



The Newsletter of  
the Chicago Dietetic  
Association



# Nutrition In Chicago

CDA, 4827 N. Kildare Ave., Chicago, IL 60630

November 2009

## From the Editors

The editors of NIC encourage your contribution of information or writing for future editions of NIC. Please see our contact info on the back page of this newsletter. Have a healthy and happy holiday season!

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**Deadline for  
submissions for  
the next NIC is  
1/29/10**

## Health for All: Refugees in Chicago

Sarah Eichberger, RD, LDN

*"I spent many days living in a tree, hiding from the army. I ate plants to keep myself going. I would've done anything to not get caught by the Burmese military."*

*"We were one of the first Bhutanese families to arrive in Chicago. My husband and I did not know where we were supposed to buy food. We thought all of the food would be sold in the street."*

*"I was working for the American Army in Baghdad as an interpreter, that's why my wife and I were able to get here. Look — these are my scars from an IED explosion."*

These are the voices of my clients, locally resettled refugees who are among the 0.5-1% of the worldwide refugee population to be resettled in a new country. Since 1975, over 133,000 international refugees have been resettled in the Chicago area. Last year alone, this city took in 2,412 refugees, and 2,800 refugees are expected this year. Most refugees in Chicago today are from Bhutan, Burma and Iraq. Each of these groups enters the United States with a distinct, rich and complex set of cultural values and traditions. The United Nations High Commission on Refugees (UNHCR) estimated there were 10.5 million refugees worldwide at the beginning of 2009. The United Nations defines a refugee as a person with "a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion." It is important to note that the terms "refugee" and "immigrant" are not synonymous.

I have held the position of "Refugee Nutritionist" within the Refugee Health Programs at Heartland Alliance for Human Need & Human Rights since 2006. Many people have asked me how I became interested in the refugee population. I credit my friend Ryan Reed, a documentary photographer who sold his car to move to Nairobi, Kenya and experienced Kakuma refugee camp, the home to many Sudanese refugees. I invited him for dinner

at my apartment in Grand Rapids, MI, where I once lived and worked, and I was treated to a slideshow from his most recent trip through one of the world's largest refugee camps. His pictures showed the effects of genocide and mass displacement — malnourished infants, child soldiers and tent cities where thousands of displaced people call home — horrifying photos that you don't see on the evening news. A few weeks later I signed up to volunteer with a local refugee family, which was resettled by Catholic Human Development Outreach. Throughout the summer I spent a few evenings a week visiting a Somali family, learning how and what they ate and what they did for fun. I listened. This volunteer experience set me apart from the other dietitians interviewing for the refugee nutritionist position in Chicago two years later.

My position is funded by the Office of Refugee Resettlement and administered by the Illinois Department of Public Health. To date, I am unaware of any other registered dietitian in the United States who works exclusively with resettled refugees. The position is organized to work collaboratively with five resettlement agencies and two refugee health screening clinics to provide nutrition screening, consultations, home visits and group education to newly-arrived refugees. Another objective is the development of culturally appropriate nutrition education, and that would be impossible without the guidance of the program's four ethnic health promoters, all former refugees and representing Burma, Bhutan and Ethiopia. The yearly strategic goals of my work are largely driven by what I learn from working within the refugee community and with resettlement case managers, physicians, ESL instructors, and refugees themselves.

This past fiscal year, I worked to create awareness about the growing prevalence of food insecurity among refugees and question whether the food they are given at the local pantry truly meets their needs. The story that I recall the most occurred

*(Continued on page 3)*



## How does the Dinner Meeting RSVP work?

The dinner meetings have been more successful than we could have imagined! In order to allow for the best experience for our members, the number of attendees is limited according to the venue capacity. The evite goes out to all current members and RSVPs are accepted in the order they are received. Please understand that RSVPs are accepted for the evitee only (please do not RSVP for a colleague). There is a waiting list created in case additional space becomes available due to cancellations. If you should need to cancel, please contact Kelly at [renalrd05@yahoo.com](mailto:renalrd05@yahoo.com) If you "no-call, no-show" you will be wait-listed for future meetings. While we are looking for larger venues to accommodate a larger percentage of our members in the future, please respect the system today. Thank you!

