

FOOD Insight™

IFIC Foundation
<http://ific.org>

November / December 2004

The Myth of Zero: The Elusive Goals of Absolute Safety and Guaranteed Benefits

Consumer Alert:

Dihydrogen monoxide causes major risks! Accidental inhalation of it can be lethal. It can cause excessive sweating and vomiting, and even severe burns in its gaseous state. It is a major component in acid rain, it contributes to soil erosion, and it decreases the effectiveness of automobile brakes.

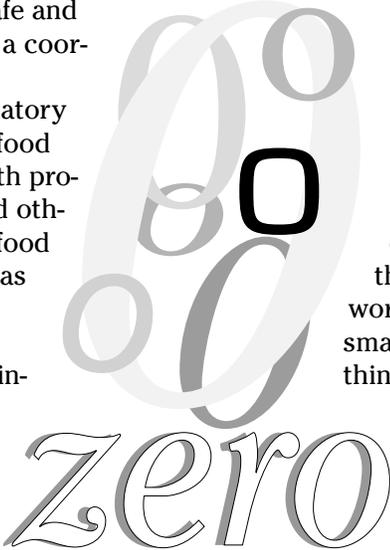
The dangers of dihydrogen monoxide — commonly known as *water* — are very real. But would we give up water? Of course not. Water is something all living things need; humans cannot survive more than five to seven days without it. We cannot expect zero risk with water, but we make a decision to enjoy its significant benefits while minimizing its risks. All substances — even those that are necessary and valuable — can produce adverse health effects, even within normal use, at some level or form of exposure or consumption. Whether we are driving a car, playing sports, or even eating and drinking, we weigh benefits and risks in all that we do.

While scientific evidence gives way to proclamations that a food is “as safe as” another food, what we want

to hear is that it is “absolutely safe.” Indeed, ensuring that food is safe and wholesome is a coordinated effort between regulatory agencies, the food industry, health professionals, and others along the food supply chain, as well as consumers. Even with these stringent safety measures in place, safety cannot be guaranteed. However, we do have the ability to understand the risks and uncertainties that we face, distinguish those that require concern, and take action to minimize factors that can have a real impact on our health.

Persistent Misperceptions...and New Things to Worry About

“There’s no way to completely get rid of all the uncertainty we face,”



said Dr. George Gray, Executive Director of the Harvard Center for Risk Analysis and co-author of *RISK: A Practical Guide for Deciding What’s Really Safe and What’s Really Dangerous in the World Around You*. “We can never say there’s absolutely no risk with anything we do. What’s changed over the last 50 years is that we’ve started to identify and worry about things that are very small risks, things that we didn’t even think about in the past.”

These days, a myriad of issues cause consumers to worry. Negative headlines and reports — like the example of dihydrogen monoxide — fuel their concerns. Too often, though, alarming reports present only one side of the issue and may not put perceived risks into perspective.

For instance, foods produced through biotechnology continue to be controversial to some. Opponents say that they pose unacceptable risks to human health. Yet numerous food safety authorities, including the U.S. Food and Drug Administration, American Medical Association, and Society of Toxicology, agree that the risks associated with eating biotech foods are speculative and that the evidence points to their safety.

“As far as human health, I don’t think that people need to

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Low-Carb Diets: Going Against the Grain?

Carbohydrates in Perspective

Much of the confusion over low-carb diets lies in the lack of understanding of what carbohydrates are and their role in the diet.

Carbohydrates make up one of the three major macronutrients found in food, and provide calories, or energy, for the body. In addition, many carbohydrate-rich foods such as whole grains, fruits, and vegetables also contain essential vitamins and minerals, plus fiber and phytonutrients important for health and disease prevention.

Carbohydrates come in two types, simple and complex. Although their chemical structures differ, the body treats them similarly and both types supply the same amount of calories. Fiber is also a form of carbohydrate, but it cannot be digested, so it does not supply calories. Simple carbohydrates occur naturally in fruits, dairy products, and some vegetables, and they make up the refined sugars, such as table sugar, used in sweet foods. Complex carbohydrates such as starch are the primary nutrient in grains (pasta, bread, and rice), potatoes, beans, and vegetables.

