

Diabetes Discourse

Volume 3, Issue 3

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Quarterly Newsletter of the Bovell Cancer Diabetes Foundation (BCDF)

This Free Newsletter is a Vital Resource for Diabetes Prevention and for anyone Living with Diabetes

Our Vision

- Enriching lives, one person at a time

Our Mission

- To enrich the lives of people living with or at risk for cancer and diabetes by providing financial resources, support, preventive and management education.

BCDF Activities Include:

- Modest grants to individuals/families affected by cancer or diabetes to enhance their quality of life
- Prevention and management education, and small-group workshops
- Advocacy and referrals to resources for individuals/families affected by cancer or diabetes
- Writing grant proposals and fundraising

BCDF relies on donations to carry out its mission. We are an incorporated, charitable Foundation in the Republic of Trinidad and Tobago. BCDF functions with volunteers only and no paid staff. To contact us with comments, questions or articles, phone 868) 667-2576 or e-mail: adelia@bovellcancerdiabetesfoundation.org; <http://www.bovellcancerdiabetesfoundation.org>

Disclaimer: This newsletter is meant to educate and inform. It is not to be used as medical advice. Please consult your doctor for medical advice.

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HIGHLIGHTING SUPPORTERS

None of us have it all together, but
TOGETHER we have it all.

BCDF cannot go it alone; therefore we continue to cherish and appreciate our supporters. In this and the next issues, BCDF will highlight its constant, revered supporters.



Dr. Eastlyn McKenzie, Ex-Independent Senator, has been with us since our launch in 2008. If you were at our breakfast event lately, you would have heard her in her 'rarest' form. She is the ultimate BCDF emcee

At BCDF's Launch, 2008

Assemblyman Hilton Sandy, Secretary of Infrastructure and Public Utilities has been a constant, long-standing supporter of BCDF. At right, he delivers his address at BCDF's launch in 2008.



Congratulate them and follow their examples of supporting BCDF to stamp out diabetes. 😊

To our Valued Supporters

Dear Attendees/Supporters

Many thanks for attending our Breakfast and Diabetes Awareness Dialogue Fundraiser.

The Board of Directors of the Bovell Cancer Diabetes Foundation (BCDF) would like to extend a sincere thank you for your attendance and show of support we received during our Breakfast and Diabetes Awareness Dialogue Fundraiser on Saturday 20th April, 2013. This event would not have been a success without the generous support you provided us. The event was great fun, with an excellent emcee and healthy, delicious food (cassava bread, black pudding, souse, pancakes, buljol, smoke herring, fresh orange juice, etc.). Your participation has helped us raise money that will allow us to continue working relentlessly toward stamping out diabetes in Tobago. It will go specifically toward supporting our 'Life for a Child Project', which is patterned after the program of the International Diabetes Federation. This project meets the immediate needs (testing strips, assistance and support for doctors' visits, monitoring and education) of a child with diabetes. Did you know that 100% of BCDF's total budget goes directly to our projects? None of your money goes to administrative costs, which is all voluntary. That is why events like these are so important to raise much needed funds for BCDF's mission. We sincerely hope that this association will be maintained and you will continue to support us in our future undertakings. We truly appreciate your participation and we hope to see you at next year's event! Thanks again to each one of you, for your support and generosity; without you none of this would have been possible. Roughly 300 people had their blood sugar tested.

Sincerely,

Bovell Cancer Diabetes Foundation

BREAKFAST & DIABETES DIALOGUE - PHOTO COLLAGE



Blood sugar testing



Swedish Journalist trying our low-fat, sugar-free pancake. It was a fun-filled morning with tasty, healthy food

