

# Diabetes Discourse

Volume 9, Issue 3

11<sup>th</sup> Annual Diabetes in the Limelight Jamboree (08/11/19)

May, 2019

*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](mailto: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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## 7<sup>th</sup> ANNUAL BREAKFAST & DIABETES AWARENESS MORNING



### Valued Supporters & Volunteers

### Many thanks for supporting our 7<sup>th</sup> Annual Breakfast and Diabetes Awareness Dialogue Morning

This year our flagship fundraiser was an astounding success because of your generosity. It was held at the Tobago United Cooperative Society Ltd. Car Park because the market is still under construction. The smaller space did not deter our supporters – ‘fry bakes’, cassava bread, chocolate ‘tea’, and black pudding were in high demand. This year, we sold the most ‘fry bakes’ ever. Our volunteers were stretched thin, but we delivered. As a note, cooking on site is rough and requires much focus. When you come to collect fresh, safe food cooked to order, this is what happens as you await the food. *(Go to page 3)*

## DIABETES & AMPUTATIONS: WHAT YOU NEED TO KNOW



Image credit: Adobe Stock

Amputation of the extremities, in particular of the lower extremities (toes and sometimes feet), is much more common in people with diabetes than those in the general population. Amputation is a serious health complication that not only decreases the quality of life for the person, but is also associated with earlier death.

### Facts about Amputation

It is estimated that roughly three out of four lower extremity amputations performed world-wide affect those with diabetes. It is difficult to determine the exact amputation statistics in different populations. Experts describe that, *“The incidence of LEA [lower extremity amputation] in people with diabetes ranged from 78 to 704/100,000 person-years and the relative risks between people with and without diabetes varied between 7.4 and 41.3.”* This means that those with diabetes are anywhere from roughly 7 to 41 times more likely than those without diabetes to be affected by amputation. A recent publication indicates that lower extremity amputations have increased in recent years, in particular in younger adults and in the middle-aged population. In the United States, it is estimated that 5 out of every 1,000 people with diabetes are affected by amputation.

*(Go to page 3)*



## OF OUR BROTHER



***Cornelius “Corni” Henson Bovell  
1948-2014***



We remember before our God and Father your work produced by faith, your labor prompted by love, and your endurance inspired by hope in our Lord Jesus Christ (*1 Thessalonians 1:3 NIV*).

***From your sisters, brothers, nephews,  
neices & your BCDF Family*** 🌹

**Why is the Risk Higher for People with Diabetes? (From page 2)**

The higher amputation risk has to do with several diabetes-associated complications. **Long-term hyperglycemia** can cause blood vessel damage, decreasing circulation. This can hamper the body's ability to heal wounds, and in particular at the extremities, as the immune cells cannot effectively reach and fight infection. Also, neuropathy can hinder one's ability to recognize a small cut on your foot that can become infected. The resulting delay in treating the wound can promote infection, which coupled with poor circulation and poor wound healing, can be especially difficult to resolve. According to the American Podiatric Medical Association (APMA), *"roughly 14-24% of patients with diabetes who develop a foot ulcer will require an amputation. Foot ulceration usually precedes 85% of diabetes related amputations."* (Go to page 5)

**... Upcoming Events...**

<b>JUNE - OCT</b>		<b>So in Love with my Feet Project</b>
<b>SEP- OCT</b> <b>1-31</b>		<b>School Children Poster Competition Video Monologue Contest</b>
<b>NOV</b> <b>8</b>		<b>11<sup>th</sup> Annual Diabetes in the Limelight Jamboree Diabetes Discourse</b>
<b>NOV</b>		<b>Children &amp; Teen Hangout TBA - 10:00 a.m.</b>
<b>NOV</b>		<b>Cancer Education Workshop -TBA 10:00 a.m.</b>
<b>NOV</b>		<b>Small Group Workshops TBA - 10:00 a.m.</b>
<b>NOV</b>		<b>Teachers' Workshop - TBA - 9:00 a.m.</b>
<b>DEC</b>		<b>Achievement &amp; Prize Giving – TBA</b>

*(From page 1)*

The aromas from the 'fry bakes' and chocolate 'tea' stimulate your appetite, make your mouth water, and at the same time your digestive juices are flowing heavily; sending you into almost frenzy state of hunger, making you believe that you are waiting so long for breakfast. Some people tell us, *"I am smelling this chocolate 'tea' all uptown, had to come get some"*. This is really good as we work to stamp out diabetes in Tobago and our country.



