

What is diabetic eye disease?

Diabetic eye disease can affect many parts of the eye, including the retina, macula, lens and the optic nerve. All forms of diabetic eye disease have the potential to cause severe vision loss and blindness.

- **Diabetic retinopathy** affects blood vessels in the light-sensitive tissue called the retina that lines the back of

the eye. It is the most common cause of vision loss among people with diabetes and the leading cause of vision impairment and blindness among working-age adults.

- **Diabetic macular edema (DME).** A consequence of diabetic retinopathy, DME is swelling in an area of the retina called the macula.
- **Cataract** is a clouding of the eye's lens. Adults with diabetes are 2-5 times more likely than those without diabetes to develop cataracts. Cataracts also tends to develop at an earlier age in people with diabetes.
- **Glaucoma** is a group of diseases that damage the eye's optic nerve—the bundle of nerve fibers that connects the eye to the brain. Some types of glaucoma are associated with elevated pressure inside the eye. In adults, diabetes nearly doubles the risk of glaucoma. www.diabetes.org



Live, love, laugh

MYTH

You have to lose a lot of weight for your diabetes to improve.

FACT

Losing just 7% of your body weight can offer significant health benefits - that's about 15 pounds if you weight 200.



Palliative Care VS. Hospice Care

November is Hospice Palliative Care Month. It forces us to take a look at a difficult and sensitive topic and to have that conversation with ourselves and our loved ones. It's important to understand the differences between these two, Palliative Care and Hospice Care.

Palliative Care is patient and family-centered care that optimizes quality of life by anticipating, preventing, and treating suffering. Palliative Care throughout the continuum of illness involves addressing physical, intellectual, emotional, social, and spiritual needs and to facilitate patient autonomy, access to information and choice. The following features characterize Palliative Care philosophy and delivery:

- Care is provided and services are coordinated by an interdisciplinary team;
- Patients, families, palliative and non-palliative health care providers collaborate and communicate about care needs;
- Services are available concurrently with or independent of curative or life-prolonging care;
- Patient and family hopes for peace and dignity are supported throughout the course of illness, during the dying process, and after death. www.nhpco.org

Hospice care is end-of-life care. A team of health care professionals and volunteers provides it. They give medical, psychological, and spiritual support. The goal of the care is to help people who are dying have peace, comfort, and dignity. The caregivers try to control pain and other symptoms so a person can remain as alert and comfortable as possible. Hospice programs also provide services to support a patient's family. www.nlm.nih.gov/medlineplus/hospicecare.html

- To learn more about living wills and healthcare directives visit: <http://www.mayoclinic.org/healthy-lifestyle/consumer-health/in-depth/living-wills/art-20046303>



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Glycemic Index and Diabetes

Information we can all benefit from.

The Glycemic Index (GI) affects everyone, think about how you feel after a meal. Some foods make you feel tired, maybe because of a sudden jump in your glucose levels. Maybe you want to make a lifestyle change and you're not sure where to start. This is a good place.

The glycemic index, or GI, measures how a carbohydrate-containing food raises blood glucose. Foods are ranked based on how they compare to a reference food — either glucose or white bread. A food with a high GI raises blood glucose more than a food with a medium or low GI.

Meal planning with the GI involves choosing foods that have a low or medium GI. If eating a food with a high Glycemic Index, you can combine it with low GI foods to help balance the meal.

Examples of carbohydrate-containing foods with a low GI include dried beans and legumes (like kidney beans and lentils), all non-starchy vegetables, some starchy vegetables like sweet potatoes, most fruit, and many whole grain breads and cereals (like barley, whole wheat bread, rye bread, and all-bran cereal). Meats and fats don't have a GI because they do not contain carbohydrate.

Below are examples of foods based on their GI.

