Strawberries, Blueberries May Cut Heart Attack Risk in Women

Eating three or more servings of blueberries and strawberries per week may help women reduce their risk of a heart attack by as much as one-third, researchers reported in Circulation: Journal of the American Heart Association (1).

Blueberries and strawberries contain high levels of naturally occurring compounds called dietary flavonoids, also found in grapes and wine, blackberries, eggplant, and other fruits and vegetables. A specific sub-class of flavonoids, called anthocyanins, may help dilate arteries, counter the buildup of plaque and provide other cardiovascular benefits, according to the study.

“Blueberries and strawberries can easily be incorporated into what women eat every week,” said Eric Rimm D.Sc., senior author and Associate Professor of Nutrition and Epidemiology at the Harvard School of Public Health in Boston, Mass. “This simple dietary change could have a significant impact on prevention efforts.”

Blueberries and strawberries were part of this analysis simply because they are the most-eaten berries in the United States. Thus, it’s possible that other foods could produce the same results, researchers said.

Scientists from the Harvard School of Public Health in the United States and the University of East Anglia, United Kingdom conducted a prospective study among 93,600 women ages 25 to 42 who were registered with the Nurses’ Health Study II. The women completed questionnaires about their diet every four years for 18 years.

During the study, 405 heart attacks occurred. Women who ate the most blueberries and

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strawberries had a 32 percent reduction in their risk of heart attack compared to women who ate the berries once a month or less – even in women who otherwise ate a diet rich in other fruits and vegetables.

“We have shown that even at an early age, eating more of these fruits may reduce risk of a heart attack later in life,” said Aedín Cassidy, Ph.D., lead author and head of the Department of Nutrition at Norwich Medical School of the University of East Anglia in Norwich, United Kingdom.

The findings were independent of other risk factors, such as age, high blood pressure, family history of heart attack, body mass, exercise, smoking, caffeine or alcohol intake.

The American Heart Association supports eating berries as part of an overall balanced diet that also includes other fruits, vegetables and whole-grain products. Eating a variety of foods is the best way to get the right amounts of nutrients.

Reference:


Vegetarianism Can Reduce Risk of Heart Disease By Up to a Third

Heart disease is the single largest cause of death in developed countries, and is responsible for 65,000 deaths each year in the UK alone. The new findings, published in the American Journal of Clinical Nutrition, suggest that a vegetarian diet could significantly reduce people's risk of heart disease (1).

'Most of the difference in risk is probably caused by effects on cholesterol and blood pressure, and shows the important role of diet in the prevention of heart disease,' explains Dr Francesca Crowe, lead author of the study at the Cancer Epidemiology Unit, University of Oxford.

This is the largest study ever conducted in the UK comparing rates of heart disease between vegetarians and non-vegetarians.

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Editor
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Vegetarian (Continued from page 2)

The analysis looked at almost 45,000 volunteers from England and Scotland enrolled in the European Prospective Investigation into Cancer and Nutrition (EPIC)-Oxford study, of whom 34 percent were vegetarian. Participants were categorized as vegetarian if they did not eat meat or fish. Such a significant representation of vegetarians is rare in studies of this type, and allowed researchers to make more precise estimates of the relative risks between the two groups.

The EPIC-Oxford cohort study was funded by Cancer Research UK and the Medical Research Council and carried out by the Cancer Epidemiology Unit at the University of Oxford.

Professor Tim Key, co-author of the study and deputy director of the Cancer Epidemiology Unit, University of Oxford, said: 'The results clearly show that the risk of heart disease in vegetarians is about a third lower than in comparable non-vegetarians.'

The Oxford researchers arrived at the figure of 32 percent risk reduction after accounting for factors such as age, smoking, alcohol intake, physical activity, educational level and socioeconomic background.

Participants were recruited to the study throughout the 1990s, and completed questionnaires regarding their health and lifestyle when they joined. These included detailed questions on diet and exercise as well as other factors affecting health such as smoking and alcohol consumption. Almost 20,000 participants also had their blood pressures recorded, and gave blood samples for cholesterol testing.

