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Greetings

February that time of year we start to watch for signs of spring, maybe around the corner. It is definitely the time of year most of you are watching for the announcement that applications are open for the Haberly, Hepworth and Featherstone awards. Here is your announcement – Application process is now open. You can find the application forms and criteria on our SFCS (School of Family and Consumer Sciences) website under the “Our People” section. Open “Our People” and scroll down through all the lovely photos. On the right at the bottom of the page you will find the links to the forms. Applications are due March 1. Generally the award announcements are made by the end of March.

This February is also a time of change for our college. Our new Dean, Dr. Michael Parrella, starts in his new position February 1. I am looking forward to the opportunity of introducing him to the Margaret Ritchie School of Family and Consumer Sciences and showing him how we are connecting our research, teaching and Extension throughout our School and counties. One great example that may not yet connect Idaho Extension with teaching and research but is clearly an outreach experience is some of our growing international activities. Last summer Dr. Samantha Ramsay once again traveled to Ghana with graduate students. This trip was a continuation of her trip the previous summer. This time we asked the students to share their perspectives of the experience. I think you are Ghana love it!

It’s GHANA Be Great

By Ghana Girls: Jennie Davis, Mackenzie Ferrante, Lauren Keeney and Samantha Worden

Ghana has a pulse you can feel. In our too brief observations, as researchers and tourists, as outsiders, we were still able to feel the edge of it: we could still feel the country’s heartbeat.

We were there as researchers, eager to dip our hands into Ghanaian life through food and cultural

ethnography. Our study took us into the lives of seven different families where we spent a full day observing and learning about mealtimes. While we watched interactions of mothers and children and husbands and wives through camera lenses, we started to feel the cadence of the country. Food was not only a central component to our research, but also a rhythm that lent structure to each day. We explored new flavor palates of smoky, salty fish dripping with palm oil and spicy okro and felt the earthen thump as ground cassava was pounded into clouds of fufu. Ghana slowly became a feeling, a smell, an association, rather than a color on a map.
The children of Ghana are as vibrant and exciting as the rest of the country. While visiting homes to conduct research in child feeding it seemed as if all children in the village came to greet us, watch us for the day, then see us off; running behind our van, waving with huge grins on their faces as they said goodbye. We would watch as young girls stirred empty pots of “dinner” which they would later transport on their heads and as they wrapped their baby-dolls in blankets and tied them to their backs with cloths to sooth them, mimicking their mothers. Ghanaian children were as curious about us as we were about them. Girls and boys would hang on our shoulders and ask, “What’s your name?” “Where are you from?” “Snap my picture?” and giggle in delight when we showed them their beautiful, bright smiles captured in photographs. They always had games to teach, questions to ask, a hand to hold, and smiles, laughter and dancing to share.

Mackenzie Ferrante, Lauren Keeney, Uncle Stephen Kogh, Samantha Worden, Jennie Davis and Samantha Ramsay

Once our time with families and food and children concluded, we set off with our tour guide, Uncle Steven, to explore the deeper regions of Ghana.

We spent a great deal of time traveling around packed into a van. As we bounced and dodged around the plethora of potholes, we discussed our just concluded research, took naps and filled the van with laughter. Our first stop was a canopy walk. We hiked, climbed and crisscrossed across the canopy of the jungle. There was no civilization in sight, only tree tops. On the second day, we visited a monkey sanctuary. A tour guide led us through the jungle, bananas in hand, as monkeys flew out of the trees and landed on us. After that, we went on a hike to the top of the tallest mountain in Ghana. We also hiked to a beautiful waterfall, buried deep in the heart of the forest. We made multiple stops each day to explore the markets and make purchases. Our favorite stop was in a village that specialized in weaving Kente clot.

Our last day in Ghana lent us time to relax, rest and reflect. A cool pool and hot Ghanaian sun provided a backdrop and reminder to listen one last time to the country’s beat.

