Whole Grains Everywhere You Turn



GETTING WHOLE GRAINS TO 3

January 18-20, 2006, Orlando

WHOLE GRAINS EVERYWHERE AMERICA EATS

We eat what's at hand. Therefore, the challenge is to make sure that whole grains are available everywhere America eats.

This section contains the following articles and statistical snapshots of the major places where Americans eat their meals and snacks, providing details and context for the conference sessions.

Schools and Whole Grains

- School Meals at a Glance a Statistical Snapshot
- School Meals: What Role Do They Really Play?
- Barriers to Whole Grains in Schools
- · Food Service Directors Speak on Whole Grains in Schools
- Local Wellness Policies: It's Time to Specify Whole Grains

Hospitals and Whole Grains

- Hospital Food at a Glance; AMA Resolution on Healthier Food
- Reports from the Trenches: Hospitals Taking the Lead
- · Healthcare Quarterly: Worldwide Movement to Better Hospital Food
- Deane Bussiere: Chef Finds the Cure to Bland Hospital Food

Whole Grains in the Military

US Armed Forces Support Victory for Whole Grains

Restaurants and Whole Grains

- Restaurant Industry 2005 Fact Sheet
- List of Chain Restaurants with Whole Grain Options
- Bama Foods: Creating Delicious Whole Grains for Restaurants

Workplace Cafeterias and Whole Grains

- Food Choices Contribute to Well Workplace
- Poor Workplace Nutrition Hits Workers' Health and Productivity

Supermarkets and Whole Grains

- Food Retailers at a Glance
- USDA: Whole Grains Up Immediately After New Dietary Guidelines

SCHOOL MEALS IN AMERICA AT A GLANCE

- 54 million American kids are enrolled in kindergarten through high school¹, and 29.5 million of these kids participate in the National School Lunch Program (NSLP)².
- School food programs also offer breakfast. In FY2005, 9.3 million children participated in school breakfast programs serving 1.6 billion breakfasts 82% of which were free or reduced price.²
- During the summer, 1.9 million children participate in the USDA's Summer Food Service Program, consuming 117 million meals.²
- Almost half of children (over 14 million) participating in the NSLP get their lunches for free, while 3 million qualify for reduced-price lunch. The others pay full price.²
- Even full price lunches are subsidized 22¢ by the U.S. government, which also reimburses schools \$2.32 for each free lunch and \$1.92 for each reduced-price lunch. In lower-income school districts where at least 60% of children receive free or reduced-price lunches, an extra 2¢ is added to each of these amounts. Schools are reimbursed \$1.27-\$1.51 for each free breakfast.³
- In addition to cash subsidies, schools can also receive about 17¢ worth of free surplus commodities per meal served. Schools select these commodities from a list provided by USDA. But "because the Department [of Agriculture] is charged with stabilizing agriculture markets, children's preferences, food quality and nutrition must frequently compete with economic factors when the Department decides which commodities to purchase and supply." About 17% of the total dollar value of food served in school lunch programs comes from surplus commodities.
- Fewer kids are bringing bag lunches from home. The typical 6-12 year old brings 41 lunches from home each year, down from 69 a decade ago.⁵
- Though school lunches are often criticized as unhealthy, an Eastern Michigan University study directed by Alice Jo Rainville, PhD, found that school-lunch participants eat 21% fewer calories from fat, seven times as many vegetables, and twice as much fruit as brown-baggers. The brown-bag crowd also ate three times as many snack foods (chips, cookies, and packaged snacks) as school lunch participants.⁶
- According to the School Nutrition Association in Alexandria, VA, in just two years, nationwide the average lunch period in elementary schools has shrunk from about 30 minutes to 23.7 minutes. The association recommends 26 minutes for lunch and an additional four minutes to get to the cafeteria.⁶

U.S. Census Bureau, June 1, 2005. 4 million of these are in kindergarten, 33 million in elementary school, and 17 million in secondary school.

² USDA Food Nutrition Service, at www.fns.usda.gov/pd/annual.htm

Federal Register/Vol 70, No. 136/ Monday July 18, 2005/Notices. Reimbursement rates are for the 48 contiguous states; Hawaii and Alaska rates are higher.

John Boehner (R-OH), Chairman of the Committee on Education and the Workforce. Oct 7, 2003 press release. http://edworkforce.house.gov/press/press108/10oct/childnutrition100703.htm

⁵ NPD Group, as quoted in Newsweek, Nov 2, 2005.

⁶ Rainville, A.J. (2003). School lunch or sack lunch? American School Board Journal, January, 27-29.

www.boston.com, August 6, 2005

SCHOOL MEALS IN AMERICA WHAT ROLE DO THEY REALLY PLAY?



While schools can play an important role in bringing more whole grains to children, it's important to put the school lunch program in context. These numbers show that school breakfasts and lunches affect only about 11% of the meals our kids eat.

54,000,000	total students, Kindergarten through 12 th grade ¹
162,000,000	total potential meals per day, at 3 per day
59,130,000,000	total potential meals per year, over 365 days
4,952,000,000	total school lunches served, in FY2005 ²
1,596,000,000	total school breakfasts served, in FY2005 ²
52,582,000,000	total meals school kids eat OUTSIDE of NSL/SB programs

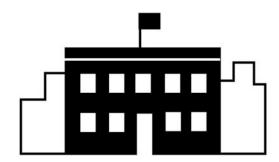
11% percent of meals kids eat in school meal programs

89% percent of meals kids eat **beyond reach** of school meal programs

U.S. Census Bureau, June 1, 2005. 4 million of these are in kindergarten, 33 million in elementary school, and 17 million in secondary school.

USDA Food Nutrition Service, at www.fns.usda.gov/pd/annual.htm

SOME BARRIERS TO WHOLE GRAINS IN SCHOOLS



1) Cooking is not done in most schools.

Most schools today are only equipped to thaw and reheat foods. School kitchens often do not have dishwashers or exhaust hoods, for instance, limiting the preparation that could be done onsite even if labor costs and lack of staff training could be overcome.

2) Free commodities favor meat and dairy products.

Two-thirds of the \$939.5 million the USDA spent on lunch commodities in fiscal 2003 went toward meat and dairy products. A little more than one-quarter of the total went toward fruits and vegetables, mostly canned and frozen. In 2005, the only food on the commodity list that might have been whole grain was "Cereal, oat circles."

3) Vendors won't bid on whole grains – or they charge more.

Although some of the nation's largest districts feel that their size helps them get whole grain products for a price close to that of refined foods, even these districts often have trouble finding the whole grains they need and want, at any price. It's not unusual to get NO bidders on whole grain products. For smaller districts, the lack of price parity is a huge obstacle.

