

VISIONS

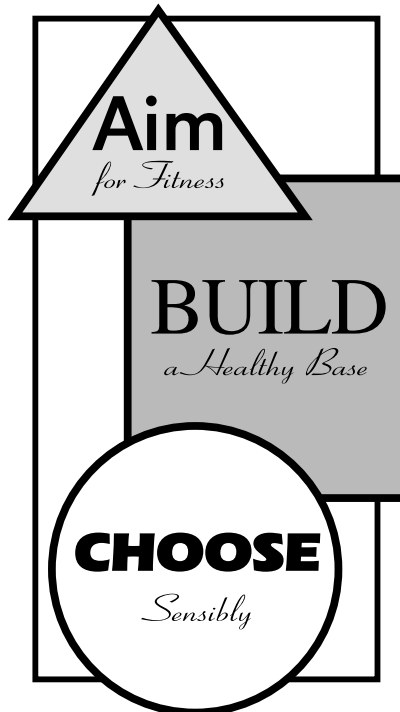
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New Dietary Guidelines for Americans

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Nutrition Extension Specialist

Everywhere you look it seems that someone is telling you how to eat for health. If this is one of your goals, you can easily find yourself confused as you attempt to determine what recommendations to follow. Should carbs be the basis of your diet or are they foods to avoid? Are fats friends or foes? Who can you believe? What many people don't know is that every five years the President of the United States appoints a committee of expert researchers to wrestle with the question, "Exactly what is a healthy diet?" This committee reviews the most current research and answers this question in a bulletin entitled the *Dietary Guidelines for Americans*¹. This bulletin is the U.S. government's policy on nutrition, and aims to provide sound and current advice to the public about food choices that promote optimal health. On May 30, 2000, the latest Dietary Guidelines were released.

Consumers have told nutritionists that they need practical advice, and they don't want to have to do math to figure out how to eat a healthy diet. It's clear from a review of the Dietary Guidelines bulletin that consumers have been heard. The bulletin is a colorful booklet, loaded with practical tips and charts that add clarity to the scientific recommendations offered. The need to be a math wiz in order to eat well has been minimized by including charts, pre-calculated recommendations, and illustrations that show



how many different foods you should eat from each food group. It also includes approximate daily caloric and fat needs for different gender, age, and activity groups.

The ten new guidelines have been tiered into three categories or main messages to teach you the ABC's for nutrition and health. Scientist listed the guidelines in the order they think will have the most impact on your health.

Aim for Fitness

Being overweight is a problem of epidemic proportions in the U.S. So, the

first two guidelines focus on weight management.

1. Aim for a healthy weight. This section of the bulletin recommends that consumers use body mass index (BMI) instead of weight in pounds to evaluate their weight. Consumers also are encouraged to use their waist measurement to assess their health. A step-by-step process for evaluating body weight and measuring waist circumference is provided. For those who need to trim down, weight-loss recommendations are now 1/2 to 2 lbs. per week. The bulletin provides healthful tips on how to manage your weight even if you are frequently eating away from home.

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2. Be physically active each day. Many people are surprised to learn that the recommendations for physical activity and exercise are not 3 times per week for 30 minutes, but every day for at least ½ hour...more if you've had to lose weight! There is a growing understanding of the health benefits of both vigorous as well as less vigorous activities. This section of the bulletin provides a detailed discussion of aerobic, strength, and flexibility activities that take into account personal activity preferences. Tips and ideas for including more activity in your life via formal exercise, recreational activity, and increased activity in daily routines are provided.

Build a Healthy Base

Scientists have recognized for some time that the key to a healthy diet lies in the strength of its foundation. This section of the bulletin teaches consumers how to ensure a strong foundation from the bottom up!

