

Kids learn how to avoid diabetes

BY CRAIG NICKELS
SPECIAL TO THE GAZETTE

The shelf in nutritionist Laura Wagner's office at the Martha Eliot Health Center (MEHC) looks like a small grocery store. There are bottles, cans, boxes and bags of common household food and drinks, mostly empty, save for varying amounts of sugar in some of them.

Wagner uses them to teach kids how to read labels and show how much sugar is in common items. A 64-ounce Double Gulp from 7-Eleven, for example, would need a cup and a half of sugar to accurately reflect the amount of sugar in it.

It's one of many ways that the new "I'm iN Charge" (INC) program at MEHC next to the Stop & Shop in Jackson Square works with youths who are considered at a high risk of developing diabetes.

INC, which began as a pilot program in January, is currently work-

ing with 45 participants ages 8-18, with most of the kids 10 to 13 years old.

The program uses a variety of group and individual settings and employs a multi-disciplinary team—a nutritionist, psychologist, nurse case manager and the primary care physician—to encourage young participants to eat healthier and lead more active lifestyles. The groups rotate topics, ranging from nutrition and eating to exercise. The individual sessions go over much the same thing. Both emphasize the individual, the family and what can be done with the framework already in place. "We try to hit it from all sides," said Dr. David Holder, the medical director at MEHC and primary care physician at INC.

Participants are referred to the program through their primary care providers based on a number of ge-

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netic and health-related risk factors. Genetic factors include having a first-degree relative with diabetes and ethnic descent. Latinos and blacks are at a higher risk, statistically, than whites or Asians.

Health factors include poor diet and lack of physical activity and will likely show up as a child being over-

weight or having high cholesterol, blood pressure or blood sugar at a young age. A brown or blackish skin rash called Acanthosis Nigricans—which is caused by high blood sugar—is also an indicator.

The main thrust of the INC program, which lasts four months and involves about 15 visits, is to recognize and work within cultural constraints to combat these problems and prevent full-blown diabetes. “We try to work with, not on, people,” said Holder.

Wagner used the example of a family that usually has some combination of rice, beans, chicken and salad for dinner. She said that it wouldn’t be practical to ask them to completely change their diet. Rather, she said, it’s best to make the change within the diet that’s already there—i.e. to have equal portions of salad, rice, beans and chicken instead of a big piece of chicken, a big bowl of rice and beans, and no salad.

She also encourages kids to limit portion sizes and eat regular meals.

Too many kids, she said, will skip breakfast, skimp on lunch, and then come home ravenously hungry and gorge on unhealthy snack food. “You don’t make the best decisions when you’re that hungry,” she said.

She also encourages kids and families to read nutrition labels. With so many variations of “light,” “low-carb” and “no sugar added” foods available, it can get confusing to figure out what’s healthiest, she said. She trains people to look for factors like serving size and dietary fiber in making better choices within the items that they already eat.

We need to make people “feel like they can do it,” she said.

Wagner and Holder said the program uses the same approach to increasing physical activity. They said program workers try to find out what the kids’ interests are, and then will encourage kids in that direction, whether it’s baseball or Dance Dance Revolution—a video game where players dance on squares on the floor.

“Kids say, ‘Give me something fun,’” Holder said.

The INC program was created to combat the growing problem of diabetes, particularly among blacks and

Latinos, in the United States. The US Centers for Disease Control (CDC) reports that from 1980 through 2003 the number of Americans with diabetes more than doubled from 5.8 million to 13.8 million.

The CDC also reports that Hispanics are 1.5 times as likely as non-Hispanic whites to have diabetes. Non-Hispanic blacks are 1.6 times as likely as non-Hispanic whites to have diabetes.

Several factors contribute to the threat. Holder pointed out that Latino and some Caribbean Island cultures traditionally have a diet that is high in carbohydrates—beans, rice, yucca and plantains are all foods that are high in carbohydrates. He said that, while these foods are well adapted for an active lifestyle—farming, for example—they are ill-suited for a more sedentary American lifestyle.

In addition, there’s less of a stigma regarding excess weight among Latinos and blacks, particularly boys. If they are heavy, they’re considered “solid,” he said.

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Gazette Photo by Craig Nickels

Ana Abreu, Kaitlyn Carmenatty and Ernest Tarrant participate in a teambuilding/icebreaker-type activity during a group session of INC at the Martha Eliot Health Center.

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He stressed that the program isn't trying to erase cultures, but rather to help adapt them to new circumstances.

He also pointed out that parents don't always feel safe letting kids run around the neighborhood as past generations did. "We used to run around and skin knees and sprain ankles," he said, "and now—whether right or wrong—parents feel it's just not safe."

Holder and Wagner both said that the variety of voices and approaches increases the chances a child will find an approach that works. Sometimes, they said, even just having someone outside the family working with them can help. "You don't want to listen to your mom for everything," said Wagner.

Altagracia Tejeda, a mother who has two children in the program, agreed. "They have to hear it from someone else," she said.

Tejeda praised the program, saying it has been very helpful. The children are "learning good things they need to know," she said.

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