

# Healthcare **Communication** Review

**On Building Health Partnerships: Food-for-Thought, Practical Tips, Resources**

Volume 10, Number 2

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Summer/Fall 2010

## **Understanding & Managing LIFESTYLE and HEALTH: EATING AND MOVING**

### **On Lifestyle and Health**

Pg. 1

### **A Healthy Lifestyle: What Is It?**

Pg. 1

### **Lifestyle, Weight and Ill Health**

Pg. 2

### **How We Move and What We Eat: From Healthy to Unhealthy Lifestyles**

Pgs. 3-4

### **How We Move and What We Eat: From Unhealthy to Healthy Lifestyles**

Pgs.-5

### **Talking to Doctors: Dealing With Weight-Based Biases**

Pg. 6

### **Talking to Doctors: Getting Help for Weight Management**

Pg. 6

## **ACKNOWLEDGEMENTS**

Pg. 7

## **BOOK REVIEWS**

### ***In Defense of Food* By Michael Pollan**

Pg. 4

### ***The ABC's of Fruits and Vegetables And Beyond* By Steve Charney & David Goldbeck**

Pg. 8

## **On Lifestyle and Health**

*In public health, "lifestyle" generally means a pattern of individual practices and personal behavioral choices that are related to elevated or reduced health risk.*

Dennis D. Tolsma in *Gale Encyclopedia of Public Health*, 2002

The above definition reflects the widely held view that how we live our lives – what we regularly and consistently do – can make a big difference when it comes to our health. “Good” lifestyle practices and choices make us more likely to be healthy. “Bad” lifestyle practices and choices make us more likely to suffer from preventable diseases.

This, of course, suggests that we have complete control over our health – at least when it comes to a number of diseases and conditions. But, as many of us have learned, we can often do what’s right yet still suffer from a variety of “preventable” diseases.

Why? Reasons may include genetics (what we inherit from past generations of family members); our environment (think of Black Lung Disease experienced by miners who regularly inhale coal dust or lung cancer from second-hand smoke); and numerous social and economic factors (think of social pressures to drink, smoke and abuse drugs as well as the high costs of healthier food items such as fruits and vegetables). Nevertheless, for many of us, living a healthy lifestyle can make a *huge* difference in our physical and mental wellbeing – whether it helps us to avoid preventable diseases or to successfully manage them.□

## **A Healthy Lifestyle: What Is It?**

*The best six doctors anywhere, And no one can deny it  
Are sunshine, water, rest, and air, Exercise and diet.*

*These six will gladly you attend, If only you are willing*

*Your mind they'll ease, Your will they'll mend*

*And charge you not a shilling*

Anonymous,

Quoted in “The Health Club” in *School Life* vol IV (January-June 1920), p.17.

To be sure, many aspects of lifestyle can have a great influence on one’s health: our diet, physical activity, exposure to smoke, stress, alcohol and drug abuse. Also, despite the above suggestion that living a healthy lifestyle may eliminate the need for doctor visits, a good argument can be made to include annual medical and dental checkups in this list. All these and more constitute a healthy lifestyle.

Without minimizing the importance of each of the items listed here, two are central to a healthy lifestyle: our diet (what and how much we eat) and physical activity (how much we move our bodies). To learn more, read on.□

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**AN IMPORTANT NOTE ABOUT  
INTERNET LINKS LISTED IN  
THIS PUBLICATION**

Links to websites change over time. If that happens, it may still be possible to find the desired web page per the following example:

In 'Lifestyle and Weight' on this page, we list the following link:  
[www.cdc.gov/healthyweight/bmi](http://www.cdc.gov/healthyweight/bmi)

If that link does not lead you to the desired page, you can either go to the CDC's home page at [www.cdc.gov](http://www.cdc.gov) and enter "BMI Calculator" in their search box or simply use your search engine of choice to search for a BMI calculator.

If what you are searching for is an article and the provided link no longer works, you can try finding that article by typing the title in a search engine or the search box of the site it's supposed to be on.

**Regarding Links in PDF Files**

If a link that extends beyond one line doesn't work, copy and paste that link in your browser.

## *From the Editor*

**Did you know?** In 2002, chronic conditions such as heart disease, stroke, chronic respiratory diseases, diabetes, and cancer accounted for 88% of deaths in the United States. (Figures from the World Health Organization)

**Did you know?** Many of these diseases and conditions are preventable simply by eating and doing the right things. (And yes, as I sit here watching myself eat more than I want to eat, I appreciate the irony of what I just said.) 'Simply' eating and doing the right things is easy to say, hard to do!

