National Health Observances

October 2016

National Council on Patient Information and Education

Eye Injury Prevention Month

Halloween Safety Month

Healthy Lung Month

Let's Talk Month

National Breast Cancer Awareness Month

National Celiac Disease Awareness Month

National Chiropractic Month

National Dental Hygiene Month

National Disability Employment Awareness Month

National Domestic Violence Awareness Month

National Down Syndrome Awareness Month

National Medical Librarians Month

National Physical Therapy Month

National Spina Bifida Awareness Month

Sudden Infant Death Syndrome Awareness Month
American Red Cross Halloween Safety Tips:

These “lucky 13” safety tips are for parents to share with their trick-or-treaters to prevent injuries at Halloween.

- Plan your route and share it with your family. If possible, have an adult go with you.
- Wear light-colored or reflective-type clothing so you are more visible. (And remember to put reflective tape on bikes, skateboards and brooms, too!)
- Use face paint rather than masks or things that will cover your eyes.
- Cross the street only at corners.
- Look both ways before crossing the street to check for cars, trucks and low-flying brooms.
- Don’t hide or cross the street between parked cars.
- Walk, slither and sneak on sidewalks; not in the street.
- Carry a flashlight to light your way.
- Only visit homes that have the porch light on.
- Use a light stick instead of a wick! Candles used in pumpkins are a fire hazard. (Also, keep in mind that costumes can be extremely flammable.)
- Accept your treats at the door and never go into a stranger’s house.
- Be cautious of strangers and animals.
- Have a grown-up inspect your treats before eating. And don’t eat candy if the package is already opened. Small, hard pieces of candy are a choking hazard for young children.

American Red Cross
There are millions of people in the United States who are cancer survivors. Many say that they felt they had lots of support during their treatment, but once it ended, it was hard to make a transition to a new way of life. It was like entering a whole new world where they had to adjust to new feelings, new problems and different ways of looking at the world.

THE NEW NORMAL

The end of cancer treatment is often a time to rejoice. Most likely you’re relieved to be finished with the demands of treatment. You may be ready to put the experience behind you and have life return to the way it used to be. Yet at the same time, you may feel sad and worried. It can take time to recover. And it’s very common to be thinking about whether the cancer will come back and what happens now. Often this time is called adjusting to a “new normal.” You will have many different feelings during this time.

One of the hardest things after treatment is not knowing what happens next. Those who have gone through cancer treatment describe the first few months as a time of change. It’s not so much “getting back to normal” as it is finding out what’s normal for you now. People often say that life has new meaning or that they look at things differently.

YOUR NEW NORMAL MAY INCLUDE:

- New or different sources of support
- Permanent scars on your body
- Not be able to do some things you used to do more easily
- Emotional scars from going through so much

You may see yourself in a different way, or find that others think of you differently now. Whatever your new normal may be, give yourself time to adapt to the changes. Take it one day at a time.

COPING WITH FEAR OF RECURRENCE

It’s normal to worry that your cancer will come back. Almost all cancer survivors have this fear, so
you are not alone. It’s common for people to feel a lack of control over their lives or have trouble trusting their bodies. Every ache or pain brings up the fear that the cancer is back. Some tips on how to cope with this are:

- **Be informed.** Understand what you can do for your health now, and find out about the services available to you. Doing this can give you a greater sense of control. Some studies even suggest that people who are well-informed about their cancer are more likely to recover more quickly than those who are not.

- **Be open and talk to your health care team about your fears.** They can assure you that they’re looking out for you and help you feel less worried.

- **Express your feelings of fear, anger, or sadness.** People have found that when they express strong feelings like anger or sadness, they’re more able to let go of them.

- **Look for the positive.** Sometimes this means looking for the good even in a bad time or trying to be hopeful instead of thinking the worst. Try to use your energy to focus on wellness and what you can do now to stay as healthy as possible.

- **Find ways to help yourself relax.** Relaxation exercises have been proven to help others and may help you relax when you feel worried.

- **Be as active as you can.** Getting out of the house can help you focus on other things besides cancer and the worries it brings.

- **Focus on what you can control.** Being involved in your health care, keeping your appointments, and making changes in your lifestyle are some of the things you can control. Even setting a daily schedule can help. And while no one can control every thought, some say that they try not to dwell on the fearful ones.

