

Food for Your Whole Life: Reaching for Independence (Ages 18-30)

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Karen Collins, MS, RD, CDN

Nutrition Advisor, American Institute for Cancer Research (AICR)

www.karencollinsnutrition.com

I. What are the Nutritional Issues for this Age Group?

A. Influences of Biology

1) Decreased calorie needs as growth stops.

Increase in overweight and obesity has been more rapid in young adults than in adults over age 30.

2) For some women, pregnancy and possible breastfeeding.

--Impact of prenatal weight gain: risk to baby from inadequate gain but also excessive gain; link of excess prenatal weight gain to weight gain and BMI at one-year post pregnancy and 15 years later (SPAWN study in Sweden).

--Recommendation for all women of childbearing age to consume daily 400 mcg folic acid (supplement or fortified food)

--Breastfeeding important for baby's health and lower risk of pre- and post-menopausal breast cancer in mother; current rates significantly below recommendations

B. Setting the stage for increased or decreased risk of chronic disease later in life:

Impact physiologically and in behavior patterns being established

1) Osteoporosis: people have until age 30 to reach peak bone mass

Calcium & vitamin D; plant-based diet with plenty of vegetables & fruits; weight-bearing activity

2) Cancer, Diabetes & Heart Disease: connected by three intertwining threads (excess body fat, insulin resistance, inflammation) which are affected by diet and physical activity. CARDIA study (age 18-30 at baseline) shows impact of diet and weight within ten years.

II. Influences of Lifestyle and New Stage of Life

A. Perceived lack of time for physical activity, cooking, eating meals (skip breakfast, other eating often while multi-tasking)

B. Finances: For many, lack of money, or lack of money designated for food due to other priorities.

C. Life stage where many are focused on image/looks more than long-term health, which can leave some vulnerable to fad diets, body image distortions and disordered eating patterns

D. Alcohol consumption: People often define "moderate alcohol" based on their own consumption rather than the definition used in research. Heavy drinking and binge drinking tend to peak in these years: generally don't continue into middle age, but for psychologically vulnerable group they may, and for others there can be association with accidents/risky behavior and concern about impact on weight (multiple reasons).

E. Many lack basic skills involved in planning, shopping for and preparing healthy meals

F. This age group tends to eat out frequently, which can impact weight and nutrient consumption (association with increased calories, fat, sodium; decreased vegetables and fruits). For those at college, cafeteria choices and availability of food 24/7 have impact, too.

- G. Lack of accurate nutrition knowledge (& first time making their own food choices all the time)
With nutrition information everywhere, some of it untrue, it's easy to be "over-informed" and uncertain of how to put pieces of knowledge together. Lack of portion size awareness and over-consumption of food considered "healthy" can also pose challenges.

III. What is the Nutritional Impact?

- A. Weight gain and tendency for fad diets to fix it (vs. creating lifelong healthy habits)
- B. Diets that may be not only excessive in calories, but lacking vegetables, fruits, whole grains, beans; likely low in fiber, various nutrients and phytochemicals; likely high in sodium
- C. Excessive alcohol consumption and its health risks
- D. Setting ground for poor relationship with food

III. What Can Health Professionals Do?

- A. The first challenge: trying to access this group since most are not often seen in health care system and do not often see a problem/seek help eating better. We need to use medical care contact opportunities that arise, as well as use media they trust. We need to direct them to reliable websites as their go-to spot for nutrition, weight management, and meal ideas. There are other opportunities to meet them where they are if we look around.
- B. Focus on supporting a sense of self-efficacy for making food choices that promote health
 - 1) Clarify nutrition myths & misunderstandings, and identify the priorities in a balanced diet
Examples: My Pyramid Plan at www.mypyramid.gov;
New American Plate model at www.aicr.org
 - 2) Show how planning can make things easier & still allow flexibility
 - 3) Share ideas for quick-fix meals that are healthy & budget-friendly. Explain how to coordinate timing and how to use cooking ahead. Talk about meals for one or two; how child-friendly meals can be healthy for adults.
Example: Deliciously Healthy Meals at www.nhlbi.nih.gov
 - 4) Grocery shopping help: explain label claims & show how minimizing processed foods saves money & nutrition without lots of cooking time.
 - 5) Help for eating out: finding healthy choices, making requests, dealing with large portions
 - 6) Encourage holistic self-care, including regular physical activity, sleep, stress reduction measures, "low-risk" use of alcohol, positive self-talk (without guilt about eating or negative focus on body image). Encourage consultations with an RD for help.
Example: logs to track eating or physical activity, such as activity log at www.PresidentsChallenge.org