



# SDFSA News

## Tips for Raising a Healthy Eater

by Jennifer Webb, A.A.S. Early Childhood Education, Secretary

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### ***Breakfast is a must***

Breakfast helps kids face the day with energy and alertness. There are so many choices out there for breakfast; there is no excuse for missing this most important meal.

### ***Give children choices***

Hopefully, food never leads to a confrontation. If you have healthy choices available, kids can feel in control of what they eat and parents can still guide their decisions.

### ***Keep the one-hour rule***

Although grazing is a popular trend in eating habits, it is best for children to be allowed to work up a healthy appetite for their main meals. Stop snacks

for at least one hour before the next meal. This gets kids ready to eat a full meal where they should be getting the bulk of their calories and the basis of a healthy eating pattern.

### ***Have every family member help***

When everyone helps with meals, they all feel vested in the event. This relates to the social aspect of food as well as the educational. Parents can guide food choices and make this a time of special family bonding.

### ***Sit down as a family***

Again, there is no better time to bond as a family than at the table. Food is part of our social interaction. If kids make this connection between food and family, they will carry their parents' guidance into decisions they make away from home.

### ***Real meals – real snacks***

If you are putting effort into developing healthy habits, make sure you offer choices that reflect what you are trying to teach. Plan complete meals based on the food guide pyramid. Keep a fruit bowl on the counter instead of a candy dish.

### ***There are no 'good' foods or 'bad' foods***

Anytime you rule out a food, it becomes an area of conflict. Instead, help kids realize that smart choices involve variety and moderation. Teach children to view eating on a whole day ba-

## President's Message

by Aline Kotikian, President

Greetings! As the board president of SDFSA for the 2004-2005 school year, I'm honored to serve the association and the students. This year is my senior year and I will be graduating in the spring of 2005. The Nutrition and Dietetic and Food Science program has taught me the tremendous importance of nutrition in the health and well being of humans, and as a fellow student I'm trying to be a role model of healthy eating and living. This year, our association

is planning the annual Internship Symposium in the fall and the Career Symposium in the spring. For the first time, I am proposing to create a scholarship program for the members of SDFSA who meet the requirements of grade point average, participation and volunteer experience. We'll also have fundraising events and provide awareness programs about nutrition and food science. I'm looking forward to working with

# Omega-3 Fatty Acids and Depression

by Miriam Morris, Publicity

Statistics reveal that depression is on the rise in our society and other developed nations. Interestingly, epidemiologists have noted that regions where fish consumption is high, such as Japan and Alaska, depression rates are drastically lower. Fish oils contain high levels of omega-3 PUFAs, particularly those thought to be involved in neural function, eicosapentaenoic acid (EPA) and docosahexaenoic acid (DHA). These factors have led many to speculate that there is a connection between diet and depression and that omega-3s might prevent and treat this prevalent disease.

The first study I examined focused on the elderly living independently (not in an institution) in a suburb of the Netherlands (1). Of 3,884 participants of the Rotterdam study (a cohort study), 264 were assessed as having depressive symptoms or depressive disorders. These participants as well as 461 control participants, were measured for plasma phospholipid profiles, C-reactive protein (an inflammation marker) and intima media thickness (an atherosclerosis marker). Following analysis of the results, it was found that especially in the depressed subjects with normal CRP level, ratios of omega-6 to omega-3 PUFAs were higher and percent omega-3 was lower in comparison to control subjects. The study was also able to conclude, that these differences were not due to atherosclerosis.

The next study (2) was a double-blind placebo controlled trial conducted with 22 participants

ranging in ages from 18 to 60 years who had been previously diagnosed with clinical depression. In addition to their regular therapies, each received capsules containing either omega-3 fatty acids or a placebo. The omega-3 capsules contained 440 mg of EPA and 220 mg of DHA, fats whose dietary source is almost exclusively from fatty fish. Prior to and during the 8



week trial, subjects rated their depressive symptoms on the Hamilton Rating Scale for Depression (HRSD).

By the end of the trial, those taking the omega-3 capsules displayed significantly lower HRSD scores (less depression) than the control group. Another difference between the groups was the RBC fatty acid profile. In the omega-3 group, DHA levels increased and there was no significant change in the control group.

A third study (3) measured the association between consumption of omega-3 fatty acids (both from fish and plant sources) and depression in a large Finland male population, ages 50 to 69 years, over the course of 8 years. The diet of 29,133 participants was assessed by a validated food-use questionnaire, and depressiveness was based on self-reported mood, hospital records and death from suicide. Analysis of

results showed no significant association between omega-3 consumption and depression. Finland's omega-3 consumption is on average higher than other developed nations, but still much lower than those treated in double-blinded studies.

