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The Eating Healthy with Diabetes Group Tour gave me a new appreciation and respect for all of you who live with diabetes every day.

Dear Readers,

I DON'T HAVE DIABETES. I have friends whose children have Type 1, and I have both friends and relatives with Type 2. But once I leave the office each day, diabetes is not part of my daily health routine.

Last month I took an Eating Healthy with Diabetes Group Tour at my local Shaw's Supermarket-Osco Pharmacy in Massachusetts. I joined a group of about 14 people, most with Type 2. My first impression, as I listened to the pharmacist read through an informational pamphlet and ask questions, was that this group was uninformed and didn't know the necessary basics. I didn't think I would learn anything on this tour.

I was wrong. Living with diabetes is hard work.

The tour members knew more than they had let on and asked intelligent, thoughtful questions as we stopped throughout the store and discussed fruit servings, starchy vegetables, deli meats, yogurt, frozen meals, breads, ice cream and healthy snacks. We read nutrition facts labels, sampled healthy alternatives and debated the use of sugar substitutes. Cow's milk vs. almond milk? Butter vs. margarine? More fiber vs. fewer calories?

Our group was led by Mara Sansevero, a Registered Dietitian at Brigham and Women's Hospital in Boston and a Certified Diabetes Educator. I learned a great deal about healthy eating from both her tips and her answers to specific questions. For example:

- Whether your banana is yellow or turning brown, its total carb count remains the same. Since the starch converts to sugar as the banana ripens, you are more likely to see a spike after eating a brown banana than a yellow one, because sugar is digested more quickly than starch.
- Here's a trick to help choose the leanest meats that are lowest in saturated fat: FLR. That floor stands for Flank, Loin and Roast or Round.
- On average, women should aim for no more than three carb exchanges per meal, or 45 grams. And there are no rollover carbs as one might have for calories on a diet, in which the total is for the entire day. If you use only 30 carbs at breakfast, you can't tack on the extra 15 at lunch.
- Hmmm, Greek low-fat yogurt or regular low-fat yogurt? While the calories are about the same, Greek yogurt has about half the carbs and double the protein.

Although I knew much of the information discussed through my work editing *Diabetes Self-Management*, for me the big takeaway was just how much time, work and planning go into managing blood glucose levels. Every meal, every snack must be analyzed, measured, weighed and counted. All in all, the tour gave me a new appreciation and respect for all of you who live with diabetes every day and read this magazine for information, advice and support to help you succeed in your efforts.

In this issue, our *Weight Self-Management* section can help you to control your portions at summer picnics and barbecues, and our interview with Chris Smith, a.k.a. The Diabetic Chef, features some of his favorite summer recipes.

So enjoy the summer months, stay active and eat well!

Yours truly,



Cheryl A. Rosenfeld
Editorial Director, Wellness



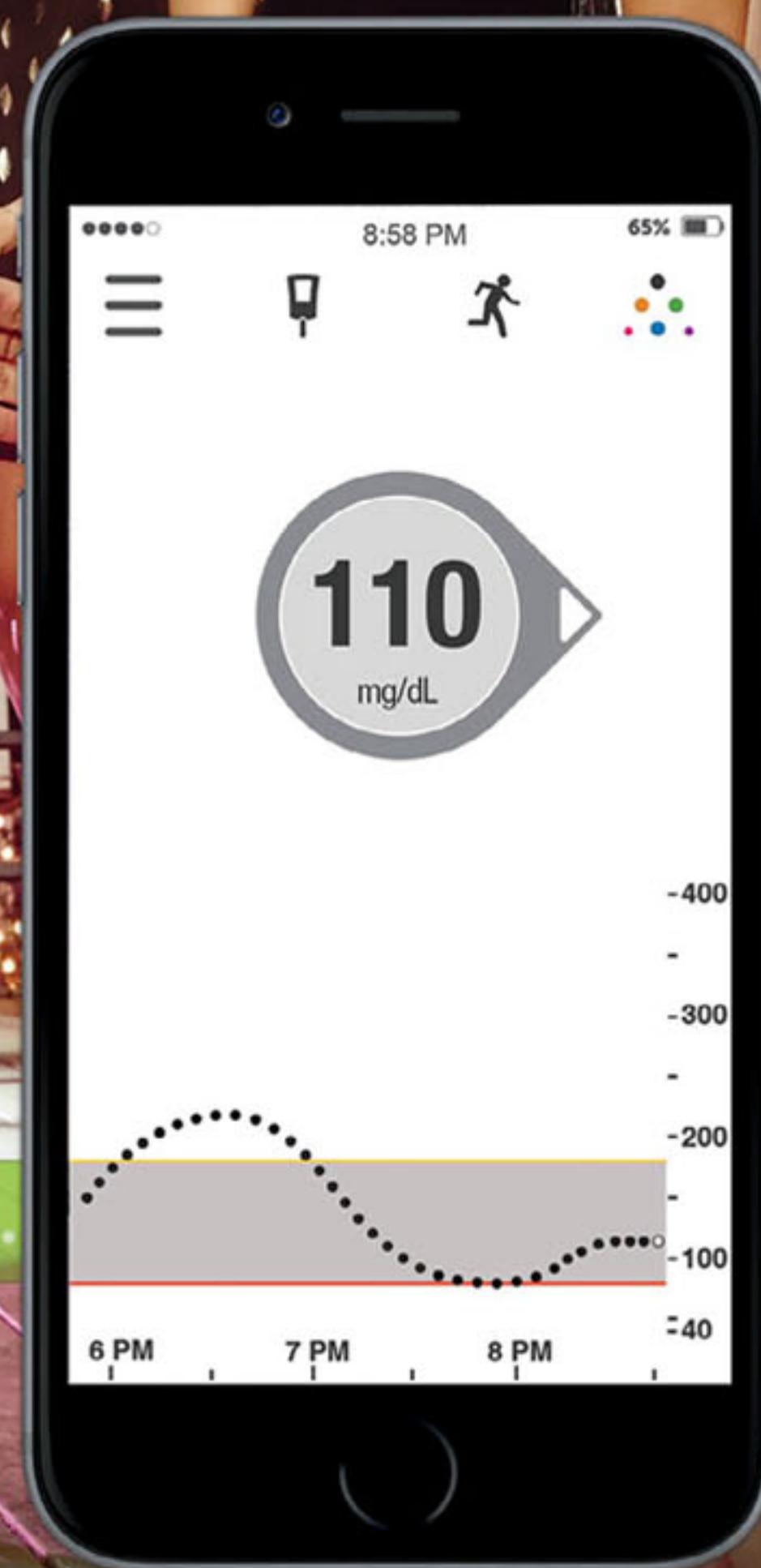
I ALWAYS KNOW

WHEN MY GLUCOSE LEVEL IS READY FOR MY BEST MOVES

If you have diabetes, now you can always know your glucose level with the new DEXCOM G5[®] Mobile Continuous Glucose Monitoring (CGM) System. It sends readings every five minutes*—and alerts when necessary—from a small, body-worn sensor to your smart device.** You will always know your level, so you can avoid highs and lows.

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*Dexcom G5[®] Mobile User Guide, 2015. **For a list of compatible devices, visit www.dexcom.com/compatibility

BRIEF SAFETY STATEMENT The Dexcom G5 Mobile Continuous Glucose Monitoring System is a glucose monitoring system indicated for detecting trends and tracking patterns in persons (ages 2 years and older) with diabetes. **CONTRAINDICATIONS** Remove the System before MRI, CT scan, or diathermy treatment. The device is MR Unsafe. Do not bring any portion of the System into the MR environment. Taking acetaminophen while wearing the sensor may falsely raise your sensor glucose readings. **WARNING** Do not use the System for treatment decisions. The System does not replace a blood glucose meter. The System is not approved for use in pregnant women, persons on dialysis, or critically ill persons. If a sensor breaks and no portion of it is visible above the skin, do not attempt to remove it. Seek professional medical help if you have infection or inflammation. Report broken sensors to Dexcom Technical Support. Sensor placement is not approved for sites other than under the skin of the belly (ages 2 years and older) or upper buttocks (ages 2-17 years). Your smart device's internal settings override your app settings. Accessory devices (like a smart watch) might override your smart device's alert and notification settings. The Share feature must be turned "On" with an active internet connection to communicate glucose information to a Follower. The Follower must download and install the Dexcom Follow App onto a separate smart device with an active internet connection to receive data. Contact Dexcom Toll Free at 877-339-2664 or www.dexcom.com for detailed indications for use and safety information.

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What Do People Know about Diabetes?

Treatment of illness is just one of the things health-care professionals do. They also need to educate patients because a patient's knowledge can have a big effect on his or her ability to prevent, or deal with, a disease. A large survey conducted recently in Europe sought to find out what people knew about diet and lifestyle factors in the development of Type 2 diabetes.

The research was conducted by an organization called the Institute for Scientific Information on Coffee. While that may not seem like a group that would conduct diabetes research, the institute was interested in learning if people thought there was a connection between coffee and diabetes (there's no evidence of a connection, and there is some evidence that coffee might be beneficial), and the survey turned up a lot of information on other subjects.

The researchers surveyed 2,800 adults in seven countries—the U.K., Germany, Denmark, the Netherlands, Finland, Italy and Spain. They wanted to learn if there were any prominent myths and/or misconceptions about Type 2 diabetes. They received different results from different countries and age groups but, in general, the survey showed that many people are confused and misinformed about the relationship between lifestyle/diet and diabetes.

For example, more than half of those surveyed believed reducing their intake of saturated fat might help lower their risk of diabetes. Although there are reasons some people might want to lower their intake of saturated fat, there is no known link between saturated fat and diabetes. Similarly, 55% said they would lower their intake of sodium to prevent diabetes, although sodium also is not a specific risk factor. Nearly all respondents were aware that being overweight is a major risk factor for Type 2 diabetes, but not as many understood that a high body-mass index (BMI) also is a factor. Only about 60% were aware physical inactivity can increase the risk of Type 2 diabetes.

The researchers also ranked the countries from most informed to least informed. The most informed country was Finland, followed by Italy, Denmark, Germany, Spain and the Netherlands. The U.K. finished last, indicating that diabetes educators might need to increase their efforts there.

For example, between 70% and 80% of people surveyed in Finland, Germany, Italy, Spain and the Netherlands correctly believed that sugary drinks are associated with a risk of Type 2 diabetes. In the U.K., however, fewer than 70% knew of that risk. And among those ages 18-24 in the U.K., the figure was less than 30%—not a good sign.



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Representative photos: Before and after feet images from one week usage period. Cream was applied before bed and three times daily. Results may vary.

DEXCOM IN THE NEWS: AN INTERVIEW WITH CEO KEVIN SAYER

By Joseph Gustaitis

Founded in 1997 and headquartered in San Diego, Dexcom is one of the leading developers and makers of continuous glucose monitoring (CGM) systems—that is, it creates, often in partnership with other technology companies, devices with implantable sensors that consistently monitor blood glucose.

Its Dexcom STS Continuous Glucose Monitoring System was first approved by the U.S. Food and Drug Administration (FDA) in 2006. This was followed a year later by the Seven Continuous Glucose Monitoring System and the Seven Plus continuous glucose monitor in 2009.

The Dexcom G5 mobile system, which launched in February 2015, is able to transmit sensor data directly to a smartphone; the G6 system is expected in 2017. Patients now have the option to share their glucose information with as many as five other parties through a secure wireless connection.

Earlier this year, Dexcom was the subject of a Class I recall for the speakers on several of its monitors that signal an alarm when a high or low glucose level is detected. In addition, the company experienced problems with its customer service call lines. Recently, Dexcom CEO Kevin Sayer talked to *Diabetes Self-Management* about how the company is addressing its problems and planning for the future.

DSM: You've had and acknowledged problems with handling customers' service calls. Can you explain what the issues were and how you have addressed them?

KS: We've noticed and acknowledged for some time that we've not been answering calls well enough, and I'd



like to explain why. Dexcom has been at this for a long time. Over the first 10 years of operation, our user base went to 140,000 people. And then it doubled in 2015. In addition to doubling our user base, we launched—on a worldwide basis—our G5 mobile system, which enabled users to connect directly to their phones. This meant that all of a sudden, we had to deal with iPhone questions. And we found ourselves in the position of supporting a consumer device as well as a medical device. Calls were lasting 40% longer than they used to, which meant that callers were being placed on hold longer.

So we acknowledged the problem and we are doing a whole bunch of things, such as increasing support staff. We have added a very large number of people. Also, callers who are waiting in a queue for customer service now have the option of receiving a call back from us. We rebuilt the website and our online store, which makes everybody more efficient—we encourage our patients to use the online store. Our troubleshooting has increased. We've improved the training aspects on our website. We've also increased access to videos and user manuals—you can use the website to arrange for a webinar.

All these things are in the process of

being implemented in the next 30 days, and we think this will go a long way to getting us back to where we need to be. You know, in the past seven years, Dexcom has been the number one CGM company in a research aspect. We don't want to relinquish that, but at the same time, we need to do a better job servicing our patients. That's why we addressed the issue; we wanted people to know we acknowledged it and we're doing things to make it better.

DSM: How were the service call issues related to the product recalls?

KS: The recall problem certainly did not help matters. It started with a customer notification process in February, when we sent out letters to our patients. For many months, we've been monitoring the reports from patients that their speakers and receivers did not work, although let me remind you that this receiver has a warranty of one year and was designed to be a one-year warranty product. And like any consumer device, these can be dropped into toilets or otherwise damaged. At some point in time, you can break that speaker. But when we received reports that some speakers didn't work, we issued a notification letter telling everyone about the functionality of the speaker. There's a procedure described in the user guide that tells a user how to make sure the speaker works. But some people would misinterpret the notification and assume the device was not working and send it back asking for a new one, when it was working fine. We've had any number of incidents like that. So we've got the perfect storm—a service problem with the customer base and a recall issue. We're working with the FDA, and it's a

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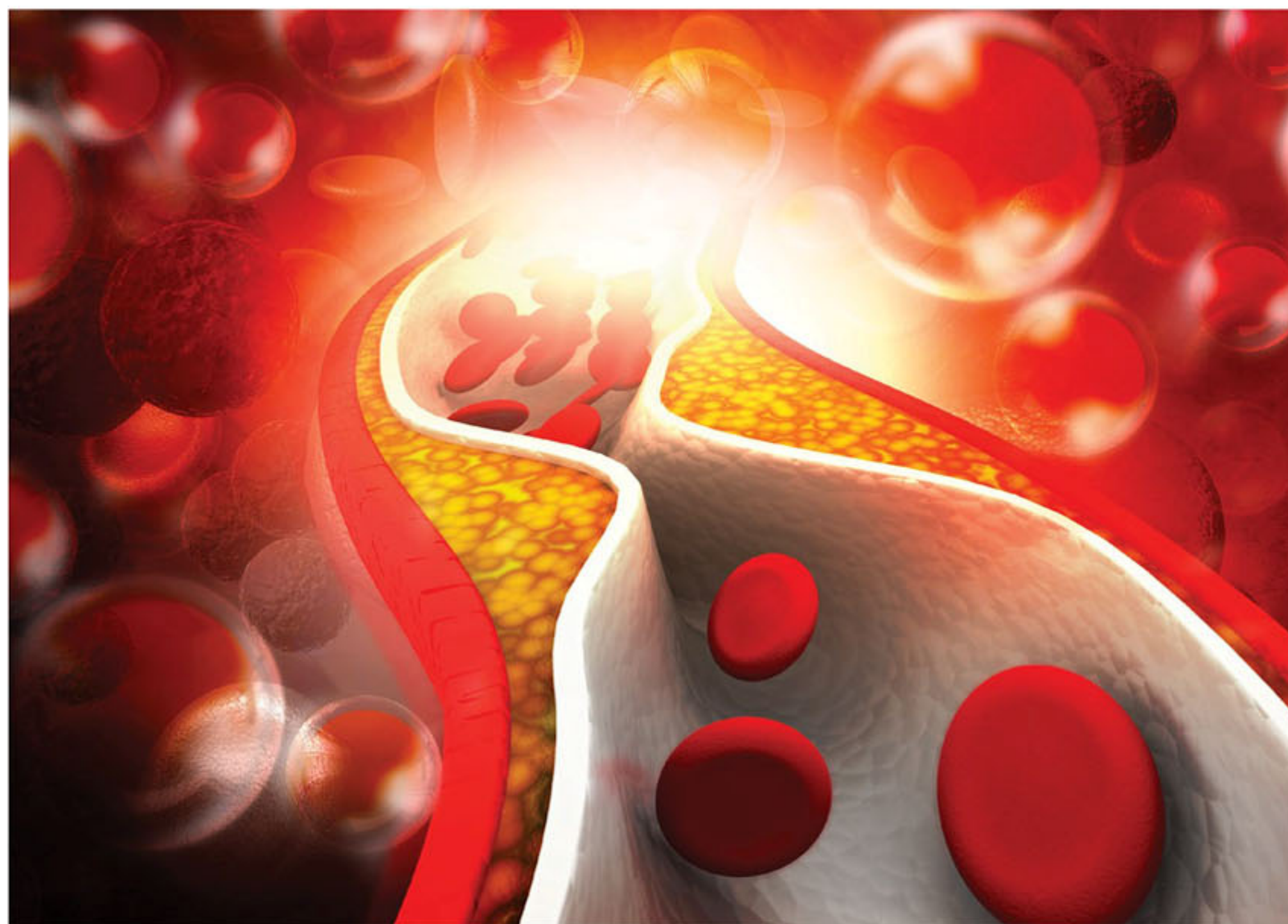
problem we're very capable of handling.

DSM: After these problems are addressed, what new technology is coming from Dexcom?

KS: We have a fabulous product line coming up. First, we are designing a better experience for our patients. After that, we are changing the insertion system to a one-button push technology. It's the last thing in our system that we haven't changed, and we need to change it. Then we're developing new sensor technology that will be an upgrade in design. We're filing an Android version of our software so a patient with an Android phone can use it. Also, we are developing an app that's more informative and educational.

In addition, we are developing a family of products in partnership with Verily, a company within the Google parent company Alphabet. We're taking the technology expertise of Google with electronics and communication and marrying it to our technology. The first result of our collaboration will be available soon. Verily has already completed a first-generation transmitter, and it is starting to test it with G5 and G6 sensors. We expect to have a miniaturized CGM monitor from the Verily partnership in November 2018. The next step in our collaboration will come around 2020 in the form of a disposable, inexpensive and small glucose monitor. We want to take that transmitter and make it about the size of a nickel or a bandage patch.

I go to a lot of diabetes meetings, and I see kids wearing our sensor. And, you know, it just looks too big on a four-year-old. The new device we expect to have will be the size of a bandage. Our advanced sensor research program remains on track to deliver a sensor intended to work with the targeted bandage-sized disposable transmitter that we are co-developing with Verily. So there's good stuff coming up.



Stroke Risk in People with Diabetes

IT'S BEEN KNOWN for some time that people with diabetes are at higher risk of stroke than the general population. Now, new research presented at the most recent meeting of the Radiological Society of North America suggests that using a new type of imaging might be helpful in determining stroke risk in patients with diabetes.

Since the 1970s, radiologists have been using the technique of magnetic resonance imaging, or MRI, to create highly detailed and informative images of the body. Unlike conventional x-rays, MRI does not expose the body to ionizing radiation. More recently, however, the field has seen the development of three-dimensional MRI (3-D MRI), which produces even more revealing images.

The researchers in the new study sought to find out if using 3-D MRI to examine the carotid arteries would help them evaluate stroke risk in patients with diabetes (the carotid arteries are the blood vessels on either side of the neck that supply blood to the brain). They were looking in the carotid arteries for evidence of intraplaque hemorrhage (IPH), an indication of advanced atherosclerotic disease, a condition in which plaque builds up inside the arteries that can lead to heart problems and stroke. Because people with diabetes have an increased risk of stroke, the scientists decided to focus on those patients.

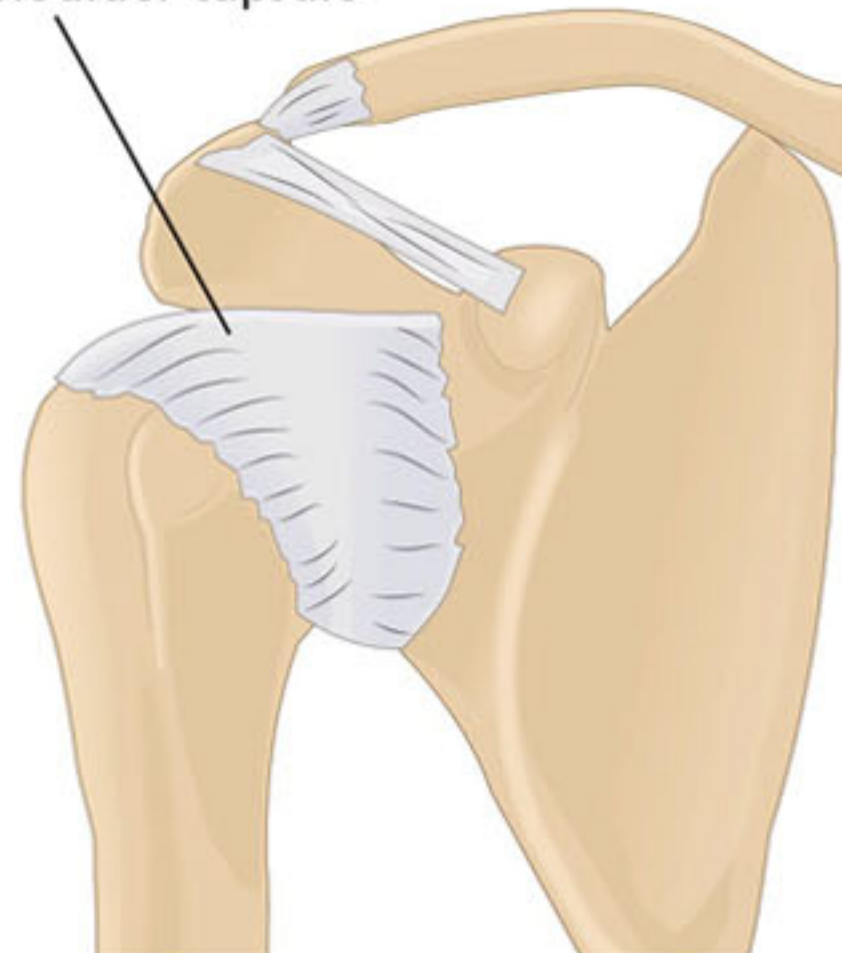
The researchers collected 3-D MRI images from 159 patients. They determined about one in four (37 patients) had IPH in at least one carotid artery. Five of those 37 patients had IPH in both carotid arteries. The study did not include a follow-up phase, and the researchers did not observe the patients over time to see if those who had IPH developed blockages.

According to Tishan Miraj, M.B.B.S., author of the study, "It was surprising that so many diabetic patients had this feature.... Perhaps IPH is an early indicator of stroke risk that should be followed up." Although there is no treatment for IPH at this time, Miraj said being able to identify it might help assess a person's degree of risk. "Even though you can't treat IPH," he said, "you can monitor patients a lot more closely."

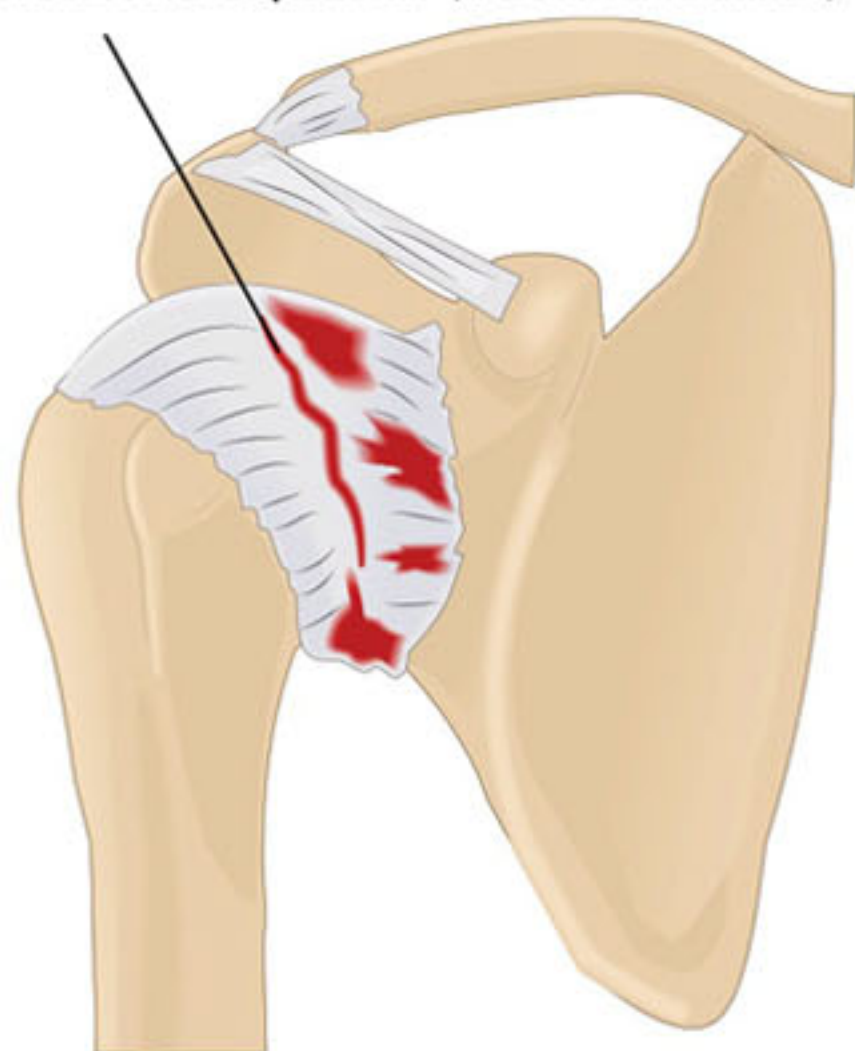
Diabetes

[definitions]

Shoulder capsule



Adhesive capsulitis (frozen shoulder)



FROZEN SHOULDER

Gradually developing stiffness, pain and limited range of motion in the shoulder, a condition also known as adhesive capsulitis. No one fully understands what causes it, but it appears to be associated with diabetes, thyroid disease and certain autoimmune diseases. It also is associated with immobility following surgery or an injury. Frozen shoulder may take a year or more to resolve, and full range of motion may never return.

Frozen shoulder is difficult to treat. Nonsteroidal anti-inflammatory drugs (NSAIDs) may provide short-term pain relief, but there is little evidence about their effectiveness. Oral corticosteroids such as prednisolone may provide short-term improvements in pain, range of motion and function, but there is little evidence of any long-term benefits, and doctors are concerned about side effects from long-term use. Corticosteroid injections into the shoulder may provide faster improvement with a lower risk of side effects.

Other treatments that also may help include physical therapy, hot and cold applications and gentle stretching. If these treatments fail to help and the symptoms continue to be distressing, surgery may be needed. One type of surgery, called manipulation under anesthesia, involves putting the patient to sleep and moving the arm into various positions that stretch the tight tissue. In another type of surgery, an arthroscope is used to cut through tight and fibrotic tissue.

HEMOCHROMATOSIS

A condition characterized by an excess accumulation of iron in the body. Hemochromatosis, usually caused by an inherited genetic defect, affects an estimated one million people in the U.S. Without treatment, the iron buildup can damage multiple organs throughout the body, causing cirrhosis, diabetes, cardiac arrhythmia (irregular heartbeat), weakness of the heart muscle, arthritis or erectile dysfunction. People with hemochromatosis may develop such symptoms as joint pain, fatigue, unexplained weight loss, abnormal bronze and gray skin color (giving the name to this so-called “bronze diabetes”), abdominal pain and loss of sex drive.

Once diagnosed, based on medical and family

history, physical exam and various blood tests, hemochromatosis is simple to treat. Health-care providers simply draw blood, a process called phlebotomy, once or twice a week for several months to a year or more. Meanwhile, they periodically check serum ferritin levels, which reflect iron levels in the blood. Once phlebotomy lowers serum ferritin to the desired level, the patient may need maintenance phlebotomy treatment every few months. People with hemochromatosis can help alleviate iron overload by avoiding iron-containing supplements and limiting foods rich in iron, such as red meat and organ meat. They also should avoid supplements containing vitamin C, which can increase iron absorption. If hemochromatosis is successfully treated before organs are damaged, many of its complications can be avoided.

TAVR

An acronym for transcatheter aortic valve replacement, a relatively new surgical treatment for aortic valve stenosis, or narrowing of the heart’s aortic valve. Aortic valve stenosis can make the heart muscle work harder and eventually lead to heart failure.

People with diabetes are more prone to aortic valve stenosis and have a higher risk of complications, including heart failure, than others. The most commonly used surgery for aortic valve stenosis is aortic valve replacement (AVR). In AVR, generally performed during open heart surgery, the surgeon removes the narrowed aortic valve and replaces it with a mechanical or tissue valve.

AVR can be riskier for people with diabetes, who tend to have more complications with the procedure. Fortunately, TAVR, a less invasive procedure for treating aortic valve stenosis, is becoming more widely available. The doctor inserts a catheter, with a balloon at the tip, into an artery in the patient’s leg or through a small incision in the chest and guides it into the aortic valve. The balloon has a folded valve around it, and when the balloon is inflated, it expands the valve into the existing aortic valve. TAVR currently is used to treat patients who have a high risk of complications with AVR. In these patients, TAVR appears to work about as well as AVR. Recently, the PARTNER Trial showed improved survival in patients who had diabetes with severe aortic valve stenosis treated with TAVR as compared with AVR.

Robert S. Dinsmoor, a medical writer and editor based in Massachusetts, is a contributing editor of *Diabetes Self-Management*.

A KwikPen for Large Doses

SOME PEOPLE who have either Type 1 or Type 2 diabetes become poorly receptive to the effects of insulin or develop what's known as severe insulin resistance. Even though they've made adjustments to their diet and get regular exercise, these people require much higher doses of insulin (more than the standard 200 units per day) to get their blood sugar to the recommended level.

Many of these patients use a product known as Humulin R U-500, manufactured by Eli Lilly and Company. Humulin R U-500 is a concentrated insulin especially designed for adults and children with diabetes who need more than 200 units of insulin per day. The advantage of using Humulin R U-500 is that because it is so concentrated, patients need to inject less of it than standard insulin. In



fact, Lilly says it can reduce patients' daily insulin volume by 80%, which means they might be able to take fewer daily injections.

One of the problems with Humulin R U-500, however, has been that it has always come in a vial. Patients need to use the vial to fill either a standard U-100 syringe or what's known as a "volumetric" syringe that requires conversion to unit markings or volume markings. If, say, a physician prescribed 100 units and the patient was using a U-500 vial and a U-100 insulin syringe, the patient would have to draw to the 20-unit marking, which is somewhat complicated and liable to cause error (and medication mistakes have, in fact, been reported).

Now, Lilly has introduced a KwikPen especially designed for people who need higher daily doses of insulin. KwikPens, which are prefilled with a prescribed dose of insulin, have been around for a while, but the new Humulin R U-500 KwikPen dials and doses the insulin units prescribed. Each pen has a dial at the base that the patient turns to the number of the prescribed dose—there's no need to measure or calculate a dose conversion. If, for example, a physician prescribes 100 units of Humulin R U-500 with this KwikPen, the patient sets the dial to 100. The manufacturer has given the Humulin R U-500 KwikPen a distinctive aqua color to distinguish it from other types of KwikPens.

