

Joint Position of the Maine Dietetic Association and the Maine School Food Service Association – Nutrition Services in Maine Schools

It is the position of the Maine Dietetic Association and the Maine School Food Service Association that Maine schools provide an environment to support nutrition education, encourage the consumption of healthy foods, and promote regular physical activity. In this context, the foods served within the school lunch program and competitive foods should exemplify what constitutes healthy foods. The Associations also believe that a comprehensive approach towards the improved health of our children needs to come from a partnership of the schools, parents, and community.

RATIONALE:

There is numerous evidence to support the worsening health and rising obesity in American children. Many children consume at least one third of their daily food intake in the school setting. Having healthy foods available could contribute to better nutrient intake and a more appropriate level of calorie consumption. Good nutrition provides the foundation for student growth, development, and learning. Healthy eating can improve academic performance, attendance, mood, alertness, and behavioral issues.

By the schools modeling healthy food choices, children will be receiving a message consistent with nutrition information taught in the classroom. Behavior changes are more permanent if there is the opportunity to put the information received into action. By children practicing healthy eating behaviors at school, they are more likely to extend these behaviors into the home and into later life.

Evidence also points to the need for children to be more physically active. Schools should provide adequate time for children to participate daily in moderately vigorous physical activity as recommended by federal guidelines (U.S. Surgeon General's Report; U.S. Dietary Guidelines)

RECOMMEDATIONS

Improve Nutrition Education

Nutrition education should be provided for not only children, but for school administrators, teachers, staff, food service personnel and parents. A qualified nutrition professional should be available as a consultant for each school district to assist the schools in developing and implementing school nutrition policies. At least one food service employee in each district should be certified as a nutrition specialist by the American School Food Service Association. (cont. Page 3)

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points of interest

- MDA/MSFAS joint statement
- MDA educational and business meeting
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A message from

Pam Stuppy, MS,RD,LD , President of the Maine Dietetic Association



MDA is on the move! About 20 members attended ADA's Food and Nutrition Conference and Expo in San Antonio at the end of October. It was a great opportunity to network, to expand our knowledge base about numerous topics, and to charge us up for the year ahead. A central theme that surfaced frequently was the important role nutrition professionals can play in the global concern of overweight adults and children. We are the credible nutrition resource that can lead the way to a healthier future!

It was also strongly noted that the obesity issue is multifaceted and needs to involve an assortment of approaches at many levels – personal, local/community, regional, national, and international. For those of you unable to attend the FNCE this year, mark your calendars for next October to go to Anaheim. After that, it's St. Louis and then Hawaii!

We also have two members who have been active in ADA for 50 years that were honored in San Antonio – Paula Allen and Carolyn Coco. Congratulations to you both for your dedication to the dietetics profession!

Another date to save is May 3 which will give you another chance to earn CEUs. We are planning an educational and business meeting in the Bangor area. Tentative plans are to have university graduate students and faculty present their research on a variety of topics. Lunch will be an all-MDA member business meeting to let you know what we are doing as an organization. In the afternoon, we will have an ADA-sponsored program called "New Practice Strategies to Increase Recognition and Value." There will be a concurrent learning and networking session for Diet Techs. We will let you know more details as the time gets closer.

For those of you who have not yet signed up for the MDA listserv, please do so. It is our only communication tool to keep you updated (besides the Newsletter) and some information needs to get to you in a more timely fashion.

Some very exciting news is the status of our recent position statement. After the defeat last spring of Rep. Sean Faircloth's bill to better control the quality of foods served in schools (specifically "competitive foods"), a commission was to be appointed by the legislators to research the health/weight status of Maine residents and to potentially revise Rep. Faircloth's original bill. MDA was asked to develop a position statement about foods served in schools to be submitted to the commission. We approached the Maine School Food Service for their input and ended up writing a joint position statement from the two groups.

It now appears that Rep. Faircloth will be writing a revised bill on his own and will be using our statement for this purpose. We will be posting the position statement on our website. Other states and ADA have shown an interest our statement for use as a prototype for other legislation. Thanks to all who were active in providing input for the statement. It was truly an exciting joint effort and shows what we can do as an organization to make positive changes!

