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Spaghetti Versus Burgers: A Nutritional Comparison of Italy and the United States

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Cobblestone streets are packed with adults walking and biking to work, old friends stop to chat at the market, and families pause to enjoy lunch together. These are all typical sights of a day in Italy. Compare this to the grid-locked traffic full of antsy commuters, online ordering of staple pantry items, and the hustle and bustle of hurried bites of sandwich between deadlines in the United States. Typical days in these two countries that are halfway across the world from each other are anything but alike. The habits, traditions, and diets of Italy and the United States are as far apart as the actual countries are. However, this is quickly changing. The go-go-go attitude of American culture is seeping into the traditionally slower Italian way of life.

On a visit to Italy in May 2013, it was evident that the slow culture still reigns supreme. I was able to visit the market multiple times to sample and purchase food that was used for a meal prepared only hours after. Not only did the food I ate have a distinct flavor of freshness, but it also had a distinct story to it: The pasta was rolled with my own hands, I viewed chefs cooking the meal lovingly, and my friends and I were able to converse and enjoy the meal together. It was this culture that made me fall in love with Italy. However, upon being stuck at a train station and being forced to eat McDonald's, I noticed a disconnect in the slow culture and the "Americanized" version of Italy. How do these two identities of Italy match up? How does the overall health status of Italy compare to America's?

While polar opposites in implementation, the basic diets of the two countries do have a similar structure. The nations' similarities end there, though. Comparing health care only magnifies the differences between Italy and the United States. Additionally, nutrition education, which contributes to each country's health and provides a public

view of nutrition, is contrasting in each nation. A closer look at these two countries can reveal which habits and behaviors create the most nutritionally sound environment.

Since its birth, the United States has truly been a melting pot; cultures, traditions, and diets have all come together to create what is known as the typical American diet, as referred to by the United States Department of Agriculture (USDA), or the Standard American Diet (SAD), as referred to by dietitians and scholars David Grotto, RD, LDN, and Elisa Zied, MS, RD, CDN, among others. Unfortunately, the acronym SAD perfectly describes this eating pattern. The Standard American Diet, also known as the Western Diet, is described as receiving most "calories from refined carbohydrates, fatty meats, and added fats" (Grotto & Zied, 2010). Deficiencies presented in this dietary pattern include vitamin B6, iron, vitamin D, and vitamin C (Centers for Disease Control and Prevention, 2012).

Calories, on the other hand, are not deficient in the diet of most Americans. From 1970 to 2000, women's intake of calories jumped 22 percent, and men's intake increased by 7 percent (CBS News, 2010). This increase in calories leads to excess fat being stored in the body. Excessive fat leads to higher risk of cardiovascular disease, Type 2 diabetes, and overweight and obesity. In fact, in 2010, 66 percent of Americans were overweight, and 33 percent were considered obese (CBS News, 2010). Not only is this not ideal to report in a country's statistics, but it is also detrimental to the health of the country's citizens.

By taking a closer look at the food consumption of the average American, the US government can deduce exactly what needs to be improved upon. Currently, grains are being consumed in extreme amounts and are much too refined. Refined grains pass quickly through the digestive system and do not provide as much nutrition as whole

grains. Fats and oils are also being consumed in excess. While approximately 27 grams are recommended per day, Americans are consuming around 72 grams on average. The shocking statistics don't end there, though: Americans consume nearly four times as much added sugar as is recommended. A staggering 37 percent of added sugar comes directly from the consumption of sweetened drinks like soda, candy, and desserts (Grotto & Zied, 2010).

Much of the problem associated with the Standard American Diet is directly associated with portion sizes. Since the 1960s, the portion sizes of foods have increased drastically. For example, the size of salty snacks has increased by 93 percent since then (CBS News, 2010). Most of the push for larger serving sizes is related to value. Beginning in the late 1970s, fast food became a popular option for a quick bite to eat. Both the number of visitors to fast food establishments and the portion sizes have increased since then (Bittman, 2011). Fast food chains believed that providing patrons with larger portion sizes would increase the perceived value of the meal (CBS News, 2010). This tactic is still used and can be seen in any establishment offering "supersized" portions.

In order to combat growing portion sizes and waistlines, the USDA recommends a specific diet for Americans. This diet is comprised of fruit, vegetable, grain, protein, and dairy groups and is represented by a plate icon. "MyPlate" is a tool that aims to help Americans make better mealtime choices in both restaurant and home settings and will be discussed in further detail later (United States Department of Agriculture [USDA], 2014).

Because it is evident that the typical American diet and the recommended diet differ immensely, a survey of 47 college students was conducted by Cecily Haase at

Southern Illinois University Carbondale during the fall semester of 2014. It was found that 64 percent of students surveyed go to a restaurant, including fast food, at least "some of the time." In contrast, 60 percent cook at home at least "most of the time." The survey results indicated that while students usually cook for themselves, they also tend to eat out at least occasionally. The responses of students' cooking and eating habits were spread across the spectrum, from cooking every night to eating out at restaurants more often than not, which shows just how much the Standard American Diet changes from person to person (Haase, 2014).

On the opposite side of the spectrum, the standard Italian diet follows a much healthier trend. The basic Italian way of eating is generally referred to as the Mediterranean diet. However, this is not to be confused with the diet prescribed by the Italian government, which will be discussed later. The Mediterranean diet is simply a lifestyle followed by people in Greece, Italy, and other areas surrounding the Mediterranean Sea that has been shown to increase life expectancy and decrease rates of chronic disease (Willett et al., 1995).

This diet, like the American diet, can be described using a user-friendly icon. Instead of a plate like the American government uses, the Mediterranean diet is described using a pyramid shape much like that of the old American MyPyramid. This pyramid was created by Oldways Preservation Trust, the Harvard School of Public Health, and the European Office of the World Health Organization at the 1993 International Conference on the Diets of the Mediterranean. This conference was one of many in the Public Health Implications of Traditional Diets series and provided an open forum for international discussion of many diets. One goal of the conference was to "develop a series of food guide pyramids that reflect the diversity of worldwide dietary

traditions" (Willett et al., 1995). While the pyramid itself it not a reflection upon Italy's government guidelines, it is an excellent tool to use for a visual of what a typical Mediterranean diet encompasses.

