

# PASSPORT *to* HEALTH

FALL 2014

*News For and About Passport  
to Health Members!*



**CAPE FEAR VALLEY**  
PASSPORT TO HEALTH



## CAPE FEAR VALLEY PASSPORT TO HEALTH

*Passport To Health is a program for members ages 50 and better.*

### OFFICE

Passport To Health  
3522 Village Drive  
Phone: (910) 615-4600  
Fax: (910) 615-5385

Office hours vary.  
Please call before stopping by.

### MAILING ADDRESS

Cape Fear Valley Health  
Attn: Passport To Health  
P.O. Box 2000  
Fayetteville, NC 28302-2000

### **EDUCATIONAL TOPIC LINE**

For the topic of the month to be presented at Passport To Health's monthly educational meeting and other upcoming events, please call (910) 615-4468.

This newsletter is published by the Marketing and Outreach Department of Cape Fear Valley Health System for Passport To Health members, physicians, senior centers and community agencies.

Editor: Anna Ackerman  
Passport To Health Manager  
aackerman@capefearvalley.com

This educational information is provided to supplement the care provided by your physician. It is not intended to be substituted for professional medical advice. Always consult your physician with any questions you may have regarding a medical condition.



# Flu vaccine

Medicare, N.C. Blue Cross/Blue Shield & Tricare accepted  
with no co-pay. Bring insurance card and photo ID  
Cash Price: \$30



## CENTER PHARMACY

Medical Arts Center  
101 Robeson Street, 1st Floor  
(910) 615-1800

### Hours:

Monday – Friday, 9 am – 6 pm  
Saturday, 9 am – 1 pm



## CAPE FEAR VALLEY HOKE PHARMACY

300 Medical Pavilion Drive  
U.S. 401 & Johnson Mill Road  
(910) 904-8700

### Hours:

Monday – Friday, 9 am – 6 pm  
Saturday, 9 am – 1 pm

CAPE FEAR VALLEY



1930 Skibo Road  
Behind Casual Jack's

### Public Flu Clinic

Tuesday, Oct. 14 • 1 – 3 p.m.

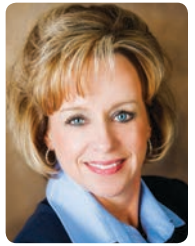


## CAPE FEAR VALLEY HEALTH PAVILION NORTH

6387 Ramsey Street  
Ramsey Street & Andrews Road

### Public Flu Clinics

Friday, Sept. 19 • 10 a.m. – Noon  
Friday, Oct. 10 • 2 – 4 p.m.  
Tuesday, Oct. 28 • 10 a.m. – Noon



Dear Friends,

What a wonderful world we live in today! No matter how far away our friends and family may live, we can keep in touch with them over the Internet. Now you may use that same technology to keep up with Passport to Health through our very own Facebook page!

Stop by [www.facebook.com/CFVPassportToHealth](http://www.facebook.com/CFVPassportToHealth) and click on the “Like” button to get news on upcoming classes, healthy recipes and new discounts. We will even try to post the menus in advance of our monthly luncheon and dinner programs.

I hope you will visit our Facebook page often and even use it to ask questions of us and make comments. The idea is to have a place for us to gather online. I would love to hear from you!

The page is new, but we are adding new content all the time – including photos from Passport to Health events. So, please check back often and feel free to share your own stories.

A handwritten signature in black ink that reads "Anna Ackerman".

ANNA ACKERMAN, PASSPORT TO HEALTH MANAGER



*Find Us On Facebook!*

Stop by [www.facebook.com/CFVPassportToHealth](http://www.facebook.com/CFVPassportToHealth) and click on the “Like” button.

Our office is closed on Thursdays to walk-in traffic so that we may have uninterrupted time to plan workshops and programs for you. Thank you for being understanding. The office will also be closed Oct. 16 – 24.





A woman with dark hair, wearing a yellow shirt, is looking down at a white bowl. She is holding a piece of food, possibly a slice of pizza or a sandwich, over the bowl. The background is blurred, showing other people and what appears to be a social gathering.

# Healthy Aging

## What Does It Take?

On his 75<sup>th</sup> birthday, Evan was in good shape with no major health problems. But how about the future? Could he expect another 10 or 20 years of healthy life? Might he live to 100?