We truly appreciate your participation and we hope to see you at next year's event! Many people got their blood sugar tested and some referrals were done.

Sincerely,  
Board of Directors,  
Bovell Cancer Diabetes Foundation (BCDF)



## OUR BREAKFAST IS VERY HEALTHY

Some people have expressed concern about the healthfulness of our breakfast for people with diabetes. Let us reassure you:

- The ingredients used in our breakfast dishes are low sodium, low and healthy fats.
  - Our breakfast serves two of your required five or more daily servings of vegetables
  - There is no such thing as a ‘diabetes diet’ – all foods fit; it is all about **preparation, balance and moderation**. People with diabetes can still eat their favourite foods, but might need to eat smaller portions or enjoy them less often. To manage your blood glucose, you need to balance what you eat and drink with physical activity and diabetes medicine, if you take any.
  - **What you choose to eat, how much you eat, and when you eat**, are all important in keeping your blood glucose level in the range
  - BCDF does not advocate “do not eat this, or do not eat that. Instead we say, **LIMIT THESE FOODS**
  - Fried foods and other foods high in saturated fat and trans fat
  - Foods high in salt, also called **sodium**, sweets, such as baked goods, candy, and ice cream
  - Beverages with added sugars, such as juice, regular soft, sports drinks, and energy drinks
  - Drink water instead of sweetened beverages
  - Consider using a sugar substitute in your coffee or tea
  - If you drink alcohol, drink moderately—no more than one or two drinks a day if you are a woman or a man, respectively
- BCDF says:
- The key to eating with diabetes is to eat a variety of healthy foods from all the Caribbean six food groups. Learn more

about the food groups, serving and portion sizes in our February issue (Volume 9, Issue 2). The six Caribbean food groups are:

- Food from Animals
- Legumes and Nuts
- Fruits
- Vegetables
- Staples
- Fats and Oils – Eat sparingly from this group

Finally, your support helped us to raise money that will allow us to continue working relentlessly toward stamping out diabetes in our country. This year, the funds raised will help to support the “*11<sup>th</sup> Diabetes in the Limelight Jamboree*” and our ‘*Life for a Child Project*’, patterned after a project of the International Diabetes Federation. This project meets the immediate needs of a child with diabetes. All the funds raised will go directly to our projects. We do not use any of your money for administrative costs (voluntary). That is why events like these are so important to raise much needed funds to accomplish BCDF’s mission. BCDF does not have any subventions, and our projects depend on our fundraisers and donations. We sincerely hope that you will continue to support us, and please encourage your friends and family to support us in our future undertakings. We truly appreciate your participation and we hope to see you at next year’s event!

Sincerely,

*Board of Directors,*


*Bovell Cancer Diabetes Foundation (BCDF)*



*Choose healthy fats, such as from nuts, seeds, and olive oil*

Use oils when cooking food instead of butter, cream, shortening, lard, or stick margarine  
**Balance, Moderate and Prepare wisely for healthy eating!**

## SPECIAL THANKS

The Board of Directors of the Bovell Cancer Diabetes Foundation would like to publicly thank the Tobago United Cooperative Society Limited (TUCSL) for the use of its car park, the village councils, Women's Federation, and persons who helped by buying and selling tickets, donated items and volunteered at our 7<sup>th</sup> Annual Breakfast Morning and Diabetes Awareness Dialogue 2019. For BCDF, this is such a step forward, working along with other groups to better serve the people. Words cannot express how appreciative we are of these organisations, groups and individuals. We are very excited about our continued working and collaboration! 