The pyramid is based on the diet of those living in Crete, Greece and Southern Italy. It contains five separate layers. The bottom layer consists of physical activity and enjoying meals with others. The next layer is represented by fruits, vegetables, grains, olive oil, beans, nuts, and herbs and spices among other things. The third pyramid layer is made up of fish and seafood, and the fourth layer consists of poultry, eggs, and dairy products. Meats and sweets make up the final layer of the pyramid while wine and water are represented out to the side. The layers toward the bottom of the pyramid encourage daily consumption while the upper layers are to be used in moderation. Changes were made to the pyramid in 2008 by the Scientific Advisory Board of the 15th Anniversary Mediterranean Diet Conference, so it is representative of most of the current data and research being done on the subject ("Mediterranean Diet Pyramid," 2014).

Much like the United States, it is hard to define a "typical" day of eating in Italy. Upon surveying a small sample of seven students at the University of Verona, it was clear that, like in the United States, a "typical" day varies widely.[1] The majority of the students surveyed cook at home "all the time," and the rest of students cook at home "most of the time." However, all students go to restaurants on a rare to "sometimes"

[1] This survey was given to students attending the University of Verona with the help of Dr. Vincenzo Borghetti, who teaches there. The survey was translated from English to Italian by Dr. Holly Hurlburt, Dr. Saundra Weddle, and Dr. Francesco Sofi.

basis. Interestingly, three of the seven students surveyed said that they never go to fast food restaurants. According to one student's survey, he "will go to fast food, but never alone- only with friends." This comment shows just how different American and Italian cultures are. To further prove this, 71 percent of Italian students surveyed eat with their families, while the majority of American students, representing 43 percent of the sample, eat alone instead (Haase, 2014). This cultural difference points to the lifestyle of the Mediterranean diet; it is not only a way of eating, it is a way of living.

Along with eating with family, another lifestyle habit of the Mediterranean diet is cooking at home. In Italy, it is extremely common to buy the ingredients for a meal on the day of meal preparation and consumption (Helstosky, 2009). Depending on the region, the ingredients change both seasonally and daily. Because different ingredients contain different nutrient profiles, variety from the changing ingredients helps to ensure that all vitamin and mineral needs are being met. Although many ingredients vary in the markets, there are several key ingredients used regularly in Italian cuisine: whole grains, olive oil, and wine. These three ingredients are such anchors of Italian cuisine that Ancel Keys, famed researcher of the Mediterranean diet, coined these three ingredients as the "trifecta of the Mediterranean" (Keys & Keys, 1975).

Whole grains are an integral part of any diet. They provide many benefits including muscle-building protein, fiber to keep the stomach feeling full, zinc to help the immune system, iron to make the blood more efficient, and B vitamins to help with metabolism (Whole Grains, 2013). Whole grains are found in the Mediterranean diet in many different forms, and each has its own special benefits. Currently, ancient grains are regaining popularity. Ancient grains are rightfully named because the grains that make them up are indeed ancient. The grains have been in existence and mostly

unchanged for thousands of years. Examples of ancient grains used in the Mediterranean diet include quinoa, bulgur, and rice. Rice may be used to make Italian risotto, while bulgur can be included in a pilaf-style dish (El-Zibdeh, 2010).

The second Mediterranean staple is, of course, olive oil. It's made of pressed olives that provide excellent health advantages. Omega-3 fatty acids are olive oil's claim to fame. These fats are "healthy fats" that protect blood vessels and reduce the risk of heart disease. The body needs healthy fats to function, and olive oil provides only those fats without the addition of saturated fat that could clog vessels (Helstosky, 2009).

Wine, particularly red wine, also contains many benefits. The largest benefits red wine has are antioxidants called polyphenols. These are helpful substances that help to combat damage to the lining of the blood vessels. Resveratrol is a particularly potent polyphenol that also "reduces 'bad' cholesterol and prevents blood clots." By providing these heart-saving powers, resveratrol helps red wine gain admiration and a spot as one of the top three Mediterranean staples (Mayo Clinic, 2011).

Although the three staple items of the Mediterranean diet are essential, they could soon see a decline in use. More Italians are turning to the convenience of fast food seen in the American diet. In 2012, the most popular fast food chains in Italy were Autogrill (an Italian-run company), Burger King, and McDonald's. Fast food sales are speculated to rise 11.9 percent between 2011 and 2016 ("Fast Food", 2012). This shocking number can only contribute to a greater consumption of unhealthy foods, as fast foods offered in Italy are very similar to unhealthy options offered in the US.

Along with an increase in fast food establishments in Italy, there also has been an increase in obesity, specifically childhood obesity. Italy has been known for its low rates of overweight and obesity in the past, but recently that reputation has begun to change.

A 2010 study found that 24 percent of surveyed third-graders were overweight, and 12 percent were found to be obese. These numbers were found to be related to "Americanized" habits of decreased breakfast consumption and physical activity and increased television watching (Binkin et al., 2010).

Despite the benefits the Mediterranean diet provides, Italy has begun to face many of the same health issues as the United States. It is evident from the aforementioned statistics that some sort of intervention must take place to remedy the issue. One way to remedy the issue is with increased healthcare. A closer look at the current healthcare offered in both countries helps in understanding how current practices can also help to solve the increasing obesity problem. The Italian healthcare system is comprised of public and private sectors. The public sector is covered by the Italian National Health Service, which provides "universal coverage and free healthcare at point of delivery to all Italian and European Union citizens" (Nankano, 2009). Citizens may also opt for private health insurance, which can decrease wait times and provide private hospital care. With or without private insurance, citizens are ensured full spectrum coverage from doctor's visits to outpatient services. Covered treatments include tests, medications, surgeries during hospitalization, doctor's visits, specialist appointments, outpatient services, and dental appointments. Auxiliary services, including free relationship and family counseling services are also offered (Healthcare in Italy, 2014).

