The Healthy Solon Wellness Experience

The Healthy Solon Wellness Experience brought in a great crowd who became regulars in the program. The nine week program included free health assessments, screenings, fitness classes, and health information sessions. The program began January of this year and concluded on March 15.

Many, like Iris Spencer, benefited from the program.

“I went through two nervous breakdowns,” said Iris, “The Healthy Solon Wellness Experience was really beneficial.” After dealing with the deaths of loved ones over the past two years, Iris Spencer sought solace in the Wellness Experience. Programs like Jennifer Hunters’ stress management information session really provided the support that she needed.

Another participant, Judy Fulton, really enjoyed fitness classes like the TRX System. “We had energy the next day and our bones weren’t sore,” claimed Fulton. The TRX System offers suspension full body training to build power, strength, flexibility and balance, all with the use of a cutting edge training tool of suspension straps.

On Thursday, March 15th the Healthy Solon Wellness Experience ended with health assessments, and screenings.

Here are some of the programs that were offered through Healthy Solon during this session:

**Health Assessment & Health Talk:** What Are Your Numbers

*Daniel Sullivan, M.D.*

**Fitness Class:** Group Fitness Fusion

*Katie Pollack & Krista Whipple*

**Health Lecture:** Virtual Grocery Store

*Lauren Melnick, R.D.*

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A Letter from Daniel Sullivan, MD

Healthy Solon continues to be a wonderful success. Our Healthy Solon Wellness Experience brought together members of the community and teams of caregivers that have a passion for keeping us fit and feeling great. It has recently concluded but will be a model for future events and programs.

The Healthy Solon Run for Wellness is Sunday, April 15th. It is on a great course that starts and finishes at the Community Center. You can enter now for the 5K or mile walk and make this the start of an exercise program for the future.

The City of Solon, Cleveland Clinic Solon Family Health Center, South Pointe Hospital and Hillcrest Hospital are committed to your future health. Thank you for supporting our efforts.

Healthy Solon 5K Run for Wellness Sunday, April 15 | 8:45 am

Join us for the annual Healthy Solon Wellness Run. You are invited to participate in this years Wellness Run on Sunday, April 15. Choose from the 5K run or 1 mile walk that begins and ends at the City of Solon Community Center. The Wellness Run is a part of the Healthy Solon initiative supported by Hillcrest Hospital, South Pointe Hospital, Solon Family Health Center and the City of Solon.

Register at www.hermescleveland.com or call 216.623.9933. We look forward to seeing you there!
Seasonal Eating

A tart, crunchy apple on a brisk fall day… the juice of a ripe early-summer peach trickling down your chin… the amazing sweetness of just-picked corn. Is anything more delicious than eating foods in season?

Seasonal eating is in vogue, thanks to the White House kitchen garden and best-selling books such as The Omnivore’s Dilemma. But it’s hardly a new trend. Eating foods when nature produces them is what people the world over have done naturally through most of history, before mega-supermarkets dotted the landscape and processed foods became ubiquitous. Seasonal eating is also a cornerstone of several ancient and holistic medical traditions, which view it as integral to good health and emotional balance.

Seasonal eating means two things, really: building meals around foods that have just been harvested at their peak and adjusting your diet to meet the particular health challenges of winter, spring, summer and fall. While it may seem like a luxury to have any food we want, anytime we want it, eating foods in season offers many benefits.

For starters, it connects us to the calendar and often to one another, reminding us of simple joys — apple picking on a clear autumn day, slicing a juicy red tomato in the heat of summer, celebrating winter holidays with belly-warming fare. Secondly, produce picked and eaten at its peak generally has more vitamins, minerals and antioxidants than foods harvested before they’re ripe and then shipped long distances.

Eating seasonally often means eating locally grown foods, so it’s good for the environment too. It supports small and midsize local farmers, cuts down on pollution from shipping and trucking food and reduces your carbon footprint. And if all that’s not enough to get you to make some simple switches in your diet, consider this: in-season foods save you money.

Risk Factors for Colorectal Cancer

Every one of us is at risk for colorectal cancer. The lifetime risk is 1 in 18 people or about 6% of American men and women. Most people who develop colorectal cancer have no particular risk factors. Although the exact cause for the development of precancerous colon polyps that lead to colorectal cancer is not known, there are some factors that increase a person’s risk of developing colorectal polyps and cancer.

These risk factors include:

**Age**

The risk of developing colorectal polyps and cancer increases as we age. Precancerous polyps are common in people over 50 and can affect 40% of people over the age of 60. Colorectal cancer that develops from precancerous polyps is usually seen in people over the age of 60, however it can develop in younger people. Women and men are at equal risk for the development of colorectal polyps and cancer.

**Lifestyle factors**

You may be at increased risk for developing colorectal cancer if you drink alcohol, smoke, don’t get enough exercise, or if you are overweight.

- **Smoking**: Smoking increases the risk of precancerous polyps and colorectal cancer by two- to three-fold.
- **Obesity**: Obesity has been linked to an increased risk of precancerous colon polyps and colon cancer. The risk is increased up to 2 times compared to individuals who have a normal body mass index.
**Diet**
A diet high in fat and calories and low in fiber, fruits and vegetables has been linked to a greater risk of developing colorectal cancer.

