

# ‘The government is failing us’: Laid-off Americans struggle in coronavirus crisis

(Reuters) - For Claudia Alejandra, unemployment has become a full-time job.

Claudia Alejandra, 37, furloughed from her job at the makeup counter at Macy’s amid the coronavirus disease (COVID-19), poses for a portrait near a lake in Orlando, Florida, U.S., March 6, 2020. REUTERS/Kevin Kolczynski Since losing her position at the makeup counter at the Macy’s department store in Orlando, Florida, on March 28, Alejandra spends her days trying to secure the unemployment benefits that should have arrived weeks ago, sometimes placing more than 100 calls a day.

The online application, a 10-hour ordeal of error messages, ended with a notice that her identity could not be verified. If she’s lucky, she’ll reach a representative who will say there’s nothing they can do to help. Otherwise, it’s a busy signal, or an hours-long wait on hold, followed by a sudden hang-up.

Alejandra, 37, cashed out her retirement fund — \$800, a year’s worth of savings — to make the monthly payments on her 2010 Mazda, but doesn’t know how she’ll pay the rent for her studio apartment or her phone bill. Longer-term goals — a promotion, a family, a house of her own — seem even more elusive.

Alejandra’s experience is similar to that of more than two dozen Americans thrown out of work during the coronavirus pandemic who Reuters interviewed over the past week.

While U.S. government guidelines say jobless workers who qualify for assistance should get payments within three weeks of applying, many — like Alejandra — are waiting twice that long. Increasingly desperate, some are lining up at food banks or bargaining with landlords to postpone bills. Most fill their days seeking answers from overwhelmed state bureaucracies.

Alejandra has not heard anything from the state —



Claudia Alejandra, 37, furloughed from her job at the makeup counter at Macy’s amid the coronavirus disease (COVID-19), poses for a portrait near a lake in Orlando, Florida, U.S., March 6, 2020. REUTERS/Kevin Kolczynski

though she has gotten a fundraising email from Republican Senator Rick Scott, who set up the current unemployment system during his tenure as governor.

“I feel like the government is failing us,” she said in a telephone interview. Florida has overhauled and expanded the computer system and brought in 2,000 agents to field calls, and plans an investigation of the system’s failings, Governor Ron DeSantis said at a Monday news conference. People who applied in March and haven’t gotten payments yet likely have not provided all of the required information or might not

be eligible, he said. “You’ve started to see a really significant volume of payments going out, and it’s really taken a major overhaul behind the scenes,” he said. His office did not respond to an email with detailed questions on the situation. In the past six weeks, states have struggled to process over 33 million jobless claims, more than they typically see in a year. That figure does not capture those who have been unable to even file a claim due to bureaucratic hurdles — up to 14 million more, according to an Econom-

ic Policy Institute study released last week. The Reuters interviews across four states — Florida, Michigan, Arizona and Minnesota — revealed a wide disparity in whether or when people received payments depending on where they live. In Minnesota, where state employees field queries on social media platforms as well as by phone, six out of seven jobless people said they were getting benefits — sometimes more than they were earning before.

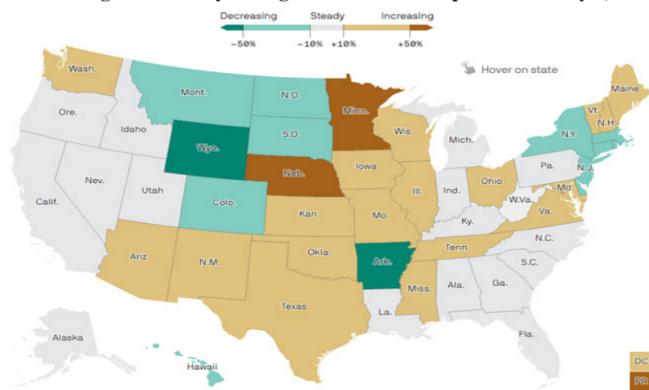
*Stay Safe!*

## BUSINESS

*Wash Your Hands!*

### Change In New COVID-19 Cases In The Past Week

Percent change of the 7-day average of new cases on April 27 and May 4, 2020



Data: The Center for Systems Science and Engineering at Johns Hopkins, U.S. Census Bureau. Map: Andrew Witherspoon/Axios