The volunteers were tracked until 2009, during which time researchers identified 1235 cases of heart disease. This comprised 169 deaths and 1066 hospital diagnoses, identified through linkage with hospital records and death certificates. Heart disease cases were validated using data from the Myocardial Ischaemia National Audit Project (MINAP).

The researchers found that vegetarians had lower blood pressures and cholesterol levels than non-vegetarians, which is thought to be the main reason behind their reduced risk of heart disease.

Vegetarians typically had lower body mass indices (BMI) and fewer cases of diabetes as a result of their diets, although these were not found to significantly affect the results. If the results are adjusted to exclude the effects of BMI, vegetarians remain 28 percent less likely to develop heart disease.

The findings reinforce the idea that diet is central to prevention of heart disease, and build on previous work looking at the influence of vegetarian diets, the researchers say.

Reference:

Source: University of Oxford Media; Jan 30, 2013; http://www.ox.ac.uk/media/news_stories/2013/130130.html
Regular consumption of deep-fried foods such as French fries, fried chicken and doughnuts is associated with an increased risk of prostate cancer, and the effect appears to be slightly stronger with regard to more aggressive forms of the disease, according to a study by investigators at Fred Hutchinson Cancer Research Center (1).

Corresponding author Janet L. Stanford, Ph.D., and colleagues Marni Stott-Miller, Ph.D., a postdoctoral research fellow and Marian Neuhouser, Ph.D., all of the Hutchinson Center’s Public Health Sciences Division, have published their findings online in The Prostate.

While previous studies have suggested that eating foods made with high-heat cooking methods, such as grilled meats, may increase the risk of prostate cancer, this is the first study to examine the addition of deep frying to the equation.

Specifically, Stanford, co-director of the Hutchinson Center’s Program in Prostate Cancer Research, and colleagues found that men who reported eating French fries, fried chicken, fried fish and/or doughnuts at least once a week were at an increased risk of prostate cancer as compared to men who said they ate such foods less than once a month.

In particular, men who ate one or more of these foods at least weekly had an increased risk of prostate cancer that ranged from 30 to 37 percent. Weekly consumption of these foods was associated also with a slightly greater risk of more aggressive prostate cancer. The researchers controlled for factors such as age, race, family history of prostate cancer, body-mass index and PSA screening history when calculating the association between eating deep-fried foods and prostate cancer risk.

“The link between prostate cancer and select deep-fried foods appeared to be limited to the highest level of consumption – defined in our study as more than once a week – which suggests that regular consumption of deep-fried foods confers particular risk for developing prostate cancer,” Stanford said.

Possible mechanisms behind the increased cancer risk, Stanford hypothesizes, include the fact that when oil is heated to temperatures suitable for deep frying, potentially carcinogenic compounds can form in the fried food. They include acrylamide (found in carbohydrate-rich foods such as French fries), heterocyclic amines and polycyclic aromatic hydrocarbons (chemicals formed when meat is cooked at high temperatures), aldehyde (an organic compound found in perfume) and acrolein (a chemical found in herbicides). These toxic compounds are increased with re-use of oil and increased length of frying time.

Deep frying can result in the formation of potentially carcinogenic compounds in food, which may be the mechanism behind the link between fried foods and prostate cancer.

Foods cooked with high heat also contain high levels of advanced glycation endproducts, or AGEs, which have been associated with chronic inflammation and oxidative stress. Deep-fried foods are among the highest in AGE content. A chicken breast deep fried for 20 minutes contains more than nine times the amount of AGEs as a chicken breast boiled for an hour, for example.

Prostate Cancer continued on page 5
For the study, Stanford and colleagues analyzed data from two prior population-based case-control studies involving a total of 1,549 men diagnosed with prostate cancer and 1,492 age-matched healthy controls. The men were Caucasian and African-American Seattle-area residents and ranged in age from 35 to 74 years. Participants were asked to fill out a dietary questionnaire about their usual food intake, including specific deep-fried foods.

“To the best of our knowledge, this is the first study to look at the association between intake of deep-fried food and risk of prostate cancer,” Stanford said. However, deep-fried foods have previously been linked to cancers of the breast, lung, pancreas, head and neck, and esophagus.

