All I Ever Needed to Know, I Learned in Kindergarten

Most of what I really need to know about how to live, and what to do, and how to be, I learned in kindergarten. Wisdom was not at the top of the graduate school mountain, but there in the sandbox at nursery school.

These are the things I learned. Share everything. Play fair. Don’t hit people. Put things back where you found them. Clean up your own mess. Don’t take things that aren’t yours. Say you are sorry when you hurt somebody. Wash your hands before you eat. Flush. Warm cookies and cold milk are good for you. Live a balanced life. Learn some and think some and draw some and paint and sing and dance and play and work everyday some.

Take a nap every afternoon. When you go out in the world, watch for traffic, hold hands, and stick together. Be aware of wonder. Remember the little seed in the plastic cup? The roots go down and the plant goes up and nobody really knows how or why. We are like that.

Goldfish and hamsters and white mice and even the little seed in the plastic cup - they all die. So do we.

And then remember that book about Dick and Jane and the first word you learned, the biggest word of all: LOOK! Everything you need to know is there somewhere. The Golden Rule and love and basic sanitation, ecology, and politics and sane living.

Think of what a better world it would be if we all, the whole world, had cookies and milk about 3 o’clock every afternoon and then lay down with our blankets for a nap. Or if we had a basic policy in our nation and other nations to always put things back where we found them and clean up our own messes. And it is still true, no matter how old you are, when you go out in the world, it is best to hold hands and stick together.

Source: Rev. Robert Fulghum, Edmunds, Washington
The National Do Not Call Registry is putting consumers in charge of the telemarketing calls they get at home. The Federal government created the national registry to make it easier and more efficient for you to stop getting telemarketing calls you don’t want. You can register online at WWW.DONOTCALL.GOV or call toll-free, 1-888-382-1222 (TTY 1-866-290-4236), from the number you wish to register. Registration is free.

It is important to note that your phone number will remain on the registry for five years from the date you register (unless you choose to take it off the registry or your phone number is disconnected). If you register online, you may want to print the Web page for your records when your registration is accepted.

To find out when your registration expires, you can click on the Verify a Registration button any time to check your expiration date.

The Federal Trade Commission, the Federal Communications Commission, and the states are enforcing the National Do Not Call Registry. Placing your number on the registry will stop most, but not all, telemarketing calls.

This site has information for you – whether you’re a consumer interested in signing up for the National Do Not Call Registry, or a telemarketer or seller interested in learning more about your responsibilities related to the Telemarketing Sales Rule.

Cell Phones

You may place your personal cell phone number on the National Do Not Call Registry. The registry has accepted cell phone numbers since it opened for registrations in June 2003. There is no deadline to register a home or cell phone number on the Registry.

You may have received an email telling you that your cell phone is about to be assaulted by telemarketing calls as a result of a new cell phone number database; however, that is not the case. Federal Communications Commission regulations prohibit telemarketers from using automated dialers to call cell phone numbers.

Source: Federal Trade Commission

Example of the Federal Trade Commission’s Complaint Checklist.
You can find this at http://www.ftc.gov/bcp/edu/microsites/donotcall/coninfo.html
UPCOMING EVENTS

September Health & Nutrition Forum
“When Eating Goes to Extremes”

Eating disorders such as anorexia nervosa, bulimia nervosa and binge-eating disorder are complex conditions that include extreme emotions, attitudes, and behaviors surrounding weight and food issues that can have life-threatening consequences. A Harvard study earlier this year found that over 9 million people have struggled with eating disorders in their lives. This forum will look at the signs and symptoms of these disorders and how and where to go for help. Come and learn more.

Speaker .................. Representative from the Capital Region Association for Eating Disorders / Northeast Comprehensive Care Center for Eating Disorders

When ..................... Wednesday, September 26, 2007
3:30 to 5:00 PM

Where ..................... Basloe Library, Main Street, Herkimer

To Register ............ Please call Cornell Cooperative Extension of Herkimer County at 866-7920

October Health & Nutrition Forum
“Making Sense of Sodium”

A high salt intake and high blood pressure have been linked for many years, but publicity about trans fat and carbs has moved salt down the list for concern for many people. As concern has faded, consumption of salt in the U.S. has risen by about 50% since the early 80s . What should you believe about salt? This forum will focus on hidden sources of sodium and reading labels. Come and learn more.