Compiled And Edited By John T. Robbins, Southern Daily Editor

In addition to keeping an eye on the tragic, and climbing, numbers of total coronavirus cases and deaths across the U.S., it’s important to watch how those trends are playing out over time at the state level. Rising, or falling, numbers of cases is one of the key metrics for determining where mitigation efforts are working and when the economy can begin to reopen. The Trump administration’s reopening guidelines\* detail that in order to start lifting restrictions and reopening the economy, a state needs to report 14-day trends of fewer cases or fewer positive tests (though local officials do get some leeway in adjusting the metrics). \*(see below) Not many states meet that criteria. Each state’s seven-day average of new cases from Monday and the seven-day average from a week prior, April 27. Comparing the averages of two dates helps smooth out a lot of the noise in how states sometimes inconsistently conduct and report tests. By this metric, Minnesota, Nebraska and Puerto Rico have the most worrisome trends, while Arkansas and Wyoming have the most positive trends. Twelve states are moving in the right direction. But more than a third of the nation still has growing numbers of cases. And that includes states such as Texas and Virginia, where Republican and Democratic governors are beginning to unveil re-opening plans. (Courtesy axios.com)



#### Opening Up America Again Guidelines President

Trump has unveiled Guidelines for Opening Up America Again, a three-phased approach based on the advice of public health experts. These steps will help state and local officials when reopening their economies, getting people back to work, and continuing to protect American lives.

#### Core State Preparedness Responsibilities TESTING & CONTACT TRACING

Ability to quickly set up safe and efficient screening and testing sites for symptomatic individuals and trace contacts of COVID+ results. Ability to test Syndromic/ILI-indicated persons for COVID and trace contacts of COVID+ results. Ensure sentinel surveillance sites are screening for asymptomatic cases and contacts for COVID+ results are traced (sites operate at locations that serve older individuals, lower-income Americans, racial minorities, and Native Americans). **HEALTHCARE SYSTEM CAPACITY** Ability to quickly and independently supply sufficient Personal Protective Equipment and critical medical equipment

to handle dramatic surge in need. Ability to surge ICU capacity.

**PLANS** Protect the health and safety of workers in critical industries. Protect the health and safety of those living and working in high-risk facilities (e.g., senior care facilities)Protect employees and users of mass transit. Advise citizens regarding protocols for social distancing and face coverings. Monitor conditions and immediately take steps to limit and mitigate any rebounds or outbreaks by restarting a phase or returning to an earlier phase, depending on severity.

#### Proposed Phased Approach BASED ON UP-TO-DATE DATA AND READINESS. MITIGATES RISK OF RESURGENCE.

**PROTECTS THE MOST VULNERABLE. IMPLEMENTABLE ON STATEWIDE OR COUNTY-BY-COUNTY BASIS AT GOVERNORS’ DISCRETION, GUIDELINES FOR ALL PHASES.** Individuals Continue to adhere to State and local guidance as well as complementary CDC guidance, particularly with respect to face coverings. **CONTINUE TO PRACTICE GOOD HYGIENE** Wash your hands with soap and water or use hand sanitizer, especially after touching frequently used items or surfaces. Avoid touching your face. Sneeze or cough into a tissue, or the inside of your elbow. Disinfect frequently used items and surfaces as much as possible.Strongly consider using face coverings while in public, and particularly when using mass transit.

**PEOPLE WHO FEEL SICK SHOULD STAY HOME** Do not go to work or school. Contact and follow the advice of your medical provider. **GUIDELINES FOR ALL PHASES** Employers Develop and implement appropriate policies, in accordance with Federal, State, and local regulations and guidance, and informed by industry best practices, regarding: Social distancing and protective equipment; Temperature checks; Sanitation; Use and disinfection of common and high-traffic areas; **Business travel** Monitor workforce for indicative symptoms. Do not allow symptomatic people to physically return to work until cleared by a medical provider.

#### Develop and implement policies and procedures for workforce contact tracing following employee COVID+ test.

#### Phase One For States and Regions that satisfy the gating criteria

**INDIVIDUALS** ALL VULNERABLE INDIVIDUALS should continue to shelter in place. Members of households with vulnerable residents should be aware that by returning to work or other environments where distancing is not practical, they could carry the virus back home. Precautions should be taken to isolate from vulnerable

residents.

