

NEWSNOTES

CHILDREN'S DIABETES FOUNDATION — SUMMER 2017

SPRING BRASS RING



Photo: © Broxton Art

THE SPRING BRASS RING

The Spring Brass Ring dazzled attendees on March 24th with a jaw-dropping fashion show by **New York Designer, Marc Bower**, and a touching program honoring **Susie Hummell** (Guild Program Manager of the Children's Diabetes Foundation for 20 years) and the millions of children living with type 1 diabetes. The event recently changed seasons, from fall to spring, but **brought in an astounding \$225,000** for The Guild of the Children's Diabetes Foundation.

Shelley Lucas, Judy McNeil, and Lyn Schaffer chaired this year's Spring Brass Ring, helping to bring 700 people to the Denver Marriott City Center. **Christy Alberts**, President of The Guild of the Children's Diabetes Foundation, opened the program with remarks about her life with type 1 diabetes. "The multitude of variables effecting each calculation of insulin needed brings a different challenge to every hour of every day. It's not easy thinking like a pancreas."

The event honored Susie Hummell, who brought the crowd to their feet when she was brought on stage. Judy McNeil commemorated the 20 years Susie spent building The Guild into the force it is today. McNeil said, "You've been a role model and mentor... You're the heart, and there never will be another like you."

The fashion show presenting designs by Marc Bower, truly blew the crowd away. "The clothes were stunning," said Angel sponsor, Margot Gilbert Frank, "and there was so much energy in the room. This will be a hard show to top."

Continued on page 4



PHOTOS LEFT:

1. Susie Hummell, Lyn Schaffer, & Shelley Lucas **2.** Susie Hummell, Marc Bower, Dana Davis, & Paul Margolin **3.** Type 1 Kids Walk the Runway

PHOTOS RIGHT:

1. Shelley Lucas, Lyn Schaffer, & Judy McNeil **2.** Christy Alberts **3.** Ed Greene **4.** Eva Rust **5.** The Deatherage Family **6.** Friends of RUCKUS APPAREL **7.** Calen Brennan, Atoos Miller, Kerry Kinnard, Lauren Masteos, & Quinn Washington **8.** Hannah & Emma Fey **9.** Marc Bower Fashion Show Finale





1

Photo: © Broxton Art



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Photo: © Janssen Photography



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Photo: © Janssen Photography



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Photo: © Broxton Art



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Photo: © Janssen Photography



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Photo: © Janssen Photography



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Photo: © Broxton Art



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Photo: © Janssen Photography



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Photo: © Broxton Art

BRASS RING LUNCHEON



Bouwer's connections to type 1 diabetes are numerous. His business partner, Paul Margolin, has type 1 diabetes. Bouwer also befriended Dana Davis, Executive Director of the Children's Diabetes Foundation, when she designed shoes to complement a wedding gown he created.

Bouwer, who is based in New York and apprenticed with the iconic designer Halston, can count such celebrities as Oprah Winfrey, Beyoncé, Angelina Jolie, Lisa Rinna, and the late Whitney Houston as clients. His designs have also graced the covers of magazines like *Harper's Bazaar*, *Vanity Fair*, *Cosmopolitan*, and *InStyle*.

Susie Hummell's grandson, **Josh Schmitz** of **RUCKUS APPAREL**, has served as the fashion show producer and stylist for several years and put on another amazing show this year, complete with unforgettable lights, music, and ambiance.

Thank you to all who supported and attended the Spring Brass Ring. *We can't wait to see you all again at the 2018 Spring Brass Ring on April 13!*



1 Photo: © Janssen Photography



2 Photo: © Broxton Art

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Cheryl Lebsock
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PHOTOS LEFT:

- 1. Rick Rolph
- 2. Angela Lieurance, Sharon Magness Blake, Cheri Foss, Dana Davis
- 3. Abbey & Cecilia Polumbus
- 4. Amayah & Pat Broxton
- 5. Holly & Miles Scott
- 6. Ana & Robert Reinhardt
- 7. Alex Hess & Haley Hess
- 8. Lisa & Tom Corley
- 9. Marc Bouwer Fashions

PHOTOS RIGHT:

