

Diabetes Discourse

Volume 7, Issue 4

9th Annual Diabetes in the Limelight Jamboree (10/11/17)

August, 2017

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.*

NOVEMBER/JAMBOREE/ WOMEN & DIABETES/WORLD DIABETES DAY



World Diabetes Day (WDD) 2017

WDD was created in 1999 by the International Diabetes Federation (IDF) and the World Health Organisation (WHO) in response to growing concerns about the escalating health threat posed by diabetes. WDD is the world's largest diabetes awareness campaign reaching a global audience of over 1 billion people in more than 160 countries. The campaign draws attention to issues of paramount importance to the diabetes world and keeps diabetes firmly in the public and political spotlight. The theme of WDD 2017 is **"Women and Diabetes"**. The slogan is **"Our Right to a Healthy Future."** The 2017 WDD campaign will push the importance of affordable and equitable access for all women at risk for, or living with diabetes to the essential diabetes medicines and technologies, education and information about self-management that they require to achieve optimal diabetes education and information to achieve optimal diabetes outcomes and strengthen their

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DIET AND DIABETES

Posted by Roberta Kleinman | Jun 7, 2017 | Diabetes Management, Diet & Nutrition, General Information, Health & Wellness, Newsletters | 3 |

“The word diet comes from the old French word ‘diète’ and the medieval Latin word ‘dieta’ meaning a daily food allowance.” Diets are, “a set course of eating and drinking in which the kind and amount of food should be planned to achieve weight loss and better health.” It is believed that the spread of conflicting information and even misinformation may be playing a role in the global obesity epidemic experienced today. Most people with diabetes are still confused about what healthy eating is and it is not because they are not trying, but because it can be very confusing. Many people make choices based on their “taste and the pricing” with “healthfulness” in third place. There is no one universally effective strategy, which helps people achieve healthy weight and lower their risk of chronic diseases. It is known that severely restricted diets can lead to bingeing insulin resistance, pre-diabetes, diabetes, hypertension, and elevated cholesterol and eventual heart disease. How you eat should always remain safe and realistic. People are always asking “*what is the diabetes diet or which diet should I follow for my diabetes?*”

Your diet should include eating lean proteins, non-starchy vegetables, whole grains, whole starch foods such as sweet potatoes, brown rice and beans, fruits, legumes which are all counted as carbohydrates, as well as good fats like avocados. None or limited processed or refined foods, and no sugary drinks should be a part of your diet. Portion size and timing of meals are critical. Do not skip meals. Eat a daily small bedtime snack such as a serving of a carbohydrate and a protein (2 whole grain Crix, 1 slice cheese (25 g or 1 oz.) 30 minutes prior to bed. This is a well-balanced, recommended food plan. Include daily exercise (10,000 steps/day and 150 minutes exercise per week), do not smoke and practice stress management.

THE 3 D’S: DIABETES, DENIAL AND DIET

Posted by Marci Sloane | Dec 23, 2008 | Diet & Nutrition

My last patient of the week is one of my favorites. Even with her “diabetes denial issues”, she keeps her weekly appointments. After reviewing her blood work, I tried to convince her that she had diabetes, but she was unable to be persuaded! That was until I pointed out – a few times – that she was taking medication for diabetes and if she did not have the disease she would pass out from low blood sugar! At her third visit, she finally accepted the fact that she has diabetes and losing weight will help her control her glucose levels – tremendously. Whew! We got past that and have been working on a gradual change in her eating habits. I am so proud of her! Although she has only lost a few pounds in the past month or two, more importantly, she has changed her eating patterns, and is thinking about her food choices differently. She started out eating many sweets, whether it be at home or when she dined out. She had “stopped eating bread” – but of course, as she later would find out, that is not as evil a food as we are made to believe. Her first step was controlling the “sweet-eating”. That was a huge accomplishment and her biggest challenge. It has simmered down and she now has sweet cravings less frequently. At our most current visit, she admitted that she is more accepting of her diabetes and is ready to take the next step – not rewarding herself with food! Does this story sound familiar? Last week, I heard one of my friends say to me – “I have a touch of diabetes”. To date, I cannot understand the meaning of that, much as I tried to get her explain what that means. If you are at risk for diabetes because it runs in the family, please check your status, accept the truth and work on controlling your blood sugar.

