

NUTRI-NET NEWS

JULY 1998

MEDIA MATTERS

This newsletter is a service of the Nutrition Education Network of Wisconsin, funded by a grant from the Food Stamp Program, Food and Nutrition Service, United States Department of Agriculture, and administered through the University of Wisconsin-Madison. It is designed to enhance coordination and communication among agencies and organizations that educate Wisconsin's low income individuals and families about nutrition and food.

Nutri-Net News shares brief information about programs and materials that support healthful and enjoyable eating.

NUTRITION EDUCATION FOR PATIENTS WITH LOW LITERACY SKILLS

The authors of an article in the *Journal of the American Dietetic Association* (May 1998 issue) acknowledged that few nutrition interventions have been tailored to people with low literacy skills. They interviewed literacy experts, health care providers, and focus groups of students in adult basic education classes. The purpose of their qualitative study was to investigate the health and nutrition-related needs of persons with low literacy skills and to explore more effective methods for delivering nutrition interventions to this target audience.

A. Findings from Interviews with Health Care Providers and Literacy Experts

- In determining if patients have difficulty reading, physicians and nurses responded that they look for behaviors suggestive of reading problems. Examples of these behaviors include: patients arrive for a medical appointment without having completed the necessary forms, patients take a long time to form written letters or cannot sign their name, family member serves as a surrogate reader, children perform writing tasks such as signing forms, and pa-

tients state they will bring forms home for their spouses to sign.

- Nutritionists provided similar examples. They added the following: patients claim to have problems seeing or to have forgotten their glasses, a family member keeping the patient's food diaries and patients referring to different kinds of milk by the color of container caps (e.g. red for whole milk and blue for 1% milk) or relying on symbols or product logos.
- Physicians, nurses, and nutritionists all agreed that physicians, in particular, lack sufficient time to teach persons with low literacy skills about nutrition. Physicians and nurses concluded that patients need to be referred to nutritionists for nutrition counseling. Health care providers noted, however, that because of reimbursement issues,

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patients cannot see a nutritionist unless there is a medical diagnosis.

- All groups agreed that patients perceive the physician as the highest-ranking health authority relative to other health professionals. However, literacy experts recommended targeting patients' friends for nutrition interventions. Nutritionists confirmed that patients obtain information from their friends and family, especially patients with a family history of diet-related diseases.
- Literacy experts emphasized the importance of cultural differences that separate health care providers from target populations, i.e., physicians have little awareness of cultural differences, particularly related to food consumption patterns.
- To motivate patients to consider modifying their eating habits, several nurses and a literacy expert suggested talking about how such changes would help patients' children.
- Literacy experts were unanimous in regards to involving adult learners in the production of health education materials.
- Several health care providers and literacy experts suggested developing a "photonovel," i.e., a story formatted like a comic book but containing photographs and speech directly drawn from the target audience.

B. Findings from Focus Groups with Adult Basic Education Clients

- Participants' awareness of what foods are healthful was quite accurate. However, they were less concerned about their consumption of unhealthy foods than they were about: 1. pesticides and chemicals that affect vegetables and meat and 2. the perception that canned and frozen vegetables are not as good as fresh.
- Participants had a high level of interest in health and nutrition. They were most concerned with cancer, especially breast cancer, as well as heart disease. Topics they wanted to learn more about were diabetes, high blood pressure, food labels, the safety of canned foods, methods for preparing certain foods and how to maintain one's weight.
- General consensus among the participants, regardless of their gender, was that women have primary

responsibility for food-related tasks.

- Participants reported the following barriers to eating a healthful diet:
 1. cost of fresh fruits and vegetables
 2. time needed to prepare healthful dishes
 3. perceived unpalatability of a healthy diet
 4. ease of eating unhealthy food at fast-food restaurants and vending machines
 5. concern that canned food may cause cancer
 6. children's preferences for unhealthy food
- Participants preferred to obtain health and nutrition-related information from family first, then friends and neighbors, then a physician, and then a nutritionist.⊕ However, women, in particular, mentioned that the nutritionist may be more helpful than a physician because she or he has more time to spend with patients.
- The most popular format for receiving nutrition information was a discussion group with food demonstrations.
- Participants were interested in a photonovel and thought local radio and television stations could be effective vehicles for nutrition messages.
- Least favorite format for receiving nutrition information was an audiotape at the physician's office.

UNIVERSAL BREAKFAST IMPROVES BEHAVIOR AND GRADES

According to a recent press release, researchers from Harvard Medical School and Massachusetts General Hospital studied a universal breakfast feeding program in two school districts in Baltimore and Philadelphia. The program makes breakfast free and available to any student who wants something to eat in the morning.

Based on data taken from school records and previous breakfast participation, the researchers found that levels of anxiety, aggression, depression, and absences decreased in children who had increased their school breakfast participation through the universal feeding program. "The program demonstrated that there are significant improvements in the way children function after they eat breakfast," said Dr. Ronald Kleinman of Harvard Medical School and Massachusetts General

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Hospital.

The researchers contacted parents of low-income children in the Baltimore and Philadelphia school districts who had answered the Community Childhood Hunger Identification Project (CCHIP) survey. CCHIP categorizes families as “hungry,” “at risk for hunger,” or “not hungry” on the basis of parent answers to eight standardized questions about child and family experiences of food insufficiency.