**All individuals, WHEN IN PUBLIC** (e.g., parks, outdoor recreation areas, shopping areas), should maximize physical distance from others. Social settings of more than 10 people, where appropriate distancing may not be practical, should be avoided unless precautionary measures are observed. Avoid **SOCIALIZING** in groups of more than 10 people in circumstances that do not readily allow for appropriate physical distancing (e.g., receptions, trade shows) **MINIMIZE NON-ESSENTIAL TRAVEL** and adhere to CDC guidelines regarding isolation following travel. **EMPLOYERS** Continue to ENCOURAGE TELEWORK, whenever possible and feasible with business operations; If possible, **RETURN TO WORK IN PHASES.** Close **COMMON AREAS** where personnel are likely to congregate and interact, or enforce strict social distancing protocols. Minimize **NON-ESSENTIAL TRAVEL** and adhere to CDC guidelines regarding isolation following travel. Strongly consider **SPECIAL ACCOMMODATIONS** for personnel who are members of a **VULNERABLE POPULATION. SPECIFIC TYPES OF EMPLOYERS SCHOOLS AND ORGANIZED YOUTH ACTIVITIES** (e.g., daycare, camp) that are currently closed should remain closed. **VISITS TO SENIOR LIVING FACILITIES AND HOSPITALS** should be prohibited. Those who do interact with residents and patients must adhere to strict protocols regarding hygiene. **LARGE VENUES** (e.g., sit-down dining, movie theaters, sporting venues, places of worship) can operate under strict physical distancing protocols. **ELECTIVE SURGERIES** can resume, as clinically appropriate, on an outpatient basis at facilities that adhere to CMS guidelines. **GYMS** can open if they adhere to strict physical distancing and sanitation protocols. **BARS** should remain closed. Phase Two For States and Regions with no evidence of a rebound and that satisfy the gating criteria a second time. **INDIVIDUALS ALL VULNERABLE INDIVIDUALS** should continue to shelter in place. Members of households with vulnerable residents should be aware that by returning to work or other environments where distancing is not practical, they could carry the virus back home. Precautions should be taken to isolate from vulnerable residents.

All individuals, **WHEN IN PUBLIC** (e.g., parks, outdoor recreation areas, shopping areas), should maximize physical distance from others. Social settings of more than 50 people, where appropriate distancing may not be practical, should be avoided unless precautionary measures are observed. **NON-ESSENTIAL TRAVEL** can resume. **EMPLOYERS** Continue to ENCOURAGE TELE-

**WORK**, whenever possible and feasible with business operations. Close **COMMON AREAS** where personnel are likely to congregate and interact, or enforce moderate social distancing protocols.

Strongly consider **SPECIAL ACCOMMODATIONS** for personnel who are members of a **VULNERABLE POPULATION. SPECIFIC TYPES OF EMPLOYERS**

**SCHOOLS AND ORGANIZED YOUTH ACTIVITIES** (e.g., daycare, camp) can reopen.

**VISITS TO SENIOR CARE FACILITIES AND HOSPITALS** should be prohibited. Those who do interact with residents and patients must adhere to strict protocols regarding hygiene.

**LARGE VENUES** (e.g., sit-down dining, movie theaters, sporting venues, places of worship) can operate under moderate physical distancing protocols.

**ELECTIVE SURGERIES** can resume, as clinically appropriate, on an outpatient and in-patient basis at facilities that adhere to CMS guidelines.

**GYMS** can remain open if they adhere to strict physical distancing and sanitation protocols.

**BARS** may operate with diminished standing-room occupancy, where applicable and appropriate.

Phase Three For States and Regions with no evidence of a rebound and that satisfy the gating criteria a third time.

**INDIVIDUALS VULNERABLE INDIVIDUALS** can resume public interactions, but should practice physical distancing, minimizing exposure to social settings where distancing may not be practical, unless precautionary measures are observed.

**LOW-RISK POPULATIONS** should consider minimizing time spent in crowded environments.

**EMPLOYERS** Resume **UNRESTRICTED STAFFING** of worksites.

**VISITS TO SENIOR CARE FACILITIES AND HOSPITALS** can resume. Those who interact with residents and patients must be diligent regarding hygiene. **LARGE VENUES** (e.g., sit-down dining, movie theaters, sporting venues, places of worship) can operate under limited physical distancing protocols. **GYMS** can remain open if they adhere to standard sanitation protocols. **BARS** may operate with increased standing room occupancy, where applicable.

#### Appendix APPENDIX Vulnerable Individuals

1. Elderly individuals. 2. Individuals with serious underlying health conditions, including high blood pressure, chronic lung disease, diabetes, obesity, asthma, and those whose immune system is compromised such as by chemotherapy for cancer and other conditions requiring such therapy.

