THINKING OUTSIDE THE BOX

In the recently released *Dietary Guidelines for Americans*, experts advised all Americans to choose mostly nutrient dense, high quality foods, limit their calories consumed from added sugar and saturated fat, and reduce sodium intake. Sodium was specifically targeted because most Americans (adults and children) greatly exceed (by nearly double) the recommended daily upper limit (UL) of intake. This excess is alarming and poses many health concerns. The UL means the highest daily intake level that is likely to not result in adverse health effects for most individuals in the general population. The UL for sodium for healthy adults and children over 14 years of age is 2,300 mg. For younger children and those diagnosed with pre-high or high blood pressure, the UL is even lower.

What would seem to be the obvious solution of tossing the salt shaker in the trash to decrease sodium intake really isn’t the most effective action! The fact is that the added salt and seasoning blends we use in our cooking and at the table really only account for about 25% of the sodium in our diet. The truth is that most of the sodium in our diets comes from the salts added during commercial food processing and preparation. This means that processed foods such as some canned products, frozen dinners, boxed dinners, and deli and cured meats, and some foods served in restaurants are loaded in sodium. As the proportion of prepared meals away from home and processed foods has increased in the American diet, the amount of sodium in our diets has increased at the same pace.

To bring your sodium intake to a safe level, it does not require that you totally eliminate processed foods from your diet or that you have to cook all of your meals at home. The best course of action is to cook more meals at home, limit your consumption of processed foods, read Nutrition Facts labels, and choose low-sodium packaged items. When choosing canned products, select items with no added salt and/or state “low-sodium” on the packaging. Also aim to balance your choice throughout the day. For example, if you eat a couple slices of high sodium pizza at lunch, aim to choose low sodium items the remainder of the day. It is important to note that you can’t roll over “saved sodium mgs” to the next day. It is best to aim to keep your sodium intake below the recommended UL every day!

**Jerk Chicken with a Tang & Brown Rice**

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**Directions:**

1) Begin cooking 1 cup of brown-rice (not instant) according to package directions.

2) Cut 1 lb. of boneless skinless chicken breast into 1-inch pieces. Add the chicken to a bowl and then add 5 tbsp. of jerk sauce. Gently work the sauce into the chicken, using your hands. Let the chicken marinade in the sauce for 10 minutes.

3) Meanwhile, wash your hands, sanitize the cutting surface and knife, and then dice 1 medium onion.

4) In a large skillet, heat 1 tbsp. olive oil over medium heat and then add the diced onion. Add a small dash of salt, and cook the onions for about 5 minutes.

5) To the skillet, add the diced chicken along with the marinade and cook for 3-4 minutes until the chicken begins to brown. Stir constantly. Add 20 oz. of pineapple chunks (drained).

6) Pour 15 oz. of black beans (reduced or low sodium) in a colander and then quickly rinse with cold water. Drain and then add the beans to the skillet.

7) Quickly add to the skillet 4.5 oz. of chopped green chilies and 3 more tbsp. of the jerk sauce. Turn the heat up and bring the mixture to a boil; reduce the heat to low. Cover and simmer for about 10 minutes until the chicken is tender. Stir occasionally.

8) When the rice is done, serve each plate with 1/6th of the rice topped with 1/6th of the jerk chicken mixture.

**Notes:**

Eating more than 1 serving of this meal increases the amount of sodium consumed. Save the leftovers for the next day in order to keep your daily sodium consumption in check.

**DISCLAIMER:** YOU MAY USE ANY LIKE PRODUCTS OF ANY BRAND IN MAKING THIS HEALTHY CHOICE MEAL. THE PICTURES HERE ARE NOT AN ENDORSEMENT OF THESE PRODUCTS.

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