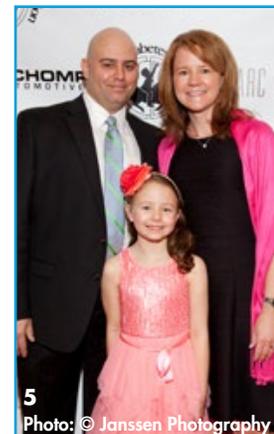
- 1. Susie Hummell & Josh Schmitz
- 2. Type 1 Heroes
- 3. The Lipe Family
- 4. Karen Fergus, Hailey, & Kate Kiker
- 5. Daniel, Isabel, & Kristen Confrades



3 Photo: © Janssen Photography



4 Photo: © Janssen Photography



5 Photo: © Janssen Photography



Empowering Patients for Individualized Care

DIABETES CONFERENCE

INAUGURAL EPIC DIABETES CONFERENCE RECEIVES GREAT REVIEWS

Families from around the United States gathered in Denver, CO for the EPIC (Empowering Patients for Individualized Care) Diabetes Conference on March 4, 2017 to learn about type 1 and type 2 diabetes care from specialists at the Barbara Davis Center and Denver Metro Area. This year marked the first EPIC Diabetes Conference and was presented by the Children’s Diabetes Foundation and the Barbara Davis Center. Attendees were able to choose workshops that fit their needs and interests to learn how to improve their individualized care.

The conference speakers were largely staff from the Barbara Davis Center, which cares for over 6,500 patients. Drs. Lori Gerard, Jenna Eisenberg, and Leonard Zemel joined the event as speakers from Denver Endocrinology, Denver Diabetes Counseling, and Creekside Endocrine Associates, respectively. The speakers were touted for being knowledgeable and professional, particularly for the question and answer sessions with participants.

After the workshops, the event had a patient panel featuring people at every stage of diabetes. Kids and seniors, type 1 and type 2, and old and new technologies. Attendees were able to step up to the mic and ask questions of the panelists to hear more about others’ experiences. Drs. Satish Garg and Brigitte Frohnert helped facilitate the panel and gave professional advice as well.

Attendees left the conference with new knowledge about caring for diabetes, information from diabetes-related vendors, a gift bag, and gift cards to King Soopers and Pizzeria Locale. Thank you to our wonderful sponsors (BD Medical – Diabetes Care, Dexcom, and Medtronic Diabetes) and exhibitors who contributed to and attended the event!

This conference was a collaboration between the Children’s Diabetes Foundation and the Barbara Davis Center. While details are to be determined, the EPIC Diabetes Conference will be presented again next year to involve more people in the diabetes community. Conference updates will be posted on www.EPICconferences.org and on social media (Facebook & Instagram accounts: EPIC Conference).



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EPIC Diabetes Conference Reviews

"My favorite part was just the environment that I was in. I felt like for a few hours the whole world was centered around me and my illness and I never felt out of place or a burden, even my non-diabetic family felt included and heard."

"I've planned and attended a lot of conferences, and I was just so impressed by how well organized the conference was! The topics were all relevant (I had trouble picking just four) and all of the staff and presenters were wonderfully helpful! I can't wait to attend future conferences!"

"Loved getting to learn about all the new tech coming out. We put off ordering a pump until after this conference and were so glad that we did. After EPIC we felt far more educated and empowered in our decisions. It was extremely beneficial for my daughter to hear from other T1D children as well."

"Conference was very hopeful and positive! I learned new exercise information, hypo unawareness info, but mostly...I learned that we are not alone (newly diagnosed)."

"I learned new information that I have already put into my day to day routine, living with type 1 diabetes."

"The most important part for me (being newly diagnosed) was the emotional care. I've focused so much on numbers and tracking everything that I realized I hadn't given myself a chance deal with all the emotions that come along with this huge change."



EPIC 
Empowering Patients for Individualized Care
**DIABETES
CONFERENCE**



The Carousel Ball

*An evening to benefit the Children's Diabetes Foundation
and the Barbara Davis Center for Diabetes*

