

1.OUR HEALTH RISKS AFTER AGE 40

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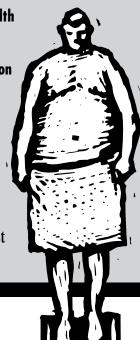
High blood pressure—detection, symptoms, and treatment; sodium and high blood pressure; men's and women's risk factors for heart disease; avoiding what runs in the family

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OBJECTIVES

Complete this lesson and you will be able to

- tell someone else what wellness is.
- identify the risk factors for heart disease, high blood pressure, and diabetes.
- describe your family health history.
- find the Nutrition Facts panel on a food label.
- compare the Daily Values for fat and sodium in two foods.

INTRODUCTION

In this lesson series, we talk about things you can do to set up a simple wellness plan. Wellness means feeling strong and healthy. To be well, you must practice good health habits. These lessons tell you what you can do.

Often, a parent's illness starts you thinking about wellness. If a parent has died, you may have started counting forward. You see how many years you have left, and you want to make the most of those remaining. If you are over 40, it is especially important to learn ways to keep your health.

Many of us are at risk for three related health problems: heart disease, high blood pressure, and diabetes. Some common habits can put you at risk for all three. Fortunately, changing your habits can often lower your risk. These lessons suggest new habits that can reduce your risk for all three health problems.

RECIPE NOTES

Each lesson contains four recipes to help you keep well. They are based on the rules for healthful eating. The recipes in Lesson 1 support the following rule:

Choose a diet low in fat, saturated fat, trans fat, and cholesterol.

These recipes are for low-fat desserts. One uses a vanilla wafer crumb crust. Vanilla wafers are low-fat cookies. Their crumbs make a crust that can replace the traditional higher-fat pastry crust.

Some of the ingredients used in these recipes are low-fat or low-calorie foods available in supermarkets. They include lite cream cheese and skim milk. Give these recipes a try on the weekend when you have more time.

HARRY'S STORY

Harry is a friend of mine at work. His wife, Pat, runs a local gift shop. They have two children, a daughter in beauty school and a son who is a plumber's apprentice. Both children still live at home.

Harry and Pat are "the sandwich generation"—sandwiched between the needs of their kids and those of their aging parents, who live in another state. The children like their work and training but still need supervision, money, and help on car upkeep. Harry and Pat visit each set of parents several times a year to help them prepare for the change of season.

Harry and Pat, both 50, were pretty fit until five years ago when they each gave up walking because they were so busy. They both gained 10 pounds in no time. This year, Harry's father had a heart attack and Pat's mother developed angina. Harry and Pat were shocked by their parents' sickness. No one else in either family had ever talked about any health

problems, so they had never thought they were at risk. Harry was particularly upset because he and his father always got together twice a year to go hunting at the family camp. And now his father has missed fall bow season for the first time in 15 years. The doctor isn't sure his father will be strong enough for their regular spring gobbler hunt.

THREE RISKS: HEART DISEASE, HIGH BLOOD PRESSURE, AND DIABETES

You inherit your risk of, or susceptibility to, disease. It can sneak up on you, especially after age 40. It's smart to start on the road to wellness before any major disease hits you. To help you plan your own wellness goals, let's review the following facts:

Cardiovascular Disease

Cardiovascular disease affects the heart and blood vessels. Over 10 million Americans have it. Heart disease is the most common type of cardiovascular disease. About half a million people die of heart disease each year.

Heart disease begins affecting men around age 40. Men in their forties are three times more likely to have heart disease than women in their forties. But this is not just a man's disease.

About half of all deaths from cardiovascular disease occur in women. It begins in women about 10–12 years later than in men. More men die early from cardiovascular disease. Although women are more likely to develop a chronic heart or circulation problem later in life, heart disease can affect younger women. About one in nine women age 45–64 have some form of heart disease, while after age 65, one in three do.

High Blood Pressure or Hypertension

High blood pressure affects nearly 60 million people in the United States, or one in every four adults. It can occur as early as age 40. The number of

new cases rises as people age. In middle age, men are more likely to have high blood pressure than women. But in later years, women are more likely to develop high blood pressure.

