

The Link to Nutrition Program and Healthy Aging Information

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Get the Most Nutrition from Your Calories and 'Enjoy the Taste of Eating Right' during National Nutrition Month® and Beyond

While taste drives most food choices, eating nutrient-rich foods that provide the most nutrition per calorie is one of the best ways to "Enjoy the Taste of Eating Right," according to the Academy of Nutrition and Dietetics. As part of the 2014 National Nutrition Month® theme, the Academy encourages everyone to choose the most nutritionally-packed foods you can from each of the five MyPlate food groups every day.

Nutrient-rich foods and beverages provide vitamins, minerals, protein, carbohydrates and other essential nutrients that offer health benefits with relatively few calories.

"When your daily eating plans include foods like vegetables, fruits, whole grains, lean meats, poultry, fish, eggs, fat-free or low-fat dairy, beans, nuts and seeds in the appropriate amounts, you are able to get many of the nutrients your body needs, all with relatively low amounts of calories," says registered dietitian nutritionist and Academy spokesperson Debbi Beauvais.

Beauvais offers practical ways to add nutrient-rich foods and beverages to your daily diet:

- Make oatmeal creamier by using fat-free milk instead of water. Mix in some raisins, dried cranberries, cherries or blueberries, too.
- Make sandwiches on whole-grain bread, such as whole wheat or whole rye. Add slices of avocado, tomato or cucumber to lean roast beef, ham, turkey or chicken.
- When eating out, look for nutrient-rich choices, such as entrée salads with grilled seafood and low-calorie dressing, baked potatoes topped with salsa, grilled vegetables and reduced-fat cheese and yogurt parfaits made with strawberries and blueberries.
- Drink nutrient-rich, low-sugar beverages such as low-fat or fat-free milk or 100-percent fruit juice.
- Top foods with chopped nuts or reduced-fat sharp cheddar to get crunch, flavor and nutrients from the first bite.

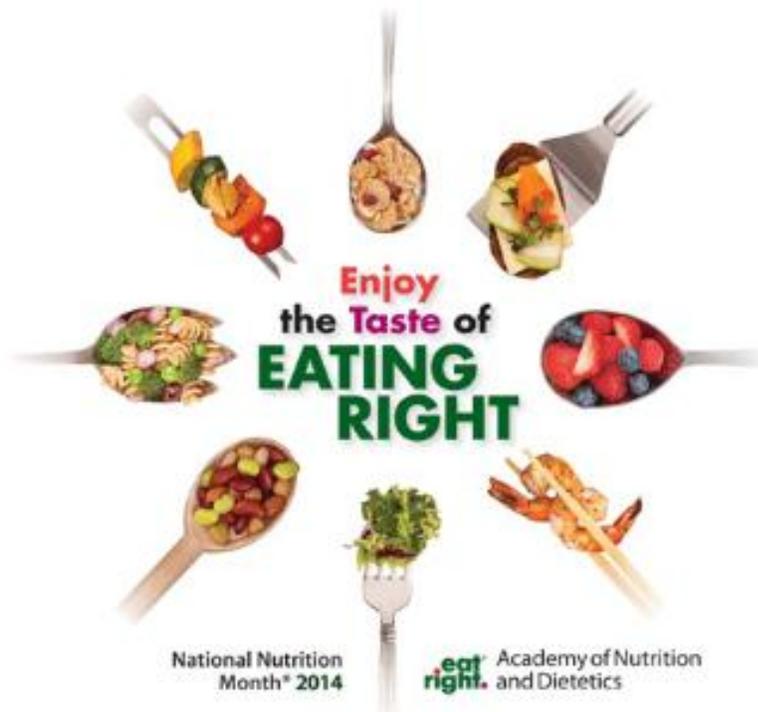


- Spend a few minutes to cut and bag vegetables so they are in easy reach of every family member: some ready-to-eat favorites include red, green or yellow peppers, broccoli or cauliflower flowerets, carrots, celery sticks, cucumbers, snap peas or radishes.
- Serve meals that pack multiple nutrient-rich foods into one dish, such as hearty, broth-based soups that are full of colorful vegetables, beans and lean meat. Make chili with a dollop of low-fat yogurt. Serve these with whole-grain breads or rolls.
- For dessert, enjoy a tropical treat by blending mango, plain low-fat milk, ice and a splash of pineapple juice, or stir chocolate syrup into a cup of coffee-flavored yogurt, freeze and enjoy.

