

The Communicator

March 2013

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Today I am thinking about all my friends and family located in the Central Rockies and in the state of Kansas. Here we are at the end of February and those two areas are just part of those getting hit with major snow storms. Personally I am enjoying watching things start to green up around here. But, please do not let any of my former colleagues or relatives know I mentioned that. It really is nice to be in a region where spring does actually start in March. Growing up I become quite used to seeing things turn green around Saint Patrick's Day.

Now for you who are still suffering from SAD (seasonal affective disorder) you might find the following brief from the Harvard Business Review of interest. I am not advocating we all go shopping, but in light of this article my "need" for a new pair of shoes can certainly be justified. Right? Ok, maybe not.

Morning Advantage: Feeling Blue? Go Buy Some Stuff

Kevin Evers | February 22, 2013. One would think—i.e. me—that attempting to cure one's sadness with shopping isn't the best strategy. Dog sick? Buy a Snickers. Rough day at work? Buy a watch. Just doesn't seem right, does it? Well, [according to new research](#) by Scott Rick and Katherine Burson of Michigan's b-school, I may be wrong—in fact, it looks like retail therapy is the real deal.

Here's the rub. In one study, the researchers showed a sad video to participants, and then offered them a snack to buy. The snack buyers reported lower sadness scores—after the video—than those who chose not to buy a snack. In a second experiment, the researchers tested the effects of buying versus browsing: the buyers, it turns out, reported lower sadness scores than browsers. So why the changes in sadness? Buying things, the researchers suggest, can help to restore our sense of control. "Shopping is a natural, easy vehicle for choice," Rick says. There are other situations that afford opportunities to choose and restore personal control, but they may be less tempting and harder to find than the mall."

<https://d12wy5ngtjita.cloudfront.net/ipad/blogs/morning-advantage-feeling-blue.html>



Director

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Earlier this fall we in the Margaret Ritchie School of Family and Consumer Sciences did not have to think about shopping to feel better. The re-accreditation report received by the Child Development Laboratory was enough to put smiles on all of our faces. I have asked Suzanne Planck, Child Development Laboratory Director, to share the good news herself.

Suzanne Planck



Child Development Laboratory Earns Five-Year NAEYC Re-Accreditation

Faculty, graduate teaching assistants, undergraduate students, and families involved with the Child Development Laboratory spent the past year actively preparing for an accreditation assessment site visit, which took place September 2012.

Accreditation through the National Association for the Education of Young Children (specifically the NAEYC Academy for Early Childhood Program Accreditation) is a comprehensive process that reviews all aspects of early childhood programs. Accreditation is based on over 400 criteria that fall within ten standards focused on children, teachers,

family and community partners, and the program administration. The majority of the standards and criteria are focused, appropriately and not surprisingly, on children. These standards include: Standard 1—Relationships; Standard 2—Curriculum; Standard 3—Teaching; Standard 4—Assessment of Child Progress; and Standard 5—Health. Standard 6—Teachers, focuses on the qualifications, skills, and professionalism of teachers in the program. Two standards focus on relationships with families and partnerships and other involvement in the community (Standard 7—Families and Standard 8—Community Relationships). Standards 9—Physical Environment and Standard 10—Leadership and Management, focus on administrative and facility aspects of the program.

The assessment process is evidence-based, requiring documentation through multiple types and methods. Significant assessment and documentation tools used include family surveys, teaching staff surveys, and an observation session conducted in the early childhood classroom by the assessor at the time of the site visit.

The most comprehensive documentation tools used are portfolios compiled by the program administrator and teaching staff. Classroom portfolios are created by classroom teachers and document many areas of curriculum along with evidence of group and individual goals and learning outcomes as well as assessment methods. Each class creates a portfolio specific to their group of children, and brings to life the curriculum and other teaching and learning aspects of the program, through sample photographs, lesson plans, parent letters, planning and debriefing documents, assessment tools and reports, and other evidence of program activities. The program portfolio emphasizes program policies and procedures and documents program philosophy, essential characteristics of curriculum and routines, teaching practices, health, and family partnerships and communication. The program portfolio also documents teacher qualifications, training, and professional commitment, and ways the program is enriched through community involvement and sharing resources with families. Facility requirements including comprehensive safety and environmental health measures are documented in the program portfolio, which concludes with documentation of sound program leadership such

as clear mission and philosophy that guide the program, positive working climate, and policies and procedures that align with licensing and other currently accepted best practices in early childhood programs.