3. Let the pyramid guide your food choices. This recommendation uses the Food Guide Pyramid to encourage people to eat a variety of foods. The beauty of eating according to the pyramid is that it not only ensures variety, it also helps you get the nutrients you need. This section addresses dietary supplements—it points out the possibility of getting a toxic dose when certain nutrients are over-consumed and the lack of research on herbal supplements. It also explains how to use the Nutrition Facts Label, which is found on food packaging. Color codes are used to highlight which nutrients to limit and which to include sufficiently in one's diet.
4. Choose a variety of grains daily, especially whole grains. This guideline encourages consumers to eat whole grain foods, such as whole wheat bread, oatmeal, popcorn, and brown rice several times daily.
5. Choose a variety of fruits and vegetables daily. Scientists are identifying new health-enhancing components of fruits and vegetables on practically a daily basis. The guidelines are loaded with practical tips for helping consumers figure out how to eat a

minimum of 5 servings of these foods each day.

6. Keep food safe to eat. This guideline reflects the public's concern with food safety. Consumers are encouraged to fight harmful bacteria, viruses, parasites, and chemical contaminants by washing hands and food preparation areas often; separating raw, cooked, and ready-to-eat foods while shopping, preparing, or storing foods; cooking foods to safe temperatures; and refrigerating perishable foods promptly. Detailed instructions on performing these tasks effectively, as well as key contact information for specific food safety information, are provided.

Choose Sensibly

Many new tips and practical advice sections offer readers some welcome inspiration.

7. Choose a diet that is low in saturated fat and cholesterol and moderate in total fat. New scientific evidence suggests that the type of fat consumed may be of greater importance than the amount of fat consumed. The Dietary Guidelines suggest that consumers primarily concentrate on reducing their intake of saturated fat and cholesterol.
8. Choose beverages and foods to moderate your intake of sugars. Soft drinks, fruit punch and drinks, cakes, cookies, pies, dairy desserts such as ice cream, and candy are the major sources of added sugar in the U.S. Consumers are cautioned to consider sugar's negative impact on dental health and weight. Keep in mind that scientific research has not found that sugar affects children's behavior (hyperactivity) or learning patterns.
9. Choose and prepare foods with less salt. Many people can reduce their chances of developing high blood pressure by consuming less salt. Once again, this section is loaded with practical tips, as well as advice on determining where salt hides in food.
10. If you drink alcoholic beverages, do so in moderation. This guideline recognizes the potential health benefits of moderate alcohol consumption,

but also point out that most benefits were not evident until men were over age 45 and women over age 55. Further, moderate consumption is defined as 1 drink per day for women and 2 drinks per day for men. One drink equals 12 ounces of beer, 4 ounces of wine, or 1 ounce of liquor.

Want to learn more about the Dietary Guidelines for Americans? *Using the Dietary Guidelines for Americans*, as well as the complete 40-page booklet, *Nutrition and Your Health: Dietary Guidelines for Americans*, may be viewed and downloaded from the USDA Center for Nutrition Policy and Promotion website at www.usda.gov/cnpp. To purchase *Using the Dietary Guidelines for Americans* (\$.50 each) and/or the 40-page *Nutrition and Your Health: Dietary Guidelines for Americans, 2000*, (Item 147-G) (\$4.75 per copy), call the Federal Consumer Information Center toll-free at (888) 878-3256.

Reference:

1. Department of Agriculture and U.S. Department of Health and Human Services. *Nutrition and Your Health: Dietary Guidelines for Americans*. 5th ed. (2000). Home and Garden Bulletin No. 232.

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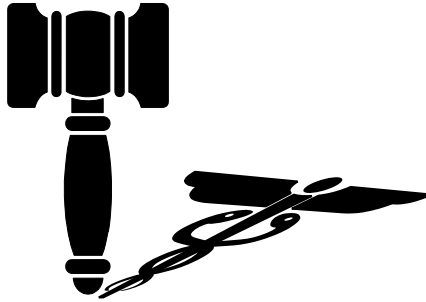
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New Jersey's Health Wellness Law Covers Prevention!