"You should enjoy the foods you eat. In choosing nutrient-rich foods, you'll find they are familiar, easy to find and represent the five MyPlate food groups," Beauvais says. "Achieving balance and building a healthier diet can be simple and stress-free. Selecting nutrient-rich foods and beverages first is a way to make better choices within your daily eating plan."

Beauvais also recommends limiting added sugars and reducing the major sources of solid fats. "Drink few regular sodas, fruit drinks and sports drinks, and cut back on cakes, cookies, ice cream, cheese and fatty meats like sausages, hot dogs and bacon," she says. "You don't have to give up these foods entirely, but find ways to enjoy small amounts occasionally".

Visit the [National Nutrition Month website](#) for helpful tips, games, promotional tools, nutrition education resources and view [a library of recipes](#) that can be used in your promotion of Nutrition Month.



Matter of Balance programs are listed on the Department on Aging website.

[MOB Workshops](#)

You can help keep this list current by submitting your scheduled programs to <mailto:pat.wyatt@iowa.gov>



Matter of Balance Demonstrates Good Outcomes

The CMS Evaluation of Community Based Wellness Programs has been released. Participation in a Matter of Balance (MOB) is included in the study with very favorable findings from participant claims data. Some highlights are listed below:

MOB participation was associated with total medical cost savings, and cost savings in the unplanned Inpatient (IP), Emergency Room, skilled nursing facility (SNF), and home health (HH) settings. MOB participation was associated with a \$938 decrease in total medical costs per year (CI: -\$1,498, -\$379). This finding was driven by a \$517 reduction in unplanned hospitalization costs, a \$234 reduction in skilled nursing facility costs, and an \$81 reduction in home health costs.

MOB participation was also associated with an increase in physician office visits of 0.43 per person per year, or one additional physician office visit per year for every 2.3 participants.

MOB participation was associated with increased use of physical therapy (PT) and occupational therapy (OT) services in the outcome period. MOB participation was associated with an average increase in physical therapy visits of 0.5 per person, which implies one additional physical therapy visit for every two participants. The number of MOB participants who had any physical therapy visit increased by 5.2% compared with controls in the outcome period. The number of participants who had any occupational therapy visit also increased by 1.3% compared with controls.

Acumen observed a notably lower mortality rate among MOB participants compared with matched controls in the outcome period; only 2.4% of MOB participants died during the one-year period following program enrollment compared with 4.2% of individuals in the comparison group. More information can be accessed on page 62 of the report to Congress at <http://innovation.cms.gov/Files/reports/CommunityWellnessRTC.pdf>

Contributions

IAC 17—6.14(231) Requirements for service providers.

6.14(1) Contributions. The AAA shall consult with the relevant service providers and older individuals in the PSA to determine the best method for accepting voluntary contributions. As established by contract with the AAA, each service provider, including an AAA providing direct service, shall:

a. Provide each older individual with a voluntary opportunity to contribute to the cost of the service by displaying a suggested contribution schedule that takes into consideration income ranges of eligible individuals in local communities; **OAA- Such contributions shall be encouraged for individuals whose self-declared income is at or above 185 percent of the poverty line, at contribution levels based on the actual cost of services.**

b. Clearly inform each recipient that there is no obligation to contribute and that the contribution is purely voluntary;

c. Protect the privacy and confidentiality of each older individual with respect to the person's contributions;

d. Utilize appropriate procedures to safeguard and account for all contributions against loss, mishandling or theft by obtaining bonding for all employees and volunteers in accordance with instructions issued by the department in an IAPI;

e. Use all contributions to expand the service for which such contribution is given. Nutrition service providers shall use all contributions to increase the number of meals served.

6.14(2) Failure to contribute. A provider that receives department funds may not deny any older individual a service because the person will not or cannot contribute to the cost.

6.14(3) Obtain views of older individuals. Each provider shall utilize procedures determined by the AAA for obtaining the views of participants about the services they receive. A report of procedures utilized and findings shall be issued by the AAA within six months of the signing of the contract.

6.14(4) Seek other sources of funding. Prior to requesting Title III funding, service providers shall demonstrate efforts to seek funds from other federal, state, and local sources.