Students conducted research on International Mealtimes in Ghana with assistant professor Samantha Ramsay.
Multistate Listeria Outbreak Linked to Packaged Salad

Fifteen people infected with the outbreak strain of Listeria have been reported from eight states since July 5, 2015. The number of ill people reported from each state is as follows: Connecticut (1), Indiana (1), Massachusetts (1), Michigan (4), Missouri (1), New Jersey (1), New York (5) and Pennsylvania (1). Since September 2015, Center for Disease Control and Prevention (CDC) has been collaborating with public health officials in several states, the U.S. Food and Drug Administration (FDA) and the Public Health Agency of Canada to investigate a multistate outbreak of Listeria monocytogenes infections.

Listeria specimens were collected from ill people between July 5, 2015 and January 3, 2016. Ill people range in age from 3 years to 83, and the median age is 64. Seventy-three percent of ill people are female. All 15 ill people were hospitalized, including one person from Michigan who died as a result of listeriosis. One of the illnesses reported was in a pregnant woman. And the tests from the Ohio Department of Agriculture found listeria bacteria in a package of Dole field greens produced at a processing facility in Springfield, Ohio. Laboratory tests confirmed that the bacteria was genetically related to the listeria found in people who became sick, according to the CDC.

According to the Public Health Agency of Canada, there are seven people in five Canadian provinces infected with the same outbreak strain of Listeria and it was found that clinical isolates from ill people in Canada are highly related genetically to Listeria isolates from ill people in the U.S.

On January 27, Dole Fresh Vegetables, Inc., is temporarily suspending operations at its Springfield, Ohio production facility, and voluntarily recalled all Dole-branded and private label packaged salads processed at that location (see the product list below). All types of salad mix products subject to the recall are identified with a product code beginning with the letter “A” in the upper right-hand corner of the package (see photo below), and are sold in 23 states and 3 Canadian provinces. This suspension and withdrawal is being performed voluntarily by Dole out of an abundance of caution, in collaboration with the Food and Drug Administration and Centers for Disease Control. However, it is the consumer who has to give attention to this listeriosis outbreak and use extra caution to this types of salad products.

The following is advice to consumers, restaurants, and retailers:

First, consumers should not eat recalled salad mixes.

• This advice is particularly important for consumers at higher risk for listeriosis, including pregnant women, adults 65 and older, and people with weakened immune systems.

• Consumers can identify recalled salad mixes by the letter "A" at the beginning of the manufacturing code found on the package.

Second, restaurants should not serve and retailers should not sell recalled salad mixes.

• Restaurants and retailers can identify the recalled salad mixes by the letter "A" at the beginning of the manufacturing code found on the package.

Third, follow these steps if recalled salad mixes are, or were recently, in your home or establishment:

• Throw the recalled product away in a closed plastic bag placed in a sealed trash can. This will prevent people and animals from eating it.
• Wash the refrigerator drawer and other areas where the recalled products were stored with hot water and soap.
• Wash cutting boards, surfaces, and utensils used to serve or store recalled products. If possible, use a dishwasher; otherwise, use hot water and soap, followed by sanitizing with a solution of one tablespoon chlorine bleach added to one gallon of hot water.
• Wash your hands with warm water and soap after cleaning up.

Forth, what should I do if I ate a recalled product?
• If you have eaten a recalled product and do not have any symptoms, most experts believe that tests or treatment are not needed, even for people at higher risk for listeriosis.
• People who develop symptoms of listeriosis after eating recalled products should consider seeking medical care and telling a healthcare provider about eating that product. Although people can sometimes develop listeriosis up to 2 months after eating contaminated food, symptoms usually start within several days.

Fifth, here are the brand names of salad mixes that may have been affected.
• Dole, Fresh Selections, Simple Truth, Marketside, The Little Salad Bar, President's Choice Organics

Sixth, states who may have received recalled salad mixes from Dole are as follows.
• Alabama, Connecticut, Florida, Georgia, Illinois, Indiana, Kentucky, Louisiana, Michigan, Massachusetts, Maryland, Minnesota, Missouri, Mississippi, North Carolina, New Jersey, New York, Ohio, Pennsylvania, South Carolina, Tennessee, Virginia, Wisconsin.
• Other states may have received recalled products through secondary distribution so this list may not be complete. Consumers should look for the "A" at the beginning of the manufacturing code found on the package.