A handwritten signature in cursive script that reads "Pam".

Position Statement (cont. from Page 1)

Putting the Value of Nutrition into Action

To reinforce nutrition education in the classroom, foods served in the school environment should model healthy eating. At minimum, this includes foods served in the school lunch program, a la carte items, foods served in school stores, and all vending machines on school property. It is suggested that each district develop a comprehensive policy regarding all foods offered on school grounds. This might include but not be limited to – fund raisers, reward systems in classrooms, concessions, school functions, corporate-sponsored teaching materials/promotionals/product giveaways.

Healthy foods would be defined as fruits, vegetables, whole grains, low fat animal protein foods, low fat dairy products, legumes/soy products, nuts, and seeds. Foods served would be relatively low in fat (especially saturated fat), sugar, and sodium (see Appendix for specific recommendations - pages 7 and 8).

This would exclude sodas, sports beverages, candy, a number of high fat/high sugar/nutrient-poor snack foods, and fortified foods that do not fit into one of the above food group categories. Adding vitamins and/or minerals to a basically unhealthy food does not change it into a healthy food. (Maine’s current interpretation of “foods of minimal nutritional value”, or the “5% rule”, allows less healthy foods that are fortified to be served).

Schools should not allow marketing of less healthy food items and should instead promote the consumption of healthy food choices.

Children bringing snacks or meals to school should be strongly encouraged to make healthy food choices.

Open campuses where students are allowed to leave school grounds, especially during lunch, appear to counter healthy food policies by creating competition from fast food restaurants and convenience stores. Students should be required to remain on school grounds at least during meal service.

Adequate time should be allowed for children to consume meals. The recommendation is to provide at least 20 minutes of actual eating time per meal (not counting time spent waiting in line for food). Schools should also limit interference from other student meetings occurring during the lunch period.

Recess is often after lunch, which means that children rush through their meals, consume inadequate amounts of food, or choose less healthy foods that are faster to eat. Changing the recess format, such as to before lunch, could improve eating habits.

Improve the Value Placed on Nutrition/School Lunch Program

Currently, many school food service programs are paralyzed by financial constraints relative to serving healthier foods. There needs to be increased value placed on the role nutrition plays in our children’s health, growth, and academic success. The School Lunch Program should be financially supported similar to the academic programs in the school – out of school budgets and not required to be self-sustaining or a profit generator for the school. This would reduce the need for serving less healthy foods that provide a greater cash revenue. Additionally, states currently making more dramatic improvement in serving healthy foods are getting a higher state reimbursement rate per meal than schools in Maine.

Priority should also be placed on financially supporting health/nutrition educators in the schools and for each district to have a food service director (not just a manager). Ideally, there should be a state-level Director of School Nutrition Services (preferably a registered dietitian) to coordinate what is happening throughout the

(cont. page 6)

The South Beach Diet — Lisa Drayer, MA, RD

The News:

The South Beach Diet is sizzling hot! But is it a safe, effective weight loss plan? Well, if the diet does make you sweat, it won't necessarily be from the exercise prescription (or lack thereof), but rather, the fact that your body loses water when you cut carbohydrates.

The Scoop:

The South Beach Diet is a very glitzy looking book -- which matches the glitzy image of the very fashion and health conscious city in South Florida. If we take a close look at The South Beach Diet (which is on the New York Times Bestseller list), we notice some striking similarities between this book and the Atkins diet: Both plans were developed by cardiologists looking to lose weight (and help patients lose weight too).

Both authors were dissatisfied with results of low-fat diets. Both plans have different phases, including a very low-carbohydrate first phase. The first phase on The South Beach Diet is a very strict phase of limiting carbohydrates (sound familiar?). During the second phase, you gradually add some of them back-but only the good ones. The third phase is for

life, and it allows you to add back even more carbohydrates, although an exact number is not specified.

As with most diets, there are pros and cautions:

South Beach Diet Pros

Positive research on diet. According to the author, in a 12-week study that involved 40 overweight individuals, those who followed The South Beach Diet lost an average of 13.6 pounds, almost double the weight lost by those following a low-fat American Heart Association diet. (Those on the AHA diet lost only 7.5 pounds). Additionally, he claims that the diet showed a greater decrease in the

waist/hip ratio, a risk factor for heart disease and diabetes, as well as improvement in triglycerides and the ratio of good-to-bad cholesterol.