Because deep-fried foods are primarily eaten outside the home, it is possible that the link between these foods and prostate cancer risk may be a sign of high consumption of fast foods in general, the authors wrote, citing the dramatic increase in fast-food restaurants and fast-food consumption in the U.S. in the past several decades.

Reference:


Diet May Not Impact Certain Health Outcomes in Older Persons

Eating diets high in sugar and fat may not affect the health outcomes of older adults ages 75 and up, suggesting that placing people of such advanced age on overly restrictive diets to treat their excess weight or other conditions may have little benefit, according to researchers at Penn State and Geisinger Health System (1).

"Historically, people thought of older persons as tiny and frail," said Gordon Jensen, head of the Department of Nutritional Sciences at Penn State, "but that paradigm has changed for many older persons. Currently, 30 percent or more may be overweight, and by 2030, almost 30 percent are projected to be obese, not just overweight. Recent reports even suggest that there may be survival benefits associated with overweight and mild obesity status among the elderly."

"We all know that adverse dietary patterns, such as a Western diet containing high amounts of fat or a diet containing high amounts of refined sugar, both of which may contribute to obesity, are associated with adverse medical conditions and health outcomes for many people, but until now, the health effects of these types of poor diets have not been characterized for people who live to 75 years of age and older," said Pao Ying.
Hsiao, postdoctoral fellow at Penn State.

The team's research is part of a decades-long collaborative study between Penn State and the Geisinger Health System on the effects of nutritional status and diet on the health of more than 20,000 older people living in Pennsylvania. In the current study, the team followed 449 individuals for five years who were on average 76.5 years old at the beginning of the study.

"This is one of the first studies to examine obesity-related health outcomes and dietary patterns in such aged persons," Jensen said.

At study baseline, the team assessed the participants' dietary patterns by calling each of them by telephone four or five times during a 10-month period and asking them about their diets over the previous 24 hours. The participants were categorized as adhering to one of three different dietary patterns. The "sweets and dairy" pattern was characterized by the largest proportions of energy from baked goods, milk, sweetened coffee and tea and dairy-based desserts, and the lowest intakes of poultry. The "health-conscious" pattern was characterized by relatively higher intakes of pasta, noodles, rice, whole fruit, poultry, nuts, fish and vegetables, and lower intakes of fried vegetables, processed meats and soft drinks.

The "Western" pattern was characterized by higher intakes of bread, eggs, fats, fried vegetables, alcohol and soft drinks, and the lowest intakes of milk and whole fruit.

Using outpatient electronic medical records, the researchers identified whether the participants developed cardiovascular disease, diabetes mellitus, hypertension (high blood pressure) and metabolic syndrome during the five-year period. They found no relationship between dietary pattern and prevalence of cardiovascular disease, diabetes, metabolic syndrome or mortality in the participants; however, they did find an increased risk of hypertension in people who followed the "sweets and dairy" pattern.

The results appeared in the Journal of Nutrition Health and Aging.

"We don't know if the participants had been following these dietary patterns their entire adult lives, but we suspect they had been because people don't usually change dietary practices all that much," Jensen said. "The results suggest that if you live to be this old, then there may be little to support the use of overly restrictive dietary prescriptions, especially where food intake may already be inadequate. However, people who live on prudent diets all their lives are likely to have better health outcomes."

Reference:

Low Vitamin D Levels May Increase Risk of Type 1 Diabetes

Having adequate levels of vitamin D during young adulthood may reduce the risk of adult-onset type 1 diabetes by as much as 50 percent, according to researchers at Harvard School of Public Health (HSPH). The findings, if confirmed in future studies, could lead to a role for vitamin D supplementation in preventing this serious autoimmune disease in adults (1). The study was published in the American Journal of Epidemiology.

“It is surprising that a serious disease such as type 1 diabetes could perhaps be prevented by a simple and safe intervention,” said lead author Kassandra Munger, research associate in the Department of Nutrition at HSPH.

This study provides the strongest findings to date to suggest that vitamin D may be protective against type 1 diabetes.

