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# EXPECT MOORE TODAY

TEXAS AGRILIFE EXTENSION MONTHLY NEWSLETTER

VOLUME 4, ISSUE 6      JUNE 2012

## STROKE AWARENESS

A stroke occurs when the blood supply to part of your brain is interrupted or severely reduced, depriving brain tissue of oxygen and food. Within minutes, brain cells begin to die.

A stroke is a medical emergency. Prompt treatment is crucial. Early action can minimize brain damage and potential complications.

The good news is that strokes can be treated and prevented, and many fewer Americans now die of stroke than was the case even 15 years ago. Better control of major stroke risk factors—high blood pressure, smoking and high cholesterol—is likely responsible for the decline.

Watch for these signs and symptoms if you think you or someone else may be having a stroke. Note when signs and symptoms begin, because the length of time they have been present may guide treatment decisions.

• **Trouble with walking.** You may stumble or experience sudden dizziness, loss of balance or loss of coordi-

nation.

• **Trouble with speaking and understanding.** You may experience confusion. You may slur your words or be unable to find the right words to explain what is happening to you (aphasia). Try to repeat a simple sentence. If you can't you may be having a stroke.

• **Paralysis or numbness on one side of your body or face.** You may develop sudden numbness, weakness or paralysis on one side of your body. Try to raise both your arms over your head at the same time. If one arm begins to fall, you may be having a stroke. Similarly, one side of your mouth may droop when you try to smile.

• **Trouble with seeing in one or both eyes.** You may suddenly have blurred or blackened vision, or you may see double.

• **Headache.** A sudden, severe "bolt out of the blue" headache, which may be accompanied by vomiting, dizziness or altered consciousness, may indicate you're having a stroke.

### When to See a Doctor

Seek immediate medical attention if you notice any signs or symptoms of a stroke, even if they seem to fluctuate or disappear. Call 911 or your local emergency number right away. Every minute counts. Don't wait to see if the symptoms go away. The longer a stroke goes untreated, the greater the potential for brain damage and disability. To maximize the effectiveness of evaluation and treatment, it's best that you get to the emergency room within 60 minutes of your first symptoms.

If you're with someone you suspect is having a stroke, watch the person carefully while waiting for emergency assistance. You may need to:

- Begin mouth-to-mouth resuscitation if the person stops breathing.
- Turn the person's head to the side if vomiting occurs, which can prevent choking
- Keep the person from eating or drinking

### Risk Factors

Many factors can increase your risk of a stroke.

### SPECIAL POINTS OF INTEREST:

- *Strokes can be treated and prevented, and many fewer Americans now die of stroke than was the case even 15 years ago.*
- *If you have a family history of ovarian cancer or breast cancer, talk to your doctor about your risk of ovarian cancer.*
- *High fructose corn syrup is basically the same as sugar—both in terms of composition and in the number of calories they contain.*
- *Pecans for Sale and prices have been REDUCED!!!!*

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A number of these factors can also increase your chances of having a heart attack. Stroke risk factors include:

- Personal or family history of stroke or heart attack.
- Being age 55 or older.
- High Blood Pressure—risk of stroke begins to increase at blood pressure readings higher than 115/75 millimeters of mercury (mm Hg). your doctor will help you decide on a target blood pressure based on your age, whether you have diabetes and other factors.
- High Cholesterol—a total cholesterol level above 200 milligrams per deciliter (mg/dL), or 5.2 millimoles per liter (mmol/L).
- Cigarette smoking or exposure to secondhand smoke.
- Diabetes.
- Being overweight (body mass index of 25 to 29) or obese (body mass index of 30 or higher).
- Physical inactivity.
- Cardiovascular disease, including heart failure, a heart defect, heart infection, or abnormal heart rhythm.

- Use of birth control pills or hormone therapies that include estrogen.
- Heavy or binge drinking.
- Use of illicit drugs such as cocaine and methamphetamines.

