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Greetings and Happy Autumn

I have probably shared this in the past, but autumn is my favorite time of the year. I do not dislike the other seasons; each has its own unique characteristics just like humans. The colors of autumn, Halloween, Thanksgiving, back-to-school all combine to make it a special time of year for me. Maybe it is the routine I return to after summer that appeals to me the most or the chance to hear of everyone’s summer adventures when we return to our campus routines.

Campus FCS faculty once again did not disappoint with summer adventures. In one of our future issues of the Communicator I plan to share more about my experiences in Guatemala in late May and early June. Samantha Ramsay returned to Ghana with several graduate students, and I plan on one of the students sharing their experiences with you as well. I asked SeAnne Safaii to share her unique summer adventure with you in this issue.

Over the summer SeAnne had the opportunity to travel in Asia and Europe interviewing centenarians concerning their food consumption patterns. As a “card carrying” member of the Baby Boomer generation I was excited to read SeAnne’s article. I hope you find it as thought provoking as I did, and yes I think there are changes needed in my lifestyle if I plan to continue life’s adventures.

Eating to 100—Balance Your Protein Throughout the Day

By SeAnne Safaii, PhD, RDN, LD, Associate Professor, University of Idaho

Koretaka Ueda was waiting for us in the distance as we drove through the rice paddies to his modest home. As he welcomed us into his home his enthusiasm and energy for life was contagious. Koretaka, who grew up in Hiroshima, Japan is approaching his 100 birthday. Every day he goes to the library, tends his rice fields and walks 3,000 steps, rain or shine. Clearly there were no signs of muscle loss in this gentleman. “Health is like a battle against yourself—the tendency is to become more dependent and weaker as you age, but in fact it is just the opposite. If you are able to walk up-stairs, then do it. Appreciate your health — Arigato u gozai mash ta.” he advises.

This summer I had the great opportunity to collaborate with one of our University of Idaho alumni Sue Linja, whose expertise is in gerontological nutrition. Sue has built one of the most successful nutrition and long term care consulting businesses in the United States. She employees over 50 skilled dietitians and oversees nutrition services in 120 long term care facilities in Idaho, Oregon, Washington, Colorado, Nevada, Kansas, Arizona, New Mexico and Utah. Together we conducted in-depth interviews with centenarians from Italy, Japan, Singapore and the U.S.

One thing that we found, unique to all of these countries was the fact that protein intake was spread out throughout the day. That does not mean that they were on Paleo Diets, but rather their diets were high in plant based protein, fish, beans and vegetables… plenty of fresh vegetables. There is much to be said about distributing protein intake...
throughout the day to prevent muscle loss. Normal aging combined with inactivity can cause higher than average loss of muscle mass, as much as 3-5 percent of the bodies muscle per decade. This is called sarcopenia. Sarcopenia typically accelerates around age 75 and is a huge contributor to illness and early death.

David R Thomas, a geriatric nutrition researcher at Saint Louis University School of Medicine, notes that sarcopenia results in increased frailty, an increased prevalence of disability, decreased metabolic rate (the rate you burn calories), decreased bone mineral density and an overall decreased functional capacity. Sarcopenia may be influenced and even prevented by the way we consume protein, in small amounts throughout the day.

Koretaka eats 3 meals a day on a regular schedule. His meals are primarily based on grains, vegetables and fish. He consumes around 25 grams of protein at each meal. A dietary plan that includes 25-30 grams of high quality protein per meal is suggested to stimulate muscle protein synthesis, yet most Americans don’t eat this way. For example a typical breakfast of milk and cereal or pancakes and juice contains only 5-10 grams of protein. While it is relatively easy to eat enough protein at lunch and dinner, consuming 25-30 grams of protein at breakfast is extremely challenging unless we eat fish or beans or a larger quantity of food, which poses the risk of overconsumption.