Includes "good fats"; limits "bad fats." The diet, unlike Atkins, limits saturated fats (such as those found in butter, cream, red meats, and full fat dairy foods) and encourages the use of monounsaturated fats and polyunsaturated fats (found in vegetable oils, olive oils, fish, and nuts).

Includes "good carbs"; limits "bad carbs." The diet focuses on whole grain, high fiber carbohydrates

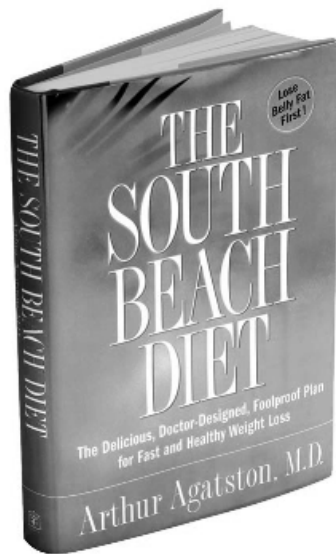
(such as whole grain cereals, rice, and pasta) and discourages the use of highly refined carbohydrates (such as sugary sweets and white bread).

Includes lean protein sources. The diet includes lean protein sources, such as fish, a source of omega-3 fatty acids. It also allows chicken, turkey, and low-fat cheese, and recommends limiting high fat meats.

Encourages six mini-meals. Agatston encourages eating three meals, two snacks, and dessert, which helps to control blood sugar levels and prevent cravings. This is especially important when carbohydrates are reduced, since carbohydrates help to maintain a steady supply of sugar in the blood.

South Beach Diet Cautions

Induces ketosis. This is an altered metabolic state when carbohydrates are not available to be used as fuel, and fat is burned instead. This phase causes water loss from the body, which helps to explain why anywhere from 8-14 pounds are lost during the first two weeks. However, being in this state can cause you to experience headaches, dizziness, bad breath, and a decrease in appetite. Additionally, the water loss, which is a side effect of ketosis, is not true body weight and it can lead to electrolyte imbalances, such as a loss of potassium if you are not adequately hydrated. The water loss may be exacerbated by the fact that caffeine is allowed



South Beach (cont. from Page 4)

on the diet.

Caution if kidney problem. Individuals considering the diet are warned if they have a kidney problem to check with their doctor first before starting the diet. Too much protein may be taxing on the kidneys, which is not a good thing if you already have kidney problems. Also, the loss of fluid during the first phase can be problematic if the kidneys can't conserve water when they need to in order to maintain fluid balance.

No calorie levels set. Weight loss will occur if you are consuming fewer calories than what you previously were consuming, yet there is no calorie limit to this plan. You are told to eat "normal-size" portions and you should "never feel hungry." But the truth is, if you're eating a cup of nuts, that can add anywhere from 600-800 calories to your diet, and that can obviously prevent you from losing weight. So while the diet suggests that you may have gone too far if you stop losing after eating an apple, two slices of bread, and a banana daily, it's important to look at what else you're eating that could be contributing to the lack of weight loss.

Relies on glycemic index theory. The glycemic index theory ranks foods according to their blood sugar response, but by following it, carrots, bananas, beets, and watermelon --all very nutritious foods --

should be limited or avoided since they produce a quick rise in blood sugar. These fruits and vegetables are low in calories and offer important vitamins and other health benefits. It's important to note that individuals process foods differently, and no one has really proven that the glycemic index of a food outweighs any other nutritional benefits it offers.

Phase 1 can be "addictive" and may lead to deprivation and weight gain. After Phase 1, individuals may experience a slower rate of weight loss during Phase 2, when carbohydrates are slowly added back to the diet. According to Agatston, people who are not satisfied with this "semi-plateau" often go back to Phase 1, which produces faster results but is very restrictive and difficult to follow for long periods of time. So people start to make up their own rules — a cookie each day doesn't seem to hurt, then it becomes two, then three, then maybe some chips... and then, ultimately, the result is that weight loss stops, or individuals may gain weight, to the point where they weigh more than they did before they started the diet.

