Special Announcement

The Florida Board of Governors has approved a Doctorate in Clinical Nutrition. The program is now pending approval by the Southern Association of Colleges and Schools Commission on Colleges.

Stay tuned to NutriNews for exciting developments from the Department of Nutrition and Dietetics.
The Paleo Diet tends to have a polarizing effect upon the mere mention of its name. As one of the hottest alternative eating trends, there is a plethora of information available to anybody with even a passing interest. A quick search for ‘paleo diet’ at the Amazon Kindle store will turn up over 2,800 books while a Google search will display over 14,000,000 results! One could spend innumerable hours digging through pages to learn about the intricacies of the diet.

The Concept

The Paleo Diet is in part based on an evolutionary idea called the discordance hypothesis, which states that the swift departure from the eating patterns of our ancestors is contributing to the increased incidence of chronic disease in modern civilization. While human civilization has changed dramatically over the past 10,000 years, the genetic code has not adjusted appropriately; Ten-thousand years is barely a tick on the clock of time and many say that such an incongruity has contributed to the increase in incidence of modern health problems.

Enter: the Paleo Diet

To proponents of the Paleo Diet, the solution for the problem presented in the discordance hypothesis is to follow a dietary pattern that is closer to what our hunter-gatherer ancestors ate. According to the official Paleo Diet website, this includes grass-fed meats, seafood, fresh fruits and vegetables, eggs, nuts and seeds, and ‘healthful’ oils such as olive, coconut, and avocado. It can be said that the Paleo Diet is fundamentally defined by what you can’t eat, which includes legumes, cereal grains, potatoes, refined sugar and oils, dairy, salt, and processed food products. Interestingly, it is easy to find processed products that are endorsed by the diet such as bars, fruit drinks, wraps, waffles, and a coconut flake cereal.

Following the Paleo Diet means total immersion and considering every food choice that is put into one’s body. One might find themselves constantly asking, “is it Paleo?”

Research

There is a growing body of academic research on the health benefits of eating a Paleolithic-style diet. Articles have been published by journals such as The American Journal of Clinical Nutrition, The European Journal of Clinical Nutrition, and the British Journal of Nutrition. Research found in these publications has shown that a Paleolithic-style eating pattern can favorably impact blood markers correlated with cardiovascular disease and diabetes mellitus, two modern life-
style-related conditions. Additionally, the effects of such a diet on other chronic conditions continues to be investigated\textsuperscript{5-6}.

**Controversy**

Despite potential health benefits of such an eating pattern, the popular Paleo Diet has garnered some controversy.

In 2012 Christina Warinner, Ph.D. and director of the Laboratories of Molecular Anthropology and Microbiome Research at the University of Oklahoma, delivered a TED Talk regarding the evolution of the human diet. In it she explains how virtually every species of plant and animal that a Paleolithic person would have consumed is significantly different from its modern counterpart. She underscores the fact that it is almost impossible to eat the foods that a true hunter-gatherer would have had in their environment. Furthermore, almost every species of plant and animal consumed today has been altered through artificial selection. Even the most grass-fed of beef and organic of bananas does not resemble anything that the almost-mythological Paleolithic man would have eaten.

Another point of contention has to do with the assumption that the modern genetic pool remains largely identical to humans that lived in the Old Stone Age. In a 2013 review by Turner and Thompson it is argued that the aforementioned assumption perpetuates these three ideas\textsuperscript{7}:

“that 1) the diet of the evolutionary past, or the environment of evolutionary adaptation, was more or less universal, 2) the microevolutionary changes of the past 12 millennia were not sufficiently significant or adaptive to outweigh traits originating in the Paleolithic era, and 3) human dietary behavior is determined primarily through instinctual and/or genetic mechanisms.”

The article, published in Nutrition Review, then goes on to explain why those ideas are ‘problematic’. Overall, it is argued that such a simplistic view of the discordance hypothesis has led to a one-dimensional and universal idea of how our ancestors ate that is not necessarily accurate. Going forward into the future, they maintain that it will be important to understand the progression of human dietary patterns in all of their complexity.

One reason that people become interested in the Paleo Diet is as a means to lose weight and there are certainly plenty of testimonials floating around the internet to lure them in. The Paleo Diet focuses on a turn away from highly processed foods and towards eating a less refined diet. It also stresses the importance of physical activity. Many processed foods contain less macro- and micro-nutrients than their unprocessed counterparts and it is known that a diet saturated with highly processed foods can increase the risk of chronic disease. One might wonder whether or not the weight loss and disease resolution achieved with the Paleo Diet is intrinsic to the diet itself or due to cutting out highly refined foods and increasing physical activity.

Note: There is much diversity within the community of people who follow hunter-gatherer type eating and lifestyle patterns and not everybody shares the views of the Paleo Diet profiled herein, which sought to provide a general idea.