**LILLY HAS
INTRODUCED
A KWIKPEN
ESPECIALLY
DESIGNED FOR
PEOPLE WHO
NEED HIGHER
DAILY DOSES
OF INSULIN.**

DIABETES RESOURCES

Caring for Your Feet, Step by Step

There are lots of reasons to love the outdoors during the summer months. The extra daylight hours make it the perfect season to fit in more physical activity such as walking. Devoted walkers should take several steps to keep their feet healthy so they can remain active and fully enjoy the weather.

Foot care involves reducing injury and frequently checking for any signs of damage: cuts, bruising, swelling, sores, discoloration, thick skin or ulcers. Foot ulcers, for example, which affect as many as one out of 10 people with diabetes, easily can develop from blisters and small wounds into serious risks. Even small ulcers on the foot may heal extremely slowly and need rigorous treatment to heal properly. Also, be aware of any cracking of dry skin because this could develop into an ulcer over time.

Diabetes can cause poor blood flow to the feet, so it's important to wear comfortable and properly fitting footwear. When buying shoes, here are a few tips recommended by the Joslin Diabetes Center (joslin.org):

- shop in the afternoon, because feet swell during the day;
- wear socks when you're having shoes fitted;
- break in new shoes by wearing them for a few hours before going for a long walk; and
- avoid walking barefoot, which can more easily lead to damage.

Exam time

Since diabetes can affect the nerves as well as the blood circulation in your feet, it's important to have your feet checked at least once a year. If you have foot problems, more frequent exams with your health-care provider will be necessary. Nerve damage can come on slowly, which is why an examination is essential. If the nerves in your feet or legs are damaged, a condition called diabetic neuropathy, your feet can lose sensation and become numb.

During an examination, your doctor or podiatrist (a foot-care specialist) often will ask specific questions about your feet and your overall health. Your toes and other parts of your feet will be tested to see if your nerves detect any feeling.

But don't wait for your annual exam. Experts recommend regularly examining your feet to identify any cuts, sores or ulcers. This is even more important if you suffer from poor circulation and numbness. If you have trouble checking your own feet, ask a spouse or loved one to help you. It's for a good cause: Regular exercise will help better manage your diabetes.

Paul Wynn, a writer based in Garrison, N.Y., has covered health-care trends for the past 20 years.



IF YOU HAVE DIABETES AND SHOOTING BURNING PINS AND NEEDLES PAIN IN YOUR FEET OR HANDS,

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*Individual results may vary.

Prescription LYRICA is not for everyone. Tell your doctor right away about any serious allergic reaction that causes swelling of the face, mouth, lips, gums, tongue, throat, or neck or any trouble breathing, rash, hives or blisters. LYRICA may cause suicidal thoughts or actions in a very small number of people. Patients, family members or caregivers should call the doctor right away if they notice suicidal thoughts or actions, thoughts of self harm, or any unusual changes in mood or behavior. These changes may include new or worsening depression, anxiety, restlessness, trouble sleeping, panic attacks, anger, irritability, agitation, aggression, dangerous impulses or violence, or extreme increases in activity or talking. If you have suicidal thoughts or actions, do not stop LYRICA without first talking to your doctor. LYRICA may cause swelling of your hands, legs and feet. Some of the most common side effects of LYRICA are dizziness and sleepiness. Do not drive or work with machines until you know how LYRICA affects you. Other common side effects are blurry vision, weight gain, trouble concentrating, dry mouth, and feeling "high." Also, tell your doctor right away about muscle pain along with feeling sick and feverish, or any changes in your eyesight including blurry vision or any skin sores if you have diabetes. You may have a higher chance of swelling, hives or gaining weight if you are also taking certain diabetes or high blood pressure medicines.



Do not drink alcohol while taking LYRICA. You may have more dizziness and sleepiness if you take LYRICA with alcohol, narcotic pain medicines, or medicines for anxiety. If you have had a drug or alcohol problem, you may be more likely to misuse LYRICA. Tell your doctor if you are planning to father a child, if you are pregnant, or plan to become pregnant. Breastfeeding is not recommended while taking LYRICA. Talk with your doctor before you stop taking LYRICA or any other prescription medication.

Please see Important Risk Information for LYRICA on the following page.

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.FDA.gov/medwatch or call 1-800-FDA-1088.

Ask your doctor about LYRICA and visit **LYRICA.com** or call **1-888-9-LYRICA (1-888-959-7422)**.



**IT'S SPECIFIC TREATMENT
FOR DIABETIC NERVE PAIN**

IMPORTANT FACTS



(LEER-i-kah)
(pregabalin)

IMPORTANT SAFETY INFORMATION ABOUT LYRICA

LYRICA may cause serious, even life threatening, allergic reactions. Stop taking LYRICA and call your doctor right away if you have any signs of a serious allergic reaction:

- Swelling of your face, mouth, lips, gums, tongue, throat or neck
- Have any trouble breathing
- Rash, hives (raised bumps) or blisters

Like other antiepileptic drugs, LYRICA may cause suicidal thoughts or actions in a very small number of people, about 1 in 500.

Call your doctor right away if you have any symptoms, especially if they are new, worse or worry you, including:

- suicidal thoughts or actions
- new or worse depression
- new or worse anxiety
- feeling agitated or restless
- panic attacks
- trouble sleeping
- new or worse irritability
- acting aggressive, being angry, or violent
- acting on dangerous impulses
- an extreme increase in activity and talking
- other unusual changes in behavior or mood

If you have suicidal thoughts or actions, do not stop LYRICA without first talking to your doctor.

LYRICA may cause swelling of your hands, legs and feet.

This swelling can be a serious problem with people with heart problems.

LYRICA may cause dizziness or sleepiness.

Do not drive a car, work with machines, or do other dangerous things until you know how LYRICA affects you. Ask your doctor when it is okay to do these things.

BEFORE STARTING LYRICA, continued

- Angiotensin converting enzyme (ACE) inhibitors. You may have a higher chance for swelling and hives.
- Avandia® (rosiglitazone)*, Avandamet® (rosiglitazone and metformin)* or Actos® (pioglitazone)** for diabetes. You may have a higher chance of weight gain or swelling of your hands or feet.
- Narcotic pain medicines (such as oxycodone), tranquilizers or medicines for anxiety (such as lorazepam). You may have a higher chance for dizziness and sleepiness.
- Any medicines that make you sleepy.

POSSIBLE SIDE EFFECTS OF LYRICA

LYRICA may cause serious side effects, including:

- See “Important Safety Information About LYRICA.”
- Muscle problems, pain, soreness or weakness along with feeling sick and fever
- Eyesight problems including blurry vision
- Weight gain. Weight gain may affect control of diabetes and can be serious for people with heart problems.
- Feeling “high”

If you have any of these symptoms, tell your doctor right away.

The most common side effects of LYRICA are:

- Dizziness
- Blurry vision
- Weight gain
- Sleepiness
- Trouble concentrating
- Swelling of hands and feet
- Dry mouth

If you have diabetes, you should pay extra attention to your skin while taking LYRICA.

ABOUT LYRICA

LYRICA is a prescription medicine used in adults 18 years and older to treat:

- Pain from damaged nerves that happens with diabetes or that follows healing of shingles, or spinal cord injury
- Partial seizures when taken together with other seizure medicines
- Fibromyalgia (pain all over your body)

Who should NOT take LYRICA:

- Anyone who is allergic to anything in LYRICA

BEFORE STARTING LYRICA

Tell your doctor about all your medical conditions, including if you:

- Have had depression, mood problems or suicidal thoughts or behavior
- Have or had kidney problems or dialysis
- Have heart problems, including heart failure
- Have a bleeding problem or a low blood platelet count
- Have abused prescription medicines, street drugs or alcohol in the past
- Have ever had swelling of your face, mouth, tongue, lips, gums, neck, or throat (angioedema)
- Plan to father a child. It is not known if problems seen in animal studies can happen in humans.
- Are pregnant, plan to become pregnant. It is not known if LYRICA will harm your unborn baby. You and your doctor will decide whether you should take LYRICA.
- Are breastfeeding or plan to breastfeed. LYRICA passes into your breast milk. It is not known if LYRICA can harm your baby. Breastfeeding is not recommended while taking LYRICA.

Tell your doctor about all your medicines. Include over-the-counter medicines, vitamins, and herbal supplements.

LYRICA and other medicines may affect each other causing side effects. Especially tell your doctor if you take:

HOW TO TAKE LYRICA

Do:

- Take LYRICA exactly as your doctor tells you. Your doctor will tell you how much to take and when to take it. Take LYRICA at the same times each day.
- Take LYRICA with or without food.

Don't:

- Drive a car or use machines if you feel dizzy or sleepy while taking LYRICA.
- Drink alcohol or use other medicines that make you sleepy while taking LYRICA.
- Change the dose or stop LYRICA suddenly. If you stop taking LYRICA suddenly you may have headaches, nausea, diarrhea, trouble sleeping, increased sweating, or you may feel anxious. If you have epilepsy, you may have seizures more often.
- Start any new medicines without first talking to your doctor.

NEED MORE INFORMATION?

- Ask your doctor or pharmacist. This is only a brief summary of important information.
- Go to www.lyrica.com or call 1-866-459-7422 (1-866-4LYRICA).

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Rx only

Q: Are there any clear rules for adjusting basal insulin when crossing several time zones? I tend to just take a bit less basal when going to Europe because I lose six hours and a fraction more flying to the West Coast because I gain three hours.

A: This is one of the instances that makes me appreciate my insulin pump. I change the clock on my pump when arriving at the destination, and the basal pattern matches the new day/night schedule. Injected basal insulin can be a bit trickier when you are traveling across multiple time zones (one- to two-hour changes don't usually require any special adjustments).

The activity of injected basal insulin such as detemir (Levemir) or glargine (Lantus) starts to dissipate around 24 hours after injection. When you take one injection daily, it usually is best to keep the injections 23-25 hours apart (the timing is much more flexible for those taking two injections of basal insulin daily). So when traveling east, you may need to take your injection later at your destination. The opposite holds true when traveling west. For example, when flying from the East Coast of the U.S. to the U.K., if you normally take your injection of glargine at 9 a.m., you would take it around 2 p.m. in the U.K. because of the five-hour time difference. This keeps the injections about 24 hours apart. When traveling from East Coast to West Coast, you would take your usual 9 a.m. injection at 6 a.m. upon arrival.

If this creates a dilemma because your injection would take place in the middle of your sleep time, you may shift the timing of your injections at home over the course of several days before your trip. If you live on the West Coast and take your Levemir at bedtime (11 p.m.), begin shifting it back an hour each day leading up to your trip so that the final home injection would be at 7 p.m. and your injection time when arriving east would be 10 p.m. (rather than 11 p.m. and 2 a.m.).



Our Expert

Gary Scheiner MS, CDE, is owner and clinical director of Integrated Diabetes Services (www.integrateddiabetes.com, 610-642-6055), a private practice specializing in intensive insulin therapy for children and adults. He and his team of Certified Diabetes Educators work with clients throughout the world via phone and internet. Gary has lived with Type 1 diabetes for 30 years and was named Diabetes Educator of the Year in 2014 by the American Association of Diabetes Educators. He has written six books, including *Think Like A Pancreas*, and is a regular contributor to *Diabetes Self-Management*.

If you travel a great deal and want to avoid changing your injection time, speak with your health-care team about switching to one of the longer-acting basal insulins (Tresiba or Toujeo). Because these insulins last longer than 24 hours, it generally is not necessary to alter the timing of the injections when traveling. Changing the amount of the dose is not recommended for those taking basal insulin.

Q: My fiancée has had Type 1 diabetes for 12 years. Her HbA1c is in the 8s, and she says she feels fine when her blood sugar is around 200 mg/dl. When it gets to around 120, she feels hypo... sometimes shaky, sick, blurry vision, etc. Her doctor says 120 is perfectly normal and he wants her there more often. What can we do?

A: Sounds as though your fiancée is experiencing something called “relative hypoglycemia.” Symptoms occur whenever blood sugar drops quickly or falls below her current comfort zone. Essentially, when her blood sugar drops from, say, 240 to 120, her brain is tricked into thinking she is hypoglycemic, even though she is not. True hypoglycemia does not occur until the blood sugar is below 70 or 60 mg/dl. But when the brain thinks the blood sugar is low, the symptoms start to kick in.

Based on her physician's recommendation, your fiancée should work toward tightening her glucose control. She will need to go through a withdrawal process as her brain readjusts to blood sugars closer to normal. In other words, you both will need to put up with the symptoms for a little while unless her blood sugar truly is in a hypoglycemic range. Symptoms will start to fade in a matter of days or weeks.

To ease the severity of the symptoms, she could reduce her glucose levels in a gradual, controlled manner: If she currently targets a glucose level of 200 mg/dl, she could lower her target to 180 for a week, then 160 and so on, until she easily can tolerate the target of 120.

DIABETES QUIZ

How Much Do You Know about How Diabetes Affects Your **VISION**?

You're probably well aware that diabetes can cause eye disease and even, in extreme cases, lead to blindness. But how much do you really know about the different ways diabetes can affect your vision? Take this short quiz to find out.

1. Diabetes can cause which of the following diseases (check as many as apply):

- A.** Retinal detachment
- B.** Diabetic retinopathy
- C.** Macular edema
- D.** Retinal blastoma

2. Fill in the blank: People with diabetes are _____ more likely to develop cataracts.

- A.** 30%
- B.** 40%
- C.** 50%
- D.** 60%

3. Which of the following does NOT increase the risk of developing diabetic eye disease?

- A.** Having diabetes for many years
- B.** Miscarriage
- C.** Pregnancy
- D.** Early puberty

4. Which is the most common form of diabetic retinopathy?

- A.** Retinopathy of prematurity
- B.** Nonproliferative retinopathy
- C.** Proliferative retinopathy
- D.** Solar retinopathy

5. How exactly do high blood sugar levels affect your vision? (check as many as apply)

- A.** They can change the shape of your lens
- B.** They can cause blurry vision
- C.** They can affect blood supply to the eyes
- D.** They can cause deposits on the eyes
- E.** All of the above
- F.** None of the above

SEE PAGE 20 FOR **ANSWERS**

Funding is Fundamental

There are a lot of smart young scientists out there with innovative ideas on conducting diabetes research. The problem has been that because these scientists are in the early stages of their careers, they find it difficult to raise the funding they need to carry out their investigations.

That's where an organization called the Diabetes Research Connection (DRC) comes in. Its purpose is to connect early-career researchers with donors with the means to fund research on the prevention and cure of Type 1 diabetes. The scientists submit their proposals to the DRC, which turns them over to a panel of more than 80 diabetes experts who volunteer to review the projects. Typically, the process of reviewing a research grant can take 18 months or more, but with the DRC, the time between proposal and funding can be a little as 12 weeks. And 100% of the research funds go directly to the laboratory of the researcher who submitted the proposal. That researcher is, in turn, required to provide regular updates on the progress of the investigation.

For example, Kristin Mussar, a Ph.D. candidate at the University of Wisconsin, received a \$54,000 grant from the DRC to study the possibility of creating new insulin-producing cells that can repair a damaged pancreas. No other American lab is carrying out the same research and, if it is successful, it could lead to a drug that can help restore the body's natural ability to produce insulin.



The DRC was formed by five people with a deep interest in Type 1 diabetes. Three are scientists who concentrate on diabetes research. The other two are non-scientists with a more personal interest—they both have had Type 1 diabetes for years.

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Diabetes And Hearing Loss

Research indicates that people with diabetes are about twice as likely to develop hearing loss. To raise awareness of this connection, it is important to have your hearing tested as part of your regular health screenings.

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ANSWERS

1. A, B, and C. Diabetic retinopathy is a catch-all phrase used to describe many different eye disorders caused by diabetes. In a healthy eye, tiny blood vessels called capillaries nourish the eye and remove waste products from the organ. However, high blood sugar levels often damage the capillaries feeding the eye, making it harder for them to supply nutrients and eliminate waste from the surrounding tissue. Damaged capillaries may swell in places and disrupt or destroy healthy tissue. In very severe cases of diabetic retinopathy, damaged blood vessels feeding the retina actually may leak badly enough that the retina is pulled out of place—a condition called retinal detachment. This can cause vision loss or blindness.

2. D. According to the American Diabetes Association, people who have diabetes are 60% more likely to develop cataracts than others and, unfortunately, it doesn't stop there. Those with diabetes also often develop cataracts earlier in life and more quickly.

3. B. The longer you have diabetes, the greater your risk for developing diabetic retinopathy.

According to the American College of Family Physicians, 98% of people who have had diabetes for 15 or more years have some form of eye disease caused by diabetes. For women with diabetes, while there doesn't appear to be data on how miscarriage affects eye health, hormonal changes that occur during pregnancy can increase the odds of developing eye disease. Hormonal changes that occur during puberty in both boys and girls with diabetes also can increase the odds of developing eye disease. Children who develop Type 1 diabetes before age 10 also are at a slightly higher risk of developing diabetic retinopathy.

4. B. The two general types of diabetic retinopathy are proliferative retinopathy and nonproliferative retinopathy—both of which involve blood vessels becoming blocked, according to the American Diabetes Association. In nonproliferative retinopathy, capillaries in the eye form pockets in the back of the eye. Proliferative retinopathy occurs when new blood vessels form as existing blood vessels in the eye become blocked. The growth of new blood vessels along with blockage can cause scar tissue, severe bleeding in the

eye and even retinal detachment. The more common of the two forms, nonproliferative retinopathy may not always require treatment. However, it's important to practice healthy habits including watching your diet, monitoring your blood sugar consistently and having your vision checked regularly by an eye doctor.

5. E, all of the above. High blood sugar not only limits the blood supply to the eyes, but it also can cause blurry vision, which may or may not go away once you regain control of your blood sugar. The inability to remove waste products also can cause deposits to form in the eyes and floaters to appear. Finally, genetics also can play a role in diabetic eye disease, so it is helpful to know if you have a parent or sibling with diabetic eye disease. Ask your doctor for more information about what to expect and how to keep your eyes—and the rest of your body—healthy.

Frieda Wiley, PharmD, CGP, RPh, is a freelance medical writer and consultant pharmacist based in the Piney Woods of East Texas.

Blood Monitoring by Phone

WHAT CAN'T YOU DO with the newest cell phones these days? They can tell you how to get to where you're going, give you a weather forecast and let you order food, for starters. Now, there's a new device that allows you to use your phone to monitor your blood glucose level.

It's called the Dario Blood Glucose Monitoring System. Developed by LabStyle Innovations Corporation, a company based in Israel, it's advertised as an "all-in-one" glucose meter. It's pocket-sized and has a built-in lancing device, a meter and test strips (each strip cartridge holds 25 disposable strips). According to the manufacturer, it's "painless," it never needs a battery and the blood sugar monitoring process takes only six seconds.

But the real high-tech feature is that it plugs directly into the headphone socket of any smartphone, either iPhone or Android.



Every time it's connected, the app automatically syncs with the meter and stores the data for further reference. You can share the test results with your family, your caregiver or your health-care team—no matter where they are. Other features of the app allow you to access your medication data and track your progress.

The app is meant to help you understand why your blood

sugar levels change. A logbook lets you add and track your carbohydrates and insulin, as well as your physical activity. The app also sends you a reminder when it's time to check your blood sugar or take your medication.

The Dario has been on sale in Europe since 2013. The U.S. Food and Drug Administration (FDA) approved it in January, and it hit the U.S. market shortly after.

Joseph Gustaitis is a freelance writer and editor based in the Chicago area.

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Are **YOU** Ready?

DISASTER PREPAREDNESS:

By Lisa Katzki, RN, BSN, PHN

DISASTER—THE WORD ALONE ELICITS AN EMOTIONAL reaction tinged with fear. Disasters are not new—they’ve occurred since the beginning of time. However, they seem to be increasing in frequency and severity.

When the subject of emergency preparedness arises in the Western U.S., the focus almost always is on earthquakes, drought or wildfires. The discussion is not about if a disaster will strike, but when. In the Southeast, the concern is hurricanes; in the Plains states, tornadoes; in the Northeast, blizzards and ice storms; and in the Midwest (and elsewhere), floods. Natural or manmade—there’s always the possibility disaster can strike. Are you ready for the next disaster?

Having diabetes requires much more planning and gathering of emergency supplies. On top of all the other basic human needs, you have additional issues vital to your survival—the need for proper medication storage and to manage stress, injury and illness and their effects on blood sugars.

With preparation, you can both survive and maintain

control over your diabetes.

The most important part of preparedness is the “pre”—what you do before a disaster hits. Once disaster strikes, communication and transportation systems will be disrupted. Water systems, gas and electricity may be damaged or experience outages. Infrastructure—medical, police, fire, hospitals, pharmacies—may be damaged or overwhelmed. Picking up a new vial of insulin or syringes from a pharmacy or hospital may be impossible. What do you do then?

Here are some basics for collecting and storing the supplies you’ll need to become self-sufficient in an emergency situation. The goal is to motivate yourself toward your own personal preparedness, so you can pick yourself up and get back to life as usual—as quickly as possible—should a disaster befall you.

Where to stock supplies

Before making a list of the supplies you’ll need in an emergency, think of the various places where you might need them—wherever you and your family members likely

would be—and may be stuck—when an emergency strikes.

The most common locations are your home, car, workplace and/or school. For your home and car, you'll want to build an emergency kit that includes water, food, first-aid supplies, prescription medicines and diabetes care needs, personal hygiene items, one or more communication devices, tools and sources of warmth, shelter and lighting. Keep your home kit in a location not likely to be obstructed or damaged in an emergency. For example, if the most likely disaster to strike your area is a flood, do not store your emergency kit in the basement.

It's also a good idea to keep a smaller collection of these items in a "go bag" that you can grab quickly if it becomes necessary to leave home in a hurry.

Ask managers in your workplace and your children's school(s) if they have emergency action plans and appropriate supplies for staff and students. Most states have requirements for school emergency management planning, but it doesn't hurt to make sure a school is in compliance. If a school or workplace does not have a plan or supplies in place, recommend it get prepared—and offer to help. Until that location is adequately prepared, keep a complete emergency supply kit there as well. If the school or workplace has a plan with adequate supplies, you need only supplement it with your unique needs, such as diabetes supplies.

How much to stock

Simply put, prepare for how many days you want to be able to eat and have water. The rule of thumb is to have, at a minimum, a three-day supply of necessities. Depending on the scope of the disaster, it could easily take that long for assistance to reach your area and, as during Hurricane Katrina in 2005, it could take longer. Assume you will be on your own without running water, power or community assistance for at least three days. Prepare for longer if you are able.

To calculate how much water, food and other necessities to have on hand, multiply the daily amount required per person by the number of days for which you are preparing. Then multiply that number by the number of people likely to be at that location when an emergency hits. (For example: 1,200 calories x 3 days x 4 people.) Do not forget your pets in your calculations.

Because food, water, medicines, batteries and other supplies don't last forever, you will need to check, replace



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WITHOUT
RUNNING
WATER,
POWER OR
COMMUNITY
ASSISTANCE
FOR AT LEAST
THREE DAYS.
PREPARE
FOR LONGER
IF YOU
ARE ABLE.

or replenish your emergency supplies at least once a year. Set a reminder in your calendar. To improve the odds you won't get caught with foul water or rotten food, stock up with supplies that have the longest shelf life possible. Water and food that are specially packed to be stored for five years or longer are available.

Many medicines do not have a long shelf life. It is important to ensure you always have an unexpired supply of the medicines you use.

Water

A person cannot survive for more than a few days without water. This makes water the most important item in your disaster survival kit, particularly since your regular water source is highly likely to be cut off following a disaster.

The American Red Cross and FEMA recommend storing one gallon of water per person per day. Half of that is for drinking and half is for cooking and sanitation. Store more if you live in a warm climate. A two-week supply in your home and a three-day supply in your car are optimal. If you are unable to store this quantity, store as much as you can.

The simplest and most reliable method is to use specially packed emergency water with a five-year shelf life. Store bottled water in its original sealed container and adhere to the expiration or "use by" dates on the bottles. Although most experts agree that commercially bottled water

doesn't actually go bad, the water, over time, does pick up flavors from its packaging. These flavors, combined with warm storage temperatures, contribute to the musty taste. If you are uncertain, cannot see the dates or have water that was not commercially bottled, replace it every six months.

In addition to bad odor and taste, contaminated water can contain germs, bacteria and viruses that can cause illnesses such as dysentery, typhoid and hepatitis. Treat all water of uncertain quality before drinking it or using it for food preparation or sanitation.

Boiling or chlorination kills most microorganisms but does not remove contaminants such as heavy metals, salts and most other chemicals. Therefore, before treating water, let suspended particles settle to the bottom or strain them through layers of paper towels or coffee filters.

Learn where to find other sources of water in or near your home. A hot water tank, if you have one, is one of the best sources. There also is water in canned foods, in fresh or frozen fruits and vegetables, and in your pipes. To



SAFE WATER TREATMENT

In case of an emergency, if you need to treat your water, here are three methods.

Boiling

This is the safest method of treating water—and it also is the oldest. That is why most civilizations have drunk beer and ales, all manufactured with water through the brewing (boiling) process. Flavors were added in to cover up bad tasting water.

Bring water to a rolling boil for one full minute, keeping in mind that some water will evaporate. Let the water cool before drinking. Oxygen improves the taste of water, so pouring the water back and forth between clean containers will help.

Chlorination

Household liquid bleach can be used to kill microorganisms. Be careful to only use regular household bleach that contains 5.25% to 6.0% sodium hypochlorite.

Do not use scented bleaches, color-safe bleaches or bleaches with added cleaners. Use bleach from a newly opened or unopened bottle for strongest potency.

Add 16 drops (1/8 teaspoon) of bleach per gallon of water. Stir and let stand for 30 minutes. The water should have a slight bleach odor. If it doesn't, repeat the dosage and let stand for another 15 minutes. If it still does not smell of bleach, discard it and find another source of water.

If you choose to use other chemicals such as iodine or water treatment products sold in stores, make sure they contain 5.25% to 6.0% sodium hypochlorite as the active ingredient.

Distillation

These two methods will kill most microorganisms. However, distillation will take care of any that resist those methods. In addition, it will eliminate heavy metals, salts and most other chemicals. Distillation involves boiling water and collecting the vapor that condenses back to water. For instructions on distillation, please visit www.RedCross.org.

get to water in your pipes after the faucets have run dry, turn on and leave open the highest faucet in your house. Then turn on the lowest faucet in your house, and more water should come out.

Consider rainwater, streams, rivers, ponds, lakes or natural springs. Avoid water with floating material, an odor or a dark color. Before drinking water from any of these sources, purify it by boiling it, distilling it or adding chlorine or water purification tablets designed for purifying drinking water. (Faucet-mounted or pitcher-style water filters are not sufficient for purifying water from these sources. To learn more about purifying water, visit RedCross.org.) Camping equipment and sporting goods stores often sell water purification kits for backpackers. Salt water can be used only if it is distilled first, and you should never drink flood water.

FEMA and the Red Cross do not recommend using water from toilet flush tanks or bowls, radiators, water beds or swimming pools/spas because chemicals or pathogens may be present.

Food

Daily food intake varies from person to person, but plan to stock at least 1,200 calories per person per day and more for anyone who is pregnant or nursing. Store some foods you eat regularly and are accustomed to, as well as some high-calorie “survival” foods such as food bars and freeze-dried meals.

In the event of a power outage, eat the food from your refrigerator first, followed by food in the freezer. Next, make use of your pantry before delving into your emergency supplies. By following these suggestions, you can easily stretch your three-day emergency kit into a two-week food supply if you are careful not to waste food.

Foods that do not require refrigeration, preparation or cooking are best. Canned goods are ideal and foods with a long shelf life, such as granola bars, also are good. Put any boxed foods in waterproof storage bags and also keep cooking and eating utensils, a manual can opener and waterproof matches in your emergency kit. Depending on the circumstances, you may be able to do some cooking on a propane or charcoal grill, in a camping stove or with Sterno.

Check your stored food supply each year and replace anything that has expired or will expire within the year.

If you have diabetes, be aware that most “survival” foods are high in calories and likely will raise your blood glucose more than your regular meals. The stress of the situation also can elevate your blood glucose. If you need to sustain yourself with emergency foods, read the package labels carefully so you know the size of a single serving, how many calories it provides and how much carbohydrate it contains. If possible, monitor your blood glucose more frequently than usual. Glucose tabs and gels are the most recommended forms to counteract hypoglycemia; be sure to include some in your emergency stock.



Warmth

Many parts of the U.S. can be cold for much of the year. If your electricity or gas is cut off, your usual source of heat most likely will be cut off as well. If you have a fireplace, keep a stockpile of wood. This old-fashioned source of warmth could find sudden practicality in an emergency.

Pack blankets and sleeping bags in your kit. You can purchase inexpensive, very compact survival blankets made of Mylar, which reflects back body heat; these are easy to store in a car or “go bag.” Check any fabric emergency blankets annually for mold or moth damage. Keep extra gloves and socks in your kit as well, along with instant heat packs (usually available at camping or sporting goods stores).

Include season-appropriate clothing (hot and cold weather) and at least one complete change of clothing and footwear. Closed-toed shoes or boots are recommended for safety. Rain gear for wet weather is helpful. You also can modify large trash bags into ponchos.

Check and update clothing sizes each year so it is sure to fit when you need it.

Insulin and blood glucose meters are vulnerable to cold. If insulin freezes, it is rendered permanently useless, and meters can stop functioning in very cold temperatures. You may be able to keep your meter warm by placing it inside the clothing you are wearing. An insulated carrying

case—the same type used to keep insulin cool—also can help protect insulin from extreme cold.

Shelter and tools

It’s possible your home may become damaged and uninhabitable in a disaster, so set up a buddy system with friends or relatives so you’ll have somewhere to stay. Ideally, you should have both a local buddy and one who lives outside the geographic area. It’s best that the buddy system be reciprocal: That way, both parties stand to benefit.

You also should pack a tent or tarps in your kit for short-term shelter. Your home kit should include basic tools such as a shovel, pry bar, hammer and nails, manual screwdriver and screws, duct tape, marking pen, hard hat, work gloves, safety goggles, dust masks and a wrench that can be used to shut off your gas and water connections.

Become familiar with how to shut off your gas, water and electricity. If you don’t know how or where to find the valves, ask your local power company for help. In the event you need to turn your gas off, do not turn it back on yourself. Your gas company will need to do that for you.

Lighting

Power outages are common after a disaster. Be prepared with a flashlight in your emergency kit, your car and in at least three rooms of your house. Test the batteries regularly,

just as you should for your smoke detectors.

The ideal flashlight for your emergency kit is one that can be powered by battery, electric, solar or hand crank. In your home, keep a rechargeable flashlight in an outlet so that it is fully charged when the power goes out. Most cell phones have a flashlight app that is quite bright.

Communication

Many people now have several ways to communicate, including a conventional telephone line (land line), smart phone (which also can be used to send text messages and emails) and computer. Radios and televisions also can be useful for receiving information about disasters and emergency situations. Social media has become an integral way for people to connect and stay informed. Include it in your planning and utilize it as a way to communicate with one another.

While it is unlikely all these devices will become inoperable after a disaster, cell phone towers likely will be jammed and may cease functioning if the power goes out.

Have a land-line telephone that does not rely on electricity for power (one that plugs directly into the phone jack and not into a power outlet). Keep your cell phone charged at all times. If you can't call, texting may work. You may have better luck with email, so keep your laptop charged. If you are lucky enough to reach (or to be reached by) someone outside the geographic area affected by the disaster, ask that person to relay messages for you, since you may be unable to call out again for some time. Remember to make use of social media to relay and share information.