A previous group of researchers from Harvard Medical School and Massachusetts General Hospital concluded in a separate study that children experiencing hunger were more likely to have behavioral, emotional, and academic problems than children who had enough to eat. This current study looks at the effects of a healthy breakfast on the performances of students who had been categorized as hungry or at risk of hunger.

The study found that children who increased their breakfast participation due to the universal program showed lower parent-reported psychosocial symptoms and decreased teacher-rated hyperactivity. Their math scores were higher, and their absences and tardiness decreased. Similar findings were reported in *Energizing the Classroom*, a summary of a three year study of the universal breakfast pilot program in Minnesota elementary schools.

Baltimore and Philadelphia children increased their breakfast participation by 42%. User-friendly methods of distributing breakfast had a positive impact on participation. The use of hallway vendor carts offered a quick-stop convenience for students as well as classroom feeding. Through classroom feeding, a student can enjoy breakfast in their classroom at the privacy of their own desk instead of the chaotic cafeteria.

By involving all students, these pilot programs eliminate the stigma of subsidized meal programs advertised through waiting in line and handing in a meal ticket. Students from all socio-economic levels participate. Consequently, on a nutritional ba-

sis they all start the school day equally.

The researchers, whose findings will be published in the *Archives of Pediatrics and Adolescent Medicine*, concluded that making breakfast free could double participation over time. In addition, they are convinced that using classroom feeding and hallway carts could boost school breakfast participation to more than 80 percent.

NUTRITION INFORMATION INFLUENCES DIET QUALITY

A study conducted by the Economic Research Service of the U.S. Department of Agriculture entitled “Healthy Eating Index and Nutrition Information” found that nutrition information plays a large role in determining the quality of an individual’s diet. For two individuals with identical socioeconomic characteristics, the one scoring one unit higher on a nutrition knowledge scale also scored four to five points higher on the Healthy Eating Index scale.

The Healthy Eating (HEI) was developed by the USDA’s Center for Nutrition Policy and Promotion (CNPP) in 1995 to provide a single summary measure of the overall diet quality of America. Instead of focusing on a specific nutrient assessment, such as fat or cholesterol intake, the HEI combines information on the amount and variety of foods consumed with compliance to recommended dietary guidelines, i.e., the Food Guide Pyramid and USDA’s Dietary Guidelines. Ten components make up the HEI; five are based on the food groups from the Food Guide Pyramid, four are based on saturated fat and cholesterol intakes, and one is a variety component. HEI scores can range from one to 100. Americans scored an average approximate score of 60. “It’s (HEI) saying on the average that we need to improve the diet quality of the nation,” said Peter Basiotis, senior economist for the USDA’s CNPP, in the June 5, 1998 issue of *Nutrition Week*. While the report does not make specific dietary recommendations, Basiotis suggested that Americans could increase their fruit intake. “People are not eating enough fruit. I think an increase in fruit consumption would increase

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the HEI, but we are doing very well with sodium and cholesterol.”

The recent study looking at the HEI and its relationship to nutrition knowledge shows that knowledge of nutrition makes a big difference in diet quality. The positive effects of income and education on diet quality found in previous studies are really due to the positive effects of these factors on nutrition information. For example, individuals who have completed more education or who have high incomes may be able to gain more health information that they can incorporate into a diet.

Informational differences also explain the effects of gender, race, ethnicity, and employment status on diet quality. Women have a higher awareness of healthier eating habits than men, and this shows up in an HEI 5 points higher for women than for men. Blacks and Hispanics are handicapped by a lack of accessibility to nutrition information. The study shows that if nutrition information levels were brought up to that of whites or non-Hispanics, other factors being equal, then blacks and Hispanics would have significantly improved diets.

The report makes a strong case that information and knowledge are the “keys that will unlock the door to better diets and in turn better health, longer lives, and children with improved cognitive and learning abilities.” The full report can be accessed on USDA’s Economic Research Service web page at: <http://www.econ.ag.gov/epubs/pdf/tb1866/>

Network Update

NETWORK UPDATE

Interviews with four key community collaborative leaders were completed by Network members in late April. The goal of this effort was to help identify influencing and inhibiting factors in successful local collaborative planning of food stamp nutrition as well as assist the Network in determining what it can do from a state perspective to encourage and expand community collaborative planning. Findings and recommendations from these interviews have been summarized and consolidated into a final report entitled: *Influencing and Inhibiting Factors in Successful Local Collaborative Planning of Food Stamp Nutrition Education*. For a copy of the report summary, please contact: Kate Pederson, WI Nutrition Education Network Coordinator, phone: (608) 265-2108 or e-mail: pederson@nutrisci.wisc.edu.

The next major effort of the Network will be the development of a web-based resource guide with links to the WIC program, Wisconsin Nutrition Education Program (WNEP), Department of Public Instruction, and the Wisconsin Bureau on Aging. Through identification and sharing of nutrition education resources, the Network’s vision is to enhance and expand the current reach of nutrition education to Wisconsin’s limited income audiences. The guide and other resources for strengthening nutrition education programs and local collaborative planning will be featured at a statewide conference tentatively scheduled for February, 1999. Watch for details in the next issue of *Nutri-Net News*.

OUR MISSION:

The Nutrition Education Network of Wisconsin facilitates collaborative planning of nutrition education programs at the state and local levels. We promote healthful and enjoyable eating so that Wisconsin’s low income individuals and families receive consistent, positive, relevant, accurate, and effective nutrition messages.

Nutri-Net News is one way that the Network shares information and resources to accomplish this mission.