TAKE CHARGE OF YOUR HEALTH AND DIABETES

This newsletter puts together information, which hopefully will be of interest and help prevent and control diabetes. Blood sugar spikes can be blunted by including certain foods in your eating plan. Add **vinegar, lemon or lime juice** as part of a salad dressing to lower after meal blood sugars. These foods have acetic acid, which slows down gastric emptying and reduces blood sugar spikes after meals. A study done at the University of Sydney found that by adding **one tablespoon of vinegar and two teaspoons of high quality olive oil** to a salad can lower blood sugar spikes up to 25-30%. Using **low glycaemic foods** (see the partial list) along with reasonable portion sizes, counting total carbohydrates, exercising and reducing stress can all help blunt after eating blood sugar excursions. The **glycaemic indices** of different foods are listed in categories of low (under 55), medium (56-69) and high (above 70), with a top score of 100 for pure glucose. The concept is: **low glycaemic foods take longer to absorb and help you feel more satisfied due to fibre**. This may cause you to eat less and raise glucose levels more slowly. Always think of the high quality carbohydrates – vegetables, beans, whole grains and lean proteins mixed in, and natural non-processed foods for the best response for blood sugars. Recent studies have shown that low glycaemic foods added to your plan can help decrease obesity, cardiovascular disease and diabetes. Eating a handful of peanuts following a meal with high glycaemic carbohydrates can help blunt blood glucose response. The peanuts add protein and fat to the blood stream which reduces blood sugar elevation. Anti-inflammatory foods such as legumes, tea, cinnamon, high fibre foods and lean protein may also reduce post meal spiking. Resistance starch foods including green bananas, rice, potatoes or pasta (macaroni, noodles) cooked and cooled before eating, can also offer a better insulin response, control appetite and help with bowel regularity. A study done by Brian Wansink at Cornell University consisted of watching over



Help us
stamp out
diabetes in
our nation
– donate
to BCDF



300 people at an "All You Can Eat Buffet"; the thought is when there is unlimited food with multiple choices everyone will tend to overeat. He reported some interesting observations. They logged where the people sat in relation to the buffet, which direction they faced, if they used regular silverware or chopsticks, if they sat at a table or booth and what size plate they took. He observed that the thinner people studied the buffet table more and explored all the choices before committing to any food. The heavier people grabbed as they went down the buffet. They also observed that the thinner people took dessert size plates while the heavier ones took full size dinner plates. The thinner people chewed 15 times per bite and the heavier people chewed 12 times per bite. The thinner people went back to the buffet fewer times and sat further away. This information may be helpful to you but according to the director of the Yale University Prevention Research Center "you should still avoid all you can eat buffets if you are trying to stop over-indulging."

Glycaemic index

Glycaemic index offers information about how foods affect blood sugar and insulin. The lower a food's glycaemic index, the less it affects blood sugar and insulin levels. Below is a list of the glycaemic index for some common foods.

Rewritten from Roberta Kleinman, RN, M.Ed., CDE

Get plenty of fibre - It is rough, it is tough and may help reduce your risk of diabetes by improving your blood sugar control.

A partial list of the glycaemic index of selected foods

| FOOD | Glycemic index (glucose = 100) | Serving size (grams) |
|---------------------------------------------------------------------------|-----------------------------------|----------------------|
| BAKERY PRODUCTS AND BREADS | | |
| White wheat flour bread | 71 | 30 |
| Whole wheat bread, average | 71 | 30 |
| 100% whole grain | 50 | 30 |
| Sponge cake, plain | 46 | 63 |
| Beverages | | |
| Coca Cola®, average | 63 | 250 mL |
| Apple juice, unsweetened, average | 44 | 250 mL |
| Orange juice, unsweetened | 50 | 250 mL |
| BREAKFAST CEREALS AND RELATED PRODUCTS | | |
| Cornflakes™, average | 93 | 30 |
| Cream of Wheat™ | 66 | 250 |
| Oatmeal | 55 | 250 |
| Raisin Bran™ (Kellogg's) | 61 | 30 |
| Special K™ (Kellogg's) | 69 | 30 |
| GRAINS | | |
| White rice, average | 89 | 150 |
| Brown rice, average | 50 | 150 |
| Converted, white rice (Uncle Ben's®) | 38 | 150 |
| DAIRY PRODUCTS AND ALTERNATIVES | | |
| Ice cream, regular | 57 | 50 |
| Milk, full fat | 41 | 250 mL |
| Milk, skim | 32 | 250 mL |
| FRUITS | | |
| Banana, ripe | 62 | 120 |
| Grapefruit | 25 | 20 |
| Orange, average | 40 | 120 |
| Watermelon | 72 | 120 |
| BEANS AND NUTS | | |
| Baked beans, average | 40 | 150 |
| Blackeye peas, average | 33 | 150 |
| Chickpeas (channa), average | 10 | 150 |
| Kidney (red) beans, average | 29 | 150 |
| Lentils, average | 29 | 150 |
| Cashews, salted | 27 | 50 |
| Peanuts | 7 | 50 |
| PASTA and NOODLES | | |
| Macaroni, average | 47 | 180 |
| Spaghetti, white, boiled, average | 46 | 180 |
| Spaghetti, white, boiled 20 min, average | 58 | 180 |
| Spaghetti, wholemeal, boiled, average | 42 | 180 |
| VEGETABLES | | |
| Green peas, average | 51 | 80 |
| Carrots, average | 35 | 80 |
| Boiled white potato, average | 82 | 150 |
| Sweet potato, average | 70 | 150 |
| Yam, average | 54 | 150 |
| Dasheen (<i>Colocasia esculenta</i>), peeled, cubed, boiled 30 min | 72 | 150 |
| Dasheen, peeled, boiled 30 min, crushed, refrigerated, reheated for 1 min | 66 | 150 |
| Breadfruit (<i>Artocarpus altilis</i>) | 68 | 120 |

