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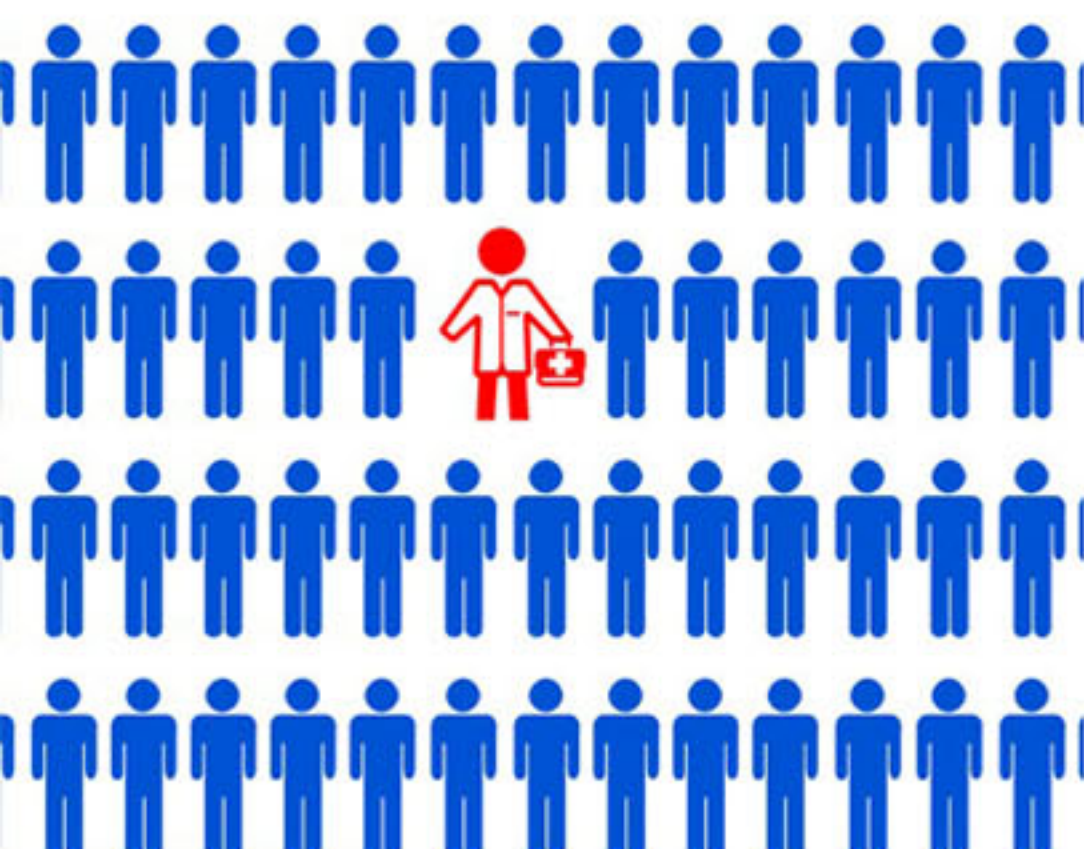
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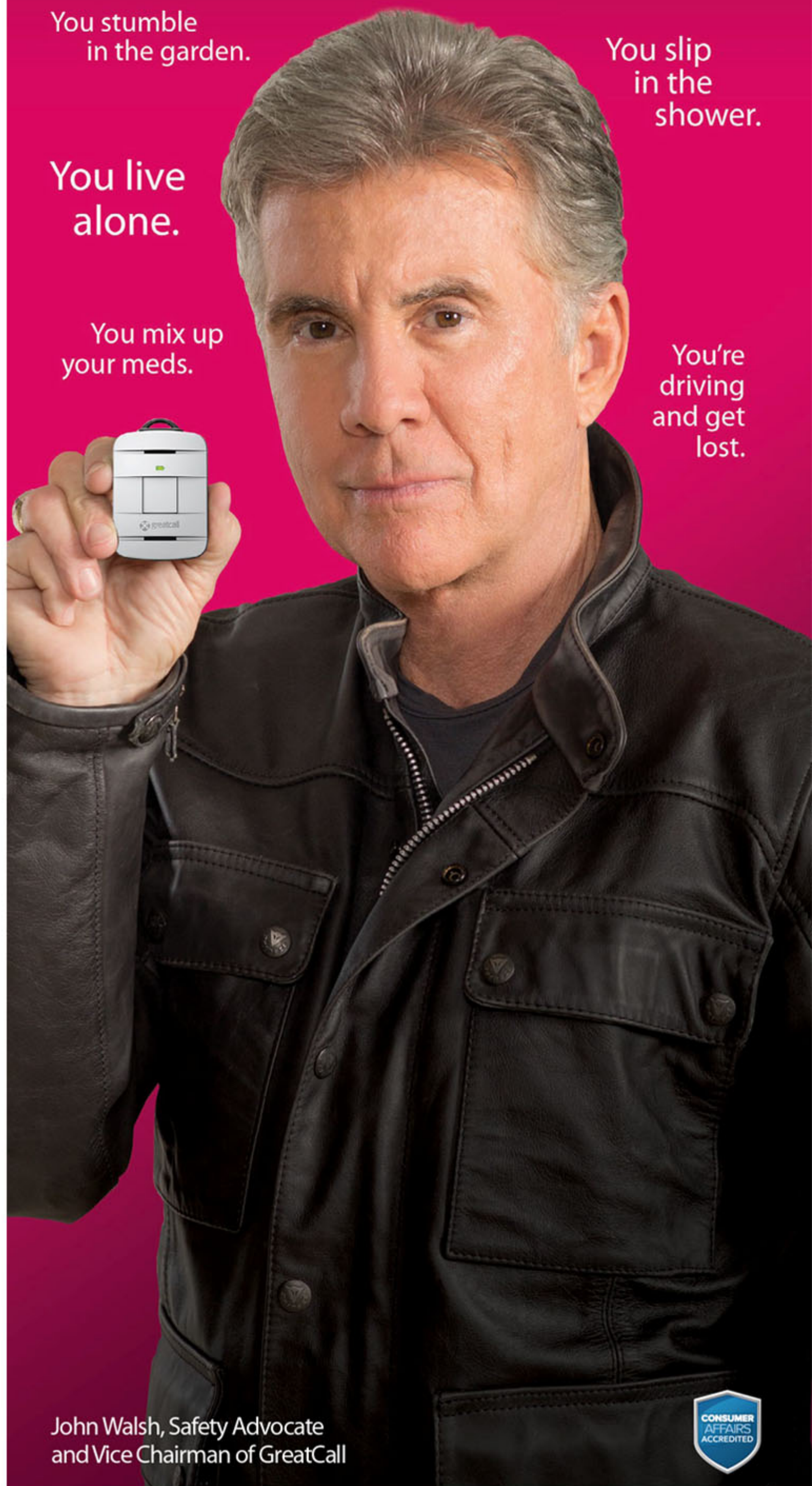
You stumble  
in the garden.

You slip  
in the  
shower.

You live  
alone.

You mix up  
your meds.

You're  
driving  
and get  
lost.



John Walsh, Safety Advocate  
and Vice Chairman of GreatCall





**I've prepared a healthy entrée, only to be tripped up by the appetizer course or a side dish. And there are never enough calories left for dessert.**

## Dear Readers,

SOMETIMES, unless you are eating a pre-packaged meal or preparing an all-in-one dish dinner, it can be hard to determine the total calorie count of your meal. I know I've prepared a healthy entrée, only to be tripped up by the appetizer course or a side dish. And there are never enough calories left for dessert.

That's why in this issue's *Weight Self-Management* section, we've assembled a Harvest Bounty Dinner Menu (page 82) perfect for the changing seasons, made up of five recipes—from a feta-stuffed tomato appetizer to a dessert of double chocolate biscotti. The best part: eating one serving of each course adds up to just 339 calories. That means there's room to add a salad or fresh fruit or, better yet, have seconds!

I'm excited about this new recipe feature—look for a seasonal menu in each upcoming issue, from holiday feasts to date night dinners.

I'm also excited to launch our new customized shopping list (page 50) in this issue of *Diabetic Cooking*. We know how busy you are—we'd like to make your life with diabetes easier. As you find recipes in this issue that you'd like to try (including those in *Weight Self-Management*), simply check off the ingredients on the shopping list, clip it out and take it with you to the supermarket. Coming soon—a downloadable version you can edit and print.

This issue of *Diabetes Self-Management* focuses on the new school year getting underway—from supporting your Type 1 student athlete (*Game On!*, page 26) to navigating cafeteria carbs (*Cafeteria Survival*, page 22) and making yummy after-school snacks (*After-School Snack Attack*, page 56), from Herbed Potato Chips to Light Lemon Strawberry Smoothies.

And if you are starting a new job, check out our feature on managing your diabetes in the workplace (*New Job?*, page 39) and tips for making lunchtime a little more interesting with healthy meals from home (*Sack Lunch Success*, page 77). These tips include planning ahead for the week, cooking extra for dinner to build in leftovers for the next day and packing healthy snacks that can turn into an easy lunch. In *Diabetic Cooking*, our *From Home, With Love* recipes (page 51) range from Tarragon Chicken Salad to Whole Grain Cranberry Chocolate Chip Cookies.

Finally, hear from beloved actor James Earl Jones and how he maintains a healthy lifestyle with Type 2 diabetes (*Getting to Know You*, page 86).

So enjoy the fall, and the delicious bounty of fresh produce it brings!

Yours truly,



Cheryl A. Rosenfeld  
Editorial Director, Wellness





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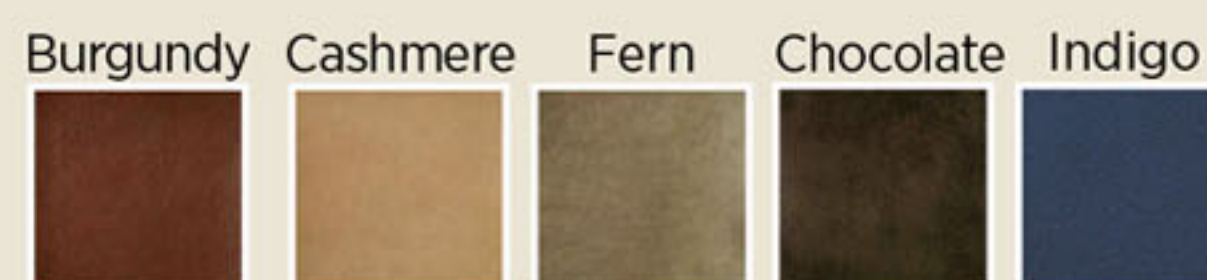
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## Diabetes Gene Breakthrough

In what was one of the most exciting announcements in the diabetes field in some time, last May, researchers in Australia said they had discovered the gene they believe is responsible for Type 2 diabetes. The implications of such a discovery are vast.

The scientists behind the breakthrough are from Flinders University in Adelaide, Australia. They collaborated with research teams from the United States, Sweden and the United Kingdom.

The key to their research was using genes from people who have Down syndrome, a genetic condition in which individuals have extra genetic material that causes developmental problems in childhood. Experts call this extra genetic material an “overexpression” of particular genes—in the case of Down syndrome, an extra copy of chromosome 21. People with Down syndrome also are more likely to develop certain other conditions; one of them is Type 2 diabetes. Many individuals with Down syndrome have lower insulin secretion.

The Flinders researchers screened



the genes of four mouse models of Down syndrome, two with high blood sugar and two with normal blood sugar. They were able to establish a list of 38 genes, and they then narrowed down that list by comparing it to the genes overexpressed in humans with Type 2 diabetes.

And there it was—a single gene called RCAN1. They found that when they overexpress that particular gene in mice, the mice secrete less insulin.

According to Flinders Professor Damien Keating, Ph.D., the next step is already in development. He pointed out that the current drug treatments for Type 2 diabetes only alleviate the symptoms of the disease and do not get at the root cause. But now, he said, we are “at a stage where we have a series of drugs that target RCAN1, and we are now going to test to find whether these drugs can improve insulin secretion in Type 2 diabetes.” In other words, we might now be able to “go straight to the cause” and prevent, and possibly reverse, Type 2 diabetes.

## Prescription: Gym

Life expectancy in the United States is just under 79 years. In the Roxbury neighborhood of Boston, it's 59 years. Clearly, this is a population that has health problems, especially obesity, high blood pressure, depression and diabetes.

That's why doctors at the Whittier Street Health Center in the low-income area have been writing prescriptions for something new—exercise. They're asking their patients to think of exercise as a new kind of medication. To help, they've set up a program that gives their patients access to a nonprofit

gym for only \$10 a month—including classes, free child care and programs for children.

The gym offers treadmills, stationary bikes and weights, and it has space for yoga, Pilates and dance. Within two weeks of the gym's opening, 300 people signed up to use it. One of the beneficiaries of the program said she has lost over 150 pounds since she joined and has a lot more energy. Another explained that the cost comes out to only \$2 or \$2.50 a week, adding “A lot of people pay that every day for coffee.”

Michelle Johnson, M.D., is one of

the physicians writing exercise prescriptions. The health center calls it a Prescription for Health and says each one is tailored to a patient's individual needs. Said Johnson, “Exercise is not a new medicine. It's really an old medicine... I think we're now coming to the point of understanding how important it is.”





## DIABETES QUIZ

## How Much Do You Know about Other Pain Diabetes Can Cause?

You probably already know that diabetes can cause uncomfortable burning, stabbing or “pins and needles” pain in your feet and lower legs. But did you know diabetes also can increase your risk for other types of pain? Take this quiz to find out how much you know about how diabetes is linked to other types of pain that can interfere with your work day—both in and out of the office.

**1. Diabetic neuropathy not only can cause pain in your legs, but it also can increase your risk for developing which of the following pain-causing conditions affecting the legs?**

- A. Restless legs syndrome
- B. Tourette Syndrome
- C. Parkinson's disease
- D. Peripheral artery disease

**2. Diabetes is associated with which of the following painful shoulder conditions?**

- A. Bursitis
- B. Rotator cuff injuries
- C. Frozen shoulder
- D. Tendinitis

**3. Diabetes can increase the risk of developing which of the following conditions associated with chest pain?**

- A. Arrhythmias
- B. Angina
- C. Mitral valve prolapse
- D. Ductus arteriosus

**4. If you have severe abdominal or back pain, nausea or vomiting, which of the following are possible causes somehow related to diabetes?**

- I. Pancreatitis
- II. Heart attack
- III. Appendicitis

- A. I only
- B. I and II only
- C. II and III only
- D. III only
- E. None of the above

**5. Which of the following is a factor that can contribute to pain in diabetes? (check as many as apply)**

- A. Not exercising
- B. Exercising too much
- C. Doing only one type of exercise
- D. Age
- E. All of the above

SEE PAGE 16 FOR ANSWERS

## Label Changes for Some Diabetes Medications

**THE** U. S. Food and Drug Administration (FDA) has issued a requirement for certain drug companies that market medications for treating Type 2 diabetes to make changes to their products' labels to include a risk for patients who have cardiovascular disease.

Specifically, the medications are saxagliptin, which is sold under the name Onglyza and made by AstraZeneca, and alogliptin, which is sold under the name Nesina and manufactured by Takeda. The drugs are dipeptidyl peptidase-4 (DDP-4) inhibitors—they suppress the production of a certain enzyme in the body to help people with diabetes produce an important insulin-regulating hormone.

The FDA mandated the label changes after conducting an internal safety review of two large outcomes trials of patients with cardiovascular disease. The trials found patients who used medications containing either saxagliptin or alogliptin were hospitalized for heart failure more often than patients who

took a placebo (an inactive substance). The warnings state that the two drugs might increase the risk for heart failure, especially in patients who already have cardiovascular or kidney disease. The warning also applies to combination medications—specifically, AstraZeneca's Kombiglyze XR (a combination of saxagliptin and metformin extended release) and Takeda's Kazano (alogliptin and metformin) and Oseni (alogliptin and pioglitazone).

According to the FDA's recommendation, “Health-care professionals should consider discontinuing medications containing saxagliptin and alogliptin in patients who develop heart failure and monitor their diabetes control. If a patient's blood sugar level is not well-controlled with their current treatment, other diabetes medications may be required.”

The FDA also reviewed another DDP-4 inhibitor—sitagliptin (manufactured by Merck and sold as Januvia)—but found no evidence of heart failure in diabetes patients who took that medication.

**Correction:**

In our August issue, an interview with Dexcom CEO Kevin Sayer (*Dexcom in the News*, page 10), contained an error regarding the company's release dates for its G5 and G6 continuous glucose monitoring (CMG) systems. The sentence should have read: The Dexcom G5 mobile system, which launched in August 2015, is able to transmit sensor data directly to a smartphone; the G6 system is expected in 2018.



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

## Diabetes [definitions]

### LOW-FODMAP DIET

A diet low in certain carbohydrates called fermentable oligo-di-monosaccharides and polyols (FODMAPs), which are associated with diarrhea, constipation, bloating and gas in some people. These diets sometimes are recommended to people with irritable bowel syndrome (IBS), but no studies have looked at their effects specifically in people with diabetes. Anyone with diabetes who chooses to follow a low-FODMAP diet should consider the effects of various carbohydrates on blood sugar.

Dietary FODMAPs include fructose (found in fruits, honey and high-fructose corn syrup), lactose (in dairy), fructans (components of wheat, garlic and onions), galactans (in legumes) and polyols (in sweeteners including isomalt, mannitol and sorbitol, and "stone" fruits such as avocados, peaches and plums). People on low-FODMAP diets are instructed to replace these foods with vegetables such as bell peppers, carrots, corn, eggplant, lettuce, potatoes, tomatoes, turnips and zucchini; fruits such as bananas, blueberries, cantaloupe, grapes, citrus fruits, pineapples, raspberries and rhubarb; low-lactose or lactose-free dairy products; protein sources other than legumes; and grains, including wheat-free grains and flour, corn flakes, oats, rice and quinoa.

When choosing among low-FODMAP foods, people with diabetes should consider their effects on blood glucose levels. Choose whole fruit over fruit juice, which is low in fiber and can quickly raise blood glucose levels. Limit intake of starchy vegetables such as potatoes. Select whole-grain breads and cereals since they are higher in fiber, vitamins, minerals and antioxidants. Test your blood sugar after eating these foods to determine their effects.

### PRESSURE SORE

A skin injury caused by constant pressure over time, which decreases blood flow to the skin. Typically, pressure sores develop when someone lies in a bed or sits in a chair for extended periods without moving, and they tend to form over bony prominences such as the heels, elbows, tailbone and greater trochanters (the two bones we sit on).

Pressure sores are more likely to occur in people who are unable to move easily due to severe injury, paralysis or surgery. People with diabetes are at increased risk for developing them due to diabetic

neuropathy (nerve damage), which makes them unaware of the pressure, the need to shift their weight or the resulting skin injury. Poor circulation and poor wound healing also promote pressure sores in people with diabetes.

Pressure sores begin as reddened areas of the skin. The skin may blister and break, and surrounding tissue, bone, muscle, tendons and ligaments may become damaged. Eventually, they can lead to such problems as skin infection or bone infection.

To prevent pressure sores, bedridden patients should shift positions at least once every two hours. Pillows or water or gel mattresses can be used to relieve pressure on sensitive areas. People in wheelchairs should shift position every 10 to 15 minutes and use a pillow. Minor pressure sores may heal themselves if the pressure is removed. In more advanced cases, damaged tissue should be debrided, and antibiotics may be needed.

### SUDDEN CARDIAC ARREST

Abrupt loss of heart function—often a fatal event. Ventricular fibrillation (VF), a type of cardiac arrhythmia, or abnormal heart rhythm, in which the lower chambers of the heart beat very rapidly and irregularly, is responsible for most cases of sudden cardiac arrest. VF, in turn, may be caused by coronary artery disease, in which plaque builds up in the coronary arteries, narrowing them and blocking the blood supply to the heart.

Sudden cardiac arrest must be treated immediately with a defibrillator, a device that sends an electric shock to the heart to restore its normal rhythm. Untrained bystanders can use a device called an automatic external defibrillator (AED), which guides them through the steps. AEDs have become increasingly available in public places such as malls, airplanes, airports, schools, gyms and casinos. Some experts recommend those at risk for sudden cardiac arrest have AEDs in their homes. A 2008 study conducted by the National Heart, Lung and Blood Institute and the National Institutes of Health found AEDs used in the home are safe and effective. Whenever possible, bystanders should administer cardiopulmonary resuscitation (CRP) until defibrillation becomes available. Individuals who have experienced a sudden cardiac arrest may need an implantable cardioverter defibrillator (ICD), a small device surgically implanted under the skin to control dangerous cardiac arrhythmias.

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



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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.



## ANSWERS

**1. D.** Peripheral artery disease (PAD). According to the American Heart Association, having diabetes increases the risk of your arteries becoming clogged with plaques that block oxygen-nourishing blood flow in the arteries—a condition called atherosclerosis. Atherosclerosis can lead to a variety of conditions affecting your circulatory system, including peripheral artery disease (PAD). Symptoms of PAD include cramping in your legs when you exercise, walk or climb stairs; wounds in your feet that take many weeks to heal; and temperature in one leg or foot that seems hotter than the other leg, foot or the rest of the body. In addition to diabetes, other risk factors for PAD include being overweight or having obesity; lack of exercise; smoking; high blood pressure; a family history of heart disease, stroke or PAD; and having had PAD in the past.

**2. C.** Frozen shoulder. According to the American Academy of Osteopathic Surgeon (AAOS), adhesive capsulitis, more commonly known as frozen shoulder, affects 2% of the overall population. However, an estimated 10% to 20% of people with diabetes have the condition, according to the American Diabetes Association. No one is quite sure why the condition occurs more frequently among people with diabetes. The condition most commonly affects women and people between ages 40 and 60. According to the AAOS website, the hallmark symptom is being unable to move your shoulder without someone else's help. About 90% of people who

have frozen shoulder find relief from taking pain medications that reduce inflammation, steroid injections such as cortisone or nonsteroidal anti-inflammatory drugs (NSAIDs) such as ibuprofen (Aleve, Motrin). Other treatment options include physical therapy, pain management and, in more severe cases, surgery.

**3. B.** Angina. Diabetes increases the risk of heart disease, including diabetic heart disease, which the National Institutes of Health calls a type of "silent" heart disease since some people may not notice any symptoms. However, some people who have diabetes may develop coronary artery disease (CHD), often indicated by chest pain or discomfort, a condition called angina, according to The National Heart, Lung, and Blood Institute. Additional symptoms of coronary heart disease include nausea, shortness of breath, fatigue and sweating. Left untreated, CHD can cause a heart attack. Unfortunately, people who have CHD without symptoms are at greater risk of not being diagnosed with CHD until after they have had a heart attack. Regardless, everyone with diabetes should be checked regularly for heart disease.

**4. B.** I and II. Some medications for diabetes have been found to increase the risk for pancreatitis, according to the FDA. Because of this, it's important to be aware of this potential side effect, along with symptoms of pancreatitis, if you are taking these or related medications. Acute pancreatitis symptoms include abdominal

pain, swollen belly and racing heartbeat. The pain may appear suddenly in the belly and then spread to the back. Left untreated, the condition could damage your pancreas permanently, so it's important to seek medical attention right away. According to the National Institutes of Diabetes and Digestive and Kidney Diseases website, some medications can cause chronic pancreatitis. Symptoms can include nausea, vomiting, oily stools, diarrhea and weight loss. In addition to chest pain, heart attack symptoms can include nausea and vomiting. However, pain between the shoulder blades and pain or discomfort in the left arm are also symptoms of heart attack and warrant seeking immediate medical attention.

**5. E.** All of the above. According to exercise physiologist Jeffrey Richard in an interview on the Joslin Diabetes Center website, inactivity and age can lead to muscle weakness, while overworking muscles during exercise throws your muscles out of alignment. Also, if you focus only on one muscle group or limit your physical activity to a specific set of exercises, other muscles may not get the exercise they need to stay strong or remain aligned properly. Muscles that are weak or out of line can contribute to pain. Your doctor can help you create an exercise plan uniquely designed for your body to keep you looking, feeling and functioning at your best.

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

## The Benefits of CGM

**MOST PEOPLE WITH DIABETES** are strongly advised to measure their blood sugar regularly—it could be once or twice a day or, for people with Type 1 diabetes, as many as eight times a day. The technology for measuring keeps getting better and better, and now it's possible for diabetes patients to monitor blood glucose continuously day and night. The technology is called continuous glucose monitoring (CGM).

In CGM, a tiny electrode is inserted under the skin, most often in the abdomen. The electrode is connected to a monitor that's usually attached to a belt or put in a pocket (some electrodes communicate with the monitor wirelessly). The monitor displays glucose levels and emits a warning signal if the level is rising or dropping too quickly.

Recently, the American Association of Clinical

Endocrinologists and the American College of Endocrinology convened a conference to study CGM. Medical and scientific societies, manufacturers of medical devices, insurance companies, government agencies, pharmaceutical companies and patient advocacy groups all participated. Their consensus was in favor of expanded use of CGM.

The conference made several points.

- The data show benefits in many people with diabetes, especially in those with Type 1.
- Due to advances in technology, the reliability and accuracy of CGM have improved.
- CGM use has been shown to reduce low blood sugar (hypoglycemia) and to improve blood sugar control.
- Access to CGM should be expanded to include all patients who could benefit from the technology.

