

Ramblin's with Coach Rozy

The Good, The Bad And The Ugly About Fat

BY MARK ROOZEN, M.ED., CSCS,*D, NSCA-CPT, FNCSA

Recently, there has been more and more information about fat. The problem is, some experts make it seem like fat is the worst thing you can put in your body. Other white-coat researchers are spreading the news that fat is fine and important in your diet. We just don't want to have so much of it around our waist line and wonder what we can do to help in the daily grind of eating a little better, feeling a little better and looking good in our clothes.



Mark ROOZEN

Some key points you should know about fat, which all experts agree on:

1. Having a little bit of fat in your diet helps you control your appetite
2. Your body needs it to operate at the right levels
3. Some of the minerals and vitamins you take in need fat to help get into your system to use.

WHICH FAT IS THE GOOD; WHICH IS THE BAD?

In the past, the good, "white hat" fats were thought to come from plant-derived unsaturated fats. These fats were considered the only good and heart-healthy fats to take in. The "black hat," bad fats were thought to be saturated fats which come from meat, dairy and all of the good things we like to eat.

Now the pendulum is swinging back the other direction, and research and experts are saying they are not seeing the links from saturated fats and heart disease like they thought in the past.

Again, one thing that all the experts in both camps agree on is that trans fats — the chemically altered ones found in processed foods and in partially hydrogenated oils will always be bad and ugly for you. So stay away. They increase your risk of heart disease and diabetes.

SO SOME FATS ARE BETTER THAN OTHERS?

While experts are saying that saturated fats might not be all that bad, the thought process is that unsaturated fats are still better to have in your diet. The reason? Saturated fats may not be bad for your health, but unsaturated fats are good in that those that come from vegetable oils, nuts or fish really push to improve health. It's been found that when you replace unsaturated fats for saturated fats in your diet, they see improvement in cholesterol levels and can even improve insulin sensitivity and lower diabetes risk.

SO WHY AM I FAT?

If having fats in your diet doesn't make you fat, what does?

What we see is that refined grains, sugars and high levels of starches in the diet are the culprits in unhealthy diets. When the big craze was low-fat or no-fat diets, many food producers pushed in more refined carbs for taste. When these refined carbs hit our lips, we see the results in our hips, waist line and other places where we store fat. These foods spike the blood sugar and insulin levels which makes fat loss slow and harder to see. Fats actually help you feel fuller, where refined sugars and starches don't.

GREAT! I CAN EAT ALL THE FAT I WANT

Every trend and new fad has another side of the coin — and things to keep in mind. Remember that fat is calories dense.

What does that mean? One gram of carbs and protein has 4 calories where 1 gram of fat has 9 calories, over twice as much. So, if you add more fat into your diet, you need to drop some carbs and/or protein to maintain your caloric intake. You can't just take in more calories and expect to maintain your weight.

A good standard is to get about 20-30 percent of your calories from fat. Of those calories, get the fat from fish and plant sources, at least two-thirds. The other one-third can come from animal sources, or saturated fats. You can get fats from vegetable oils, fish, yogurt and nuts. Once in a while, get in those eggs, butter, poultry and red meat. Work to stay away from the refined grains, starches and sugary foods and drinks, and drop them from your diet.

MyPlate Curriculum Can Help Teach Kids About Healthy Eating

BROOKINGS — SDSU Extension and the S.D. Department of Education Team Nutrition Program are cooperating to provide an interactive curriculum to teach South Dakota's Kindergarten through fourth-grade students about the five food groups which make up the USDA's Choose MyPlate food guide.

"We're also using this opportunity to explain how the foods from each group are produced," said Karlys Wells, SDSU Extension Family Nutrition Program/Team Nutrition.

Developed by SDSU Extension with Team Nutrition funds, Wells explains that the Farmers Grow MyPlate Curriculum provides school and outside of school time programs with an interactive and unique opportunity to teach students how to eat a healthy, balanced diet while exploring the steps of how those foods are produced.

