What is Southeastern Diabetes Education Services and Camp Seale Harris?

Purpose
The mission of Southeastern Diabetes Education Services (SDES) is to "To educate, encourage, and empower children with diabetes and their families to live well." We believe that we fulfill our mission by providing both knowledge-based education and skill training in diabetes care through hands-on activities in recreational and social environments. Our primary program is named Camp Seale Harris and is a comprehensive year-round education and support system utilizing peer-support for youth with diabetes with the family as a catalyst. We offer structured health education programs in three models: Residential and Day camping, and Community-based physical activity/recreational formats operated in Alabama and Northwest Florida. Camp Seale Harris residential is located on Lake Martin and in Mobile, AL, and Day Camps are in Birmingham, Dothan, Huntsville, Mobile and Tuscaloosa. Additional education is offered year round in Community Education Family Support Programs in communities including: Alabama: Birmingham, Auburn/Opelika, Cullman, Anniston/Gadsden, Dothan, Huntsville, Montgomery, Mobile/Baldwin, Tuscaloosa, and Florida: Pensacola.

We believe that children receive lifesaving skills by attending diabetes camp, and also need ongoing support throughout the year, delivered in our statewide Community Family Program. SDES is committed to all children being able to attend any of our programs regardless of ability to pay. The majority of our children and families are unable to afford the cost of diabetes education services.

What do we do?

Activity
Our 2016 Camp Seale Harris Overnight and Day Camps programs successfully met goals to improve the health of children with diabetes. Sessions were staffed by volunteer healthcare professionals including physicians, nurses, pharmacists, dietitians, diabetes educators, cabin counselors, and activity leaders. The majority of our counselors live with Type 1 diabetes, and served as wonderful role models. Education stressed confidence building, consistency, treatment skills and decision making, and independence in diabetes care. Activities and education served needs of both Type 1 and Type 2 diabetic children and families.

Our diabetes educators planned excellent diabetes education sessions focused on hands on learning. Counselors and medical staff continuously provided individual instruction to campers as "teachable moments" occurred. Key goals included training in nutrition, physical activity, and medication management utilizing insulin injection and insulin pump training. "Insulin Pump Educators" spent countless hours working one-on-one with children helping them understand how to effectively utilize insulin pumps. Our outcomes surveys showed that we made great progress in all areas, especially in “self-management of diabetes” and “knowledge of diabetes.”
A total of 71 adults living with diabetes served as volunteer camp medical and activity staff, demonstrating effective diabetes management and continuing to be an inspiration to our children. The campers were motivated and empowered by the examples and the specific strategies taught by the educators, speakers, and counselors, each of whom live a daily struggle with Type 1 diabetes.

**How do we do it? Who pays for helping children with diabetes?**

**Costs**

Unfortunately, private insurance and Medicaid do not pay for diabetes education. Maintaining health with diabetes is very difficult and constantly changing.

Our commitment is that every child with diabetes has an opportunity to come to Camp Seale Harris and Community Programs to learn and practice the skills to stay well. Without ongoing education, care, and support, children will not survive until there is a cure for Type 1 diabetes. We rely on generous charitable support to make that critical care possible. Our total cash cost to operate all programs in 2016 was $548,519 for 12 Camp Seale Harris Overnight and Day Camp sessions and 12 Community Support Programs statewide. Additionally, we received and expended $581,281 in non-cash property donations of medical supplies, medications, and facilities used in programs, and $431,682 value of non-cash donated professional services of physicians, nurses, counselors, and general volunteers. Direct programming expenses are 88% of total expenditures. Less than 13% of cash expenses and less than 5% of total expenses including donated property was Administrative or Fundraising cost. Less than 5% of total revenue was spent on Administrative or Fundraising.

Our supporters want to know that families who can afford to participate in the cost of Camp Seale Harris do. All families received reduced cost services, but many cannot afford any fee. SDES reviews requests and awards financial assistance for Camp programs through an application process based on Federal Poverty Levels guidelines. Awards are based on a sliding scale of income up to 250% of poverty level, as well as extenuating financial circumstances.