World Diabetes Day... (from page 1)
capacity to prevent diabetes.

Key Messages

Globally, 199 million women are living with diabetes. The total is projected to increase to 313 million by 2040.

- ✚ Diabetes is the 9th leading cause of death in women globally, causing 2.1 million deaths per year
- ✚ Women with type 2 diabetes are almost 10 times more likely to have coronary heart disease than women without the condition
- ✚ Women with type 1 diabetes have an increased risk of early miscarriage or having a baby with malformations
- ✚ Two out of five women with diabetes are in reproductive age
- ✚ One in 7 births is affected by gestational diabetes (GDM)
- ✚ Half of all cases of hyperglycaemia in pregnancy occur in women under the age of 30
- ✚ The majority of hyperglycaemia in pregnancy were in low- and middle-income countries, where access to maternal care is often limited
- ✚ Roughly half of women with a history of GDM go on to develop type 2 diabetes within five to 10 years after delivery
- ✚ IDF estimates that 20.9 million or 16.2% of live births to women in 2015 had some form of hyperglycaemia in pregnancy
- ✚ Up to 70% of cases of type 2 diabetes can be prevented through adoption of a healthy lifestyle
- ✚ Women, as mothers, have a huge influence over the long-term health status of their children
- ✚ Women are the gatekeepers of household nutrition and lifestyle habits and therefore have the potential to drive prevention from the household and beyond
- ✚ 70% of premature deaths among adults are largely due to behavior initiated during adolescence

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OF OUR MOTHER

Mildred “Miss” Bovell
(1922-2013)



Remembering the Matriarch of BCDF -
Gone but definitely not forgotten!!!!

A Tribute

To Our Dear Mother whom God called
home four years ago

Dear Miss:

We are living every day as you taught us to:

Serving our neighbors and communities

Using creation wisely

Offering kindness willingly

Enduring slights patiently

Striving for justice; and

Overcoming temptations

We are confident that you are in the hands
of God where no torment can touch you or
take away your peace – this; along with
God’s help propel us through! RIP!!

***From your children, grandchildren,
great grandchildren, friends and
your BCDF Family*** ♥

CONSIDER DONATING TO BCDF

A \$1 for BCDF



Help Us Stamp Out Diabetes

LET'S TALK CANCER WITH...

Dr. Liselle Bovell

Prostate cancer prevention: Ways to reduce your risk

September is prostate cancer awareness month. In Trinidad and Tobago, prostate cancer is the leading cause of cancer-related mortality among men, accounting for 38% of these deaths. Afro-Trinidadians are at highest risk of developing prostate cancer.

There is no proven prostate cancer prevention strategy. But you may reduce your risk of prostate cancer by making healthy choices, such as exercising and eating a healthy diet.

Choose a low-fat diet. Foods that contain fats include meats, nuts, oils and dairy products, such as milk and cheese.

Eat more fat from plants than from animals. In studies that looked at fat intake and prostate cancer risk, fats from animals were most likely linked to increased risk of prostate cancer. Animal foods that contain fats include meat, lard and butter.

Increase the amount of fruits and vegetables you eat each day. Fruits and vegetables are full of vitamins and nutrients that are thought to reduce the risk of prostate cancer, note that research has not proved that any particular nutrient is guaranteed to reduce your risk.

Eat fish. Fatty fish — such as salmon, tuna and herring — contain omega-3 fatty acids, a type of fatty acid that has been linked to a reduced risk of prostate cancer.

Reduce the amount of dairy products you eat each day. In studies, men who ate the most dairy products — such as milk, cheese and yogurt each day had the highest risk of prostate cancer.



CHILDREN'S AFFAIRS

Guidelines for Total Cholesterol in Children and Teenagers (ages 2-19)

John and his parents get his lab results from the doctor



Pedro's lab results show that his total blood cholesterol is 206, but it should be less than 170

His "bad" cholesterol is 148, but it should be less than 110. His "good" cholesterol is 54, which is fine. His "good" cholesterol should not be less than 45.

