

CROW scholarship deadline is Friday

CROW has announced it will again be awarding financial-need based partial and full scholarships for its 2015 Summer Camp season.

Families interested in applying for a scholarship will need to complete an application, which can be downloaded at www.crowkids.com, by Friday, June 5.

This year's first two-week camp is titled "Musical Mix Up Song and Dance Camp" and will be July 6-17, from 10 a.m. to 2 p.m.

The second camp will be "Games, Games, Games! Acting and Improv Camp,"

and will be July 20-31, from 10 a.m. to 2 p.m.

Also offered is an Advanced Acting Camp, Aug. 3 through 14, dedicated to older kids (ages 12-22) who want to learn more complex acting techniques.

Camps will be held at the Florence Playhouse, 208 Laurel St., in Old Town.

No audition is necessary for the "Acting and Improv" or "Song and Dance" camp.

For more information or to reserve your child's spot, call Melanie Heard at 541-999-8641 or visit www.crowkids.com.

JOEL FUHRMAN, MD

Diet soda linked to diabetes risk

It is widely known that sugar-sweetened beverages promote weight gain and type-2 diabetes. However, artificially sweetened beverages are regarded by many as safe alternatives that will satisfy sweet cravings while preventing the dangerous surge in blood glucose from their sugar-sweetened counterparts, thereby circumventing the weight gain and associated increase in diabetes risk.

Are people who drink diet soda less likely to end up with diabetes?

The research says no. A French study following 66,118 women for 14 years uncovered strong trends of increased diabetes risk in women who consumed greater amounts of either sugar-sweetened or artificially sweetened beverages; for each type of beverage, as consumption increased, risk increased.

The authors note that this effect was only partly dependent on body mass index (BMI); that means that it wasn't just that overweight people were the ones drinking the diet soda and getting diabetes.

Women who drank at least one 20-ounce diet soda per

week had a risk more than double (a 121 percent increase in risk) that of women who did not consume any sweetened beverages. High consumers of sugar-sweetened beverages, who drank 12 ounces per week or more, had a 34 percent increase in diabetes risk.

Since a major purpose of artificial sweeteners is to avoid calorie load, it seems counter-intuitive, but artificial sweeteners have been associated with weight gain in several (though not all) observational studies.

For example, in the Multi-Ethnic Study of Atherosclerosis (MESA), drinking diet soda at least once daily was associated with high waist circumference and a 67 percent greater risk of type-2 diabetes seven years later.

Similarly, in the San Antonio Heart Study, normal weight subjects who consumed 21 or more artificially sweetened beverages per week almost doubled (93 percent increase) their risk of overweight or obesity eight years later.

How might artificial sweeteners promote weight gain?

First, simply because they taste sweet, artificial sweeteners promote desire for and

dependence on excessively sweet tastes. These excessively sweet tastes are unnatural, hundreds or thousands of times sweeter than table sugar, which in itself is unnaturally sweet.

Throughout human history, the body has been accustomed to the more subtle, naturally sweet tastes in fruits and starchy vegetables. Someone who consistently consumes artificially sweetened foods or beverages is training their taste buds to prefer excessive sweetness.

Some research has suggested that increased use of artificial sweeteners indeed increases appetite or sweet cravings.

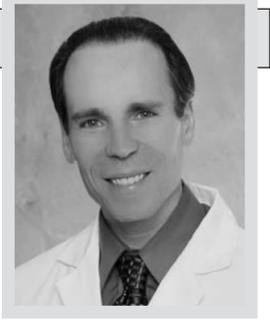
There is also evidence that consuming artificially sweetened beverages between meals (in the absence of calories) increases appetite and food consumption during the next meal.

Another potential explanation is the concept of "informed overcompensation." For example, perceiving that she has "saved" calories by drinking a diet soda with her dinner, a woman decides to order dessert.

Interestingly, it has been shown that knowingly (but not unknowingly) consuming artificially sweetened foods led to overcompensation with increased caloric intake.

Another interesting explanation: The body uses information from the sweetness and calorie load of previous meals in order to predict calorie load from the level of sweetness in future meals.

Artificially sweeteners may "uncouple" sweetness and calories, impairing normal mechanisms that regulate energy balance. There is evidence for this impaired energy balance with several artificial sweeteners in rats.



The safety of many of these artificial sweeteners has been questioned; most are relatively new compounds, and their long-term health effects are still uncertain.

These are not natural, whole foods, so it is wise to avoid them. Evidence suggests that they are not helpful for weight loss, and certainly not the solution to obesity and diabetes epidemics. However, you can protect yourself against type-2 diabetes, or reverse type-2 diabetes if you already have it, by simply following a health-promoting eating style and exercising frequently.

The dietary program described in my book *The End of Diabetes* is a vegetable-based eating style, including naturally sweet foods like fresh fruits and squashes, designed to maximize nutrient content per calorie.

For type-2 diabetes, this approach results in complete reversal of diabetes for the majority of patients. For type-1 diabetes, it eliminates the excessive highs and lows and prevents dangerous complications.

Both type-1 and type-2 diabetics can maintain excellent health and quality of life into old age with natural foods and exercise.

Dr. Fuhrman is a New York Times best-selling author and board certified family physician specializing in lifestyle and nutritional medicine.

Visit his website at DrFuhrman.com, or submit questions and comments to newsquestions@drfuhrman.com.

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Why do you bill my insurance?

Billing the insurance of those who require ambulance service keeps your annual membership fee affordable.

Is this an insurance policy?

No, LifeMed is a membership program, not an insurance policy. Part of the LifeMed membership application includes the provision for LifeMed to bill your insurance whenever you or a family member use the ambulance.

What is not covered?

As a general rule, patients that are not seriously sick or hurt and can safely ride in a sitting position would not qualify for the emergency ambulance service. Always consult the District office for guidelines and your physician for advice.



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410 Ninth Street / P.O. Box 2690 / Florence, OR 97439 / 997-9614

\$65
per household

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List your name and all names of **immediate** family members who will be covered by the LifeMed Program, including unmarried children under age 18, and dependents listed on your tax return **who regularly live at home** (first name, middle initial, last name if different).

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Primary Insurance _____ I.D. # _____ Group _____

Secondary Insurance _____ I.D. # _____ Group _____

Member 2 _____ Birthdate _____

Primary Insurance _____ I.D. # _____ Group _____

Secondary Insurance _____ I.D. # _____ Group _____

Member 3 _____ Birthdate _____

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(Attach a list for additional family members, if needed)

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