Meanwhile, two Italian shepards (Michele Salaris and Michele Nuges) from the other side of the world, Sardinia, echoed Koretaka’s dietary habits only with different foods. Goat’s milk, pecorino cheese, fish, beans and other legumes made up most of their protein, which were consumed equally at meals throughout the day. Unlike Asian preferred beverages of water or tea, Italians drink more wine. As the Micheles’ stated, “water is for washing the hands, wine is for drinking.”

These are just a few of many more diet secrets from centenarians that we have yet to share. We are presenting at “Science on Tap” in Coeur d’Alene this October and at the Today’s Dietitian national conference in Orlando, Florida next May. We are happy to present in Boise or surrounding areas as well.

For now we would like you to walk away with one dietary tidbit. Spread your protein intake out throughout the day. Start with breakfast and see if you can get 25 grams in. Use this list to help you. Not easy is it.

High protein foods to add to your breakfast:

<table>
<thead>
<tr>
<th>Food</th>
<th>Grams of Protein</th>
<th>Serving Size</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eggs/Egg Whites</td>
<td>8 gm</td>
<td>1 whole or 2 large whites (2 oz)</td>
</tr>
<tr>
<td>Cottage Cheese</td>
<td>12 gms</td>
<td>½ cup</td>
</tr>
<tr>
<td>Beans</td>
<td>11 gms</td>
<td>1 cup</td>
</tr>
<tr>
<td>Greek Yogurt</td>
<td>12 gms</td>
<td>6 oz</td>
</tr>
<tr>
<td>Fish</td>
<td>22 gms</td>
<td>3 oz</td>
</tr>
<tr>
<td>Cheese</td>
<td>9 gms</td>
<td>1 oz</td>
</tr>
<tr>
<td>Nuts</td>
<td>9 gms</td>
<td>1 oz</td>
</tr>
</tbody>
</table>

*Note: Traditional breakfast’s meats like ham and bacon only have 3-4 grams of protein per 1 oz serving.

Koretaka explains that growing older and maintaining your health is not easy, because we are generally lazy. But he states it is an insult to think that someone has to die at age 100. “That is a good goal for someone who is 60, but I plan to live to at least 107,” he boasts!

If you would like more information on living to 100, please join us at 5:30 pm on October 20th as we present “The Road to 100—Are you in the Right Lane?—Eating for Longevity” at the University of Idaho’s Science on Tap, program at Gizmo, CDA.
Why Come Back: Who Returns to Rural Communities?

The U.S. Census shows that young adults 20-24 years old move away from less scenic remote rural counties at about twice the rate of other rural counties. However, they are more likely than those in other counties to move back to those communities as 30-34 year olds with young children. This immigration helps balance the population loss of younger adults. The USDA interviewed a sample of high school graduates of such communities to better understand the motivations of the returnees as well as those who stayed away.

Those who moved back to home communities were most likely to cite the presence of parents and a desire to raise their children back home as the reasons for their return. Returnees also mentioned the desire for an easy-going environment where they were less anonymous. Families also sought opportunity for outdoor recreation and fuller participation in school sports.

Families needed to work out employment plans as they considered returning home, often involving creative strategies and/or financial and career sacrifices. Family adults were drawn by the short commutes in small towns, as well as availability and quality of public community facilities. Returnees often welcomed the tight-knit social environment of small town life, and looked forward to the chance to volunteer and take on leadership roles in the community.

Those who did not move back cited low wages and limited job opportunities as barriers to their return, and tended to find small town life to be too familiar for their tastes. Limited shopping, dining, and cultural amenities were also cited as reasons not to return. Families who did not move back tended to be more satisfied with their urban/suburban schools and found that they meet their children’s needs.

Returnees proved to be a rich resource to rural communities. Most brought spouses and children with them when they moved, increasing county and school populations. They were often well-trained professionals who had acquired considerable experience in their years away from their home communities. Their strong community roots facilitated their transition into work and leadership roles, bringing expertise and energy to businesses, organizations, schools, faith communities, and community projects.

This study of young adult trends in mobility was based on 300 interviews at high school reunions in 21 rural communities in 2008-9. The full report on this study is available at www.ers.usda.gov.


