to the heart health benefits described above, omega-3 fatty acids may also protect against some types of cancers. A 14-year study of 5,885 residents in Nagoya, Japan, found a statistically significant trend suggesting that frequent consumption of fish rich in omega-3 fatty acids may lower lung cancer risk — regardless of the cooking method used. Experts in the US have defined a weekly consumption of 1-2 servings of fish (3 oz/serving) as consistent with good health.

South-Asian, Mediterranean-Style Diet: Alpha-Linolenic Acid (ALA). Although studies on ALA are limited, the available evidence indicates potential positive health effects. A large clinical trial known as the Indo-Mediterranean Diet Heart Study demonstrated a significant reduction in LDL-cholesterol, incidence of heart attacks, and death among patients of South Asian origin who had a history of CHD. Those who experienced these health improvements ate a diet rich in mustard oil or soybean oil — traditional sources of omega-3 fatty acids

in the rural Indian diet — as well as walnuts, almonds, legumes, and fruits. It should be mentioned, however, that although ALA and cardiac health may be potentially promising, it's possible that the primary cardio-protective benefit may be derived from EPA and DHA. A recent report from the Agency for Health Quality Research stated that, with regard to heart health effects, the "potential effect of ALA is unknown."

Other Dietary & Lifestyle Factors

Many interacting dietary components and non-dietary factors may also contribute to the health and well-being of different ethnic groups.

In the case of dietary components, antioxidants and dietary fiber present in the abundant plant foods eaten by ethnic communities may confer additional protective effects. For instance, *isoflavones* in Japanese soy products

like miso and tofu are associated with lower ovarian and breast cancer risk. Vegetables, fruits, whole-grain foods, and tea have been linked to lower risks of certain types of cancer and CHD.

It should also be noted that the traditional way of life in the Mediterranean, India, and Japan is agricultural. People are generally physically active because farming and fishing are common trades. Everyday stresses may be alleviated through adequate rest and supportive social networks within the family and community. These and a host of other influences may play synergistic roles in maintaining health.

Given that fat is an essential nutrient and that certain types of fat confer health benefits, there is no need to severely restrict fat intake. Balance, variety, and moderation of all foods combined with plenty of exercise and proper weight maintenance are the best approaches to a healthful lifestyle.

DIETARY GUIDELINES OVERVIEW

The *Dietary Guidelines for Americans, 2005* report identifies 41 key recommendations grouped into nine general topics:

- Adequate nutrients within calorie needs
- Weight management
- Physical activity
- Food groups to encourage
- Fats
- Carbohydrates
- Sodium and potassium
- Alcoholic beverages
- Food safety

To access the report and the accompanying consumer brochure, *Finding Your Way to a Healthier You: Based on the Dietary Guidelines for Americans*, go to <http://www.healthierus.gov/dietaryGuidelines/>

To access common questions and answers about the new *Guidelines*, go to <http://www.ific.org/publications/qa/dgaqa.cfm>

Dietary Guidelines

manage their weight. Instead, they associate “energy” with feeling energetic or having energy to do things, rather than with “calories.” In addition, they define “balance” far more broadly than what one eats or does to maintain weight; and they include a person’s mental or psychological state as part of their definition.

The bottom line is that health professionals must verify nutrition messages with the intended audience to make sure they are speaking in a language that consumers clearly understand.

Make advice specific, manageable, and actionable. Participants in consumer research said that generalized health messages make sense to them intellectually, but that these messages often are not informative or compelling enough to put them into practice in their already overburdened lives. In addition, when faced with a set of guidelines, consumers may feel overwhelmed because they mistakenly believe that they should implement them all at once.

Instead of giving consumers general advice such as “eat less fat,” provide specific, practical, easy-to-implement tips. A good example is this tip from the *Dietary Guidelines, 2005* consumer brochure: “In a restaurant, opt for steamed, grilled, or broiled dishes instead of those that are fried or sautéed.” Also, reassure consumers that making changes in small, manageable steps is a sure path toward reaching their goals.

Although some consumers are more informed about nutrition than others, they still have trouble matching general guidelines with specific foods. So, when relaying the *Dietary Guidelines’* recommendation to “eat at least three ounces of whole-grain cereals, breads, crackers, rice, or pasta every day,” always provide specific examples of whole-grain foods and their serving sizes. USDA’s revised Food Guidance System, an educational tool based on the *Dietary Guidelines* and scheduled for release in the coming months, will

help consumers understand and apply the *Dietary Guidelines*.

Take a positive approach.

Consumer research shows that people often experience negative emotions including guilt, worry, anger, fear, and helplessness in response to nutrition messages. In addition, they don’t want to follow nutrition guidelines just because someone else tells them to.

Testing messages with consumers can help alleviate these negative feelings and increase the likelihood that consumers will adopt the recommended behaviors. Rather than telling consumers what they *can’t* have, find ways to help them fit appropriate portion sizes of their favorite foods into a balanced, healthful eating plan and make sure to deliver information with sensitivity.

Personalize the advice. As access to health and nutrition information continues to expand, consumers increasingly report that they need personalized dietary guidance, tailored to *them* and *their lives*, not a one-size-fits-all strategy. To help someone adopt new behaviors in line with the *Dietary Guidelines*, nutrition communicators should provide options, flexibility, and “how-to” advice that applies to the individual, rather than the general population. Take into account common lifestyle obstacles, such as a lack of time and the need for convenience.