In type 1 diabetes (once called juvenile-onset or insulin-dependent diabetes), the body’s immune system attacks and permanently disables the insulin-making cells in the pancreas. About 5 percent of the estimated 25.8 million people in the United States with diabetes have type 1, according to the American Diabetes Association. Although it often starts in childhood, about 60 percent of type 1 diabetes cases occur after age 20.

Previous studies have suggested that a shortage of vitamin D might boost type 1 diabetes risk, although those studies mostly examined the link between vitamin D levels in pregnancy or childhood and the risk of type 1 diabetes in children. Other research, in young adults, uncovered an association between high vitamin D levels and a lowered risk of multiple sclerosis—an autoimmune disease genetically and epidemiologically related to type 1 diabetes—suggesting that inadequate vitamin D in adulthood may be an important risk factor for autoimmune diseases in general.

The researchers conducted a prospective case-control study of U.S. military personnel on active duty, using blood samples from the Department of Defense Serum Repository, which contains more than 40 million samples collected from 8 million military personnel since the mid-1980s. Identifying 310 individuals diagnosed with type 1 diabetes between 1997 and 2009, the team examined blood samples taken before onset of the disease, and compared the samples with those of 613 people in a control group.

The researchers found that white, non-Hispanic, healthy young adults with higher serum levels (>75 nmol/L) of vitamin D had about half the risk of developing type 1 diabetes than those with the lowest levels of vitamin D (<75 nmol/L). Although the researchers found no significant association among Hispanics and blacks, the authors said this may be due to the small number of individuals in these groups.

“The risk of type 1 diabetes appears to be increased even at vitamin D levels that are commonly regarded as normal, suggesting that a substantial proportion of the population could benefit from increased vitamin D intake,” said Alberto Ascherio, professor of epidemiology and nutrition at HSPH, the study’s senior author.

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Vitamin D Potency Varies Widely in Dietary Supplements

Vitamin D supplement potency varies widely, and the amount of vitamin D in over-the-counter and compounded supplements does not necessarily match the amount listed on the label, according to a research letter published in the journal JAMA Internal Medicine (1).

The analysis showed that the amount of vitamin D present varied widely from the amount listed on the label, and among different pills from the same bottle.

“We were surprised by the variation in potency among these vitamin D pills,” says Erin S. LeBlanc, MD, MPH, lead author and investigator with the Kaiser Permanente Center for Health Research in Portland, Ore. “The biggest worry is for someone who has low levels of vitamin D in their blood. If they are consistently taking a supplement with little vitamin D in it, they could face health risks.”

According to a recent editorial in the New England Journal of Medicine, more than 100 million Americans spend a combined $28 billion on vitamins, herbs and supplements each year (2). The U.S. Food and Drug Administration is considering new safety guidelines for some supplements but, for the most part, the industry remains unregulated.

Some manufacturers participate in a voluntary quality verification program operated by the U.S. Pharmacopeial Convention — an independent, nonprofit organization that sets public standards for the quality of dietary supplements. In order to receive the USP verification mark, manufacturers’ facilities undergo annual good manufacturing-practice audits, and their products are

Reference:


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tested for quality, potency and purity. Dr. LeBlanc and her colleagues included one supplement from a USP Verified manufacturer in their sample. They found the amount of vitamin D in pills from that bottle was generally more accurate than the other bottles tested.

“The USP verification mark may give consumers some reassurance that the amount of vitamin D in those pills is close to the amount listed on the label,” said Dr. LeBlanc. “There are not many manufacturers that have the USP mark, but it may be worth the extra effort to look for it.”

The researchers tested 55 bottles of over-the-counter vitamin D from 12 different manufacturers. The over-the-counter vitamin D pills used in the analysis were purchased at five different stores in Portland, Ore. The compounded vitamin D was made by a compounding pharmacy in Portland. The analysis was conducted by an independent lab in Houston.

Reference:


Physicians Admit Feeling Under Qualified and Lacking Necessary Education to Treat Obesity

Your primary care physician may be your first choice for assistance with most health-related issues, but according a new study led by researchers at the Johns Hopkins Bloomberg School of Public Health, primary care physicians agree they may not be the best health care professionals to give weight related counseling (1).