Evan has heard that aging is all about your genes, but his heredity does not give him a lot of confidence. His father and all his grandparents died in their late 60s or early 70s. That was not all that unusual for the era. For persons born between 1896 and 1905, the median age of death was 63 for a male and 72 for a female. Only 0.1 percent of men and 1 percent of women lived to 100.

Heart disease, cancer and stroke are the major killers, accounting for 60 percent of deaths of older Americans in 2004. The deaths of Evan's father and grandparents were all related to either stroke or heart disease. Most of their deaths could have been delayed today through early preventive actions such as exercise and diet and use of blood pressure and/or cholesterol-lowering medications.

More recently, Evan's brother died at age 68 of pancreatic cancer. No cure or treatment is available for this deadly cancer, but smoking is a major risk factor. His brother was a lifelong smoker from the age of 16.

Due largely to medical advances, Americans are staying healthier and living longer than they were 50 to 100 years ago. It's reasonable to assume that those who live longest are persons able to delay the onset of major diseases. But research indicates that is not always the case. Nearly half of centenarians had been diagnosed with a major age-related disease by the age of 65, according to one study.

## Heredity or Environment?

The New England Centenarian Study has been producing fairly convincing evidence that exceptional longevity – to age 105 and beyond – tends to be the result of genetics more than environment. For survival into the mid-80s, however, only 20 to 30 percent of variation can be attributed to heredity, according to twin studies and other research.

The Adventist Health Study is one of several suggesting that a person who follows healthy habits can expect a lifespan of 86 years or more. For the Adventists, this means no smoking or drinking, a vegetarian diet, regular exercise and effective management of stress.

**SMOKING, DRINKING:** Smoking has been linked to many common causes of death – high blood pressure (hypertension), cardiovascular disease, lung and pancreatic cancer, and chronic obstructive pulmonary disease (COPD). A study of 157 centenarians living in Rome found that 83.8 percent never smoked and only 2.7 percent were active smokers.

Seventh Day Adventists do not drink because of their religion, but studies have found that moderate drinkers – one or two glasses of wine or the equivalent a day – have greater longevity than either heavy drinkers or non-drinkers. Alcohol use, in moderation, increases blood levels of HDL (the good cholesterol) and has an anti-clotting effect.

Caffeine is off limits for some (but not all) Adventists. And it too has been found to have longevity benefits. According to studies, coffee drinkers have a lower risk of type 2 diabetes and age-related mental decline.

While the Adventists undoubtedly gain a lot of points from not smoking, their primary advantage is believed to be their vegetarian diet, which is bound to be low in saturated fats and high in vitamins and minerals.

**PHYSICAL ACTIVITY:** Evan was surprised to discover that two of his great grandfathers lived to age 84. They were both born in the 1830s, 150 years and more before the advent of blood pressure medications, antibiotics, heart surgery and organ transplantation...but also before the days of herbicides, pesticides and hormone-fed livestock.

They were farmers, early settlers of Illinois, and had clearly been physically active through most of their lives.

A study of older Swedes published in December 2013, in the *British Journal of Sports Medicine* found that persons who were physically active on a daily basis, even without exercise, had better cardiovascular health and lived longer than those who were less active.

While moderate to vigorous exercise may be better at strengthening the heart muscle and lowering blood pressure, daily low-level activity is also important. The ideal, of course, is to have both.

**DIET:** The other person with reasonable longevity in Evan's family history is his mother, who died at age 86. She was diagnosed with type 2 diabetes in her mid-60s, but from that day forward she obsessively followed a strict diabetic diet.

She lost the weight her doctor asked for and never again ate a sweet or dessert. She was overly restrictive on herself, we now know, but her attempt to eliminate sugar from her diet probably added several years to her life.

The diet most often cited as good for longevity is some form of the Mediterranean diet. This diet emphasizes fruits, vegetables, whole grains, legumes, low-fat dairy products, fish and monounsaturated fats such as olive oil as opposed to saturated fats and red meat.





What's important is not any one specific food but a pattern of eating. The Mediterranean populations from which these diets come have a wealth of fresh, locally raised ingredients and take tremendous enjoyment in sharing good food with friends and family.

