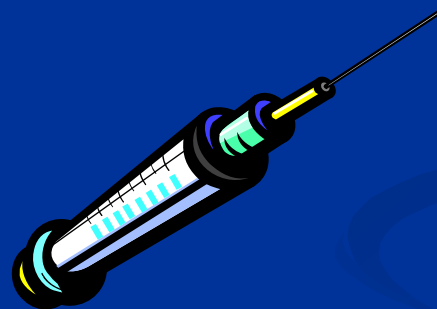


the diamell project



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CD 85

Mission

To improve the lives of diabetic youth through the implementation of an integrative, multiple perspective program that addresses the major physical and psychological issues related to their health.

Theory of Change

- Providing diabetic youth with medical treatment, psychological counseling, diet planning, and access to positive relationships with doctors and peers, will lead to overall improved health and will promote positive development.

Logic Model

Program assets:

- Interactive treatment planning
- Professional and caring staff comprised of specialists, psychologists, nutritionists, and diabetes educators
- Regular psychological evaluations and access to therapy
- Diabetes-specific nutrition counseling
- Family-centered treatment
- Opportunities to meet and interact with other diabetics
- Opportunities for adolescents to contribute through planning, fundraising, volunteering, and program implementation



Developmental assets:

- Family support
- Service to others
- Sense of responsibility to self and to others
- Planning and decision-making
- Interpersonal competence
- Personal power
- Positive view of personal future
- Commitment to personal health and well-being



Outcomes:

- Improved overall health
- Increased sense of responsibility
- Improved family relations
- Positive, sustainable relationships with adults and other diabetic youth
- Skills to manage diabetes and its related health issues
- Better understanding of personal health

Program Components

- Four types of health support:
 - 1) Medical treatment
 - 2) Psychological counseling
 - 3) Diet planning/nutrition counseling
 - 4) Family Program
- Day Camps
- Volunteer opportunities

Medical Treatment

The program would:

- Be implemented in a clinical setting, providing diabetic youth with access to the appropriate medical professionals (i.e. Pediatric Endocrinologists)
- Make sure that when a child is placed with a doctor, he/she remains with this same doctor throughout their time in the program. This will establish a trusting relationship, which is essential to good medical care.
- In addition to the main physician, the child will also have the opportunity to establish long-term relationships with other staff members, such as nurses.

Psychological Counseling

- A major component of the program would be the availability of pediatric psychologists trained specifically to deal with youth suffering from chronic diseases.
- The counseling would focus on the times of significant change in the young diabetic's life: diagnosis, post-honeymoon period, and adolescence.
- Depression is often associated with diabetes and by providing appropriate counseling, the risk could be significantly decreased.

Diet Planning/Nutrition Counseling

- Nutritionists would work with the child and his/her family to plan healthy meals specific to a diabetic's lifestyle.
- In addition, the nutrition counselor would help the family plan how to deal with the lifestyle changes associated with diabetes.
- It is important that the counseling is from a diabetic's perspective – traditional diet plans are taken from a general nutrition background, which is not always appropriate for a juvenile diabetic.

Family Program

- While the other portions focus mostly on the diabetic child, this aspect of the program would focus on the child's family, providing:
 - **Education about diabetes, its complications, and treatments.**
 - **Family counseling, as well as the opportunity for parents and siblings to seek out individual counseling.**
 - **The opportunity for the family to partake in the overall treatment of the affected child.**

Day Camps

- Day long programs would include:
 - Seminars explaining the current research being done, as well as the newest advancements in treatment and technology.
 - Activities that would allow youth to interact with each other and form friendships through, not only their shared disease, but their common interests.
 - Sessions to teach new and fun ways to stay healthy -- would use an interactive approach to involve kids in planning their own treatment.

*The main purpose of these day camps is not only education, but to make dealing with the disease fun, at least for a day.