Researchers examined primary care physician perspectives on the causes of and solutions to obesity care and identified differences in these perspectives by number of years since completion of medical school. They found that only 44 percent of primary care physicians reported success in helping obese patients lose weight and that primary care physicians identified nutritionists and dietitians as the most qualified providers to care for obese patients. The results are featured the journal BMJ Open.

“In order to begin improving obesity care, medical education should focus on enhancing those obesity-related skills primary care physicians feel most qualified to deliver, as well as changing the composition of health care teams and practice resources,” said Sara Bleich, PhD, lead author of the study and an assistant professor with the Bloomberg School’s Department of Health Policy and Management. “With respect to training and practice-based changes, primary care physicians would like to see implemented, 93 percent reported that including body mass index (BMI) as a fifth vital sign would be helpful; 89 percent reported that including diet and exercise tips in patients’ charts would be helpful; 85 percent reported that having scales that calculate BMI...”

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would be helpful and 69 percent reported that adding BMI to patients’ charts would be helpful.”

Bleich and colleagues conducted a national cross-sectional survey of 500 general practitioners, family practitioners and general internists between February 9, 2011 and March 1, 2011. Researchers evaluated primary care physician perspective on the causes of obesity, competence in treating obese patients, perspectives on the health professional most qualified to help obese patients lose or maintain weight and solutions for improving obesity care. They found primary care physicians overwhelmingly supported additional training such as nutrition counseling and practice-based changes such as having scales report body mass index, improve obesity care. Primary care physicians with fewer than 20 years since completion of medical school were more likely to identify lack of information about good eating habits and lack of access to healthy food as important causes of obesity.

Bleich continues, “There are few differences in primary care physician perspectives about the causes of obesity or solutions to improve care, regardless of when they completed medical school, suggesting that obesity-related medical education has changed little over time. Physicians who completed medical school more recently reported feeling more successful helping obese patients lose weight. However, no matter when they completed medical school they overwhelmingly supported additional training and practice-based changes to help them improve their obesity care.”

Reference:


Research Shows Using Text, Color Makes Food Labels Easier to Understand

As the spotlight on healthy eating and nutrition grows ever-brighter, new research suggests that including colorful and graphic nutrition information on product packages helps consumers better understand the information (1).

According to a literature review conducted by RTI International, using text and color to describe the nutrient levels, rather than just numbers, is a more effective way to ensure consumers understand nutritional information.

A team of researchers found that when labels incorporated text and color to indicate “high,” “medium” or “low” levels of nutrients, they were easier for consumers to interpret than those that used only numbers, such as grams per serving or percent of Recommended Dietary Allowances.

The literature review, published in the January issue of Nutrition Reviews, systematically analyzed 38 studies on consumer responses to nutrition labels on the front of food packages and on grocery aisle shelves to determine which aspects of labels had the strongest impact on consumer attention, understanding and purchasing behavior.

In general, the studies suggest that labels on the front of food packages and on grocery aisle shelves can help consumers make better food choices. The results may help guide development of nutrition labels that quickly capture the attention of consumers and prompt them to pick healthier foods.

“As standards for nutrition front-of-package and shelf-labeling systems are considered, it is
important to know what is most effective in conveying scientifically accurate and useful information to consumers,” said James Hersey, Ph.D., a senior scientist at RTI International and lead author of the study.

This review uncovered a number of knowledge gaps. "Although some research suggests that summary systems may influence consumers to purchase healthier products, more research is needed to assess front-of-package and shelf nutrition labels effects on consumers' shopping and eating behaviors," said Kelly Wohlgenant, policy analyst at RTI and the study’s co-author.

The authors recommend that for the largest public health impact, nutrition label education and communication efforts should target consumers at high risk of obesity-related illness rather than those who are already focused on nutrition.

Reference:


Foods Identified as ‘Whole Grain’ Not Always Healthy

Current standards for classifying foods as “whole grain” are inconsistent and, in some cases, misleading, according to a new study by Harvard School of Public Health (HSPH) researchers (1). One of the most widely used industry standards, the Whole Grain Stamp, actually identified grain products that were higher in both sugars and calories than products without the Stamp. The researchers urge adoption of a consistent, evidence-based standard for labeling whole grain foods to help consumers and organizations make healthy choices. This is the first study to empirically evaluate the healthfulness of whole grain foods based on five commonly used industry and government definitions.

