

“Health” in Health Care – Nutrition, Prevention, and Wellness Practices
Written Testimony Submitted by
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Subcommittee on Department Operations, Oversight, Nutrition and Forestry

Good morning and thank you Chairman Baca and Congressman Fortenberry. My name is Pam Edwards. I am a Registered Dietitian and am the Assistant Director of University Dining Services at The University of Nebraska-Lincoln. I am also currently the President-Elect of the Nebraska Dietetic Association and speak on behalf of 600 dietitians who are Nebraska’s food and nutrition experts. I thank you for the opportunity to address the role nutrition, diet, and Registered Dietitians play in the prevention of obesity and chronic diseases and the expanding role of local foods in wellness.

Nutrition and diet have a significant impact on the leading causes of death in the United States (U.S.) and many of these are also considered chronic diseases.

- Heart disease
- Cancer
- Stroke
- Diabetes
- Pulmonary disease
- Liver disease
- Kidney disease
- Pneumonia and influenza
- Prenatal complications
- Septicemia

Chronic diseases are the most common and costly of all health problems. Half of all Americans suffer from chronic diseases and alarmingly seven of 10 die from them. The good news is that we can prevent some of these diseases and delay the onset of others. Diet is a key component of this prevention. For example, pre-diabetes is a condition in which the blood sugar level is higher than normal, but not high enough to be classified as type 2 diabetes. Research has shown that nutrition therapy by Registered Dietitians is more effective than medication in slowing and/or preventing type 2 diabetes. Another example is heart disease. For every dollar spent on medical nutrition therapy provided by a Registered Dietitian, three dollars are saved.

The alarming rate of overweight and obesity throughout all ages has exacerbated all of the chronic conditions. Two out of every three adult Americans are reported to be overweight or obese while one out of every three children is overweight or at risk for being overweight. There has been a steady increase in the percent of Nebraskans who are obese (BMI 30 and above) from 16.3 percent in 1995 to 27.2 percent in 2008.

The dilemma today is our population is overfed and undernourished. This paradox is the most significant nutrition problem facing the nation. Data shows that after the age of eight the percent of children consuming the daily recommended intake of key nutrients drops significantly. (See attached chart) But at the same time obesity in children continues to increase. These are problems that defy an easy cure.

Prevention is the answer. Nutrition is a key component of prevention because diet prevents and/or delays the onset of both chronic diseases and obesity. We know that it is better to prevent obesity and chronic diseases, rather than to have to treat them.

Thus focusing on our children's nutrition and health is critical. Poor eating practices begin in childhood. These poor eating practices include consuming too many calories, too much saturated fat and trans fat, too much sodium, and too many refined grains and sugars. At the same time we are eating too few fruits, vegetables, whole grains, and legumes. The Center for Disease Control reported that 60 percent of U.S. children and adolescents eat more than the recommended daily amounts of saturated fats. Only one out of four U.S. and Nebraska adults and one out of five U.S. children are eating the recommended amounts of fruits and vegetables.

The overall strategy for prevention should center on plant-based foods (fruits, vegetables, whole grains, nuts, seeds, and legumes) enhanced by lean meats, fish, poultry and eggs, healthy fats and oils, low-fat and fat-free dairy and occasionally refined grains, sweets, and salt. Including a variety of these foods as part of healthful eating practices is recommended so that complex carbohydrates, healthy fats, protein, vitamins, minerals, phytonutrients and fiber are obtained through the food eaten.

The American Dietetic Association's (ADA) research shows that American parents are reluctant to help their children because they don't know how to help and they are disengaged from their children's eating habits. Registered Dietitians (RDs) are uniquely trained to help parents; however, few people are referred to RDs because their services are rarely covered by insurance. Registered Dietitians are the food and nutrition experts and are uniquely trained to focus on nutrition and prevention. Using RD's expertise in counseling individuals of all ages about healthful nutrition practices will have a positive impact on reducing the incidence of obesity and chronic diseases in the U.S.

While there is understandably great concern about obesity and chronic disease, there is at the same time a surge of interest in good quality, safe, and local food occurring throughout the United States and Registered Dietitians are playing a leading role in reconnecting individuals of all ages to the food they eat. This includes teaching not only about the nutritional impact different foods have on health but also where and how food is grown and raised and how to prepare and experience the exciting taste of a variety of food. For we all know if food doesn't taste good it is not eaten and no nutritional benefits are received.

I will now focus on unique and practical approaches to prevention by Nebraska RDs. The first is my experience with a local foods university dining program. **Fresh locally-grown foods have a positive impact on wellness due to students eating more healthfully. Why? Because it tastes good and replaces higher calorie foods.**

Our program is known as *The Good. Fresh. Local. (GFL)-The University of Nebraska-Lincoln Sustainable Food Project.* This local foods residence hall dining and catering program began in September 2005 with the goals to:

- Promote the value of local (Nebraska) food
- Educate students about sustainable agriculture and the positive impact it can have on the environment, local economy, and communities
- Provide a new distribution opportunity for local farmers and producers in the world of university dining service

At the time *GFL* began there were approximately 200 college and universities throughout the United States with local foods programs on their campuses. This number continues to grow along with college students' consumption of and interest in local foods.

