

# ***Chapter 2***

## ***Introduction to Camping***

Philosophy

Purpose

Goals

Objectives

Implementation

## ***History of the Programs***

The Harrisburg Diabetic Youth Camp

Camp Setebaid

## ***Purpose of Programming at Camp***

# CAMPING PROGRAM PHILOSOPHY

1. Setebaid Services® is committed to the health, safety, and welfare of its campers and staff. Setebaid Services® takes seriously its responsibility to manage its risks and to continually analyze campers' well-being and safety, while not compromising the purpose of any camping program, which is to experience the out-of-doors, to build community, to develop camper skills, and to have an enjoyable recreational experience. The organization understands that hands-on education is often an effective teaching style.

## *SETEBAID SERVICES® PHILOSOPHY*

2. The program philosophy of Setebaid Services® Camping Programs is based on the belief that children and teens with diabetes can live a full life and still maintain good control of their diabetes. The campers are exposed to a full range of recreational activities stressing non-competitiveness, as well as some competitive activities. The purpose of the program is to provide a recreational experience in which the camper can gain self-confidence. Activities may include swimming, boating, hiking, arts & crafts, dancing, drama, archery and nature lore. Other areas vary with the experience of the staff.
3. Each camper is exposed to most activities at least once during the camp. Later, the camper may choose areas to revisit for another level of exposure. A different evening activity is planned for the entire camp's participation. Staff is encouraged to offer demonstrations of unique skills, such as karate, fencing, or signing. Campers are encouraged to demonstrate their talents. An awards ceremony features an award for each camper based on his or her unique contribution to camp life. The camp schedule is posted each day, but is subject to change based on the day's activities, weather, etc.
4. Campers are responsible for their own housekeeping chores as well as sharing the responsibility of total camp care. Living quarters and bunk inspections are conducted daily as a contest. These inspections are very upbeat and offer a contest between counselors to see whose campers can be cleaner. Inspections can be done by the Camp Director, Program Director, or their designee. The purpose of these inspections is to keep the campers' belongings somewhat orderly.

5. The camp staff ratio is high with one staff member for every three campers of children under 12 years of age, and one staff member for every five teenaged campers. Counselors are responsible for between three and five campers on a routine basis (this ratio may change to cover breaks for staff). Staff is given an information sheet on each camper which was completed by the camper's parents.
6. Staff is selected using the highest standards in the camping industry; many staff members are returning staff. Staff is instructed in pre-camp training to be sensitive to the campers' individual differences and religious beliefs. At Setebaid Services'® camping programs each camper is thought of as a unique individual with a special contribution to make to camp life. The camp program allows that contribution to become visible.

### *SETEBAID SERVICES® PURPOSE*

7. Setebaid Services'® Camping Programs allow people with diabetes to participate in a normal camping experience, while maintaining safe glycemic control. Our programs have several purposes: they provide people with diabetes a camping experience that people without diabetes would enjoy; they instruct the campers in the proper techniques to manage diabetes; they serve as an arena for recruiting volunteers for research; and they serve as a training experience for healthcare professionals and future healthcare professionals.
8. Although the daily activities must be regimented for blood glucose monitoring (BGM), insulin administration, meals, between meal snacks and bedtime snacks, the campers have many hours to enjoy and experience a camping program. Before the camping session is over, the campers will have an opportunity to try to excel in various camping activities and to properly use technology to monitor their blood glucose levels and administer their own insulin. The program strives to teach the campers that, through proper diabetes management techniques, they are able to maintain good glycemic control; by maintaining good glycemic control they feel better and are able to participate in a limitless number of activities.
9. Our camping programs instruct the campers in the proper techniques to manage diabetes, and teach the campers that complications may be reduced if good glycemic control is maintained. The daily routine at Setebaid Services'® programs serves as a positive role model for a diabetes lifestyle. Additionally, through our programs, physician residents/fellows, student nurses, student dieticians, and other healthcare students have the opportunity to observe diabetes care in a practical setting, while campers have the opportunity to

volunteer for diabetes research. Research enables healthcare professionals to gain insights into the difficulties and problems encountered by those with diabetes. This research helps to improve the lives of all affected by diabetes.