	DESIRABLE ●	BORDERLINE ●	UNDESIRABLE ●
HDL Cholesterol			
children (9-12)	more than 45 mg/dl	40-45 mg/dl	less than 40 mg/dl
adults	more than 40 mg/dl		less than 40 mg/dl
LDL Cholesterol			
children (9-12)	less than 110 mg/dl	110-129 mg/dl	more than 130 mg/dl
adults	less than 100 mg/dl	100-189 mg/dl	more than 190 mg/dl

**LDL (Bad)
Cholesterol:**
Keep it low!
Less than 110
mg/dl is best

**HDL (Good)
Cholesterol:**
*The higher, the
better!*
Keep it 45 mg/dl
or higher.

**Total
Cholesterol:**
Less than 170 is good.
Numbers 170-199 are on the
borderline,
200 or more is HIGH



**LDL or “bad”
cholesterol builds up
and clogs the blood
vessels. The lower it
is the better.**



Cholesterol is a natural waxy, fat-like matter that is in our food, and it is also made by our liver. Your body makes all of the cholesterol it needs to do important things, like breaking down fatty foods, making hormones and vitamins.



Too much cholesterol from some foods, like fatty meat, organ meats like liver and kidney, cheese, and dairy desserts like ice cream may raise the amount of cholesterol in the blood.

Source:
www.nhlbi.nih.gov/guidelines/cvd_ped/summary.htm#chap9

*Cont'd from page 3, World Diabetes Day,
Women & Diabetes*

✚ Research has shown that when mothers are granted greater control over resources, they allocate more to food, children's health and nutrition, and education.



DIABETES & CHRONIC DISEASE REALITIES

- ✚ Globally, 1 in 11 adults have diabetes
- ✚ By 2040, 1 in 10 adults will have diabetes
- ✚ 46.5% of adults with diabetes are undiagnosed
- ✚ 12% of global expenditure is spent on diabetes
- ✚ 1 in 7 births is affected by diabetes
- ✚ Every 6 seconds a person dies from diabetes
- ✚ In 2016, it was revealed by the Inter-American Development Bank (IDB) that the economic burden of diabetes, hypertension and cancer to Trinidad and Tobago (T&T) is about TT\$8.7 billion, which is 4.6% of the gross domestic product (GDP).
- ✚ The IDB also found that more than 50% of the total burden is due to productivity losses related to diabetes, hypertension and cancer morbidity and mortality.
- ✚ Even more alarming statistics showed that 80% of all deaths in T&T are attributed to non-communicable disease (NCD)
- ✚ More than 50% of the population age 15 to 64 years are overweight or obese
- ✚ Over the last decade, obesity in children in T&T has quadrupled
- ✚ Since 1980 the prevalence of diabetes in T&T has more than tripled



<http://www.trinidadexpress.com/20170913/business/idb-loan-seeks-to-reverse-impact-of-lifestyle-diseases>
International Diabetes Federation

OBESITY & DIABETES – HOW OTHERS ARE MANAGING

Posted by Roberta Kleinman | Jul 6, 2016 | Diabetes Management, Diet & Nutrition, Health & Wellness



What others are doing about obesity

The American College of Endocrinologists is finally acknowledging that obesity is in itself a “diagnosis”. The Food & Drug Administration of the United States (FDA) is becoming more involved each year with new requests being placed on the food industry including food manufacturers and restaurants. The new federal plan will include improved food labels, further examination of calories presented in larger type, updated daily values, changes in nutrients required, added sweeteners (both sugars and syrups), reassessment of serving size along with an update in footnotes. There is continued talk among state, local and federal governments discussing regulation of soda and junk food with possible added taxes. The FDA just asked the food industry to “voluntarily” lower sodium content in processed and packaged foods. By 2018, the FDA will require food manufacturers to separate out “added sugars” on the labels and this will now show amounts of sucrose, dextrose, fruit concentrates and high fructose corn syrup. The American Heart Association states that “women should have no more than 6 teaspoons of added sugar and men no more than 9 teaspoons of added sugar per day”. This is for people without diabetes. We need to take responsibility and promote positive self- behaviour changes. Here are a few tips that others are using which we can modify.