Presenting Sponsor



Saturday, October 7, 2017

Hyatt Regency Denver at Colorado Convention Center

Featuring a Performance By Lenny Kravitz



Honoring: Sharon Magness Blake and Ernie Blake

Chairman: Dana Davis • Honorary Chairman: Barbara Davis

Tickets and sponsorships available at www.ChildrensDiabetesFoundation.org

Q&A

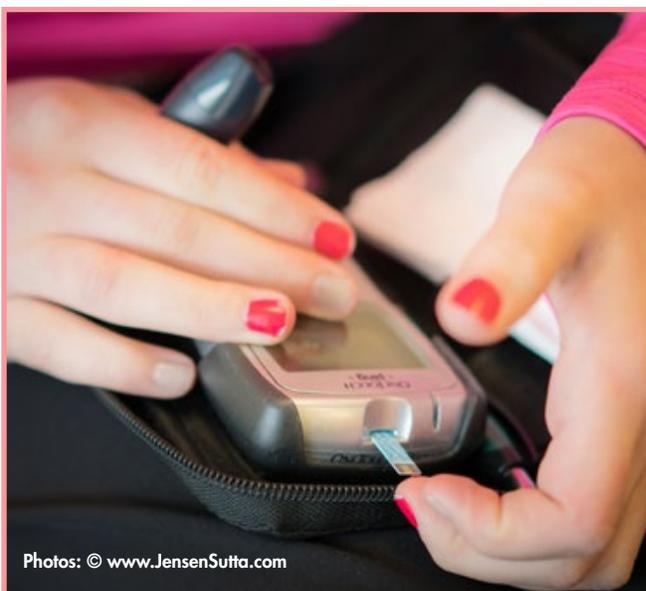


H. Peter Chase, MD

Q: Is it true that the incidence of diabetes in children continues to increase?

A: Unfortunately, it is true. An article in the New England Journal of Medicine from the Search for Diabetes in Youth study group (which includes the Barbara Davis Center) found that type 1 diabetes is still increasing at a rate of 1.7% per year and type 2 diabetes is increasing at a rate of 7.1% per year in children. Type 1 diabetes remains the main type of diabetes (>90%) found in children. The increase in type 2 diabetes continues to be the greatest in minority youth. Excessive weight is a major factor related to type 2 diabetes.

The cause for the increase in type 1 diabetes is unknown. One hypothesis is the “hygiene” theory – that modern-day early cleanliness and lack of exposure to germs and other stimuli could impair the development of the immune system. If this were true, one might expect that having a dog in the home in the first year of life might reduce cleanliness and result in a reduced likelihood of type 1 diabetes. However, a recent well-done study from Sweden clearly showed that having a dog in the home did not reduce the likelihood of a child developing diabetes. In a subgroup analysis, there was slight protection from developing diabetes in families with a dog when one of the parents had diabetes. The authors then concluded: “dog exposure might be inversely associated with type 1 diabetes in high-risk children.”



Photos: © www.JensenSufta.com

Q: Dr. Chase, I recently was told that you have written a novel about type 1 diabetes. Is this true?

A: For better or worse, it is true. The title is: “A Cure - A novel about diabetes and the search for a cure.” It will be available through the Children’s Diabetes Foundation (the main financial benefactor) in July 2017. The cost will be \$20 per book. It can be ordered as with the other educational books from the Children’s Diabetes Foundation.

The novel is directed toward people with diabetes and to high school students with an interest in science. There is much related to diabetes education – which is the only “true” part of the novel. In addition to two groups searching for the cure, there are half a dozen other plots (including murder) twirling throughout the book. It is written at a PG-13 or lower level. It will be important for readers to remember that this is a novel and, although offering hope, a real cure is not available at this time.



Do you have questions you would like to submit to the Q & A?

Contact Mattie Peck at Mattie@ChildrensDiabetesFoundation.org

HOW DKA HAPPENS AND WHAT TO DO ABOUT IT



Certified Diabetes Educator **Gary Scheiner** offers an overview of diabetic ketoacidosis.

*(excerpted from [Think Like A Pancreas: A Practical Guide to Managing Diabetes With Insulin](#) by Gary Scheiner MS, CDE, DaCapo Press, 2011)
This version has been edited by Insulin Nation. Go to [InsulinNation.com](#) to learn more.*

Diabetic Ketoacidosis (DKA) is a condition in which the blood becomes highly acidic as a result of dehydration and excessive ketone (acid) production. When bodily fluids become acidic, some of the body's systems stop functioning properly. It is a serious condition that will make you violently ill and it can kill you.

The primary cause of DKA is a lack of working insulin in the body. Most of the body's cells burn primarily sugar (glucose) for energy. Many cells also burn fat, but in much smaller amounts. Glucose happens to be a very "clean" form of energy—there are virtually no waste products left over when you burn it up. Fat, on the other hand, is a "dirty" source of energy. When fat is burned, there are waste products produced. These waste products are called "ketones." Ketones are acid molecules that can pollute the bloodstream and affect the body's delicate pH balance if produced in large quantities. Luckily, we don't tend to burn huge amounts of fat at one time, and the ketones that are produced can be broken down during the process of glucose metabolism. Glucose and ketones can "jump into the fire" together.