While it is not possible to conclude much in a clinical sense from these studies alone, they certainly open vistas for new and safer treatment of depression. The three studies were each of a different type making them difficult to compare. The double-blind placebo controlled study certainly carries the most weight but must be repeated and enlarged upon. The Rotterdam study strengthened the correlation but would the same results be obtained for other populations? Studies that contradict a correlation between omega-3 and depression need to be further understood. The Finland study (3) seemed fairly weak though on several points. For example the assessment methods used seemed to leave a greater chance for inaccuracy and specific type of omega-3 consumption was not evaluated. The studies all used different depression rating scales. Greater uniformity in these controllable variables would enhance our ability to more accurately compare results.Ω

1. Tiemeier, H, Ruud van Tuijl, H, Hofman, A, Kiliaan, AJ., Breteler, MMB (2003) Plasma fatty acid composition and depression in the elderly: the Rotterdam Study. *Am J Clin Nutr* 78(1):40-46.
2. Su, KP, Huang, SY, Chui, CC, Shen, WW. (2003) Omega-3 fatty acids in major depressive disorder. *Eur. Neuropsychopharmacology* 13(4): 267-271.
3. Hakkarainen, R, Partonen, T, Haukka, J, Virtamo, J, Albanes, D, Lonnqvist, J. (2004) Is low dietary intake of omega-3 fatty acids associated with depression?. *Am J Psychiatry* 161: 567-569

## Black Bean and Cheese Enchiladas

by Sandra Orsini, Fund-raising Treasurer

6 wheat flour tortillas  
1 can black beans  
1 can enchilada sauce  
3 cups grated Jack cheese  
1/4 cup chopped green onions

**Added Touch:** Sprinkle sliced olives and chopped tomatoes before baking.

Preheat oven to 375°F. Warm beans over the stove, and drain thoroughly. Roll 2 Tbsp of beans and approx. 1/8 cup of cheese into each tortilla. Lay all rolled tortillas in a 9 by 11 inch pan. Pour 1-1 1/2 cups of enchilada sauce over the tortillas. Sprinkle the rest of the cheese over the tortillas and garnish with the green onions. Cover with foil and bake for 25 minutes. Uncover and bake for 5 minutes.

### Nutrition Facts

Serving Size (104g)		Sugars 0g
Servings Per Container 6		<b>Protein 8g</b>
<b>Calories 170</b>	<b>Fat Cal 60</b>	Vitamin A 4%
	<b>% DV*</b>	Vitamin C 2%
<b>Total Fat 6g</b>	10%	Calcium 15%
<b>Saturated Fat 3.5g</b>	17%	Iron 6%
<b>Cholesterol 20mg</b>	7%	
<b>Sodium 480mg</b>	20%	*Percent Daily Value
<b>Total Carbs 27g</b>	9%	based on 2000 calorie
<b>Dietary Fiber 4g</b>	16%	diet.

I came up with this recipe while looking for a healthier solution to frying the tortillas used in enchiladas. This recipe is very quick and easy to prepare. It is only 170 calories, 6 grams of fat, 27 grams of carbohydrate, and 8 grams of protein per enchilada. But most importantly these enchilada's are extremely tasty!Ω

## Albertsons Passport to F.U.N

by Claudia Patino, Co-Vice President

The Albertsons Passport to F.U.N. (Fitness & Understanding Nutrition) was held on Saturday, July 10, 2004 at the Albertsons supermarket located at 7227 Van Nuys Blvd, in Van Nuys, California, coordinated by the Marilyn Magaram Center. The purpose of the event was to promote childhood obesity awareness. Booths were set up inside and outside the supermarket, each detailing and promoting the importance of exercise, a balanced diet and the nutritional value found in various foods, minerals and vitamins.

To ensure thorough participation and good basic understanding of our objective, each child received a passport booklet and had it stamped at each station they visited. For example, a child who visited the vitamin and mineral stations was given a quick lesson, played an interactive game to ensure understanding, handed a sample-sized packet of health food, and then received a stamp in their passport. Once the booklet was complete, they be-

came eligible to enter the raffle and win various prizes.

There were many different sponsors involved in this event. North Valley Family YMCA conducted the physical activity component by creating an obstacle course for the children; Los Angeles County Department of Health Services nutrition program provided a healthy breakfast table where fruit smoothies were made for the families to enjoy; Five-a-Day donated colorful bags for the children to carry their collection of healthy snacks; Albertsons donated many of the prizes used for the raffle, such as a DVD player and basketball hoops; McDonald's, Milton's Baked Goods, Dairy Council, California Fig Board, Yellow Jersey, Bob's Red Mill, Egglund's Best, Quaker Oats, Kellogg and Subway each provided generous donations of sample sized food and/or coupons to encourage healthy eating habits.

