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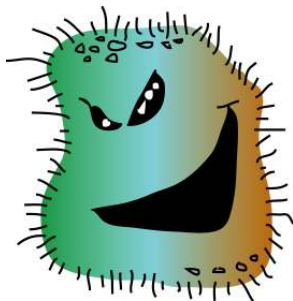
Which '-Biotics' Does Your Gut Prefer?

Mary A. Keith, PhD, LD, Foods, Nutrition and Health Agent

In addition to the *antibiotics* we've been blessed with over the last decades, we now have *pre-biotics* and *pro-biotics* to add to the list. These new 'biotics' are found in our foods instead of coming by prescription from the pharmacy. Do you want them? Do you need them?

The general public opinion has long been that most bacteria are bad guys, things to kill or avoid. The truth is bacteria are essential to many of our foods. Without bacteria, yeast and molds we would have no wine or cheese, no beer or sauerkraut, no yogurt or bread. Our diet would be very, very different!

In our intestines, some bacteria are also good guys. We normally carry about 500 different kinds of bacteria, 100 trillion of them, around in our intestines. They help digest some foods, break down some fats and produce others that are easier for us to absorb. They break down lactose (milk sugar) for us. And they manage, in several different ways, to stop a



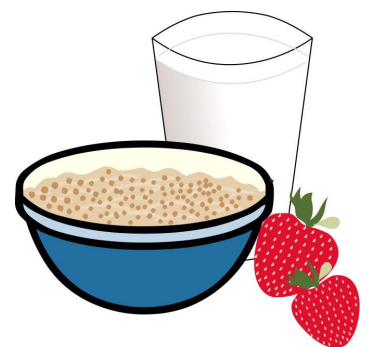
lot of the dangerous, really bad guys, from growing.

Prebiotics

Prebiotics are things that we eat to encourage the good bacteria to grow more strongly. Some are types of dietary fiber, Grandmother's 'roughage', others don't look or taste like fiber. We can't digest them ourselves, and most never leave our intestines. They are digested by the bacteria they help, and some of their by-products are absorbed.

One of the prebiotics that you might find listed on a food label is *inulin*. This fiber is commonly found in raisins, plums, jicama, onions, garlic and leeks. Most of what's found in food is extracted from chicory roots, the best natural source.

It's made of long chains of fructose (fruit sugar) that we can't digest. Other types of long chains of fructose are called oligofructose. Once they get to the lower intestine, the good bacteria works on them. They create one of the problems that go



with high doses of prebiotics - the gas and possible diarrhea. But they slow down the bad bacteria at the same time.

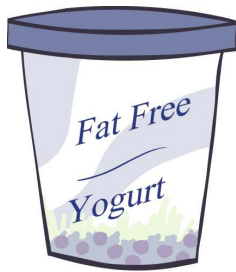
Other types of prebiotics that you might see on food labels are sugar alcohols (e.g. lactitol), polydextrose, fructooligosaccharides (mixtures of fructose and glucose) and resistant starch. Some of these are made from corn, beets or cane sugar.

Besides helping bacteria grow, these fibers might help us absorb some minerals, might give our immune systems a boost, and seem to reduce the severity of allergic reactions to food. Plus, by slowing how fast sugar can be absorbed, some help diabetics control their blood sugar.

Probiotics

If, instead of eating fibers the bacteria like, you eat live good bacteria, you are now eating probiotics. Humans have been using them for centuries, in foods such as yogurt, kefir, buttermilk and cheeses. Eating yogurt after taking antibiotics does help reduce the diarrhea and restore the normal bacteria to our guts.

DanActive, and their new Dannon Activia are examples of the products coming onto the market. They illustrate the differences from the traditionally made yogurt. They guarantee a certain number, usually a very high number, of live bacteria in each serving. The company has also trademarked a certain type or combination of types of bacteria.



There are close to a dozen different kinds of bacteria being used as prebiotics. Most have names you don't want to try to pronounce, but one type at least is fairly well known - Acidophilus. Like acidophilus, most the prebiotics in use have been used traditionally in dairy products. Most are

being added to dairy-based foods, but some juices and snacks are using them now too.

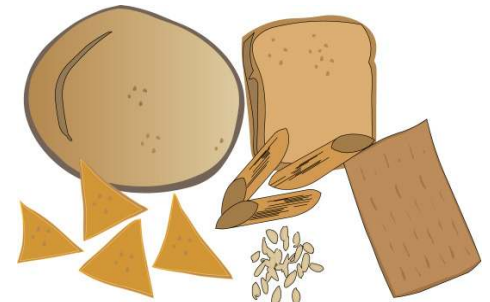
Are they worth it?