The conference also pointed to developments that will be needed to ensure the maximum efficiency of CGM. These include identifying the patients who can best benefit from CGM, standardizing CGM reporting and defining a protocol for analyzing CGM data.

The conference advised developing strategies for removing barriers to patients' access to CGM and studying the effect of CGM on reducing health-care costs. Vivian Fonseca, M.D., the chair of the consensus conference, said, "This conference was a necessary and critical step to help ensure that persons with diabetes who can benefit from CGM technology gain access to the best clinical care possible."

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



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— Robert Forbes, M.D., California

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**Q:** When you are told to have 150-200 grams of total carbs per day, do you count fruits and vegetables in that amount, or just the starchy vegetables? Sometimes it's hard to figure all the carbs in things like salad.

**A:** A wise dietitian once told me, "There's no such thing as a free carb." Yes, you do need to include the carbs from fruits and vegetables in your carb counts for meals as well as in the total for the day.

Some forms of carbohydrate, such as non-chocolate sweets, juices, white potatoes and cereal, raise the blood glucose level much faster than other forms, such as beans, whole fruit and salad vegetables. However, all carbohydrates (simple or complex, fast or slow) eventually find their way into the bloodstream in the form of glucose, so they all have to be counted. There is one exception: fiber. Fiber is a type of carbohydrate that has little to no effect on blood glucose levels, so most experts recommend deducting the fiber grams from the total carbohydrate. For example, if a certain brand of cereal contains 24 grams of carbohydrate per serving, but 6 of those carb grams are fiber, you can count the cereal as 18 grams of carbohydrate.

Counting carbs in fresh fruits and vegetables can be challenging. If you have a smartphone, consider installing an app such as "Calorie King" to look up the carb counts of non-labeled foods quickly and easily. The U.S. Department of Agriculture also maintains an extensive database of nutrient information (including carb counts) at its website: <https://ndb.nal.usda.gov>. Or consider investing in a book such as *The Complete Guide to Carb Counting* from the American Diabetes Association.

For counting carbs in salad, I find it most practical to estimate the carbs based on the portion size. Most vegetable salads contain approximately five grams of carbohydrate per cup; fruit salads contain about 20 grams of carbohydrate per cup. You can determine the portion size by comparing the salad to a can of soda (1½ cups) or a baseball (1 cup). A woman's fist usually is the size of about 1 cup; a man's fist



### Our Expert

Gary Scheiner MS, CDE, is owner and clinical director of Integrated Diabetes Services ([www.integrateddiabetes.com](http://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*.

usually is 1¼ to 1½ cups. So if your salad is about the size of two woman's fists, it contains roughly 10 grams of carbohydrate.

**Q:** My friend has Type 1 diabetes. Recently, his insurance notified him it would no longer cover the test strips for the meter he uses. When he tests with the new meter the company recommended and compares it to his old meter, there has been a variance of up to 30 mg/dl. Is there a way to tell which meter is more accurate? I am concerned that if he bases his insulin on inaccurate readings, he could get into trouble.

**A:** You are absolutely right to be concerned. Inaccurate meter readings can lead to incorrect insulin doses or overlooked hypoglycemia. However, it is difficult to compare one meter to another because all meters have a certain amount of "variance" compared to the gold standard, laboratory glucose tests.

To see how meters compare in terms of accuracy, take a look at the specifications section in the manual that comes with each meter. Here, you should find data on how the meter performed compared to laboratory tests. Most meter manufacturers report how often the meter result was within 5%, 10%, 15% and 20% of the lab value. I'd recommend looking at the 10% category. The higher the score, the better. For example, a meter that is within 10% of the lab value 98% of the time is more accurate than one that is within 10% of the lab value 85% of the time. If you can't find this information, call the customer service number printed on the meter and ask the representative to send you the data. It is the only way to fairly compare one meter to another.

If you find your insurance will cover only a meter that produces less accurate results than you are used to, have your physician write a letter on your behalf and submit it to your insurance company to appeal the decision. It is important for everyone with diabetes to have an accurate, reliable meter—especially those who are at risk of hypoglycemia and base their insulin doses on their meter results.

→Have a question about diabetes? Send it to Gary Scheiner MS, CDE, at [gary@integrateddiabetes.com](mailto:gary@integrateddiabetes.com).



# Do You Suffer From:

- Plantar Fasciitis
- Joint Pain
- Heel Pain
- Back/Knee Pain
- Bunions
- Heel Spurs
- Arthritis
- Neuropathy



Nicole S.

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## DIABETES RESOURCES

## Getting Ahead of Headaches

**D**oes this sound familiar? Your blood sugar falls too low or too rapidly and you become lightheaded, dizzy and shaky, or your heart starts pounding. For some, this also may turn into a pounding headache. When blood sugar levels drop too low, the brain tries to restore them. Blood vessels can spasm, leading to headaches.

High blood sugar also can trigger headaches. As your body tries to eliminate excess blood sugars, you visit the bathroom more frequently, causing dehydration, which results in headaches.

Keeping stable blood sugar levels is key to avoiding debilitating headaches, but it's not always easy to escape severe spikes or plunges in blood sugar.

According to the National Headache Foundation ([www.headaches.org](http://www.headaches.org)), certain triggers that bring on headaches should be avoided. They fall under three categories: avoiding certain foods, ensuring you stay hydrated and limiting stress through healthy exercises and hobbies.

**Favorite foods:** When eaten too fast, ice cream can cause headaches. The resulting headache usually doesn't last long, but remember to eat ice cream slowly. Cheese is another culprit, particularly aged cheeses. Avoid cheeses that have passed their sell-by date, especially blue cheese, Swiss, cheddar, gouda and parmesan. Skipping meals and eating off your regular schedule also can cause headaches. Instead, eat regular and balanced meals to maintain healthy blood sugar levels.

**Dehydration:** Most cases of dehydration are caused by a general lack of water or fluid intake, vigorous exercise or strenuous activity, alcohol consumption, long flights with dry cabin air or sun exposure. Maintaining good hydration means drinking plenty of water and eating a balanced diet. If you're at risk of dehydration and drinking water is not enough, try an oral rehydration solution such as Hydralyte.

**Stress:** It's no surprise that stress is a major headache inducer. Frequent headaches are a principal sign of stress. While it's impossible to completely eliminate stress, there are ways to effectively manage stressful situations. Try to change the source of the stress or distance yourself from it, whether it is caused by relationships, workplace problems or family life. The American Institute of Stress ([www.stress.org](http://www.stress.org)) highlights multiple ways to identify the key signs of stress. Experts recommend finding healthy stress busters to maintain your stress-relieving endorphin hormones. Whether through exercise, spending time with loved ones, playing with pets or enjoying a favorite hobby, find your "happy place" to help avoid stress-related headaches.

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

## ADA Partners with Chef'd to Deliver Healthy Meal Kits

**T**he American Diabetes Association is known for creating healthy and nutritious recipes for the diabetes community. Soon, the ingredients to prepare some of those recipes will be available for home delivery, through a unique partnership with Chef'd ([www.chefd.com](http://www.chefd.com)), a service that ships fresh ingredients to your door.

Through the multi-year deal, on July 25 Chef'd will begin offering about 25 meals, including such entrees as carne asada tacos, linguini pesto with chicken and sun dried tomatoes and turkey chili. Chef'd will continue to add a new meal each week from the more than 6,500 ADA recipes. Chef'd will test the meals and then ship the fresh ingredients with detailed cooking instructions. The price for each meal will vary, but will range from \$19 to \$35 for two people.

ADA and Chef'd started talking about a year ago, said Kyle Ransford, founder and CEO of Chef'd. Ransford, who was diagnosed with prediabetes this year, told Diabetes Self-Management that Chef'd is well positioned to provide high-quality ingredients that go into restaurant meals to help Americans adapt and thrive with chronic medical conditions such as diabetes. "We, of course, are helping people cut down on sugar and processed food with our meals, but in a way that is super convenient," he said. "And in partnership with the ADA we can provide education about healthy eating."

Consumers seeking meal kits from this collaboration will be able to purchase meals at any time without membership or subscription fees.

"For people with diabetes, meal planning is a critical component of their daily diabetes care; however, it can be overwhelming," said the ADA's Alicia McAuliffe-Fogarty, Ph.D., vice president of lifestyle management. "The ADA's trusted recipes, reviewed and approved by dietitians, are brought to life with fresh ingredients delivered from Chef'd. It eliminates the guesswork and reduces the stress of balancing a meal and creating a healthy plate for people with diabetes." Prior to inking the deal with ADA, Chef'd already had partnerships with several chefs and companies, among them Weight Watchers, 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.

"We will continue to help other companies that are providing lifestyle and health-related solutions through great food," said Ransford, "and will continue to work with America's best up and coming chefs." —Paul Wynn





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# **CAFETERIA SURVIVAL**

## **A FIELD GUIDE**

By Wil Dubois, BS, AAS, PWD, CPT, TPT





**L**et's be frank. Carb counting, under the best of circumstances, is a pain. It's time-consuming. Your food gets cold while you work out the math. It's hard to get it right.

Even if you build your meal from raw ingredients, look up every component in a database and measure them all with a kitchen scale, you are perfectly accurate only about half the time.

And now you're at school, in a busy cafeteria, surrounded by noise and chaos and presented with a tray of mystery food.

How on earth do you count your carbs "in the field" to calculate your insulin dose? Simple: By accepting that perfection isn't possible under some circumstances, and by adopting the attitude that this is a survival situation and what's required is a good survival technique.

### **Survival in the real world**

The trick to cafeteria survival is to simply memorize a few key carb counts and deploy them quickly in your head. You can become so good at this tech-





nique that you can even make a survival carb count while carrying your tray to your table.

First, a clarification of what is meant by survival. It's not just staying out of the hospital intensive care unit. It's real survival: Walking out of an adverse environment in good health and in good humor and, in this case, with good blood sugar.

These field techniques can take you close to the right carb counts. Used regularly, while not as precise as true carb counting, this approach trumps looking at a tray of food and guessing the total carbs.

Taking the field guide approach is about careful estimating, rather than pure counting or pure guessing. It's built more on the scientific and less on the guess.

Let's start by reviewing what counts and what doesn't count or, more precisely, what on your cafeteria tray you must count and what you can ignore.

## Count it

Carbs are a measure of the potential blood sugar impact of a food on your body. If you know how much sugar is in your meal, you can take the right amount of insulin to cover it and keep your blood sugar at a reasonable and healthy level. Luckily, it's easy to recognize high-carb foods in survival situations.

They all are white.

Foods made from flour, potatoes, rice or sugar all have lots of carbs, as do foods made from corn and milk.

Here are some common must-count cafeteria foods in each category.

**Flour foods:** Bread. Whole wheat bread, while better for you for micro nutrients, has the same carb count as white bread. A tortilla really is just a flat piece of bread, and the bottom part of a slice of pizza is basically bread. Other flour foods include pancakes, waffles, doughnuts, bagels, biscuits, crackers, cookies and cakes, pie crusts, panini and pitas, and gravy. And don't forget about pasta. In all its forms—macaroni, noodles, spaghetti, etc.—pasta contains flour. Most breakfast cereals, hot or cold, also are made from flour, and many others are made from rice or corn.

**Potato foods:** Baked potatoes, fries, chips, hash browns. Potatoes generally are easier to spot than flour-based foods.

**Rice foods:** Rice sides, rice cakes, rice cereals. Many rice-based cold cereals are quite a bit lower in carbs than

flour-based or corn-based cereals. As with whole wheat bread, brown rice is more nutritious than white rice, but the carb count is about the same.

**Corn foods:** Corn as a side dish or on the cob, corn chips, taco shells, tortillas. Corn also lurks in many foods in liquid form. High fructose corn syrup can be used both as a sweetener and a preservative: Many bread products contain it, giving commercial breads a double carb whammy. Most processed foods have large amounts of corn hiding below the surface, as do many salad dressings, yogurts and juices. Corn also is used as a filler in some commercial hamburger patties, taco fillings and chicken nuggets.

**Milk:** As you grow older, there is no reason to drink whole milk. Either 2% or skim milk meets your nutritional needs, but don't overlook the carbs. The fat content of milk does not change the sugar content. Some alternative milks, such as soy milk, actually have more carbs than cow's milk, while others, such as cashew milk, have fewer.

**Fruit:** Fruit tends to be high in carbs, which proves that all carbs aren't evil. Fruit is healthy. Eat it—just know how it affects your body.

**Vegetables:** Veggies that grow underground, such as carrots and beans (technically a legume), tend to be higher in carbs. Most vegetables that grow above ground, such as lettuce, tomatoes and peppers, are lower in carbs, and leafy veggies have very few carbohydrates.

## Ignore it

Meat, in the right portion size, has such a negligible carb impact you don't need to worry about counting its carbs.

A word of caution, however. Be careful to check how your meat has been prepared and cooked. A chicken fried steak has nothing to do with chicken. Batter-fried shrimp is carb-coated.

So how do you determine the right size portion for you? Luckily, you have the perfect field measuring cup that you'll never leave home without. Your palm, minus the thumb and fingers, is your freebie-sized protein. So if you opt for a huge T-bone steak, you will need to take some insulin for it.

## Memorize carb counts

The beauty of cafeterias, for carb counting purposes, is their monotony. There really is not too much variety in the food offerings. If you can commit to memory a few key carb counts, you'll have all the knowledge you need to survive and thrive in the field. To keep the math simple, these Field Guide carb counts are rounded up or down to the nearest five carbs. If you are on a low-carb diet, that could be enough of a difference to cause problems, but for the carb volumes of most young people, it shouldn't have a functional impact.

Of course, your cafeteria may vary. You'll need to customize this field guide to your specific environment. Also, delete any items you don't generally eat, and do some research to learn more about routine favorites that aren't on this list. The purpose of this list is to give you an operational framework from which to start.



### Flour group

- A regular sized slice of bread: 20 carbs. If it's bigger or thicker, add more.
- A toaster waffle: 15 carbs, before syrup. A restaurant-style waffle: 60 carbs.
- A cup of oatmeal: 30 carbs.
- Bagels always have more carbs than you can imagine.
- A cup of pasta: 40 carbs. (Hardly anyone ever eats just one cup.)
- Breading of fried foods adds more carbs than you'd think. Consider that fish has no carbs, but a single fish stick has 15 carbs.

### Potato group

- A cafeteria-sized baked potato: 35 carbs.
- A cafeteria-sized serving of French fries: 30 carbs.
- A serving of potato chips: 15 carbs, basically one carb per chip. (Bet you can't eat just 15!)

### Rice group

- A serving of rice: 15 carbs. (No one is ever served a single serving of rice, which is only  $\frac{1}{3}$  of a cup.)
- A bowl of puffed rice cereal: 25 carbs.

### Corn group

- A serving of corn chips: 20 carbs.
- A  $\frac{1}{2}$  cup side of corn: 15 carbs.
- A single taco shell: 5 carbs.
- A cup of corn flakes: 25 carbs.

### Milk group

- A cup of milk: 15 carbs. Most glasses of milk are larger, but most people don't need more than half a cup for a bowl of cereal.
- Ice cream is both milk and sugar. A typical bowl: 40 carbs.

### Fruits

- A typical apple: 25 carbs.
- A typical banana: 30 carbs.
- A typical orange: 15 carbs.
- Grapes: 1 carb each. Don't forget to count them.

### Other cafeteria favorites

- A typical slice of cafeteria pizza: 35 carbs.
- A typical corn dog: 25 carbs.
- A typical cafeteria salad bar plate: 15 carbs, without croutons.

### Portion problems

You've heard it all before about using a tennis ball, computer mouse or light bulb to help visualize the proper serving size. The concern is not so much about the right serving size as it is about you getting the right amount of insulin to cover the amount you are really going to eat. This is complicated

by the fact that often you have little control over the size of the serving you're given in a cafeteria.

Portion size is where true survival comes into play. Many people look at a hamburger and chips and say, "Okay, a bun is 18 carbs and chips are 15 carbs, let's eat." The problem is that few people eat only one ounce of potato chips, the official serving size. That's only 15 chips. And have you ever actually seen an 18-carb hamburger bun? Most commercial hamburger buns run closer to 30 carbs. The bottom line: Size really does matter.

The secret to successful survival is to use the serving size not as a serving size, but as a component of the carb-estimating formula. In other words, don't try to fool yourself into thinking you're going to eat a proper serving. Instead, look at your plate honestly. If you have two computer mice worth of corn, multiply your memorized carb count of 15 per serving by two.

**Take the time  
to think about  
each component  
of the meal,  
whether you need  
to count it and  
how many times.**

### Dietary first aid

It might surprise you to learn that sometimes cafeteria food isn't that great. When in doubt, take a small taste before you add up the carbs. You don't want to take insulin for food you won't want to eat.

A final tip: If you're having a bad blood sugar day, just say no to carbs. If it's breakfast, avoid cereal. Go for the eggs and bacon, skipping the bread and potatoes. For lunch, eat a salad. For dinner, eat meat, but skip

the side dish. If chicken fried steak is the only option on the menu, scrape off the coating and gravy with a fork and add some steak sauce.

### Putting it all together

You know what to count and what to ignore. You've committed to memory the foods that usually fill your cafeteria tray. You can tell by looking how many portions of each item you're eating. If you're not good at math, whip out your smart phone as you sit down. Everyone will think you are sending a text as you open your calculator and quickly add up the components of your meal for your carb total. Don't worry about trying to estimate the fiber and subtract it—it won't make that big a difference.

When you are done, add 10 more carbs to cover hidden carbs. Cafeterias use numerous processed ingredients.

Taking the time to think about each component of the meal, whether you need to count it and how many times (if you are eating more than one serving) will always bring you closer to a precise carb count.

It takes only a minute or two, and it will enable you to survive and thrive in the cafeteria wilderness.

**Wil Dubois** is a diabetes treatment specialist for Pecos Valley Medical Center in New Mexico, a rural nonprofit clinic. He has Type 1 diabetes and is a health columnist and author of more than 275 articles and four award-winning diabetes books.





# GAME ON!

## Helping your Type 1 Student Athlete

By Sheri R. Colberg, PhD, FACSM, and Laura Hieronymus, DNP, MLDE, BC-ADM, CDE, FAADE

**M**ore than 18,000 new cases of Type 1 diabetes are diagnosed each year in people age 20 and younger. It is no secret that exercise and physical activity are important for all kids, especially for youth with diabetes. Not only do exercise and physical activity improve blood glucose control in kids with Type 1 compared to being sedentary (engaging in fewer than 30 minutes a day of activity), but they also improve blood cholesterol and blood pressure, lower body fat content, increase bone and muscle fitness and improve well-being.

Sports are a big part of our culture. Most U.S. high schools have organized team sports, and these activities can become highly competitive as early as middle school. When youth with Type 1 diabetes are athletic, it is key that parents help their children learn to plan ahead to assure they have the opportunity to be their best athletic selves.

If your child is an athlete and has Type 1 diabetes, you will need to help him/her balance several factors to enable optimal performance during athletic endeavors. Whether he/she is a competitive or recreational athlete, it is important to optimize both athletic performance and blood glucose levels. Exercise often is more complicated when children are treated with insulin because muscle contractions during activity will cause muscles to take up more blood glucose, which can lead to hypoglycemia (low blood glucose).

The type of athletic activity can affect blood glucose

response, as can the time and duration of exercise and the order of activities. Activities that involve aerobic, sprint or resistance training can result in widely varying blood glucose responses. Many times, your child's insulin doses and food intake will need to be adjusted to prevent hypoglycemia or hyperglycemia (high blood glucose) before, during and/or after activity.

As a parent, consider these issues if your child is an athlete with diabetes who wants to perform optimally. If your child feels better, he/she will perform well, so it is imperative that blood glucose levels are in a normal or near normal range during both training/practice and competition.

### Avoiding Highs and Lows

Hypoglycemia (a blood glucose level of 70 mg/dL or lower) can impair your child's athletic performance and well-being. Hypoglycemia is more likely to occur during exercise when insulin levels in your child's body are too high and can occur in children with Type 1 diabetes who have to inject or pump insulin. Hypoglycemia also can affect levels of blood electrolytes such as potassium, that may reduce performance for hours afterwards. You also will want to keep close surveillance on your child's blood glucose levels and watch out for exercise-induced hypoglycemia, which can occur up to 48 hours after an activity.

When insulin is used as part of the diabetes treatment plan,







it often is tempting to allow blood glucose to run too high to prevent hypoglycemia. However, hyperglycemia (a blood glucose level of 240 mg/dL or higher) can be detrimental to athletic performance. When blood glucose levels go above 200 mg/dL, your child will start spilling some glucose from his/her blood into the urine, which upsets the delicate balance of electrolytes such as potassium, sodium, chloride and magnesium in the blood. Electrolyte imbalances can impair muscle function and performance.

In particular, if your child has Type 1 diabetes, make sure to check for ketones if he/she has unexplained hyperglycemia. If blood glucose and ketone levels are too high, your child likely will need to postpone exercise because blood glucose and ketones can rise even higher with physical activity. Talk with your child's diabetes care team and have a plan in place

## Stick with the Game Plan

When participating in athletic activities, have a plan in place to assure your child has the necessary items to help keep blood glucose in optimal control. As a parent of a high school athlete, you often will not be present at practices or even some far away games. These tips can help when putting together a plan.

- Talk with your child's diabetes care team ahead of time to determine any insulin dose changes needed for sports activities.
- Talk with your child's coach and/or trainer before the season begins to ensure they know about his/her diabetes and all requirements for breaks, water, food and blood glucose monitoring.
- Be sure your child's coach, trainer, teammates and/or a designated adult know the signs, symptoms and treatment for hypoglycemia.
- Make sure your child checks his/her blood glucose before exercise and that his/her meter and supplies are packed.
- Make sure your child will agree to delay activity if his/her blood glucose level is higher than 240 mg/dL and moderate to large ketones are present in his/her urine. A coach/athletic trainer also should be aware of this.
- Pack a source of glucose (tablets or gel) with your child's supplies in case of hypoglycemia.
- If hypoglycemia occurs, treat with 15 to 20 grams of glucose (preferred source); recheck glucose in 15 minutes and repeat treatment if needed.
- Have snacks available to prevent hypoglycemia such as: fruit; juice boxes; peanut butter and crackers; and granola bars.
- Be sure your child drinks water, water and more water to stay hydrated.
- Make sure your child knows to take a break after one hour to check blood glucose. It might be helpful to designate a teammate or trainer to remind him/her.
- Check blood glucose more often after exercising because the effects of exercise on blood glucose can last 24 to 48 hours.
- Your child should wear a medical ID bracelet.

regarding hyperglycemia with ketones with clear parameters around when not to exercise.

## The Effects of Exercise Type, Order and Timing

Most sports require different types of training and practices in addition to games and competitions. In some cases, adding high-intensity intervals to a moderate aerobic workout may help prevent hypoglycemia, at least in the short run. In fact, some intense activities actually raise blood glucose temporarily by increasing hormones such as adrenaline and glucagon, which raise blood glucose levels. So a brief (10-second) sprint either before or after an exercise session of moderate intensity may help protect against hypoglycemia. Keep in mind that blood glucose levels tend to decline less during resistance training such as weight, dumbbell or resistance band than during aerobic activity such as jogging or swimming. If your child is engaging in both types of training, you both may want to choose which type is done first based on starting blood glucose level.

Many sports require intense training sessions to help strength and endurance. Consider the timing of workouts and the influence on blood glucose control. Exercising first thing in the morning before breakfast likely will help your child keep blood glucose levels more stable, since everyone is more insulin resistant (and usually with lower insulin levels) at that time of day. In fact, his/her blood glucose may go up doing the same activity in the morning, even if it normally causes a decrease in blood glucose when done later in the day. Some athletes have to take a small dose of rapid-acting insulin after working out to lower their blood glucose levels following morning exercise. If your child has frequent episodes of hypoglycemia during workouts, consider morning training sessions. Conversely, if your child's levels run high during workouts, choose training later in the day. Short-term athletic performance in intense activities such as sprinting also tends to be better in the afternoon than in the morning.

## Adjusting Food and Insulin for Optimal Performance

For a competitive advantage in sporting events, your child will have to prevent both hypoglycemia and hyperglycemia during and following the events. Hypoglycemia in particular makes it hard to perform well, but blood glucose levels can be managed effectively with strategic carbohydrate intake and adjustments in the timing and doses of insulin. To prevent hypoglycemia during activities lasting 30 minutes or more, he/she may need extra carbohydrate, less insulin or both.

**Carbohydrate intake:** If your child's injected or pumped insulin levels are minimal when he/she begins exercising, he/she may need only 10 to 15 grams of carbohydrate to prevent hypoglycemia. When exercising within two hours of bolus insulin for a meal or snack, he/she may need closer to 30 to 60 grams of carbohydrate per hour of exercise. This is similar



to the amount of carbohydrate athletes without diabetes need for optimal athletic performance, and everyone can benefit from carbohydrate during workouts or events lasting several hours. After a workout, the muscle's storage of carbohydrate builds back up slowly. During this time, your child likely will be more sensitive to insulin. This can contribute to hypoglycemia, which can occur up to a day or two later. Taking in adequate amounts of carbohydrate along with enough insulin (although usually less than normal) before, during and after longer moderate-intensity or high-intensity workouts can help minimize the chances of hypoglycemia.

