



Diabetes Education and Camping Association Newsletter

MAY 2012

'Great Camps, Healthy Futures'

DECA Thanks Industry Partners Advisory Council Members

Diabetes industry companies partner with the DECA and its member camps to dramatically improve the lives of youth with diabetes through education and advancements in diabetes care.

Our sincere thanks to the following 2012 IPAC Sponsors

Platinum Sponsor

Eli Lilly

Gold Sponsors

Bryam Healthcare

Medtronic

Roche Diagnostics

Silver Sponsors

OmniPod

Nova Diabetes Care

ACA Offers Free Membership to DECA Camp Members

Do you want to take advantage of the tremendous resources the American Camp Association offers to camps? ACA has tremendous educational resources online and many training sessions available. This free membership is for new ACA members only. If you have or previously have had an ACA membership, the code will not work. Also, we have been informed that the ACA website is not compatible with Safari or Google Chrome browsers. All camp staff who have never been members are eligible to use this code so please let your staff know.

www.acacamps.org/membership/free

Code: 2012-DECA

New Staff Training Videos Hit Website

DECA recently released three new staff training videos to help member camps with one of the most important pieces of camp operations – preparing staff for a safe, effective and fun camp season. The videos are designed to cover basic concepts that you can then elaborate on with your staff – making your staff training specific to your camp's program, healthcare management, facilities and activities. The videos were funded by The Medtronic Foundation and shot at Camp Hodia, Bearskin Meadow Camp and Camp Maxwell-Morton. Philip "Flip" DeRea, Executive Director of Camp Neveda Foundation, did the narration. Special thanks to Lisa Gier, Janet Kramschuster, Jen Goerzen and Lara Abramson for their incredible assistance on this project!

Go to <http://www.diabetescamps.org/videos/deca-training-videos.html> (you must be logged in).

Or, go to the home page at www.diabetescamps.org and click on the Training Video icon halfway down the page!

DECA Mission Statement

The Diabetes Education and Camping Association promotes communication, provides education, shares resources and serves as a worldwide voice to advance diabetes education and camping programs that meet the diverse needs of individuals and families.



From DECA's Executive Director

DECA Members and Board Create the Plan for Our Future

I would like to thank you, the members of the Diabetes Education and Camping Association, for shaping the future of your organization. Your personal input, provided through response to the Strategic Planning Survey, gave direction to your Board of Directors as they worked to create a Strategic Plan under the skilled leadership of Paul Bishop, Senior Marketing Consultant. (Paul shared his expertise with us courtesy of Eli Lilly & Company.)

The outcome of this collective effort is a comprehensive plan that gives sound direction to DECA as we continue to move forward with providing service and support to diabetes education and camping programs.

The plan addresses:

DECA effectively communicating with all constituent groups, and communicating the benefits of memberships with partners and constituents.

DECA effectively providing useful educational resources, and exceptional educational and networking opportunities for its constituents.

DECA identifying appropriate approaches to be used to determine the impact on health outcomes experienced by participants in diabetes camps.

DECA collaborating with partners to define and implement a set of diabetes management standards for camps & experiential programs to optimize the camp experience & reduce risk – “Diabetes Camps of Excellence”.

DECA continually & consistently identifying trends in technology & encouraging its optimum use for diabetes management, social support, partner development & camp operations.

DECA growing its membership to include 100% of eligible camps in North America. (Diabetes Camping programs from other continents are also welcome!)

DECA growing financial support for the organization and its member camps through a network of sponsors with whom DECA has Memorandums of Understanding.

As you can see, your Diabetes Education and Camping Association is committed to providing the diabetes camping community the tools need to successfully teach children and youth how to live well with diabetes. On behalf of your Board of Directors, I thank you for facilitating the development of the DECA Strategic Plan.

