Food & Nutrition News

Quarterly Newsletter **January – March 2021**

2021

Annual Conference & Food Expo

CANCELED DUE TO COVID 19 CONCERNS

WE ARE SORRY ABOUT THIS AND ARE WORKING ON A SOLUTION TO HELP OUR MEMBERS EARN THE REQUIRED CONTINUING EDUCATION HOURS REQUIRED TO MAINTAIN THE CREDENTIAL.

PLEASE STAY TUNNED AND WATCH FOR AN EMAIL WITH MORE INFORMATION SOON.

In This Issue

Vegans may be at higher risk for bone fractures, study finds. By Kristen Rogers, CNN

On the ever-growing list of pros and cons of plant-based diets, the higher risk of bone fractures has been reinforced on the list of possible drawbacks. Vegans and vegetarians may be at greater risk for bone fractures than meat eaters, according to a large, longitudinal study published Sunday in the journal BMC Medicine. Fractures in adulthood and older ages are common, but previous studies have shown that vegetarians have lower bone mineral density than non-vegetarians. Bone density is "a measure of the amount of minerals (mostly calcium and phosphorus) contained in a certain volume of bone," according to the US National Cancer Institute. Substantially lower intakes of dietary calcium and protein have also been reported among non-meat eaters. Despite this prior research, the associations between vegetarian diets and fracture risks have been unclear until now, the study said.

"This is the first comprehensive study and the largest study to date to look at the risks of both total fractures (fractures occurring anywhere in the body) and fractures at different sites in people of different habitual dietary habits," said the study's lead author, Tammy Tong, a nutritional epidemiologist at the Nuffield Department of Population Health at the University of Oxford, via email. There were 4.1 more cases in vegetarians and 19.4 more cases in vegans for every 1,000 people over a period of 10 years. Because the risk differences in vegans remained after factoring in BMI and sufficient intakes of calcium and protein (by milligram), other factors that weren't investigated may be important — such as the differences between protein and calcium from animals and from plants.

"Most of these things are better absorbed from animal foods," Tucker said. "Some vegetarians say, 'Well, if you look at the food tables, I have enough calcium.' But calcium in whole grains is bound by phytates and in green leafy vegetables, it's bound by oxalates." Phytates and oxalates are compounds that bind minerals like calcium, zinc and iron, so the minerals aren't released and absorbed as easily in the gut. That means that although spinach and other leafy greens are high in calcium, the oxalates in them prevent the body from absorbing that calcium as much as it could from dairy.

Contact Us

Louisiana Association of Nutrition & Foodservice Professionals

louisianaanfp@gmail.com

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Show Me the Science – When & How to Use Hand Sanitizer in Community Settings

During the Coronavirus Disease 19 (COVID-19) pandemic, keeping hands clean is especially important to help prevent the virus from spreading. The CDC recommends washing hands with soap and water whenever possible because handwashing reduces the amounts of all types of germs and chemicals on hands. But if soap and water are not available, using a hand sanitizer with at least 60% alcohol can help you avoid getting sick and spreading germs to others. The guidance for effective handwashing and use of hand sanitizer in community settings was developed based on data from a number of studies.

Hand sanitizers may not be as effective when hands are visibly dirty or greasy.
Why? Many studies show that hand sanitizers work well in clinical settings like hospitals, where hands come into contact with germs but generally are not heavily soiled or greasy 16. Some data also show that hand sanitizers may work well against certain types of germs on slightly soiled hands 17,18. However, hands may become very greasy or soiled in community settings, such as after people handle food, play sports, work in the garden, or go camping or fishing. When hands are heavily soiled or greasy, hand sanitizers may not work well 3,7,16. Handwashing with soap and water is recommended in such circumstances.

Hand sanitizers might not remove harmful chemicals, like pesticides and heavy metals, from hands.
Why? Although few studies have been conducted, hand sanitizers probably cannot remove or inactivate many types of harmful chemicals. In one study, people who reported using hand sanitizer to clean hands had increased levels of pesticides in their bodies 19. If hands have touched harmful chemicals, wash carefully with soap and water (or as directed by a poison control center).