African Americans especially are at risk for this disease, which itself contributes to the risk of heart disease, stroke, and kidney failure. After age 65, over 80 percent of African American women and 65 percent of white women have high blood pressure. After age 65, over 65 percent of African American men and about 60 percent of white men have the disease.

Diabetes (Type 2)

Non-insulin-dependent diabetes mellitus, or type 2 diabetes, is usually discovered after age 40. Twice as many people over 65 have type 2 diabetes as those under 65. About 13 million people in the United States have it, but half do not know it. Sixty percent of new cases are found in women.

Approximately twice as many women develop diabetes in a year as develop breast cancer. African Americans, Hispanics, and American Indians are much more likely to develop this disease than whites. Type 2 diabetes contributes to cardiovascular disease and is often the underlying cause of death due to heart disease.

Medical scientists have noticed that sometimes a person will develop high blood cholesterol or high blood pressure (or both) before they develop type 2 diabetes. When someone has symptoms of all three diseases (high blood pressure, cardiovascular disease, and type 2 diabetes) at once, doctors call this Syndrome X. When the symptoms appear together in an individual, they may spring from the same problem: insulin resistance. Insulin resistance means the cells in your body don't respond to the hormone, insulin, as readily as they should. Insulin helps your body control blood sugar levels. Weight

gain appears to be one cause of insulin resistance. (See Lesson 2 for more details.)

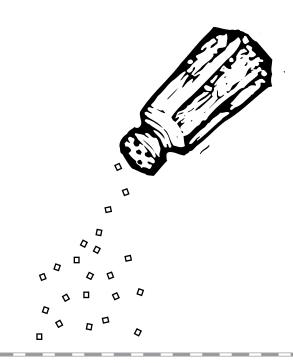
Common Risk Factors

Some of the risk factors are the same for all three diseases. Risk factors (characteristics or behaviors that increase one's risk) don't necessarily cause the disease; they mean that one's chances of developing the health problem are greater. The following risk factors increase one's chances of getting all three diseases:

- being middle aged or older (over 40)
- having a parent, brother, or sister with any of these diseases
- being physically inactive
- being overweight, especially if the extra fat is on the upper body or stomach
- eating too many calories, especially as fat

In addition:

- being of Hispanic, African American, or American Indian origin increases your chances of diabetes and high blood pressure.
- eating too much sodium as table salt increases your chance of high blood pressure.



ALICE'S STORY

My friend Alice came to me for advice several months ago. She is the oldest of four brothers and sisters. Because she lives closest to her parents, she keeps an eye on her mother and father.

Alice's parents are not well. Her father has heart disease but until recently managed to keep the house and yard in good shape. Her mother developed diabetes about five years ago. When the doctor discovered this he also found that her mother had high blood pressure. He suspected she had had high blood pressure for years before the symptoms of diabetes appeared.

Alice had just finished moving her parents into a nursing home. Her mother had had a stroke and was becoming bedridden. Her father couldn't take care of her nor could he be left alone. So the only solution was to put them both in a continuous care nursing home.

Alice was worried. The stress of managing this change had just about wiped her out.
Although she had lost five pounds doing all the work, she knew she wasn't eating right and the stress didn't help.

And she didn't want to end up like her mother. As she said: "I sat next to Mom in the nursing home and I could see myself in that bed. It's a horrible way to approach the end—not even knowing your own children. What can I do so the same thing doesn't happen to me?" Alice was ready to start her wellness plan.

A wellness plan is a set of goals (example: eating more fiber-rich foods) that you choose. You can reach these goals by making healthful choices that fit your life situation. Working on the goals increases your chances of staying healthy, regardless of where you start. But before choosing goals, you have to evaluate your own risk of disease.

Alice evaluated her risk while moving her parents into the nursing home. She didn't need a pencil and paper. She just looked at her parents and then herself and her brothers and sisters. Her mother has diabetes. Her younger sister just found out she has diabetes. Her father had heart disease. Her oldest brother just had his first heart attack. The pattern of developing these diseases (called risk) runs in her family.

