The Gist on GI, Part 1: Is the Glycemic Index a Useful Tool for Choosing a Healthy Diet?

Alexandra Grenci, MS, RD, CDE
Family & Community Health Sciences Educator,
Hunterdon County

Everyone is talking about it. You’ve heard the health claims: Eat a “low glycemic diet” and lose weight, decrease your risk of diabetes, prevent heart disease! Is the glycemic index just another diet fad or is it really the answer to America’s health woes, including alarming rates of obesity and chronic disease? In a two-part article, let’s examine the history and evidence behind the concept of the “glycemic index”.

The Glycemic Index: What does it mean?

The term “glycemic” refers to glucose, or blood sugar. The “glycemic index” (GI) is a measure of how foods, especially carbohydrate foods, (like starches, fruits, milk and sweets), cause blood sugar to rise after eating. The GI was originally developed over 20 years ago as a lab tool for researching diabetes diets and is popular in Europe and Australia. The amount of a food containing 50g of carbohydrate is fed to test subjects. Blood sugar levels are then measured about 2 hrs. after eating. This result is compared to that of a “standard food” (usually white bread or glucose). Individual foods can then be ranked by their “glycemic response”:

<table>
<thead>
<tr>
<th>Glycemic Response</th>
<th>GI Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low</td>
<td>0-55</td>
</tr>
<tr>
<td>Moderate</td>
<td>56-69</td>
</tr>
<tr>
<td>High</td>
<td>70+</td>
</tr>
</tbody>
</table>

Foods with a high GI, like white potatoes or corn flakes, are expected to raise blood sugar more than low GI foods, such as beans or bran cereals. Besides the GI, some researchers are now using the “Glycemic Load” (GL), which takes into account both the GI and total grams of carbohydrate in the portion of food eaten. The GL can be calculated for a meal or for a diet on average. Glycemic index data is available online and in some popular diet books. Table 1 shows some examples.

Table 1: Glycemic Index (GI) of Some Common Foods
(Source: The University of Sydney Online Database, at http://www.glycemicindex.com/)

<table>
<thead>
<tr>
<th>Food</th>
<th>GI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Corn flakes cereal</td>
<td>92</td>
</tr>
<tr>
<td>Brown rice</td>
<td>55</td>
</tr>
<tr>
<td>Boiled red-skinned potatoes</td>
<td>88</td>
</tr>
<tr>
<td>Pound cake</td>
<td>54</td>
</tr>
<tr>
<td>Whole wheat bread</td>
<td>77</td>
</tr>
<tr>
<td>Orange juice</td>
<td>53</td>
</tr>
<tr>
<td>Doughnut</td>
<td>76</td>
</tr>
<tr>
<td>Oatmeal</td>
<td>49</td>
</tr>
<tr>
<td>Pumpkin</td>
<td>75</td>
</tr>
<tr>
<td>Low-fat ice cream</td>
<td>43</td>
</tr>
<tr>
<td>Bagel</td>
<td>72</td>
</tr>
<tr>
<td>Premium ice cream</td>
<td>38</td>
</tr>
<tr>
<td>Table sugar (sucrose)</td>
<td>68</td>
</tr>
<tr>
<td>White spaghetti</td>
<td>38</td>
</tr>
<tr>
<td>Croissant</td>
<td>67</td>
</tr>
<tr>
<td>Whole wheat spaghetti</td>
<td>37</td>
</tr>
<tr>
<td>Angel food cake</td>
<td>67</td>
</tr>
<tr>
<td>Peanuts</td>
<td>15</td>
</tr>
<tr>
<td>Cola soft drink</td>
<td>63</td>
</tr>
<tr>
<td>Lettuce</td>
<td>10</td>
</tr>
</tbody>
</table>

What are the proposed health benefits of eating a low-glycemic index diet?

Most GI studies in the past have focused on improving blood sugar levels in people with diabetes. High GI foods reportedly cause higher blood sugar levels after eating, as well as a surge in insulin

continued on page 3.
25 Steps to Health and Wealth: The SSHW™ Workbook

Barbara O’Neill, Ph.D., CFP®, Extension Specialist in Financial Resource Management

Many Americans have concurrent health and financial “issues” such as obesity, diabetes, low savings rates, and high household debt. However, health and personal finances are generally treated as separate topics in educational programs. This is unfortunate because there are many parallels between factors (e.g., environment and goal setting) that foster good health and financial success. In addition, finances affect personal health status and vice versa. For example, poor health can lead to high medical bills and high medical bills can result in stress and/or delayed treatment.