Look into a program called **TOPS**, which stands for ‘Take off Pounds Sensibly’. This program was funded by The National Heart, Lung and Blood Institute. It included 65,000 American adults who participated in the program where 1/2 were able to take off 5% of their total weight from baseline. Research shows that a “5-7% weight loss may help diabetes control tremendously or even lower blood sugars back to pre-diabetes or normal A1C levels”. The most amazing part was that over 80-90% of these participants were able to keep the weight off for 7-8 years by continuing to attend KOPS, ‘Keep the Pounds Off’. It consisted of group meetings which were very affordable. Plan to start similar or modified programmes like TOPS/KOPS in your communities. You must become involved and stay involved for the best long term results. The program stresses that slower weight loss is better since the possibility of keeping it off increases and “to believe in you for the best outcome.”

Weight-loss Goals

Set goals around weight loss. Instead of saying “I need to lose 50 pounds in the next three months, set goals that are realistic such as “I will start to exercise by walking 2-3 days a week for a half hour and increase to 5 days a week” or “I will keep a food diary to see what I am actually eating”. This eventually leads to weight loss instead of focusing on a number. Focusing on a specific pound amount in a set time period usually leads to higher frustration levels and poor results.

Find Eating Triggers

Find triggers that make you want to eat. First identify the actual triggers. Is it boredom, stress, fear, anger, frustration, fatigue, happiness or something from your past? Many times it is difficult to actually identify the trigger on your own. It may require help from a therapist, physician, counselor, social worker or significant other. This may be the most difficult part since you may have never dealt with the emotional issues or you may not even know they exist. Try to think about what makes you “grab food” when you are not actually hungry.

Many eating issues revolve around our thoughts and previous experiences.

Healthy Habits for a Lifetime

Understand that the effort to maintain a new, healthy habit never really ends. If you finally reach your “goal weight” you may decide you can go back to your old ways with lots of “cheat days”. This leads to patterns of old behavior. I recently counseled a 547-pound man who wanted to have gastric bypass surgery so he could lose weight and then eat his way back up. It was suggested he not go for major surgery at this time with his present mindset. Although gastric surgery should be the last option for weight loss, it should be well thought out with the ability to make the necessary changes and attitudes towards food, keep them after surgery and for a lifetime.

Understand junk food science

Certain foods, which may be considered comfort foods, keep us coming back for more. Sometimes there are specific reasons for these temptations and here are a few examples. Ice cream contains casein, a main milk protein. Casein “creates morphine-like molecules called *casomorphins* during digestion” which adds to the addiction of ice cream. Another possible additive reason is eating a big ice cream cone may signal being a kid again and the attraction is simply just nostalgia. Our taste buds become more blunted with age and we often prefer complexity and depth of flavors. Think about the new burger places which are adding competing flavors over and beyond just a burger with a slice of cheese, lettuce and tomato. New additions are hot sauces with the addition of more and more fat, sugar and calories. Many burger places are offering “brisket burgers” which can be chock full of saturated fat. The soft white, bread buns are usually processed and have a high glycemic index which raises insulin levels and the need to keep eating. Doughnuts have become more complicated and sophisticated with layers of tastes and flavors. Instead of a 150-calorie plain donut, we now have chocolate chip, pecan, varieties filled with fruit jams and

sprinkles. That is part of the junk food science. Donuts are both high-sugar and high-fat, are full of empty calories and can “tax your brain’s opioid receptors”. This overload can trigger dopamine, the pleasurable neurotransmitter and cause a “sugar rush”. This only makes you want more. New larger coffee drinks are in the same category. Rich coffee drinks, filled with sugar syrups and flavoured creams deliver a much different experience than plain, black, zero-calorie coffee. These added sugars and fats make you crave it. There are so many factors that go into why, when and what we eat which may cause weight gain and the possibility of developing type 2 diabetes. Weight gain makes it more difficult to control diabetes if you already have it. Try these few tips to see if they may help you take charge of your weight, diabetes and better nutrition!