Keywords: rural, family, young adults.

Poor Decision-making Skill in Youth Linked to Later Behavior Problems

Children who show poor decision-making skills at age 10 or 11 may be more likely to experience interpersonal and behavioral difficulties that have the potential to lead to high-risk health behavior in their teen years, according to a new study from Oregon State University psychology professor.
"These findings suggest that less-refined decision skills early in life could potentially be a harbinger for problem behavior in the future," said Joshua Weller, an assistant professor in the School of Psychological Science in OSU's College of Liberal Arts.

However, if poor decision-making patterns can be identified while children are still young, parents, educators and health professionals may have an opportunity to intervene and help those children enhance these skills, said Weller.

"This research underscores that decision-making is a skill and it can be taught," he said. "The earlier you teach these skills, the potential for improving outcomes increases."

Dr. Weller and co-authors Maxwell Moholy, Elaine Bossard and Irin Levin wanted to better understand how pre-adolescent children's decision-making skills predicted later behavior. To do so, they conducted follow-up assessments with children who had participated in a previous decision-making study. Children were evaluated based on how they perceived the risks of a decision, their ability to use appropriate decision-making rules and whether their confidence about a decision matched their actual knowledge on a subject.

For the new study, researchers invited the original study participants—now 12 and 13 years old - and their parents back for a follow-up behavior assessment that was completed by both the parent and the child. The assessment included questions about emotional difficulties, conduct issues such as fighting or lying and problems with peers. Those kinds of behavioral issues are often linked to risky health behavior for teens, including substance abuse or high-risk sexual activity, Weller said.

Researchers compared each child's scores from the initial decision-making assessment to the child's and their parent's behavioral reports. They found that children who scored worse on the initial decision-making assessment were more likely to have behavioral problems two years later. "Previous studies of decision-making were retrospective," Weller said. "To our knowledge, this is the first research to suggest how decision-making competence is associated with future outcomes."

The research provides new understanding about the possible links between decision-making and high-risk behavior, Weller said. It also underscores the value of teaching decision-making and related skills such as goal-setting to youths. Some interventions have demonstrated promise in helping children learn to make better decisions, he said.

In another recent study, Weller and colleagues studied the decision-making tendencies of at-risk adolescent girls who had participated in an intervention program designed to reduce substance abuse and other risky behavior. The program emphasized self-regulation, goal-setting and anger management. The study found that girls who received the intervention in fifth-grade demonstrated better decision-making skills when they were in high school than their at-risk peers who did not participate in the intervention program.

"Most people can benefit from decision-making training. Will it always lead to the outcome you wanted? No," Weller said. "However, it boils down to the quality of your decision-making process."

That is something that parents and other adults can help children learn. For instance, a parent can talk about difficult decisions with a child. By exploring multiple points of view or showing other people's perspectives on the issue, the child learns to consider different perspectives, he said. "Following a good process when making decisions can lead to more favorable outcomes over time," Weller said. "Focus on the quality of the decision process, rather than the outcome."


Keywords: youth risk taking, children at risk.
How Fast Are You Aging?

There are two ways to measure age: (1) chronologically and (2) biologically. Chronological age is the amount of time a person has been alive, i.e. since your date of birth. Biological age is measured by how fast someone ages; this is determined by looking at specific health measurements called biomarkers.

Researchers at Duke University in North Carolina monitored the changes in 18 biomarkers of 954 individuals when they were 26, 32 and 38. This provided information on how fast they were aging over a 12 year span. The biomarkers they measured were:

- Overall fitness: Body Mass Index, waist-hip ratio, cardiorespiratory fitness
- Cardiovascular health: Blood pressure and blood lipids (cholesterol, triglycerides, and apolipoproteins)
- Diabetes risk: glycated hemoglobin which provides information of average blood-sugar levels over time
- Lung function: Measures of forced expiratory volume (FEV)
- Kidney and liver functions: Tests to assess how well the body clears out normal waste products
- Gum health: periodontal disease can increase risk for cardiovascular problems
- Inflammation: White blood cell and C-reactive protein counts
- Leukocyte telomere length: As people age, these strands of DNA at the end of chromosomes shorten

The reason the researchers chose to study younger adults was because they theorized that this type of data could help them identify people who were aging prematurely.