## A Message From the President

**G**reetings CDA Members! First, I would like to begin by saying THANK YOU to the Midwest Dairy Council as well as all of our CDA members for making our first meeting of the year a great success! It was great to see both new and veteran members, in addition to learning a great deal from our speaker, Dr. Robert Heaney. I am truly looking forward to seeing everyone at our next CDA meeting.



Anita Giraldo, RD, LDN  
CDA President 2009-10

Our Website is officially up and running, so check it out at: [www.chicagodieteticassociation.org](http://www.chicagodieteticassociation.org). You can also type in [www.chicagodieteticassociation.com](http://www.chicagodieteticassociation.com). This is your way to stay connected with other local RDs. As a member of CDA, you can receive free advertisement for your small business, network with fellow CDA members, access our password-protected member directory and even listen to podcasts (coming soon). Last, but not least, are you a blogger? Then we need you! If you have a passion for nutrition, then give us a piece of your mind! Voice your opinions and start blogging! If you are eager to start on our CDA blog then email Carolyn Tampe at: [ctampe@gmail.com](mailto:ctampe@gmail.com) or Kelly

O'Connell at: [kelizabethoconnell@gmail.com](mailto:kelizabethoconnell@gmail.com).

We are right around the corner from 2010 and that means we need to start looking for new CDA officers. If you or someone you know has an interest in running for office, nominate them! I really encourage all CDA members to consider running for office. We need to keep our momentum and recruit strong leaders to help keep our

organization going. As emerging leaders in dietetics, we can help make a difference by supporting fellow dietitians as well as continuing to strengthen the future of the Registered Dietitian as the nutrition expert! Serving as an elected officer is truly a rewarding experience.

Finally, make sure to stay current with "On the Pulse" for the latest on Healthcare Reform and how it could impact "YOU" the Dietitian! Also, check out [www.whitehouse.gov](http://www.whitehouse.gov) where you can watch First Lady Michelle Obama address health and nutrition. Just type in nutrition and watch "In the Garden on Health and Nutrition" and "Healthy Kids Fair."

Have a wonderful Holiday season and see you at our next meeting!

## Call For Award Applications

The Chicago Dietetic Association recognizes the accomplishments and leadership of its members through the ADA awards program. If you know a member who has been active in advancing the profession or has demonstrated leadership you are encouraged to nominate them or even yourself.

Here are the awards that CDA members can receive:

- Recognized Young Dietitian of the Year
- Recognized Dietetic Technician of the Year
- Outstanding Dietitian of the Year
- Emerging Dietetics Leader
- Outstanding Dietetics Educator
- Outstanding Dietetic Student

Applications for these awards and more information is available at <http://www.eatrightillinois.org/Members/awards>.

Please forward all completed applications to Ann Engles at [aengles@earthlink.net](mailto:aengles@earthlink.net) by December 15, 2009.

# Nutrition in Chicago

(Continued from page 1)

during a home visit to a Bhutanese woman who learned of her recent diagnosis of type 2 diabetes. Uma, our Bhutanese Health Promoter/Interpreter and I entered her kitchen and noticed cans of food lining the gap between her cupboards and the floor. When I asked the woman, through Uma, the reason why she kept the food along the floor border, she replied, "for decoration." The food she had received was unrecognizable to her, and therefore not eaten.

Are the needs of food-insecure refugees being met by service organizations, such as pantries? Are refugee resettlement agencies aware of food insecurity? What do they do? These are some of the questions I began to ask myself. In January, with the help of an intern from the Harvard School of Public Health, also a former refugee, we drafted "A Refugee's Right to Adequate Food," an advocacy document that highlights the special food needs of resettled refugees. Like healthcare, healthy food is also a *human* right.

Speaking of healthy food, this past year I teamed up with other Rogers Park community members including representatives from the local Waldorf School, Loyola University students, another Heartland program called The Marjorie Kovler Center for Torture Survivors, and the Angelic Organics Learning Center to organize and research possibilities for a new community garden. Our group, the Rogers Park Food Systems and Green Space Coalition, learned that our petition to develop a garden in one of the Chicago Parks was accepted. In June, the community broke ground on a new garden that represents the diversity of Rogers Park. Alongside their neighbors, my clients eagerly tend to eight of the 64 plots and have harvested organic vegetables and herbs throughout the summer. They recently received training on how to build cold frames over their beds to extend their harvest into the winter months. Not only does the garden help improve access to vegetables, it helps provide them with an opportunity to reconnect to their agricultural roots and serves as a way to build trust and relationships.

