

# The Communicator

## January 2012

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## Greetings

Happy New Year from all of us in the School of Family and Consumer Sciences! The holidays in Moscow were very mild and it is only this first week of classes that the mercury has dropped. FCS is busy with annual evaluations and preparing award packets. This is such a positive way to start the year—relishing everyone's accomplishments.

## Haberly-Hepworth Report

When Extension Educators and Specialists receive funding from the Haberly or Hepworth endowments, one requirement is the submission of a final report on the use of the funds. Here is the most recent submission:

- The Eastern District's StrongWomen training was held on November 15, 2011 in Idaho Falls, Idaho. Laura Sant, Marnie Spencer, and Sharlene Woffinden hosted the training using funds received from the Mildred Haberly Endowment and participant's fees. A total of 15 trainees and two prospective trainers from Oregon attended the training taught by Shirley Perryman, MS, RD, a StrongWomen trainer from Colorado.
- Our goal to train volunteers or staff that would then be qualified to assist and/or lead future StrongWomen program was achieved. We had 13 individuals from five counties (Bear Lake, Bannock, Bingham, Boundary, and Franklin counties) that have ongoing StrongWomen programs. In addition Bonneville County sent three volunteers to the training with plans on restarting the StrongWomen program in that county. Two counties without Family and Consumer Science educators, Caribou and Oneida, sent staff to receive that training. They plan to offer StrongWomen for the first time in 2012. Laura Sant and Sharlene Woffinden will be assisting in getting these programs started.
- With the endowment funds and attendee fees, we met all of our expenses from the training. We felt that the left over funds would be best use to help the two new programs with the



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purchasing of weights, so the surplus funds were divided between Caribou and Oneida Counties.

## Update on Vacancy Searches

FCS currently has two positions open—a faculty position in Food and Nutrition and the Director. Please pass this on to your contacts and colleagues.

**Food and Nutrition:** Requirements include a PhD at time of hire and RD or within 6 months of being eligible.

*Responsibilities include:* Teach Food and Nutrition degree program courses, including the basic nutrition course. Collaborate with Food and Nutrition faculty to develop, deliver, and assess coursework. Participate in Coordinated Program in Dietetics steering committee. Maintain current CADE knowledge and competency requirements in program courses. Conduct scholarly activity and disseminate results to academic and professional audiences. Advise undergraduate and graduate students. Obtain extramural funding. Contribute to Family and Consumer Sciences undergraduate and graduate program development. Provide service to the university and professional organizations.

Here is the link to the UI online application:

[https://www.sites.uidaho.edu/AppTrack/Agency/Applicant/ViewAnnouncement.asp?announcement\\_no=10000001422](https://www.sites.uidaho.edu/AppTrack/Agency/Applicant/ViewAnnouncement.asp?announcement_no=10000001422)

Or go to the Human Resources page on the UI website, and click on Open Positions in the top right-hand corner.

**Director:** This position just cleared the Provost's office and the search committee is editing interview questions. After that step, the position will be posted. Please think about colleagues you know who have leadership experience or potential and/or administrative experience and a working knowledge of FCS. Pass their contact information on to me and I will contact them with a personal invitation to apply. Let me know your questions, as well. My e-mail is [sevenson@uidaho.edu](mailto:sevenson@uidaho.edu).

## Recent Botulism Cases from Home and Commercially Prepared Foods

**Home Canned Foods.** A paper in the December 2011 issue of the *Journal of Food Protection (JFP)* discusses relatively recent cases of botulism caused by unsafe home canning of vegetables in Ohio and Washington. The article authorship included three scientists from the Centers Disease Control and Prevention, five authors from health departments in Ohio and Washington, and Dr. Elizabeth Andress of the National Center for Home Food Preservation, University of Georgia.

The article notes that “home-canned vegetables have long been recognized as the most common cause of U.S. botulism outbreaks, (but) few reports of these outbreaks have been published in recent decades.” The authors summarize foodborne botulism outbreaks which occurred 1999 to 2008 and describe in detail three outbreaks caused by home canned vegetables in 2008 and 2009. They note that their investigations “show the need to improve awareness and education among home canners regarding safe processing and preparation practices to reduce the risk of foodborne botulism.”

In this *Communicator* article, I report information from the paper on the 1999 to 2008 outbreak data and on the incorrect canning procedures responsible for illness in the three outbreaks. The paper also discussed these cases in light of Dr. Andress’ 2004 national survey of home canning practices. If you would like a copy of this *JFP* article, please let me know.