## CANCER PREVENTION

We feel as though there is a silent, unheeded cancer epidemic happening in Tobago

As we attend the many funerals and church services in Tobago, we hear phrases like: *“the last 10 funerals I attended, they were all cancer deaths”*; *“cancer is devastating Tobago”*; *“so many people in Tobago have cancer”*. It is like a silent, unheeded cancer epidemic happening in Tobago – we at BCDF are very concerned about this. At our 2017 and 2018 cancer workshops, we circulated ribbons and asked participants to write notes to person(s) they knew who died from, or were suffering with cancer. An unexpected, alarmingly high number of ribbons were filled with names, notes and different types of cancers. [Go to page 6](#)

### Prevention Strategies (*From page 3*)

Being aware of the causes and warning symptoms can help everyone to take proactive steps to reduce amputation risk. Here are the major ways to do so:

#### Optimize Glycemic Control

Amputation risk is directly associated with blood glucose control, with the risk increasing proportionately to the A1c level. Making sure that your blood glucose levels are as well-controlled as possible is the number one thing you can do to reduce your risk of serious infections that can lead to amputation.

#### Ensure Early Detection

For people with diabetes, early detection and treatment are key when it comes to wounds, especially on the feet, toes, and fingers. Do not wait to seek medical care if you notice a cut or if you have any concerns that you are developing an infection. Some early symptoms of infection include:

- Pain
- Warmth
- Swelling
- Discharge of any kind


People with neuropathy may not feel pain from a small injury, so it is very important to be vigilant and aware of any cuts, wounds, etc. People with diabetes should keep a close eye on their feet and toes, note any changes and promptly seek care if needed.

#### Lifestyle Factors

There are some other lifestyle factors that can help reduce the risk. Some of these:

- Minimize alcohol and tobacco use
- Exercise regularly and visit your doctor

#### Conclusions

Amputation is a relatively rare complication but occurs in people with diabetes much more often than in the general population. Controlling blood glucose levels, being attentive to any injuries and seeking medical care, along with regular health care visits and optimal lifestyle choices can altogether go a long way to minimize the risk. 

(From page 5)

The exercise was peculiar to Tobago – 2018 had more names and types of cancer than 2017. Let us in Tobago and everywhere begin to eat to beat cancer.

**Concerned about cancer prevention? Take charge by making changes such as eating a healthy diet and getting regular screenings**

### Eat a healthy diet

Although making healthy selections at the grocery and at mealtime cannot guarantee cancer prevention, it might reduce your risk.


Consider these guidelines:

- Eat plenty of fruits and vegetables. Base your diet on fruits, vegetables and other foods from plant sources — such as whole grains and beans
- Avoid overweight and obesity. Eat lighter and leaner by choosing fewer high-calorie foods, including refined sugars and fat from animal sources
- If you choose to drink alcohol, do so only in moderation. The risk of various types of cancer — including cancer of the breast, colon, lung, kidney and liver — increases with the amount of alcohol you drink and the length of time you have been drinking regularly
- Limit processed meats. A report from the cancer agency of the World Health Organization, concluded that eating large amounts of processed meat can slightly increase the risk of certain types of cancer

In addition, women who eat a Mediterranean diet supplemented with extra-virgin olive oil

and mixed nuts might have a reduced risk of breast cancer. The Mediterranean diet focuses mostly on plant-based foods, such as fruits and vegetables, whole grains, legumes, nuts, and healthy fats, such as olive oil, over butter and fish instead of red meat.

### Maintain a healthy weight and be physically active

- Maintaining a healthy weight might lower the risk of various types of cancer, including cancer of the breast, prostate, lung, colon and kidney
- Physical activity counts, too. In addition to helping you control your weight, physical activity on its own might lower the risk of breast and colon cancers
- Adults who participate in any amount of physical activity gain some health benefits. However, for substantial health benefits, strive to get at least 150 minutes a week of moderate aerobic activity or 75 minutes a week of vigorous aerobic activity. You can also do a combination of moderate and vigorous activity. As a general goal, include at least 30 minutes of physical activity in your daily routine — and if you can do more, even better. 