WHAT IS YOUR FAMILY HEALTH HISTORY?

We can't alter our age or our racial background, but we can change our habits. Then we can lower our risk. You may be more willing to act if you understand your chances of getting diabetes, cardiovascular disease, and high blood pressure. Use the worksheet in this lesson to complete your family health history. This will help you see if the risk of any of these diseases runs in your family. Keep the worksheet for use in Lesson 4.

In this lesson:

- The information sheet gives answers to some common questions about high blood pressure and heart disease.
- The fact sheet shows how to use the Nutrition Facts panel on food labels. By reading the Nutrition Facts panel you can learn to control the amounts of fat and sodium you eat. Eating too much fat and sodium are two of the risk factors for these diseases. Working to change these habits can help lower your risk. Using the Nutrition Facts panel should be part of your wellness plan. Try the comparisons described in the fact sheet when you buy groceries this week.
- The recipes are for low-fat desserts. Try them. You'll see that you don't have to give up taste to cut fat.

Thanks for completing this lesson.

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Penn State College of Agricultural Sciences research, extension, and resident education programs are funded in part by Pennsylvania counties, the Commonwealth of Pennsylvania, and the U.S. Department of Agriculture.

This publication is available from the Publications Distribution Center, The Pennsylvania State University, 112 Agricultural Administration Building, University Park, PA 16802. For information telephone 814-865-6713.

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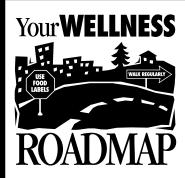
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Produced by Information and Communication Technologies in the College of Agricultural Sciences

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Code# UK051 Rev4M12/06mpc 4213



INFORMATION SHEET

Some common questions and their answers

1. HOW DO I KNOW IF I HAVE HIGH BLOOD PRESSURE?

Have your blood pressure measured by a health professional. It should be measured twice, at two different visits. A blood pressure reading has two parts:

- systolic—the pressure in the blood vessel when the heart is beating.
- diastolic—the pressure in the blood vessel when the heart is not beating,

A blood pressure reading is usually given as a ratio, systolic over diastolic. The systolic number is always larger than the diastolic.

You have high blood pressure if, for both of your visits, the

- systolic number is 140 or larger (a reading between 120 and 139 is prehypertension);
- diastolic number is 90 or larger (a reading between 80 and 89 is prehypertension).

High blood pressure is more serious if both readings are raised. The higher the readings the greater the risk.

2. WHAT ARE THE SYMPTOMS OF HIGH BLOOD PRESSURE?

There usually are none. This is one reason a yearly checkup is so important. Often high blood pressure is first found during a routine blood pressure measurement taken at a clinic or doctor's office. Taking your blood pressure is usually the first thing the nurse does when you visit the doctor.

3. WHY SHOULD I GET TREATMENT IF I CAN'T FEEL ANYTHING?

High blood pressure is very dangerous because it seems to have no symptoms. It doesn't hurt and you will not feel dizzy, sick, or nervous. But the pressure building up in your blood vessels affects how some important parts of your body work. Over time it makes your heart work harder, so it can lead to congestive heart failure. It affects the blood vessels in your brain and kidneys. If untreated it can lead to a stroke and kidney failure.

So high blood pressure doesn't act like the flu; you don't get over it. If you get it, you can change some of your personal habits to help control your blood pressure and even lower it. But you will always have to be careful.

4. DOES EATING TOO MUCH SODIUM STILL PUT ME AT RISK FOR HIGH BLOOD PRESSURE?

Recent research suggests that just eating a lot of sodium itself could affect your risk. The research study was called the Dietary Approach to Stop Hypertension (DASH). The DASH diet combines high fruit and vegetable intake with low-fat dairy, whole grains, and low-fat meat. In the study, researchers found that just lowering your sodium intake, regardless if following the DASH diet or a control diet, would lower your systolic blood pressure. Systolic blood pressure is the pressure when your heart beats, and the one listed at the top in your blood pressure reading. This blood pressure lowering occurred whether participants had hypertension or not. The researchers also found that combining lower sodium intake with the DASH diet produced an even greater lowering of blood pressure even if participants did not have hypertension.