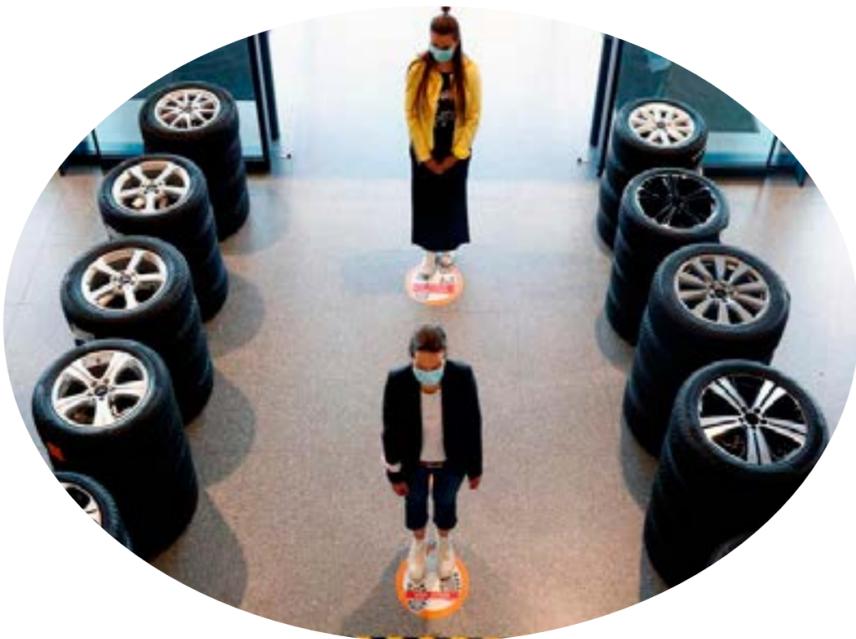
# Editor's Choice



A trader carries his mannequins as he closes his business ahead of lockdown restrictions set by the government in the Eastleigh district of Nairobi, Kenya. REUTERS/Thomas Mukoya



U.S. Vice President Mike Pence stands among television soundmen, radio reporters and other media personnel all wearing protective masks as he listens to President Trump speak during an event in honor of National Nurses Day in the Oval Office at the...



People stand on social distancing markers at a Mercedes car dealership in Brussels, Belgium. REUTERS/Francois Lenoir



A member of the 110 branch of the Royal Canadian Legion in Trenton prepares a flag to salute before a repatriation ceremony for six Canadian Forces personnel killed in a military helicopter crash in the Mediterranean, at Canadian Forces Base Trenton,...



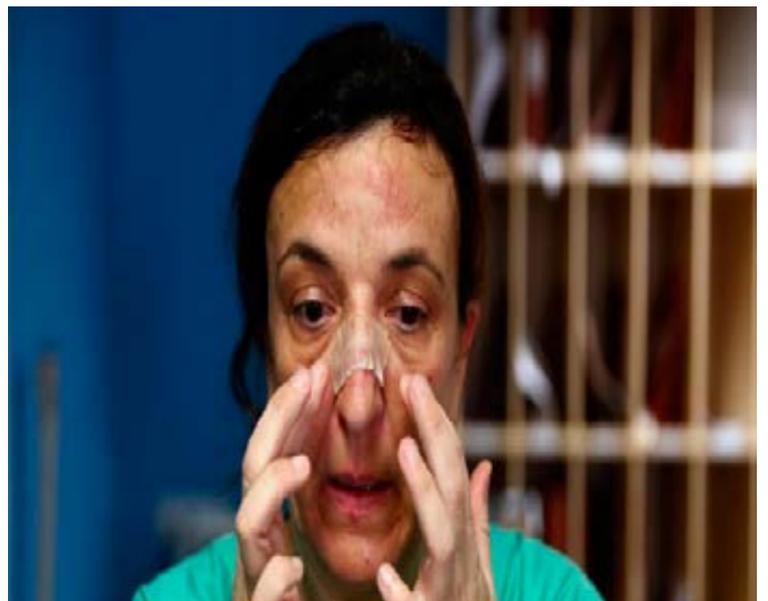
Security men wearing protective masks stand on a street during a 24-hour curfew in Sanaa, Yemen. REUTERS/Khaled Abdullah