The Child Development Laboratory received the accreditation decision report in October, one month following the site visit, which is a good response time from the busy Academy. It was great to receive the report while the students who had been in the classroom at the time of the site visit and who had helped finalize the classroom portfolios with examples of their work were still here. The Child Development Laboratory staff and students were elated to discover that the report included scores of 100+ (%) in four of the ten program standard areas for criteria that were assessed (assessment, teachers, families, and leadership and management). The plus added to the score represented credit given for meeting emerging criteria that will be required in the future but are not currently required. Five additional standards received scores of 100, and one standard (curriculum) received a still very respectable 90 percent. In addition, the classroom portfolios and the program portfolio both received commendation for clear documentation of how assessed criteria are met.

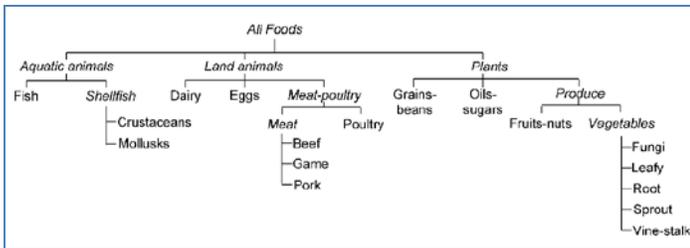
Probably one of the most rewarding outcomes of the process, as well as the results, was the enthusiasm, involvement, and excitement of the undergraduate students who directly experienced the assessment final preparations and site visit. One group of students worked during an established portfolio work session during which several of them made remarks about how much they were learning beyond their routine daily tasks and how exciting it was to be part of something so significant. Other students stepped up to volunteer extra time on their own, and our outstanding graduate teaching assistants (head teachers) deserve accolades for their leadership and follow through to complete the portfolios and for their continued support to keep them current and up to date over time.

Finally, sharing the good news about receiving our accreditation renewal with families enrolled in the program, while thanking them for their support and contributions to the process, was one of the highlights for sure!

Foods Most Responsible for Foodborne Illnesses

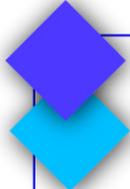
The Centers for Disease Control and Prevention (CDC) recently published estimates of which foods are associated with foodborne illnesses in the U.S. CDC used foodborne illness outbreak data from an 11-year period from 1998 to 2008 to develop the estimates. Although other organizations have conducted similar analyses of outbreak data, this is the first by CDC. The analysis identified foods associated with 4,589 foodborne illness outbreaks, representing 9.6 million illnesses, 57 thousand hospitalizations and 1,451 deaths.

Foods involved in the outbreaks were assigned to one 17 food categories. The categorization in the figure below shows the major food groupings in italics and the 17 food categories in plain type.



About one-half the outbreaks (51%) were linked to a food belonging to a single food category, a “simple” food, and half of outbreaks (49%) implicated a “complex food,” made from more than one food category. The illnesses resulting from complex foods were partitioned into multiple food categories on a basis proportional to the totals assigned to simple foods, in order to attain an estimate that included complex foods.

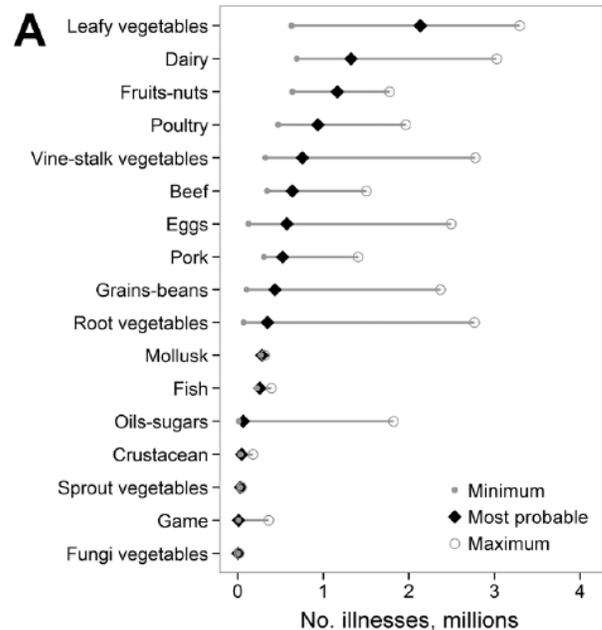
The most interesting figures in the paper are reproduced below and show the minimum, most probable and maximum estimates of the number of foodborne illnesses (figure A), hospitalizations (figure B) and deaths (figure C) attributed to the 17 food categories. Other tables in the paper provide the estimated number of illnesses, hospitalizations and deaths for each major food group and category shown in the figure above.