It is important to have an ample supply of glucose in the body's cells. That requires two things: sugar (glucose) in the bloodstream, and insulin to shuttle the sugar into the cells. A number of things would start to go wrong if you have no insulin in the bloodstream:

1. Without insulin, glucose cannot get into the body's cells.
2. As a result, the cells begin burning large amounts of fat for energy.
3. This, of course, leads to the production of large amounts of ketones.
4. Although some of the ketones eventually spill over into the urine, the body is unable to eliminate sufficient amounts to restore a healthy pH balance in the bloodstream.



Photo: © [www.JensenSutta.com](#)

The problem is further complicated by dehydration. Without sufficient insulin to inhibit the liver's secretion of sugar, large amounts of glucose are released into the bloodstream. Because high blood sugar causes excessive urination, dehydration ensues. Without glucose metabolism to help break down the ketones, and without ample fluids to help neutralize the ketones, the bloodstream and tissues of the body become very acidic. This is a state of ketoacidosis.

What can cause a sudden lack of insulin in the body? There are a number of potential culprits:

- **Illness, infection, and dehydration** can cause the production of large quantities of stress hormones, which counteract insulin. You could have insulin in your body, but it is rendered almost useless because stress hormones are blocking its action.
- Ketone production can also be induced by a **lack of carbohydrates in the diet**. During periods of starvation, prolonged fasting, or restricted carbohydrate intake, the body's cells must resort to burning alternative sources of fuel: namely fat and protein. With increased fat metabolism and limited carbohydrate metabolism, ketone production may exceed the body's ability to eliminate them.
- **Using spoiled insulin** can lead to high blood sugar and ketone production. Insulin that has been frozen or exposed to extreme heat can "denature," or break down so that the insulin molecules no longer work. Using the same vial or cartridge of insulin for many months, or using it past its expiration date, can also cause problems.
- **Poor absorption** at the injection or infusion site can also cause an insulin deficiency.
- **Missed or omitted injections** are another potential cause of an insulin deficiency. Missing an occasional meal bolus will not typically cause the body to become totally devoid of insulin, but missed basal insulin injections or repeated missed boluses can have serious consequences.
- Insulin pump therapy opens the door to ketoacidosis in the event of a **problem with insulin delivery, absorption, or action**. Any interruption in insulin delivery can result in a sharp rise in blood sugar and ketone production starting as soon as three hours after the last bit of insulin was infused.

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Photos: © www.JensenSutta.com



Photo: © www.JensenSutta.com

Everyone with diabetes who uses insulin should have a way to test for ketones. Ketone testing can be done by way of a urine dipstick or a fingerstick blood sample. Be sure to have fresh ketone testing supplies on hand at all times—including when you travel. The presence of ketones is accompanied by elevated blood sugar, thirst, and excessive urination. This is a precursor to the more severe state of DKA.

Symptoms of DKA are more pronounced. With DKA, you are likely to be nauseous or vomiting. Your breathing may be very deep, and you could have a fruity odor on your breath as your lungs try to eliminate ketones when you exhale. You will likely be dehydrated due to all the urination. This will give you dry skin, intense thirst, and a dry mouth. Your vision may also be blurry. Headache and muscle aches are common.

Call your healthcare team immediately if you are experiencing these types of symptoms. Although fluids and insulin are the preferred form of treatment, DKA is not something that you can treat on your own. The severe dehydration that accompanies DKA usually keeps insulin from absorbing properly from below the skin. Nausea/vomiting may also limit the amount of water you can consume. Treatment of DKA almost always requires a visit to an emergency room for intravenous administration of insulin, water, and electrolytes. The acidity of your blood will have to be monitored very carefully at the hospital to prevent coma or death. The length of your hospital stay will vary depending on the severity of the DKA, but expect to be there for at least a day or two.

There are a few things that you can do on your own prior to hospitalization. Try to eat light, easy-to-digest carbohydrates and drink at least eight ounces of liquid per hour. Diluted orange juice is a good choice, because it replaces fluids as well as potassium that is lost with excess urination. Check your blood sugar and ketones every couple of hours, and report the information to your doctor.

(Insulin Nation Editor's Note – With the right illness or pump error, DKA can happen to anyone with Type 1 diabetes, so don't be ashamed if it happens to you. No one likes to think about DKA, but it's best to be prepared. Seek medical help, get well, and then figure out how to prevent DKA from happening the next time.)