Speaker .................. Mary Schumaci, RD, CDN, Renal D - Sodexho at Faxton-St. Luke’s Healthcare

When ..................... Wednesday, October 24, 2007,
3:30 to 5:00 PM

Where ..................... Basloe Library, Main Street, Herkimer

To Register ............ Please call Cornell Cooperative Extension of Herkimer County at 866-7920

All Forums are free and open to the public.
WHAT DO YOU DO WITH PUMPKINS & WINTER SQUASH?

Winter squash and pumpkins are plentiful in the fall and can be used interchangeably in recipes (except for spaghetti squash which has a different texture). They are a good source of Vitamin A and can be used in a variety of ways.

Varieties of Winter Squash:
Those varieties most commonly grown are: acorn, butternut, Hubbard, buttercup, and pie pumpkin. Spaghetti squash is also classified as a winter squash variety.

Selection:
Select winter squash that are heavy for their size, have hard rinds, and good coloring and shaping for the variety without severe blemishes. Rinds that are soft or tender are immature and lack flavor and texture. Winter squash with some sort of stem attached will store longer. Jack-O-Lantern pumpkins tend to be very stringy so are usually not suitable to eat.

Storage:
Store winter squash with stems attached after letting any cuts or wet wounds heal (they should be dry and may form something like a scab over wounds). Store winter squash out of direct light, and at a cool stable temperature. Different varieties of winter squash store for different lengths of time, with Hubbards and buttercups lasting the longest and acorns and butternuts the shortest.

How to Prepare:
Winter squash and pumpkin are usually washed, halved, and seeds and strings are removed before further treatment. Small varieties can be baked whole if poked with a fork several times to allow steam to escape.

Small varieties, such as acorn squash, are left whole or are cut in halves or rings. Bake them in a shallow pan at 350°F, cut sides down, with a little water, for 35 to 40 minutes. Turn cut sides up and bake 20 to 25 minutes more. Cover the pan the first half hour of baking to speed the cooking process. These squash may also be peeled, cubed, and cooked in a small amount of boiling water. Cover and cook the squash until tender, about 15 minutes.

Large squash are either cut in serving-sized pieces or are peeled and cubed. Serving-sized pieces may be placed on a baking sheet, covered with foil, and baked at 350°F until tender.

Squash can also be microwaved. Check your owner’s manual for process and times.

Tips:
To use fresh pumpkin in pumpkin or squash recipes (fresh cooked pumpkin can be used in any recipe calling for fresh or canned pumpkin or winter squash): Mash cooked pumpkin. Place in strainer for 30 minutes to drain excess liquid. One pound of pumpkin or squash yields about 6-1/2 cups.

An easy way to cut large squash or pumpkin is to bake at 350°F for 15-20 minutes whole. This makes the squash more tender and easier to cut in half or divide.

For a delicious pumpkin muffin try the recipe on page 5.
FOOD ADS AIMED AT CHILDREN CHANGING

Children’s food choices are affected by many factors, but food marketing plays a key role. The food and beverage industry in the US views children and adolescents as a major marketing force because of their spending power, their purchasing influence and their future as adult consumers.

A report from the Institute of Medicine states that food advertising aimed at children is “at worst, a direct threat to the health of the next generation.” Too often, food marketing encourages children to eat a product of poor nutritional quality. If we lived in an ideal world, companies would market to children only the most healthful foods, such as whole grains, vegetables, fruits and low-fat dairy products.

A step in the right direction is that a few major food companies are setting some basic nutrition standards for the foods they advertise to children. For example, in 2005, Kraft Foods, Inc. recognized that foods of poor nutritional quality should not be advertised to 6 to 11 year olds. Their standards are based on levels of calories, saturated and trans fat, and added sugars. That was a start, but sodium standards and advertising to kids ages 12-17 also needed to be addressed.

The Kellogg’s® Company is in the process of adopting nutrition standards for the foods they advertise to young children. The foods they advertise on television, radio, in print, on websites or in other media with an audience of at least 50% children under age 12 will have to meet its “nutrient criteria.”

Kellogg’s® nutrition standards limit one serving of food to no more than 200 calories, 2 grams saturated fat, 0 grams trans fat, 230 milligrams sodium (except 460 mg for Eggo® frozen waffles), and 12 grams sugar (excluding natural sugars). Products that don’t meet the criteria will either be reformulated to meet nutrient criteria, or they will no longer be marketed to children under the age of 12 by the end of 2008.