**Insulin adjustments:** In place of or in addition to taking in carbohydrates to maintain blood glucose levels during exercise, your child's basal (background) insulin and bolus (mealtime) insulin doses may need to be lowered to decrease his/her hypoglycemia risk. Talk with your diabetes care team about your child's individual needs. In some cases, up to a 20% reduction in basal insulin both before and after exercise (especially overnight following prolonged activities) is necessary. If your child uses an insulin pump, he/she may need to reduce or suspend basal insulin infusion at the start of exercise, or even 30 to 60 minutes beforehand, to prevent hypoglycemia. If your child exercises within two to three hours of a meal or bolus dose of insulin, he/she may need to cut back the dose by 25% to 75%. Your diabetes care team can help determine what insulin adjustments are necessary. Regardless of your child's regimen changes, be sure to check his/her blood glucose frequently and make additional adjustments to stay in target range.

### Using Insulin Pumps, CGM

If your child is very active in sports, one advantage of an insulin pump over multiple daily injections is that a pump allows both you and your child to change hourly basal insulin delivery when he/she exercises to bring blood glucose closer to normal. If your child injects basal insulin once or twice a day with a syringe or a pen, you will be less able to respond quickly to changes in insulin needs related to athletic activity. In unpredictable situations, for example, if a baseball game goes into extra innings, your child will have better control over basal rates with a pump than if a basal insulin injection was given several hours earlier. If your child does wear a pump and is active in outdoor sports, keep in mind that heat exposure has the potential to make insulin in the pump stop working effectively.

A recent advance in glucose monitoring is the use of continuous glucose monitors (CGM). In some cases, CGM is a sort of map, monitoring glucose trends every several minutes during exercise and detecting hypoglycemia afterwards. CGM does not replace self-monitoring of blood glucose, which still is needed to confirm the results. Checking

blood glucose is a must whenever the child feels symptoms of either hypoglycemia or hyperglycemia. Keep in mind CGM also has a time lag between actual blood glucose and its detection, since the sensor measures glucose in the skin (not the blood). Talk with your child's diabetes care team to see if this option may be helpful.

### Heat and Exercise Performance

Whether indoors or outside, athletic activities cause most people to break out in sweat. Some athletes with Type 1 diabetes have impaired sweating, particularly during higher intensity activity such as sporting events/competitions. Be sure your child has comfortable, breathable clothing to help him/her stay as cool as possible. It is extremely important to avoid dehydration, which can further lower your child's sweating and cooling ability. If activities are outside in hot weather, staying hydrated is essential to avoid becoming overheated. Cool, plain water usually is adequate for hydration during moderate exercise for up to one hour. Sports drinks containing electrolytes may be used during longer, more intense types of exercise. They typically contain carbohydrate, so be mindful of the serving size on the Nutrition Facts label to help calculate the amount of carbohydrate. It is best to avoid fruit juice and regular soda because they may upset the stomach, causing cramps, bloating and nausea.

### Conclusion

Helping your student athlete manage blood glucose can be complicated but successful—and well worth the effort. How hard your child exercises, the type of sport and time of day, food intake and insulin levels all affect blood glucose responses and athletic performance. Be aware of all these factors, along with the importance of staying hydrated and keeping electrolytes in balance.

Stay focused on your child's diabetes health with routine appointments with the diabetes care team. Ask questions so you and your child can best manage his/her athletic endeavors. Helping your child manage his/her diabetes effectively to succeed during exercise is important, whether your child is a competitive athlete or simply a recreational sports and exercise enthusiast.

**Sheri Colberg** is a professor emerita of exercise science from Old Dominion University in Norfolk, Virginia, and founder of the website Diabetes Motion and Diabetes Motion Academy, which provides continuing education credits to fitness and other health-care professionals. In 2016, she received the American Diabetes Association Outstanding Educator in Diabetes award. **Laura Hieronymus** is a doctor of nursing practice and master licensed diabetes educator. She is associate director of the Barnstable Brown Diabetes Center at the University of Kentucky in Lexington.

**Children and adolescents, including those with Type 1 diabetes, should get at least 60 minutes of accumulated physical activity every day.**



# ENDOCRINOLOGY CRISIS



## More patients, fewer specialists limiting access to care

By Kurt Ullman

**A**s the bulk of doctors in the Baby Boomer generation prepares for retirement and the number of patients with endocrine conditions—including diabetes—continues to rise, the already existing shortage of endocrinologists in the U.S. is expected to worsen.

“Two years ago, several members of the Endocrine Society completed a study looking at the endocrinology workforce issues in the U.S.,” said Kenneth H. Hupart, M.D., chair of the Department of Medicine at Coney Island Hospital in New York City and an Endocrine Society spokesperson. “We found in 2011 there was a shortage of about 1,500 adult and 100 pediatric endocrinologists. Adding patients who became insured following the Affordable Care Act, along with increases in diabetes and those needing care for thyroid, osteoporosis and other endocrine disorders, means the shortage and inadequate access to care will persist for many years.”

These numbers reflect the shortage of practitioners in endocrinology overall. However, not all endocrinologists treat diabetes.

Diabetes is of special concern to those in the field for two reasons. The first is the sheer number: 30 million people in the U.S. have diabetes, plus an additional 90 million have prediabetes, both of which are forecasted to keep increasing. The second concern: Most of these patients are not seeing a specialist.

### Difficulty Seeing Specialists

“The sad fact remains that the vast majority, maybe around 90% of those with the disease, will never see an endocrinologist, let alone one who works with diabetes,” said George Grunberger, M.D., president of the American Association of Clinical Endocrinologists. “We would not tolerate this for cancer or any other chronic and treatable disease. Yet with diabetes, we allow almost all patients to receive care from physicians who try hard but aren’t specialists and have to

deal with all of the patient’s other conditions. If I were in a patient’s shoes, I’d be unhappy.”

Even when a diabetes specialist is available, that doesn’t mean he or she is readily available. It is estimated the average wait for a first visit with an endocrinologist is five weeks. For those in rural areas, it can be even longer.

“Most people see their endocrinologist, if they even have one, three or four times a year for 30 minutes or less a session,” said Catherine Price, a freelance journalist and diabetes patient advocate. “If you do the math, it is pretty amazing to realize how miniscule the amount of time you spend with your health-care provider actually is.”

And that small amount of time in front of the endocrinologist may come at an even greater cost to the patient. For many, especially in rural areas, it is a multi-hour round-trip drive to see their doctor for that half hour.

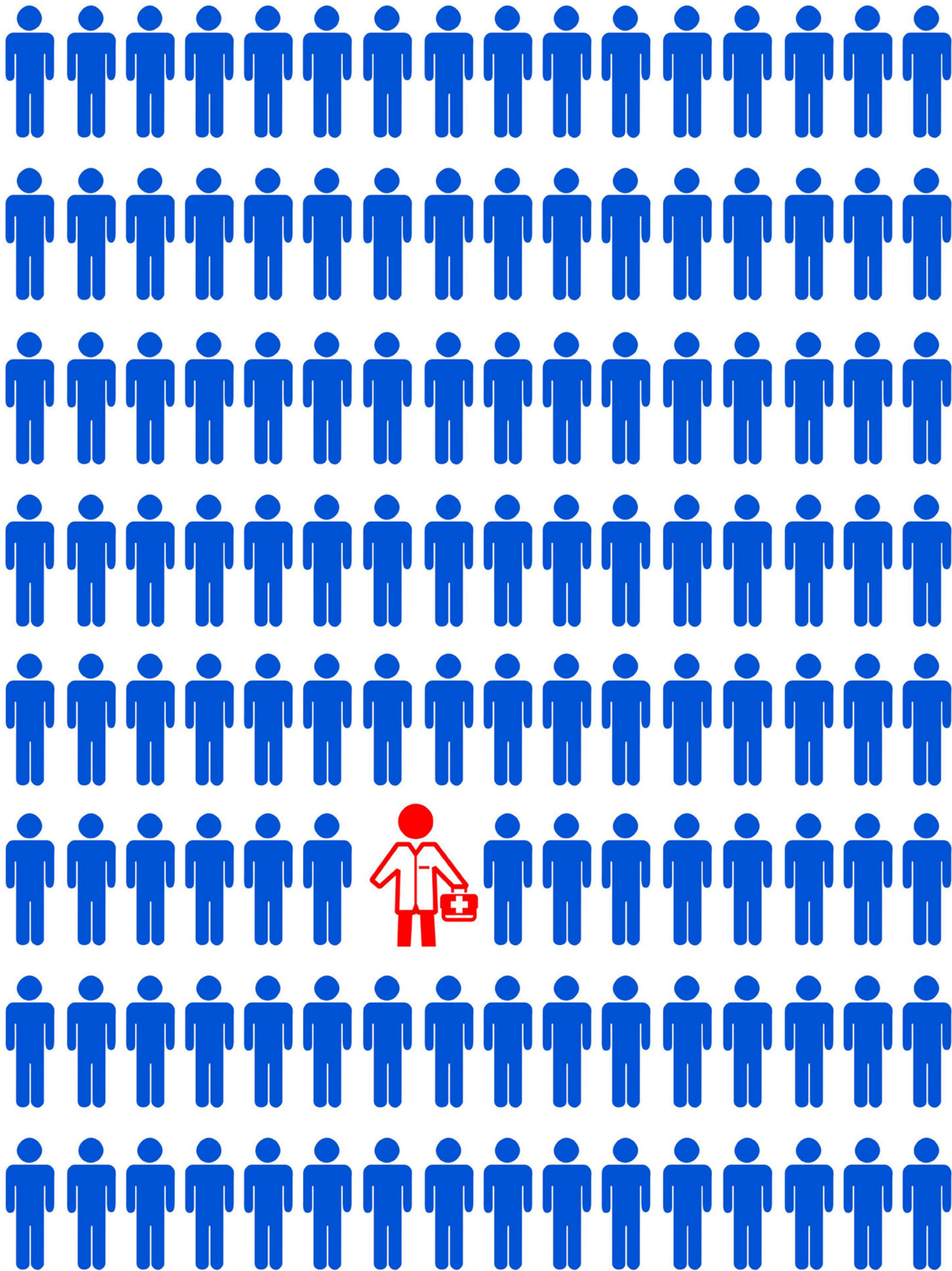
“I recently was speaking to patients at an advocacy meeting in Nebraska and talked to people who had to go all the way to Kansas City to see their doctors,” said Kelly L. Close, founder and editor-in-chief of the DiaTribe.org website. “When you are in remote parts of Colorado, you may have to go all the way to Denver. Dr. Des Schatz and Dr. Ashby Walker in a recent study showed that children in rural areas have an average [trip] of one hour or more to get to an endocrinologist. This is not easy on anyone, particularly economically vulnerable families.”

### Changes in Diabetes Treatment

Grunberger, chairman of the Grunberger Institute in Bloomfield Hills, Mich., said changes in treatment of diabetes over the last 20 years or so have made the need for doctors with specific expertise increasingly important.

“It wasn’t all that long ago that the treatment for Type 2 diabetes was limited to insulin or a sulfonylurea,” he said. “The input of a specialist wasn’t as important when you were limited essentially to a shot or a pill.”







However, over 50 drugs are now approved for Type 2 diabetes use in the U.S. Therefore, physicians charged with treating these patients have to know the clinical effects, side effects, interactions and other concerns of many more medications. It is hard for those who don't deal with diabetes exclusively to invest the time to stay current.

Medical technology for Type 1 diabetes also is time-consuming and adds to the width of the gap. In this case, the technology for both insulin delivery and continuous glucose monitoring (CGM) requires intensive guidance by someone who understands both the technology itself and what happens to blood glucose levels. It takes time for both practitioner and patient to master the necessary skills.

### Prevention Issues Take Time

Just as there have been important (and physician time-intensive) advances in how to treat diabetes, so, too, have there been strides in preventing the many complications of the disease. This means endocrinologists' time is being further eroded by the need to track patients to make sure they are seeing podiatrists for possible foot issues, ophthalmologists to help prevent and stop eye problems or other specialists as needed.

"We have more treatments to provide and more patients who need it, and the gap is getting bigger between what is possible and what we are getting done," said Grunberger.

In the past, internists, family practice or other primary care physicians would see many diabetes patients. But there are shortages among these doctors as well.

"Diabetes care can be exceptional, but it is time-consuming and requires a lot of patient/provider interaction," said Hupart. "Clearly, our colleagues in primary care will play an important part, but they, too, are facing significant shortages in their numbers."

### Extra Hands on Deck

One way to alleviate some of the burden may be the use of nurse practitioners (NP), physician assistants (PA) and Certified Diabetes Educators (CDEs). NPs and PAs can help manage certain parts of care, while CDEs are able to handle the teaching components. While these extra hands can help free up some physician time for direct patient care, the endocrinologist still will need to oversee the process, evaluate the treatment and do much of the care planning.

Technological advancements also can be helpful in making the use of an endocrinologist's time more efficient. One advancement is the use of telemedicine (TM) to see patients remotely.

Via TM, the endocrinologist can have a face-to-face visit with a patient from his or her office by either using a smartphone app or having the patient go to what is essentially a small television studio nearby. The physician has secure access via the internet to all the patient's laboratory tests and, often, glucose monitoring data.

Smartphone apps and glucose monitors that can send results directly to the physician can be a double-edged sword. As more patients get them, they may actually overwhelm the endocrinologist with too much information. For example, one continuous glucose monitor sends 288 values a day, or 30,000 pieces of information, for a single patient in the 90 days between visits. Multiply that by 200 or more patients, and the physician can be overwhelmed with data.

In addition, many of the diabetes software programs don't talk to one another. So often you cannot overlay data from an insulin pump with the continuous glucose monitor to get a better picture or, in some cases, any picture at all of how you are doing.

Also, it can be hard for a patient to understand how technology adds to the patient education burden of a practice.

"Diabetes apps can be very helpful, as long as they make management easier," said Price. "If you have to enter a lot of data by hand, no one is going to use it."

### Financial Implications

As with most other things in U.S. health care, how money is apportioned has an effect on both the reason for the endocrinologist shortage and its solution. One of the issues is expanding the 300 or so residency and fellowship slots currently available.

"It would take only a modest increase in the number of physicians being trained," said Hupart. "We figured a 14.4% increase in the number of adult endocrinologists would alleviate the problem within a decade. But that isn't happening."

In the U.S., the federal government is the main funder of graduate medical education through Medicare. The ability to train more endocrinologists rests with Congress being willing to shift resources to open up more slots. Hupart said there are more applicants than spaces available, so additional slots would not go unfilled.

"Our ability to train an increasing number of endocrinologists is clearly influenced by a hospital or medical center getting access to the dollars needed to provide the environment to train more specialists," said Hupart. "Currently, there is a fixed pot of money, so if we train two more endocrinologists, we are probably training two fewer of another specialty."

Another concern is the current payment system. In

**"A 14.4% INCREASE IN THE NUMBER OF ADULT ENDOCRINOLOGISTS WOULD ALLEVIATE THE PROBLEM WITHIN A DECADE. BUT THAT ISN'T HAPPENING."**

**—Kenneth H. Hupart, M.D.**



many instances, insurance companies and Medicare/Medicaid won't reimburse the physician for time spent unless it is for an in-person visit. This often means more efficient ways of treating patients aren't available because the endocrinologist can't get paid for his or her time. "I would love to be able to use technology so I could spend five minutes with a patient on the phone and tell him we need to make this or that adjustment in insulin based on the data that flow to me," said Grunberger. "I could see five patients in the same amount time without any change in quality of care and actually spend more time overall with them. But will the patient pay for that? Because the insurance companies won't."

He said medicine is one of the few professions in which face-to-face interaction is required for payment. For example, he said, the last time he called his attorney to ask a question, a bill soon followed.

These concerns also flow to the patient side of the equation. It takes more time, for both physicians and patients, if co-pays or tiered payments interfere with prescribing the best medication or making sure a patient has the technology necessary to keep diabetes under tight control. Reimbursement increases also would help lessen the gap between need and available physicians. Endocrinologists traditionally are one of the lowest paid subspecialties in medicine.

"We stack the cards against ourselves as we, as a society, spend an incredible amount of money to train all of these people to become experts and then we don't develop a

system to let them survive," said Grunberger. "By the time a physician gets out of medical school, residency and fellowship, he not only is saddled with hundreds of thousands of dollars of debt, but is 15 years or so behind his peers in starting his career, buying a house and all the other steps of adulthood."

### Political Advocacy Needed

The federal government holds most of the cards in the work toward closing the gap, both in the number of endocrinologists being trained and reimbursement. So diabetes patients can have a more important say in both the process and the outcome.

"We shouldn't just advocate for getting more time with doctors and access to appropriate therapies and technologies, we also should be working to get doctors and educators better reimbursement so more will be able to come into the field," said Close. "There are 20 million of us diagnosed [with diabetes] now in the U.S. alone, and we should use that power to our advantage. Many disease advocates have banded together and had amazing success. We have an absolute crisis on our hands, and we must fight for the best people to help take care of us and help make it more possible for them to be more successful in the face of our diabetes tsunami."

**Kurt Ullman**, RN, is an Indiana-based medical writer whose career spans 30 years.

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# THE HEPATITIS/ DIABETES CONNECTION

**The Effect of Hep C cures on Type 2 diabetes still unknown**

By Kurt Ullman

**H**epatitis—inflammation of the liver—often can be intertwined with Type 2 diabetes. Although hepatitis can be related to drug and alcohol use, its most common cause in the United States is viral. Moreover, its relationship with Type 2 is reciprocal—the liver disease can cause or worsen diabetes, and diabetes can cause or worsen the severity of inflammation and scarring in the liver.

## **Three strains of hepatitis virus**

Three major strains of hepatitis are seen most often in the U.S. Hepatitis A virus (HAV) usually spread by close contact with an infected person, but also can be transmitted through exposure to contaminated food or drinking water. According to Mayo Clinic, people with this strain most often recover completely with no damage to the liver.

Hepatitis B virus (HBV) can be transmitted by contact

Shutterstock/David Carillet



with blood or other body fluids. HBV is spread through having unprotected sex with an infected person, sharing needles or “works” when shooting drugs, exposure to needle sticks or sharps on the job, or from an infected mother to her baby during birth. Although rare, transmission of the virus has been seen in diabetes patients who share blood glucose monitoring supplies.

Hepatitis C virus (HCV) also is spread through exposure to bodily fluids following most of the same paths as HBV. It is less likely to be transmitted through sexual contact.

HCV is the most common chronic form of the disease. The Centers for Disease Control and Prevention (CDC) reports between 2.7 million and 3.9 million people in the U.S. have chronic HCV (lasting more than six months). In 2014, an estimated 30,500 new cases of acute hepatitis C virus infections were reported in the U.S. Of these, 85% will progress to chronic disease.

A hepatitis C infection can result in long-term health problems. It is the leading cause of scarring in the liver (cirrhosis) and liver cancer, and it is the number one reason for liver transplantation in the U.S. According to the CDC, unlike HAV and HBV, there is no vaccine available to prevent the disease.

## Making the Connection

“The connection between HCV and Type 2 diabetes seems to be specific in that the incidence of Type 2 is more closely related to HCV than other types of liver disease,” said Mandana Khalili, M.D., professor of medicine at the University of California San Francisco and chief of clinical hepatology at San Francisco General Hospital.

Studies have looked at large numbers of people with risk factors for diabetes, such as obesity and age. Those with HCV infections and risk factors were 10 times more likely to develop diabetes than those with the same risk factors who were HCV negative.

“These suggest that potentially, HCV can increase the incidence of Type 2 diabetes in predisposed individuals,” said Khalili. “We think this relationship is related to the virus worsening insulin resistance, one of the mechanisms seen in the development of Type 2 diabetes.”

## HBV vaccination lowers diabetes risk

Hepatitis B virus also has been studied in relationship to the risk of developing Type 2 diabetes. However, the reasons for this are not as well understood. The good news is that an analysis of the National Health and Nutrition Examination Survey indicated that people vaccinated for hepatitis B had a 50% reduction in risk for diabetes compared to

those not vaccinated. The reduced risk continued even after adjusting for Type 2 diabetes risk factors such as age, obesity and smoking, according to City of Hope National Medical Center in California.

The CDC and Advisory Committee on Immunization Practices (ACIP) guidelines call for hepatitis B vaccination for all unvaccinated adults with diabetes who are under age 60. For those age 60 and older, talk to your doctor about whether the vaccine is right for your specific circumstances. Currently, there is no vaccine available for HCV.

An HCV infection can result in diabetes control problems for both those newly diagnosed and people who have been treated successfully. Even those who have been stabilized for long periods of time can see their glucose control thrown off by the increases in insulin resistance.

## Increased risk of fatty liver disease

Another major concern in both hepatitis and diabetes is fatty deposits in the liver leading to scarring. The two together seem to have an additive effect, making non-alcoholic fatty liver disease (NAFLD) even more likely and often more serious.

“The epidemic of prediabetes, diabetes and obesity increases the chances of having nonalcoholic steatohepatitis (NASH) even before HCV is factored in,” said Kenneth Cusi, M.D., chief of the division of endocrinology, diabetes and metabolism at the University of Florida, Gainesville. “Roughly two out of every three people who are obese or have Type 2 diabetes have too much fat in their livers. Of these, one-third develop inflammation in the liver from NASH.”

Over time, this results in scarring and cirrhosis of the liver—one of the reasons HCV is the number one cause of liver transplants, with 40% of the total related to this disease.

“Having diabetes is bad for those with fatty liver disease,” said Khalili. “Type 2 diabetes speeds up the progression of liver disease and scarring when present. The chances of liver cancer also increase in this group.”

HCV has five identified sub-strains or genotypes. The exact genotype a person has may have an impact on both diabetes and fatty liver diseases. Genotype 1 is seen in the largest proportion of individuals with HCV. Type 2 diabetes is more prevalent in these patients, probably because of increased insulin resistance.

## Treatment options for HCV

Genotype 3 is harder to treat and can result in more fat in the liver. This higher incidence of fatty liver disease increases



Mandana Khalili, M.D.



Kenneth Cusi, M.D.



the importance of managing diabetes aggressively to lessen or eliminate another risk factor for fatty liver.

When discussing treatment options for HCV, two goals should be kept in mind. The first is to achieve what doctors call “sustained eradication of HCV,” defined as the absence of any trace of the virus in blood tests six months or more after completing antiviral medications. The second is to prevent cirrhosis, liver cancer or end-stage liver disease requiring liver transplantation.

Just within the last few years, major advances in the treatment of HCV have led to a cure. In the past, treatment was a long and confusing process involving multiple drugs with multiple side effects.

For many years, the treatment of choice was pegylated interferon and ribavirin, with the possible addition of boceprevir (Victrelis™, from Merck) and telaprevir (Incivek™, from Vertex) for HCV genotype 1 infection. The medications were given for 24 to 48 weeks and successfully cured HCV in 50% and 80% of patients. (Both have discontinued sales in the U.S. because of treatment advances.)

In 2013, two new direct acting antiviral drugs—Sofosbuvir (Sovaldi™, from Gilead) and Simeprevir (Olysio™, from Janssen)—were approved to treat chronic HCV infection. They had the advantage of needing only 12 to 14 weeks of treatment. Cures were seen in 80% to 95% of patients, according to the CDC.

Harvoni™ (from Gilead) followed in late 2014. This combination drug is a once-daily pill that has cured more than 90% of patients with HCV genotype 1 after 12 weeks of treatment. Some patients have been cured as soon as after eight weeks of treatment.

Since then, additional drugs have been approved for HCV therapy, including Viekara Pak™ (from AbbVie, ombitasvir, paritaprevir and ritonavir tablets co-packaged with dasabuvir tablets), Daklinza™ (daclatasvir, from Bristol-Myers Squibb) to be used in combination with Sovaldi, and Zepatier™ (Elbasvir/Grazoprevir combination therapy, from Merck). Even more drugs are anticipated in the near future.

Which medications you will be prescribed will depend on many factors and will be tailored to your specific case. Some medications have been shown to work better than others for specific genotypes. You may be taking medications for some medical problem in addition to those for Type 2 and HCV that could interact with the usual hepatitis medications. These newer drugs can be very expensive, so insurance coverage and financial concerns may affect on your options.

Transplantation is another possible treatment for HVC, particularly among those whose cirrhosis has advanced. As with any surgery, control of blood sugars

prior to the operation is an important consideration, although having diabetes is not considered a reason to cancel a transplant.

“Having a transplant does make it more of a challenge to control diabetes,” said Cusi. “The immunosuppression drugs used to stop rejection worsen insulin resistance, and glucose becomes more difficult to control. The ideal would be for the person to lose weight and get the diabetes optimally controlled prior to transplant.”

### New treatment for NASH

A recent study suggests pioglitazone (Actos™, from Takeda), a Type 2 medication, also may have an impact on NASH and fatty liver disease. Published in the *Annals of Internal Medicine*, research by Cusi and others looked at 101 patients with prediabetes or Type 2 and NASH confirmed by biopsy. After being assigned to a weight-reduction diet, they were given either the main drug or placebo for 18 months. Then all were given pioglitazone for an additional 18 months.

“Of those on medication, 58% of the patients saw improved NASH disease activity scores,” said Cusi. “This is the first time that we have a possible long-term treatment for those with either prediabetes or Type 2 and NASH.”

Although medications can cure HCV in the vast majority of patients, how this will affect Type 2 diabetes has not yet been identified.

### The impact of medical advances

Although medications can cure HCV in the vast majority of patients, how this will affect Type 2 diabetes has not yet been identified.

“It is not yet very clear as to whether successful treatment of the HCV will help resolve the diabetes,” said Kahlili. “Treatment does seem to improve insulin resistance, and while it is a risk factor, not everyone with insulin resistance goes on to develop diabetes. Treating the diabetes also helps lessen the progression of liver disease in HCV, so it is very important to appropriately treat Type 2 in those with HCV.”