People in poor health often spend thousands of dollars—money that could have been invested—on prescription drugs and health care costs. On the other hand, those who practice recommended health behaviors will more likely exceed average life expectancy and need a large retirement nest egg. Another health and wealth relationship is the sheer cost of unhealthy habits. Eliminate a $10 a day smoking, gambling, and/or junk food habit, for example, and you save $3,650 annually, plus interest. The Centers for Disease Control estimates that a 10% weight loss could reduce an overweight person’s lifetime medical costs by $2,200 to $5,300.

Rutgers Cooperative Extension’s Small Steps to Health and Wealth™ (SSHW) program was developed to motivate people to adopt behavior change strategies that simultaneously improve their health and personal finances. Its accompanying workbook and Web site include 25 behavior change strategies that can be applied to simultaneously improve both aspects of life. Program participants are encouraged to adopt 3 or 4 of the suggested strategies and develop a personal action plan to improve their health and/or finances.

Following is a list of the 25 SSHW behavior change strategies. Each one has a worksheet that participants can use to “personalize” it to their situation and formulate a personal action plan. Small Steps to Health and Wealth™ is unique in that it integrates financial and health topics (e.g., body mass index and 401(k) plans) that are typically discussed in separate venues. The focus of Small Steps to Health and Wealth™ is not on the subject matter, per se, but, rather, the motivational strategies that participants can adopt to improve their well being. Further information about SSHW™ can be found at www.rce.rutgers.edu/healthfinance/.

1. Track Your Current Behavior
2. Unload Your Childhood Baggage
3. Put Your Mind to It
4. Commit to Making a Change
5. Defy Someone or Defy the Odds
6. Think Balance—Not Sacrifice
7. Control Your Destiny
8. Make Progress Every Day
9. Get Help and Be Accountable
10. Meet Yourself Halfway
11. Say “No” to Super-Sizing
12. Convert Consumption into Labor
13. Compare Yourself with Recommended Benchmarks
14. Use Easy Frames of Reference
15. Automate Good Habits and Create Templates
16. Live “The Power of 10”
17. Take Calculated Risks and Conquer Your Fears
18. Appreciate Teachable Moments and Wake-Up Calls
19. Weigh the Costs and Benefits of Changing
20. Step Down to Change
21. Kick it up a Notch
22. Control Your Environment
23. Monitor Your Progress and Reward Success
24. Expect Obstacles and Prepare For Relapses
25. Set a Date and Get Started…Just Do It!

References


Daniel Hoffman, PhD
Department of Nutritional Sciences

Recently, major beverage manufacturers reported that they will no longer sell or market drinks that are sweetened or contain a large amount of calories in schools. They will, however, continue to sell low-fat milk, water and some fruit juices. This move has been prompted by legislation in some states that essentially outlawed the sale of soda in schools. This move is complemented by consumer groups asking the Food and Drug Administration (FDA) to place warning labels on cans of non-diet soda. This label would say something similar to “Drinking too much non-diet soda may contribute to weight gain” and would be placed on all soda containing calories. While increased soda consumption, especially among children and teens is contributing to increased prevalence of obesity in children, it may not be the only issue.

Soda is recognized by parents and schools as containing a high amount of sugar and being an unhealthy beverage for children to consume. Some school districts are starting to eliminate soda machines from the schools and many parents are likely to limit his/her child’s intake of soda, both regular and diet. While this can offer some benefit, it will only be realized if the soda is not replaced with another high calorie, high sugar beverage.

When a soda machine is replaced in a school district, it is even replaced by a juice or ice tea machine. Similarly, parents often encourage children to drink juice and prevent soda consumption. Unfortunately, even juice contains high amounts of sugar and may have as many calories as soda. Thus, substituting one for the other does not have a real impact on limiting the intake of sugar. While juices may offer some nutritional benefit compared to juice drinks with lower amounts of fruit juice, sweetened tea, or soda, these benefits are outweighed by the problems they bring if drunk in excess.

“So,” a parent may ask, “what are we supposed to offer our children?” For most children, milk is the best drink with meals. Remember that as children grow, the type of milk should change so that the fat content decreases as the child gets older. Generally, whole milk or 2% milk is appropriate for children less than 2 years and 1% or skim milk should be milk of choice from adolescence through adulthood... The other best option for non-meal beverages is either water or water mixed with juice to give it some flavor. This will satisfy the child’s thirst, but not add the unwanted calories to their diet.

