



Enjoy Nebraska Foods!

Alice Henneman, RD, LMNT, Extension Educator

The month of May is “National Egg Month,” and Nebraska joined the celebration when Governor Johanns proclaimed “May is Egg Month” in Nebraska. Here’s a quick and easy egg recipe for you to enjoy.

Eggs are no longer considered a major dietary risk factor for heart disease. The American Heart Association (AHA) recently released its new dietary guidelines with the first significant changes in its policies in four years. Based on accumulated data from decades of research, AHA replaced its previous recommendation to limit egg yolk consumption to three per week with the following statement: “Individuals may choose to eat one egg yolk daily, if they limit their total cholesterol intake.” AHA also notes eggs are “fairly low in saturated fat and total fat” and “egg whites have no fat and no cholesterol.”

The egg industry is an important part of Nebraska agriculture. Nebraska’s laying hen population of approximately 10 million birds produces over 2.5 billion eggs annually. Nebraska ranks eighth in the nation in commercial egg production and is also a leading state nationally in the production of further processed egg products.

For more free egg recipes or information related to eggs and food safety, contact Mary Torell, Public Information Officer, Poultry & Egg Division, Nebraska Department of Agriculture by e-mailing her at mtorell2@unl.edu or calling 472-0752.

EGG POCKETS

Preparation: 5 minutes
Cooking: 5 minutes
Makes 4 servings

- 4 eggs
- 1/4 cup low-fat milk
- 2 teaspoons finely chopped green onions
- 1 teaspoon butter or cooking oil, or cooking spray
- 2 pita pockets, halved

In a small bowl, beat together eggs, milk, and onions until blended. In a 7 or 8-inch skillet over medium heat, heat butter until just hot enough to sizzle a drop of water. Pour in egg mixture. As mixture begins to set, gently draw an inverted pancake turner completely across bottom and sides of pan, forming large, soft curds. Continue until eggs are thickened and no visible liquid egg remains. Spoon 1/4 of the eggs into each pita half. If you like, add chopped tomato and green pepper, a sprinkling of shredded cheese or a dollop of taco sauce, or all of them!

Nutritional information: Calories 155; Carbohydrates 36%; Protein 22%; Fat 42% (AH)

Helping the Homeless

Under the direction of Matt Talbot Kitchen Executive Director Suzanne Blue, Lincoln’s homeless are learning life skills. Blue, assisted by Jennifer Cantrell, AmeriCorps, Lincoln Action Program, has organized a six-class session for individuals of need.

Andrea Ohlrich, extension assistant, Nutrition Education Program, leads the class on nutrition. Class participants learn about the food guide pyramid, meal planning, food safety, and food preparation. They especially enjoy the hand-washing activity. One male commented, “I need to do a better job of washing my hands before I fix supper.” The participants also prepare two healthy snacks.

Nutrition Education Program
for Limited Resource Families

Andrea Ohlrich
Extension Assistant

Other class topics include: parenting, Star Tran (bussing in Lincoln), tenant rights, budgeting, and self-esteem. With two sessions complete and another in the works, this program has proved to be a success.

NUTRITION AND OSTEOPOROSIS - Part 1

Alice Henneman
MS, RD, Extension Educator &
Linda Boeckner
PhD, RD, University of Nebraska Extension
Nutrition Specialist

May is National Osteoporosis Month. Here is the first of a two-part series on what you can do to help prevent or treat osteoporosis.

- “It’s snowing outside and my newspaper was tossed on the bottom of the steps—do I dare go after it?”
- “I’ve lost six inches in height and none of my clothes fit me anymore. Plus, it’s hard to get clothes that look nice when my back is so hunched over.”
- “This medication is so darned expensive. But if I want to be independent, I can’t afford to let my condition get worse either.”
- “It seemed like it took forever for my bone to heal when it broke. I don’t want that to happen again. It’s so frustrating always worrying about falling.”
- “If somebody had told me sooner what I know now about osteoporosis, none of this might be happening to me!”

SOURCE: Based on comments made by a 70+ year old woman with osteoporosis.

Ten million Americans have osteoporosis and another 18 million have low bone mass, placing them at increased risk of osteoporosis, according to the National Osteoporosis Foundation (NOF). Osteoporosis often is called the “silent disease” because bone loss occurs without symptoms. The first sign of osteoporosis may be a fracture that occurs as a result of a weakened bone. A sudden strain or bump may be all it takes to break a bone.

Eighty percent of those affected by osteoporosis are women. A woman’s risk of an osteoporosis-related hip fracture equals her combined risk of breast, uterine, and ovarian cancer. Overall, one in two women and one in eight men over age 50 will have an osteoporosis-related fracture. On average, 24 percent of hip fracture patients age 50 and over die during the year following their fracture according to NOF.