This research suggests that even those without hypertension would benefit from controlling their sodium intake. Remember, we learn to like salty foods by eating them. If you develop high blood pressure and have a real liking for salty foods, you could be in trouble. A prudent approach would be to keep your sodium intake at moderate levels as suggested on the Nutrition Facts panel.





5. ARE THE RISK FACTORS FOR HEART DISEASE THE SAME FOR MEN AND WOMEN?

In most ways, yes. Men's risk factors for heart disease are:

- a family history of heart disease or sudden death due to a heart attack
- high blood cholesterol, especially high LDL (the bad blood cholesterol) and low HDL (the good blood cholesterol)
- having high blood pressure or diabetes
- smoking cigarettes
- obesity, especially if the extra fat is mainly on the stomach
- inactivity

Women have some additional risk factors. These include:

- going into menopause without estrogen replacement therapy
- using oral contraceptives while smoking
- low HDL combined with high triglyceride levels (Triglycerides are another fat in the blood. They are different from cholesterol.)

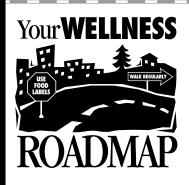
Women's risk of heart disease goes up at menopause (around age 55), while men's risk starts to rise after age 45. A high blood triglyceride level is more of a risk in a woman than in a man.

6. IF IT RUNS IN MY FAMILY, WHAT CHANCES DO I HAVE FOR AVOIDING IT?

What you inherit from your parents sets you up. But how you react to your surroundings brings it on. Look at diabetes. There is a lot of it in the world. But diabetes occurs more often in African Americans and American Indians. The same is true for high blood pressure. This suggests that the genes responsible for diabetes and high blood pressure originally gave some advantages to those who have them. You could look at diabetes or high blood pressure as a genetic condition that becomes a problem only when your environment encourages overeating and inactivity. You can change how you eat and whether you are active. Studies are suggesting that exercise is one of the most important ways to avoid getting these diseases.







WORKSHEET:

Your family health history

The medical events and causes of death in your family's background are part of your family history. Knowing about your family's health history is an important part of your wellness plan. This worksheet will help you learn about your family. If you know what happened in the past, you can be prepared for the future.

Look at Alice's family history on the next page. Her record goes back two generations to her parents and then both sets of grandparents. You can see that heart disease ran in one side of the family and diabetes appeared in the other. Alice's mother could only tell her that her great uncle Ned got a form of "wasting disease." Alice suspects this was diabetes. It can lead to extreme weight loss, and there was no treatment in those days.

By doing this exercise, Alice learned she has a strong risk of heart disease and diabetes, but she found other pieces of medical history as well. Typhoid fever, influenza, and gangrene are not common killers today, although they were at the beginning of the twentieth century. Her history also showed several accidental deaths, a more common fatality in the past.

Recall what you know about your family. Talk to close relatives and see what they remember. Then write down what you find out about members of several generations of your family. Use the form that follows to record the information, listing family members' ages now or at death. Write down

the cause of death and any other disease or health problem. If you are married you may wish to gather information for both sides of the family. To look at your risk, record only the data for your blood relatives—your brothers and sisters and your parents' brothers and sisters. Do not include data on their husbands or wives. They are not your blood relatives.

When you are done, look at the pattern. Maybe you will see one of the following:

- a pattern in which everyone on one side of your family lived to their nineties and died in their sleep of old age.
- a pattern of disease in one side or the other of your family.

Regardless of the pattern, there are things you can do to keep or improve your wellness. We will talk about the first thing in this lesson's fact sheet.