For some it can be hard to let go of the fear and lack of trust your body. If your fears of recurrence seem overwhelming, talk to a counselor. He or she may be able to help you reduce your anxiety and calm your fears.
Being Good to Your Breasts

11 Steps that May Decrease Your Cancer Risk

1. **Maintain a healthy body weight throughout your life.**
   - Being overweight/obese increases the risk of post-menopausal breast cancer.
   - Additionally, gaining weight in adulthood, regardless of actual body weight, can increase the risk of breast cancer.

2. **Minimize or avoid alcohol.**
   - Alcohol use is the most well established, dietary risk factor for breast cancer.
   - Many studies have shown increasing alcohol intake from one to two drinks a day increases the risk of breast cancer by 25-30%!
   - There is a direct dose-response relationship. Binge drinking (5 or more drinks in one period of time) is especially risky.
   - Taking 400 mcg of folic acid (as found in a multivitamin) daily has been shown to mitigate this risk.

3. **Consume as many fruits and veggies as possible. Aim for 7 or more servings (about 4 cups) a day.**
   - The superstar vegetables for breast cancer protection – all cruciferous (broccoli, cabbage, brussel sprouts, cauliflower, and watercress), dark leafy greens (collards, kale, spinach), carrots, red/orange bell peppers, sweet potatoes, and tomatoes.
   - Note: it is best to eat cruciferous vegetables raw or lightly cooked, as some of the phytochemicals believed to offer protection against breast cancer are destroyed by heat.
   - The superstar fruits for breast cancer protection – all citrus, all berries, cherries, red grapes.

4. **Exercise regularly the rest of your life.**
   - Many studies have shown that regular exercise provides significant protection against breast cancer. (Regular exercise can reduce blood insulin levels and body fat, both associated with increased breast cancer risk.)
   - Strive for 30 minutes or more of moderate aerobic activity (brisk walking) 5 or more days a week. Consistency and duration, not intensity, are key!
5. Do your fats right! The type of fat in your diet may affect your breast cancer risk.
   • Minimize consumption of saturated fats (fatty cuts of red meat, whole dairy products, butter).
   • Strictly avoid trans fats (stick margarine, shortening, processed food containing hydrogenated or partially hydrogenated oils).
   • Maximize your intake of omega 3 fats (oily fish, canola oil, soy beans, flaxseed, omega 3 fortified eggs, walnuts, and dark leafy greens).
   • Consume the monounsaturated fats (canola oil, extra virgin olive oil, avocados, and nuts/seeds) as your main fats. Extra virgin olive oil may be especially breast healthy.

6. Do your carbs right!
   • Minimize the highly processed, high glycemic carbs, A.K.A. the “Great White Hazards” – white flour products, white rice, white potatoes, and sugar.
   • These carbs trigger hormonal changes that may promote cellular growth in breast tissues.
   • Replace the “Great White Hazards” with 100% whole grain products and beans. These high fiber, nutrient dense carbs provide protection from many different forms of cancer. Beans are especially beneficial for breast health.

7. Enjoy whole soy foods regularly – strive for several servings a week.
   • Tofu, tempeh, soy milk, roasted soy nuts, edamame and miso.
   • Whole soy foods contain phytoestrogens (isoflavones) that are felt to protect breast tissue from the carcinogenic effects of excessive biologic estrogens.

8. Minimize exposure to prescription estrogens and progestins, especially in combination.
   • Do not take prescription estrogens unless medically indicated.
   • Lifetime exposure to estrogen plays a fundamental role in the development of breast cancer.

9. Minimize exposure to xenoestrogens (estrogen-like environmental contaminants).
   • These include environmental pollutants, such as pesticides and industrial chemicals like dioxins.
• Buy organic produce if your budget permits; otherwise, thoroughly wash all non-organic produce and minimize exposure from non-organic dairy products, meats and poultry.
• Do not freeze water in plastic containers or heat foods in the microwave in plastic containers or with plastic wraps like Saran (dioxins can enter water/foods in this manner).