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New Jersey made national headlines on November 6, 2000 in the fight for a healthier America! On that date, the Health Wellness Promotion Act (HWP), with its annual prevention examination and preventive health schedule, became New Jersey law. The law requires managed care organizations in New Jersey to offer certain medical tests and an annual prevention examination to their participants. Other health insurers must cover the provisions of the HWP in basic policies. In other words, this annual prevention testing and examination is now covered under the premium you pay to health insurers or HMOs.

The HWP is the first of its kind in the nation! The Act is based on research that shows that certain medical tests and actions can save lives and are cost effective. The tests and actions of the HWP can help you live a longer, healthier life.



The HWP has two main parts: 17 tests and actions plus a patient-driven consultation period focused on areas of health promotion-disease prevention of importance to the individual. The 17 tests and actions include some tests as well as inoculations that your doctor must perform and some things that only you can do. Faculty from the University of Medicine and Dentistry of New Jersey (UMDNJ) determined what tests and actions are covered by the law.

Some health care providers may not yet know about the Act because the public education campaign is just beginning. Meanwhile, everyone can and should follow the part of the Healthful Life Program that is self-administered. Start today on the following:

- Always use your seat belt.
- Reduce or stop smoking.
- Exercise for your lower back daily.
- Weigh yourself a least monthly.
- Examine your breasts monthly if you are a woman age 30 or older.
- Examine your testicles monthly if you are a man age 20 or older.

To learn more about the tests and actions of the HWP, watch for information in your local newspapers and on television and radio programs. Check the HWP website at UMDNJ for more information: healthfullife.umdj.edu.

Many managed care organizations and health insurers already cover most of the Healthful Life Program tests. Ask your health care provider for the annual prevention examination. Increased public demand will make the HWP a reality for all New Jersey adults. New Jersey will serve as a model for other states!

Good Nutrition Helps to Reduce Health Care Costs. What Is Medical Nutrition Therapy?

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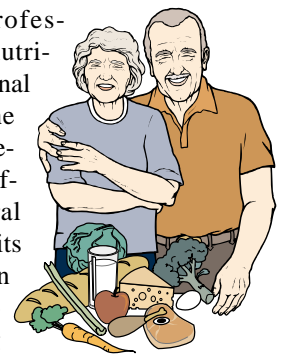
Medical Nutrition Therapy (MNT) is the assessment of the nutritional status of an individual with a condition, illness, or injury that requires diet therapy (now called *medical nutrition therapy*) as part of the treatment. The assessment includes review and analysis of medical and diet history, blood lab values, and height/weight measurements to determine nutritional status and treatment methods.

MNT ranges from diet modification, like a low sodium or diabetic diet, to specialized nutrition therapies, such as intrave-

nous feeding using a liquid nutritional product. MNT is the “therapy” used to manage health conditions or to treat illness that comes about when we cannot digest or tolerate the foods we eat. The components of MNT are:

Diet Modification and Counseling—For many individuals, the key component of MNT is the development of a personal diet plan. Common goals are improved blood sugar levels, reduced protein intake, or increased/decreased caloric intake. For example, an individual with Type II diabetes can often control their blood sugar levels without medication if the individual eats the right combination of foods, exercises daily, and receives counseling and diet instructions from a

nutrition professional. The nutrition professional meets with the individual one-on-one and often has several follow-up visits to check on progress toward meeting the MNT goals.