If you see a pattern of cancer, as I saw in my family, this lesson series can still start you on the road to wellness. The basic rules of wellness apply to preventing cancer, too. More specific information on what cancer is and how to prevent it is available in another lesson set called *Eat Five*. If you saw a pattern of heart disease, you should read the *Change of Heart* lessons. If you see a risk of osteoporosis, ask for the *Calcium Rich Eating* lessons. Talk to your extension agent about these when you finish *Your Wellness Roadmap*.

LESSON 1: WORKSHEET

Alice's generation Her parents and their siblings		Her grandparents and their siblings		
Alice, 48	Father, Ed, 72, has heart disease	Grandfather, Pete, died at 68 of stroke or heart attack		
Brother, John, 47, had first heart attack at 46	His brother, Uncle Tom, 76, shot in WW II, but health good	Great uncle, Adam, died at 21 of influenza		
Sister, Ann, 45, has type 2 diabetes	His sister, Aunt Emma, 68, has high blood pressure	Great aunt, Tessa, died at 72 of stroke		
Brother , Ed Jr., 38, survived car crash as teenager; health good		Great aunt, Libby, died at 5, cause unknown		
		Grandmother, Pearl, 93, survived typhoid fever; living but has osteoporosis		
		Great uncle, William, died at 25 in shooting accident		
		Great aunt, Ollie, died at 85 of colon cancer; survived a fire that killed two of her children		
	Mother, Jean, 68, has diabetes, high blood pressure, and stroke	Grandmother, Ann, died at 82 of stroke; survived breast cancer at 62		
	Her sister, Aunt Mabel, 72, has high blood pressure, broke leg in auto accident at 70	Great uncle, Ned, died at 69 of "wasting disease"		
	Her brother, Uncle Peter, 65, has arthritis, lost two fingers in hunting accident	Great uncle, James, died at 35 from gangrene during WW I		
		Grandfather, Emmet, died at 53 in train wreck		
		Great uncle, Wayne, died at 42, suicide		
		Great aunt, Mildred, 86, living; frail but health good		

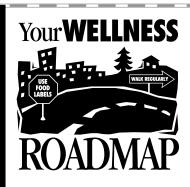
Your generation	Your parents and their brothers and sisters	Your grandparents and their brothers and sisters
You:	Father:	Grandfather:
Age:	Age:	Age:
Health:	Health:	Health:
Sibling:	Sibling:	Sibling:
Age:	Age:	Age:
Health:	Health:	Health:
Sibling:	Sibling:	Sibling:
Age:	Age:	Age:
Health:	Health:	Health:
Sibling:	Sibling:	Sibling:
		continued on the next pag

LESSON 1: WORKSHEET

Your generation	Your parents and their brothers and sisters	Your grandparents and their brothers and sisters
Age:		
Health:		Health:
Sibling:	Sibling:	Sibling:
Age:	Age:	Age:
Health:	Health:	
Sibling:	Sibling:	Sibling:
Age:	Age:	Age:
lealth:	Health:	Health:
		Grandmother:
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		Sibling:
		Age:
		Health:
	Mother:	Grandfather:
	Age:	Age:
	Health:	Health:
	Sibling:	Sibling:
	Age:	Age:
_	Health:	Health:
	Sibling:	Sibling: continued on the next pag

LESSON 1: WORKSHEET

Your generation	Your parents and their brothers and sisters	Your grandparents and their brothers and sisters
	Age:	Age:
	Health:	Health:
	Sibling:	Sibling:
	Age:	Age:
	Health:	Health:
	Sibling:	
	Age:	
	Health:	Health:
	Sibling:	
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		Health:



FACT SHEET:

Using the Nutrition Facts panel to make smart choices

Too much saturated fat puts you at greater risk for heart disease because it raises the levels of LDL cholesterol (the bad blood cholesterol). It is also important to control your intake of trans fat. Not only does trans fat raise LDL, it can also lower HDL (the good blood cholesterol) if eaten in large amounts. Eating too much sodium may increase your risk of high blood pressure. You can control the amount of fat, saturated fat, trans fat, and sodium you consume by reading the Nutrition Facts panel that is printed on food package labels.

