

Diabetes Discourse

Volume 2, Issue 1

November, 2011

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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The Bovell Cancer Diabetes Foundation wishes you the gladness of Christmas which is hope, the spirit of Christmas which is peace, the heart of Christmas which is love, the joy of family and the happiness of friends! *Merry Christmas!!!!!!!*

DIABETES IN THE LIMELIGHT JAMBOREE 2011

Friday 11th November, 2011, the Bovell Cancer Diabetes Foundation hosted its third annual free community "Diabetes in the Limelight Jamboree" at the Cyd Gray Sporting Complex, Roxborough, Tobago. Residents of Tobago and Trinidad received free information as well as on-site screening and testing for blood glucose, blood pressure, cholesterol, weight, height, percent body fat, body mass index (BMI), vision and doctor's assessment. An exhibition of the primary school children posters with the theme "Act on Diabetes. Now" was also viewed." Attendees also received a variety of educational material. This event was crucial in serving the needs of Tobagonians because



Educational Material Booth

it gave BCDF another opportunity to share follow-ups. The Jamboree also featured school children's activities with storytelling and craft about preventing diabetes. This created a real festive mood as the children did their thing!

THANK YOU VOLUNTEERS



Dear Volunteers and Supporters:
 Thank you for your generous gift of time, resources and support for the Third Diabetes in the Limelight Jamboree held on 11th November, 2011 at the Roxborough Sports Complex. The Bovell Cancer Diabetes Foundation does not have any subvention; it is run solely by local volunteers such as you. By volunteering, you have exposed several school children

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School Children's Poster Competition 2011 Snapshots


Through the eyes of Tobago's Children – Act on Diabetes. Now

Thank you volunteers... From page 2

and adults in our communities to diabetes prevention education; several community members got to know their numbers regarding blood glucose, cholesterol, weight, body mass index, percent body fat, blood pressure, vision testing and the opportunity to visit with the doctor and speak with experts in nutrition. Community members had access to a whole lot of educational material about diabetes prevention and management because of you. The positive feedback we have received from those who attended was awesome. Everyone had a good time and was quite pleased with the services offered them at the Jamboree. The grand success of the Jamboree is due in large part to you and your efforts. The Bovell Cancer Diabetes Foundation (BCDF) thanks you for sharing your energy, talents, resources and time. Thank you again for your kind spirit, and stopping by to offer us a helping hand!

Orville and Lestelle Moore, Ms. Moore, Merle Hercules (McEachnie), Keturah Marcelle, Mary Boucher-Hercules, Janice Cory, Lisa Horsford, Simona Jackson, Claudia Alman-Taylor, Godwyn Richardson, Kathleen Ennis, Joycelyn Blackman-Muir, Simone Murray, Esla Davidson, Wister Reid, Janelle O'Brien, Karen Jack Allan Winchester, Ann Allick, Drs. Leslie Garbar, Jones Efiemokwu, Eastlyn McKenzie, Express Optical, Brian Nurse and the other judges, Nurse Davis and her team of nurses from the Roxborough Health Centre (Nurses Makeda O'Neil, Ann-Marie Jones, Miriam Prince and Trudy Lewis), Principals, teachers and students from the various primary schools, the two gentlemen from Community Development for the sound system, Moses Tent Rental, York Garments, Radio Tambrin, Channel 5, all the participants and all those who supported us in one way or another.

Poem to the Volunteers

Everybody can be great...because anybody can serve. You do not need a college degree to serve. You do not have to make your subject and verb agree to serve. You only need a heart full of grace and a soul generated by love. (Author Unknown) 

FIBRE AND DIABETES

Why is it good for me?

- ◆ Controls blood glucose
- ◆ Manages blood pressure
- ◆ Reduces blood cholesterol
- ◆ Increases the feeling of being full
- ◆ Controls weight
- ◆ Regulates bowel movement

Fibre is the part of plants that our bodies cannot digest. There are two types of fibre: soluble and insoluble. Foods such as vegetables, fruits, legumes and whole grains contain fibre. Animal foods such as meats and eggs have no fibre.

What is soluble and insoluble fibre?

Soluble fibre: the soft fibre that helps to control our blood glucose and reduces cholesterol. It also helps in managing diarrhoea. Soluble fibre is present in oat bran, oatmeal, legumes (dried beans and lentils) and fruits.

