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Fit and happy, Addison Andrews now jogs every day—just like his mother, Carole.

family health MAKEOVERS

AS THE GATEKEEPER OF YOUR FAMILY'S WELL-BEING, YOU KNOW THAT A BALANCED DIET, PLENTY OF EXERCISE AND OTHER HEALTHY HABITS YOUR KIDS ESTABLISH NOW CAN SET A PATTERN FOR THE REST OF THEIR LIVES. BUT HOW MUCH INFLUENCE DO YOU REALLY HAVE? PLENTY. HERE, THREE INSPIRING MOMS WHO TOOK CHARGE AND BANISHED BAD HABITS—FROM TOO MUCH JUNK FOOD TO SMOKING IN SECRET—FOR GOOD. **BY SANDRA GORDON**

“He was resting at recess.”

—CAROLE ANDREWS
AND SON ADDISON, 10

HEALTH HURDLE: Like many of his fellow third-graders at Pathways Elementary School in Hillsborough, North Carolina, Addison wasn't exactly active on the playground. “Aside from a small basketball area, there wasn't any equipment for them to use at recess,” says his mom, Carole, 44, a part-time physical therapist who frequently volunteers at



Susan Thacker got fed up with fast food and started cooking healthy family meals.

the school. "They were bored." To help solve the problem, the phys ed teacher began the Warm-Up Club, a program in which the students earned prizes for running laps around the school's small indoor gym. It was a good start, "but the kids didn't have much room," says Carole, who makes it a habit to run at least five miles a day herself. And they were nowhere near getting the 60 minutes of exercise several days a week recommended by the U.S. Surgeon General.

SOLUTION: Getting on track. As head of the school's PTA fund-raising committee, Carole knew that expensive playground equipment was beyond its budget. But there was enough money—\$14,000—for an outdoor asphalt track. Armed with cost estimates as well as statistics on how many kids were idle at recess (at least 20 percent) and how many were overweight (one in five, the national average), she presented a report to the school's principal and superintendent, and the project was quickly approved.

Since the track was built last year, Addison has been jogging regularly at recess. "If he can't run at school, he jogs in place at home while watching TV," says Carole. "Now it's become a habit for him to exercise every day."

WHAT YOU CAN DO: Find out how much exercise your child is getting at school, either by visiting, volunteering or talking to teachers. If it's not enough, have your kids walk or bicycle to school—as long as it's safe, advises Kathleen Janz, Ed.D., a professor of health at the University of Iowa. Sign them up for martial arts or gymnastics classes, or get them involved in soccer or other sports after school, a prime time to keep kids active.

"My kids were eating too much fast food."

—SUSAN THACKER AND CHILDREN SHANNON, 14, AND STEPHEN, 13

HEALTH HURDLE: When Susan, a 44-year-old portrait painter in Bellaire, Texas, had a part-time job several years ago, making dinner every night was impossible. "Between work and taking care of two young kids, the last thing I wanted to do was drag myself into the kitchen at the end of the day," she says. "So we ate out or had takeout at least five nights a week. But it bothered me. It was expensive, and I wanted my kids to have fresh, healthy food."

SOLUTION: Supper swapping. After mentioning her dilemma to a friend at her son's preschool, they came up with a plan: She'd cook for her and her friend's family on Monday and Tuesday and eat the leftovers on Wednesday; her friend would reciprocate with two meals for Thursday and Friday, also with enough leftovers for a weekend lunch. The arrangement, now in its eighth year, has worked so well that Susan published a cookbook, *Supper Swapping* (Shenani-gans), with tips and recipes for easy meals from leading restaurant chefs.

WHAT YOU CAN DO: To supper swap successfully, Susan recommends choosing one or maybe two cooking partners. "Pick people who live close by so you can deliver meals by walking," she says, "and choose a family that's similar to yours in size and lifestyle." (Co-workers are also an option; you can swap meals at work using the office refrigerator.) Have monthly planning meetings, but keep things simple by limiting shared meals to an entrée and one side dish, such as a green vegetable, and round things out with your own easy-to-prepare salad and dessert. Store meals in sealable containers, separating sauces and dressings.

"We were both smoking."

—DIANE KUHN AND DAUGHTER JENNA WILDE, 15

HEALTH HURDLE: After 10 years of being hooked on nicotine, Diane, 38, a divorced mother of three in Jefferson, Wisconsin, was puffing up to a pack a day. "I couldn't go on walks with the kids without feeling out of breath," she says. "And I was sick of waking up in the middle of the night wheezing." She had made several half-hearted attempts to quit. But she didn't get serious until last year, when she found cigarettes in Jenna's backpack. Her daughter admitted that she had started smoking with certain friends but swore she could stop anytime she wanted. "When I laid into her, she said, 'Mom, you smoke. Why can't I?'" Diane recalls. "I

(continued)



When Diane Kuhn quit smoking, she inspired daughter Jenna to kick the habit as well.

told her I was old enough to smoke and that if I could give it up, I would. But the more I tried to justify my habit, the more I realized it didn't make sense. I knew then I had to quit, not just for myself, but for my kids." (Diane also has a 16-year-old daughter, Brittany, and a 10-year-old son, Bryan.)

SOLUTION: Get help from the pros. Last September Diane enrolled in a smoking cessation study at the Center for Tobacco Research and Intervention at the University of Wisconsin-Madison, 30 miles from home. A breath-analysis test confirmed that her levels of carbon monoxide, a component of cigarette smoke that gradually replaces oxygen in the bloodstream and can impair heart function, were typical of someone who smoked 20 to 30 cigarettes a day. At her first appointment Diane was required to set a quit date to demonstrate her commitment to the program; she also began taking prescription medication to help reduce the effects of nicotine withdrawal and started meeting regularly with a counselor. "The first week or so was the hardest—especially around 8 P.M., when I typically had my last cigarette of the day," she says. "But after about two weeks the edginess went away." She also began exercising regularly on the treadmill at her local gym.

Diane's achievements have been impressive. After three months her carbon

monoxide levels dropped from 20 to 1. Six months after her last cigarette, she was down to 0—and also managed to lose 38 pounds. Equally important, she's made a lasting impression on her daughter. "I'm not going to smoke anymore," Jenna says. "Watching my mom, I now know how hard it is to quit."

WHAT YOU CAN DO: Set the right example. "Children whose parents smoke are much more likely to smoke themselves," says Douglas Jorenby, Ph.D., director of clinical services at the CTRI. "Kids not only get the message that it's O.K., but smoking is convenient because cigarettes are typically more accessible. So Diane truly did herself and her family a major favor by kicking the habit."

To quit smoking for good, Jorenby recommends, follow these government guidelines: 1) Get support, whether it's meeting one-on-one with a smoking-cessation counselor or joining a program. 2) Align yourself with supportive family, friends and co-workers who can help you resist the urge to puff. 3) Set your quit date on a holiday, anniversary or birthday to make it more meaningful and memorable. 4) Talk to your doctor about chewing gums, patches, lozenges, sprays or medications that lessen the effects of nicotine withdrawal symptoms, which can include insomnia and anxiety. For more advice on how to kick the habit, visit smokefree.gov. ●

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