Yet today's patients are urged to take charge of their healthcare – to take an active role in deciding on treatments for our conditions and doing what we can, including living healthier lifestyles, to promote recovery. I would suggest that being an active patient also means we should begin at the beginning – that we should take steps to avoid getting those conditions in the first place.

Whether we want to maintain or restore health, we need to build an understanding of how the ways we live can affect our health. This issue, then, attempts to provide information and resources for building those understandings – in particular, how what we eat and how much we move have taken a turn for the worse; the unhappy consequences of that turn; and ways to reverse it.

Whether you are ready now or not, we hope this issue of the *Review* will, in some small way, help you take charge of your health. As always, we hope you find the articles in these pages useful and extend our best wishes for all to...

Be well. *Judith Greenfield*

## **Lifestyle, Weight and Ill Health**

Lifestyle is not always the cause of obesity, but it usually plays some role. Why? It's very simple. When we repeatedly take in more calories (by eating) than we use (by moving), we tend to gain weight – eventually becoming overweight. If this pattern of living continues, people often become very overweight, even obese. (To calculate your weight category, go to [www.cdc.gov/healthyweight/bmi](http://www.cdc.gov/healthyweight/bmi).)

This, in turn, carries with it greater risks of major, yet preventable, diseases. For instance, obese people are more likely to develop high blood pressure, diabetes, heart disease, joint problems, sleep apnea and respiratory problems, some cancers (breast, colon, gallbladder and uterine cancers in women; colon and prostate cancer in men) and more. And while we may become less concerned about these conditions because it seems that medicine has done much to help people with these conditions live fairly normal lives, each of these conditions carry their own serious ill effects. People with diabetes, for instance, are at greater risk for eye problems, including blindness; foot problems, including the need for amputation; skin problems and greater difficulty healing wounds; gum disease; and kidney disease; to name just some. For more information, visit the American Diabetes Association at [www.diabetes.org](http://www.diabetes.org). Then click on 'Living-With-Diabetes' and 'Complications.'

Obesity, then, is often a serious problem. And more states are reporting an increase in the numbers of obese residents. (For charts showing changes in states' reports of obesity over the years, go to <http://www.cdc.gov/obesity/data/trends.html#State>.) Especially alarming is the fact that more children are becoming overweight and the physical ailments associated with this gain in weight – rarely seen before in children – are now affecting more and more of them. Type 2 Diabetes, for instance, is now being seen in children and adolescents.□

## How We Move and What We Eat: From Healthy to Unhealthy Lifestyles

*“It’s almost as if the elements are conspiring against us to lead unhealthy lifestyles...”*

Dan Blumenthal, Morehouse School of Medicine,

Quoted by Join Together in “Most American Live Unhealthy Lives, Study Says”

Our parents’ and grandparents’ generations, as well as those that came before them, lived in a world that was very different from the one we live in today. In our world, as suggested above, the elements seem to have conspired to encourage us to lead unhealthy lifestyles – to move less and not only eat more, but eat more of less nutritious foods. A perfect storm, perhaps, for developing some serious chronic conditions. How did we get here? A look at some of those conspiring elements might help.

### **Physical Activity: How Much We Move**

It’s important to note that physical activity is more than exercising for fitness. Simply put, physical activity is anything that involves moving our bodies and, by doing so, using up stored energy (calories). In our parents’ and grandparents’ time, just going about their daily business each day involved physical activity. For them, living healthy lifestyles was more a necessity than a choice. They spent more time and effort working in the home (cooking, cleaning, caring for the children); engaging in hard physical labor at work (for longer hours per week); walking to and from work or school; playing physical games during school recess; and, after coming home from school or work, doing chores or energetically playing. Life then was such that people had to move. They may or may not have engaged in formal forms of exercise, but just doing what needed to be done each day inevitably involved physical activity.

That has all changed. We now move much less, in large part because of those conspiring elements – namely, advances in technology and automation, making work at home and on the job easier; urban sprawl and decentralization calling for a greater reliance on motor vehicles to get to school and to work; less time to spend on housework, when home; and, even when the time is there, the tremendous lure of television and computers. Today, by many reports, the vast majority of American adults are not regularly active, and too many adults are not active at all. Is it any wonder, then, that our dictionaries now include the phrase “couch potato.”