This fiscal year, I will focus my energy on creating a type 2 diabetes initiative with a focus on the Iraqi refugees, which are the most unique group with which I have worked. Unlike the Somali, Eritrean, Ethiopian, Liberian, Burmese and Bhutanese, the Iraqis who have found their way to Chicago have not lived in refugee camps, and many once held jobs as engineers, physicians and lawyers in Iraq before the war in 2003.

More dietitians are needed to serve the hundreds of refugees, new Americans who enter our country each month. No other qualified health professional can provide science-based education and

recommendations to prevent and treat nutrient deficiencies, provide counseling to treat chronic disease and use a garden to promote sustainable food sources and nutrient-rich food.

Refugees have taught me patience and humility. I encourage you to get involved in Chicago's refugee community.

To learn more about refugees, check out some of these resources:

#### Books:

*Stealing Buddha's Dinner*, by Bich Minh Nguyen  
*The Spirit Catches You and You Fall Down; A Hmong Child, Her American Doctors, and the Collision of Two Cultures*, by Anne Fadiman  
*What is the What*, by Dave Eggers

#### Organizations:

United States Commission on Refugee and Immigrants [www.refugees.org](http://www.refugees.org)  
United Nations High Commission on Refugee <http://www.unhcr.org/cgi-bin/texis/vtx/home>

#### Recent News:

The New York Times  
"Bhutan Refugees Find a Toehold in the Bronx"  
by Kirk Semple  
<http://www.nytimes.com/2009/09/25/nyregion/25bhutan.html?scp=1&sq=bhutanese%20refugees&st=cse>

#### Chicago Tribune

"Nepal exit becomes city school entry: Rejected by Bhutan and Nepal, refugees come to Chicago with help from Heartland Alliance" by Pam DeFiglio  
<http://www.chicagotribune.com/news/local/chicago/chi-refugee-student-city-zone-02oct02,0,6142227.story>

#### Documentary:

"Rain in a Dry Land" by Anne Makepeace



A monthly cooking group featuring food from Bhutan



Organic radishes harvested from Schreiber Park "Ruby Garden" in Rogers Park



A September Harvest from the Chase Park Community Garden in Uptown

## HOLD THE TRAY: U of I Dining Goes Green!

Brooke B. Schantz, MS, RD, LDN

### CDA Represented at the Pilsen Health Fair

Sandra Avita, RD, LDN

The summer has long passed and with that outdoor health fairs. Back in June 26, 2009, I was given the opportunity to participate in the Pilsen Health Fair as the Registered Dietitian representing the Chicago Dietetic Association. The health fair focus was on awareness of Metabolic Syndrome within the Hispanic Community. It provided free glucose, cholesterol (LDL, HDL, and Triglycerides), and blood pressure screening along with height, weight and waist circumference measurements. It also provided all sorts of vendors such as local dentists, the American Diabetes Association, AIDS awareness, and Women's outreach programs, to name a few.

My responsibilities at the health fair were to speak on healthy eating to prevent Metabolic Syndrome, in addition to conducting mini counseling sessions for those individuals that had three or more risk factors for Metabolic Syndrome. I created my own Spanish handout *¿Cómo puedo prevenir el desarrollo del síndrome metabólico?* to pass out as part of my talk, mainly focusing on diet, exercise and lifestyle changes. I brought a copy of My Pyramid and the American Plate to pass out along with my handout. People seemed to enjoy hearing the talk on healthy eating.

I personally enjoy participating in health fairs and sharing my expertise with others especially in a community that is in desperate need of health education. So many barriers exist in the Hispanic community—language, financial difficulties, among others. As we all know, statistically millions of Hispanics are at greater risk for type II diabetes and all other comorbidities. Overall the health fair was a success. I'm always happy to help out when needed and to represent the Chicago Dietetic Association.

The University Housing Dining Services at the University of Illinois has decided to make sustainability a priority! This department is currently making vast revolutionary changes towards their goal. Dr. Aubrey, Senior Assistant Director of University Housing, stated that the overall goal of the "Sustainable Dining" project is "to reduce the carbon footprint of dining services."