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Ms. Shank is the Didactic Program in Dietetics (DPD) Director and a faculty instructor of University of North Florida’s Nutrition and Dietetics Program. As DPD director at UNF, an active member of First Coast Academy of Nutrition and Dietetics, and a current board member of the Florida Dietetic and Nutrition Practice Council, Ms. Shank is well respected and admired by her peers. In addition, Ms. Shank’s unwavering dedication to her dietetics students, including those who are considering joining the program, those currently in the program, and those who have already graduated makes her one of the most beloved faculty members in the department by peers and students alike.

By Tammy Baranowski

**TB:** What first drew you to the field of dietetics?

**JS:** Well, I was a sophomore studying at Palm Beach Junior College, not quite sure what I wanted to do. I had a thought I might go in to fashion design, but many of those jobs required relocating to New York and I wasn’t so sure about moving that far away from my family. I enrolled in a basic nutrition course and really fell in love with it. My teacher was a recent grad from Florida State’s M.S. Nutrition program, and she was very enthusiastic about the profession. I learned all about FSU’s undergraduate program and transferred there as a junior. After graduating with the B.S. degree I didn’t pursue my RD credential right away however. I moved to a small town, Marianna, and worked for almost three years as a public health nutrition educator based at the local health department.

**TB:** What led you to pursue an advanced degree and your RD credential?

**JS:** I knew I wanted an advanced degree and started researching programs. It just so happened that the Chair of the Nutrition Department at FSU was recruiting five graduate students to participate in a large pediatric nutrition study. I received one of the spots. Back then, the appropriate time to introduce cow’s milk into an infant’s diet was not known, and it was a common practice to start as early as six months, which we now know is not recommended. So our study compared infants six to twelve months old who were fed formula versus cow’s milk. We collected all types of data and measured the nutrient profile of their blood. My specific area covered the nutrients vitamin E and selenium, which I would measure on the chromatography machine that the chemistry department was kind enough to allow me to use. It was interesting work and the research hours partially counted toward my internship requirements, since the rules were a little less rigid then. So, after finishing a master’s degree in nutrition at FSU, I earned the RD credential and immediately landed a job in food management at a large psychiatric hospital. I worked there for about three years and then moved to St. Augustine.

**TB:** Once you moved to St. Augustine, you started your own consulting business, is that right? Tell me what that was like.

**JS:** Yes, I did. My business is Southeast Nutrition Consultants, Incorporated. I was based locally in St. Augustine but I would also travel as far as Jacksonville, Ocala, and Daytona for consulting jobs. I didn’t mind traveling because usually dietitians are compensated more when they have to travel. In the beginning I consulted for facilities such as nursing homes on a part time basis. However, I began to build up a specialty in developmental disabilities, and I worked with several intermediate care facilities with mentally and physically disabled populations. In my private practice I focused on health and wellness. I really loved working with people who were already fairly healthy, and just wanted to optimize their health through nutrition. I also saw clients for help with type 2 diabetes, weight loss, and eating disorders. Later, I became really interested in integrative and functional nutrition, and that continues to be a passion of mine.

**TB:** Could you tell me a little about integrative and functional nutrition?

**JS:** Integrative and functional nutrition (IFN) is the term the Academy has embraced for the practice group. I’ve been a member since its inception. Dietitians who utilize integrative and functional nutrition look closely at the biochemistry of a client, including the systems and pathways that are in place and how there might be deficiencies. So, we’re looking at nutrition through the lens of all those biochemical pathways and it’s really fascinating that we can support people through food and its various nutrients and phytochemicals, plus specific supplements if warranted. There are many laboratories that now provide functional nutrition tests to help guide treatment decisions. Also, with IFN a lot of emphasis is placed on the importance of a healthy gut, and I concur with that 100%.
TB: Do you have any advice for aspiring entrepreneurial dietitians on the topic of advertising or growing a new dietetics business?
JS: For starters, I was careful with how I introduced myself to a CEO or facility administrator. You don’t want to come across as trying to steal another RD’s account. About a month before I moved to St. Augustine I sent out my resume with a short cover letter to many different facilities. I ended up getting two new contracts just from that because these two places needed an RD. But a few other administrators called me just to see how much I charged. Steer clear of that situation. You negotiate your fee after you’ve been offered the job. Also, when you’re a consultant you have to regularly ask for a raise. Don’t count on someone to offer it. A few other tips: Do your very best work at all times to build an excellent portfolio. Don’t burn any bridges, even if you want to drop an account. I would also mention that many contracts change hands at the national level, so if you lose an account don’t get discouraged. And one last thing, learn everything you can about insurance reimbursement for your services.

