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Association of Nutrition & Foodservice Professionals

Food & Nutrition News
Quarterly Newsletter

January – March 2022

2022

Annual Conference & Food Expo

So Sorry but Our Annual Conference Has Been Canceled



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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.



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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.

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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Message from Your State President.



Dear Louisiana ANFP Members;

Allow me to personally apologize to each and everyone of you, as many of you know I submitted my resignation as your state president in January 2022. I have chosen to center my focus on my family and on my health. As like many of you, I too have had a rough couple of years. I lost both my parents within six weeks of each other back in early 2020, My wife had a major health scare last year and I realized that life is short and I needed to refocus my efforts.

For those of you who do not know, I have left the healthcare field and made the switch to School nutrition and foodservice.

I am sorry that we once again had to cancel our state meeting, but please know that your executive board team is working on putting together a meeting as soon as possible.

If anyone is interested in filling the president's position, please reach out to Brenda Kenly.

In closing, I would like to ask each and every one of you to be proud of your-selves as CDM's and to become an involved member of your association. I look forward to serving you and working with each of you to make our association the best it can be.

Sincerely,

Chef John E Hickson

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

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