Insoluble fibre: the bulky fibre that helps to prevent constipation. It also helps to prevent some types of cancers. It is present in wheat bran, whole grain breads and cereals, fruits and vegetables. Many foods contain both soluble and insoluble fibre.

How much fibre do I need?

The Canadian Diabetes Association says 25 – 50 grams of fibre daily for adults. Children between the ages of 3 and 18 need a gradual increase of fibre in their diets, usually calculated by using the child's age and adding 5 grams. People of all ages should eat a variety of foods to obtain a mixture of both soluble and insoluble fibre.

How can I get enough?

Tips to increase fibre


- ◆ Eat the skins and seeds of fruits and vegetables
- ◆ Choose "whole grain" bread, pasta, cereal, crackers and rice
- ◆ Use whole grain flour in your homemade baked goods
- ◆ Add beans and lentils to soups and salads or in place of meat about three times per week

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**Average Fibre
Content of
Some Foods**

Fruit 15 g carbohydrate	1 small banana	2 g
Vegetables less than 5 g carbohydrate	1 cup lettuce, 1/2 cup tomatoes, 1/2 cup green beans	1– 2 g
Grain Products, Low fibre about 15 g carbohydrate	1 slice white bread, 1 white hamburger bun	1 g
Grain Products, High fibre about 15 g carbohydrate	1 slice whole wheat bread, 3/4 cup hot cereals, 1/2 cup whole wheat pasta	3 g
Meat and Alternatives about 0 g carbohydrate	3 oz cooked skinless chicken breast or most meats	0 g
Meat Alternatives about 15 g carbohydrate	1 cup legumes (red beans, black beans, channa)	10 g

TIPS FOR MEAL PREPARATION

- ◆ Meat and poultry are the most costly items of the meal – serve a portion the size the palm of your hand, fill half of your plate with vegetables, and the remaining portion of the plate with whole grain rice, macaroni or potato
- ◆ Add grated carrot, finely chopped celery, or grated raw beets to ground meat to make it go further. Use leftover rice or dried breadcrumbs to bind it together
- ◆ Make a stock with meat bones. Add a little vinegar to the water so that some of the calcium from the bones will go into the stock
- ◆ Canned soups: dilute the sodium by using 2 cans of water and adding 1 can of leftover or frozen vegetables. This should make 4 servings, each with more fibre and less sodium 


DO NOT FORGET GUM HEALTH

People with diabetes are more than two times likely to develop gum disease. This is because they are more prone to bacterial infection and might have a decreased ability to fight the germs that invade the gums. Serious gum disease may also affect the ability to control blood glucose levels and can potentially contribute to the progression of diabetes.¹ Gum disease is usually caused by the bacteria in plaque, which is a sticky, colorless film that constantly forms on your teeth between brushings. The disease causes inflammation of the gums.


Oral Care Tips

- ◆ Brush at least twice per day with an antibacterial toothpaste
- ◆ Have a dental checkup at least twice per year or as often as your dentist advises
- ◆ Tell your dentist that you have diabetes, your medications and other medical conditions
- ◆ Check gums for signs of redness, if they are swollen or tender
- ◆ Look for bleeding gums or gums that have pulled away from teeth
- ◆ See if there is evidence of bad breath

Untreated gum disease can also lead to tooth sensitivity, gum recession and exposed tooth roots.

Source: Colgate Oral Care and ¹Taylor GW, Borgnakke WS. Periodontal disease: Associations with diabetes, glycemic control and complications. Oral Diseases 2008; 14:191-203. 

YOUR STORY

Would you like to make a difference in the fight against diabetes? By sharing your story for publication in Diabetes Discourse, you can make a difference. Your words can help lead the fight against diabetes by inspiring others to get checked now. What is your story? We would love to hear your story. We will keep your name confidential, unless you decide you would like us to share it with others like you. Please write to us or give us a telephone call. 

CHILDREN'S CORNER

BCDF continues to use children diabetes stories as a method of diabetes prevention. We have used interactive storytelling as the major awareness tool for children in our "Diabetes in the Limelight Jamboree" and in our quarterly newsletter. Below is this quarter's story.

How a Mother Learnt her Son has Diabetes: Jonathan's Story

It started with a passing thought that my son seemed rather thin. Jonathan, a seven-year old, had always been a slender, active child. But as he was coming out of the bath one evening, his shoulder blades stuck out noticeably. A few days later, a friend of mine commented, "Wow, he is really a skinny kid, isn't he?"