Low GI Foods (55 or less)

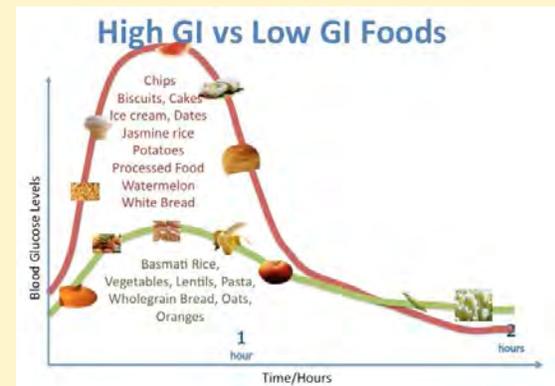
- 100% stone-ground whole wheat or pumpernickel bread
- Oatmeal (rolled or steel-cut), oat bran, muesli
- Pasta, converted rice, barley, bulgur
- Sweet potato, corn, yam, lima/butter beans, peas, legumes and lentils
- Most fruits, non-starchy vegetables and carrots

Medium GI (56-69)

- Whole wheat, rye and pita bread
- Quick oats
- Brown, wild or basmati rice, couscous

High GI (70 or more)

- White bread or bagel
- Corn flakes, puffed rice, bran flakes, instant oatmeal
- Short grain white rice, rice pasta, macaroni and cheese from mix
- Russet potato, pumpkin
- Pretzels, rice cakes, popcorn, saltine crackers
- melons and pineapple



What Affects the Glycemic Index of a Food?

Fat and fiber tend to lower the GI of a food. As a general rule, the more cooked or processed a food, the higher the GI; however, this is not always true.

Below are a few specific examples of other factors that can affect the GI of a food:

- Ripeness and storage time — the more ripe a fruit or vegetable is, the higher the GI
- Processing — juice has a higher GI than whole fruit; mashed potato has a higher GI than a whole baked potato, stone ground whole wheat bread has a lower GI than whole wheat bread.
- Cooking method — how long a food is cooked (al dente pasta has a lower GI than soft-cooked pasta)
- Variety — converted long-grain white rice has a lower GI than brown rice but short-grain white rice has a higher GI than brown rice. **Continue page 3.**



A positive lifestyle change is another step in making Florida the Healthiest State in the Nation.



It's that time of year again!

Welcome to the

Eat Smart, Move More... Maintain, don't gain! Holiday Challenge.

If you are interested in receiving healthy tips over the holiday please sign up. Please use the following link to sign up for the 2015 Holiday Challenge.

holidaychallenge@esmmweighless.com.

Back in time:1970

History of the Great American Smokeout: The idea for the Great American Smokeout grew from a 1970 event in Randolph, Massachusetts, at which Arthur P. Mullaney asked people to give up cigarettes for a day and donate the money they would have spent on cigarettes to a high school scholarship fund. Nearly one million California smokers quit on the first Great American Smokeout day. Then in 1974, Lynn R. Smith, editor of the Monticello Times in Minnesota, spearheaded the state's first D-Day, or Don't Smoke Day.



The idea caught on, and on November 18, 1976, the California Division of the American Cancer Society got nearly 1 million smokers to quit for the day. That California event marked the first Great American Smokeout, and the Society took the program nationwide in 1977. Since then, there have been dramatic changes in the way society views tobacco advertising and tobacco use. Many public places and work areas are now smoke-free – this protects non-smokers and supports smokers who want to quit.

Source: <http://www.cancer.org/healthy/stayawayfromtobacco/greatamericansmokeout/history-of-the-great-american-smokeout>

Continue Glycemic Index page 2.

Other Considerations

The Glycemic Index value represents the type of carbohydrate in a food but says nothing about the amount of carbohydrate typically eaten. Portion sizes are still relevant for managing blood glucose and for losing or maintaining weight.

The GI of a food is different when eaten alone than it is when combined with other foods. When eating a high GI food, you can combine it with other low GI foods to balance out the effect on blood glucose levels.

Many nutritious foods have a higher GI than foods with little nutritional value. For example, oatmeal has a higher GI than chocolate. Use of the GI needs to be balanced with basic nutrition principles of variety for healthful foods and moderation of foods with few nutrients.

GI or Carbohydrate Counting?

