Juvenile Diabetes: A personal discussion about what teachers should know and do

Marion Duffield and Raymond Chodzinski

Fact: It is said that 1 in every 500 young people will be diagnosed with diabetes each year. In the United States that amounts to an average of 13,000 cases every year. According to the National Health Association, and the American Center for Disease control more 151,000 young people in the United States have some form of Diabetes. In Canada, 10 percent of all youth are diagnosed with diabetes. Obesity in young-sters is increasing at a startling rate and is closely linked to the onset of type two diabetes. Juvenile Diabetes is a very serious disease that requires specialized self-management and individualized adult supervision. Every teacher should know the difference between Type 1 and Type 2 diabetes and what to do in the event of an emergency.

I recently attended a meeting with health care professionals to discuss various child health issues related to nutrition. I raised the issue of Juvenile Diabetes and was directed to Marion Duffield. She is president of HealthCheckVTD, Canada and is a mother who started a business out of necessity after finding out that her stepdaughter was diagnosed with the disease. Marion shares with readers in a sensitive and caring way her concerns for Lauren and her expectations of teachers while her daughter is in their care.

Chodzinski: You are mother of a child diagnosed with juvenile diabetes. How did this fact influence your decision to start a business dealing with nutrition for diabetics?

Duffield: Just after my stepdaughter turned five, she was diagnosed with Juvenile Diabetes. Her mother, her father and I were caught completely off guard and knew nothing about this disease at all! I thought having diabetes meant no more candies... In fact that first weekend she was in the hospital I brought her a basket of fruit and told her we would all just have to eat healthier. So Lauren and I sat down and polished off a banana and an apple. You can imagine the shock when the nurses came in to do her blood sugar and she was off the charts. That was my realization that I had much to learn. Her mother and I attended whatever classes the hospital offered. We talked to dietitians and nutritionists and read everything we possibly could about diabetes to make Lauren’s life easier for her. Lauren’s biggest dilemma was social events. It seemed every weekend she was invited to birthday parties. There were also the holidays, Christmas, Easter and Halloween! She felt so left out. Everyone enjoyed the tasty treats that went along with these occasions; everyone except Lauren. We tried to find alternative treats for Lauren but our research and ef-

fort were not successful. However, while attending a meeting in San Antonio, Texas I happened upon a small store that carried a sugar free line called Sorbee. I bought oodles of it. We thought it was so delicious that my husband and I brought some home for our children to try. Not only did Lauren love it, so did her brother’s Stuart and Andrew, who are not diabetic. Every time we visited the United States, we looked for and purchased Sorbee. If friends or relatives were travelling to the United States, we asked them to purchase the product for us. Our Easter egg hunt featured Sorbee chocolates. We gave our neighbours Sorbee candies and chocolates and asked that they give it to Lauren when she visited their homes on Halloween. Everyone was so impressed with the product line that we decided to approach the company for Canadian distribution rights. Shortly thereafter I gave up my full time position and started introducing Sorbee to the Canadian market. It was not easy. There was no such thing in Canada as a Sugar Free Market. That said, I was determined and worked every symposium and food fair that I could. Eventually, people started to ask for Sorbee by name. That was the breakthrough. The product started being listed in stores. Since then the sugar-free market has grown to include many other “No Sugar Added” products. Sorbee is a leader in providing chocolates, candies, chocolate bars, cookies, jams and syrups to sugar free purchasers and are found in the diabetic section and or no sugar added section of many retail outlets. Many of the Sorbee products are low fat and are ideal as treats for dieters.
Chodzinski: Obviously, this disease poses challenges to your daughter’s daily life. What are some of the challenges she encounters, and, what should teachers know about her as she manages her self-care at school?

Duffield: The most obvious difference in Laurens life is that she has to monitor her blood sugar before every meal and that she wears a pump. She has to eat sensibly and exercise daily. Failing to do this she is setting herself up for some serious health issues. As Lauren is getting older (16), she and we have learned it is primarily her responsibility to manage her self-care. If she were unable to handle the various tasks involved, she would not be able to participate in school sports, go to parties or sleepovers or have a part time job. Anything out of the ordinary has to be planned well in advance and anything that is new issues to deal with so the day will be ready, even when you are sleeping.

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As with any 16 year-old there are new issues to deal with on the social scene. Lauren has to be very aware of her surroundings at all times. She has to be more responsible than the average teenager. We are thankful that she has an excellent group of friends that are always supportive of her and aware of her condition.

There have been circumstances when these girls have had to deal with emergencies. One day after school the girls were walking home and Lauren experienced a severe sugar low attack on someone’s front lawn. The girls ran for help and an ambulance was called.