Terry Ackley, Executive Director

DCAT – The Diabetes Camp Activities Toolkit Soon to be Released

Intern Jen Hanson, Shelley Yeager and Dennis Pillion have been working for over a year culling through the old BD “Learning About Diabetes Through Games” book to find great activities to improve in keeping with the AADE 7 Self-Care Behaviors. Former authors have been contacted, activities have been updated and about 40 exciting games are included, which fall into categories, such as healthy eating, exercise, medication management, balance, problem-solving, reducing risk and living with diabetes. The games are being graphically designed into an online toolkit resource that can be utilized through a search engine with fields such as “age,” “AADE category” or “activity level.”

Here’s a sample (not yet designed):

Chuck the Chicken

Overview: Children participate in an active game conveying the message that activity lowers blood sugar.

Age: All campers.

Setting: Large open area suitable for running.

Materials: A rubber chicken, or some other object that can be thrown.

AADE Learning Objectives:

Being Active Objectives:

- Children must understand that regular activity is important for blood glucose control.
Appropriate levels of exercise can improve glycemic control.

Healthy coping

Monitoring

Frontloading: Children should be frontloaded with a lesson introducing the relationship between activity level and blood glucose control.

Set-Up: Players are divided evenly into two teams. Players are given a ‘higher than normal’ blood glucose reading (eg. 200 mg/dL). Teams are given the challenge of lowering their blood glucose level. BG levels are decreased by one point for each time a player runs around their entire group of huddled team members. The groups decide on an appropriate BG number that they are racing towards (eg. 100 mg/dL).

Play: One team begins with the rubber chicken. That team tosses the rubber chicken away from the groups and proceeds to huddle together into a tight pack. One team member begins to run around the entire group. Every complete circle that team member makes lowers the group’s BG level by one point. The other team chases the chicken, forms a single file line and passes the chicken, over-under style, until it reaches the end of the line. Once it reaches the end of the line, the team yells “Chuck the Chicken” and proceeds to throw the chicken away from the groups. The other team stops counting points and proceeds to chase the chicken. The game ends when one team reaches the chosen BG level.

Debrief: Discuss the importance of being active. Have players discuss the challenges they had during the game? How might these challenges represent challenges they face when being active while living with type 1 diabetes? Consider incorporating an additional debrief from the ‘debrief’ section of this toolkit.

Modifications/Adaptations:

Submitted by: Jen Hanson, Connected in Motion

The Role of Diabetes Camps in the History of Diabetes

by Sam Wentworth, MD

Attendees at the recent DECA conference in Indiana had the opportunity to visit the home of the first successful mass production of insulin in the world, Eli Lilly. This was not where insulin was discovered, having been isolated in Toronto in 1922. It seemed that the giant step from small laboratory produced amounts of insulin to the huge amount needed by the insulin dependent population of the world created problems. There were a number of attempts made through Connaught Laboratories, but consistent supplies seemed out of reach. It was not until Dr. George Clowes brought an agreement for production to Eli Lilly that refinement of the process allowed mass production. The trip to Lilly had little to do with the events of 1922-3 except to bring back some thoughts of the role camps have played in the history of diabetes.

It is hard for current campers and staff of camps for children with diabetes to grasp the facts of our history. So many of the people who could tell the whole story like Mary Olney, Abe Silver, Leonard Wendt, Henry John and Elizabeth Devine are no longer with us. With their loss also was the loss of much of the history of diabetes camping. It is hoped that this short summary will stimulate all programs to record their history with dates and people for future generations.

Mary Olney presented a history of diabetes camping at a meeting of the American Diabetes Association in St. Louis. She related that camps for children with diabetes preceded the discovery of insulin. The purpose of these “retreats” was to give parents a break from watching their children suffer from the condition and its treatment. The children were generally too ill to participate in activities we now consider a normal part of our programs. When I questioned Dr. Olney about this many years later, she could not give me more details.