Because the risk of stroke increases with age, and women tend to live longer than men, more women than men have strokes and die of them each year. Blacks are more likely to have strokes than are people of other races.

### Prevention

Knowing your stroke risk factors, following your doctors recommendations and adopting a healthy lifestyle are the best steps you can take to prevent a stroke. If you've had a stroke, these measures may also help you avoid having another one. Many stroke prevention strategies are the same as for preventing heart disease. In general, a healthy lifestyle means that you:

- Control high blood pressure (hypertension).
- Lower the amount of cholesterol and saturated fat in your

diet.

- Don't smoke.
- Control diabetes.
- Maintain a healthy weight.
- Eat a diet rich in fruits and vegetables.
- Exercise regularly.
- Drink alcohol in moderation, if at all.
- Don't use illicit drugs.

### Preventive medications

If you've had a stroke, your doctor may recommend medications to help reduce your risk of having another. These include:

- Anti-platelet drugs.** Platelets are cells in your blood that initiate clots. Anti-platelet drugs make these cells less sticky and less likely to clot. The most frequently used anti-platelet drugs make these cells less sticky and less likely to clot. The most frequently used anti-platelet medication is aspirin. Your doctor can help you determine the right dose of aspirin for you.

Your doctor may also consider prescribing Aggrenox, a com-

bination of low-dose aspirin and the anti-platelet drug dipyridamole, to reduce blood clotting. If aspirin doesn't prevent your stroke or if you can't take aspirin, your doctor may instead prescribe an anti-platelet drug such as clopidogrel (Plavix) or ticlopidine (Ticlid).

- Anticoagulants.** These drugs include heparin and warfarin (Coumadin). They affect the clotting mechanism in a different manner than do anti-platelet medications. Heparin is fast acting and is used over the short term in the hospital. Slower acting warfarin is used over a long term. Warfarin is a powerful blood-thinning drug, so you'll need to take it exactly as directed and watch for side effects. Your doctor may prescribe these drugs if you have certain blood-clotting disorders; certain arterial abnormalities; an abnormal heart rhythm, such as atrial fibrillation; or other heart problems.

excerpts taken from <http://www.mayoclinic.com>

## OVARIAN CANCER

Ovarian cancer is a type of cancer that begins in the ovaries. Women have two ovaries, one on each side of the uterus. The ovaries—each about the size of an almond—produce eggs (ova) as well as the hormones estrogen and testosterone. Ovarian cancer often goes undetected until it has spread within the pelvis and abdomen. At this late stage, ovarian cancer is difficult to treat and is often fatal.

Ovarian cancer treatments are available. Researchers are studying ways to improve ovarian cancer treatment and looking into ways to detect ovarian cancer at an earlier stage—when a cure is more likely.

Symptoms of ovarian cancer are not specific to the disease, and they often mimic those of many other more-common conditions, including diges-

tive and bladder problems. When ovarian cancer symptoms are present, they tend to be persistent and worsen with time. Signs and symptoms of ovarian cancer may include:

- Abdominal pressure, fullness, swelling or bloating
- Pelvic discomfort or pain
- Persistent indigestion, gas or nausea
- Changes in bowel habits, such as constipation
- Changes in bladder habits,

including a frequent need to urinate

- Loss of appetite or quickly feeling full
- Increased abdominal girth or clothes fitting tighter around your waist
- A persistent lack of energy
- Low back pain

### When to see a doctor

Make an appointment with your doctor if you have any signs or symptoms that worry you.

If you have a family history of ovarian cancer or breast cancer, talk to your doctor about your risk of ovarian cancer. In some cases, your doctor may refer you to a genetic counselor to discuss testing for certain gene mutations that increase your risk of breast and ovarian cancers.

It's not clear what causes ovarian cancer. In general, cancer begins when healthy cells acquire a genetic mutation that turns normal cells into abnormal cells. Healthy cells grow and multiply at a set rate, eventually dying at a set time. Cancer cells grow and multiply out of control, and they don't die. The accumulating abnormal cells form a mass (tumor). Cancer cells invade nearby tissues and can break off from an initial tumor to spread elsewhere in the body (metastasize).