### *SETEBAID SERVICES® GOALS*

10. Setebaid Services® has set ambitious goals for our programs. We strive to provide our campers, their families, and healthcare professionals with new skills and knowledge about diabetes and its management. We work to provide a safe and healthy camping environment and an enjoyable recreational experience for people with diabetes, as well as the opportunity for them to learn more about the condition, how to adjust to it, and how to control it, by meeting others with the same condition and sharing ideas with each other. The camp environment promotes self-confidence in people with diabetes in regard to their approach to their diabetes and to life by providing an opportunity for making observations about how others manage their diabetes and giving them the opportunity for improved adjustments to their own diabetes management.

11. Setebaid Services® seeks to provide a respite for other family members and a networking arena for immediate and extended family to share concerns and ideas about diabetes and its management, as well as any other concerns they may have, and we seek to further educate healthcare professionals about diabetes and its management.

### *SETEBAID SERVICES® OBJECTIVES*

12. Setebaid Services® considers our programs to have been successful when our campers have participated in all duties and activities of camp as well as their own diabetes management, and can perform at least one activity skill at a higher level than before attending our program. We feel we have been successful when our campers indicate their enjoyment of the program and a desire to return as well as a desire to maintain contact with a fellow camper, and when our campers acknowledge the fact that others have similar challenges, they felt a sense of security with the medical staff and the care they provided, and have a desire to maintain good glycemic control after leaving the program.

### *IMPLEMENTATION OF SETEBAID SERVICES'® GOALS AND OBJECTIVES*

13. The four specific areas in which Setebaid Services® focuses to implement its goals and objectives are medical care, leadership, activity areas, and social adjustment.

14. The medical staff will give each camper the opportunity to learn self blood glucose monitoring (BGM), insulin administration, and dosage adjustments. Each camper will also have the opportunity to learn carbohydrate counting and how it applies to his/her own dietary requirements, and to experience how activity, insulin, and food affect blood glucose levels.

15. Physicians, nurses, and dietitians in residence at camp will provide medical care both formally and informally. All staff are versed on diabetes care and encouraged to refer camper questions to the medical staff as needed. Several staff members have diabetes and serve as role-models for the campers, and they meet daily to address any camper, staff, or other issues.

16. Campers have the opportunity to visit numerous program activities ranging from swimming to boating to archery to arts and crafts, etc. Each staff member is charged to develop new skills within each camper, and to provide an opportunity to increase skill levels in each area.

17. Campers live in groups that offer an opportunity for decision making and social interaction. They participate in all camp chores and housekeeping, and campers and staff together participate in the camp community to make it an enjoyable experience. Both campers and staff receive the names and addresses of others at camp so that they may remain in contact with each other.



## THE HISTORY OF THE HDYC



The HDYC has served children and teens ages 7-15 throughout its history. The number of campers per season has ranged from 20-80. It is a one-week camp, staffed by volunteers throughout its history.

In the mid-1970s, the idea for the HDYC began. The Harrisburg, Pennsylvania chapter of the Juvenile Diabetes Foundation (JDF) was given a donation by a community theatre group called the West Shore Players. It was stipulated that these funds were to be used for a local community project.

Two JDF members, Tommie Kita and Marge Sychak, were appointed to begin organizing a Camp Committee. Tommie has Type 1 Diabetes and Marge has a son, Bret Michael Sychak, who had Type 1 diabetes since age six.

Dr. David Smith began organizing a medical committee and Tommie and Marge set out to find a campsite to lease for the camp. Original Medical Committee Members were Glenda King (Hunter), BSN, MSN, RN, CDE, Susan Wohlbach, RD, LDN, CDE, and Sandy Bixler, RN.