Examples of local foods served in the *GFL* program include a variety of fresh fruits and vegetables, pasture-raised ground beef and poultry, free-range eggs, organic oat flakes, natural pork, walnuts and pecans, homemade whole grain bread products, cheese, jams, honey and dressings. **Today the program includes approximately 75 Nebraska farmers/producers and manufacturers which is up from 25 when the program began.**

The popularity of the *GFL* program has grown each year with students proclaiming 'It's *GFL* time'. **Students have connected with local foods as evidenced by an average of 35 percent increased attendance when *GFL* meals are served. There has also been a marked expanded interest in eating fresh fruits and vegetables.** Students have willingly tried and enjoyed vegetables such as Swiss chard and beets along with purple carrots, broccoli and cabbage. **When students are asked why they are willing to try the various local fruits and vegetables – the simple response is "They just taste good." And when fruit and vegetables taste good – more are eaten, therefore having a beneficial impact on health and wellness.**

The overall goal is for the university students to incorporate these healthful nutrition practices so that when they graduate they will be moving in a direction of wellness and away from obesity and development of chronic diseases. Another major benefit of the *GFL* program is that students gain an appreciation for Nebraska agriculture in rural communities and begin to understand how the local foods market can improve and help sustain the wellness of our communities – economically, environmentally, and socially.

Nebraska RDs are involved in nutrition settings where program goals are aimed at prevention by increasing the consumption of fruits and vegetables and other types of

foods that result in healthful meal practices. The following highlight programs that increase the consumption of fresh fruits and vegetables including those with local food connections.

- **The USDA's Fresh Fruit and Vegetable Program (FFVP)** is administered by Bev Benes, RD, PhD, Director of the Nebraska Department of Education – Nutrition Services. The FFVP serves fresh fruits and vegetables to elementary school students as healthy snack options that are alternatives to snacks high in fat, sugar and salt. Participating schools must have at least 50 percent of students eligible for free and reduced-priced meals and the snacks are provided in addition to other school meal programs. **A goal of the FFVP is to help combat childhood obesity by teaching children the importance of developing healthy eating habits.** In addition, schools are required to provide nutrition education to accompany the snacks. Ideally, children will experience the great taste of a variety of fresh fruits and vegetables and will begin to include those as part of their eating practices for the rest of their lives. An exciting dimension of the FFVP is that schools can support local agricultural producers by buying fresh produce at farmers' markets, orchards, and growers in the school's community. By serving locally grown produce, schools can support their communities and also educate students about the local agriculture in their communities and state. In 2008/2009 Nebraska had 28 participating schools and there will be 59 schools participating in 2009/2010.
- A study to determine the impact of local fruits and vegetables on a school lunch program was conducted at the Central City Middle School in Central City, Nebraska. Because USDA now allows schools to purchase local produce, Joyce Rice, School Food Service Manager, wanted to determine if students would eat more fruits and vegetables if offered a variety of fresh local fruits and vegetables. The program goal was to increase fruit and vegetable intake for healthier students. The study was conducted during first semester 2008-2009 and involved 500 students from kindergarten through eighth grade. Local fresh fruits and vegetables were purchased from local growers in the St. Libory area. **The impact of the program resulted in fresh fruit and vegetable intake that increased by 199 percent by serving local fruits and vegetables.** Because of Nebraska's weather, the program was limited by the seasonality of local fresh fruits and vegetables
- The garden-to-school connection has been planted at Beattie Elementary School in Lincoln, Nebraska by Karen Creswell, MS, RD and Master Gardener. Elementary school children are taught about food through planting, tending, and harvesting produce from their school garden. This experience is enhanced by learning how to 'compose' a meal made of the following:
 - The cook, the food and the eaters
 - A balance of food groups 1-2-3-4-5
 - Inspiration from the season

- Flavor
- Variety and contrast

The overall goal of the program is to work with children on becoming 'skilled eaters' so they know how to handle themselves around new and strange food. This type of positive experience in a safe environment under the direction of a Registered Dietitian leads children toward to the development of a positive relationship with food 'from seed to plate'. When children can expand their food preferences they do better with eating for good health and good weight regulation.