### Types of Ovarian Cancer

The type of cell where the cancer begins determines the type of ovarian cancer you have. Ovarian cancer types include:

•**Cancer that begins in the cells on the outside of the ovaries.**

Called epithelial tumors, these cancers begin in the thin layer of tissue that covers the outside of the ovaries. Most ovarian cancers are epithelial tumors.

•**Cancer that begins in the egg-producing cells.**

Called germ cell tumors, these ovarian cancers tend to occur in younger women.

•**Cancer that begins in the hormone-producing cells.**

These cancers, called stromal tumors, begin in the ovarian tissue that produces the hormones; estrogen, progesterone and testosterone.

The type of ovarian cancer you have helps determine

your prognosis and treatment options.

Treatment of ovarian cancer usually involves a combination of surgery and chemotherapy.

### Surgery

Treatment for ovarian cancer usually involves an extensive operation that includes removing both ovaries, fallopian tubes, and the uterus as well as nearby lymph nodes and a fold of fatty abdominal tissue known as the omentum, where ovarian cancer often spreads. Your surgeon also removes as much cancer as possible from your abdomen (surgical debulking).

Less extensive surgery may be possible if your ovarian cancer was diagnosed at a very early stage. For women with stage I ovarian cancer, surgery may involve removing one ovary and its fallopian tube. This

procedure may preserve the ability to have children in the future.

### Chemotherapy

After surgery, you'll most likely be treated with chemotherapy—drugs designed to kill any remaining cancer cells. Chemotherapy may also be used as the initial treatment in some women with advanced ovarian cancer. Chemotherapy drugs can be administered in a vein (intravenously) or injected directly into the abdominal cavity, or both methods of administering the drugs can be used. Chemotherapy drugs can be given alone or in combination.

excerpt from and for more information please visit [www.mayoclinic.com](http://www.mayoclinic.com)

## Days to Remember in June

June 1—Stand for your Children Day

June 5—World Environment Day

June 6—D-Day

June 9—Donald Duck Day

June 14—Flag Day

June 17—Father's Day

June 19—Juneteenth

June 20—First Day of Summer



## High Fructose Corn Syrup: Myth vs. Facts

You've probably seen the negative headlines about high fructose corn syrup (HFCS). Have you ever wondered if the media hype is true? Let us dispel some of the HFCS myths. Here are some of the most common inaccurate statements about this misunderstood sweetener along with the actual reality.

**Myth:** Sugar is healthier than high fructose corn syrup.

**Reality:** Afraid not. High fructose corn syrup is basically the same as sugar—both in terms of composition and in the number of calories they contain. Since high fructose corn syrup and sugar are so similar, the human body absorbs them the same way.

**Myth:** High fructose corn syrup is to blame for obesity and diabetes.

**Reality:** Nope. There is no scientific evidence that high fructose corn syrup is to blame for obesity and diabetes. In fact, the U.S. Department of Agriculture data show that consumption of high fructose corn syrup has actually been declining while obesity and diabetes rates continued to rise. Around the world, obesity levels are also rising even though HFCS consumption is limited outside of the U.S. Many other factors contribute to rising obesity levels including changes in lifestyle, diet and exercise and are unrelated to HFCS.

**Myth:** High fructose corn syrup is not natural.

**Reality:** Wrong again. High fructose corn syrup is made from corn, a natural grain product and is a natural sweetener. High fructose corn syrup contains no artificial or synthetic ingredients or color additives. It also meets the U.S. Food and Drug Administrations requirements for use of the term “natural.”

**Myth:** High fructose corn syrup is sweeter than sugar.

**Reality:** Sorry, no. High fructose corn syrup and sugar have almost the same level of sweetness. HFCS was made to provide the same sweetness as sugar so that consumers would not notice a difference in sweetness or taste. In fact, the type of HFCS commonly used in foods is actually less than sweet sugar.