Kellogg’s® will continue its practice of not advertising to children under 6 years old. Kids will no longer see licensed media characters like Shrek on Kellogg’s® foods or in ads unless the foods meet the nutrient criteria. Kellogg’s® will also end in-school advertising to children under 12. Parents will find it a little easier to guide children toward healthier cereal, cookies and other snack foods.

This is just the start, but if other companies begin to adopt even stronger policies, consumers may eventually see marketing of only the most healthful foods.

Source: Nutrition News 8/07, Kansas State Research & Extension

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Pumpkin Muffins

1-1/2 cups all purpose flour
2 teaspoons baking powder
1/2 teaspoon cinnamon
1/2 teaspoon nutmeg
1/2 cup apple juice concentrate
1 egg
1/2 cup mashed, cooked pumpkin or winter squash
1/2 cup skim milk
1/4 cup oil
3/4 cup raisins, (optional)

Combine flour, baking powder, nutmeg, and cinnamon in large bowl. Mix apple juice concentrate, milk, egg, oil, and pumpkin in medium bowl. Add wet ingredients to dry ingredients. Stir until moistened. (Batter will be slightly lumpy.) Fold in raisins if desired. Pour batter into 12 lined muffin tin cups, filled half full. Bake at 400°F for 20 minutes.

Yield: 12 servings; serving size 1 muffin, (140 calories, 5 grams fat, 0 grams trans fat, less than 1 gram fiber, 50 mg sodium)
“I WAS A MUCH BETTER PARENT BEFORE I HAD CHILDREN.”

Forget quicksand and shark attacks - child rearing is the truly terrifying activity. Parents face an ever changing parade of perils, from the cradle through the teenage years.


This book gives illustrated, step-by-step instructions on various subjects. Experts were asked to describe techniques they might employ when your worst - case scenario is all in the family.

Some topics included:

- How to break in your car if your children have locked themselves inside.
- How to remove chewing gum from hair.
- How to recapitate a doll.
- How to remove a hand stuck in a jar.
- How to tell if your child was switched at birth!
- How to track your teenager’s movements.

Also included is an appendix of indispensable:

Parental clichés - examples:
- Your face is going to stay like that!
- When I was your age, we didn’t have . . .
- Don’t make me pull this car over!

Instant message decoders - examples:
- 4YEO - For your eyes only
- PRW - People are watching
- YIWGP - Yes, I will go private

Glossary of teenage slang - examples:
- Dawg - friend
- Heezie - house
- Off the hook - fun, wild

So have a little fun reading this essential book for your reference library! Be prepared to be entertained and informed.

TIPS FOR PACKING AWAY YOUR SUMMER CLOTHES

1. Wash or dry-clean everything—even if you think the item is clean. Any “invisible” stain left in a garment can darken and set, causing permanent discoloration. In addition, any food residue left in the garment may attract bugs that can harm the fabric.

2. Make any needed repairs. Take care of things like missing buttons, broken zippers and split seams so garments will be ready to wear come springtime.

3. Do not iron or starch items before putting them away. Ironing may set any pale or invisible stains, making them impossible to remove when they show up next spring. As for starch and fabric finishes—they may attract hungry insects that are looking for a food source.

4. Store garments in a cool, dark, dry and well ventilated area, such as a cool closet or airtight chest. Too much heat can cause fabrics to yellow. Too much moisture can promote mildew.

5. Avoid garage and basement storage areas. Emissions from the garage or furnace may produce fume damage, which shows up as discoloration on the fabric. Basements tend to be damp, which may cause mildew and/or a musty smell that can be difficult to remove.

6. Put hanging garments in a cloth or canvas garment bag or cover them with an old sheet. This will protect them from light and dust. Avoid plastic bags; they hold moisture.

7. Use padded hangers to prevent creases and distortion.

Source: “Cleaning Matters” Newsletter, July/Aug 2007, The Soap and Detergent Association
How do you talk about a sensitive subject with your doctor? What if you forget to ask an important question? What if you feel rushed during your visit? How can you get the most out of your visit with your health care provider? Being able to communicate openly, comfortably and assertively with your doctor can help you make good health decisions and stay well. But some older people shy away from this approach and hesitate to ask questions or take the doctor's time.