Gary Scheiner and his team of clinicians at Integrated Diabetes Services are available for individual consultations via phone and the internet. Visit www.integrateddiabetes.com call 1-610-642-6055 for more information.

If you would like to purchase a signed copy of Think Like a Pancreas, call Integrated Diabetes Services directly at (877) 735-3648; (outside the US 1-610-642-6055), or order it through the IDS store online.

DR. STEWART ANSWERS QUESTIONS ON EYE CARE

Michael W. Stewart, MD

Professor and Chairman of Ophthalmology, Mayo Clinic Florida

Why should I have my eyes checked?

Diabetes is the second leading cause of blindness in the United States. Since much of diabetes-related vision loss can be prevented, early detection through routine eye exams and then appropriate treatment when indicated is important.

When should my eyes be checked?

Patients with type 1 diabetes should have an initial dilated eye exam within 5 years of developing diabetes, whereas patients with type 2 diabetes should have an eye exam around the time diabetes is diagnosed. After the initial exam, dilated eye exams for both groups of patients should be performed yearly.

What does the doctor look for in an eye exam?

Most diabetes-related vision loss results from damage to blood vessels in the retina, which is in the back of the eyes, a condition called diabetic retinopathy. In patients with diabetes, the eye doctor will generally concentrate on examining the retina after dilating the pupils.

How do you treat diabetic complications?

Treatment depends on the severity of the retinopathy. For a patient with mild retinopathy, specific eye treatment may not be needed, but the patients will be told to control blood glucose, blood pressure, and triglycerides, and may be examined more frequently than yearly. When the retinopathy decreases vision or threatens to affect vision, treatment with laser, injections of drugs, or surgery may be started.

My grandmother had her eyes treated for diabetes. Will I have the same treatment?

The choice of treatment depends on the severity and type of retinopathy so you may not have the same treatment. Also, new treatments have been introduced over the last 10 years and more are under investigation.

Is treatment painful?

Generally not. Most laser treatments are painless but some are associated with mild pain. Drug injections into the eye sound very painful, but with small needles and adequate numbing of the eye, injections are usually very well tolerated and patients experience only mild, temporary discomfort.



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What can I do to prevent complications?

Patients with diabetes can do several things to prevent the development of complications and the resultant vision loss. Firstly, patients should keep their blood sugar levels, as measured by the hemoglobin A1c levels, as low as possible through diet, exercise, and medication. Secondly, they should control other risk factors such as high blood pressure and elevated triglycerides. Thirdly, they need to have yearly dilated eye exams by a doctor who is familiar with diabetic retinopathy. Finally, they need to accept treatment when it is recommended by their ophthalmologist.

Do you think the artificial pancreas will help?

The artificial pancreas is so new on the diabetes scene that we do not yet have data regarding its effect on the development of diabetic retinopathy. However, the artificial pancreas is likely to improve control of blood glucose, which should lessen the development and progression of diabetic retinopathy.

What advances are there in eye treatments?

- Several advances in eye treatments have been introduced in the past 10 years.
- Most patients with vision-affecting diabetic retinopathy are treated with injections of drugs into the eye every month. These drugs are much more effective than any of the previous treatments.
- New types of lasers that result in less scarring have been developed.
- Instruments for surgery have become smaller, thereby leading to faster surgeries with better results and less discomfort.

Do I have to have surgery?

Most patients do not need surgery to treat their diabetic retinopathy. Injections of drugs, the most common treatment, is performed in the doctor's office on an outpatient basis. Surgery is usually reserved for only the most advanced cases of diabetic retinopathy.

How effective is treatment?

Treatment for diabetic retinopathy is most effective when it is administered to people whose changes in vision are recent. By receiving regular treatments, most people can maintain reading and driving vision. Severe loss of vision and blindness is very unusual for people who are examined regularly and treated when needed.

Do I have to be treated all my life or will my eye problems get cured?

Since diabetes is a life-long condition, the expectation is that people with diabetic retinopathy need to be followed closely and treated for the rest of their lives. However, we have observed that after a period of treatment with laser, drugs, or surgery, the need for continued treatment diminishes and in many people treatment can be stopped. Even if treatment is stopped, however, regular eye exams are still needed.

Can I have eye problems developing and not know it?

Yes. Early changes of diabetic retinopathy may not cause symptoms. Some patients can develop severe retinopathy that threatens vision without knowing it. Most patients usually do better when treatment is begun before significant vision loss occurs.

If I have eye problems, will I have problems with other parts of my body?