Keywords: health, food safety, bacteria.

**Listeria Infection — Listeriosis**

**Listeriosis:** Bacterial infection most commonly caused by *Listeria monocytogenes* and this bacteria is abundant in the environment. This bacteria can grow at temperatures at or less than 44.6°F (in the refrigerator).

*Listeria monocytogenes* primarily causes infections of the central nervous system (meningitis, meningoencephalitis, brain abscess and cerebritis) and bacteremia in those who are immunocompromised, pregnant women, and those at the extremes of age (newborns and the elderly).

Common symptoms are fever, diarrhea, muscle aches, headache, stiff neck, confusion, loss of balance, and convulsions. Pregnant women typically experience only a mild, flu-like illness. However, infections during pregnancy can lead to miscarriage, stillbirth, premature delivery, or life-threatening infection of the newborn.

The main means of prevention is through the promotion of safe handling, cooking and consumption of food. This includes washing raw vegetables and cooking raw food thoroughly, as well as reheating leftovers or ready-to-eat foods like hot dogs until steaming hot.

*Listeria* has been isolated from raw meat, dairy products, vegetables, fruit and seafood. Soft cheeses, unpasteurized milk and unpasteurized pâté are also potential dangers; however, some outbreaks involving post-pasteurized milk have been reported.


Keywords: health, bacteria, pregnancy.
Family Ties and Moving Away from Home

We often think of the U.S. as a very mobile society, with young adults establishing their family homes far from Mom and Dad. This mobility can facilitate educational plans, career development, or the desire for independence, but there can be a downside as well.

That is, family ties are the first line of defense in time of need. When child care arrangements fall through on a work day, grandparents may be able to fill in. Or when illness strikes, a sibling may help out. And family members can share housing and other resources in times of unemployment.

When parents are unable to raise their children due to substance abuse, death, or major illness, grandparents step into the parenting role. Aging parents can also pose a challenge when family members have to provide support at a distance.

However a recent analysis of data from the Health and Retirement Study shows that our image of mobile Americans may not be accurate, showing that the typical (median) American adult lives only 18 miles from his or her Mother. In fact, only 20% live more than two hours’ drive from their parents. With the exception of college or military service, 37% of adults have never lived outside of their hometown, and 57% have never lived outside of their home state. Regional variation shows that those in the Northeast and South live closest to parents, and Westerners live farthest from their family home.

Education is the strongest factor in geographic mobility. That is, those with college and professional degrees live farther from their parents than those with a high school education. Professionals are more likely to find appropriate work in bigger cities, which can be a particular challenge when both members of a couple are highly trained. In addition, college educated parents can often afford to pay for supportive services, such as child or elder care, house cleaning, restaurant meals, etc.

Families with high school educated parents are more likely to need the shared resources that come from proximity to Mom and Dad. Child care is the greatest single expense for many families, so grandparents who care for their grandchildren offer a significant savings. Less educated adults are also subject to more frequent job loss, when leaning on Mom and Dad may be critical for family well-being. Even everyday small things like the pleasure of shared meals, help with car maintenance, or access to Mom’s garden produce will help ease the stresses of family life.

These patterns show divergent strategies families take in balancing family commitments with career needs. “Family ties” is most frequently cited as the reason for staying near parents, while job opportunity is most frequently cited by those who move away. All are challenged to meet the various demands of family life across the life span.


Keywords: family, grandparents, work and family, mothers.
Men, Women and Work-Life Fit

Contrary to popular belief, work-life balance and work flexibility issues aren’t primarily women’s issues. In fact, in some cases it is men who use work-life benefits more frequently and are more likely to say that their work is interrupted for personal or family reasons, according to a recent survey by the American Psychological Association’s Center for Organizational Excellence.

The survey found that men are more likely than women to report utilizing some work-life benefits frequently (once a week or more), including child care benefits (9% vs. 2%), personal time off (9% vs. 4%), flexible schedules regarding how many days a week they work (15% vs. 9%), paid leave (7% vs. 1%), unpaid leave (9% vs. 3%), life management resources, such as access to concierge or relocation services (8% vs. 2%), and phased transitions, including gradual return from leave (8% vs. 1%). Men were also more likely than women to say their employer offers many work-life benefits, which could contribute to these disparities.