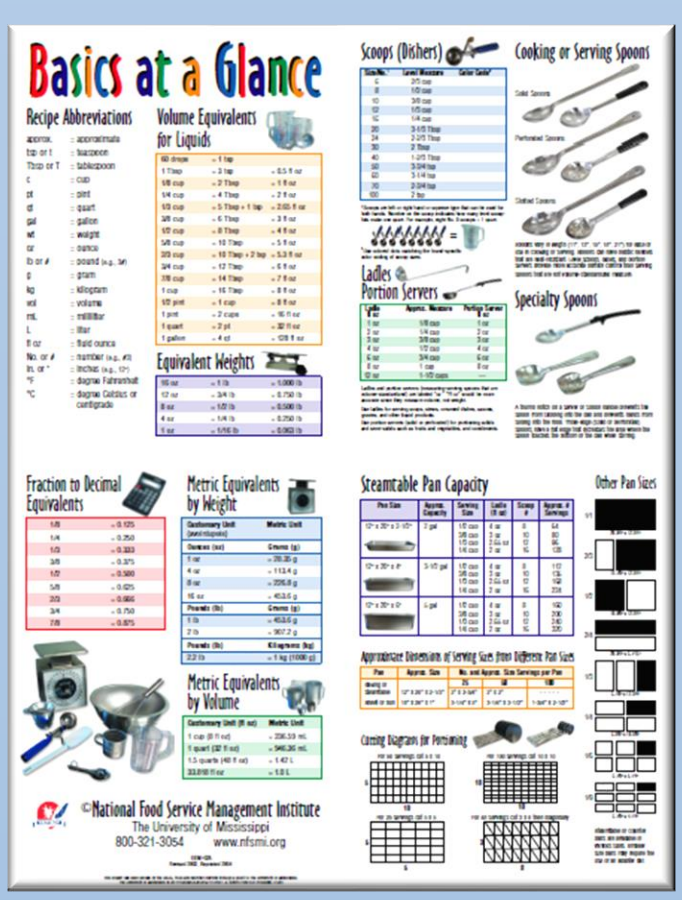
If soap and water are not available, use an alcohol-based hand sanitizer that contains at least 60% alcohol.
Why? Many studies have found that sanitizers with an alcohol concentration between 60–95% are more effective at killing germs than those with a lower alcohol concentration or non-alcohol-based hand sanitizers 16,20. Hand sanitizers without 60-95% alcohol 1) may not work equally well for many types of germs; and 2) merely reduce the growth of germs rather than kill them outright.

Content source: Centers for Disease Control and Prevention

Creole Chicken Bonne Femme

1/4 Cup salad oil
1 Tbs. Unsalted Butter
4 Boneless, skinless Chicken Breasts, pounded lightly for even cooking
2 Medium Potatoes, peeled and diced
¾ Cup Onion, julienned
½ Cup Bell Pepper, julienned
¼ Cup Celery, Cut on the bias (diagonal)
2 Cloves of Garlic, minced
1 Cup Ham, diced (Tasso is great)
1 Tbs. Cajun seasoning
Salt & Black Pepper, to taste
¼ Cup White Wine
2 Tbs. Unsalted Butter
Sliced Green Onions for Garnish

Preheat an oven to 350°F. Season the chicken breast liberally with salt and pepper. Add the Oil and 1 Tbs. of Unsalted Butter to a medium high sauté pan. When hot add the chicken breasts and sauté until golden brown on both sides, set aside. Add the potatoes to the pan and sauté until tender and crisp. Add the onions, Bell pepper, celery, ham, and garlic, sauté until the onions are translucent, stir gently as to not break up the potatoes. Deglaze the pan with the white wine, cook for 2 minutes. Season with Cajun seasoning, salt & black pepper to taste. Place the chicken breasts in an oven proof casserole dish and pour the sauce over the top. Place in the oven and bake at 350°F for 15 minutes or until the chicken is just cooked through. Remove from the oven, add the remaining 2 Tbs. Unsalted Butter to the sauce, shake the casserole dish until butter is incorporated. Garnish with the green onions and serve. Serves 4.



Healthy Eating as We Age

As we age, healthy eating can make a difference in our health, help to improve

how we feel, and encourage a sense of well-being. Eating healthy has benefits that can help older adults:

Obtain nutrients needed by the body such as potassium, calcium, vitamin D, vitamin B, minerals, and dietary fiber. Lose weight or maintain a healthy weight, Reduce the risk of developing chronic diseases such as high blood pressure, diabetes, hypertension, and heart disease. If you have a chronic disease, eating well can help to manage the disease. Meet individual calorie and nutrition needs. Help to maintain energy levels.