The best patient-doctor relationships are more of a partnership, with both sides taking responsibility for good communication. To guide older patients in speaking with their doctors, the National Institutes of Health (NIH) offers Talking with Your Doctor, a newly released topic on NIH SeniorHealth.gov, a Web site developed by NIH with the needs of older people in mind. The NIH SeniorHealth.gov Web site is a joint effort of the National Institute on Aging (NIA) and the National Library of Medicine (NLM), which are components of the NIH.

Most people know that communicating with their doctor is important to their health care, especially as they age and are more likely to have health conditions and treatments to discuss. The key is to know how to have that conversation.

Older adults can turn to this newest feature on the NIH SeniorHealth Web site for information on managing conversations with their doctor. How to prepare for a doctor visit, what to ask, what information to provide, and how to understand what the doctor says are among the many helpful tips older adults can find on the site.

One of the fastest growing age groups using the Internet, older Americans increasingly turn to the World Wide Web for health information. In fact, 68 percent of wired seniors surf for health and medical information when they go online.

NIH SeniorHealth.gov is based on the latest research on cognition and aging. It features short, easy-to-read segments of information that can be accessed in a variety of formats, including various large-print type sizes, open-captioned videos and an audio version. The site also links to MedlinePlus (http://www.nlm.nih.gov/medlineplus/), the National Library of Medicine’s premier, more detailed site for consumer health information.

NIA leads the federal effort supporting and conducting research on aging and the health and well-being of older people. NLM, the world's largest library of the health sciences, creates and sponsors Web-based health information resources for the public and professionals.

The National Institutes of Health (NIH) - The Nation's Medical Research Agency - includes 27 Institutes and Centers and is a component of the U.S. Department of Health and Human Services. It is the primary federal agency for conducting and supporting basic, clinical and translational medical research, and it investigates the causes, treatments, and cures for both common and rare diseases. For more information about NIH and its programs, visit www.nih.gov

Source: National Institutes of Health 7-26-07 press release
PROTECTING YOUR CHILD’S IDENTITY

Many parents don’t realize how vulnerable their children are to identity theft. Typically, a child is issued a Social Security number soon after they’re born. Parents need that number for tax returns, but beyond that, it isn’t really put to use until the child first applies for credit or a job when they’re 18 or older. As a result, if someone uses the child's number - whether in combination with their real name or using a fake one - the fraud could go undetected for years. It creates an 18-year window of opportunity.

No one knows for sure how many children become victims of identity theft. In 2005, roughly 5% of all identity theft complaints received by the Federal Trade Commission were about victims 18 years old or younger. But that might be a significant underestimation since not everyone files a complaint with the FTC. For example, a large portion of child identity theft cases remain unreported because the thief is a parent or close relative. If the perpetrator is the parent, they won’t be calling.

Prevention: Credit monitoring

With all that in mind, it’s no surprise that credit-monitoring services are beginning to target concerned parents, offering to monitor their child’s identities for just a few bucks. At LifeLock, credit monitoring for your child costs only $25 a year in addition to the $10 monthly charge for adults. Sounds like a deal, but parents can easily avoid these costs by doing the job themselves, for free.

LifeLock, for example, requests a child’s credit report once a quarter. Parents can do that themselves, and if there is no report for the child, they won’t have to pay a dime. (Keep in mind, the procedure for requesting children’s credit reports is slightly different than those for adults. See table on page 9 for details.)

The important thing for parents is to periodically run reports through the credit bureaus. If nothing comes back, you're fine. If the bureau finds a report but is unable to confirm your child's identity, that's a red flag. A perpetrator might be using your child's number with a different name, or your child's name and number, with a different address.

There is one exception: Experian’s recently launched FamilySecure monitoring service will alert parents as soon as anyone applies for credit using their child's name. But at $19.95 a month, the cost is steep.

LifeLock also claims to “audit the Social Security Administration” once a year to find out if there’s been any work history reported for the child’s number. An SSA spokesman says parents can simply call their local Social Security office and get that information, also free of charge. Keep in mind, if an impostor is using your child's Social Security number, but with a different name, the SSA will not find a matching record for your child.

Disaster response: Navigating the credit bureau maze

What if you find that your child has been a victim of identity theft? The credit bureaus claim this shouldn’t have harmful consequences if parents follow the necessary procedures to report the fraud. They can investigate to see if the child's information has been used and if it has, they can prevent it from being used in the future according to one of the three major credit bureaus. The procedures, however, differ widely among the credit bureaus and can be frustratingly confusing.