Current and future efforts made by University Housing Dining Services include: local purchasing, a campus farm program, campus composting, recycling and waste reduction initiatives. Local purchasing is being defined by any produced or processed items within a three hour radius of Champaign-Urbana. Meats, dairy products, coffee, tea, breads, fruits, vegetables, and other grocery items are being purchased locally and served in the dining halls. The University Housing Dining Services is working together with the Department of Natural Resources and Environmental Sciences (NRES) under the supervision of Dr. Bruce Branham, Department Head of NRES, to develop a student farm that will provide produce during the summer and into the fall. This two acre farm located at Lincoln and Windsor Roads will continue to grow into a ten acre farm by the Summer of 2011. Dr. Aubrey enthusiastically stated that "the NRES student farm is thrilling, to have freshly picked, delectable produce that is served within hours of harvest that has a five mile carbon footprint." This summer, herbs, tomatoes, bell and other peppers, salad greens, cantaloupes, cucumbers, summer squash, and sweet corn are all being planted, along with apple, pear, and peach trees. A composting program supported by Dr. Wesley Jarrell, Professor in NRES, is also being started using biodegradable food waste gathered from residential dining halls. The composting program will help reduce waste and provide fertilizer for the student farm.

Trayless dining is another great feature of this project. Currently, Pennsylvania Avenue Residence (PAR) and Lincoln Avenue Residence (LAR) are trayless operations. Trayless dining conserves energy by reducing the amount of hot water consumption used to wash trays and the electricity needed to run the dishwashers. It also reduces food waste, which has been demonstrated at PAR, for this facility had a 40% reduction in food waste by switching to a trayless system. Not only does a trayless operation conserve energy and reduce waste, but it also promotes healthy eating and may help students eat smaller portions at mealtime. By August 2011, all dining facilities will be trayless operations.

Biodiesel projects are also being started at residential dining halls. Various dining facilities are having used fryer oil picked up, which will then be used for two separate projects on campus, both of which are making alternative fuel sources. Illinois Sustainable Technology Center at the University of Illinois is using their alternative fuel to power vehicles on campus. The other biodiesel project is sponsored by the student group, "Engineers Without Borders," and the Facilities & Services Garage and Car Pool on campus is planning on using their biodiesel fuel. Currently, there are recycling bins in the residential halls and cardboard from all kitchens is being recycled. Ikenberry is the new dining facility currently being built on campus and by using new technology and advancements in building science, it is being constructed in a way that promotes energy efficiency and reduces CO2 emissions. This building must follow The Leadership in Energy and Environmental Design (LEED) Green Building Rating System. The U.S. Green Building Council states that LEED, "encourages and accelerates global adoption of sustainable green building and development practices through the creation and implementation of universally understood and accepted tools and performance criteria."

"Sustainable Dining" is an exciting project happening on the University of Illinois campus! As sustainability advances on the dining front, it is important that we do our part to promote a sustainable environment! Dr. Aubrey mentioned that students, faculty, staff, and the community should be excited about this project because "sustainable dining consists of responsible best practices that support our university and local community, ultimately having a global impact."

Will sustainable dining be the wave of the future with more and more school dining services jumping on the *green-wagon*? Projects like these speak volumes about the commitment that the University of Illinois has not only to their students, but also to the community. "We have an obligation to our campus and communities to be more sustainable, we are providing dining services for students who place sustainability as a high priority making sustainable choices when possible." ~ Dr. Aubrey

# Nutrition in Chicago

## Legislative Update

Judi Goshen, Dietetics Student

I am a 50-year-old didactic student at the University of Illinois at Chicago. This is a second career for me. It is for many of the students. We range in ages from 20 to 65 years old, and what we all have in common is our passion for nutrition. And if my colleagues are anything like me, before they entered the field they drove friends and family crazy by talking incessantly about nutrition. (Whether or not they were asked their opinion).

Upon attending my first CDA meeting (a class assignment), I was asked to write a student article for the CDA newsletter on Health Care Reform. Really? Me? What do I know? I know I pray that the bill passes but what do I know of how it affects Registered Dietitians? So I looked at a previous article from the ADA.

In the September 18, 2009 issue of *On the Pulse*, the ADA was hopeful that Senate Finance Committee Chair, Senator Max Baucus' proposed law: America's Healthy Future Act would pass because the following two items might:

- Allow Health and Human Services to modify coverage of existing preventive services in Medicare to the extent that the modification is consistent with USPSTF recommendations (ADA believes this could help expand the Medical Nutrition Therapy benefit in Medicare)
- Appropriate \$25 million for the Childhood Obesity Demonstration Project that was approved in the Children's Health Insurance Program Reauthorization Act passed earlier this year.