Volunteer opportunities

The program would provide opportunities for adolescent diabetics to volunteer at the day camps or on a more regular basis. These teen volunteers would be available to speak with younger children and their families or recently diagnosed individuals. This aspect of the program may be the most important, for several reasons:

- Would provide families with hope for the future by seeing that one can live a normal life with diabetes.
- Would establish a more personal contact within the program, with someone who has actual experience with living with diabetes.
- Positively engages adolescents in a way that allows them to contribute to society.

Evaluation

- **Medical treatment:** It's all in the numbers – whether or not this aspect of the program is effective can be determined by the lab tests performed every three months. Better blood sugars and other results maintained in the “normal” range would show that the medical treatment is working.
- **Psychological counseling:** The basis for evaluation of this aspect would be individual testimonials. How the child is coping with the disease and the daily challenges he/she faces would indicate the effectiveness of the therapy.
- **Diet planning/nutrition counseling:** Maintained weight, healthy cholesterol levels, and extensive lab tests (performed yearly) would indicate the level at which this counseling is working, or not working. In addition, satisfaction levels would be measured by individual testimonials.
- **Family program:** There is no quantitative way to measure how the family is coping with the diagnosis or the ongoing challenges of diabetes. However, questionnaires investigating stress levels, family interactions, and the overall emotional states of the family could indicate the effectiveness of the family program.

Potential Problems

- **Palatability:** There are no current programs like this one. Instead, the issues that are the focus of this program are addressed on an individual basis. For many diabetics, access to proper nutrition counseling or psychological counseling is difficult to find. Having all of these resources together in one place would provide the diabetic community with a great opportunity to improve their health from multiple perspectives, and therefore would fill a void that currently exists in the medical world.
- **Durability:** Diabetes has become a major problem in the United States and the world. However, many of the issues associated with it are still not being properly addressed. This program would address diabetes in children, which is a regular topic of debate among politicians and policymakers.
- **Feasibility:** If this program was deemed to be successful, it has the potential to greatly affect the lives of diabetic youth. This program could change how diabetes is dealt with in the medical world, and this program could be implemented in health centers across the United States.
- **Affordability:** The program would be free for participants, as it would be medical treatment and therefore covered by insurance.
- **Sustainability:** This is the largest potential problem for the program. Diabetes accounts for \$100 billion of health care costs annually and finding the funding for such a program may be difficult¹. However, the Juvenile Diabetes Research Foundation, the American Diabetes Association, the National Institutes of Health, and other private organizations could all be potential funders. In addition, part of the adolescents volunteers' work would be fundraising in the community.

1. Juvenile Diabetes Research Foundation

The Big Three PYD

1. Positive and sustained adult-youth relations

- Long-term relationships will be established between the doctors and patient, as well as with other adult members of the support team
- Various aspects of the program will help maintain the parent-child relationship by helping the family to deal with the daily challenges of having diabetes.

2. Skill-building activities

- The kids in the program will be educated on how to take care of themselves, from various treatment techniques (e.g. injections, pump use, etc.) to diet planning.
- Adolescent volunteers will learn how to organize fundraisers, plan Day Camp programs, and create educational presentations for their peers.

3. Youth Participation and Leadership

- Diabetic youth will play a major role in their individual treatment planning.
- Adolescent volunteers' participation will be an essential part of the program and they will take leadership roles in the Day Camps and other activities planned for program members.

Conclusion

- As one of the leading causes of death in the United States, Type 1 Diabetes is an issue that needs to be addressed. Despite recent advancements in medical technology and procedures, we are still far from finding a cure for this debilitating disease. Therefore, we must address the physical and psychological problems associated with diabetes through the implementation of programs that target each and every aspect of life with diabetes. Through a combination of (1) medical treatment, (2) psychological counseling, (3) diet planning/nutrition counseling, and (4) family involvement, as well as creating a network of doctors, other health professionals, and peers, the lives of diabetic youth can be improved drastically. Having improved health will allow children with diabetes to develop positively into productive members of society, leading the most normal lives possible.