(continued on page 9)
At Experian, for example, as long as parents provide a police report they can place what is known as a "victim statement" on their child's credit file. That means the bureau will attach a note saying the credit information belongs to a minor and warns creditors not to approve credit applications until the child turns 18. TransUnion will "cloak" the victim's file, hiding it from creditors entirely. Equifax said it will delete any fraudulent information from the child's report, take it offline and flag the Social Security number as belonging to a minor, so it cannot be used until the child turns 18.

Bottom line: If your child falls prey to identity thieves, calling just one of the credit bureaus - a common scenario in adult identity theft cases, since each bureau is required by the Fair Credit Reporting Act to inform the other two - isn't sufficient.

Source: “Smart Money” article in “News & Notes,” 8/07

<table>
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<th>CONTACTING THE CREDIT BUREAUS</th>
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<td><strong>Credit Bureau</strong></td>
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<td>Experian</td>
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<td>Equifax</td>
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<td>TransUnion</td>
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THE POSSIBLE DANGERS OF BUYING MEDICINE ONLINE

The Food and Drug Administration cannot warn people enough about the possible dangers of buying medications online. Some Web sites sell medicine, such as prescription and over-the-counter drugs, that may not be safe to use and could put people's health at risk. The current system of federal and state safeguards for protecting consumers from using inappropriate or unsafe drugs has generally served the country well. But FDA says that the best way consumers can protect themselves is to become educated about safe online shopping.

Set Your Sites High

Buying such prescription and over-the-counter drugs online from a company you don't know means you may not know exactly what you're getting. While many Web sites are operating legally and offering convenience, privacy, and the safeguards of traditional procedures for dispensing drugs, consumers must be wary of "rogue Web sites" that aren't operating within the law. A Web site can look very sophisticated and legitimate but actually be an illegal operation.

These sites often sell unapproved drugs, or if they market approved drugs, they often sidestep required practices meant to protect consumers. Some Web sites sell counterfeit drugs. Although counterfeit drugs may look exactly like real FDA-approved drugs, they are not legitimate and are of unknown quality and safety. If you're considering buying medicine over the Internet, look for Web sites with practices that protect you. If there is no way to contact the Web site pharmacy by phone, if prices are dramatically lower than the competition, or if no prescription from your doctor is required, you should be especially wary.

Safe Web sites should:

☑ Be located in the United States.
☑ Be licensed by the state board of pharmacy where the Web site is operating (visit www.nabp.info for a list of state boards of pharmacy).
☑ Have a licensed pharmacist available to answer your questions.
☑ Require a prescription from your doctor or other health care professional who is licensed to prescribe medicines.
☑ Provide contact information and allow you to talk to a person if you have problems or questions.

The National Association of Boards of Pharmacy’s (NABP) Verified Internet Pharmacy Practice Sites™ Seal, also known as VIPPS® Seal, gives a seal of approval to Internet pharmacy sites that apply and meet state licensure requirements and other VIPPS® criteria.

People can be confident that Web sites that are VIPPS-approved are legitimate. Legitimate pharmacies that carry the VIPPS® seal are listed at www.vipps.info

Unsafe Web sites:

☒ Typically don't know your medical history or the details about your current illness or condition.
☒ Send you drugs with unknown quality or origin.
☒ Could give you the wrong medicine or another dangerous product for your illness.
☒ May sell prescription drugs even without a prescription—this is against the law!
☒ May not protect your personal information.

KNOW YOUR MEDICINES

Before you get any new medicine for the first time, talk to your doctor about any special steps you need to take to fill your prescription. In addition:

☑ Any time you get a prescription refilled, check the physical appearance: color, texture, and shape of the drug. Even if all of these characteristics appear to be okay, there may be a problem if the medication doesn't taste like it has in the past.
☑ Pay special attention to altered or unsealed containers or changes in product packaging.
☑ Alert your pharmacist, or whoever is providing treatment, if you notice any differences or anything unusual about the product packaging.
☑ Make sure that you only use drugs that have been prescribed by your health care provider who is licensed in the United States to prescribe medications.

(continued on page 11)
Be aware that some medicines sold online:
- They are too old, too strong or too weak.
- They aren't FDA-approved.
- They aren't made using safe standards.
- They aren't safe to use with other medicines or products.
- They aren't labeled, stored, or shipped correctly.