Since it is likely you will have no means of outside communication for hours or days after a disaster, choose a meeting place with your loved ones ahead of time. Also, agree on a second meeting place in case your first choice is not reachable. If you leave your home following an emergency, leave a note on the door saying where you've gone and how to reach you.

Pack a radio in your emergency kit that is powered by solar, hand crank or batteries, and be sure to pack extra batteries. Some radios also come with built-in flashlights and cell phone chargers.

Keep your gas tank at least half full. You may need your car to leave an area. If the power is out, gas pumps will not work. There may be long lines waiting to gas up.

Have cash on hand. You may need cash for the first few days or weeks. A disaster can shut down local ATMs and banks. Without power, credit card machines will not work. Cash should be in small denominations for easier use.

Check your town's and state government's websites to learn about local efforts and resources for emergency planning.

Sanitation and hygiene

The last thing you want during or after an emergency is to get sick or to spread a sickness through your household. The best way to avoid that is to keep your hands as clean as possible. If you have running water, wash your hands frequently with soap and water. If you don't have water, use a waterless hand gel or moist towelettes. Keep

a stock of these in your emergency kit.

Remember to include personal hygiene items such as a toothbrush, toothpaste, deodorant, shampoo, comb, brush, contact lens supplies and feminine supplies in your emergency kit. Travel-size containers are good for stowing in your "go bag." Place them in a zippered bag in case of leakage.

Also keep a bucket, a portable toilet seat (available from emergency preparedness retailers), toilet paper and a box of large trash bags in your home kit.

First aid

Maintain basic, well-stocked first-aid kits for your home, car and workplace for treating minor injuries. Your first-aid kits should include these items.

- Adhesive bandages of various sizes
- A 50 x 90 sterile dressing
- Gauze roller bandages
- 30 x 30 or 40 x 40 sterile gauze pads
- Elastic bandages
- Antibacterial hand wipes
- Antiseptic wipes (for wound or skin cleaning)
- Several pairs of non-latex gloves
- Adhesive tape
- Antibacterial ointment
- Cold packs
- Scissors
- Tweezers
- CPR breathing barrier

Include small amounts of any over-the-counter medicines you might need, such as aspirin, acetaminophen, ibuprofen, an antihistamine and throat lozenges. Look through your kits each year to replace expired or soon-to-expire items. If you have a cell phone, download First Aid by American Red Cross for a quick and handy guide to basic first-aid care. There also is an app for Pet First Aid for your BFF (best furry friend).

Diabetes supplies

It is vital that you have an adequate amount of diabetes medicines and supplies throughout an emergency. Have at least a three-day supply in each of your emergency kits, and never run lower than a one-week supply at home. If a medicine needs to be kept cool, however, do not store it in your emergency kit; keep it in the refrigerator (both at home and at work).

Your list of diabetes medicines and supplies likely will include all or some of the following.

- Extra insulin(s)
- Syringes
- Extra glucose meter
- Test strips
- Lancets and lancing device
- Insulin pump supplies

- Extra batteries for your blood glucose meter and pump
- A glucagon kit
- Ketone test strips
- Alcohol wipes
- Glucose tablets or gel

Since insulin needs to be kept at a temperature below 86°F, be prepared with a method to keep it cool in the event of a prolonged power outage in hot weather. One option is to have an evaporative cooler such as a FRIO® insulin cooling wallet, which is activated by water, keeps insulin cool for two days, is reusable and does not require ice packs or refrigeration. With reactivation, this will give you up to one month to get to a new source of insulin.

If you do not have an evaporative cooler, for the first day of a power outage, you can keep medications cool in the freezer (although you should unplug it because it will freeze your medications if power is restored). Or you can use an insulated bag or lunchbox with a cold pack, ice or frozen food from the freezer. (Don't place your insulin directly on a cold pack, ice or frozen food.)

For oral medications, ask your pharmacist for a vial or save one labeled with your name, dosage, medication and prescribing physician for use in an emergency.

Your emergency kit should include copies of all your prescriptions (including glasses or contact lenses) and a current dosage regimen in case others need

to give your medicines to you. For pump users, this should include basal rates, insulin-to-carbohydrate ratios and correction factors. If you subscribe to a medical identification service, include a printout of all your information. Put this information in a zippered bag or on a flash drive.

Review your plan each year and update it accordingly. Get CPR and first-aid training and keep certifications current.

So what are you waiting for?

Even a simple power outage can turn into a dangerous situation if you're not prepared. Yet, with adequate supplies of water, food, ways to keep warm (or cool) and supplies to take care of your diabetes, you can survive myriad situations and stay in good health while doing it. You must be able to depend on yourself. Take some time now to assess how prepared you and members of your household are to survive on your own for a few days. Note what steps you need to take, and then take action. By putting together a plan, building a kit and staying informed, you can enjoy peace of mind, be empowered and have no regrets.

Lisa Katzki, RN, BSN, PHN, is the CEO of ReadyCare, LLC (www.readycareco.com), an emergency preparedness company that is also the national distributor for the FRIO® insulin cooling wallet (www.FRIOCase.com). Lisa is a CERT instructor for the City of Walnut Creek and an instructor for the American Red Cross.

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BACK TO SCHOOL

**Now is the time to put a Section 504 Plan
in place for your child with diabetes**

by Laura Hieronymus, DNP, MEd, MLDE, BC-ADM, CDE, FADE,
Alba Morales, MD, and Leslie Scott, PhD, PPCNP-BC, CDE, MLDE

Diabetes is one of the most common chronic illnesses in youth. Approximately 5% of all new diabetes cases are Type 1, with most of these cases affecting children and adolescents. In fact, more than 18,000 people under age 20 are diagnosed with Type 1 annually. Also of concern is the growing number of new cases of Type 2 diabetes in youth—over 5,000 diagnoses annually in the U.S.

As we get ready to head into another school year, it is important that as the parent or guardian of a child with diabetes, you and your child's school have all the information necessary to ensure your child has a successful school year. While about one in every 300 to 350 children has diabetes, that may not be the case in your child's school.

Section 504

Section 504 of the Rehabilitation Act of 1973, or Section 504, is a federal civil rights law put in place to prevent discrimination of an individual with a disability. It reads, "No otherwise qualified individual with a disability in the United States ... shall, solely by reason of her or his disability, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance."

Children and adolescents with diabetes are covered under Section 504. Diabetes is considered a disability, defined as a physical or mental impairment that substantially limits one or more major life activities. With diabetes, the inability of the body to keep blood glucose levels in the normal range qualifies the condition as a disability. Other examples covered under Section 504 include epilepsy, asthma, autism spectrum disorders and attention deficit hyperactivity disorder (ADHD). Schools—particularly those that receive federal funding—are required to provide reasonable accommodations to assure your child's day-to-day diabetes needs are met.

Have a Plan in Place

To make sure your child's rights are protected, his/her diabetes-related needs are met and you and the school system are on the same page, your child should have a Section 504 Plan. Your school district should have written procedures regarding the services it provides under Section 504. Ask about these written procedures to familiarize yourself with how your child's school interprets its responsibilities.

Your child's Section 504 Plan helps ensure your child's needs are communicated in the form of a written plan to the school staff and parents/guardians, as well as the child him/herself. Generally, this plan of care should include:

- Who is trained on and will supervise the child's diabetes care needs at school
- Strategies for training temporary personnel (i.e., substitute teachers)
- Familiarity with and location of diabetes care supplies in the school setting
- Timing and supplies for administering medication

- Schedule and location of blood glucose monitoring supplies
- List of symptoms and treatment for:
 - hyperglycemia (blood glucose levels that are too high)
 - hypoglycemia (blood glucose levels that are too low)
- Plan for routine meals and snacks
- Availability of restroom and water fountain breaks
- Any accommodations needed for exercise, physical activity and sports
- Support for necessary excused absences for diabetes care appointments
- Emergency plan (including sick-day management and school lock-down procedures)
- Updated contact information for relatives, friends and health-care providers.

Once the school is notified that a student has diabetes, appropriate care should be taken to ensure staff members are trained to check blood glucose levels as well as administer insulin and glucagon. School personnel such as classroom teachers, physical education teachers, coaches and bus drivers/monitors who have regular contact with the child should be trained to recognize when blood glucose levels are too high or too low, along with the appropriate follow-up treatment. Familiarity with this information will allow school personnel to help meet a child's needs and help that child feel his/her best and perform better in school.

Students with diabetes should be encouraged to participate in all physical activities, sports events and field trips. Trained adults should be present in these settings and be aware of

Section 504 Tips

Do your homework when planning ahead for your child's safety at school! The following tips may be helpful as you research and develop the Section 504 Plan:

- If your child has diabetes and attends a school that receives federal funding (i.e., a public school), the school is required to provide reasonable accommodations to assure your child's day-to-day diabetes needs are met.
- Private and religious schools that received federal funding must also comply; however, the requirements may vary from public schools.
- The Section 504 Plan does not require that your child have any learning challenges, so a straight-A student or one who is struggling with studies is equally eligible.
- For a sample Section 504 Plan developed by the American Diabetes Association (ADA) and the Disability Rights Education and Defense Fund, Inc. (DREDF), go to the ADA's website at: <http://main.diabetes.org/dorg/PDFs/Advocacy/Discrimination/504-plan.pdf>

the individual's diabetes plan and how to respond should diabetes-specific needs arise. It is important to note that if you are unable to attend such events your child can not be excluded from participating.

Diabetes Medical Management Plan

One of the key components of the Section 504 Plan is the Diabetes Medical Management Plan (DMMP). This plan is designed by you (the parent/guardian) and incorporates medical orders from your diabetes care team, signed by your child's diabetes care provider (pediatric endocrinologist or pediatric nurse practitioner). The DMMP outlines your child's type of diabetes and date of diagnosis, as well as a written expectation of what is needed specific to your child's diabetes care. Other items likely to be included in the DMMP:

Contact Information. Legible, accurate contact information is very important should the school need to contact a parent/guardian, the child's diabetes care provider or any other key person. Be sure to provide updated home, work and cell phone numbers so school personnel can reach the appropriate contact. Make sure each number has a voicemail option or an alert in place to assure the person can be reached.

Blood Glucose Monitoring Details. The school staff will receive guidelines on how often to monitor your child's blood glucose level—on a routine basis, each time the child complains of symptoms of hypo- or hyperglycemia, and/or any time the child feels ill. The brand of blood glucose meter, test strips and lancets, along with blood glucose target ranges, should be included in the plan. It is essential school personnel know that a fingerstick always should be performed if hypoglycemia

SCHOOL PERSONNEL SHOULD BE TRAINED TO RECOGNIZE WHEN BLOOD GLUCOSE LEVELS ARE TOO HIGH OR LOW, ALONG WITH THE APPROPRIATE TREATMENT.

is suspected. If your child is using a continuous glucose monitor (CGM), additional training should be given according to the type of CGM, with emphasis on the purpose of the alarms and actions to be taken, such as confirming blood glucose with the meter before taking action on a sensor blood glucose level.

Treatment for Hypoglycemia. A detailed plan of treatment for hypoglycemia (blood glucose that is too low) is essential. Provide details about your child's usual symptoms of hypoglycemia as well as the likelihood for the blood glucose to become too low without the child feeling symptoms. Be sure your child has a source of 15–20 grams of pure glucose (3–5 glucose tablets or an individual 15-gram tube of glucose gel) easily available. In addition, provide other options for 15–20-gram sources of carbohydrate that can be used to treat hypoglycemia, such as $\frac{1}{2}$ to $\frac{1}{3}$ cup of fruit juice. The staff should be aware your child's blood glucose should be rechecked approximately 15 minutes later to determine whether additional treatment is necessary. Designated school staff should be trained in the use of Glucagon for severe hypoglycemia and to call 911 and the parent/guardian. The diabetes care provider should be notified as well.

Treatment for Hyperglycemia. Likewise, school personnel should be informed about how to monitor hyperglycemia (blood glucose levels higher than target ranges). Again, provide details about the symptoms your child experiences when his/her blood glucose is too high and specific instruction regarding when to check (urine or blood) for ketones (when the body breaks down fat for energy). Trained school staff should understand the critical significance and management of the presence of ketones in urine. Clear instructions on its management with extra doses of insulin should be available if needed.

Diabetes Medications. Children with Type 1 diabetes always will require insulin therapy. Your child's plan should include specifics about the type of insulin, how often it will be taken and the device (syringe, pen or pump) used to administer insulin. Most plans include the amount to be added to correct a blood glucose level that is too high. The plan should outline when, who and any approval needed to adjust insulin doses. It is critical that insulin doses are spaced apart enough to avoid "stacking," which can result in too much insulin and cause hypoglycemia. If your child is treated with a diabetes

What is Glucagon?

Glucagon is a hormone that is normally produced by the pancreas. A synthetic version (medication) comes in a kit and can be used in an emergency situation for severe hypoglycemia (low blood glucose)—such as when the person with diabetes is unconscious or is unable to swallow any oral treatment. Glucagon is injected into the fatty tissue, such as the back of the arms, and causes the liver to release glucose into the bloodstream, thus raising the glucose level in the blood.

Particularly for children with Type 1 diabetes, glucagon is essential. While an unopened kit usually has an expiration date of several months, even years, it is important to routinely check to make sure the unopened package does not become outdated.

Glucagon Dosing

- If child less than 50 pounds, HALF ($\frac{1}{2}$) the dose should be given
- If child greater than 50 pounds, FULL dose should be given

medicine that is not insulin, the plan should be specific on the purpose of the medicine and state how often, what time or times of day, whether before or after a meal and the type (i.e., oral pill).

Meal Plan. School staff should have an awareness of the effect carbohydrate has on blood glucose and the purpose of estimating carbohydrate content in a particular food. Many school menus have nutrition information available. The staff should not deny your child a food just because he has diabetes. Instructions for when food is provided to the class such as a holiday event is essential so your child may participate, his carbohydrate counted and any necessary insulin administered.

Physical Activity and Sports. The plan should emphasize the availability of a source of glucose when your child is participating in physical activity and sports. Details regarding any additional food intake needed depending on your child's blood glucose level should be included, as well as effects of the intensity and length of time he/she exercises. It should be clear that your child should not exercise if his/her blood glucose is high and he/she has moderate-to-large ketones in the urine. In contrast, if his/her blood glucose is high, no ketones are present and he/she feels fine, he/she should be able to exercise.

Other Information. Other helpful information includes what (if any) help a child might provide in his/her diabetes self-care. If your child is capable of doing so, he/she can be allowed to perform the diabetes care activities associated

with monitoring blood glucose, taking insulin and counting carbohydrate accurately; however, he/she always should be closely supervised by trained staff.

Finally, the school system will require signatures from you (the parent/guardian) as well as a sign-off on the medical orders by your child's diabetes care provider.

Peace of Mind

Your child has the right to attend school with attention paid to successful diabetes management. The Section 504 Plan is important to you, the school and your child. Talk with the school and your child's diabetes care provider ahead of time so that the Section 504 Plan is ready. This way his/her diabetes care responsibilities can be understood by everyone involved. While parents can't help but worry about their children, having a plan in place can help lessen that worry and keep your child safe and healthy at school.

"I wanted to be sure my child had access to everything needed for diabetes at school," said Mary, mother of a first grader with Type 1 diabetes. "The Section 504 Plan provided a safer school environment."

Laura Hieronymus is a doctor of nursing practice and master licensed diabetes educator. She is the associate director of the Barnstable Brown Diabetes Center. **Alba Morales** is a physician specialist in pediatric endocrinology. **Leslie Scott** is a doctoral-prepared pediatric nurse practitioner and master licensed diabetes educator in pediatric endocrinology. All are at the University of Kentucky in Lexington, Kentucky.

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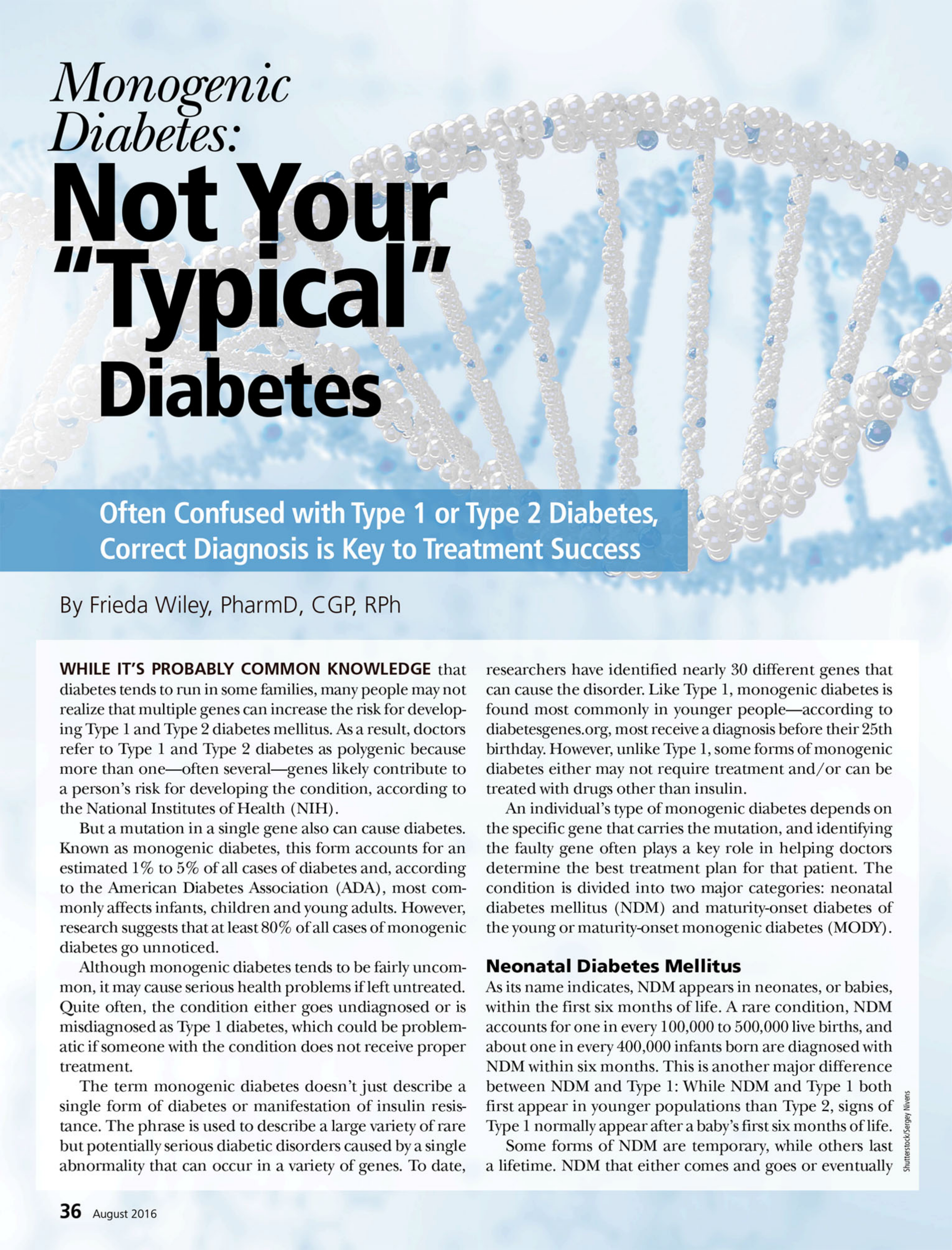
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Monogenic Diabetes: **Not Your “Typical” Diabetes**

Often Confused with Type 1 or Type 2 Diabetes,
Correct Diagnosis is Key to Treatment Success

By Frieda Wiley, PharmD, CGP, RPh

WHILE IT'S PROBABLY COMMON KNOWLEDGE that diabetes tends to run in some families, many people may not realize that multiple genes can increase the risk for developing Type 1 and Type 2 diabetes mellitus. As a result, doctors refer to Type 1 and Type 2 diabetes as polygenic because more than one—often several—genes likely contribute to a person's risk for developing the condition, according to the National Institutes of Health (NIH).

But a mutation in a single gene also can cause diabetes. Known as monogenic diabetes, this form accounts for an estimated 1% to 5% of all cases of diabetes and, according to the American Diabetes Association (ADA), most commonly affects infants, children and young adults. However, research suggests that at least 80% of all cases of monogenic diabetes go unnoticed.

Although monogenic diabetes tends to be fairly uncommon, it may cause serious health problems if left untreated. Quite often, the condition either goes undiagnosed or is misdiagnosed as Type 1 diabetes, which could be problematic if someone with the condition does not receive proper treatment.

The term monogenic diabetes doesn't just describe a single form of diabetes or manifestation of insulin resistance. The phrase is used to describe a large variety of rare but potentially serious diabetic disorders caused by a single abnormality that can occur in a variety of genes. To date,

researchers have identified nearly 30 different genes that can cause the disorder. Like Type 1, monogenic diabetes is found most commonly in younger people—according to diabetesgenes.org, most receive a diagnosis before their 25th birthday. However, unlike Type 1, some forms of monogenic diabetes either may not require treatment and/or can be treated with drugs other than insulin.

An individual's type of monogenic diabetes depends on the specific gene that carries the mutation, and identifying the faulty gene often plays a key role in helping doctors determine the best treatment plan for that patient. The condition is divided into two major categories: neonatal diabetes mellitus (NDM) and maturity-onset diabetes of the young or maturity-onset monogenic diabetes (MODY).

Neonatal Diabetes Mellitus

As its name indicates, NDM appears in neonates, or babies, within the first six months of life. A rare condition, NDM accounts for one in every 100,000 to 500,000 live births, and about one in every 400,000 infants born are diagnosed with NDM within six months. This is another major difference between NDM and Type 1: While NDM and Type 1 both first appear in younger populations than Type 2, signs of Type 1 normally appear after a baby's first six months of life.

Some forms of NDM are temporary, while others last a lifetime. NDM that either comes and goes or eventually

completely disappears is called transient neonatal diabetes mellitus. According to the NIH Genetics Home Reference, NDM disappears by age 18 in nearly 50% of babies born with it. The rest have permanent NDM, or PNDM.

To date, scientists have identified more than 20 different genes that cause NDM, and some can cause both temporary (transient) or permanent NDM. For example, babies born with defective genes such as *KCNJ11* or *ABCC8* may have NDM throughout their adult lives, according to the ADA. In fact, mutations in either of these genes are among the most common causes of permanent NDM, since 30% of people with permanent neonatal diabetes mellitus have a *KCNJ11* gene defect, while another 20% carry a mutation in the *ABCC8* gene.

Challenges for Children with NDM

NDM can affect the health and development of a child, beginning at conception and continuing through childhood. Fetuses carrying a genetic mutation for NDM may grow slowly in the uterus and have high blood sugar, dehydration and trouble gaining weight after birth, according to the NIH. Parents may find their child develops more slowly than other children in the same age group. In more severe cases, NDM children also may battle epilepsy and developmental delays.

Permanent NDM (PNDM) can have long-term effects on digestion, mainly due to an underdeveloped pancreas, which may not release enough insulin to help regulate blood sugar. The pancreas also may lack special enzymes the body needs to digest fat and absorb certain nutrients. As a result, some people with PNDM also may have fatty stools and trouble absorbing fat-soluble vitamins (vitamins A, D, K and E).

Maturity-Onset Monogenic Diabetes

MODY generally occurs later in childhood—usually as children approach puberty or young adulthood, according to diabetesgenes.org. Some people with MODY may not have any signs or symptoms at all. While scientists have identified at least 11 different genes responsible for different forms of MODY, the most commonly diagnosed forms of monogenic diabetes fall under the MODY category, and most people with MODY are diagnosed by age 25.

Each of the 11 different MODY-causing genes may have different signs and symptoms that demand different treatments. For example, people who have a defect in the *GCK* gene may have hyperglycemia and an A1C ranging from 5%

to 7%. Yet, unlike Type 2 diabetes, people with *GCK* mutations may not find that diet and exercise modification have much impact on their blood sugar.

Genetic mutations in *HNF1A* and *HNF4A* commonly are mistaken for Type 1 and therefore are treated with insulin. As with Type 1, people with these mutations typically are not overweight. *HNF1A* mutations may cause tumors to develop in the liver, called hepatic adenomas, while *HNF1B* mutations may cause kidney problems, including congenital birth defects or cysts. People carrying an *HNF1B* mutation also may have abnormalities in their genitalia or urinary tracts. But unlike Type 1 diabetes, people diagnosed with MODY caused by either *HNF1A* or *HNF4A* genetic defects may fare better taking low doses of sulfonylureas such as glipizide or glyburide rather than the insulin they likely would be prescribed if they are diagnosed with Type 1. However, with age, some of these patients may find their bodies no longer respond to sulfonylureas, so their doctors might switch them to insulin.

WHILE MONOGENIC
DIABETES—WHICH
MOSTLY AFFECTS
CHILDREN—
ACCOUNTS FOR
ONLY UP TO 5% OF
DIABETES CASES
OVERALL, RESEARCH
SUGGESTS AT LEAST
80% OF ALL CASES
GO UNNOTICED.

Genetic Testing Can Help Determine Treatment for Monogenic Diabetes

Because multiple genes can cause monogenic diabetes, genetic testing can help doctors identify which form a patient has and design a treatment plan. Unfortunately, genetic testing can be expensive, and insurance companies do not routinely cover this type of screening. According to one study, genetic testing for monogenic diabetes can cost about \$1,000. But it could be worth it if the patient is found to have a form of monogenic diabetes that could be confused with Type 1.

Specialists in children's health are more likely to test babies who routinely have high blood sugar. Still, nearly 50% of children who either may have or develop MODY will not be diagnosed, since only those babies who show the classic symptoms of the condition are tested.

As with other forms of diabetes, having a family member with the condition can increase risk. Every child born to a parent with MODY has a 50% chance of developing the condition. If you have some form of monogenic diabetes or a parent with it, talk to your doctor about having your children tested. Experts also recommend children and families who developed diabetes before age 25 and whose families have been affected by the condition for two or three generations should ask their doctors about being tested.

Frieda Wiley, PharmD, CGP, RPh, is a freelance medical writer and consultant pharmacist based in the Piney Woods of East Texas.

MEET OUR BLOGGERS

We'd like to introduce
our print magazine readers
to some of our regular
online contributors of
DiabetesSelfManagement.com.
These talented writers post
blog columns once a week
on our website.

→ **Amy S. Mercer** is a freelance writer living in Charleston, S.C., with her husband and three sons. She was diagnosed with Type 1 diabetes at age 14 and has written two books about living well with diabetes—*The Smart Woman's Guide to Diabetes: Authentic Advice on Everything from Eating to Dating and Motherhood*, and *The Smart Woman's Guide to Eating Right with Diabetes: What Will Work*. Read Amy's blog every Tuesday.



→ **Scott Coulter** is a musician, teacher, writer and former therapist based in Philadelphia. For the past 22 years, Scott has lived with Type 1 diabetes, learning how to manage his condition whether on the road and working until 3 a.m. five nights a week as a touring musician or living the quiet life at home with his wife, Carmen. Scott draws from his experiences to offer guidance on maintaining emotional health, managing diabetes in challenging circumstances and learning how to live a full and rewarding life with diabetes. Read Scott's blog every Thursday.

→ **Amy Campbell** is a Boston-based registered dietitian and certified diabetes educator. She worked at the Joslin Diabetes Center in Boston for 19 years as a diabetes educator and clinical education program manager. Currently, she works at Good Measures, a virtual provider of dietitian services. Amy writes about all aspects of diabetes self-management, with an emphasis on nutrition-related topics including what's new in the field of nutrition and diet. Read Amy's blog every Monday.



→ **David Spero** has been a nurse for 40 years, a health writer for 15 years and has lived with multiple sclerosis for 35 years. He is author of *Diabetes: Sugar-Coated Crisis* (New Society, 2006), *The Art of Getting Well* (Hunter House, 2003) and *The Inn by the Healing Path: Stories on the Road to Wellness* (2015). Among other topics, he blogs about successful self-care, alternative therapies, social approaches to wellness, sleep, pain, sex, and financial, environmental, and spiritual issues in diabetes. Read David's blog every Wednesday.

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The meal delivery trend is sweeping the country, as more services offer diabetes and other health-conscious meal plans

By Paul Wynn

Imagine cooking a meal that not only tastes good, but also is easy to make. The food is already in your refrigerator, the ingredients are pre-measured, simple directions are provided and your nutritional needs are met without too many excess calories.

Welcome to the world of meal-delivery plans and meal-kit services—a popular new trend in eating and cooking that is sweeping the country and helping time-starved people get back in the kitchen. These services appeal to those who want to cook but don't have the time to plan meals, buy ingredients and cook dinner. It removes the anxiety many people experience trying to figure out “what's for dinner.”

How do these plans work? You start by going online and choosing from a menu of meals, from basic to gourmet. Some services deliver frozen, pre-cooked meals that need only reheating. But the majority of services deliver meal kits with all the fresh ingredients needed to prepare a homemade meal.

With rapid delivery methods championed by Amazon, meals are shipped to your door in mini coolers containing your chosen entrees, along with pre-measured and sometimes pre-chopped ingredients, including everything from creams and sauces to spices and garnishes.

There are a wide variety of meal options—meat, pasta, fish, vegetarian—to suit anyone's tastes and preferences. More importantly, the nutritional ingredients often are spelled out with each meal. For people living with diabetes, it's easy to choose ones with the right level of protein, carbohydrates,

healthy fats and fiber.

“These meal delivery plans are a fantastic idea to get people back in the kitchen and get to know ingredients again,” said dietician and diabetes educator Sarah Havenman with the Mary Greeley Medical Center in Ames, Iowa. “If you're bored with the same old store-bought foods and ready meals, using a home-delivery meal plan is the way to get back to eating real food again.”

It can take about 20 to 40 minutes to cook a meal, but it might take longer for those who are not as comfortable in the kitchen. The kits come with detailed step-by-step



Butter-Basted Chicken with Cacio e Pepe Mashed Potatoes and Thyme-Roasted Carrots from HelloFresh



SHOCKING RESULTS FROM ANEMIA STUDY

New Remedy Boost EPO Levels By 44%

BY MARK HANSEN

For years, researchers have been looking for safe and effective ways to fight anemia. Until now, their main focus has been on prescription drugs. Unfortunately, the drugs being used today aren't necessarily the most effective or safe way to fight anemia. Let me explain.

In 2009, there was a landmark clinical trial by the American Society of Nephrology. The results were published in *The New England Journal of Medicine*. The trial found that an anemia drug, Aranesp, nearly doubled the risk of stroke. It also increased the risks of blood clots and cancer.

Dr. Ajay K. Singh, a nephrologist at Harvard's Brigham and Women's Hospital in Boston, said that the new findings "turned the world of anemia management upside down."

Debbi Cafarelli discovered the risks of prescription drugs first-hand when her mother developed kidney disease. Debbi is a Certified Natural Health Professional in Crescent, Pennsylvania. Debbi was

faced with difficult choices a year ago when her mother developed kidney disease and ended up in critical care. As it turns out, Debbi's mother suffered a massive stroke after being put on the anemia drug Procrit. After the stroke, Debbi's mother refused to take drugs. Even blood transfusions weren't working. And the iron pills only made her mother vomit.

"That night I went home and searched the internet for answers," Debbi said. "I was looking for something natural. Something to help save my mother's life."

You've probably asked yourself more than once, "Are prescription drugs my only option?" I'm happy to report they're not. Recent studies point to an all-natural supplement that promotes the production of new red blood cells for people with anemia. It's giving them more energy. And hope.

