

AN ONLINE NEWSLETTER FOR HEALTH PROFESSIONALS

Making Healthy Choices



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Worksite Wellness Program Best Practices

What constitutes a good wellness program? This is a question of interest to anyone involved with worksite wellness and is an area of ongoing investigation and research. The *ACSM's Health and Fitness Journal®* reviewed published guidelines on best practices for employee health programs. Researchers studied programs that were successful – that is, they had positive health outcomes and showed improvement in both personal and corporate health goals. Here is a brief list of elements they found to be important for getting good results in worksite wellness:

1. **Strong top management support**, including champions at the executive/leadership level. Employees need to see that management supports the program and is visibly involved in it for an organization to experience a high participation and involvement level. Having champions in leadership to promote the program is invaluable.
2. **A worksite health promotion program that is aligned with business objectives**. Management and workers both need to see how wellness benefits the goals of their organization. Preventing disease, illness, and injury at the workforce needs to be seen as directly involved with productivity, cost containment, profitability, and the mission of the organization.
3. **A wellness commitment to create a supportive environment** and healthy culture in the organization.
4. **Employee ownership and involvement**. Employees need to feel a sense of program ownership and involvement in the wellness program offerings. Having a wellness committee (including employees) that gives input and evaluation is very helpful in achieving this goal.
5. **Constant organization-wide communication efforts**. Employees need reminding and multiple invitations to get involved in wellness opportunities. Communicate how employees and their families can get involved in wellness activities at work, at home, in the community, online, and in self-study projects.
6. **Regular newsletters**. This can be an excellent way to reinforce wellness concepts for both employees and spouses. Newsletters can also provide information on coming events at work and in the community, provide reports on programs completed, and direct individuals to sources of further learning.
7. **Targeted personalized wellness messages**. As much as possible, provide specific information for health needs people have or have expressed an interest in.
8. **Effective incentive programs**. They help people get started and improve participation. Incentives can also make the program more fun.
9. **A formalized reporting or tracking program and evaluation** of the wellness programs. What programs are employees participating in? What changes or improvements are they making? What

works well for them? What other help do they need? What suggestions do they have to improve the program?

10. **Multilevel program development.** Plan a program mix that reaches all employees. Have program opportunities for those interested in exploring lifestyle changes, programs for those who are already making changes, and programs to help those who have already made changes to maintain their new healthy lifestyles. Have programs for young and old. Consider cultural and gender differences. Have fitness programs for beginners and seasoned exercisers.
11. **New programs that are based on sound data** (proven effective, sound health principles) and good planning strategies for success. If you are looking for results, use sound strategies that will make positive, measurable health improvements.

There are doubtless many other best practices that will emerge as the science of worksite health promotion continues to grow and expand. Use these proven components to help you design an effective program at your organization. To explore this concept further, compare your worksite wellness program with the HERO Employee Health Management Best Practices Scorecard. You can download a PDF of this scorecard at http://www.the-hero.org/Scorecard_Version%20Two.pdf.



What Should Your Blood Sugar Level Be?

Are you at risk for diabetes? Even if your doctor told you your blood glucose is “normal” you may still be at risk. New research indicates that the upper limit of “normal” blood sugar has a greater influence on risk of developing diabetes than realized before. A few years ago, the blood sugar level for pre-diabetes was lowered to 100 mg/dL. This gives the impression that blood sugar levels less than 100 are “normal” with little risk.

A new study looked at risk of developing type 2 diabetes in more than 46,000 persons who all had “normal” blood sugar levels (less than 100 mg/dL).¹ In the next 7 years of follow-up, persons with a fasting blood sugar level of 95-99 mg/dL (in the upper limit of normal) were 2.33 times more likely to develop type 2 diabetes than those with fasting blood sugar levels less than 85 mg/dL. Even people with blood sugar levels of 90-94 mg/dL were 49% more likely to develop type 2 diabetes.

This shows the importance of keeping blood sugar levels as low as possible for best health and for preventing type 2 diabetes later in life. Even if your doctor tells you your blood sugar level is normal, ask for the actual numbers. If your test results are 90-99 mg/dL you may be at increased risk for developing diabetes in the next few years. This is especially true if you have other risk factors for diabetes including family history, overweight, inactivity, smoking, or high blood pressure. If your blood sugar level is 100-125 mg/dL (pre-diabetes) you have a 70% chance of developing diabetes in your lifetime. Taking action early to lower your risk can pay great health dividends.