Be Aware of Counterfeit Medicine

Counterfeit drugs are fake or copycat medicines that can be difficult to identify. The deliberate and fraudulent practice of counterfeiting can apply to both brand name and generic products, where the identity of the source is often mislabeled in a way that suggests it is the authentic approved product.

Counterfeit drugs may:
- Be contaminated.
- Not help the condition or disease the medicine is intended to treat.
- Lead to dangerous side effects.
- Contain the wrong active ingredient.
- Be made with the wrong amounts of ingredients.
- Contain no active ingredients at all or contain too much of an active ingredient.
- Be packaged in phony packaging that looks legitimate.

For example, counterfeit versions of the FDA-approved weight loss drug Xenical, which contains the active ingredient orlistat, recently were obtained by three consumers from two different Web sites. The agency announced in May 2007 that none of the capsules that the consumers received contained orlistat. In fact, laboratory analysis showed that one capsule actually contained sibutramine, which is the active ingredient in Meridia, a prescription drug also approved by FDA to help obese people lose weight and maintain weight loss.

Using medication that contains an active ingredient other than what was prescribed by your licensed health care provider is generally unsafe.

Generally, medications that have not been purchased with a prescription from a state-licensed pharmacy located in the United States may be unsafe and ineffective. But remember, even those drugs that are purchased from a state-licensed pharmacy Web site cannot be guaranteed safe and effective.

Protect Yourself

- Only buy from state-licensed pharmacy sites based in the U.S. (preferably from VIPPS-certified sites, when possible).
- Don't buy from sites that sell prescription drugs without a prescription.
- Don't buy from sites that offer to prescribe a medication for the first time without a physical exam by your doctor.
- Check with your state board of pharmacy or the NABP to see if an online pharmacy has a valid pharmacy license and meets state quality standards.
- Sites ending in ".com" are usually commercial sites selling products (they may be either legitimate or rogue sites). Sites that end in ".gov" (government), ".edu" (universities or medical schools), and ".org" (not-for-profit groups) may be good sources of health information.
- Use legitimate Web sites that have a licensed pharmacist to answer your questions.
- Look for privacy and security policies that are easy to find and easy to understand.
- Don't give any personal information, such as a social security number, credit card information, or medical or health history, unless you are sure the Web site will keep your information safe and private.
- Make sure that the site will not sell your personal information, unless you agree.
- Report Web sites that may be problematic. You can do this by visiting www.fda.gov/buyonline and clicking on "Notify FDA about problem websites."

ALERT: For a list of drugs that you should NOT buy online because of special safety restrictions, visit www.fda.gov/cder/consumerinfo/dontBuyonNet.htm

Source: US Food & Drug Administrator July 2, 2007
If you want to be successful at weight loss, you need to concentrate on what you eat so you can feel full on fewer calories.

For far too long, most dietary advice to promote weight loss has focused mainly on reducing calorie intake by limiting portion size and carefully counting calories in order to restrict energy intake. No one can argue that from the point of view of physics this strategy has merit but it ignores the biology of how food intake is regulated. Clearly reducing body energy stores requires a negative calorie balance and there is plenty of research showing portion control can be effective weight loss strategy in the short term.

However, there is little evidence that focusing on calorie intake is an effective strategy for long-term weight control. The reason for this failure is not all that complicated. The modern diet consists largely of low-fiber, calorie dense foods that provide relatively little satiety per calorie. So when people are told to eat less of foods that provide little satiety per calorie they become increasingly hungry over time. The biological drive of hunger eventually overwhelms the intellectual will to eat less and the lost weight is soon regained.

Now if all foods kept hunger at bay at the same calorie cost, then focusing on what people were eating, rather than on how many calories they were eating, would be no more productive. However, research has shown that foods do in fact vary in terms of how much satiety they provide per calorie. Foods with more water and fiber and less fat provide more satiety per calorie than do calorie dense foods high in fat, sugar and refined grains.

In 1983, researchers at the University of Alabama published the results of a short-term trial in which obese and normal weight subjects consumed either a typical energy-dense modern diet or a diet with less fat and a lot more foods rich in fiber. In this study the subjects averaged 3,000 kcal per day on the high-energy-dense diet but only 1,570 kcal per day on the low-energy-dense diet. These researchers suggested “….efforts to alter patterns of food selection of obese persons may be more effective than attempts to modify their eating behaviors per se.”