The author himself admits himself that to a degree, failure comes because of the program's success-referring to the large drop in weight experienced in Phase 1.

The South Beach Diet: Is This Plan Right for Me?

If you are an "all or nothing" type person, then you may have difficulty on this diet, as you gradually add back bread, pasta, rice, fruit, and other carbohydrates that were "forbidden" during Phase 1. Before starting any diet, including The South Beach Diet, it is a good idea to meet with a registered dietitian, who can best determine your needs based on your medical history. For example, a dietitian can determine calorie level, and a recommend protein, fat, and carbohydrate intake.

Also, be sure to monitor weight loss. If you're losing more than 1 percent of your body weight per week — that's more than two pounds if you weigh 200 pounds — you can lose too much muscle, including heart muscle. So just be careful. In the beginning, a rapid drop is due to water loss, but if it persists at the same rate, you could be headed into a danger zone.

Lisa Drayer, MA, RD, is the Director of Nutrition Services for Diet-Watch.com. Lisa has provided nutrition counseling to clients, has written material for books and health Web sites, and has appeared in several national magazines and on television as an expert in the nutrition field.

Education

April 3, 2004 — Transitioning from Adolescence to Adulthood with Inborn Errors of Metabolism

Presenters include Fran Rohr, RD, Susan Waisbren, PhD, and Dianne Sullivan. Fran is the lead dietitian and Susan the psychologist in the PKU Clinic at Children's Hospital, Boston. Dianne is the mother of two adult children with PKU and a chef specializing in low protein cooking. Brochures will be available in February from Anne Littlejohn at Medical Care Development (207-622-7566 ext. 231). For more information, call Barbara Hall at 207-799-2136.

May 3, 2004 — MDA Educational and Business Meeting

To be held in the Bangor area. CEUs will be provided. Check the MDA Website, eatrightmaine.org, for further information.

Help prevent birth defects!

The handout included in this newsletter was distributed at the Maine Folic Acid Council Celebration Tea at the Blaine House on Oct. 29. Please pass this important information along to your clients and patients. For more information, contact your local March of Dimes, Spina Bifida Association, Healthy Mothers, Healthy Babies chapter or the Centers for Disease Control at:

www.cdc.gov/nchddd/folicacid

Position Statement (cont. from Page 3)

state and to serve as a state-wide resource. There should also be financial compensation for food service employees to obtain certification in nutrition. Food service employees should have time and financial compensation for periodic workshops on nutrition issues, similar to the workshops provided for classroom teachers.

At the state level, there should be funds allocated for a sufficient number of qualified personnel to regularly review whether nutrition recommendations are being met by each district. They would also serve as a resource for making improvements

Adequate time should be allotted in the curriculum for health, nutrition and physical activity education to emphasize their importance as life skills. Knowledge acquired by children from these classes could be elevated academically by including it as part of standardized testing.

Conclusion

There is already evidence of concern for the short and long-term health of our children. It is a critical time to take action and prioritize nutrition and physical activity. Our response needs to be a comprehensive approach that involves school administration and staff, parents, and the community. What a great gift we have the chance to give our children – the potential for a long and healthy life.

Appendix I — Specific Recommendations for Foods Allowed in Schools

Category	Foods Not Allowed	Foods Allowed
Beverages	Soft drinks, sports drinks, fruit punch, iced tea, other beverages containing caffeine (except chocolate milk) or added sugar, juices containing less than 50% real juice	Low fat and non-fat milk, soy milk, rice milk, and chocolate milk, juices containing $\geq 50\%$ real juice, bottled water or seltzer, other beverages without added sweeteners (natural or artificial)
Entrees/Side Dishes	Excessive portions * More than 30% of total calories from fat (excluding fat from nuts, seeds, peanut butter) More than 10% of calories from saturated fat More than 35% by weight of sugar (excluding sugars occurring naturally in fruit and dairy products)	Appropriate portions * All fruits, vegetables, legumes/soy products, lean animal protein foods, nuts, seeds, peanut butter, low or non-fat dairy products
Desserts/Snack Foods/Grain foods	Excessive portions * More than 30% of total calories from fat (excluding fat from nuts, seeds, peanut butter) More than 10% of calories from saturated fat More than 35% by weight of sugar (excluding sugar found naturally in fruit and dairy products)	Appropriate portions * Lower fat grain foods (preferably whole grain with at least 2gm fiber) such as some popcorn, some chips, some granola bars, some crackers, pretzels, low fat/low sugar baked goods, low sugar cereals Snacks or desserts with naturally occurring nutrients such as pudding, trail mix of grains/nuts/seeds and/or dried fruit, 100% fruit popsicles, lower sugar/lower fat cookies such as animal crackers, graham crackers, oatmeal raisin cookies, fig bars
Miscellaneous	Candy, regular chips, chewing gum	