Specialized Nutrition Therapies—Nutrition professionals or physicians may identify special nutrition need. These needs may be met by: 1) nutrient supplementation using specific foods or formu-

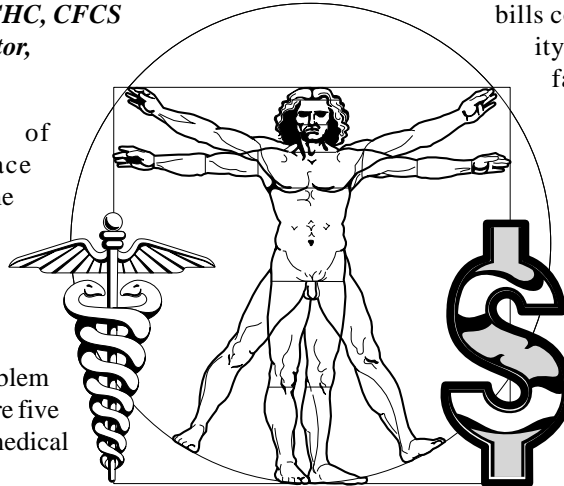
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How to Handle a Family Medical Crisis

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Each year, thousands of American households face a severe medical crisis. Some people are diagnosed with cancer, heart disease, or diabetes while others are severely injured in an automobile or work-related accident.

Almost as serious as a medical problem are its financial after-effects. Below are five tips for coping financially during a medical crisis:



1. Identify Primary and Secondary Costs –

Primary costs are out-of-pocket expenses for co-payments, deductibles, and physician and hospital bills not covered by health insurance. If you've never read the "fine print" of your health plan, now is the time to find out what is covered and what is not. For example, some traditional "fee for service" plans cover only 80% of the cost of radiation and chemotherapy and cancer patients are responsible for the balance. If these treatments cost \$50,000, you could be responsible for \$10,000 (20%). Secondary medical costs include mileage, parking, and tolls to travel to hospitals, increased telephone bills to call doctors and family members, and lost wages for the patient and/or their spouse. To "find" money to pay these secondary costs, you may need to reduce expenses elsewhere or tap household savings. If you are one of the 44 million Americans lacking health insurance, investigate charity care, Medicaid, and the New Jersey FamilyCARE program. For more information, check www.njfamilycare.org or call 1-800-701-0710.

2. **Keep Good Records** – Save every document related to your medical condition including diagnostic reports, medical bills, "explanation of benefits" statements from health insurers, and receipts or canceled checks for out-of-pocket expenses. If you belong to an HMO, save a copy of each referral form and note the expiration date and number of authorized visits to avoid a denial of claims. If you're scheduled for surgery or diagnostic tests, always ask if the procedure has been pre-certified.

3. **Don't Pay Bills Automatically** – Several recently published articles have reported that about 90% of hospital

bills contain at least one error and the majority of mistakes are made in the hospital's favor. Check all bills for medical services and ask for explanations about questionable items. Also beware of medical providers who agree to accept a contracted rate from a managed care plan and then bill patients for an additional amount. Some people pay bills that they are not responsible for. Review your health insurance and/or employee benefit documents. If certain expenses are supposed to be covered, call the medical provider and/or your insurance company and ask

why you received a bill.

4. **Consider Tax Benefits** – If unreimbursed medical costs exceed 7.5% of adjusted gross income, they can be included as an itemized deduction on federal income tax returns. Among the expenses that can be deducted are: medical insurance premiums, meals and lodging during treatment, transportation expenses, home improvements required for medical care, and prescription medicines. If your household income has decreased during a medical crisis and/or if you have a number of unreimbursed expenses, you may qualify. Save your receipts.

5. **Consider Family and Medical Leave** – For employees of companies with 50 or more workers (within a 75-mile radius of each other's work site) who lack employer-paid "sick days," family and medical leave can be used during a medical crisis to care for a family member or for oneself. Eligible employees can receive up to 12 weeks of unpaid leave per year and return to their previous (or a similar) job and maintain health coverage while they're away. This leave can be taken in small increments. For example, cancer patients can take a few days or a week off after each chemotherapy treatment. You do not need to use the 12 weeks all at once. Employees must generally provide their employers with 30 days' advance notice when their leave is "foreseeable." Another resource that provides ongoing income is individual or employer-paid disability coverage.

While medical bills are a common cause of financial distress, there are resources to assist affected families. Two good sources of information are hospital social workers and an employee's human resources office.