- In July, 2008, the Nutrition and Activity for Health Program within the Nebraska Department of Health and Human Services was selected as one of 23 states to receive support from the Center for Disease Control (CDC) for chronic disease and obesity prevention. Work in these areas is centered on promoting healthy eating and physical activity and creating or enhancing environments and systems that support healthy eating and greater physical activity. **One of the focus areas of the funding is to make it easier for Nebraska residents of all ages to eat more fruits and vegetables. This is facilitated through CDC's *Fruits and Veggies – More Matters* initiative which encourages the consumption of fruits and vegetables by explaining the impact fruits and vegetables have on promoting good health and reducing the risk of chronic diseases – stroke, cardiovascular disease, and certain cancers.** Within the Nebraska Department of Health and Human Services, Holly Dingman, MS, RD serves as Coordinator for the Nutrition and Activity for Health program and the Coordinator for *CDC's Fruit and Veggies – More Matters* initiative. Holly has successfully collaborated with two different state agencies to promote more fruit and vegetable consumption in the following ways:
 - Supporting the Nebraska Department of Education with the Fresh Fruit and Vegetable Program (FFVP) for elementary school students.
 - Working with the Nebraska Department of Agriculture to start a weekly produce market outside the state office building designed so that state employees and individuals working in downtown Lincoln can purchase locally grown produce. This project demonstrates how two state agencies share a desire to improve the health of Nebraska residents and the economy of Nebraska agriculture.

Conclusion

Nutrition is the common denominator for preventing, decreasing, and treating chronic diseases which are the most common and costly of all health problems. The alarming rate of overweight and obesity has exacerbated all the chronic conditions. Registered Dietitians are uniquely trained to address these nutrition issues. And they are playing a leading role in reconnecting individuals of all ages to food and health.

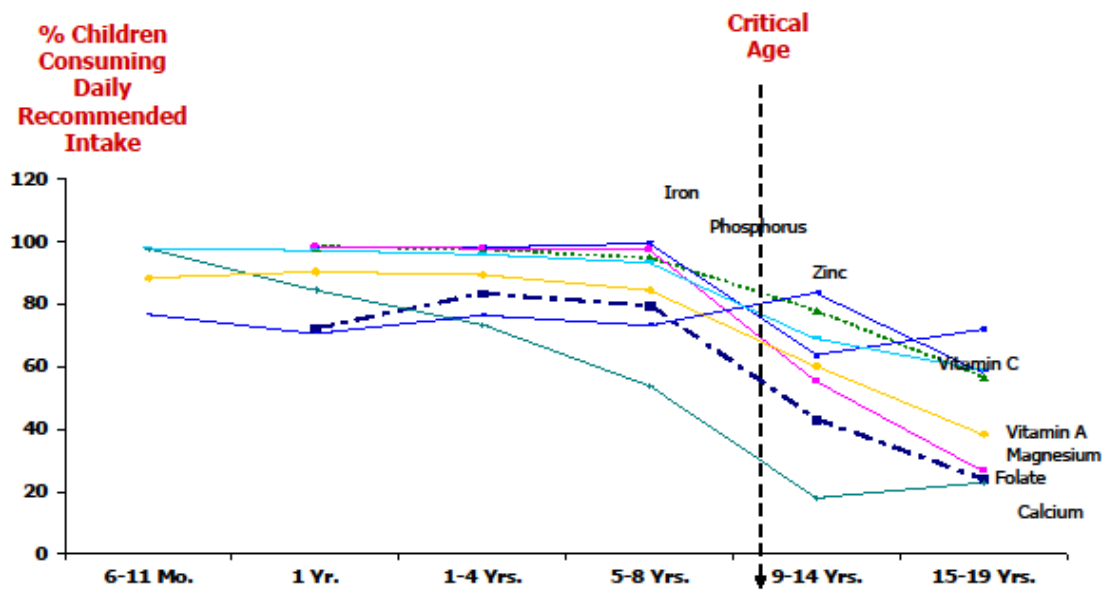
The best strategy for health must be prevention. Nutrition is key to prevention because diet prevents and/or delays the onset of both chronic diseases and obesity. The most effective time for this to begin is in childhood. Local food connections provide an exciting way to expose children to healthful foods that lead to wellness for life.

Note:

American Dietetic Association's research has documented that most Americans have no idea of their own nutritional status, weight or eating patterns. Even when a diet-linked condition as serious as pre-diabetes is identified, a patient is likely to encounter very real barriers to professional nutrition care and services. In other words, few people are referred to Registered Dietitians to begin with as their services are rarely covered by insurance. To explain: Medicare is the template for most insurance plans. Medicare currently covers screening for prediabetes. A patient can be tested as frequently as every six months to check his or her status. However, there is no referral – no covered care by Medicare or most private insurance – until prediabetes deteriorates to full blown diabetes. Only when the diagnosis has reached a dire situation will Medicare meet patients' needs through covered diabetes services. If the patient is very lucky his or her physician may send them to a Registered Dietitian for Medical Nutrition Therapy or an accredited Diabetes Self Management Training program.

A children's nutrition and activity program is being piloted that uses the expertise of Registered Dietitians. Thanks to the work of the Alliance for a Healthier Generation, a pilot program has been developed to help overweight children see their physicians and Registered Dietitians to learn better nutrition and activity habits. Several health insurance organizations are part of this ground-breaking effort which will reach nearly one million children during the first year. The long-term goal of the initiative is that within the first three years, 26 percent of all overweight children (approximately 6.2 million) will have access to the benefit.

Overfed But Undernourished



Data compiled by Dr. John Lasekan, Ross Labs
NHANES 1999-2000 and the Continuing Food Survey 1994-96, 1998

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