TB: So what brought you to UNF?
JS: It was just by chance, really. I responded to an email that Dr. Christie sent out about needing an adjunct instructor for HUN2201. I was hired and taught for several years as an adjunct instructor. I think teaching is such a natural fit for dietitians because we’re already trained as educators in our individual work. At that time we were a part of the Department of Public Health. I had the opportunity to revamp the food lab classes and I became really immersed in it. That led me to even more teaching, so I began to cut back on my private practice. Finally, a full time position, which did not require a Ph.D., opened up, and I applied for and got the job. While I would have been happy to be in private practice for the rest of my life, I had to go with what felt right, and I’m so happy I chose the career path I did. I really like it here.

TB: How have things changed in the department since you became Director?
JS: Well, after we became the Department of Nutrition and Dietetics we gained flagship status, which was very exciting. I give lots of credit to Dr. Christie and Dr. Rodriguez for doing so much of the work to build our department up. And of course with Dean Chally’s support as well. From there, we took a close look at the DPD course work and made a curriculum overhaul. So far our outcome data is good.

TB: Where do you see the future of our department heading?
JS: One thing for sure is that things are always changing here at the university just as they are in our profession. We’re looking at some changes down the pike in our educational model so it is less cumbersome to get the RD credential. In addition, the master’s level will eventually be considered entry level for those who want the RD credential, so we need to know what kinds of careers are out there for those students who just want the bachelor’s degree in nutrition. We’re trying to be proactive as this all unfolds so our students can be as prepared and informed as possible. Besides those changes, we are always looking at the courses we offer. For example we know that students would like to be able to choose a few electives in their program, such as a sports nutrition class. So we’re trying to figure out if we can make that happen.

TB: Can you comment on the rapid growth of dietetics as a career choice and of the growing number of students who apply to the program?
JS: I really like how popular our program is. However, it presents a challenge since we’re held accountable for outcome data pertaining to the number of students who apply for the dietetic match, actually get matched, and then gain employment as a RD. For that reason, many programs around the country are going to a more selective admission at the undergraduate level and we are looking very closely at that.

TB: Do you consider yourself a “foodie”, and if so, would you rather cook at home or eat out?
JS: I am absolutely a foodie and I love both cooking at home and eating out, especially at St. Augustine restaurants. As far as cooking, I tend to be drawn to challenging dishes with lots of ingredients. I don’t mind taking the time to make a great dish. When it comes to food, I just focus on enjoying the food, rather than the fat content or calorie count. If I feel like having the most decadent dessert on the menu, then that’s what I’ll have.

TB: If you could be paid to do any job in the world other than being a dietitian, what would it be?
JS: I would love to get paid to travel the world and to sample all the different local cuisines and maybe even cook with the local cooks. There are so many places I would love to explore, such as Southeast Asia, Australia, and South America. That would just be heaven.

TB: I know you also do some work with the Florida licensure law for dietitians. Can you tell me more about that?
JS: Yes, I’m a member of the Florida Dietetic and Nutrition Practice Council, which is officially under the Florida Board of Medicine. There are four practitioners and one public member on the council, and this is totally separate from the Academy, as it is specifically for state licensure. I’ve been doing it for several years and even had the opportunity to serve as chair. Our role on the council is a public service duty to protect all of the citizens of Florida by way of overseeing the current licensure law. We do have a pretty strong licensure law but it is outdated as it’s been in place for over 25 years. There are actually new bills in the Florida House and Senate right now aiming to update the current law.
Calling all Juniors!

Opportunities within DND

Research

Become a research assistant with Dr. Alireza Jihan-mihan! Opportunities include experience in both animal and clinical research. If interested, contact Diana Maier at N00866129@ospreys.unf.edu

Become a club officer!

The Nutrition Journal Club is seeking students to fill officer positions for the 2015-2016 school year. E-Mail N00677260@unf.edu for more information.

Write for NutriNews.

The Department of Nutrition and Dietetics’ very own newsletter is looking for contributing authors for the 2015-2016 school year. E-Mail N00677260@unf.edu for more information.

Research Updates

From Dr. Jahan-Mihan’s Studies

By Shawna Jenkins

As the semester’s end quickly approaches, the research conducted here at UNF continues to thrive! Dr. Alireza Jahan-mihan and his team are currently studying 48 male offspring from 24 Wistar rats, exploring the effects of maternal diet on offspring. Another experiment is being conducted simultaneously studying the effects of an obesogenic diet followed by the implementation of a protein diet and exercise regimen, under the instruction of four students: Valeria Palamidy, Diana Maier, Shawna Jenkins, and Lindsay Pappas. What an amazing opportunity for students to lead a research project during their undergraduate studies!
The UNF Department of Nutrition & Dietetics and School of Nursing invite you to attend the

Spring 2015 Conference & Recognition

Friday, April 10th, 9-1 PM
UNF University Center, Board of Trustees Room 1058

Program will include:

“Rule of the Road to Communicating Science and Being a Polished Communicator”

“The Role of the Gut Microflora on Disease Risk”

“Inspiring a Healthier America”

Up to 3 CEUs will be provided by the Commission on Dietetic Registration, and up to 3 CEUs will be available by the FL Board of Nursing!