More men also report non-work issues interrupting work, including taking care of personal or family needs during work (46% vs. 38%), responding to personal communications during work hours (64% vs. 56%) and handling personal or family responsibilities when working from home (35% vs. 22%). Men are more likely than women to say work interrupts their non-work time. More than a quarter of men say they regularly bring work home (30% vs. 23%), work during vacations (31% vs. 19%), allow work to interrupt time with family and friends (31% vs. 19%) and bring work materials with them to personal or family activities (26% vs. 12%).

In general, working parents — with at least one child under the age of 18 in the home — report greater utilization of non-work support and flexible work arrangements, more non-work issues interrupting work (55% vs. 42%) and more work interrupting non-work time (36% vs. 25%). However, they also report better work-life fit (81% vs. 71%), higher work engagement (46% vs. 40%), stronger family identity (82% vs. 57%), more boundary control (78% vs. 67%) and higher life satisfaction (59% vs. 52%).

“The lesson for employers here is that while many men and women say that they struggle to balance their work and personal lives, having access to flexible work arrangements and control over how they manage those boundaries is key to a good work-life fit,” said David W. Ballard, the director of APA’s Center for Organizational Excellence. “Employees whose jobs fit well with the rest of their lives are more engaged and motivated, report higher levels of job satisfaction, have better work relationships and are less likely to say they intend to leave the organization in the next year.”

Women are more likely than men to say they have control over whether they are able to keep their work and non-work lives separate (79% vs. 70%), invest a lot of themselves in family (77% vs. 67%) and feel like they have gotten the important things they want in life (67% vs. 58%). Women also reported higher levels of work motivation (80% vs. 72%), job satisfaction (74% vs. 66%) and having a positive relationship with their boss or supervisor (80% vs. 71%), and were less likely to say they intend to leave their job in the next year (26% vs. 36%).

Although 51% of working Americans say their employer offers flexibility for when they work, less than half report having flexibility in the number of hours they work (43%), how many days per week they work (40%) and their work location (34%). Even fewer U.S. workers tap into work-life benefits, with just a quarter or fewer using work-life benefits once a month or more.

The survey was conducted online in July 2015, among 902 adults employed full time or part time.


Keyword: work and family.
Dietary Guidelines 2015-2020

They are finally here! The eighth edition of the Dietary Guidelines for Americans (DGA), 2015-2020 was released in January 2016. Updated and released every five years, the DGA provide information on what constitutes a healthy diet, as well as influencing numerous federal nutrition and food programs (e.g. the National School Lunch Program).

Dietary guidelines matter because half of all U.S. adults (approximately 117 million individuals) have a preventable, diet-related chronic disease (such as type 2 diabetes and some cancers). In addition, two-thirds of Americans are obese or overweight, due to a combination of poor diet and inactivity.

As you will see, some of the guidelines have changed, but many of the core recommendations—eat more fruits and vegetables and whole grains—have stayed the same. The 18 members of the committee that wrote the DGA submitted a 571 page report based on the latest research on what to eat and what to avoid. Here are the five guidelines, what they mean, and if they are different from the 2010 DGA:

#1: Follow a healthy eating pattern across the lifespan. All food and beverage choices matter. Choose a healthy eating pattern at an appropriate calorie level to help achieve and maintain a healthy body weight, support nutrient adequacy and reduce the risk of chronic disease.

What this means: A healthy eating pattern includes:
- A variety of vegetables: dark green, red and orange, legumes (beans and peas), starchy and other vegetables
- Fruit, especially whole fruit
- Grains, at least half of which are whole grain
- Fat-free or low-fat dairy, including milk, yogurt, cheese, and/or fortified soy beverages
- A variety of protein foods, including seafood, lean meats and poultry, eggs, legumes (beans and peas), soy products, and nuts and seeds
- Oils, including those from plants; canola, corn, olive, peanut, safflower, soybean, and sunflower.