As you may know, EPO is the hormone produced by the kidneys that stimulates the production of new red blood cells from bone marrow. With kidney disease,

your production of EPO is significantly reduced. This results in a drop in your red blood cell count. A healthy red blood cell count is critical, since red blood cells are responsible for carrying oxygen to all the muscles and organs of your body. A higher red blood cell count = more oxygen = more energy. Think of EPO as the trigger for this process.

Unfortunately, synthetic EPO drugs come with serious side effects and safety concerns. Until now, there hasn't been many other options for patients affected by anemia.

But in the past few years that has all changed with the development of an all-natural supplement called Prohemia®. With more than a dozen active ingredients in its patent pending formula, Prohemia® is designed to vigorously boost your red blood cell count to healthy levels. Its ingredients can help increase iron absorption, reduce inflammation and increase hemoglobin levels. Hemoglobin is the protein that carries oxygen in your red blood cells.

One active ingredient in Prohemia® has been shown to stimulate the kidneys to produce more EPO. In fact, a double blind, placebo-controlled study carried out by researchers at Northwestern State University showed that daily consumption of the active ingredient in Prohemia® increased EPO levels 44% compared to a placebo treatment.¹ Needless to say, these results stunned medical practitioners.

Debbi Cafarelli stated, "Without [Prohemia], my mother wouldn't be here today. Her kidneys would have failed. It saved her life. Gradually, Mom got her energy back. And she's back to where she was before she got sick. You should see her at church now."

Debbi's mother is just one of many anemia sufferers who have had their lives turned around with Prohemia. "Everyone with anemia needs to be on this," Debbi said. "Believe me, it works. I've seen it first-hand."

Prohemia® is risk-free. Just check your lab results for an improvement in your red blood cell numbers 30-60 days after starting Prohemia®. If you're not 100% satisfied with your results, you can return Prohemia for a full refund. No questions asked. You can order Prohemia 7 days a week by visiting www.prohemia.com or by calling 1-800-382-3410.

¹ Whitehead et al. *Int J Sport Nutr Exerc Metab*, 17 (2007): 378-9.

instructions with photos to make it easier to follow. Prices vary from about \$8 to \$15 per meal, with shipping typically free. There are meal plans for individuals and for families, including kid-friendly options.

“Trying one of these plans is tempting because diabetes runs in my family and cooking healthy meals every night is not easy,” said marketing executive Shirley Johnson of Atlanta.

Picking a Plan

Within the past few years, a number of companies have entered the meal delivery arena, serving millions of customers around the country. The largest by far is **Blue Apron**, named from the French cooking system, in which blue aprons are worn by the apprentices—those learning to cook. The New York-based company ships about eight million meals a month and appeals to gourmet-leaning consumers, with options that include quinoa patties, sautéed asparagus and shiitake mushrooms.

Other companies serving the continental U.S. include **HelloFresh**, **Plated** and **Chef’d**. Many regional and local companies also have joined the space, most of which can be found through an online search. For example, **MetabolicMeals** serves most of Wisconsin, **SunBasket** reaches the West Coast and **Real Meal** focuses on the Atlanta area. San Franciscans have a wide variety to choose from including **Munchery**, **Forage**, **Platejoy** and **Sprig**. And the New York area has its own assortment of plans, including **Manhattan Zone** for the tri-state area and **Maple**, which serves only lower Manhattan.

Specialized meal plans also exist for different food preferences and tastes. Vegans can choose meals from **PurpleCarrot** and **Veestro**. If you prefer Southern cuisine, **PeachDish**’s chefs create Southern-inspired recipes. Gluten-free meals are available through several plans, including **Freshly**, **Healthy Chef Creations** and **22 Days Nutrition**.

Diabetes Meals

While most meal plans do not offer specific options for people with diabetes, a few cater to the community. Newly launched service **Anemone** was developed by a neurologist specifically for people with diabetes. The plan claims to prevent Type 2 diabetes or put it into remission while helping customers lose weight. The program provides breakfast, lunch and dinner, plus two snacks. Currently, the program is available in the Washington, D.C., metro area, and there are plans to roll it out nationwide.

Chef’d recently signed an exclusive deal with the American Diabetes Association to create about 40 of its recipes—which will be available starting in mid-July.

Jenny Craig has developed a meal plan to help better manage diabetes. In an independent study, those participating in the **Jenny Craig for Type 2** program “lost three times more weight and achieved a lower HbA1C of 6.6% as compared



Furikake Salmon from Blue Apron

to 7.5% than those receiving usual care,” according to the company. They also showed greater improvements in HDL cholesterol and triglycerides. Available only online, Jenny Craig’s diabetes meal plan includes the option to speak with a consultant to help customers reach weight-loss and diabetes goals.

NutriSystem D offers frozen meals for those with diabetes to help promote weight loss and stabilize blood sugar. In clinical studies, participants lost weight, reduced HbA1c levels by an average of 0.7% and lowered total cholesterol, according to the company.

Another plan, **bistroMD**, provides nutritional plans for those looking to lose weight. In addition, it offers meal plans for those with diabetes, those on gluten-free diets and older Americans (Silver Cuisine). Founded by weight-loss expert Caroline Cederquist and her husband, a chef, meals are delivered frozen and fully prepared, so all you need to do is reheat them.

“We offer a few desserts, like a high-protein gelato and a low-calorie cheesecake, for those with a sweet tooth,” said Cederquist. “These are portion-controlled and a much better option than grabbing a bag of cookies.”

Todd Ferrell of San Francisco has been a bistroMD customer for several months and credits the plan for losing 27 pounds. Diagnosed with Type 2 diabetes in October 2015, Ferrell was in the habit of eating at fast-food restau-



Roasted Norwegian Salmon from bistroMD

rants between client meetings. After taking a nutrition class through his health plan, Kaiser Permanente, he knew it was time to start eating better. But he also knew he had no time for or interest in cooking. He heard about meal delivery plans and decided to try bistroMD's prepared meals for those with diabetes.

"After only three months, my A1c and sugar levels had dropped, and my doctor was really pleased with my progress," said Ferrell. "I haven't started taking any medications and hope that I won't have to if I stick with the meal plan."

Having diabetes meals available is a nice option, but it doesn't have to be your only option, said dietitian and diabetes educator Haveman. People living with diabetes shouldn't limit themselves to meals labeled diabetes-friendly. "There's a huge variety of diabetic foods in stores, but it really should be more about healthy eating," she said.

Nutritional Content

Not all meal delivery services are the same in terms of nutritional content. Some are lower in protein and higher in carbohydrates and sugars. Double check the nutritional facts online when choosing your menu.

Blue Apron, for instance, provides a calorie count and list of ingredients but no other nutritional facts. In contrast, HelloFresh and bistroMD provide a breakdown of calories, cholesterol, protein, fats, saturated fats, carbohydrates, sodium, sugars and fiber.

"We provide all the nutritional content up front, but customers still can reach out to us with specific questions or needs. We can reduce the portion size or opt out of an ingredient to reduce the carbohydrates," said Rebecca Lewis, head dietitian and brand ambassador at HelloFresh.

Lewis said meal delivery plans help address the major barriers to cooking at home: time and convenience. "Self-confidence in the kitchen is also a major obstacle," she said. "If you want to empower yourself as a person living with diabetes, you need to enable yourself to be comfortable in the kitchen."

Talk to your doctor or dietitian to make sure the meals meet your dietary needs. "It's important to know if the protein is high enough in the meals so it will help make you feel full and make sure you are getting the nutrients you need for a balanced diet, including protein, carbohydrates and healthy fats," said Toby Smithson, a Certified Diabetes Educator and spokesperson for the Academy of Nutrition and Dietetics (eatright.org). "Meal delivery plans are a good alternative if they help you to make healthier eating choices, but they are not good if your blood glucose levels are not in control."

Famous Foodies

Meal delivery plans have attracted attention from chefs and companies interested in joining the trend. Sara Moulton, a well-known food writer and author of *Home Cooking 101*, told *The New York Times* she might go into business with a meal

MEALS MADE EASIER

Several meal delivery plans serve the continental U.S., many offering low-calorie, low-carbohydrate options. See company websites for details.

Meal Delivery Plan	Website
22 Days Nutrition	www.22daysnutrition.com
bistroMD*	www.bistromd.com/
Blue Apron	www.blueapron.com
Chef'd	www.chefd.com
Freshly	www.freshly.com
Healthy Chef Creations	www.healthychefcreations.com
HelloFresh**	www.hellofresh.com
Jenny Craig for Type 2***	www.jennycraig.com/site/the-science/diabetes-program
Momsmeals**	www.momsmeals.com
NutriSystem D***	www.nutrisystem.com/jsps_hmr/diet-plans/diabetes-weight-loss-programs.jsp
Plated	www.plated.com

*Offers meal plans for those with diabetes and for those who are gluten free

**Offers diabetes-friendly meals or will make custom orders

***Offers meal plans for those with diabetes

delivery company. Chef Jamie Oliver, known as the Naked Chef and the Food Revolutionary, has joined HelloFresh to develop meals people can cook on their own.

"His recipes typically are lower-calorie, lower-carb recipes, but sometimes there will be a pasta dish in there," said Lewis.

Meal delivery plans also have created opportunities for chefs and companies to lend their names and recipes. Chef'd has partnerships with 84 chefs and companies, among them *The New York Times* and Crown Publishing imprints Clarkson Potter and Ten Speed Press, which provide recipes the Chef'd culinary team packages into meal kits.

Most meal delivery plans have an army of chefs working in test kitchens to create several recipes each week based on seasonal ingredients. Teams get their inspiration in many places—from family recipes, dinners out or trips to local farmers' markets.

In 2015, HelloFresh's culinary team created 365 recipes, with carbs ranging from 40 to 100 grams and an average carb count of 70 grams. This year, it plans to offer even more meal choices, said Lewis. "We will offer at least three meals a week that are less than 650 calories with a carb count under 60 grams. At the end of the day, we are trying to make cooking fun again and make our customers realize that cooking is not this intimidating chore."

Paul Wynn, a writer based in Garrison, N.Y., has covered health-care trends for the past 20 years.

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For the Way You Live

The recipes in this publication were specially selected for people with diabetes. All are based on the principles of sound nutrition as outlined in the dietary guidelines developed by the U.S. Dept. of Agriculture and the U.S. Dept. of Health and Human Services, making them perfect for the entire family.

Diabetic Cooking recipes are not intended as a medically therapeutic program nor as a substitute for medically approved meal plans for individuals with diabetes. Instead, they contain various amounts of calories, fat, protein, cholesterol, sodium, fiber, and carbohydrate that will fit easily into an individualized meal plan designed by you and your certified diabetes educator, registered dietitian, or physician.

Each person's dietary needs are different. There is no single food plan that works for everyone. That's why we have included a nutritional analysis with each recipe. Then, no matter what your dietary goals are, you have the information you need to choose the recipes that are right for you.

A Word About Sugar

In 1994, the American Diabetes Association lifted its absolute ban on sugar from its recommended dietary guidelines. Under these guidelines, you can exchange 1 tablespoon sugar for a slice of bread, for example, because each is considered a starch exchange. The guidelines for sugar are based on scientific studies that show carbohydrate in the form of sugars does not raise blood sugar levels more rapidly than other types of carbohydrate-containing foods. What is important is the total amount of

carbohydrate eaten, not the source.

However, sweets and other foods high in sugar may also be high in fat and low in nutrients. So the better choice between an apple and a doughnut is still an easy one to make. Sugar can be eaten in modest amounts as part of a balanced diet, whether or not the person has diabetes. When figured into your meal plan, a small amount of sugar enhances a food's flavor and texture without being harmful.

If you have any questions or concerns about the use of sugar, consult your certified diabetes educator, registered dietitian, or physician for more information.

Nutritional Analysis

The nutritional analysis that appears with each recipe was calculated by an independent nutrition consulting firm. Every effort has been made by

the editors to check the accuracy of these numbers. However, because numerous variables account for a wide range of values for certain foods, nutritional analyses should be considered approximate.

The analysis of each recipe includes all ingredients listed for a recipe except ingredients labeled as "optional" or "for garnish." When a range is offered, the first amount listed is used in the calculation. If an ingredient is listed with an option, the first item is used in the calculation. Foods shown on the same plate in a photograph and foods listed as "serve with" suggestions at the end of a recipe are not included in the recipe analysis unless they're listed in the ingredient list. In recipes calling for rice or noodles, the analyses are based on rice or noodles prepared without added fat or salt, unless otherwise stated.

Understanding Our Symbols

Like everyone, you're busy – and we kept that in mind when we selected recipes for this issue. Many of the recipes in *Diabetic Cooking* can be prepared in 30 minutes or less. Others require short preparation times followed by long cooking times.

We've also included symbols to help you more easily find those recipes especially low in fat, sodium, and carbohydrates, and high in fiber.



LOW-FAT RECIPE

Contains 3 grams or fewer of fat per serving



LOW-SODIUM RECIPE

Contains 140 milligrams or fewer of sodium per serving



LOW-CARBOHYDRATE RECIPE

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TO COOK

Heat Wave

SOME SUMMER NIGHTS, when the temperature is spiking and there is no breeze on the horizon, it is just too hot to turn on the oven. Those are the days you need some easy recipes on hand that are as refreshing as they are delicious. Don't forgo savory flavors just because you don't want to be stuck in a hot kitchen all day. Use these simple recipes to create scrumptious seasonal dishes using the fresh summer ingredients you crave all year long. Save the roasts and casseroles for the cold months, and use the heat wave to create these no-fuss meals.



Mint-Green Tea Coolers

MAKES 2 SERVINGS



Nutrients per Serving:

Calories 3, Total Fat 1g, Saturated Fat 1g, Protein 1g, Carbohydrates 1g, Cholesterol 0mg, Dietary Fiber 1g, Sodium 1mg

2 bags green tea

4 thin slices fresh ginger (about 1 inch)

7 or 8 large fresh mint leaves, roughly torn

2 cups boiling water

2 cups crushed ice

1. Place tea bags, ginger and mint leaves in teapot or 2-cup heatproof measuring cup. Add boiling water; steep 4 minutes. Remove tea bags, ginger and mint leaves; discard. Cool tea to room temperature.

2. Pour 1 cup crushed ice into each of two tall glasses. Divide tea between glasses.

Take Note!

Squeeze a lime wedge (about $\frac{1}{8}$ of a lime) into each cooler before serving.



Shrimp Gazpacho

MAKES 2 SERVINGS

Nutrients per Serving:

Calories 202, Total Fat 5g, Saturated Fat 1g, Protein 25g, Carbohydrates 16g, Cholesterol 172mg, Dietary Fiber 2g, Sodium 464mg

Dietary Exchange: 3 Vegetable, 3 Meat

1 teaspoon olive oil

$\frac{1}{2}$ pound medium shrimp, peeled and deveined, tails removed

$\frac{1}{8}$ teaspoon black pepper

$\frac{1}{8}$ teaspoon salt (optional)

3 plum tomatoes, chopped (about $1\frac{1}{2}$ cups)

$\frac{1}{4}$ small red onion, chopped

1 clove garlic, chopped

$\frac{1}{4}$ cucumber, peeled and chopped

$\frac{1}{4}$ cup finely chopped jarred roasted bell peppers (red and/or yellow), divided

$\frac{3}{4}$ cup tomato juice

1 tablespoon red wine vinegar

1. Heat oil in medium nonstick skillet over high heat, swirling to coat. Season shrimp with black pepper and salt, if desired. Cook 3 minutes or until browned on both sides and opaque in center; transfer to plate.

2. Combine tomatoes, onion, garlic, cucumber and half roasted peppers in food processor; process until combined. Add tomato juice and vinegar; process until smooth.

3. Divide tomato mixture among bowls; top with shrimp and remaining roasted peppers.

TOO HOT
TO COOK



Black-Eyed Pea and Chicken Salad

MAKES 4 SERVINGS

Nutrients per Serving:

Calories 259, Total Fat 7g, Saturated Fat 2g, Protein 27g, Carbohydrates 20g, Cholesterol 73mg, Dietary Fiber 4g, Sodium 459mg

Dietary Exchange: 1 Bread/Starch, 1 Vegetable, 3 Meat

2½ cups chopped cooked chicken

1 can (about 15 ounces) black-eyed peas, rinsed and drained, or 1½ cups fresh or frozen, cooked and drained

1 cup chopped celery

1 cup chopped green and yellow bell peppers

½ cup chopped red onion

¼ cup low-fat mayonnaise

¼ cup plain nonfat yogurt

1 pickled jalapeño pepper, drained, seeded and minced

1 teaspoon pickled jalapeño juice

¼ to ½ teaspoon salt

Red bell peppers, halved and seeded (optional)

Chopped fresh parsley (optional)

1. Combine chicken, black-eyed peas, celery, chopped bell peppers and onion in large bowl; gently mix.

2. Combine mayonnaise, yogurt, jalapeño pepper, jalapeño juice and salt in small bowl; blend well.

3. Spoon dressing over chicken mixture; carefully blend to bind ingredients.

4. Divide salad mixture into 4 portions; spoon into centers of red bell pepper cavities and top with parsley, if desired.

Take Note!

Jalapeño peppers can sting and irritate the skin, so wear rubber gloves when handling peppers and do not touch your eyes.

A black-eyed pea is really a bean, not a pea. Black-eyed peas are small, tan beans that take their name from the black eye-shaped mark on the inner curve of the bean.

Chilled Cucumber Soup

MAKES 4 (¾-CUP) SERVINGS



Nutrients per Serving:

Calories 67, Total Fat 4g, Saturated Fat 2g, Protein 3g, Carbohydrates 6g, Cholesterol 13mg, Dietary Fiber 1g, Sodium 236mg

Dietary Exchange: 1 Fat, 1 Vegetable

1 large cucumber, peeled and coarsely chopped

¾ cup reduced-fat sour cream

¼ cup packed fresh dill

½ teaspoon salt (optional)

⅛ teaspoon white pepper (optional)

1½ cups fat-free reduced-sodium chicken or vegetable broth

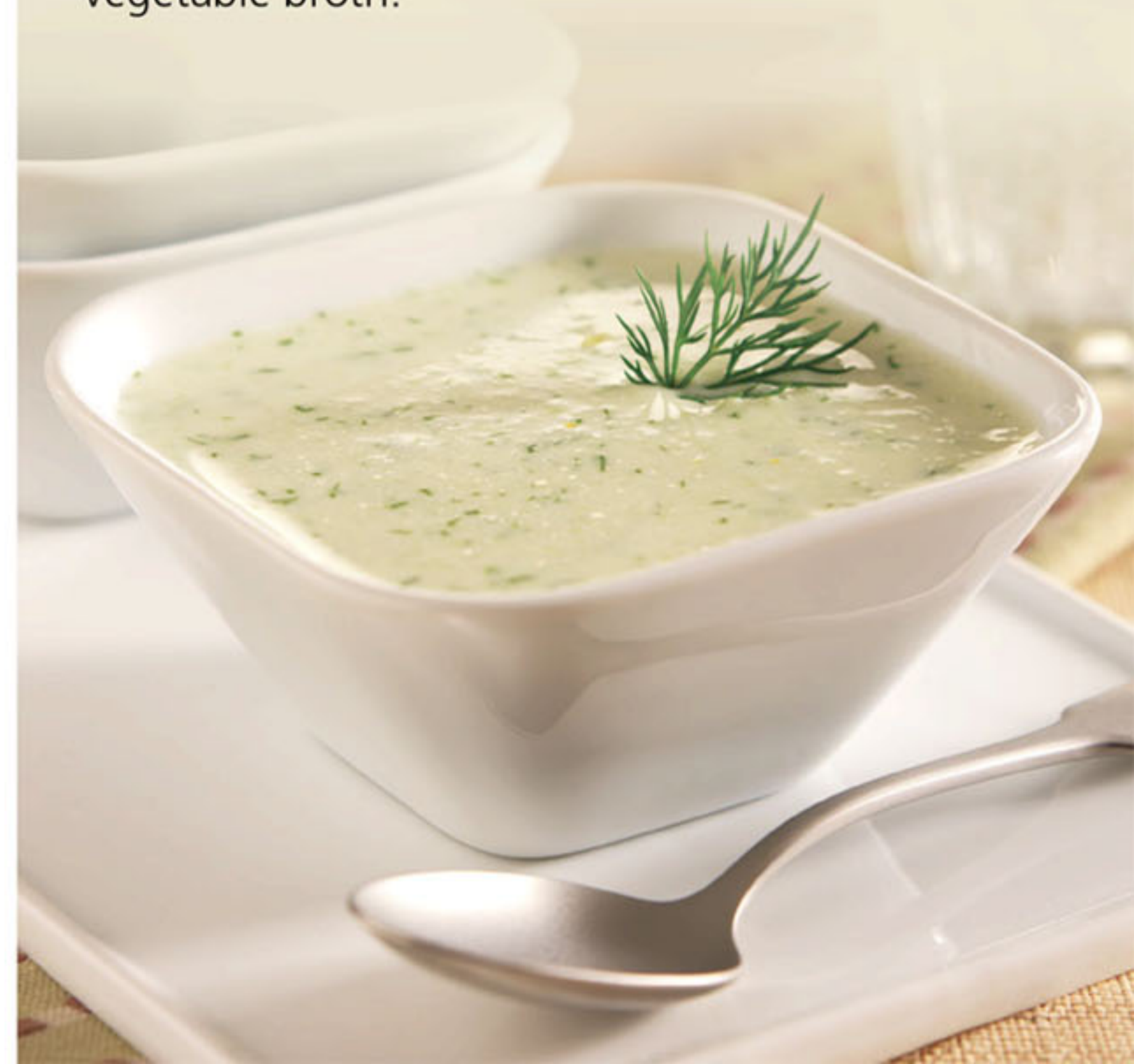
Sprigs fresh dill (optional)

1. Place cucumber in food processor; process until finely chopped. Add sour cream, ¼ cup dill, salt and white pepper, if desired; process until fairly smooth.

2. Transfer mixture to large bowl; stir in broth. Cover and chill at least 2 hours or up to 24 hours. Ladle into shallow bowls; garnish with dill sprigs.

Take Note!

This recipe has a vegan variation. Substitute dairy-free sour cream for regular. Use only vegetable broth.





Brown Rice, Asparagus and Tomato Salad

MAKES 4 (¾-CUP) SERVINGS



Nutrients per Serving:

Calories 130, Total Fat 3g, Saturated Fat 1g, Protein 4g, Carbohydrates 22g, Cholesterol 0mg, Dietary Fiber 3g, Sodium 97mg

Dietary Exchange: 1½ Diabetic Carb Count, 1½ Bread/Starch

- 1 cup instant brown rice
- 12 medium spears asparagus, cooked and cut into 1-inch pieces
- 2 medium tomatoes
- 2½ teaspoons lemon juice
- 2 teaspoons olive oil
- ⅛ teaspoon salt
- ⅛ teaspoon black pepper
- ¼ cup minced fresh chives or green onions

2 teaspoons minced fresh dill

1. Bring 1 cup water to a boil in medium saucepan. Stir in rice. Bring water to a boil again. Reduce heat to low; cover and simmer 5 minutes. Remove from heat. Stir rice; cover again. Let stand 5 minutes or until water is absorbed and rice is tender. Fluff with fork; set aside.

2. Meanwhile, place asparagus in large bowl. Core tomatoes over a separate bowl to catch juice. Dice tomatoes, reserving juice. Add tomatoes to asparagus. Whisk 1½ tablespoons reserved tomato juice, lemon juice, oil, salt and pepper in small bowl until well blended. Stir in chives and dill.

3. Add rice to salad bowl. Pour in dressing; toss lightly to coat.

Take Note!

To turn this salad into a heartier main dish, add 1 cup chopped cooked chicken breast.

Slow-Cooked Summer Vegetable Stew

MAKES 4 (1¼-CUP) SERVINGS



Nutrients per Serving:

Calories 237, Total Fat 4g, Saturated Fat 2g, Protein 15g, Carbohydrates 42g, Cholesterol 6mg, Dietary Fiber 9g, Sodium 463mg

Dietary Exchange: 2 Bread/Starch, 2 Vegetable, 1 Meat

1 cup low-sodium chicken or vegetable broth

1 can (15½ ounces) chickpeas, drained

2 medium zucchini or summer squash, or combination, cut into ½-inch chunks

4 large plum tomatoes, cut into ½-inch chunks (2 cups)

1 cup fresh or frozen corn kernels, thawed

½ to 1 teaspoon crushed dried rosemary

¼ cup grated Asiago or Parmesan cheese

1 tablespoon chopped fresh parsley

Combine all ingredients except cheese and parsley in slow cooker; mix well. Cover. Cook on low 8 hours or high 5 hours or until vegetables are tender. Stir; ladle into shallow bowls. Top with cheese and parsley.

TOO HOT
TO COOK



Seafood Tacos with Fruit Salsa

MAKES 6 SERVINGS



Nutrients per Serving:

Calories 294, Total Fat 5g, Saturated Fat 1g, Protein 21g, Carbohydrates 43g, Cholesterol 24mg, Dietary Fiber 6g, Sodium 296mg

Dietary Exchange: 2 Bread/Starch, ½ Fruit, 1 Vegetable, 2 Meat

- 2 tablespoons lemon juice
- 1 teaspoon chili powder
- 1 teaspoon ground allspice
- 1 teaspoon olive oil
- 1 teaspoon minced garlic
- 1 to 2 teaspoons grated lemon peel
- ½ teaspoon ground cloves
- 1 pound halibut or snapper fillets
- 12 (6-inch) corn tortillas or 6 (7- to 8-inch) flour tortillas

3 cups shredded romaine lettuce

1 small red onion, halved and thinly sliced

Fruit Salsa (recipe follows)

1. Combine lemon juice, chili powder, allspice, oil, garlic, lemon peel and cloves in small bowl. Rub fish with spice mixture; cover and refrigerate while grill heats. (Fish may be cut into smaller pieces for easier handling.)

2. Prepare Fruit Salsa. Spray grid with nonstick cooking spray. Adjust grid 4 to 6 inches above heat. Preheat grill to medium-high heat. Grill fish, covered, 3 minutes or until fish is lightly browned on bottom. Carefully turn fish over; grill 2 minutes or until fish is opaque in center. Remove from heat and cut into 12 pieces, removing bones if necessary. Cover to keep warm.

3. Place tortillas on grill in single layer and heat 5 to 10 seconds; turn and cook 5 to 10 seconds or until hot and pliable. Stack; cover to keep warm.

4. Top each tortilla with ¼ cup lettuce and red onion. Top fish with about 2 tablespoons of Fruit Salsa.

Fruit Salsa

- 1 small ripe papaya, peeled, seeded and diced
- 1 firm small banana, diced
- 2 green onions, minced
- 3 tablespoons chopped fresh cilantro or mint
- 3 tablespoons lime juice
- 2 jalapeño peppers, seeded and minced

Combine all ingredients in small bowl. Serve at room temperature.

Take Note!

Jalapeño peppers can sting and irritate the skin, so wear rubber gloves when handling peppers and do not touch your eyes.

Bacon and Avocado Sandwiches

MAKES 4 SERVINGS



Nutrients per Serving:

Calories 212, Total Fat 9g, Saturated Fat 2g, Protein 9g, Carbohydrates 25g, Cholesterol 1mg, Dietary Fiber 6g, Sodium 465mg

Dietary Exchange: 2 Bread/Starch, 2 Fat

12 slices vegetarian bacon

½ ripe avocado, pitted and peeled

2 tablespoons plain reduced-fat yogurt

1 teaspoon fresh lemon juice

8 thin slices whole wheat sandwich bread, toasted

8 slices tomato

1 cup alfalfa sprouts

1. Cook bacon according to package directions.

2. Combine avocado, yogurt and lemon juice in small bowl; stir with fork until smooth. Spread about 1 tablespoon avocado mixture on 1 side of 4 bread slices.

3. Top each with 3 slices bacon, 2 slices tomato, ¼ cup alfalfa sprouts and remaining bread slice.

Take Note!

Once peeled, the flesh of an avocado begins to discolor almost immediately. Lightly brush the cut surfaces of the fruit with lemon or lime juice to prevent them from darkening.

This recipe has a vegan variation. Replace reduced-fat yogurt with soy or other dairy-free yogurt

Caprese Salad

MAKES 4 SERVINGS



Nutrients per Serving

Calories 73, Total Fat 5g, Saturated Fat 2g, Protein 4g, Carbohydrates 9g, Cholesterol 9mg, Dietary Fiber 1g, Sodium 165mg

Dietary Exchange: ½ Fat, 1 Vegetable, ½ Meat

3 medium tomatoes (¾ pound total), cut into 8 slices

2 (1-ounce) slices part-skim mozzarella cheese, each cut into strips (24 strips total)

⅛ teaspoon salt

Pinch black pepper

2 teaspoons extra-virgin olive oil

¼ cup thinly sliced fresh basil leaves

Arrange tomatoes and cheese alternately on plate; overlapping slightly. Sprinkle with salt and pepper and drizzle with oil. Scatter basil on top.

Take Note!

Caprese is a simple salad from the Italian region of Campania, traditionally including sliced fresh mozzarella cheese, plum tomatoes, and basil. It's seasoned with salt, black pepper and olive oil



Celebrate Summer



ALONG WITH SUMMER comes a plethora of beautiful fresh ingredients that take over your kitchen. Utilize seasonal fruits and vegetables to create inviting summer dishes that brighten up your plate and bring everyone to the table. We wait for this time of year all winter long, so make the most of it! Celebrate summer in all its glory, beginning with what you create in the kitchen. Whether it's for an outdoor soiree or a quiet night at home with the family, these delicious recipes are the perfect way to revel in the season all summer long.

Frozen Lemonade Pie

MAKES 8 SERVINGS

Nutrients per Serving:

Calories 155, Total Fat 6g, Saturated Fat 2g, Protein 6g, Carbohydrates 22g, Cholesterol 1mg, Dietary Fiber 1g, Sodium 202mg

Dietary Exchange: 1½ Bread/Starch, 1 Fat

1 cup graham cracker crumbs (about 7½ crackers, crushed)

1 cup plus 2 tablespoons sugar substitute, divided

1 tablespoon margarine, melted

1 tablespoon canola oil

2 tablespoons egg white

2 cups plain nonfat yogurt

1 cup reduced-fat whipped topping

6 tablespoons lemon juice (2 medium lemons)

Grated peel of 1 lemon

½ teaspoon lemon extract

2 to 3 drops yellow food coloring (optional)

Peel of 1 lemon, cut into thin strips (optional)

1. Preheat oven to 350°F. Lightly coat 9-inch pie plate with nonstick cooking spray.

2. To make crust, combine graham cracker crumbs, 2 tablespoons sugar substitute, margarine and oil in medium bowl. Add egg white and stir well.

3. Pour crumb mixture into prepared pie plate. Press down on crumbs until bottom and side of pie plate are coated.

4. Bake 8 to 10 minutes. Cool completely.

5. To make filling, stir remaining 1 cup sugar substitute, yogurt, whipped topping, lemon juice, grated lemon peel, lemon extract and food coloring, if desired, in large bowl. Pour filling into cooled crust and smooth top. Lightly cover with plastic wrap and freeze 4 hours or until firm.

6. Let stand at room temperature 10 minutes before serving. Garnish with lemon peel strips.

Take Note!