If the health care reform bill passes and if Medical Nutrition Therapy (MNT) were to be covered by insurance then dietitians everywhere could truly start making a difference. Jamie Sutton Shifley, MS, RD, LDN, Director of Accredited Nutrition Programs at UIC agrees, "It is critical for the field of dietetics that MNT is covered by insurance. This will ensure that RDs are included as part of the health care team."

One of the first things I learned this year was that because RDs are generally not covered by insurance, they are one of the lowest paid health care professionals. Lowest paid? Really? Anyone



who is an RD or DTR and has come from a clinical program as rigorous as UIC will attest to the fact that only med students have it tougher. RDs undergo a more intense education process than nurses (no offense) and yet unless a patient is in critical need (renal failure or Type 2 Diabetes for example), insurance does not cover visits with the dietitian.

When I last checked, doctors and nurses were only required to take one class in nutrition during their education process, so although a doctor can prescribe a diet for a patient, it is the RD he trusts to educate and work with him or her.

A really wonderful thing has happened in recent years – research has proven and doctors have come to understand and spread the word that proper nutrition can prevent a myriad of diseases like CHD, hypertension, strokes, diabetes and some cancers. So the next logical step would be for insurance to cover preventative MNT. I may be a novice in the field, but I am confident that we will see it happen, if not now, then soon.

Most of us become RDs because we love the field, but after working and stressing over patients in critical care, as many of my professors do, it would be rewarding to also work with patients before they are in crisis. To prevent diseases and keep people healthy not only benefits the individual, but the insurance companies as well. It's much cheaper to pay for several RD consults a year than major bypass surgery, dialysis or chemotherapy, not to mention the slew of problems obesity creates. And when this day comes RDs everywhere will be living the dream, talking about nutrition, and getting reimbursed for it.

### Quick Bites



#### Beverage Intake of Girls at Age 5y Predicts Adiposity and Weight Status in Childhood and Adolescence

"The prevalence of overweight and obesity is increasing at an alarming rate with various environmental and social factors—especially those related to diet—having been identified as contributors to this epidemic." The objective of this study was "to assess whether beverage intake at age 5y predicted energy intake, adiposity, and weight status across childhood and adolescence (age 5y to 15y)."

Participants included non-Hispanic white girls and their parents (n=170) who were assessed biennially from age 5y to 15y. Twenty-four hour diet recalls were administered to assess beverage intake and energy consumption, and percentage of body fat and waist circumference were also measured. Researchers found that "sweetened beverage intake at age 5y, but not milk or fruit juice intake, was positively associated with adiposity from age 5y to 15y. Greater consumption of sweetened beverages at age 5y ( $\geq 2$  servings/d) was associated with a higher percentage body fat, waist circumference, and weight status from age 5y to 15y."

"These findings provide new longitudinal evidence that early intake of sweetened beverages predicts adiposity and weight status across childhood and adolescence."

American Journal of Clinical Nutrition 2009; 90 (4): 935-942.

## Quick Bites



### Effects of Beer, Wine, and Liquor Intakes on Bone Mineral Density in Older Men and Women

A positive association between alcohol intake and bone mineral density (BMD) has been reported in the original Framingham Osteoporosis Study. The objective of this study was to examine the “association between both total alcohol intake and the intake of different types of alcohol (beer, wine, liquor) on BMD in older men (n=1182), postmenopausal women (n=1289), and premenopausal women (n=248) participating in the Framingham Offspring Osteoporosis Study. BMD was assessed at 3 hip sites and at the lumbar spine.

“Compared with nondrinkers, hip BMD was greater (3.4–4.5%) in men consuming 1–2 drinks/d of total alcohol or beer. Hip and spine BMD were significantly greater (5.0–8.3%) in postmenopausal women consuming >2 drinks/d of total alcohol or wine. Intake of >2 drinks/d of liquor in men was associated with significantly lower (3.0–5.2%) hip and spine BMD than was intake of 1–2 drinks/d of liquor in men. Power was low for premenopausal women, and the associations were not significant.”

“Moderate consumption of alcohol may be beneficial to bone in men and postmenopausal women. However, in men, high liquor intakes (>2 drinks/d) were associated with significantly lower BMD.”

American Journal of Clinical Nutrition 2009; 89 (4): 1188-1196.