Advances in understanding and treating both HCV and NASH have driven changes that may result in lessening the impact of liver disease on diabetes and the impact of diabetes on NASH and other fatty liver disease complications.

“I think this is a great time for treatments in HCV and Type 2,” said Cusi. “The treatments for viral hepatitis are the best in history. There is now a generic medication with a 50% to 60% chance of reversing the inflammation from fatty liver disease induced by obesity or Type 2 diabetes and probably preventing end-stage liver disease. This is a very promising time for patients.”

**Kurt Ullman, RN**, is an Indiana-based medical writer whose career spans 30 years.



# NEW JOB?

## Managing Your Diabetes at Work

Employers can support workers and improve productivity

By Dr. Nicola Davies



**M**anaging diabetes on a daily basis requires a great deal of time and energy and can be very limiting for people who want to excel in the workplace. When a person with diabetes starts a new job, the change in pace and environment can easily challenge productivity and leave him or her with a sense of failure.

On a national scale, this also translates into a form of defeat. According to Diabetes at Work, a National Diabetes Education Program (NDEP) project, some of the indirect costs of diabetes include \$5 billion from increased absenteeism and \$20.8 billion from presenteeism (present with reduced productivity) due to diabetes and its symptoms. Employees with diabetes have three additional days of absenteeism and 15 more days of presenteeism than the average employee.

However, living with diabetes and having a flourishing career aren't mutually exclusive.

These figures do not mean employees with diabetes can't have successful and fulfilling careers. But diabetes can have a negative impact on work performance if certain adjustments aren't made—by both employee and employer.

### Dealing with Workplace Stress

Starting a new job brings a whole new set of challenges into your life, and stress can be compounded by the complexities of diabetes self-care. It's important for people living with diabetes to anticipate the impact of stress when either joining a new company or changing positions within a current employer. Not only does stress management help you acclimate to a new workplace, but also it protects co-workers from being negatively influenced by any stress-related tension.

Stress can lead to increased blood sugar levels, negative and uncomfortable feelings and unsound decision-making related to work and personal care. Employees with diabetes must first be able to identify when stress is overwhelming them. Some of the most common signs, all of which can affect blood sugar levels, are:

- sleep deprivation
- headaches
- change in appetite
- feelings of anger, anxiety and irritability



When it comes to self-management, being smart about stress has a lot to do with living and working mindfully. The practice of mindfulness includes being fully aware of the situation, calmly embracing its difficulties and recognizing what is working for you and what isn't. It's about being in the moment instead of allowing fear and anticipation to get the better of you. Another aspect of being mindful is continuously evaluating and adapting your self-management habits based on those that are most suitable to the new environment.

## Managing Diabetes in the Workplace

According to Tom Milam, chief executive officer of diabetes health package and service provider TrueLifeCare (TLC), "Roughly 80% of people with Type 2 diabetes could avoid complications through healthy eating and exercising." TLC provides personalized support for individuals with diabetes via evidence-based coaching to introduce a positive and sustainable lifestyle change. TLC also provides its members with testing supplies and technologically advanced glucose monitors and blood pressure monitors. Individual employees with diabetes are equipped with the knowledge of how to make adjustments that align work goals with diet, exercise and medication needs.

**Diet:** In an interview with WebMD, Lauren Golden, an endocrinologist and diabetes specialist at the Naomi Berrie Diabetes Center in New York City, said, "The more you know about your diabetes and the more you know about controlling your blood sugars, the better off you'll be." In other words, knowledge of your condition can better prepare you for workplace issues.

To protect your diet, it is important to never skip breakfast—not even in exchange for an extra 10 minutes of sleep.

Skipping breakfast can cause blood sugar and energy levels to fluctuate, leading to a loss of focus at work. It's also ideal to have a daily meal plan and prepare your own lunch and healthy snacks for post-insulin injections.

Visiting the cafeteria in the morning and having a chat with the staff can give you a heads up about what will be available during lunch. It's good to have a list of foods suited to your diet to more easily decide which options are allowed. Additionally, several free phone apps provide nutritional content databases of foods and recipes.

**Physical activity:** When it comes to exercise, Milam advises, "Make it a practice to get up and move about. Use your breaks for 10- or 15-minute walks or for stretching. Being sedentary is definitely tied to increased risk for diabetes, and being less sedentary helps to self-regulate blood sugar." Health apps and wearable devices are available to help you maintain regular physical activity. The Apple watch, for example, has exercise "rings" that track your activity. Apps can remind you to take a break, monitor your daily number of steps and reward you for reaching certain targets with vouchers for popular stores or donations to your favorite charity.

**Medication:** For medication delivery, one of the most challenging aspects is finding the right time and place, without disrupting co-workers. Fortunately, many insulin pens are available that don't need refrigeration or special storage. It's ideal to store a small medication kit equipped with lancets and alcohol pads that can easily be concealed while you're on the way to the restroom. Should insulin need to be kept cool, you can bring a small bag with reusable freezing pads especially designed to cold store items for hours.

Although some employees with diabetes don't want to share their condition with co-workers, it may be necessary

## Phone Apps for Health and Fitness

Here are a few of the many health and fitness apps available.

**Mango Health:** Makes remembering medications feel more like a game. Learning more about diabetes helps you to "level up."

**MediSafe:** Allows users to set reminders for taking medications.

**Apple Watch:** Tracks your activity levels and alerts you when more activity is required.

**GSK Diabetes Healthmate:** Tracks blood glucose readings in relationship to mood, activity, diet and medication.



## Phone Apps for Nutrition

Here are some of the many apps available to help you track the nutritional content of your food choices.

**BG Monitor Diabetes:** Users can log everything, from diet to exercise and everything in between. It's great for those who like graphs and spreadsheets and also enables photo logging of food.

**My Glucose Buddy:** Allows users to manually include all carbohydrates consumed, insulin doses and activities.

**Diabetes in Check:** This app includes a food journal, meal plan, diary of foods and recipes. For prepackaged meals, the nutritional information can be obtained by scanning the barcode.

**Diabetic Connect:** For social media users, this app is easy to use and allows you to connect with others who have diabetes to increase accountability and support.



to tell your supervisor, the company nurse and/or a person in an adjacent work cubicle or office who could be shown what to do in case of an emergency. Wearable technology and implants that provide continuous glucose monitoring and insulin delivery also are great options.

## Employee Rights

Employees with diabetes might not want to divulge their condition due to fear of discrimination. However, employees with diabetes have rights to anti-discrimination and reasonable adjustments that help them perform their jobs to the best of their abilities. It's important to know, however, that you can't claim these rights have not been provided if you have not made your employer aware of your condition.

If you are struggling to determine when it's the right time to tell your employer about your diabetes, ask yourself these questions.

- Is diabetes affecting my work performance?
- Is my health suffering from my silence?
- Would having my employer know about my diabetes improve my work conditions?

If the answer to any of these questions is yes, it would be wise to inform your employer.

Employees with diabetes are protected by anti-discrimination laws such as the Americans with Disabilities Act (ADA), which prohibits discrimination against people with disabilities

in employment, transportation, public accommodation, communications and governmental activities. According to the act, employers cannot fail to hire or promote someone because of diabetes, terminate due to the condition—unless the condition proves to be a direct threat to safety—or withhold any employer-provided health insurance.

Upon an employee's request, the act requires employers to provide reasonable accommodations—changes to a job or workplace arrangement—that enable a person with diabetes to perform the essential functions of the job. Reasonable accommodations typically are minor and of little or no cost—extra time for insulin injections and blood glucose testing, additional bathroom breaks or varying work and snack break schedules, for example. These adjustments make the work experience more comfortable and allow employees with diabetes to compete professionally and fairly. Company policies should be flexible enough to incorporate such adjustments.

It can be intimidating to determine what, if any, accommodations to request. Consider working with an occupational therapist or your diabetes care team to pinpoint what aspects of your diabetes are affecting your work and productivity, such as needing small snack breaks throughout the day rather than one longer lunch hour. For each area of impact, suggest an accommodation that could assist you.

The ADA states that employees with diabetes working for companies with over 50 employees or who are government employees are entitled to the Family and Medical Leave Act. This provides up to 12 weeks of leave annually due to

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their health condition; this additional leave can be used to schedule regular physician appointments or merely to take breaks from working to manage stress levels.

## Employers' Duties

Employers sometimes are alarmed when employees divulge that they have diabetes, which can drive workers to keep their condition a secret. Any alarm from employers primarily is due to their lack of understanding of the condition. However, with the rise in health-care expenditures on diabetes and its complications, it has become the obligation of employers to improve employee productivity by accommodating their health needs. Indeed, it is the duty of employers not only to provide reasonable adjustments for any health conditions, but also to provide activities to promote good health.

When an employee requests reasonable accommodation, an employer is expected to respond promptly and adequately. According to the U.S. Equal Employment Opportunity Commission, employers should be familiar with the three kinds of reasonable accommodations: changes to a job application process, changes to the work environment or how that particular job is typically done and changes that allow an employee with diabetes (or any disability) to enjoy the privileges and benefits of employment.

When the need for a special accommodation is unclear to the employer, he or she must openly discuss the matter with the employee. "Diabetes is a very personal disease, varying from one person to another," said Milam. "A one-size-fits-all approach does not help much." Together, the employee and employer can reach an informed decision regarding the most suitable and effective accommodation. If needed, an employer also can request medical documentation from the employee.

Employers do have the right to deny a request, but only in cases in which it causes "undue hardship"—changes that are financially unmanageable, extensive, counterproductive or disruptive to the normal operations of business. According to the ADA, employers need to evaluate the nature and cost of the requested accommodation, the overall financial situation of the business and the impact of the accommodation on the business.

## Seeking Outside Support

Employers have several options should they ever find themselves unable to support a request for reasonable accommodations. There are tax deductions that can offset the expenses, for example. Employers also can subcontract employee health management to firms such as TLC. According to Milam, "TLC assists employers with the ever-growing burden of diabetes in the workforce and the cost of the employer's health benefits plan."

TLC provides diabetes health programs for employees

and/or their spouses. "Employers can announce the addition of the TLC program and then TLC reaches out via personal contact to each employee in the health plan with diagnosed diabetes, inviting the individual to participate," said Milam. The package includes glucose testing supplies, assistance from a nurse health coach and evidence-based resource materials tailored to the specific needs of the employee. Results have shown happier, healthier employees, which has a positive impact on work performance and productivity.

Overall, it is the duty of employers to promote healthy workplaces. According to the Diabetes at Work program, employers can contribute tremendously to boosting worker

productivity and helping reduce health-care costs by focusing on health concerns such as diabetes prevention, diabetes management, health education, weight management and stress management. But employees with diabetes also must take personal responsibility for their own health and well-being. Keep emergency supplies in your desk or workspace such as water, snacks for sugar lows, a supply of insulin, extra batteries for your glucose monitor or insulin pump, lancets and test strips. It also is advisable to keep a list with an emergency contact, as well as an easy-to-follow action plan for colleagues should you have any diabetes-related problems.

Milam advises implementing "a culture of wellness," saying, "Employers should lead by example." He added, "All employees will benefit, especially those with diabetes and pre-diabetes, when there is encouragement and support for walking activities and healthier food options."

## Mutual Success

For people with diabetes, success in the workplace is more than possible when they know how to handle stress and can independently manage their diabetes and its symptoms. Part of this independent management is requesting reasonable adjustments, when necessary, and ensuring their employee rights are upheld. In this respect, transparency with employers can be mutually beneficial. By educating employers about diabetes, their duties and how they can potentially contribute to national health-care savings, the workplace can become the employee's partner for health management. When the work environment and job arrangement enable an employee with diabetes to manage his or her condition effectively, not only does the person with diabetes benefit, but company productivity benefits as well.

**Nicola Davies** is a health psychologist, counselor and freelance writer who provides one-to-one self-management consultancy to people living with chronic conditions. You can sign up for her free blog at [healthpsychologyconsultancy.wordpress.com](http://healthpsychologyconsultancy.wordpress.com) or follow her on Twitter (@healthpsychuk).

**It is the duty of employers to promote healthy workplaces. But employees with diabetes must take personal responsibility for their own health.**



# Diabetic Cooking™

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## PASTA 2.0

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## WINNER, WINNER, CHICKEN DINNER

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## FROM HOME, WITH LOVE

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A wide variety of meatless meat products exist, but not all are healthy choices.

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# For the Way You Live

**T**he 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

Contains 15 grams or fewer of carbohydrate per serving



### HIGH-FIBER RECIPE

Contains 5 grams or more of fiber per serving



  
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# Diabetic Cooking

## YOUR SHOPPING LIST

All the Ingredients for the Recipes in this Issue

We're making it easier for you to stay on track! As you find recipes you'd like to try, simply check off the ingredients on this list, clip it out and take it along on your next grocery trip.

### BAKED GOODS/BREAD PRODUCTS

- ☐ 10- or 12-inch flour tortillas
- ☐ 8- to 10-inch sun-dried tomato or spinach wraps or whole wheat tortillas
- ☐ English muffins
- ☐ Fat-free flour tortillas
- ☐ Stone-baked or whole wheat pizza crust
- ☐ Whole grain cinnamon-raisin swirl bread
- ☐ Whole wheat bread
- ☐ Whole wheat buns
- ☐ Whole wheat pita

### BAKING PRODUCTS

- ☐ Baking powder
- ☐ Baking soda
- ☐ Brown sugar
- ☐ Corn starch
- ☐ Flour ☐ Whole wheat flour
- ☐ Semisweet chocolate chips
- ☐ Sucralose-brown sugar blend
- ☐ Sucralose no-calorie sweetener
- ☐ Sugar
- ☐ Sugar substitute
- ☐ Unsweetened cocoa powder

### CANNED FOODS

- ☐ Black beans
- ☐ Fat-free reduced-sodium chicken broth
- ☐ Diced pimiento
- ☐ Diced fire-roasted tomatoes
- ☐ No-salt-added diced fire-roasted tomatoes
- ☐ Diced tomatoes ☐ Italian style diced
- ☐ Evaporated skimmed milk
- ☐ No-salt-added beans ☐ kidney ☐ pinto
- ☐ White tuna packed in water

### CHEESE

- ☐ Reduced-fat soft cream cheese
- ☐ Light garlic-and-herb cream cheese
- ☐ Crumbled blue cheese
- ☐ Crumbled goat cheese
- ☐ Grated Parmesan
- ☐ Fat-free or part-skim ricotta
- ☐ Reduced-fat feta
- ☐ Shredded Italian blend
- ☐ Shredded mozzarella/Parmesan blend
- ☐ Shredded reduced-fat cheddar
- ☐ Shredded reduced-fat monterey jack
- ☐ Shredded low-fat mozzarella
- ☐ Shredded Asiago

### CONDIMENTS

- ☐ Light balsamic vinaigrette
- ☐ Balsamic vinegar
- ☐ Canola oil
- ☐ Capers
- ☐ Chipotle or jalapeño salsa
- ☐ Chocolate syrup
- ☐ Corn relish
- ☐ Hot pepper sauce, Chipotle or Louisiana-style
- ☐ Lemon juice
- ☐ Mayonnaise ☐ Fat-free ☐ Light
- ☐ Mustard ☐ Dijon mustard

### CONDIMENTS continued

- ☐ Nonstick cooking spray ☐ Butter-flavored
- ☐ Olive oil
- ☐ Sweet pickle relish
- ☐ Pimiento-stuffed green olives
- ☐ Worcestershire sauce

### DAIRY/FRIDGE

- ☐ Unsalted butter ☐ Light butter
- ☐ Low-fat buttermilk
- ☐ Eggs
- ☐ Cholesterol-free egg substitute
- ☐ Hummus (regular, red pepper or garlic)
- ☐ Margarine
- ☐ Skim milk
- ☐ Fat-free sour cream
- ☐ Firm tofu
- ☐ Wonton wrappers
- ☐ Nonfat yogurt ☐ Plain ☐ Lemon
- ☐ Nonfat Greek yogurt ☐ Plain ☐ Vanilla

### FROZEN

- ☐ Frozen unsweetened strawberries
- ☐ Frozen chopped spinach

### FRUIT

- ☐ Apples ☐ Red delicious ☐ Fuji
- ☐ Dried apples
- ☐ Dried apricots
- ☐ Dried blueberries
- ☐ Sweetened dried cranberries
- ☐ Red and green seedless grapes
- ☐ Lemons
- ☐ Raisins ☐ Golden raisins
- ☐ Strawberries

### MEAT

- ☐ 95% lean ground beef
- ☐ Canadian bacon
- ☐ Boneless, skinless chicken ☐ breasts ☐ thighs
- ☐ Chicken breast tenders
- ☐ Chicken drumsticks
- ☐ Peperoncini
- ☐ Turkey tenderloin

### VEGETABLES

- ☐ Alfalfa sprouts
- ☐ Asparagus spears
- ☐ Brussels sprouts
- ☐ Carrots ☐ Shredded carrots
- ☐ Celery
- ☐ Cucumber
- ☐ Fennel
- ☐ Green beans
- ☐ Chopped stemmed kale
- ☐ Lettuce ☐ Red leaf ☐ Romaine
- ☐ Sliced mushrooms ☐ Portobello
- ☐ Onions ☐ Green onions ☐ Sweet onions
- ☐ Bell peppers
- ☐ Red potatoes
- ☐ Radishes
- ☐ Shallots
- ☐ Spinach, stemmed

### VEGETABLES continued

- ☐ Squash ☐ Acorn ☐ Yellow
- ☐ Sweet potatoes
- ☐ Tomato
- ☐ Zucchini

### SNACKS/NUTS

- ☐ Sliced almonds
- ☐ Chopped pecans
- ☐ Chopped walnuts ☐ Toasted walnuts

### SPICES & HERBS

- ☐ Basil—fresh or dried
- ☐ Bay leaf
- ☐ Black pepper
- ☐ Chili powder
- ☐ Cinnamon
- ☐ Cumin—ground
- ☐ Curry powder
- ☐ Dill—fresh or dried
- ☐ Dry mustard
- ☐ Garlic ☐ Cloves ☐ Powder ☐ Salt
- ☐ Ginger—ground
- ☐ Italian seasoning
- ☐ Marjoram leaves—dried
- ☐ Mint—fresh
- ☐ Oregano—dried or fresh
- ☐ Paprika ☐ Smoked paprika
- ☐ Parsley—dried and fresh
- ☐ Rosemary—dried
- ☐ Sage—fresh or dried
- ☐ Salt
- ☐ Salt-free seasoning blend
- ☐ Tarragon—fresh or dried
- ☐ Thyme—dried
- ☐ Vanilla
- ☐ White pepper

### MISC. GROCERIES

- ☐ Bran cereal
- ☐ Bran flakes
- ☐ Brown Rice
- ☐ Plain bread crumbs
- ☐ Seasoned dry bread crumbs
- ☐ Uncooked quick-cooking barley
- ☐ Uncooked whole wheat couscous
- ☐ Five-grain cereal, uncooked
- ☐ Honey Rolled oats
- ☐ Puffed wheat cereal
- ☐ Fat-free pasta sauce
- ☐ No-salt-added tomato sauce
- ☐ Uncooked yolk-free noodles
- ☐ Campanelle or farfalle pasta
- ☐ Elbow macaroni
- ☐ Shell pasta
- ☐ Spaghetti or linguini
- ☐ Tri-colored rotini pasta
- ☐ Wagon wheel or rotelle pasta
- ☐ Whole grain rotini pasta
- ☐ Whole wheat elbow macaroni
- ☐ Dry white wine



# From Home, With Love

**BRINGING BROWN-BAG LUNCHES** to work doesn't mean having to forgo hearty meals and delicious flavors. Look forward to lunchtime again by putting together a tasty feast that will help get you through that midday slump. Whether mixing it up by rolling your favorite ingredients into a yummy wrap or adding a unique side dish or dessert, you'll never want to work through lunch again. Break up the monotony of the workweek, starting with the (second) most important meal of the day!



Recipe on  
next page



# Chicken, Hummus and Vegetable Wraps

MAKES 4 SERVINGS (1 WRAP PER SERVING)



## Nutrients per Serving:

Calories 308, Total Fat 10g, Saturated Fat 1g, Protein 32g, Carbohydrates 32g, Cholesterol 60mg, Dietary Fiber 15g, Sodium 540mg

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

$\frac{3}{4}$  cup hummus (regular, roasted red pepper or roasted garlic)

4 (8- to 10-inch) sun-dried tomato or spinach wraps or whole wheat tortillas

2 cups chopped cooked chicken breast

Chipotle hot pepper sauce or Louisiana-style hot pepper sauce (optional)

$\frac{1}{2}$  cup shredded carrots

$\frac{1}{2}$  cup chopped unpeeled cucumber

$\frac{1}{2}$  cup thinly sliced radishes

2 tablespoons chopped fresh mint or basil

**1.** Spread hummus evenly over wraps all the way to edges. Arrange chicken over hummus; sprinkle with hot sauce, if desired. Top with carrots, cucumber, radishes and mint. Roll up tightly. Cut in half diagonally.

**Variation:** Substitute alfalfa sprouts for the radishes. For tasty appetizers, cut wraps into bite-size pieces.

## LUNCHBOX



# Chicken Tortilla Roll-Ups

MAKES ABOUT 18 SLICES

## Nutrients per Serving:

Calories 211, Total Fat 7g, Saturated Fat 3g, Protein 13g, Carbohydrates 23g, Cholesterol 31mg, Dietary Fiber 2g, Sodium 415mg

**Dietary Exchange:**  $1\frac{1}{2}$  Bread/Starch,  $\frac{1}{2}$  Fat,  $\frac{1}{2}$  Vegetable, 1 Meat

4 ounces reduced-fat cream cheese, softened

2 tablespoons fat-free mayonnaise

1 tablespoon Dijon mustard  
 $\frac{1}{4}$  teaspoon black pepper

3 (10- or 12-inch) flour tortillas

1 cup finely chopped cooked chicken

$\frac{3}{4}$  cup shredded or finely chopped carrot

$\frac{3}{4}$  cup finely chopped green bell pepper

3 tablespoons chopped green onions

**1.** Combine cream cheese, mayonnaise, mustard and black pepper in small bowl; stir until well blended.

**2.** Spread cream cheese mixture evenly onto each tortilla leaving  $\frac{1}{2}$ -inch border. Sprinkle chicken, carrot, bell pepper and green onions evenly over cream cheese leaving  $1\frac{1}{2}$ -inch border on cream cheese mixture at one end of each tortilla.

**3.** Roll up each tortilla jelly-roll fashion. Cut rolls into  $1\frac{1}{2}$ -inch-thick slices.

**Take note!** Wrap rolls in plastic wrap and refrigerate for several hours for easier slicing and to allow flavors to blend.

# Cheesy Chips

MAKES 4 SERVINGS



## Nutrients per Serving:

Calories 75, Total Fat 3g, Saturated Fat 1g, Protein 2g, Carbohydrates 9g, Cholesterol 4mg, Dietary Fiber 1g, Sodium 92mg

**Dietary Exchange:**  $\frac{1}{2}$  Bread/Starch,  $\frac{1}{2}$  Fat

10 wonton wrappers

2 tablespoons grated Parmesan cheese

2 teaspoons olive oil

$\frac{1}{8}$  teaspoon garlic powder

**1.** Preheat oven to 375°F. Spray baking sheet with nonstick cooking spray.

**2.** Diagonally cut each wonton wrapper in half, forming two triangles. Place in single layer on prepared baking sheet.

**3.** Combine cheese, oil and garlic powder in small bowl. Sprinkle over wonton triangles.

**4.** Bake 6 to 8 minutes or until golden brown and crisp. Cool completely.



# Whole Grain Cranberry Chocolate Chip Cookies

MAKES ABOUT 18 COOKIES



## Nutrients per Serving:

Calories 182, Total Fat 8g, Saturated Fat 4g, Protein 3g, Carbohydrates 28g, Cholesterol 25mg, Dietary Fiber 4g, Sodium 114mg

**Dietary Exchange:** 2 Bread/Starch, 1 Fat

1½ cups five-grain cereal, uncooked

1 cup whole wheat flour

½ teaspoon salt

½ teaspoon baking soda

¼ teaspoon baking powder

½ cup (1 stick) unsalted butter, softened

⅓ cup packed brown sugar

1 egg

½ teaspoon vanilla

½ cup golden raisins

½ cup semisweet chocolate chips

½ cup sweetened dried cranberries, chopped

**1.** Preheat oven to 350°F. Spray nonstick cookie sheet with nonstick cooking spray. Combine cereal, flour, salt, baking soda and baking powder in medium bowl.

**2.** Beat butter and brown sugar in large bowl with electric mixer at medium speed until light and fluffy. Beat in egg and vanilla until well blended. Beat in flour mixture just until blended. Fold in raisins, chocolate chips and cranberries. Drop dough by tablespoonfuls 2 inches apart onto prepared cookie sheet.

**3.** Bake in center of oven 7 to 9 minutes or until golden. Transfer cookies to wire rack to cool completely.

**Variations:** Substitute other multigrain cooked cereals for the five-grain cereal. For additional flavor variations, you can also experiment with other dried fruit, such as dried apricots or cherries. Just be sure to chop the fruit well to evenly distribute it among the cookies.



