Healthy Eating When Dining Out

Karen M. Ensle EdD, RD, FADA, CFCS, FCHS Educator, Union County

Eating a diet that is varied and includes lots of fruits, vegetables and whole grains with adequate low-fat dairy products and small amounts of animal protein is the healthy choice. This is true when dining in a restaurant, eating at home or outside the home. Eating meals away from home should not change a healthy eating style or promote eating high fat or high calorie food.

Many people live in households where eating large portions and overeating is considered “OK.” Many individuals do not like to waste food and “clean-their-plate” which can lead to overeating. When people dine out, they are very aware of the amount of money they have paid for the food they ordered—and may eat more than they need to be sure they get their money’s worth. The American Institute of Cancer Research (AICR) found that 7 out of 10 persons said they finished their restaurant meal regardless of the portion size eaten.

Supersized portions seem to be what Americans expect and want. When these overly large serving sizes are coupled with the idea of “cleaning your plate,” the calories consumed can be exorbitant. Persons who overeat will not only continue to gain weight, but also are at risk for different types of diseases such as cancer, type II diabetes, and heart disease to name a few. Individuals who eat out often may be at increased risk for weight gain. To be safe, consumers need to plan ahead when dining out. Here are some suggestions:

Control Your Ordering and Portion Sizes:

• Make sure you ask for a glass of water when you are first seated. Drink the water as you plan what you are going to order for the meal. Skip alcoholic beverages and order seltzer water with a twist of lime or lemon, plain iced tea, or tomato juice instead.

• Ask for bread to be served with the meal or not at all.

• Order a salad for the appetizer and have the dressing put on the side in a separate container. Dip your fork into the dressing before each bite rather than pouring the dressing on top of the salad. Eating a large salad will take away the hunger pangs that lead to eating large amounts of higher calories foods like meat, fish, or poultry.

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Family Meals Matter

Strong families spend time together. One way to spend more time together is family meals. Although most parents think eating dinner with their children is important, the number of families eating together is dropping. Busy lifestyles mean family members are going in all directions. They lose the tradition and benefits of family meals. The benefits of eating dinner together include: better communication, improved diets, and building of family traditions.

Does your family eat dinner together? How often? A survey by Kraft Foods and Yankelovich Partners showed that 7 out of 10 American families eat dinner together at least 5 times a week. In this survey, 3 out of 4 respondents said bonding with family is a top priority at mealtime and 89% said their family traditions are being formed during mealtime. It’s also interesting that more than half of the surveyed families would like to spend more time eating together and feel dinnertime could be a more relaxed experience. Why not make an effort to sit down and eat dinner as a family at least once this week? If dinner is a problem, then make it breakfast or lunch. You will quickly see the benefits of eating together. Soon family meals will be a regular part of your family’s schedule.

A study by the National Center on Addiction and Substance Abuse at Columbia University showed that the battle against teen substance abuse might be won across the dinner table. The results showed that the more often a teen eats dinner with his or her family, the less likely that child is to smoke, drink, or use illegal drugs.

Family meals also can benefit the family’s nutritional status. Children who regularly eat meals with their families tend to have healthier eating habits that can last a lifetime. These children tend to eat more fruits and vegetables and fewer fried foods, sodas, and saturated fats compared with children who do not eat meals with their families. Their diets are also higher in calcium, iron, fiber, and vitamins. Children who do not often eat dinner with their families are more likely to be overweight than those who eat together.

We have only begun to understand the value of family meals. But one thing is for sure ... it’s more important than ever for families to sit down for a meal together. All the research points to the fact that family meals can have a positive effect on the nutritional intake of the family, help develop family traditions, reduce childhood obesity, and increase the character and social development of children. Make family meals a priority in your family!

What can a busy family do?

• Schedule at least one family meal per week or better yet, one per day. The key is to spend time together.
• Turn off the TV, radio, phone and other distractions during mealtime.

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The learn-by-doing approach to classes allows participants to gain practical skills necessary to make positive behavior change.

Youth programs take place in school as curriculum enrichment, after school programs, 4-H EFNEP clubs, day camps, community centers, neighborhood groups, and more.