... UPCOMING EVENTS

OCT

17



So In Love With My Feet Massage/Focus/Support Group

Belle Garden Community
Centre, 10:00 a.m.

OCT

1-27



School Children Poster Competition 1st – 27th October, 2017

NOV

10



9th Annual Diabetes in the Limelight Jamboree

Cyd Gray Sporting
Complex, Roxborough,
Tobago

NOV

13



Cancer Awareness and Education Workshop

(868) 667-2576
9:00 a.m.

NOV

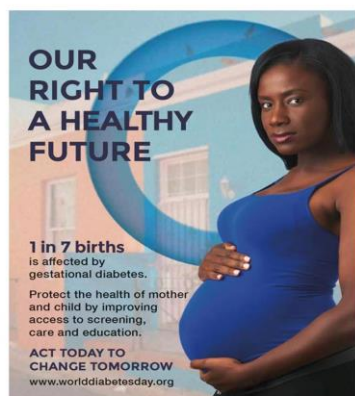
14



Children & Teen Hangout

(868) 667-2576

WOMEN AND DIABETES CONT'D



**2017 World
Diabetes Day
Theme
“Women &
Diabetes”**

**Slogan
Our Right to
a Healthy
Future**

Continued from Volume 7, Issue 3

NUTRITION

One of the key factors in managing **gestational diabetes** is healthy eating. When possible, all pregnant women should see a dietitian who will prepare an appropriate meal plan. Women should be advised to eat 3 meals and 3 snacks during the day. Spreading the food out over the day helps to keep the blood sugars balanced. To get all the nutrients, minerals and vitamins needed for a healthy pregnancy and baby, women should eat foods from a variety of sources, such as:

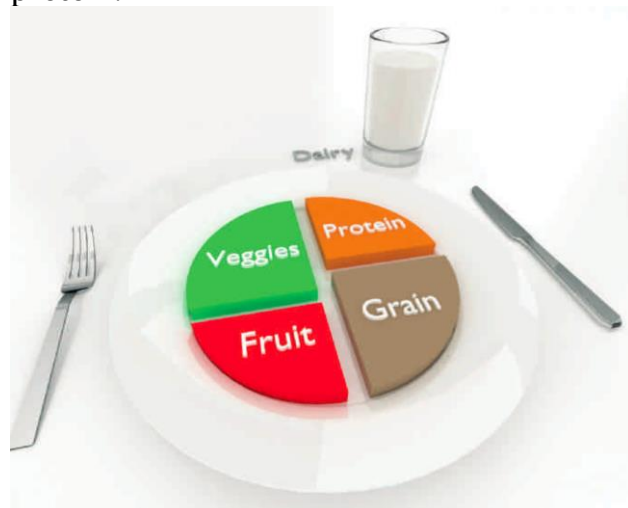
- Grains and starches, such as wheat, brown rice
- Vegetables and fruits
- Vegetable protein such as lentils, pulses and nuts
- Animal proteins such as egg whites, chicken and fish
- Milk and milk sources such as yogurt, cheese

Some general guidelines for healthy eating:

- Include 4-5 servings of yellow and green vegetables in the daily diet
- Include iron rich foods such as brown rice
- Include fresh wholesome foods – whole fruits instead of juices, whole grains/multigrain/ flours instead of refined flours

- Include adequate intake of fluids – 2 litres/day unless advised a lower amount
- Include a minimum of 650 ml milk or alternate to meet calcium needs
- Eat less junk foods, bakery products, fried foods, salted foods
- Use less oil in cooking
- Avoid direct sugars, saccharin and cyclamates. Minimize the use of other artificial sweeteners
- Avoid alcohol and tobacco and recreational or non-prescription drugs in all forms.

A simple way to healthy eating is to make sure that the plate is half covered with vegetables and fruits, ¼ covered with grains and starches and ¼ covered with protein.



- All pregnant women should gain some weight during pregnancy. The amount of weight to gain depends on the weight before becoming pregnant.