**SOCIAL SUPPORT:** People who live to 90 or 100 generally enjoy life. And they have strong social support networks.

Data compiled from 148 studies involving 300,000 subjects found that individuals with good social relationships were 50 percent less likely to die over a study period that averaged 7.5 years. That amounted to an extra 3.7 years of life compared to a person with lower social support.

The ideal is to have not one but several circles of support – family, neighbors, colleagues from work or school and friends from church or temple. If family members are spread across the country and unavailable for a short-term emergency, it's important to have a neighbor or friend to call on.

Like most Americans, Evan has genes that are both favorable and unfavorable to longevity. What matters most are the habits he adopts to make maximum use of his genetic background. With the right habits, he will be able to make the most of each year that he has after age 75.

## Long Life Often Filled with Challenges

Howard Friedman and Leslie Martin, in their book, *The Longevity Project* observe that persons who live longest often have challenging lives that require persistence, perseverance, hard work and close involvement with their friends and family.

“It was not those who took life easy, played it safe, or avoided stress who lived the longest,” they write.

## Is Retirement Bad For Your Longevity?

Luigi Ferrucci, director of the Baltimore Longitudinal Study of Aging, believes that the risk of obesity and chronic diseases increases rapidly in cultures where people retire and stop working abruptly.

In the Tuscan region of Italy, which has a high percentage of centenarians, older people slow down a bit but remain physically active and continue working on their farms or in their vineyards.

Many older Americans who age successfully do much the same through volunteer work with schools or non-profit organizations.

## Public Health Expert Lives What He Preaches

When Dr. Lester Breslow died in 2012 at age 97, he left behind a 70-year legacy of research and practice in public health and aging.

As an official with the California Public Health Department in the 1940s and 1950s, Dr. Breslow conducted many of the early studies on the harmful effects of smoking that were later cited in the 1964 Surgeon General's Report.

Dr. Breslow's study of 6,928 residents of Alameda County proved with numbers the important effect of behavior on longevity. The seven recommended behaviors were:

- Don't smoke
- Drink in moderation
- Sleep seven to eight hours a night
- Exercise at least moderately
- Eat regular meals
- Maintain a moderate weight
- Eat breakfast

According to Dr. Breslow's study, a 60-year-old following all seven recommended behaviors would be as healthy as 30-year-old following fewer than three. Dr. Breslow followed all seven behaviors himself.



# UPCOMING *events*

## Monthly Luncheon & Dinner Programs

All luncheon and dinner programs are held in the Cape Fear Valley Rehabilitation Center Auditorium, located behind Cape Fear Valley Medical Center. Free parking is available in the Employee Parking Lot, located at the corner of Melrose and Walter Reed roads, with shuttle service provided to the door.

To allow our catering staff to get ready, doors will open at 11 a.m. for the luncheons and 5 p.m. for the dinners. We regret we cannot allow early entry.

### OCTOBER

## Keeping You Safe In The Hospital

Monday, October 6 • 5:30 p.m.

Registration deadline is September 29.

Wednesday, Oct. 8 • 11:30 a.m.

Registration deadline is October 1.

Speaker: Jan Mathews, RN, MPHA, CPHQ,  
NEA-BC, BB  
Corporate Executive Director of Quality and  
Patient Safety  
Cape Fear Valley Health

### OCTOBER EDUCATIONAL PROGRAM REGISTRATION FORM

Member's Name: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Cost: \$7.25 per person

\_\_\_\_ **Dinner Session: October 6**  
*Registration Deadline is Sept. 29, 2014.*

\_\_\_\_ **Luncheon Session: October 8**  
*Registration Deadline is Oct. 1, 2014.*

### NOVEMBER

## Eating for Better Blood Pressure and Cholesterol

Monday, November 3 • 11:30 a.m.

Registration deadline is October 27.

Tuesday, November 4 • 5:30 p.m.

Registration deadline is October 28.

Speaker: Jaime Evans, RD, LDN  
Dietitian  
Cape Fear Valley Health

### NOVEMBER EDUCATIONAL PROGRAM REGISTRATION FORM

Member's Name: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Cost: \$7.25 per person

\_\_\_\_ **Luncheon Session: November 3**  
*Registration Deadline is Oct. 27, 2014.*

\_\_\_\_ **Dinner Session: November 4**  
*Registration Deadline is Oct. 28, 2014.*



**NOTICE:** The Passport To Health office will close daily for lunch from 12:30 to 1:30 p.m.

Make checks payable to Passport To Health.  
Mail your registration form and payment to:

Passport To Health  
Cape Fear Valley Health System  
P.O. Box 2000, Fayetteville, NC 28302-2000

To receive a refund, cancellations must be made by the reservation deadlines.