6.14(5) Compliance by service providers. The AAA shall incorporate in its contract with each service provider an assurance that funds are used in compliance with federal guidelines.

[ARC 8489B, IAB 1/27/10, effective 1/7/10; ARC 0744C, IAB 5/15/13, effective 6/19/13]

6.14(3) Consider reviewing your process for obtaining the views of meal participants that can be incorporated in the menu planning process so as to increase meal satisfaction. A survey can also be used to identify activities or programs that are of interest to current meal participants and potential meal participants. Would a Matter of Balance or Better Choices – Better Health class or on-line dancing draw people to the meal site?

Fund Raiser at Albia Meal Site

A great crowd flocked into Leisure Lounge for a very successful warm soup stop during the Victorian Stroll in Albia. The meal site uses this as a fund raiser every year, raising about \$600.00. Site manager Sheryl Kaster donates her time.



Soup supper



Sheryl Kaster, meal site manager

Healthiest State Walk

The Oskaloosa meal site participated in the Iowa Healthiest State Walk. Cheryl Brown, the site manager, provided the group picture from the Oskaloosa Congregate meal site just before the walk began and a picture of individuals on their walk. Some walked the block, some just walked a loop in the parking lot, but they ALL had a good time. Just 3 chose to sit it out.





Healthy Eating Leads to Healthy Aging

Generally we think “good genes,” result in longevity and youthfulness. Research suggests that even if you don’t have the “good genes” you can bring out the best in your genes with a better diet.

Scientists looked at 100 obese, male smokers — a group who were, if you will, abusing their genes by subjecting them to carcinogens, unhealthy food, and adipose-induced inflammation. The men were divided into three groups. Group one was given a weekly basket of antioxidant-rich foods, including kale, cabbage, Brussels sprouts, broccoli, berries, pomegranates, plus nuts, seeds and olive oil. Group two was given 3 kiwis a day. Group three followed their regular diet.

Compared to those on their regular diet, the antioxidant-rich diet group did the best (even five times better than the kiwi group). Specifically, the improvement was in genes associated with how cells communicate, defend against free radicals, and cope with inflammation. In practical terms, this translates into a reduction in disease risk, and the negative effects of aging.

What’s behind such benefits? According to Dr. Bruce Ames’ “**triage theory of DNA damage**,” a nutrient-rich diet allows the body to attend not just to immediate needs, but to long-term DNA care. For example, **vitamin B6**, supplied abundantly by bananas, red bell peppers, and walnuts — might help support DNA repair. Beyond micronutrients, certain plant compounds – for example, the sulphoraphane found in cruciferous vegetables such as kale, cabbage, and cauliflower, **activates the body’s own antioxidant defense systems, reducing disease risk, even in the face of genetic predisposition.**

(Source Dole Nutrition News)

March for Meals

The National Meals on Wheels Association of American encourages nutrition programs to use March as a time to promote the nutrition program. Invite city mayors or other community champions to help deliver meals during the third week of March – Monday, March 17 through Friday, March 21. Take advantage of this national promotion and develop your own media coverage for the event to highlight older adults and celebrate the services you provide. Visit marchformeals.com to learn more about March for Meals.



Second quarter
3A-1 state level
report showed
nutrition
counseling at
28% for consumers
and 22% for units
of area plan
projections.



Nutrition Counseling Benefits

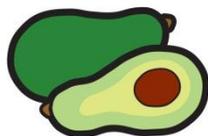
Nutrition counseling with the best outcomes in improving nutrition status or resolving nutrition related problems involves active participation of the meal participant to develop a personalized health plan and setting goals. Research has shown that on the contrary, characteristics of nutrition counseling that were not effective in changing dietary behaviors included interventions that were not tailored to individuals learning needs and limited personal contact. In general, Registered/Licensed dietitians need to schedule an appointment with meal participant who is at high nutrition risk or requests nutrition counseling. During the counseling session(s), the dietitian will use the Nutrition Care Process to conduct a nutrition assessment to determine individual needs, work with the individual to help them develop nutrition interventions (what they can and are willing to do to address the problem). Finally the dietitian will follow up with the individual to monitor progress and make adjustments and practical recommendations that are acceptable to them in order achieve the individual's nutrition goals. (Sources: JNEB, Vol. 43, No. 4, 2011 and American Academy of Nutrition and Dietetics, Nutrition Diagnosis: A Critical Step in Nutrition Care Process)