## WHAT TO KNOW ABOUT CANCER



Normal Cell



Cancer Cell

 dreamstime.com

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Cancer causes cells to divide uncontrollably. This can result in tumors, damage to the immune system, and other impairment that can be fatal.

What is Cancer?

- Cancer is a broad term. It describes the disease that results when cellular changes cause the uncontrolled growth and division of cells
- Some types of cancer cause rapid cell growth, while others cause cells to grow and divide at a slower rate.
- Certain forms of cancer result in visible growths called tumors, while others, such as leukemia, do not
- Most of the body's cells have specific functions and fixed lifespans. While it may sound like a bad thing, cell death is part of a natural and beneficial phenomenon called apoptosis
- A cell receives instructions to die so that the body can replace it with a newer cell that functions better. Cancerous cells lack the components that instruct them to stop dividing and to die
- As a result, they build up in the body, using oxygen and nutrients that would usually nourish other cells. Cancerous cells can form tumors, impair the immune system and cause other changes that prevent the body from functioning regularly
- Cancerous cells may appear in one area, then spread via the lymph nodes. These are clusters of immune cells located throughout the body

### Causes

There are many causes of cancer, and some are preventable. In addition to smoking, risk factors for cancer include:

- ✚ Heavy alcohol consumption
- ✚ Excess body weight
- ✚ Physical inactivity
- ✚ Poor nutrition

Other causes of cancer are not preventable. Currently, the most significant unpreventable risk factor is age

*Taken from: Nall, R. What to know about Cancer. [www.medicalnewstoday.com/articles/323648.php](http://www.medicalnewstoday.com/articles/323648.php)*



## GLYCEMIC INDEX FOR COMMON FOODS

Measuring carbohydrate effects can help glucose management

*(Taken from [www.health.harvard.edu/diseases-and-conditions](http://www.health.harvard.edu/diseases-and-conditions))*



The **glycemic index (GI)** is a value assigned to foods based on how slowly or how quickly those foods cause increases in blood glucose levels. Also known as "blood sugar," blood glucose levels above normal are toxic and can cause blindness, kidney failure, or increase cardiovascular risk. Foods low on the **GI** scale tend to release glucose slowly and steadily. Foods high on the **GI** release glucose rapidly. Low **GI** foods tend to foster weight loss, while foods high on the **GI** scale help with energy recovery after exercise, or to offset hypo- (or insufficient) glycemia. Long-distance runners would tend to favor foods high on the **GI**, while people with pre- or full-blown diabetes would need to concentrate on low **GI** foods. Why? People with type 1 diabetes cannot produce insulin, and even some with type 2 diabetes cannot produce sufficient quantities of insulin—which helps process blood sugar—this means they are likely to have an excess of blood glucose. The slow and steady release of glucose in low-glycemic foods is helpful in keeping blood glucose under control. To help you understand how the foods you are eating might impact blood glucose level, here is an abbreviated chart of glycemic index for some commonly eaten foods.

FOOD	Glycemic index (glucose = 100)
<b>HIGH-CARBOHYDRATE FOODS</b>	
White wheat bread	75 ± 2
Whole wheat/whole meal bread	74 ± 2
Unleavened wheat bread	70 ± 5
Wheat roti	62 ± 3
White rice, boiled	73 ± 4
Brown rice, boiled	68 ± 4
Sweet corn	52 ± 5
Spaghetti, white	49 ± 2
Spaghetti, whole meal	48 ± 5
<b>BREAKFAST CEREALS</b>	
Cornflakes	81 ± 6
Porridge, rolled oats	55 ± 2
Instant oat porridge	79 ± 3
Rice porridge	78 ± 9
<b>FRUIT &amp; FRUIT PRODUCTS</b>	
Apple, raw	36 ± 2
Orange, raw	43 ± 3
Banana, raw	51 ± 3
Pineapple, raw	59 ± 8
Mango, raw	51 ± 5
Watermelon, raw	76 ± 4
Apple juice	41 ± 2
Orange juice	50 ± 2