**Botulism 1999 to 2008.** “From 1999 to 2008, 116 outbreaks (201 cases) of foodborne botulism were reported, including 82 outbreaks with information about the source and preservation methods for the implicated food. Commercial and home-prepared foods were implicated in 9 percent (n = 7) and 91 percent (n = 75) of outbreaks, respectively. Among the 75 reported outbreaks caused by home-prepared foods, home-canned foods accounted for 44 percent (n = 33), traditional Alaska Native uncooked aquatic game foods for 36 percent (n = 27), and 20 percent (n = 15) were attributed to other home-prepared foods including a variety of meats, fermented tofu, and pruno. All outbreaks from Alaska Native aquatic game foods occurred in

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Alaska, and no Alaska outbreaks were attributed to other types of food vehicles. Excluding Alaska, home-canned vegetables were the most common single cause of outbreaks (18 of 48) from home prepared foods in the United States.”

**Ohio Outbreak, September 2008.** Four family members developed botulism after consuming a home canned blend of carrots and green beans. The carrots and green beans were grown in the family’s home garden and were canned approximately 3 weeks prior to consumption. The canning recipe was obtained from an old edition of the *Better Homes and Garden Cookbook*. The canning recipe for both vegetables suggested use of “pressure cooker” with processing times of 20 and 25 minutes for pint- and quart-sized jars, respectively, at a pressure of 10 pounds. However, the home canner did not possess a pressure cooker and “was told by an old farmer’s wife that it was not needed.” Instead, he used a hot water bath for 1 hour. Several jars were reported to have seal failure with lid centers “popped up” after canning had occurred. The canner had home-canned pickled beets on a few previous occasions and no other foods.

**Washington State Outbreak, January 2009.** Three family members, a 37-year old mother and her 7- and 9-year old daughters, contracted botulism after consuming home canned green beans. The green beans were grown in the family’s home garden. About 20 jars of green beans were canned shortly after harvesting by the mother, approximate-

ly 5 months before the implicated meal. The recipe and process details used for canning green beans, including whether or not a pressure canner was used, were not available; however the canner reported having shortened the recommended canning time due to lack of air-conditioning in the house. The jars of beans were stored at room temperature in the pantry, and the family had previously consumed other jars of green beans from the same canning batch. The article notes that limited cooperation by patients and family members precluded collection of additional details about how the green beans were handled.

**Washington State Outbreak, June 2009.** Three men in their 50s, two brothers and a friend, developed botulism after consuming home canned asparagus. The asparagus had been canned by the wife of one of the men, 1 month before being eaten, and was stored at room temperature. The canner reported that she was a novice home canner and had only one prior canning experience with pickled asparagus and salsa. Instructions for canning were obtained from *The American Woman's Cookbook* (the date of publication could not be obtained). The canning recipe instructed cooking the asparagus in boiling water for 3 to 4 minutes, followed by processing immediately in a pressure cooker. However, the canner did not use a pressure cooker but instead processed the jars in a hot water bath for 15 minutes. The canner was not aware of the risk of botulism with improper home canning before the illness episode.

**Commercially Canned Foods.** Three outbreaks, involving 11 cases (one fatal), of botulism in Europe (France, Finland, and Scotland) from commercially canned food occurred from September to November 2011. In two outbreaks, canned olives were involved and one involved korma sauce (curry flavored, cream-based sauce). Two of the companies were described as industrial units and one as an artisanal producer. Commenting about the three outbreaks, a scientist with Health Protection Scotland noted that the cases remind politicians and policymakers about the necessity of continuing development of health protection activities, even when resources are limited.

Source: Date, K., Fagan, R., Crossland, S., Maceachern, D., Pyper, B., Bokanyi, R. Houze, Y., Andress, E. & Tauxe, R. 2011. Three Outbreaks of Foodborne Botulism Caused by Unsafe Home Can-

ning of Vegetables—Ohio and Washington, 2008 and 2009, *Journal of Food Protection*, 74(12):2090–2096; Shirring, L. Health Officials Find Lessons in EU Botulism Outbreaks, *CIRAP News*, December 12, 2011, <http://www.cidrap.umn.edu/cidrap/content/fs/food-disease/news/dec1211botulism.html>.

Keywords: food preservation, foodborne disease.