RSVP Required by April 2nd to k.legros@unf.edu

Please also mention if interested in attending the luncheon from 12-1 PM
Judd Mahaney graduated from UNF’s Nutrition and Dietetics program in the spring of 2012. He works as a Food and Nutrition Patient Services Supervisor with Sodexo at the Mayo Clinic. In the future he plans of pursuing a Master’s degree in Health Administration.

By Dennis Yarizadeh

What he does with Sodexo.

He works as a Food and Nutrition Patient Services Supervisor, both in the patient population and in the kitchen. Within the kitchen he monitors the therapeutic diets, menu planning, and also works closely with chef. At Mayo Clinic there is a high transplant population with severe salt restriction so all entrées have to have less than 300mg of salt which is challenging but, according to him, it’s also a lot of fun and he enjoys the challenge. Other duties include to making sure patients are satisfied with food, scheduling employees, and working with new Mayo Clinics to extend their menus. He works about 40—50 hours a week!

How long he has worked with Sodexo...

He started with Sodexo at St. Vincent’s in 2011, which was called St. Luke’s at the time. He worked from 5:30 AM – 2:00 PM and then went to school until 9:00 PM!

What was your favorite memory of UNF?

What was my favorite memory from UNF? The food labs. They were a lot of fun. You get these really fun recipes and you get to meet everyone. I remember my first semester I transferred from a community college and I didn’t really know anyone. I remember all the guys in the program (there were three at the time) teaming up on one group and we got to make black bean burgers and other recipes. It was a lot of fun.

What lessons did you learn through the DND program at UNF?

One of the things that really helped out were the group projects. There’s really no solo work done in the real world and when you’re in your job. The program does a great job of teaching you how to work in a group and forcing you to learn how, even if you don’t like to work in groups.

One piece of advice for graduating seniors?

Don’t limit yourself to just the classroom. Get out and meet people who are working in dietetics in the field and the community because you’re going to find out that a lot of stuff in the nutrition field is based on evidence based practice. Basically it’s the difference between the textbook and what the hospital is actually doing and the hospital is covering what they think or what they found has worked. So as a graduating senior or junior it’s good to get out and meet these people who are working and they can show you how it goes in the hospital as opposed to what’s in the classroom. If you don’t get an internship, don’t worry. There are jobs out there that require a degree in Nutrition, but don’t require the RD credential. Look, work hard, keep an open mind and be positive.
Moroccan-Spiced Baby Carrots

**Ingredients**
- 2 Tablespoons EVOO
- 12 oz peeled baby carrots
- 1 lemon, cut into 8 wedges
- 1 tsp ground cumin
- 1/2 tsp ground cinnamon
- 1/4 tsp kosher salt
- 1/4 tsp ground red pepper
- 1 tbsb chopped fresh cilantro leaves

**Directions**
1. Preheat oven to 450°.
2. Combine first 3 ingredients in a medium bowl; sprinkle with cumin, cinnamon, salt, and pepper, tossing to coat carrots. Arrange carrot mixture in a single layer on a jelly-roll pan. Bake at 450° for 13 minutes, turning once. Sprinkle with cilantro.
Don’t forget to renew your student membership!

It’s that time of year again. Academy membership ends at the end of the month (May 31st) and the deadline to renew is June 1st. If you are one of the 20,000 student members of the Academy, please remember to renew your membership ($50). We are the future of dietetics!

As a reminder the student membership category is for pre-professionals enrolled in an approved dietetics education program. This category has a six-year limit and is available to anyone who is a student currently enrolled in an ACEND-accredited dietetics program or a current Active member returning to school on a full-time basis for a baccalaureate or advanced degree.

Highlighted below are some student membership benefits:

**Vote:** Student members have the right to vote in national or affiliate elections and are eligible to hold appointed positions at the national and affiliate levels.

**Get involved:** As a student member you can serve as a Student Liaison for your school, contribute articles to the Student Scoop, or be a member of the Student Advisory Committee. All three of these are great opportunities to gain experience, develop leadership and communication skills, and network with other student members and dietetic professionals. As the student liaison for your school, you will be responsible for student recruitment and retention and you will maintain communication with your student representative from the Student Advisory Committee. Members of the Student Advisory committee represent the entire student body nationally and help drive the profession forward.

**Financial Aid:** The Academy offers many scholarships and educational stipends available only to student members.

**Career Development:** EatRight Careers is a valuable resource where you can post your resume, find job openings, and get job notifications. You will also have access to the career toolbox which is loaded with a variety of resources aimed at helping you find your dream job or internship.

**Mentoring Opportunities:** The Academy has an eMentoring program for its members which offers the opportunity to find a mentee or mentor based on experience, location, and practice area.