**Presence of Polyps**
There are a variety of polyps that can form on the inner wall of the colon or rectum. Precancerous polyps that can turn into colorectal cancer include adenomatous polyps. Adenomas are precancerous polyps that are considered precursors, or the first step toward colon and rectal cancer. Another pathway to cancer has recently been discovered and found to arise from large hyperplastic polyps or sessile serrated polyps (also known as sessile serrated adenomas). Individuals with numerous polyps, including adenomas, hyperplastic polyps, or other types of polyps such as hamartomas or juvenile polyps are often affected with a genetic predisposition to polyposis and colorectal cancer and are a special group of individuals who should be managed differently than people with only 1 to 2 colorectal polyps.

**Inflammatory bowel disease**
Ulcerative colitis and Crohn's colitis are conditions in which the lining of the colon becomes inflamed. People with these conditions, when present for more than seven years and affecting a large portion of the colon are at greater risk for developing colorectal cancer.

**Personal history**
Research shows that some women who have a history of ovarian or uterine cancer, especially at a young age have a somewhat increased risk of developing colorectal cancer. Also, a person who already has had colorectal adenomas or cancer may develop the disease a second time.

**Family history**
Parents, siblings, and children of a person who has had colorectal adenomas or cancer are at least 2-3 times more likely to develop colorectal cancer themselves. Sometimes colon cancer clusters in families. In these cases, more cancers are occurring than would be expected by chance, yet they do not appear to be clearly hereditary. Very little is known about the causes of cancer in these families. It is possible that interactions are occurring between genes and the environment or among several genes. This type of moderately increased cancer risk can be called a “familial colon cancer.”

About 5% to 10% of colon cancers are believed to be hereditary. Hereditary susceptibility to cancer can be inherited and can be passed on within a family. When a person has a hereditary cancer susceptibility, he or she has inherited a copy of a cancer susceptibility gene with a mutation. Individuals who inherit a mutation in a cancer susceptibility gene have a much greater chance for developing cancer. However, not everyone with a cancer susceptibility gene mutation will develop cancer.

The most common inherited colorectal cancer syndromes are hereditary nonpolyposis colorectal cancer (HNPCC), familial adenomatous polyposis (FAP), and MYH-associated polyposis (MAP). Other syndromes include juvenile polyposis syndrome (JPS), Peutz-Jeghers syndrome (PJS), and the PTEN-hamartoma tumor syndrome. Genetic testing is available for all of these syndromes.

Having one or more of these risk factors does not guarantee that you will develop colorectal cancer. However, you should talk about these risk factors with your doctor.

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Thai Green Beans

Ingredients
1 pound green beans
1 teaspoon sesame oil
1 tablespoon rice wine vinegar
1 teaspoon reduced-sodium soy sauce
1/4 teaspoon sugar substitute
1/8 to 1/4 teaspoon crushed red pepper flakes, optional
1 garlic clove, minced
Juice of 1 lime
2 tablespoons chopped fresh cilantro or Thai basil
2 tablespoons crushed or chopped unsalted dry roasted peanuts

Preparation
1. Cook the green beans in boiling water to cover until just crisp. Drain and return to the pot.
2. Combine the sesame oil, rice vinegar, soy sauce, sugar substitute, red pepper flakes, garlic and lime juice. Toss with the green beans.
3. Just before serving, stir in the cilantro and top with the peanuts.

Nutrition
Makes 4 servings
Per serving:
Calories: 80 (37% calories from fat)
Fat: 3.5g
Saturated fat: 0.5g
Protein: 3g
Carbohydrates: 11g
Dietary fiber: 4g
Cholesterol: 0mg
Sodium: 50mg
Potassium: 285mg

Recipe from the Cleveland Clinic Healthy Heart Lifestyle Guide and Cookbook, available from Broadway Books, or wherever books are sold.

Eggplant-Tomato Melt

by Cleveland Clinic Wellness Editors

This easy to assemble meal contains no dairy and simple whole ingredients. The hummus melts over the eggplant and tomato like cheese. Recipe from Dr. Esselstyn's Prevent and Reverse Heart Disease.

Yield: 3-4 servings

Ingredients:
1 eggplant, peeled and sliced
garlic granules or powder
onion flakes
1 container no-tahini hummus
2 tomatoes, sliced
chopped cilantro or parsley

Preparation:
1. Preheat oven to 450 degrees.
2. Peel eggplant, slice into 1/2- to 3/4-inch pieces, and arrange in a single layer on a baking sheet.
3. Sprinkle garlic and onion flakes on each eggplant slice.
4. Put a heaping teaspoon of no-tahini hummus on each slice. Be generous!
5. Slice tomatoes so that you have as many thickish slices as you have eggplant pieces, trying to match the diameter of the tomato slices to that of the eggplant. Put a slice of tomato on top of the hummus.
6. Bake for 13-15 minutes, or until hummus is bubbling and eggplant is soft. Sprinkle with cilantro or parsley for color, and serve.

GO! Foods for You is not just another diet! It's about learning how to cook and eat for a longer and healthier life. Our guided, online program provides an eating assessment, weekly lessons and demos, customizable activities and daily encouragement. Learn more about GO! Foods for You at www.360-5.com.

*Note: the photo displayed is representational only and does not show this exact recipe.