Popular low-carb diets suggest that in the initial phase dieters should eat no more than 20 to 30 grams of carbohydrates a day. This equates to half of a medium-sized bagel or a half cup of cooked pasta, leaving little room for whole grains, fruits, or vegetables. The Institute of Medicine (IOM), which is responsible for setting the recommended daily intake of nutrients in the United States, advises adults and children over the age of 1 year to consume at least 130 grams of carbohydrates a day, roughly six times what is recommended for the initial phases of low-carb diets. This minimum requirement is based on the brain's use of carbohydrates as its primary source

of fuel by the central nervous system. The brain can only function on carbohydrates as no other nutrient reaches the brain. Nevertheless, most Americans on a regular diet easily meet this minimum amount.

Carbohydrates versus Calories Q&A

Q Does cutting carbohydrates lower blood sugar and insulin levels, leading to weight loss?

A In reality, weight loss on low-carb diets has little to do with the effects of blood sugar or carbohydrates' effects on the body. "It's more likely a result of cutting calories combined with the fact that high-protein foods tend to be more filling," says Foster. For instance, removing the bun from a burger, eating a salad instead of fries, and drinking a diet soda instead of a regular soda sounds like a "low-carb" meal, but it's also a lower calorie meal. "If you reduce calories, regardless of the source, for a long enough period of time, weight loss is inevitable," adds Foster. Add physical activity to the equation and success is even more likely.

Low-carb proponents would have you believe that eating carbs makes you want more carbs because of fluctuations in blood sugar levels. However, a decrease in blood sugar, which can occur an hour or two after eating a meal or snack consisting of mostly carbohydrates, has not been linked to hunger or desire for more carbohydrates. Unless you have diabetes or a pre-diabetes metabolic syndrome, the body keeps blood sugar in a stable range. Other body reactions and certain peptides and hormones play a much greater role in controlling hunger and satiety.

Q Is a low-carbohydrate diet more effective overall than a low-fat diet?



Americans are infatuated with low-carbohydrate dieting. In the quest to lose weight and improve their health, scores of men and women, and even adolescents and children, have jumped headfirst onto the low-carb bandwagon — often with little understanding of the benefits or drawbacks of this diet approach.

Is cutting carbs really a magic weight-loss formula? Scientific evidence backing the alleged health benefits of this eating style is limited. Low-carb supporters tell us to believe that carbohydrate-rich foods are the cause of weight gain and that if you eliminate carbohydrates, calories won't matter. Scientists are not convinced. Gary Foster, PhD, clinical director of the Weight and Eating Disorders Program at the University of Pennsylvania, and numerous others believe that weight loss on a low-carb diet results from eating fewer calories. If you eliminate any one food group and don't increase your intake of other food groups, you will lose weight.

Nevertheless, there is no way to ignore the appeal of any seemingly simple way to lose weight and the many claims of success with cutting carbs. "If it gets some people to eat fewer calories," says Foster, "then the dieting approach deserves attention." However, most health professionals and researchers, including Foster, are quick to point out that there remains a lack of solid evidence supporting the long-term safety and effectiveness of low-carb dieting.

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Low-Carb Diets: Going Against the Grain?

A Until recently, very little research on low-carb diets had been conducted. In the first year-long study comparing a low-carb diet to a conventional low-fat, high-carbohydrate diet, led by Dr. Foster, the results showed that after 12 months both groups had lost the same amount of weight. However, low-carb diets initially produced greater weight loss than conventional low-fat diets. The low-carb dieters lost nearly 7 percent of their body weight after 6 months whereas the traditional dieters lost about 3 percent of their body weight after the same amount of time. These findings have since been confirmed by similar studies. Foster and other researchers tend to agree that these comparisons simply show that any diet that reduces calories over time will work.

Q Does following a low-carb diet have possible cardiovascular benefits?

A These studies mentioned above also examined the effects of the different diets on lipid levels and glycemic control and found that after 6 months low-carbohydrate dieters experienced more favorable decreases in blood triglyceride levels, increased HDL-cholesterol levels, and improved glycemic control. Experts believe, however, that the reductions in blood cholesterol and glucose levels are a result of the weight loss.

Even so, the American Heart Association does not recommend this type of diet, objecting that it encourages people to eat foods high in saturated fats and cholesterol. Plenty of evidence points to an increased risk of heart disease and some forms of cancer from a diet consistently high in fat and saturated fat. The studies to date have not been conducted over a long enough period of time to determine whether low-carb diets may be linked to health problems that develop over many years, such as heart disease, cancer, bone disease, and kidney problems.

Q Do specially formulated products for people who are counting carbs make it easier to follow a diet with fewer carbohydrates?

A Most people find a low-carbohydrate diet gets boring after dining on mostly meat, eggs, and cheese. Food manufacturers are thus meeting this need by producing a variety of products for carb-conscious people.