**Myth:** High Fructose corn syrup is high in fructose.

**Reality:** Oddly enough, it's not. Contrary to its name, high fructose corn syrup is not high in fructose. It has levels of fructose to create a similar composition to sugar. It has either 42% or 55% fructose, which is comparable to sugar with 50% fructose.

**Myth:** Studies conducted with pure fructose can be applied to high fructose corn syrup.

**Reality:** That is not scien-

tifically feasible. Pure fructose and its effect on the body are extremely different from that of HFCS. Most studies conducted with pure fructose have been performed with abnormally high levels of fructose which do not occur naturally in our diet. Fructose and glucose are always consumed in combination, with glucose acting as a moderator to fructose. By analyzing fructose independently, the studies are not representative of normal diets and cannot be applied to high fructose corn syrup which contains both fructose and glucose.

**Myth:** High fructose corn syrup is metabolized differently and blocks the body's ability to know when it is full.

**Reality:** Untrue. In fact, multiple studies have show that high fructose corn syrup has similar effects on feeling of fullness as sugar and 1% milk. This includes research done by the University of Washington, Maastricht University in the Netherlands, University of Toronto and University of Rhode Island. All of these studies found no differences in the metabolic effects of HFCS as compared to sugar.

**Myth:** High fructose corn syrup contains DNA from genetically modified corn.

**Reality:** It's not. In 1977, the EU employed national production quota to protect domestic sugar producers by

limiting the supply of competitive sweeteners including high fructose corn syrup. The goal of the EU sugar policy regime is to regulate competition afforded by other sweeteners, not to specifically ban the use of HFCS.

**Myth:** High Fructose Corn Syrup is subsidized.

**Reality:** Wrong. Manufacturers of high fructose corn syrup do not receive subsidies. Contrary to what you may have heard, high fructose corn syrup is not a protected commodity. Rather, it is subject to all of the high and lows of marketplace supply and demand. The corn used to make high fructose corn syrup is purchased on the open market and is subject to trade activity at the Chicago Board of Trade (CBOT). The only caloric sweeteners that benefit directly from government support programs in the United States are sugar and honey. While the U.S. Department of Agriculture does not regulate high fructose corn syrup prices or control supply, the Farm Bill provides a safety net to certain corn farmers in the United States if the crop prices falls below certain levels. This supports corn growers, not corn refiners. Refiners of these commodities do not receive any government support.



## EXTENSION & 4-H VOLUNTEER OF THE MONTH: MISTY STROEBEL

Misty Stroebel is essential to the Moore County 4-H program. She is one of our parent leaders for horse club and coached 2 junior horse judging teams. The teams traveled to 3 different competitions across the

panhandle including the district competition where one team tied for 1st overall and the other team placed 5th overall. A job well done by those kids, a reflection of their coach for sure!

Misty also has donated her time to help 4-H by volunteering with the Parent Leader's Association Pheasant Hunt, manned a booth at the Textiles and Craft Rodeo, sold a ton geraniums for the 4-H fundraiser

and has also helped with the food and nutrition projects.

Thank you, Misty, for all you do for Moore County 4-H!

## PECANS!!!!!!! (PRICES HAVE BEEN REDUCED!!)

Moore County Parent Leaders Association are still selling pecans at the Extension office. Prices have been reduced to \$6.50 per pound and \$18 for a 3 pound box and they come in halves or pieces.