Our 2016 financial aid awards for our Camp Seale Harris Overnight and Day Camp programs showed that 65% of children attending camp utilized financial aid, receiving partial or full income-based scholarships or donor sponsorships. Payments by camper families cover only 18% of costs for all programs and are generally less than 15% of total organization revenue. Community Support Program attendees are fully subsidized and families served paid no fees for services.
How Many Children are Served?

Program Delivery – Units of Service

We are growing to meet increasing needs of the growing number of children with diabetes, as other diabetes education and support options shrink. Our service programs enrollment, including camps and community programs, totaled 1748 participants served combined, including 623 children with diabetes and 1125 family members and community participants. With 528 volunteers, 2276 people were impacted. In the last 24 months, we have increased annual service by 56%, serving 10% more diabetic children. All children and families seeking services in 2016 were served in one or more diabetes programs.

2016 SDES Camp Seale Harris and Community Programs Service Summary

<table>
<thead>
<tr>
<th>Program</th>
<th>Participants Served</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Child with Diabetes</td>
</tr>
<tr>
<td>Overnight/Resident</td>
<td></td>
</tr>
<tr>
<td>Camp Seale Harris Teen Leader</td>
<td>24</td>
</tr>
<tr>
<td>Camp Seale Harris Senior Week</td>
<td>133</td>
</tr>
<tr>
<td>Camp Seale Harris Junior Week</td>
<td>139</td>
</tr>
<tr>
<td>Coastal Camp Seale Harris/Mobile</td>
<td>68</td>
</tr>
<tr>
<td>CSH Spring Family Camp</td>
<td>13</td>
</tr>
<tr>
<td>CSH Summer Family Camp</td>
<td>8</td>
</tr>
<tr>
<td>CSH Fall Family Camp</td>
<td>22</td>
</tr>
<tr>
<td><strong>Total Resident Camp</strong></td>
<td><strong>407</strong></td>
</tr>
<tr>
<td>Day Camps</td>
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</tr>
<tr>
<td>CSH Birmingham</td>
<td>32</td>
</tr>
<tr>
<td>CSH Dothan</td>
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<tr>
<td>CSH Huntsville</td>
<td>22</td>
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<tr>
<td>CSH Mobile</td>
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<tr>
<td>CSH Tuscaloosa</td>
<td>25</td>
</tr>
<tr>
<td><strong>Total Day Camp</strong></td>
<td><strong>132</strong></td>
</tr>
<tr>
<td><strong>Total Community Programs</strong></td>
<td><strong>84</strong></td>
</tr>
<tr>
<td><strong>Total for All Programs</strong></td>
<td><strong>623</strong></td>
</tr>
</tbody>
</table>

Total Children and Family Participants Served 1748

Total Persons Impacted including Volunteers 2276
Does it Work?

Outcomes Measures Reports

Children’s health and lives are improved at Camp Seale Harris! We surveyed camp attendees and their parents or guardians 60 days post program attendance. Evaluations reported observed increased independence in diabetes management skills as compared to what the child demonstrated prior to participation in our program. 87% of respondents reported improvement in one or more categories surveyed. Over 60 skills were measured. A sampling of responses/results is below.

| SDES Camp Seale Harris/Sugar Falls Day Camps 2016 Parent Outcomes Survey |
| Answer Options                                                                 | Response Percent |
| Respondents who answered “Yes” to improvement in one or more areas of diabetes self-care | 87%              |
| Self-management of diabetes                                                   | 54%              |
| Knowledge about diabetes                                                      | 54%              |
| Maintaining or improving overall health                                        | 68%              |
| Accepting the diagnosis of diabetes                                           | 65%              |
| Being comfortable talking about diabetes with friends                         | 49%              |
| Counting carbohydrates                                                         | 49%              |
| Alternating/rotating injection sites or pump sites                            | 21%              |
| Calculating meal bolus                                                        | 32%              |
| Checking his/her own blood sugar                                              | 29%              |
| Eating healthy foods                                                          | 28%              |
| Giving his/her own injections                                                 | 28%              |
| Recognizing/treating low blood sugar level                                    | 26%              |
| Willingness-consistency in taking diabetes medication                         | 23%              |
| Understanding and operating insulin pump                                      | 22%              |
| Checking/Treating ketones                                                     | 21%              |
| Recognizing/treating high blood sugar level                                   | 20%              |
| Drawing up insulin in a syringe or insulin pen shot                           | 18%              |
| Knowing or understanding what an A1C test is                                 | 17%              |