"For example, in the vegetable lesson, children learn about vegetable sub-groups and how to properly read the nutrition label facts located on frozen and canned vegetable packages. But this lesson also provides children with an opportunity to help prepare 'Cowboy Salad,' a salsa-like salad that contains a variety of different colorful and nutritious vegetables that the children will get to chop and prepare themselves

with the help of a supervisor," Wells said.

A grant from USDA's Team Nutrition, through the S.D. Department of Education Child & Adult Nutrition Services, funded the development and supported the materials needed for implementation of the Farmers Grow MyPlate Curriculum.

Those qualifying agencies who wish to implement the Farmers Grow MyPlate Curriculum can apply for a \$600 sub-grant from South Dakota Team Nutrition.

"The sub-grant will pay for field trip transportation, food for lessons and staff time beyond the normal work day," Wells said.

The program also provides print copies of the curriculum, all appropriate visuals, and a toolkit of supplies for food preparation and crafts.

Applications can be completed now for the implementation period, beginning Jan. 1, 2016 through Aug. 30, 2016 and will be accepted until all available funds are committed.

The application and details can be found on following website: <http://doe.sd.gov/cans/teamnutrition.aspx>.

For more information about the Farmers Grow MyPlate Curriculum or how to apply for a sub grant, contact Wells at karlys.wells@sdstate.edu.

Oz And Roizen

Insurers' Prime Directive; Coping With Dental Fear

BY MICHAEL ROIZEN, M.D., AND MEHMET OZ, M.D.
King Features Syndicate, Inc.

In "Star Trek," the Prime Directive may work well to protect less-advanced societies from contamination by the hyper-tech world of Starfleet.

But in this world, you need a Prime Directive that encourages health insurers who are lagging behind in their support of modern medicine to get with it.

According to the American Society for Metabolic and Bariatric Surgery, only 23 states cover bariatric surgery under the Affordable Care Act, and among the 27 others, it's hit or miss if private insurers do. Seems some insurers aren't up on a study from the University of Pittsburgh and others showing that three years after bariatric surgery, over half of folks — those who were previously obese and had a hard time getting around — had no mobility deficits!

That's sidestepping a lot of hip and knee replacements and a lot of expenses. The cost for each of the 719,000 knee replacements done in America annually ranges from \$16,000 to \$61,000. Bariatric procedures: \$15,000 to \$35,000. And the savings for patients and insurers don't stop there: Post-bariatric surgery, patients dodge diabetes, heart disease, memory loss, many cancers and general pain.

Clearly it makes sense to provide weight-loss surgery to those who need it! And if you're overweight, it always makes sense to take steps (10,000 a day) to upgrade your diet (keep trans and saturated fats, added sugars and syrups, and processed grains off your plate). Every pound you lose takes four pounds of pressure off your aching joints and tired muscles.

OVERCOMING DENTAL FEAR

In the 1996 horror film "The Dentist," Corbin Bernsen played horrifying (of course!) oral surgeon Dr. Alan Firestone. That role did more to fuel dental phobia than even 1976's "Marathon Man." Remember Sir Laurence Olivier asking Dustin Hoffman, "Is it safe yet?" These days, 24 percent of adults have dental fear and 4 percent have an outright dental phobia; those feelings of apprehension and anxiety aren't at all entertaining.

If that's you, you probably avoid going to the dentist even annually, and that puts you at increased risk for cavities and gum (periodontal) disease. Periodontal disease is associated with everything from chronic bad breath to Type 2 diabetes and cardiovascular problems.

But a new study out of King's College London found that after five weeks of cognitive behavioral therapy, 79 percent of dentist-fearing folks were able to have normal dental procedures (cleaning, getting a filling) without being sedated.

The effect is not long-lasting for everyone, however, because many folks with dental fears also have high levels of general anxiety (27 percent in this study) and depression (12 percent). For those folks, treatment with extended therapy (and possibly medication) is required to keep their smile good looking.