**Student Community:** Student members throughout the country can connect and network with each other through the student community. This is the place to get and share ideas with like-minded individuals. Occasionally, dietetic practice groups (DPGs) will host discussion forums as well on the student community.

**Career Starter Dues Program:** As a student member you will have the benefit of a gradual increase in dues when you transition from a Student Member to an Active Member. Your Academy dues will incrementally increase over a five year period, as opposed to an instant increase to Active member dues for those who were not a student member initially.

For additional information on student membership please visit [http://www.eatrightpro.org/resources/membership/student-member-center](http://www.eatrightpro.org/resources/membership/student-member-center)
April is an exciting month for the UNF Student Nutrition and Dietetic Association! SNDA will be hosting a table at UNF’s Relay for Life on Saturday April 11th at the Coxwell Ampitheater in order to raise money for the American Cancer Society. Remember to register at http://www.relayforlife.org by logging in or creating an account, clicking "Get Involved," then "Find a Team," and selecting "UNF SNDA." There is a $10 registration cost, which goes toward our $500 donation goal. If you would like to volunteer for this event, please contact me, Devyn Chadwell, at n00920679@unf.edu. Make sure to come out to Relay for Life to show your support for ACS, UNF, and SNDA! If you are unable to attend, you can still show your support by donating using the above instructions.

We will also be welcoming in the officers of the next school year and giving them the opportunity to host our next SNDA meeting, which will be held on April 16th; this will be the last spring meeting, so make sure to come by and welcome our new officers!

Introducing the SNDA officers of the 2015/2016 school year...

President: Andrea Schuck
Vice President: Tonya Vo
Secretary: Camelia Thompson
Treasurer: Margaret Cruz
Publicity Chair: Brad Berghof Jr.
Volunteer Chair: Heather Estep

Congratulations to you all, and thank you to everyone who participated! Keep an eye out for more opportunities to get involved with SNDA, and remember that you are always welcome to contact me if you have any questions.
TB: **What was your path to becoming a dietitian?**

JV: I was diagnosed with Type I Diabetes as a child, which drew me to the healthcare field. I completed my nutrition degree in the Coordinated Undergraduate Program, or CUP, at Syracuse University. The internship was tied to the undergraduate experience all together, so as soon as I graduated, I was eligible to take the RD exam. I’ve been in the field for 20 years now, so using the CUP Program meant I didn’t have to go through a matching process like students do today.

TB: **What has your experience been as a dietitian?**

JV: After getting the RD credential, I worked as a clinical dietitian in hospitals in New York and Florida for about six years. I left hospital work to take my current full time position with the City of Jacksonville in 2000 as their community dietitian. It began just with nutrition counseling and menu planning for our senior and community centers. Then that branched out later to a lot of other activities such as exercise classes, group nutrition education, and healthy cooking demonstrations. This is all funded through the City of Jacksonville and through federal grants like the Older Americans Act. We have 19 facilities around the city, which I travel around to from day to day.

TB: **What made you want to get your MBA and do you think it has helped you?**

JV: Well, I wanted to diversify my knowledge base and the City offered a great opportunity for obtaining advanced degree reimbursement that I wanted to take advantage of. I felt like getting my MBA at University of North Florida would open up some doors for me professionally. The fact that the MBA was offered after hours also really helped me since I was working full time. My degree serves me well in my current position as I budget meal funding and management services. The marketing and management skills I learned have definitely served me well. It will also really help me moving forward wherever I go.
TB: I’ve never met a dietitian who is also a stand-up comedian. Could you tell me how you came to do comedy?

JV: It’s not really a job, per se, but more of a hobby. I was leading continuing education programs, and I wanted improve my teaching and presentation skills so my programs would be more entertaining and engaging. I took this workshop on the basics of stand-up comedy to in fact, help me perform better as an educator and to improve the quality of the classes I teach: To make them more memorable, without making them silly. The teachers that people remember the most are usually the ones that are the most entertaining. Also, there is just so much to make fun of in health and fitness, whether it is Dr. Oz or just some of the fads that are out there, so comedy is an easy extension from what I do as a health professional. By cracking a few jokes in my classes, the seniors I work with in the community get to laugh a little and we all know the health benefits of laughter such as lower blood pressure and improved pain management. I found that I enjoyed it so much, that I tried out at the Comedy Zone in Jacksonville and did well enough that now I go perform with their group of local comedians about once a month. I joke about health and wellness as part of my material but of course I cover all sorts of topics.

TB: You’ve been a preceptor for dietetic interns for some time as well. Tell me what that has been like.

JV: I’ve been a preceptor with UNF for 15 years and have also been a preceptor for Mayo Clinic and Pasco County interns in the past. When I was working with the Jags, and now with the Sharks, it makes for a great opportunity for the interns to get involved with a professional sports team. I like to steer the interns’ experience toward what they like because I do so many different things. It can be cooking demonstrations, diabetes education, writing, sports nutrition, employee wellness, or whatever. And of course working with the interns is a good way for me to stay young as a person!