While there are studies that show a definite benefit from certain bacteria, most are highly specific. That means that one type of bacteria, at a specific dose, does have a certain effect. But other types or different amounts don't cause the same benefit.

In addition, most of the studies have been on people with medical conditions, suffering from illness or recovering from surgery. Some are used or prescribed medicinally.

But at this time, there is little evidence showing that healthy people who add them to their diets notice any significant difference or benefit. Most studies, and most products, say "*might help*", or "*might benefit*". Bacteria added in food will interact with bacteria all ready present in the intestines. That means they may react differently in each person. Additionally, because they work in the intestines, we need to take them daily. If we stop, any benefits will soon disappear as well.

However, there is also no evidence that they do any harm. If you eat a varied diet with lots of high fiber fruits, vegetables and whole grains, if you eat cheese, milk and yogurt, you probably don't need a lot of added pre- or pro-biotics in your diet. Your pocketbook probably doesn't need them either. You decide if they're worth it.



New Tool to Prevent Identity Theft

By Lisa Leslie, Hillsborough County Extension Agent

A new credit protection law went into effect in Florida on July 1, 2006. The aim of the legislation is to give consumers greater



control of their credit reports by allowing them to put a security freeze on their reports. This will mean that credit reporting

agencies can not disclose information in your credit report to would-be creditors. The goal is to prevent a thief from being able to open new credit accounts in your name.

One point to consider is the security freeze will prevent a consumer from the convenience of being granted instant access to credit. However, a consumer who needs to shop for a new loan or credit account can have the freeze temporarily lifted by contacting the credit bureaus. The law says credit reporting agencies have three days from the time they receive the request to lift the freeze.

The credit freeze should not affect a consumer's ability to shop for insurance. Insurance companies are exempt from the freeze for the purposes of underwriting an insurance policy and in setting or adjusting rates.

So how much does this new protection cost? If you are 65 or older or can prove you were a victim of identity theft there is no charge to place a security freeze. Otherwise each of the three major credit bureaus can charge up to \$10. Everyone (including those over 65) will have to pay each credit bureau \$10 to have the freeze temporarily lifted.

You might want to consider ordering your free credit reports from all three bureaus before placing the security freeze. By federal law, consumers are entitled to one free credit report from each credit bureau once a

year. You can order your free reports by calling 1-877-322-8228 or online at www.annualcreditreport.com.

Be warned- many companies advertising free credit reports are selling products. Use the phone number and web address listed above to make sure you are not going to be charged for your free reports.



Credit scores are not included in the free reports but they can be ordered for about \$6 when you order them with your free report. Buying the credit scores directly from the credit bureaus may cost you more than \$6. Many lenders will also tell you your score when you apply for a loan.

In order to place a freeze you must send a certified letter to each of the three credit bureaus. Once they receive the letter they have five days to comply with your request. The consumer reporting agencies must then send a written confirmation of the security freeze to you within 10 days. They will also send you a password that can be used to temporarily remove the freeze. Keep the passwords in a safe place because you can be charged \$10 if you need to have a credit bureau re-issue your password.

Links to information about protecting your identity be found on our website <http://hillsboroughfcs.ifas.ufl.edu> , click on the link to the financial management section.



Alcohol and Drug Use in Adolescence: Problems and Solutions

Diana Converse, Family Life Extension Faculty

According to a 2004 national study by The Substance Abuse Mental Health Services Administration, over 2.5 million teens between the ages of 12 and 17 were bingeing on alcohol. Moreover, over 25% (630,000) of teens who binged on alcohol considered themselves “heavy” drinkers. In a survey of nearly all the public school districts in a Midwestern state, it was found that more than half of 9th graders and two-thirds of 12th graders reported alcohol and/or drug use over the past year.



Alcohol was the most popular drug of choice, followed by marijuana and amphetamines or illegally obtained prescription drugs. With regard to late adolescence, 60% of tenth graders report having consumed alcohol and greater than 40% of tenth graders report having used marijuana in the past month.

Less than 25% of these same tenth graders report using other illicit drugs in the past 30 days.

Experts believe that the majority of drug and alcohol using teens are doing so experimentally, on a temporary basis. They may be motivated to engage in such risky behavior to appear “adult” and gain privileges associated with adulthood. Still, dangers exist with experimentation. A strong dose of a drug that an adolescent has not built up tolerance for can result in injury, death, or addiction. Nearly 14% of 9th graders and 23% of 12th graders are likely to abuse drugs and/or alcohol and over two-thirds of substance abusers reported using three or more substances. The dangers of drug use are not just drug-specific; different types of risky behaviors co-occur. Reckless driving, unsafe sex, and violent behavior may accompany drug or alcohol use.