However, in the laundry list of services offered, nutrition counseling is not mentioned once. How can Italians, whose overall health is slowly declining, receive information on how to eat well? There are few options for careers in nutrition across Europe. In Italy, there appear to be several universities that offer degrees in dietetics

specifically. Courses are offered pertaining to dietetics, and a "laurea," which is an academic degree, can be obtained after three years of study (Cuervo et al, 2007). However, in order to diagnose and apply nutrition interventions, students must attend a five year program. Twenty-three universities offer this degree. As of 2010, only 28 total students were enrolled in this program in Italy (Cena, Roggi, Lucchin, & Turconi, 2010). Additionally, there is also a registration process for dietitians (Cuervo et al, 2007). In 2010, there were approximately 300 practicing dietitians in Italy. This number may sound large, but a ten year comparison of dietitians per hospital bed from 1996 to 2006 fell from 1 dietitian for every 100 patients to 1 dietitian for every 300 patients (Cena, Roggi, Lucchin, & Turconi, 2010).

However, according to more recent statistics, the number of dietitians in Italy is on the rise. According to the International Association of Dietetic Associations, it appears that approximately 350 students are currently completing degrees to be qualified as nutrition professionals. Upon graduation, these students will work in many settings: clinics, community health centers, nursing homes, hospitals, food service, media companies, research companies, and government departments (International Confederation of Dietetics Associations, 2014).

Although the number of dietitians in Italy is on the rise, there is still hope that other medical professionals can compensate for the lack of nutrition professionals by providing nutrition education themselves. However, other sectors of healthcare in Italy lack nutrition education. General practitioners in Italy receive no undergraduate training in nutrition. Once they have earned their medical degree, they only attend non-mandatory seminars regarding nutrition. These seminars are only two to four hours long and cover brief topics like basic nutrition, pediatric nutrition, malnutrition, and

renal failure (Lupo, 1997). Most of this information is heavily technical and is not applicable for patient use (Cena, Roggi, Lucchin, & Turconi, 2010).

A similar problem within healthcare also takes place in the United States. Unlike Italy, the United States does not provide all citizens with health insurance. Citizens may qualify for health care based on age or income; the two programs dedicated to insuring these citizens are Medicare and Medicaid. If residents do not qualify, they're responsible for purchasing their own insurance. Under the Affordable Care Act, a law passed in 2013, insurance companies are required to follow certain stipulations. Among these stipulations are comprehensive coverage and free preventative services. Nutrition counseling for high risk patients falls under this law. However, the Affordable Care Act recommends seeing a doctor or nurse for nutrition education as opposed to a Registered Dietitian (United States Department of Health and Human Services, 2014).

In America, Registered Dietitians are the trusted sources of nutrition education. Registered Dietitians are credentialed individuals who have completed a four-year Bachelor's degree and 1200 supervised hours of internship practice in three different settings: clinical, community, and foodservice. Registered Dietitians are also required to take an exam to be certified. Unfortunately, the services offered by these trained professionals are used mostly with inpatients as opposed to most of the general population. Medicare, the public health insurance in the United States, requires that patients must be referred by a physician in order to obtain an appointment with a Registered Dietitian (Academy of Nutrition and Dietetics [AND], 2014).

However, sometimes a referral is not made. In cases like these, the physician takes on the role of nutritionist, which is a term that is loosely used and is not regulated in the United States. While many tools are available to physicians, they do not share the

same amount of nutrition education as Registered Dietitians do. While in medical school, students are exposed to less than 24 hours of nutrition education. The minimum requirement for nutrition education is supposed to be 25 hours, but over half the time this requirement is not being met (Adams, Lindell, Kohlmeier, & Zeisel, 2006). Because of this, physicians are largely unprepared to educate patients on nutrition. Even with the vast amount of resources given to them, the nutrition education received is inadequate. Because this problem occurs in both Italy and the United States, it is up to both countries to implement plans to counteract the difficulties of receiving nutrition education from non-certified sources.

In 1990, a nutrition education campaign was launched to target general practitioners in Italy. Doctors were sent packages containing both books for themselves and handouts for patients. The books covered a wide variety of topics ranging from tables of nutrient requirements to guidelines for balancing the food groups. Patient handouts included general information on healthy eating; this information was stated in a consumer-friendly way. This campaign has since ended because it did not yield positive results. Currently, no campaigns are occurring to target general practitioners specifically (Lupo, 1997).

Although only one campaign has targeted medical doctors, many campaigns have been aimed at the general public. One such campaign is the Obesity Day Project by the Italian Dietetic Association (ADI). In this campaign, which began in 2001, the ADI made use of both the internet and in-person campaigning. The website www.obesityday.org displays a vast amount of nutrition education to increase awareness of obesity as a health issue, improve relationships between dietitians and patients, and create awareness of nutrition services offered. Each year, an in-person event occurs on October

10 at many nutrition centers in which dietitians provide free education on the movement (Cena, Roggi, Lucchin, & Turconi, 2010). This year, the 2014 movement was entitled "Obesity: Let's Set the First Step!" and encouraged a cultural shift from losing weight for appearance to shaping up in order to get healthy. It also emphasized the need for a united front to combat obesity. Overall, the efforts are successful and have even earned the Medal of the President of the Republic award (Italian Dietetic Association, 2014).[2]

Outside organizations aren't the only ones to develop and send educational nutrition information to the public. In 1958, the National Institute of Nutrition was founded in Italy. After a few changes and large overhaul, the organization came to be known as the National Institute of Research on Food and Nutrition (INRAN) in 1999. According to the INRAN website, this organization developed the Guidelines for Healthy Italian Eating, which is the Italian government's dietary guidelines for eating (Ministry of Agriculture, 2014).[3] The guidelines recommended on the website are extremely similar to those on the US MyPlate website: increase fruits, vegetables, and whole grains, choose healthy fats, drink plenty of water, and stay active. No mention of the Mediterranean diet is made on the website; instead, the eating pattern is just seen as a standard Italian diet. While this could be beneficial, it also presents challenges. No mention is made about the standard Mediterranean consumption of fatty fish or increased amount of olive oil, so the "good" fats obtained from those are not highlighted as much. It also only briefly touches on the consumption of wine and does not

[2] This website was translated from Italian to English using Google Translate. All information used was taken from the translated website.
[3] This website was translated from Italian to English using Google Translate. All information used was taken from the translated website.

encourage family meal times as the Mediterranean food pyramid does (Ministry of Agriculture, 2014). By leaving out important factors of the Mediterranean diet, this website may be lacking some very beneficial information that could further improve Italians' health.