Long standing debates exist about the first diabetes camp. Readers may be able to contribute to this debate. Researching this point brought evidence of a tie. Leonard Wendt in Detroit and Elizabeth Devine of Oquonquit, Maine, both started programs during the summer of 1925. Consider that insulin was still in limited supply since the first Lilly insulin was produced only 2 years preceding. Henry Johns started Camp Ho Mita Koda (Cleveland) in 1929. In 1935 the University of Pennsylvania Hospital started a camp that was followed by Camp Firefly. The New York Diabetes Association opened their camp in 1936. Drs. Sam Benjamin, Hammond Mish and Clarence Rice started Washington, D.C.’s camp in 1937 (Located in Rockville, MD). 1938 brought the addition of the University of California’s camp at Los Posadas and the Virginia Mason Clinic’s Camp Banting in Seattle. 1939 was Mary Foley Camp in Rochester, MN, and Cincinnati Children’s Hospital’s camp. Dr. Floyd Rogers started camps in 1940 and 1941. There are three other camps which may have started in this era, Lannon Fields Farms in Wisconsin, one in San Bernardino Mountains and Camp Tonewandah in New London, NH (have no dates). Have “bunched” these camps, for most of the camps founded prior to WWII stopped functioning temporarily or permanently during the war and/or the depression. There may have been other camps but we have no records—would love to get information.

Camps resumed or were founded anew after the war. There seems to have been a flourish of camps in the 1950s. Camps grew and changed in this era. Camp Bearskin Meadow and Camp
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Needlepoint stood as examples that brought change to diabetes camping through the willingness of Drs. Olney, Simpson and Etwiler to take children with diabetes into the wilderness. Dr. Olney was actually referred to as "The Crazy Lady on the Mountain." Their attitude about what children with diabetes could do began a transition not only of camps; but also, the daily expectations in their daily lives.

Camps have gone from P.Z.I. and Regular insulin with only urine testing to dealing with pumps, constant glucose monitoring and analog insulins. Camps remain the best support group for young people with diabetes. Camps educate, support and aid in the transition to independence as they have from the earliest days. The value of camp has not diminished since Dr. Joslin, Mrs. Devine, Elizabeth Mudge and Dr. Wendt first were brave enough to help kids step from the hospital to the woods. Camps have come and gone, individuals have, also. The role and importance of camps for children with diabetes may have had some transitions; however, the DECA conference and organization gives evidence to the remaining importance of the great young people we serve. We differ from most programs, for we live with the hope of no longer being needed!

Parent Landing Page Goes Live Thanks To Lilly Diabetes

Lilly Diabetes sponsored DECA's new parent landing page on the website, which drives traffic to the site by enticing search engine-readers with Diabetes 101 and the always enticing diabetes summer camp allure. DECA is capturing the reader's information with a fill-out coupon so that we can direct inquiries about summer camp to member camps. Parents can find an array of information on the page about why diabetes camp is important; what to look for in a camp, and, of course, the camp database.

Take a look at: <http://www.diabetescamps.org/parents/>

Many thanks to the DECA Website Committee for its hard work on this project and especially to members Teri Barrows and Som Seng, without whom the page and the ad words campaigns would not have been possible.

Reminder! Complete your 2012 Individual Membership!
[Individual Membership Application 2012](#)

Contact Terry Ackley, DECA Executive Director
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DECA
www.diabetescamps.org

**2012 ADA Scientific Sessions
June 8 - 12, 2012
Philadelphia, PA**

“Be sure to visit DECA’s booth (#1455) at the American Diabetes Association’s 72nd Scientific Sessions, held June 8-12, 2012, in Philadelphia, PA. DECA will have its top camp folks on hand to answer your questions and discuss all diabetes camp related issues.

Please make sure that all of your medical staff are aware of our booth.

DECA Helps Type 1 Diabetes Researchers Reach Important Milestone

With the help of DECA, Type 1 Diabetes TrialNet has reached an important milestone: screening 100,000 people. This is a major achievement because it has helped researchers better predict who will develop diabetes and when it will require treatment.

Over the past 15 years, DECA has partnered with TrialNet to offer screening events at camps. In 2011, more than 1,650 children and adults were screened at DECA camps.

Funded by the National Institutes of Health (NIH), TrialNet screenings are provided free of charge to relatives of people with type 1 diabetes— whose chances of developing the disease are 15 times greater than those with no family history. Participants whose results signal an increased risk can choose whether to take part in prevention studies exploring new ways to combat the disease.