4) Turnkey contractors may not offer whole grains.

An estimated 25% of school districts nationwide outsource menu planning, food purchasing and preparation to a food-service provider like Aramark, Sodexho and Compass. The wholegrain choices available to these schools are limited to those offered by the contractor.

5) No one has previously organized a campaign for whole grains.

There have been, before now, no whole grains industry organizations working with schools to aggressively promote school feeding program officials to increase whole grain foods in schools

REPORT FROM THE TRENCHES: WHOLE GRAINS IN AMERICA'S SCHOOLS

Already, many schools are making the switch to whole grains. The Whole Grains Council is talking school food personnel across the nation to learn more about the challenges school face in making this switch – and how the WGC can best help schools move forward. Here's a sample of what we've learned so far:

Fairfax County, VA Public Schools (12th largest school district in the country) Penny McConnell, RD SFNS, Director of Child Nutrition

"We took the plunge, and had whole-grain pizza developed for us. The kids didn't even know it was whole grain. We also developed low-fat whole-wheat cinnamon rolls. Middle school kids can be especially critical, but they loved them. This year we gave them no choice except whole grain. It's being accepted. They mumble, they moan, they accept – we've had no decrease in revenue. Whole grain foods cost us a little bit more – possibly a penny or two – in time, they shouldn't cost more at all."

Miami-Dade Public Schools (4th largest district in the country) Carol Chong, RD, SFNS, District Nutrition Co-ordinator

"We make whole wheat dinner rolls – we have whole wheat flour from USDA to use up. They're tastier, and they look the same on the outside, but inside they're tan, not white. I asked my 12-year-old son what kids his age would think and he said, 'We don't look inside anyway.' We're getting whole grain foods at comparable prices [to refined] – maybe because of our clout. If they're not getting whole grains at home, they have to get used to them here. We're being subtle with it, and hopefully we'll breed a group of healthier kids who love whole grains."

Hillsborough County (FL) Schools (Tampa area) Mary Kate Harrison, RD, SFNS, Director of Child Nutrition

"We've been serving whole grain bagels and cereals for a while. We're trying to find more whole grain products, but it's not easy; there's never any competition for bakery products. Cereal's easiest, because I don't think the kids know they're eating whole grains. The bagels meet with mixed acceptance – they're suspicious of anything darker – but we continue. We're buying a very nice whole-grain pizza, and chicken nuggets with whole grain breading. We use untrained labor, so we have to find products that are pre-cooked."

New York City Public Schools (largest school district in the country) Jorge Collazo, Executive Chef

"99% of our bread is now whole grain, and we're working with manufacturers to create a whole grain pizza crust. We're testing several whole grain products, like a breakfast burrito and a chicken quesadilla. We're only set up to reheat, so we have to find foods that are healthy and nutritious right from the box. Whole grains cost us more – it's a problem. NYC started moving to whole grains before I arrived – they gave the kids peanut butter and jelly sandwiches with one slice of white and one slice of wheat. Acceptance really hasn't been an issue. It has to taste good – we can't just tell them, 'Eat this, it's good for you."

Eau Claire, WI Area School District Mary Jo Tuckwell, Food Service Director

"Eau Claire has used Kids Choice and/or Iron Kids bread (2 grams fiber) for about 10 years. This bread is well accepted by children. However, after we discontinued baking our own buns and rolls, we have struggled to find child friendly higher fiber products. Sara Lee has introduced into the retail market an 8ct. package of hamburger buns and hot dog buns with 2 grams of fiber and no trans fats. Our bid price is \$1.25/package or \$.156/each. The plain white hamburger and hot dog buns in a 30 count pillow package are \$.06/each. As you can see, at this point the switch [to whole grain] would add about \$.10/bun to our raw food cost for a lunch meal.! Opening an 8ct. package for schools serving more than 300 meals/day is also too labor intensive to justify."

LOCAL WELLNESS POLICIES: IT'S TIME TO SPECIFY WHOLE GRAINS

On June 30, 2004, the President signed the Child Nutrition and WIC Reauthorization Act of 2004. One provision of this law requires that schools participating in federal school lunch programs shall establish a local school wellness policy by School Year 2006.

Components of a Local School Wellness Policy

The law requires that a local wellness policy include, at a minimum:

Nutrition Guidelines

- For school lunches: Food offered shall meet or exceed all nutrition regulations under the Child Nutrition Act and the School Lunch Act.
- Throughout the campus: Food shall be geared to promoting student health and reducing childhood obesity.

Nutrition Education

- School districts should provide nutrition education that is appropriate for students'
 ages; reflects students' cultures; is integrated into subjects such as math and reading; and provides opportunities for students to practice skills and have fun.
- School districts should also choose nutrition education curricula that are easy to teach and foster lifelong healthy eating.

Physical Activity

- Schools shall provide opportunities for every student to develop the knowledge and skills for specific physical activities, to maintain physical fitness and to participate regularly in physical activity.
- Schools will also teach students the short- and long-term benefits of a physically active and healthful lifestyle.

Community Involvement

 Parents, students, school food representatives, school administrators, school board, and the public shall be involved in developing the school wellness policy.

Goals and Measurement

- The policy shall set goals for nutrition education, physical activity and other school-based activities designed to promote student wellness.
- The policy should include a plan for measuring implementation, including designation
 of 1 or more people charged with day-to-day operational responsibility for making
 sure schools are in line with the policy.

This law means that school districts across the nation are currently formulating policies that must be in place by this summer. The Whole Grains Council urges everyone to contact his or her local school district and urge the inclusion of whole grains in both the nutrition guidelines and nutrition education components of the Local Wellness Policy. Manufacturers are urged to redouble their efforts to provide whole grain products that will appeal to kids, at prices schools can afford.



For more information about Local Wellness Policies and other USDA initiatives to support kids' health, visit www.fns.usda.gov/tn/healthy-schools.html.

HOSPITAL FOOD AT A GLANCE

Of all the places where healthy food is imperative, hospitals top the list. For ailing patients or stressed-out visitors, the advantages of whole grains and other healthy foods are paramount. Here's a snapshot of hospital food in the United States:

- The total healthcare market for food and beverages today is about \$12 billion.¹
- There are 5,759 registered hospitals.²
- These hospitals hold 955,768 staffed beds²
- Total admissions reached 36,941,951 in 2004.²
- Average hospital stay in 2003 was 4.6 days.³
- Roughly 70% of meals served in healthcare facilities today are non-patient meals (e.g., cafe, staff, visitors, etc.); around 30% are patient meals.¹

These figures indicate that hospital patients potentially eat a half billion meals – around 509 million – while visitors and staff consume another 1.2 billion meals. Adding whole grains to all 1.7 billion hospital meals would certainly help close the whole grains gap.