## DECEMBER

### Holiday Party

Monday, December 1 • 5:30 p.m.  
Registration deadline is Nov. 24.

Wednesday, December 3 • 11:30 a.m.  
Registration deadline is Nov. 26.

Enjoy a special holiday meal, entertainment and door prizes!

#### DECEMBER EDUCATIONAL PROGRAM REGISTRATION FORM

Member's Name: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Cost: \$7.25 per person

\_\_\_\_\_ **Dinner Session: December 1**  
*Registration Deadline is Nov. 24, 2014.*

\_\_\_\_\_ **Luncheon Session: December 3**  
*Registration Deadline is Nov. 26, 2014.*

# HOKE *fest* & HEALTH FAIR

## Saturday, Oct. 18

### 10 a.m. - 2 p.m.

### Hoke Healthcare

300 Medical Pavilion Drive, Raeford

U.S. 401 & Johnson Mill Road

Free Parking • Free Food

Free Health Screenings

Bounce House &

Video Game Truck for the Kids





# UPCOMING *events*

## Seminars & Workshops

### Diabetes Self-Management Classes

**Wednesdays, Oct. 29, Nov. 5, 12, 19, 26 and Dec. 10**

**9 a.m. – 11 a.m.**

**Medical Arts Center, Room 102**

**101 Robeson Street**

This series of six classes will teach you how to better manage your diabetes. Learn to:

- Manage symptoms, including fatigue and depression
- Use relaxation techniques
- Eat healthy
- Use medication effectively
- Monitor your blood sugars
- Solve problems and set goals
- Increase your self-confidence
- Feel better and take charge!

Please call 615-4600 to register.

### Members On The Move Seminar: T'ai Chi For Seniors

**Friday, Oct. 31 • 9:30 a.m.**

**Medical Arts Center, Room 102**

**101 Robeson Street**

Presenter: Grand Master David Chin  
Cape Fear Valley HealthPlex

**FREE!** David Chin will talk about the benefits of T'ai Chi for balance, strength and fitness and will lead you through several T'ai Chi movements. Wear comfortable clothes that you can move in. This is a seminar class and not an exercise series. To register, please call 615-4600.



### How To Make A Holiday Wreath

**Tuesday, November 18 • 9:30 a.m.**

**Medical Arts Center, Room 102**

**101 Robeson Street**

Please call 615-4600 to register and get a list of needed supplies.

### Coping With The Death Of A Loved One And Learning To Live Alone

**Wednesday, Oct. 15 • 9 a.m.**

**Medical Arts Center, Room 102**

**101 Robeson Street**

Presenter: Donna Miller-Carroll, LPC, LCSW  
Community Mental Health at Cape Fear Valley

Please call 615-4600 to register.

### Arthritis Of The Hip And Knee

**Thursday, Oct. 30 • 6:30 p.m.**

**Cape Fear Valley Education Center**

**3418 Village Drive**

An orthopedic surgeon will discuss the signs and symptoms of arthritis and available treatments.

To register, please call 615-LINK (5465).



# Medicare Open Enrollment

Save Money Next Year On Your Prescription Drugs With a Little Planning

Are you on Medicare and tired of surprises at the pharmacy when you pick up your meds? Take charge and find the best prescription drug plan for the medications you take regularly.

Medicare open enrollment offers seniors the opportunity to make changes to their prescription drug plan that may save them money in 2015; however, few people take advantage of this.

Often these plans are complex, and it may be difficult to decide which plan is best for you. Many seniors rely on friends to recommend a plan or they seek the advice of sales people who may not always present the best options.