10. Be sure to get adequate vitamin D and folate (folic acid).
• Both play a critical role in breast cancer protection and deficiencies are common place.
• Dark leafy greens, beans, lentils, cruciferous veggies (see above) oranges, asparagus and avocados are excellent sources of folate.
• The best source of vitamin D is natural sunlight exposure. As little as 5-10 minutes of sun exposure 2-3 times per week without sunscreen is adequate in latitudes below Atlanta, GA. Oily fish and vitamin D fortified foods (dairy products, cereals, and orange juice) can also contribute.

11. Make every effort to breastfeed your children.
• The evidence is convincing that this will decrease your breast cancer risk!

Be Proactive!
• Give yourself a monthly self-breast examination
• Get a yearly breast examination by a healthcare professional.
• Have a mammogram yearly over the age of 40 or as directed by your physician.

Dr. Ann offers a user-friendly, detailed Healthy Breasts Grocery List that makes healthy shopping a snap!
A LOOK AT COLORECTAL CANCER & PREVENTION

Colorectal cancer is a disease in which malignant (cancer) cells form in the tissues of the colon or the rectum.

The colon and the rectum are parts of the large intestine, which is the lower part of the body’s digestive system. During digestion, food moves through the stomach and small intestine into the colon. The colon absorbs water and nutrients from the food and stores waste matter (stool). Stool moves from the colon into the rectum before it leaves the body. Most colorectal cancers are adenocarcinomas (cancers that begin in cells that make and release mucus and other fluids). Colorectal cancer often begins as a growth called a polyp, which may form on the inner wall of the colon or rectum. Some polyps become cancer over time. Finding and removing polyps can prevent colorectal cancer.

What is prevention?

Colorectal cancer is the third most common type of cancer in men and women in the United States. Deaths from colorectal cancer have decreased with the use of colonoscopies and fecal occult blood tests, which check for blood in the stool.

Cancer prevention is action taken to lower the chance of getting cancer. By preventing cancer, the number of new cases of cancer in a group or population is lowered. Hopefully, this will lower the number of deaths caused by cancer.

To prevent new cancers from starting, scientists look at risk factors and protective factors. Anything that increases your chance of developing cancer is called a cancer risk factor; anything that decreases your chance of developing cancer is called a cancer protective factor.

Some risk factors for cancer can be avoided, but many cannot. For example, both smoking and inheriting certain genes are risk factors for some types of cancer, but only smoking can be avoided. Regular exercise and a healthy diet may be protective factors for some types of cancer. Avoiding risk factors and increasing protective factors may lower your risk, but it does not mean that you will not get cancer.
The following risk factors increase the risk of colorectal cancer:

**AGE** | The risk of colorectal cancer increases after age 50. Most cases of colorectal cancer are diagnosed after age 50.

**FAMILY HISTORY OF COLONRECTAL CANCER** | Having a parent, brother, sister, or child with colorectal cancer doubles a person's risk of colorectal cancer.

**PERSONAL HISTORY** | Having a personal history of the following condition increases the risk of colorectal cancer:
- Previous colorectal cancer.
- High-risk adenomas (colorectal polyps that are 1 centimeter or larger in size).

- Ovarian cancer
- Inflammatory bowel disease.

**ALCOHOL** | Drinking 3 or more alcoholic beverages per day increases the risk of colorectal cancer.

**CIGARETTE SMOKING** | Cigarette smoking is linked to an increased risk of colorectal cancer and death from colorectal cancer. Smoking cigarettes is also linked to the increased risk of forming colorectal adenomas. Cigarette smokers who have had surgery to remove colorectal adenomas are at an increased risk for the adenomas to come back.

**OBESITY** | Obesity is linked to an increased risk of colorectal cancer and death from colorectal cancer.

The following protective factors decrease the risk of colorectal cancer:

**PHYSICAL ACTIVITY** | A lifestyle that includes regular physical activity is linked to a decreased risk of colorectal cancer.

**ASPIRIN** | Taking aspirin every day for at least 5 years decreases the risk of colorectal cancer and the risk of death from colorectal cancer. In a study of women, taking aspirin every other day for 10 years decreased the risk of colorectal cancer.

The effect of the following factors on the risk of colorectal cancer is not known:

- Nonsteroidal anti-inflammatory drugs (NSAIDs) other than aspirin
- Diet
- Vitamins
- Calcium

Taking medicine to reduce cholesterol levels does not affect the risk of colorectal cancer.