Our daily eating habits change as our bodies get older. Make small adjustments to help you enjoy the foods and beverages you eat and drink. Add flavor to foods with spices and herbs instead of salt and look for low sodium packaged foods. Add sliced fruits and vegetable to your meals and snacks. Look for pre-sliced fruits and vegetables on sale if slicing and chopping is a challenge. Ask your doctor to suggest other options if the medications you take affect your appetite or change your desire to eat. Drink 3 cups of fat-free or low-fat milk throughout the day. If you cannot tolerate milk try small amounts of yogurt, butter milk, hard cheese or lactose-free foods. Drink water instead of sugary drinks. Consume foods fortified with vitamin B12, such as fortified cereals.

Focus on maintaining a healthy body weight. Being physically active can help you stay strong and independent as you grow older. If you are overweight or obese, weight loss can improve your quality of life and reduce the risk of disease and disability.

Adults at any age need at least 2 ½ hours or 150 minutes of moderate intensity physical activity each week. Being active at least 3 days a week is a good goal. Being active will make it easier to enjoy other activities such as shopping, playing a sport, or gardening. If you are not sure about your level of fitness, check with your doctor before starting an intense exercise program or vigorous physical activity.

U.S. DEPARTMENT OF AGRICULTURE

The impact of nutrition on COVID-19 susceptibility and long-term consequences

By: Michael J. Butlera and Ruth M. Barrientos

While all groups are affected by the COVID-19 pandemic, the elderly, underrepresented minorities, and those with underlying medical conditions are at the greatest risk. The high rate of consumption of diets high in saturated fats, sugars, and refined carbohydrates (collectively called Western diet, WD) worldwide, contribute to the prevalence of obesity and type 2 diabetes, and could place these populations at an increased risk for severe COVID-19 pathology and mortality. WD consumption activates the innate immune system and impairs adaptive immunity, leading to chronic inflammation and impaired host defense against viruses. Furthermore, peripheral inflammation caused by COVID-19 may have long-term consequences in those that recover, leading to chronic medical conditions such as dementia and neurodegenerative disease, likely through neuroinflammatory mechanisms that can be compounded by an unhealthy diet. Thus, now more than ever, wider access to healthy foods should be a top priority and individuals should be mindful of healthy eating habits to reduce susceptibility to and long-term complications from COVID-19.

COVID-19 is a respiratory disease caused by the novel coronavirus, SARS-CoV-2, that has reached pandemic status. While COVID-19 affects all groups, severe pathology and mortality is disproportionately highest in the elderly, underrepresented minorities (blacks/African Americans and Latinos), and/or in those with underlying comorbidities. Obesity and type 2 diabetes, two prominent risk factors for severe COVID-19, may underlie the health disparity observed in these populations (Dietz and Santos-Burgoa, 2020, Dharmasena et al., 2016). The high prevalence of these risk factors, worldwide, but especially in the U.S. and other developed countries, is likely driven by increased consumption of the typical Western diet (WD) consisting of high amounts of saturated fat (HFD), refined carbohydrates and sugars, and low levels of fiber, unsaturated fats, and antioxidants (Cordain et al., 2005).

The WD, which is high in saturated fatty acids (SFAs), can lead to chronic activation of the innate immune system and an inhibition of the adaptive immune system. Briefly, excessive SFA consumption can induce a lipotoxic state and activate the innate immune system via activation of toll-like receptor 4 expressed on macrophages, dendritic cells, and neutrophils. This triggers activation of canonical inflammatory signaling pathways that produce proinflammatory mediators and other effectors of the innate immune system (Rogero and Calder, 2018). Furthermore, consumption of a HFD in mice increased macrophage infiltration to lung tissue, specifically in the alveoli (Tashiro et al., 2017). This is especially relevant to COVID-19 patients given the high rate of infection among lung alveolar epithelial cells and the involvement of lung tissue inflammation and alveolar damage in COVID-19 pathology (Xu et al., 2020).

In addition to innate immunity, WD or HFD consumption inhibits T and B lymphocyte function in the adaptive immune system, potentially via an increase in oxidative stress. Specifically, HFD-induced oxidative stress impairs T and B cell proliferation and maturation, and induces B cell apoptosis, which contributes to B cell immunodepression (Green and Beck, 2017). This has important implications in host defense against viruses. Previously, HFD-fed mice showed increased lung pathology due to influenza infection and a delayed adaptive immune response (Green and Beck, 2017). Moreover, HFD-fed mice have memory T cell deficits against influenza, exhibited by impaired response to antigen presentation and clearance of the virus (Green and Beck, 2017). Therefore, consumption of a WD significantly impairs adaptive immunity while ramping up innate immunity, leading to chronic inflammation and severely impairing host defense against viral pathogens. Given that the elderly and African American communities have a greater inherent sensitivity to inflammatory modulators, consumption of unhealthy diets by these groups could pose an amplified risk to severe COVID-19 pathology. Moreover, T and B cell counts were also significantly lower in patients with severe COVID-19 (Qin et al., 2020); thus, there could be a potential interaction between WD consumption and COVID-19 on adaptive immunity impairment.