Simply put, these researchers were suggesting clinicians focus on what people eat rather than trying to limit calorie intake from low satiety foods.

Would advice to reduce fat and eat more fruits and vegetables lead to long term weight control even in the absence of advice to count and reduce calorie intake? That was what researchers examined in a recent yearlong trial that examined the impact of counseling overweight subjects to consume a diet lower in fat either with or without additional advice to increase fruit and vegetable intake. Weight loss in those counseled to eat less fat was about 14 pounds after one year but those who were also counseled to eat more fruits and vegetables lost several more pounds. Those eating more fruits and vegetables also reported being less hungry at the end of the study despite weighing about 17 pounds less.

Bottom Line:  This study shows losing weight without counting calories and keeping it off, while feeling less hungry appears to be a more biologically rational approach to long term weight control than having people limit portions of calorie-dense foods and learning to live with chronic hunger.

(continued on page 13)
The following foods are the lowest in calorie density. If you fill up on mostly fruits, vegetables, high-fiber carbs and cooked grains, you will fill up on fewer calories than if your diet consists of low-fiber, high-fat and high-sugar foods like pizza, French fries, cinnamon rolls, candy bars, potato chips, cookies and many other American favorites.

Think salads, fruit, low-fat pasta, low-fat stir fry, baked low-fat seafood and chicken, rice and oatmeal. It is still necessary to be aware of not stuffing yourself, but you do not need to go hungry and skip meals either.

Eating more of the right stuff, and getting more exercise every day will get you to your weight goals over time and keep you there. Here is a list of foods that should be your mainstay every day:

<table>
<thead>
<tr>
<th>Category</th>
<th>Products</th>
<th>Calories per pound</th>
</tr>
</thead>
<tbody>
<tr>
<td>vegetables</td>
<td>all</td>
<td>65-195</td>
</tr>
<tr>
<td>fruits</td>
<td>all except avocado</td>
<td>135-425</td>
</tr>
<tr>
<td>nonfat dairy</td>
<td>skim milk, nonfat yogurt</td>
<td>180-400</td>
</tr>
<tr>
<td>egg whites</td>
<td>whites, egg substitute</td>
<td>226</td>
</tr>
<tr>
<td>high-fiber carbs</td>
<td>potato, peas, beans/legumes,</td>
<td>300-600</td>
</tr>
<tr>
<td>cooked grains</td>
<td>pasta, rice, barley, cooked cereals</td>
<td>300-600</td>
</tr>
<tr>
<td>lean protein</td>
<td>lean poultry, lean fish, and shellfish</td>
<td>450-650</td>
</tr>
</tbody>
</table>

What is not on this list?

Foods that are high in fat and or sugar that are calorie-dense and low in fiber. Examples include pizza, French fries, fried foods, fatty meats, most high-fat sauces and dressings, cookies, crackers, chips, baked goods, pie, cream sauces, etc. These are the items that need to be put in the “occasional treat with portion control” category. Research shows that the higher you go in calorie density, the more you need to eat to feel full. So foods like croissants and cookies are like a double whammy because you are eating foods that are high in calories and then you need to eat more of them to feel full!

Source: Communicating Food for Health, 8/07
ROUTINE MAKES SCHOOL DAYS RUN SMOOTHLY

New teachers, new bus routes, new classmates, new schedules – children have a lot to get used to at the beginning of the school year. But they’re not the only ones who sense a bit of nervous anticipation and fear. When September arrives, parents face many challenges to keep the family running on a smooth schedule. The key word for coping successfully with the added stress of the back-to-school period is “routine.” Here are some helpful hints for combating back-to-school chaos.

One of the most demanding tasks of the school year is getting everyone up and ready in the morning. One solution is to give each child their own alarm clock. Set the clocks for the little ones and show the older ones how to do it themselves. If parents wake up 30 minutes earlier than the children, they can be ready to orchestrate the morning’s routines.

The bathroom can be the primary point of contention in the morning. If there is only one bathroom, you might want to stagger wake-up times to avoid traffic tie-ups. Parents may want to encourage children to take baths or showers in the evening so that bathrooms will be available during the flurry of morning activity. Be sure to keep daily supplies like toothbrushes, toothpaste, washcloths, soap, towels, combs, and brushes where the children can find them easily.