Cancer prevention clinical trials are used to study ways to prevent cancer.

New ways to prevent colorectal cancer are being studied in clinical trials.
How Do I Understand the “Nutrition Facts” Label?

Most foods in the grocery store have a nutrition facts label and list of ingredients. When you go grocery shopping, take the time to read the nutrition facts labels on the foods you purchase. Compare nutrients and calories in one food to those in another. The information may surprise you. Make sure you aren’t buying foods high in calories, saturated and trans fats, sodium and added sugars!

What information is in the nutrition facts label?

The “Nutrition Facts” label contains this information:

- **Serving Size** — This is how much of the food is considered a “serving”. A package may contain multiple servings. If you eat more or less than the serving size listed, you need to adjust the amount of nutrients and calories you are eating.

- **Calories** — This tells you how much energy is in the food. It is helpful to know if you’re cutting calories to lose weight or want to manage your weight.

- **Total Fat** — This is the amount of fat found in one serving of the food. It includes the amount of “bad fats” (saturated and trans fats) and “better fats” (monounsaturated and polyunsaturated fats). Fat is higher in calories than protein or carbohydrates. So, cutting back on your fat intake will help you reduce the amount of calories you eat.

- **Saturated Fat** — Eating too much of these “bad fats” can raise your cholesterol and your risk of heart disease and stroke. Limit your saturated fat intake to less than 5 to 6 percent of your total calories. For a person who needs 2,000 calories a day, this is about 11 to 13 grams of saturated fat.

- **Trans Fat** — These fats are also considered “bad fats” because they can raise LDL cholesterol and your risk of heart disease. Choose foods with “0” grams of trans fat and read the ingredients list to avoid foods made with “hydrogenated oils”. Everyone can benefit by limiting trans fats.

- **Cholesterol** — The FDA’s Dietary Guidelines for Americans recommend eating less than 300 mg of cholesterol a day to maintain normal cholesterol levels. They also recommend consuming less than 200 mg per day if you are at high risk for (or have) heart disease.

- **Sodium** — Watch for both naturally-occurring and added sodium in food products. Salt is sodium chloride. Most people should take in less than 1,500 mg of sodium each day. That’s equal to a little more than ½ tsp. of salt.

(continued)
• **Total Carbohydrates** — A carbohydrate is a type of sugar. Carbohydrates in food are digested and converted into glucose, or sugar, to provide the cells of the body with energy. Choose carbohydrate-based foods with high amounts of nutrients. These include vegetables, fruits and whole-grain, breads, cereals and pasta.

• **Dietary Fiber** — Dietary fiber describes several materials that make up the parts of plants your body can’t digest. As part of a healthy diet, soluble fiber can help decrease your risk of heart disease and some types of cancer. Whole grains and fruits and vegetables include dietary fiber. Most refined (processed) grains contain little fiber.

• **Sugars** — The amount listed includes both sugars that occur naturally in foods, such as fruit and milk, and sugars that are added to foods, such as soft drinks and other sweetened foods and beverages. There are lots of different names for “added sugars” such as sucrose, fructose, glucose, maltose, dextrose, high-fructose corn syrup, corn syrup, concentrated fruit juice, and honey. Look at the ingredients list and make sure that there aren’t a lot of “added sugars” listed in the ingredients.

• **Protein** — This is one of the components in food that provide us with energy. Animal protein contains saturated fat. Choose fish and skinless poultry and limit your intake of red meat. Use low-fat dairy products. Try other sources of protein such as beans, nuts, seeds, tofu and other soy-based products.

• **Vitamins and Minerals** — Vitamins and minerals are important parts of your diet. Eating a variety of foods will help you reach your daily goal of 100 percent of vitamin A, vitamin C, calcium and iron.

• **Daily Value** — The standard daily values are guides for people who eat 2,000 calories each day. If you eat more or less than that, your daily value may be higher or lower.
LISTEN UP!

PREVENTING & TREATING NOISE-INDUCED HEARING LOSS

Every day, we experience sound in our environment, such as the sounds from television and radio, household appliances, and traffic. Normally, these sounds are at safe levels that don’t damage our hearing. But sounds can be harmful when they are too loud, even for a brief time, or when they are both loud and long-lasting. These sounds can damage sensitive structures in the inner ear and cause noise-induced hearing loss (NIHL).