* see portions defined in Appendix #2 **Note** - Schools should still be aware of the sodium content of foods and try to avoid excess; general guidelines might be to try to limit sodium to ≤ 360 mg per serving (see Appendix #3)

Appendix 2 — Portion Limits

Item	Maximum Portion
Entrees	Consistent with National School Lunch Program
Beverages (water not limited)	12 oz.
Yogurt (not frozen)	8 oz.
Frozen desserts/Ice cream	3 fl.oz.
Bakery Items Such as pastries, muffins, etc.	3 oz.
Cookies/Cereal bars	2 oz.
Snacks/Sweets Such as chips, crackers, popcorn, cereal, trail mix, nuts, seeds, dried fruit, jerky, etc.	1.25 oz.

Appendix 3 — Definition of “Healthy Food” as defined by the FDA’s Nutrition Labeling and Education Act of 1990 :

Healthy. A "healthy" food must be low in fat and saturated fat and contain limited amounts of cholesterol and sodium. In addition, if it's a single-item food, it must provide at least 10 percent of one or more of vitamins A or C, iron, calcium, protein, or fiber. Exempt from this "10-percent" rule are certain raw, canned and frozen fruits and vegetables and certain cereal-grain products. These foods can be labeled "healthy," if they do not contain ingredients that change the nutritional profile, and, in the case of enriched grain products, conform to standards of identity, which call for certain required ingredients. If it's a meal-type product, such as frozen entrees and multi-course frozen dinners, it must provide 10 percent of two or three of these vitamins or minerals or of protein or fiber, in addition to meeting the other criteria. The sodium content cannot exceed 360 mg per serving for individual foods and 480 mg per serving for meal-type products.

Note – the Nutrition Labeling Act 1994 defines “low fat” as ≤ 3 gm fat per serving and “low saturated fat” as ≤ 1 gm saturated fat per serving

Recommended Resources

CSPI School Foods Tool Kit

(<http://cspinet.org/schoolfoods>)

Position of the American Dietetic Association: Local support of nutrition integrity in schools. *J Am Diet Assoc.* 2000;100:108-111. (http://www.eatright.org/Public/GovernmentAffairs/92_adap0100.cfm)

Position Statement of the American Dietetic Association, Society for Nutrition Education, and the American School Food Service Association – Nutrition services: An essential component of comprehensive school health programs. *J Am Diet Assoc.* 2003;103:505-514. (http://www.eatright.org/Public/GovernmentAffairs/92_8243.cfm)

Policy Statement – American Academy of Pediatrics, Prevention of Pediatric Overweight and Obesity. *Pediatrics.* 2003;112(2): 424-430. (<http://aap.org/policy/s100029.html>)

California Center for Public Health Advocacy – National Consensus Panel on School Nutrition: Recommendations for Competitive Food Standards in California Schools. March 2002.