The best ways to keep your blood sugar level low is to:

- **Keep your weight in a healthy range** (BMI less than 25). Based on this study, for every 1 point your BMI increases, your risk of developing diabetes increases by 6%. Or, thinking positively, in overweight persons, every 1 point you lower your BMI, your future risk of developing type 2 diabetes decreases by 6%.
- **Get regular physical activity.** Aim for 30-60 minutes of moderate to vigorous activity daily. People who exercise regularly have improved insulin sensitivity and lower blood sugar levels all day long. Exercise acts similar to insulin to keep blood sugar levels lower. The Nurses’ Health Study² showed that exercisers who walked briskly for 3 hours or more per week cut their risk of getting diabetes in half compared to those who didn’t exercise regularly.
- **Don’t smoke or if a smoker, stop.** Smokers in this study were 37% more likely to develop diabetes than nonsmokers.
- **Keep blood pressure in a healthy range** (less than 120/80). For every 5 points your systolic blood pressure increases over 120/80, your risk of developing diabetes is 2% higher. If you already have high blood pressure, your risk of diabetes is increased by 51%.
- **Keep your blood cholesterol level in a healthy range** (HDL greater than 45 mg/dL for men and greater than 55 mg/dL for women). HDL is the “good” cholesterol. For every 5 points increase in HDL cholesterol your risk of type 2 diabetes drops by 10%. Factors shown to raise HDL levels include

getting regular aerobic activity, losing excess fat, not smoking, eating healthy fats while avoiding trans fats, and eating berries daily.

- **Keep blood triglycerides in a healthy range** (less than 150 mg/dL). For every 50 mg/dL your triglycerides go up, your risk of diabetes increases by 9%. Factors shown to lower triglycerides regular aerobic activity, loss of excess weight, and limiting refined carbohydrates and alcohol.
- **Follow a heart-healthy lifestyle.** Persons with diagnosed cardiovascular disease in this study were 95% more likely to develop type 2 diabetes during the 7-year follow-up.

If you don't know what your fasting blood sugar is, get it checked. The American Diabetes Association recommends all persons age 45 and older should get a blood glucose test, sooner if they have risk factors as listed above (obese, inactive, smoker, high blood pressure, etc.). By taking action early, much can be done to prevent type 2 diabetes and the serious health consequences that follow.

References:

1. Nichols G, et al. Normal fasting plasma glucose and risk of type 2 diabetes diagnosis. *The American Journal of Medicine*. 2008;121:519-524.
2. Hu FB, et al. Walking compared with vigorous physical activity and risk of type 2 diabetes in women. *Journal of the American Medical Association*. 1999 Oct 20;282 (15):1433-1439.



Fruits and Vegetables Decrease the Risk of Getting Diabetes

Would you like to decrease your risk of getting type 2 diabetes? A new study from Europe (EPIC-Norfolk Study) looked at eating habits in a large group of people (21,831 healthy men and women with no diabetes). Researchers found that those who ate the most fruits and vegetables had a 74% decreased risk of getting diabetes during the 12-year study compared to those eating the least. That is a remarkable difference and gives good evidence of the value of healthy eating in preventing one of our nation's most serious and costly health problems

This is the first study to show the strong protective value of fruits and vegetables for preventing diabetes. This significant decrease in type 2 diabetes occurs even after adjusting for other diabetes risk factors including family history, BMI, waist girth, alcohol intake, physical activity, use of supplements, education level, smoking, and other known factors linked to diabetes risk.

The researchers used two different ways of assessing intake of fruits and vegetables. One was a food frequency survey; the other was measuring the amount of vitamin C in the blood. Vitamin C is found in fresh fruits and vegetables (and in supplements – but taking vitamin C in supplements had no benefit in this study). Thus, blood vitamin C level is an accurate marker for intake of fruits and vegetables. As blood levels of vitamin C increased, the risk of getting diabetes dropped significantly (see chart above).

When fruits and vegetables were looked at separately, both were protective, but fruit seemed to be the most protective. Persons who had the highest blood levels of vitamin C were eating, on the average, about 5-6 servings of fruits and vegetables daily. The current recommended intake is 7-9 serving daily or more. This recommended higher intake may have even greater benefits.