NIHL can be immediate or it can take a long time to be noticeable. It can be temporary or permanent, and it can affect one ear or both ears. Even if you can’t tell that you are damaging your hearing, you could have trouble hearing in the future, such as not being able to understand other people when they talk, especially on the phone or in a noisy room. Regardless of how it might affect you, one thing is certain: noise-induced hearing loss is something you can prevent.

WHO IS AFFECTED BY NIHL?

Exposure to harmful noise can happen at any age. People of all ages, including children, teens, young adults, and older people, can develop NIHL. Approximately 15 percent of Americans between the ages of 20 and 69—or 26 million Americans—have hearing loss that may have been caused by exposure to noise at work or in leisure activities.

WHAT CAUSES NIHL?

NIHL can be caused by a one-time exposure to an intense “impulse” sound, such as an explosion, or by continuous exposure to loud sounds over an extended period of time, such as noise generated in a woodworking shop.

Recreational activities that can put you at risk for NIHL include target shooting and hunting, snowmobile riding, listening to MP3 players at high volume through earbuds or headphones, playing in a band, and attending loud concerts. Harmful noises at home may come from sources including lawnmowers, leaf blowers, and woodworking tools.

Sound is measured in units called decibels. Sounds of less than 75 decibels, even after long exposure, are unlikely to cause hearing loss. However, long or repeated exposure to sounds at or above 85 decibels can cause hearing loss. The louder the sound, the shorter the amount of time it takes for NIHL to happen.
Here are the average decibel ratings of some familiar sounds:

✔ The humming of a refrigerator, 45 decibels
✔ Normal conversation, 60 decibels
✔ Noise from heavy city traffic, 85 decibels
✔ Motorcycles, 95 decibels
✔ An MP3 player at maximum volume, 105 decibels
✔ Sirens, 120 decibels
✔ Firecrackers and firearms, 150 decibels

Your distance from the source of the sound and the length of time you are exposed to the sound are also important factors in protecting your hearing. A good rule of thumb is to avoid noises that are too loud, too close, or last too long.

**WHAT ARE THE EFFECTS AND SIGNS OF NIHL?**

When you are exposed to loud noise over a long period of time, you may slowly start to lose your hearing. Because the damage from noise exposure is usually gradual, you might not notice it, or you might ignore the signs of hearing loss until they become more pronounced. Over time, sounds may become distorted or muffled, and you might find it difficult to understand other people when they talk or have to turn up the volume on the television. The damage from NIHL, combined with aging, can lead to hearing loss severe enough that you need hearing aids to magnify the sounds around you to help you hear, communicate, and participate more fully in daily activities.

**CAN NIHL BE PREVENTED?**

NIHL is the only type of hearing loss that is completely preventable. If you understand the hazards of noise and how to practice good hearing health, you can protect your hearing for life. Here’s how:

✔ Know which noises can cause damage (those at or above 85 decibels).
✔ Wear earplugs or other protective devices when involved in a loud activity (activity-specific earplugs and earmuffs are available at hardware and sporting goods stores).
✔ If you can’t reduce the noise or protect yourself from it, move away from it.
✔ Be alert to hazardous noises in the environment.
✔ Protect the ears of children who are too young to protect their own.
✔ Make family, friends, and colleagues aware of the hazards of noise.
✔ Have your hearing tested if you think you might have hearing loss.
If you have lower back pain, you are not alone. About 80 percent of adults experience low back pain at some point in their lifetimes. It is the most common cause of job-related disability and a leading contributor to missed work days.

Men and women are equally affected by low back pain, which can range in intensity from a dull, constant ache to a sudden, sharp sensation that leaves the person incapacitated. Pain can begin abruptly as a result of an accident or by lifting something heavy, or it can develop over time due to age-related changes of the spine. Sedentary lifestyles also can set the stage for low back pain, especially when a weekday routine of getting too little exercise is punctuated by strenuous weekend workout.

Most low back pain is acute, or short term, and lasts a few days to a few weeks. It tends to resolve on its own with self-care and there is no residual loss of function. The majority of acute low back pain is mechanical in nature, meaning that there is a disruption in the way the components of the back (the spine, muscle, intervertebral discs, and nerves) fit together and move.