If the BMI is	Recommended weight gain is
Less than 18.5	12.5 – 18 kg
18.5 - 24.9	11.5 - 16 kg
25 - 29.9	11.5 kg
Over 30	9 kg

Weight in kg
Height in meters² = BMI

Source: www.idf.org

WOMEN AND DIABETES OUR RIGHT TO A HEALTHY FUTURE

THE ISSUE

1 IN 7 BIRTHS IS AFFECTED BY **GESTATIONAL DIABETES (GDM)**

WHAT DOES THIS MEAN?

1 IN 2 WOMEN

WITH GDM WILL
DEVELOP TYPE 2
DIABETES WITHIN
5 TO 10 YEARS
AFTER DELIVERY



THE CHALLENGE



PREGNANT WOMEN REQUIRE IMPROVED
ACCESS TO SCREENING, CARE AND
EDUCATION TO ACHIEVE POSITIVE HEALTH
OUTCOMES FOR MOTHER AND CHILD

SOLUTIONS



HEALTH AND NUTRITION
BEFORE AND AFTER
PREGNANCY AND EARLY
CHILDHOOD MUST BE
INCLUDED IN **TYPE 2**
PREVENTION STRATEGIES



**HEALTH PROMOTION
AND EARLY DETECTION**
OF DIABETES AND GDM
MUST BE PART OF ALL
ANTENATAL CARE VISITS



**HEALTHCARE WORKERS
SHOULD BE TRAINED IN THE
IDENTIFICATION, TREATMENT,
MANAGEMENT AND FOLLOW
UP OF DIABETES
DURING PREGNANCY**

ACT TODAY TO CHANGE TOMORROW

www.worlddiabetesday.org



International
Diabetes
Federation



world diabetes day
14 November

WOMEN AND DIABETES OUR RIGHT TO A HEALTHY FUTURE

THE ISSUE

199 MILLION WOMEN WITH DIABETES
313 MILLION BY 2040



WHAT DOES THIS MEAN?

DIABETES IS A LEADING CAUSE OF DEATH AMONG WOMEN

2 OUT OF 5 WOMEN WITH DIABETES ARE IN REPRODUCTIVE AGE



THE CHALLENGE

ALL WOMEN WITH DIABETES **REQUIRE AFFORDABLE** AND **EQUITABLE** ACCESS TO **CARE** AND EDUCATION TO BETTER MANAGE THEIR DIABETES AND IMPROVE THEIR HEALTH OUTCOMES



WOMEN WITH TYPE 2 DIABETES ARE ALMOST **TEN TIMES MORE LIKELY** TO HAVE **HEART DISEASE**



WOMEN WITH TYPE 1 DIABETES HAVE **AN INCREASED RISK** OF **MISCARRIAGE** OR HAVING A **BABY WITH MALFORMATIONS**

A SOLUTION

ACCESS TO ESSENTIAL **DIABETES MEDICINES AND TECHNOLOGIES**, SELF-MANAGEMENT **EDUCATION** AND **INFORMATION** ARE KEY TO ACHIEVE OPTIMAL DIABETES OUTCOMES



ACT TODAY TO CHANGE TOMORROW

www.worlddiabetesday.org



International
Diabetes
Federation



world diabetes day
14 November

WOMEN AND DIABETES OUR RIGHT TO A HEALTHY FUTURE

THE ISSUE

415 MILLION PEOPLE WITH DIABETES
OVER **640 MILLION** BY 2040
MOST OF THESE CASES ARE TYPE 2 DIABETES


WHAT DOES THIS MEAN?

DIABETES WAS RESPONSIBLE FOR
12% OF HEALTHCARE SPENDING IN 2015 AND
IS EXPECTED TO REACH
USD 802 BILLION
BY 2040


THE CHALLENGE

UP TO **70% OF CASES OF TYPE 2 DIABETES**
COULD **BE PREVENTED** THROUGH LIFESTYLE
INTERVENTIONS.