The research authors summarized their finding by saying, "The protection against diabetes increases progressively with the quantity of fruits and vegetables consumed."

This finding adds to the large base of knowledge linking a high intake of fruits and vegetables with health-protective benefits including:

- Helping prevent obesity
- Decreasing the risk for many cancers
- Reducing the risk of coronary heart disease and strokes
- And now, decreasing the risk of type 2 diabetes

If you want the best health, eating a wide variety of fresh fruits and vegetables daily will certainly help you achieve your goal.

Reference:

1. Harding A-H, et al. Plasma vitamin C level, fruit and vegetable consumption, and the risk of new-onset type 2 diabetes mellitus. *Archives of Internal Medicine*. 2008 July 28;168:1493-1499.

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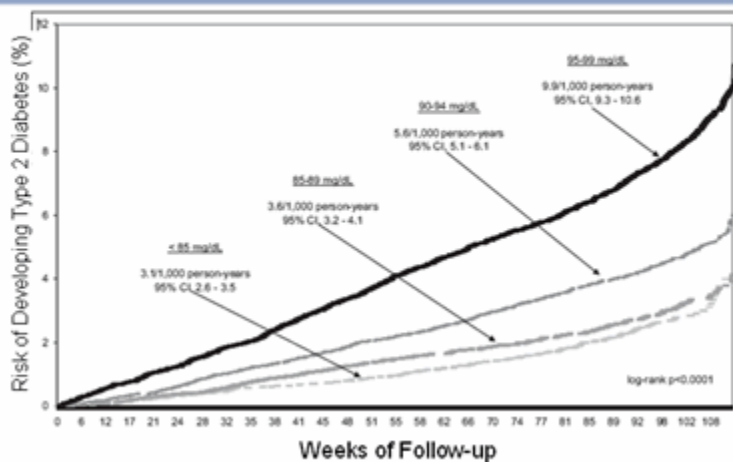
Sweetened Beverages and Risk of Type 2 Diabetes

The incidences of obesity and diabetes continue to climb and seriously impact the health of most Americans. Two out of three Americans are now overweight. One-third is obese, which carries serious health complications. It is estimated that one out of every three children born today will develop diabetes in their lifetime unless we as a culture make major changes in our lifestyle – eating, drinking, and physical activity habits.

A new study that included 59,000 African-American women¹ linked soft drinks and sweetened fruit drinks (lemonade, fruit punch, etc.) with an increased risk of developing diabetes. Women drinking 2 or more soft drinks daily were 51% more likely to develop type 2 diabetes than women seldom drinking soft drinks. For sweetened fruit drinks, the increased risk was 37% higher, even after controlling for other risks such as age, smoking, exercise, family history of diabetes, education, etc. When also controlling for red meat intake, cereal fiber in the diet, coffee, and glycemic index, the risk for diabetes was still 24% higher for soft drinks, and 31% higher for sweetened fruit drinks.

Researchers also found that women who increased their intake of sugar-sweetened soft drinks during the study had a considerably higher weight gain over the 6-year study than did women who reduced consumption.

The Nurses Health Study,² composed mostly of white women, also found a strong association between soft drinks and sweetened fruit drinks and risk of developing type 2 diabetes; even a stronger relationship than this current study. Women consuming 1 or more soft drinks daily had an 83% increased risk compared to women who seldom drank soft drinks (< 1/month). Women who drank sweetened fruit drinks daily were twice as likely to develop diabetes as those seldom drinking these sweetened fruit drinks.

Normal Fasting Glucose and Risk of Developing Diabetes-2

This study saw no increased risk of diabetes from drinking unsweetened orange or grapefruit juice. However, both of these studies clearly indicate that if you want to prevent diabetes and/or weight gain, avoiding soft

drinks and sweetened fruit drinks can help significantly. Also note that substituting sweetened fruit drinks was of no benefit over soft drinks, and in fact, they carried an even higher risk of diabetes.

In the same issue of *Archives of Internal Medicine*, other research showed that eating more fruits and vegetables (as whole foods) lowered the risk of diabetes. For your best health and the health of your children, eat the whole fruit rather than sweetened fruit juice and drink water which has many health benefits.