Subacute low back pain is defined as pain that lasts between 4 and 12 weeks.

Chronic back pain is defined as pain that persists for 12 weeks or longer, even after an initial injury or underlying cause of acute low back pain has been treated.

**HOW IS BACK PAIN TREATED?**

Treatment for low back pain generally depends on whether the pain is acute or chronic. In general, surgery is recommended only if there is evidence of worsening nerve damage and when diagnostic tests indicate structural changes for which corrective surgical procedures have been developed.
Conventionally used treatments and their level of supportive evidence include:

**HOT OR COLD PACKS** | While they have never been proven to quickly resolve low back injury, they may help ease pain and reduce inflammation for people with acute, subacute, or chronic pain, allowing for greater mobility among some individuals.

**ACTIVITY** | Individuals should begin stretching exercises and resume normal daily activities as soon as possible, while avoiding movements that aggravate pain. Strong evidence shows that persons who continue their activities without bed rest following onset of low back pain appeared to have better back flexibility than those who rested in bed for a week.

**STRENGTHENING EXERCISES** | Beyond general daily activities, strengthening exercises are not advised for acute low back pain, but may be an effective way to speed recovery from chronic or subacute low back pain.

**PHYSICAL THERAPY PROGRAMS** | Physical therapy can help strengthen core muscle groups that support the low back, improve mobility and flexibility, and promote proper positioning and posture are often used in combinations with other interventions.

**MEDICATIONS** | A wide range of medications are used to treat acute and chronic low back pain. Some are available over the counter (OTC); others require a physician’s prescription.

---

**RECOMMENDATIONS FOR KEEPING ONE’S BACK HEALTHY**

Following any period of prolonged inactivity, a regimen of low-impact exercises is advised. Speed walking, swimming, or stationary bike riding 30 minutes daily can increase muscle strength and flexibility. Yoga also can help stretch and strengthen muscles and improve posture. Consult a physician for a list of low-impact, age-appropriate exercises that are specifically targeted to strengthening lower back and abdominal muscles. Here are some additional tips:

- Always stretch before exercise or other strenuous physical activity.
- Don’t slouch when standing or sitting. The lower back can support a person’s weight most easily when the curvature is reduced. When standing, keep your weight balanced on your feet.
- At home or work, make sure work surfaces are at a comfortable height.
- Wear comfortable, low-heeled shoes.

- Sleeping on one’s side with the knees drawn up in a fetal position can help open up the joints in the spine and relieve pressure by reducing the curvature of the spine. Always sleep on a firm surface.
- Maintain proper nutrition and diet to reduce and prevent excessive weight gain, especially weight around the waistline that taxes lower back muscles. A diet with sufficient daily intake of calcium, phosphorus, and vitamin D helps to promote new bone growth.
Nearly 32 million children receive meals throughout the school day. These meals are based on nutrition standards from the U.S. Department of Agriculture. New nutrition standards for schools increase access to healthy food and encourage kids to make smart choices. Schools are working to make meals more nutritious, keep all students hunger-free, and help children maintain or reach a healthy weight.

1 healthier school meals for your children
Your children benefit from healthier meals that include more whole grains, fruits and vegetables, low-fat dairy products, lower sodium foods, and less saturated fat. Talk to your child about the changes in the meals served at school.

2 more fruits and vegetables every day
Kids have fruits and vegetables at school every day. A variety of vegetables are served throughout the week including red, orange, and dark-green vegetables.

3 more whole-grain foods
Half of all grains offered are whole-grain-rich foods such as whole-grain pasta, brown rice, and oatmeal. Some foods are made by replacing half the refined-grain (white) flour with whole-grain flour.

4 both low-fat milk (1%) and fat-free milk varieties are offered
Children get the same calcium and other nutrients, but with fewer calories and less saturated fat by drinking low-fat (1%) or fat-free milk. For children who can’t drink milk due to allergies or lactose intolerance, schools can offer milk substitutes, such as calcium-fortified soy beverages.

5 less saturated fat and salt
A variety of foods are offered to reduce the salt and saturated fat in school meals. Main dishes may include beans, peas, nuts, tofu, or seafood as well as lean meats or poultry. Ingredients and foods contain less salt (sodium).