More than thirty CSUN students (all majoring in different



fields) volunteered their time to help make this event a success. Bilingual dietetic students played an important role in translating for many of the participants. A total of 178 community members registered, 103 of which were children. Of those surveyed, 100% felt the event was interesting and would participate again if given the chance. The topic of childhood obesity was important to 94% of those surveyed, though the same percentage agreed on the desire to begin a healthier approach to eating. This forum proved successful as evidenced in the useful facts, sources and sensible tools for guidance that were provided to all participants at no cost. The greatest reward came in the valued feedback received. Said one participant: "There is hope for America's health after all."Ω

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sis. This allows kids to realize that foods can be balanced and allows a wide variety of choices.

**Try new foods**

Many studies report that it may take up to twenty tries before a child is ready to accept a new food. Keep cycling new foods in until

you're sure the child has given it a real chance.

**Refrigerator reminders**

Decorate the fridge with a food guide pyramid, healthy recipes and colorful reminders to make smart choices. It takes time to develop a habit and these reminders are a gentle way to reinforce what you

are trying to teach.

**Get moving**

Any effort made to teach children about nutrition would not be complete without a reminder to exercise. Get active with your kids by going for family bike rides or signing up for the school walk-a-thon.  
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## Childhood Obesity... A Reality Striking Our Society

by Gabriela Cotne, Ways and Means

Sweeping changes are needed in America to prevent the growing childhood obesity epidemic from becoming a pandemic situation.

Approximately nine million U.S. children over age six qualify as clinically obese, while another 9 to 10 million are considered overweight, according to the Center for Disease Control and Prevention. Obesity carries with it highly elevated risks of a host of chronic and expensive conditions, including type 2 diabetes, heart disease, kidney failure, becoming obese as adults, and several types of cancers.

So, the question remains: what is making our children obese? The answer is not easy, but a set of complex factors including unhealthy eating habits, industry promotion of junk food, widespread elimination of school physical education classes, and a sedentary lifestyle marked by hours in front of television and video games, has helped 16% of the nation's children to become overweight or obese.

The problem has become so large, that simple counseling or what is considered "normal treatment," such as diet and exercise,

does not seem to work. More needs to be done about this epidemic problem.

Parents need to take a more active role in promoting healthy eating and exercise habits to their children, including limiting children's time in front of TV or video games to no more than two hours per day. At the same time, schools should provide kids time for no less than 30 minutes of vigorous physical activity per day. What seems to



be more alarming is the fact that most of U.S. schools, elementary through high school, have eliminated the physical activity classes which used to be part of the curriculum.

Another part of this problem resides with schools on their responsibility to provide healthy food choices at meal times and

recess. Vending machines should take a complete makeover: fruits, pretzels, yogurt, etc, instead of candy bars, chips and sodas.

Media is not helping to lessen the problem.

Junk food commercials with subliminal messages are being transmitted in our TV, linked to fictional figures and nonexistent heroes, getting our children to get hooked on TV and buy the cereal, candy or candy bar promoting the action figure; they do not want the "adult" cereal. More strict guidelines should be placed on these TV commercials, and instead, encourage our kids to eat healthy and to have a more active lifestyle.

Experts acknowledged that their recommendations were extremely broad and that they would likely take decades to show a benefit in the health of the U.S. population. But they warned that until the changes are made, diseases once limited to adults, such as type 2 diabetes, will continue to grow as childhood illnesses, and obesity's current estimated \$130 billion annual economic burden will also increase.Ω

# Tips for Working Out

by Megan Ross, Editor

Ever wonder if you're eating the right foods while working out? It can be confusing with all the different diets out there.

When working out, your muscles' main source of energy is from glucose, the simplest form of carbohydrate. Your muscle stores the glucose after a meal and then uses it when working out. When the glucose stores run out, your body then begins to burn the stored fat in your body. But without glucose, you begin to burn muscle. This means CARBOHYDRATES ARE NECESSARY TO BURN FAT.

If you find yourself "hitting

the wall" within the first 20 minutes of a workout, try these tips on maintaining glucose levels for a longer workout.

- Eat carbohydrates everyday.
- Drink energy drinks, like Powerade, only when doing long endurance activity (longer than 45 minutes).
- Eat carbohydrates within 1 hour after exercising to re-



plenish muscle glucose stores.

## Keys to Success

*Balance* – Your diet should not over emphasize any one nutrient.

*Variety* – Foods eaten should differ from one day to the next. Even if the foods are nutritious, you may be missing out on other nutrients.

*Moderation* – Too much or not enough of a nutrient can lead to malnutrition. Limits are needed, while total abstinence should be avoided.Ω

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