Summary: If you want to drink a soft drink or a glass of fruit punch or lemonade occasionally, it doesn't seem to increase your risk as long as you don't do it too often. Those with the lowest risk of diabetes limited their intake to once a month. A small glass of orange juice or grapefruit juice also seems to be safe, but as a general principle, eating the whole fruit is generally better, has fewer calories, has a lower glycemic index (sugar absorbed at a slower rate), has more fiber, tends to fill you up (feel full) better than juice, and helps prevent diabetes.

References:

1. Palmer JR, et al. Sugar-sweetened beverages and incidence of type 2 diabetes mellitus in African Women. *Archives of internal Medicine*. 2008;168:1487-1492.
2. Schultze MB, et al. Sugar-sweetened beverages, weight gain, and incidence of type 2 diabetes. *Journal of the American Medical Association*. 2004;292:927-934.



Prevalence of Vitamin D Deficiency among Infants and Toddlers

Vitamin D is essential for the growth, bone development, and health of infants and young children. To see how prevalent vitamin D deficiency is, researchers tested blood vitamin D (25OHD) levels in 380 infants and toddlers at one of their routine health visits.

They found that 12.1% of young children were deficient (had blood levels less than 20 ng/mL) and 40% were below the recommended level for good health of 30+ ng/mL. These are very high rates in our population. In those children who were vitamin D deficient, one-third (32.5%) showed signs of demineralization in their bones.

Risk factors for vitamin D deficiency were:

- Breast feeding without supplementation
- Low milk intake in toddlers

To make sure your infant or child is getting adequate vitamin D, be sure they get at least 10 minutes in the bright sunshine on bare skin daily or take a vitamin D supplement (especially in winter months), or both. Just be sure the infant doesn't get any sunburn. Gradually expose the infant over several days to just a few minutes of sun exposure to build up their tolerance for 10 minutes at a time. Multiple short exposures are safer than a single, long exposure to the sun.

Reference:

1. Gordon CM, et al. Prevalence of Vitamin D Deficiency among Healthy Infants and Toddlers. *Archives of Pediatrics and Adolescent Medicine*. 2008; 162:505-512.

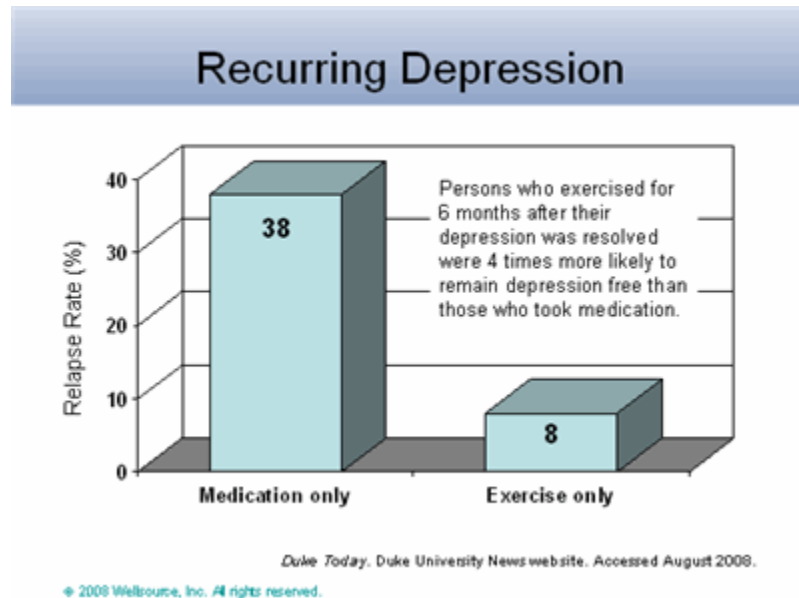


Exercise Helps Resolve Depression Long Term

Depression is a very common and serious health problem in the United States. This is verified by the fact that the medication that is most prescribed in the U.S. is an anti-depressant. The National Institutes of Health sponsored a study by Duke University to study the effects of regular exercise on depression. Their first study was on a group of people with clinical depression. Half were randomly assigned to normal medical therapy

and medication for depression. The other half were assigned to a regular physical activity program. After 16 weeks, both groups were evaluated. The exercisers improved just as much as those receiving medication. In addition, the exercisers saw improvements in mental function that those on medication didn't experience.