Consider referral for nutrition counseling for individuals with some of the following issues:

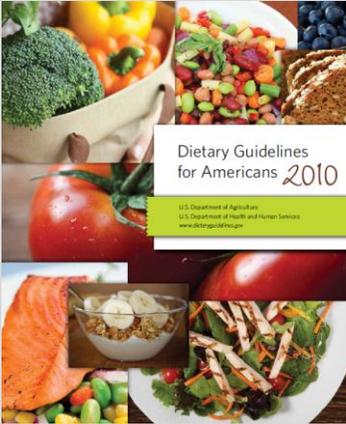
(Note that a positive approach in offering nutrition counseling is more likely to result in the individual accepting the service. Invite the dietitian to the meal site so people are more familiar with the dietitian and more willing to accept the nutrition counseling.)

- Weight loss or weight gain
- Fluid retention/congestive heart failure
- Fragile skin, bruising and skin tears
- Chewing or swallowing problems
- Constipation or diarrhea
- Food intolerances or allergies
- Impaired ability in obtaining or preparing food
- Medical condition requiring a special diet and assistance is needed
- They are on medications that interact with the foods they would like to eat
- High nutrition risk scores that do not resolve once they receive the OAA meals

Dietary Guidelines Background



The Dietary Guidelines are based on the recommendations put forward by the 2010 Dietary Guidelines Advisory Committee. The Committee was composed of scientific experts who reviewed and analyzed the most current information on diet and health- the Dietary Reference Intakes (DRI) and incorporated it into a scientific, evidence-based report.



Review training and policies to ensure these items are addressed.

Our knowledge about nutrition, the food and physical activity environment, and health continues to grow, reflecting an evolving body of evidence. It is clear that healthy eating patterns and regular physical activity are essential for normal growth and development and for reducing risk of chronic disease. The goal of the Dietary Guidelines is to put this knowledge to work by facilitating and promoting healthy eating and physical activity choices with the purpose of improving the health of all Americans.

By law, Dietary Guidelines are reviewed, updated if necessary and published every five years. The US Department of Agriculture and the US Department of Health and Human Services jointly create each edition. The information in the Dietary Guidelines for Americans is used in developing educational materials and aiding policymakers in designing and carrying out nutrition-related programs.

The Older Americans Act (OAA) Title III Part C Section 339 mandate the use of the Dietary Guidelines for Americans and the DRIs in planning meals funded by the OAA.

A State that establishes and operates a nutrition project under this chapter shall—

(2) ensure that the project—

(A) provides meals that—

(i) comply with the most recent Dietary Guidelines for Americans, published by the Secretary and the Secretary of Agriculture, and

(ii) provide to each participating older individual—

(I) a minimum of 33 1/3 percent of the dietary reference intakes established by the Food and Nutrition Board of the Institute of Medicine of the National Academy of Sciences, if the project provides one meal per day,

(II) a minimum of 66 2/3 percent of the allowances if the project provides two meals per day, and

(III) 100 percent of the allowances if the project provides three meals per day

2009 Food Code

Infected Food Employees and Conditional Employees Practical Applications of Using Subpart 2-201

The information provided in Subpart 2-201 is designed to assist food establishment managers and regulatory officials in removing infected food employees when they are at greatest risk of transmitting foodborne pathogens to food. Practical applications of the information in Subpart 2-201 by a food establishment manager may involve using Subpart 2-201 as a basis for obtaining information on the health status of food employees and can also be used as a basis in developing and implementing an effective Employee Health

Policy. Regulatory officials can benefit by using the information provided below as a basis for determining compliance with Subpart 2-201 during a facility food safety inspection.