Flocke, a female polar bear, shakes off water at the Marineland animal park in Antibes, France. REUTERS/Eric Gaillard



Refrigerated tractor trailers used to store bodies of deceased people are seen at a temporary morgue in the Brooklyn borough of New York City. REUTERS/Brendan McDermid



Nurse Cristina Cadenas, 53, after taking off a full personal protective equipment (PPE), during her shift at Principe de Asturias hospital in Alcala de Henares, Spain. REUTERS/Sergio Perez

**Prominent Scientists Tell The White House U.S. Coronavirus Antibody Testing Is A "Work In Progress"**



Photo Illustration: Sarah Grillo/Axios. (Photos: Noam Galai, Jamie McCarthy, Josep LAGO / AFP, Alfredo Estrella / AFP, and Narayan Maharjan/NurPhoto, all via Getty Images.)

Compiled And Edited By John T. Robbins, Southern Daily Editor

In a phone call last week, some of the nation's top scientists briefed White House officials about antibody testing, according to two doctors who were on the call.

Much of the news wasn't very good. Antibody tests check to see if a person has previously been infected with Covid-19, an indication that they've had the virus and now could be immune to it.

Dr. Deborah Birx, the coordinator of the White House coronavirus task force, has called such tests "critical."

The test can help determine if someone is immune to coronavirus, "and that's going to be important when you think about getting people back into the workplace," according to Dr. Anthony Fauci, a member of the task force.

"The antibody test says you were infected and if you're feeling well, you're very likely recovered," Fauci said. "As we look forward, as we get to the point of at least considering opening up the

country as it were, it's very important to appreciate and to understand how much that virus has penetrated society."



Dr. Deborah Birx, the coordinator of the White House coronavirus task force.

Trump administration officials have promised that antibody tests are on their way.

"We have made great progress with the antibody testing, fantastic progress," Trump said at a media briefing April 5. Five days later, Vice President Mike Pence said at a media briefing that "very soon we will have an antibody test that Americans will be able to take to determine whether they ever had the

coronavirus." But on the April 6 phone call, members of the National Academy of Sciences' Standing Committee on Emerging Infectious Diseases and 21st Century Health Threats told members of the White House Office of Science and Technology Policy there are issues with the availability and reliability of the antibody tests in the United States right now.

"In three words: Work in progress," said Dr. David Relman, a member of the National Academy of Sciences committee who was on the call. There are several layers of issues with the antibody tests. First, the US Food and Drug Administration relaxed its rules, and now companies can sell antibody tests without submitting validation data that shows they actually work.



The Association of Public Health Laboratories says that has resulted in "crappy" tests flooding the market. "It's like the wild, wild West out there -- or wild East," said association CEO Scott Becker, a reference to the fact that at least half the companies making these tests are in China.

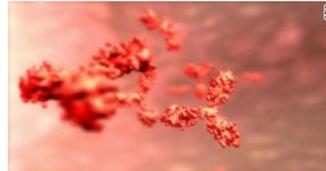
Becker said that in conference call Tuesday that FDA Commissioner Dr. Stephen Hahn said antibody tests would undergo scientific review by the National Cancer Institute.

There has been concern that some of the tests might confuse the coronavirus causing the current pandemic with one of several coronaviruses that cause the common cold.

"Lots of tests confuse the two," Relman said.

The tests would then end up telling people they had antibodies to the pandemic coronavirus when they didn't,

and people might think they're immune when they're not.



A few days after the phone call, the NAS scientists wrote a letter to the White House frankly apprising them about the quality of antibody tests. Results from antibody tests "should be viewed as suspect until rigorous controls are performed and performance characteristics described, as antibody detection methods can vary considerably, and most so far have not described well-standardized controls," according to the letter.

Second, there are good tests in the midst of the bad ones, but they're not yet widely and easily available throughout the country.

Third, it's not entirely clear that having antibodies to Covid-19 means that you truly have immunity and won't get the disease again.

"That's the \$64 question," said Dr. Harvey Fineberg, chairman of the NAS committee, who was also on the phone call with the White House. "Does antibody level equate to resistance to getting ill again?"

The White House Office of Science and Technology Policy did not respond to requests from CNN to describe what it learned on the April 6 call or how officials plan to use the information the scientists gave them.

Fineberg said he felt that the White House officials paid close attention on the call. "That's the brilliance of Kelvin Droegemeier, to elicit this kind of input and turn to the academics in the first place," Fineberg said, referring to the director of the White House policy office.