FOOD	GI (glucose = 100)
<b>VEGETABLES</b>	
Potato, boiled	78 ± 4
Potato, instant mash	87 ± 3
Potato, French fries, Chips	63 ± 5
Carrots, boiled	39 ± 4
Sweet potato, boiled	63 ± 6
Pumpkin, boiled	64 ± 7
Plantain/green banana	55 ± 6
<b>DAIRY PRODUCTS AND ALTERNATIVES</b>	
Milk, full cream	39 ± 3
Milk, skim	37 ± 4
Ice cream	51 ± 3
Yoghurt, fruit	41 ± 2
Soy milk	34 ± 4
<b>LEGUMES</b>	
Chickpeas (Channa)	28 ± 9
Kidney beans (Red beans)	24 ± 4
Lentils	32 ± 5
Soya beans	16 ± 1
<b>SNACK PRODUCTS</b>	
Popcorn	65 ± 5
Soft drink/soda	59 ± 3
<b>SUGARS</b>	
Fructose	15 ± 4
Sucrose	65 ± 4
Glucose	103 ± 3
Honey	61 ± 3



# BCDF 2019 RAINBOW CALENDAR OF EVENTS

November 2018– June 2019	<b>Complimentary Foot Care - “So in Love with my Feet” Project</b>
<b>November 2018 – Oct. 2019</b>	<b>Life for a Child Project</b> 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.
<b>10<sup>th</sup> November, 2018</b>	<b>BCDF Blue Tie Charity Gala</b>
<b>13<sup>th</sup> November, 2018</b>	<b>Cancer Education and Awareness Workshop</b>
<b>18<sup>th</sup> January, 2019</b>	<b>Application for First Quarter Funding Deadline</b>
<b>February, 2019</b>	<b>Diabetes Discourse</b> - Free Quarterly e-Newsletter of the BCDF
<b>March, 2019</b>	<b>New round of “So in Love with my Feet” Project begins</b>
<b>11<sup>th</sup> April, 2019</b>	<b>Application for Second Quarter Funding Deadline</b>
<b>27<sup>th</sup> April, 2019</b>	<b>“So in Love with my Feet” Project Breakfast and Diabetes Awareness Dialogue Morning</b> Scarborough, Tobago, Donation: \$50, please support us
<b>May, 2019</b>	<b>Small Group Workshops</b> Hands-on workshops that will provide current information to help participants learn about cancer and diabetes prevention and education.
<b>14<sup>th</sup> May, 2019</b> <b>30<sup>th</sup> May, 2019</b>	<b>“So in Love with my Feet” Project</b> John Dial Village Council 7 <sup>th</sup> Senior Luncheon
<b>June, 2019</b>	<b>Small Group Workshops</b> Hands-on workshops that will provide current information to help participants learn about diabetes prevention and management <b>“So in Love with my Feet” Project</b>
<b>18<sup>th</sup> July, 2019</b>	<b>Application for Third Quarter Funding Deadline</b> <b>“So in Love with my Feet” Project</b>
<b>August, 2019</b>	<b>Diabetes Discourse</b> <b>“BCDF Retreat &amp; Program Planning</b>
<b>September/October, 2019</b> <b>17<sup>th</sup> October, 2019</b>	<b>Teachers’ Workshop</b> <b>Application for Fourth Quarter Funding Deadline</b> <b>Primary School World Diabetes Day Poster Competition</b> <b>Video Monologue Contest (national secondary schools)</b>
<b>November/December</b> <b>8<sup>th</sup> November, 2019</b>	<b>Diabetes Discourse</b> <b>11<sup>th</sup> Annual Diabetes in the Limelight Jamboree</b> BCDF joins the World Diabetes Day campaign <b>Cancer Education and Awareness Workshop</b> <b>New round of “So in Love with my Feet” Project begins</b> <b>Children &amp; Teen Hangout</b> <b>Launch “Iona Pierre Cervical Cancer Champion Scholarship”</b> <b>Achievement &amp; Prize Giving Ceremony</b>