“Given the significant prevalence of refined grains, starches, and sugars in modern diets, identifying a unified criterion to identify higher quality carbohydrates is a key priority in public health,” said first author Rebecca Mozaffarian, project manager in the Department of Social and Behavioral Sciences at HSPH.

The study appeared in Public Health Nutrition.

The health benefits of switching from refined to whole grain foods are well established, including lower risk of cardiovascular disease, weight gain, and type 2 diabetes. Based on this evidence,

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the U.S. Department of Agriculture’s (USDA) 2010 Dietary Guidelines recommend that Americans consume at least three servings of whole grain products daily, and the new U.S. national school lunch standards require that at least half of all grains be whole grain-rich. However, no single standard exists for defining any product as a “whole grain.”

Mozaffarian and her colleagues assessed five different industry and government guidelines for whole grain products:

- The Whole Grain Stamp, a packaging symbol for products containing at least 8 grams of whole grains per serving (created by the Whole Grain Council, a non-governmental organization supported by industry dues)
- Any whole grain as the first listed ingredient (recommended by the USDA’s MyPlate and the Food and Drug Administration’s Consumer Health Information guide)
- Any whole grain as the first ingredient without added sugars in the first three ingredients (also recommended by USDA’s MyPlate)
- The word “whole” before any grain anywhere in the ingredient list (recommended by USDA’s Dietary Guidelines for Americans 2010)
- The “10:1 ratio,” a ratio of total carbohydrate to fiber of less than 10 to 1, which is approximately the ratio of carbohydrate to fiber in whole wheat flour (recommended by the American Heart Association’s 2020 Goals).

From two major U.S. grocers, the researchers identified a total of 545 grain products in eight categories: breads, bagels, English muffins, cereals, crackers, cereal bars, granola bars, and chips. They collected nutrition content, ingredient lists, and the presence or absence of the Whole Grain Stamp on product packages from all of these products.

They found that grain products with the Whole Grain Stamp, one of the most widely-used front-of-package symbols, were higher in fiber and lower in trans fats, but also contained significantly more sugar and calories compared to products without the Stamp. The three USDA recommended criteria also had mixed performance for identifying healthier grain products. Overall, the American Heart Association’s standard (a ratio of total carbohydrate to fiber of less than 10:1) proved to be the best indicator of overall healthfulness. Products meeting this ratio were higher in fiber and lower in trans fats, sugar, and sodium, without higher calories than products that did not meet the ratio.

References:

Dairy cows that are fed flaxseed produce more nutritious milk, according to a new study by Oregon State University (1).

Their milk contained more omega-3 fatty acids and less saturated fat, the study found. Diets high in saturated fat can increase cholesterol and cause heart disease, while those rich in omega-3 and other polyunsaturated fatty acids may reduce the risk of heart disease, studies have shown.

Traditional cattle feed mixtures of corn, grains, alfalfa hay and grass silage result in dairy products with low concentrations of omega-3 and other polyunsaturated fats, according to Gerd Bobe, the lead scientist on the study, which has been published online in the Journal of Dairy Science.

Ten pregnant cows at OSU’s dairy were fed different amounts of flaxseed – up to seven percent of their daily diet. Researchers attempted to pinpoint the amount of flaxseed that would maximize the amount of omega-3 in milk and dairy products without negatively affecting their production and texture.

"We were looking for a sweet spot," said Bobe, an expert in human and animal nutrition. "Too much of a good thing can be bad, especially when trying to maintain consistency with dairy products."

Collaborators in OSU's food science and technology department assisted in turning milk into butter and fresh cheese, which were then tested for texture and nutritional composition.

The study found that feeding cows up to six pounds of extruded flaxseed improved the fat profile without negatively affecting the production and texture of the milk and other dairy products. Extrusion presses raw ground flaxseed into pellets with heat.

At six pounds per day, saturated fatty acids in whole milk fat dropped 18 percent, poly-unsaturated fatty acids increased 82 percent, and omega-3 levels rose 70 percent compared to feeding no flaxseed. Similar improvements were observed in butter and cheese.