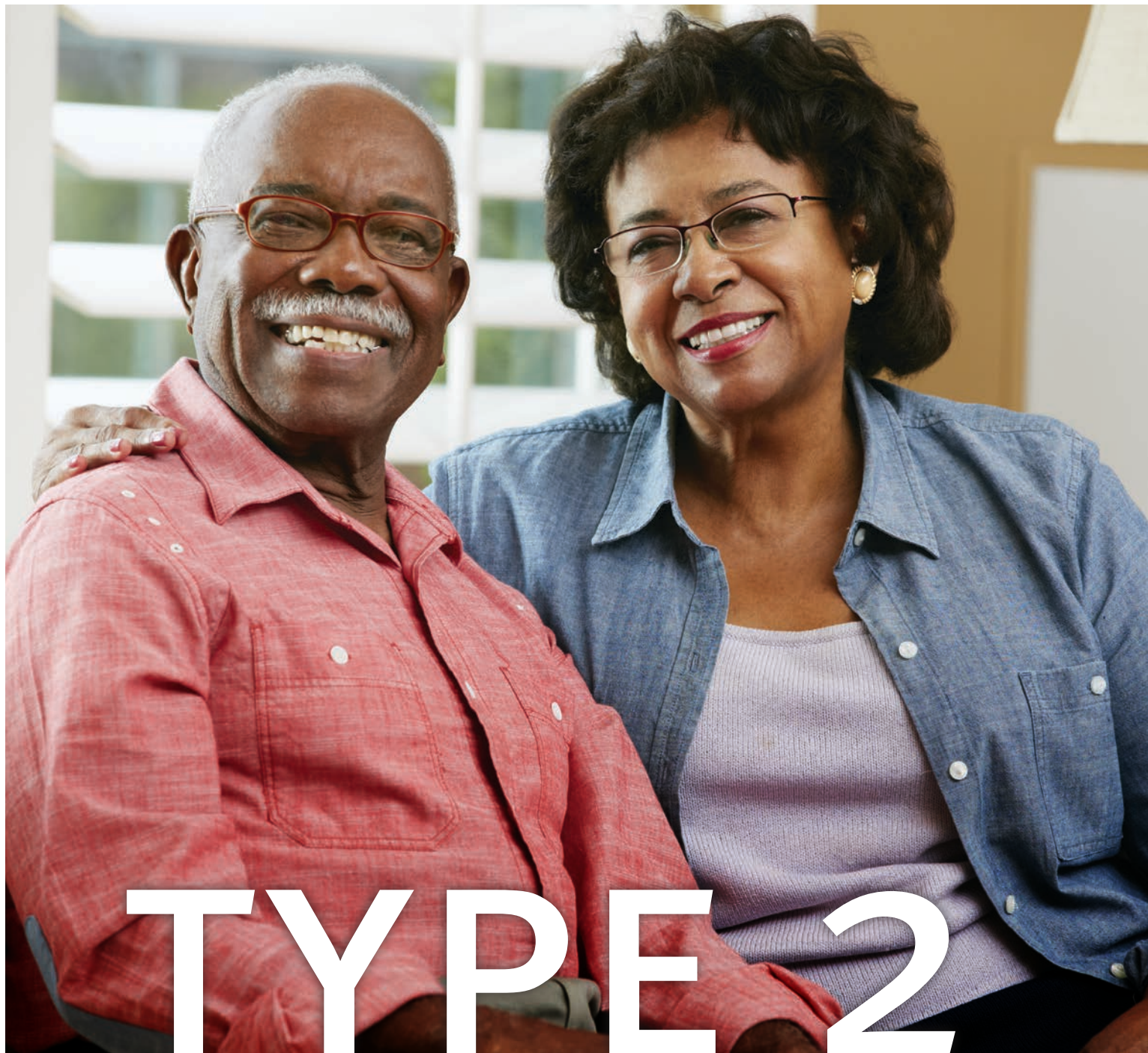
Fortunately, Medicare offers a wonderful resource to help you find the right plan for your circumstances. You will find an prescription drug plan tool on Medicare's website ([Medicare.gov](http://Medicare.gov)). Click on the button on the top left that says, "Find health & drug plans." You can do a general or personalized search based on where you live and which medications you are currently taking. It will list a variety of plans and you can review the list to find the plan that saves you the most money.

If you do not feel comfortable researching these plans on your own or you have questions about what you have found, help can be found through the North Carolina Department of Insurance's Senior Health Insurance Information Program (SHIIP). This program has experts that can be reached by phone at 1-800-443-9354. It also has trained volunteers in the community. Locally, you can reach these volunteers by calling the Coordinating Council on Older Adults at (910) 484-0111. The volunteers can also help you explore other resources, such as the Low Income Subsidy to further reduce the cost of your medications.