#2: Focus on variety, nutrient density and amount. To meet nutrient needs within calorie limits, choose a variety of nutrient-dense foods across and within all food groups in recommended amounts.

What this means: Nutritional needs should be met primarily from foods and can be fresh, canned, dried, and frozen. Nutrient dense foods contain essential vitamins, minerals, fiber and other naturally occurring substances that may have health benefits.

How this is different from the 2010 DGA: Previous editions of the DGA have focused primarily on individual dietary components, such as food groups and nutrients. However, people do not eat food...
groups and nutrients in isolation but rather in combination, and the totality of the diet forms an overall eating pattern. The components of the eating pattern can have interactive and potentially cumulative effects on health.

#3: Limit calories from added sugars and saturated fats and reduce sodium intake.

What this means: A healthy eating pattern limits intake of saturated fat, trans fats, added sugars, and sodium. Specific limits have been set which include:

- **Consume less than 10 percent of calories per day from added sugars.** If consuming a 2,000 calorie diet, this would be approximately 200 calories/4 calories/g = 50 grams of added/4 grams/tsp sugar = 12 ½ tsp sugar/day. Limiting calories from added sugars is necessary in order to meet food group and nutrient needs within calorie limits.

- **Consume less than 10 percent of calories per day from saturated fat.** On a 2,000 calorie day, = 27 g (about 5 tsp) saturated fat/day (this could be monitored by using the Nutrition Facts label). Limiting intake of saturated fat is associated with reduced risk of cardiovascular disease.

- **Consume less than 2300 mg of sodium per day.** (This could be monitored by using the Nutrition Facts label). This is recommended for individuals 14 years and older. Lower sodium intakes help decrease blood pressure values.

How this is different from the 2010 DGA: There are two significant differences in cholesterol and total fat recommendations between the 2010 and 2015 DGA. The 2010 DGA recommended limiting consumption of dietary cholesterol to < 300 mg per day. The 2015 DGA, does not limit cholesterol intake; it recommends that individuals eat as little dietary cholesterol as possible while consuming a healthy eating pattern. In general, foods that are higher in dietary cholesterol, such as fatty meats and high-fat dairy products, are also higher in saturated fats. Therefore, by limiting saturated fat intake, cholesterol intake is also limited.

The 2010 DGA recommended that < 30 percent of calories come from fat, which was composed of ~10 percent coming from saturated fat, ~10 percent from polyunsaturated fat, and ~10 percent from monounsaturated fat. The 2015 DGA does not recommend a specific percentage of calories coming from fat. Instead, it encourages a low saturated fat diet (< 10% of calories). There are no recommendations for the percentage of calories coming from mono- or polyunsaturated fat.

#4: Shift to healthier food and beverage choices. Choose nutrient-dense foods and beverages across and within all food groups in place of less healthy choices. Consider cultural and personal preferences to make these shifts easier to accomplish and maintain.

What this means: Every food choice helps people move toward a healthy eating pattern. Small shifts in food choices—over the course of a week, a day, or even a meal—can make a big difference. The DGA has graphics that illustrate this point, e.g., switch from a high calorie snack (chips with cheese dip) to a nutrient-dense snack (carrot sticks with hummus dip).

#5: Support healthy eating patterns for all. Everyone has a role in helping to create and support healthy eating patterns.

What this means: The 2015 has specific strategies on how healthy eating patterns can be incorporated at home, school, work, and communities. Strategies for home include: meal planning and cooking.

The DGA contains a wealth of information; I have provided a brief overview. Try incorporating these recommendations into your eating patterns.


Keyword: Dietary Guidelines for Americans.
Money Pathology and Moneygrams

In education programs we often have participants try to determine any emotions they associate with money that influence how they manage their finances. The results are termed "money pathologies" which are described as irrational or a-rational behaviors with respect to money, such as obsessive and compulsive saving and reckless spending. This reflection activity often asks participants to remember beliefs and behaviors they observed in childhood from parents or other significant adults.