(http://www.publichealthadvocacy.org/school_food_standards/school_food_standards.html)

Resolution #10 (2002) – Maine Medical Association – Curtailing Childhood Obesity

MDA Board Directory

President

Pamela Stuppy
P.O. Box 251
York Harbor, ME 03911
W: 363-8392
H: 363-6433
pamstuppy@aol.com

President-Elect

Susanne D'Angelo
35 Justins Way
Freeport, ME 04032
H: 777-8613
sd'angelo@sochs.com

Secretary

Elizabeth Bagonzi
10 Charlotte Drive
Falmouth, ME 04105
W: 871-2511
H: 797-0972

Treasurer

Karen Schilling
55 Brookside Road
Portland, ME 04103
W: 871-2520
H: 773-9908

Delegate

Anne Marie Davee
28 Meadow Lane
Freeport, ME 04032
W: 885-7186
H: 865-4436
adavee@hannaford.com

Policies and Procedures

Suzanne Bazinet
8 Buena Vista Drive
Augusta, ME 04330-4002
H: 626-0313

National Legislation

Pat Watson
PO Box 297
Casco, ME 04105
W: 743-5933
H: 627-4425
watsonp@wmhcc.org

NSPS Chair

Sue Quimby/Judy Donnelly
Nutrition Works
499 Stevens Ave.
Portland, ME 04101
W: 772-6279

Council on Practice

Eileen Smith-Porter
1849 Ohio St.
Bangor, ME 04401
W: 973-8251
H: 945-5078
alphawulf@juno.com

COP Elect

Kathy Halpin
328 Woodville Road
Falmouth, ME 04105
W: 871-2511
H: 878-3276

Nominating Committee Chair

Chris Sady
295 Water Street
Augusta, ME
W: 626-5242
H: 236-2442
chris.sady@state.me.us

Nominating Committee

Mona Van Wart
HC 68 Box 101
Meddybemps, ME 04657
W: 454-9218
H: 454-8248

Nominating Committee

Sharon Spencer
Apt. 18
323 Husson Ave
Bangor, ME 04401
W: 973-8239
H: 947-4811

Website Coordinator

Public Relations Committee
Katharine Thompson
119 Whitten Hill Road
Kennebunkport, ME 04046
W: 283-0170 ext: 2216
H: 967-4901
kthompson@mailbox.une.edu

Career Opportunities

Karen Stewart
P.O. Box 64
Farmington, ME 04938
W: 779-2656
H: 645-5161
kstewart@fchn.org

State Legislation

Joan Atkinson
Muskie School
295 Water Street
Augusta, ME 04330
W: 626-5033

Licensure Liaison

Mary McHugh
6 Loveitt Street
S. Portland, ME 04106-3128
W: 283-7242
H: 767-3419
dt.mbm@smmc.org

Archives

Alola Morrison
1190 Center Drive
Orrington, ME 04474
H: 825-3735

Education

Adrienne A. White
12 Dodge Street
Bangor, ME 04401 or
5749 Merrill Hall
Orono, ME 04469-5749
W: 581-3134
H: 947-4379
awhite@umenfa.maine.edu

Public Relation Chair

Joan Herzog
16 Rocky Hill Road
Yarmouth, ME 04096
H: 846-0808

DTR Representative

Shirley Wallace
216 Alfred Street
South Portland, ME 04106
W: 871-2511
H: 799-8026

Media Representative

Southern Maine

Debbie Pepper-Dougherty
22 Wildwood Blvd
Cumberland Foreside, ME 04110
W: 854-3663
H: 781-4410

Communications Coordinator

Media Representative

Northern Maine

Marcia Kyle
PO Box 938
Rockport, ME 04856
W: 596-8535
H: 236-6838
bkyle@prexar.com

Hope to hear from you!

Have a question? An opinion? A comment? Even a disagreement?

This newsletter is your forum to discuss any subject of concern to our profession and our association. Brevity helps — use 200 words or less as a guideline.

MDA members also are invited to submit longer articles — book reviews, educational materials, anything in your area of practice — with 500 words a good rule of thumb. Plan on a Feb. 1 deadline. Please send your submissions to the eatrightmaine.mda editor at:

Marcia Kyle, RD, LD, CDE
P.O. Box 938
Rockport ME 04856
bkyle@prexar.com

MDA phone:

Debbie Pepper Dougherty
854-FOOD (3663)

eatrightmaine.mda

P.O. Box 938
Rockport ME 04856



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- Find-a-Dietitian
- Join MDA Listserve

Update the MNT Directory by contacting:

Sue Quimby or Judy Donnelly

Nutrition Works

499 Stevens Ave.

Portland ME 04103

Fax/w 207-772-6279

sboury@maine.rr.com

judyd@maine.rr.com