These foods are designed for dieters who are counting carbohydrates (rather than calories) and have fewer net carbohydrates. These products may offer more variety, making it easier to stick to a low-carb diet. On the other hand, many of these products with reduced carbohydrates often have about the same number of calories along with a much higher price tag compared to their regular counterparts. Consumers should check the Nutrition Facts panel so they can choose the products that fit with their weight management goals.

Products for people interested in reducing carbohydrate intake often have label statements referring to “net carbs.” The theory is that fiber, glycerin, and sugar alcohols used in these foods do not raise blood sugar as quickly or as high as regular carbohydrates, so they shouldn’t be tallied when counting carbs.

Calories Still Count

Reducing carbohydrates may make sense as a calorie-cutting tactic for people whose diets largely comprise foods such as sweets, sweetened beverages, and baked goods. It makes little sense, however, to reject wholesome, nutrient-dense foods such as fortified and whole grains, fruits, and vegetables in favor of protein- and fat-rich foods or special foods low in carbohydrates. Obviously, not only the quantity, but also the quality of carbohydrates must be considered.

If there is one thing to learn from this latest lesson in dieting it is that calories still count. Although some foods are not reduced in calories, other products that are reduced in carbohydrate have fewer calories than their counterparts. To compare the caloric content of foods, consumers should check the Nutrition Facts Panel. The solution to the problem of overweight remains the same: maintaining a negative energy balance by a combination of eating fewer calories and increasing physical activity is the key to weight loss.

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What's New at IFC.ORG?

Want useful tips on food safety, nutrition and health in Spanish? Simply go to ifc.org/sp and click on *Hechos Concretos* in the left navigation bar. To view more tips, hit the refresh button.

Lowdown on “Low-Carb” Labeling

Whether it’s *carb-smart*, *carb-wise*, *carb-fit*, or just plain *low-carb*, no federal regulation defines these marketing terms used to sell the flood of new reduced-carbohydrate food products. In the absence of an official definition, “low-carb” can be interpreted in many ways. It may mean that the product has fewer carbohydrates than a comparable product or it may mean that it contains a specific amount of carbohydrates per serving. Even the labels of some foods that are naturally low in carbohydrates may be using label terms that call out to carb-conscious consumers.

To confuse matters further, some food labels refer to “net carbs” or “effective carbs.” Again, no government or generally agreed-upon definition exists for this terminology but the terminology is typically used as the result when fiber and certain sweeteners, such as sugar alcohols and glycerin, are subtracted from the total carbohydrate content.

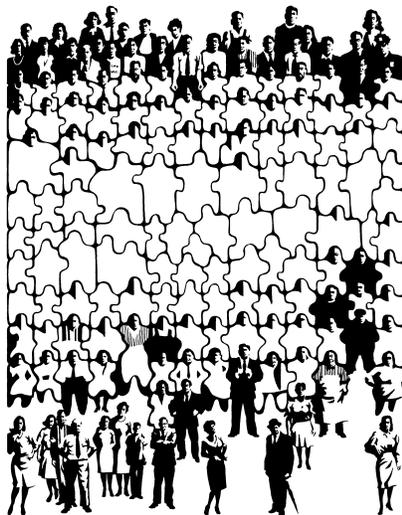
Communicating the Benefits of Functional Foods: The Promise, the Reality, and the Challenges

Consumers' appetite for food news seems nearly insatiable. At the same time, consumer confusion is rampant in today's fast-paced, multimedia environment. Whether speaking with colleagues, the journalist from the local paper, or family and friends at social gatherings, health professionals are often charged with understanding and translating scientific findings into layman's terms for "public consumption." Basically, we are all communicators of food and nutrition information and its application to health.

In recent years, scientific evidence has revealed that bioactive dietary components may benefit health in ways that extend beyond meeting basic nutritional needs. Some components, when consumed often enough and in sufficient quantities, may help reduce risk for chronic diseases such as heart disease, cancer, diabetes, or obesity. In addition, scientists are equipped with new knowledge and technologies that allow them to better identify these functional dietary components, incorporate them into various foods and dietary supplements, evaluate their potential health effects, and understand the impact of genetic variances among individuals.

The Challenge of Communicating the Emerging Science of Functional Foods

The evolving research into how whole foods, food components, and dietary supplements may promote health and reduce disease risk is creating an increasing stream of information that flows fast enough to keep the most motivated scientist on his or her toes. However, dietary recommendations from established scientific



authorities change little over time because of the need for a strong, consensus-based body of evidence before dietary advice for the public is changed. This contrast presents challenges to those who strive to responsibly relay new findings to the public amid established dietary guidance.