The problem, we now know, is that physical inactivity places us at risk for ill health. Indeed, we are now told that regular, even moderate, physical activity can provide a lot of health benefits. It can help us live longer and reduce our risks for heart disease, colon cancer, diabetes, joint problems, and more, while helping to improve both our physical and psychological wellbeing. Studies are now even suggesting that physical activity can help us stay mentally alert as we age – that is, it seems to at least delay the mental decline we so often see in the elderly.<sup>1</sup> Furthermore, even overweight people can benefit from physical activity. That is, according to the Encyclopedia for Public Health, a physically active overweight person has less risk of ill health than a physically inactive person who is not overweight. In essence, just about everyone can reap the benefits of moving their bodies on a regular basis. In large part because of these conspiring elements, however, all too many of us are not enjoying those benefits.

### **Healthy Eating: A Downward Spiral**

In his book, *In Defense of Food*, Michael Pollan describes the factors leading, over the past 50 years or so, to our shift from healthy to unhealthy eating – our shift to the Western diet and the ills associated with it: diabetes, cardiovascular diseases, cancer, and more. [See Review, Page 4] These factors include: “...the industrialization of our food; the rise of highly processed foods and refined grains; the use of chemicals to raise plants and animals...; [and] the superabundance of cheap calories of sugar and fat produced by modern agriculture.”

This wasn’t always so. Food that reached the tables of past generations, or even our own tables as youths, may not have been an ideal balance of whole grains, fruits and vegetables, meat and dairy, but much of what we ate was fresh and unprocessed. Today, with the changes described above – along with technologies that permit their processing, preserving and packaging – a wide variety of packaged foods in our supermarkets make it so much easier (and cheaper) for many working parents to put tasty meals on the table. The rise of fast food chains, as well, offer tasty, inexpensive meals that are a handy solution for those who don’t have the time or inclination to prepare even packaged meals at home. See **Healthy to Unhealthy**, Page 4

*In our parents’  
and grandparents’  
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choice.*

### **Healthy to Unhealthy, Continued from Page 3**

Add the element of marketing by the food industry and many of us now eat foods that are mostly processed and prepared elsewhere. And that marketing, much of which targets children who pressure parents to get them particular foods or bring them to particular fast food chains, is impressive. Indeed, a 1999 US Department of Agriculture document, entitled *America's Eating Habits: Changes and Consequences*, reports that food manufacturers spent \$7 billion on advertising in 1997. (More recently, the figure is reported to be over \$32 billion.)

Of that earlier \$7 billion, however, more than \$1.5 billion of it was spent on promoting prepared convenience foods – almost five times greater than the \$333 million spent by the USDA on nutrition education,

evaluation and demonstrations – with barely any monies spent on advertising fruits, vegetables and meats. Is it any wonder, then, that Americans are not eating healthy foods and are suffering for it?

Is it any wonder that Diabetes and heart disease are on the rise along with many other preventable conditions – including, as noted in the report, an increased risk of osteoporosis because more people are choosing carbonated soft drinks over milk? Is it any wonder that an article appearing in the American Journal of Clinical Nutrition states that “...*chronic illnesses and health problems either wholly or partially attributable to [Western] diet, represent by far the most serious threat to public health?*”<sup>2</sup> □

<sup>1</sup> See <http://www.ncbi.nlm.nih.gov/pubmed/11485502>.

<sup>2</sup> See “Origins and evolution of the Western diet: health implications for the 21<sup>st</sup> century” at <http://www.thepaleodiet.com/articles/Origins%20Paper%20Final.pdf>

## **BOOK REVIEW**

### ***In Defense of Food***

*By Michael Pollan* • Penguin Books • ISBN: 978-0-14-311496-3

What this book reveals should not surprise us. The story told here, after all, is one that has been reported on the news and in our papers time and time again. It’s a story of how a powerful industry influences government policies; how those policies can influence the practice of science; and how, in the end, citizens are ill served by it all.

Pollan, a Pulitzer-prize-winning professor of journalism, shares here the results of his research regarding the varied forces that shape what and how we eat. In this well-documented, eye-opening book, we learn, for instance, that before 1973 when a particular food labeling law was overturned, the vast majority of the foods we enjoy today would have been required to be prominently identified as “imitation.” Pollan’s somewhat strange title begins to make sense, then, when we realize that he’s defending the food humankind has been eating since the beginning of time – food that has been largely replaced by the so-called food that now dominates the marketplace. He’s defending it against the policies, science and marketing that has brought us the Western Diet – a diet that is now a recognized cause of a number of major, preventable diseases which, in turn, have been shortening the lives of so many of us.