The following are some items to offer and avoid for your children:

Items to Offer:
- Water- is non-caloric beverages that will help children maintain hydration while not adding calories to the diet. Water now comes in several flavored varieties which may make it more attractive to children. Some of the flavored varieties do not have additional calories. Check the food labels to see which ones are the healthiest.
- Reduced Calorie Fruit Juices- offer some nutritional benefit to children. Thus offering a reduced calorie version of 100% fruit juice in a limited amount may provide nutritional benefit to the child without providing a high amount of calories. Consuming these beverages must be done in moderation watching the serving size, because they contain calories and sugar.
- Reduced or Fat Free Milk- Milk contains calcium, which children do need. Thus offering a lowered fat and calorie version of these items may be beneficial to children. Like with reduced calorie fruit juices, these should also be consumed in moderation, sticking to the serving size. These items do contain good amounts of calcium and other needed nutrients and a reasonable amount of calories, so care must be used.

Items to Avoid:
1. Soda- Soda offers a high amount of calories, sugar, and often caffeine with no nutritional benefit.
2. Fruit Drinks and Sweetened Iced Tea- contain little nutritional value and a high amount of calories and sugar. They are not needed in the diet.

Calories from beverages, like calories from food, contribute to the overall caloric consumption each day. Often the drinking of calories is somewhat mindless and calories are quickly consumed in excess. Thus consuming the serving size of caloric beverages and drinking a higher number of non-caloric beverages is likely to offer health benefit.

The GIst on GI
continued from page 1.

production. It’s been suggested that high levels of insulin contribute to increased feelings of hunger, over-eating, fat storage, weight gain, cardiovascular disease and even some cancers. Popular diet books such as The Zone, Sugar Busters, and The New Glucose Revolution all capitalize on these proposed health effects of “good versus bad” carbohydrate foods, and American’s appear to be buying into it! But does scientific research really support these claims? Is a low-glycemic diet a safe and effective way to improve health? Learn more in Part 2 of “The Gist on GI” coming in the next issue of Visions.

Reference:
Healthy Eating As We Age

Karen Ensle EdD, RD, FADA, CFCS
Family and Community Health Sciences Educator, Union County

As we age, eating for health can be a challenge as we experience many body changes. Eating well is one factor that is important to staying mentally sharp, emotionally balanced, and energetic. Good health gives us a strong immune system and a positive outlook on life. Here are some obstacles that older adults need to address to maintain health:

• Lifestyle changes. Newly single seniors may not know how to cook or may not feel like cooking for one. Being on a limited budget requires careful planning of menus to make sure the diet is balanced, e.g., buying canned fruit if you cannot afford fresh fruit.
• Activity level. Older adults often cut back on activity for physical and medical reasons. Weight gain can result from fewer calories burned.
• Metabolism. Every year over the age of forty, our metabolism slows down. This means that even if you continue to eat the same amount and kinds of food you once did, you may gain weight due to burning fewer calories and being less physically active...
• Taste and appetite. The senses of taste and smell diminish with age which can often lead to using an excess of seasonings like salt and sugar. Medication can also cause changes in taste. Aging can cause loss of appetite which may be due to lifestyle, loneliness or a medical condition.
• Health issues. Physical ailments and prescription medications often negatively influence appetite. Talk to your doctor about overcoming side effects of medication or specific physical conditions.
• Digestion. Due to aging, there may be changes in the digestive system. Older adults can experience having less saliva and less stomach acid, making it more difficult for the body to absorb certain vitamins and minerals such as B12, B6 and folic acid. These vitamins are necessary to maintain mental alertness, a keen memory and good circulation.

• Emotional factors. Loneliness and depression can affect diet. For some, feeling down leads to not eating and in others it may trigger overeating. If emotional feelings are affecting your diet, it is important to talk to your doctor or a therapist.

Health concerns, including the increased risk of osteoporosis (fragile bones), can mean changes in diet and lifestyle are necessary as we age. Periodic review of your diet is always helpful, particularly if you have specific medical conditions. In general, some important guidelines include:

• reduce sodium (salt) to help prevent water retention and high blood pressure,
• monitor fat intake in order to maintain healthy cholesterol levels,
• consume more calcium and vitamin D from foods & beverages for bone health,
• eat more fiber-rich foods to prevent constipation,
• cut back on sugar and dry foods,
• make sure you get the recommended amount of important vitamins and minerals through food and possibly a one a day multi-vitamin,
• increase your water intake, and
• participate in regular physical activity.