One of several broad challenges is to communicate emerging science as part of a continuum. Conclusions should be based on the strength and consistency of the overall evidence rather than the findings from isolated studies. One can argue that science is continually "emerging" because answers to research questions are not definitive. Science evolves as more well-designed studies confirm, add to, or contradict previous findings.

Positioning beneficial dietary components as one part of a healthful diet and lifestyle rather than as "magic bullets" is a unique challenge to the "functional foods" discussion. Relaying the concept of "caloric displacement," that is, when consumption of foods containing a specific dietary component is increased in the diet, the level of consumption of other foods may need to decrease to

maintain a healthy weight is also challenging. Individualization, i.e., identifying specific population groups that would likely benefit from the increased or decreased consumption of a given component, should be clearly communicated. Finally, informing the public regarding completely new research findings or technologies, such as the concept of "nutrigenomics" and "personalized nutrition," before the area is fully understood, is an additional challenge.

Communication Solutions: The Guidelines

The International Food Information Council (IFIC) Foundation and the Institute of Food Technologists (IFT), along with journalism and health professionals at Purdue University, the University of Illinois, Urbana-Champaign, and the University of Missouri, Columbia, have collaborated to develop *Guidelines for Communicating the Emerging Science of Dietary Components for Health*. The *Guidelines*, which include seven "guiding principles" for improved communication, are designed to address the challenges listed above and are intended to be versatile tools that all food and nutrition communicators, health professionals, journalists, and food scientists, can use.

The Essence of the Guidelines

The following principles can be used to enhance communications and empower consumers to choose health-promoting components as part of an overall healthful lifestyle.

- 1. Enhance public understanding of foods, food components, and dietary supplements and their roles**

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Communicating the Benefits of Functional Foods

in a healthful lifestyle. *Serve up plain talk about food and health.* Advise consumers that dietary components are not magic bullets that work alone, but may promote good health when they are included as part of a healthful diet and lifestyle.

2. Clearly convey the differences between emerging and consensus science. *Scientific research is evolutionary, not revolutionary.* Tell consumers where new findings fall on the research continuum and within the overall body of evidence.

3. Communicate with accuracy and balance. *Carefully craft your communications.* Advise a healthy skepticism for potentially misleading headlines, such as “medical miracle” or “scientific breakthrough.” Suggest looking beyond dramatic language to get the full story. Explain that facts are facts, but that experts may have different opinions on how to interpret those facts. Present a complete picture of a study’s results, rather than select findings of a study.

4. Put new findings into the context needed for an individual to make dietary decisions. *Make your messages meaningful.* Translate the latest research into what is on the consumer’s dinner plate. Spell out to whom new findings apply and what impact, if any, the findings should have on eating habits.

5. Disclose all key details about a particular study. *Cite the specifics.* Discuss the study design (such as the characteristics of the participants and the quantity of food consumed) to help the public understand research results and their validity.

6. Consider peer-review status. *Point out if a study has been peer reviewed* as a key measure of its credibility, although it is not the only measure. Peer review is not a guarantee of conclusive results — it is but one piece of a larger puzzle made up by the overall body of evidence.

7. Assess the objectivity of research. *When assessing a study’s objectivity, consider the full facts* — including not only disclosure of the study’s funding sources, but also whether the study has gone through a peer-review process, the study’s methodology, and its conclusions.

Health professionals and other communicators have the opportunity to bridge the gap between science and the consumer by using guidelines to translate emerging research findings into understandable and actionable messages for consumers. As health professionals, we can tell consumers what is known about food and nutrition science; as communicators, we can help lead them to better health.

For more information, please visit the IFIC Foundation Web site at: <http://www.ific.org/nutrition/functional/guidelines/index.cfm>.

Low-Carb Diets

How Do They Do It? Reducing the Carbs in Traditional Foods

A variety of foods have been modified to meet the growing demands of low-carb consumers including bread, pasta, cereals, cookies, cakes, juice, soft drinks, and candy. The manufacturers of these traditionally carbohydrate-rich foods are using a variety of methods to reduce the net carbohydrate content per serving. The methods include:

- Increasing the amount of animal or vegetable protein, such as replacing wheat or corn flour with soy flour. Examples include soy-based chips, pasta, and breads.