TB: What does the future look like for you?

JV: Well, I’m working on getting my Certified Diabetes Educator (CDE) credential and I am hoping it opens up some additional doors up for me. I would like to finish my career either working in corporate wellness or diabetes education. I’m currently working on developing curriculum and tools for improving diabetes education.

TB: If you could get paid to do any job in the world, what would it be?

JV: Well I love telling jokes, so of course I would love to be a professional headlining comedian. But you know, the job market for a comedian is kind of like the job market for a unicorn hunter; there’s not a lot out there. So instead, maybe I could run one of those pet resorts where you drop your pets off and they get pampered. That would be cool.
Maternal Vitamin D Intake and Its Association with Childhood Asthma

By Tara Kessinger B.S., MPH

Asthma is one of the most common chronic disorders in children, and the third leading cause of hospitalization among children under the age of 12. Current asthma prevalence in children under 18 ranges from 6.4% in Nevada to 13.9% in the District of Columbia. Additionally, the number of people diagnosed with asthma has grown by 4.3 million from 2001 to 2009 with the highest rate increase seen among black children. Although health professionals are still not sure why asthma rates are rising, some researchers suspect there may be a link between maternal nutrient intake, specifically vitamin D, and the incidence of asthma in children.

Vitamin D is known to have a number of immunological effects; hence, there has been intense interest in its role in the development of asthma. The association between maternal vitamin D intake during pregnancy and the risk of childhood asthma has been assessed in several cohort studies with inconsistent results. Recent cohort studies within the United States and Scotland reported results that suggested a higher maternal intake of vitamin D being linked to a reduced frequency of wheezing in early childhood; however, in a smaller British cohort study, higher maternal concentrations of vitamin D in the peripheral circulation during late pregnancy were associated with higher frequencies of asthma in children by the age of nine. Yet, in Finland, lower vitamin D intakes and shortened exposure to sunlight resulted in a higher prevalence of asthma among children.

To address these uncertainties within the literature, researchers involved in The Avon Longitudinal Study of Parents and Children (ALSPAC), a prospective population based study, sought to determine whether maternal 25 (OH)D concentrations during pregnancy were positively or negatively associated with respiratory outcomes in the offspring of 13,678 singleton pregnancies. Vitamin D blood assays were taken primarily from the final trimester of pregnancy in 52% of the participants. Offspring serum 25(OH)D concentrations were assessed from samples obtained at a mean age of 9.8 years of age. Results showed that the majority of mothers had sufficient levels of 25(OH)D and only a small proportion were deficient. Those mothers who had lower levels of 25 (OH)D were obese or underweight, were exposed to tobacco smoke, and were of non-white ethnicity. Higher levels of 25 (OH)D were seen in mothers who were older, were home owners, had a higher level of education, and lower levels of alcohol intake during pregnancy. Despite maternal levels of 25(OH)D, researchers from this study suggest that maternal 25(OH)
is not associated with any asthma outcomes. Additionally statistical analysis and examination also revealed no evidence to support a relationship between maternal 25(OH)D concentration and childhood wheeze, atopy, eczema, hayfever, IgE or pulmonary function, and no suggestion that either high or low concentrations of maternal 25(OH)D were association with an increased risk of these outcomes.

A number of factors between the cohort studies may explain some of the discrepancies seen in the suggested results. First, in the Finland cohort study, researchers reported that maternal vitamin D intake during pregnancy was inversely associated with asthma in 5 year old children; however, results suggested that vitamin D supplements alone were not associated with any of the outcomes. Maternal vitamin D intake from foods during pregnancy was suggested to have a higher influence on the risk of asthma development in offspring. The source of vitamin D within the Finnish study came primarily from cold water fish. Cold water fish are also a source of dietary omega 3 fatty acids, vitamin E, vitamin A, zinc, and selenium. Additionally, the mothers selected within the study were slightly older, more educated, and reported eating a variety of fruits and vegetables. Although researchers within this study performed a separate analysis in which energy adjusted fruit and vegetable intake and intake of vitamin C, E, selenium and zinc were taken into account, one cannot completely discount the role of the nutrient dense food intake that may have contributed to the decreased risk of asthma in 5 year old offspring.

Secondly, researchers in the ALSPAC study examined only a single sample of 25(OH)D levels in 52% of the mothers within the last trimester of pregnancy. Researchers involved in the Vitamin D Antenatal Asthma Reduction Trial (VDAART) suggest that 25(OH)D levels should be tested throughout the pregnancy, multiple times, and in cord blood not maternal blood. VDAART researchers also suggest that intervention supplemental dosages should ideally begin prior to fertilization, as lung development begins as early as the end of 4 weeks post-fertilization, and progresses throughout childhood. Perhaps, according to VDAART researchers, later onset of supplementation, seen in the Finnish study, during pregnancy may miss the critical time period of vitamin D exposure and the development of asthma. To be clear, however, researchers are still unsure of what the gestational critical time period of exposure and risk of asthma in offspring is.