If you are parent who does not have a child with a disability or a specific challenge, you have no idea the anxiety that comes with letting your child walk out the door every day. I am extremely thankful that Lauren is a bright teenager and understands the implications of the disease. Most of the time she is in control of the disease, but there are the times when the disease takes control of her. Stress, good or bad can severely alter her blood sugar levels. The common cold, running around during a sport activity etc. can send her blood sugars plummeting. It is scary. I recall one incident when I was taking Lauren to a birthday party. She was about eight or nine. She was so excited. We were driving along a busy street when her blood sugars started dropping. I knew this was not something you can simply talk your child through. Trying to keep her awake until we arrived home was a major task and a serious life threatening condition. I knew that if she was not treated immediately she might go into convulsions and possibly a coma. I tried to get Lauren to drink some juice but she was not able to hold the drink box. There was no place for me to pull over, I had to stop the car in the middle of a four lane highway and give her juice to bring her blood sugar back up. For those not aware, in the case of a relapse, every reaction has to be immediate. As a parent, you always have to be ready, even when you are sleeping.

Chodzinski: What advice do you have for teachers in terms of helping young-sters deal with nutrition and other factors that greatly influence control of the effects of diabetes?

Duffield: Teachers can help all children with healthier nutrition choices by talking about it openly and having fun with it. I urge all teachers to discuss issues of concern and not avoid dealing with them because there is a child with diabetes, or an over-weight child, or a child with a severe allergy, or one with asthma, in your class. Instruction and dialogue can be accomplished effectively and with sensitivity, without centering a child out.
Canada’s food guide is an excellent resource with lots of ideas to make learning fun and interactive. Copies of the food guide are readily available online. All kids should be encouraged to keep a copy on their fridge at home. One could also be kept at the lunchroom at school. It is not only the food choices that are important but also the food portions and exercise. We cannot stress enough to our children the importance of nutrition, portions and exercise.

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Chodzinski: Obviously, you are linked in a very real way to the Diabetes Association. What resources are available from the diabetes association to assist teachers with instruction and management of nutrition education?

Duffield: First, I must say that the Canadian Diabetes Association does not endorse my line of products or, in fact, any other line of available products. What we have done is to become partners in a sense with CDA to offer continued support and knowledge to pharmacists and consumers. We distribute literature and council pharmacists and consumers on the importance of reading Nutrition Labels and choosing a healthier lifestyle.

The Canadian Diabetes Association supports a very informative and user-friendly site. I strongly suggest that every educator and all parents of children with diabetes visit the site. This is a non-profit organization dedicated to informing the public. It is extremely helpful for anyone that wants to learn more about the disease. There is a resource booklet available called ‘Kids with Diabetes in your care’. This will provide a teacher with a greater understanding of all aspects of the disease. The CDA will provide a teacher with a support worker to come into their classroom and talk to the class and or staff about diabetes. This is also available for adults at their place of employment. The website will keep you updated on everything from Peer Support Groups to a list of resource centers and libraries, information sessions and forums as well as consumer literature. You can get involved as well. The CDA is always looking for volunteers. If you are up for a challenge check out Team Diabetes!

The CDA hosts many diabetes symposiums throughout the year. I am involved with as many of them as I can be, I also share my experiences in raising a daughter with diabetes. I think it is important for anyone with a diabetic in their life to openly discuss the disease, you never know what piece of information you will pick up that can make your life easier.

Marion Duffield is an accomplished business person, entrepreneur and founder of HealthCheck VDI. As a parent of a juvenile diabetic and a community based business person she is committed to educating schools and communities about Juvenile Diabetes. Her work as an advocate of the Canadian Diabetes Association involves volunteering and providing professional support and knowledge to consumers about products that are safe for all Diabetics. Marion Duffield is available at healthcheck@vdicanada.com.

Chodzinski: In support of this article, the American Diabetes Association has given permission to reprint the following article Roles and Responsibilities of School Staff: Diabetes Information. For additional resources, visit the American Association for Diabetes web site at the Center for Disease Control sites. Both provide a significant amount of resources for teachers and parents. The Canadian Diabetes Association, www.diabetes.ca and the Juvenile Diabetes Research web site at www.jdrf.ca provide a great deal of information, useful resource materials and links. At www.ndep.nih.gov, teachers and parents can download an 88-page document called Helping the Student with Diabetes succeed. A Guide for School Personnel.

All schools should have a written plan in place to deal with medical emergencies and at least one or more persons should be trained to administer emergency intervention strategies to students who develop serious complications due to diabetes, allergies, and or other health concerns.