While Italy waited until the late 1950s to formally educate its citizens on nutrition, the United States has long been providing formal nutrition education to consumers. However, due to the recent obesity epidemic, it is evident that there is a disconnect in communication somewhere. In the United States, the USDA began researching nutrition in the late 1890s. Although no specific faction of the USDA had been formed yet, nutrition information was readily available to tie agriculture and human nutrition together. By 1917, the USDA had complied results from studies on human nutrition to release the first set of dietary recommendations. These recommendations were titled "How to Select Foods" and were detailed in a 14-page pamphlet (Nestle, 2007). Since then, many newer sets of recommendations have been released. Recommendations are released every five years and highlight the newest nutrition research, findings, and nutritional trends. The most recent set of recommendations is from 2010, with a new set planned for release in 2015 (Center for Nutrition Policy and Promotion [CNPP], 2014).

In order to inform busy Americans about nutrition, the USDA has developed readily available nutrition education on the internet. Unfortunately, this information must be sought out by the curious consumer. The USDA has given priority to four programs within nutrition education: MyPlate, Let's Move, Team Nutrition, and SNAP-Ed Connection. These four programs inform consumers across all demographics, socioeconomic groups, and locations.

MyPlate, the USDA's nutrition icon previously mentioned, was released on June 2, 2011. MyPlate replaced the prior icon, MyPyramid, in the hopes that it would be a more practical tool for Americans to use at meal times. MyPlate, like the old food pyramid, features five distinct categories of food: fruits, vegetables, grains, protein, and dairy (USDA, 2014).

The strategy behind MyPlate is to encourage Americans to fill their plates to look like the icon. Half of the plate should be filled with fruits and vegetables. The other half should contain grains, which are preferably whole, and a protein item. Dairy is represented as the drink next to the plate, which encourages a higher consumption of milk. By looking at the picture at the right, it is easy to see that while eye-catching, the MyPlate graphic does little to inform consumers of examples of specific foods in each food group. This, too, is a strategy of the USDA. By providing this icon, the hope is that more consumers will not only think about their plate at meal time, but that they'll also visit the MyPlate website (www.choosemyplate.org) to gain more specific information on what to eat (USDA, 2014).

Retrieved from www.choosemyplate.gov

The MyPlate website is extremely helpful with specific serving sizes, examples of foods in each group, and tips for getting the recommended amounts of daily nutrients (USDA, 2014). However, this information is not readily available unless sought out and is not fully detailed on the MyPlate icon. For this reason, it may be difficult for consumers to truly know what to eat. It is possible that this confusion could contribute to the generally poor diets of Americans.

The Let's Move! Initiative focuses on childhood obesity awareness and prevention. The program was launched in 2010 by First Lady Michelle Obama in order to reduce the occurrence of childhood obesity. The program encompasses physical activity for children, healthier school lunches, and information for parents to help them raise healthier children. The initiative also encourages community involvement; community gardens are a cornerstone in this program to helping combat the childhood obesity epidemic. The Let's Move website provides information for parents, children, families, and communities on a multitude of health topics (United States White House, 2014).

Another program providing nutrition education to children is the Team Nutrition program. Instead of targeting parents and children directly, Team Nutrition uses schools to promote healthy lifestyle choices. By registering as a member of Team Nutrition, schools are able to access nutrition education materials for both foodservice staff as well as teachers. These materials are then used in curriculum and in cafeterias to promote consumption of fruits, vegetables, whole grains, lower fat foods, and foods high in calcium. Team Nutrition also offers a grant program to award schools around the country with hands-on specific training on topics such as the dietary guidelines, MyPlate, and Healthier US School Challenge (*Team Nutrition*, 2014).

Rounding out the "big four" nutrition education programs is the Supplemental Nutrition Assistance Program Education (SNAP-Ed). This program is yet another that partially targets children. About half of all SNAP-Ed participants are children, while the other half is made up of nonelderly and elderly adults (SNAP-Ed Facts, 2012). To be eligible for SNAP, individuals must come from a low-income household. Upon receiving SNAP benefits (previously known as food stamps), individuals are also eligible for

nutrition education. The goal of SNAP-Ed is to encourage healthy eating habits and physical activity given the limited resources of a small budget. SNAP-Ed encourages the use of MyPlate as well as the dietary guidelines (SNAP-Ed Facts, 2012).

Although all of these resources are available on the internet and seem readily available, the increase of obesity dares to prove that these methods aren't working. By comparing the strikingly unhealthy traditional diet of the United States to the recommended diet, it is easy to see that many changes need to be made. However, it is even more important to compare the diet of the United States to Italy. By looking internationally, the United States will be able to better grasp what makes a diet truly "healthy," how implementing that diet can help American citizens, and what role lifestyle plays in improving health status.

In order to improve the overall nutritional status of the United States, it is important to begin with nutrition education. Upon surveying American students, 77 percent thought that the United States does a "3" or less on a scale of 1-5, with one being the lowest score possible, in regards to effectiveness of nutrition education (Haase, 2014). This number is not only shocking, but it is also indicative that nutrition education must be improved in order for citizens to feel more confident and well-informed about their diets and food choices.

One way to improve nutrition education in both Italy and the United States would be to increase communication between healthcare professionals. Because of the lack of nutrition classes within the medical school curriculum, it is essential that physicians communicate with Registered Dietitians. Implementing extra nutrition classes in medical schools could be the first step to this. If this isn't feasible, other options for communication also exist. This communication could be accomplished

through dietitian-run seminars for physicians and through readily available contact cards for patient referrals. Both of these strategies could be run through a collaboration of the Academy of Nutrition and Dietetics and the American Medical Association. These tactics could assist physicians with informing their patients of the need for nutrition assistance in order to improve patient health. Because Italy has the same disconnect between physicians and dietitians, this program could also be implemented there.

In addition to increased communication between physicians and dietitians, the United States may also consider editing the MyPlate icon to include more information about the recommended dietary intake. Because only curious consumers will seek out extra information about the graphic, the MyPlate icon could be seen as too vague to many citizens. By adding visual representations of the foods in each section or explaining that the "dairy" section needs to be low-fat and the grains need to be whole per the recommendations, consumers may better understand the icon. The icon may be more beneficial if it also contains an activity portion to it. The lifestyle portion of the Mediterranean diet is largely what sets it apart from both the recommendations set by Italy itself and by the United States. By incorporating lifestyle factors into MyPlate, Americans may be more aware that lifestyle, not just food, also plays a role in nutrition and health.