Next, researchers wanted to see if staying active for a longer period of time would help reduce the chance of the depression returning. This new study followed the same exercising patients for an additional 6 months of regular exercise. At the end of the 6 months, only 8% of the exercisers had a return of depression while 38% of those taking medication had depression return. The continued exercise greatly reduced the chance of the depression returning.



The researchers summarized their findings, "A modest exercise program is an effective and robust treatment for patients with major depression." Regular exercise seems to help the brain function better. They also suggested that one way the exercise may help is because patients are taking an active role in trying to get better. Simply taking a pill is very passive. The exercisers feel a greater sense of mastery over their condition and a sense of accomplishment. They have more self-confidence and feel more competent. These experiences carry over into coping and mental health. Researchers observed that once a patient started feeling better they tend to exercise more, which make them feel even better.

Research continues to confirm the concept that regular physical activity not only helps the heart and circulation but it directly helps the brain and emotional health, helping improve your mood and helping you maintain good mental health.

Reference:

1. Blumenthal. "Study: Exercise Has Long-Lasting Effects on Depression." *Duke Today*. Accessed from the Duke University News and Communication website August 2008.



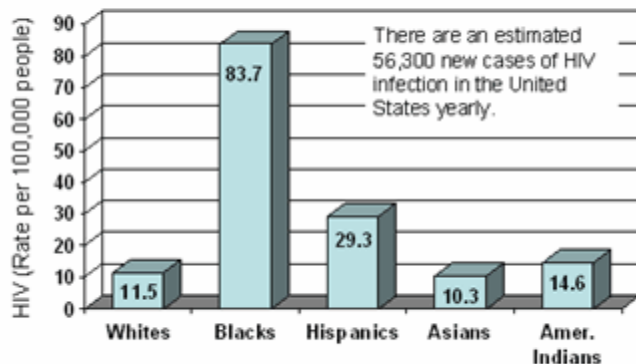
HIV/AIDS Update

HIV infection continues to be a major health problem in the United States with new infection rates continuing at high levels each year. A new report from the Centers for Disease Control and Prevention (CDC) puts the annual new infection rate for HIV at 56,300 people annually. They also point out that an estimated one-quarter of individuals living with HIV infection do not even know it.

The infection rates vary considerably between groups of people. Rates continue to run very high in homosexual males. Ethnic groups that also have high rates are African Americans and Hispanics (see chart

below). Other high risk groups include males (nearly 3 times the rate of women) and homosexual males (among which most new cases occur).

Race/Ethnicity and HIV Infection



Journal of the American Medical Association. 2008 Aug 6;300:520-529.

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Even though this disease is potentially entirely preventable, the infection rates continue at a high level, showing no signs of decreasing yet. Preventive actions include:

- No sexual activity between partners.
- A mutually faithful monogamous relationship with an HIV-free partner.
- Consistent use of condoms with multiple sex partners or partners who may have been exposed to HIV infection. Condoms reduce the risk of infection by nearly 80%. In African countries, 50% of the women who get HIV infections do so from their husbands.
- Avoid intravenous drug injections and shared needles (responsible for some 6,000-7,000 new cases yearly).
- Circumcision in males. Three large randomized trials have shown a 60% decreased risk of HIV infection in circumcised males compared to non-circumcised males.
- Frequent testing for HIV if sexually exposed to persons who may have HIV infections so you can start early treatment and prevent the spread of HIV to others (one-fourth of HIV infected persons are unaware they have it).
- Continual education of all young people on the dangers of unsafe sex practices, especially in the high-risk groups (African Americans, Hispanics/Latinos, homosexual males).

Reference:

1. Hall HI, et al. Estimation of HIV Incidence in the United States. *Journal of the American Medical Association*. 2008 Aug 6;300:520-529.