Then one afternoon his school phoned. "Jonathan says his belly hurts," the teacher told me. I immediately went down to the school and signed him out. "Your belly is hurting?" I asked. He nodded, smiling. I felt his forehead - no signs of fever. At home, he asked to play video games, and seemed his normal self. I thought maybe I had been fooled." Hummmm. A belly ache was it?"

"Mommy, I am Sick."

Two days later, the school called again. "He says he feels sick, and his belly hurts." I drove down to the school once more. This time I was somewhat suspicious. "Your belly hurts? Where does it hurt? Do you feel like you are going to vomit?" He shook his head." Well, can you finish your school day and we will talk about it later?" "No, Mommy. I am sick. I want to go home." I checked him out of school. I took Jonathan's temperature, but it was normal, and just like the previous incident, once he was home he laughed, played, and wanted to do all his favourite things. I started to wonder whether the belly aches had an emotional cause. I asked him a lot of questions about school, friends, and whether anything was making him upset. But nothing seemed amiss.

Trouble on the Beach


That weekend, our whole family drove to Charlotteville to stay in a friend's beach house. We brought my binoculars to look at the stars. The first night in the beach house, Jonathan woke me up in the middle of the night. "I need to go to the bathroom," he said. His father took him outside. About an hour later, he woke again. "I need to go to the bathroom again." On the drive home, Jonathan kept insisting we stop. It was frustrating, because we had a long stretch of road with no bathrooms. "I really have to go to the bathroom," he whined. "Again?" I asked. "But you have not even had anything to drink!" After we pulled over at the side of the road for the third time, I told his father, "pay attention and see if he passes a lot of urine or a small amount." As a mother with plenty experience, I knew that sometimes bladder infections cause an intense urge to use the bathroom, but not much urine comes out. So maybe he had a bladder infection. Jonathan and his Dad went into the bushes and returned. I looked at his father." There was quite a bit," he told me.

Could Jonathan have Diabetes?

Now I was worried. My father had type II diabetes, so I knew the general symptoms. Thirst, frequent urination, weight loss... Could Jonathan have diabetes? It started to seem like a real possibility. I tried to recall whether I had noticed Jonathan using the bathroom frequently at home. I had not. Since Jonathan was seven, he used the bathroom on his own, without asking. I had no way of knowing the frequency of his bathroom trips. Jonathan was seen the following morning by his doctor, who did a blood and urine test. We waited in the tiny office for a very long time, but finally the doctor returned. "Why don't you go home and I will call you," he said. "But do not leave the house. Please wait for my call." The doctor phoned not long after our arrival home." Jonathan needs to go to the hospital. There is a bed waiting for him at the hospital." When I told Jonathan where we were going, he said... "The hospital? Will I have to get a shot?" Sigh. How do you tell

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your child that he will need four to five shots a day for the rest of his life? "Your son has diabetes," we were told by the pediatric endocrinologist, but we had already figured it out. "His blood sugar was over **1,000**." Since a normal result is **between 80-120**, Jonathan's blood sugar was ten times higher than a healthy reading. Long story short, his pancreas was dying a slow death.

Source: <http://special-needs.families.com> 

COOKING WITH LEGUMES FOR NUTRITION, ECONOMY AND TASTE

- ◆ The fibre in legumes (dried beans or peas) helps to lower blood glucose and cholesterol levels and will make you feel fuller. Legumes are a good source of protein, fibre, vitamins, and minerals. Add legumes to other dishes and use them to extend meat dishes.
- ◆ Mashed, cooked beans such as yellow split peas can be added to mashed potatoes
- ◆ Potatoes with added legumes will have more fibre, protein and minerals. Lemon juice, herbs, or vinegar can be added for flavour
- ◆ Make potato patties by adding an egg to grated potato. Mix with your favorite herbs or spices, form into rounds and cook in a frying pan using a cooking spray.

Cooking methods for legumes include:

- Soak legumes in cold water for 8 hours or overnight, and cook in fresh water (to avoid producing gas) use 3 cups (750 mL) of water to 1 cup (250 mL) of beans
- Quick soak method: cover 1 cup (250 mL) beans with 3 cups (750 mL) of water. Boil for 2 – 3 minutes, remove from heat and let stand for 1 hour. Cook in fresh water. 