Finally, both countries can continue to educate citizens by beginning with educating students. Since each country is experiencing a rise in childhood obesity, it would be beneficial to teach students about nutrition from a young age. As previously mentioned, the United States currently educates children through Team Nutrition in schools. In Italy, a nutrition intervention published in 2007 yielded positive results in breakfast intake among school-aged children (Agozzino et al, 2007). However, other

opportunities exist to educate students outside of the lunchroom in both the United States and Italy. Incorporating small amounts of nutrition education into science, health, and physical education classes would be a key to this strategy. Educators could use lesson plans developed by dietitians in their respective countries; these lesson plans could provide overviews of the country's diet recommendations as well as international diet recommendations as well. By doing this, the lesson would also teach students about other cultures while letting them know that there are many ways to eat. After all, by studying the Mediterranean diet, it is clear that sometimes older diets are more effective for health and well-being than new ones.

Part of the reason that the Mediterranean diet is more effective is due to not only the food but also to the lifestyle. It is especially important to reflect on the fact that without family meal times, active lifestyles, and the built environments, the Mediterranean diet would not be the same. When trying to improve health, Americans can benefit from mirroring the Italian lifestyle of truly enjoying eating, taking time to be active, and trying to slow life down whenever possible.

Overall, there is a great deal to be learned by comparing diets, health care, and nutrition education of different countries. Not only can different strategies for eating be discovered, but lifestyle changes and suggestions can also be recognized. Although no diet is perfect, international comparison can lead countries to a healthier nation. The United States and Italy provide a stark contrast to one another in terms of diet and lifestyle. However different the two countries may be on paper, there still remains one fact: Both countries will remain steadfast in the goal of bettering their nation's health while continuing to identify with their own traditions and foods. Whether spaghetti or

burgers will be deemed healthiest lies in the hands, minds, and stomachs of each country's citizens.

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Appendix

Italian Surveys

Sondaggio: idee nel mangiare RESPONSE 1

Sono italiano/a _____americano/a

1)Nella mia vita, il cibo ha principalmente la funzione di:

1 (energia) 2 3 4 5(piacere)

2) In ordine di importanza, scegli il cibo secondo quali delle seguenti qualità? (1-5):

__3____ sapore

__1___ prezzo

__5___ comodità

__2___ nutrizione

__4___ abitudine

3) Cucini e mangia a casa:

_____ogni giorno

_____ di solito

_____ di tanto in tanto

_____raramente

_____mai

4) Vai al ristorante/trattoria/tavola calda:

_____ ogni giorno

_____di solito

_____ di tanto in tanto

_____raramente

_____ mai

5) Vai al fast food:

_____ ogni giorno

_____di solito

_____ di tanto in tanto

_____raramente

_____ mai

5) Mangia i miei pasti:

_____da solo

_____con amici

_____con la mia famiglia

Rispondi alle seguente domande con i numeri 1-5; 1 equivale a non sono d'accordo, 5 equivale a completamente d'accordo:

6) Segui un'alimentazione bilanciata, con frutta e verdura

1 2 3 4 5

7) Conosci bene la nutrizione e come questa abbia un impatto sulla tua salute

1 2 3 4 5

8) Conosci che ci sono tipi di grassi 'buoni' e 'cattivi'e sei in grado di dare alcuni esempi per ognuno di essi

1 2 3 4 5

9) Il governo sta facendo un buon lavoro per informare la popolazione riguardo la sana alimentazione

1 2 3 4 5

10) Trovi l'informazione sull'alimentazione da

a. governo

b. internet

c. scuola

d. famiglia/amici

e. libri/riviste

f. medico

g. dietista

h. lavoro

i. assicurazione sanitaria

j. non cerco informazioni sull'alimentazione

END RESPONSE 1

Sondaggio: idee nel mangiare RESPONSE 2

Sono italiana

1)Nella mia vita, il cibo ha principalmente la funzione di:

1 (energia) 2 3 4 5(piacere)

2) In ordine di importanza, scegli il cibo secondo quali delle seguenti qualità? (1-5):

___5___ sapore

___4___ prezzo

___3___ comodità

___4___ nutrizione

____4__ abitudine

3) Cucini e mangia a casa:

_____ogni giorno

_____ di solito

_____ di tanto in tanto

_____raramente

_____mai

4) Vai al ristorante/trattoria/tavola calda:

_____ ogni giorno

_____di solito

_____ di tanto in tanto

_____raramente

_____ mai

5) Vai al fast food:

_____ ogni giorno

_____di solito

_____ di tanto in tanto

_____raramente

_____ mai

5) Mangia i miei pasti:

_____da solo

_____con amici

_____con la mia famiglia

Rispondi alle seguente domande con i numeri 1-5; 1 equivale a non sono d'accordo, 5 equivale a completamente d'accordo:

6) Segui un'alimentazione bilanciata, con frutta e verdura

1 2 3 4 5

7) Conosci bene la nutrizione e come questa abbia un impatto sulla tua salute

1 2 3 4 5

8) Conosci che ci sono tipi di grassi 'buoni' e 'cattivi'e sei in grado di dare alcuni esempi per ognuno di essi

1 2 3 4 5

9) Il governo sta facendo un buon lavoro per informare la popolazione riguardo la sana alimentazione

1 2 3 4 5

10) Trovi l'informazione sull'alimentazione da

a. governo

b. internet

c. scuola

d. famiglia/amici

e. libri/riviste

f. medico

g. dietista

h. lavoro

i. assicurazione sanitaria

j. non cerco informazioni sull'alimentazione

END RESPONSE 2

Sondaggio: idee nel mangiare RESPONSE 3

Sono ___x___ italiano/a_____americano/a

1)Nella mia vita, il cibo ha principalmente la funzione di:

1 (energia) 2 **3** 4 5(piacere)

2) In ordine di importanza, scegli il cibo secondo quali delle seguenti qualità? (1-5):

___4___ sapore

___4___ prezzo

___4___ comodità

___3___ nutrizione

___3___ abitudine

3) Cucini e mangia a casa:

____x__ogni giorno

_____ di solito

_____ di tanto in tanto

_____raramente

_____mai

4) Vai al ristorante/trattoria/tavola calda:

_____ ogni giorno

_____di solito

__x___ di tanto in tanto

_____raramente

_____ mai

5) Vai al fast food:

_____ ogni giorno

_____di solito

_____ di tanto in tanto

_____raramente

___x___ mai

5) Mangia i miei pasti:

_____da solo

___x__con amici

_____con la mia famiglia

Rispondi alle seguente domande con i numeri 1-5; 1 equivale a non sono d'accordo, 5 equivale a completamente d'accordo:

6) Segui un'alimentazione bilanciata, con frutta e verdura

1 2 **3** 4 5

7) Conosci bene la nutrizione e come questa abbia un impatto sulla tua salute

1 **2** 3 4 5

8) Conosci che ci sono tipi di grassi 'buoni' e 'cattivi'e sei in grado di dare alcuni esempi per ognuno di essi

1 2 3 4 5

9) Il governo sta facendo un buon lavoro per informare la popolazione riguardo la sana alimentazione

1 2 3 4 5

10) Trovi l'informazione sull'alimentazione da

a. governo

b. internet

c. scuola

d. famiglia/amici

e. libri/riviste

f. medico

g. dietista

h. lavoro

i. assicurazione sanitaria

j. non cerco informazioni sull'alimentazione

END RESPONSE 3

Sondaggio: idee nel mangiare RESPONSE 4

Sono __x____ italiano/a_____americano/a

1)Nella mia vita, il cibo ha principalmente la funzione di:

1 (energia) 2 3 4 5(piacere)

x

2) In ordine di importanza, scegli il cibo secondo quali delle seguenti qualità? (1-5):

___1___ sapore

___4___ prezzo

___5___ comodità

___3___ nutrizione

___2___ abitudine

3) Cucini e mangia a casa:

__x____ogni giorno

_____ di solito

_____ di tanto in tanto

_____raramente

_____mai

4) Vai al ristorante/trattoria/tavola calda:

_____ ogni giorno

_____di solito

_____ di tanto in tanto

__x____raramente

_____ mai

5) Vai al fast food:

_____ ogni giorno

_____di solito

_____ di tanto in tanto

____x__raramente

_____ mai

5) Mangia i miei pasti:

___x__da solo

_____con amici

_____con la mia famiglia

Rispondi alle seguente domande con i numeri 1-5; 1 equivale a non sono d'accordo, 5 equivale a completamente d'accordo:

6) Segui un'alimentazione bilanciata, con frutta e verdura

1 2 3 4 5

x

7) Conosci bene la nutrizione e come questa abbia un impatto sulla tua salute

1 2 3 4 5

x

8) Conosci che ci sono tipi di grassi 'buoni' e 'cattivi'e sei in grado di dare alcuni esempi per ognuno di essi

1 2 3 4 5

x

9) Il governo sta facendo un buon lavoro per informare la popolazione riguardo la sana alimentazione

1 2 3 4 5

x

10) Trovi l'informazione sull'alimentazione da

a. governo

b. internet x

c. scuola

d. famiglia/amici x

e. libri/riviste x

f. medico x

g. dietista

h. lavoro

i. assicurazione sanitaria

j. non cerco informazioni sull'alimentazione

END RESPONSE 4

Sondaggio: idee nel mangiare RESPONSE 5

Sono ___x___ italiano/a_____americano/a

1)Nella mia vita, il cibo ha principalmente la funzione di:

1 (energia) 2 x 3 4 5(piacere)

2) In ordine di importanza, scegli il cibo secondo quali delle seguenti qualità? (1-5):

___2___ sapore

___3___ prezzo

___5___ comodità

___1___ nutrizione

___4___ abitudine

3) Cucini e mangia a casa:

_____ogni giorno

___x___ di solito

_____ di tanto in tanto

_____raramente

_____mai

4) Vai al ristorante/trattoria/tavola calda:

_____ ogni giorno

_____di solito

_____ di tanto in tanto

___x___raramente

_____ mai

5) Vai al fast food:

_____ ogni giorno

_____di solito

_____ di tanto in tanto

_____raramente

___x___ mai

5) Mangia i miei pasti:

_____da solo

_____con amici

__x___con la mia famiglia

Rispondi alle seguente domande con i numeri 1-5; 1 equivale a non sono d'accordo, 5 equivale a completamente d'accordo:

6) Segui un'alimentazione bilanciata, con frutta e verdura

1 2 3 4 x 5

7) Conosci bene la nutrizione e come questa abbia un impatto sulla tua salute

1 2 3 4 x 5

8) Conosci che ci sono tipi di grassi 'buoni' e 'cattivi'e sei in grado di dare alcuni esempi per ognuno di essi

1 2 3 4 x 5

9) Il governo sta facendo un buon lavoro per informare la popolazione riguardo la sana alimentazione

1 x 2 3 4 5

10) Trovi l'informazione sull'alimentazione da

a. governo

b. internet x

c. scuola

d. famiglia/amici x

e. libri/riviste

f. medico

g. dietista

h. lavoro

i. assicurazione sanitaria

j. non cerco informazioni sull'alimentazione

END RESPONSE 5

Sondaggio: idee nel mangiare RESPONSE 6

Sono __X___ italiano/a _____americano/a

1)Nella mia vita, il cibo ha principalmente la funzione di:

1 (energia) 2 **3** 4 5(piacere)

2) In ordine di importanza, scegli il cibo secondo quali delle seguenti qualità? (1-5):

___X___ sapore

_____ prezzo

___X___ comodità

___X___ nutrizione

_____ abitudine

3) Cucini e mangia a casa:

___X___ogni giorno

_____ di solito

_____ di tanto in tanto

_____raramente

_____mai

4) Vai al ristorante/trattoria/tavola calda:

_____ ogni giorno

_____di solito

_____ di tanto in tanto

___X___raramente

_____ mai

5) Vai al fast food:

_____ ogni giorno

_____di solito

_____ di tanto in tanto

___X___raramente **(and only with friends, never gone alone to a fast food)**

_____ mai

5) Mangia i miei pasti:

__X___da solo

_____con amici

___X__con la mia famiglia

Rispondi alle seguente domande con i numeri 1-5; 1 equivale a non sono d'accordo, 5 equivale a completamente d'accordo:

6) Segui un'alimentazione bilanciata, con frutta e verdura

1 2 3 **4** 5

7) Conosci bene la nutrizione e come questa abbia un impatto sulla tua salute

1 2 **3** 4 5

8) Conosci che ci sono tipi di grassi 'buoni' e 'cattivi'e sei in grado di dare alcuni esempi per ognuno di essi

1 **2** 3 4 5

9) Il governo sta facendo un buon lavoro per informare la popolazione riguardo la sana alimentazione

1 **2** 3 4 5

10) Trovi l'informazione sull'alimentazione da

a. governo

b. **internet**

c. scuola

d. **famiglia**/amici

e. libri/riviste

f. medico

g. dietista

h. lavoro

i. assicurazione sanitaria

j. non cerco informazioni sull'alimentazione

END RESPONSE 6

RESPONSE 7

Sondaggio: idee nel mangiare

Sono X italiano/a _____ americano/a
Firma e data [signature] 18/11/14

1)Nella mia vita, il cibo ha principalmente la funzione di:

1 (energia) 2 (3) 4 5(piacere) "

2) In ordine di importanza, scelgi il cibo secondo quali delle seguenti qualità? (1-5):

1 sapore
4 prezzo
5 comodità
2 nutrizione
3 abitudine

3) Cucini e mangia a casa:

_____ogni giorno
X di solito
_____ di tanto in tanto
_____raramente
_____mai

4) Vai al ristorante/trattoria/tavola calda:

_____ ogni giorno
_____di solito
X di tanto in tanto
_____raramente
_____ mai

5) Vai al fast food:

_____ ogni giorno

_____di solito

_____ di tanto in tanto

__X__raramente

_____ mai

5) Mangia i miei pasti:

_____da solo

_____con amici

__X__con la mia famiglia

Rispondi alle seguente domande con i numeri 1-5; 1 equivale a non sono d'accordo 5 equivale a completamente d'accordo:

6) Segui un'alimentazione bilanciata, con frutta e verdura.

1 2 3 (4) 5

7) Conosci bene la nutrizione e come questa abbia un impatto sulla tua salute.

1 2 3 4 (5)

8) Conosci che ci sono tipi di grassi 'buoni' e 'cattivi'e sei in grado di dare alcuni esempi per ognuno di essi.

1 2 3 4 (5)

9) Il governo sta facendo un buon lavoro per informare la popolazione riguardo la sana alimentazione.

1 2 (3) 4 5

10) Trovi l'informazione sull'alimentazione da:

a. governo

b. internet

c. scuola

X d. famiglia/amici

e. libri/riviste

f. medico

g. dietista

h. lavoro

i. assicurazione sanitaria

END RESPONSE 7

American Surveys

Views of Food Survey

1. To me, food's role in my life is for...

1 (For energy) 2 3 4 5 (For pleasure)

2. Please rank the following characteristics (1-4) on how you choose your foods.

   1 Taste
   4 Nutrition
   3 Experience
   2 Convenience

3. I tend to cook a meal and eat at home...
   a. All of the time
   b. Most of the time
   c. Some of the time
   d. Rarely
   e. Never

4. I tend to go to a restaurant or fast food establishment...
   a. All of the time
   b. Most of the time
   c. Some of the time
   d. Rarely
   e. Never

5. I tend to eat most of meals...
   a. Alone
   b. With friends
   c. With family

For the following section, please rate the statements on a scale of 1-5, with 1 being "Completely disagree," 3 being "Neutral," and 5 being "Completely agree."

6. I eat what many would consider a well-balanced diet, complete with fruits and vegetables.

   1 2 3 4 5

7. I feel that I understand nutrition and how it affects my body.

   1 2 3 4 5

8. I know that there are "good" fats and "bad" fats and could name examples of each.

   1 2 3 4 5

9. I feel that my country does a good job of informing its citizens of nutrition.

   1 2 3 4 5

10. I get most of my nutrition information from [choose all that apply]...
    a. Government sources
    b. The internet
    c. Formal education
    d. Friends/Family
    e. Magazines/Books
    f. My doctor
    g. A Registered Dietitian
    h. My employer
    i. Health insurance company
    j. I don't get nutrition information.

11. My country of residence is...
    a. The United States
    b. Italy

Views of Food Survey

1. To me, food's role in my life is for...

1 (For energy) 2 3 (4) 5 (For pleasure)

2. Please rank the following characteristics (1-4) on how you choose your foods.

   3 Taste
   2 Nutrition
   4 Experience
   1 Convenience

3. I tend to cook a meal and eat at home...
   a. All of the time
   (b) Most of the time
   c. Some of the time
   d. Rarely
   e. Never
4. I tend to go to a restaurant or fast food establishment...
   a. All of the time
   b. Most of the time
   (c) Some of the time
   d. Rarely
   e. Never
5. I tend to eat most of meals...
   (a) Alone
   b. With friends
   c. With family

For the following section, please rate the statements on a scale of 1-5, with 1 being "Completely disagree," 3 being "Neutral," and 5 being "Completely agree."

6. I eat what many would consider a well-balanced diet, complete with fruits and vegetables.

   1 (2) 3 4 5

7. I feel that I understand nutrition and how it affects my body.

   1 2 3 (4) 5

8. I know that there are "good" fats and "bad" fats and could name examples of each.

   1 2 3 4 (5)

9. I feel that my country does a good job of informing its citizens of nutrition.

   1 2 3 (4) 5

10. I get most of my nutrition information from [choose all that apply]...
    a. Government sources
    (b) The internet
    (c) Formal education
    (d) Friends/Family
    e. Magazines/Books
    f. My doctor
    g. A Registered Dietitian
    h. My employer
    i. Health insurance company
    j. I don't get nutrition information.
11. My country of residence is...
    (a) The United States
    b. Italy

Views of Food Survey

1. To me, food's role in my life is for...

1 (For energy) 2 (3) 4 5 (For pleasure)

2. Please rank the following characteristics (1-4) on how you choose your foods.

1 Taste
3 Nutrition
2 Experience
4 Convenience

3. I tend to cook a meal and eat at home...
   a. All of the time
   (b.) Most of the time
   c. Some of the time
   d. Rarely
   e. Never
4. I tend to go to a restaurant or fast food establishment...
   a. All of the time
   b. Most of the time
   (c.) Some of the time
   d. Rarely
   e. Never
5. I tend to eat most of meals...
   a. Alone
   b. With friends
   (c.) With family

For the following section, please rate the statements on a scale of 1-5, with 1 being "Completely disagree," 3 being "Neutral," and 5 being "Completely agree."