Food Safety

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For instance, figure A shows that leafy vegetables caused the most foodborne illnesses (2.1 million cases, 22% of total illnesses). The more inclusive category of all produce, a combination of six plant food categories [Fruits-Nuts, Fungi vegetables, Leafy vegetables, Root vegetables, Sprout vegetables, Vine-Stalk vegetables] accounted for nearly half of illnesses (46%). Many of those illnesses were caused by norovirus.

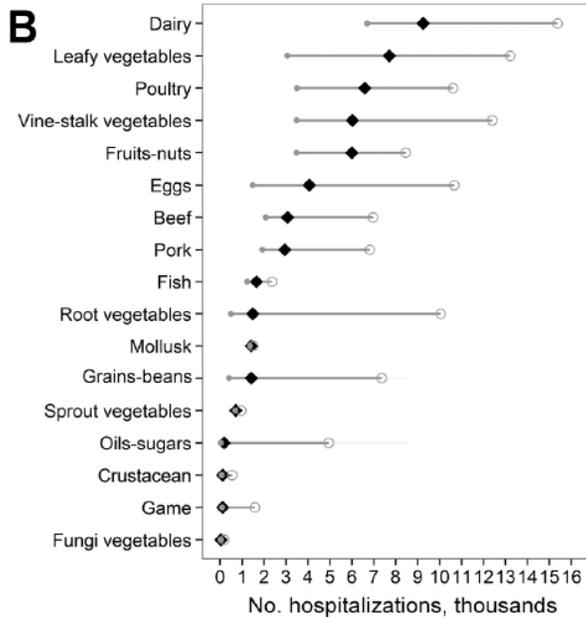


Figure B shows that dairy was the leading cause of hospitalizations, linked to 16 percent of cases, followed by leafy vegetables (13%) and poultry (11%). The report did not look which of these dairy products were pasteurized versus raw, but that is something the agency intends to examine in the future, according to FoodSafetyNews.com, who interviewed Dr. Patricia M. Griffin, CDC’s Chief of Enteric Diseases and lead author of the paper. Dr. Griffin noted “Sometimes we don’t know for a particular outbreak whether the item was raw or pasteurized because it’s not provided on the report form. We’re working with reporting agencies to make sure that’s really clear in the future.”

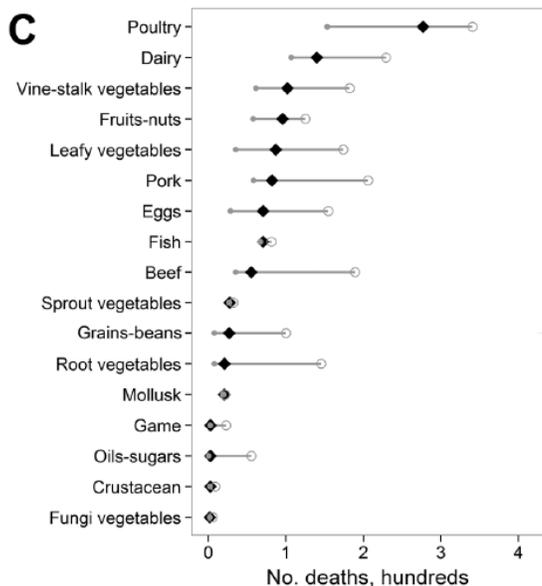


Figure C shows poultry was the leading cause of food related deaths during this 11-year period, accounting for 19 percent of the 1,451 deaths. The organisms that caused the most poultry related deaths were *Listeria monocytogenes* (63%) and *Salmonella* (26%). This is partly due to three large *Listeria* outbreaks linked to sliced processed turkey that occurred in the last decade, though fewer have occurred in recent years.

