ARTIFICIAL PANCREAS
SKI CAMP STUDY
Active kids put the system to the test
PAGE 2

PRESRIPTION 101
with the Barbara Davis Center
PAGE 5

GRIEVING THE LOSS OF NORMALCY
PAGE 8

RUN FOR THE RING 5K & KIDS’ FUN RUN
PAGE 11

2016 CAROUSEL OF HOPE HONOREES ARE ANNOUNCED!
PAGE 13
In early April, the Barbara Davis Center facilitated a study with 16 patients wearing an Artificial Pancreas system in Breckenridge, CO. These patients were skiing or snowboarding for multiple hours a day to push the system to the limit with exercise, high altitude, and cold temperatures.

This particular Artificial Pancreas system uses 3 devices: a Dexcom continuous glucose monitor (CGM), a Roche insulin pump, and a cell phone. The cell phone contains the algorithms to determine how much insulin needs to be dosed based on the information it receives from the CGM and insulin pump. The algorithms, developed by the University of Virginia and Type Zero, have many factors to consider, such as exercise, meals, how much insulin is on board, and where the blood sugars are, were, and where they are going, etc. These facts are evaluated by the system every 5 minutes to determine how much insulin should be dosed.

Patients still dose for meals and tell it when they are exercising so it can take that into account as well. If it predicts that blood sugars are going to rise, it will increase insulin. If it predicts they will fall, it will lessen or suspend delivery.

So what is it like to be on the Artificial Pancreas? Well, there is a lot of beeping. The CGM is constantly letting patients know where their blood sugar is and where it's going. Many of the kids wore CGMs before coming to the study so they were used to this aspect. Otherwise, it was refreshing for the patients to know that the Artificial Pancreas would stop giving insulin when it sensed a low blood sugar was coming. Low blood sugars are a scariest aspect of diabetes, particularly at night. Knowing that the system is foreseeing these events certainly makes the disease more livable.

One of the patients admitted that he had high blood sugars when exercising. He was ecstatic to see that his blood sugar did not rise above 300 for a few days while skiing, when it normally would have been high constantly in this scenario. His mom was amazed to hear that his blood sugars were staying below the 300 mark too. Of course, to some people this number sounds exorbitant, but for a kid who is getting hours and hours of exercise a day, numbers can be unpredictable and for this particular patient, it was great to see that improvement.
Whether the kids were in the control group or wearing the Artificial Pancreas system, they had a great time skiing and snowboarding in Breckenridge, CO. This was the opportunity of a lifetime for the kids to meet other people living with type 1 diabetes and to feel "normal" among their peers.

After the study, one of the parents of a study subject said, "Thank you, again, for including our son in this great study. He had so much fun!...He is like a different boy. More confident about friends and life...Thank you from the bottom of my heart for giving him this opportunity to be exposed to so many amazing adults and peers in one setting. He keeps talking about it. It was indeed a transformational week for him.”

The Riding On Insulin team was responsible for much of this adventure. Riding on Insulin (ROI) is a team of skiers and snowboarders that coach and compete together. Oh yeah, they all happen to have type 1 diabetes too. The team helped guide the patients on the slopes and planned fun group games in the evening (which seemed to involve a lot of yelling, giggling, and animal sound effects). It was very clear that this team is not held back by anything, especially not diabetes. Their positive and can-do attitudes were very inspirational for the kids.

It took a large team of BDC staff, volunteers, University of Virginia staff, Children's Diabetes Foundation staff and volunteers, and more to put this week together. The medical staff took 12-hour shifts to take care of the study subjects and monitor their blood sugars 24 hours a day, including late night blood sugar checks and sensor changes. The team kept the kids safe throughout the week and made sure they had a blast. The team also followed the patients on the slopes to help with low or high blood sugars during exercise. We are so thankful for their tireless efforts as they work to make diabetes as manageable as possible for kids and adults living with type 1 diabetes.

TOP ROW: Sam skiing with style; Our wonderful volunteers- Gina Abou-Jaoude, Tania Stewart, Pia Stewart, Sally Freerichs, Dalyla Creaghe, Mattie Peck, Leticia Valdez, and Carolyn Hartmann.

SECOND ROW: Paul Wadwa, PhD, Dalyla Creaghe, and Leena Nguyen; Sophia with her Artificial Pancreas system at lunch time in the ski lodge.

THIRD ROW: Making friends at the Artificial Pancreas study.