There are numerous benefits of following a healthy diet. These include:

• increased mental awareness
• resistance to illness and disease
• higher energy levels
• a stronger immune system
• faster recuperation times,
• better management of chronic health problems.

To choose a healthy diet, learn the general dietary guidelines and recommendations in Healthy Eating: Guide to New Food Pyramids and Tips for a Healthy Diet. Consult your health care professional who can evaluate your specific nutritional needs based on your medical history and current health profile. Remember, your choice of foods each day is VERY important for maintaining good health as you age.

Web Watch 2

By Luanne Hughes, MS, RD
Family & Community Health Sciences Educator,
Gloucester County

Welcome to “Web Watch.” “Web Watch” features new and noteworthy web sites to help you on the road to health and wellness. Enjoy!!

Rutgers Cooperative Extension
www.rce.rutgers.edu

Whether you’re looking for the latest nutrition and food safety information or advice on improving the air quality in your house, this is the site to visit. Just click on “Extension,” then “Food, Health & Lifestyle.” That leads you to a wealth of fact sheets, lesson plans and related information.

Food Research and Action Center
www.frac.org/index.html

FRAC works to improve public policies to eradicate hunger and undernutrition in the US. FRAC is a nonprofit and nonpartisan research and public policy center that serves as the hub of an anti-hunger network of thousands of individuals and agencies across the country.

Family Doctor.Org
www.familydoctor.org

Sponsored by the American Academy of Family Physicians, this site features a great variety of topics related to health and well-being, arranged by sections that include “Parents & Kids” and “Health Tools.” A daily health tip offers quick access to up-to-the-moment health information, and the “Top 5” health concerns present links to information that is currently popular with visitors. This site also includes a link to important health information in Spanish.

continued on page 5.
Everyone Loves Rewards – What to Use Beside Food

Daryl Minch, M.Ed., CFCS
Family and Community Health Sciences Educator, Somerset County

Everyone loves rewards for a job well done, a special achievement, or a good performance. What’s nicer than a ribbon at the science fair or a trophy for the soccer tournament? We also like something nice after doing a challenging or time-consuming task. For example, getting a reward after a day of raking leaves or studying for a difficult test. Parents and teachers like to reward children for their accomplishments and good behavior. What do we use for rewards?

Many times we use food such as ice cream or candy as a reward. While having a food treat once in a while is fine, using it all the time can add pounds to the body. The calories spent cleaning a room or walking the dog rarely offset the ice cream sundae used as a reward. The trouble is that many food rewards are high in calories, low in nutrients, and add too many extra calories to our diets. And unless you brush often, the sugar is bad for your teeth. A healthier alternative is to use non-food rewards.

Tips for Giving Rewards
• Rewards should match the age, interests and abilities’ of the child.
• A smile, hug, or words of praise are often enough. “Wow, you worked hard on that project. I’m proud of you!”
• Give children under 5 rewards at the time the behavior or event occurs. They can’t wait.
• Older children and teens can wait for a reward. One technique is to use a chart. The child earns a star for doing something and after they earn 10 or more stars they get the reward.
• Another popular reward is just spending more time with Mom, Dad or siblings doing fun things – a board game, playing catch, reading a story, building with blocks, etc. You open the door for conversation and create lasting memories.
• Avoid using using money as a reward. Children need to learn to do things like cleaning their room, getting good grades, or feeding a pet because it helps the family or helps them meet goals. It can also get expensive.

Below are some ideas for your family. For more ideas visit our website, www.rce.rutgers.edu, or call your RCE office for the fact sheet - Everyone Loves Rewards - Fun Alternatives to Food. A Guide for Parents & Teachers.

Children under 5: (Be sure the item is safe & appropriate for your child)
• A homemade or purchased card
• Stickers
• Clay
• Chalk
• Large crayons or markers

Children 5 to 13:
• Notes of congratulations or encouragement on pillows, in lunch bags, or posted on a door
• Small plastic balls, insects or other toys
• Give your “star” a special plate or glass at a family meal (look in party stores)
• Lip balm & sample size lotions
• Stickers & temporary tattoos
• Notepads
• Trading cards
• The child picks the family story, game, or movie.