6. I eat what many would consider a well-balanced diet, complete with fruits and vegetables.

   1 2 (3) 4 5

7. I feel that I understand nutrition and how it affects my body.

   1 2 3 (4) 5

8. I know that there are "good" fats and "bad" fats and could name examples of each.

   1 2 (3) 4 5

9. I feel that my country does a good job of informing its citizens of nutrition.

   1 2 3 (4) 5

10. I get most of my nutrition information from [choose all that apply]...
    a. Government sources
    (b.) The internet
    c. Formal education
    (d) Friends/Family
    e. Magazines/Books
    (f.) My doctor
    g. A Registered Dietitian
    h. My employer
    i. Health insurance company
    j. I don't get nutrition information.
11. My country of residence is...
    (a) The United States
    b. Italy

Views of Food Survey

1. To me, food's role in my life is for...

1 (For energy) 2 (3) 4 5 (For pleasure)

2. Please rank the following characteristics (1-4) on how you choose your foods.

1 Taste
3 Nutrition
4 Experience
2 Convenience

3. I tend to cook a meal and eat at home...
   a. All of the time
   b. Most of the time
   (c.) Some of the time
   d. Rarely
   e. Never
4. I tend to go to a restaurant or fast food establishment...
   a. All of the time
   b. Most of the time
   (c.) Some of the time
   d. Rarely
   e. Never
5. I tend to eat most of meals...
   (a.) Alone
   b. With friends
   c. With family

For the following section, please rate the statements on a scale of 1-5, with 1 being "Completely disagree," 3 being "Neutral," and 5 being "Completely agree."

6. I eat what many would consider a well-balanced diet, complete with fruits and vegetables.

   1 2 (3) 4 5

7. I feel that I understand nutrition and how it affects my body.

   1 2 (3) 4 5

8. I know that there are "good" fats and "bad" fats and could name examples of each.

   1 2 3 (4) 5

9. I feel that my country does a good job of informing its citizens of nutrition.

   1 2 (3) 4 5

10. I get most of my nutrition information from [choose all that apply]...
    a. Government sources
    (b.) The internet
    c. Formal education
    (d.) Friends/Family
    e. Magazines/Books
    (f.) My doctor
    g. A Registered Dietitian
    h. My employer
    i. Health insurance company
    j. I don't get nutrition information.
11. My country of residence is...
    (a.) The United States
    b. Italy

Views of Food Survey

1. To me, food's role in my life is for...

1 (For energy) 2 3 4 5 (For pleasure)

2. Please rank the following characteristics (1-4) on how you choose your foods.

2 Taste
3 Nutrition
4 Experience
1 Convenience

3. I tend to cook a meal and eat at home...
   a. All of the time
   b. Most of the time
   c. Some of the time
   d. Rarely
   e. Never
4. I tend to go to a restaurant or fast food establishment...
   a. All of the time
   b. Most of the time
   c. Some of the time
   d. Rarely
   e. Never
5. I tend to eat most of meals...
   a. Alone
   b. With friends
   c. With family

For the following section, please rate the statements on a scale of 1-5, with 1 being "Completely disagree," 3 being "Neutral," and 5 being "Completely agree."

6. I eat what many would consider a well-balanced diet, complete with fruits and vegetables.

   1 2 3 4 5

7. I feel that I understand nutrition and how it affects my body.

   1 2 3 4 5

8. I know that there are "good" fats and "bad" fats and could name examples of each.

   1 2 3 4 5

9. I feel that my country does a good job of informing its citizens of nutrition.

   1 2 3 4 5

10. I get most of my nutrition information from [choose all that apply]...
    a. Government sources
    b. The internet
    c. Formal education
    d. Friends/Family
    e. Magazines/Books
    f. My doctor
    g. A Registered Dietitian
    h. My employer
    i. Health insurance company
    j. I don't get nutrition information.
11. My country of residence is...
    a. The United States
    b. Italy

Views of Food Survey

1. To me, food's role in my life is for...

1 (For energy) (2) 3 4 5 (For pleasure)

2. Please rank the following characteristics (1-4) on how you choose your foods.

4 Taste
3 Nutrition
2 Experience
1 Convenience

3. I tend to cook a meal and eat at home...
   a. All of the time
   (b.) Most of the time
   c. Some of the time
   d. Rarely
   e. Never
4. I tend to go to a restaurant or fast food establishment...
   a. All of the time
   b. Most of the time
   c. Some of the time
   (d.) Rarely
   e. Never
5. I tend to eat most of meals...
   a. Alone
   b. With friends
   (c.) With family

For the following section, please rate the statements on a scale of 1-5, with 1 being "Completely disagree," 3 being "Neutral," and 5 being "Completely agree."

6. I eat what many would consider a well-balanced diet, complete with fruits and vegetables.

   1 2 3 (4) 5

7. I feel that I understand nutrition and how it affects my body.

   1 2 3 4 (5)

8. I know that there are "good" fats and "bad" fats and could name examples of each.

   1 2 3 4 (5)

9. I feel that my country does a good job of informing its citizens of nutrition.

   1 2 (3) 4 5

10. I get most of my nutrition information from [choose all that apply]...
    a. Government sources
    (b.) The internet
    c. Formal education
    (d.) Friends/Family
    (e.) Magazines/Books
    (f.) My doctor
    g. A Registered Dietitian
    h. My employer
    i. Health insurance company
    j. I don't get nutrition information.
11. My country of residence is...
    (a.) The United States
    b. Italy

Views of Food Survey

1. To me, food's role in my life is for...

1 (For energy) 2 3 (4) 5 (For pleasure)

2. Please rank the following characteristics (1-4) on how you choose your foods.

1 Taste
4 Nutrition
2 Experience
3 Convenience

3. I tend to cook a meal and eat at home...
   a. All of the time
   (b.) Most of the time
   c. Some of the time
   d. Rarely
   e. Never
4. I tend to go to a restaurant or fast food establishment...
   a. All of the time
   b. Most of the time
   (c.) Some of the time
   d. Rarely
   e. Never
5. I tend to eat most of meals...
   (a.) Alone
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