BOTTOM: The Artificial Pancreas system made it up to the highest ski lift in North America with our study subjects, coaches, and system engineer.
Thanks also go to the Principle Investigators on this project: Drs. David Maahs, Gregory Forlenza, Paul Wadwa, Robert Slover, and Todd Alonso. This week would not have been possible without their medical leadership and dedication to keeping the patients safe. Their ideas and concepts for the study brought so many people together to experience the future of diabetes care.

The Children's Diabetes Foundation is so, so thankful for our wonderful team of volunteers. These women donated a full week of their time to help with the logistics and cooking for the week, not to mention the planning time before the week began. Dalyla Creaghe surpassed all expectations when she headed the group of volunteers, planned meals and shopped for 3 meals a day for 45 people for 7 days (talk about exhausting). The rest of this incredible team included Gina Abou-Jaoude, Sally Frerichs, Cookie Hartmann, Letitia Valdez, and Tania Stewart. We couldn’t have done it without them!

This research study was largely funded by the Children's Diabetes Foundation, the CU Foundation, and private donors.

The Children's Diabetes Foundation was so excited to be a part of this study, which will help bring the Artificial Pancreas to the market sooner. The Artificial Pancreas will have a huge impact on the lives of people with type 1 diabetes by reducing the burden of daily care. We cannot wait for the day the artificial pancreas takes away the worries of night time lows, incorrect dosing, and anything that keeps people from a normal, happy life. This management system is definitely one to get excited for in the future!
In Baz Luhrmann’s song “Sunscreen” he says: “Don’t worry about the future. Or worry, but know that worrying is as effective as trying to solve an algebra equation by chewing bubble gum. The real troubles in your life are apt to be things that never crossed your worried mind, the kind that blind side you at 4 p.m. on some idle Tuesday” Every single time I hear that part of his song, I instantly relate it to type 1 diabetes. You never expect your child to have to go through anything like diabetes. You expect them to always be happy, always be healthy, and always be strong and then in a blink of an eye, on an idle Tuesday…BOOM! There you are in the emergency room, your baby potentially deathly ill and the realization that nothing is ever going to be the same again. The good news is, your baby is still going to be strong and just as happy as the next kid.

It is my personal goal to now help you not have any more bad “idle Tuesdays.” I know problems will arise and there will always be struggles, but hopefully with a few tips the prescription side of things will be a little easier. For those of you who don’t know me, my name is Robert Owen and I am the guy on the other side of the phone at the Barbara Davis Center trying to get all of your prescription issues fixed as fast as possible. I started my pharmacy career working for King Soopers and that is where I learned the vast majority of the knowledge that I have about the pharmacy world today. After Kings, I moved on to Kaiser Permanente. There I was taught about how insurance companies and all their specific plans work. And now, I am at the Barbara Davis Center (BDC) learning all about the third side of the equation, the clinical side and the patient struggles.

The Barbara Davis Center has always been my dream job, so when the opportunity presented itself, I could not pass it by. My oldest sister was-diagnosed with type 1 diabetes at 16 months old and has been a patient of the Barbara Davis Center ever since. Growing up, I was constantly surrounded by diabetes and never knew anything different. My amazing mother has been a nurse and certified diabetes educator for over 20 years and she has always been willing to help and teach me anything diabetes-related. I would have been so lost without her. I love this job, I love the Barbara Davis Center, and I want to do anything I can to help make things easier for all BDC patients.
Over the last two and half years of being at the Barbara Davis Center, I have come to realize just how difficult, annoying, and frustrating the prescription process can be. A perfect example of this is when you go to your pharmacy expecting to pick up your insulin and everything should be ready like it has been for the last six months straight. But then out of nowhere the nice young lady behind the counter smiles and says “that will be $600.” Instantly your stomach drops, your mind starts turning and worry kicks in. You need that insulin. It’s not an option, but you can’t afford it. What are you going to do?

First: stop and take a deep breath, things will get worked out. You have a wonderful support system and the issue might not be as big as it seems. Second: ask the pharmacist some in depth questions. Always be sure they have the right insurance on file, that they are billing everything with the right name, date of birth, and address. And third: always ask why it is so expensive. Your pharmacist should always be able to give you an explanation of why the prescription costs so much or why you cannot pick it up yet. Usually, it comes down to the same old things: refill too soon, product not covered by your insurance (prior authorization), or there are no refills left.