EFNEP & FSNEP funding comes from the USDA. These programs are part of the outreach of the NJ Agricultural Experiment Station at Rutgers Cook College. For more information, contact your local RCRE office.
Depression: A Treatable Illness

Ellen Cottone, RD
Graduate Assistant,
Family and Community Health Sciences

Everyone feels sad or “blue” once in a while. When these feelings last for long periods and interfere with daily life, the problem may be depression. Symptoms of major depression include:

- Persistent sad or irritable mood
- Loss of enjoyment from things that were once pleasurable
- Loss of energy
- Feelings of guilt, worthlessness, or hopelessness
- Difficulty concentrating and making decisions, memory problems
- Difficulty sleeping or sleeping too much
- Loss of appetite or eating too much
- Thoughts of death or suicide
- Frequent crying spells
- Physical slowing or agitation
- Constant aches and pains that do not respond to treatment (headaches, digestive disorders, chronic pain)

Those who have 5 or more of these symptoms and who have difficulty functioning nearly every day for 2 weeks may have major depression.

About 20 to 25% of people in the U.S. experience depression during their lifetime. Depression can occur at any age and occurs among all racial and ethnic groups. Twice as many women as men report suffering from depression. This may be because depression in men is underreported. Depression in men is more likely to be expressed as anger, irritability, or drug and alcohol abuse, while in women, sadness and withdrawn behavior is more common.

Although depression is a common illness, many people do not understand it. One myth is that someone suffering from depression can just “snap out of it” by using willpower. Depression is often seen as a personality flaw or weakness rather than a treatable condition. Medication is viewed as a “crutch.” Another myth is that depression is caused by poor parenting. Some believe that individuals with depression are “neurotic” or “crazy.” Unfortunately, the shame associated with depression often discourages people from seeking help.

Depression is a highly treatable illness. The type of treatment used depends on the symptoms and the individual’s choice. Many people with moderate to severe depression take prescribed medication like antidepressants. Prescribed medication can be highly effective, but usually takes several weeks to take full effect and some have side effects. Some people use herbal remedies like St. John’s wort. Although St. John’s wort has been promoted as an antidepressant, no carefully designed studies have shown it to be effective. Herbal remedies may also interact with prescribed medication. Tell your health professionals, what medications and supplements you use.

Psychotherapy, or “talk” therapy, is also important. Two forms of highly effective therapy are Cognitive-behavioral therapy (CBT) and Interpersonal therapy (IPT). CBT teaches the person to change negative thoughts that add to depression, which in turn changes the person’s mood. IPT focuses on improving troubled relationships and on adapting to daily life. While psychotherapy alone can be an effective for mild depression, a combination of psychotherapy and medication is the most effective for moderate to severe depression.

Stress management and lifestyle changes are important in the prevention and treatment of depression. Getting enough sleep, exercising regularly, eating nutritious meals, and avoiding life situations that may trigger depression are crucial. Supportive relationships can protect against depression. Stress from over work may trigger depression, so it is important to set limits (work regular hours, eliminate extra projects, take time off). Taking time for enjoyable activities such as social events, hobbies, or spending time with family and friends, and having pets can also be beneficial to mental health.

If you suspect you or someone you know suffers from depression, contact your family doctor, a mental health professional, county mental health department, or local crisis center. Depression is a treatable illness. These websites give information on depression, treatment, and support groups.

American Psychological Association: www.apa.org
American Psychiatric Association: www.psych.org
Depression and Related Affective Disorders Association: www.drada.org
National Alliance for the Mentally Ill: www.nami.org
WebMD: www.webmd.com
Six Simple Steps to Reduce Cancer Risk

Karen Ensle EdD, RD, FADA, CFCS
Family & Community Health Sciences Educator, Union County

Did you know that the small choices you make each day have an important impact on your risk for disease….especially cancer? What we eat, how we prepare it, and whether we exercise and manage our weight, drink alcohol, or smoke are simple decisions we make each day that affect our chances of developing cancer.

Scientists estimate that one-third of all cancers could be prevented by eating a healthy diet, getting regular physical activity, and maintaining a healthy weight. Here are some simple and practical guidelines to help you make more healthful choices to lower your risk for cancer. At the same time, these choices will also lower your risk for a variety of other chronic diseases like heart disease, stroke, high blood pressure, Type 2 diabetes and improve your overall health.

These guidelines come from a research report published by the American Institute for Cancer Research. This report is an analysis of over 4,500 studies on diet and cancer. It is the most comprehensive study ever done in the area of diet, nutrition and cancer. This report provides 6 simple actions to lower your cancer risk.