This recipe was tested using sucralose-based sugar substitute

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Frozen Berry Ice Cream

MAKES 8 (½-CUP) SERVINGS



Nutrients per Serving:

Calories 69, Total Fat 1g, Saturated Fat 1g, Protein 3g, Carbohydrates 15g, Cholesterol 0mg, Dietary Fiber 1g, Sodium 23mg

Dietary Exchange: 1 Bread/Starch

8 ounces frozen unsweetened strawberries, partially thawed

8 ounces frozen unsweetened peaches, partially thawed

4 ounces frozen unsweetened blueberries, partially thawed

6 packets sugar substitute

2 teaspoons vanilla

2 cups sugar-free, low-fat vanilla ice cream

16 blueberries (optional)

4 small strawberries, halved (optional)

8 peach slices (optional)

1. Combine partially thawed strawberries, peaches, blueberries, sugar substitute and vanilla in food processor. Process until coarsely chopped.
2. Add ice cream; process until well blended.
3. Serve immediately for semi-soft texture or freeze until ready to serve. (If frozen, let stand 10 minutes to soften slightly.) Garnish each serving with 2 blueberries for "eyes," 1 strawberry half for "nose" and 1 peach slice for "smile."



BBQ Chicken Salad with Roasted Corn and Cilantro

MAKES 4 SERVINGS (¾ TO 1 CUP PER SERVING)



Nutrients per Serving:

Calories 196, Total Fat 12g, Saturated Fat 2g, Protein 11g, Carbohydrates 11g, Cholesterol 48mg, Dietary Fiber 1g, Sodium 289mg

Dietary Exchange: 1 Bread/Starch, 1½ Fat, 1 Meat

2½ cups chopped cooked barbecue chicken

½ cup corn niblets, roasted

3 to 4 canned sweet roasted red peppers, chopped

2 green onions, chopped;

¼ cup fresh cilantro, minced

2 tablespoons canola oil

2 tablespoons lime juice;

1 teaspoon Dijon mustard

⅛ teaspoon black pepper

1 clove garlic, minced

Shredded cabbage (optional)

1. Combine chicken, corn, red peppers, green onions and cilantro in large bowl; gently mix.
2. Combine oil, lime juice, mustard, black pepper and garlic in small bowl; whisk well.
3. Spoon dressing over chicken mixture; carefully blend to bind ingredients.
4. Divide salad mixture into 4 portions; spoon onto shredded cabbage, if desired.

Take Note!

Roast whole ear of corn on grill, or place under broiler until browned. Frozen or canned corn niblets also can be used.

Purchase barbecue roasted chicken breasts from the deli and remove the skin.

Grilled Summer Vegetable Sandwiches

YIELD: MAKES 4 SERVINGS (1 SANDWICH PER SERVING)

Nutrients per Serving:

Calories 240, Total Fat 7g, Saturated Fat 3g, Protein 11g, Carbohydrates 35g, Cholesterol 10mg, Dietary Fiber 3g, Sodium 570mg

Dietary Exchange: 2 Bread/Starch, 1 Fat, 1 Vegetable, ½ Meat

2 tablespoons light balsamic vinaigrette dressing

½ teaspoon minced garlic

¼ teaspoon salt

⅛ teaspoon black pepper

1 small zucchini, cut lengthwise into ¼-inch-thick slices

1 medium yellow squash, cut lengthwise into ¼-inch-thick slices

1 medium red onion, cut into ¼-inch-thick slices

1 large red bell pepper, quartered

4 teaspoons reduced-fat chipotle mayonnaise

½ pound Italian bread, cut into 4 slices

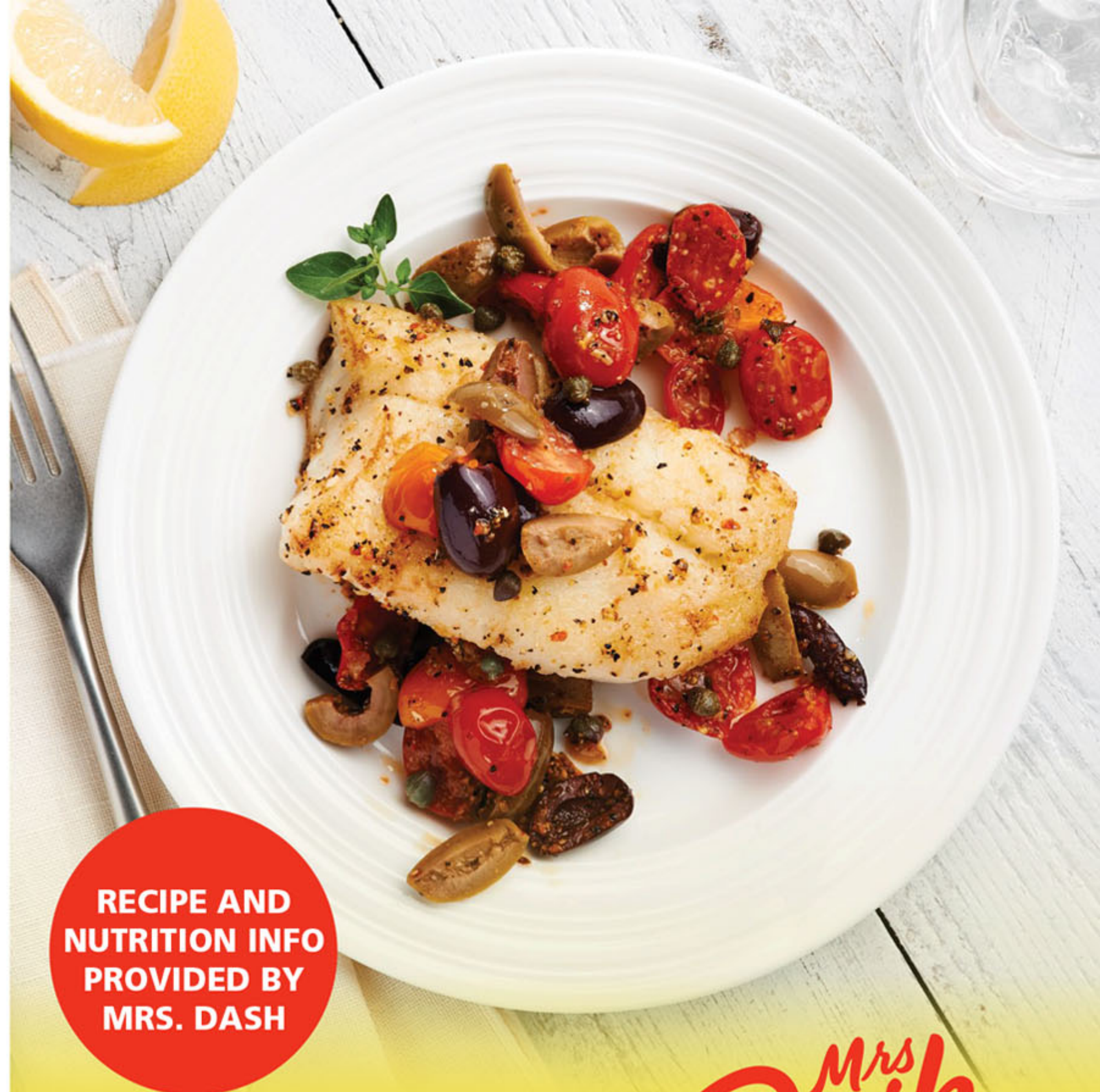
4 thin slices provolone cheese

¼ cup shredded fresh basil

1. Prepare grill for direct cooking. Combine dressing, garlic, salt and pepper in large bowl. Add vegetables; toss to coat.

2. Grill vegetables over medium-high heat about 4 minutes per side or until tender.

3. Cut bread slices in half. Spread 1 teaspoon mayonnaise on each of four halves. Top with cheese, vegetables, basil and remaining bread.



RECIPE AND
NUTRITION INFO
PROVIDED BY
MRS. DASH

Mrs.
Dash

Mediterranean Cod

MAKES 4 SERVINGS

Nutrients per Serving:

Calories 200, Total fat 11g, Saturated Fat 1.5g, Protein 21g, Carbohydrates 4g, Cholesterol 50mg, Dietary Fiber 1g, Sodium 340mg

Prep Time: 10 minutes **Cook Time:** 10 minutes

2 tablespoons olive oil, divided

4 cod filets (about 4 to 6 oz. each)

3 teaspoons Mrs. Dash® Lemon Pepper Seasoning Blend, divided

2 cups grape tomatoes, halved

¼ cup pitted green olives, halved

¼ cup pitted Kalamata olives, halved

1 tablespoon capers, rinsed and drained

Directions

Heat 1 tablespoon olive oil in large nonstick skillet over medium-high heat. Sprinkle both sides of cod with 1 teaspoon Mrs. Dash® Lemon Pepper Seasoning Blend. Cook 6 minutes, turning once. Remove from skillet and keep warm.

Heat remaining olive oil in same skillet over medium heat. Add tomatoes, olives, capers and remaining Mrs. Dash. Cook 2 minutes or until tomatoes are softened. Serve tomato mixture over cod.



Grilled Caramelized Salmon and Asparagus

MAKES 4 SERVINGS

Nutrients per Serving:

Calories 277, Total Fat 12g, Saturated Fat 3g, Protein 25g, Carbohydrates 17g, Cholesterol 66mg, Dietary Fiber 3g, Sodium 363mg

Dietary Exchange: ½ Fat, 1 Fruit, 1 Vegetable, 3 Meat

1 salmon fillet with skin (about 1 pound and 1 inch thick)

2 tablespoons packed brown sugar

1 tablespoon grated orange peel

1 teaspoon minced garlic

½ teaspoon salt

⅛ to ¼ teaspoon ground red pepper

Nonstick cooking spray

16 asparagus spears, trimmed

¼ teaspoon black pepper

1 cup finely chopped fresh pineapple

1. Place salmon, skin side down, in shallow dish. Combine brown sugar, orange peel, garlic, salt and ground red pepper in small bowl. Rub onto salmon. Cover and refrigerate 2 to 8 hours.

2. Spray grill grid with cooking spray. Prepare grill for direct cooking.

3. Spray asparagus with cooking spray. Sprinkle with black pepper.

4. Grill salmon, skin side down, covered, over medium heat 6 minutes. Place asparagus on grid. Grill, covered, turning asparagus occasionally, 4 minutes or until salmon begins to flake when tested with fork and asparagus begins to brown.

5. Cut salmon into four equal pieces. Top salmon with pineapple and serve with asparagus.



Frittata with Summer Vegetables & Ham

YIELD: MAKES 4 SERVINGS



Nutrients per Serving:

Calories 161, Total Fat 5g, Saturated Fat 2g, Protein 18g, Carbohydrates 12g, Cholesterol 30mg, Dietary Fiber 2g, Sodium 708mg

Dietary Exchange: ½ Bread/Starch, 2½ Meat

Nonstick cooking spray

6 ounces extra-lean ham, thinly sliced and chopped

½ cup finely chopped green bell pepper

1 cup frozen corn, thawed

⅛ teaspoon ground red pepper

2 green onions, finely chopped

1 cup cholesterol-free egg substitute

½ cup (2 ounces) reduced-fat extra sharp Cheddar cheese

1. Lightly coat medium nonstick skillet with cooking spray. Add ham; cook over medium-high heat 2 minutes or until beginning to brown, stirring frequently. Remove ham to separate plate.

2. Lightly coat same skillet with cooking spray. Add bell pepper; cook over medium-high heat 1 to 2 minutes, stirring frequently. Add corn and ground red pepper; cook 1 minute.

3. Stir in green onions and ham. Reduce heat to medium-low. Pour egg substitute evenly over all. Cover tightly and cook 8 minutes or until egg mixture puffs or just until edges begin to lightly brown.

4. Remove from heat. Sprinkle frittata with cheese. Cover; let stand 2 minutes to allow cheese to melt and eggs to set. Cut into 4 wedges to serve.

Shrimp and Watermelon Ceviche

MAKES 28 SERVINGS



Nutrients per Serving:

Calories 44, Total Fat 1g, Saturated Fat 0g, Protein 3g, Carbohydrates 7g, Cholesterol 20mg, Dietary Fiber 1g, Sodium 132mg

Dietary Exchange: ½ Bread/Starch

1 pound medium raw shrimp, peeled and deveined

½ cup plus 2 tablespoons lime juice, divided

1 cup finely chopped seedless watermelon

½ cup finely chopped jicama

½ cup finely chopped red onion

½ cup chopped fresh cilantro

1 jalapeño pepper, minced

1. Remove tails from shrimp; discard. Chop shrimp into small pieces.

2. Combine shrimp and ½ cup lime juice in medium bowl. Cover and refrigerate 1 hour or until shrimp are pink and opaque. Drain; discard juice.

3. Meanwhile, combine watermelon, jicama, onion, cilantro, jalapeño and remaining 2 tablespoons lime juice in large bowl. Gently stir in shrimp. Cover and refrigerate at least 30 minutes to allow flavors to develop.

4. Serve on or with water crackers.

Take Note!

While the shrimp aren't traditionally cooked, the citric acid from the lime juice "cooks" the shrimp while they are marinating.

Jalapeño peppers can sting and irritate the skin, so wear rubber gloves when handling peppers and do not touch your eyes.



SOUTHERN
FARE

Sizzle and Spice

NOT MANY PLACES can do savory hot weather dishes quite like the South. Never shying away from bold flavors and sizzling spice, Southern-inspired dishes are the perfect addition to any summer BBQ or family get-together. People can't help but linger around the table with these comforting aromas in the air. However, traditional Southern meals are notoriously heavy and high in sodium. But this collection of Southern-inspired recipes will give you all the flavor associated with real Southern cooking without the excess ingredients you want to avoid. Time to get cooking, y'all!



Shrimp and Fish Gumbo

MAKES 4 SERVINGS



Nutrients per Serving:

Calories 338, Total Fat 7g, Saturated Fat 1g, Protein 22g, Carbohydrates 49g, Cholesterol 77mg, Dietary Fiber 7g, Sodium 274mg

Dietary Exchange: 2 Bread/Starch, 3 Vegetable, 2 Meat

½ pound fresh or thawed frozen orange roughy or other fish fillets

3¾ cups water, divided

6 ounces medium raw shrimp, peeled

1 cup chopped onion

½ cup chopped green bell pepper

2 cloves garlic, minced

½ teaspoon chicken or fish bouillon granules

2 cans (about 14 ounces each) stewed tomatoes, drained

1½ cups frozen okra, thawed

1 teaspoon dried thyme

1 teaspoon dried savory

¼ teaspoon ground red pepper

⅛ teaspoon black pepper

2 tablespoons cornstarch

2 cups hot cooked brown rice

1. Remove and discard skin from fish; cut fish into 1-inch pieces. Bring 3 cups water to a boil in medium saucepan over high heat. Add fish and shrimp; cook 3 to 4 minutes or until fish begins to flake when tested with fork and shrimp are pink and opaque. Drain; set aside.

2. Combine onion, bell pepper, ½ cup water, garlic and bouillon in large saucepan. Bring to a boil over medium-high heat. Reduce heat to medium-low; cover and simmer 2 to 3 minutes or until vegetables are crisp-tender.

3. Stir in tomatoes, okra, thyme, savory, red pepper and black pepper; return to a boil. Reduce heat; simmer, uncovered, 3 to 5 minutes or until okra is tender.

4. Stir remaining ¼ cup water into cornstarch in small bowl until smooth. Stir into gumbo until blended. Cook and stir over medium heat until mixture boils and thickens. Cook and stir 2 minutes more. Add fish, shrimp and ham; cook until heated through. Serve over rice.



Shrimp Jambalaya

MAKES 6 SERVINGS

Nutrients per Serving:

Calories 444, Total Fat 4g, Saturated Fat 1g, Protein 39g, Carbohydrates 60g, Cholesterol 238mg, Dietary Fiber 3g, Sodium 752mg

Dietary Exchange: 3 Bread/Starch, 3 Vegetable, 4 Meat

1 can (28 ounces) diced tomatoes, undrained

1 medium onion, chopped

1 medium red bell pepper, chopped

1 stalk celery, chopped

2 tablespoons minced garlic

2 teaspoons dried parsley flakes

2 teaspoons dried oregano leaves

1 teaspoon hot pepper sauce

½ teaspoon thyme leaves

2 pounds large shrimp, peeled, deveined and cooked

2 cups uncooked instant rice

2 cups fat-free reduced-sodium chicken broth

1. Combine tomatoes with juice, onion, bell pepper, celery, garlic, parsley, oregano, hot pepper sauce and thyme in slow cooker. Cover and cook on LOW 8 hours or on HIGH 4 hours.

2. Stir in shrimp. Cover and cook on LOW 20 minutes.

3. Meanwhile, prepare rice according to package directions, substituting broth for water. Serve jambalaya over hot cooked rice.



Shrimp and Garlic-Parmesan Grits

MAKES 4 SERVINGS (½ CUP GRITS AND ½ CUP SHRIMP MIXTURE PER SERVING)

Nutrients per Serving:

Calories 220, Total Fat 9g, Saturated Fat 2g, Protein 16g, Carbohydrates 19g, Cholesterol 91mg, Dietary Fiber 2g, Sodium 500mg

Dietary Exchange: 1 Bread/Starch, ½ Fat, 2 Meat

2¼ cups water

½ cup instant grits

2 tablespoons fat-free (skim) milk

2 tablespoons reduced-fat tub margarine

¼ teaspoon garlic powder

¼ teaspoon salt

¼ cup grated Parmesan cheese

1 teaspoon dried oregano

½ teaspoon smoked paprika

½ teaspoon dried basil

¼ teaspoon salt

¼ to ½ teaspoon black pepper

⅛ to ¼ teaspoon ground red pepper (optional)

1 tablespoon olive oil

8 ounces peeled raw shrimp

¾ cup chopped green onions

Lemon wedges (optional)

1. Bring water to a boil in medium saucepan over high heat. Gradually stir in grits; reduce heat. Cover and simmer 9 minutes or until thickened,

stirring occasionally. (This is a longer cooking time than directed on most packages, because a thicker consistency is desired at this point.) Cover to keep warm.

2. Meanwhile, combine oregano, paprika, basil, ¼ teaspoon salt, black pepper and ground red pepper, if desired, in small bowl. Heat oil in large nonstick skillet over medium-high heat. Add shrimp; sprinkle with oregano mixture. Cook 4 minutes or until shrimp are pink and opaque, stirring frequently. Remove from heat; stir in green onions. Cover to keep warm.

3. Whisk milk, margarine, garlic powder and ¼ teaspoon salt into grits. Place on serving plates; sprinkle evenly with Parmesan cheese and top with shrimp mixture. Serve with lemon wedges, if desired.

Cajun Sausage Grits

MAKES 4 SERVINGS

Nutrients per Serving:

Calories 191, Total Fat 7g, Saturated Fat 1g, Protein 11g, Carbohydrates 24g, Cholesterol 30mg, Dietary Fiber 3g, Sodium 393mg

Dietary Exchange: 1½ Bread/Starch, 1½ Meat

2¼ cups water

½ cup quick-cooking grits

2 teaspoons canola oil

6 ounces Cajun-style andouille chicken sausage, thinly sliced

1 cup diced green bell pepper

1 cup diced onion

½ teaspoon dried thyme

1 cup grape tomatoes, halved

¼ cup chopped fresh parsley

4 teaspoons hot pepper sauce



1. Bring water to a boil in medium saucepan over high heat. Gradually stir in grits; reduce heat. Cover and simmer 6 minutes or until thickened, stirring occasionally. Set aside.

2. Meanwhile, heat oil in large nonstick skillet over medium-high heat. Add sausage; cook and stir 3 minutes. Add bell pepper, onion and thyme; cook and stir 4 minutes or until lightly browned. Stir in tomatoes; cook 2 minutes or until just beginning to soften. Remove from heat.

3. Stir parsley and hot pepper sauce into skillet. Cover and let stand 5 minutes to allow flavors to blend. Serve over grits.

Cornmeal-Crusted Catfish

MAKES 4 SERVINGS

Nutrients per Serving:

Calories 289, Total Fat 16g, Saturated Fat 3g, Protein 19g, Carbohydrates 18g, Cholesterol 57mg, Dietary Fiber 1g, Sodium 500mg

Dietary Exchange: 2 Fat, 1 Meat

½ cup cornmeal

¼ cup crushed pecans

2 teaspoons dried minced onion

1½ teaspoons garlic powder

1 teaspoon salt

1 teaspoon paprika

½ teaspoon black pepper

3 tablespoons low-fat mayonnaise

2 tablespoons apricot preserves or fruit spread

1 pound catfish fillets

1. Heat medium nonstick skillet over medium heat. Add cornmeal, pecans, onion, garlic powder, salt, paprika and pepper; cook and stir 3 minutes or until cornmeal begins to brown. Transfer to shallow dish.

2. Combine mayonnaise and preserves in small bowl or cup. Coat catfish with mayonnaise mixture. Dredge in toasted cornmeal mixture; turn to coat.

3. Spray same skillet with nonstick cooking spray; heat over medium heat. Add catfish; cook 3 to 4 minutes on each side or until fish begins to flake when tested with fork.



BBQ Pork Sandwiches with Slaw

MAKES 4 SERVINGS (1 BUN, 4 SLICES PORK AND GENEROUS 1/3 CUP SLAW)



Nutrients per Serving:

Calories 338, Total Fat 6g, Saturated Fat 1g, Protein 28g, Carbohydrates 43g, Cholesterol 74mg, Dietary Fiber 6g, Sodium 731mg

Dietary Exchange: 2 Bread/Starch, 1/2 Fruit, 3 Meat

1 pound lean pork tenderloin

1/4 teaspoon plus 1/8 teaspoon salt, divided

1/4 teaspoon black pepper

6 tablespoons hickory smoked barbecue sauce, divided

1 1/2 cups thinly sliced green cabbage or coleslaw mix

1 medium Granny Smith apple, peeled and coarsely grated

1/4 cup sliced green onions

1 tablespoon reduced-fat mayonnaise

1/2 teaspoon apple cider vinegar

4 whole wheat sandwich buns, toasted

1. Preheat oven to 400°F.

2. Sprinkle pork with 1/4 teaspoon salt and pepper. Brush pork with 2 tablespoons barbecue sauce. Place in roasting pan; bake 25 to 30 minutes, turning once during baking. Let stand 5 minutes; cut into 16 (1/4-inch) slices.

3. Meanwhile, combine cabbage, apple, green onions, mayonnaise, vinegar and remaining 1/8 teaspoon salt in medium bowl; mix well.

4. Place remaining 4 tablespoons barbecue sauce in small microwavable bowl; cover and microwave on HIGH 30 seconds or until sauce is heated.

5. To serve, divide pork among buns. Spread 1 tablespoon barbecue sauce over pork on each sandwich. Top evenly with slaw. Serve immediately.

Southern Macaroni and Cheese

MAKES 4 SERVINGS (1/8 CUP PER SERVING)

Nutrients per Serving:

Calories 140, Total Fat 4g, Saturated Fat 2g, Protein 10g, Carbohydrates 19g, Cholesterol 10mg, Dietary Fiber 2g, Sodium 490mg

Dietary Exchange: 1 Bread/Starch, 1 Meat

2 teaspoons all-purpose flour

1 tablespoon dry mustard

1/2 teaspoon salt

1/2 teaspoon black pepper

1 cup fat-free (skim) milk

1/2 cup plus 1 tablespoon shredded reduced-fat (2% milk) sharp Cheddar cheese, divided

1 egg white

1 1/2 cups cooked whole wheat or multigrain elbow macaroni

1 tablespoon panko or unseasoned bread crumbs

1/8 teaspoon paprika

1. Preheat oven to 325°F. Spray 1-quart baking dish with nonstick cooking spray.

2. Combine flour, mustard, salt and pepper in small saucepan; whisk in milk. Cook and stir over medium heat until mixture is bubbly and thickened. Remove from heat; let stand 2 to 3 minutes. Stir in 1/2 cup cheese until melted.

3. Stir egg white into macaroni in large bowl. Stir in cheese sauce. Spoon into prepared dish. Combine remaining 1 tablespoon cheese, panko and paprika; mix well. Sprinkle over macaroni.

4. Bake 15 to 20 minutes or until bubbly and lightly browned. Let stand 5 minutes before serving

5. Combine remaining 1 tablespoon cheese, panko and paprika; sprinkle mixture over macaroni. Bake 15 to 20 minutes or until bubbly and lightly browned. Let stand 5 minutes before serving.

Take Note!

Panko are Japanese bread crumbs and have less sugar, fat and sodium than regular bread crumbs. They are available in most grocery stores in the Asian section or you can find them in an Asian market.

Southern Crab Cakes with Rémoulade Dipping Sauce

MAKES 8 SERVINGS



Nutrients per Serving:

Calories 81, Total Fat 2g, Saturated Fat 1g, Protein 7g, Carbohydrates 8g, Cholesterol 30mg, Dietary Fiber 1g, Sodium 376mg

Dietary Exchange: ½ Bread/Starch, 1 Meat

10 ounces fresh lump crabmeat

1½ cups fresh white or sourdough bread crumbs, divided

¼ cup chopped green onions

½ cup fat-free or reduced-fat mayonnaise, divided

1 egg white, lightly beaten

2 tablespoons coarse-grained or spicy brown mustard, divided

¾ teaspoon hot pepper sauce, divided

2 teaspoons olive oil, divided

Lemon wedges (optional)

1. Preheat oven to 200°F. Pick out and discard any shell or cartilage from crabmeat. Combine crabmeat, ¾ cup bread crumbs and green onions in medium bowl. Add ¼ cup mayonnaise, egg white, 1 tablespoon mustard and ½ teaspoon hot pepper sauce; mix well. Using ¼ cup mixture per cake, shape into 8 (½-inch-thick) cakes. Roll crab cakes lightly in remaining ¾ cup bread crumbs.

2. Heat large nonstick skillet over medium heat; add 1 teaspoon oil. Add 4 crab cakes; cook 4 to 5 minutes per side or until golden brown. Transfer to serving platter; keep warm in oven. Repeat with remaining 1 teaspoon oil and crab cakes.

3. For dipping sauce, combine remaining ¼ cup mayonnaise, 1 tablespoon mustard and ¼ teaspoon hot pepper sauce in small bowl; mix well.

4. Serve crab cakes warm with dipping sauce and lemon wedges, if desired.

Marilyn's Spicy "Fried" Chicken

MAKES 10 SERVINGS



Nutrients per Serving:

Calories 150, Total Fat 4g, Saturated Fat 1g, Protein 16g, Carbohydrates 7g, Cholesterol 44mg, Dietary Fiber 11g, Sodium 240mg

Dietary Exchange: ½ Bread/Starch, 2 Meat

1 whole fryer chicken (about 4 pounds)

3 egg whites

1 packet (0.4 ounces) ranch-style salad dressing mix

½ teaspoon ground black pepper

¾ cup dry unseasoned bread crumbs

Nonstick cooking spray

1 tablespoon corn oil

1. Preheat oven to 375°F. Cut chicken into 10 pieces. Remove skin and fat. Rinse under warm water. Drain on paper towels.

2. Beat egg whites in large bowl with wire whisk. Combine dressing mix, black pepper and bread crumbs in large resealable plastic food storage bag. Dip chicken pieces in egg whites and place in seasoning bag. Shake until coated.

3. Place chicken on baking sheet coated with cooking spray. Sprinkle with remaining seasoned crumbs. Spray chicken with cooking spray. Bake for 40 minutes. Brush with corn oil. Bake 10 minutes or until chicken is tender and no longer pink.





BEACH &
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Dining Al Fresco

ONE OF THE BEST PARTS of summer is being able to move your meals from the kitchen to the outdoors. Don't be confined by four walls! Embrace summer using these warm-weather-inspired recipes perfect for an afternoon picnic or a day at the beach. This collection of flavorsome salads and other easily portable treats are just what you need to move the party outside. Who doesn't love dining al fresco? Just follow these simple recipes to create an outdoor feast you'll dream about all year long.



Whole Wheat Penne Pasta with Summer Vegetables

MAKES 4 SERVINGS



Nutrients per Serving:

Calories 264, Total Fat 7g, Saturated Fat 3g, Protein 15g, Carbohydrates 41g, Cholesterol 8mg, Dietary Fiber 7g, Sodium 374mg

Dietary Exchange: 2 Bread/Starch, ½ Fat, 2 Vegetable, 1 Meat

6 ounces uncooked whole wheat penne pasta (about 2 cups)

2 teaspoons olive oil

2 cloves garlic, minced

1½ cups chopped fresh broccoli

1 medium zucchini, chopped (about 1¼ cups)

½ medium yellow bell pepper, chopped (about ¾ cup)

8 ounces (about 1½ cups) cherry or grape tomatoes, halved

3 ounces (about 1 cup) mushrooms, sliced

½ teaspoon dried oregano

¾ cup crumbled reduced-fat feta cheese

1. Cook pasta according to package directions, omitting any salt or fat. Drain and keep warm.



2. Heat oil in large nonstick skillet over medium-high heat. Add garlic, broccoli, zucchini and bell pepper. Cook and stir about 2 minutes or until vegetables just begin to soften.

3. Add tomatoes, mushrooms and oregano; mix well. Reduce heat to medium and cook and stir about 8 minutes or until vegetables are tender and tomatoes release their juices.

4. Mix vegetables with pasta. Toss in feta cheese.

Avocado and Blueberry Fruit Salad

MAKES 6 SERVINGS



Nutrients per Serving:

Calories 186, Total Fat 6g, Saturated Fat 1g, Protein 3g, Carbohydrates 33g, Cholesterol 0mg, Dietary Fiber 6g, Sodium 65mg

Dietary Exchange: 1 Fat, 2 Fruit

2 tablespoons honey

¼ cup plain nonfat yogurt

½ teaspoon ground cinnamon

¼ cup fresh orange juice

⅛ teaspoon each salt and pepper

1 large, ripe avocado, cut into slices

2 cups fresh blueberries, rinsed and drained

2 cups peeled, diced apple

2 cups diced fresh mango

1 (5-ounce) package (8 cups) salad greens

2 tablespoons chopped chives or green onion

2 tablespoons toasted, coarsely chopped walnuts

1. Whisk together dressing ingredients and set aside.

2. Place avocado, blueberries, apple and mango in medium bowl and toss with 4 tablespoons salad dressing. Toss salad greens in large bowl with remainder of salad dressing, and distribute evenly between 6 salad plates. Place equal portions of avocado mixture on each serving of greens. Sprinkle with chopped chives and toasted walnuts before serving.

Charred Corn Salad

MAKES 6 SERVINGS

Nutrients per Serving:

Calories 217, Total Fat 10g, Saturated Fat 1g, Protein 5g, Carbohydrates 29g, Cholesterol 0mg, Dietary Fiber 3g, Sodium 301mg

Dietary Exchange: 2 Diabetic Carb Count, 2 Bread/Starch, 2 Fat

3 tablespoons fresh lime juice

½ teaspoon salt

¼ cup extra virgin olive oil

4 to 6 ears corn, husked (enough to make 3 to 4 cups kernels)

⅔ cup canned black beans, rinsed and drained

½ cup chopped fresh cilantro

2 teaspoons minced seeded chipotle pepper (1 canned chipotle pepper in adobo sauce or 1 dried chipotle pepper, reconstituted in boiling water)

1. Whisk lime juice and salt in small bowl. Gradually whisk in oil. Set aside.
2. Heat large skillet over medium-high heat. Cook corn in single layer 15 to 17 minutes or until browned and tender, turning frequently. Transfer to plate to cool slightly. Slice kernels off ears and place in medium bowl.
3. Microwave beans in small microwavable bowl on HIGH 1 minute or until heated through. Add beans, cilantro and chipotle to corn; mix well. Pour lime juice mixture over corn mixture; toss to combine.

Take Note!