The child’s wardrobe requires serious consideration at the start of the new school year. Putting our best foot forward is a way of doing our best to see that we create a positive impression on others and feel good about ourselves.

Some research suggests that children who look neatly groomed and “well put together” are placed in more advanced ability groups in school than children whose appearance is less attractive. Try to help your children choose sturdy mix-and-match clothes that will make them feel confident about their appearance.

You may also find it helpful to have children make clothing decisions the night before so getting up and dressed can be quick. Simplify young children’s clothing by buying items that pull on or fasten easily in the front.

It’s important that children start the day with a nutritious breakfast. Set the kitchen table the night before and decide on what breakfast foods will be served. Make sure everyone eats something. Skipping breakfast usually means that kids go hungry or nibble on junk foods.

You can also establish an efficient school-year routine by finding a system for doing household chores. For instance, some families find that putting the living area in order before going to bed makes it easier to keep the house straightened.

Finally, it helps to set aside a specific area near the door as a “launching pad” where books and other items to be taken to work or school can be placed. Get everyone in the habit of checking the launching pad before leaving the house.

To get everyone launched with their best foot forward, try a family hug. As the first person in the family leaves for the day, gather for a quick group hug. Helping each person in your family know they are loved and appreciated gives them oomph – an extra barrier of protection – as each confronts their daily challenges.

The important thing is to establish an orderly routine that will get the children off to school with a minimum of struggle. This allows them to start their day in an efficient pattern and devote all their energy to getting the most out of school.

Source: Dr. Patricia Tanner Nelson, University of Delaware Extension as printed in “Caring for Kids,” 9/07
NEW STUDY SHOW LINK BETWEEN SLEEP AND CHILDREN’S WEIGHT

A recent research article finds that children who get more sleep are less likely to be overweight. The article was published in the journal Child Development by Northwestern University researchers Emily Snell, Emma Adam and Greg Duncan, who examined the sleep behaviors of 2,281 U.S. children aged 3-18 between 1997 and 2002.

How much sleep do children get?

The study found that many American children are not getting enough sleep on weekday nights. Sleep experts recommend that preschoolers get 11-13 hours of sleep a night, school-aged children get 10-11 hours of sleep a night, and teenagers get 9 hours of sleep at night. Yet, more than half of the children in this study did not get the recommended amounts of sleep on school nights.

Are children who get more sleep less likely to be overweight?

The answer is yes. The study found that for children aged 3-8 in particular, those who got more sleep were less likely to be overweight. Children who got 11 or more hours of sleep per night were the least likely to be overweight. The authors found that 36% of children who slept the average amount (about 10 hours per night) were overweight five years later. In contrast, only 30% of children who slept an additional hour (11 hours per night) were overweight. Unfortunately, most children aged 3-8 are not getting the 11 hours per night that this study shows would be most beneficial. The association between sleep and weight also existed for children aged 8-13 years. Among those children, 30% of those who slept 10 hours per night were overweight five years later, compared to 34% of those who slept only 9 hours.

Why does more sleep reduce the likelihood of being overweight?

Although this study did not address this question, other research has suggested that not getting enough sleep can increase weight in several different ways. First, not getting enough sleep leads to changes in hormones that can increase appetite, particularly cravings for sugary foods. Second, being tired during the day decreases energy for exercising. Finally, more time awake can mean additional time available to eat. For many American children, staying up an extra hour at night means an extra hour of snacking in front of the television or computer.

What can parents do?

The authors recommend that parents work to ensure that their children get the recommended amount of sleep each night. Because children’s waketimes are relatively dependent on school start times, this means putting children to bed early enough to ensure that they get enough sleep: 11-13 hours a night for preschoolers; 10-11 hours a night for grade school children; and 9 hours for teenagers. For a grade-schooler who needs to get up by 7am for school, this means going to bed between 8 and 9pm. Even if this is not possible every night, any extra sleep at night can benefit children and should be encouraged.

Other studies have shown that extra sleep improves children’s cognitive functioning (Sadeh et al., 2003). This study shows that the benefits of sleep extend to children’s health as well. Putting children to bed earlier on a consistent basis may be an effective and relatively easy strategy for reducing childhood obesity.

Source: Rachel Dunifon, Associate Professor in the Department of Policy Analysis and Management at Cornell University, July 2007