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Maintaining Weight Loss

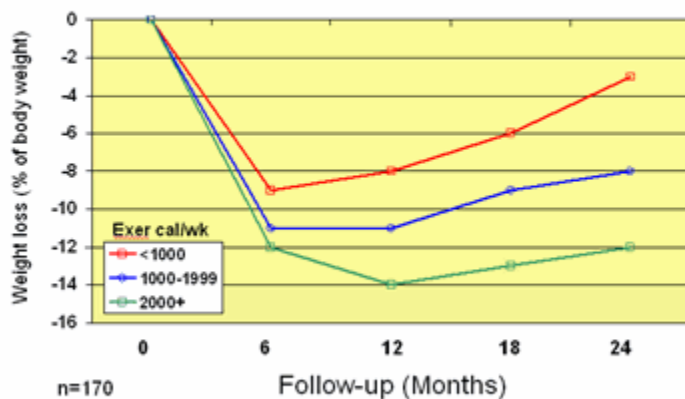
One of the challenges in weight loss is weight regain during the next 1-2 years. Research has found that regular physical activity is one good way to maintain weight loss over time but the question remains, how much activity is needed? Current exercise recommendations encourage about 30 minutes per day of moderate physical activity or 150 minutes per week. But is this adequate for maintaining weight loss?

Researchers at the University of Pittsburg studied this question in a 2-year weight loss program where women were randomly assigned to a low-calorie diet and 1 of 4 different fitness programs with varying amounts of physical activity. All of the fitness levels showed good weight loss at 6 months. After 2 years

however, analysis showed that women who were most successful at maintain their weight losses were exercising at least 275 minutes/week (about 1 hour/day, 5 days/week) and burning 2,000 exercise calories weekly.

Researchers also found that women getting moderate but longer duration activities did just as well with weight loss as women who exercised at a high intensity for a shorter time period. In other words, you don't have to exercise at high intensity if you increase your time of activity. As you can see in the graph, the more exercise calories they burned per week, the better their weight-loss maintenance.

Activity Level and Weight Loss



Archives of Internal Medicine. 2008 July 28;168:1550-1559.

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In summary, the researchers noted that persons who did the best in maintaining weight loss:

- Had the most frequent contact (primarily by phone) with the staff (helps motivation).
- Exercised about an hour most days.
- Burned 1,500-2,000+ exercise calories weekly above daily activity requirements.
- Moderate activities were as good as vigorous activities when the 1500-2000+ calories per week target was met.

This exercise goal of about an hour of physical activity daily for maintaining weight loss is consistent with the recommendations of the Institute of Medicine and the U.S. Dietary Guidelines, but is about twice the amount of activity recommended for the general public.

Reference:

1. Jakicic JM, et al. Effects of exercise on 24-month weight loss maintenance in overweight women. *Archives of Internal Medicine. 2008;168:1550-1559.*

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Building Muscle

You may be a young healthy athlete interested in building muscle for improved performance. Or, you may simply be a retired person who wants adequate muscle strength to climb stairs, lift a grocery bag at the store, and maintain independent living. In either case, there are two key principles in maintaining good muscle strength.

First, muscles need to be challenged (do more work than regularly required) to grow stronger. The best way to build strength is by weight lifting, working out on resistance machines, or using your own body weight as in doing push-ups and curl-ups. Doing a strengthening exercise to near muscle fatigue (meaning your muscle is

tired and you can't or don't want to do any more repetitions) gives maximum stimulus to the muscle to grow stronger, even in people in their 70s or 80s.

The second requirement is to supply the muscles with adequate protein needed for building stronger muscles. Research shows that muscles are maximally stimulated to uptake protein and rebuild muscles immediately after your strength building exercises are completed. A recent study found that drinking 2 glasses of milk or soymilk (18 g of protein) immediately after your workout raised the amino acids in the blood to a level that maximized protein utilization for muscle building. Both the strength exercises and the increased amino acids in the blood stimulate muscle growth. Getting the protein into the system at the right time resulted in the best rate of muscle growth. Of the two drinks, milk was a little more effective in stimulating muscle growth than soymilk but both worked very well.

Maintaining adequate muscle mass and strength is a very important component of good health, especially as one reaches the age of 45 or older. At this age, muscle mass decreases about 1% each year unless slowed with strength building exercises. Lack of adequate muscle and strength is the primary reason people can't maintain independent living. The best time to build muscle strength is when you are young. In addition to improving your shape and function, adequate muscle mass can help you all your life by improving metabolism, burning more calories even when resting, and helps your body regulate blood glucose levels.