Chipotle peppers can sting and irritate the skin, so wear rubber gloves when handling peppers and do not touch your eyes.

Chipotle peppers in adobo sauce are available canned in the Mexican food section of most supermarkets. Since only a small amount is needed for this dish, spoon leftovers into a covered plastic container and refrigerate or freeze.



Raspberry Lemonade Slushies

MAKES 6 (8-OUNCE) SERVINGS



Nutrients per Serving:

Calories 72, Total Fat 0g, Saturated Fat 0g, Protein 0g, Carbohydrates 18g, Cholesterol 0mg, Dietary Fiber 2g, Sodium 3mg

Dietary Exchange: 1 Fruit

1½ cups fresh or frozen raspberries

½ (12-ounce) can frozen lemonade concentrate

1 cup water

4 cups ice cubes

1. Combine raspberries, lemonade concentrate and water in blender or food processor; blend until smooth. Add ice; blend until desired consistency is reached.

2. Pour into 6 glasses. Serve immediately.

Bulgur, Tuna, Tomato and Avocado Salad

MAKES 3 (1-CUP) SERVINGS

Nutrients per Serving:

Calories 166, Total Fat 4g, Saturated Fat 1g, Protein 17g, Carbohydrates 17g, Cholesterol 17mg, Dietary Fiber 4g, Sodium 221mg

Dietary Exchange: 1 Bread/Starch, 1 Meat

2/3 cup water

1/3 cup uncooked bulgur

1 cup halved grape tomatoes

1 can (6 ounces) tuna packed in water, drained and flaked

1/4 cup finely chopped red onion

1 large stalk celery, trimmed and thinly sliced

1/4 cup finely chopped avocado

1 tablespoon minced fresh Italian parsley

1 to 2 tablespoons lemon juice

4 teaspoons chicken broth

1 teaspoon olive oil

1/8 teaspoon black pepper

1. Bring water to a boil in small saucepan. Stir in bulgur. Cover; reduce heat to low. Simmer 8 minutes or until bulgur swells and has absorbed most of the water. Remove from heat; cover and let stand 10 minutes.

2. Meanwhile, combine tomatoes, tuna, onion and celery in large bowl.



Stir in bulgur, avocado and parsley. Combine lemon juice, broth, oil and pepper in small bowl. Pour over salad. Toss gently to mix. Chill 2 hours before serving.

Take Note!

Bulgur wheat is wheat kernels that have been steamed, dried and crushed. Look for it in the rice and dried beans section or in the natural foods aisle of your supermarket.

Pineapple Turkey Kabobs

MAKES 6 SERVINGS



Nutrients per Serving:

Calories 171, Total Fat 1g, Saturated Fat 1g, Protein 28g, Carbohydrates 11g, Cholesterol 74mg, Dietary Fiber 2g, Sodium 47mg

Dietary Exchange: 1 Fruit, 3 Meat

1 1/2 pounds boneless skinless turkey tenders

Hot cooked rice (optional)

2 large red bell peppers

2 cups fresh pineapple chunks

1/2 cup rice wine vinegar

1/4 cup pickled ginger

2 teaspoons chopped garlic

1/2 teaspoon black pepper

Nonstick cooking spray

1. Soak 6 wooden skewers in water 20 minutes. Preheat oven to 400°F.

2. Cut turkey and bell peppers into bite-size pieces. Place turkey, bell peppers, pineapple, vinegar, pickled ginger, garlic and black pepper in resealable food storage bag. Seal bag; turn several times to coat all ingredients. Refrigerate 20 minutes.

3. Spray 11X9-inch baking pan with nonstick cooking spray. Thread pieces of bell pepper, turkey, ginger and pineapple onto 6 skewers. Discard any remaining marinade. Place skewers in prepared pan; cover with foil. Bake 20 to 25 minutes or until turkey is cooked through. Serve with rice, if desired.

Take Note!

Jars of sliced pickled ginger are available in the Asian section of most supermarkets and are most often used as an accompaniment to sushi.



Double Mango Shrimp Salad

MAKES 2 SERVINGS

Nutrients per Serving:

Calories 221, Total Fat 7g, Saturated Fat 1g, Protein 21g, Carbohydrates 19g, Cholesterol 166mg, Dietary Fiber 4g, Sodium 583mg

Dietary Exchange: 1 Fruit, 3 Meat

- 3 tablespoons picante sauce or salsa
- 1 tablespoon mango or peach chutney
- 1 tablespoon Dijon mustard
- 1 tablespoon lime juice
- 4 cups torn Boston or red leaf lettuce
- 6 ounces medium or large cooked shrimp, peeled and deveined
- ½ cup diced ripe avocado
- ½ cup diced ripe mango or papaya
- ⅓ cup red or yellow bell pepper strips
- 2 tablespoons chopped fresh cilantro (optional)

1. Combine picante sauce, chutney, mustard and lime juice in small bowl; mix well.
2. Combine lettuce, shrimp, avocado, mango, bell pepper and cilantro, if desired, in medium bowl. Add chutney mixture; toss well. Serve immediately.



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Mini Ice Cream Sandwiches

MAKES 4 SERVINGS (1 ICE CREAM SANDWICH PER SERVING)



Nutrients per Serving:

Calories 254, Total Fat 12g, Saturated Fat 3g, Protein 3g, Carbohydrates 39g, Cholesterol 3mg, Dietary Fiber 1g, Sodium 98mg

Dietary Exchange: 2½ Bread/Starch, 2 Fat

- 8 sugar-free almond-flavored cookies
- 2 tablespoons all-natural strawberry fruit spread
- 8 strawberry slices (about 3 whole strawberries)
- ½ cup no-sugar-added low-fat vanilla ice cream

1. Arrange cookies, smooth side-up, on work surface. Spoon equal amounts of fruit spread on each cookie. Place 2 strawberry slices on top of 4 of the cookies.
2. Working quickly, spoon 2 tablespoons ice cream on top of strawberries, gently top with another cookie, spread side down. Place cookie sandwich on plate in freezer. Repeat with remaining ingredients. Freeze at least 30 minutes before serving.

Take Note!

Try peach or nectarine slices instead of strawberries.

BEANS, PEAS and LENTILS

By Lea Ann Holzmeister, RD, CDE

Dried beans, peas and lentils (or legumes) are nutrition powerhouses packed with essential nutrients such as protein, fiber, phytochemicals, folate and other vitamins and minerals. Unlike meat-based proteins, beans are naturally low in fat and free of saturated fat and trans-fat, and they are a cholesterol-free source of protein. They also are among the most versatile and nutritionally complete foods available. With today's escalating food prices, legumes (especially dry beans) are an economical protein source compared to animal protein.

The 2015 Dietary Guidelines for Americans recommends including legumes (beans and peas) as part of a healthy eating pattern. As both a vegetable and a non-meat protein source, beans contain nutrients found in both food groups. They are a nutrient-rich source of complex carbohydrates and contain dietary fiber, proven to reduce the risk of heart disease and some cancers.

Beans also are an important alternative food for people with certain food allergies and intolerances, such as gluten, a natural protein present in wheat, barley and rye. Because beans do not contain gluten or other major allergens found in various grains, substituting beans can provide a source of fiber and other nutrients that people on restricted diets may be missing.

Beans come in a variety of convenient forms (canned, bean flours and dehydrated) that can be used in place of allergenic and gluten-containing ingredients.

One-half cup cooked or canned legumes provide 6-8 grams of protein. Soybeans are the exception; their protein value is equal to animal sources of proteins such as meat, milk, chicken and fish.

One-half cup cooked or canned beans contain 15-20 grams of carbohydrate and 5-11 grams of fiber. Legumes contain more fiber than a serving of most cereals and grains (with the exception of wheat bran). Beans contain both soluble and insoluble fiber. One-half cup serving of legumes provides one-quarter to one-third of the daily value for fiber.

The insoluble fiber in beans improves the function of the gastrointestinal tract, speeding the passage of food and increasing stool bulk. This aids in the prevention and treatment of constipation and possibly helps prevent some diseases of the colon. Also, a diet high in soluble fiber has been shown to decrease blood cholesterol levels, decreasing the risk for heart disease.

The 2014 Academy of Nutrition and Dietetics and the American Diabetes Association's Choose Your Foods: Food Lists for Diabetes includes beans, lentils and peas in the Starch group and the Plant-Based Protein Group. A one-half cup

cooked serving of legumes equal one starch and one lean meat.

When using carbohydrate counting, check the Nutrition Facts panel on food labels for total carbohydrate per serving. Count one carbohydrate choice for every 15 grams of carbohydrates in your serving of beans. Since legumes are a high-fiber food and contain more than 5 grams of fiber per serving, subtract half the grams of fiber from the total carbohydrate grams to get the grams of carbohydrate that count toward carbohydrate choice. This is because we do not digest or absorb fiber in our gastrointestinal tract. For example, one-half cup serving of Bush's Red Beans contains 20 grams of carbohydrate and 7 grams of fiber. Subtract half the fiber (3 grams) from the total carbohydrate (20 grams), which equals 17 grams or about one carbohydrate choice.

Beans also contain small amounts of some sugars called oligosaccharides. Because humans lack the enzyme in the intestine needed to digest these sugars and some undercooked starch, they are digested by bacteria in the gut, which causes gas. Making sure beans are thoroughly cooked helps decrease gas.

Beans are good sources of B vitamins, folate, zinc, potassium, copper, selenium, magnesium, calcium and iron. Legumes also contain phytochemicals, natural substances that help protect cells from damage caused by free radicals. All these nutrients are packed into a low-fat, high-protein, high-fiber food.

Beans are edible seeds that grow in pods. Beans seeds can be eaten fresh, sprouted or dried. Some, such as lima beans and peas, can be eaten fresh or dried. Dry legumes are sold in bulk or bags. For specialty varieties, check ethnic markets, mail order or specialty grocery stores such as Trader Joe's or Whole Foods. When buying dried legumes, check packaging for damaged bags or boxes and look for beans, peas and lentils that are uniform in size, shape and color.

Before cooking dried legumes, rinse beans and lentils before soaking and cooking to remove dirt, pebbles and debris. Lentils, split peas and black-eyed peas, which are thin-skinned, do not require soaking. Dried beans need to be soaked before cooking to return the moisture lost during processing. Soaking also reduces cooking time and removes some of the offending gas-producing sugars.

Despite their nutrition value and health benefits, many people avoid legumes because of their tendency to cause intestinal gas and sometimes bloating and indigestion. Properly soaking and cooking beans can rid beans of up to 90% of their gas-producing potential. To decrease gas-producing sugars, discard the soaking water once the beans are soaked, then boil them in plenty of fresh water. Properly cook the beans to soften the skin, allowing the sugars to leach into the water. Drain and rinse thoroughly after cooking. For canned



beans, drain and rinse them thoroughly to decrease excess sodium and gas-producing sugar.

It may also be helpful to start by eating smaller amounts of legumes. If you are especially sensitive, try Beano, a liquid enzyme supplement that digests gas-causing sugars. According to its manufacturer, add a few drops to the first bite of food. Heat inactivates the enzyme, so it cannot be added during cooking. Beano can be found in most supermarkets and drug stores.

Canned beans usually are found in the canned vegetable aisle in supermarkets. Canned beans require no soaking or cooking, making them the most convenient option. Keep in mind that canned beans often are high in sodium and sometimes have an overly soft texture. When using canned beans, remember to always drain and rinse. This removes some of the complex carbohydrates that are difficult to digest and also reduces sodium by as much as 40%. Low-sodium canned bean varieties are available in some supermarkets, although these still require rinsing. Compare Nutrition Facts panels for the sodium content of canned legumes.

Black beans (also called turtle beans, Mexican black beans and Spanish black beans) are thin skinned, oval in shape and have a soft, mealy texture. Their flavor is earthy and sweet with a hint of mushrooms. They are a staple in many Mexican, Caribbean and Latin American soups and side dishes.

Black-eyed peas (also called cowpeas or black-eyed beans) are medium size and oval shaped with a thin, creamy white skin with a single black spot. Their thin skin allows them to be cooked without pre-soaking. They have a distinct savory flavor and light smooth texture. They are sold dried, canned and frozen. They are popular in Southern dishes such as Hoppin' John, a New Year's Day tradition.

Cannellini beans (also called white kidney beans) look like large white kidney beans and have a smooth texture and nutty flavor. They typically are available canned and often are used in Italian dishes.

Fava beans (also called broad beans) are large oval beans, light brown in color, creamy in texture and with an earthy flavor. Their tough skins should be peeled before eating. They often are used in soups, salads and pâtés in Mediterranean cuisine.

Garbanzo beans (also called chickpeas or ceci beans) are medium-sized, round and tan in color. They have a very firm texture and nut-like flavor. They most often are used in soups and salads in Mexican and Mediterranean cuisine and are the main ingredient in Middle Eastern dishes such as hummus and falafel.

Great Northern beans are the largest of the white beans and have an oval shape. They have a mild, delicate flavor and powdery texture, which makes them ideal for recipes with long cooking times. They belong to the white bean or haricot bean

family and are used in soups, stews and cassoulet.

Kidney beans are large, kidney shaped and come in three colors: dark red, light red and white. Red kidney beans have a robust, full-bodied flavor and soft texture. They are an all-purpose bean popular in stews, soups and chili.

Lentils (a cousin of the bean) are tiny, disk-shaped legumes with a slightly peppery flavor. The size and appearance of lentils depends on the variety. They come in different colors, with red, brown and green being the most common. The outer coat can be mottled or speckled and ranges in color from reddish-brown to green. Lentils need no soaking and cook relatively quickly. They are used in soups, stews, casseroles, vegetable dishes and salads.

Lima beans come in two varieties; baby and large. Baby limas are flat shaped and creamy white with a mild, sweet flavor. Large limas also are called butter beans and are large, disc-shaped beans. Both are sold canned, dried and frozen.

Lima beans have a starchy texture and are popular as a side dish or added to soups or casseroles.

Navy beans (also known as haricot or pea beans) are small white ovals, a smaller version of the Great Northern bean. They have a mild flavor and powdery texture. Most often, they are used in pork and beans, baked beans, soups and stews.

Pinto beans are small, oval and reddish-tan in color. Their name is derived from the Spanish work for "painted" due to

their mottled appearance, which turns brown when cooked. They are a favorite in refried beans and other Mexican dishes.

Red beans (also called the Mexican red bean) are small, oval shaped, dark red in color and are related to kidney beans. They have a rich, savory flavor, making them a good choice for soups, salads, chili and Creole dishes.

Soybeans are higher in protein and fat than most other beans, making them a dietary staple in many countries. They are the most versatile beans, and many products are made from them, including soybean oil, soy protein, soy milk, soy flour and tofu. Soybeans are available fresh as edamame, mature and dried. Edamame are immature soybeans found in the frozen food or produce section and are used in salads, soups and rice dishes. Mature soybeans are used to manufacture products. Dry soybeans are dense, pea-sized beans requiring long soaking and cooking times.

Split peas (also known as field peas or grey peas) are classified as a dry legume, which is different from the garden green pea that is picked when immature and eaten fresh. Dried split peas are harvested when mature, then stripped off the husk and split in two. They are available in green and yellow varieties, neither of which requires soaking, and they cook quickly.

Beans are high in protein, low in fat and packed full of nutrients with positive health benefits, making them a near perfect food.

**DRAINING AND
RINSING CANNED BEANS
REMOVES SOME OF
THE COMPLEX CARBS
AND REDUCES SODIUM
BY UP TO 40%.**



BEANS, PEAS, LENTILS

	SERVING	CALORIES	FAT (g)	FAT CALORIES	SATURATED FAT (g)	TRANS FAT (g)	CHOLESTEROL (mg)	SODIUM (mg)	CHO (mg)	FIBER (g)	PROTEIN (g)
DRIED, COOKED											
Baked Beans, (Boston)	½ cup	195	6	54	2	0	6	576	28	5	8
Black Beans, Cooked (no salt or fat added)	½ cup	99	0	0	0	0	0	9	18	4	6
Fava/Broadbeans, Cooked (no salt or fat added)	½ cup	93	0	0	0	0	0	4	17	5	6
Garbanzo Beans/Chickpeas, Cooked (no salt or fat added)	½ cup	148	2	18	0	0	0	6	25	7	8
Kidney Beans, Cooked (no salt or fat added)	½ cup	108	0	0	0	0	0	2	19	6	7
Lentils, Cooked (no salt or fat added)	½ cup	110	0	0	0	0	0	2	19	8	9
Lima Beans, Frozen, Cooked	½ cup	85	0	0	0	0	0	46	16	4	5
Pink Beans, Cooked (no salt or fat added)	½ cup	125	0	0	0	0	0	2	23	4	8
Pinto Beans, Cooked (no salt or fat added)	½ cup	99	0	0	0	0	0	10	18	4	6
Pea, Black-Eyed, Cooked (no salt or fat added)	½ cup	97	0	0	0	0	0	3	17	5	6
Split Peas, Cooked (no salt or fat added)	½ cup	115	0	0	0	0	0	2	21	8	8
White Beans, Cooked (no salt or fat added)	½ cup	121	0	0	0	0	0	5	22	6	8
CANNED BEANS											
B & M											
Baked Beans, Original	½ cup	170	2	20	1	0	<5	400	31	5	7
Baked Beans, Bacon, Onion & Brown Sugar	½ cup	190	2	20	1	0	<5	450	36	8	8
Baked Beans, Country Style	½ cup	170	2	15	1	0	<5	570	35	6	6
Baked Beans, Homestyle	½ cup	190	1	10	0	0	0	620	39	8	8
Baked Beans, Vegetarian	½ cup	160	1	10	0	0	0	383	28	8	7
Bush's											
Baked Beans, Country Style	½ cup	170	1	10	0	0	0	600	33	6	7
Baked Beans, Original	½ cup	140	1	10	0	0	0	550	29	5	6
Baked Beans, Vegetarian	½ cup	130	0	0	0	0	0	550	29	5	6
Baked Beans, Vegetarian Reduced Sodium	½ cup	140	0	0	0	0	0	410	29	6	6
Black Beans	½ cup	100	0	0	0	0	0	490	18	4	6
Black-Eyed Peas	½ cup	80	0	0	0	0	0	480	15	3	5
Butter Beans, Baby	½ cup	110	0	0	0	0	0	470	21	5	6
Cannellini Beans	½ cup	100	0	0	0	0	0	270	19	6	7
Crowder Peas	½ cup	90	0	0	0	0	0	460	18	5	5
Field Peas with Snaps	½ cup	80	0	0	0	0	0	430	16	2	5
Garbanzo Beans	½ cup	120	2	20	0	0	0	470	20	5	6
Great Northern Beans	½ cup	90	0	0	0	0	0	460	17	6	6
Grillin' Beans, Smokehouse Tradition	½ cup	160	1	10	0	0	0	550	33	4	5
Kidney Beans, Dark Red	½ cup	120	0	0	0	0	0	260	22	8	7
Navy Beans	½ cup	90	0	0	0	0	0	470	17	7	6
Pinto Beans	½ cup	100	0	0	0	0	0	310	18	7	6
Pinto Beans with Pork	½ cup	110	1	10	0	0	0	450	17	7	6
Red Beans	½ cup	100	0	0	0	0	0	480	20	7	6
Refried Beans, Fat Free	½ cup	130	0	0	0	0	0	480	24	7	9
Refried Beans, Traditional	½ cup	150	3	25	1	0	0	480	24	7	9
White Beans	½ cup	90	0	0	0	0	0	470	17	7	6



	SERVING	CALORIES	FAT (g)	FAT CALORIES	SATURATED FAT (g)	TRANS FAT (g)	CHOLESTEROL (mg)	SODIUM (mg)	CHO (mg)	FIBER (g)	PROTEIN (g)
Old El Paso											
Refried Beans, Traditional	½ cup	110	3	25	1	0	0	440	16	5	5
Refried Beans, Vegetarian	½ cup	90	1	5	0	0	0	440	15	5	5
Refried Beans, Fat-Free	½ cup	90	0	0	0	0	0	440	16	6	6
Refried Beans w/Green Chili	½ cup	90	1	5	0	0	0	440	16	5	5
Progresso											
Black Beans	½ cup	100	1	5	0	0	0	400	17	5	6
Chick Peas	½ cup	100	2	15	0	0	0	280	17	4	5
Dark Red Kidney Beans	½ cup	110	0	0	0	0	0	340	20	6	8
Fava Beans	½ cup	100	1	5	0	0	0	250	17	5	6
Ranch Style											
Beans, Original	½ cup	140	3	30	1	0	0	460	22	7	6
Black Beans	½ cup	110	1	5	0	0	0	390	19	7	6
Pinto Beans	½ cup	120	0	0	0	0	0	240	22	7	6
Beans w/Jalapeno Peppers	½ cup	140	3	30	0	0	0	500	22	7	6
Rosarita											
Low Fat Refried Black Beans	½ cup	110	1	5	0	0	0	560	19	6	6
No Fat Refried Beans	½ cup	100	0	0	0	0	0	540	18	5	6
Refried Beans, Traditional	½ cup	120	3	220	1	0	0	540	18	6	6
Refried Beans, Vegetarian	½ cup	120	2	20	0	0	0	540	19	6	6
S & W											
Black Beans	½ cup	120	0	0	0	0	0	370	22	9	7
Black Beans 50% Less Sodium	½ cup	110	1	5	0	0	0	180	22	9	7
Chili Beans, Pinto	½ cup	130	2	10	0	0	0	620	23	7	7
Chili Beans, Pinto, 50% Less Sodium	½ cup	130	2	10	0	0	0	190	23	7	7
Garbanzo Beans	½ cup	120	2	15	0	0	0	430	20	6	7
Garbanzo Beans 50% Less Sodium	½ cup	110	2	15	0	0	0	180	20	6	7
Kidney Beans	½ cup	110	0	0	0	0	0	380	21	8	7
Kidney Beans 50% Less Sodium	½ cup	110	0	0	0	0	0	180	21	8	7
Pinkitos	½ cup	110	1	5	0	0	0	490	20	6	6
Pinto Beans	½ cup	100	0	0	0	0	0	540	20	7	6
Trader Joe's											
Black Beans	½ cup	110	0	0	0	0	0	430	20	8	7
Cannellini White Kidney Beans	½ cup	120	0	0	0	0	0	260	21	10	8
Cuban Style Black Beans	½ cup	100	1	5	0	0	0	370	19	6	6
Garbanzo Beans	½ cup	120	1	10	0	0	0	380	22	6	6
Fat Free Refried Pinto Beans	½ cup	120	0	0	0	0	0	520	22	7	7
Low Fat Vegetarian Pinto Beans	½ cup	110	1	5	0	0	0	410	20	6	6
Organic Baked Beans	½ cup	140	0	0	0	0	0	450	29	7	7
Organic Black Beans	½ cup	100	0	0	0	0	0	140	19	4	7
Organic Pinto Beans	½ cup	110	0	0	0	0	0	140	21	8	6
Van Camp's											
Baked Beans, Country Maple	½ cup	170	1	5	0	0	0	530	35	8	6
Baked Beans, Original	½ cup	160	1	10	0	0	0	510	30	5	7
Pork & Beans	½ cup	120	1	10	0	0	0	390	23	6	6
New Orleans Red Kidney Beans	½ cup	90	0	0	0	0	0	450	19	6	6

Weight

SELF-MANAGEMENT

MEET CHRIS SMITH, THE DIABETIC CHEF

INSPIRING OTHERS THROUGH HEALTHY
COOKING

SUMMER PORTION CONTROL

FROM BEACH TO BARBECUE

TAKE 5

YOUR ANYTIME, ANYWHERE
EXERCISE BREAK

IN THE KITCHEN with THE DIABETIC

CHEF CHRIS SMITH SHARES HIS PERSONAL JOURNEY WITH DIABETES AND HIS APPROACH TO HEALTHY COOKING

By JoAnn Stevelos

"WELCOME TO MY KITCHEN!" Whether you're a person affected by diabetes, or you're simply looking for healthier recipes you can share with your family and want to eat and live a healthier lifestyle, you are welcome here in The Diabetic Chef's Kitchen!"

So sums up Chris Smith, a.k.a. The Diabetic Chef. While Chef Chris' warm, inviting, effusive manner comes through on his website (www.TheDiabeticChef.com, being relaunched in the coming weeks), when he gives live cooking demonstrations and shares his experiences living with diabetes, the audience is inspired and gains a new determination to eat healthier and live a healthy lifestyle.

Whether you're visiting your local farmers' market to buy vegetables and herbs to make his recipe for Summer Grilled Vegetables or preparing his mouthwatering Gazpacho (see page XXX), Smith's passion and commitment to great flavors are evident in every bite.

While studying at The Culinary Institute of America in Hyde Park, New York, Smith began to experience fatigue, extreme thirst and stomach cramps. After repeated trips to his doctor and a sudden weight loss, he was diagnosed with Type 1 diabetes at age 27.

After graduating, he began to share his story and provide cooking demonstrations to diabetes groups and the general public. He then expanded into writing cookbooks for the American Diabetes Association (ADA) and became a contributing editor to *Better Homes and Gardens Diabetic Living* magazine. He is a sought-after international speaker on health and wellness and is committed to creating and providing healthy and nutritional meals that are easy to prepare at home.



In The Diabetic Chef's Kitchen, his upcoming PBS series, Smith will demonstrate all aspects of food, ingredients and cooking—from seasonal recipes to simple "how-to" guides with step-by-step directions. Smith plans meals that save both time and money and offers shortcuts including dinners that can be prepared in one pot.

Smith is committed to sharing what he has learned along his personal diabetes journey and keeps a hectic schedule of speaking engagements and cooking demonstrations to wellness groups.

DSM: Where do you get inspiration for your recipes?

CS: I think about food all the time, so food ideas come easily. I like to consider all the different flavors and textures that are available, what combinations of ingredients might taste like, and then I create a draft recipe. Next, I head into the kitchen to try out my ideas until the recipe is complete.

I also am really inspired by regional foods and flavors that are indicative to that location. For example, I recently traveled to New Orleans and experienced firsthand the hospitality and rich diversity and culture that New Orleans is famous for. Just walking around the streets, I was inspired to get into a kitchen to try to incorporate all that I experienced into a recipe to share with others. New Orleans cuisine is so flavorful; however, some of the recipes have too much fat or salt or the portion size is simply too much. What is exciting to me is the challenge. How do I make jambalaya healthy and within the dietary guidelines recommended for people living with diabetes?

Another example is when I taste an established recipe.

CHEF



I visited my dad, and he made his clam chowder. I thought, “How can I make this healthy and tasty for a person with diabetes to eat?” Inspiration is all around us.

DSM: How do you test your recipes?

CS: That is a good question—by eating it! No, really, it is a trial and error process of developing the idea, eating, rethinking the recipe, following the ADA guidelines and tasting again. All of my recipes are nutritionally analyzed to ensure they are compliant with standard preparation. But I also think about the person making the food: Are the ingredients familiar to most people? Are they accessible? I personally go to the store to buy every ingredient to ensure they are available and affordable.

Also, it is important when I prepare a recipe that I keep the “new cook” in mind. I want the recipe to be accessible and preparation to not be difficult, giving the person a successful experience and ensuring the recipe tastes good. When all those questions are answered satisfactorily, I then think about how appealing the completed recipe is to the eye. Are your senses being engaged? And, most importantly, will they want to make it again and have it become part of their everyday meals?

DSM: What do you eat during a typical day?

CS: I am always trying new ideas and playing with food ideas, so I tend to share the test recipes with my family! I am open to trying a lot of different kinds of foods so I can keep my creative juices flowing and share more and more recipes for people living with diabetes or who just want to eat healthier. An example is my Gazpacho recipe that I completed last year. It was so good, and simple—we are finally able to enjoy this recipe again now that my tomatoes are ripe!

DSM: How do you choose a restaurant? What kind of food do you order when traveling?

CS: Generally, I really enjoy smaller, privately owned restaurants. They offer more unique, original recipes and generally more variety. As a chef, I am interested in the interpretation of different recipes and how other chefs make a dish unique. I look for restaurants that consistently have a good food grade. When eating out, I tend to look for regional dishes or specials of the house. I look for fresh fish or lean meats as an entrée. Also, I look for sides that stand out. For example, Brussels sprouts have had a resurgence that has been amazing! Rather than having them whole and boiled and not very good, chefs are using techniques such as sautéing and grilling to enhance the flavors and offer a new, exciting option to their customers.

DSM: What is your favorite meal?

CS: All meals! But if I had to choose, I really enjoy dinners and making entrees with fresh ingredients. For example, now that tomatoes are in season, I love picking fresh tomatoes from my garden and incorporating them into a meal. I also enjoy holiday cooking, because it is a great creative challenge to take traditional holiday foods that we all look forward to and make them healthy and delicious.

DSM: One of the many current diet movements has been toward eating plant-based diets and less meat, fueled by both a belief that raising animals for food affects climate and an activist outcry against conditions on factory farms. Do you try to incorporate more plants into your recipes? If so, how do you make them taste good?



CS: As a trained chef, I prepare food for all customers. There are many reasons people make food choices—dietary restrictions, personal tastes, political choices and medical reasons. As a chef, I am entrusted to prepare that food which is ordered. I believe everyone can benefit from eating more vegetables, and there are lots of opportunities for me as a chef to help people learn how to add more plant-based recipes to their meals. Both in professional kitchens and in home kitchens, there has been a greater awareness of more plant-based ingredients and developing healthy and flavorful recipes. This is always exciting as a chef to reinterpret traditional recipes and introduce new flavor combinations specifically for plant-based ingredients.

DSM: Many people avoid cooking with fresh vegetables because they can be expensive, take more time to prepare and spoil quickly. Are frozen vegetables a good substitute? Do you have any recommendations for incorporating frozen vegetables (and fruits) into your recipes?

CS: Fresh fruits and vegetables are always my first choice. I always recommend fruits and vegetables in season while they are at their peak of flavor and the least expensive. If that is not an option, frozen vegetables are a good second choice. A benefit of frozen fruits and vegetables is the convenience and the ability to control the portion or serving size. Any of my recipes can use frozen vegetables. I generally would recommend defrosting them before incorporating them into a recipe.

JoAnn Stevelos, MS, MPH, is a public health professional and health writer. She is director of research and evaluation for the Alliance for a Healthier Generation Healthy Schools Program. This article does not necessarily reflect the views of the Alliance for a Healthier Generation.

GRILLING VEGETABLES

101

With the warm weather underway and the grill fired up, Chef Chris Smith visits local markets to look for fresh vegetables in season. Every year at this time he enjoys teaching people how to grill—he says it's something everyone can do, with little effort, and have fantastic results.

In this tutorial Smith uses three vegetables—Portobello mushrooms, red and yellow peppers and asparagus—but you can grill just about any vegetable that will benefit in flavor, look and aroma. So start your grill!

STEP 1: Identify freshness. Choose fresh, brightly colored vegetables. Look for newly picked stems where applicable, and also the firmness and aroma of the flesh to indicate freshness.

STEP 2: Prep—wash and clean your vegetables. With peppers, quarter and remove any seeds. For the Portobello, remove the skin so it can absorb more of the seasoning. In addition, remove the stem and the rib underneath.

STEP 3: Seasoning. Place all of one type of vegetable into a bowl and season. This allows you to season each vegetable differently. For the Portobello, try a pinch of salt and pepper and 1 tsp. of olive oil, along with a few sprigs of fresh rosemary. In a separate bowl, mix 2 cloves of garlic with 1 tsp. of olive oil—set this mixture aside to brush on during cooking.