The complete list of the glycemic index and glycemic load for more than 1,000 foods can be found in the article "International tables of glycemic index and glycemic load values: 2008" by Fiona S. Atkinson, Kaye Foster-Powell, and Jennie C. Brand-Miller in the December 2008 issue of [Diabetes Care](#), Vol. 31, number 12, pages 2281-2283.

CHILDREN'S CORNER

Wendy's Story

Seven years ago, my daughter Madi was a very active, creative, outgoing kindergartner. She was a happy and healthy 5-year-old. That February things started changing. Her teacher was reporting that Madi seemed tired, pale, and "spacy" before lunch, and was having trouble paying attention. After lunch Madi started complaining that her stomach hurt, and she seemed lethargic and occasionally cried for no apparent reason. Though Madi had always loved school, I was concerned that she was having trouble adjusting. Soon, Madi began complaining of being thirsty all the time, requesting drinks in the middle of the night, and then wetting the bed. Her height and weight were not increasing as they should have been. In March, after eating a piece of candy after ballet class, Madi felt nauseous and was glassy-eyed. Her dad has type 1 diabetes, as does my mom, so as much as I did not want to, deep down I knew what was happening. We tested her blood sugar that night: It was 585, a number I would not ever forget. We went to the emergency room. At the hospital, it took more than an hour for five medical technicians to get an IV started. Once they were able to start Madi on insulin, she quickly turned back into the loving, easy-going child I knew. But she was very scared. Each time they tested her blood sugar, Madi insisted on having a Band Aid. Each injection required a Band Aid too. By the end of the day she was covered in Band Aids, but no closer to accepting her illness. The next day she met with a dietitian and a diabetes educator. When her paediatrician visited, she tried hard to get him to say that it would "go away" once she was released from the hospital. As Madi struggled to understand her diagnosis, her dad and my mom struggled with feelings of guilt about possibly passing diabetes on to Madi. Once Madi realized that diabetes does not go away, she accepted responsibility for testing her own blood sugar. She also learned that her life would be easier if her fingers were not covered in Band Aids. Within a few months of her diagnosis, Madi was giving her

own injections and learning to count carbohydrates in foods. She joked that having diabetes helped her learn her numbers to 600 while other kindergartners were still trying to learn their numbers to 20.

Finding Control and Freedom

Madi decided early on that she would not allow diabetes to get in her way, and determined to make it a positive part of her life. She became involved with diabetes organizations. Although Madi has never been a child who sneaks treats, her blood sugars have always been difficult to manage. She is very active. At age 7, Madi was up to seven insulin shots a day just to regulate her blood sugar. Even with all the intensive management, she had frequent highs and lows. Madi diligently counted carbohydrates and was always careful about what she ate but she seemed no closer to control than she was when she was diagnosed. For 2 years, Madi's dad tried to convince her to look into an insulin pump, which he had success with. She was not ready, but she eventually came around. In the second grade, she went to the nurse after lunch at the same time as a friend who wore an insulin pump. When Madi saw how quickly he could press a few buttons on his pump and return to class, she was impressed. She decided she was ready. Six months after starting the pump, Madi learned to insert her own pump **catheter reservoirs**. Even though it could hurt to insert a new pump catheter, she found it preferable to taking seven shots a day! We soon began to see positive changes in her blood sugar levels. She was not dropping so far and so quickly during the night and she seemed more consistent during the day. We did not see immediate changes in Madi's A1c readings (tests of her blood sugar levels, taken every few months) but within a year they were back into a more acceptable range.