However, your muscles respond to strength training at any age. In a study by the Jean Mayer USDA Human Nutrition Research Center on Aging at Tufts University, researchers tested strength training on people age 70 and above. In a 12-week, 3-day-per-week strength training program, these older people improved muscle mass by 32% and strength by 30%. They also saw improvements in balance and walking.

In summary, a low level of activity and/or a low protein intake results in faster loss of muscle mass, called sarcopenia, which results in frailty in older age. Engaging in strength building exercise 2-3 days per week all your life, especially in older age, is a great way to maintain good health, strong muscles, and independent living. Eating adequate protein is also important, especially soon after exercising for building stronger, healthier muscles.

More Resources:

- [Low Protein + Low Exercise = Sarcopenia](#), U.S. Department of Agriculture.

References:

1. Wilkinson SB, et al. Milk and soy proteins after weight lifting. *American Journal of Clinical Nutrition*. 2007;85:1031-1040.
2. USDA Agricultural Research Service. Low Protein + Low Exercise = Sarcopenia [news release]. U. S. Department of Agriculture [website](#) accessed August 2008.



Health New in Brief

The US Preventive Services Task Force has issued a new recommendation that routine screening for prostate cancer using the PSA blood test not be done on men over age 75. They said that there is no adequate proof that routine screening to find prostate cancer early in men age 75+ results in fewer men dying from the disease. In a news conference, the task force chairmen made this statement, "At this point, we recommend that men concerned about prostate cancer talk with their healthcare providers to make a decision based on their individual risk factors and personal preference."

Annals of Internal Medicine. August 2008.



Health Links

Diabetes Risk Calculator

Calculate your risk of diabetes using this new American Diabetes Association risk calculator. Learn what you can do to lower your risk.

Healthy Weight, It's Not a Diet, It's A Lifestyle

This new website on weight management prepared by the Centers for Disease Control and Prevention (CDC) is a good resource for weight control.

Walk with the Doc

A great program and website. Learn how a doctor leads a walk weekly and invites all his patients and the community. Think what would happen if every doctor's clinic sponsored such a program! What if every community had a weekly walk? Use this website as inspiration for what you might do in your community or organization. Here are some ideas to consider: Walk with the mayor! Walk with the boss! Walk with the pastor!

The History of Smoking Advertising

With this audio-slide presentation prepared by the *New England Journal of Medicine*, you can see old ads and hear the history of advertising cigarettes in the United States in the 20th Century.



PowerPoint® Slides

- [Sweetened Drinks and Risk of Diabetes](#) — Reports the risk sweetened drinks and risk of diabetes. (2 slides)
- [Activity Level and Weight Loss](#) — Graphs the effect of your activity level and weight loss. (1 slide)
- [Plasma Vitamin C and Risk of Diabetes](#) — Graphs the effect of plasma vitamin C intake and the risk of diabetes. (4 slides)
- [Race/Ethnicity and HIV Infection](#) — Graphs your age and ethnicity and your risk of HIV infections. (1 slide)
- [Exercise and Depression](#) — Graphs how exercise will help reduce depression. (2 slides)
- [Normal Fasting Glucose and Risk of Developing Diabetes-2](#) — Graphs how fasting blood sugar levels increase the risk of diabetes. (2 slides)
- [Sarcopenia: CT Scans of Leg Muscle](#) — Shows CT scans of a younger athletic man vs. an older sedentary man. (1 slide)



Recipes

If it's autumn, then it must be pumpkin pie season! This issue's recipes focus on fall foods with a healthful twist.

"Chicken" & Rice Casserole

2½ c	Water
2 c	Instant brown rice
1 c	Instant white rice
1 T	Chicken-style seasoning

½ tsp	Onion Salt
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Bring water to a boil. Add rice and seasoning. Cover and simmer 5 minutes and remove from heat. Pour rice into a large bowl and set aside.

1 c	Mock chicken*
1 c	Onions, chopped
1/2 c	Celery, diced
1 T	Olive oil
1½ c Mushroom Soup	Sesame seeds, white (or 1 T poppy seeds)
½ c	Soy mayonnaise (or regular)
½ c	Jicama, Julienned
½ c	Lightly roasted cashews
¼ c	Green onions, sliced
¼ c	Fresh parsley, minced
1 T	Sesame seeds

Tear mock chicken into bite size pieces and combine with onions, celery and oil in a skillet. Sauté until vegetables are tender. Stir mixture into rice. Add soup, mayonnaise, and remaining ingredients. Mix well. Prepare a casserole dish with cooking spray. Spread rice mixture evenly into the casserole dish. If desired, garnish with additional cashews, green onions, and sesame seeds. Cover and bake at 350° F, 30 minutes until heated through and bubbly.