The results showed that most subjects aged at a normal pace, i.e. one year of biological change for every chronological year. However some aged slower while others experienced 2-3 years of biological changes for each chronological year.

At the end of the study, the researchers calculated that the “biological age” of the 38 year-olds ranged from 28 to nearly 61 years-old. Lead researcher Dr. Daniel Belsky found that those who aged the fastest had:

- Worse balance and motor coordination
- Difficulty with basic tasks (e.g. climbing stairs or carrying groceries)
- Cognitive decline and a decrease in IQ scores
- Older appearance (based on individuals who were asked to guess their ages from pictures)

The researchers speculated that collecting this type of information could help doctors treat their patients at an earlier age to prevent development of some chronic diseases. Our current health care system focuses on older adults once they have illnesses.

Belsky stated, “it may be the case that it’s too late to intervene effectively with some of these individuals after the age of 40 or 50.” He hopes that doctors
will eventually use these biomarkers in a clinical setting and eventually come up with a standardized clinical measure of biological age.


Keywords: aging, health.

Using Reusable Bags Affects Grocery Purchases

In 2014, it was estimated that U.S. consumers used 100 billion plastic bags every year—almost one bag per person each day. This requires 12 million barrels of petroleum oil and it can take between 15-1,000 years for these bags to decompose. Since plastic bags are considered to be harmful to the environment, people are being encouraged to use reusable bags when they shop.

What effect do reusable bags have on grocery store purchases? That’s what researchers at Harvard Business School and Duke’s Fuqua School of Business studied. They used a single grocery store that had a loyalty card program so that purchases were recorded into a large database. They determined if individuals brought their own bag if the database contained a $0.03 credit for their grocery store purchase. They analyzed data from 142,938 shopping trips by 884 households over a 22 month period from 2007-2009.

The results showed that individuals who brought their own bags were more likely to buy organic goods, but were also more likely to purchase more high-fat, high calorie items such as ice cream, chips, candy bars, and cookies. Lead researcher, Karmarkar, calls this type of behavior “licensing.” If you behave well in one situation, you give yourself license to misbehave in another unrelated situation. You feel like you have earned it. This has been observed in other studies where individuals buy a diet coke and then treat themselves to a large hamburger and fries.

Keep this study in mind the next time you are in the grocery store and shopping with reusable bags. Look at your food purchases and see if you have more organic food purchases and/or high fat, high sugar food items.


Which Meal Is Healthier—At Home, Fast Food or Sit-Down Restaurant?

Researchers at the University of Illinois at Urbana-Champaign analyzed food intake data from 18,000 adults who completed the National Health and Nutrition Examination Survey from 2003-2010. They analyzed the nutritional value of meals consumed at home, and eaten at fast food or full service restaurants for the amount of calories, fats, sugar, vitamins and mineral content.

Nutrient intake varied among the three settings. On the positive side, those who ate at a restaurant consumed more vitamins (B6, vitamin E, vitamin K), minerals (copper, zinc, and potassium) and omega-3 fatty acids. On the negative side, restaurant and fast food meals were both higher in calories (about 200 calories more), and total fat (about 10 grams) compared to those who cooked their meals at home. In addition, the sit down restaurant meals were highest in cholesterol and sodium content, and the fast food meals were highest in saturated fat and sugar content and were lowest in fiber, vitamin A, D, and C and magnesium.

Lead researcher Dr. Ruopeng An suggested that “people consume food at home whenever possible.” If you are eating out, then select meals that contain lean protein foods and plenty of fresh fruits and vegetables.


Keyword: restaurant meals.
Solid Finances

In the last few years Montana State University Extension and South Dakota State University Extension have offered a series of webinars to help attendees better manage their personal finances. This fall, members of the University of Idaho Extension Personal and Family Finance Topic Team will join the effort in offering a new multi-state format called Solid Finances. The program has been made possible by a generous grant from the FINRA Investor Education Foundation.