Physicians Resolve to Improve Hospital Food

During its Annual Meeting in June 2005, the AMA House of Delegates passed a resolution to encourage health-promoting foods in hospitals and other health care facilities. An excerpt from that resolution states:

Whereas, Unhealthy fast food is largely responsible for the rise of obesity in American children as well as adults:

Whereas, Most physicians advise patients against consuming foods that are high in sugar, salt and fat:

Whereas, While hospitals and other health care facilities should set good examples regarding health and nutrition, many hospital cafeterias currently do not offer healthy food choices on their menus;

Whereas, Our American Medical Association currently does not have policy regarding healthy food in health care facilities;

Therefore be it

Resolved, That our American Medical Association urge component medical societies, member physicians and other appropriate local groups to encourage palatable, health-promoting foods in hospitals and other health care facilities and oppose the sale of unhealthy food with inadequate nutritional value or excessive caloric content as part of a comprehensive effort to reduce obesity; and be it further

Resolved, That our AMA urge health care facilities that contract with outside food vendors to select vendors that share their commitment to the health of their patients and community.

The Whole Grains Council proposes we all work together to make sure that whole grains are specifically included in this effort and others to improve hospital food.

^{1.} National Society for Healthcare Foodservice Management, WGC interview January 6, 2006.

^{2.} American Hospital Association, at www.aha.org.

^{3.} Agency for Healthcare Research and Quality, at http://hcup.ahrq.gov.

HOSPITAL REPORTS, FROM THE TRENCHES

The momentum for healthier hospital food is starting to reach the most progressive hospitals, as the snapshots below show.



Kaiser Permanente is the nation's largest HMO, serving the healthcare needs of over 8 million people in nine states and the District of Columbia. Kaiser is a leader in offering healthy food, including whole grains, to its patients, staff and visitors.

For example, Kaiser developed national criteria for healthier vending machine products, and now mandates that at least 50% of vending snacks be healthy. They've also identified "Healthy Picks" in their cafeteria to highlight foods like whole grain breads, pasta and rice. Jan Sanders, RD, National Nutrition Services Director for Kaiser, reports that the healthier cafeteria and vending choices are going well. "I anticipated more pushback on the changes to vending machines. Even when we tried 100% healthy at some test locations we didn't get total rebellion! In fact, we've received a lot of thank yous."

Kaiser has opened a health food store at its flagship Oakland Medical Center complex, and has Farmers' Markets at 29 Kaiser sites in northern California.¹



Food Services Director Anthony Scarponi is determined to make it easier to get healthier food at the Café at Children's and other facilities run by his 80-member team. They're focusing on three main areas: calcium and bone health; healthy snacks and whole grains; and good fats vs. bad fats. In March 2005, Scarponi permanently added whole grain breads, cereals and pastas to his menus and began offering cut vegetables and fruits as a side-dish option instead of fries. For kids under 12, an 8-ounce glass of milk is available free with all meals.²

Robert Wood Johnson University Hospital, New Brunswick, NJ

"We don't have any fast food places located in the facility," said Susan George, clinical nutrition manager for the Robert Wood Johnson University Hospital in New Jersey. Instead, Robert Wood Johnson University Hospital just opened a new 12,000-square-foot dining room in its main building. The dining room features a 24-foot salad bar with fresh vegetables, grain salads such as couscous and lentils, pre-made salads, cottage cheese and seasonal fruit. The dining room also offers a regular Heart Healthy entrée. There is also a deli bar that serves grilled chicken, lean turkey, and whole grain breads for sandwiches.

"It goes over pretty well," George said of the new cafeteria's food selections. She believes customers will eat better if they know the facts. "[Some days] we do the nutrient breakdown and post it right where the dish is served," George said. "There are people who don't want to go with the healthy food. But for the most part, we have people asking, 'Can you post the nutrient content every day?" ³

^{1.} Whole Grains Council interview with Jan Sanders, November 29, 2005.

^{2.} Children's News online at www.childrenshospital.org/chnews/03-04-05/food.html.

^{3.} AMN Healthcare at www.amnhealthcare.com.

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Green Healthcare: You Are What You Serve: Healthy and Environmentally Friendly Food Service

By Trevor Hancock

The quality of hospital food has long been the butt of comedians' jokes. More recently, hospitals have also been criticized for serving fast food. One recent U.S. survey, for example, found that 38% of top U.S. hospitals - six of the 16 "Honor Roll" hospitals listed by US News & World Report's 2001 ranking of "America's Best Hospitals" - have fast-food franchises on site (www.med.umich.edu/opm/news-page/2002/fastfood.htm, June 12, 2002).

Gottlieb and Shaffer found that more than 25% of 47 U.S. children's hospitals had fast-food franchises within them (http://csf.colorado.edu/archive/2002/food_security/msg00896.html). Meanwhile, a 1997 report from Toronto's Food Policy Council entitled "If the Health Care System Believed You Are What You Eat," suggested that we need to transform hospital food service systems into facilities providing healthy food choices and local food (www.city.toronto.on.ca/health/tfpc_health.pdf).

In response to these criticisms, as well as out of a genuine concern for the welfare of their patients, a growing number of hospitals have started to focus more on the healthfulness of the food they serve.

For example, Planetree hospitals, which are committed to creating healing environments for their patients and healthy workplaces for their staff (www.Planetree.org) pay particular attention not only to the quality of the food they serve but the nurturing role of food "as a source of pleasure, comfort and familiarity" during a stressful period of hospitalization. Many Planetree hospitals, for example, have small kitchens on each floor where family members can cook favorite foods for their loved ones and nutritionists can demonstrate healthy food preparation, while volunteers fill the halls with the smell of fresh baked goods every morning.

In the U.K., two Scottish hospitals recently won the Healthy Choices Award from Scotland's Health Education Board, while in Wales a hospital in Powys, working with the Soil Association, now provides organic milk for its patients in spite of the difficulties imposed by World Trade Organization regulations that prevent organizations from specify-

ing local produce. This latter example begins to show the links between healthy food and food that is produced in an environmentally sustainable manner and the challenges involved in being environmentally and socially responsible!

Given the growing concern with the potential health impacts of pesticide residues, particularly for children, and the fact that as a result of eco-toxicity and the contamination of food chains, we get 75 to 90% of our daily dose of persistent organic pollutants such as dioxins from food, serving organic food as much as possible makes sense. Of course, there are many important environmental benefits from producing food organically.

Perhaps the most advanced example of organic food service in hospitals is found in Vienna, where currently about 20% of the food served in the hospitals is organic. There, studies have shown that a move from 0 to 30% organic food results in a 17% increase in the cost of food, which only translates into a 0.1% increase in the overall costs of care; a move to 50% organic food results in a 30% increase, or less than 0.2% of overall costs of care. In addition, there are significant energy benefits for society as a whole from not having to practice energy-intensive agriculture or move food over long distances (Klausbruckner 2001).