Folic Acid: Extra Health Insurance



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Are you getting enough folic acid? Most Americans are not getting enough folate to promote optimal health. Folic acid, supported by numerous scientific studies, provides important health benefits for everyone. It is wise for you to know if you are getting enough folic acid. Folic acid, a B vitamin that plays an important role in the production of normal red blood cell development, is also called folate or folacin. All adult men and women need 400 micrograms of folate in their diet each day.

For many years, we have known that a form of anemia called megaloblastic anemia can result if folate intake is inadequate. More recently, nutrition scientists discovered that too little folate in the

diet is linked to birth defects, heart attacks, stroke, and certain cancers like cervical, colorectal, or lung cancer. Women who could become pregnant are advised to consume foods rich in folates as well as take a folic acid supplement to reduce the risk of giving birth to babies who have birth defects of the brain and spine called neural tube defects (NTDs). Folate also may help prevent some other birth defects including cleft lip and palate.

Each year about 2,500 babies are born with NTDs. Spina bifida (a defect in which the spinal cord is not completely encased in bone) and anencephaly (a defect in which a major part of the brain never develops) are the most common NTDs. Babies who survive with NTDs will lack bowel and bladder control and many will be paralyzed from the waist down or suffer from mental retardation. The good news is that more than 70% of NTDs can be prevented with adequate folate intake. NTDs occur in the first few weeks of preg-

nancy before many women even realize that they are pregnant. Because half of all pregnancies are unplanned, the U.S. Public Health Service recommends that all women *capable* of becoming pregnant consume 400 micrograms (mcg) of folate daily from food and/or supplements.

With heart disease and stroke among the leading causes of death in the U.S., any protective factors that reduce risk of these are beneficial. Recent studies suggest that folate along with vitamins B-12 and B-6 may help prevent these diseases. It appears that individuals who have high levels of homocysteine (an amino acid that the body produces) in their blood have an increased risk of heart disease and stroke. When folate supplements are taken, the level of homocysteine in the blood drops. According to Dr. Jacob Selhub, Tufts University, folate is the

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Dietary Sources of Folic Acid

FRUITS:	Amount	Folic Acid	Percent DRI*
Orange Juice	1 cup	109 mcg*	27%
Frozen raspberries	1 cup	65 mcg	16%
Canned pineapple juice	1 cup	58 mcg	14%
Papaya	1 cup	49 mcg	12%
VEGETABLES & LEGUMES:			
Cooked lentils	½ cup	179 mcg	45%
Cooked spinach	½ cup	131 mcg	33%
Cooked black beans	½ cup	128 mcg	32%
Cooked white beans	½ cup	123 mcg	31%
Cooked asparagus	½ cup	121 mcg	30%
GRAINS & CEREALS:			
Total	1 cup	466 mcg	116%
Grapenuts	1 cup	402 mcg	100%
All-Bran	1 cup	301 mcg	75%
Ralston Bran Flakes	1 cup	173 mcg	43%
Wheat Germ	1/3 cup	108 mcg	27%
NUTS:			
Peanuts	1/3 cup	117 mcg	29%
Sunflower seeds	1/3 cup	109 mcg	27%
Trail mix	½ cup	54 mcg	13%

*mcg stands for micrograms

Source: Spina Bifida Association of America

** This percentage is based on the Daily Recommended Intakes.

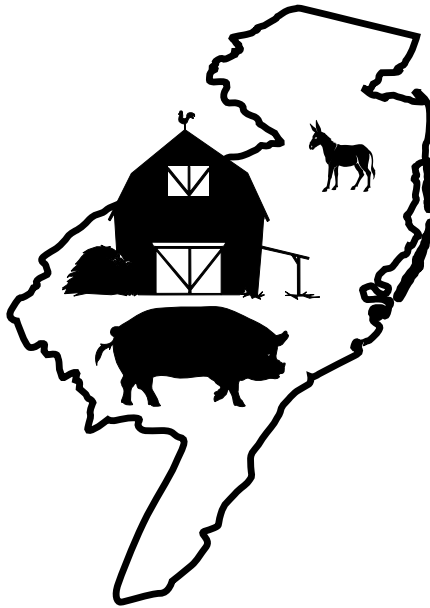
Does Your Neighborhood Know its Farmers? A Growing Initiative Says it May Be Worthwhile!