Diabetic retinopathy is caused by damage to the blood vessels. Similar blood vessels are found in the kidneys and peripheral nerves. It is very common for people with retinopathy to also have decreased kidney function and decreased sensation in the feet due to peripheral neuropathy.

Do Type 1 and Type 2 cause the same eye problems?

Generally, type 1 and type 2 diabetes cause similar eye problems. However, patients with type 1 diabetes have a slightly higher incidence of new, fragile blood vessels growing on the retina (proliferative diabetic retinopathy), whereas patients with type 2 diabetes have a slight higher risk of developing leakage of fluid in the center of the retina (diabetic macular edema).



UPCOMING EVENTS



JULY 10 Tied to a Cure Denver Golf Tournament

Pinehurst Country Club

Golf tournament benefiting the Children's Diabetes Foundation (CDF)

JULY 14-17 ATDC Keystone Conference

Keystone Resort & Conference Center

A conference for Healthcare Providers for the most up-to-date information about diabetes care and research

JULY 24 High Hopes Golf Tournament

Lakewood Country Club

Come enjoy a day on the course to support CDF

AUG. 5 Run for the Ring & Kids' Fun Run

Barbara Davis Center

5K & Kid's Fun Run at the beautiful Anschutz Medical Campus

OCT. 7 The Carousel Ball

Hyatt Regency Denver at Colorado Convention Center

A gala raising funds and awareness for the Children's Diabetes Foundation

OCT. 26-27 Tied to a Cure Las Vegas Golf Flyaway

Las Vegas, Nevada

An overnight getaway to Las Vegas to play at the Shadow Creek Golf Course

OCT. 29 Boo Bash

Colorado School of Mines

A haunting fun party for BDC patients ages 2-12 and their families

NOV. Diabetes Awareness Month

Wear blue and spread awareness for type 1 diabetes!

NOV. 14 World Diabetes Day

A day dedicated to honoring those with diabetes around the world

NOV. 28 #GivingTuesday

A nationwide day to donate to your favorite charity!

DEC. 5 Colorado Gives Day

There's no better time to spread awareness and education for diabetes. Check our social media to share our messages!

FOR EVENT DETAILS AND REGISTRATION, VISIT

WWW.CHILDRENSDIABETESFOUNDATION.ORG

CDF ADVOCATE PROGRAM

The CDF Advocate Program is the perfect opportunity for type 1 kids to socialize and help others! Our CDF Advocates are BDC patients ages 6-22. They complete 20 hours of volunteer work throughout the year that include making videos, giving speeches, writing letters to newly diagnosed T1Ds, running fundraisers, helping at events, and much more. As a thank you for all their hard work, CDF organizes quarterly outings for our advocates to get together and just have FUN, whether we talk about diabetes or not!

If you're interested in becoming a CDF Advocate, visit www.childrensdiabetesfoundation.org/cdf-advocate-program or email Mattie Peck at Mattie@ChildrensDiabetesFoundation.org. Our next get-together will be in late summer so join now for fun summer projects and gathering details!



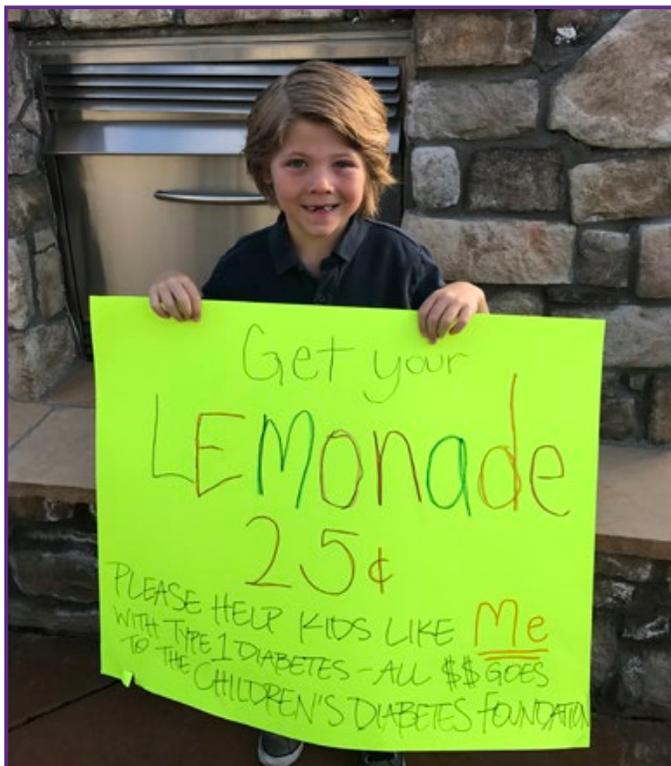
KEATON'S LEMONADE CHALLENGE

Meet Keaton Isakson! This awesome 7 year old was diagnosed with type 1 diabetes 4 years ago and continues to rock it with a big smile and a great attitude.