In light of such a bleak picture of adolescent drug use in the U.S., it is important to consider that many teens are not experimenting with, abusing, or demonstrating dependence on drugs. For example, 12-17 year-old youth who are involved in some type of community-based activity or discipline (e.g., after school activities, faith-based activities, sports, or youth organizations) facilitated by positive adult role

models have a reduced likelihood of using cigarettes, alcohol or illegal drugs over the past thirty days. Other protective factors that reduce the risk of teens getting involved with drugs include: (1) strong family support and communication; (2) consistent parental discipline; and (3) monitoring children’s whereabouts. To add, a combination and religious involvement, strengthens a youth’s ability to abstain from drug and alcohol use.



Possible Solutions:

School-based anti-drug programs such as D.A.R.E. have shown some effectiveness. However, research points to the need for community-based programs that provide youth with opportunities to build an inner sense of adult privilege and responsibility. Programs need to build youth leadership and character through youth-adult partnerships, as well as teach a variety of skill sets that translate into the responsibilities of the adult world. Parent education programs can prevent problem behaviors and foster youth development. Research over the past decade supports that continual open, parent-child communication is associated with a decreased likelihood of teens’ drug and alcohol use. Moreover, regular open communication leaves room for family discussions about the dangers of drugs and alcohol. Lastly, establishing and enforcing a strict “no-use” rule for drugs and alcohol is necessary for: families and community-based youth serving organizations. It is expected that adolescents will be, at some point in their lives, exposed to peers’ drug and alcohol use. As much as adults and youth would like to believe that alcohol and drug use/abuse may not touch their lives directly, having a plan in place will help families and organizations to cope effectively with teens’ drug and alcohol related incidents.

Source: Kate Fogarty, Ph.D. candidate, Youth Development, University of Florida

Resolving Conflicts Between Parents and Caregivers

By Joe Pergola, Multi-County Family Life Agent

Disagreements over what is in the best interest of the child are inevitable between caregivers and parents. Caregivers and parents share responsibility for the socialization of children and it is important that they resolve these differences in a positive way.



We can try to get our own needs met at the expense of others, or we can give in to the demands of others. Both of these are examples of win/lose solutions. One or the other's needs are not met. However, there are win/win strategies that attempt to meet the needs of all concerned. Some ways to reach a win/win solution include:

Assertive Communication

State your needs and expectations in a way acceptable to others. Speak to the issue not to assess blame. Use I-Messages not You-Messages. I-messages go something like this: "I am very concerned about another child hitting my daughter. Sarah told me she is afraid of one other child in particular. I want to talk to you about what can be done about this." This is an assertive statement. The parent is concerned about her child's safety and wants to discuss a resolution to this issue.

The "I-Message" focuses on the issue and not on blaming the caregiver or other parents. It allows the caregiver to be responsive to the issue rather than having to defend her credibility as a caregiver. This statement also invites the caregiver as a partner in resolving the issue. A blaming "You-Message" would divert the caregiver's attention to defensiveness, and would put an obstacle in the way of the partnership. For example, "Sarah told me she is afraid to stay here with you because you let the other children hit her. Don't you watch these kids?"

You shouldn't let this kind of behavior go on here. I want you to punish the other kids."

"You" statements that assess blame pack quite an emotional punch. They put the other person on the defense and place an obstacle in the way of resolving the problem.

Active Listening

Put yourself in the caregiver's shoes. Try to see the situation from her point of view. Listen to what she has to say before you respond. Listen so you can correctly paraphrase her concerns. An active listening parent may be able to say, "I understand that young children may hit another child if they are frustrated. My concern is how to keep it from happening again."



Focus on concerns, not positions

As a parent you may have a strong opinion on exactly what the solution should be. Perhaps you want the other child punished when hitting your child, or maybe you've told your child to hit back in self defense. Neither of these solutions may be just right for this situation, but if you push your solution, you may miss out on another alternative that may be more appropriate.

Before you talk to the caregiver think about what your real concern is. "I'm concerned about my child's safety." Expressed this way allows the parent and caregiver to work out a mutual solution to the benefit of all involved. An experienced child care provider can certainly relate to your concern, and would be willing to work with you on a reasonable solution. The provider is concerned about the best interests of all the children.

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