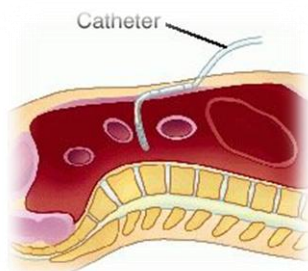
One Active Kid

Today at age 12, Madi continues to work hard to keep her diabetes under control. She is very active and is involved with dance, drama and singing. Madi also writes letters

to public officials about the need for research funding. When she hears about other kids who are diagnosed, she puts together decorated bags for them with crafts, a stuffed animal, carbohydrate counting cards, information about diabetes, and a note offering her friendship and help. She gives speeches and distributes information at community events. As Madi's mom, I ache over the things that she has to do every day and the things that she thinks about every minute. I know she worries about what obstacles she will face. She knows of the potential consequences of not keeping her diabetes under control over the long term. She works hard to keep her body healthy. Madi used to think that when she grows up she would go into diabetes advocacy, but says she is working so hard to help find a cure that she hopes those occupations are not needed when she is older. So, she has decided to become a performance artist so she can make people smile. She makes me smile every day.

Did you know that a...

Catheter /cath·e·ter/ (kath'ě-ter) is a flexible tube inserted through a narrow opening into a body cavity to withdraw or introduce fluid. There are many different types of catheters.



Catheter inserted into abdomen

Res·er·voir \ 're-zə- ,vwär, -zər-, -,vwör also - ,vôi\ is:

- ◆ a supply or source of something
- ◆ a large natural or artificial lake used as a source of water supply

Taken from: <http://kidshealth.org>



SMALL STEPS FOR GETTING MORE PHYSICAL ACTIVITY

Diabetes could be prevented or delayed by losing weight through small changes in **eating** and **physical activity**. There are lots of things you can do at home and at work to get more physical activity throughout the day. You do not have to play a sport or go to a gym to be more active, unless that is what you like to do. You can walk or try swimming, water aerobics, biking, dancing, or any activity that keeps you moving toward the goal of 30 minutes of moderate-intensity physical activity five days a week. Before you start a physical activity program, be sure to talk with your doctor. Use some of these tips to get started, keep you moving, and make your physical activity time more fun.

Dress to move

Dress to move. Wear supportive shoes with thick, flexible soles that will cushion your feet and absorb shock. Your clothing should allow you to move, and keep you dry and comfortable.

Start off slowly

Start off by taking a 5-minute walk (or doing another physical activity that you like) on most days of the week. Slowly, add more time until you reach at least 30 minutes of moderate-intensity physical activity five days a week.

Build physical activity into your day

Start off by taking a 5-minute walk (or doing another physical activity that you like) on most days of the week. Start or end your day by taking a brisk walk. While watching TV, walk or dance around the room, march in place, or do some sit-ups and leg lifts. Double bonus: cut out a TV show and get moving instead!

Move more at work

Try to get a "movement break" during the day. Take a walk during lunchtime. Walk around your office while talking on the telephone. Take the stairs instead of the elevator to any office.

Count your steps

You may be surprised to learn how much walking you already do every day. Try using a

pedometer to keep track of your every step. A pedometer is a gadget that counts the number of steps you take. The number of steps in one mile depends on the length of your stride, but one mile equals roughly 2,000 steps. Each week, try to increase the number of steps you take by 1,000 (about 250 steps per day), aiming for a goal of 10,000 steps per day. Ask us about owning a pedometer.

Stretch it out

Avoid stiff or sore muscles or joints by stretching after doing physical activity. Try not to bounce when you stretch. Perform slow movements and stretch only as far as you feel comfortable.

Make it social

Try to schedule walking "dates" with friends or family members throughout the week. For family fun, play football, basketball, or jump rope with your children. Organize a walking group with your neighbors or at work. When you involve others in your activities, you are more likely to stick to your program.

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Have fun

Getting more physical activity does not have to be boring

Getting more physical activity does not have to be boring. Turn up the music and boogie while cleaning the house. Go dancing with friends and family members. Play sports with your children. Try swimming, biking, hiking, jogging, or any activity that you enjoy, which gets you moving. Vary your physical activities so you would not get bored.