## Sweet Tuna Salad Sandwiches

MAKES 2 SERVINGS (1 SANDWICH PER SERVING)



## Nutrients per Serving:

Calories 391, Total Fat 8g, Saturated Fat 2g, Protein 32g, Carbohydrates 48g, Cholesterol 59mg, Dietary Fiber 5g, Sodium 563mg

**Dietary Exchange:** 3 Bread/Starch, 3 Meat

1 can (5 ounces) white tuna packed in water, drained

1½ tablespoons light mayonnaise

½ cup chopped unpeeled apple

2 leaves red leaf or romaine lettuce

4 slices whole grain cinnamon-raisin swirl bread, lightly toasted

**1.** Combine tuna and mayonnaise in medium bowl; mix well. Stir in apple. Arrange lettuce over 2 slices toast; top with tuna mixture. Close sandwiches with remaining toast; cut in half diagonally.

**Variation:** Prepare open-faced sandwiches by using only 1 slice of toast. This would result in a reduction of 100 calories, 2g fat, 4g protein, 18g carbohydrate, 3g fiber and 140 mg sodium.



## Tarragon Chicken Salad Sandwiches

MAKES 6 SERVINGS

### Nutrients per Serving:

Calories 353, Total Fat 7g, Saturated Fat 1g, Protein 34g, Carbohydrates 41g, Cholesterol 76mg, Dietary Fiber 4g, Sodium 509mg

**Dietary Exchange:** 2 Bread/Starch, ½ Fruit, 3 Meat

1¼ pounds boneless skinless chicken breasts, cooked

1 cup thinly sliced celery

1 cup seedless red or green grapes, cut into halves

½ cup raisins

½ cup plain nonfat yogurt

¼ cup reduced-fat mayonnaise or salad dressing

2 tablespoons finely chopped shallots or onion

2 tablespoons minced fresh tarragon or  
1 teaspoon dried tarragon leaves

½ teaspoon salt

⅛ teaspoon white pepper

6 lettuce leaves

6 whole wheat buns, split

**1.** Cut chicken into ½-inch cubes. Combine chicken, celery, grapes and raisins in large bowl. Combine yogurt, mayonnaise, shallots, tarragon, salt and pepper in small bowl. Spoon over chicken mixture; mix lightly.

**2.** Place 1 lettuce leaf on each bun. Divide chicken mixture evenly among buns.

## Blueberry and Bran Granola

MAKES 8 (½-CUP) SERVINGS



### Nutrients per Serving:

Calories 166, Total Fat 5g, Saturated Fat 1g, Protein 3g, Carbohydrates 29g, Cholesterol 0mg, Dietary Fiber 4g, Sodium 125mg

**Dietary Exchange:** 1 Bread/Starch, 1 Fat

½ cup dried blueberries

½ cup finely chopped dried apples

½ cup chopped walnuts

½ teaspoon ground cinnamon

½ teaspoon vanilla

1 tablespoon honey

2½ cups bran flakes

**1.** Preheat oven to 300°F. Coat large rimmed baking pan or jelly roll pan with nonstick cooking spray. Stir together blueberries, apples, walnuts, cinnamon, vanilla and honey in large bowl. Mix well. Fold in bran flakes.

**2.** Spread mixture in prepared pan. Bake about 10 minutes, stirring halfway through baking time, or until mixture is browned and aromatic. Cool to room temperature before serving. Store in tightly covered container.



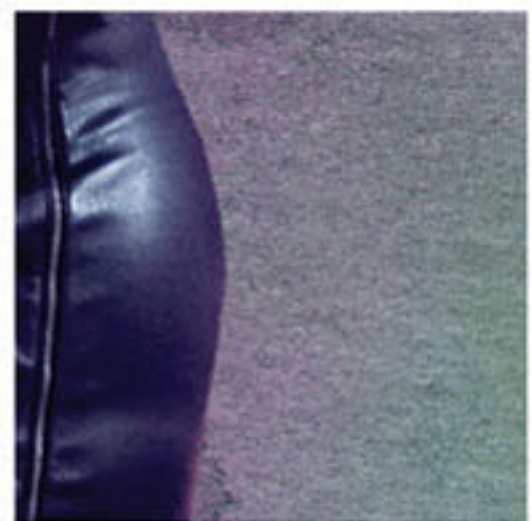
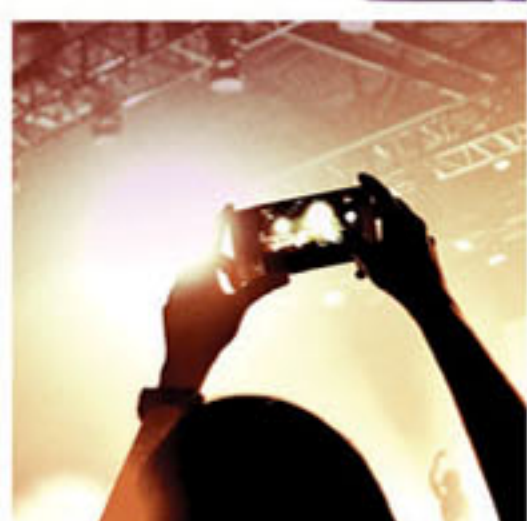
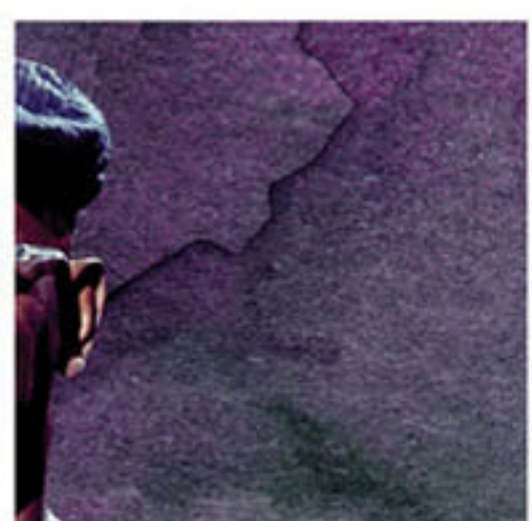


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# After-School Snack Attack

GETTING YOUR CHILDREN READY for school is one thing, but coming home to a gaggle of hungry kids at the end of a long day is an entirely different story. Never fear! Hold your loved ones over until dinner with these quick and easy snacks that won't spoil their appetites. These kid-friendly snacks are sure to satisfy after-school cravings and keep everyone happy until the main course is served. From smoothies to mini pizzas, you'll never have to scramble for a last-minute snack again.





# Herbed Potato Chips

MAKES 6 SERVINGS SERVING SIZE: 10 CHIPS WITH ABOUT 3 TABLESPOONS SOUR CREAM



## Nutrients per Serving:

Calories 106, Total Fat 2g, Saturated Fat 1g, Protein 4g, Carbohydrates 16g, Cholesterol 8mg, Dietary Fiber 1g, Sodium 84mg

**Dietary Exchange:** 1 Bread/Starch, ½ Fat

2 tablespoons minced fresh dill, thyme or rosemary leaves or 2 teaspoons dried dill weed, thyme or rosemary

¼ teaspoon garlic salt

⅛ teaspoon black pepper

2 unpeeled medium red potatoes (about ½ pound)

1 tablespoon olive oil

1¼ cups fat-free sour cream

**1.** Preheat oven to 450°F. Spray baking sheets with non-stick cooking spray. Combine dill, garlic salt and pepper in small bowl; set aside.

**2.** Cut potatoes crosswise into very thin slices, about ⅛ inch thick. Pat dry with paper towels. Arrange potato slices in single layer on prepared baking sheets; spray potatoes with cooking spray.

**3.** Bake 10 minutes; turn slices over. Brush with oil; sprinkle evenly with seasoning mixture.

**4.** Bake 5 to 10 minutes or until golden brown. Cool on baking sheets. Serve with sour cream.



# Warm Oatmeal Apricot Ginger Cookies

MAKES 2 DOZEN COOKIES (2 COOKIES PER SERVING))

3 tablespoons canola oil

¼ cup cholesterol-free egg substitute

1¼ cups old-fashioned rolled oats

⅓ cup all-purpose flour

⅓ cup granulated sugar

¼ cup packed sucralose-brown sugar blend

1½ teaspoons ground ginger

¾ teaspoon baking soda

¼ teaspoon salt

6 ounces whole dried apricots, chopped

**1.** Preheat oven to 375°F. Combine oil and egg substitute in medium bowl. Using an electric mixer on high speed, beat until well blended. Add

remaining ingredients except apricots; reduce to medium speed, and beat until well blended. Stir in apricots.

**2.** Line 2 cookie sheets with parchment paper. Using a tablespoon, spoon 6 cookies on each cookie sheet. (Do not spoon more than 6 to a sheet, they will spread while baking.) Bake 6 minutes or until slightly golden on edges and light in the middle. (They will not look done at this point, but will continue to cook while cooling.) Remove from oven, let stand on cookie sheet 3 minutes before removing. Continue with remaining batter.

**Take note!** Apricots are an excellent source of vitamin A, which promotes good vision and acts as an antioxidant. In addition, apricots are a very good source of vitamin C and are packed with fiber. They work well in baking recipes, and you can also try them on top of cold or hot cereal, or even in a green salad.



# Quick Pizza Snacks

MAKES 6 SERVINGS

**Nutrients per Serving:**

Calories 155, Total Fat 5g, Saturated Fat 2g, Protein 8g, Carbohydrates 22g, Cholesterol 12mg, Dietary Fiber 1g, Sodium 557mg

**Dietary Exchange:** 1 Bread/Starch, 1 Fat, 1 Vegetable

3 English muffins, split and toasted

1 can (14½ ounces) Italian-style diced tomatoes, undrained

¾ cup (3 ounces) shredded Italian cheese blend

Bell pepper strips (optional)

1. Preheat oven to 350°F.

2. Place muffin halves on ungreased baking sheet. Top each half with ¼ cup tomatoes; sprinkle with 2 tablespoons cheese.

3. Bake 5 minutes or until cheese is melted and lightly browned.



KID-FRIENDLY KITCHEN



## Enlightened Chicken Tenders with Blue Cheese Dipping Sauce

MAKES 4 SERVINGS (2 TENDERS AND 2 TABLESPOONS SAUCE PER SERVING)



**Nutrients per Serving:**

Calories 220, Total Fat 5g, Saturated Fat 2g, Protein 29g, Carbohydrates 14g, Cholesterol 80mg, Dietary Fiber 2g, Sodium 406mg

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

1 egg white

⅔ cup bran cereal flake crumbs (about 1⅓ cups bran flakes)

1 pound boneless skinless chicken tenders (8 tenders)

¼ cup low-fat buttermilk

¼ cup fat-free sour cream

3 tablespoons (1 ounce) crumbled blue cheese

2 teaspoons minced green onion (white and green parts)

⅛ teaspoon salt

⅛ teaspoon black pepper

1. Preheat oven to 400°F. Whisk egg white in pie plate. Spread bran flake crumbs onto waxed paper.

2. Roll chicken tenders in egg white; coat with bran flake crumbs. Arrange tenders in single layer on jelly-roll pan coated with nonstick cooking spray. Bake 15 minutes, turning once, or until golden brown and cooked through.

3. Meanwhile, to make Blue Cheese Dipping Sauce, combine buttermilk, sour cream, blue cheese, green onion, salt and pepper in medium bowl. Serve sauce with chicken tenders.

**Take note!** To make bran cereal flake crumbs, either pulse bran flake cereal in a food processor or crush flakes in a resealable food storage bag with a rolling pin.





## Cinnamon Tortilla with Cream Cheese & Strawberries

MAKES 1 SERVING



### Nutrients per Serving:

Calories 114, Total Fat 3g, Saturated Fat 2g, Protein 4g, Carbohydrates 18g, Cholesterol 8mg, Dietary Fiber 7g, Sodium 256mg

**Dietary Exchange:** 1 Bread/Starch, 1/2 Fat, 1/2 Fruit

1 packet sugar substitute or equivalent of 2 teaspoons sugar

1/8 teaspoon ground cinnamon

1 (6-inch) fat-free flour tortilla

Nonstick cooking spray

1 tablespoon reduced-fat soft cream cheese

1/3 cup fresh strawberry slices

**1.** Combine sugar substitute and cinnamon in small bowl; mix well. Heat large nonstick skillet over medium heat.

**2.** Lightly spray one side of tortilla with cooking spray; sprinkle with cinnamon mixture.

**3.** Place tortilla, cinnamon side down, in hot skillet. Cook 2 minutes or until lightly browned. Remove from skillet.

**4.** Spread uncooked side of tortilla with cream cheese; arrange strawberries down center of tortilla. Roll up tortilla, or fold, to serve.

**Take note!** Prepare recipe through step 3. Mash a few of the strawberry slices with a fork until almost smooth; stir into cream cheese. Proceed as directed in step 4.

## Chicken Salad Pitas with Yogurt Sauce

MAKES 4 SERVINGS (1 PITA HALF WITH 1/2 CUP FILLING PER SERVING)



### Nutrients per Serving:

Calories 178, Total Fat 3g, Saturated Fat 1g, Protein 20g, Carbohydrates 20g, Cholesterol 41mg, Dietary Fiber 3g, Sodium 410mg

**Dietary Exchange:** 1 Bread/Starch, 1 Meat

1/2 cup red seedless grapes, halved if large

1 1/2 cups diced cooked chicken breast

1 stalk celery, chopped

2 1/2 tablespoons plain nonfat Greek yogurt

2 tablespoons fat-free mayonnaise

1/4 teaspoon salt

1/8 teaspoon chili powder

1/8 teaspoon curry powder

1/8 teaspoon black pepper

2 whole wheat pitas, cut in half

4 pieces leaf lettuce

1 tablespoon sliced almonds

**1.** Combine chicken, grapes and celery in medium bowl. Combine yogurt, mayonnaise, salt, chili powder, curry powder and pepper in small bowl. Stir well. Spoon over chicken mixture; stir again.

**2.** Split each pita half open and line with lettuce leaf. Spoon 1/2 cup chicken mixture into each pita half; sprinkle with 1 1/2 teaspoons sliced almonds.







## Enlightened Macaroni and Cheese

MAKES 6 SERVINGS

### Nutrients per Serving:

Calories 266, Total Fat 6g, Saturated Fat 3g, Protein 18g, Carbohydrates 35g, Cholesterol 18mg, Dietary Fiber 2g, Sodium 200mg

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

8 ounces uncooked rotini pasta or elbow macaroni

1 tablespoon all-purpose flour

2 teaspoons cornstarch

¼ teaspoon dry mustard

1 can (12 ounces) evaporated skimmed milk

1 cup (4 ounces) shredded reduced-fat sharp Cheddar cheese

½ cup (2 ounces) shredded reduced-fat Monterey Jack cheese

1 jar (2 ounces) diced pimiento, drained and rinsed

1 teaspoon Worcestershire sauce

¼ teaspoon black pepper

1 tablespoon plain dry bread crumbs

1 tablespoon paprika

1. Preheat oven to 375°F.
2. Cook macaroni according to package directions, omitting salt. Drain and set aside.
3. Combine flour, cornstarch and mustard in medium saucepan; stir in evaporated milk until smooth. Cook and stir over low heat about 8 minutes or until slightly thickened.
4. Remove from heat; stir in cheeses, pimiento, Worcestershire sauce and pepper. Add pasta; mix well.
5. Spray 1½-quart casserole with nonstick cooking spray. Spoon mixture into casserole; sprinkle with bread crumbs and paprika.
6. Bake 20 minutes or until bubbly and heated through.

## Light Lemon Strawberry Smoothie

MAKES 2 SERVINGS



### Nutrients per Serving:

Calories 100, Total Fat 0g, Saturated Fat 0g, Protein 9g, Carbohydrates 16g, Cholesterol 0mg, Dietary Fiber 2g, Sodium 65mg

**Dietary Exchange:** 1 Fruit, 1 Meat

1 cup frozen unsweetened strawberries

¾ cup fat-free (skim) milk

1 tablespoon lemon juice

½ cup vanilla nonfat Greek yogurt

2 ice cubes (optional)

Fresh lemon and strawberry slices (optional)

1. Combine frozen strawberries, milk, yogurt and lemon juice in blender; blend until smooth. Add ice, if desired; blend until smooth.
2. Pour into two glasses. Garnish with fresh lemon and strawberry slices.





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PERFECT  
PASTA

# Pasta 2.0

THINK THERE'S ONLY ONE WAY to cook pasta? Think again! Along with every season comes a multitude of new seasonal ingredients, as well as new ways to revamp your favorite dishes. Utilize autumn vegetables, such as squash and brussels sprouts, to create hearty meals the entire family will enjoy. With cooler weather creeping in amid those last hints of summer, add savory ingredients such as walnuts and goat cheese to make your meals extra flavorsome. You'll never look at pasta the same way again!





# Autumn Pasta

MAKES 2 SERVINGS



## Nutrients per Serving:

Calories 315, Total Fat 10g, Saturated Fat 2g, Protein 23g, Carbohydrates 38g, Cholesterol 37mg, Dietary Fiber 9g, Sodium 168mg

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

1 boneless skinless chicken breast (about ¼ pound), cut into ½-inch cubes

8 brussels sprouts, trimmed and sliced

1 large bulb fennel, trimmed, quartered and sliced

2 medium tomatoes, seeded and chopped

¼ cup lemon juice

1 tablespoon olive oil

1 teaspoon minced garlic

Nonstick cooking spray

1 cup cooked whole grain rotini pasta

2 tablespoons freshly grated Parmesan cheese

**1.** Combine chicken, brussels sprouts, fennel, tomatoes, lemon juice, oil and garlic in large bowl.

**2.** Lightly coat large skillet with cooking spray; heat over medium heat. Add chicken mixture; cook, covered, about 15 minutes or until vegetables are tender and chicken is cooked through.

**3.** Add pasta to skillet; cook until heated through. Sprinkle each serving with cheese.



# Baked Pasta Casserole

MAKES 2 SERVINGS

## Nutrients per Serving:

Calories 282, Total Fat 7g, Saturated Fat 3g, Protein 16g, Carbohydrates 37g, Cholesterol 31mg, Dietary Fiber 3g, Sodium 368mg

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

1½ cups (3 ounces) uncooked wagon wheel or rotelle pasta

3 ounces 95% lean ground beef

2 tablespoons chopped onion

2 tablespoons chopped green bell pepper

1 clove garlic, minced

½ cup fat-free pasta sauce

Dash black pepper

2 tablespoons shredded Italian-style mozzarella and Parmesan cheese blend

Peperoncini (optional)

**1.** Preheat oven to 350°F. Cook pasta according to package directions, omitting salt. Drain; return pasta to saucepan.

**2.** Meanwhile, heat medium non-stick skillet over medium-high heat. Add beef, onion, bell pepper and garlic; cook and stir 3 to 4 minutes or until beef is no longer pink and vegetables are crisp-tender. Drain.

**3.** Add beef mixture, pasta sauce and black pepper to pasta in saucepan; mix well. Spoon mixture into 1-quart baking dish. Sprinkle with cheese.

**4.** Bake 15 minutes or until heated through. Serve with peperoncini, if desired.

**Take note!** To make ahead, assemble casserole as directed above through step 3. Cover and refrigerate several hours or overnight. Bake, uncovered, in preheated 350°F oven 30 minutes or until heated through.



# Pasta Peperonata

MAKES 6 SERVINGS



## Nutrients per Serving:

Calories 176, Total Fat 1g, Saturated Fat 0g, Protein 6g, Carbohydrates 37g, Cholesterol 1mg, Dietary Fiber 6g, Sodium 31mg

**Dietary Exchange:** 2 Bread/Starch, 1/2 Fat, 4 Vegetable

Nonstick cooking spray

4 cups sliced green, red and yellow bell peppers (about 1 large pepper of each)

4 cups sliced onions

3 cloves garlic, minced

1 teaspoon dried basil

1/2 teaspoon dried marjoram leaves

4 ounces spaghetti or linguini

4 teaspoons grated Parmesan cheese

**1.** Spray large skillet with cooking spray; heat over medium heat. Add bell peppers, onions, garlic, basil and marjoram; cook, covered, 8 to 10 minutes or until vegetables are very tender. Uncover; cook and stir 20 to 30 minutes or until onions are caramelized and mixture is creamy.

**2.** Meanwhile, cook spaghetti according to package directions, omitting salt. Drain.

**3.** Spoon pasta onto plates; top evenly with peperonata and cheese.

# Pasta e Fagioli with Bacon

MAKES 4 SERVINGS (1 1/2 CUPS PER SERVING)

1 teaspoon olive oil

1 large carrot, diced

1 large clove garlic, minced

1 medium onion, chopped

1 large stalk celery, chopped

2 ounces Canadian bacon, finely diced

1/2 teaspoon Italian seasoning

1/4 teaspoon paprika or smoked paprika

1/4 teaspoon salt

1/4 teaspoon black pepper

1 can (about 15 ounces) no-salt-added diced fire-roasted tomatoes

3 cups reduced-sodium chicken broth

1 can (about 15 ounces) no-salt-added pinto beans, rinsed and drained

1 cup cooked whole wheat elbow macaroni

1 tablespoon grated Parmesan cheese

Chopped fresh parsley (optional)

**1.** Heat oil in Dutch oven. Add carrot, garlic, onion and celery. Cook over medium heat 5 minutes, stirring frequently. Add bacon, Italian seasoning, paprika, salt and pepper; cook 1 minute.

**2.** Add tomatoes, broth and beans. Bring to a boil. Reduce heat to low; cover and simmer 30 minutes or until carrot is tender. Add macaroni and heat through. Top with Parmesan cheese and garnish with parsley.

**Take note!** If no-salt-added fire-roasted canned tomatoes are unavailable, you may substitute with no-salt-added diced tomatoes.



# Chicken and Pasta with Creamy Caper-Herb Sauce

MAKES 4 SERVINGS (1 CUP NOODLES, 3 OUNCES CHICKEN AND 3 TABLESPOONS SAUCE PER SERVING)

## Nutrients per Serving:

Calories 359, Total Fat 7g, Saturated Fat 4g, Protein 36g, Carbohydrates 32g, Cholesterol 132mg, Dietary Fiber 1g, Sodium 412mg

**Dietary Exchange:** 2 Bread/Starch, 4 Meat

6 ounces uncooked  
yolk-free noodles

1 pound chicken  
tenders

¼ teaspoon dried  
oregano

⅓ cup white wine

⅓ cup low-sodium  
chicken broth

4 ounces light garlic-  
and-herb cream cheese

3 tablespoons fat-free  
(skim) milk

3 tablespoons capers,  
drained and rinsed

1 tablespoon grated  
Parmesan cheese

**1.** Cook noodles according to package directions, omitting any salt or fat. Drain;

keep warm.

**2.** Meanwhile, heat medium nonstick skillet over medium heat until hot. Coat skillet with nonstick cooking spray. Add chicken to skillet. Sprinkle evenly with oregano. Cook 5 minutes per side or until no longer pink in center. Transfer to plate. Set aside.

**3.** Add wine and broth to skillet. Cook and stir 30 seconds. Remove from heat. Add cream cheese, milk and capers. Stir until well blended. Add chicken to skillet; cook until heated through.

**4.** Serve sauce and chicken over noodles. Sprinkle evenly with Parmesan cheese.



# Pasta with Onions and Goat Cheese

MAKES 8 SERVINGS



## Nutrients per Serving:

Calories 150, Total Fat 5g, Saturated Fat 1g, Protein 5g, Carbohydrates 21g, Cholesterol 9mg, Dietary Fiber 2g, Sodium 107mg

**Dietary Exchange:** 1 Bread/Starch, 1 Fat, 1 Vegetable

2 teaspoons olive oil

3 to 4 cups thinly sliced sweet onions

¾ cup (3 ounces) crumbled goat cheese

¼ cup fat-free (skim) milk

6 ounces uncooked campanelle or farfalle pasta

1 clove garlic, minced

2 tablespoons dry white wine or vegetable broth

1½ teaspoons chopped fresh sage or ½ teaspoon dried sage

½ teaspoon salt

¼ teaspoon black pepper

2 tablespoons chopped toasted walnuts

**1.** Heat oil in large nonstick skillet over medium heat. Add onions; cook about 20 to 25 minutes or until golden and caramelized, stirring occasionally.

**2.** Combine goat cheese and milk in small bowl; stir until well blended. Set aside.

**3.** Cook pasta according to package directions, omitting salt. Drain and set aside.

**4.** Add garlic to onions in skillet; cook about 3 minutes or until softened. Add wine, sage, salt and pepper; cook until liquid has evaporated. Remove from heat. Add pasta and goat cheese mixture; stir until cheese is melted. Sprinkle with walnuts.





# Winner, Winner, Chicken Dinner!

**CHICKEN CAN BE AS VERSATILE** as you choose—take advantage of this delicious protein by preparing it in new, exciting ways and utilizing unexpected flavor profiles and ingredients. Whether prepared as a main dish, a hearty soup or atop a delicious pizza, chicken is a staple you won't want to go without this fall. Dress it up for a fancy dinner party with friends, or pare it down for an easy weeknight family dinner. Either way, you can't go wrong with these scrumptious chicken dishes!