A Gallup poll of women with osteoporosis showed few took preventive action and 9-out-of-10 wish they had known how to take preventive measures (source: NOF news release, May, 2000).

Though there are treatments for osteoporosis, there is currently no cure. That’s why prevention is so very important. The National Osteoporosis Foundation recommends a combination of these four steps to help prevent osteoporosis.

- 1) A balanced diet rich in calcium and vitamin D;
- 2) weight-bearing exercise;
- 3) a healthy lifestyle with no smoking or excessive alcohol use;
- 4) bone density testing and

medications when appropriate. Osteoporosis is preventable for most people!

NOTE: While osteoporosis occurs most frequently in older persons, start building healthy bones while you’re still young. Eating a healthy diet and leading a healthy lifestyle throughout your life is important for BOTH women and men.

The following information on the dietary aspects of osteoporosis is provided as information for general healthy eating and should not be considered a substitute for seeking dietary advice from your own health care provider. For additional information about diet and osteoporosis as well as other factors influencing bone health, two excellent resources are the National Osteoporosis Foundation Web site (<http://www.nof.org>) and the book, *Strong Women, Strong Bones*, by Miriam Nelson, Ph. D. NOTE: The information in Nelson’s book is applicable to men as well as women.

Using Food & Supplement Labels to Assess Calcium Intake

Calcium, the major component of bones, is one of the dietary factors most frequently mentioned in relation to osteoporosis. We can use the product label to learn how much calcium is in packaged foods and in vitamin/mineral supplements. The Food and Drug Administration (FDA) uses the term “Percent Daily Value” (% DV) to describe the amount of calcium a food or supplement provides in relation to the general U.S. population’s daily needs.

NOTE: The calcium and vitamin D recommendations in this article are based on those developed for the United States and Canada. They may not be appropriate for all countries due to differing dietary patterns and environmental factors.

The 100% DV level for calcium equals 1,000 milligrams (mg). The % DV on the “Nutrition Facts” panel of a food label or the “Supplement Facts” section of a vitamin/mineral supplement tells how much calcium one serving provides in relation to 1,000 mg. For example: If a food or supplement provides 200 mg of calcium per serving, the label would show a 20% DV for calcium (200/1,000 = 20%).

The serving size on the “Nutrition Facts” panel of foods is based on what people typically eat—it is not a recommended amount. The serving size is given at the top of the panel.

To determine your calcium intake from a specific food or supplement, identify the serving size and the % DV on the label. For example, suppose the serving size listed on a package of frozen chopped broccoli is 1/2 cup and

this amount provides 4% of the calcium DV. If you eat TWICE this amount, or 1 cup, you will consume 8% of your daily calcium need.

By adding up the % DV for calcium in all your foods and supplements, you can learn whether you reach your goal each day. Also, it’s easy to compare the calcium content of different products by looking at the % DV.

Depending on your age and such factors as whether you’re pregnant or lactating, you may need MORE or LESS than the 100% DV level of 1,000 mg of calcium daily. For example: If the calcium recommendation for your age grouping is 1,200 mg of calcium, your daily goal should be 120% of the calcium DV.

The following chart gives the recommended daily calcium and vitamin D intakes for various ages. Calcium is an important component of bones and vitamin D is essential for optimum calcium absorption.

These amounts are based on the 1997 recommendations of National Academy of Sciences (NAS). Depending on your situation, your physician may recommend slightly more than these levels. Remember: The 100% DV for calcium is based on 1,000 mg calcium. For vitamin D, the 100% DV is based on 400 IU vitamin D.

Recommended Daily

IMPORTANT NOTE: The NAS (1997) suggests a tolerable upper intake level (UL) for persons age one and up for calcium no higher than 2,500 mg daily and for vitamin D no higher than 50 micrograms (2,000 IU) daily from foods and supplements combined. UL’s have not been established for individuals below one year of age. However, unless your physician advises otherwise, the following recommendations from NAS for the various ages should be sufficient.

Calcium and Vitamin D Intakes

- Birth - 6 months:**
210 mg calcium (21% DV)
200 IU vitamin D (50% DV)
- 6 months - 1 year:**
270 mg calcium (27% DV)
200 IU vitamin D (50% DV)
- 1 - 3 years:**
500 mg calcium (50% DV)
200 IU vitamin D (50% DV)
- 4 - 8 years:**
800 mg calcium (80% DV)
200 IU vitamin D (50% DV)
- 9 - 18 years:**
1,300 mg calcium (130% DV)
200 IU vitamin D (50% DV)
- 19 - 50 years:**
1,000 mg calcium (100% DV)
200 IU vitamin D (50% DV)
- 51 - 70 years:**
1,200 mg calcium (120% DV)
400 IU vitamin D (100% DV)
- 71 or older:**
1,200 mg calcium (120% DV)