NUTRITION FACTS

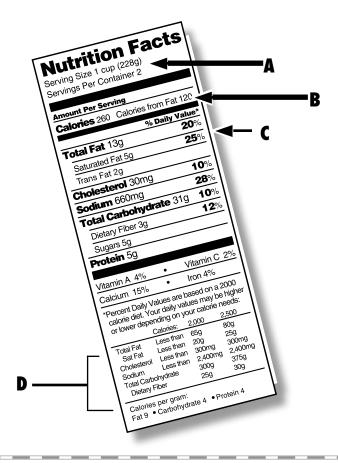
Pictured below is the standard Nutrition Facts panel

Arrow **A** points to the serving size information for this food.

Arrow **B** points to the calorie information for this food.

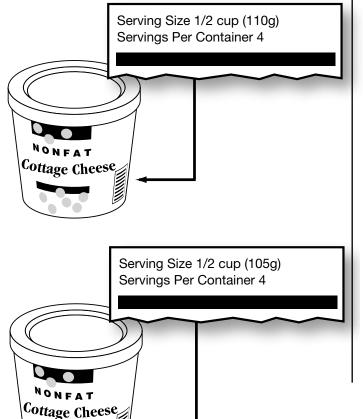
Arrow **C** points to the section listing the grams of total fat, grams of saturated and trans fats, and milligrams of sodium for this food.

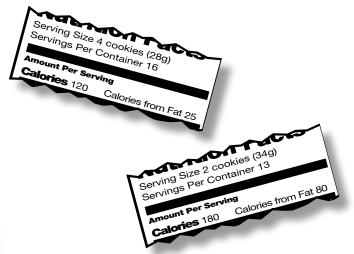
Arrow **D** points to the section listing the recommended amounts of fat and sodium.



Serving Size

When you compare two food products, first see if the serving sizes listed in the Nutrition Facts panel are the same. The weights (in grams) or volumes (in milliliters) should be similar if you are going to make a comparison. Below are two serving-size declarations for cottage cheese. You can see that both weigh close to 110 grams, the standard for cottage cheese.





Above is the serving size for two types of cookies. Both weigh about the same, 28 grams and 34 grams. But the serving size on the left is four cookies, and on the right it is two cookies. Are you more likely to eat cookies based on the number rather than the size? If so, the cookies on the left are your best choice.

Here is a simple rule to help you control your calories: Always choose the package with the lowest number of calories per cookie.

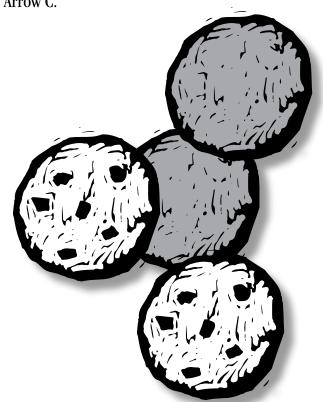
Recommended Amount of Fat

How much fat you should eat depends on how many calories you should take in. The Nutrition Facts Panel lists the amount of fat for 2,000- and 2,500-calorie diets at Arrow D on the first page of this fact sheet. The amount of fat recommended for 2,000 calories is 65 grams. Sixty-five grams of fat provide 30 percent of 2,000 calories.

The recommended amount of saturated fat is also listed here. This number is 20 grams, which represent 10 percent of 2,000 calories. If you eat 2,500 calories a day, 80 grams of total fat and 25 grams of saturated fat are recommended. Use this section of the Nutrition Facts panel as a reference.

There is no set recommendation for the amount of trans fat we should eat. We should keep our intake of trans fat as low as possible.

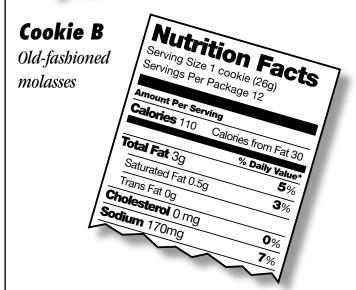
The actual amounts of fat, saturated fat, and trans fat contained in a serving of the food are listed at Arrow C.