***Note:** Recommended to use Worthington Chic-Ketts™ available in the frozen foods section of some health food stores.

Yield: 9 x 13 casserole

Farm-Style Corn

16 oz	Yellow cut corn, frozen
16 oz	Cream-style corn, frozen
3 T	Water
&1/8	Smart Balance, "light" (non-hydrogenated spread)
2 T	Green onions, sliced (or fresh chives, chopped)
1 T	Olive oil
2 tsp	Chicken-style seasoning
1 T	Nutritional yeast flakes
½ tsp	Salt (scant)
½ tsp	Onion powder
¼ tsp	Garlic powder
1/8 tsp	Salt

Thaw corn. Combine all ingredients in a large saucepan and bring to a slow boil, stirring frequently. Reduce heat, cover, and simmer 2-3 minutes. Serve.

Note: Not all brands of creamed corn are vegan. Check ingredients to look for any milk products listed.

Yield: 6 cups

☐ Soy "E-Z" Pumpkin Pie

1 can	Libby's Pumpkin Pie "Mix" (30oz)
1/3 c	Cornstarch
1/8 tsp	Allspice, ground
1/8 tsp	Cloves, ground
1/8 tsp	Cinnamon, ground
1 1/4 c	Soy milk beverage (Silk or West Soy Plus)
9-inch	Whole-grain pie crust

Preheat oven to 425° F. Pour about 1 cup of the pumpkin pie mix into a large bowl. Set remainder aside. Add cornstarch to pumpkin and stir until cornstarch is dissolved. Next, stir in the spices. Then add remaining pumpkin and soy milk and gently stir until well mixed. Pour into an unbaked 9-inch whole-grain pie crust. (See pie crust recipe below.) Bake pie at 425° F, 15 minutes. Reduce heat to 350° F and continue baking 1 hour more. Allow to cool completely until set before cutting and serving.

Tip: For best results, cover edges of crust with foil or a pie crust shield after baking 30 minutes.

Yield: 9-inch pie

☐ Light and Flaky Two-Grain Pie Crust

3/4 c	Whole-wheat pastry flour
1/2 c	Unbleached all purpose flour
1/4 c	Oat flour
1/2 tsp	salt
1/3 c	Olive oil, "extra light"
1/4 c	water

Spoon flours into measuring cups and combine in a mixing bowl. Add salt and stir until well mixed. Mix oil and water together, pour into flour mixture and stir lightly to form dough. Then knead gently to form a smooth ball. Place dough between 2 sheets of wax paper and roll out 2" larger than the pie plate. Remove top layer of wax paper, invert into pie plate and remove the other sheet of wax paper. Trim if necessary and flute edges. Fill with pie filling of choice.

Note: Double recipe for pies requiring a double crust.

Hint: If regular whole-wheat flour is used in place of whole-wheat "pastry" flour, additional water is necessary to compensate for the differences in the flours. A pastry wheat crust will also be lighter and flakier.

Tip: If a pre-baked crust is needed, pierce crust evenly with a fork before baking at 425° F, 12-15 minutes or until lightly browned.

Yield: 9-inch (single) crust

Recipes © 2001 Tastefully Vegan written by Gerard and Kathryn McLane. Used with permission.



Whats new at Wellsorce

2009 Wellsource® Monthly Planning Calendars Available!

Our **2009 Monthly Planning Calendar** is useful for keeping appointments and also serves to keep you informed of various health observances each month. Several other valuable health and wellness related items are included in the 2009 calendar, such as:

- Monthly health facts, wellness tips and, health observances
- Healthy living guidelines, nutrition information, and links to reliable health resources
- Tools for tracking your health activities, including a SMART health action plan, an aerobic mile chart, and a health record overview

**YOU HAVE THE OPPORTUNITY TO OFFER THESE WELLNESS CALENDARS TO YOUR EMPLOYEES
AND PROGRAM PARTICIPANTS
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