## Moore County 4-H News

Texas 4-H Round-Up will be June 11– 15 this year and for the first time Round-Up has been moved from the campus of Texas A&M University in College Station to the campus of Texas Tech University in Lubbock. Moore County 4-H is sending 13 kids participating in various 4-H contests throughout the week. We would like to say good luck to the following contestants: Kristal Borunda competing in the Healthy Lifestyles contest; Adelaida Briones competing in Healthy Lifestyles and Fashion Storyboard; Ethan Cox participating in Livestock Judging; Jessica Fischbacher participating in Swine Quiz Bowl, Swine Skill-a-thon, and Fashion Show; Clayton Goodwin competing in Swine Quiz Bowl and Swine Skill-a-thon; Sisa Granado, Fashion Storyboard; Dax Hayes, Livestock Judging; Michelle Martinez, Healthy Lifestyles; Erika Munoz, Fashion Storyboard; Makayla Red, Swine Quiz Bowl and Swine Skill-a-thon; Yuridia Rey, Fashion Storyboard; and Marisa Vasquez, Fashion Storyboard and Healthy Lifestyles. Please congratulate these kids for all their hard work and wish them good luck at the state competition!

If you have any topics that you wish to have published in the Expect Moore newsletter, please let the Texas AgriLIFE Extension Service, Moore County Office know.

Sincerely,

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*Improving Lives. Improving Texas.*

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Educational programs of Texas AgriLife Extension Service are open to all people without regard to race, color, sex, disability, religion, age, or national origin.

The Texas A&M University System, U.S. Department of Agriculture, and the County Commissioners Courts of Texas Cooperating



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## June Recipes

### Flat Iron Steak with Three Pepper Rub

- 1 Tbsp smoked paprika
- 2 Tsp salt
- 1 Tsp brown sugar
- 2 Tsp chili powder
- 1 Tsp chipotle chile powder
- ½ Tsp ground black pepper
- ½ Tsp garlic powder
- ½ Tsp onion powder
- ½ Tsp ground cumin
- 2 Pounds flat iron steaks

Directions:

1. Stir together seasonings in a small bowl until blended. Rub the seasoning mix all over the flat iron steaks, then wrap them tightly with plastic wrap. Marinate in the refrigerator 2 to 8 hours (the longer the better).
2. Preheat an outdoor grill for medium-high heat, and lightly oil grate.
3. Cook the steaks on the preheated grill until cooked to your desired degree of doneness, about 4 minutes per side for medium. Allow the steaks to rest for 5 min-

utes in a warm location before slicing.

### Summer Squash Salad

- 2 cups torn Boston lettuce
- ⅓ cup thinly sliced zucchini
- ⅓ cup thinly sliced yellow summer squash
- 3 radishes
- ¼ cup reduced-fat Italian Salad dressing

Directions:

1. In a bowl, toss the lettuce, zucchini, yellow squash and radishes. Serve with dressing.



## Food Safety

### Tips for Fresh Produce Safety Buying Tips

- Purchase produce that is not bruised or damaged.
- When Selecting fresh-cut produce—such as a half a watermelon or bagged salad greens—choose items that are refrigerated or surrounded by ice.
- Bag fresh fruits and vegetables separately from meat, poultry and seafood products.

### Storage Tips

- Store perishable fresh fruits and vegetables (like strawberries, lettuce, herbs, and mushrooms) in a clean refrigerator at a temperature of 40°F or below.
- Refrigerate all produce that is purchased pre-cut or peeled.

### Preparation Tips

- Begin with clean hands. Wash your hands for 20 seconds with warm water and soap before and after preparing fresh produce.
- Cut away any damaged or bruised areas on fresh fruits and vegetables. Produce that looks rotten should be discarded.
- All produce should be thoroughly

washed before eating. Wash fruits and vegetables under running water just before eating, cutting or cooking.

- Many pre-cut bagged produce items like lettuce are pre-washed. If the package indicates that the contents have been pre-washed, you can use the produce without further washing.
- Even if you plan to peel the produce before eating, it is still important to wash it first.
- Washing fruits and vegetables with soap or detergent or using commercial produce washes is not recommended.
- Scrub firm produce, such as melons and cucumbers, with a clean produce brush.
- Drying produce with a clean cloth towel or paper towel may further reduce bacteria that may be present.

<http://www.foodsafety.gov/keep/types/fruits/tipsfreshprodsafety.html>