Let’s start with refill too soon. What does this mean and what can you do? A refill too soon is when your insurance company is refusing to pay for your prescriptions because it has not met the minimum number of days between fills. The typical amount of required days between refills is 30 or 90 days depending on your insurance plan. This is why it is crucial for you to communicate with your doctor about how many times per day you are testing and how many units you are using per day. That way we can be sure to cover you through your designated period of time. If you do run into this issue there are a couple of things you can do. Always ask when it will be approved through the insurance. It might be the next day and you will be fine. If that’s not the fix, then explain to your pharmacist you are using more product than the doctor has prescribed and you are completely out. At that point, your pharmacy should contact us and we will make the appropriate corrections to your prescriptions and send them back in. After that, your pharmacist can call your insurance company and get what is called a “change in dose override” and it should go right through.

Up next, the dreaded prior authorization! Prior authorizations happen when the product you need is not covered by your insurance company and the doctor needs to call and explain to them why you need this specific product. Now, there is a fast fix to this and that is switching to the preferred product by your insurance company. That’s what I would always recommend first, if possible.
Unfortunately, that doesn’t always work, maybe you are allergic or you have a specific test strip that links to your insulin pump. The biggest problem with prior authorizations is that they are time consuming. They can take anywhere from 5 minutes to 2 weeks and we never know how they will play out. If you come across this, have your pharmacist fax the rejection to the Barbara Davis Center as soon as possible and we will get the process started. When your prescription is approved, you will either get a letter in the mail or an automated phone call from the insurance company. Also, if you do have to buy product out-of-pocket, save your receipts. Not all insurance companies will reimburse you, but some will if you have the receipts.

Now, no refills remaining. This is my favorite because it is usually a fast and easy fix. The best way to get refills is to have your pharmacy send the BDC a request electronically. If your pharmacy does this, then it should take no more than 48 hours for us to get them sent back in for you. If it’s been more than 48 hours, send us a message via MyChart and we can still get it done just as fast. The big thing for you to remember is always come in for an appointment, at least once a year. If we have not seen you within the year, we cannot refill your prescriptions and then you end up in a really hard spot and a potential emergency room visit. No one wants that. So please, show up for your appointments and come at least once a year.

As I said at the beginning of this, I know there will still be problems, but try these simple tips and you will be amazed at how easy some problems can be fixed. If you ever do run into an issue that you cannot fix on your own, please send the BDC an email via MyChart or give us a call, but always work with your pharmacist first. It is the fastest way to fix the majority of your prescription problems.

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**Starting Your MyChart Account**

**How do I sign up?**

Patients who wish to participate will be issued a MyChart activation code during their clinic visit. This code will enable you to log in and create your own username and password. If you were not issued an activation code, you may call your primary care clinic to get one or ask to sign up during your next office visit.

**Who do I contact if I have further questions?**

You may e-mail MyChart at mychart@childrenscolorado.org, or you can call our Children’s Hospital Colorado & PedsConnect Pediatric Practices Help Desk at 720-777-4357.

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**THERE IS STILL TIME TO REGISTER!**

**PRACTICAL WAYS TO ACHIEVE TARGETS IN DIABETES CARE**

**July 14-17, 2016**

Join us in beautiful Keystone, Colorado for this annual, continuing medical education meeting designed for healthcare providers caring for adolescents and adults with diabetes.

Target Audience: 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 http://www.regonline.com/atdc
Most people know there are five stages of grief and new research has added two making it seven. Shock, denial, anger, bargaining, depression, testing, and acceptance are the stages. As I began to write this, I had thought perhaps I had never experienced them. Then I realized that I didn't lose someone, but I had lost the dreams I had for my daughter's future.

My daughter was just past her second birthday when she developed a rash all over her body. A visit to the dermatologist assuaged our concerns – it was just a normal virus, and in a few weeks it had passed. The next six months will sound familiar to many of you: she grew up but got thinner, she always had to have a cup with her, she was cranky (she was two), and I could not for the life of me figure out how anyone could potty train their kid when they went to the bathroom every five minutes!

It was a snowy day in March when our pediatrician caught the symptoms and called to tell us to go to the ER immediately and to call 911 if she didn't wake up from her nap. Her BG that day was 886, and the doctor told us it was type 1 diabetes (T1D).

That first night in the hospital, I was in shock. How could this happen to my tiny, perfect girl? I had never known anyone with T1D and had no idea what we were in for.

Denial was easy – I remember saying “Are you sure? She's been sick and I've been giving her tons of apple juice!” Then came the insulin denial. I was sure I could control what she ate and minimize the insulin she needed. Now, of course, I know better.