## National Center for Home Food Preservation Receives Funding

In mid-December 2011, the National Integrated Food Safety Initiative (NIFSI) grant program awards were announced. (The NIFSI program has funded four grants that I have been a co-Principal Investigator (PI) on: *Germ City*, the addition of music to *Ready, Set, Food Safe*, and two thermometer education grants.) It is good news that Dr. Elizabeth Andress, University of Georgia, and four co-PIs, were awarded a 3-year grant for \$535,725. According to the proposal summary, there are four objectives:

1. To continue to support educators in the national Cooperative Extension System, home food preservers, the media and other educators through expansion and maintenance of the National Center for Home Food Preservation website. This will include website updates and production of short webinars every six months via distance technology to Extension educators and website users.
2. To develop, pilot test, and evaluate a series of lesson plans for teaching food preservation and related food safety concepts to youth in non-formal, Extension-type programming such as 4-H clubs, after school programs, and summer enrichment programs.
3. Through original laboratory research, to evaluate the safety of atmospheric steam canners for processing of acid foods.
4. Through original laboratory research, to evaluate the performance of a reusable plastic canning lid in the marketplace.

More information is available in the proposal summary.

Source: <http://cris.nifa.usda.gov/cgi-bin/starfinder/0?path=fastlink1.txt&id=anon&pass=&search=R=50739&format=WEBLINK>.

Keywords: food preservation, research.



## Pax Familias? Reported Family Violence on the Decline

Heard plenty of bad news lately? Well, here's some good news about a very important part of life. That is, family life.

We generally trust that adults will care for a child—particularly a family member. However, children are abused each year, with family adults the most likely abusers. The good news, however, is that considerably fewer children were reported victims of abuse and maltreatment in recent years. U.S. crime data shows that reported physical abuse of children declined 52 percent between 1992-2007, while reports of sexual abuse dropped 53 percent. Child neglect reports dropped only slightly over the same years—6 percent—and are now more than twice as common as physical or sexual abuse.

Also positive for families is the drop in reported violence by intimate partners over a similar time period. Partner violence includes harm inflicted by spouses, ex-spouses, boyfriends and girlfriends, including opposite and same-sex relationships. Among never-married women in 1993, 11.5 out of 1,000 were the victims of violence by intimate partners, while fewer than half as many suffered the same fate in 2005 (4.4 out of 1,000). Trends were parallel for married women, with 3.1 of 1,000 attacked by spouses in 1993, compared to less than one in 2005 (.9 out of 1,000). Partner violence was reported considerably more often among separated couples, with 92.3 of 1,000 women harmed by former partners in 1993, dropping to 49 of 1,000 in 2005. Reported violence against divorcees dropped



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dramatically, with 26.3 in 1,000 harmed by ex-husbands in 1993, but 8.5 in 2005.

These positive trends for families come in the context of declines in most types of reported crime. From 1993 to 2007 reported crimes against children dropped considerably, including aggravated and simple assault (down 69% and 59% respectively), robbery (down 62%), and larceny (down 54%). Reported crimes against adults also declined consistently in recent decades. Reported violent crime in the U.S. is at its lowest level in 40 years.

These trends could have many possible sources. One favorable trend for families is the increasing age at which young adults marry and have children—up 5 years on average over the past two decades. Those additional years of maturity may better prepare young adults for the stresses of marriage and parenthood. Parents have also become better educated over the past two decades, perhaps bringing better problem solving skills to the challenges of family life.

These young adults are the same generation that distinguished themselves as youth, with fewer teen births, increased high school graduation rates, less alcohol and tobacco use, and fewer youth arrests than the previous generation. (See *How are the Children? The Communicator*, July 2008). The personal skills underlying these positive trends for teenagers may lay a stronger foundation for family life.

Societal trends may also contribute to more peace at home. For example, community public health campaigns to prevent family violence have shown positive effects on family life. Aggressive public health campaigns on environmental toxins have resulted in an 84 percent drop in elevated blood lead levels in young children. Lead exposure is associated with depressed cognitive functioning and compromised health outcomes for children—sources of chronic family stress. Early childhood education opportunities have also expanded, with positive effects on children's school performance and declines in youth risk taking (see More Good News about America's Children, *The Communicator* March 2009). New strategies in law enforcement, mental health, and social services may also play a role in improved family functioning.

Within this favorable news also lies cause for concern. Despite decreases in physical abuse, estimated rates of emotional abuse of children rose 83 percent from 1993 to 2006. The fact that child neglect declined so little over the years is also a concern, considering how damaging neglect is in the lives of children. Also, child maltreatment fatalities have had a recent increase, up 15 percent from 2006-7. Although only a one-year trend, this most serious form of child abuse merits careful consideration and attention to future developments.

Another concern is the fact that these trends are based on reports of family violence. Family violence, in particular, is subject to under-reporting, as families protect their privacy and shield themselves from outside intervention.