Teens:
• Cards & notes
• Pay for downloading 1 or 2 songs
• Magnets for lockers
• Inexpensive nail polish or lotions
• A sign or balloon for the family to see. (Just don’t embarrass them with their friends.)
• Bigger prizes earned over time for a major achievement:
  o Purchase a magazine or book
  o Go to the movies, park or mall

Web Watch 2
continued from page 4.

The American Diabetes Association
www.diabetes.org

The American Diabetes Association is the nation’s leading nonprofit health organization providing diabetes research, information and advocacy. The mission of the Association is to prevent and cure diabetes and to improve the lives of all people affected by diabetes. To fulfill this mission, the American Diabetes Association funds research, publishes scientific findings, provides information and other services to people with diabetes, their families, health professionals and the public. The Association is also actively involved in advocating for scientific research and for the rights of people with diabetes. Their web site is loaded with nutrition, recipe and exercise resources. It also features a variety of information about diabetes, diabetes prevention, living with diabetes, raising a child with diabetes, advocacy and legal resources and a listing of community programs and local events.

continued on page 8.
Fiber for Your Family

Carol Byrd-Bredbenner, PhD, RD, FADA
Extension Specialist in Nutrition

The transformation of newborns into mature adults is an exquisitely choreographed ballet that is highly dependent on a nutritious diet. Unfortunately, the quality of the diets of many children (and adults!) in the United States needs improvement. For instance, most are eating fewer servings of fruits, vegetables, dried peas and beans, and whole grains than recommended. These dietary shortfalls translate into lower-than-optimal dietary fiber intakes.

Here are some tips to help your family boost its fiber intake and reap many health benefits.

Serve fiber-rich foods at every meal and snack and to keep offering them even if children initially refuse to eat them. Parents help children reach nutritional goals by making healthy foods available and accessible and giving children many opportunities to try the foods. It may take eight or more exposures to a new food before kids will accept and prefer it.

Remember that kids are responsible for deciding how much to eat. Researchers report that children prefer fruits and vegetables more when parents let them decide the amount to eat. In contrast, pressuring a child to eat a food, offering a reward for eating it, or restricting other foods may have the opposite effect than intended.

Match foods to children’s developmental abilities. Young children may find some fiber-rich foods difficult to chew and swallow. Minimize choking hazards by serving narrow strips of fruits and vegetables and holding off on nuts and seeds until children are at least four years of age.

Focus on whole fruits and vegetables. Fruits of all kinds and tender young vegetables, like sugar peas and baby carrots, are popular with kids. Serving raw broccoli florets, sweet pepper strips, and other vegetables with a low-fat dip appeals to many children. Keep in mind that the amount of fiber in fruits and vegetables declines as processing increases. To get the most fiber, for example, choose orange segments over orange juice and unpeeled zucchini instead of peeled.

Choose whole grains for at least half of the grains eaten. The most commonly eaten grain-based foods are pasta, corn chips, white rice, and white bread. These foods are made with refined grains, which are much lower in fiber than foods made with whole grains. Whole-grain foods, such as wheat, rice, oats, or corn, can be identified by the word “whole” in ingredient lists on food packages. Mixing high-fiber grains with low-fiber ones can ease the introduction of whole grains. For example, make sandwiches with one slice of whole bread and a slice of whole wheat.

Read food labels. Nutrition Facts labels are on nearly every food package. These labels make it easy to find fiber-rich foods. The grams of fiber in the serving size of the food stated at the top of the label are clearly listed. Label readers need to remember that eating more or less than the stated serving size will affect the amount of fiber the food provides them.

Slowly increase in dietary fiber until recommended levels are reached. A rapid switch from a low- to high-fiber diet can cause bloating and gas. Slowly build fiber intake by mixing high-fiber and low-fiber cereal, adding vegetables to soups and casseroles, and substituting an unpeeled whole apple for applesauce.

Promote breakfast for everyone in the family. Breakfast eaters have higher fiber intakes than breakfast skippers.

Eat together as a family often. Families that eat meals together eat more fiber-rich foods.

Turn off the TV during mealtime. Families that routinely watch TV during mealtimes eat fewer fruits and vegetables and more pizzas, snack foods, and soft drinks than families that separate eating and TV viewing activities.

Select fiber-rich foods when eating out. Restaurant foods are often low in fiber. Ordering salads, vegetable side dishes, vegetarian entrees, and whole grain breads can help boost fiber intake.

Foods, not supplements, are the best source of fiber. Fiber supplements are not recommended for children. Whole-grain breads and cereals and fresh, frozen, and canned fruits and vegetables are the best choices for a nutritious, fiber-rich diet.