- Increasing the amount of fiber. Examples include adding fiber, such as cellulose, to candy products, cereals, bread, and pasta.
- Using sugar substitutes or sugar alcohols in place of traditional sweeteners. Examples include soft drinks, fruit drinks, baked goods, and frozen desserts.
- Using smaller portions. Examples include baked goods, such as breads.

A word of caution: When food manufacturers make lower-carbohydrate products by replacing some of the sugar with

sugar alcohols — sorbitol, manitol, and maltitol are examples — a laxative effect may result. When these sugar alcohols are consumed in very large quantities they can cause cramping, diarrhea, or other digestive discomfort in sensitive individuals. Thus, foods that contain certain sugar alcohols and that are likely to be eaten in amounts that could produce such effects must bear the statement, “Excess consumption may have a laxative effect.”

The Myth of Zero

be concerned about genetically engineered foods,” said Gray.

Indeed, the United Nations Food and Agriculture Organization (FAO) and the National Academy of Sciences released reports in 2004 that indicated that no adverse health effects attributed to the consumption of biotech foods have been documented in the human population.

According to Mary Lee Chin, a registered dietitian, “The risks that we see in biotechnology are primarily potential risks. What we know for sure is that there are a lot of benefits that have been proven and I would hate to see the ‘fear of the unknown’ put a stop to the good that we know can happen.”

Consumers also tend to misinterpret the risks from pesticide traces of residues, ranking the risk from pesticides as a much greater threat to human health than poor nutrition. In reality, there is no proof that traces of pesticide residues on foods are linked to illnesses or deaths.

The American Academy of Pediatrics, the U.S. Surgeon General, the American Cancer Society and numerous other health authorities agree that the health benefits of eating more produce far outweigh any possible pesticide residue risks.

“What we know from studies in public health is that the influence of the diet on your health is much stronger than any risk that comes from pesticide residues on your food,” said Gray.

Taking Action...to Obtain Realistic Results

Scientific evidence now indicates that excess intake of some dietary fats, namely saturated fat, *trans* fat, and cholesterol, can raise “bad” cholesterol levels, thereby increasing risk of heart disease. This information has led to news reports about *trans* fatty acids that have raised public concern about consuming foods that contain

them. *Trans* fats are a component of partially hydrogenated oils, an ingredient in some varieties of packaged foods, and they are also naturally present in animal products.

Naturally, the consumer inclination may be to eliminate *trans* fats to ensure zero risk of heart disease. But “zero consumption” would be impractical and unnecessary. In addition, dietary fats, and specifically *trans* fat, are not the only factor in heart disease risk. A 2002 report from the Institute of Medicine (IOM), a component of the National Academy of Sciences, offering recommendations for healthful eating stated that people should keep consumption of *trans* fats as low as possible while consuming a nutritionally adequate diet. However, the IOM report did not propose an all-out ban of *trans* fats. *Trans* fats are in many types of foods, so consumers may not meet their other nutritional requirements if they completely remove all foods with *trans* fats from their diets.

The American Heart Association (AHA) recommends that consumers minimize their *trans* fat intake to reduce any potential risks. The AHA also strongly advises an overall lifestyle approach, not a “magic bullet” or single nutrient approach, to reducing heart disease risk. Again, it is a reduction of risk, not an absolute elimination of risk.

Measures can also be taken to decrease, but not eliminate, the potential risks posed by foodborne illness. For example, the bacteria *Campylobacter*, *Salmonella*, and *E.coli* O157:H7, which can be found in foods, pose substantial risks. The Centers for Disease Control and Prevention (CDC) estimates that each year 76 million Americans get sick, 325,000 are hospitalized, and 5,000 die from foodborne illnesses.

The good news is that the impact of these pathogens is decreasing. In April 2004, the CDC noted significant declines from 1996 to 2003 in illnesses caused by *E. coli* O157:H7 (42%), *Salmonella* (17%), and *Campylobacter* (28%).

Why the improvement?

Government agencies and the food industry, from the farm to the retail store, employ extensive measures to ensure that the U.S. food supply is one of the safest in the world. Still, zero risk cannot be guaranteed because it is always possible that harmful bacteria will be present in food — whether the food is from a store, a restaurant, or your own kitchen.

“There are things that consumers can do at home to reduce their risks that will make a difference,” said Dr. Gray. “Proper cooking, proper handling and proper storing are really important in reducing some of the food risks.”

All along the food chain, various procedures and control mechanisms are implemented to ensure that food is safe for consumption, that the risks of contamination are minimized, so that consumers are healthier from the benefits of safe, quality food.

But it is important to understand that the best safety measures and control systems — and even the methods that we use at home — cannot ensure zero risk.