Declines in reported rates of violence may reflect family strategies outside of official reporting systems. For example, more and more grandparents are raising their grandchildren—census data show that 6.3 percent of children were in grandparent-headed households in 2000 compared to 8 percent in 2010. Most kincare arrangements are informal, with grandparents or other relatives intervening to protect young family members when parents are inadequate to the task. Arrangements are within the family, and don't show up in official statistics.

These positive trends in reported family violence are from the decades preceding the current recession. Unemployment and poverty are significant family stressors, thus the recession may reverse

some of this progress for families. Data from pre-recession years show that children of unemployed parents experience two to three times the rates of abuse and neglect of their peers with employed parents. One early sign of recession-related stress could be the increase in shaken baby syndrome found in a study of four urban hospitals as the recession started in 2007 and continuing through 2008. Several states report parallel trends.

Positive trends in such important areas of life are an excellent development, but continued vigilance is required for those still at risk. Special consideration of groups at greatest risk will be critical to continued progress. For example, white females are twice as likely to be killed by an intimate partner as black females or males of any race. Rates of reported nonfatal violence by partners against very low income women is five times that of high income women. Low income children are also at increased risk—three times more likely to be abused and seven times more likely to be neglected than higher income children. Such statistics can help target prevention programs for maximum impact on children and families.

Positive trends in family life set the stage for improved developmental outcomes for children and youth, and for parents as well. These signs of success demonstrate the potential impact of continued efforts to protect all of those at risk.

Sources: Bureau of Justice Statistics, Intimate Partner Violence in the U.S., 2007, <http://jbl.ojp.usdoj.gov/content/intimate/victims.cfm>; Federal Bureau of Investigation, FBI Releases Annual Crime Statistics for 2010, May 2011, [www.fbi.gov](http://www.fbi.gov); Good News is No News, *The Economist*, June 4<sup>th</sup>, 2011; Park, A., Study: Shaken Baby Cases Rose During the Recession, *Time*, May 3, 2010; Slep, A., & Heyman, R., Public Health Approaches to Family Maltreatment Prevention: Shifting sights from the home to the community, *Journal of Family Psychology*, 22: 518-28; Trends in Child Maltreatment, Crimes Against Children Research Center, University of New Hampshire, 2007. [www.unh.edu/ccrc/Trends/index.html](http://www.unh.edu/ccrc/Trends/index.html); Trends in Child Victimization, Crimes Against Children Research Center, 2007, [www.unh.edu/ccrc/Trends/index.html](http://www.unh.edu/ccrc/Trends/index.html); U.S. Department of Health and Human Services, 4<sup>th</sup> National Incidence Study of Child Abuse and Neglect (NIS-4), 2010.

Keywords: family, children at risk, health, women.

## Overweight and Obesity Update

The statistics on overweight and obesity incidence in adults and youth are sobering. At the American Heart Association (AHA) conference in November 2011, Dr. Mark Huffman, Assistant Professor of Preventive Medicine and Cardiology at Northwestern University, reported on current overweight and obesity statistics in adults (20 years and older) and forecasted future trends and their implications. Using National Health and Nutrition Examination Survey (NHANES) data, he reported that, currently, 72 percent of men and 63 percent of women were overweight or obese. He predicted that by 2020, 83 percent of men and 72 percent of women would be overweight, based on overweight and obesity weight patterns that occurred in the NHANES conducted from 1988-2008.

Dr. Huffman recommends that individuals improve health behaviors related to diet, physical activity, body weight, and smoking. If health behaviors are not improved, health care costs, which are estimated to be \$1.1 trillion per year by 2030, could rise even further.

The increase in overweight and obesity may be due to a shift in Americans' perception of their "ideal weight." Gallup Poll results illustrate how Americans' reported weight and "ideal weight" has increased over the last 20 years. In 2011, American men and women, on average, reported they weighed 196 pounds and 160 pounds, respectively. Both amounts are almost 20 pounds higher than what was reported in 1990. In 2011, men and women reported their ideal weight as 181 pounds and 138 pounds, respectively. Twenty years ago it was 142 pounds for men, and 129 pounds for women.

The incidence of obesity and potential health care cost predictions are similarly depressing for children. The Centers for Disease Control and Prevention (CDC) estimates that more than 16 percent of children and adolescents ages 2 to 19 are obese. A recent study found that young children today are heavier at an early age compared to the 1970s and 1980s.