# Asparagus and Cheddar Stuffed Chicken Breasts

MAKES 4 SERVINGS



## Nutrients per Serving:

Calories 189, Total Fat 4g, Saturated Fat 2g, Protein 33g, Carbohydrates 5g, Cholesterol 83mg, Dietary Fiber 2g, Sodium 317mg

**Dietary Exchange:** 1 Vegetable, 4 Meat

- 
- 20 asparagus spears (about 2 bunches)
  - 2 cups fat-free reduced-sodium chicken broth
  - 1 medium red bell pepper, chopped
  - ½ teaspoon roasted crushed garlic
  - 1 teaspoon dried parsley
  - ¼ teaspoon black pepper
  - 4 boneless skinless chicken breasts (about ¼ pound each)
  - 4 tablespoons shredded reduced-fat Cheddar cheese
  - 4 tablespoons corn relish (optional)
- 

**1.** Snap woody stem ends off asparagus and discard. Cut off asparagus tips about 4 inches long; set aside. Slice asparagus stalks and combine with broth, red pepper, garlic, parsley and black pepper in saucepan. Cook over medium-high heat 25 minutes, stirring occasionally.

**2.** While vegetables cook, place each chicken breast half between plastic wrap and pound with rolling pin until approximately ¼ inch thick.

**3.** Preheat electric indoor grill with lid. Lay 5 asparagus tips across one end of each pounded breast. Top each with 1 tablespoon cheese and fold in half. Place stuffed breasts on grill and cook with lid closed for 6 minutes.

**4.** Spoon vegetable sauce onto serving plates and top with cooked breast. Garnish with corn relish, if desired.

**Gelatin Salad:** If desired, serve with Gelatin Salad. Mix together 4 cups ready-to-use shredded cabbage, 1 cup mandarin orange segments and ½ cup fat-free vinaigrette in medium bowl. Divide mixture evenly among 4 salad plates. Remove orange gelatin from 4 ready-to-use, sugar-free gelatin dessert cups and slice gelatin with egg slicer or knife. Top each salad with gelatin slices. Garnish each serving with ½ tablespoon dried cranberries. Refrigerate until ready to serve.



# Chicken with Kale Stuffing

MAKES 4 SERVINGS



## Nutrients per Serving:

Calories 244, Total Fat 6g, Saturated Fat 1g, Protein 30g, Carbohydrates 15g, Cholesterol 76mg, Dietary Fiber 3g, Sodium 175mg

**Dietary Exchange:** ½ Bread/Starch, 2 Vegetable, 3 Meat

- 
- 4 boneless skinless chicken breasts
  - 1 cup sliced mushrooms
  - ½ cup chopped onion
  - 2 tablespoons dry white wine
  - 1 teaspoon chopped fresh oregano or ¼ teaspoon dried oregano
  - 1 clove garlic, minced
  - ½ teaspoon black pepper
  - 2 cups packed chopped stemmed kale
  - 2 tablespoons light mayonnaise
  - ½ cup seasoned dry bread crumbs
- 

**1.** Preheat oven to 400°F. Coat shallow baking dish with nonstick cooking spray; set aside. Trim fat from chicken. Pound chicken with meat mallet to ½-inch thickness; set aside.

**2.** Heat skillet over medium-high heat. Add mushrooms, onion, wine, oregano, garlic and pepper; cook and stir about 5 minutes or until onion is tender. Add kale; cook and stir until wilted.

**3.** Spread kale mixture evenly over flattened chicken breasts. Roll up chicken; secure with toothpicks or metal skewers. Brush chicken with mayonnaise; coat with bread crumbs. Place rolls, seam sides down, in prepared baking dish. Bake 25 minutes or until chicken is golden brown and no longer pink near center. Remove toothpicks before serving.



# Chicken Vegetable Casserole

MAKES 4 SERVINGS



## Nutrients per Serving:

Calories 361, Total Fat 13g, Saturated Fat 4g, Protein 52g, Carbohydrates 5g, Cholesterol 118mg, Dietary Fiber 3g, Sodium 404mg

**Dietary Exchange:** 1 Vegetable, 6 Meat

Nonstick cooking spray

½ package (5 ounces of 10-ounce package) fresh spinach, stemmed and coarsely chopped

¼ cup chopped onion

½ teaspoon garlic powder, divided

⅛ teaspoon freshly ground black pepper

8 ounces portobello mushrooms, sliced

2 tablespoons margarine, melted

4 cups chopped cooked boneless skinless chicken

1 cup shredded low-fat mozzarella cheese

**1.** Lightly coat bottom of 1½ quart casserole with cooking spray. Preheat oven to 350°F.

**2.** Arrange spinach and onions on bottom of casserole; sprinkle with ¼ teaspoon garlic powder and black pepper. Layer mushrooms on top of spinach and onion; drizzle with melted margarine. Place chicken on top of mushrooms; sprinkle with remaining ¼ teaspoon garlic powder. Top with cheese.

**3.** Bake 30 minutes or until bubbly and hot.



## Chicken, Mushroom and Asiago Cheese Pizza

MAKES 6 SERVINGS

2 tablespoons light balsamic vinaigrette

1 medium onion, thinly sliced

1 package (8 ounces) sliced mushrooms

1 (10½-ounce) stone-baked or whole wheat pizza crust

1 cup (about 8 ounces) shredded cooked skinless chicken breast

¾ cup shredded Asiago cheese

**1.** Heat oven to 400°F. Heat dressing in large skillet on medium-high heat. Add onion and cook 5 minutes; stirring occasionally. Add mushrooms and cook an additional 5 minutes; stirring occasionally.

**2.** Spread onion mixture evenly over pizza crust. Top with chicken and cheese.

**3.** Bake 15 to 20 minutes or until crust is crisp.

**Take note!** Asiago cheese is an Italian cheese similar to Parmesan and Romano. It works well grated or shredded in salads, soups, and pastas.

## Chicken Couscous

MAKES 4 SERVINGS



## Nutrients per Serving:

Calories 278, Total Fat 1g, Saturated Fat 1g, Protein 22g, Carbohydrates 44g, Cholesterol 33mg, Dietary Fiber 5g, Sodium 322mg

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

Nonstick cooking spray

½ pound boneless skinless chicken breasts, cut into 1-inch cubes

4 medium zucchini, sliced

1 can (about 14 ounces) diced tomatoes

1 can (about 14 ounces) fat-free reduced-sodium chicken broth

1 teaspoon Italian seasoning

1 cup uncooked whole wheat couscous

**1.** Spray large skillet with cooking spray; heat over medium-high heat. Cook and stir chicken 4 minutes or until lightly browned.

**2.** Add zucchini, tomatoes, broth and Italian seasoning. Reduce heat to low; simmer 15 minutes, stirring occasionally.

**3.** Stir in couscous; remove from heat. Cover and let stand 7 minutes. Fluff with fork.







## Chicken and Sweet Potato Chili

MAKES 4 SERVINGS (1½ CUPS PER SERVING)



### Nutrients per Serving:

Calories 258, Total Fat 1g, Saturated Fat 1g, Protein 27g, Carbohydrates 34g, Cholesterol 49mg, Dietary Fiber 7g, Sodium 496mg

**Dietary Exchange:** 2 Bread/Starch, 2 Meat

- 1 to 2 sweet potatoes, peeled and cut into ½-inch chunks
- 2 teaspoons canola oil
- 1 cup chopped onion
- ¾ pound boneless skinless chicken breasts or chicken tenders, cut into ¾-inch chunks
- 3 cloves garlic, minced
- 2 teaspoons chili powder
- 1 can (14½ ounces) diced fire-roasted tomatoes, undrained
- 1 can (16 ounces) no-salt-added kidney beans or pinto beans, drained

½ cup chipotle or jalapeño salsa

- 1.** Place sweet potatoes in large saucepan and add enough water to cover. Bring to a boil. Reduce heat; simmer 5 minutes or until almost tender. Drain sweet potatoes; set aside. Heat oil in large saucepan over medium heat. Add onion; cook and stir 5 minutes.
- 2.** Add chicken, garlic and chili powder; cook 3 minutes, stirring frequently. Add tomatoes, beans, salsa and sweet potatoes; bring to a boil over high heat. Reduce heat; simmer uncovered 10 minutes or until chicken is cooked through.

**Note:** Sweet potatoes are the star of this chili and they're nutritional superstars, too. One sweet potato provides about two and a half times the recommended daily allowance for healthy adults of vitamin A, plus fiber, potassium and vitamin C.

**Take note!** This is easier to do if chicken is partially frozen.

California Raisins



### Positive Impact on Diabetic Nutrition

A 12-week study among 51 individuals with T2DM found that regular consumption of raisins – as compared to a variety of snack crackers – positively impacted both glucose levels and systolic blood pressure.

The research, published in *The Physician and Sportsmedicine* journal, revealed study participants who consumed one ounce of raisins three times a day for the duration of the study – as compared to a group that ate a comparable amount of snack crackers – were shown to have:

**23% reduction** in post-meal glucose levels

**19% reduction** in fasting glucose

**A significant reduction** (8.7mmHg) in systolic blood pressure

*"Raisins are excellent food choices for most individuals, including those with Type 2 diabetes mellitus (T2DM)," said James W. Anderson, MD, Professor of Medicine and Clinical Nutrition, Emeritus, University of Kentucky.*

Research found at [LoveYourRaisins.com](http://LoveYourRaisins.com)



# Meat Substitutes

By Lea Ann Holzmeister, RD, CDE

**G**oing meat-free is not just for vegetarians. If you're trying to limit saturated fat and cholesterol by eating less meat or going meatless—or somewhere in between—you might be surprised to find an endless array of products, including burgers, patties, scallops, nuggets, strips, meatless crumbles and meatballs, a selection almost as wide as that of an actual meat market. Many of these meatless wonders are packed with the same nutrients found in meat, including protein, without the saturated fat and cholesterol.

On the other hand, most veggie meats are packaged, processed convenience foods containing high levels of sodium, and their fat content can be similar to that of meat. And many meat substitutes contain colorants, thickeners, preservatives, stabilizers and emulsifiers to make them flavorful, add shelf life and give them a meaty texture.

Discovering whether a meatless entrée is nutritionally sound and how it might fit into your diabetes meal plan means taking a closer look at the Nutrition Facts panel and ingredient list. Selecting the right one will depend on your nutrition goals.

Veggie meat substitutes can pose challenges to individuals with allergies or sensitivities to foods such as soy and wheat. Many contain soy, often in multiple forms. Similarly, many contain wheat and wheat-derived ingredients including wheat flour, wheat gluten, wheat starch and/or wheat fiber.

Most meatless options can be found in the regular frozen entrée section of the supermarket or in the natural food freezer section. Specialty food markets or natural food stores typically stock a larger variety. Some products are canned and are found in the natural food grocery section. Look for label terms such as vegetarian, vegan, meatless and meat alternative.

Vegan foods contain no animal-derived ingredients, including eggs and milk, and are produced using non-animal substances. Vegetarian foods contain no meat, poultry, fish or seafood, but they may contain egg and dairy ingredients. Look closely at the ingredient list for alternative names for products—if the product lists any cholesterol, it contains animal ingredients. Look for items that do not list the full contents of each ingredient. Such things as “natural flavors,” for example, are not always vegan friendly.

The calorie content of meat-free meat varies considerably. The serving portion largely affects the calorie content but also will vary according to the fat content and ingredients. Meatless burgers and patties range from 60 calories in Caroline's Chik'n Patty (2.3 oz.) to 340 calories in Field Roast Grain Meat Company's (3.25 oz.) Fieldburger. Meatless links and dogs range from 45 calories in Yves Veggie Cuisine Tofu Dogs (1.4 oz.) to 180 calories in Field Roast Grain Meat Company's Frankfurter.

The fat content in meatless burgers and chicken patties

ranges from 1.5 grams in Caroline's Chik'n Patty (2.3 ounce patty) to 24 grams in Field Roast Grain Meat Company Fieldburger (3.25 ounce patty). The fat content of links, dogs, nuggets and strips ranges from zero grams in Lightlife Chix'n Smart Strips or Gimme Lean Sausage to 11 grams in Beyond Meat Homestyle Tenders (three tenders). Keep in mind meatless fish products can have a high fat content compared to fresh fish. For example, Yves Veggie Cuisine Veggie Tuna Steak contains 20 grams of fat in a 3.5-ounce serving.

Meatless meats contain zero to 8 grams of saturated fat and no trans fat. The good news is that nearly all meat substitutes are lower in saturated fat than their meat counterparts, and many contain no more than 2 grams per serving. Some veggie meats—those made with canola, corn or soybean oil—have more polyunsaturated fat, which can lower LDL (bad) cholesterol.

Meatless meat has a reputation for being high in sodium. It's not unusual to find products containing 500 milligrams of sodium in a 2-to-3-ounce portion, almost a quarter of a day's worth. Few meat substitutes have less than 250 milligrams of sodium per serving. Sodium levels typically start at around 140 milligrams in 1.5 ounces of Caroline's Fishless Tuna and increase to 870 milligrams in a 3-ounce serving of Yves Meatless Beef Strips. But Amy's Light in Sodium California Veggie Burger, for example, contains 250 milligrams.

Most veggie burgers and veggie chicken patties are made with soy protein concentrate, which provides about 10 to 15 grams of protein per serving. (A three-ounce hamburger supplies about 20 grams.) Burgers, patties and nuggets not made with soy have much less protein. For example, Gardenburger Portabella Burger contains 4 grams per serving. Those containing less protein are made largely of grains, beans and vegetables.

Some veggie meatballs, ground meats and strips contain closer to 20 grams of protein, mostly because their serving size is 3 ounces, slightly larger than most veggie burgers (2.5 ounces). Field Roast Grain Company's Celebration Roast contains 31 grams of protein in a 4-ounce serving. The protein content of vegetarian entrees varies from 2 to 31 grams per serving.

The carb and fiber content of meatless meat varies considerably. Hot dogs and links contain 1-3 grams of carbohydrate per serving. Meatless burgers made with soy typically contain 4-10 grams per serving, while those made with rice, beans and vegetables contain 10-20 grams per serving. Breaded meatless chicken will contain more carbohydrate from the coating or breading. The fiber content ranges from 0 to 6 grams per serving.

When it comes to meat alternatives, the simplest rule of thumb: Derive as much dietary protein as possible from natural, minimally processed whole grains, legumes, beans, nuts and vegetables.



# MEATLESS MEAT



	SERVING	CALORIES	FAT (g)	FAT CALORIES	SATURATED FAT (g)	TRANS FAT (g)	CHOLESTEROL (mg)	SODIUM (mg)	CHO (mg)	SUGAR (g)	FIBER (g)	PROTEIN (g)
Amy's												
All American Veggie Burger	2.5 oz	140	3.5	30	0	0	0	390	14	2	4	13
California Veggie Burger	2.5 oz	150	5	45	0.5	0	0	500	21	2	4	6
Light in Sodium California Veggie Burger	2.5 oz	110	4	35	0	0	0	250	16	1	3	5
Quarter Pound Veggie Burger	4 oz	210	3.5	30	0.5	0	0	600	24	6	6	20
Veggie Sausages	4 links	110	3	27	0	0	0	320	13	1	2	7
Beyond Meat												
Beast Burger	1 patty, 4 oz	260	16	140	2	0	0	480	7	0	4	23
Grilled Strips	6 strips, 3 oz	120	5	30	0	0	0	340	3	1	1	20
Homestyle Tenders	3 tenders, 3 oz	220	11	100	1	0	0	450	15	0	2	13
Fiesty Buffalo Poppers	6 poppers, 3 oz	210	10	90	1	0	0	480	16	0	2	13
Beefy Crumble	½ cup, 2 oz	100	5	40	0	0	0	340	3	1	2	13
Swedish Meatballs	4 balls, 3 oz	200	12	110	2	0	0	350	6	0	3	18
Boca												
All American Classic	2.5 oz	90	2	20	0.5	0	<5	350	6	0	6	15
Spicy Chik'n Veggie Pattie	2.5 oz	150	6	50	0.5	0	0	430	12	<1	3	12
Caroline's												
Taco Filling	¼ cup, 2 oz	80	3.5	30	0.5	0	0	200	6	1	2	7
Chik'n Patty	1 patty, 2.3 oz	60	1.5	15	0	0	0	270	3	<1	2	10
Fishless Tuna	1.5 oz drained	60	1	10	0	0	0	140	5	<1	0	7
Chik'n Chunks	1.5 oz drained, 1.5 oz	45	0	0	0	0	0	210	5	1	0	6
Field Roast Grain Meat Company												
Celebration Roast	4 oz	280	10	90	0.5	0	0	710	16	5	6	31
Classic Meatloaf	4 oz	340	21	190	7	0	0	420	9	0	5	30
FieldBurger	3.25 oz	340	24	220	8	0	0	510	9	<1	2	22
Frankfurters	1	180	8	70	2	0	0	690	6	2	4	21
Smoked Apple Sage Sausage	2	100	3.5	35	0	0	0	320	7	3	2	10
Wild Mushroom Loaf	2 oz	110	1.5	10	0	0	0	300	9	2	2	15
Gardein												
Beefless Ground	¾ cup, 3.1 oz	120	2	15	0	0	0	350	8	2	4	18
Garden Veggie Burger	1-3 oz	140	4.5	40	0	0	0	310	19	1	3	5
Chipotle Black Bean Burger	1-3 oz	150	7	60	0	0	0	390	20	3	6	6
Meatless Meatballs	3-3.2 oz	150	7	60	0.5	0	0	340	9	1	4	15
Seven Grain Crispy Tenders	2 pieces, 1.8 oz	100	4.5	40	0	0	0	230	8	0	1	8
Barbecue Chick'n Wings	4 wings, 2.6 oz	110	5	45	0	0	0	300	4	0	2	14
Mini Crabless Cakes	2.7 oz	130	6	50	0	0	0	300	11	1	1	9
Golden Fishless Filet	2 pieces, 3.4 oz	180	10	90	0.5	0	0	340	14	0	3	9
Gardenburger												
Black Bean Chipotle Veggie Burger	2.5 oz	90	3	25	0	0	0	390	16	3	4	5
Portabella Burger	2.5 oz	100	2.5	20	1	0	<5	450	16	<1	5	4
The Original Veggie Burger	2.5 oz	110	3	30	1.5	0	5	490	16	0	4	5
Lightlife												
Smart Dogs	1 link-1.5 oz	50	2	20	0	0	0	330	2	0	1	7
Tofu Pups	1 link 1.5 oz	50	2.5	25	0	0	0	300	0	0	<1	7
Smart Sausage, Italian	1 link-3 oz	140	7	60	1	0	0	560	7	<1	1	13



# MEATLESS MEAT



	SERVING	CALORIES	FAT (g)	FAT CALORIES	SATURATED FAT (g)	TRANS FAT (g)	CHOLESTEROL (mg)	SODIUM (mg)	CHO (mg)	SUGAR (g)	FIBER (g)	PROTEIN (g)
Garden Veggie Tempeh Burger	1	100	3	25	0	0	0	490	10	2	3	9
Smart Patties Black Bean Burger	2.5 oz	100	2.5	20	0	0	0	330	11	2	4	10
Smart Patties Original Burger w/Quinoa	2.5 oz	100	2.5	20	0	0	0	300	10	2	3	10
Smart Menu Veggie Meatballs	3 meatballs, 2.7 oz	100	1.5	10	0	0	0	370	9	1	4	13
Smart Ground Original	1/3 cup, 2 oz	70	0	0	0	0	0	320	6	<1	3	11
Smart Strips, Chick'n	3 oz	80	0	0	0	0	0	350	5	0	4	14
Smart Cutlets, Original	1-3 oz	110	1	10	0	0	0	360	7	<1	3	17
Smart Tenders, Savory Chick'n	3-3 oz	110	0	0	0	0	0	370	7	0	5	18
Gimme Lean Breakfast Patties	1 patty, 1.5 oz	40	0	0	0	0	0	270	5	0	2	6
Smart Bacon	1 slice, 0.4 oz	20	1	10	0	0	0	150	<1	0	0	2
Morningstar Farms												
Spicy Black Bean Burger	1-2.4 oz	110	4	35	0.5	0	0	330	13	1	4	10
Garden Veggie Patties	2.4 oz pattie	110	3.5	30	0.5	0	0	350	9	1	3	10
Grillers California Turk'y Burger	2.3 oz pattie	100	5	45	0.5	0	0	440	8	1	5	10
Grillers Original	2.3 oz pattie	130	6	50	1	0	0	260	5	<1	2	15
White Bean Chili Burger	2.4 oz	150	9	80	1	0	0	400	14	1	6	8
Buffalo Wings Veggie Wings	5 wings-3 oz	200	9	80	1.5	0	0	550	19	2	4	12
Chick'n Nuggets	4 nuggets-3 oz	180	8	70	1	0	0	350	18	2	4	12
Veggie Dogs	1 link-1.4 oz	50	0.5	0	0	0	0	430	4	2	<1	7
Corn Dog	1-2.5 oz	150	2.5	25	0.5	0	0	470	26	8	3	8
Original Chik Patties	1-2.5 oz	160	6	60	1	0	0	320	19	2	3	9
Garden Veggie Nuggets	5 nuggets-2.9 oz	160	10	90	1	0	0	340	14	3	6	8
Trader Joe's												
Beef-less Ground Beef	1/3 cup, 2 oz	60	1	10	0	0	0	270	4	<1	3	9
Chicken-less Crispy Tenders	3- 2.8 oz	150	7	60	0.5	0	0	360	12	2	2	12
Chicken-less Strips	9-2.7 oz	110	1.5	15	0	0	0	330	3	1	1	20
Chicken-less Mandarin Orange Morsels	1/2 bag w/sauce	320	11	100	1	0	0	570	39	17	2	16
Italian Sausage-less Sausage	1 link-3 oz	140	7	60	1	0	0	560	7	<1	1	13
Meatless Corn Dogs	2.5 oz	160	3.5	35	0.5	0	0	510	23	6	2	9
Quinoa Cowboy Veggie Burger	3.3 oz	180	8	70	1	0	0	280	22	2	6	5
Soy Chorizo	2.5 oz	160	10	90	2	0	0	730	9	1	2	11
Vegetable Masala Burger	2.5 oz	140	8	70	0.5	0	0	390	17	1	3	2
Yves Veggie Cuisine												
Good Dog	2 oz	70	3.5	30	0	0	0	430	1	<1	0	8
Tofu Dogs	1.4 oz	45	1	5	0	0	0	300	2	0	0	8
Veggie Brat Classic	3.4 oz	160	5	50	0	0	0	840	9	2	1	19
Meatless Beef Burger	2.7 oz	110	4	35	0	0	0	440	8	<1	2	14
Meatless Chicken Strips	3 oz	110	1	10	0	0	0	440	8	1	<1	22
Meatless Lemon Herb Chicken Skewers	1-2.9 oz	100	1	10	0	0	0	450	7	2	4	15
Veggie Shrimp	3 oz	50	1.5	15	1	0	0	240	8	<1	5	2
Veggie Tuna Steak	3.5 oz	250	20	180	2	0	0	510	8	3	4	8
Meatless Canadian Bacon	3 slices-2 oz	80	0.5	5	0	0	0	400	2	<1	0	17
Meatless Breakfast Pattie	2 patties-2 oz	80	2	15	0	0	0	350	4	1	2	11
Meatless Ground Round	1/3 cup, 2 oz	60	0.5	5	0	0	0	270	5	1	2	10
Meatless Ground Turkey	1/3 cup, 2 oz	60	1	10	0	0	0	330	4	0	2	14



LOOK GOOD. FEEL GREAT.

# Weight

SELF-MANAGEMENT

## SACK LUNCH SUCCESS

SMART TIPS FOR  
MIDDAY MEALS

## KITCHEN DETOX

DECLUTTER AND ORGANIZE  
TO LOSE WEIGHT



## HARVEST BOUNTY DINNER

TRY OUR 5-RECIPE MENU—  
FOR JUST 339 CALORIES!





# KITCHEN DETOX

## DECLUTTER AND ORGANIZE TO LOSE WEIGHT

Susan Weiner, MS RDN CDE CDN and Leslie Josel

**W**hen we struggle with our weight-loss efforts, often our first thought is to find that stash of candy hidden in the back of the kitchen cabinet or the carton of ice cream tucked deep inside the freezer.

But the real culprit could be clutter. According to the new Syracuse Study, spearheaded by Brian Wansink, Ph.D., director of Cornell University's Food and Brand Lab, and published in the journal *Health, Education and Behavior*, researchers found the combination of stress and a messy kitchen environment can lead to more snacking and therefore to increased calorie consumption.

The good news? A few simple tips,

tricks and techniques to organize your kitchen can help you focus on clean, healthy cooking and put you on the road to weight loss.

First, take a moment to think about what is preventing you from preparing healthy meals. Is your kitchen disorganized? Are your pots and pans easily accessible? Are your kitchen counters so cluttered that food preparation is a major challenge?

No matter what state your kitchen might be in, chances are you can benefit from adopting a few organizational strategies. Some kitchens are very small and have limited space, but even in larger kitchens, space always seems to

be at a premium.

Follow these five steps to make sure everything in your kitchen, cabinets and pantry is in the proper **PLACE**.

- Preparation
- Like with like
- Accessibility

### **Preparation.**

Prepare your kitchen for detox. Toss anything that is broken, chipped, expired, rusty or missing parts. These items are huge space robbers and take up valuable real estate.

Donate never-used small appliances and gadgets, gently used gifts, extra plas-

- Contain
- Evaluate



tic ware, jars and items you no longer like, want or need. Your kitchen will feel lighter, and so will you.

Create a meal/shopping station. Lack of menu planning has sunk many a weight-loss plan. Create a space in the kitchen to post grocery lists and menu plans for the week. It doesn't need to take up much space. For instance, clear a spot on the fridge and hang a small white board where you can post the week's menu and a shopping list. You can update them as needed. The more you plan, the less likely you'll be caught off guard when it's dinnertime.