Children are learning how to better manage their diabetes through their participation in our diabetes education camping programs. This reduces stress on the family, school teacher and school nurse, childcare providers. Improved diabetes management has been proven to lower hospital admissions and costs, and to reduce long term health complications of diabetes.
What Parents/Guardians Said About Camp Seale Harris Programs

The most noteworthy highlight of our programs was the impact that was made on the lives of children with diabetes. Parents’ responses are below in answer to the question:

“What is the most significant benefit your child gained from Camp Seale Harris?”

“That he is not the only one out there dealing with diabetes on a daily basis.”
“Meeting other children with diabetes and learning more about diabetes.”
“It made him realize that there are a lot of other children that have the same problem and that it can be handled well while doing sports and other things . . . Making new friends and becoming more comfortable talking about his diabetes”
“Feeling like a normal child”
“Support and understanding”
“Getting the opportunity to talk with so many other people with the disease and finding out how they deal with issues.
“For 1 week out of the year she feels independent.”
“Confidence. For Owen, in himself and his ability to be "really good at being diabetic". For his family, confidence that he is very well supervised, both medically and otherwise, while at camp.”
“Learning how to safely dispose of needles and we also received a free bio hazard box.”
“Meeting other kids with diabetes and learning how to change his infusion set.”
She was able to participate in activities & not have to explain what her pump is, or what’s "wrong" with her, or asked a million questions about diabetes. She was just like everyone else.”
“Learning that she needs to take care of herself.”
“What she learns from the counselors and the other children who have diabetes.”
“Camp made her feel "normal."”
“My son can be away from us and take care of himself.”
“That my child can enjoy intense physical activities with doctors there to care for her.”
“The most important benefit that my child received by attending camp was in helping her to accept her diabetes and realize that there are other children and adults that live with Type 1 diabetes on a daily basis like she does and that having Type 1 diabetes does not have to stop you from having fun and making friends.”
“Independence in her diabetes care.”
What Children Say About Camp Seale Harris

My favorite thing about Camp Seale Harris is:
“Being with people my age going through the same thing as me.”
“Hanging out with other diabetics.”
“Feeling normal.”
“Learning diabetes with games.”
“Community.”
“Eating good food!”
“All the activities and meeting new friends.”
“I’m not different or weird at Camp Seale Harris.”
“Everybody has diabetes.”
“My blood sugars are lower and I feel better.”
“Not worrying about my family taking care of me.”

I learned:
“Diabetes is different for everyone.”
“I am not alone. Lots of kids have diabetes.”
“I know what to do about diabetes burn out.”
“How to make my insulin pump work.”
“How to calculate my insulin dose.”
“How to play sports with diabetes.”
“How to give my own insulin shot.”
“My diabetes can’t stop me from being healthy if I take care of myself.”
“There are some good foods I like.”

Camp makes me feel:
“Like my disability won’t stop me from anything.”
“Happy and accepted.”
“Not afraid anymore about diabetes.”
“Like a regular person.”
“Like I can do anything.”
“Like I’m not alone.”
“I can do this.”
“Normal.”
“Alive!”
For more information on diabetes, the children of Camp Seale Harris, and how you can help a child with diabetes live well and give hope to an entire family, visit

www.CampSealeHarris.org

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CAMP SEALE HARRIS
SOUTHEASTERN DIABETES EDUCATION SERVICES
Educating, encouraging, and empowering children with diabetes and families to live well!