Researchers recently analyzed Body Mass Index (BMI) data on approximately 6,000 white, black,



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and Hispanic kindergarteners. They found that approximately 40 percent of kindergarteners had a BMI at the 75<sup>th</sup> percentile. This means that these children weigh more than 75 percent of other children their age. A BMI in the 75<sup>th</sup> percentile is in the normal range, and a BMI in the 85<sup>th</sup>-95<sup>th</sup> percentile is considered overweight, and above the 95<sup>th</sup> percentile is obese. Researcher Dr. Datar stated that, "While a BMI in the 75<sup>th</sup> percentile is still in the normal range, that child may be headed for being overweight or obese."

A BMI comparison is shown in Table 1, between existing children and those in the 1970s and 1980s. The results illustrate how BMI has increased in those who are likely to become overweight/obese (75<sup>th</sup> percentile) and those who are overweight and obese.

Table 1. Body Mass Index comparison of kindergarteners

Year	Percentage of youth with a BMI at the 75 <sup>th</sup> percentile	Percentage of youth with a BMI at 85-95 <sup>th</sup> percentile (overweight)	Percentage of youth with a BMI above 95 <sup>th</sup> percentile (obese)
Current youth	~40%	28%	12%
1970s and 1980s youth	~25%	10%	5%

These results indicate that nutrition and physical activity programs should begin at an early age, possibly even in preschool.

When obese children become obese adults, they are more likely to develop type 2 diabetes, high blood pressure, and elevated cholesterol and triglyceride levels. The American Academy of Pediatrics now recommends that all children have their cholesterol levels checked twice before they reach the age of 21.

Source: *Pediatrics*, December 2011.  
<http://www.northwestern.edu/newscenter/stories/2011/11/heart-health-fatter.html>;  
<http://www.gallup.com/poll/150947/self-reported-weight-nearly-pounds-1990.aspx>;  
[http://www.cdc.gov/nchs/data/hestat/obesity\\_child\\_07\\_08/obesity\\_child\\_07\\_08.htm](http://www.cdc.gov/nchs/data/hestat/obesity_child_07_08/obesity_child_07_08.htm);  
<http://pediatrics.aappublications.org/content/128/6/e1411.abstract>.

Keywords: overweight, obesity.

## Adolescents Have Poor Heart Health

Researchers at Northwestern University recently concluded that teens today are more likely to die from heart disease at a younger age. This is based on data they analyzed from 5,450 youth, 12-19 years-old, who completed the NHANES survey from 2003-2008.

Lead researcher, Dr. Lloyd-Jones, determined what percentage of adolescents met the seven criteria set by the American Heart Association for ideal cardiovascular health. The seven criteria are: diet, smoking, exercise, weight, cholesterol, blood pressure, and blood sugar. None of the 5,450 adolescents met all seven criteria; this was due to none of them meeting five dietary recommendations. When diet was factored out, there were still only 16.4 percent of boys and 11.3 percent of girls who met the ideal standards for the other six criteria.

The adolescents scored best on having normal blood pressure values and not smoking. The results on the seven criteria are:

1. **Blood pressure:** ~92% of boys and girls had an ideal level of blood pressure.

2. **Smoking:** ~80% of those <17 years-old had never smoked, and 60-70% of those 18 and 19 years-old had never smoked.
3. **Total cholesterol:** 65% of girls and 73% of boys met the ideal cholesterol levels.
4. **Blood sugar:** More than 30% of boys and 40% of girls had an elevated blood sugar levels. Cholesterol and blood sugar levels can be naturally elevated during puberty and level off in adulthood.
5. **Exercise:** 52% of boys and 38% of girls met the 60 minutes/day of physical activity recommendation. Between 10-20% reported getting no exercise.
6. **Weight:** ~35% of boys and girls were overweight or obese; 65% had a normal weight.
7. **Diet:** 0% or none of the adolescents reported meeting the following five target measures:
  - 4½ servings/day of fruit and vegetable intake
  - 3 ounces/day of whole grains
  - 2 or more servings of fish per week
  - less than 1,500 mg sodium/day
  - less than 36 ounces of sugar-sweetened drinks per week

Their diets were high in sodium and sugar-sweetened beverages and didn't include enough fruits, vegetables, fiber, or lean protein. Lloyd-Jones stated, "They were eating too much pizza and not enough whole foods prepared inside the home, which is why their sodium was so high and fruit and vegetable content was so low."

The effect of the worsening teen health is affecting cardiovascular mortality rates. For the first time, cardiovascular mortality rates have increased in younger adults, ages 35-44, especially in women.

Source: <http://www.northwestern.edu/newscenter/stories/2011/11/teens-heart-disease.html>.

Keywords: heart disease, adolescents.