6 more water
Schools can provide water pitchers and cups on lunch tables, a water fountain, or a faucet that allows students to fill their own bottles or cups with drinking water. Water is available where meals are served.

7 new portion sizes
School meals meet children’s calorie needs, based on their age. While some portions may be smaller, kids still get the nutrition they need to keep them growing and active.

8 stronger local wellness programs
New policies offer opportunities for parents and communities to create wellness programs that address local needs. Talk with your principal, teachers, school board, parent-teacher association, and others to create a strong wellness program in your community.

9 MyPlate can help kids make better food choices
Show children how to make healthy food choices at school by using MyPlate. Visit ChooseMyPlate.gov for tips and resources.

10 resources for parents
School meal programs can provide much of what children need for health and growth. But for many parents, buying healthy foods at home is a challenge. Learn more about healthy school meals and other nutrition assistance programs at www.fns.usda.gov.

Go to www.ChooseMyPlate.gov for more information.
SUPERSTAR FOOD
TOMATO PASTE

Tomato paste is hands down the healthiest way to take advantage of tomatoes' nutritional prowess and is a secret weapon for enhancing flavor in the kitchen.

Relative to raw tomatoes, tomato paste offers up to ten times more of the star antioxidant lycopene. And unlike most all other tomato products, tomato paste typically comes with no added sugar and salt.

Because it is uniquely rich in the natural taste enhancer, glutamate, tomato paste is fantastic for adding a rich, multidimensional flavor to soups, stews, and egg dishes. Tomato paste should be a staple in your cupboard!

www.drannwellness.com
Q. I’m trying to be more active. Which are more accurate at tracking steps: Fitness trackers or smartphone apps?

A. Overall, wearable fitness trackers as well as smartphone applications do a good job of tracking physical activity, though a 2015 research letter in JAMA suggested that smartphones may have a slight edge. This small study examined the accuracy of 10 top-selling smartphone apps and devices by comparing their readings with those made by an observer who counted steps using a tally counter.

For the study, 14 healthy adults (mostly female) walked on a treadmill for 500 and 1,500 steps, repeating the exercise several times. During the trials, the participants wore all of the following:

- On the waistband: one pedometer and two accelerometers
- On the wrists: three fitness trackers
- In one pants pocket: a smartphone (Apple iPhone 5s) simultaneously running three step-tracking applications (Fibit, Health Mate, and Moves)
- In the other pants pocket: a smartphone (Samsung Galaxy S4) running one step-tracking application (Moves)

At the end of each trial, step counts from the devices were recorded. The investigators found that smartphone readings were only slightly different—either higher or lower—from observed step counts, while fitness trackers differed more from observed counts.

Bottom line: If you’re factoring cost into your decision and you already have a smartphone, it’s less expensive to download an app than to invest in a fitness tracker.
Clementine, Raisin & Goat Cheese Sandwich

Clementine oranges and raisins are the perfect balance for goat cheese in this quick lunch fix that’s sure to be a break from the routine sandwich!

Prep time: 10 min  
Serves: 4  
Category: Main Dishes

**INGREDIENTS**

- 4 Dandy Clementine oranges
- 1 cup Sun-Maid raisins
- 4 oz (1 cup) crumbled goat cheese (or feta cheese)
- 3 tbsp walnuts, chopped
- 2 tbsp plain yogurt, fat-free
- 2 tbsp mayonnaise, reduced-fat
- 2 lettuce leaves (Bibb, Romaine, red or green leaf)
- 8 slices whole grain bread

1. Peel clementine oranges and split each in half. With a sharp serrated knife, chop the orange halves into small pieces.
2. In a medium bowl, mix raisins, cheese, walnuts, yogurt, and mayonnaise. Add chopped clementines and mix gently.
3. Lay out bread slices. Spread 1/4 salad mix with 4 of the bread slices. Add two lettuce leaves to each sandwich; top with second bread slice and serve.

**NUTRITIONAL INFORMATION**

- Calories: 440  
- Total Fat: 15g  
- Saturated Fat: 5g  
- % of Calories from Fat: 31%  
- Protein: 16g  
- Carbohydrates: 67g  
- Cholesterol: 15mg  
- Dietary Fiber: 8g  
- Sodium: 400mg