The impact of nutrition on COVID-19 susceptibility and long-term consequences. Continued

As mentioned earlier, the high rates of obesity and diabetes among minority populations may account, at least in part, for the health disparities observed in response to COVID-19 in these groups (Dharmasena et al., 2016). Data suggest that minorities have increased barriers to access healthy food choices and nutritional education, likely due to increased rates of poverty and decreased access to quality healthcare in the U.S. (Dharmasena et al., 2016). Thus, the access to healthy, fresh whole foods should be made more readily available to those who cannot normally afford it in order to relieve the chronic disease burden in these communities. Indeed, studies show that consuming healthy foods has a rapid anti-inflammatory effect, even in the presence of obesity pathology (Connaughton et al., 2016). A change in these policies could also have long-term benefits on disease prevention, including COVID-19, by increasing the efficacy of vaccines, given that vaccines have been shown to be less effective in obese individuals (Green and Beck, 2017).

Given that, even in the most at-risk populations, the vast majority of COVID-19 patients are expected to recover, there could be a number of indirect long-term consequences of the disease. In addition to potential long-term lung damage, the possible impacts on neurological function are not insignificant. This is because it is known that peripheral inflammatory events can evoke an exaggerated and persistent neuroinflammatory response in vulnerable individuals. Furthermore, there is a well-known association between pathological levels of neuroinflammation and neurodegenerative diseases such as Alzheimer's and other forms of dementia. Thus, profound challenges of the immune system like COVID-19 could potentiate the neuroinflammatory response and disease onset in these vulnerable groups. In support of this notion, there have been instances of dementia in the elderly following viral infection, including respiratory viruses such as influenza (Honjo et al., 2009).

In sum, it is critical to consider the impact of lifestyle habits, such as consumption of unhealthy diets, on the susceptibility to COVID-19 and recovery. Furthermore, the large number of people that will recover from COVID-19 may lead to a spike in chronic medical conditions that could be further exacerbated by unhealthy diets or in vulnerable populations. Therefore, it is our recommendation that individuals refrain from eating foods high in saturated fats and sugar and instead consume high amounts of fiber, whole grains, unsaturated fats, and antioxidants to boost immune function (Connaughton et al., 2016).

https://www.anfponline.org/news-resources/covid-19-resources

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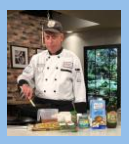

Dear Louisiana ANFP Members;

Allow me to personally apologize to you for the cancelation of our Louisiana Association of Nutrition and Foodservice Professionals State Educational Conference and General Membership Meeting. This year's conference once again had to be canceled due to COVID 19 concerns, and the fact that many of our members are unable to travel.

In an effort to continue to offer you, our members continuing education opportunities, your board of directors has chosen to partner with one of the industries leaders in foodservice education. We have chosen to partner with PineApple Academy (https://pineappleacademy.com/) Seeing firsthand the challenges that face the healthcare foodservice industry, we knew something had to be done to help our members with their need to earn the required continuing education credits and so the Pineapple Academy is our solution to making a meaningful impact on you our valued members, and to continue to provide our membership with educational opportunities and the required continuing education hours you need each year. As is the cost for the annual conference, the cost for this program is only $50.00 as we will have our wonderful vendor sponsors assist us in covering the additional cost. A one-year membership to the PineApple Academy would normally cost you over $100.00 and there would be no guarantee that you would earn the required number of CEU's. With our partnership, you will be guaranteed to earn 20 CEU's within the one-year subscription and we are working to increase that number to 40 CEU's. After the one-year membership expires you will be able to continue your membership at the full price if you so desire. We will continue to work on ideas and plans for ways in which we can provide you with the education hours you need. Please stay connected with us as we navigate this pandemic. We will be emailing out a link soon so each of you can sign up for this great program.

Sincerely,

Chef John E Hickson

CCA, CDM/CFPP, MCFE, SNM, FMP, CHESP, HACCP, CP-FS
Louisiana ANFP State President