TrialNet researchers are currently conducting two prevention studies for at-risk relatives of people with type 1 diabetes:

The Anti-CD3 Prevention Study is testing whether an experimental drug called teplizumab can prevent or delay type 1 diabetes. In previous studies, teplizumab helped preserve insulin production in newly diagnosed individuals.

The Oral Insulin Prevention Study is testing whether one daily insulin capsule (taken by mouth) can prevent or delay type 1 diabetes. Results of a previous NIH study indicated oral insulin might delay type 1 diabetes for up to 10 years in individuals with certain autoantibodies.

“We want to thank everyone at DECA for helping us to reach this important milestone. Screening is the first step on the pathway to prevention and provides an important opportunity for intervention at an early stage,” says TrialNet Chair Jay Skyler, M.D.

To find out if TrialNet screening will be offered at your camp, visit your camp’s website or contact the camp directly. If you can’t participate in camp screening, you can schedule an appointment at one of 200 participating sites nationwide. Screening test kits are also available by mail. To learn more, visit www.DiabetesTrialNet.org or call 1-800-425-8361.

Classifieds

POSITION AVAILABLE

HEALTH CENTER DIRECTOR



The Camp Nejedada Foundation in Stillwater, NJ is seeking a caring and committed HCD to staff, organize and supervise the operations of the Health Center and to build on recent successes in camper and Professional Development programs. It's an hourly, part-time, year-round position expected to average 20hrs/wk, including many weekends, with actual hrs fluctuating depending on season/program needs.

QUALIFICATIONS: New Jersey RN license; two years' experience in diabetes education and management; demonstrated leadership and management skills; Self-motivated; Capable of working independently and also cooperatively with other directors; Comfort with computers and technology; Pediatric experience preferred.

ESSENTIAL FUNCTIONS: Recruit, hire and train nurses and Health Center (HC) support staff; Order, inventory and supervise the stocking of medical supplies; Run/grow Professional Development programs.

The full job description is available at www.campnejeda.org. Interested applicants e-mail resume and cover letter to HCD12@campnejeda.org.

DECA Classified Section

Post your open camp jobs on the DECA website (www.diabetescamps.org) in the classified section and reach passionate, knowledgeable staff for your camp organization. You must be logged on as a member. Go to the *membership tab*, click on *classifieds* and post your listing with contact info.

Feature your Camp in the DECA Newsletter

Your camp can be featured in the DECA newsletter! Share information about your camp or organization with others in the diabetes camping world. Send your pictures, history of your camp, or other news of interest.

Should you have a camp story, camp recipe, pictures, or other articles that you wish to submit for the DECA newsletter, please email to kathylatimer@diabetescamps.org.

Rich's Waltz Across America

Rich Humphreys is well known in the Diabetes Camp World. He was Camp Director at Camp Ho Mita Koda for many years. He has helped start several camps, including Extreme Weekend for Children with Diabetes, which is a weekend retreat for children with Diabetes ages 8-18. This program is hosted by Diabetes Exercise Strategies Together in Network with You (DESTINY).



Rich is full of adventure, and now at age 79, he has started his Waltz Across America to raise awareness about Diabetes and also raise funds for DESTINY.

In 1976, when Rich was 33, he made a trip around the world. He had a goal to do this for years. Highlights of the trip were: Working three months in Israel, flying from Tokyo to Anchorage, Alaska, hitchhiking across Alaska in April, and then visiting the 5th grade students he'd had in Haines who were graduating, and then going on to Oregon by way of the Inland Passage.

Rich's mom had shipped his ten-speed bicycle to relatives in Corvallis, and Rich began his 45 day bike ride back cross country. He did all of this without a test kit, (no way to test his blood sugar), which he is still in awe of.

In 2007, Rich walked from Camp Ho Mita Koda to his home in Lancaster County, some 380 miles. He raised \$8,000.00 for the camp and met many wonderful people along the way.

Exercise has been a critical part of his life. That waltz was Rich's incentive for his "Waltz Across America". He wants to be an example for children living with diabetes and their parents, that although we live with a severe chronic disease, we can have a full, creative, adventuresome and satisfying life.