Environmentally-friendly food service not only includes serving organically grown food whenever possible, it also means paying attention to the environmental impact of food preparation and service, and the disposal of food wastes. The U.S. Environmental Protection Association has produced a guide to operating a green cafeteria. Among the key points are the following:

- using permanent china and stainless steel serviceware to minimize generation of waste;
- offering monetary discounts for those who bring their own re-usable coffee mugs;
- using starch-based cafeteria-ware, which has several beneficial environmental characteristics: it is compostable, biodegradable, and uses less energy to produce than paper or polystyrene containers;

- using 100% recycled unbleached napkins, which are compostable;
- recycling plastic and glass bottles and aluminum cans (www.h2e-online.org/tools/grnbldg.htm).

Such an approach is compatible with modern hospital operations, as can be seen in the case of the Itasca Medical Center in Grand Rapids, MI. This 108-bed community hospital switched from single-use to reuseable salad plates and dessert bowls for a net savings of \$3,500 per year (Canadian Centre for Pollution Prevention 1996).

Food waste forms a significant proportion of a hospital's waste stream, as shown by a 1990 environmental audit of the Ottawa General Hospital, which found that it formed 17% by weight of hospital waste (Canadian Centre for Pollution Prevention 1996).

Guidance on management of food wastes can be found at the website of the California Integrated Waste Management Board (www.ciwmb.ca.gov/FoodWaste/), which suggests the following order for food scraps management: (1) prevent food waste, (2) feed people, (3) convert to animal feed and/or rendering, and (4) compost._Food scrap management can even be turned into organic produce at little or no cost to a hospital, as illustrated by The Medical Center Hospital of Vermont. This hospital prepares 3,000 meals a day.

And every day, it trucks hundreds of kilograms of kitchen waste (not food from anyone's plates) to a compost site managed by a non-profit group dedicated to organic food production (thus avoiding landfill charges). The 80 tonnes of food wastes that the hospital sent to compost in 1993 was transformed into 40 tonnes of compost and in return the hospital received 10 tonnes of fresh organic produce at a wholesale price of \$6,000 (Raver 1994).

Finally, a comprehensive approach to sustainable food services in hospitals is provided by the U.K. government's Sustainable Development Commission which has recently produced a comprehensive report on sustainable food procurement for the NHS. The interim report proposes that "in the NHS, procurement policies should promote health. Trusts should be required to procure food in a way that impacts positively on long-term health outcomes" (www.sd-commission.gov.uk/pubs/sfpnhs/).

About the Author

Dr. Trevor Hancock is Hospital Quarterly's Environmental Editor. He is Chair of the Board of the Canadian Association of Physicians for the Environment and a founder of the Canadian Coalition for Green Health Care. He can be reached at greendoc@telus.net.



Chef finds the cure to bland hospital food

SENTINEL STAFF WRITER

The Wednesday lunch special is Roasted Garlic and Tomato Soup, Pork Loin with Cider Gravy and Herb Roasted Red Potatoes. It's the kind of meal power brokers might ink a deal over, or the kind socialites might lean across to whisper a piece of particularly delicious gossip to each other.

Instead, you'll find this lunch being eaten at long Formica tables in the cafeteria of Dominican Hospital, where new executive chef Deane Bussiere is turning the world of bland, institutionalized hospital food upside down.

That's because the Culinary Institute of Americatrained chef has decided there's no reason harried nurses and doctors can't eat organic, sustantainably grown, in-season food that tastes good enough to be in a restaurant. Or that patients have to eat Salisbury steak and instant mashed potatoes.

Bussiere sits in the hospital cafeteria, a black ball cap on his head, and says there's no reason people in a hospital can't be as satisfied as the patrons who frequented the popular, high-end Shadowbrook restaurant where he ran the kitchen before he came here. "I just want people to be happy and healthy," he says.

Good-Bye, Fried

Bussiere isn't the kind of guy you'd expect to be running a hospital kitchen. He graduated with honors from the Culinary Institute of America at Hyde Park and worked as a chef at a number of prestigious restaurants before landing the job as head chef at Shadowbrook in Capitola.

But the 37-year-old says he found himself working 50-hour weeks and never being home to read bedtime stories to his three young sons and missing holidays because he had to work. So when he saw the ad for a new executive chef at Dominican with a traditional 40-hour week, he jumped at the opportunity. Things at the second-floor cafeteria have not been the same since.

"Basically, I was shocked when I got here," said Bussiere of the menu cycle which hadn't changed for three years. "It seemed like unhealthy food was the most popular."

Even hemmed in by contracts and budgets, Bussiere

knew he could make his clients feel like they'd eaten at a high-quality restaurant. So, instead of fried chicken, he made chicken mole. Instead of frozen fish, he served fresh salmon and tilapia.

"There used to be mashed potatoes, fried potatoes and [white] rice," says Bussiere. Now there's polenta, quinoa and a winter root-vegetable medley.

Wander through the cafeteria and the changes are evident. Crisp garnishes make the fruit salad offerings look like they belong at a Sunday brunch. Menu cards spotlight Thai Basil Tofu and Spinach. Upcoming menus list Roasted Garlic and Gorgonzola Bread Pudding. Of the 70 menu items offered, 40 are vegetarian and 20 are vegan. "ER" was nothing like this.

But probably nothing is more startling than the fact Dominican Hospital's cafeteria now features a selection of locally grown, organic produce.



Dominican Hospital chef Deane Bussiere was trained at the Culinary Institute of America and is updating the menu from the regular bland hospital food to the type of meal one would find at a fancy restaurant. (Shmuel Thaler / Sentinel)

Farm Fresh

Bussiere heads out to the hospital's organic garden, walking so fast a visitor has to jog to keep up. His philosophy on organic food is simple. "Maybe small amounts of pesticides aren't shortening our lives, but they will damage the soil forever," he says. "I'm fully behind sustainable resources."

So, Bussiere started buying produce from a nonprofit, community-based organic farm program

in Salinas called ALBA (Agriculture and Land-Based Training Association). What the program does is train farmworkers to be organic farmers by giving them their own plot of land and teaching them to practice sustainable farming methods.

Bussiere buys organic produce directly from those farmers-in-training. It's part, he says, of Dominican Hospital's commitment to bettering the community as well as healing the sick. It's also the direction, he wants to take the hospital's food offerings.

Bussiere's kitchen also includes organic produce grown by Soquel High students under the direction of the hospital's Michael Raciti.

