For National Nutrition Month…continued from page 3

ing) specific foods, nutrient supplements or combinations of foods may cure disease or offer quick weight loss are key features of fad diets.

• Find your balance between food and physical activity. Regular physical activity is important for your overall health and fitness plus it helps control body weight, promotes a feeling of well-being and reduces the risk of chronic diseases.

• Food and nutrition misinformation can have harmful effects on your health and well-being, as well as your wallet. Registered dietitians are uniquely qualified to communicate current and emerging science-based nutrition information and are an instrument part of developing a diet plan that meets your individual needs.

With approximately 65,000 members, the American Dietetic Association is the nation’s largest organization of food and nutrition professionals. ADA serves the public by promoting optimal nutrition, health and well-being. To locate a registered dietitian in your area, visit the American Dietetic Association at www.eatright.com

REACH for Health
Attn: Blishda Lacet
Public Health – Seattle & King County
999 Third Avenue, Suite 500
Seattle, WA 98104

The mission of the REACH Coalition is to reduce diabetes health disparities experienced by communities of color. Through strong partnerships, REACH will support the empowerment of individuals, families, and communities, and create sustainable long-term approaches to prevention and control of diabetes utilizing all appropriate community resources in King County.

Upcoming Events
and Announcements

• 3-15-07: Diabetes Prevention Committee. Meeting at ICHS, 10 a.m.
• 3-29-07: REACH Coalition meeting. 2 — 5 p.m. Place to be announced.

For more detailed information on these and other events, please contact Blishda Lacet, REACH Program Manager at (206) 296-7621.

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The REACH coalition, with the support of Washington State Department of Health (DOH), began the first phase of an ambitious project to prevent Type 2 diabetes among people of color most at risk. The coalition is knowledgeable about diabetes education, self-care guidelines and promotion of changes that can help people with diabetes live more healthy and active lifestyles. In many years of work, we have learned a lot about the need to tailor these principles to the characteristics and cultural sensitivity of our target population. We have identified the socioeconomic aspects of this epidemic along with the practical challenges of improving the quality of life of people with diabetes.

The REACH coalition has a clear understanding of the value of looking “upstream” to see what can be done to identify those that are at high-risk for diabetes and to develop an intervention that will result in the prevention or delayed onset of this disease.

For these reasons, the coalition has formed a committee to tackle this issue. From January until the end of March 2007, the recently formed Diabetes Prevention Committee (DPC) will be talking to a number of leaders in our communities, asking them for their ideas about developing a plan with multiple strategies that will have a large impact on those who are at risk.

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time when they would need medications. They may never develop complications like those mentioned above, and they may die from some other cause, not diabetes-related.

Wouldn’t it be nice if we could delay “getting” diabetes in the first place, or at least delay the complications of diabetes long enough so that we actually die of old age, rather than dying from a diabetes-related cause?

In a society that pushes diabetes-causing products and lifestyles at us daily, we still believe it is possible to prevent it, or to substantially delay the onset of diabetes or its complications. Staff members of the REACH program at several of our Coalition member agencies are actively working with our State Department of Health (DOH) to create a plan for preventing diabetes.

We applaud the Centers for Disease Control and Prevention for moving forward on a prevention agenda and we hope to be able to implement diabetes prevention planning, with their support, as well as local state and other support.

Cheza Garvin, PhD, MPH, MSW is the director of the Chronic Disease Prevention and Healthy Aging Program for Public Health, Seattle & King County.

Some of us take it for granted that we will “get” diabetes and suffer its complications just like our relative(s) who had kidney failure, or lost several toes, or became blind, or died of heart disease – all because he or she had diabetes.

But then, what about the people who will tell their stories of having pre-diabetes, or early stage diabetes, who began a serious regimen of physical activity and healthy eating, lost weight and found that by doing so they also either prevented a full diagnosis of diabetes or controlled their diabetes.

For these folks, medications may never be necessary, or they may have been able to significantly delay the

Comments from the Principal Investigator

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