Luanne J. Hughes, MS, RD,
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Gloucester County

How familiar are you, your family, or your community with New Jersey agriculture and how it impacts your everyday life? In many ways, the future success of our communities can be cultivated by strengthening our connection with our agricultural roots. The goal of a national initiative called Community Supported Agriculture (CSA) that is gaining popularity throughout the country is to restore the “local connection” that once was common among farmers and consumers of food. CSA helps “re-connect” local consumers with local farmers – and the farm; promote a sense of family and community; honor the knowledge and experience of local growers and producers; and teach consumers how to improve diet quality by increasing consumption of locally grown agricultural products.

What is CSA and How Does it Work?

A CSA farm is made up of a community of individuals who pledge support to a farm operation so that the farmland becomes, either legally or spiritually, the community’s farm. Both growers and consumers provide mutual support and share the risks and benefits of food production. Typically, members or “share-holders” of the farm – or garden – purchase shares and/or contribute labor/services on the farm. In return for their money and/or labor/service investment, they receive shares in the farm’s bounty throughout the growing season, as well as satisfaction from reconnecting to the land and participating directly in food production. Members also share in the risks of farming. Through direct sales to community members, who have provided the farmer with working capital in advance, growers receive better prices for their crops, gain some financial security, and are relieved of much of the burden of marketing.



FCS Gives CSA a New “Twist”

Knowing where your food comes from is one way to explore food options and incorporate more fresh foods into your diets. Take, for example, a new program under development at Rutgers Cooperative Extension in Gloucester County. Called *From Our Farms*, it is designed to be both a community-based nutrition education and an agriculture awareness program for children. Its purpose is to teach children, ages 3 to 6, and their families about food, nutrition, and the farm.

Children and parents learn about food, nutrition, and the farm with *From Our Farms* learning boxes, which can be checked out from Gloucester County libraries. Learning boxes are themed learning kits aimed at children and their parents. The boxes include instructional materials that serve a variety of learning styles, including games, puppets, audio and/or videotapes, puzzles, and farm- and food-focused storybooks. Boxes also include family learning units developed by Rutgers Cooperative Extension. Family learning units (i.e., workbooks) contain a series of hands-on lessons and activities for parents and children to work on at home, in conjunction with the storybooks and other materials in the boxes.

Parents and children check-out the boxes and read stories and play games that teach about food, nutrition, and agriculture. Then, they complete a series of lessons and hands-on activities outlined in the family learning units. For example, they grow vegetables; visit local farms, farm stands, and grocery stores; taste and compare different varieties of peaches or tomatoes; pick and eat berries; and prepare basic meals and snacks.

Why a Farm/Food Focus for Nutrition Education in New Jersey?

True...New Jersey is one of the most densely populated states in the nation and only 20% of its land area designated for farming. However, despite its dense population and diminishing farmland, agriculture is the third-largest industry in the state.

With the initiation – and overwhelming public support – of New Jersey’s farmland preservation program, farms will continue to be a mainstay in the landscape of suburban New Jersey. However, the increasing population of once-rural areas also creates both challenges and obstacles for farmers and residents, alike.

From Our Farms may not meet the true textbook definition of CSA. It does not serve as a shareholder farm or farm market. What it does, however, is get the community involved in agriculture. In an era when consumers are becoming farther and farther removed from the basics of where their food comes from, the program’s agrarian and back-to-nature appeal has attracted the interest of parents, kids, community groups, civic organizations, farmers, and government officials alike.