Still, saturated fat accounted for more than half of the fatty acids in the dairy products while the increase in polyunsaturated fats compromised no more than nearly nine percent of the total.

Researchers also noted that the refrigerated butter was softer and less adhesive thanks to fewer saturated fatty acids. Also, the cows produced the same amount of milk while eating flaxseed.

Although flaxseed costs more than traditional cattle feeds, Bobe hopes that it still could be an affordable feed supplement for cows because products enriched with omega-3 can sell for a premium at the grocery store.

"Many consumers already show a willingness to pay extra for value-added foods, like omega-3 enriched milk," he said.

One thing is for sure, he said: Dairy farmers will have no trouble convincing cows to eat flaxseed.

"They loved it. They ate it like candy," he said.

Cows continued on page 14
Which Foods Make Americans Ill? Whether Chicken or Salad, Food Safety at Home is Key to Avoiding Illness, Says Academy of Nutrition and Dietetics

A new study analyzing outbreaks of foodborne illness has found contaminated salad greens make the most people sick, but contaminated poultry have resulted in the most deaths (1). In light of this study by the Centers for Disease Control and Prevention, the Home Food Safety program—a collaboration between the Academy of Nutrition and Dietetics and ConAgra Foods—encourages Americans, rather than avoid certain foods, to practice safe food handling at home instead.

"While this study found produce accounted for nearly half of food poisoning illnesses, everyone should still eat plenty of fruits and vegetables," says registered dietitian and Academy Spokesperson Rachel Begun.

"Safe food-handling procedures can help protect you from foodborne illnesses while still allowing you to enjoy these tasty and nutritious foods."

"One of the most important things you can do to stay healthy is to wash your hands thoroughly for 20 seconds with soap and water, especially when it comes to the particularly nasty norovirus," Begun said. "The norovirus accounted for 46 percent of the illnesses according to this study, and while hand sanitizer is great to reduce the spread of some germs, research shows us that soap and water is best," she said.

Begun encouraged Americans to visit www.HomeFoodSafety.org for tips to reduce the risk of food poisoning, and offered the following advice:

**Produce**

- Properly wash all fresh fruits and vegetables, whether they have a peel or not, with cool tap water just before eating.

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Food Safety (Continued from page 14)

• Cut away any damaged or bruised areas before preparing or eating. Remove and discard outer leaves of lettuce.
• Dry produce with a clean cloth or paper towel to further reduce bacteria that may be present.
• Cut all fruits and vegetables on a separate cutting board from raw meats and fish. Color-coded cutting boards can help you remember which is which.
• Cook raw sprouts, such as alfalfa and clover, to significantly reduce the risk of illness.

Meat and Poultry

• When buying and handling meats, always look for the Safe Food Handling label on the package, and make sure the meat is tightly wrapped. At the grocery store, pick up the meat last and ask to have it bagged separately from other groceries to prevent cross-contamination.
• Store meat in the coldest part of the refrigerator at 40 degrees Fahrenheit or below. Use fresh, raw chicken within one- to two days of purchase, meats within three to four days, and throw away ground meats, sausage and organ meats after two days. Cooked meats should be eaten or frozen within three to four days.
• Wash hands thoroughly for 20 seconds before and after handling raw meat, and use a separate cutting board for raw meats and fish to avoid cross contamination.
• Defrost meats in the refrigerator or in the microwave by using the defrost setting. Never defrost on the counter. Cook meat that has been thawed in the microwave immediately and do not re-freeze thawed meat.
• Use a food thermometer to ensure meats are cooked to the safe minimum internal temperature. Find the correct temperature with the Is My Food Safe? app or the Safe Grilling Guide.

Learn more about food safety at www.HomeFoodSafety.org or by downloading the free Is My Food Safe? app, and encourage children to wash hands properly with the downloadable Hand Washing Maze.

Reference:

Source: Academy of Nutrition and Dietetics Media Press Room; Jan. 31, 2013; http://www.eatright.org/Media/content.aspx?id=6442474685#.URFiGejoU7B
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