LIKE FRIED FOODS? WHY NOT BRAISE?

- ◆ Frying adds fat to our food and unwanted calories. Many foods can be braised – meat, poultry, fish, vegetables and even rice
- ◆ Braise foods by adding a little oil to a non-stick frying pan, and sauté the seasoning ingredients such as onion, garlic, celery and herbs first for a few minutes to develop flavour
- ◆ Add a little water to prevent sticking and burning. Meats can be added and allowed to cook covered until tender, over medium heat
- ◆ Braise rice, sauté it first with some seasonings until brown, and then add the necessary amount of water (about 2 cups of for each cup of rice)

HOMEMADE SALAD DRESSINGS

- ◆ Salad dressing can be made by shaking the ingredients in a jar with a tightly covered lid. A general guideline for salad dressings is that the acidic ingredients should be equal to or less than the oil. If you use 4 Tbsp (60 mL) of oil, add 4 Tbsp (60 mL) lemon juice or 2 Tbsp (30 mL) vinegar.
- ◆ Reduce the amount of oil by replacing it with an equal amount of water. [Note: one tsp (5 mL) of lemon juice is equal to 1/2 tsp (2 mL) of vinegar]. For example, use 2 Tbsp (30 mL) oil and 2 Tbsp (30 mL) water, and add 4 Tbsp (60 mL) or less of lemon juice or vinegar.
- ◆ Add pepper and other herbs that appeal to you
- ◆ A pinch of artificial sweetener may be used
- ◆ Adding a bit of finely chopped garlic will add flavor
- ◆ Shake well before using
- ◆ Remember one can enjoy tasty, nutritious meals and still stay within budget

POSTER COMPETITION

Winners will receive prizes January, 2012.

Bovell Cancer Diabetes Foundation

<http://www.bovellcancerdiabetesfoundation.org>

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RESULTS

2011 Primary School Poster Competition on Diabetes Prevention

Category	Age Group	Winners	School
Drawing	6–9 years	1st—Jaden Trotman	Belle Garden A.C.
		2nd—Joseph DeCoteau	Belle Garden A.C
		3rd—Jinna Job	Belle Garden A.C
		Merit	
	10–15 years	1st—Tesfa Stewart	Delaford A.C
		2nd—Tishawn Henry	Delaford A.C
		3rd—Leondell DeCoteau	Belle Garden A.C
Painting	6–9 years	1st—Michael Spencer	Speyside A.C
		2nd—Kyle Murray	Charlottesville Methodist
		3rd— Marie Nurse	Speyside A.C.
	10–15 years	1st—Trudy Muir	Belle Garden A.C
		2nd—Naila Roxburgh	Belle Garden A.C
Colourful	6–9 years	1st—Ariel Dick	Charlottesville Methodist
		2nd—Zakiya Celestine	Belle Garden A.C.
		3rd—Ollyon Roberts	Belle Garden A.C.
	10–15 years	1st—Lyndell Manswell	L'Anse Fourmi Methodist
		2nd—Lyndon Johnson	Charlottesville Methodist
		3rd—Ariel Rogers	Charlottesville Methodist
		Merit	

BCDF 2012 RAINBOW CALENDAR OF EVENTS

January - December, 2012	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.
5th January, 2012	Small Group Workshops Hands-on workshops that will provide current information regarding prevention, control and management of cancer and diabetes.
9th January, 2012	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, 2012	Diabetes Discourse Distribution of the free Quarterly Newsletter of the Bovell Cancer Diabetes Foundation
16th April, 2012	Application for Second Quarter Funding Deadline
May, 2012	Diabetes Discourse
13th – 14th June, 2012	Small Group Workshops Hands-on workshops that will provide current information regarding prevention, control and management of cancer and diabetes.
16th July, 2012	Application for Third Quarter Funding Deadline
August, 2012	Diabetes Discourse
15th October, 2012	Application for Fourth Quarter Funding Deadline
October - November, 2012	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, 2012	Diabetes Discourse
3rd November, 2012	BCDF Annual Fundraiser BCDF flagship event (<i>'All You Can Eat' Fish Broth Dinner</i>) will take place at the Eastside Pan Theater, Belle Garden, Tobago.
9th November, 2012	Fourth Diabetes in the Limelight Jamboree BCDF will join the World Diabetes Day campaign with the emphasis on diabetes education and prevention