The development and effective implementation of an employee health policy based on the provisions in Subpart 2-201 may help to prevent foodborne illness associated with contamination of food by ill or infected food employees. The person in charge and food employees should be familiar with and able to provide the following information through direct dialogue or other means when interviewed by facility managers or regulatory officials. Compliance must be based, however, on first hand observations or information and cannot be based solely on responses from the person in charge to questions regarding hypothetical situations or knowledge of the Food Code. Also, when designing and implementing an employee health policy, the following information should be considered and addressed:

1. Does the establishment have an Employee Health Policy? If so, are the food employees aware of the employee health policy, and is it available in written format and readily available for food employees? (Note: A written Employee Health Policy is not a Food Code requirement unless the facility is operating under a pre-approved alternative procedure specified under ¶3-301.11(E)).
2. Does the establishment require conditional employees and food employees to report certain illnesses, conditions, symptoms, and exposures?
3. Are the reporting requirements explained to all employees?
4. What are the reporting requirements for conditional employees, food employees, and the food establishment manager?
5. Are conditional employees asked if they are experiencing certain symptoms or illnesses upon offer of employment? If so, which symptoms or illnesses?
6. If a food employee reports a diagnosis with one of the 5 listed pathogens in the Food Code, what questions are asked of the food employee? (The first question every food manager should ask a food employee who reports diagnosis with a listed pathogen is if the employee is currently having any symptoms.)
7. Who does the establishment notify when a food employee reports a diagnosis with one of the listed pathogens?
8. What gastrointestinal symptoms would require exclusion of a food employee from the food establishment?
9. What history of exposure is a conditional employee or food employee required to report?
10. If a food employee reports a gastrointestinal symptom, what criteria are used to allow the employee to return to work?

February is National Cancer Prevention Month

This serves as a reminder to Americans to get preventative cancer screenings and learn about the importance of early detection. The month-long observance also aims to generate awareness about living a healthy lifestyle through fitness and proper nutrition. Access this graphic at <http://www.cdc.gov/cancer/colorectal/>

Screening for Colorectal Cancer

It's the Right Choice

Of cancers that affect both men and women, colorectal (colon) cancer is the **#2** cause of cancer deaths in the U.S.

But it doesn't have to be. Screening tests can find this cancer early, when treatment works best.

23 million Americans are not up-to-date on screening.

About **51,000** people die from colorectal cancer each year.

Screening can find **polyps** (abnormal growths) so they can be removed before turning into cancer.

Recommended screening could prevent at least **60%** of these deaths!

Screening should start at **50** and continue until age **75** for most men and women.

There's More Than One Test. You Have a Choice!

- High-sensitivity fecal occult blood test**
Once a year
You do this test at home and send stool samples to a doctor's office or lab.
- Flexible sigmoidoscopy**
Every 5 years
with FOBT every 3 years
The doctor looks for polyps or cancer in the rectum and lower third of the colon.
- Colonoscopy**
every 10 years
The doctor looks for polyps or cancer in the rectum and the entire colon.

Colon cancer or polyps may not cause symptoms, especially early on.
Don't wait for symptoms before you get screened!

Talk to your doctor if you or a close relative have:

- Inflammatory bowel disease (Crohn's disease or ulcerative colitis)
- Lynch syndrome (familial adenomatous polyposis)
- hereditary nonpolyposis colorectal cancer

If you have any of these risks, you may need to start screening before age 50 and be tested earlier and more often than other people.

For more information:
www.cdc.gov/cancer/colorectal/

National Center for Chronic Disease Prevention and Health Promotion
Division of Cancer Prevention and Control

Resources

Grants

- **Grant funds** are available from Iowa's County Endowment Program in non-gaming counties. In 2014, most will grant out \$97K. If you consider applying, think about leverage, match, and sustainability. Is there a one-time need that would enhance the agency's service delivery? Here is a link that will be helpful: <http://www.iowacommunityfoundations.org/find-your-local-community-foundation.aspx>. From this website, you will be able to research grant deadlines/applications by individual county and foundation.