Lastly, as lung development continues after birth, the possibility exists that vitamin D supplementation may be the most effective in both pregnant and lactating mothers who choose to breastfeed their infants. Currently, AAP and the Endocrine Society recommend 400IU/day vitamin D supplementation during infancy irrespective of type of feeding; yet, studies have shown that postnatal vitamin D supplementation improved infant vitamin D status but only partly eliminated differences in bone variables induced by vitamin D deficiencies during pregnancy. Could the same be true for lung development and the risk of asthma of offspring of vitamin D deficient mothers?

Caution must be exercised in increasing the dosage of vitamin D supplementation in infants. Data from a large birth cohort study in Finland showed an association between high dosages (> 2000IU/day) of vitamin D supplementation during infancy and an increased risk of atopy, asthma, and allergic rhinitis later in the child’s life; yet, 400UI per day of vitamin D is sufficient only for infants who were born with normal vitamin D levels. Determination of vitamin D sufficient levels is essential for the identification of an appropriate dose for supplementation of mothers and their infants.

As part of a solution to the dilemma between vitamin D deficiency in pregnancy, and over supplementation of infants who are vitamin D deficient at birth, several researchers have suggested that the AAP consider recommending a high dose maternal intake of vitamin D during pregnancy and lactation as a way for safe vitamin D supplementation of neonates and neonates who are exclusively breast fed infants. However, until there are further investigations, current studies cannot conclusively suggest that maternal vitamin D deficiency or supplementation leads to an increased risk of asthma in offspring. Covariables such as socioeconomic status, access to sunlight, education levels, environmental pollutants, food intake, and maternal compliance will always be potential confounders in the association of maternal concentrations of vitamin D with lung function outcomes in offspring.

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Hot Topics and Current Trends: Get Your Gardening On

By Ashley Trey-Roush

The want to purchase fresh and local grown produce at reasonable prices is growing so rapidly we have begun taking matters into our own hands. We are growing fruits and vegetables right in our own back yards (or even front), on the porches, and yes, even in apartments. This new craze is called urban gardening or urban farming. By consumers now becoming the ‘farmers’ this makes our food as “local” as possible. By growing what we need near where we live, we decrease the “food miles” associated with long-distance transportation. We are also get the freshest produce money can buy. We all are aware that the longer produce is left out and/or the further it has to travel to get to a kitchen the more nutrients are lost. So, by cutting out the “food miles,” we are able to provide ourselves and our families with the most nutrient dense fruits and vegetables available.

It’s very hip these days to grown your own food. So hip and trendy in fact, that it’s becoming a movement. There are some benefits for putting on those gloves and letting your green thumb shine.

Improve your family’s health (and YOURS!).

Like we already discussed, when they’re growing in your backyard, you won’t be able to resist them, and their vitamin content will be at their highest levels as you bite into them straight from the garden. Several studies have also shown us how children are more likely to eat more servings of fruits and vegetables if they helped grow them.

Save $money$ on groceries. No BRAINER! As my grandpa always said, “I got more time than I do money.” Use your time to save grocery money! A packet of seeds can cost less than a dollar. What do you have to loose?!

Reduce your environmental impact. Backyard gardening helps the planet in many ways mainly by reducing the amount of fossil fuels and the resulting pollution that comes from the transport of fresh produces from all over the world to your supermarket.

Get outdoor exercise. Planting, weeding, watering, and even harvesting add purposeful physical activity to your day. Gardening has also be reported to help de-stress or unwind after a long day. It aids in relaxation and mind health.

Enjoy better-tasting food. Comparing the flavor of a homegrown tomato with the taste of a store-bought one is like comparing apples to
wallpaper paste.

Stop worrying about food safety. With all the recalls that we see from spinach, cantaloupes and tomatoes, plus more - how could you not want a peace of mind knowing that you and your family are eating safe food. When you responsibly grow your own food, you don’t have to worry about contamination that may occur at the farm, manufacturing plant, or during the transportation process.

Reduce food waste. Research shows us American’s throw away about $600 worth of food each year. That’s a lot of money and a lot of wasted food. When it’s “yours” you will be less likely to take it for granted and more likely to eat or preserve it before it goes to waste.

The benefits of urban gardening listed above probably just struck your interest and now you are rushing to Pinterest to find fabulous ideas for raised beds (Remember how I told you a couple of issues ago about the 1,192 ways you can reuse an old pallet - gardening ideas are many of those ways.) and tips on what to grow based on where you live. That’s great. It really is. But, as nutrition professionals and aspiring nutrition professionals lets think outside of the box. Whenever I hear of something new I think…"How can I use this information to help others?" I assume most, if not all of us think the same way. After all, we are in the health field and helping and aiding others is what we all strive to do.