"They're genuinely trying to widen their aperture for advice, and I think so far it's working."

"To see this kind of engagement is very heartening," Relman added. "Does it lead to useful consequences? Does it have an impact? Does the scientific engagement end up informing policy? For that I think we have to hope and wait and see."

Fineberg added that antibody tests are important on a national scale, to gauge what proportion of the population might be immune, but also on a personal level. "Everybody wants to know -- am I immune? Can I now visit Grandma so that I'm not a threat to her and she's not a threat to me?" he said. "How do we discern the people who can now safely go out and about? That's an important personal and social question." (Courtesy <https://www.cnn.com/>)



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**SC Daily News 副刊**

**你最爱的重口味里，藏着各种疾病**

作家梁文道说过这样一句话：近三十年来，中国最大的变化之一，是越来越重口味。麻辣烫、水煮牛肉、辣子鸡、小龙虾、香锅、烧烤、火锅.....

不久前，《糖尿病杂志 (Journal of Diabetes)》发了一篇非常有意思的中国论文，这篇论文利用史上最大研究样本——2亿多中国人——绘制了首张中国饮食习惯与代谢病地图。

这项由中国工程院宁光院士带领上海交通大学附属瑞金医院团队完成的研究，第一次大规模采用了互联网数据探索了中国人的口味偏好和疾病之间的关系，总纳入参与者数量超过2.13亿人。

1. 北京和东北爱烧烤，广东人更爱油炸！

研究显示，居住在不同地方的人群喜欢的食物也有差异：油炸和烧烤类食物是北京和东北及周边地区人群最爱。海南南部地区的人也偏爱烧烤。广东虽然比不上北京，但也显示了对油炸和烧烤的爱。

过油——三高、肥胖、伤心脑

该研究发现，对油炸和烧烤的偏爱可导致高BMI、高血压以及糖尿病的高发生率，还和空腹血糖以及餐后血糖异常升高有关。研究人员认为，一方面可能是油炸和烧烤食物都经过高温烹饪，可能产生包括反式脂肪酸和晚期糖基化终产物等，而这些物质已被证明可促进代谢性疾病。另外，油炸和烧烤食物更美味，为了追求口感容易吃太多，进一步造成代谢性疾病的出现，比如三高、肥胖、还会伤及心脏。

三高、肥胖：华中科技大学附属协和医院营养科主任蔡红琳2009年5月14日接受健康时报记者采访时指出，吃油多，摄入过多的饱和脂肪，热量高，容易导致血液里胆固醇增加，加速血管变窄，肯定不利于人体健康！再加上肥胖一来，过多的营养脂肪、糖类滞留在体内，时间一长就容易引发高血脂、高血糖、高血压。

伤心血管：油脂摄入过多，除了造成肥胖外还会导致血液中脂肪酸过多。脂肪酸过剩时主要以甘油三酯形式贮存，沉积在血管里造成动脉硬化，形成血栓，引发心脑血管疾病。

东南大学附属中大医院神经内科柏峰博士2016年9月21日在健康时报刊文介绍，很多人喜欢吃动物内脏、烧烤等

多油脂、高胆固醇的食物。再加上久坐不动，体内脂肪堆积，三高无形中飙升。这样的生活习惯，很可能导致脑梗塞、脑出血、中风等脑血管疾病，从而诱发血管性痴呆。

2. 北京天津，和沿海城市最爱吃甜！

嗜甜人群集中在沿海地区，北京和天津居民对甜食的喜爱也较突出。

在流行病学研究中，蔗糖和果糖的摄入可能是代谢性疾病的潜在病因之一。已经有很多研究发现，甜食摄入量高与糖尿病发病率升高以及空腹血糖异常升高等有关。

过甜——伤心脏、肥胖

2012年2月，发表在国际顶级学术刊物《Nature》杂志的一篇题为《公共卫生：糖的毒性真相》(Public health: The toxic truth about sugar)的文章指出：糖就像烟草和酒精一样，而且糖的危害远在脂肪和卡路里之上。

事实上，如果长期摄入高糖饮食，可以从上到下毁全身：增加心脏病风险、容易发胖、毁坏牙齿。

增加患心脏病风险：一项发表在《营养学杂志》上美国塔夫茨大学弗里德曼营养科学与政策学院的研究者发现，儿童每周少喝1份含糖饮料就能改善心脏健康状况，降低今后患上心脏病的风险。儿童所喝的含糖饮料份数越多，他们血液中的甘油三酯含量就越高。