For more information on CSA or the *From Our Farms* program, contact Luanne Hughes at hughes@aesop.rutgers.edu or Rutgers Cooperative Extension, 1200 N. Delsea Drive, Clayton, NJ 08312.

Good Nutrition Helps to Reduce Health Care Costs. What Is Medical Nutrition Therapy?

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las, 2) by enteral feeding delivered through a tube passed from the nose to the stomach/upper intestine, or 3) by parenteral feeding delivered by infusion through a vein. For example:

- Supplementation with medical foods may be appropriate for individuals with pressure ulcers (bed sores), chronic obstructive pulmonary disease, cerebral palsy, cystic fibrosis, muscular dystrophy, surgical patients with low biochemical values, and those who cannot digest adequate nutrients through food intake.
- Enteral nutrition may be used by those not able to eat or digest regular foods, such as individuals who have had strokes or head/neck injuries.
- Parenteral nutrition may be appropriate for patients with severe burns who need enough fluids, electrolyte minerals, and calories to recover. Parenteral feeding can help keep the patient from getting infections. It is also a good therapy for those with gastrointestinal disorders that prevent normal food consumption.

Evidence Mounts On the Effectiveness of MNT

In the Balanced Budget Act of 1997, Congress requested the Institute of Medicine (IOM) of the National Academy of Sciences report *The Role of Nutrition in Maintaining Health in the Nation's Elderly: Evaluating Coverage of Nutrition Services for the Medicare Population*. This study found that MNT was effective in the management and treatment of many chronic conditions that often affect elderly people. Medicare patients who receive MNT require fewer hospitalizations and medications and have fewer medical complications. Thus, the IOM recommended that MNT with physician referral be a covered insurance benefit of Medicare.

The Medicare MNT Act of 1999 Passes (H.R. 1187/S. 660)

The Medical Nutrition Act was signed into legislation on December 15, 2000. The Act provides coverage to senior citizens under Medicare Part B for MNT services referred by a physician and furnished by registered dietitians. Some

of the medical conditions now covered by this new legislation are hypertension, heart failure, diabetes, and chronic renal insufficiency. Medicare patients undergoing cancer treatment may also benefit from nutrition therapy aimed at controlling side effects or improving food intake. This legislation also establishes Registered Dietitians (RD) as the Medicare provider for MNT services for the treatment of diabetes, kidney disease, heart disease, stroke, high cholesterol and other life-threatening conditions. The coverage of this law goes into effect January 1, 2002.

To learn more about MNT, visit the American Dietetic Association web page: <http://www.eatright.org/gov/>

References

The ADA Advocacy Guide: "Effective Nutrition and Health Policy Beginning with You."

<http://www.eatright.org/gifs/advoguide.pdf>

Folic acid: Extra health insurance

(continued from page 5.)

most effective means of reducing elevated homocysteine levels.

Can folic acid fight cancer? The evidence is not strong, but the results of several studies are exciting. Women in the Nurses' Health Study and men in the Health Professionals Follow-Up Study who reported eating more folate-rich foods were less likely to develop colon cancer. In animal studies, the risk of colorectal tumors increased three to four-fold when folic acid was mildly depleted. Clinical trials are under way to

help us more fully understand folate's role in cancer prevention. In the meantime, the dietary recommendations to prevent cancer are eat fruit and vegetables rich in folate and go easy on animal fats.

To get a good dose of folate, eat five to nine servings of fruits and vegetables every day. Leafy vegetables, beans, whole grains, fortified breakfast cereals, and citrus fruits and juices are examples of foods rich in folates. Other sources of folate are listed on the chart on page 5.

References:

Folic Acid Fact Sheet. March of Dimes. Available at: <http://www.modimes.org/Programs2/FolicAcid/FASheet.htm>

Make "folacin" a household word. (1996) University of California at Berkeley Wellness Letter, 12(8).

Lieberman, B. (1995). Folic Acid: For the Young and Heart. Nutrition Action, 22 (7).

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