Dr. Griffin notes that this new report provides a picture of what foods were responsible for the most illnesses over more than a decade, but it does not reflect changes that occurred during this time. “There are some particular things that were different in the beginning of this period we studied from the end,” She noted that, for example, poultry-related deaths were more prevalent in the early years covered by the report, due to a number of *Listeria* outbreaks linked to deli turkey. “Our last big multistate *Listeria* outbreak [linked to these foods] was in 2002,” said Griffin. “That was in the early part of the period that we’re reporting on in this paper. If we only looked at the last half of the period that we reported on for this paper, we’d have many fewer of those *Listeria* outbreaks, and they’re responsible for a lot of poultry-related deaths, so that’s a place where you might see a difference.”

Another change in outbreak sources over this time period was a decrease in illnesses from fruit juice. “Apple cider and even commercial, widely distributed apple juice that wasn’t pasteurized was harboring *E. coli* O157:H7 and *Salmonella* and parasites as well,” noted Dr. Griffin. Now, juice that’s sold across state lines must be pasteurized.

Source: Painter, J.A., Hoekstra, R.M., Ayers, T., Tauxe, R.V., Braden, C.R., Angulo, F.J. and Griffin, P.M. 2013. “Attribution of Foodborne Illnesses, Hospitalizations, and Deaths to Food Commodities by using Outbreak Data, United States, 1998–2008,” *Emerging Infectious Diseases* 19(3):407-415, <http://wwwnc.cdc.gov/eid>; Goetz, G. “Leafy Greens, Dairy Top Foodborne Illness Causes at Turn of 21st Century: Poultry leading cause of death,” January 30, 2013, <http://www.foodsafetynews.com/2013/01/leafy-greens-dairy-lead-foodborne-illness-causes-at-turn-of-century/#.USuf6h1U58E>.

Keyword: foodborne disease.

Preschool Children's Complex Thinking Skills

New research at the University of Chicago and the University of North Carolina at Chapel Hill shows that children begin to show signs of higher-level thinking skills as young as age 4½. Researchers have previously attributed higher-order thinking development to knowledge gains and schooling, but the new longitudinal study shows that other skills, not always connected with knowledge, play a role in the ability of children to reason analytically.

The findings, reported in January in the journal *Psychological Science*, show for the first time that children's executive function has a role in the development of complicated analytical thinking. Executive function includes such complex skills as planning, monitoring, task switching, and controlling attention. Executive function skills at school entry are related to reasoning skills in adolescence.

The new research by Lindsey Richland and Margaret Birchinal follows the development of complex reasoning in children from before the time they go to school until they are 15.

Richland and Burchinal studied a database of 1,364 children who were part of the Early Child Care and Youth Development study from birth through age 15. The group was fairly evenly divided between boys and girls and included families from a diverse cross-section of ethnic and income backgrounds.

The current study examined tests children took when they were 4½, when they were in first grade, third grade, and when they were 15. Because the study was longitudinal, the same children were tested at each interval. Among the tests they took were ones to measure analytical reasoning, executive function, vocabulary knowledge, short-term memory and sustained attention.

The study found a strong relationship between high scores among children who as preschoolers had strong vocabularies and were good at monitoring and controlling their responses (executive function) to later ability on tests of understanding analogies.



Family Development

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This study contributes to the growing body of research sharing that executive function is a core skill in children that facilitates learning.

Parents and teachers may be able to help encourage development of executive function by having youngsters help plan activities, learn to stop, think, and then take action, or engage in pretend play.

Source: Uchicago News, <http://news.uchicago.edu>.

Keywords: early childhood, education.

No More "Empty Nest"

The "empty nest" of past generations, in which the kids are grown up and middle-aged adults have more time to themselves, has been replaced in the United States by a nest that's full—kids who can't leave, can't find a job and aging parents who need more help than ever before.

According to a new study by researchers at Oregon State University, what was once a life stage of new freedoms, options and opportunities has largely disappeared.