STEP 4: Temperature/Timing. Grill at a medium-high temperature, or about 400-450°. Try lighting only one side of the grill to help manage the temperature. The best way to serve grilled vegetables is to have them properly cooked and served together. To do so, identify the cooking time for each vegetable

from longest to shortest, and cook in that order.

Chef's Tip: In this example, put the Portobello mushrooms on the grill first, then the peppers and, finally, the asparagus.

STEP 5: Control your food. The real secret to grilling is simple—control your heat! By understanding how your grill works, and where the “hot spots” are, you will develop better grilling skills. When grilling peppers, always place the skin side up and allow the peppers to begin cooking. After the peppers are flipped, check for doneness.

Chef's Tip: Marinate. Since vegetables grill relatively quickly, season most of them before placing them on the grill. However, because the Portobello may take a bit longer, use the above marinade mixture while cooking, so as not to scorch the garlic and get a bitter taste that detracts from the dish.

STEP 6: Use the shelf. Most grills have a shelf above the “direct heat” that keeps food warm while you cook. This area of “indirect heat” means the food is in a holding pattern. You can place some peppers, for example, in the holding pattern to stay warm while the rest finish cooking.

Chef's Tip: When grilling any food, presentation is a factor. Grilled items are NOT grilled unless they have grill marks. They don't have to be perfect; they just need enough marks to show they were grilled.

STEP 7: Plating. Always plate at the grill and then serve right to the table and enjoy! When plating, keep it simple yet attractive. Try layering your items and allow the food to scream freshness. A little effort in presentation will have everyone reaching for the grilled veggies.





GARDEN FRESH COLESLAW

MAKES 10 SERVINGS

Ingredients:

Dressing

- ½ cup rice vinegar
- Juice of 3 limes
- 2 teaspoons Equal Spoonful OR 1 packet Equal sweetener
- 2 teaspoons Dijon mustard
- ½ cup grape seed oil
- ¼ teaspoon salt

Coleslaw

- 2 cups shredded Napa cabbage
- 2 cups peeled julienned jicama
- 2 cups shredded radicchio
- 1 cup julienned carrots
- ½ cup thinly sliced red onion
- ½ cup thinly sliced red pepper
- ¼ cup chopped fresh parsley

Directions:

1. For Dressing, combine all ingredients except oil. Gradually whisk in oil until combined; set aside.
2. For Coleslaw, combine all ingredients. Gently toss with Dressing until all ingredients are lightly coated.
3. Refrigerate until ready to use. Stir before serving.

Serving Size – 1/10th of recipe – ½ cup

Calories – 123; Protein – 1g; Carbohydrates – 6g; Fat – 11g; Saturated Fat – 1g; Trans Fat – 0g; Cholesterol – 0mg; Sodium – 96mg

Choices:

Fat – 2; Vegetable – 1
 % Calorie Reduction – 1%
 % Carbohydrate Reduction – 14%

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CHILLED WATERMELON GAZPACHO

MAKES 5 SERVINGS

Ingredients:

- 4 cups peeled cubed seedless watermelon
- 1 cup quartered seeded tomatoes
- ½ cucumber, peeled, seeded
- ½ red pepper, seeded
- 2 scallions, white part only
- ½ fresh jalapeno pepper, seeded
- 1 tablespoon chopped fresh cilantro
- 1 tablespoon Equal Spoonful OR 1½ packets Equal sweetener
- 1 tablespoon balsamic vinegar
- ¾ teaspoon salt
- Black pepper to taste
- Additional peeled chopped seedless watermelon, optional

Directions:

1. Combine all ingredients except additional watermelon in blender or food processor. Puree until smooth.
2. Refrigerate mixture several hours until well chilled. Garnish each serving with additional watermelon pieces.



Serving Size – 1/5th of recipe – 1 cup

Calories – 53; Protein – 1g; Carbohydrates – 13g; Fat – 0g; Saturated Fat – 0g; Trans Fat – 0g; Cholesterol – 0mg; Sodium – 354mg

Choices:

Fruit – 1
 % Calorie Reduction – 15%
 % Carbohydrate Reduction – 13%

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GREEN SMOOTHIE

MAKES 6 SERVINGS

Ingredients:

- 2 cups fresh baby spinach, stems removed
- 1½ cups coconut water
- ½ cup water
- 2 medium Granny Smith apples, peeled, cored, sliced
- 1 mango, peeled, seeded, diced
- 1 orange, peeled, sectioned, seeded
- 2 tablespoons chia seeds
- 1 tablespoon fresh mint leaves, stems removed
- 1 tablespoon Equal Spoonful OR 1½ packets Equal sweetener

Directions:

1. Combine all ingredients in blender or food processor. Puree until smooth. Divide mixture evenly between 6 glasses to serve.

Serving Size – 1/6th of recipe – ½ cup

Calories – 116; Protein – 2g; Carbohydrates – 26g; Fat – 2g; Saturated Fat – 0g; Trans Fat – 0g; Cholesterol – 0mg; Sodium – 40mg

Choices:

- Carbohydrate – 2½
- % Calorie Reduction – 6%
- % Carbohydrate Reduction – 7%

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SUMMER PORTION CONTROL: *from* Beach *to* Barbecue

By Mary Ann Hodorowicz

STAYING ON TRACK WITH YOUR DIABETES MEAL PLAN

can be tricky during the summer months. Whether at the beach, a picnic, barbecue or bonfire, everyone looks forward to the food almost as much as the company. But when diabetes is part of our everyday lives, it's best to be smart regarding both food choices and portions, to keep blood sugar levels in target range. Here are the Top 10 Tips for "right sizing" summer food portions.

Tip #1: Shape Your Plate

Use the Diabetes Plate Method. Divide a 9-inch diameter plate into three sections. Fill one half of the plate with non-starchy cold and/or hot vegetables, one quarter of it with lean, grilled or baked meat or fish (protein) and one quarter of it with grains or starches such as rice, potatoes, pasta, baked beans, bread or corn on the cob. The sky is not the limit, meaning pile the food only to about a half-inch high in each of the three sections. Add a serving of fresh fruit and 8 oz. of fat-free milk or low-fat yogurt.

Another plate system is Choose MyPlate, from the U.S. Department of Agriculture. This plate is divided into four sections, of which 40% should be vegetables, 30% grains, 20% protein and 10% fruit, plus a dairy serving.

This tip provides a double benefit: It will balance the types of foods you eat—important for after-meal blood sugar control—and help you achieve excellent portion control. Also consider BYOP—Bring Your Own Plate. Bring some three-compartment disposable picnic plates with you to completely take the guesswork out of portioning healthy servings.



Tip #2: Estimate Portion Sizes

Many people find it easier to estimate healthy portion sizes using common household items. It's fun and easy, and you



don't have to have the objects with you since their sizes are common knowledge. For example, a nine-volt battery equals one ounce of cheese; two CDs stacked equals two pancakes or one waffle, and a tennis ball equals one cup of non-starchy vegetables, pasta or rice.

The "hand jive" system also is used to size up diabetes-friendly portions of carbohydrate, protein and fats. You use only your hands to estimate portions. This method is summarized in the table on the next page.

Tip #3: Wait to Take Seconds

After eating your balanced plate of food, wait at least 20 minutes before going back for more. It takes at least this long for our brains to know whether we have eaten enough and feel full. This tip can help with both portion control and blood sugar management. Be patient and let your brain get the message. Then, after 20 minutes, if you still are physically hungry, take one more serving of one type of food, rather than filling your plate completely.

Tip #4: Drink Lots of Sugar-free Fluids

Fluids fill us up. Make a habit of drinking water and other sugar-free (zero-calorie) fluids before, during and after the

meal. This is easy and can work wonders with portion control. A word of caution, however, about drinking alcoholic and sugary beverages as fill-up fluids: There are hundreds of hidden calories in these drinks, and besides the risk of weight gain, they also can wreak havoc on blood sugar control.

Tip #5: Grab a Healthy Snack before the Party

If you arrive hungry and the meal is delayed, you are more likely to overeat and eat very quickly. If your meal will be served hours from your normal meal time, eat a healthy snack to reduce ravenous hunger. High-fiber, low-sugar, low-fat choices are best, such as crackers, soup, fresh fruit, vegetable salad, granola bars or yogurt. The snack also can prevent dangerously low blood sugar (hypoglycemia), especially if you take certain diabetes medications, including insulin.

Tip #6: Assess Those Apps

Picnic appetizers can be tricky! Grazing all day at the table is really navigating through a minefield of calories. A word of caution about those very high-fat spinach and French onion dips often served at barbecues and picnics: The higher the fat, the smaller your portion should be. It's also easy to eat a lot of lighter, crispier appetizers such as chips, cheese puffs and tortilla chips. Remember, they also are calorie-rich and have little nutritional value. For apps, remember these points.

1. Aim for a small portion on a small plate or napkin.
2. Eat mindfully and slowly, savoring every bite.
3. Sit far away from the appetizer table after making your selection.
4. Know how much food you really can eat for 150 calories.
5. Look for fresh vegetables, hummus, salsa and baked or pita chips—or bring your own healthy appetizer.

Tip #7: Get Moving

To keep from going back for second helpings and then feeling stuffed the rest of the day, gather your friends

and take a walk; help clean up; play games such as softball, ring toss, bean bags or badminton; or play in the pool or in the water at the beach. Physical activity burns calories and blood sugar, speeds up your metabolism and is good for your digestion and mental health. You likely will be surprised at how many guests will appreciate your invitation to get out of those lawn chairs and have some fun.

Tip #8: Be Savvy at the Grill

Hot dogs, bratwurst, burgers, fried chicken and ribs all are typical cookout entrees. All of these proteins are high in unhealthy saturated fats and calories, plus sodium if the meat is processed, as with hot dogs. Aim for the size of a deck of cards (cooked with any inedible parts, such as bones, removed). When meats are served on buns, be mindful of the toppings, such as cheese, guacamole, mayonnaise and onion rings, which can add hundreds of unwanted calories. Instead, pile on mustard, ketchup, salsa, lettuce, onions, tomatoes, mushrooms, pickles, peppers and cucumbers. Consider eating only half of a large bun. Moderation, not omission, is the key. To keep those fat calories at bay, scope out the healthy, lower-calorie choices or bring your own:

- Grilled fish such as salmon, tilapia, shrimp, scallops and crawfish
- Veggie, soy or black bean burgers
- Grilled chicken or turkey (without the skin)
- Burgers made with 90%-95% lean ground turkey or beef
- Turkey or chicken sausage
- Grilled seafood kabobs skewered with summer vegetables such as peppers, onions, mushrooms and tomatoes.

Tip #9: Be Picky about Creamy Salads

Usually, there are salads galore at picnics and barbecues—great if they're made with fresh veggies and fruits

HAND JIVE TO MEASURE AND COUNT CARBS

HANDFUL	FINGERS ARE	APPROX. NUMBER OF <i>NON-SUGARY CARB</i> SERVINGS	APPROX. NUMBER OF <i>SUGARY CARB DESSERT</i> SERVINGS	APPROX. NUMBER OF <i>CANDY CARB</i> SERVINGS
large	not touching	2 (30 grams)	4 (60 grams)	8 (120 grams)
medium	just touching	1 (15 grams)	2 (30 grams)	4 (60 grams)
small	overlapping	½ (8 grams)	1 (15 grams)	2 (30 grams)
		bread, potato, rice, barley	cake, pie, cookies, bars	chocolate
		pasta, starchy beans, grits, yams	pastries, donuts	gummy candy
		oatmeal, non-sugary cereals	cake, muffins	caramels, taffy
		corn, peas, winter squash	sherbet, frozen yogurt	hard candy
		popcorn, crackers, pretzels, chips	ice cream	marshmallows
		fruit	pudding, custard	syrup, honey
		non-sugary yogurt	sugary yogurts	jelly, jam



To keep fat calories at bay, consider grilling healthy, lower-calorie alternatives such as these burgers made from quinoa, black beans, spinach and corn.

and light dressings of olive oil and lemon, but not so good when they are higher-carb, high-fat macaroni salad, potato salad and creamy coleslaw. Take a smaller portion, about a half cup. If salads are made with whole grains such as tabbouleh, barley, quinoa and even corn and peas, a one-cup portion is a smart choice. And, of course, a fresh fruit salad is a dream food for weight-conscious

party goers. Fruit is a carb, so if you have diabetes, count your portion in your carb budget for that meal.

Tip #10: Go Slow with Dessert

Often at parties, dessert is king. Sometimes there are more desserts than entrée choices. The most important tip for sugary sweets is to keep portion sizes small. A small portion means your fingers can wrap all the way around it if it's in your hand. If it is fresh fruit or a fruit-based dessert, your portion can be larger.

Conclusion

The bottom line for having fun in the sun and enjoying picnic foods this summer: By making just a few small, easy changes, you can save hundreds of unwanted calories and a lot of unhealthy fat and salt, and you can achieve better blood sugar control.

In short, we **G.E.T.** what we eat:

G = Greater Health

E = Extra Longevity Leading to Extra Time to Achieve Goals

T = Terrific Energy

Mary Ann Hodorowicz, RD, CDE, is a diabetes educator and a Certified Endocrinology Coder with an MBA in marketing. She is a consultant for the health, food and pharmaceutical industries and has expertise in multiple diabetes topics. She lives with her husband, two sons and cat in Illinois.

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Posture and Core Strength

By Laurel Dierking, M.Ed., NFPT, 200-YTT

The comfortable, and sometimes not so comfortable, workplace chair often becomes a second home for most individuals. If this is the case for you, your core strength and spine are likely to suffer. As simple of an act as it is, sitting for long periods of time can wreak havoc on the body, no matter how fit you are—namely on your core, hip flexors and spine.

Because it is easy to become engulfed in deskwork (and in driving when in the car), it is common to neglect awareness of posture. Chairs require little awareness of posture, which leads to weakened core muscles and spinal stabilizers, shortened hip flexors, a weak back and tight chest muscles.

Fortunately, the simplest solution yields more benefits than just core strengthening. Good posture not only naturally engages core muscles, as well as the muscles protecting the spine, but it also brings an invaluable awareness to your physical body that will ripple positive health effects throughout your body and mind. Sitting up straight improves your attention span, makes you feel more alert and confident (as well as look more lively) and allows for increased lung capacity. These benefits in themselves allow for other lasting benefits that have the power to influence numerous other systems in your body.

Muscularly speaking, the core is our main source of balance and stability. A stron-

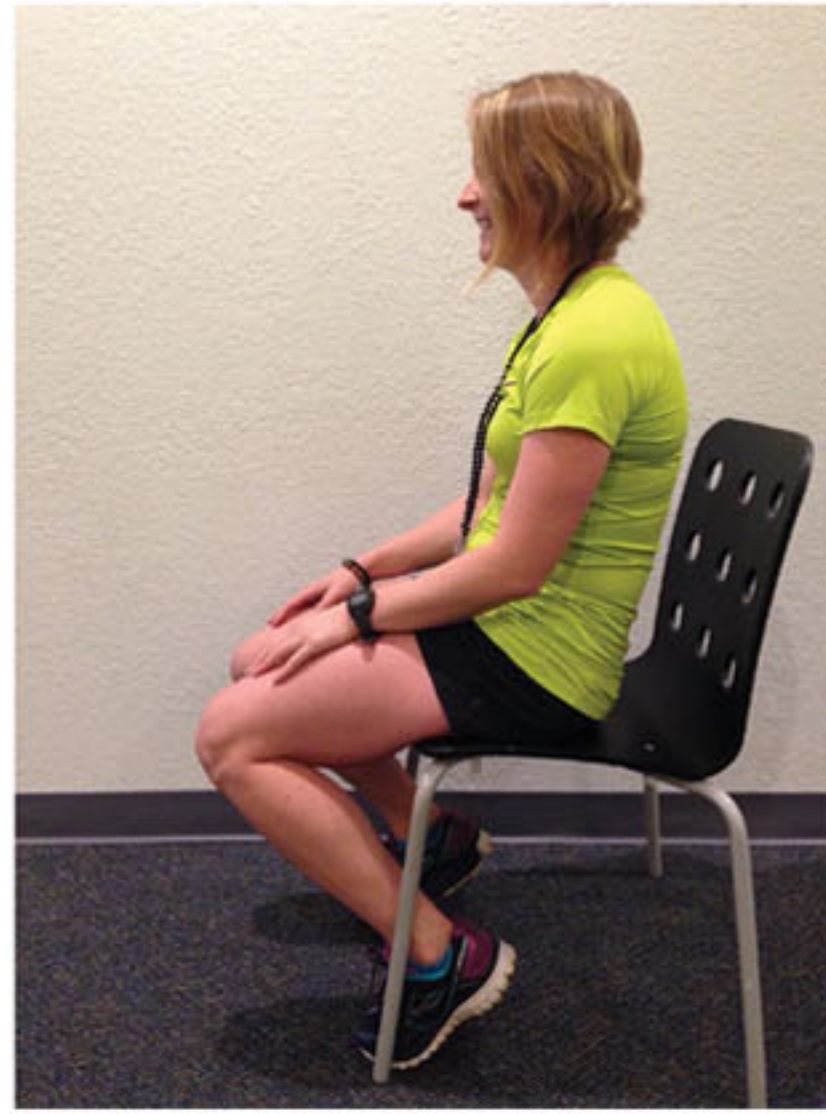
ger core significantly reduces the risk of low back injury or pain. The muscles of the core include the transverse abdominals (the six-pack), the obliques, the lower and middle back and the glutes. Sitting up straight requires the natural core and spine stabilizers to activate without doing even a single sit up.

When you sit up straight, creating a longer torso, it creates more space between the top of the hips and the lower ribs, giving room for the diaphragm to become involved with breathing. This in itself has innumerable health benefits, such as switching from the 'fight or flight' sympathetic nervous system (NS) to the 'rest and digest' activation of the parasympathetic NS. This space that is created in the torso also gives more room for the sensitive and often compressed vertebrae of the lumbar spine.

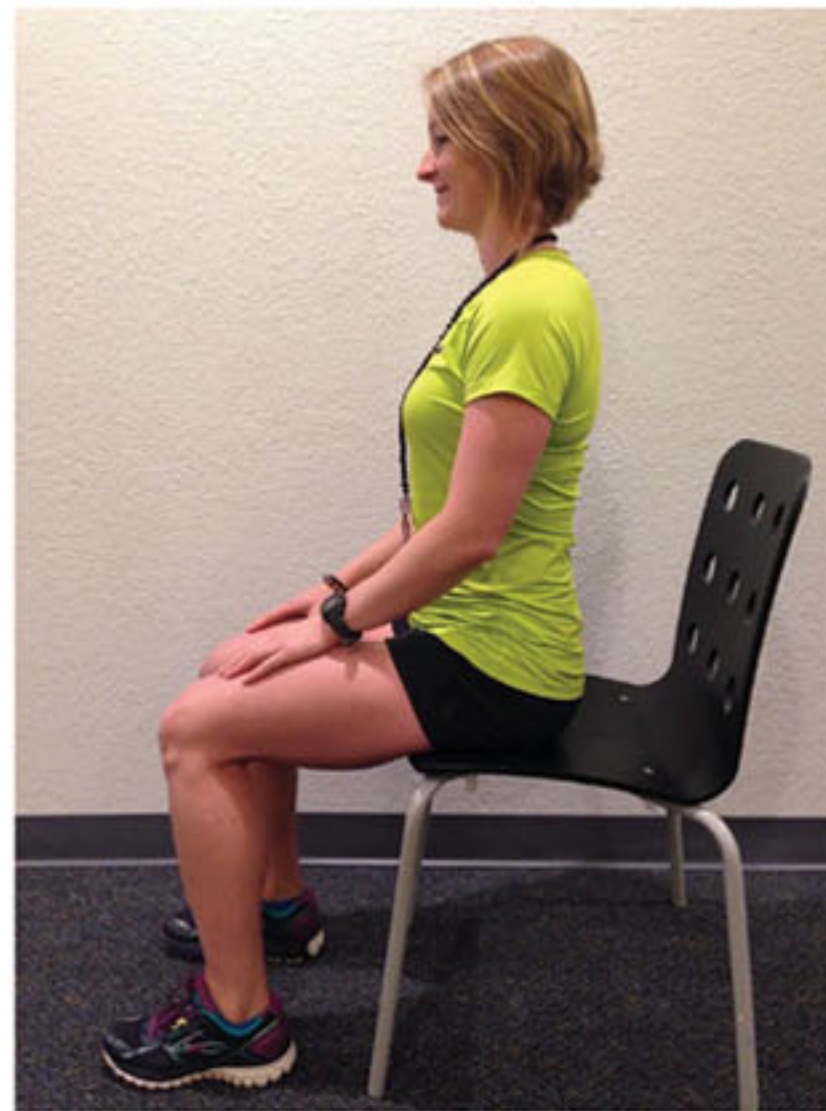
Try sitting up tall and take notice of what you feel. This is how the body is meant to be held, but because we are so focused outside of ourselves, the spine begins to droop over time. When you sit up, you can easily notice where there may be some potential discomfort, likely in the upper mid back or in the lower back. This is a direct sign of weakened core stabilizing muscles. At first, sitting up straight can seem like a lot of work, but let that be a sign that it's time to make some serious and diligent postural adjustments.

Laurel Dierking, MEd, NFPT, 200-YTT, is a health and fitness professional and yoga instructor at JKFITNESS in San Antonio, Texas. She is passionate about cultivating awareness of body, mind and spirit through holistic health practices as she strives to guide individuals on a path to self-awareness, long-term functional fitness and weight-loss management.

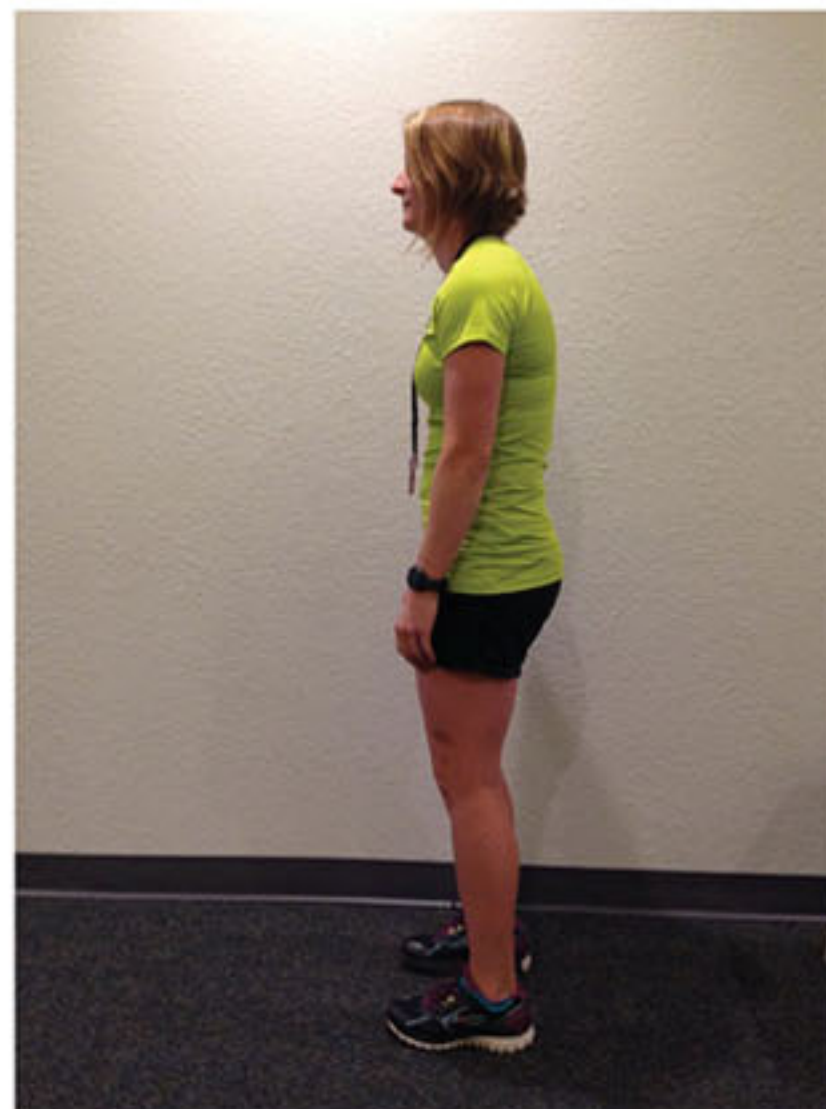
Sit comfortably on your chair, ideally with your feet flat on the floor.



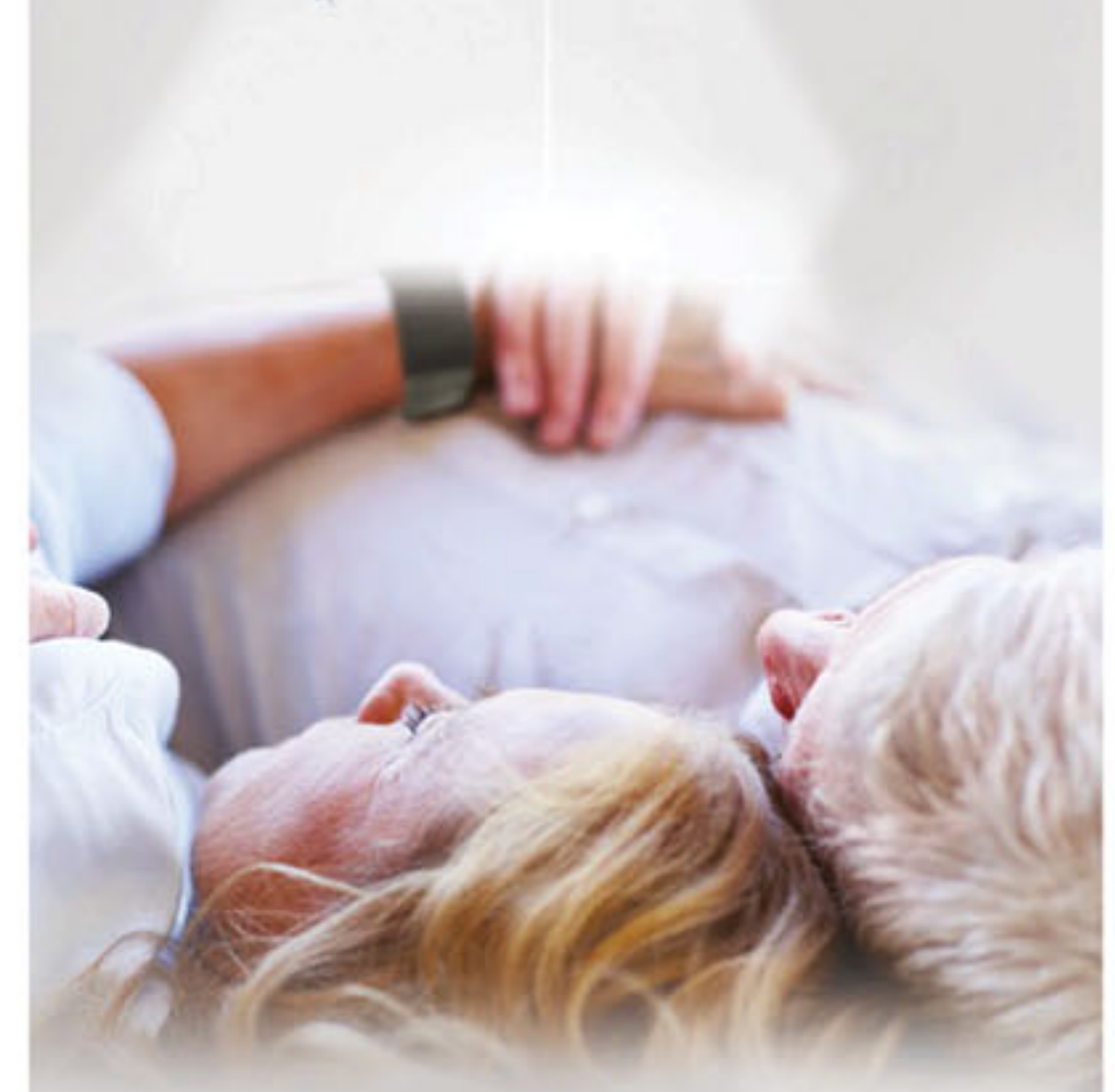
Visualize a string stretching out from the top of your head and pulling your spine straight upward. The pit of the belly is drawn upward and a longer torso is created.



Stand up with relaxed shoulders and posture.



Now, stand up straight with your best posture. When in your best posture, your feet, hips and shoulders are squared and facing straight forward. Joints should be stacked on top of one another, supporting your weight evenly throughout your body: knees directly over the ankles, hips over the knees and shoulders over the hips.



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Sierra Sandison

Sierra Sandison, 22, Miss Idaho 2014, was diagnosed with Type 1 diabetes (T1D) at age 18, when she was a senior in high school. Inspired by Nicole Johnson, Miss America 1999, who wore an insulin pump during the competition, Sierra set a goal of wearing her pump on stage in the Miss America competition. Two years later, she reached that goal. Her #ShowMeYourPump social media post went viral, with people around the world posting photos of themselves and their pumps online.

DSM: After your diagnosis, you were in denial at first. Tell me about that and what changed your attitude.

SS: Throughout high school and junior high school, I did not have an easy time socially. I had a list of things that made me different from my peers. Getting diagnosed with diabetes just added to that already long list. For a long time, all I focused on was how diabetes made me different and how it would be more difficult to fit in. I would check my blood sugar only in the bathroom, where no one could see. So I wasn't taking care of myself as well as I should have been.

Then I heard about Nicole Johnson wearing a pump in the Miss America pageant. That inspired me; it showed me that I was being silly. These were things about myself that were not to be ashamed of. They made me unique, and they inspired me to compete for Miss America. But in order to do that and be a role model, I had to take really good care of myself and show that it is pos-

sible to live a really full life with diabetes.

Before I learned about Nicole Johnson, I had never even thought about doing pageants. I was not anyone's idea of a pageant girl. I turned to my best friend in class that day and said I wanted to go to Miss America someday and wear an insulin pump. She looked at me and said, "Do you mean buy tickets to the pageant and wear it in the audience?"

Then I started doing pageants, with the goal of wearing my insulin pump on stage at Miss America. You have to win a local pageant, which qualifies you to compete in the state pageant. If you win the state, that qualifies you to go to Miss America. I started competing in 2012. It took nine months to win one of the small pageants. In the summer of 2013, I went to the Miss Idaho pageant and was eliminated right away. The following year, I came back and won the whole thing.

I stayed on shots for my diabetes for a while, however, because I did not feel comfortable wearing my pump at a



local or state pageant. At Miss America, I knew I would be able to talk about the insulin pump, T1D and the message I wanted to send while wearing it. There definitely would be people with T1D among the millions who watch Miss America. But on the local and state levels, there was no opportunity to explain anything before a pageant, and I didn't think anyone in the audience would know what it was. It wasn't until I got eliminated first in the Miss Idaho pageant that I realized I probably would never go to Miss America, prompting me to change my mind and wear my insulin pump at the state level. At that point, I was discouraged and felt the only opportunity I would have to wear my pump on stage would be at a smaller level.

DSM: When you created the #ShowMeYourPump social media campaign, what were your expectations? Did you anticipate it going viral?

SS: I wore my insulin pump onstage for the first time the year I won Miss Idaho. A little girl, Miss Idaho Outstanding Preteen, McCall Salinas, who also has diabetes, was watching from backstage. She previously had not wanted a pump, but after watching me, she decided to get one to help manage her diabetes. We took a picture together that night, and I posted it on Facebook, telling the story of how Nicole Johnson had inspired me and, in turn, I had been able to inspire McCall.