You can compare the fat, saturated fat, and trans fat in two similar foods, like cookies.

Look at Cookie A and Cookie B. Which is the best choice for your wellness plan? Check your answer below.





The best choice is (check one):

Cookie A _____ Cookie B _____ (see answer below)

Recommended Amount of Sodium

The Nutrition Facts panel lists the amount of sodium recommended, at Arrow D (first page of this fact sheet). The amount is the same regardless of how many calories you need. Everyone should eat less than 2,400 milligrams (mg) of sodium. This particular food contains 660 mg of sodium, which is listed at Arrow C. If one bag of pretzels lists 650 mg per serving and another lists 470 mg, the pretzels containing 470 mg are the best choice for your wellness plan.

Use the % Daily Suppose you're follows:

Nutrition F2

Serving Size 1 cup (1589)
Servings Per Package 6
Servings Per Package 6
Servings Per Serving

Amount Per Serving

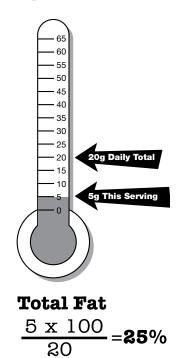
Calories 150

Calories

Daily Value

Also listed in the Nutrition Facts is a number called the % Daily Value for most nutrients. This indicates what percentage of the recommended amount of a nutrient a serving of the food provides.

Look at this example for saturated fat. If you eat 2,000 calories, you are allowed 20 grams of saturated fat a day. In this picture, 100 percent represents 20 grams, or your fat budget for the day. If you eat a serving of this food, you get 5 grams, or 25 percent, of your saturated fat budget.



COMPARING TWO FOODS

Use the % Daily Value to decide which foods to buy. Suppose you're considering two frozen dinners, as follows:



Dinner A

Chicken and pasta dinner with carrots, peas, and homestyle gravy



Dumplings and chicken dinner with peas, carrots, and homestyle gravy

Serving S Servings	Prition Facts Der Package (1519)
Calories 19	96.6
Total Fat 99 Saturated Fat 79 Trans Fat 09 Cholesterol 20 Sodium 73000	Daily Value*
Sodium 730mg	30%

The best frozen dinner is (check one):

Dinner A	Dinner E	3
(see answer below)	

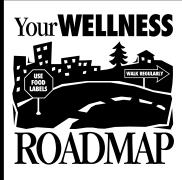
health-promoting goal.

Choosing the lower % Daily Value means you are more likely to eat less fat, less saturated fat, and less sodium than are recommended for that day, a

- 83 percent of your sodium budget.
- 92 percent of your saturated fat budget, and
 - 93 percent of your fat budget,

following to spend on other foods the day you eat this dinner:

Look at the % Daily Value for fat and saturated fat. Dinner A has 7 percent of the Daily Value for fat and 8 percent for saturated fat. Dinner B has 14 percent of the Daily Value for fat and 11 percent, while Dinner B has 30 percent. Your best choice is Dinner A. Making this choice leaves you the the % Daily Value for sodium. Dinner A has 17 percent, while Dinner B has 30 percent. Your best choice is Dinner A. Making this choice leaves you the



RECIPES:Low-fat desserts

BANANA PUDDING

Makes 8 servings

Nutrition Information:

One serving (1/2 cup) contains: 247 calories 49 g carbohydrate 6 g protein

3 g fat

450 mg sodium

7 mg cholesterol 1 g dietary fiber

Ingredients:

32 vanilla wafers*

2 cups ripe bananas, sliced

2 packages Banana Creme instant pudding and pie filling

4 cups skim milk

2 egg whites

2 Tbsp sugar

1/8 tsp cream of tartar

Procedure:

Arrange half the vanilla wafers and banana slices on the bottom of a 9-inch-square baking dish. Make the pudding according to directions using the skim milk. The pudding will thicken quickly if the milk is ice cold. Pour half the pudding over the cookies and bananas. Arrange the rest of the cookies and banana slices on top of the first layer of pudding; cover with the rest of the pudding. Beat egg whites and cream of tartar at high speed until soft peaks form. Gradually add sugar. Beat until stiff peaks form. Spread over top of pudding, sealing to the edge. Bake at 350°F for 12 minutes or until golden brown. Store leftovers in the refrigerator.

