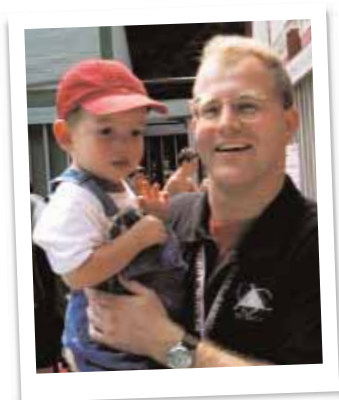


Mark Moyer

Mr. Moyer is the executive director of Setebaid Services Inc, a not-for-profit organization providing health education to children with diabetes and their families.



1. What is Setebaid and what does it do?

Setebaid (diabetes spelled backwards) Services was incorporated in 1998, and we provide diabetes education programs. Camp Setebaid, a residential camp for patients with type 1 diabetes, is our largest program. Prior to the incorporation of Setebaid Services, a group of volunteers organized events for patients living with diabetes. They often received support from places like the American Diabetes Association or the Juvenile Diabetes Foundation. In 1997, both organizations decided not to offer local diabetes camps, and that is how Setebaid Services came to be.

Most of the programs we have under our umbrella have been around for a long time. Camp Setebaid just finished its 27th year, and this past summer we had 180 campers in 3 weeks. The first week is the teen camp. We also operate a “first time away from home” program and youth camp for those aged 8 to 12 years.

We have a counselor-in-training program for kids who want to become counselors and it continues after they turn 18 years old. If they graduate from the program, they can become a full counselor. The Harrisburg Diabetic Youth Camp, for 8- to 15-year-old campers, just finished its 28th year and served 100 campers.

2. Can you talk about the other programs you offer?

The primary diagnosis of diabetes usually occurs in children between the ages of 5 and 8 years. We developed family weekend in 1999 for children aged 3 to 12 years. During family weekend, we provide family education and mini educational sessions for the children, but usually they play games and have fun. The main goal of family weekend is to socialize children enough to separate them from their family. We take them for several hours at a time while the rest of

the family attends diabetes education sessions. At the end of sessions, everyone eats together in one dining room. We try to build upon the importance of the family working together to help the child with diabetes.

3. What is the main idea of having a camp for children with diabetes?

The focus of the camp is to give these kids – who just happen to have diabetes – a regular camp experience. We fit the diabetes routine and diabetes education into the camping schedule. Children are at the camp for 7 days, and they are not allowed to call home. One of the major goals of the camp is to foster independence in each of the kids. We found that if kids called home, it was detrimental to that goal. Although we primarily serve the mid-Atlantic region, we have gotten kids from all over the world, including Canada and Japan.

4. What is unique about Camp Setebaid?

The neat part about Setebaid is that eight physicians attend the camp, and they participate in the same programs as the campers. So the doctors are campers just as if they are one of the kids. It is neat for kids to be on the same level as the doctors. The doctors may help the kids with their insulin adjustments, but the kids may help the doctors with boating or another activity.

5. What can children expect when they come to Camp Setebaid?

They are going boating, canoeing, and they are enjoying arts and crafts, field games, songs around a campfire, and they are sleeping out in tents. The teen camp offers specialty programs like forensic science and gourmet cooking.

Education is also a part of camp. A large part of the education is dietary, although we provide diabetes care as well. It depends on what their previous diabetes education at Setebaid has been. Generally, kids attend the camp between 5 and 8 years. Each year, their diabetes education progresses. If it is their first year, they may learn to check their blood sugars. Second-year campers may learn to draw up their own insulin. We track their progress with charts, and that chart follows the child through the whole time with us. Included in that is not just charting in the hospital, but it is also charting an educational record.

We also offer training for physician residents and fellows. Each morning the medical staff meets to discuss challenges, and the medical director reviews the charts. Many of the residents learn more about diabetes care at camp than they may in the clinic setting. ■