容易肥胖：北京协和医院营养科门诊韩东梅在2017年9月9日健康时报女性版刊文指出，糖摄入过多，会增加超重和肥胖的发生风险。糖可以转化成脂肪，高糖饮食是直接造成糖尿病和心血管疾病的危险因素。

毁坏牙齿：2018年5月18日，在由北京大学公共卫生学院和联合国儿童基金会驻华办事处组织全国相关领域专家编写的《中国儿童含糖饮料消费报告》发布会上，北京大学公共卫生学院营养与食品卫生系主任马冠生教授介绍，饮用含糖饮料后，口腔里的细菌可以使糖和食物残渣发酵形成牙菌斑。含糖的碳酸饮料有一定酸度，长期饮用会酸蚀牙



齿，增加患龋齿风险。

3. 喜欢麻和辣的人群，以四川为首！

嗜辣偏好主要集中在以四川为中心的地区，在华北和华中地区也有一些人口比例较高的地区。夏天温度较高地方对“辣”的爱好偏低。女性对辛辣食物的偏好略高于男性；喜欢吃麻辣食物的地区也是以四川为中心，并广泛分布在中国西北和东北地区。

过麻过辣——伤肠、伤胃

辣椒味辛，性热，但是辣椒有强烈的局部刺激作用，虽然口服能增进食欲，但是不宜多食，过食可引起头昏、眼干、口腔、腹部或肛门灼热，疼痛，腹泻。还会诱发溃疡、伤及肠胃，间接导致高血压、高血脂、糖尿病等慢性疾病。

2011年3月10日健康时报新闻版《人到中年少吃辣》一文中，中国疾病预防控制中心教授李蓉介绍，吃得辛辣不仅使循环血量剧增，心跳加快，心动过速，也可能妨碍原有的心脑血管病及肺内病变的康复。

另外，过辣会刺激胆囊，尤其慢性胆囊炎、胆石症的人。对于慢性胰腺炎的病人，贪辣容易使病情发作。

人到中年，咽炎、慢性气管炎、口腔问题等，因辣椒素的刺激，更是使病情迁延不愈。辣椒素的刺激，使胃肠黏膜充血水肿，胃肠蠕动剧增，影响消化功能的恢复。

重口味，已成为很多国人的饮食常态！

臭豆腐、卤鸡蛋、宫保鸡丁、辣子鸡、水煮牛肉……这些国人最爱的“重口味”食物，往往是高盐、高油、高糖、过辣的。而对于水煮青菜、小葱拌豆腐、清蒸鱼等清淡食物，人们往往嗤之以鼻。重口味，已成为了中国人的饮食常态，几乎到了无辣不欢、得猛下油、猛下调味料、猛下盐的地步。

对于这种现象，作家梁文道无比遗憾地说：“今天的重口味，使得我们再也无法好好地欣赏一碗素面，一砖豆腐了。”

或许我们喜欢吃的并不是食材本身，而仅仅是喜欢融进食材中的各种调料罢了。

2017年，国家卫生计生委提出“三减三健”的健康生活方式，即减盐、减油、减糖，健康口腔、健康体重、健康骨骼。这也是全民健康生活方式行动

(2016-2025)的重要内容，每一项跟慢病防控息息相关。

减盐：每天别超6克

建议用定量盐勺，如果觉得口味不好，不妨加醋、胡椒等来调味。另外，购物时要有标签意识，比如午餐肉等，看看里面的盐含量是多少，特别是钠含量。

减油：每天别超30克

建议家庭用油要使用控油壶，把全家每天应该食用的烹调油倒入控油壶，炒菜用油均从控油壶中取用。烹调食物时尽可能不用烹调油或用很少量烹调油的方法，如蒸、煮、炖、焖、水滑溜、拌、急火快炒等。

减糖：总淀粉摄入量要控制

很多人一说减糖，就想着不吃含糖的食物，对甜味的食物能拒就拒。其实我们所说的减糖，不仅仅包括通常的单糖、双糖、果糖等，淀粉类食物也要控制，比如米饭、面食等。因为这些淀粉类的食物在肠道里也会分解为单糖、双糖。而减糖的标准就是吃进去的淀粉、糖等能量物质要与我们每天消耗的能量平衡，要不然能量在体内堆积就会转化成脂肪，从而增加身体代谢负担。