Keep at it

Pay attention to small successes. The longer you keep at it, the better you will feel. Making changes is never easy, but getting more physical activity is one small step toward a big reward—a healthier life.

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DIGITAL PHOTO CONTEST

We are looking for striking digital images of the "Tobago King of the Woods" - (the *Blue Crowned Mot*), one of the most beautiful birds in the world,

which lives in the forests of Tobago. The Bovell Cancer Diabetes Foundation (BCDF) invites you to enter its Photo Competition. You must read the following rules, terms and legal conditions. You must read the following rules, terms and legal conditions before submitting any photos!

To submit a photo – submit digitally to:

bovellcancerdiabetesfoundation@gmail.com

Submit your name and e-mail address (for contact if you are selected as a finalist), and agree to the complete contest rules before submitting your entry.

Types of files - Submissions should be 2,000 x 2,000 pixels or greater. The file size may not exceed three megabytes (3 MB). Submissions should be in a JPEG file format (.jpg or .jpeg).

Number of photos to submit - You may submit ONE photograph to the contest. Slight digital adjustments of color, contrast and exposure are allowed, as is cropping. Photos that have been heavily digitally altered and/or digital composites will be disqualified.

Selection - Only entrants whose photos are selected as finalists and winners will be notified by e-mail. The winning and finalist photos will be posted on the BCDF website.

What should I include in my photo?

The contest aims to raise awareness of diabetes prevention messages delivered by our mascot Festus, Tobago King of the Woods. Any photos depicting the Tobago King of the Woods would be welcome.

Photographs submitted must be your own original work - The contest rules require that any photograph that you submit for this contest must be your own original work and otherwise free from third-party copyright restrictions. Photographs that do not meet this requirement are not eligible for use in this contest.

Your rights - You are granting Bovell Cancer Diabetes Foundation a non-exclusive, irrevocable, royalty-free license to publish the photographs you enter in editorial, educational, promotional and other uses associated with diabetes awareness and prevention.

Contact the BCDF for your glucose machine and strips at a VERY low cost. Get free 'hands-on' training on your machine with purchase

BCDF 2013 RAINBOW CALENDAR OF EVENTS

| | |
|-------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 18-19 th December, 2012 | Small Group Workshops Hands-on workshops that will provide current information regarding prevention, control and management of cancer and diabetes. Cancelled. |
| January - December, 2013 | Life for a Child Project Patterned after the International Diabetes Federation's program, this project meets the immediate needs (testing strips, assistance and support for doctors' visits, monitoring and education) of a child with diabetes. |
| 11 th January, 2013 | Application for First Quarter Funding Deadline Our mission is enriching lives of people living with cancer and diabetes by providing financial and educational resources |
| February, 2013 | Diabetes Discourse Distribution of the free Quarterly Newsletter of the Bovell Cancer Diabetes Foundation |
| 8 th April, 2013 20 th April, 2013 | Application for Second Quarter Funding Deadline Breakfast and Diabetes Awareness Dialogue, Market Square, Scarborough |
| May, 2013 | Small Group Workshops Hands-on workshops that will provide current information regarding prevention, control and management of cancer and diabetes Diabetes Discourse |
| June, 2013 | Small Group Workshops Hands-on workshops that will provide current information regarding prevention, control and management of cancer and diabetes. |
| 15 th July, 2013 | Application for Third Quarter Funding Deadline |
| August, 2013 | Diabetes Discourse |
| 18 th October, 2013 | Application for Fourth Quarter Funding Deadline |
| October - November, 2013 | Primary School World Diabetes Day Poster Competition Poster design is an expression of creativity and technical aptitude. BCDF presents its fourth annual primary school poster competition for the occasion of World Diabetes Day 2012. |
| November, 2013 | Diabetes Discourse |
| 2 nd November, 2013 | BCDF Annual Fundraiser BCDF flagship event ('All You Can Eat' Fish Broth Dinner) will take place at the Belle Garden Community Centre, Belle Garden, Tobago. |
| 8 th November, 2013 | Fifth Diabetes in the Limelight Jamboree BCDF will join the World Diabetes Day campaign with the emphasis on diabetes education and prevention |