Open enrollment begins October 15 and goes through December 7. You can make changes to your plan during this time by calling Medicare at 1-800-633-4227.

You may also contact Sam Hutchison, LCSW, at Senior Health Services. Senior Health Services, a practice that specializes in the care of the elderly. Physicians at that practice are board certified in geriatrics. For new patient appointments or questions, please call (910) 615-1630.





# TYPE 2

# DIABETES

*Keep It In Check*



Before the discovery of insulin in 1921, treatment of type 2 diabetes consisted of a very low calorie diet – about 450 calories a day. It was called a starvation diet, and it ultimately did lead to starvation and death.

Today, most Americans with type 2 diabetes are overweight, and they benefit from losing weight – although not with a starvation diet. And there are other treatments now available that may or may not involve injection of insulin.

Insulin is essential for the metabolism of carbohydrates, allowing blood sugar to enter cells as a source of energy. Type 1 diabetics, who are unable to produce insulin, die quickly without an outside source. With type 2 diabetes, the body is able to produce insulin, but not in sufficient quantities, or the body resists the effects of insulin.

With either disease, cells are unable to get the energy they need and excess blood sugar circulates through the body, leading to serious complications involving blood vessels, nerves, bones and muscles.

At one time, type 1 was known as juvenile diabetes, and type 2, adult onset diabetes. Today, the incidence of type 2 diabetes among children and adolescents is increasing rapidly, probably because of the rise of childhood obesity. Causes are not fully known, but the disease is most common among persons who have excess weight, are physically inactive

and tend to have fat stored primarily in the abdomen rather than the hips and thighs. Hispanics, Native Americans, African Americans and Asian Americans have a higher risk than whites when they eat a typical American diet that is high in saturated fat and sugar.

## Often Goes Undetected

The disorder often develops gradually and may go unnoticed for months or even years. In the later stages, symptoms include a cycle of increased thirst and urination, intense hunger and weight loss – despite eating more food than usual. Other signs include fatigue, slow healing cuts and sores, blurred vision, erectile dysfunction and areas of darkened skin in the folds and creases of the body. Type 2 diabetes may also show up when doctors notice a high blood sugar level on a blood test.

For a type 2 patient who is overweight, the first order of business is weight loss. As opposed to a starvation diet, this is best accomplished by a healthy eating plan that can be followed indefinitely. For extreme cases (a body mass index of 35 or greater), bariatric surgery may be the best way of achieving the weight loss that's needed.

Contrary to belief, there is no special diabetes diet, although it should be well balanced and low in saturated fat, sugar and calories.



For good health, it's important to focus on fruits, vegetables and whole grains. High fiber foods are generally low in glycemic index. They take longer to digest and are less likely to cause a spike in blood sugar.

Regular physical activity is the other part of the equation. With or without weight loss, exercise offers the best protection from the effects and complications of diabetes. It consumes calories, lowers blood sugar, improves blood flow and blood pressure and makes muscle cells more receptive to the effects of insulin.

For some patients, particularly those who have been diagnosed early in the course of the disease, these healthy lifestyle changes may be all that's required to bring blood sugar under control and manage type 2 diabetes. To head off diabetic complications, it's also necessary to monitor blood pressure and cholesterol and keep them under control. If you smoke, stop.

If lifestyle changes are not enough to keep blood sugar under control, medications may be needed.

The drug most commonly prescribed is metformin (Glucophage), which inhibits the release of glucose from the liver and improves the sensitivity of cells to the action of insulin. It can also cause slight reductions in weight and LDL cholesterol. Metformin can cause gas and nausea and, occasionally, lower blood sugar more than desired.

Other commonly prescribed drugs are sulfonylureas (Glucotrol, DiaBeta, Micronase, Glynase PresTab, Amaryl). They work by stimulating the pancreas to release more insulin.

And there are many others – Actos, Avandia, Precose, Glyset, Prandin, Starlix, Januvia, Nesina, Onglyza, Tradjenta, Farxiga, Invokana, Glucovance, Metaglip, Avandamet, Kazano, Oseri. They work in various ways with various side effect profiles.