The garden is on a small plot of land on the hospital grounds, that will soon triple in size. Bussiere unlocks the gate, stepping past raised beds of chard and herbs like rosemary and oregano and says making food tasty and nutritious is important to patients who may be undergoing treatments or are so sick their appetites have disappeared.

When people don't eat, their immune systems are jeopardized, he says. So he's looking at things like adding sea vegetables Asian-style to improve the taste of low-salt, and adding more herbs to low-fat

Contact Peggy Townsend at ptownsend@santacruzsentinel.com.

offerings. "We have to keep things flavorful and healthy," he says.

He stops at the edge of the garden. He's even planning to ask gardeners to plant edible flowers to garnish his food offerings, he says.

Baby Steps

Change is a slow but steady process, Bussiere says, as he heads back to the kitchen. He's training his assistant chefs in classical cooking methods, he's redoing recipes so there is less food waste, and he's trying to figure a way to buy meat and chicken raised without antibiotics with his budget.

He's even reading books on healing foods and working on a long-range plan to set up patient meals on a room-service-style model. It is, he believes, the wave of the future for hospitals.

Bussiere doesn't mind when his chef friends tease him about leaving the more prestigious world of restaurant kitchens for a hospital cafeteria. About serving people in bed, instead of at the table. That's because meals like Roasted Garlic Mashed Potatoes and Ponzu Salmon are putting smiles on the faces of Dominican's staff. And that makes Bussiere happy.

WHOLE GRAINS IN THE MILITARY

In 2005, more than 2.6 million people served in the Armed Forces, including 1.2 million in the Air and Army National Guard. Active duty personnel include about 487,000 in the Army, 350,000 in the Navy, 356,000 in the Air Force, and 185,000 in the Marine Corps. In addition, 33,000 individuals served in the Coast Guard, which is now part of the U.S. Department of Homeland Security. Without counting Reserves – many of whom are now serving around the clock – our military provides at least 523,045,000 – over half a billion – meals each year.

New military programs are helping make sure these half-billion meals include whole grains. Among them:

It's Your Choice, Make It Healthy

Starting this month (January 2006) the Defense Commissary Agency (DeCA) has rolled out new shelf talkers in the aisles of all its commissaries – the supermarkets found on military bases. These shelf talkers support the 2005 Dietary Guidelines. In the cereal aisle, for instance, these tags advise choosing whole grains and topping your cereal with fresh fruit. Healthy food fairs and product samplings will augment the new signage, so that troops and their families can try new healthy foods before they buy them.

DeCA plans to analyze sales patterns, to see what impact the healthy hints have on steering military families toward more whole grains and other healthy foods.



New shelf talkers (left) at all military commissaries remind troops to choose whole grains, while the Healthy Alternative logo (right) identifies healthier snack choices.

Healthy Alternatives Program

The Navy and Marines can now choose healthier snacks, thanks to the use of a new logo currently in use on vending machines. The Healthy Alternatives logo flags choices that meet health guidelines established under the guidance of Dr. Kenneth Cooper, Institute of Medicine and National Academy of Sciences.

"We need to change the environment to change behavior," says Lori Tubbs, RD, Nutrition Program Manager for the Navy Environmental Health Center. "That way, there's no excuse when you fail your next Physical Readiness Test!"

Tubbs says her group plans to extend the logo to fast food choices in the food courts found on most bases. She's convinced more people will make healthy choices when they are clearly identified.

Training Mini-Video on Identifying and Selecting Whole Grains

The US Army Center for Health Promotion and Preventive Medicine creates health videos on a wide range of topics – from monkey fever to leishmaniasis, a disease carried by sand flies in Iraq. One of the newest offerings is a short clip titled *Identifying and Selecting Whole Grains*, which explains the health benefits of whole grains and how to find whole grains labeled Good Source and Excellent Source of whole grain. Military and the public may download and view it at http://chppm-www.apgea.army.mil/videonews/.

NATIONAL RESTAURANT ASSOCIATION

RESTAURANT INDUSTRY 2005 FACT SHEET

Sales\$476 BillionLocations900,000Employees12.2 Million

Restaurant-Industry
Share of the Food Dollar 46.7%

INDUSTRY SALES PROJECTION, 2005: \$476 BILLION

2005 Sales (Billion \$)

	(Βιιιιστι ψ
Commercial	\$437
Eating Places	326
Drinking Places	15
Managed Services	32
Hotel/Motel Restaurants	25
Retail, Vending, Recreation, Mol	oile 39
Other	39

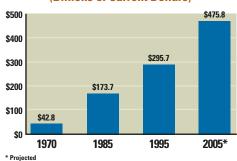
RESTAURANTS—FIRST IN DAILY CUSTOMER CONTACT

- Restaurants will provide more than 70 billion meal and snack occasions in 2005.
- Half of all adults agree that restaurants are an essential part of their lifestyle.
- The average household expenditure for food away from home in 2002 was \$2,276, or \$910 per person.

RESTAURANT SALES SINCE 1970

FOOD-AND-DRINK SALES

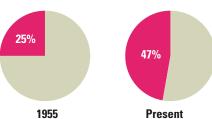
(Billions of Current Dollars)



RESTAURANTS—THE CORNERSTONE OF OUR NATION'S ECONOMY

- Restaurant-industry sales are forecast to advance 4.9% in 2005 and equal 4% of the U.S. gross domestic product.
- The overall economic impact of the restaurant industry is expected to exceed \$1.2 trillion in 2005, including sales in related industries such as agriculture, transportation and manufacturing.
- Every dollar spent by consumers in restaurants generates an additional \$1.98 spent in other industries allied with the restaurant industry.
- Every additional \$1 million in restaurant sales generates an additional 42 jobs for the nation's economy.
- Average unit sales in 2002 were \$730,000 at fullservice restaurants and \$619,000 at limited-service restaurants.
- More than seven out of 10 eating-and-drinking places are single-unit (independent) operations.

RESTAURANT INDUSTRY SHARE OF THE FOOD DOLLAR



CORNERSTONE OF

The restaurant industry employs an estimated 12.2 million people, making it the nation's largest employer outside of government.

- Eating-and-drinking places are extremely laborintensive—sales per full-time-equivalent employee were \$57,567 in 2003 and notably lower than other industries.
- The restaurant industry provides work for more than 9% of those employed in the United States.