Pollan describes events that helped shift thinking in ways that lead to this change. One such event occurred as a result of the food industry’s response to recommendations by the Senate Select Committee on Nutrition and Human Needs. Led by then Senator George McGovern, its goal was to eliminate malnutrition. In 1977, nine years after its formation, the committee recommended that people eat less red meat and dairy products. In response to the pushback from these industries, the committee revised their recommendations to read: “*choose meats, poultry and fish that will reduce saturated fat intake.*” The significance of this compromise, Pollan reports, is that a “*momentous shift*” in thinking took place. That is, many scientists, the government, the food industry, and we the people, began to “*Speak no more of food, only nutrients.*” This was a turning point that has since allowed the food industry to tout the health benefits of their food-like products simply by adding nutrients that are thought to be healthy (think fiber) and eliminating those found to be unhealthy (think trans fats).

So it is that this fascinating book, in its first two parts, details some of the elements that have conspired to change the way we eat today. Part I addresses what Pollan calls “nutritionism,” (not the same thing as nutrition). He defines nutritionism as an ideology grounded in the assumption that “*foods are essentially the sum of their nutrient parts*” – a view that Pollan disputes, in part because we can’t claim to know all the nutrient parts. Part II documents how industrialization has brought us more and cheaper food but, also foods that are less nutritious – foods that are not only associated with the ‘Western’ diet and the newer ‘civilized’ diseases that accompany it, but that are also bringing back some of the old-time, nutrition-deficiency diseases such as rickets. Thankfully, Part III of the book looks at how we can ‘escape’ from the Western diet – something, Pollan says, that would not have been possible as little as 40 years ago. For all its details, this book is a fairly easy read. It is also, without doubt, a MUST READ! □

## How We Move and What We Eat: From Unhealthy to Healthy Lifestyles

Changing patterns of living – habits – can be hard. But take heart. Not only can we change how we live, but we can follow many different paths to make that change. The key is to find the path(s) that works for us. That is, whatever that path is, it should be one that we can live with. The goal, after all, is to change the way we live – to shed our unhealthy habits and replace them with healthy ones. With regard to changing the way we eat and move, several recommendations may help.

### Self Assessment

We might begin by observing what we are doing. Keeping a journal that records what we eat and do is a good way to begin. Wearing a pedometer to count the number of steps we take each day is another. (For an accurate recording of steps, the pedometer should be placed in a straight up and down position at your waist, near your hip, If this is not possible, your shoe is the next best place.) Thinking (and sleeping) on what we've observed can lead us to questions to ask ourselves. These might include: *Why am I hungry? Why do I move so little? What might keep me from making changes? And, what can reduce or eliminate those obstacles?*<sup>1</sup>

### Make a Plan that Will Stick & Take Small Steps

If we decide to make changes in how we live our lives, one key to success is to set reasonable goals and make a plan that involves small steps. Whether we increase our physical activity or change the way we eat, or both, we need to remember that the goal is a long-term goal – to change the way we live, not to get to a certain point and then return to old patterns. We do not need to become marathoners to live healthier lives, though that is certainly a worthy goal. And we don't need to be thin to be healthy. Indeed, some experts claim that *“a healthy weight is the weight you achieve when you have a healthy lifestyle.”*<sup>2</sup>

Taking small achievable steps makes it easier to succeed. Success is critical if we are going to maintain our new ways of living. Though starting small can help us keep going and even build momentum – eventually bringing us to more dramatic changes – it should be noted that small steps, by themselves, can help us live healthier lives. Any decisions about setting dramatic goals and taking more dramatic steps can always be made later. Not sure what small steps you can take? For a list of small steps, go to [www.smallstep.gov/take\\_small\\_steps\\_today.html](http://www.smallstep.gov/take_small_steps_today.html).

In the meantime, it might help to know that experts report that several short sessions of moderate physical activity (say, about 10 minutes each) can provide the same health benefits as one long session of moderate physical activity (say, about 30 minutes). And size, alone, need not prevent anyone from being active. For how to start, you can go to [www.win.niddk.nih.gov/publications/active.htm](http://www.win.niddk.nih.gov/publications/active.htm).

In terms of eating better, we're often advised to buy mostly those foods found around the outer edges of our supermarkets, (meats, dairy, fruits, vegetables, and fresh baked goods), and fewer of those found in the internal aisles, (packaged, processed foods). We might also take advantage of any nearby, local farmers' markets.