Eating more fruit, vegetables, and grains will help to lower fat and increase fiber and many other nutrients in the diet. Once or twice a week try something new like an exotic fruit (star fruit or guava), an unusual vegetable like bok choy or acorn squash, or a new grain like bulgur or quinoa. New types of beans such as garbanzos or pinto beans add protein and fiber to any meal. The more variety in the diet, the better! Try cooking a stir-fry meal for a family dinner which includes lots of veggies, beans, tofu, and fish or chicken along with some grains. Make sure you keep canned beans in your pantry which you can use in soups, salads, and main dishes. Try kidney, garbanzo, pinto, or black beans. Once a week prepare a meatless meal. Many dishes such as lasagna, soups, and casseroles can be prepared without meats. Be willing to try new recipes that are low in fat, salt, and sugar and are high in plant-based ingredients. Lots of new food experiences and flavors await you!

Fish Facts

Confused about fish? Recently there have been many stories in the media about the benefits of consuming fish, as well as, environmental problems related to eating certain types of fish. FCHS is part of a Rutgers Cooperative Research and Extension multi-disciplinary team of Extension educators to sort out science-based information on the risks and benefits of eating fish. The results are contained in a special version of the Rutgers Enviro-Notes e-newsletter, which is available at http://www.rce.rutgers.edu/environotes/v01n05_files/v01n05.htm.

This special issue of Rutgers Enviro-Notes was authored by Karen Ensle, FCHS Educator, Union County; Cara Muscio, RCE Marine Agent for Ocean, Monmouth and Atlantic Counties; Gef Flimlin, RCE Marine Agent for Ocean, Monmouth and Atlantic Counties and Bruce Barbour, Environmental Program Leader for RCE.

Diet and Health Guidelines for Cancer Prevention:

1. Choose a diet rich in a variety of plant-based foods like fruit, vegetables and whole grains.
2. Eat plenty of vegetables and fruit.
3. Maintain a healthy weight and be physically active.
4. Drink alcohol only in moderation if at all.
5. Select foods low in fat and salt.
6. Prepare and store food safety.
Are You Resilient?

Barbara O’Neill, Extension Specialist in Financial Resource Management

The word “resilience” has been used frequently since the events of September 11, 2001. Children, families, communities, and the nation as a whole have all been described as resilient, or having the ability to function well despite experiencing highly stressful events. In everyday language, resiliency is the ability to “roll with the punches” and cope with life events, both negative (e.g., health problems) and positive (e.g., birth of a child). Some stressful events, such as unemployment, divorce, widowhood, and disability, affect people individually. Others, such as layoffs, plant closings, and acts of terrorism, affect large groups of people or society as a whole.

Resiliency varies from person to person according to the situation at hand and personal resiliency resources. Two people can experience exactly the same situation but handle it very differently. How easily could you handle a health, financial, or other type of life crisis? Take the quiz below to find out. Answer each question with one of the following four responses:

5 points = Yes,
3 points = Sometimes (sometimes yes and sometimes no), and
1 point = No.

Leave a question blank if it is not applicable to your personal situation. When you’re done, add up your scores for each of the 20 questions below. The summary at the end of the quiz tells how you’re doing.

Financial Resources:

___1. I have an “emergency” fund of at least three months expenses set aside in a liquid account such as passbook savings or a money market mutual fund.

___2. I have a low-interest home equity line of credit (or other low-cost source of funds) established that can be tapped in the event of an emergency.

___3. My monthly consumer debt-to-income ratio (total of monthly consumer debt payments, monthly take-home pay) is less than 15%.

___4. I have a long-term disability insurance policy that will replace at least half of my income if I am unable to work due to accident or illness.

___5. I am covered by a health insurance policy with a high ($1 million or an unlimited amount) per person limit for major medical expenses.

___6. I keep my job skills current through formal education, on-the-job training, and other methods.

___7. I have my investment dollars spread across different asset classes such as stocks, bonds, real estate, and/or cash assets.

___8. I have recommended estate planning documents such as a will, living will, and durable power of attorney (answer “3” if you have some of these documents but not all of them).

___9. I spend less than I earn and regularly make deposits into saving or investment accounts.

___10. I am the beneficiary of a life insurance policy owned by another person (e.g., spouse) and/or I own a life insurance policy that protects my dependents.