SOLUTIONS



COMPREHENSIVE LIFESTYLE PROGRAMMES,
AIMED AT IMPROVING
NUTRITION AND PHYSICAL
ACTIVITY, ARE COST-
EFFECTIVE FROM A HEALTH
SYSTEM PERSPECTIVE AND
**POTENTIALLY COST-SAVING
FOR SOCIETY AS A WHOLE**



**WOMEN AND GIRLS ARE KEY
AGENTS IN THE ADOPTION
OF HEALTHY LIFESTYLES
TO IMPROVE THE HEALTH
AND WELL-BEING OF
FUTURE GENERATIONS**

**EMPOWERING WOMEN AND
GIRLS** WITH EASY AND
EQUITABLE ACCESS TO
KNOWLEDGE AND RESOURCES
WILL STRENGTHEN THEIR
CAPACITY TO **PREVENT TYPE 2
DIABETES** IN THEIR FAMILIES
AND BETTER **SAFEGUARD
THEIR OWN HEALTH**

ACT TODAY TO CHANGE TOMORROW

www.worlddiabetesday.org



International
Diabetes
Federation



world diabetes day
14 November



9th Annual “Diabetes in the Limelight Jamboree”

WHEN?

10th
NOVEMBER
2017

10:00 a.m.

WHERE?

Roxborough
Sporting
Complex



Spin-to-Win
Great prizes

BOVELL CANCER
DIABETES
FOUNDATION

Belle Garden Tobago

Phone: 868-667-2576
E-mail:
bovellcancerdiabetesfounda
tion@gmail.com

Doctors on site
Dentist
Weight Clinic
Blood Glucose
Foot Exams
Diabetes Education
A_{1c} test for all **New**

Eye Doctor
Children's Booth
Zumca
Cholesterol Testing
Stroke Awareness
Blood Pressure
New Food Demos **New**

Theme: “*Women and Diabetes*”

- ◇ Free gifts for the first 100
- ◇ Sign up for free monthly foot care
- ◇ Be the lucky one to receive a free blood glucose machine & strips
- ◇ Join our *Life for a Child* project
- ◇ Sign up for small group workshop

Slogan: “*Our Right to a Healthy Future*”



Bovell Cancer Diabetes Foundation

<http://www.bovellcancerdiabetesfoundation.org>

Phone: 868) 667-2576

E-mail: bovellcancerdiabetesfoundation@gmail.com

<http://www.facebook.com/pages/Bovell-Cancer-Diabetes-Foundation/109253079221608>



Diabetes Education & Prevention Poster Competition

The Bovell Cancer Diabetes Foundation (BCDF) is sponsoring its 9th poster competition among school students 6 to 15 years to help raise awareness and educate about diabetes prevention and management.

Create a poster! WIN prize money! Help PREVENT diabetes!

First Prize—\$600; Second Prize—\$400; Third Prize— \$300; and Merit prizes

Three categories are open to all school children between the ages of 6 and 15 years

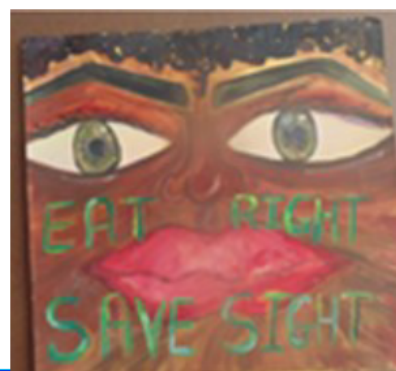
- Diabetes is a chronic disease that arises when the pancreas does not produce enough insulin, or when the body cannot effectively use the insulin it produces
- At present there is no cure for diabetes, but the good news is that it could be prevented
- **Entries are accepted until 27th October, 2017**

Compete for the ...
TATIL Challenge Trophy plus \$800 for the most
innovative poster depicting the theme
"Women and Diabetes"

2017 Theme:
"Women and Diabetes"

2017 Slogan: "Our Right to a Healthy Future"

Go to: www.bovellcancerdiabetesfoundation.org
Check our Facebook or ask your teacher for more
information about the competition





Bovell Cancer Diabetes Foundation

Poster Competition on Diabetes Education & Prevention

COMPETITION DESCRIPTION

The Bovell Cancer Diabetes Foundation announces the 9th island-wide poster competition among school children (6 to 15 years) to help raise awareness about the seriousness of diabetes and its complications, and the importance of diabetes prevention. All the submissions – whether humorous, serious, figurative or abstract, drawing or otherwise should transmit an **important message** that reflects some aspect of diabetes education & prevention under the 2017 theme **“Women and Diabetes”** and the slogan— **“Our Right to a Healthy Future”**

ELIGIBILITY

Any child who lives and attends school in Tobago, and is between the ages of 6 and 15 years is eligible to participate.