The first camp session was held at Camp Swatara in Bethel, Pennsylvania in August, 1977. In 1978, Dr. Robert Coldren, a Pediatrician in the Harrisburg Area, was asked to join the camp and accepted. Camp Swatara was unavailable for lease in 1978 and the HDYC was moved to Beacon Lodge Camp for the Blind in Mount Union, Pennsylvania.

The camp added some key staff, including Dr. Robert Hollen and Karen Hollen, RN in the mid-1980s. The HDYC continued at the Beacon Lodge Camp from 1978 until 1990.

In 1991, the camp was unable to lease the Beacon Lodge Camp and moved to Camp Kenbrook in the Lebanon, Pennsylvania. In 1991, Julie Life, RN joined the staff.

In 1993, Camp Kenbrook was not available for lease during the peak summer season, and the HDYC moved to Crystal Lake Camp, in Sullivan County, Pennsylvania.

In 1994, the HDYC returned to Kenbrook Camp. However, in 1995, Kenbrook Camp was not available for lease, and the HDYC was suspended for one year because the staff could not locate a facility to lease as the campsite.

In 1996, the HDYC was moved to Camp Victory, in Millville, Pennsylvania, where it continues to be held today. It was also in 1996 that Marge Sychak retired and Tommie Kita assumed the role as Camp Director. Julie Life left the medical staff to assist Tommie as the Program Director.

In 1997, Tommie Kita retired and Julie Life took over as the Camp Director.

In 1998, the JDF was going through a national name change and implemented some new policies, including a policy that all money was to be used for research and the organization would not offer any programs, such as camp. This final decision was announced in the spring of 1999. JDF International implemented guidelines that directed the local JDF to discontinue involvement in the camp; JDF became the Juvenile Diabetes Research Foundation (JDRF) and all programs, including camps, would be discontinued immediately. The HDYC Committee approached Setebaid Services<sup>®</sup>, Inc. to operate the HDYC.

In 1999, Setebaid Services<sup>®</sup> signed an agreement with the local JDRF Board and assumed control of the HDYC. Julie Life retired as Camp Director and Mark Moyer assumed the position. In 1999 the HDYC grew in size and added more medical staff to accommodate more campers. In 2000, Sandy Bixler, RN, Dr. Robert Hollen and his wife, Karen retired, and in 2002, Glenda Hunter, RN, MSN, CDE retired. In 2004, Dr. Bob Coldren was not available to attend HDYC due to family medical issues, and he retired in 2005. In the 2007 season the HDYC grew to 85 campers, including 3 CIT's. In 2007, Mark Moyer became the Executive Director, and Lucas Morgan, Program Director since 2004, was hired as the Camp Director.

# THE HISTORY OF CAMP SETEBайд®

Today we see Camp Setebaid® as an important part of people's lives. But the camp started as a dream:

Camp Setebaid® began operations in 1979 as one of the first camps in Pennsylvania for children with diabetes. In 1978, Mr. and Mrs. Ernest Haines approached the Mid-Pennsylvania Affiliate of the American Diabetes Association with the idea of starting the camp with trust money left as a memorial to their daughter, Joanne, who had diabetes. The American Diabetes Association proceeded to contact Dr. Daniel Zeidner, a Pediatric Endocrinologist at Geisinger Medical Center in Danville, PA. Dr. Dan spoke with an associate at the medical center, Clinical Dietitian Barbara Nilssen.

Richard Humphreys, who lived in southern Lancaster County and grew up near Danville, was contacted about the camp. He, Dan and Barb decided to pursue the dream of Joanne Haines, a camp for children with diabetes in central Pennsylvania. They founded diabetes camp at Camp Louise.

Camp Louise is owned and operated by the Penn's Woods Girl Scout Council. In 1978, the Council consented to lease the camp to the American Diabetes Association for a one-week session after their camp season ended in August of 1979. Twenty-nine boys and girls, ages 8-12, attended camp that first year. Rich Humphreys was Camp Director, Barb Nilssen was Camp Dietitian, and Dan Zeidner was the Camp Medical Director.