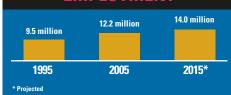
THE TYPICAL EMPLOYEE IN A FOODSERVICE OCCUPATION IS:

- Female (55%)
- Single (68%)
- Working part-time and averaging 25 hours a week
- Under 30 years of age (52%)
- Living in a household with two or more wage earners (79%)

RESTAURANTS PROVIDE A LADDER TO MANAGEMENT OPPORTUNITY

- Nine out of 10 salaried employees at tableservice restaurants started as hourly employees.
- The number of foodservice managers is projected to increase 11% from 2005 to 2015.
- More than three out of five foodservice managers have annual household incomes of \$50,000 or more.
- Eating-and-drinking places employ more minority managers than any other industry.
- Eating-and-drinking places are mostly small businesses—with seven out of 10 having fewer than 20 employees.
- Roughly one out of three tableservice operators will increase the proportion of their budget allocated toward training in 2005.
- More than four out of 10 adults have worked in the restaurant industry at some time during their lives and 27% of adults got their first job experience in a restaurant.

TOTAL RESTAURANT-INDUSTRY EMPLOYMENT



RESTAURANTS BY THE NUMBERS

\$1.3 BILLION Restaurant-industry sales on a typical day in 2005

TWO OUT OF THREE Percentage of quickservice operators who have added low-carb items to their menu as a result of the low-

carb diet trend

NEARLY HALF Percentage of tableservice operators reporting that takeout represents a larger proportion of their total sales compared to two years ago

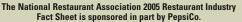
ONE OUT OF THREE Percent of consumers who have used curbside takeout at a tableservice restaurant

4% Median pre-tax income in 2003 for fullservice restaurants with average per-person checks of \$15 to \$24.99

45% Percentage of 25-to-34-year-olds who have used the Internet to find out information about a restaurant they have not patronized before



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POPULAR CHAIN RESTAURANTS NOW SERVING WHOLE GRAINS

The Whole Grains Council salutes the following pioneering chain restaurants that have added whole grain options to their menus. You can help make more whole grains available, in more restaurants if you:

- Notify the WGC about other restaurants serving whole grains, so we can help America's whole-grain lovers find them. This list is not comprehensive or complete, and we welcome more additions.
- Show your support, by giving these restaurants your business, and buying their whole grain dishes. These dishes will disappear from menus if they don't sell well – so their future is in our hands!

Chain	Locations	Whole Grain options
Blimpie	1600	Whole wheat roll is an option on any sandwich.
	nationwide	Gardenburgers also available.
Bruegger's	250	Whole wheat bagel and whole wheat wrap can be
Bagels	17 states	used on any sandwich.
Fazoli's	371	100% whole wheat penne as an option in any pasta
	31 states	dish.
Great Harvest	200	Wide variety of whole grain breads, plus whole grain
Bread Co.	nationwide	soups
McDonald's	13,673 US	Premium Chicken Sandwiches have a bun containing 17g of whole grain.
	1,362 Canada	Deli Choices Sandwiches are all available on whole wheat bun as option (also 17g of whole grain).
	1,072 UK	Quaker oatmeal available as a breakfast choice in
	729 Australia	Australia and the UK.
Noodles & Co	100	100% whole grain fettucine is available as an option in
	11 states	any pasta dish.
Olive Garden	556	Whole grain linguini available as an option in any
	US & Canada	pasta dish.
Panera	773 nationwide	Now selling a whole grain baguette, a whole grain loaf and a whole grain miche.
PF Chang's	125	Offers brown rice as an option with all meals.
3	32 states	φ
Romano's	235	Whole wheat penne available on request in any pasta
Macaroni Grill	41 states	dish or as a substitute for orzo or potatoes.
Rubio's Fresh	150	HealthMex grilled chicken or grilled veggie burrito on
Mexican Grill	5 SW states	whole wheat tortilla.
Ruby Tuesday	800	"Smart Eating Menu" includes Brown Rice Pilaf,
	nationwide	Chicken or Cheese Quesadillas in Whole Grain Tor-
		tillas, and three whole grain wraps: the Veggie Burger,
		Turkey Burger and Grilled Chicken Wraps.
Taco Time	170	Veggie burrito is available in a whole wheat tortilla.
	US + Canada	

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FOR IMMEDIATE RELEASE: Tuesday, June 10, 2005



Contact: Kelli Bruer, Marketing Manager The Bama Companies, Inc. 918.732.2176 kbruer@bama.com

Bama Benefit Healthy Recipe Contest Has Many "Benefits"

TULSA, Oklahoma, June 10, 2005, -- The Bama Benefit. That's what The Bama Companies, Inc. called their inaugural recipe competition hosted at the Culinary Institute of America, Hyde Park, New York. The contest would more appropriately be titled in the plural.

The "benefits" of the contest were many. The Bama Companies, a global food manufacturer serving quick-service and casual restaurant chains, focused the contest on creating new product ideas that include whole grains and other wholesome ingredients. "The Bama Companies' brand has always stood for quality, safety, taste, value and honesty. With the 'Bama Benefit', we strive for added value in all of our products by incorporating wholesomeness and good nutrition," said Paula Marshall-Chapman, CEO, The Bama Companies, Inc., "We recognize the importance of supporting the nutritional well-being of all of our foodservice customers and consumers."

The contest challenged CIA culinary and baking degree students to develop a new product that is original, innovative, fresh in appearance and taste, and adheres to a healthy nutritional profile. A healthy nutritional profile includes low in calories, low in sodium, low in saturated fats, no trans fatty acids, and high in fiber and whole grains. The product could be an appetizer, entrée, dessert, or snack. "Students receive the real-world experience of creating complete product ideas while adhering to specific customer guidelines. This is beneficial whether they go on to work for a food manufacturer, a restaurant chain, or any establishment," explains Catherine Policella, Executive Chef, The Bama Companies, Inc., "Bama gains the creative insight of what is hot and newly developing trends."

The competition culminated in a Finals Cook-Off and official award ceremony on April 30, 2005, at the Hyde Park Campus, the Culinary Institute of America. Finals judging included a panel of eight food industry experts. The official contest judges were: Chef Dan Coudreaut, Director of Culinary Innovations, McDonald's Corporation; Chef Tom Gumpel, Director of Research & Development, Panera Bread; Brooke Barrier, Health & Nutrition Editor, Nation's Restaurant News; Leslie Coons, Managing Editor, The Valley Table; Marjorie Livingston, M.S., R.D., Assistant Professor Hospitality Management, The Culinary Institute of America; Chef Catherine Policella, Executive Chef/Concept Innovation Team Leader, The Bama Companies, Inc., Marijane Anton, Director of Business Development, The Bama Companies, Inc.; and Cristi Gooch, Marketing Research Analyst, The Bama Companies, Inc.

Six cash prizes totaling \$5,400 were awarded in The Bama Benefit 2005 Recipe Competition. First, second, and third place cash prizes were awarded for Sweet and Savory product categories. Top prize in each category was \$1,500. The first place winners also received an all-expense paid trip to the Whole Grains Summit in Minneapolis in May.