Communicate in harmony. The IFIC Foundation research, as well as quantitative research by the American Dietetic Association, indicates that consumers feel overwhelmed by what they perceive as a bombardment of confusing and contradictory nutrition messages and

so, are tuning out these messages. The Internet increases consumers’ access to health information, but it makes it more challenging to identify credible sources of information.

To clear up consumer confusion, it’s vital that health communicators across all disciplines speak with one voice about dietary guidance to the largest possible audience. An important way to achieve this goal is for parties that communicate with consumers — including the government, health professional organizations, the food industry, academicians, journalists, and nutrition educators — to partner on their communications to send consumers clear and consistent nutrition messages, such as the *Dietary Guidelines for Americans*. Individual health communicators also play an important role by conveying consistent information during individual counseling and other educational contacts with consumers.

How Can Health Professionals “Consumer Test” Communications?

Health professionals can obtain a wealth of feedback from consumers through formal research techniques such as focus groups, in-home observations, and surveys. Informal channels, however, also provide valuable insights. Discuss issues and ideas with friends, family members, or co-workers who are similar to your target audience; or gather input on topics for wellness classes or a draft brochure from clients while they sit in your waiting room.

Listening to and learning from consumers themselves are keys to crafting effective communications that will help consumers reap the benefits of better health from the *Dietary Guidelines for Americans 2005*.

More Information and Tools

- See **DIETARY GUIDELINES OVERVIEW** sidebar on page 5
- To view the IFIC Foundation consumer research, go to <http://www.ific.org/research/index.cfm>.
- To access Tools for Effective Communications, go to <http://www.ific.org/tools/intro.cfm>.

Hydration: Fluids for Life

Water is by far the most abundant substance on earth and in our bodies. Water is not only abundant, but is also essential to life, as all metabolic processes occur in a water medium. Putting the subject of hydration into perspective as a nutrient, the International Life Sciences Institute has developed a monograph, *Hydration: Fluids for Life*.

The monograph provides readers with an overview of current knowledge related to the functions of water; methods of determining hydration status; sources of water in the diet; and specific considerations for infants, children, physically active individuals, and elderly individuals. The monograph also covers the recommended intakes, as specified by the Institute of Medicine's Food and Nutrition Board in the 2004 Dietary Reference Intakes for water.

The monograph can be obtained free of charge by sending an email to hsteele@ilsina.org or you can access it online as a PDF file at [www:ilsina.org](http://www.ilsina.org).

New IFIC Publication

Starting Solids: Nutrition Guide for Infants and Children 6 to 18 Months of Age

Starting Solids is an extremely popular brochure that has been completely updated and revised to include the most current scientific advice for introducing babies to solid food. The brochure contains extensive information on transitioning infant feeding from breast milk and formula to solid foods and provides practical tips to help parents know when their baby is ready for solid food, which foods should be given, and how much food is enough. The brochure provides guidelines to help prevent airway obstruction as well as information from the American Red Cross on what to do if your child is choking. *Starting Solids* is published by the International Food Information Council Foundation in partnership with the National Association of Pediatric and Nurse Practitioners. To view the brochure in PDF format, go to <http://www.ific.org/publications/brochures/solidsbroch.cfm>. To order single or multiple copies of the brochure, go to foodinfo@ific.org.



New Navigation Tool Opens Doors to Qualitative Research

Curious about what your peers have been up to? The Centers for Disease Control and Prevention (CDC) is making it much easier to find out. CDC's Division of Nutrition and Physical Activity recently launched its new Inventory of Qualitative Research in Nutrition and Physical Activity. The site serves as a searchable repository for qualitative studies in nutrition, physical activity, and other related fields. These studies include formative research with target audiences in the development and pre-testing of intervention strategies and the evaluation of current research projects. CDC created this resource as a way to feature studies that may not be widely known or published in peer-reviewed journals. As the database grows, so will the opportunity to review qualitative research on a variety of nutrition and physical activity related issues, determine research gaps and needs, and build upon current findings to improve communication messages.

The site is easy to navigate and allows the user to search the database by topic, target audience, and keywords. The entries supply information on the topic, methods, and contact person for the specific research. Documents or reports are not attached to the inventory, but can be accessed through links, if available. To search the inventory, visit http://www.cdc.gov/nccdphp/dnpa/qualitative_research/index.htm.

For inclusion in the database, the research must meet the following criteria:

- Be qualitative and include topics of nutrition, physical activity, or related fields
- Have been collected in the year 1997 or later
- Have been collected by using standard qualitative methods of data collection

To submit research to the inventory: email ORI@cdc.gov or visit the website.

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 Foundation.

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 Foundation.

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 Foundation.

Helping Your Overweight Child (EB-2085)

A four page fact sheet filled with practical advice and useful ideas. Tips for improving eating habits include eating fast food less often, trying not to use food as a reward, and avoiding controlling the amount of food a child eats. Healthful snack ideas are listed, as are fun physical activities the whole 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 healthful 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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Current Topics in Food Safety & Nutrition



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