A more scientific approach is to create "moneygrams" to document childhood memories of parental money beliefs and behaviors which were passed to on to them as children. Research conducted by Furnham, von Stumm and Milner used two questionnaires with 512 adults in Great Britain. One questionnaire devised specifically for their study concerned childhood memories of parental money beliefs and behaviors, which were passed to children (i.e., moneygrams). The second questionnaire established a measure of "money pathology." The moneygram questionnaire was based on clinical cases and idiographic studies on money pathology.

The results suggest most adults do not report many memories of conflict, emotional blackmail or secrecy with respect to money. However the study revealed significant gender differences in about one-fifth of the items. "Factor analysis highlighted one clear factor, namely 'money secrecy,' which was associated with greater levels of spending money pathology in adulthood. In women, but not in men, higher family money secrecy was significantly associated with compensating and hoarding money pathologies. The latter two were not related to income in either men or women."

The study had limitations and additional psychometric evaluation of the moneygram measure should be conducted. However, implications for educators are worth noting. "It has long been established that many people are not rational about their money and make decisions based on the emotional associations of money often established in early childhood." Financial education programs will be less successful if adults do not consider money pathologies which may interfere with being able to fully implement suggested financial strategies that could increase financial well-being and security.


Keywords: Money, emotions, childhood, parents.
Social Security and You

Last year the Social Security Administration (SSA) turned 80. The agency’s most important outreach effort has been the Social Security Statement which was first mailed to all eligible workers aged 25 and older on October 1, 1999. Due to budget constraints, the SSA suspended mailings in 2011. In 2012, the SSA launched an online version of the Statement which is available to all individuals aged 18 and over. In 2014, SSA resumed mailing printed Statements to workers aged 25, 30, 35, 40, 50, 55 and 60 or older who had not created a my Social Security account to access the Statement online.

Goals for the Statement are to inform workers about their Social Security benefits, help them plan for their financial future and ensure that records of workers’ earnings are accurate. An additional goal is to communicate to the public that Social Security was never intended to be the sole source of retirement income. “Rather, Social Security benefits are meant to provide a foundation for retirement security, with workers expected to augment their Social Security benefits through contributions to employer-provided retirement plans and through their own personal saving.” In the current environment of more and more defined-contribution retirement plans and fewer employer-sponsored defined-benefit plans, it is critical to keep reminding workers of the goals of Social Security.

For a large segment of the population, Social Security benefits are the major source of retirement income. For 52 percent of aged beneficiary couples and 74 percent of aged nonmarried beneficiaries, Social Security provided at least 50 percent of total income. Social Security provided 90 percent or more of income for 22 percent of aged beneficiary couples and 47 percent of aged nonmarried beneficiaries.”

To gain insights into what the public knew about Social Security programs, benefits and how people used the Statement, SSA commissioned the Gallup Organization to conduct six surveys between 1998 and 2004. The surveys found that “…even at younger ages, a high percentage of Statement recipients stated that they read the Statement carefully. More than 60 percent of recipients ages 50 or older read the Statement carefully, as was the case with recipients in their 30s.” Respondents were given a list of the contents and 90 percent of Statement recipients aged 30 or older reported that they read the section on benefits and earnings, but there were differences across ages in reading other sections. “More than 60 percent of recipients aged 55 or older stated that they read the general information provided in the Statement compared with 21 percent of recipients aged 25 to 29 who did so. More than 50 percent of recipients aged 55 or older stated that they looked at the information about SSA’s website compared with less than 37 percent of those younger than age 50.”

The fastest way to access your Statement is by opening a my Social Security account online at www.socialsecurity.gov/myaccount. You can immediately view, download or print your Statement and return to review it periodically. This Statement provides the most up-to-date information in the SSA data base about your earnings and benefits.

Understanding how Social Security benefits are earned, how the level of benefits is determined and how benefit levels vary with the age at which they are claimed is critical. It is also very important to monitor changes in Social Security which can drastically alter benefits for workers. Implications exist for Extension educators to offer programs informing younger workers about survivor and disability benefits that Social Security provides. “They can also use the Statement and the insert for younger workers to encourage their students to think about retirement and about saving to complement the retirement benefits they will receive from Social Security.”


Keywords: Social Security, public pension, retirement.