The 2015-2016 Solid Finances schedule will consist of 18 sessions, with the first session on October 7th. The first 12 sessions will focus on issues for residents of all three states. The final six sessions will focus on issues specific to participants from each state. Solid Finances will feature 10 different presenters sharing their expertise and answering participant questions.

Carrie Johnson (SDSU Extension) will open the series on October 7th by addressing Saving Money & Finding Spending Leaks. Luke Erickson (UI Extension) will lead the next two sessions on Home Buying and Emergency Savings. Nancy Porter will wrap up October by addressing Financial Records Organization: Preparing for Emergencies & Disasters. Retirement Planning will be the focus of several sessions in December. For a complete schedule please visit: www.msuextension.org/solidfinances/schedule.html.

There is no cost to participate in the Solid Finances program, however registration is required. If you would like to participate in the 2015-2016 series, you will need to register by “Clicking Here.”

All of the sessions in the webinar series are recorded. Recordings of past sessions are available for viewing at: www.msuextension.org/solidfinances/pastrecordings.html.

Here are few participants’ comments about last year’s program:

- I was mostly clueless on car purchasing. That entire webinar (on car buying) was incredibly helpful.
- Everyone does a great job. The way everything is broken down and explained really lets you learn about the topics being discussed.
- Really appreciate the course instructors’ wealth of knowledge & experience on the subject matter being presented.
- I love how you are varying the topics, you are really covering a lot of different financial aspects and I love that.
- Though I knew about the basics of retirement, this program enabled me to not only have a better understanding, but resources for the future. Anything I am not certain on or that may change, I will know where to go for the answers.

The team hopes that you will participate in this year’s Solid Finances series. Please contact Nancy Porter (nporter@uidaho.edu) or Joel Schumacher (jschumacher@montana.edu) if you have any questions.

Keywords: personal finance, webinars, financial management.
Economic Well-being of U.S. Households

How are consumers and households fairing during the economic recovery after the “Great Recession”? In order to answer this question, the Federal Reserve Board began conducting the Survey of Household Economics and Decisionmaking (SHED) in 2013 to provide a snapshot of the economic situation of households in the United States. The survey was conducted a second time in October 2014 and focuses on the financial health of individuals on a number of levels including overall well-being, housing, economic fragility, savings and spending, access to credit, education and student loans, and retirement planning.

Their findings reveal that “Overall, since the previous survey in 2013, individuals and their families experienced only mild improvements in their overall well-being, but they are increasingly optimistic about the trajectory of their wellbeing going forward.”

Additional findings from respondents include the following:

- Forty-seven percent say they either could not cover an emergency expense costing $400, or would cover it by selling something or borrowing money.
- Thirty-one percent report going without some form of medical care in the 12 months before the survey because they could not afford it.
- Twenty percent report that their spending exceeded their income in the last 12 months prior to the survey.
- Sixty-three percent indicate that they saved at least some money in the past year.
- Just under one-third of those who applied for credit in the 12 months prior were turned down or given less credit than they applied for.
- One-fifth of respondents have no bank account or have used some form of alternative financial service in the past year.
- Twenty-three percent of adults report currently having education debt of some kind, with 15 percent of all respondents having such debt for their own education, 6 percent for their spouse’s/partner’s education, and 6 percent for their child’s or grandchild’s education.
- Fourteen percent with education debt report that they have credit card debt from educational expenses, 5 percent used a home equity loan to pay for education, and 11 percent have some other non-student loan debt that was used to pay for education.
- Thirty-nine percent of non-retirees have given little or no thought to financial planning for retirement and 31 percent have no retirement savings or pension.
- Over one-half of non-retirees with self-directed retirement accounts are either “not-confident” or only “slightly confident” in their ability to make their right investment decisions when investing the money in these accounts.


Keywords: economic well-being, economic recovery, financial management.