Last summer, Keaton completed a research study that paid him \$350. To most 7 year olds, this would be the best excuse for a shopping spree, but Keaton donated the whole thing to the Children's Diabetes Foundation (CDF). But it didn't stop there. This sparked a philanthropic mood so he decided to hold a lemonade stand where he raised \$37 more!

This summer, Keaton would like to challenge YOU to raise money for the Children's Diabetes Foundation through **KEATON'S LEMONADE CHALLENGE!**

To participate in the challenge, email Mattie@ChildrensDiabetesFoundation.org for flyers for your lemonade stand and donation details. Follow the Children's Diabetes Foundation on social media to stay up-to-date with everyone's lemonade fundraisers!



RUN FOR THE RING

The 3rd Annual Run for the Ring 5K and Fun Run will bring Barbara Davis Center patients, loyal supporters, and running enthusiasts together to run for the brass ring – the cure. All proceeds from this event will support the efforts and programs of The Guild of the Children’s Diabetes Foundation whose mission is to fund research, promote diabetes awareness and education, assist families in need, provide continuing education scholarships, and sponsor social activities for children and their families.

Register before June 30 for discounted pricing!



Photos: © Steele Style Shots

Saturday, August 5, 2017 at the Barbara Davis Center for Diabetes

Details & Registration:

www.ChildrensDiabetesFoundation.org

Registration: 7 am • Runners Start: 8 am • Kids Fun Runners Start: 10 am

HEALTHCARE PROVIDERS THERE IS STILL TIME TO REGISTER

PRACTICAL WAYS TO ACHIEVE TARGETS IN DIABETES CARE



July 13-16, 2017

There is still time to register for our annual, continuing medical education conference designed for healthcare providers caring for adolescents and adults with diabetes.

This conference is for: certified diabetes educators, internists, pediatricians, family physicians, physician assistants, nurse practitioners, nurses, dietitians and all healthcare providers interested in receiving the most up-to-date type 1 and type 2 diabetes information from world-renowned diabetes experts.

REGISTRATION DETAILS:

View program details and registration information at:

www.regonline/atdc.com

Questions? Contact Marijane Engel at: mj@childrensdiabetesfoundation.org or 303-628-5115.



BOY SCOUTS AND DIABETES

By Clay Cavanaugh

Three years ago, my little brother Eli was diagnosed with type 1 diabetes at the age of 10. That day, I remember coming home from school wondering where my family was. A little later, I got a call from my mom; it sounded as if she were ready to cry. She told me that she and my dad were at the hospital with Eli and they wouldn't be home for a while. That was all she said.

That night, I had Boy Scouts. I remember showing up to the meeting feeling tense and being worried about Eli. I kept checking my phone hoping there would be an update, but there was nothing, and this worried me even further. One of the adults in the troop must have noticed my stress and he pulled me aside. He asked me what was going on and I explained emotionally. What he said really comforted me, and it turned out to be true. He told me that whatever was going on with Eli, the doctors and nurses knew what they were doing and that they had a handle on it and he ensured me that my brother would be okay. I went home after that talk feeling better.



At around ten that night, the garage door finally opened. When they came through the door, my mom and dad looked tired, but my brother looked the most fatigued. They joined me on the couch and explained to me that Eli now had type 1 diabetes, and that they had an appointment early the next morning at the Barbara Davis Center. The next day, my parents seemed relieved and my brother was back to his old self. They said that they were impressed with the Barbara Davis Center and that they really helped in understanding Eli's new medical needs.