However, my pump was

→ Continued on page 94

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→Continued from page 92

not showing in that picture, so people requested online that I post a picture competing with my insulin pump showing. I chose the photo of me in the swimsuit competition and put it on Facebook with the hashtag ShowMeYourPump. I was expecting maybe 10 people to participate. By the end of that day, it had thousands of likes and shares, and I was so amazed.

Twitter and Facebook don't have the ability to count participants, but on Instagram, it has had over 8,000 posts.

DSM: Now that your reign has ended, what are you doing, and have you continued to be a diabetes advocate?

SS: I am back in school, at

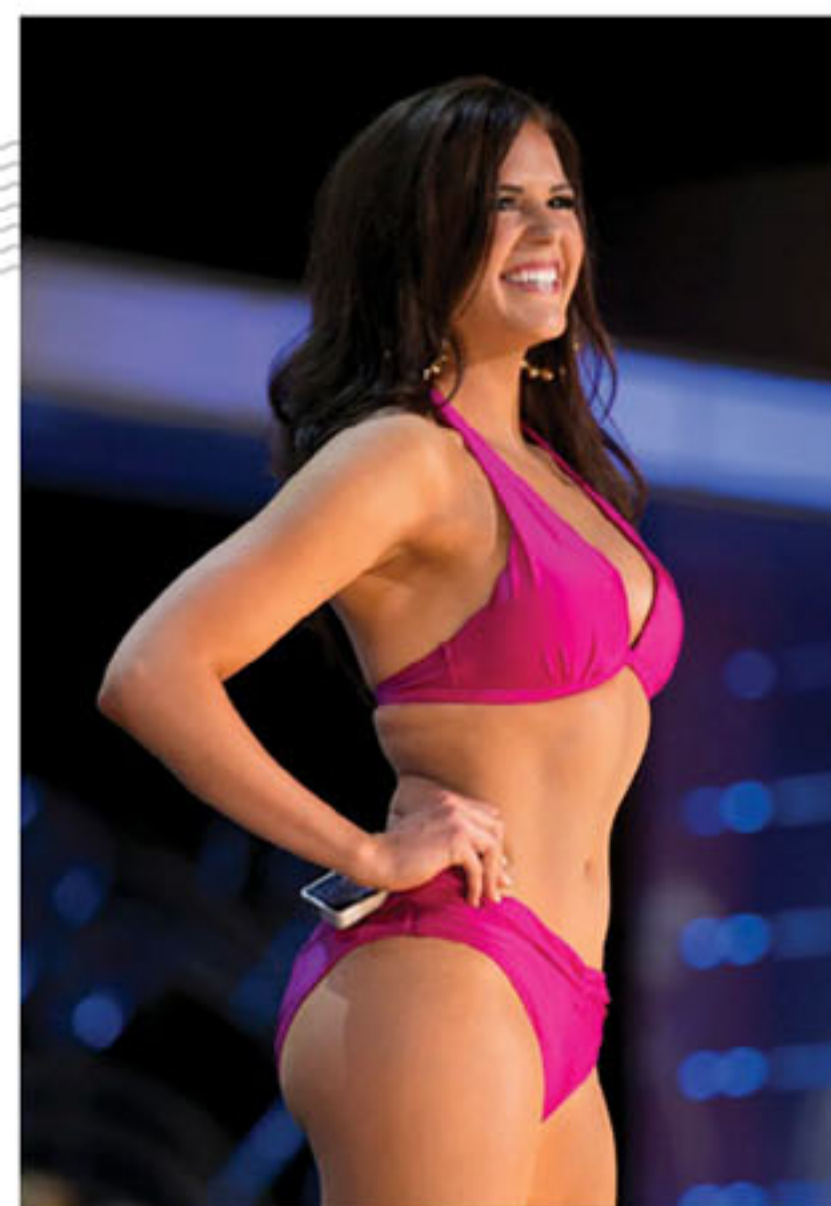
Boise State, majoring in material sciences and engineering, with a minor in math. I travel every other weekend to diabetes conferences to speak and share my story.

Last summer, I also published a book called *Sugar Linings*, which looks at how the emotional side of diabetes can be heavier and can affect the physical side. It helps in focusing on the bright side.

I've also started a t-shirt company in my spare time, with fun diabetes slogans, for sale on my website, SugarLiningsBlog.com.

DSM: What advice would you give someone newly diagnosed?

SS: First, you are not alone. It was really big for me to realize, through blogs and the



online community, that there were so many others going through the same disease and living well with it for so long. I am extra blessed that I was diagnosed at a time when I could get right on an insulin pump. People in the past did not have access to this technology and still have been able to live healthy lives. Thanks to medical and technological advancements for diabetes, I have been fortunate to get the Dexcom

Mobile G5 Continuous Glucose Monitor (CGM) System, which sends my data to my cell phone. I also have the t:slim insulin pump. I would encourage others with T1D to talk with their doctors about new technology advancements to see what may be right for them as part of their diabetes management.

I wish I could go back to the day I was diagnosed and tell myself how many good things would come out of it—the pageants, making so many friends, how much I would grow, how much I would learn about my body and how to take care of it.

I would tell those newly diagnosed that they can do this, that lots of people have lived full and wonderful lives with diabetes. □

—Cheryl Rosenfeld



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—Julia Aparicio



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Grilled Stone Fruit Salad



MAKES 4 SERVINGS

Nutrients per Serving:

Calories 119, Total Fat 6g, Saturated Fat 3g, Protein 4g, Carbohydrates 14g, Cholesterol 11mg, Dietary Fiber 2g, Sodium 91mg

Dietary Exchange: ½ Fat, 1 Fruit, ½ Meat

- 2 tablespoons fresh orange juice
- 1 tablespoon lemon juice
- 2 teaspoons canola oil
- 1 teaspoon honey
- ½ teaspoon Dijon mustard

- 1 tablespoon finely chopped fresh mint
- 1 medium peach, halved and pitted
- 1 medium nectarine, halved and pitted
- 1 medium plum, halved and pitted
- 4 cups mixed baby greens
- ½ cup crumbled goat cheese

1. Prepare grill for direct cooking over medium-high heat. Spray grid of grill with nonstick cooking spray.

2. Whisk orange juice, lemon juice, oil, honey, and mustard in small bowl until smooth and well blended. Stir in mint.

3. Brush cut sides of fruits with orange juice mixture. Set remaining dressing aside. Place fruits, cut sides down, on prepared grill. Grill, covered, 2 to 3 minutes. Turn over; grill 2 to 3 minutes or until fruits begin to soften. Remove to plate; let stand to cool slightly. When cool enough to handle, cut into wedges.

4. Arrange mixed greens on 4 serving plates. Top evenly with fruits and goat cheese. Drizzle with remaining dressing. Serve immediately.





Lean Beef Burgers

MAKES 4 SERVINGS
(1 BURGER PER SERVING)



Nutrients per Serving:

Calories 272, Total Fat 7g, Saturated Fat 2g, Protein 30g, Carbohydrates 25g, Cholesterol 70mg, Dietary Fiber 6g, Sodium 617mg

Dietary Exchange: 2 Bread/Starch, 3 Meat

-
- 1 pound extra-lean ground beef
 - ¼ cup finely chopped sweet or yellow onion
 - 1 teaspoon garlic salt
 - Black pepper (optional)
 - 2 tablespoons low-fat mayonnaise
 - 1 tablespoon ketchup
 - 4 red leaf or Boston lettuce leaves
 - 4 multigrain sandwich thins
 - 4 slices large tomato
-

1. Spray grid of grill with cooking spray. Prepare grill for direct cooking.

2. Combine beef, onion, and garlic salt; mix well. Shape into four patties. Sprinkle with pepper, if desired.

3. Grill over medium heat 4 to 5 minutes per side or until cooked through (160°F).

4. Stir mayonnaise and ketchup in small bowl until well blended. Layer lettuce over bottoms of sandwich thins; top evenly with patties, mayonnaise mixture, and tomato. Cover with sandwich thin tops.

Grilled Steak and Blue Cheese Flatbreads

MAKES 4 APPETIZER OR 2 MAIN-DISH SERVINGS

Nutrients per Serving:

Calories 127, Total Fat 5g, Saturated Fat 2g, Protein 13g, Carbohydrates 10g, Cholesterol 19mg, Dietary Fiber 5g, Sodium 357mg

Dietary Exchange: ½ Bread/Starch, ½ Vegetable, 1½ Meat

-
- 1 (4-ounce) filet mignon
 - ¼ teaspoon garlic powder
 - ⅛ teaspoon salt
 - ⅛ teaspoon black pepper
 - 2 light blue cheese spreadable cheese wedges (about 1 ounce each)
 - 2 light original flatbreads
 - ½ cup thinly sliced tomato
 - ¼ cup thinly sliced red onion
 - 2 tablespoons crumbled reduced-fat blue cheese
 - ½ cup baby arugula
 - Balsamic vinegar (optional)

1. Prepare grill for direct cooking over medium heat.

2. Season filet with garlic powder, salt, and pepper. Grill 5 minutes per side or until medium-rare or desired doneness. Remove to plate. Let rest 5 minutes. Reduce heat to low.

3. Slice filet into thin slices. Spread 1 cheese wedge onto each flatbread. Top evenly with filet slices, tomato, and onion. Sprinkle with blue cheese.

4. Grill, covered, 8 to 10 minutes or until crisp and heated through. Top with arugula just before serving. Drizzle with balsamic vinegar, if desired.





Grilled Pork Fajitas with Mango and Salsa Verde

MAKES 4 SERVINGS

Nutrients per Serving:

Calories 270, Total Fat 2g, Saturated Fat 1g, Protein 25g, Carbohydrates 38g, Cholesterol 55mg, Dietary Fiber 6g, Sodium 713mg

Dietary Exchange: 2 Bread/Starch, ½ Fruit, 2 Meat

- 2 cloves garlic, crushed
- 2 teaspoon chili powder
- ½ teaspoon ground cumin
- ½ teaspoon ground coriander
- 12 ounces pork tenderloin, trimmed of fat
- 1 medium red onion, cut into ½-inch rings
- 1 mango, peeled and cut into ½-inch pieces
- 8 (6-inch) fat-free flour tortillas, warmed
- ½ cup salsa verde

1. Spray grid of grill with nonstick cooking spray. Prepare grill for direct cooking over medium-high heat.

2. Combine garlic, chili powder, cumin, and coriander in small bowl. Rub evenly onto pork.

3. Grill pork tenderloin 12 to 16 minutes or until thermometer registers 155°F for medium doneness, turning occasionally. During last 8 minutes of grilling, grill onion until tender, turning occasionally.

4. Remove onion to small bowl. Remove pork to cutting board; tent loosely with foil. Let stand 5 to 10 minutes before slicing into ½-inch strips.

5. Arrange pork, onion, and mango on tortillas and top with salsa verde. Fold bottom 3 inches of each tortilla up over filling; roll up to enclose filling.



Beef and Pepper Kabobs

MAKES 4 SERVINGS

Nutrients per Serving:

Calories 105, Total Fat 4g, Saturated Fat 1g, Protein 14g, Carbohydrates 4g, Cholesterol 24mg, Dietary Fiber 1g, Sodium 194mg

Dietary Exchange: 1 Vegetable, 2 Meat

- 8 ounces sirloin steak (trimmed of fat before weighing)
- 1 medium clove garlic, minced
- 1½ teaspoons Dijon mustard
- 2 teaspoons reduced-sodium soy sauce
- 2 teaspoons red wine vinegar
- 1 teaspoon olive oil
- ⅛ teaspoon black pepper
- 2 small bell peppers, green, red, yellow, or orange
- 4 large scallions, trimmed
- 1 tablespoon chicken or vegetable broth

1. Slice steak into 16 strips, each about ¼ inch thick. Place in glass bowl. Combine garlic, mustard, soy sauce, vinegar,

oil, and black pepper in small bowl. Whisk until well blended. Add half of marinade to bowl with beef. Cover and refrigerate 2 to 3 hours, stirring occasionally. Place remaining marinade in cup; cover and refrigerate.

2. Preheat grill. Stem and seed bell peppers. Cut each into 12 chunks. Thread bell peppers on metal skewers, 6 chunks per skewer. Place bell peppers on preheated grill. Grill 5 to 7 minutes per side, or until well browned and tender. Add scallions to grill and grill 3 to 5 minutes or until well browned on both sides. Stir chicken broth into reserved marinade. Brush bell peppers and scallions lightly with marinade once during grilling.

3. Thread 4 beef strips on each of 4 skewers. Place on grill. Grill 2 minutes per side, lightly basting once per side with marinade. To serve, place 1 beef skewer and 1 bell pepper skewer on each of 4 plates. Remove beef and bell peppers from skewers. Chop scallions and sprinkle evenly over each serving.

Steak and Black Bean Tacos

MAKES 4 SERVINGS

Nutrients per Serving:

Calories 290, Total Fat 9g,
Saturated Fat 3g, Protein 23g,
Carbohydrates 26g, Cholesterol 65mg,
Dietary Fiber 3g, Sodium 400mg

Dietary Exchange: 1 Bread/Starch,
1 Vegetable, 3 Meat

Nonstick cooking spray

- 1 teaspoon ground cumin
- 1 teaspoon chili powder
- 1 teaspoon garlic salt
- 12 ounces skirt steak,
trimmed of fat
- 4 slices red onion
(¼ inch thick)
- 2 cloves garlic, minced
- ½ cup salsa
- 1 cup canned no-salt-added
black beans, rinsed and
drained
- ½ cup chopped fresh tomato
- 8 corn tortillas, warmed
- ½ cup chopped fresh cilantro
- Lime wedges and lime juice
(optional)



1. Prepare grill for direct cooking. Combine cumin, chili powder and garlic salt in small bowl; sprinkle evenly over both sides of steak. Coat steak and onion slices lightly with nonstick cooking spray.

2. Grill steak and onions, covered, over medium-high heat 4 to 5 minutes per side or until steak is barely pink in center and onion is tender.

3. Spray large skillet with cooking spray; heat over medium heat. Add garlic; cook and stir 30 seconds. Add beans, salsa and tomato; cook and stir 5 minutes or until heated through.

4. Slice steak crosswise into thin strips; separate onion slices into rings. Serve in warm tortillas with salsa mixture and cilantro. Garnish with lime wedges and lime juice, if desired.



Cook's Tip
Be sure to use the entire amount of pepper – it really brings out the flavors of the dish!

Sesame Asparagus

MAKES 4 SERVINGS

Nutrients per Serving:

Calories 42, Total Fat 1.5g,
Saturated Fat 0g, Protein 3g,
Carbohydrates 6g, Cholesterol 0mg,
Dietary Fiber 3g, Sodium 147mg

Dietary Exchange: ½ Fat, 1 Vegetable

Nonstick cooking spray

- 1 pound medium
asparagus spears
(about 20), trimmed
- 1 tablespoon sesame seeds
- 2-3 teaspoons balsamic
vinegar
- ¼ teaspoon salt
- ¼ teaspoon pepper

1. Spray grill with cooking spray; prepare grill for direct cooking.

2. Place asparagus on baking sheet; spray lightly with cooking spray. Sprinkle with the sesame seeds, rolling to coat.

3. Place asparagus on grid. Grill, uncovered, 4 to 6 minutes or until the asparagus begins to brown, turning once.

4. Transfer asparagus to serving dish. Sprinkle with vinegar, salt and pepper.



Grilled Pork Tenderloin Medallions



MAKES 4 SERVINGS

Nutrients per Serving:

Calories 145, Total Fat 4g, Saturated Fat 1g, Protein 24g, Carbohydrates 2g, Cholesterol 66mg, Dietary Fiber 1g, Sodium 528mg

Dietary Exchange: 3 Meat

- 1 tablespoon garlic salt
- 1 tablespoon dried basil
- 1 tablespoon dried thyme
- 1½ teaspoons cracked black pepper
- 1½ teaspoons dried rosemary
- 1 teaspoon paprika
- Nonstick olive oil cooking spray
- 12 pork tenderloin medallions (about 1 pound)

1. For rub, combine garlic salt, basil, thyme, pepper, rosemary, and paprika in small jar or resealable food storage bag.

2. Spray cold grid of grill with cooking spray. Prepare grill for direct grilling. Sprinkle 2 tablespoons rub evenly over both sides of pork, pressing lightly. Spray pork with cooking spray.

3. Place pork on grill over medium-hot coals. Grill, uncovered, 4 to 5 minutes per side or until pork is barely pink in center.

Take Note! Serve the medallions with steamed red potatoes and yellow bell pepper strips, if desired.

Grilled Garlic

- 2 cloves garlic
- Nonstick cooking spray

1. Soak wooden or bamboo skewer in water 20 minutes.

2. Thread garlic cloves onto skewer. Spray with cooking spray. Grill on covered or uncovered grill over medium coals about 8 minutes or until browned and tender. Or, place 2 garlic cloves on sheet of foil; lightly spray with cooking spray and carefully seal foil packet. Finish grilling as directed.



Grilled Red Bell Pepper Dip



MAKES ABOUT 2 CUPS DIP

Nutrients per Serving:

Calories 26, Total Fat 1g, Saturated Fat 1g, Protein 4g, Carbohydrates 1g, Cholesterol 3mg, Dietary Fiber 1g, Sodium 130mg

Dietary Exchange: ½ Meat

- 1 medium red bell pepper, stemmed, halved, and seeded
- 1 cup fat-free or reduced-fat ricotta cheese
- 4 ounces fat-free cream cheese
- ¼ cup grated Parmesan cheese
- Grilled Garlic (recipe at left) or 2 cloves garlic, minced
- ½ teaspoon Dijon mustard
- ¼ teaspoon salt
- ¼ teaspoon herbes de Provence

Mini pita pockets, fresh vegetables, Melba toast, or pretzels (optional)

1. Grill bell pepper halves, skin side down, on covered grill over medium coals 15 to 25 minutes or until skin is charred, without turning. Remove from grill and immediately place in bowl; cover and let stand 15 to 20 minutes. Remove skin with paring knife and discard.

2. Place bell pepper in food processor. Add cheeses, garlic, mustard, salt, and herbes de Provence; cover and process until smooth. Serve with mini pita pockets or vegetables for dipping, if desired.

Take Note! You can substitute a dash each of rubbed sage, crushed dried rosemary, thyme, oregano, marjoram, and basil for the herbes de Provence, if desired.



Mexican-Style Corn on the Cob



MAKES 4 SERVINGS

Nutrients per Serving:

Calories 96, Total Fat 4g, Saturated Fat 1g, Protein 3g, Carbohydrates 15g, Cholesterol 5mg, Dietary Fiber 2g, Sodium 104mg

Dietary Exchange: 1 Bread/Starch, ½ Fat

- 2 tablespoons reduced-fat mayonnaise
- ½ teaspoon chili powder
- ½ teaspoon grated lime zest
- 4 ears corn, shucked
- 2 tablespoons grated Parmesan cheese

1. Prepare grill for direct cooking. Combine mayonnaise, chili powder, and lime zest in small bowl; set aside.

2. Grill corn over medium-high heat, uncovered, 4 to 6 minutes or until lightly charred, turning 3 times. Immediately spread mayonnaise mixture over corn. Sprinkle with cheese.

Grilled Fish with Buttery Lemon Parsley



MAKES 6 SERVINGS

Calories: 211, Carbohydrates: 2g, Protein: 33g, Fat: 7g, Saturated Fat: 1g, Cholesterol: 63mg, Sodium: 423mg, Fiber: 1g

- 6 tablespoons yogurt-based diet margarine
- 6 tablespoons finely chopped fresh parsley
- 1 teaspoon grated lemon peel
- 1/2 teaspoon salt
- 1/2 teaspoon dried rosemary
- 6 fish fillets (6 ounces each), such as grouper, snapper, or any lean white fish
- Nonstick cooking spray
- 3 medium lemons, halved

1. Coat cold grid with cooking spray. Prepare grill for direct cooking.

2. Combine margarine, parsley, lemon peel, salt, and rosemary in small bowl; set aside.

3. Coat fish with cooking spray. Place on grid over high heat. Grill, uncovered, 3 minutes. Turn; grill 2 to 3 minutes longer or until center is opaque.

4. To serve, squeeze juice from 1 lemon half over each fillet. Top with equal amounts of parsley mixture.





Scallops and Vegetables with Cilantro Sauce



MAKES 4 SERVINGS

Nutrients per Serving:

Calories 194, Total Fat 7g, Saturated Fat 1g, Protein 23g, Carbohydrates 11g, Cholesterol 36mg, Dietary Fiber 3g, Sodium 644mg

Dietary Exchange: 2 Vegetable, 3 Meat

- 1 teaspoon hot chili oil
- 1 teaspoon dark sesame oil
- 1 green onion, chopped
- 1 tablespoon finely chopped fresh ginger
- 1 cup fat-free reduced-sodium chicken broth
- 1 cup chopped fresh cilantro
- 1 pound raw or thawed frozen sea scallops
- 2 medium zucchini, cut into ½-inch slices
- 2 medium yellow squash, cut into ½-inch slices
- 1 medium yellow onion, cut into wedges
- 8 large mushrooms

1. Spray cold grid with nonstick cooking spray. Preheat grill to medium-high heat. Heat chili oil and sesame oil in small saucepan over medium-low heat. Add green onion; cook about 15 seconds or just until fragrant. Add ginger; cook 1 minute.

2. Add chicken broth; bring mixture to a boil. Cook until liquid is reduced by half. Cool slightly. Place mixture in blender or food processor with cilantro; blend until smooth. Set aside.

3. Thread scallops and vegetables onto 4 (12-inch) skewers. Grill about 8 minutes per side or until scallops turn opaque. Serve hot with cilantro sauce. Garnish, if desired.

Grilled Spiced Halibut, Pineapple and Pepper Skewers

MAKES 6 SERVINGS



Nutrients per Serving:

Calories 84, Total Fat 1g, Saturated Fat 1g, Protein 8g, Carbohydrates 11g, Cholesterol 12mg, Dietary Fiber 1g, Sodium 23mg

Dietary Exchange: ½ Fruit, ½ Vegetable, 1 Meat

- 2 tablespoons lemon juice or lime juice
- 1 teaspoon minced garlic
- 1 teaspoon chili powder
- ½ teaspoon ground cumin
- ¼ teaspoon ground cinnamon
- ⅛ teaspoon ground cloves
- ½ pound boneless skinless halibut steak, about 1 inch thick
- ½ small pineapple, peeled, halved lengthwise and cut into 24 pieces
- 1 large green or red bell pepper, cut into 24 pieces

1. Combine lemon juice, garlic, chili powder, cumin, cinnamon and cloves in large resealable food storage bag; knead until blended.

2. Rinse fish; pat dry. Cut into 12 (1- to 1¼-inch) cubes. Add fish to bag. Press out air; seal. Turn gently to coat fish with marinade. Refrigerate 30 minutes to 1 hour. Soak 12 (6- to 8-inch) wooden skewers in water while fish marinates.

3. Alternately thread 2 pieces pineapple, 2 pieces pepper and 1 piece fish onto each skewer.

4. Prepare grill for direct cooking. Spray grid with nonstick cooking spray. Place grid 4 to 6 inches above heat. Preheat grill to medium-high heat. Place skewers on grid. Cover or tent with foil; grill 3 to 4 minutes over medium-high heat or until grill marks appear on bottom. Turn skewers over; grill 3 to 4 minutes more or until fish begins to flake when tested with fork.



Balsamic Grilled Pork Chops



MAKES 2 SERVINGS

Nutrients per Serving:

Calories 196,
Total Fat 5g,
Saturated Fat 2g,
Protein 26g,
Carbohydrates 8g,
Cholesterol 63mg,
Dietary Fiber 1g,
Sodium 653mg

Dietary Exchange:

1 ½ Bread/Starch, 3 Meat

- 2 tablespoons balsamic vinegar
- 2 tablespoons reduced-sodium soy sauce
- 1 teaspoon Dijon mustard
- 2 teaspoons sugar
- ⅛ teaspoon red pepper flakes
- 2 boneless pork chops, trimmed of fat (8 ounces total)

1. Combine vinegar, soy sauce, mustard, sugar and red pepper flakes in small bowl. Stir until well blended. Reserve 1 tablespoon marinade; refrigerate until needed.

2. Place pork in large resealable food storage bag. Pour in remaining marinade and press out any excess air. Seal bag; turn to coat evenly. Refrigerate 2 hours or up to 24 hours.

3. Coat grill with nonstick cooking spray and heat to medium-high. Remove pork from marinade; discard marinade. Cook pork 4 minutes on each side or until just slightly pink in center. Place on plates; top with reserved 1 tablespoon marinade.

Corn on the Cob with Buttery Citrus Spread



MAKES 4 SERVINGS

Nutrients per Serving:

Calories 84, Total Fat 3g,
Saturated Fat 1g, Protein 2g,
Carbohydrates 15g, Cholesterol 0mg,
Dietary Fiber 2g, Sodium 189mg

Dietary Exchange:

1 Bread/Starch, ½ Fat

- 4 medium ears corn, husks and silks removed
- Nonstick cooking spray
- 2 tablespoons reduced-fat margarine
- 1 tablespoon finely chopped parsley

- 1 teaspoon grated lemon peel
- ½ teaspoon black pepper
- ¼ teaspoon paprika
- ¼ teaspoon salt

1. Preheat grill to medium heat. Coat corn with nonstick cooking spray. Grill, covered, 18 to 20 minutes or until golden brown, turning frequently.

2. Meanwhile, combine remaining ingredients in small bowl.

3. Serve corn with spread.



Santa Fe Grilled Vegetable Salad

MAKES 8 SERVINGS

Nutrients per Serving:

Calories 63, Total Fat 2g, Saturated Fat 1g, Protein 2g, Carbohydrates 11g, Cholesterol 1mg, Dietary Fiber 1g, Sodium 70mg

Dietary Exchange: ½ Fat, 2 Vegetable



- 2 baby eggplants (about 6 ounces each), cut in half lengthwise
- 1 medium yellow summer squash, cut in half lengthwise
- 1 medium zucchini, cut in half lengthwise
- 1 medium green bell pepper, quartered
- 1 medium red bell pepper, quartered
- 1 small onion, peeled and cut in half
- ½ cup orange juice
- 2 tablespoons lime juice
- 1 tablespoon olive oil
- 2 medium cloves garlic, minced
- 1 teaspoon dried oregano
- ¼ teaspoon salt
- ¼ teaspoon ground red pepper
- ¼ teaspoon black pepper
- 2 tablespoons chopped fresh cilantro

1. Combine all ingredients except cilantro in large bowl; toss to coat.

2. Spray cold grid of grill with nonstick cooking spray. Prepare coals for direct grilling. Place vegetables on grill, 2 to 3 inches from hot coals; reserve marinade. Grill 3 to 4 minutes per side or until tender and lightly charred; cool 10 minutes. (Or, place vegetables on rack of broiler pan coated with nonstick cooking spray; reserve marinade. Broil 2 to 3 inches from heat 3 to 4 minutes per side or until tender; cool 10 minutes.)

3. Remove peel from eggplant, if desired. Slice vegetables into bite-size pieces; return to marinade. Stir in cilantro; toss to coat. Garnish as desired.

Turkey Burgers with Grilled Onions and Blue Cheese



MAKES 4 SERVINGS

Nutrients per Serving:

Calories 237, Total Fat 10g, Saturated Fat 2g, Protein 28g, Carbohydrates 8g, Cholesterol 60mg, Dietary Fiber 1g, Sodium 491mg

Dietary Exchange: 1 Vegetable, 4 Meat

- 1 pound ground turkey breast meat*
- 4 cloves garlic, minced
- 2 teaspoons Worcestershire sauce
- 6 teaspoons extra-virgin olive oil, divided
- 1 teaspoon smoked paprika
- ¼ teaspoon ground cumin
- ½ teaspoon black pepper, divided
- ½ teaspoon salt, divided
- 8 ounces thinly sliced onions
- 1 ounce crumbled blue cheese

***Ground turkey breast is made from white meat only, with no skin. It's leaner than regular ground turkey, which is made from white and dark meat with some skin. Frozen ground turkey is usually all dark meat with skin, and is 15% fat, similar to ground sirloin.**

1. Combine turkey, garlic, Worcestershire sauce, 2 teaspoons oil, paprika, cumin, ¼ teaspoon salt and ¼ teaspoon pepper in medium bowl. Shape into 4 patties.

2. Heat 2 teaspoons oil in large nonstick skillet over medium-high heat, swirling to coat bottom of pan. Cook patties 4 minutes on each side or until no longer pink in center. Remove from heat and place on serving platter; cover to keep warm.

3. Add remaining 2 teaspoons oil to pan residue in skillet. Heat over medium-high heat and cook onions 4 minutes or until beginning to richly brown, stirring frequently. Stir in remaining ¼ teaspoon salt and ¼ teaspoon pepper. Spoon onions over patties and top with cheese.



Brussels Sprouts with Pancetta



MAKES 4 SERVINGS
(about 5 Brussels sprouts per serving)

Nutrients per Serving:

Calories 106, Total Fat 6g,
Saturated Fat 2g, Fiber 4g,
Protein 5g, Carbohydrates 9g,
Cholesterol 5mg, Sodium 300mg

Dietary Exchange:

1 Bread/Starch, 1 Fat

- 1 pound Brussels sprouts (about 20), stems and loose leaves removed
- 1 tablespoon olive oil, divided
- 1 teaspoon minced garlic
- ¼ teaspoon salt
- ⅛ teaspoon black pepper
- 1 ounce pancetta, diced
- Lemon wedges (optional)

1. Prepare grill for direct cooking. Microwave Brussels sprouts in large microwavable dish on HIGH 4 to 5 minutes. Let stand until cool enough to handle.

2. Combine 2 teaspoons oil, garlic, salt and pepper in large bowl. Add Brussels sprouts; toss to coat. Thread 5 Brussels sprouts onto each of 8-inch metal or bamboo skewers.

3. Grill skewers, covered, over medium heat 5 minutes. Turn skewers and grill 5 minutes.

4. Heat remaining 1 teaspoon oil in large skillet over medium heat. Add pancetta; cook and stir about 5 minutes or until crisp.

5. Remove Brussels sprouts from skewers to skillet; toss to coat. Serve with lemon wedges.



Grilled Chicken Adobo



MAKES 6 SERVINGS

Nutrients per Serving:

Calories 139, Total Fat 3g,
Saturated Fat 1g, Protein 25g,
Carbohydrates 1g, Cholesterol 69mg,
Dietary Fiber 1g, Sodium 61mg

Dietary Exchange: 3 Meat

- ½ cup chopped onion
- ⅓ cup lime juice
- 6 cloves garlic, coarsely chopped
- 1 teaspoon ground cumin
- 1 teaspoon dried oregano
- ½ teaspoon dried thyme
- ¼ teaspoon ground red pepper
- 6 boneless skinless chicken breasts (about ¼ pound each)
- 3 tablespoons chopped fresh cilantro (optional)

1. Combine onion, lime juice and garlic in food processor. Process until onion is finely minced. Transfer to resealable food storage bag. Add cumin, oregano, thyme and red

pepper; knead bag until blended. Place chicken in bag; press out air and seal. Turn to coat chicken with marinade. Refrigerate 30 minutes or up to 4 hours, turning occasionally.

2. Spray grill with nonstick cooking spray. Prepare grill for direct cooking. Remove chicken from marinade; discard marinade. Place chicken on grid. Grill 5 to 7 minutes on each side over medium heat or until chicken is no longer pink in center. Transfer to clean serving platter and garnish with cilantro, if desired.





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