## Eating for Two: Update on Weight Gain during Pregnancy

Leslie Miller, Dietetics Intern

Often when people think of pregnancy, the phrase “eating for two” comes to mind. Providing adequate nutrition through a healthy, well-balanced diet is crucial to both the mother and the developing baby. Weight gained during pregnancy provides nutrition for the developing baby and is also used for breast feeding once the baby is born. This raises the question, how much weight should be gained during pregnancy?

On May 29, 2009, the Institute of Medicine released updated guidelines for weight gain during pregnancy. Characteristics of the population of women becoming pregnant have changed over the last two decades, calling for a reexamination of pregnancy weight gain recommendations. Today, women are conceiving at a later age, are more overweight, and are experiencing an increased prevalence of multiple births.

The guidelines developed by the Institute of Medicine are based on a woman’s body mass index (BMI) prior to conception. BMI is used to assess body fat composition based on an individual’s weight and height. Weight gain during pregnancy should be individualized and women should be followed closely by their healthcare provider. The following guidelines are weight gain recommendations for women pregnant with one baby:

- Underweight (BMI <18.5): 28-40 pounds
- Normal weight (BMI 18.5-24.99): 25-35 pounds
- Overweight (BMI 25-29.99): 15-25 pounds
- Obese (BMI >30): 11-20 pounds

For women expecting twins, the following weight gain guidelines apply:

- Underweight (BMI <18.5): current recommendations unavailable
- Normal weight (BMI 18.5-24.99): 37-54 pounds
- Overweight (BMI 25-29.99): 31-50 pounds
- Obese (BMI >30): 25-42 pounds

“Eating for two” does not mean doubling the amount of calories consumed. Women at a healthy weight should gain approximately 5 pounds in the first trimester. As women progress into the second and third trimesters, women should gain approximately 1-2 pounds per week. A caloric increase of about 300 calories per day in the second and third trimester will aid in a steady healthy weight gain. For healthy weight gain during pregnancy, women should focus on a steady increase of calories and a healthy, well-balanced diet including fruits, vegetables, grains, protein, and fat.

In addition to the guidelines for weight gain during pregnancy, the Institute of Medicine stresses that women should be at a healthy body weight prior to conception, not only for the health of the baby, but also for the expecting mother. To achieve a healthy preconception weight, counseling on diet, physical activity, and behavioral modifications may be required. For a healthy pregnancy, women should speak with their healthcare provider about diet and exercise prior to becoming pregnant.

### References:

Weight Gain during Pregnancy: Reexamining the Guidelines, Institute of Medicine, May 2009.  
<http://veterans.iom.edu/~media/Files/Report%20Files/2009/Weight-Gain-During-Pregnancy-Reexamining-the-Guidelines/Report%20Brief%20-%20Weight%20Gain%20During%20Pregnancy.ashx>

Pregnancy Weight Gain: What’s Healthy?  
<http://www.mayoclinic.com/health/pregnancy-weight-gain/PR00111/NSECTIONGROUP=2>

# Nutrition in Chicago

## Potential Contamination of Mercury in High Fructose Corn Syrup

Amy Taetzsch, Dietetics Intern

High levels of mercury consumption can cause neurotoxic damage and even death. The United States government currently only regulates mercury in fish. However, recent studies have shown that traces of mercury are found in everyday food items containing high fructose corn syrup (HFCS) (Wallinga et al., 2009).

High fructose corn syrup has received a lot of press due to preliminary studies indicating possible connections with insulin resistance, dyslipidemia, and obesity. This is of concern due to the increase in HFCS consumption in the United States. Corn sweeteners make up approximately half of the estimated daily intake of added sugars to foods. The consumption of HFCS has increased 4,000% in per capita pounds from 1970 to 2000, while consumption of dextrose corn sweeteners declined 26%, refined cane and beet sugars decreased 35%, and glucose intakes have remained unchanged (ADA, 2004). In 2007 the USDA calculated that the average daily consumption of HFCS was 49.8 grams per person (Dufault et al., 2009).

In 2000, the EPA found an average of seven tons of missing mercury from the eight manufacturing plants that still use mercury cells in the production of HFCS. This discovery led to the concern that mercury may leach into food during production. The FDA collected 20 total samples from manufacturers of HFCS in 2005 to investigate this possibility. The FDA found that nine of the twenty samples analyzed contained a detectable amount of mercury indicating that mercury is likely contaminating HFCS. University researchers outside of the government were unable to obtain additional HFCS samples to increase the sample size of the study (Dufault et al., 2009).