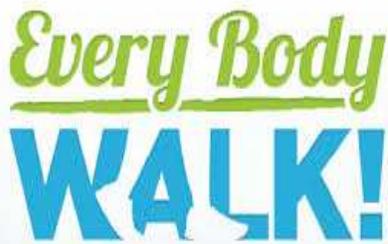
There is no one diet or meal plan that works for everyone with diabetes. The important thing is to follow a meal plan that is tailored to personal preferences and lifestyle and helps achieve goals for blood glucose, cholesterol and triglycerides levels, blood pressure, and weight management.

Research shows that both the amount and the type of carbohydrate in food affect blood glucose levels. Studies also show that the total amount of carbohydrate in food, in general, is a stronger predictor of blood glucose response than the GI.

Based on the research, for most people with diabetes, the first tool for managing blood glucose is some type of carbohydrate counting.

Because the type of carbohydrate can affect blood glucose, using the GI may be helpful in "fine-tuning" blood glucose management. In other words, combined with carbohydrate counting, it may provide an additional benefit for achieving blood glucose goals for individuals who can and want to put extra effort into monitoring their food choices.

(www.diabetes.org)



If you're not losing weight, one of these reasons could be to blame.

Losing just 5 to 10 pounds can make a big difference in your health if you have diabetes. It can improve your digestion and lower your risk of heart disease. But if those pounds seem to stick despite your best efforts, a few sneaky saboteurs may be to blame. Here, find out what they are and how to outsmart 'em!

Stressing out.

When you're upset, you may get sudden urges to raid the fridge. That's because your body releases the hormone *cortisol*, which signals your brain to seek out rewards—like food. "Eating comforting high-calorie foods produces a temporary increase in feel-good brain chemicals like dopamine," explains Marci E. Gluck, PhD, of the National Institutes of Health (NIH). "This has a strong anxiety-reducing effect." So the next time stress hits, you're likely to reach for the same foods. "Increases in cortisol also promote fat accumulation, especially around your abdomen," adds Kevin D. Laugero, PhD, nutritionist at the University of California, Davis. That's a strong risk factor for heart disease and stroke.

Conquer it by: Keeping a cravings log.

Record what you eat, how much and how you're feeling. Soon, you'll spot patterns that can clue you in to the link between mood and food, and whether you're eating to fill an emotional need. If you're stressed, channel nervous energy into a brisk walk. If you're upset or angry, call a friend, listen to music or consider talk therapy.

Not catching enough zzzs.

Too little sleep may hamper your best attempts to lose weight. Sleepless nights can reduce levels of the hormone *leptin*, which curbs appetite. It also boosts levels of *ghrelin*, a hormone that triggers appetite. "These changes kick your appetite into overdrive," explains Susan Redline, MD, professor of sleep medicine at Harvard Medical School in Boston. "That results in cravings—especially for foods high in calories and saturated fats."

Conquer it by: Making sleep a priority.

Aim for more than seven hours of sleep each night. Drift off more easily by avoiding caffeine after 3 pm, and finish working out at least three hours before you go to bed to give your body a chance to unwind.

Taking yourself to task.

Do you beat yourself up for eating an extra chip or having an afternoon candy bar? Being too strict sets you up for failure.

Conquer it by: Fitting in your forbidden foods.

Instead of putting your favorites off-limits, have a treat once or twice a week. Learning you can trim down without depriving yourself can keep you motivated and on track. www.healthmonitor.com

Can't fit in one more thing into your day.

Don't give up.

Conquer it by: Standing up from your desk and walking around for two minutes or stand on one leg and hold it for a count of twenty while waiting for your copies. Calf raises, which is no more than standing on your toes for ten times. Hold your stomach in, keep breathing! Everything helps. kh





Healthy Eats

around the world!

Ingredients

- 1 cup uncooked long-grain rice
- 2 teaspoons olive oil
- 1 cup chopped onion
- 1 1/2 teaspoons bottled minced garlic
- 1 pound skinned, boned chicken breast, cut into bite-size pieces
- 1 teaspoon curry powder
- 1 teaspoon dried thyme
- 1/2 teaspoon ground allspice
- 1/2 teaspoon crushed red pepper
- 1/2 teaspoon cracked black pepper
- 1/4 cup dry red wine
- 2 tablespoons capers
- 1 (15-ounce) can black beans, rinsed and drained
- 1 (14.5-ounce) can diced tomatoes, undrained



Jamaican Chicken Stew

Make your chicken stew island-style with the addition of garlic, allspice, curry, red pepper, and black beans. Serve the chunky chicken mixture over steamed rice for a hearty one-dish meal.