#### **Like with like.**

Most people put away the groceries wherever they can find room. But think like a library when organizing your kitchen pantry and cabinets. In a library, all romance novels are shelved together, while all cookbooks are in a separate section. You easily can locate the types of books you're looking for. Use the same technique in your kitchen and group related items together. All canned goods, all quick-acting sources of carbohydrates, all oils and vinegars, etc. This will make it easy to find all the ingredients you need when preparing a healthy meal and also will help you cut down on duplicate purchasing.

#### **Accessibility.**

Your most-used items should take center stage and be easily accessible. Move

seldom-used items such as holiday dishes or party platters to either a high, out-of-the-way shelf or other location in your home, such as the basement or garage. In the pantry, keep items you use most regularly in your prime real estate—the space between your shoulders and knees.

Put the tools you'll use the most for healthy cooking in easy-to-reach locations. Make sure you don't need a step stool or extra set of hands to access your most valuable items.

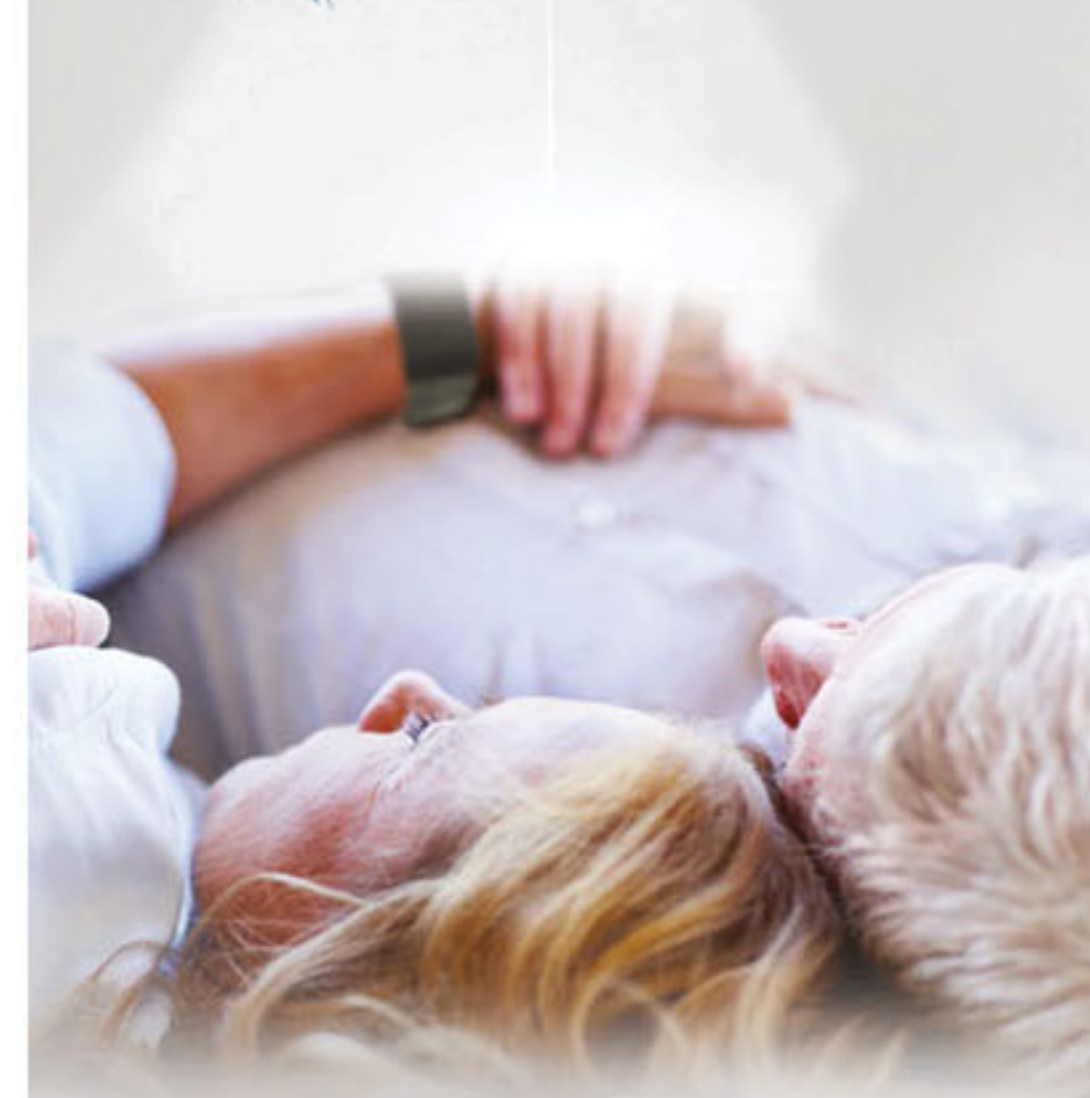
And that goes for your refrigerator, too. Nutrient-rich food should be front and center. Place fruits and veggies where you can grab them as soon as you open the fridge door. Keep cut-up veggies at eye level so they are always your first choice.

Don't forget to declutter your countertops. Are you guilty of storing food on your countertops? We all do it, but here's a reason to put the food back in the pantry. In a study of more than 200 kitchens, people who left a box of breakfast cereal on their countertops weighed 20 pounds more than those who didn't. Women who kept soda on their counters weighed 24 to 26 pounds more.

However, those who kept a fruit bowl on their counters weighed about 13 pounds less, according to Wansink. "It boils down to the fact that you eat what you see." He said even with something considered healthy such as cereal, if you eat a handful every time you walk by it, is not going to make you skinny.

## **Using Visual Cues to Plan Your Portions**

- **Fruit serving:** one small apple or medium orange is the size of a tennis ball.
- **Protein serving:** 3 ounces of skinless chicken, fish or meat is the size of a deck of cards, smartphone or the palm of your hand.
- **Grains** (such as cooked pasta, rice or quinoa): One portion is the size of an orange or your fist with your fingers tucked in.
- **Vegetables:** 1 cup of cooked vegetables is the size of a baseball or an old-fashioned light bulb.
- **Cheese:** A 1-ounce serving is the size of a matchbox or breath mint container.
- **Low-fat milk:** One 8-ounce serving is equal to the size of one coffee cup (not mug).
- **Nuts:** A 1-ounce serving is equal to the size of a shot glass.
- **Beans and legumes:** A ½ cup serving is equal to the size of a computer mouse.
- **Peanut butter or almond butter:** 2 tablespoons is equal to the size of a wine cork.
- **Oil, mayonnaise:** 2 teaspoons is equal to the size of your pinky finger or two dice.
- **Butter:** 1 teaspoon is equal to the size of a quarter.



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## Use Your Plate to Lose Weight

Divide your 9" dinner plate in two. Fill one half with nonstarchy vegetables (e.g., broccoli, cauliflower, salad greens). High in fiber and nutrients and low in carbs, these veggies should make up half the plate. The other half of the plate contains foods that should be eaten in smaller portions. One quarter of the plate should have a lean protein (e.g., fish, chicken), and the final quarter a starch (e.g., quinoa or sweet potato).

## Declutter Your Surroundings

Once you've organized your kitchen space, quiet your surroundings so you can savor your food. Turn off all technology when eating, including cell phones and televisions. Studies show people who eat while distracted eat past the point of satiety or fullness and consume excess calories. That can prevent you from losing weight and cause problems with blood glucose control.

## Don't Get Freezer Burned

Preparing nutritious, properly portioned foods in advance is a great way to lose weight. To make sure you have your healthy meal at the ready, take precautions to avoid freezer burn. Although foods with freezer burn are safe to eat, they look unappetizing and can taste dry and tough. To prevent freezer burn, store your food in proper portion-sized, clear containers with a moisture-proof barrier. If you use freezer bags, push the air out before closing them. For long-term freezer storage, vacuum sealers are best because they remove all the air from the container.

## Contain.

Use containers to create space and keep your items together.

An organized kitchen can lead you on the path to healthful cooking. Here are 10 "containerizing" ideas for creating space and organizing the kitchen.

- Place wire shelf expanders on cabinet shelves to double storage capacity.
- Use graduated risers (like mini-steps) in pantries to hold spices and canned goods.
- Go behind closed doors—hang door-mounted racks on the inside of pantry closets or cabinet doors to maximize storage space. This is a great technique for freeing up counter space. For an inexpensive and flexible option, you can hang a clear plastic shoe bag on the inside of your pantry door. Perfect for corralling proportioned snacks or diabetes-testing supplies, a hanging shoe bag lets you grab and go with ease.
- Install sliding baskets under the sink or on a deep shelf to store those hard-to-reach items. This makes those back-of-cabinet items instantly accessible.
- Use air space—mount a ceiling rack for pots and pans. Imagine how much easier it will be to reach for the pan you need when it is hanging from its own hook. You won't have to rattle through a pile of pans to get to the one you need.
- Install a lazy Susan and plastic turntables in deep or corner cabinets to keep everything at your fingertips.
- Use lid baskets or drying racks as simple solutions for keeping all your pot lids together. This allows you to grab the right size lid in seconds.
- Hang pegboards for a fun and efficient way to maximize space. Hang one by the stove to hold cooking utensils, oven mitts, knives and other everyday items.
- Purchase a rolling cart with ample storage to house items you use frequently if you are short on space. Store the cart out of the way when not in use. Look for ones with a butcher-block top to give you an additional cutting and chopping surface.
- Use expandable drawer dividers in your silverware, utensil and even your junk drawer.

Don't forget that when choosing containers, clear is king. If you can't see it, it doesn't exist. Don't make food prep difficult by hiding ingredients in opaque containers. Load the fridge and pantry and line counter tops with transparent canisters that allow you to see what's inside. Cooking for weight loss shouldn't turn into a scavenger hunt.

You don't need to break the bank when purchasing clear containers or any kitchen organizing supplies. Dollar and odd-lot stores can be a treasure trove for containers, bins and baskets.

Leftovers quickly can get out of hand and become hard to identify if they are not labeled. Designate one shelf or container in your refrigerator just for healthy portion-controlled leftovers; that way, you'll be able to prevent them from getting lost in a "black hole" in the back. Use masking tape and markers or erasable food storage labels to record the contents and date when each food was prepared. Make sure you label the dish before you put it away. Soon you'll be able to minimize unnecessary waste and keep your refrigerator organized.

## Evaluate.

Evaluate your systems regularly to make sure they are working for you. Do you need more space for meal prep? For your collection of pots and pans? If you have to sort through a stack of trays, pots and mixing bowls and rearrange your cupboards every time you want to get a pan out to steam some veggies, chances are you're going to get frustrated and give up. The answer is just to streamline your kitchen and your cooking options. Whatever system works for you, stay organized so that pots, pans, utensils and ingredients are easy to pull out when you're ready to toss together a healthy meal.

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**Susan Weiner** is the 2015 AADE Diabetes Educator of the Year and the owner of Susan Weiner Nutrition, PLLC. Leslie Josel is the owner of Order Out of Chaos and creator of *Academic Planner, A Tool for Time Management*. Together they have published *The Complete Diabetes Organizers: Your Guide to a Less Stressful and More Manageable Diabetes Life*, Spry Publishing, 2013.





# SACK LUNCH SUCCESS

## Smart Tips for Midday Meals

By Alison Massey MS, RD, LDN, CDE

**“What’s for lunch?”** The question may evoke dread—whether posed by children or adults. It can conjure up memories of cafeteria lines, the necessity to pack something every day or general malaise toward this midday meal. Yet, while lunch may be an afterthought, in some ways, it can rival breakfast as an important daily meal.

One small study published in *Diabetologia* even suggests that a larger breakfast and lunch regimen may be slightly more beneficial for weight loss than eating six small meals a day for individuals with Type 2 diabetes. Although both groups lost weight, researchers found participants eating larger breakfasts and lunches lost more weight than their counterparts who consumed the same number of calories in six small meals daily.

Unfortunately, according to one poll, only about one in five American adults is even taking a lunch break. And when they do eat lunch, many are eating out at least twice a week, according to a 2013 survey. At an average cost of \$10 a meal, this totals about \$1,000 a year per person for lunch alone.

Saving money and improving food selection to help both blood glucose and weight management are two good reasons to refuel midday with a healthy, homemade lunch. Committing to a lunch break and actually packing something healthy every day, however, can seem daunting. It also can lead to a monotonous food routine. To alleviate the boredom, here are some tips to make your next midday meal one to remember.

### Prepare to Pack

As with other aspects of diabetes self-care, planning is key to reducing costs and improving the quality of your lunch food choices. It takes a commitment to change your lunchtime routine, but it also is important to set yourself and your kitchen up for success, whether you are eating at home or taking lunch with you. Tami Ross, RD, LD, CDE, MLDE, author of *What Do I Eat Now?: A Step-by-step Guide to Eating Right with Type 2 Diabetes*, emphasizes investing a few minutes in planning meals.

“Patients I’ve worked with over the years have shared



that it takes only five to 10 minutes to plan five meals,” said Ross. This step, she said, ensures you have the ingredients at home to prepare lunches for the week. It also is a great time to engage your significant other or children in the meal planning efforts. Simple meal prep tasks such as washing fruits and vegetables, measuring ingredients and following simple recipes can be done even by elementary-school kids. Allowing family members to help create the menu and delegating tasks can lessen the burden of lunchtime prep and ensure everyone’s food preferences are considered. Ross suggests families keep track of everyone’s favorite lunch menus, which can help cut future planning time.

### Cook Creatively

Using dinner leftovers for lunch the next day is not a new concept, but if you cook creatively, you can make that dinner meal into something new. Jackie Newgent, RDN, culinary nutritionist and author of *The All-Natural Diabetes Cookbook*, suggests intentionally planning to enjoy part of your dinner for lunch the next day, but serving it with lunch-style flair. For example, Newgent suggests revamping bean burrito leftovers into a Mexican-style salad by slicing the burritos and serving them atop leafy greens with a salsa dressing.

Repurposing doesn’t have to be just with dinner leftovers. Creative cooks may consider how traditional breakfast foods such as eggs, Canadian bacon, whole grain English muffins and even oatmeal can be transformed into a healthy lunch.

For example, use leftover scrambled eggs in an egg salad wrap, or use English muffins to make mini pizzas with sauce, shredded cheese and vegetables. Oatmeal, although traditionally served in the morning with fruit and nuts, can be prepared as a savory dish for lunch. Newgent recommends thinking of savory oatmeal as a risotto. “Choose vegetables and herbs [to add to the oatmeal] and simply add a side of protein. This combination creates a well-balanced meal and can be made in advance and reheated.”

### Maximize Snacks for a Healthy Meal

Not everyone has the time or the interest to sit down for a midday meal. It is important, however, especially if you are taking diabetes medications, to create time to eat something to reduce the risk of hypoglycemia and fuel your body properly. Fortunately, whether you are a traditional lunch eater or a grazer, there are grab-and-go healthy options to help you make better food choices.

When packing snacks instead of a traditional lunch, consider options from all the food groups, including fruits, vegetables, whole grains, lean protein and low-fat dairy or calcium-rich foods. Consider the total caloric intake of all your snack choices to help you continue to meet your weight-loss goal.

Newgent recommends a “bar” style lunch for well-balanced snacking. “Serve [or pack] three dips or salads, such as hummus, tzatziki, baba ghanoush or tabbouleh, in bowls. Pair with a whole grain pita and sliced cucumbers for dipping.”

## Easy Substitutions to Save Calories, Carbs and Sodium

If you are trying to lose weight along with managing your blood glucose, consider these calorie, carbohydrate and sodium substitutions suggested by certified diabetes educator Tami Ross and culinary nutritionist Jackie Newgent.

### TO REDUCE CALORIES

**TR:** Nestle your lunch sandwich between two slices of light whole wheat bread rather than regular bread.

**Calorie savings = 100**

**JN:** Enjoy hummus or bean dip in place of mayonnaise. It’ll pump up the protein and soluble fiber to boost satiety while providing fewer calories. **Calorie savings per tablespoon = 55**

### TO REDUCE CARBOHYDRATES

**TR:** Dunk one cup of cucumber slices in salsa rather than 15 tortilla chips. **Carb savings = 27 grams (plus bonus 200 calories!)**

**JN:** Go breadless by serving traditional burrito, wrap or sandwich fillings chopped up in a bowl with extra leafy greens or non-starchy vegetables; squirt with lemon or lime or splash with vinegar. **Carb savings = 30-40 grams (plus bonus 150 calories!)**

### TO REDUCE SODIUM

**TR:** Add crunch to a salad with [unsalted] almonds, pecans, pistachios, pumpkin seeds, toasted sesame seeds or sunflower seeds instead of bacon bits and croutons. For one tablespoon of raw almonds versus one tablespoon of bacon bits, **sodium savings = 170 mg.**

**JN:** Upgrade a deli sandwich or salad by using leftover grilled or roasted fresh chicken, turkey or pork. Add international intrigue [and flavor] with spices. For 4 ounces of fresh roasted chicken versus 4 ounces of turkey deli meat, **sodium savings = 670 mg.**

Whole-food pre-portioned options such as a small piece of fruit, individual snack packs of baby carrots, nuts or 1-ounce portions of cheese also can be included in a snack-style lunch.

“Pick pre-portioned when it is possible,” added Ross. “This means no thinking is required when hunger hits, and less time [will be] spent assembling lunch.”

### Bento Box-it for Kids

Bento boxes are multi-compartmentalized lunchboxes popular for Japanese cuisine and perfect for packing healthy lunches for adults and children. The compartments provide flexibility for packing components of a balanced meal in a visually





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appealing, kid-friendly way. Dinner leftovers such as shredded chicken can be packed with a small, whole grain tortilla or tortilla chips, shredded cheese, lettuce and salsa for make-your-own nachos or a fajita-style wrap.

Bento boxes also can maximize your child's favorite snacks into a healthy meal. For example, pair your child's favorite whole grain crackers with peanut butter, cheese or meat and add a side of crunchy carrots with dip, sliced berries or melon and a squeezable yogurt. Older children might appreciate traditional lunch options such as a salad topped with grilled chicken and light ranch dressing, whole-grain pita chips and their favorite fruit. Or try a new twist on an old favorite, revamping the standard peanut butter and banana sandwich into a peanut butter, strawberry and banana wrap. Instead

of serving the entire wrap, slice it into smaller, bit-sized pieces and pair it with your child's favorite vegetable and a small drinkable yogurt. Reminders regarding the amount of carbohydrates in specific food items even can be included on the lid of the bento box along with a positive message or funny joke to serve as a teaching tool and a way to connect with your child at school.

### Some Like It Hot

During fall and winter, you might crave a hot cup of soup or chili at midday. For adults and children who can't reheat lunch items, insulated thermoses can keep food warm from morning until noon. Following the manufacturer's instructions for thermos care and food reheating will help ensure your food is hot at lunchtime. Proper heating of

food also helps keep it at the appropriate temperature. If you are using a new container for a younger child, demonstrate how to open and close it at home to avoid any mishaps at school.

### Recharging Time

Lunch is a time to recharge. Don't let this midday meal go by the wayside, and don't think a boring sack lunch is your only option. Focus on preparing ahead, cooking creatively, maximizing snacks and using containers to build meals that are nourishing and will help you and your family stay on track with health, weight loss and blood glucose management goals.

**Alison Massey** is a registered dietitian and certified diabetes educator in Baltimore. She blogs about healthy living and diabetes at [www.thesimpleingredient.com](http://www.thesimpleingredient.com)

This simple Cajun Grain recipe from Jackie Newgent's *The All-Natural Diabetes Cookbook*, 2nd Edition, will kick the monotony out of any boring lunchtime. Packed with the whole grain farro, lean ground turkey and plenty of vegetables, this is something you can make in advance and then reheat in the microwave for a high-flavor and nutritious lunch entree!

## CAJUN GRAINS

**SERVES: 8 | SERVING SIZE: 3/4 CUP**

**Prep Time:** 15 minutes | **Cooking Time:** 45 minutes

- 1 cup whole farro, rinsed and drained
- 1 3/4 cups low-sodium chicken or vegetable broth
- 1 (14.5-ounce) can roasted, diced tomatoes with green chilies (undrained)
- 1 1/4 teaspoons sea salt
- 1 tablespoon extra-virgin olive oil
- 8 ounces ground turkey (about 93% lean)
- 1 medium green bell pepper, finely diced
- 1 small white onion, finely diced
- 1 tablespoon salt-free cajun seasoning
- 1 (15-ounce) can no-salt-added red kidney beans, drained

**1.** Add the farro, broth, diced tomatoes with liquid, and salt to a medium saucepan. Bring to a boil over high heat. Reduce the heat to medium low, cover and simmer for 20 minutes. (The farro will be halfway cooked.)

**2.** Meanwhile, heat the oil in a large nonstick skillet over medium-high heat. Add the turkey, bell pepper, onion, and cajun seasoning and sauté until the turkey is crumbled and well-done and onion is softened, about 5 minutes.



**3.** Stir the turkey mixture and beans into the farro mixture, cover and continue to simmer until the farro is tender, about 20 minutes. Remove from heat and let stand, covered, for 5 minutes to complete the cooking process. Then serve.

**Choices/Exchanges:** 2 starch, 1 vegetable, 1 lean protein

**Per Serving:** calories 230, calories from fat 45, total fat 5g, saturated fat 1.5g, trans fat 0g, cholesterol 20mg, sodium 430mg, potassium 455mg, total carbohydrate 32g, dietary fiber 7g, sugars 4g, protein 15g, phosphorus 240mg

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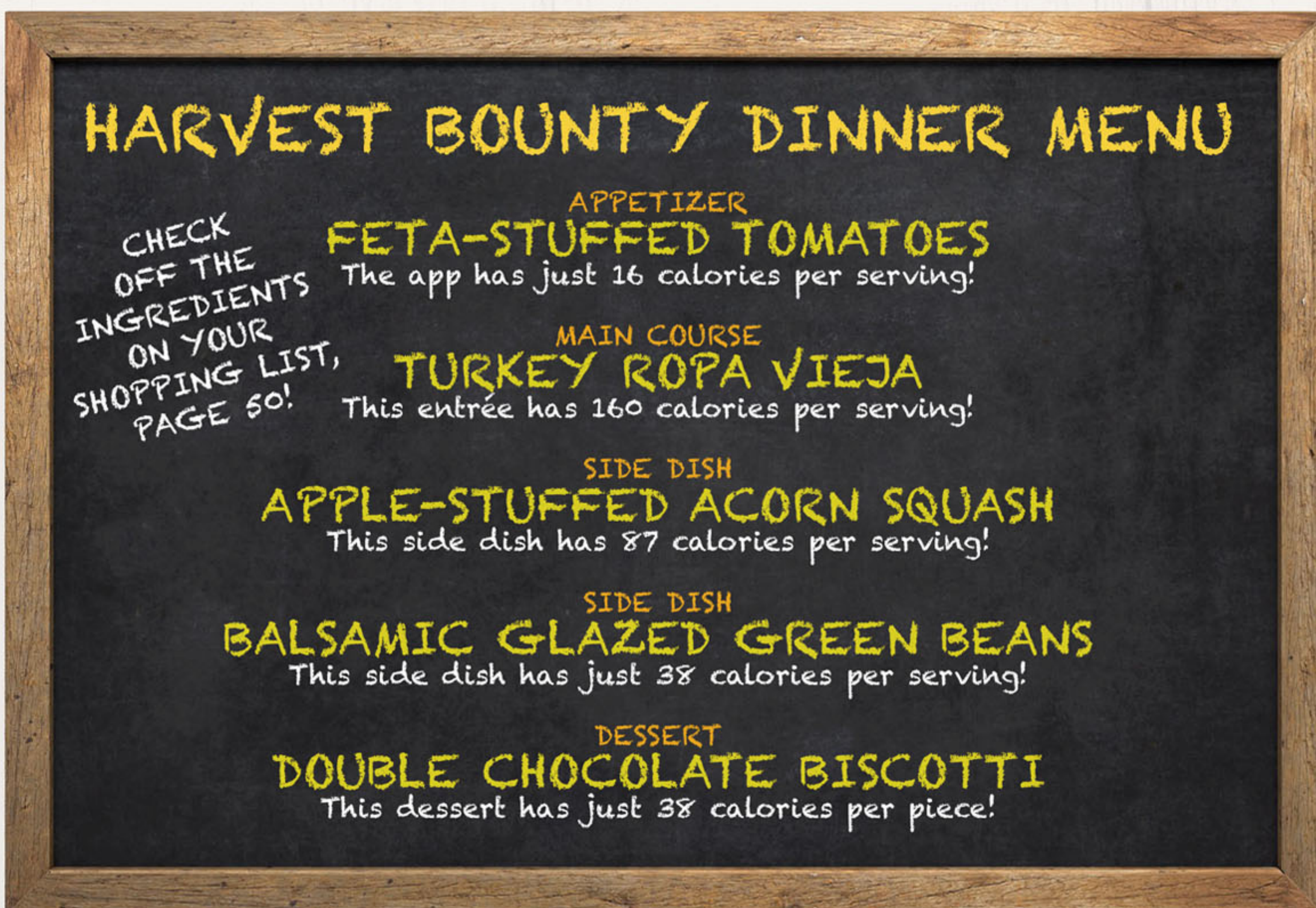
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# HARVEST BOUNTY DINNER



Just because you're watching your weight doesn't mean you can't enjoy the flavors of fall. We've put together this complete meal—appetizer to dessert—for a total of 339 calories per serving. So go ahead—add a crisp, vegetable salad or fresh fruit or, better yet, have seconds!