Health Promotion

- **Stroke Prevention:** Six percent of strokes can be avoided by meeting sodium reduction recommendations but many are still consuming too much: [Study](#)
- [**Sodium Reduction Can Save More Lives than Quitting Smoking**](#)
Consuming less salt can save more lives than quitting smoking. Senior researcher Ulla Toft calculated that Denmark would have 400,000 fewer cases of elevated blood pressure and at least 1,000 fewer deaths, saving hundreds of millions of dollars each year, if average daily salt consumption per capita were reduced by 3 grams. Toft's research shows that a 15% cut in salt intake in Denmark could prevent three times as many deaths from cardiovascular disease as a 20% cut in smoking would. ScienceNordic
- [**Ten Ways High Blood Pressure Can Affect One's Body**](#)
Elevated blood pressure is linked to a more than just heart disease. This article reviews 10 other ways that hypertension, or high blood pressure, can affect one's health. India.com
- **Foods to help lower blood pressure:** High sodium, high cholesterol, and high fat in the diet are associated with high blood pressure, but did you know many nutrients can actually help lower blood pressure?
 - **Potassium** increases sodium excretion through the urine.
 - **Magnesium** and **calcium** relax the blood vessels and lessen the resistance against blood flow.
 - **Fiber** interrupts the absorption of fat from food, keeping it out of the blood and reducing blood volume.

Take a look at this list of [foods rich in nutrients that can help lower blood pressure](#) and low in sodium, fat, and cholesterol. Use GB's [Diet and Nutrition Evaluator](#) to find out whether you are getting enough of these nutrients. (Source GB Health Watch)

- **Free Preventive Services under Medicare.** More than 25.4 million people covered by Medicare received at least one preventive service at no cost to them during the first eleven months of 2013, because of the Affordable Care Act. Before the Affordable Care Act, Medicare recipients had to pay part of the cost for many preventive health services. They now receive preventive services and screenings such as an annual wellness visit, screening mammograms and colonoscopies, and smoking cessation at no cost to them. [Click here](#) for state-by-state information on utilization of free preventive services for people with original Medicare.
 - **Chronic Disease Self-Management or Better Choices/Better Health:** A new brief that highlights the positive outcomes from the CDSMP National Study is available. Among the results: 21% improvement in depression, 15% improvement in unhealthy physical days, 12% improvement in medication compliance, and a \$364 per participant net savings. [Download the brief](#)
 - **The Dangers of Radon:** Tweets from Iowa Cancer Consortium, the American Cancer Society, the Iowa Department of Public Health, and the American Lung Association.
 - @EPA estimates that #Radon is the 2nd-leading cause of #lungcancer (1st among people who have never smoked). <http://bit.ly/HealthHouse2>
 - Average indoor #radon concentrations in IA are more than 6x the national average. Learn more & buy a test kit: <http://bit.ly/HHRadon2>
 - Short-term #radon tests often cost \$10 or less. Here's where to get one right now: <http://bit.ly/HHRadonKit2>
 - Healthcare providers have a special role in preventing #radon-induced #lungcancer. Info & resources: <http://bit.ly/RadonDocs2>
 - #Radon & You: <http://bit.ly/RadonYou2>
- Need a speaker? Consider inviting Gail Orcutt, a radon-induced lung cancer survivor to speak about radon. Contact her at gmorcutt@aol.com
- **2020 Goal: Oral Health Access for Aging Iowans** : In 2012, the Delta Dental of Iowa Foundation announced a long-term strategic goal focused on older adults: Every Iowa nursing home resident and homebound elderly person will have access to oral health care by 2020. Since then, the Foundation has held two “actionable knowledge” sessions – Educate and Motivate – on oral health care [click title link for more information].
 - **Nutrition Through the Seasons** has seasonal nutrition education materials and a produce guide which categorizes common fruits and

vegetables by season, and provides shopping, storage and preparation tips, recipes, and activities for over 50 fruits and vegetables! Check out the resource at <http://snap.nal.usda.gov/nutrition-through-the-seasons>

Fall Prevention

- [The ABCs of Providing the Annual Wellness Visit](#), developed by CMS, includes information for health professionals about screening patients for falls risk and providing referrals for falls prevention programs.
- [AHRQ's Medicare Wellness Checkup Questionnaire](#) includes questions to inform providers about patients' frequency of falls and fear of falling.
- [Stepping On](#) is a fall prevention program that continues to grow and can be used as a follow up program to Matter of Balance. The Wisconsin Institute for Healthy Aging, which holds the exclusive North American license, has trained leaders in 16 states. [Get training information on their website](#) or by calling 608-243-5690.
- **Older Americans Month Theme connects with fall prevention:** This year the focus on injury prevention with the theme "Safe Today. Healthy Tomorrow." Older adults are at a much higher risk of unintentional injury and even death than the rest of the population. Unintentional injuries to this population result in millions of medically treated injuries and more than 30,000 deaths every year. By taking control of their safety, older Americans can live longer, healthier lives.
- **Flip A Grip:** Provides a grip for stepping through a doorway going in or out of the home. More information can be found at www.flipagrip.com or view youtube video showing how it helps at: http://www.youtube.com/watch?v=iTfkn5W_aQ0. Basically it is a sturdy handle that folds out of the way and mounts in small areas like doorways.