An economic recession and tough job market has made it hard on young adults to start their careers and families. At the same time, many older people are living longer, which adds new and unanticipated

needs that their children often must step up to assist with.

The end result, researchers suggest, are "empty nest" plans that often have to be put on hold, and a mixed bag of emotions, ranging from joy and "happy-to-help" to uncertainty, frustration and exhaustion.

"We mostly found very positive feelings about adults helping their children in the emerging adulthood stage of life, from around ages 18 to 30," said Karen Hooker, director of the OSU Center for Healthy Aging Research.

"Feelings about helping parents weren't so much negative as just filled with more angst and uncertainty," Hooker said. "As a society we still don't socialize people to expect to be taking on a parent-caring role, even though most of us will at some point in our lives. The average middle-aged couple has more parents than children."

The findings of this research were just published in the *Journal of Aging Studies*, and were based on data from six focus groups during 2009-10. It was one of the first studies of its type to look at how middle-aged adults actually feel about these changing trends.

Various social, economic, and cultural forces have combined to radically challenge the traditional concept of an empty nest, the scientists said. The recession that began in 2008 yielded record unemployment, substantial stock market losses, lower home values and increased demand for higher levels of education.

Around the same time, advances in health care and life expectancy have made it possible for many adults to live far longer than they used to—although not always in good health, and often needing extensive care or assistance.

This study concluded that most middle-aged parents with young adult children are fairly happy to help them out, and they understand that getting started in life is simply more difficult now. Some research has suggested that age 25 is the new 22; that substantially more parents now don't even expect their kids to be financially independent in their early 20s, and don't mind helping them through some difficult times.

But the response to helping adult parents who, at the same time, need increasing amounts of assistance is not as uniformly positive, the study found—it can be seen as both a joy and a burden, and in any case was not something most middle-aged adults anticipated.

"With the kids, it's easy," is a general purpose reaction. With aging parents, it isn't.

"My grandparents died younger, so my parents didn't cope with another generation," one study participant said.

Many middle-aged people said it was difficult to make any plans, due to disruptions and uncertainty about a parent's health at any point in time. And most said they're willing to help their aging parents, but a sense of being time-starved was a frequent theme.

"It brings my heart joy to be able to provide for my mom this way," one study participant said. "There are times when it's a burden and I feel resentful."

The dual demands of children still transitioning to independence, and aging parents who need increasing amounts of care is causing many of the study participants to re-evaluate their own lives. Some say they want to make better plans for their future so they don't pose such a burden to their children, and begin researching long-term care insurance. Soul-searching is apparent.

"I don't care if I get old," a participant said. "I just don't want to become debilitated. So I would rather have a shorter life and a healthy life than a long life like my mom, where she doesn't have a life. She doesn't have memories. Our memories are what make us who we are."

An increasing awareness of the challenges produced by these new life stages may cause more individuals to anticipate their own needs, make more concrete plans for the future, reduce ambivalent approaches and have more conversations with families about their own late-life care, the researchers said in their study.

Source: www.eurekaalert.org.

Keywords: family, senior, young adults.



Boomers Living Longer, But Not Better

There are approximately 80 million Americans who were born between 1946 and 1964 and are classified as baby boomers. Researchers at West Virginia University School of Medicine have found that these individuals are living longer, but they are not as healthy as their parents.

In this study, researchers compared data from the U.S. National Health and Nutrition Examination Survey on people aged 46 to 64 in two time periods, from 1988 to 1994 for the older age group (boomer's parents) and from 2007-2010 for the current baby boomers. The mean age of the current baby boomers was 54.1 years and for the boomer's parents was 54.5 years. The results are shown in Table 1.

Table 1. Comparison of health parameters in two generations

Parameters	% Baby Boomers	% Boomer's parents	p
Excellent health status	13%	32%	<0.001
Participated regularly in physical activity	35%	50%	<0.001
Used a walking device (e.g. cane)	6.9%	3.3%	<0.001
Obese	39%	29%	<0.001
Hypertension	43%	36%	<0.001
Hypercholesterolemia	73.5%	33.8%	<0.001
Using cholesterol lowering meds	29.5%	1.5%	<0.001
Diabetes	15.5%	12%	<0.03
Emphysema	2.3%	3.5%	<0.03
Smokers	21%	28%	<0.001

These results show that even though medical advances have increased life expectancy, U.S.