Promote fiber-rich meals and snacks at daycare centers and schools. School nutrition policies often focus on fat, sugar, and calories. Promoting ample use of whole-grain breads and cereals, beans, fruits, and vegetables also needs to be part of these policies.

continued on page 7.
E. coli Outbreak In Spinach—What Do You Need to Know?

Bin Liu, Ph.D., Department of Food Science and
Don Schaffner, Ph.D.
Extension Specialist in Food Science

Once again, E. coli O157:H7 has caught the Nation’s attention as an outbreak associated with spinach became the front page news in September.

At the time this article was written, 183 cases of illness due to E. coli O157:H7 infection have been reported, including 29 cases of Hemolytic Uremic Syndrome (HUS), 95 hospitalizations and one death.

A previous E. coli outbreak involving fresh spinach occurred in California in October of 2003, where sixteen people became ill and two people died.

What happened?
The first illness associated with consumption of fresh spinach occurred on August 19, 2006, although 6 illnesses linked to E. coli O157:H7 with the same genetic fingerprint (but not consumption of lettuce) occurred as early as August 2, 2006.

FDA became aware of the outbreak on September 13, 2006, the same day epidemiologists from Wisconsin, Oregon and New Mexico discovered that food poisoning cases in their home states were statistically linked to lettuce. Those state epidemiologists contacted CDC, and CDC in turn contacted FDA.

Most of the illnesses linked to spinach occurred between August 23 and September 8, 2006. Five separate food companies have initiated voluntary recalls in response to data provided by the FDA. Those companies that have initiated recalls are: Natural Selection Foods, LLC, of San Juan Bautista, California; River Ranch, of Salinas, California; RLB Food Distributors, L.P., West Caldwell, NJ; S.T. Produce, of Seattle, Washington; and Pacific Coast Fruit Company of Portland, Oregon.

Twenty-six (26) states have been affected, and one case linked to spinach has been reported in Canada. The state of Wisconsin has reported the most cases (47) including one death from kidney failure in a seventy-seven year old woman who died on September 7th.

What is E. coli O157:H7?
Escherichia coli O157:H7 is one of hundreds of strains of the bacterium E. coli. Although most strains are harmless, the O157:H7 strain produces a powerful toxin that can cause severe illness. E. coli O157: H7 infection often causes bloody diarrhea and abdominal cramps. Symptoms usually occur within 2-3 days following ingestion of the organism, but may occur as soon as 1 day or as long as one week following exposure.

Healthy adults usually experience mild symptoms and typically recover completely within a week. Young children and the elderly may experience more severe symptoms, including Hemolytic Uremic Syndrome (HUS), which may lead to serious kidney damage and even death. The CDC estimates that as many as 73,000 cases of E. coli O157:H7 infection and 61 deaths occur in the United States each year, although many of these likely go unreported.

What is being done to protect the public?
The federal government (principally CDC and the FDA) and the California state government are working together on the investigation. It has been determined that the spinach implicated in the outbreak was grown in three California counties: Monterey, San Benito, and Santa Clara. The public can be confident that spinach grown in the non-implicated areas can be consumed. To date, no illnesses have been reported in New Jersey, and no New Jersey spinach is involved in this outbreak.

What can I do to protect myself?
• Do not purchase or consume any fresh spinach unless you can verify that it was grown in areas other than the three California counties.
• Processed spinach, including frozen and canned spinach is safe to consume.
• Be aware that boiling contaminated spinach can kill the bacteria, but washing will not eliminate it.
• Persons who develop diarrhea after consuming fresh spinach or salad blends containing fresh spinach are urged to visit their health care provider and ask that their stool specimen be tested for E. coli O157:H7.

Fiber
continued from page 6

Make yourself an example. Changes, even changes for the better, are hard for most people. Show your family you live what you teach. Make your next—and every subsequent—meal, fiber-rich!
Web Watch 2

continued from page 5.

Gateway to Government Food Safety Information
www.foodsafety.gov

This site is an excellent source of food safety information and resources. Professionals will appreciate such features as the food safety training and education alliance, creative and appealing instructional materials, and food handling guidelines available throughout the site. Consumers will appreciate the easy access they have to topics from determining the correct internal temperature for cooked meat and strategies to prevent foodborne illness to recommendations on proper food storage and refrigeration. The site features a number of links to a number or high-quality food safety resources, as well.