The camp began by using the name Camp Louise. In 1982, the camp expanded to forty children. In 1984, the campers were asked to rename the camp: a camper said that camp "turned their diabetes around" and wanted to name it "diabetes backwards". In 1985, the camp's name officially changed to Camp Setebaid, which was the name voted upon by campers during the one-week session in 1984. The name change accommodated the camp's accreditation by the American Camp Association in 1985.

Still under the sponsorship of the American Diabetes Association, the camp accepted between 55-60 children for the sessions in 1986-1992. Rich, Dr. Dan, and Barb "retired" from their supervisory roles in 1985, 1986, and 1987 respectively.

In 1986, Mark Forsha, from Lancaster County, took the reins as Camp Director. Mark had been a counselor for two years and a Unit Leader previous to accepting the Camp Director position. Camp Setebaid continued to grow and improve the camping program, just as envisioned by the founding threesome.

In 1993, Camp Setebaid expanded again to include a co-ed unit for the older campers, offering more independent camping and diabetes skill development. The camp was now open to 86 campers. From 1994-1996 the new supervisory staff fine-tuned the organization of the campers, still serving ages 8-12, into four units, two units of younger boys and girls and two units of older campers.

As camp expanded, staff demands grew. Dr. David Langdon, Pediatric Endocrinologist, from Geisinger Medical Center, joined the staff in 1991, lending his expertise to that of Dr. Mike Steelman. Several student dietitians from Marywood College assisted at camp during these years.

In another area, programming, staff increases were also necessary. Eloise Marinos, who served as Waterfront Director from 1979-1986, became the Assistant Camp Director in 1987. Eloise was charged with creating and running a formal Counselor-in-Training program as part of her job. This highly successful program was formally recognized for excellence at the bi-annual ADA camping conference in Texas in 1995. Major portions of the program are still used in the current camp CIT program. Eloise "retired" from her position after the 1997 season. The CIT program was then supervised by Peggy Coleman, followed in 2001, by Lucas Morgan, a former camper and CIT, and currently by Dave Keefer and Matt Suarez for the Camp Setebaid CIT Program, and Sara Lewis for the HDYC CIT Program.

Mark Forsha "retired" as Camp Director after the 1997 season but returned as Program Director in 1999. In 1996 and 1997, the Program Director position was added as the camp supervisory staff attempted to expand and improve nature and diabetes programming.

In 1998, Camp Setebaid expanded to two one-week sessions in August, continuing to use the same site, Camp Louise. The camp began to accept nearly 120 campers, and in 1999, operated a special CIT unit of 23 teens, beginning or continuing their training as counselors. In 1998, Mark Moyer accepted the position of Camp Administrator, with David Keefer as his assistant, and Kathy Pontz as Program Director.

In 1999, the newly formed Setebaid Services<sup>®</sup>, Inc. contracted with the ADA to operate camp. This not-for-profit organization is committed to continuing camps and programs for children with diabetes.

Presently, Setebaid Services<sup>®</sup> continues to operate Camp Setebaid<sup>®</sup>. In 1999, Dr. Dave Langdon became the Medical Director. The camp celebrated its 25th anniversary season in 2003 and will celebrate its 38<sup>th</sup> anniversary this year, along with 30 years at Camp Louise. The CIT training unit continues to grow. A teen camp accepting campers past the 12-year-old limit was created in 1998 and the total number of campers grew to 250, counting CITs. Finally in 2007 Mark Moyer became Executive Director and worked with seasonal camp directors. In 2011, Camp Setebaid moved from Camp Louise to Camp Swatara near Bethel, PA.

You are part of the dream now. As a staff member, you sustain and promote the dream. Camp is important to many due to the friendships, learning, and fun. One summer spent at camp is an unforgettable part of campers' lives and they'll remember it forever. Please don't take lightly your important participation in the programs of Setebaid Services<sup>®</sup>, Inc. and Camp Setebaid<sup>®</sup>.