OZ AND ROIZEN

Dr. Mehmet Oz and Dr. Michael Roizen

So if you can't remember the last time you had your teeth cleaned, go to sharecare.com for extensive info on CBT and the website for the Association for Behavioral and Cognitive Therapies (www.abct.org) to find a practitioner near you. That will put a smile on your face, and make your Real-Age younger.

ARE YOU AT RISK FOR DVT?

The movie "The 33" details the lives of 33 Chilean miners who were exploring a vein of copper deep in the earth when a cave-in trapped them in the narrow shaft. If you want to understand what deep vein thrombosis is, the comparison is a pretty good one. For miners, the deeper they dig, the tougher it is to get them out if something bad happens. For those with a blood clot (thrombus), if it's lodged in a deep vein of your leg, the more potentially life-threatening the situation becomes. The clot can travel from those deep veins back to your heart and lodge in your lungs, where it causes sudden death about 25 percent of the time.

Five years ago, the National Institutes of Health estimated DVT affected 300,000 to 600,000 folks in the U.S. annually. Today the Centers for Disease Control and Prevention believes the number could be as high as 900,000.

The biggest risk factors for DVT include a previous blood clot (take blood thinner, if prescribed), and two 82 mg aspirins daily if your doc agrees), obesity (lose weight by banishing added sugars and syrups, processed foods, trans and sat fats), immobility (stand up frequently and walk as much as possible) and surgery (that's why you wear calf massagers post-op).

The most obvious symptoms of DVT are swelling and reddish-purple discoloration in a lower extremity. If a clot is suspected, screening can be done using ultrasound, venography and MRI. If a doctor finds a DVT, treatment is typically anticoagulation therapy. And great news: All 33 miners survived.

HOW OVERWEIGHT DADS MAKE OVERWEIGHT KIDS

In 2014-15, "Hangover" star Zach Galifianakis shed 50-60 pounds to star in "Birdman," and social media lit up with negative buzz: "The jolly fat man lost his jolly," was one retweeted sentiment. But he's on the right track — for his own health and happiness, and that of any kids he may have.

Turns out it isn't just overweight moms who put their children at risk for health problems. Fat dads' sperm carry messages that signal their offspring

to pack on pounds, too. Seems Dad's extra fat triggers epigenetic switches in his RNA and DNA that control brain development, function and appetite! Those epigenetic changes are passed down through sperm to your offspring.

But dads and future dads, there's good news! You don't have to pass along the health debits that come from being overweight (sexual dysfunction, heart disease, dementia, diabetes). According to a recent study in Cell Metabolism, losing weight through bariatric surgery flips those gene switches back to healthy-weight messages. (Losing weight through upgraded lifestyle habits works too, and everyone should adopt them!)

So if you're thinking about becoming a dad, cut out processed foods, foods with added sugars and syrups, all trans and most sat fats and any grain that isn't 100 percent whole; get a pedometer and head for 10,000 steps a day; sleep 7-8 hours nightly; de-stress with daily mindful meditation. And if you're addicted to illicit drugs, tobacco or alcohol, which affect sperm quality too, get help and celebrate your recovery. Now, eat fruitfully and multiply.

OVERCOMING SOCIAL JET LAG

If your weekend mantra is "party hearty," but on weekdays you're strictly nine-to-five, you're a candidate for Social Jet Lag. And that doesn't mean you're one step behind on your Facebook posts or retweets.

Social Jet Lag happens when there's a habitual discrepancy between your workweek sleep cycle and your weekend habit of going to bed later and sleeping in. Whether you're a morning or a night person, that combo disrupts your internal body clock (circadian rhythm) and throws your hormones out of whack, creating a metabolic mess that ups your risk for a cascade of health issues.