While these foods may typically be more expensive, one thing that might help in keeping costs down is to plan a week's worth of dinner meals before going shopping. This can not only be better for our pocketbooks, (by buying only what is needed and reducing food waste), it can also help eliminate the stress of trying to figure out – at the last minute – what to serve for dinner. Note that planning a weekly dinner menu doesn't have to tie us to serving a meal on a particular night. Days for dinners can often be switched if life happens to throw a wrench in our schedules.

### Build a Support System

There's a reason why a lot of the major weight-loss programs include one or more elements of support for change. Sometimes, support, or the lack of it, can make all the difference! Those of us who choose to go solo when making changes will need to build our own support systems – if, for instance, the goal is better health and we don't want to join a weight-loss program that offers support. We'll need to find people who will respect our decisions to change our lifestyle and encourage us along the way. Family and friends can be great sources of support though, sometimes, they may not understand why we want to change the way we live and may even make it more difficult for us. For help in dealing with families, visit <http://www.webmd.com/diet/features/weight-loss-7-ways-to-get-your-familys-support>.

If the problem is an eating disorder or the result of a medical condition, we might speak to our doctors or contact local mental health groups for information about community support groups. Checking with local hospitals, which often host support groups, or looking online may also help. For instance, the American Heart Association at [www.heart.org](http://www.heart.org) or the American Diabetes Association at [www.diabetes.org](http://www.diabetes.org), have information on community and online support groups. If a link is not found on their home pages, enter various terms (such as support groups or message boards) in their search boxes or use their 'Contact Us' link to ask about groups. □

<sup>1</sup> For more self-assessment tips, visit [www.uwyo.edu](http://www.uwyo.edu) and search for “Consumerism: How it fosters unhealthy lifestyles and what we can do to live differently.” Scroll down to middle of news release for link to download article.

<sup>2</sup> See Note 1

## Talking to Doctors: Dealing With Weight-Based Biases

Like most people, clinicians – doctors, nurses, and other healthcare professionals – have prejudices. Unfortunately, many years of studies have shown that, like many people, some clinicians are biased against overweight and obese patients. And even though clinicians know that weight gain can be caused by a variety of factors – including biological factors and the widely-used drugs for mental diseases and depression – it is not uncommon for them to believe that overweight and obese patients simply eat too much and are too weak-willed to do anything about it.

As noted by Dr. Jerome Groopman in *How Doctors Think*, such prejudices can reduce the quality of care provided to overweight patients because negative feelings about particular patients often lead doctors to dismiss their overweight patients' complaints – to see the cause of the complaint as being weight-related, (which it might actually be), before looking more deeply into other possible causes. When this happens, Groopman says, they are more likely to make diagnostic errors. Patients who think this may be happening to them, might ask the doctor one of two versions of the same question: *What else could this be?* Or, *What would you do next if I was not overweight?*

Although responsibility for reducing or eliminating such biases rests squarely with the professional community,

patients can help themselves by acting on this as well. They can work on building good relationships with their doctors by helping their doctors get to know them as individuals, rather than as one of “them.” Being tactfully honest and up front – not only about themselves but about what they'd like from their clinicians – can help in this regard. Building good relationships and mutual trust may also elicit more, individualized support for weight management – a goal that is necessary for two important reasons. The first, of course, is to prevent or manage chronic conditions. The second is to eliminate (or reduce) another reason (unrelated to bias) for medical errors. That is, it is generally physically harder to diagnose and treat medical conditions in overweight patients.<sup>1</sup>

For patients who remain overweight, however, information on how to become healthier and deal with weight-based discrimination are offered by two organizations whose goals are to help overweight people live healthy lives, build self-esteem, and reduce or eliminate discrimination based on weight: These are the Council on Size and Weight Discrimination at [www.cswd.org](http://www.cswd.org) and the National Association to Advance Fat Acceptance at [www.naafa.org](http://www.naafa.org). □

<sup>1</sup> Visit [www.cnn.com](http://www.cnn.com) and search for “The surprising reason why being overweight is not healthy.”

## Talking to Doctors: Getting Help With Weight Management

Good relationships can make conversations about weight easier. If your relationship is a new one, it's time to start building the mutual trust that is so necessary for a good relationship. In any case, how you respond to your doctor should be the same regardless of whether or not a good relationship already exists. Let's look at how such conversations might proceed in different scenarios.