# TURKEY ROPA VIEJA



## MAKES 4 SERVINGS



### Nutrients per Serving:

Calories 160, Total Fat 1g, Saturated Fat 1g, Protein 25g, Carbohydrates 13g, Cholesterol 53mg, Dietary Fiber 4g, Sodium 95mg

**Dietary Exchange:** 2 Vegetable, 3 Meat

12 ounces turkey tenderloin (2 large or 3 small) or boneless skinless chicken thighs  
1 can (8 ounces) no-salt-added tomato sauce  
2 medium tomatoes, chopped  
1 small onion, thinly sliced  
1 small green bell pepper, chopped  
4 pimiento-stuffed green olives, sliced  
1 clove garlic, minced  
 $\frac{3}{4}$  teaspoon ground cumin  
 $\frac{1}{2}$  teaspoon dried oregano  
 $\frac{1}{8}$  teaspoon black pepper  
2 teaspoons lemon juice

$\frac{1}{4}$  teaspoon salt (optional)  
1 cup cooked brown rice (optional)  
1 cup cooked black beans (optional)

1. Place turkey in slow cooker. Add tomato sauce, tomatoes, onion, bell pepper, olives, garlic, cumin, oregano and black pepper. Cover; cook on LOW 6 to 7 hours.
2. Shred turkey using two forks. Stir in lemon juice and salt, if desired. Serve with rice and black beans, if desired.



# APPLE STUFFED ACORN SQUASH



## MAKES 8 SERVINGS



### Nutrients per Serving:

Calories 87, Total Fat 2g, Saturated Fat 1g, Protein 1g, Carbohydrates 20g, Cholesterol 4mg, Dietary Fiber 3g, Sodium 28mg

### Dietary Exchange:

1 Bread/Starch, ½ Fruit

¼ cup raisins

2 acorn squash (about 4 inches in diameter)

Butter-flavored cooking spray  
2 tablespoons sucralose no-calorie sweetener  
¼ teaspoon ground cinnamon  
2 medium Fuji apples  
2 tablespoons light butter

**1.** Cover raisins with warm water and soak 20 minutes. Preheat oven to 375°F.

**2.** Cut squash into quarters; remove seeds. Place squash on baking sheet. Spray inside of each squash quarter with cooking spray. Combine sweetener and cinnamon in small bowl; sprinkle squash

quarters with half of cinnamon mixture. Bake 10 minutes.

**3.** Meanwhile, cut apples into quarters; remove cores. Chop apples into ½-inch pieces. Drain raisins. Melt butter in medium saucepan over medium heat. Add apples, raisins and remaining cinnamon mixture; cook and stir 1 minute. Top partially baked squash with equal amounts apple mixture. Bake 30 to 35 minutes or until apples and squash are tender. Serve warm.





## BALSAMIC GLAZED GREEN BEANS

**MAKES 8 (½ CUP) SERVINGS**



### Nutrients per Serving:

Calories 38, Total Fat 1g, Saturated Fat 1g, Protein 1g, Carbohydrates 6g, Cholesterol 0mg, Dietary Fiber 2g, Sodium 150mg

**Dietary Exchange:** ½ Fat, 1 Vegetable

- 1 pound green beans, trimmed
- 2 teaspoons olive oil
- 1 small red bell pepper, diced
- ⅓ cup sliced shallots or chopped sweet onion
- ½ teaspoon salt
- ¼ teaspoon black pepper
- 2 teaspoons balsamic vinegar

**1.** Simmer beans in water in large saucepan until tender, 6 to 8 minutes depending on size. Drain in colander and rinse with cold water.

**2.** In same saucepan, heat oil over medium heat. Add bell pepper and shallots. Cook 5 minutes or until tender, stirring occasionally. Return beans to saucepan. Add salt and pepper; stir until heated through. Remove from heat. Stir in vinegar.

## DOUBLE CHOCOLATE BISCOTTI



**MAKES 24 SERVINGS**



### Nutrients per Serving:

Calories 38, Total Fat 2g, Saturated Fat 1g, Protein 1g, Carbohydrates 6g, Cholesterol 3mg, Dietary Fiber 1g, Sodium 58mg

**Dietary Exchange:** ½ Bread/Starch

- ¾ cup all-purpose flour
- 3 tablespoons sugar substitute
- 3 tablespoons packed brown sugar
- 2 tablespoons unsweetened cocoa powder
- 1 teaspoon baking powder
- ¼ teaspoon salt
- 2 tablespoons butter
- 2 egg whites, lightly beaten
- 1 tablespoon chocolate syrup
- ½ cup puffed wheat cereal
- 4 teaspoons sliced almonds

**1.** Preheat oven to 350°F. Line cookie sheet with parchment paper; set aside.

**2.** Combine flour, sugar substitute, brown sugar, cocoa, baking powder and salt in medium bowl.

**3.** Melt butter in small saucepan. Pour into small bowl. Stir in chocolate syrup and egg whites. Stir butter mixture into flour mixture to form stiff dough. Stir in cereal.

**4.** Turn dough out onto prepared cookie sheet; shape into 12×2-inch log. Press almonds onto log. Bake 20 to 25 minutes or until firm. Cool completely on wire rack.

**5.** Reduce oven temperature to 300°F. Using serrated knife, cut loaf into ½-inch-thick diagonal slices. Place slices, cut sides down, on cookie sheet. Bake biscotti 10 minutes. Turn slices; bake 10 minutes more. Cool completely on wire racks.

## FETA-STUFFED TOMATOES



**MAKES 4 SERVINGS**



### Nutrients per Serving:

Calories 16, Total Fat 1g, Saturated Fat 1g, Protein 1g, Carbohydrates 2g, Cholesterol 1mg, Dietary Fiber 1g, Sodium 31mg

**Dietary Exchange:** Free Free

- 2 plum tomatoes (about ¼ pound), cut lengthwise into halves
- ⅓ cup chopped seeded cucumber
- 1 tablespoon crumbled reduced-fat feta cheese
- 1 tablespoon chopped fresh mint
- 1 tablespoon fat-free sour cream
- ½ teaspoon grated lemon peel
- ¼ teaspoon black pepper

**1.** Scoop out and discard pulp from tomatoes, leaving ¼-inch-thick shells. Place tomato shells, cut sides down, on paper towels to drain.

**2.** Combine cucumber, feta cheese, mint, sour cream, lemon peel and pepper in small bowl. Spoon mixture into tomato shells.





# GETTING TO KNOW YOU

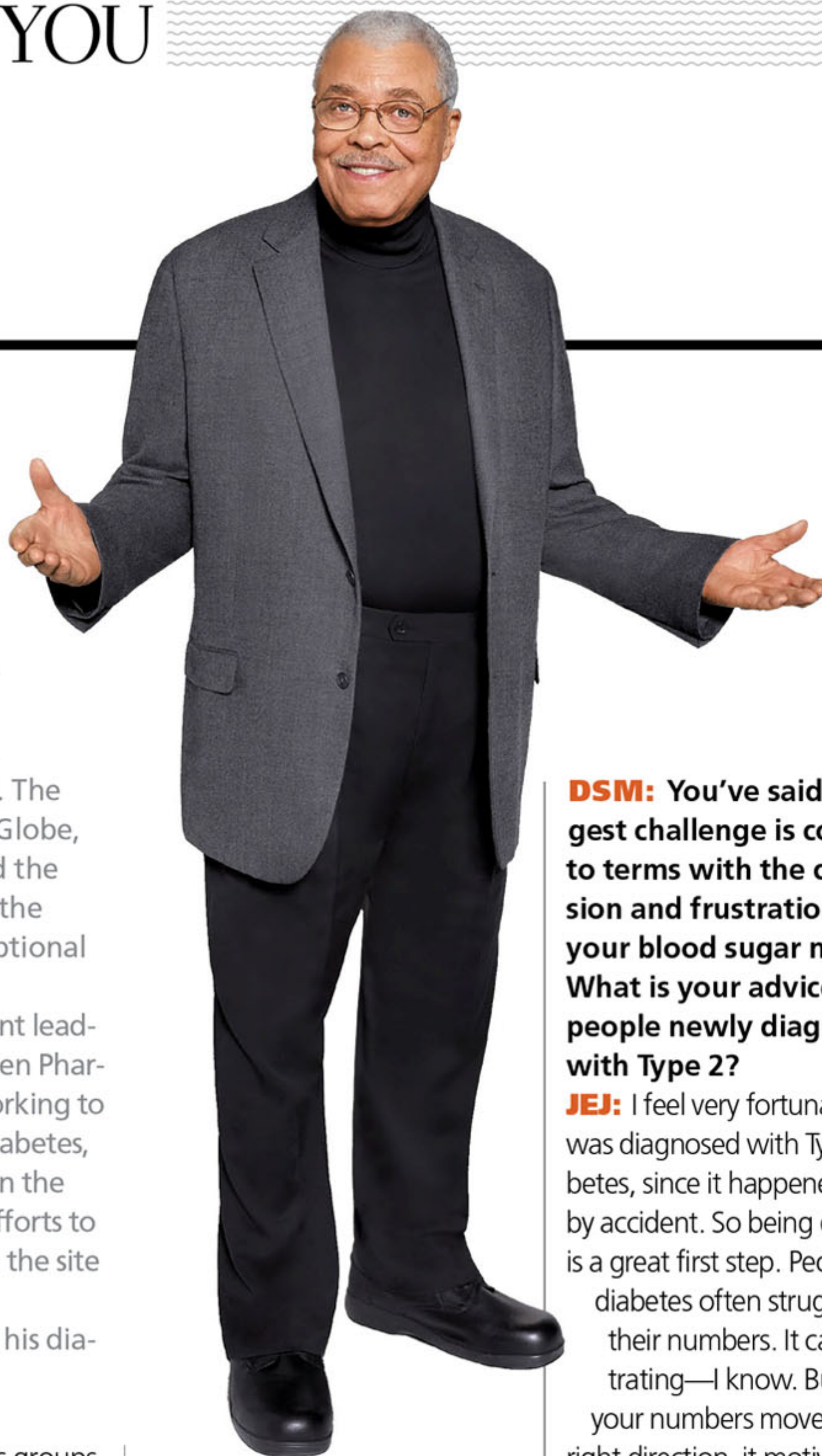
## James Earl Jones

Whether you've seen this Tony Award winner on Broadway in such shows as the *Great White Hope* or *Fences*, in numerous feature films including *The Hunt for Red October*, *Field of Dreams* or *The Sandlot* or in his countless TV roles from *Gabriel's Fire* to *The Big Bang Theory*, or heard his memorable voiceovers—including Mufasa in *The Lion King* series and Darth Vader in *Star Wars*—undoubtedly you know James Earl Jones.

One of America's most distinguished and versatile actors, Jones has been acting for more than 60 years. The 85-year-old also has won multiple Emmys, a Golden Globe, the Screen Actors Guild Life Achievement Award and the Academy Honorary Award (a special award given at the Academy's discretion for lifetime achievement, exceptional contributions or outstanding service).

But what you might not have seen him in is his current leading role: diabetes advocate and spokesperson for Janssen Pharmaceuticals' diabetes awareness campaign. Jones is working to help promote Invokana, a SGLT2 inhibitor for Type 2 diabetes, which he takes to manage his blood sugar. In a video on the campaign website [ICanImagine.com](http://ICanImagine.com), he discusses his efforts to control his numbers. An interactive personality quiz on the site offers tailored tips for navigating diabetes.

Meet legendary actor James Earl Jones as he shares his diabetes journey, in his own impeccable style.



**DSM:** Many people recently may have read about your “accidental diagnosis” of Type 2. For those who haven’t, please share your story. How surprised were you?

**JEJ:** I first learned I had Type 2 diabetes when I was working on my weight back in the '90s. I fell asleep on a bench in a gymnasium, and a doctor who happened to be there said, “That’s not normal.” He suggested I get tested, and there it was—Type 2 diabetes. The news hit me like a thunderbolt.

At the time, I didn’t really notice any of the symptoms, but I did know that people of

certain ages and ethnic groups are more likely to develop Type 2 diabetes. My mother had it, and other family members may have had it, too. Still, for me, it took a while to realize I needed to ask for help in controlling my diabetes.

**DSM:** You’ve said you have succeeded because of your relationship with your doctors and the support of your wife and son. How does your family support your self-management efforts, and how important is that support?

**JEJ:** My family’s support is incredibly important to me. I

wouldn’t be where I am today without them. Working with your own supporters, including your family and doctors, can help you find the right lifestyle changes and treatment that are best for you. Personally, I have to be mindful of the foods I eat, and I’ve had to cut back on cookies and my favorite dessert, strawberry shortcake. It’s human to love sugar! Thankfully, my family helps me stay on track. I can still enjoy many of the foods I love in moderation, but I reach for healthier foods like fresh fruit when I can.

**DSM:** You’ve said the biggest challenge is coming to terms with the confusion and frustration of your blood sugar numbers. What is your advice for people newly diagnosed with Type 2?

**JEJ:** I feel very fortunate that I was diagnosed with Type 2 diabetes, since it happened quite by accident. So being diagnosed is a great first step. People with diabetes often struggle with their numbers. It can be frustrating—I know. But when your numbers move in the right direction, it motivates you. You can even start to imagine loving your numbers. My advice is for you and your support team to learn as much as you can and become your own best advocate in managing your diabetes. We all have individual strengths that can help us along the way.

**DSM:** After living with Type 2 for 20 years, what made you decide to now sign on as a spokesperson for Invokana and share your diabetes story? Do you have plans to continue any diabetes advocacy work?

**JEJ:** I have committed myself to the role of living well with



Type 2 diabetes and want to help others do the same. It took me a while to find a treatment plan that worked for me and really helped improve my blood sugar and other health measures—and I know there are lots of others facing similar challenges. So I've joined Janssen to help raise awareness and inspire millions of people to take control of their Type 2 diabetes and to imagine loving their numbers. At ICanImagine.com, you can take a quiz to find out your behavioral strengths. Every time someone takes the quiz, a donation is made to the American Diabetes Association—and a second donation is made when you share your quiz results on social media. I was the "Innovator!" Funds raised will support American Diabetes Association research and initiatives for education, awareness and advocacy.

**DSM:** In your video for the ICanImagine campaign, you talk about being the director of your own health and finding the right fit. Can you explain that, and how Invokana has helped you "love your numbers"?

**JEJ:** Being the director of your own health is about recognizing that you have to be active in managing your diabetes. I've certainly had to make lifestyle changes, like exercising more and watching what I eat. I was in the Army when I was young and we used to train by skiing uphill. And while I can't do that anymore, I try to walk in the woods behind my house and in my neighborhood as often as I can. I make healthier food choices now, too. I wouldn't have been able

to do it without the help from my family—both my wife and son keep a close eye on me! When I was diagnosed with Type 2, my whole family had to work together to help manage my condition.

Working closely with my doctors, I've tried many medications to manage my blood sugar. With Invokana, it was the first time in a while that something made a difference. I lowered my blood sugar and even lost some weight.

I will always have Type 2 diabetes, but there is a way to live well with it and keep my blood sugar levels under control.

**DSM:** What's next for James Earl Jones the actor? I've heard a rumor you are thinking about comedy?

**JEJ:** I have always really enjoyed myself whenever I have had an opportunity to work in a comedy. I'm very much in the mood to do one right now!

**DSM:** How does it feel to be known as the voice of so many iconic characters—both endearing and evil—from Mufasa to Darth Vader?

**JEJ:** As you could guess, I'm easily identified by my voice. I was in a taxi recently, and when I said hello and gave my destination, the driver turned around and said, "Hey, aren't you Darth Vader?"

**DSM:** Last question—sorry, but I have to ask—what do you think Darth Vader would have to say about Type 2 diabetes?

**JEJ:** Lord Vader would say, "To all who do battle with the dark side of blood sugar, may the Force be with you!"

—Cheryl A. Rosenfeld

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# PRODUCT SPOTLIGHT

## Snack Away!

PORTION CLIP ENABLES HEALTHIER SNACKING



Sometimes it's not just what we eat that keeps us from reaching our weight goals. Portion control is a huge issue, particularly in the United States, where bigger is seemingly always better.

That's where the Portion Clip steps in to remind us about healthy serving sizes. The Portion Clip is a unique portion-control product designed to clip right onto any bag, with three serving-size indicators in one convenient cup.

The Portion Clip clips right to the bag of nuts, snacks, cereal...etc. With 3 sizes in 1, the

Portion Clip is an easy way to get the right portion...every time!

Aaron Maguire, creator of the Portion Clip, based the design

on the idea that it is not what we eat, but how much, that leads to weight gain.

"For the many people who have Type 1 and Type 2 diabetes, portion control can be a huge problem," said Maguire. "I am a big believer that it is not necessarily what you eat, but how much of what you eat, that counts. The Portion Clip is great because it is so easy to use. It is right there to help you get the right portion and stay or get healthier."

Prior to inventing the Portion Clip, Maguire owned a nutrition store, helping his clients lose weight and gain better understanding of their needs so they could become as healthy as possible. Maguire realized

one of the prominent issues was that many snacks on the market, including cereal and granola, have different serving sizes. As a result, many people just guesstimate the correct serving size and hope for the best.

"I created the Portion Clip to make it easy to eat the right portion...every time. If the Portion Clip is right on the bag of nuts, snacks, cereal, etc., it will make you think about eating the right portion."

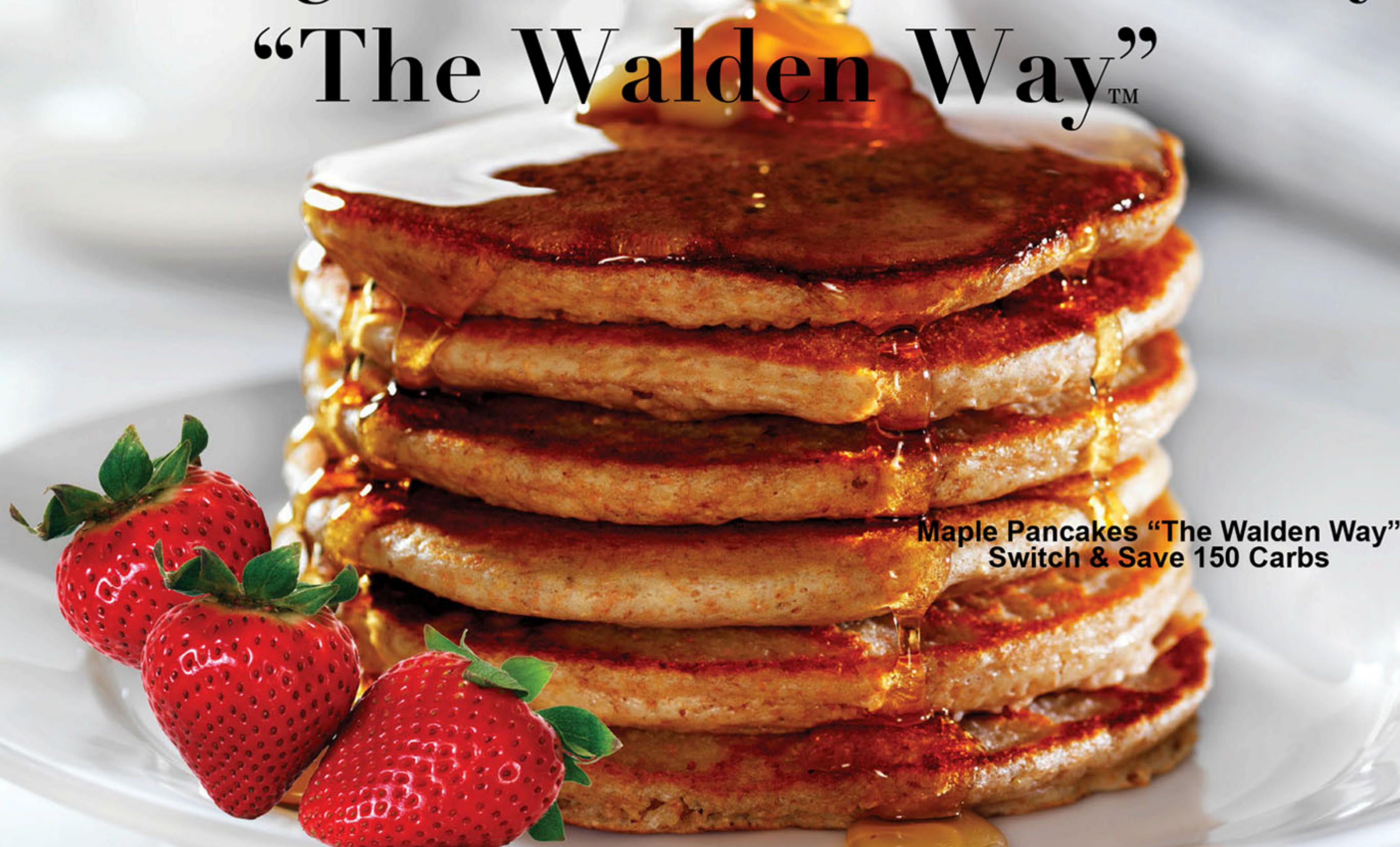
So don't second-guess your serving sizes because you don't have time to dig through your drawers to find the right measuring tool. Keep the Portion Clip on hand and enjoy healthier snacking. For more information, visit [portionpaw.com](http://portionpaw.com). ▣

—Julia Aparicio





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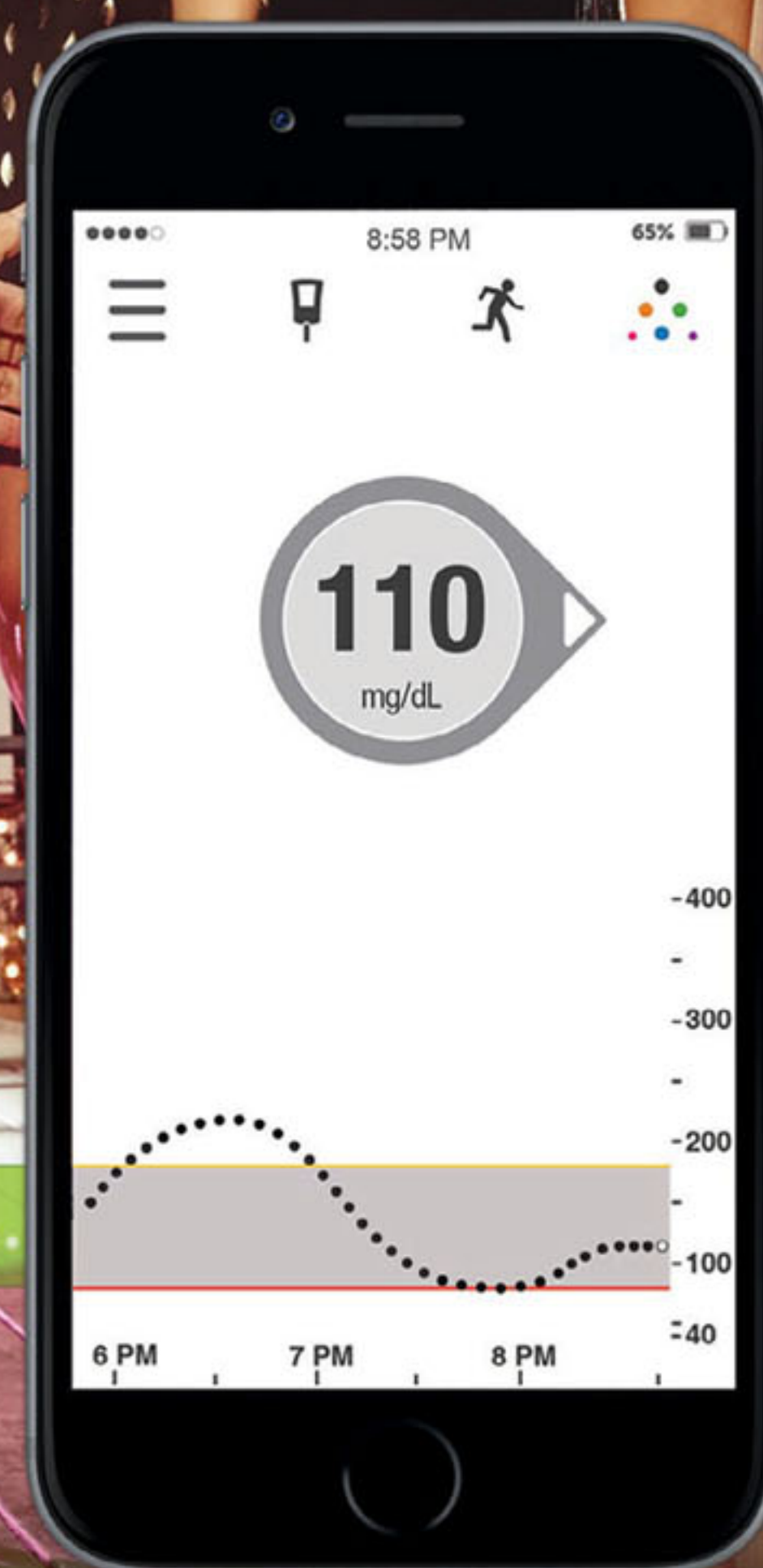
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\*Dexcom G5 Mobile User Guide, 2015. \*\*For a list of compatible devices, visit [www.dexcom.com/compatibility](http://www.dexcom.com/compatibility)

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