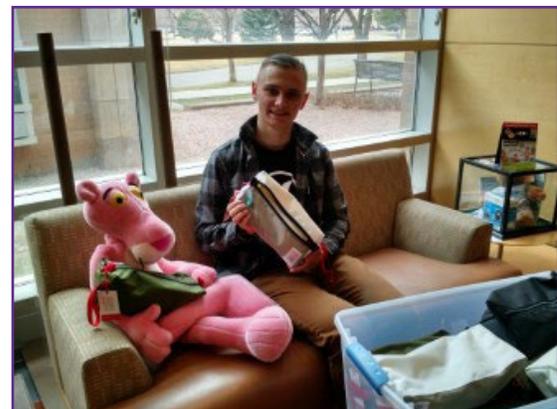
I have been in Boy Scouts since I was 7. It has been a great journey and I have learned a lot. Sadly, I am peaking my years of being a kid and I am getting closer each day to becoming an adult. Because scouting has been a big part of my life, I wanted to make my Eagle Project something that had a lot of meaning and helped a lot of people. I ended up making 30 low blood sugar kits for the Barbara Davis Center. The kits were to be given to newly diagnosed patients. I was very proud of the project and happy with the fact that I was going to give back and help an organization that had done so much for my family.

It took months to organize everything and gather all the supplies, but all the time and effort was well worth it. The kits ended up filling two big plastic bins and I raised \$700 in donations from family and friends to make it happen.

Each kit is designed to be a useful tool in helping newly diagnosed patient take care of their blood sugar. Each kit contained:

- A Dopp Kit Bag - My family uses these bags and they are great for storing things long term or using on the go.
- Alcohol Pads - These are convenient to use for sanitizing fingertips before testing.
- Pen and a Note Pad - Great for recording carbs, numbers, anything you need to remember.
- Juice Boxes, Skittles, and Crackers - All store-bought necessities in tending to low blood sugar.
- A brochure telling our story - I felt that our story would give hope to newly diagnosed patients and their families.

It's hard to believe that my brother was diagnosed three years ago. Today, my brother plays lacrosse and has an active lifestyle. He doesn't let diabetes get in the way. With diabetes, he has been able to do everything he did before his diagnosis. He has sleepovers on a regular basis. Although last time we went I broke my wrist, we do a lot of snowboarding, and he also participates in Boy Scouts with my dad and I. Last summer, the three of us went to a Boy Scout camp with our troop up at Mount Rushmore. Diabetes didn't slow my brother down one bit and he has continued to live a happy life while dealing with diabetes.



SEVILLA GRIDER JEWELS FOR HOPE



Photo: © Caroline Colvin

We'd like to introduce you to one of our champions – **Sevilla Grider**. Sevilla is 11 years old and has lived with type 1 diabetes for four years, but she hasn't let it stop her from excelling at school, sports, music, or life! This awesome 11 year old has made it her mission to raise money to help other children with type 1 diabetes by asking anyone and everyone for a Jewels For Hope donation. See her letter below!

Hi! My name is Sevilla Grider.

I am an 11-year-old girl who has type 1 diabetes. Diabetes is a health condition where your pancreas stops producing insulin. Insulin is the substance that turns your food into energy. If you want to make a difference in my life and in the lives of other children with diabetes, will you go through your jewelry box and take out the things you don't want anymore? Anything from costume jewelry to real gold is accepted. That jewelry will be donated to Jewels For Hope, a part of the Children's Diabetes Foundation that collects jewelry, prices it, and resells it. The money that comes from the sales will go to researchers who are trying to find a cure for diabetes.

Thanks for reading this letter and then going through your jewelry box. I appreciate that you are willing to donate some of your jewelry to an organization that is working toward finding a cure for Type 1 diabetes.

Sincerely,
Sevilla E. Grider

P.S. After you have read this letter, please forward it to your friends. Thanks!



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Our hearts are heavy as we share that **Dr. Jules Amer**, one of the founding staff members of the Barbara Davis Center and a committed board member of the Children's Diabetes Foundation, passed away on April 29, 2017. He was the doctor to originally diagnose Dana Davis (our Executive Director and the reason the BDC exists today) with type 1 diabetes. Under his watch, no one went without care, even if it meant he had to bike to their home. We are so thankful for his years of commitment to medical care and his passion for helping his patients.

He will be sorely missed.

NewsNotes will be published quarterly by the Children's Diabetes Foundation. We welcome your comments.

If you would like to submit an article or a letter to **NewsNotes**, send information to: Mattie@childrensdiabetesfoundation.org

Zachary Reece
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KNOW THE SYMPTOMS OF TYPE 1 DIABETES
Extreme Thirst • Frequent Urination • Lethargy • Irritability
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Featuring a Performance By Lenny Kravitz



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Saturday, October 7, 2017

Hyatt Regency Denver at Colorado Convention Center

Honoring: Sharon Magness Blake and Ernie Blake

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Tickets and sponsorships available at www.ChildrensDiabetesFoundation.org