Two age groups : 6-9 years; 10-15 years

HOW TO ENTER

1. Each poster must have an official entry form signed by class/art teacher or principal or parent/guardian attached to the back
2. There may be no more than one poster entry from each student
3. Posters must have the category you are competing under (drawing, painting or colourful)
4. Each poster must have a title and must address diabetes education and prevention under the 2017 theme or slogan.
5. Each entry may have only one author printed on the poster: individual entries only!

JUDGING PROCESS

1. Posters must have a *diabetes prevention* focus
2. Appearance: attractively displayed in colour
3. Demonstrate effective use of art materials and/or words
4. Original design or innovative concept
5. Should make an impact from a distance
6. Adhere to the rules of the competition, for example, poster size
7. Be suitable for reproduction
8. Winners will be announced 10th November, 2017 and will be **PAID** in cash.

POSTER SIZE AND CATEGORIES

1. **Poster size must be 51 x 81 cm (20.0" x 32.0"). Larger or smaller posters will NOT BE JUDGED**

2. Entries will be judged under the following categories:

1) Drawings; 2) Paintings; and 3) Colourfuls

PRIZES

Individual Prizes in Each Category and Age Group

- **First Prize** value \$600
- **Second Prize** value \$400
- **Third Prize** value \$300
- **Merit prizes**
- **Tatil Challenge Trophy—Most Innovative Poster + \$800**

Challenge trophy for 1st prize in each category, each age group for schools

2017 theme “Women and Diabetes: Our Right to a Healthy Future”

BCDF 2017 RAINBOW CALENDAR OF EVENTS

November 2016 - June 2017	Complimentary Foot Care <i>"So in Love with my Feet" Project</i> Cancer Education Workshop – "Together we can Outsmart Cancer"
January - December	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.
18 th January	Application for First Quarter Funding Deadline - Completed Our mission is enriching lives of people living with cancer and diabetes by providing financial and educational resources
February	Diabetes Discourse Distribution of the free Quarterly Newsletter of the Bovell Cancer Diabetes Foundation
March	Small Group Workshops Hands-on workshops that will provide current information to help participants learn about cancer and diabetes prevention and education. New round of "So in Love with my Feet" Project begins
11 th April	Application for Second Quarter Funding Deadline (Completed)
5 th – 6 th April 29 th April	"So in Love with my Feet" Project Breakfast and Diabetes Awareness Dialogue Morning – Market Square, Scarborough, Tobago
May	Small Group Workshops Hands-on workshops that will provide current information to help participants learn about cancer and diabetes prevention and education. "So in Love with my Feet" Project
June	Diabetes Discourse – Quarterly Newsletter of BCDF Small Group Workshops Hands-on workshops that will provide current information to help participants learn about diabetes prevention and management "So in Love with my Feet" Project
18 th July	Application for Third Quarter Funding Deadline
August	"So in Love with my Feet" Project Diabetes Discourse - Quarterly Newsletter of BCDF "So in Love with my Feet" Project
17 th October	Application for Fourth Quarter Funding Deadline
October/November	School Children World Diabetes Day Poster Competition Poster design is an expression of creativity and technical aptitude. BCDF presents its 9 th annual primary school poster competition Cancer Education Workshop; Children & Teen Hangout
November 10 th November	Diabetes Discourse - Quarterly Newsletter of BCDF 9th Annual Diabetes in the Limelight Jamboree BCDF joins the World Diabetes Day campaign emphasising diabetes education and prevention New round of "So in Love with my Feet" Project begins