Sweet Category: First place in the "Sweet Category" was awarded to Blake Ellis, Sarasota, FL, for his Whole Grain Honey Lemon Mousse Tart. This winning treat includes a moist, flaky crust made from 100% whole wheat flour with added fiber from flax, oatmeal, and bran. The crust is filled with a delicate honey mousse and accented with refreshing lemon curd and light meringue.

Second place in this category was awarded to Sasha Foppiano, Salt Point, NY, for Wheat Crepes with Sweet Avocado Filling and a Kiss of Pear. Third place was Allison Fong, New York, NY, for Golden Raisin-Plum Cinnamon Buns.

Other sweet entries included Heart Healthy Raspberry Almond Scones, Oat Flax Meal Muffins, Wheat Berries & Grilled Pear Tart, Whole Grain Goodies cookies, and Chocolate Banana Crunchers muffins.



The Bama Companies, Inc 12/28/2005 12:15 PM

Savory Category: First place in the "Savory Category" was awarded to Suzanne Olson, Red Hook, NY, for her Heart Healthy Ham and Swiss Scones. These wholesome, savory scones are made with oats, flax seed, ham, Swiss cheese, and green onions, providing essential fiber, protein, and Omega 3 and Omega 6 fatty acids.

Second place in this category was awarded to A.J. Schaller, Knoxville, MO, for Sinless Samoosas. Third place was Tara Zmuda, St. Paul, MN, for Healthy Pizza Crust.

Other savory entries included Cornmeal Sun-dried Tomato Scones, Antipasto Pinwheel, Savory Bleu Cheese Danish, and Whole-Wheat Quiche Sampler.

The Bama Companies, Inc. is a recent recipient of the 2004 Malcolm Baldrige National Quality Award awarded by the U.S. Department of Commerce for excellence in business performance and quality. Bama was founded in 1927 by Cornilia Ala'bama' Marshall and is

still owned and operated by the Marshall family today. Headquartered in Tulsa, Oklahoma, The Bama Companies, Inc. owns six manufacturing facilities, including global operations in Beijing, China. For more information about The Bama Companies, Inc., please visit www.bama.com.

For more information about The Culinary Institute of America, please visit www.ciachef.com.

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Food Choices In Snack Room, Vending Machines Can Contribute To Well Workplace

Inexpensive changes in the cafeteria, snack room foods and vending machines can go a long way toward providing "well" workplaces for employees.

Employers can provide access to more healthy options at the workplace as an added "benefit" to their employees, according to California's Task Force on Youth and Workplace Wellness. The organization said the price for overweight, obese and physically inactive employees is increasingly borne by California's employers who see their insurance costs and workers' compensation premiums go up as productivity declines. Unhealthy workers require more medical care, take more sick days, and are less productive on the job.

According to the World Health Organization, "Workplace physical activity programs in the USA can reduce short-term sick leave (by 6 to 32 percent), reduce healthcare costs (by 20 to 55 percent), and increase productivity (by 2 to 52 percent)."

Employees spend so many of their waking hours on the job that achieving healthy eating habits and reaching physical activity goals is virtually impossible without opportunities for working adults to get their five to nine servings fruits and vegetables and 30 minutes of physical activity during the work day.

The following are tips on how you can help your employees to eat healthy foods and be active at work now and in the coming year.

Healthy Cafeteria Options:

 Provide appealing menu options at all workplace food services and cafeterias at reasonable prices that meet healthy nutrition standards. Also, provide attractive, colorful salad bars at reasonable prices in workplace cafeterias, and prominently display or make nutrition information readily available to employees.

Healthy Vending Machines:

 Provide food choices in vending machines that meet healthy nutrition standards. These can include fresh, canned and dried fruits; 100 percent fruit or vegetable juice; plain or mixed nuts; lowfat bagged snacks; salads; nonfat yogurt and milk.

Snack Room Foods:

• Replace doughnuts, coffee and sodas with 100 percent fruit or vegetable juice, fruits, vegetables, and whole grain bagels.

Tax Deduction for Healthy Meals:

- Employers can take advantage of existing tax laws in some areas in order to provide healthy foods for their employees on a pre-tax basis and collect for it through payroll deductions. Some employers are providing delicious and nutritious catered meals for their employees pre-tax and at a very low cost.
- This benefit may also be provided by having fresh produce delivered for employees through arrangements made directly with local vendors or growers, the task force stated.

Restaurant Partnerships:

• Develop partnerships with local restaurants in the area to provide low-cost healthy alternatives (i.e., lunch specials) for customers during work hours.

Shift Schedules or Extend Lunch Periods to Allow Time for Physical Activity:

• Time-shifting to create longer lunch periods can give your employees time for physical activity as well as time to eat. Lunch periods are often considered "off duty" periods, removing company liability for lunchtime workouts. The extended lunch time can easily be made up in the morning or evening. Alternatively, allowing workers to start or end their days earlier can help them access an outside fitness class not otherwise available.

Active Commuting:

Safe, secure and free bike storage as well as showering and changing facilities will encourage more
to bike to work and engage in other activities.

For more information on the World Health Organization, visit www.who.int/en.

Address: California Task Force on Youth and Workplace Wellness, P.O. Box 221671, Sacramento, CA 95822; (916) 452-1802, www.wellnesstaskforce.org.



International Labour Organization

Poor Workplace Nutrition Hits Workers' Health and Productivity

By: ILO News on Sept 18 2005

Poor diet on the job is costing countries around the world up to 20 per cent in lost productivity, either due to malnutrition that plagues some one billion people in developing countries or the excess weight and obesity afflicting an equal number mostly in industrialized economies, says a new study by the International Labour Office (ILO).

"Poor meal programs and poor nutrition underlie so many workplace issues: morale, safety, productivity, and the long-term health of the workers and nations. But few workers are happy with their meal arrangements", says Christopher Wanjek, the author of the study, Food at Work: Workplace solutions for malnutrition, obesity and chronic diseases (Note 1), which will be formally launched at the XVIIth World Congress on Safety and Health at Work in Orlando, Florida, September 19-22.

The ground-breaking study, the first to examine workplace eating habits worldwide, says better nutrition in the workplace can raise national productivity rates, while workplace meal programs can prevent micronutrient deficiencies and chronic diseases, obesity with modest investments that can be repaid in reduction of sick days and accidents.

