

The Science Behind Snackwise®

The direct correlation of overweight among American children and adolescents and increased risk for other health complications is well documented¹²³. Among contributing factors is a high level of consumption of snack foods and beverages. Currently, energy dense-nutrient poor foods, such as snack type foods and beverages comprise nearly one-third of children's daily calories, two-thirds of which are attributed to added sugar⁴⁵⁶. As the intake of energy dense-nutrient poor foods increases, the diet quality of children suffers⁷. Children and adolescents have inadequate nutrient intake of several nutrients including calcium, fiber, and certain vitamins. These "problem nutrients" begin to surface during early school-age when children begin to express their independence through food choices⁸⁹¹⁰.

The Child Nutrition Reauthorization Act of 2004 mandates that schools across the country establish nutrition standards for all foods on campus¹¹. Most current nutrition standards promoted in legislation or used by manufacturers, vendors and schools are proscriptive, restricting food items based on portion size, calories, fats, trans fats, sugars or sodium. An avoidance approach to nutrition policy may have the unintended consequence of eliminating foods that are beneficial to a child's daily nutrition. For instance, tight restrictions on sugar content may prevent vending flavored milks or yogurts, which are popular among children and teens and offer a substantial nutrient profile¹². Similarly, standards that promote baked potato chips in place of fried chips, while lowering calories and saturated fat, do nothing to improve daily nutrition. An alternate approach is one that considers both desirable nutrients with those to limit utilizing information available on the nutrition facts label to evaluate a snack foods nutritional quality.

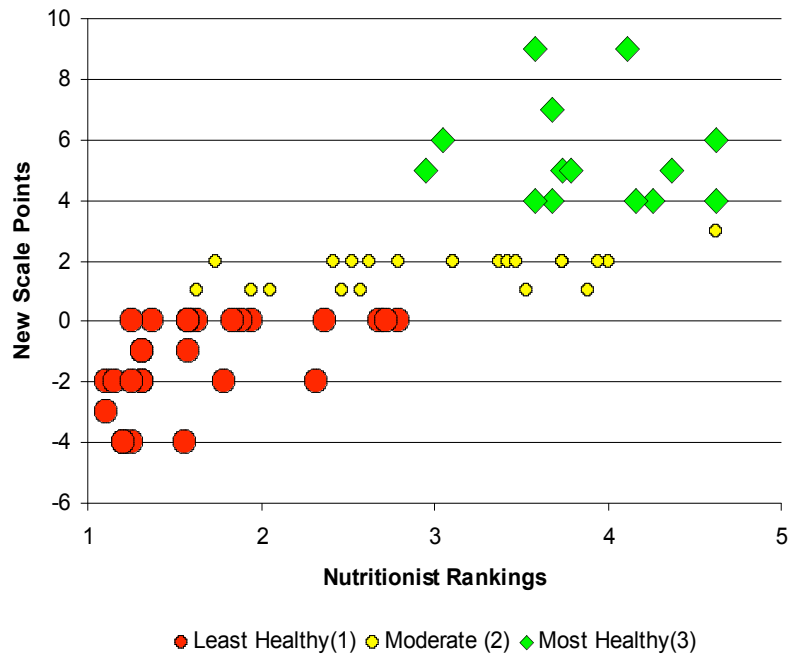
Nutrition Rating System Research

The first version of the Snackwise® software was designed in 2004 to evaluate the nutritional quality of snack foods utilizing 10 weighted nutrition parameters found on the nutrition facts label: total energy, total and saturated fats, fiber, sugars, protein, calcium, iron, and vitamins A and C. The software added or subtracted points according to whether the nutrition parameter contributes positively or negatively to the overall nutritional quality of the snack food. The software was designed as a simple method to evaluate the nutritional quality of snack foods weighing both nutrients that are desirable with nutrients to limit. Note: The most recent version of the software has added sodium as a parameter, utilizing 11 weighted nutrition parameters to determine the nutritional quality of a snack food.

Research Method: Nineteen experienced dietitians used the nutrition facts label to evaluate 64 snack foods, ranking them on a scale of 1 (least healthy) to 5 (most healthy). The same 64 snack foods were also evaluated using the software's 10 weighted nutrition parameters as a simple method to evaluate the total nutrient package considering both nutrients that are favorable with nutrients to limit.

Results: Dietitian's rankings showed close agreement in the evaluation of the 64 foods. Between observer correlation showed an intra-class coefficient of 0.78. The results of the software assessment of the 64 vended food items, when compared with the ratings of the 19 dietitians, also resulted in a Pearson's correlation between software and dietitians of $r = 0.78$. When evaluated utilizing the 10 nutrition parameters, the 64 tested snack foods formed a continuum of nutrient value scores ranging from lower to moderate to higher nutritional quality.