Researchers from the Institute of Agriculture and Trade Policy investigated mercury levels and food products containing HFCS as one of the top two ingredients. Researchers found mercury in one third of the 55 products pulled off of grocery shelves. Products with an amount of mercury that was several times higher than the detectable limit were foods from some of the most recognizable brand names and

included snack bars, chocolate syrup, yogurt, barbeque sauce, and sloppy joe mix (Wallinga et al., 2009). In addition, the European Union has also reported mercury found in beverages, cereals, baked goods, and sweeteners (Dufault et al., 2009).

Evidence suggests that products containing HFCS may contain mercury which is likely dependent on the manufacturing process. Based off of the USDA estimated daily HFCS intake, research suggests that the average daily exposure may be up to 28.4µg mercury. However, it is impossible for consumers to know how much mercury they are consuming because food labels do not specify what type of manufacturing plant the HFCS comes from (Dufault et al., 2009).

The good news is that mercury contamination can easily be avoided. Although eight United States manufacturing plants use mercury cells, most manufacturers use a more safe and efficient method of producing HFCS (Dufault et al., 2009). As dietetic professionals, it is important to advise at risk clients, including pregnant and lactating women, young children, and people who consume a large amount of fish, to limit their HFCS consumption due to the potential adverse health effects of mercury.

### References:

Position of the American Dietetic Association: use of nutritive and nonnutritive sweeteners. *J Am Diet Assoc.* 2004;104:255-275.

Dufault R, LeBlanc B, Schnoll R, Cornett C, Schweitzer L, Wallinga D, et al. Mercury from chlor-alkali plants: measured concentrations in food product sugar. *Environ Health.* 2009; 8(2).

Wallinga D, Sorensen K, Mootl P, Yablon B. Not so sweet: missing mercury and high fructose corn syrup. *IATP.* 2009;Jan:3-23.



### Likely Effects on Obesity from Proposed Changes to the US Food Stamp Program

Current research indicates that Food Stamp Program (FSP) participants consume lower amounts of fruit and vegetables and lower iron intakes than non-FSP participants. "Changes to the Food Stamp program have been suggested to address the rising incidence of obesity by restricting FSP purchases to only 'healthy' foods."

Mathematical models were used to estimate the potential impact on the proposed theoretical changes to the FSP. Researchers found "that FSP participants would probably increase their consumption of healthy food, but the implications for their purchases of unhealthy food are not clear. Market-wide consequences are even less clear, because changing what may be purchased using food stamps would lead to higher prices for healthy foods and lower prices for unhealthy foods and these price effects would feed back into consumer decisions, with adverse effects on consumption patterns of both participants and non-participants in the FSP. In addition, more restrictive rules on the use of food stamps would discourage participation in the FSP."

It was concluded that "while reforming the FSP may indeed lead to better diets among participants, it is likely to be an ineffective and inefficient instrument for bringing about desired nutritional outcomes unless accompanied by additional policy instruments."

Food Policy; 34: 176-184.

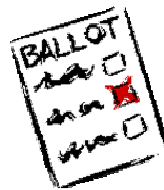


Chicago Dietetic Association

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Chicago, IL 60630

# Nominations Requested!



CDA is currently soliciting nominations for the offices of President-elect, Secretary, Treasurer-elect, and Nominating Committee. Below are recommendations for each of the offices:

### President-elect

- A minimum of three years experience as a CDA chair or committee member
- Excellent written and verbal communication skills
- Experience in developing long and short-range strategic goals and business plans

### Secretary

- Chair or committee member for a minimum of two years
- Demonstrated ability in taking minutes and routing communication through an organization

- Experience in developing long range plans

### Treasurer-elect

- Demonstrated experience with fiscal responsibility
- Minimum of two years experience as a CDA chair or committee member
- Experience in developing long and short-range strategic goals and business plans

### Nominating Committee

- Minimum of one year experience as a CDA committee member

Please submit your nominations for these offices, or for more information, contact Barb Fine at [barbwfine@yahoo.com](mailto:barbwfine@yahoo.com).

**Remember CDA relies on its members' involvement for continued success!**

## Nutrition in Chicago Staff

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