So, we know that those living in the city can build roof-top gardens and patio gardens. And suburban-ers can build raised beds in their front and back yards, as well as plant some fruit trees. But, what about those who live in a food desert? A food desert is defined by the US Department of Agriculture as a residential area with a high level of poverty and where at least one-third of its residents live more than a mile from a grocery store.

In these areas or neighborhoods, convenience stores and fast food restaurants (sometimes) thrive. These places provide “food” but not sustenance. Many times the options that are available in these stores and restaurants can lead to obesity, high blood pressure and other incidence of diseases. Residents living in food deserts are more likely to suffer from obesity, diabetes, cardiovascular disease, and other diet-related conditions, while simultaneously being more likely to be food insecure. It’s been reported and stated by numerous government agencies that the consequences of food deserts could be enormous for public health, the economy, national security and more.

The obvious answer to food deserts would seem to be to open more supermarkets in these areas. However, to solve this complicated problem it will take much more than that. High incidence of poverty is one element of a food desert. This lack of economic vitality deters private-sector investment, again making it a fertile space for convenience stores and gas station selling foods products with a high profit margin.

So, if we can’t just go in and place Publix on every corner, just what can we do? Using urban gardening to help those in food deserts is getting a lot of praise. Placing community gardens in areas where food is scarce is beneficial for not only the health of the neighborhood, but the community as a whole. New research is being done on how urban gardens in a city’s poorest neighborhood not only provides the residents with healthy food but it’s a reclamation of sorts, like taking ownership of their community and their daily lives. By teaching these residents how to garden and provide them with the tools and knowledge to do so, they can then sustain and provide for their fellow neighbor. Together the community can work to provide each other with the best fruits and vegetables that could NEVER have imagined.

Using our education and resources to reach into these communities and show the residents how they can help themselves, and one another, with nutritious foods is most rewarding. Sharing our knowledge can change one community at a time.
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For an application and further information, contact the course faculty leader:

DR. CATHERINE CHRISTIE
Email: c.christie@unf.edu
Tel: 904-620-1202
Building 39, Room 3031
Department of Nutrition & Dietetics

This 16 day program is an analysis of how social, psychological, historical and cultural factors impact food, nutrition, and society in Umbria and Tuscany, Italy. Students will gain an understanding of the Italian food system and how the Mediterranean diet affects societal health. Emphasis will be given to understanding how food related social factors impact nutrition and dietetic practice. Class structure will include lectures, discussions and experiential learning excursions in Italy where students will visit the producers of olive oil, wine, fruits and vegetables, bread, sausage, prosciutto, and pecorino cheese. Students will also participate in cooking demonstrations with Italian cooks and learn to prepare dishes from Classic Umbrian cuisine, learn about the nutritional benefits of the Mediterranean diet and differences in the food culture which influence health.
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Student Mentored Academic Research Team (SMART) Grants

Grants for students who want to do research:

SMART Grant Applications are accepted twice a year during the fall and spring terms.

The next deadline is the third Friday in October for the fall term.

Applications must be received online by 5:00 PM on the date they are due.

http://www.unf.edu/our/SMART_Grants.aspx
2015 Florida Academy of Nutrition & Dietetics Annual Symposium—“Florida FNCE”

Early Bird Registration & Preliminary Program now available
http://www.eatrightflorida.org/index.php/meetings/florida-fnce

Registration deadline May 31st.

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Nutrition Journal Club

It’s the end of the 2014—2015 school year!
NJC invites YOU to join us in celebration.
There will be food and fun as we send off the school year...

April 15th 2015 @ 3:00 PM in Building 3, Room 1371
Participate in an Exercise Study and get Free Pizza

Must be a healthy adult male or female who is:
- 19-25 years old
- Used to aerobic exercise
- Any weight, but otherwise healthy without known cardiovascular, pulmonary, or Metabolic disease (like diabetes), or musculoskeletal problems that limit your ability to exercise

The study will be conducted in the Exercise Physiology Lab in the Brooks College of Health (Bldg 39, room 4062).

Participants Will:
- Have their maximal exercise capacity, body composition, fasting plasma glucose, and total cholesterol tested
- Undergo 3 exercise sessions (on a stationary bike) lasting ~30 minutes
- Provide a few drops of blood via “finger prick”
- Total time for each session will be 4.5 hours/session (total: 13.5 hours)
- There will be no monetary compensation but each participant will be provided all the pizza they want to eat after each exercise session

Call or email Dr. Jahan-mihan at: (904) 620-5359; alireza.jahan-mihan@unf.edu if you are interested.
Maternal Vitamin D Intake and Its Association with Childhood Asthma


What Would a Caveman Eat?


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