Conclusion: The Snackwise® software’s weighted nutrition parameters reflected the opinions of 19 experienced dietitians when assessing the nutritional value of vended snack items. (Fig 1)



For ease of education the 64 snack foods were grouped into three categories, using symbols as green-“best choice”, yellow-“choose occasionally”, or red-“choose rarely”. The cutoff points that distinguish the color categories were chosen arbitrarily based on visual separation within the continuum of rankings. The design of the software sought to create a simple method to help consumers identify and select snacks that are nutrient dense. Nutrient dense foods are those that provide substantial amounts of nutrients while limiting undesirable components such as higher calories, total fat, saturated and trans fat, sugar and sodium. There is considerable interest in nutrient profiling of foods to help consumers determine those foods that are nutrient dense¹³.

The 2005 Dietary Guidelines for Americans, My Pyramid, and many health organizations such as the American Dietetic Association recommend that individuals choose nutrient dense foods.¹⁴ The current, revised version of the Snackwise® software utilizes 11 parameters to determine nutrient quality, intended to reflect current scientific support for limiting sodium and calories while emphasizing nutrient density^{15,16}.

Nutrient	Parameters
Calories	150 calories
Fat	35% of total calories
Saturated Fat & Trans Fat	10% of total calories
Sodium	230 milligrams
Fiber	10% Daily Value
Sugar	35% of total calories
Protein	5 grams
Vitamin A	10% Daily Value
Vitamin C	10% Daily Value
Calcium	10% Daily Value
Iron	10% Daily Value

The Snackwise® software provides a simple means to evaluate the nutritional quality of snack foods. Software based on nutrient density can be used by businesses, industry, hospitals, government agencies, universities and schools to provide an environment that supports healthier options.

¹ *The Surgeon General's Call to Action to Prevent and Decrease Overweight and Obesity* Alexandria, VA: US Department of Health and Human Services, Public Health Service, Office of the Surgeon General. 2001.

² American Academy of Pediatrics, Committee on Nutrition. Prevention of pediatric overweight and obesity. *Pediatrics* 2003;112:424-430.

³ Dietz WH. Health consequences of obesity in youth: childhood predictors of adult disease. *Pediatrics* 1998;101:518-525.

⁴ Kant AK. Consumption of energy-dense, nutrient-poor foods by adult Americans: nutritional and health implications. The Third National Health and Nutrition Examination Survey, 1988-1994. *Am J Clin Nutr* 2000;72:929-936.

⁵ Forshee RA, Storey ML. The role of added sugars in the diet quality of children and adolescents. *J Am Coll Nutr* 2001;20:32-43.

⁶ Fray, C.D., R.K. Johnson, and M.Q. Wang. Children and adolescents' choices of foods and beverages high in added sugars are associated with intakes of key nutrients and food groups. *J. Adol. Health*, 34: 56-63, 2004.

⁷ Suitor CW, Gleason PM.; Using Dietary Reference Intake-based methods to estimate the prevalence of inadequate nutrient intake among school-aged children. *J Am Diet Assoc.* 2002; 102:530-536)

⁸ Ballew C, Kuester S, Gillespie C. Beverage choices affect adequacy of children's nutrient intakes. *Arch Pediatr Adolesc Med* 2000;154:1148-1152.

⁹ Guthrie JF, Lin BH, Frazao E. Role of food prepared away from home in the American diet, 1977-78 versus 1994-96: changes and consequences. *J Nutr Educ Behav* 2002;34:140-150.

¹⁰ Subar AF, Krebs-Smith SM, Cook A, Kahle LL. Dietary sources of nutrients among US children, 1989-1991. *Pediatrics* 1998;102:913-923.

¹¹ Child Nutrition and WIC Reauthorization Act of 2004, Public Law 108-265, Section 204

¹² Johnson, R.K., C. Fray, and M.Q. Wang, The nutritional consequences of flavored milk consumption by school-aged children and adolescents in the United States. *JADA*, 102: 853-856, 2002

¹³ Drewnowski Adam, Concept of a nutritious food: toward a nutrient density score, *Am J Clin Nutr* 2005; 82:721-32.

¹⁴ Pennington Jean, Practice Paper of the American Dietetic Association: Nutrient Density: Meeting Goals within Calorie Needs, *JADA*, May 2007, Volume 107, Number 5

¹⁵ US Department of Agriculture and Health and Human Services, Dietary Guidelines for Americans, 2005 Available at: www.healthierus.gov/dietaryguidelines.

¹⁶ Jahns, L., Siega-Riz, A. & Popkin, B. (2001). The increasing prevalence of snacking among US children from 1977 to 1996. *Journal of Pediatrics*, 138, 493-498.