Nutrition Education

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boomers have a higher rate of chronic disease (obesity, hypertension, hypercholesterolemia, diabetes), take more medications, and need some type of assistance walking, compared to their parent's generation. Furthermore, they are less likely to participate regularly in physical activity and rate their health status as excellent. One bright note was that baby boomers had a lower incidence of emphysema, probably due to a lower percentage of them smoking.

The higher incidence of these chronic diseases in the current boomers may be related to their higher incidence of obesity and lower level of physical activity. One of the biggest differences between the two groups was boomer's use of cholesterol lowering medications. This is partly due to many of these medications not being available when their parents were their age. Lead researcher Dr. Dana King was concerned that current boomers are relying too much on medications and commented that, "The drugs are suppose to be used in addition to a healthy lifestyle, not instead of it."

King felt it was not too late for our current boomers to become healthier. He mentioned that some of his earlier studies showed that it was possible to "turn back the clock" even when people were in their 50s and 60s.

Source: *Journal of the American Medical Association Internal Medicine*, February 4, 2013, www.jamainternalmed.com.

Keyword: health.



Using Diet Drinks in Cocktails Makes Them More Potent

If you order a mixed drink and ask them to use a diet soda, chances are that your breath alcohol content will be higher and your response time will be slower than if the drink contained a higher calorie sugary beverage. That is what researchers at Northern Kentucky University found when they had male and female students (n=16) attend two sessions. In the first session, they had them drink vodka mixed with regular soda, and at the second session, they had them drink vodka mixed with diet soda.

At each session, subjects drank the equivalent of three to four bar drinks over a five minute period. Over a three hour period, their breath alcohol content was measured eight times and they were also asked to perform a test on the computer to measure their response time.

In both tests, the results were worse when subjects drank the diet soda + alcohol mixture. Breath alcohol content peaked 40 minutes after they finished their drinks. When the alcohol was mixed with a sugary soda, their peak breath alcohol level was 0.077, just under the legal limit of 0.08. When the alcohol was mixed with a diet soda, their peak breath alcohol level was 0.091. In addition, the breath alcohol levels remained higher throughout the three hour period when they drank the diet soda + alcohol mixture. Subjects' response time during the computer test was significantly slower when they consumed the diet soda + alcohol mixture.

The lead researcher, Dr. Cecile Marzinski, speculated that alcohol was released from the stomach faster in the diet soda + alcohol drink because there was no sugar (and no calories) in the stom-

ach to slow down the absorption. If there is food in the stomach, it lowers breath alcohol concentration by 57 percent, compared to drinking on an empty stomach.

Dr. Marzinski stated, "The bottom line is that people shouldn't drink on an empty stomach, and they may want to think twice about saving calories by using diet soda mixer."

Source: *Alcoholism: Clinical and Experimental Research*, February 5, 2013, <http://onlinelibrary.wiley.com/doi/10.1111/acer.2013.37.issue-2/issuetoc>.

Keywords: alcohol, diet soda.

Use Text Messages to Teach Teens about Healthy Lifestyles

Approximately 75 percent of 12-17 year-olds own a cell phone and the average teen receives 114 texts per day. Obesity in teens is an ongoing problem. Faced with these facts, Dr. Melanie Hingle at the University of Arizona, conducted focus groups with teens to develop appropriate nutrition and physical activity messages using cell phones.

She found that teens wanted messages that were short, direct, and relevant and that contained:

- specific information for their age group (e.g. "American girls aged 12-19 years old drink an average of 650 cans of soda a year!")
- personal pronouns (e.g. "Eating foods high in protein helps you feel full. Want to see examples of foods that contain protein?")
- content that is "random" (e.g. "Ears of corn have even numbers of rows")
- information that could be translated into behaviors (e.g. "Walking can burn 80-100 calories per mile.")

Message style or voice was important; they did not want to be told what to do and preferred the words "try" or "consider." Future research will test if these text messages can change teen lifestyle habits.

Source: *Journal of Nutrition Education and Behavior*, January/February 2013.

Keyword: teens.