Directions

Prepare rice according to package directions, omitting salt and fat. While rice cooks, heat oil in a large nonstick skillet over medium-high heat. Add onion and garlic; sauté 3 minutes or until tender. Combine chicken and the next 5 ingredients (chicken through black pepper) in a bowl. Add chicken mixture to pan; sauté 4 minutes. Stir in wine, capers, beans, and tomatoes. Cover, reduce heat, and simmer 10 minutes or until tender. Serve over rice.

Amount per serving

Calories 465
Fat 5 g
Protein 38.5 g
Carbohydrate 66 g
Fiber 5.9 g



What's in Season?



Avocado, Bell Pepper, Carambola (star fruit), Cucumber, Eggplant, Grapefruit, Guava, Mushroom, Orange, Passion Fruit, Peanut, Radish, Snap Bean, Squash, Sweet Corn, Tangerine, Tomato



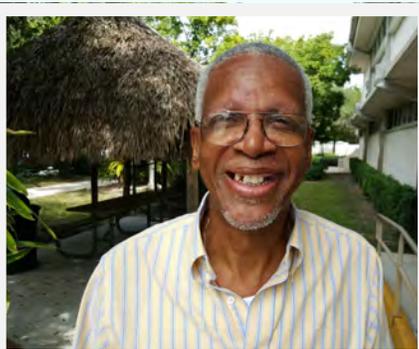
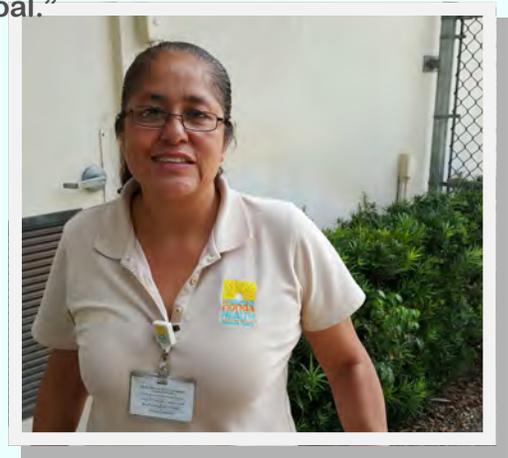
What do you do for your health?



Gwendolyn Dean: “Every day is a good day to start”, that’s my motto. It’s about a lifestyle change. It’s important to me to prevent the complications of Type 2 diabetes, so keeping my A1C levels within normal limits is important. My focus is on a lifestyle change, nutrition and exercise. I don’t weigh myself, but I try to “burn inches” rather than lose weight. I can feel the difference in my clothes and that keeps me motivated. I get in some walking when I can around the DOH campus, I drink my water and try not to overindulge. My ultimate goal is to become a “person of change”. Little by little I will reach my goal. I try to improve myself, but even when I fall down, I remind myself that it’s never too late . . . every day is a good day to start and begin the regiment all over again. I am already feeling the results of my efforts and will continue to pursue my goal.”



Maria Mar-Venicio, we all know her as Lupe, she does a lot of walking around the campus and at home. Anything that need doing around the house she does it, housework, yard work and cleaning the pool. It’s good exercise. To keep her back strong and healthy she swims laps in her pool. Lupe is also good about eating fruit and salads and drinking lots of water.



Robert King, I walk a lot and my doctor keeps me on track. I am a stroke survivor so it’s important for me to stay healthy. I am a nature photographer and love going out into the Everglades. That’s good for body and soul.

Please consult your healthcare provider before starting any diet or exercise program.

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FDOH-Broward Employee Wellness



**The Walking Club,
meets at noon in front of
the Administration Building every
Monday, Wednesday and Friday.
Mark your calendars!**