Food Safety

- **Why is Clean important?** While you can't see, smell, or taste them, foodborne bacteria can survive and spread to many places around the kitchen. It is important to clean hands, utensils, and surfaces to reduce the risk of foodborne illness.



Clean: Consumer Data Points

Here are some findings from recent studies and surveys:

23% of consumers washed hands for a duration of just 2 seconds.

- 30% of consumers did not wash their hands after handling raw meat, even though 100% reported it was important.

- 93% of consumers said it was important to wash raw vegetables, but it was observed that only 60% washed lettuce and 73% washed tomatoes before consumption.
- Consumers say lack of a dishwasher is the primary barrier to properly cleaning kitchen utensils.

What to do:

Remind consumers why it's important to practice CLEAN and how to do it correctly with these resources:

[Clean Fact Sheet](#)

[Food Safe Families Campaign Toolkit](#)

Gardening

- ***Spring into Action with Cultivate Iowa.*** You are invited to join the Iowa Food Systems Council's Food Access and Health Work Group to learn how you can implement a Cultivate Iowa campaign in your organization or community. Cultivate Iowa is a social marketing campaign that encourages low-resource Iowans to consider food gardening to increase their food security; and encourages gardeners to plant or harvest extra to donate to food pantries or other organizations within their community. This will be at the Iowa Arboretum at 1875 Peach Avenue, Madrid, Iowa on March 11, 2014 from 8:00 am to 12:30 pm. There will be food and garden demonstrations along with distribution of Cultivate Iowa materials and seeds. **[RSVP Today!](#)** For more information, please go to <http://www.cultivateiowa.org/news-and-events/>

Recipe

The following page features a fresh recipe. Today's cooks have a renewed interest in kale, a hearty, healthful, curly-leafy green, which may have been among the first cultivated brassicas. A common ingredient in African stews, Portuguese caldo verde (soup), Irish colcannon (kale with mashed potatoes), Asian stir-fries and Southern greens, kale is typically prepared in cooked dishes. As a great source of beta carotene, vitamins C and K, and calcium, as well as lutein and zeaxanthin, raw kale makes a nourishing, colorful and intensely-flavored salad ingredient, too!

Kale Salad with Fresh Strawberries and Toasted Almonds

Recipe by Roberta L. Duyff, MS, RD, FADA, CFCS (source www.eatright.org)

Ingredients

9 cups bite-size pieces kale leaves*
Juice of 1 medium orange, divided
¼ cup plus 1 tablespoon extra-virgin olive oil
Pinch of salt
1 tablespoon orange zest
2 teaspoons honey
Freshly ground black pepper
1 cup sliced strawberries (or blueberries, blackberries or raspberries)
¼ cup dried currants or raisins
¼ cup slivered almonds or pine nuts, toasted
¼ cup crumbled feta cheese, if desired



Directions

Combine kale, half of the orange juice, 1 tablespoon olive oil and salt in a large bowl. Massage kale by scrunching small amounts with your hands, then releasing and repeating. With massaging, kale will soften, somewhat deepen in color and become more fragrant.

Make the dressing by whisking remaining orange juice, orange zest, honey and pepper in a small bowl. Gradually whisk ¼ cup olive oil into the juice mixture to combine well. Set aside.

Pour the dressing over kale. Add strawberries, currants and toasted almonds. Toss gently. Let salad ingredients marinate for 15 to 20 minutes before serving. If desired, top with goat cheese.

**Note: Remove and discard center ribs and stems from 1 large bunch kale leaves. Tear kale leaves into bite-sized pieces.*

Nutrition Information

Serves 6

Calories: 220; Calories from fat: 130; Total fat: 15g; Saturated fat: 2g; Trans fat: 0g; Cholesterol: 0mg; Sodium 120mg; Total carbohydrate: 21g; Dietary fiber: 4g; Sugars: 12g; Protein 5g; Folacin 34 mcg