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Family Meals Matter

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- Encourage everyone to talk and share at the table. Save discipline for another time.
- Listen to your kids, more than you talk. You’ll be surprised what you learn.
- Involve all family members in meal planning, shopping, food preparation, and clean up. These are also good times for conversation.
- Be a role model for your children.

A copy of the OSUE fact sheet, What the Research Tells Us About Family Meals (FLM-FS-4-03) is the web at http://ohioline.osu.edu/flm03/FS04.pdf

Did You Know?

Children spend too much time watching TV, playing video games, and surfing the web.

In 1999, about 50% of children aged 8-16 watched TV 3-5 hours per day and 43% of high schoolers watched more than 2 hours of TV per day. Too much sitting means fewer calories burned and more risk for weight gain. The American Academy of Pediatrics recommends limiting screen time to no more than 2 hours per day.

Elementary school-aged children should get at least 30 to 60 minutes physical activity every day. More is better.
Did You Know?

Young drivers, age 25 years and younger, cause more than one-half of fall-asleep accidents.

Adolescents need 8.5 to 9.25 hours of sleep each night. Most do not get enough sleep. Daytime sleepiness is common even when they get enough sleep. Also teens’ natural sleep patterns cause them to fall asleep later (11 pm or after) and wake up later. Couple this with lots of homework and activities and early school start times and you get sleepy kids. Other effects of too little sleep include: low grades and poor school performance, negative moods (anger, sadness, depression), and increased use of stimulants, including caffeine and nicotine.

What can teens do? Try to get enough sleep. Go to bed and get up at the same times every day of the week. Do not drive when drowsy. Avoid caffeine, especially at night. Do not smoke.

Parents – talk with your teen about the risks of too little sleep and monitor or limit activities to insure adequate rest and sleep. More information is available at www.sleepfoundation.org.

Are You Resilient?

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___11. I have a tax-deferred retirement savings plan (e.g., 401(k) or 403(b) or IRA) to which I make regular deposits and from which I could borrow or withdraw money if I had to.

Social/Community Resources:

___12. I have at least 5 close friends or family members that I could call to help me in the event of an emergency or a crisis.

___13. I am aware of government and non-profit agencies in my community that could assist me if I was in need.

___14. I have regular physical exams by my doctor and health screening tests at recommended intervals.

Personal Resources:

___15. I am computer and Internet savvy and can easily search for needed information on the Internet.

___16. I would describe myself as a “positive” (optimistic) person and am often heard to say “it could have been a lot worse” when bad things happen.

___17. I would describe myself as an “organized” person who can juggle many tasks and stay on top of everything. My household papers (e.g., health and financial records) are well organized and I can find specific pieces of information easily.

___18. I would describe myself as a “focused” person. When I make up my mind to do something, I somehow figure out a way to get it done.

___19. I would describe myself as being “in good health” with good nutrition, adequate exercise and sleep, and no major health problems. (answer “3” if you can answer yes to some of these things, but not all of them).

___20. I consider myself “literate” with a good ability to read and write and understand basic health and financial terminology.

Scoring for the Personal Resiliency Resources Assessment Quiz is as follows:

0-40 points - You have relatively few resiliency resources to assist you in a time of crisis.

41-60 points - You have taken some steps in the right direction to develop your resiliency resources.

61-80 points - You are doing a good job and are above average in developing and maintaining resiliency resources.

81-100 points - You have many resources to assist you in a time of crisis. Keep up the good work!

Note: Items that you scored with a “1” or “3” are changes that you should consider making to improve your resiliency.

New on the RCRE website:

Controlling Asthma, an online slide show with English or Spanish narration by Joseph T. Ponessa, Ph.D., Extension Specialist, Housing, Indoor Environments and Health.
Healthy Eating While Dining Out

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• At a salad bar, pile on the fresh vegetables, fruit, and beans and go easy on the cheese, olives, croutons, and bacon bits. Also, go easy on the salad dressing and try oil and vinegar or a low-fat dressing instead.

• Remember, 6 ounces of protein food is all we need to eat each day for good health. Two small servings of these foods daily is sufficient to maintain an adequate protein intake from the meat and meat alternate food group. Most Americans eat portions that are 2 to 3 times larger than this recommendation. Keeping portions small is very important to prevent overeating.

• Order a side dish of steamed vegetables without sauces or loaded with butter or margarine to keep the fat calories down.