Other findings on nutrition and work include:

- The world is facing a "food gap" of staggering proportions, with one out of six people on the planet undernourished, and an equal number overweight or obese.
- Inadequate nourishment can cut productivity by up to 20 per cent.
- In 2001, non-communicable (diet-related) diseases contributed to about 46 per cent of the global disease burden and 60 per cent of all deaths worldwide, with cardiovascular disease alone amounting to 30 per cent of deaths. The global burden of diet-related diseases is expected to climb to 57 per cent by 2020.
- In wealthier nations, obesity accounts for 2 to 7 per cent of total health costs: in the United States the annual economic costs of obesity to business for insurance, paid sick leave and other payments is US\$12.7 billion.
- In the United States, where over two-thirds of the population is overweight, direct medical costs accounted for approximately US\$51.6 billion and

lost productivity approximately US\$3.9 billion - reflected in 39.2 million lost work-days, 239 million restricted-activity days, 89.5 million beddays and 62.6 million physician visits.

Too often, food at work is seen as an afterthought or a hindrance by employers and is often a "missed opportunity" to increase productivity and morale. Canteens, if they exist, routinely offer an unhealthy and unvaried selection. Vending machines are regularly stocked with unhealthy snacks. Local restaurants can be expensive or in short supply. Street foods can be bacteria-laden. Workers sometimes have no time or place to eat or no money to purchase food.

"Wealthy nations face the staggering cost of chronic diseases and obesity. Neighborhood intervention isn't working. Providing healthy food at work is the best way to get people to eat at least one healthy meal a day", adds Wanjek.

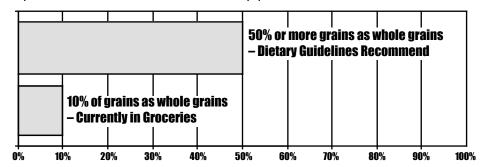
The study includes numerous case studies demonstrating effective "food solutions" from variety of enterprises in 28 industrialized and developing countries. Examples include a successful meal voucher systems instituted in Brazil and France, employer partnerships with local food vendors in the United States and South Africa as well as practical suggestions for improving canteens, cafeterias and mess rooms.

Healthy food (and protection from unsafe and unhealthy food and eating arrangements) is as essential as protection from chemicals or noise at the workplace.

Food at work is inextricably linked to the pillars of the ILO's Decent Work agenda. It is an essential foundation for employment of a productive workforce, an indispensable element of social protection of workers and an important topic for social dialogue between employers and workers, while the rights to safe drinking water and to freedom from hunger are basic human rights. In 1956, the International Labour Conference adopted the Welfare Facilities Recommendation (No. 102), which specified guidelines for the establishment of canteens, cafeterias, mess rooms and other food facilities. This was with the understanding that the workplace, where many adults spend a third of their day, or half their waking hours, is a logical place for health intervention. - GENEVA (ILO News)

FOOD RETAILERS IN THE US AT A GLANCE

The 2005 Dietary Guidelines recommend that half or more of our grains be whole grains. Yet only about 10% of the grains in supermarkets are currently whole grains. Before we can determine the best ways to increase whole grains in the food retail pipeline, it's important to have an overview of this pipeline.



Sources: 2005 Dietary Guidelines; Eyre, Kahn, Robertson, "Preventing cancer, cardiovascular disease, and diabetes: a common agenda for the American Cancer Society, the American Diabetes Association, and the American Heart Association." Circulation, 2004: 109:3244-3255.

The U.S. Food Retail Market - Stores and Sales

Store type	# of	% of	Sales	% total
	Stores	stores	\$	sales
Chain Supermarkets	22,453	10.6%	386.4 billion	60.9%
Independent Supermarkets	11,799	5.6%	71.1 billion	11.2%
Groceries (under \$2m)	13,182	6.2%	17.5 billion	2.8%
Wholesale Club Stores *	1,034	0.5%	32.6 billion	5.1%
Convenience Stores **	138,205	65.2%	114.0 billion	18.0%
Convenience / Gas Kiosk **	25,205	11.9%	13.2 billion	2.1%

Source: Progressive Grocer, 72nd Annual Report of the Grocery Industry, April 2005, p. 52. Items with an * include supermarket items only; ** excludes gasoline sales.

Weekly Household Grocery Expenses



Source: Food Marketing Institute, Trends in the United States: Consumer Attitudes and the Supermarket, 2005, pg. 70.

FINDINGS



Going With the Grain:

Consumers Responding to New Dietary Guidelines

The 2005 Dietary Guidelines for Americans, released in January, recommend that half of all daily grain servings come from whole-grain foods. These recommendations mark a significant departure from past recommendations, which made no distinction between whole and refined grains.

USDA has been providing dietary advice for over a century. Since 1980, however, recommendations on attaining adequate nutrition also included information about how and why to avoid overconsumption of nutrients like saturated fat, cholesterol, and sodium, linked to chronic diseases. Consumption patterns during this period suggest that consumers modify their food choices in response to a variety of factors, including increased information about the links between diet and health. According to ERS food availability data between 1980 and 2003, Americans reduced their consumption of red meats, such as beef, in favor of leaner meats, such as chicken and turkey. They also more than doubled their intake of skim milk, while drinking half as much whole milk.

Early indications suggest that Americans may likewise be eating more whole grains. To gauge shoppers' initial response to the new *Guidelines*, ERS examined whole-grain purchases over an 8-week period immediately following the *Guidelines*' January 12 release. ERS compared the purchases with those over the previous 8 weeks, as well as with those over the same 8-week period in 2004 to control for seasonal spikes.

Although low-carbohydrate dieters may still shy away from certain grain products, the popularity of whole-grain products appears to be rising. In the 8 weeks after the release of the *Guidelines*, the average shopper purchased about 13 percent more pounds of whole-grain products than during the same period in 2004. When we compared the 8 weeks before and after the release, we found that shoppers bought nearly 12 percent more whole-grain breads, 19 percent more whole-grain rice, and 16 per-

Whole-grain purchases rise after release of 2005 Dietary Guidelines Percent change in Pre- vs. post-release comparison pounds purchased 2004-05 comparison 25 20 15 10 5 0 -5 Total fresh Whole-grain Total rice Whole-Total ready-Whole-grain bread bread grain rice to-eat-cereal ready-toeat cereal Source: Calculated by USDA, Economic Research Service using ACNielsen Homescan data.

cent more whole-grain ready-to-eat breakfast cereals. These increases may be a result of changes in dietary awareness. In addition, shoppers now have more whole-grain foods from which to choose; in 2004 alone, nearly 100 new products touted their whole-grain formulations. Shoppers can now find a variety of whole-grain pastas at mainstream grocery stores, white breads made from whole-grain flour, and reformulated, whole-grain breakfast cereals.

Lisa Mancino, Imancino@ers.usda.gov

This finding is drawn from ...

Food Market Dynamics and USDA's New Dietary Guidelines, by Ephraim Leibtag and Lisa Mancino, EIB-5, USDA, Economic Research Service, September 2005, available at: www.ers.usda.gov/publications/eib5/