Adapted from Cooking Light Magazine, Nov.-Dec., 1989.

BUTTERSCOTCH BROWNIES

Makes 32 servings

Nutrition Information:

One serving (1 square) contains: 66 calories

9 g carbohydrate

1 g protein

3 g fat

16 ma sodium

7 ma cholesterol

0 g dietary fiber

Ingredients:

1/4 cup vegetable oil

1 cup light brown sugar, firmly packed

1 egg, slightly beaten

3/4 cup sifted flour

1 tsp baking powder

1/2 tsp vanilla extract

1/2 cup coarsely chopped walnuts

Procedure:

Blend oil and sugar. Stir in beaten egg. Sift flour and baking powder together and combine with egg mixture. Add vanilla and walnuts to the batter, and spread in an oiled 8-by-8-by-2-inch pan. Bake at 350°F for 25 minutes. Cool slightly and cut into squares.

Calorie-savina tip:

• Reduce the amount of brown sugar by 1/8 to 1/4 cup.

Adapted from *The American Heart Association Cookbook, 5*th edition, New York: Times Books, a division of Random House, Inc., 1991.

^{*}Some brands of vanilla wafers contain trans fat. Nabisco Nill Wafers do not.

FLUFFY PEACH CHEESECAKE

Makes 10 servings

Nutritional Information:

One serving (1/10 of pie) with crust contains:

162 calories

16 g carbohydrate

4 g protein

9 g fat

189 mg sodium

18 mg cholesterol

1 g dietary fiber

Ingredients:

1 envelope Knox unflavored gelatin

1/4 cup cold water

1 16-oz can peaches, packed in own juice, drained (reserve juice)

1 8-oz package lite cream cheese, softened

1/4 cup sugar

2 Tbsp loosely packed mint leaves (optional)

1 vanilla wafer crumb crust (see recipe)

Procedure:

Prepare vanilla wafer crumb crust and chill ahead of time.

In blender, sprinkle unflavored gelatin over water; let stand 2 minutes. In small saucepan, bring juice from peaches to a boil. Add juice to blender and process at low speed until gelatin is completely dissolved, about 2 minutes. Add remaining ingredients and 1/4 cup of fruit and process at high speed until blended. Chop up rest of peaches, reserving a few for garnish. Add fruit to filling and pour into pie pan. Chill until firm, about 3 hours. Garnish with peaches and mint leaves, if desired. Store leftovers in the refrigerator.

Optional: Use other fruit, strawberries, blueberries, etc., instead of peaches.

VANILLA WAFER CRUMB CRUST

Makes one 9-inch pie shell

Nutritional Information:

One serving (1/10 pie shell) contains:

80 calories

8 g carbohydrate

1 g protein

5 a fat

62 mg sodium

5 ma cholesterol

0 g dietary fiber

Ingredients:

2 Tbsp margarine, melted

30 vanilla wafers*

1/4 tsp pure vanilla extract

Procedure:

Prepare a 9-inch pie plate by rubbing inside, bottom, and sides with 1 tsp of the margarine; set aside. Crush vanilla wafers to make very fine crumbs (1 1/4 cups). Place crumbs in a large bowl; combine vanilla and melted margarine and drizzle all over crumbs. Mix thoroughly with a blending fork to make sure all is well blended. Remove about 2 Tbsp of crumb mixture and set aside to use as a garnish on top of pie. With the back of a large spoon, press remaining crumbs evenly all over bottom and sides of prepared pie pan. Chill in refrigerator 2 hours or longer before filling.

^{*} Some brands of vanilla wafers contain trans fat. Nabisco Nilla Wafers do not.