For first-line treatment, a 2012 study found metformin was associated with fewer heart attacks, strokes and deaths than sulfonylureas. In many cases, however, one oral medication is not sufficient. One

or more other medications from various classes may be prescribed in order to control blood sugar in several ways.

Studies have found insulin to be very effective in controlling blood sugar and reducing the risk of complications such as kidney or eye disease. As a result, it is often prescribed as second-line (or even first-line) treatment, even if the pancreas is still capable of producing some insulin.

About 50 percent of type 2 diabetics experience what is called the “dawn phenomenon.” Their blood sugar rises at the end of the night, primarily because of a normal fluctuation of hormones and the increased production of growth hormone between 4:30 and 6 a.m. This is the body's way of providing a burst of energy to start the day, but these hormones also raise blood sugar. When insulin production is curtailed because of diabetes, the result is a spike of blood sugar before breakfast and sometimes after breakfast as well.

It's possible to deal with dawn phenomenon by:

[eating dinner earlier in the evening,](#)

[keeping the evening meal small, or](#)

[doing something active, such as going for a walk, after dinner.](#)

In patients who are still unable to control the morning rise in blood sugar, some doctors recommend an early start to insulin therapy, since the dawn phenomenon is not well controlled by oral diabetes medications.

A recent study based on medical records of 42,000 type 2 diabetes patients in VA hospitals [Journal of the American Medical Association, June, 11, 2014] found that those taking a combination of metformin and insulin had a higher risk of heart disease and death than those taking a combination of metformin and sulfonylurea.

By definition, type 2 diabetes is non-insulin-dependent. Treatment depends on what best controls blood sugar and reduces the risk of complications.





# PreDiabetes

The number of adult Americans with prediabetes is a staggering 86 million. That's more than 1 out of 3 American adults. Among those age 65 and older, half have prediabetes.

If your doctor has told you that you have prediabetes, you are ahead of the game. That's because 9 out of 10 people with prediabetes don't even know they have it.

You can cut your risk of getting type 2 diabetes in half by eating healthy and being more active. Without weight loss and moderate activity, 15 to 30 percent will develop type 2 diabetes within 5 years.

Prediabetes is when your blood sugar level is higher than normal, but not high enough yet to be diagnosed as type 2 diabetes. Your doctor has three ways to diagnose type 2 diabetes and prediabetes:

**Fasting glucose test.** This measures blood glucose in people who have not eaten anything for at least 8 hours. Fasting glucose levels of 100 to 125 mg/dL are diagnostic of impaired fasting glucose, also called prediabetes.

**Glucose Tolerance Test.** This test measures blood glucose after people fast for at least 8 hours, and two hours after they drink a sweet liquid

provided by a doctor or laboratory. A blood glucose level between 140 and 199 mg/dL is called impaired glucose tolerance, also called prediabetes.

**Hemoglobin A1c test.** This test measures the amount of glucose that is on the red blood cells. An A1c value of 5.7% to 6.4% indicates prediabetes.

If you have prediabetes, the Centers for Disease Control and Prevention (CDC) recommends you enroll in an evidence-based lifestyle change program to lower your chances of getting type 2 diabetes. On the CDC website, the National Registry of Recognized Diabetes Prevention Programs lists contact information for organizations offering lifestyle classes in communities across the United States.

The organizations listed in this registry have "pending recognition" from the DPRP. This means they have agreed to the curriculum, duration, intensity and reporting requirements described in the DPRP Standards. Community Health Interventions & Sickle Cell Agency, Inc. is one such program. It is located at 2409 Murchison Road in Fayetteville. For more information, please call (910) 488-6118.



**CAPE FEAR VALLEY**  
**HEALTH SYSTEM<sup>SM</sup>**

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Fayetteville, NC 28302-2000

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**HEALTHY EATING**

# Beginner's Luck Green Smoothie

## **NUTRITION FACTS**

Servings	2
Calories	200
Total fat	1 g
Sodium	27 mg
Fiber	6 g
Protein	4 g
Carbohydrates	52 g

## **INGREDIENTS**

2 cups fresh spinach  
2 cups water  
1 cup mango  
1 cup pineapple  
2 bananas

## **DIRECTIONS**

1. Add all ingredients together in a blender.
2. Blend well.
3. Pour into a glass and enjoy!

*Makes 4-5 cups.*