### Scenario #1: The Doctor Brings It Up

If you are not ready to talk about your weight, you might respond to the doctor by saying: *“I appreciate your concern but I am not ready to talk about this now.”* If you are ready to talk to the doctor about it but not necessarily ready to do something about it, you might tell the doctor you're not ready to do something about it but would be open to learning more – in particular, you might ask why it is important for you to lose weight (do you have a weight-related health problem now or is it that you are at risk for such a problem?). You might also ask *“What would you recommend I do?”* and *“How can you help?”* The important thing is that you should not tell the doctor what you think he or she wants to hear when you have no intention of following his or her recommendations. That is

what builds mistrust. On the other hand, if you are ready to talk about it AND do something about it, you might ask the doctor to tell you more and engage in conversations similar to conversations that you would have if you were to bring the subject up.

### Scenario # 2: You Bring it Up

If you are ready to lose weight – to change what you eat and become more active – you might bring the subject up before the doctor does. Ideally, it's best to take time to prepare a list of your questions before you visit the doctor. Questions you might ask include:

- *Does my weight contribute to my health problems*
- *Do my health problems contribute to my weight problem?*
- *How much do you know about weight management?*
- *What activities can I safely try?*
- *How can you help me?*
- *Where can I find more information and support?*

For questions to ask about weight-loss programs visit [www.win.niddk.nih.gov/publications/choosing.htm](http://www.win.niddk.nih.gov/publications/choosing.htm). □

## NEW OFFERINGS!

### Online Patient Education Programs

If you have a phone, a computer, and access to the Internet via a cable modem, then you can take advantage of our LOW-COST patient education programs (Webinars) offered in early December, 2010.

### TOPICS

Getting the Most  
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Finding, Understanding,  
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For links to program descriptions and registration information, go to [www.healthcp.org](http://www.healthcp.org) And Click on link for Webinars/Public at the top of our Home page.

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### New Email-Only

### TIP(S) OF THE MONTH

A monthly emailing of  
Communication and  
Information tips.

Building on topics covered in prior issues of the *Review* and elsewhere, these tips can help readers get the most out of healthcare

If you get this publication via the post office and also wish to receive these tips, please send your email address to [info@healthcp.org](mailto:info@healthcp.org) or to us at  
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## **BOOK REVIEW**

### ***The ABC's of Fruits and Vegetables and Beyond***

By Steve Charney & David Goldbeck • Ceres Press • ISBN: 1-886101-07-8

***“Q: Why did the banana go out with the prune? A: Because it couldn't get a date.”***

What is the difference between a fruit and a vegetable? No, this is not a joke. The answer, however, can be found by readers of this children's book which – beginning with the charming rhymes that identify either a fruit, vegetable or food-related item for every letter in the English language – is filled with so much more information about each of those identified foods. The 'Beyond' portion of this book is what makes it so special. Here readers can find: facts (such as how long the fruit or vegetable has been grown); geographical maps (showing where they are grown); how to grow them; jokes and riddles (such as the riddle that opens this review); recipes; fun projects; childrens books (such as *First Apple*, by Ching Young Russell) with descriptions of their content; and websites, where they exist, for learning more (for instance, more about dates can be found at [www.datesaregreat.com](http://www.datesaregreat.com)).

Co-author, Steve Charney, is a ventriloquist who, with the help of his 'dummy' Harry, is a nationally know children's entertainer. It's no wonder, then, that his poems and rhymes describing the fruits and vegetables in this book are catchy. (*I is for the Idaho, A potato Idahoans grow. Can Ohians in Ohio Grow Idahos? Ida Know.*) Co-author David Goldbeck – who, along with his wife Nikki, has co-authored nine food books, including the best selling *Supermarket Handbook* – wrote this book as a means of starting to build children's appreciation of fruits and vegetables early in life. Indeed, after reading this book with all it offers, including wonderful illustrations, how could they not?

For me, reading this book as an adult was also a great pleasure. I thoroughly enjoyed it all – especially the beyond portion where even I learned things that were new to me. And while I'm already a fruits and vegetable lover, I can understand the value of this book for children who might not yet be there. So, too, apparently, do the Departments of Education in states such as Connecticut and California. They, among other school systems, have purchased hundreds of copies. Would that more school systems would do the same. Until then, parents and grandparents who wish to steer their children onto a healthy eating path, can give this book to their young loved ones as a gift of joyful reading. □