• Order foods prepared using low-fat methods. That means fried foods are only eaten “once in a blue moon,” NOT every day. Keep cream sauces and cheesy or buttery dishes to a minimum. Choose main dishes and vegetables that are broiled, grilled, roasted, boiled, stewed, or stir-fried. Request that food be cooked in unsaturated oils such as olive, safflower, sunflower, canola, or corn oil rather than using lard, butter, or other saturated fats. This helps to keep your intake of saturated fats and cholesterol lower, which is healthier.

• If the main dish ordered is a large portion, ask for a take-out container and put half the food in the container for a meal the next day. You also could share it with another person. Make sure you refrigerate any leftovers within 2 hours of serving at the restaurant so the food stays fresh and safe.

• When ordering sandwiches, choose on a regular roll, or whole wheat or whole grain bread and use mustard, relish, or salsa to add taste. Put tomatoes, lettuce, and other vegetables on the sandwich to add nutrients and flavor. Keep the sandwich filling to 3 ounces if possible. If meat is piled high, split part of it for a later meal or share with another person.

• Fresh fruit is a good option for dessert. Have high fat, sugar-laden desserts only once in a while and do not eat dessert after every meal. Large portions should be split with others at the table, especially if the selection is high in fat and calories.

Remember that dining out is a pleasurable experience and you are in control of how much you eat. Make the decision to stay in charge of your health by choosing to eat smaller portions and sharing or taking home the extra food. Your weight and your health are at stake.

Check out this new website by The American Diabetes Association for more ideas on healthy dining when eating out http://www.diabetes.org/nutrition-and-recipes/nutrition/eatingoutguide.jsp.

www.rcre.rutgers.edu

Learn about asthma, asthma triggers and their management, what to expect from health care providers, and more.

Low-fat Choices
When Dining Out

**Appetizers**
Tomato juice, soup (not cream based), consommé.
Raw (not marinated) vegetables such as celery or radishes; skip the dip
Fresh fruit
Fresh, steamed seafood

**Eggs**
Poached, boiled

**Salads**
Tossed vegetable, lettuce, sliced tomato, cucumber
Cottage cheese
Salads with low-calorie dressing, lemon juice, or vinegar

**Breads**
Whole-grain rolls or crackers, biscuits, tortillas or breads

**Potatoes and Substitutes**
Baked, boiled, or steamed potatoes
Plain rice or noodles

**Fats**
Diet margarine, low-calorie salad dressing, low-fat sour cream or yogurt

**Vegetables**
Raw, stewed, steamed, boiled

**Meat, Poultry, Fish**
Roasted, baked, broiled, or grilled poultry, fish, or seafood
Lean meats with fat trimmed
Dishes with gravy or sauce on the side.

**Desserts**
Fresh fruit or fruit juice
Fat-free or low-fat yogurt
One scoop of ice cream (work with your doctor or dietitian to fit this into your meal plan)

**Beverages**
Coffee, tea
Low-fat milk
Sugar-free soda

Source – ADA website
Protect Your Family from a Silent Killer

Take steps now to protect your family from the unseen danger of carbon monoxide. Install a carbon monoxide detector in your house, and plan to check its battery every time you check your smoke detector batteries.

Carbon monoxide is odorless and colorless. If it builds up in your home it can cause illness or even death—more than 500 Americans are killed by carbon monoxide poisoning every year. Any heater that burns fuel, such as your furnace, gas water heater, or a portable butane or gas heater, can leak carbon monoxide and should be inspected every year. Also, don’t ever operate a gas or charcoal BBQ indoors. These both produce carbon monoxide (especially charcoal grills) and can be deadly indoors. In addition, you should never burn anything in a stove or fireplace that isn’t vented properly, never heat your house with a gas oven, and never run a generator in an enclosed space (like a basement) or outside a window where the exhaust could blow indoors, even if the power goes out.

Don’t warm your car up in a closed garage. If your garage is attached to your house, close the door to the house even if you open the garage door while you warm up the car. And when it snows, be sure to clear any snow out of your car’s tailpipe—if the pipe is blocked exhaust can back up inside your car.

For more information, call the Centers for Disease Control & Prevention at 1-888-246-2675 or log on to: http://www.cdc.gov/nceh/airpollution/carbonmonoxide/default.htm

Visit our Website!
www.rcre.rutgers.edu