Rich has a deep appreciation for organizations like "Adventures for The Cure, DESTINY (Diabetes Exercise Strategies Together in Network with You), and insulindependence, for the promotion of an extreme active lifestyle for young people living with diabetes.

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Rich does hope to be able to visit several camps during his waltz across America (please see the attached route). Rich will be back in Kirkwood, PA. for his 80th birthday with a lot of celebrating to do. This will be an amazing accomplishment by an individual who has lived with type 1 diabetes for more than 55 years. For a full bio from Rich's son and also how you can donate to Rich's Waltz Across America, please visit Adventures for the cure website:

<http://adventuresforthecure.com/campaigns/richsWaltzAcrossAmerica.html>

Rich's Waltz across America Route

San Francisco Bridge, CA

Walnut Creek, California

Sacramento, California

Lake Tahoe, California

Fallon, Nevada

Austin, Nevada

Ely, Nevada

Delta, Utah

Green River, Utah

Grand Junction, Colorado

Gunnison, Colorado

Texas Creek, Colorado

Pueblo, Colorado

Lamar, Colorado

Garden City, Kansas

Dodge City, Kansas

Hutchinson, Kansas

Kansas City, Missouri

Jefferson City, Missouri

St. Louis, Missouri

Salem, Illinois

Vincennes, Indiana

Versailles, Indiana

Cincinnati, Ohio

Chillicothe, Ohio

Parkersburg, West Virginia

Harrisburg, Pennsylvania

Lancaster, Pennsylvania

Gnome Countryside, October 29, 2012



CampWILD for Adults with Diabetes

By
TeamWILD

Calling all adults with diabetes who want support to get fit! Have you heard about **CampWILD** yet?

CampWILD is a 5 day residential camp for adults with type 1 or type 2 diabetes this summer in Boulder, Colorado, June 20 – 24, 2012, at the Millennium Hotel. At **CampWILD** you will cycle, run, swim, walk, do yoga, and learn about diabetes, exercise physiology, nutrition and how to navigate the world of diabetes and exercise in real time, with expert diabetes coaches and athletic coaches who can work with all fitness abilities. You'll connect with other active people with diabetes. **CampWILD** is an amazing opportunity to take your fitness and diabetes management to the next level. To read more about **CampWILD** go here:

<http://teamwildathletics.com/2012/04/30/campwild-registration-is-open-sign-up-and-change-your-life-today/>

CampWILD is a TeamWILD program. We Inspire Life with Diabetes. TeamWILD exists to empower people with diabetes to take care of their health through endurance athletics. **You do NOT have to be an athlete to work with TeamWILD!!** And you can live anywhere to take advantage of TeamWILD programs, as TeamWILD is internet-based. **INTEGRATED TRAINING PROGRAMS: Walking, Running, Cycling, Triathlon**

TeamWILD offers integrated training programs in walking, running, triathlon, and cycling. For those new to fitness and sports, TeamWILD offers a special 12 week walk/run program called WILDfit. It's hugely popular and it's an easy way to get your athletic feet wet! All programs integrate diabetes and nutrition education, athletic training and mental skills into digestible weekly clinics that you watch on video and read on your own schedule.

While you are enrolled in a TeamWILD program, you have unlimited email access to the TeamWILD expert staff of diabetes educators, sports dietitians, athletic coaches and mental skills team. Plus, you have access to fellow TeamWILD athletes.

*NOTE: once you enroll with TeamWILD you are called an athlete; it is okay if you don't think of yourself as an athlete, yet!

TeamWILD FOUNDER MARI RUDDY

TeamWILD was founded and is directed by Mari Ruddy, who has had diabetes for over 30 years and has survived breast cancer twice. Mari is the founder of the Red Rider Recognition Program used at all 91 Tour de Cure rides of the American Diabetes Association.

FIND OUT MORE ABOUT TeamWILD

Check out TeamWILD on the TeamWILD website, <http://teamwildathletics.com>, where you can sign up for the free monthly newsletter and read the up-to-date blog. If you have any questions, please email us at mari@teamwildathletics.com. Here's to your wellness!