“We can’t get ‘no risk,’ but we can make good choices,” said Gray. “The important thing to remember with making decisions about your diet is that it’s important to have variety, to get different sorts of foods and all the different nutrients you need. Those are the choices that are far more important than any choice you might make based on concerns about risks.”

Health professionals and other food communicators can work to help consumers not only understand what risks that they face and the methods that they can use to reduce those risks, but also understand the absence of “zero.” We understand a lot about the world and learn more every day, but uncertainty will always be there because there is no aspect of life that is not variable to some degree. We can understand that the risks we face in life determine our priorities for dealing with them, and take action to improve our health both today and in the future.

Planning Ahead for National Nutrition Month®

Now is the time to prepare your nutrition education outreach activities for the March 2005 National Nutrition Month®. The American Dietetic Association sponsors this month-long nutrition education and information campaign annually. The campaign is designed to focus on the importance of making informed food choices and developing sound eating and physical activity habits.

The slogan for this year's event is "Get a Taste for Nutrition." The theme is meant to reinforce the importance of nutrition, along with physical activity, as a key component of health. The following are the key points of "Get a Taste for Nutrition."

- Be adventurous and expand your horizons
- Treat your taste buds
- Maintain a healthy weight
- Balance food choices with your lifestyle
- Be active

Many nutrition communicators schedule presentations and workshops or write newspaper and magazine articles on the benefits of healthful eating and physical activity using National Nutrition Month® as a springboard.

The International Food Information Council Foundation has included a Publications List with numerous nutrition and food safety education materials that are ideal for use with National Nutrition Month® activities as a special insert in this issue of *Food Insight*. You can use the Publications List to order materials for your outreach planning. By ordering now, you'll be assured of receiving the materials you need in plenty of time for the National Nutrition Month® celebration of one of life's greatest pleasures: enjoying a variety of delicious and healthful foods. Some of these materials are also available online at <http://ific.org>.

IOM Panel Calls for All Aspects of Society to Help Prevent Childhood Obesity

On September 30, 2004, the Institute of Medicine (IOM), a component of the National Academy of Sciences, released a report titled "Preventing Childhood Obesity: Health in the Balance." The report culminated from a 2-year initiative involving a 19-member committee composed of experts from various healthcare disciplines. This panel was charged with developing an action plan in order to decrease the prevalence of childhood obesity.

The IOM report calls for childhood obesity prevention to become a national priority, involving many stakeholders

who can come forth and play a role in the effort. The committee presented numerous broad recommendations including: coordinating federal, state, and local government leadership; encouraging the food and beverage industry to promote more healthful products; revising the U.S. Food and Drug Administration's current nutrition labeling regulations; monitoring marketing targeted toward children; introducing public relations campaigns; increasing resources for community programs; changing neighborhood designs to increase opportunities for physical activity; involving the health care industry; implementing comprehensive school programs, and promoting change inside the home. The committee recognizes the complexity of the obesity issue as well as the sacrifices necessary for fundamental change as outlined in the recommendations.

For further information visit IOM's website at <http://www.iom.edu>. To view IFIC Foundation material on preventing childhood obesity including our Kidnetic.com Leader's Guide to Healthy Eating and Active Living for Kids and Families, please visit <http://www.kidnetic.com> and <http://ific.org/kidnetic>.

New Resource Offers Help to Parents of Overweight Children

The International Food Information Council (IFIC) Foundation and the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) have released a new resource to help the parents of overweight children.

Helping Your Overweight Child is a four-page fact sheet written to assist parents in promoting a healthy weight for every member of the family. It encourages removing the focus from a child's weight and encouraging all members of the family to adopt lifelong healthful eating and physical activity habits for life. Suggestions for improving dietary habits include eating together as a family, trying not to use food as a reward, and seeking to avoid controlling the amount of food that a child eats. It also includes useful and practical advice on how to cut down on the amount of time spent in front of the television and how to get the whole family physically active.

The brochure also helps parents meet the emotional issues that their overweight child may face. Suggestions include telling a child that he or she is loved, accepting a child at any weight, and listening to a child's concerns about his or her weight. Ultimately, children who are overweight need support, acceptance, and encouragement from their parents and other loved ones.

Copies of *Helping Your Overweight Child* may be viewed and downloaded online at www.ific.org or http://win.niddk.nih.gov/publications/over_child.htm. Print copies of the brochure are available from the Weight-Control Information Network (WIN), 1-877-946-4627.

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 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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Current Topics in Food Safety & Nutrition



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