Looking at folks ages 30-54, researchers found that even weekenders with just a little shift in sleep-awake times had lower levels of good HDL cholesterol, higher levels of triglycerides, were more often insulin-resistant and obese! And the German researcher who coined the term Social Jet Lag in 2006 found that only 10 percent of people without SJL smoked, but 60 percent of folks with a four-hour shift from their natural circadian rhythm did.

So if you're struggling to lower your LDL cholesterol, control your blood pressure, quit smoking or lose weight, ask yourself if SJL could be making it harder. Try to keep your weekend bedtime within 30-45 minutes of your weeknight schedule. Make sure you get 7-8 hours of sleep every night. It'll be worth it. You'll have more energy on both weekdays and weekends and live a longer, healthier life.

Mehmet Oz, M.D. is host of "The Dr. Oz Show," and Mike Roizen, M.D. is Chief Wellness Officer and Chair of Wellness Institute at Cleveland Clinic. To live your healthiest, tune into "The Dr. Oz Show" or visit www.sharecare.com.

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2016 Dates For Affordable Care Act Open Enrollment Have Changed

BROOKINGS — The Open Enrollment Period to enroll in a Qualified Health Plan in the Marketplace began Nov. 1, 2015. The enrollment period ends Jan. 31, 2016.

"These dates are significantly different from the previous open enrollment," said Carrie Johnson, Assistant Professor & SDSU Extension Family Resource Management Specialist. Johnson reminds South Dakotans that if they have an employer-sponsored health plan and it is "affordable" (not greater than 9.5 percent of your household income), then they are eligible to purchase a plan in the Marketplace, but not eligible for any premium tax credits.

ENROLLMENT DEADLINE

Those who do not enroll by Jan. 31 will not be able to purchase a plan through the

Marketplace until the next year's enrollment period - unless they are eligible for a Special Enrollment Period.

The following life events may qualify you for the Special Enrollment Period:

- Marriage or divorce
- Having a baby, adopting a child, or placing a child for adoption or foster care
- Moving your residence, gaining citizenship, leaving incarceration
- Losing other health coverage due to losing job-based coverage, the end of an individual policy plan year in 2015, COBRA expiration, aging off a parent's plan, losing eligibility for Medicaid or CHIP, and similar circumstances (voluntarily ending coverage does not qualify)
- For people already enrolled in Marketplace coverage: Having a change in income or household status

that affects eligibility for premium tax credits or cost-sharing reductions

• Gaining status as member of a federally recognized tribe or shareholder in an Alaska Native Claims Settlement Act (ANCSA) Corporation (members of federally recognized Indian tribes can enroll in or change plans once a month throughout the year

CONTINUING YOUR COVERAGE

Those who enrolled during the 2015 period, their coverage will end Dec. 31, 2015. "To continue coverage in 2016, you can renew your current health plan or choose a new one," Johnson said. "If you had a plan in 2015, your insurance company may automatically enroll you for 2016 but they will need to notify you of this."

Johnson reminds South Dakotans that if they do not have health insurance during 2016, they may have to pay a fee of 2.5 percent of their income OR \$695 per adult and \$347.50 per child; whichever is higher.

IMPORTANT DATES FOR 2016 OPEN ENROLLMENT

- Between Nov. 1 and Dec. 15: your coverage starts Jan. 1, 2016
- After Dec. 15 before Jan. 15: your coverage starts Feb. 1, 2016
- After Jan. 15: your coverage starts March 1, 2016

For more information regarding the Affordable Care Act and how it may affect you, visit healthcare.gov. To find South Dakota specific information and to local assistance, visit Get Covered South Dakota, <http://www.getcoveredsouthdakota.org/>.

Diabetes Support Group To Meet

The next Yankton Area Diabetes Support meeting will be Jan. 11, 2016, at 1-2 p.m. on the Avera Sacred Heart Campus, Pavilion, conference room 2.

Danette Wortman MS, RD will present "The Nutritional Link between Diabetes and Heart Disease."

Everyone is welcome. A snack is provided.

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