Anger is one that we can't show at the hospital. In fact, I think that when they throw you into the diabetes ocean (let's face it, it's not a pond!) there's no time for overt anger, which actually meant I subverted my anger. It built up until one day I was sitting in a puddle in the bottom of my shower, sobbing and screaming about how it's just not fair. It didn't fix anything.

Bargaining came next. First with myself; I was obsessive about carb counts and dosing. I had daily charts where I wrote down everything my daughter ate, drank, and even how often she went to the bathroom. I figured if I kept track of everything I could get on top of this. Diabetes literally took over our lives for two weeks until we went back to the Endo and he said “This is great, but let's
cut back a little.” At the same time, I was bargaining with God. I was asking Him to make this a burden on me, and not her. And, for almost 10 years, it was. Until I figured out that it was her burden to bear and I had to let her.

Depression is sometimes debilitating, and sometimes subtle. My depression came as I began to realize what this disease meant for my little girl’s future. Forever she would have to test before driving, wake up in the middle of the night, watch every bite of food that went into her mouth, and have injections multiple times per day. This was not the life I wanted for my baby girl. Only after years of using shots, then a pump, and now a CGM have I begun to understand that it isn’t the death of my dream. She can still be just about anything she wants to be.

Testing is something I’m honestly doing now, more than a decade after diagnosis. Testing is defined as seeking realistic solutions. As I am working on turning my daughter’s care more over to her and less to me, I want to teach her good habits and proper techniques. I realized we have spent the last ten years chasing the sugar rather than being proactive and controlling the sugar (if you could call it control). Now I am reading books, studying graphs, learning how a pancreas really works and adjusting insulin doses accordingly.

Acceptance… As a parent, can you accept that your child has a lifelong disease? I think not. Not that you should deny it or go looking for the crazy cures (cinnamon, anyone?). But we should fight for better treatments, earlier diagnoses, improved care, lower health care costs, and eventually a cure! Participate in studies, fundraising, and advocacy for the improvement of the lives of millions of people of all ages dealing with T1D.

No matter where you are in the stages, I encourage you to reach out and find someone to help. Find a fellow T1D parent who can help you solve problems or just listen to you rant. Volunteer at the Children’s Diabetes Foundation and you’ll find me, and I’ll always listen!
**Q:** What is the temporary basal rate?

**A:** The temporary basal rate is a wonderful tool for people who use an insulin pump. It is a one-time change that the person makes in their basal insulin dose to either give a bit more insulin or to reduce the insulin.

After going into the function in the pump, the user puts in the percent of the normal dose that is desired (i.e., 80 percent for a 20 percent reduction or 120 percent for a 20 percent increase). With the Animas pump, the -20 percent or +20 percent are entered for the same changes. The user also puts in the amount of time to use the temporary basal rate (2 hours, 4 hours, or any number of hours up to 24). After the entered time runs out, the pump goes back to the usual basal rates automatically.

The reduced basal rates are most commonly used during periods of exercise or with times of low blood sugar. The increased rates are often used with infections, car travel, or anything that increases blood sugar levels.

Research has shown that people who use the temporary basal rate feature on their pump have lower HbA1c levels. This may be in part because they pay more attention to their diabetes. Many people use the temporary basal feature on a daily basis.


**Q:** Sometimes when we look at our son’s nighttime CGM tracing we see a sudden drop in the CGM reading. Then, after 10 or 15 minutes, it returns to the level prior to the drop. Is it known what causes this?

**A:** This is usually due to pressure on the sensor, possibly even pushing it up to or into muscle. This happens when someone rolls onto the side of the body at night that has the sensor inserted. For example, if the sensor is inserted in the abdominal area and the person rolls over onto the abdomen, the body pressure may push the sensor down into or upon the muscle layer below. The scientific name is Pressure Induced Sensor Attenuation (PISA). We are part of a group working on an algorithm (mathematical formula) to make sure the PISA does not set off an alarm for a false rapid fall in a CGM tracing. This is discussed in more detail (with a graph to illustrate) in the 3rd edition of our book, *Understanding Insulin Pumps, Continuous Glucose Monitors and the Artificial Pancreas*, which will be available in July 2016.

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**Q & A**

H. Peter Chase, MD

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Do you have questions you would like to submit to the Q & A? Contact Mattie Peck at Mattie@ChildrensDiabetesFoundation.org

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Over 100 people attended “CDF Night at the Denver Nuggets” on March 6 to see Colorado’s NBA team play the Dallas Mavericks. The pre-game party included fun crafts for kids, delicious food, a fun photo booth, and a visit from Rocky! Some of the kids also participated in the half-time fan tunnel and gave the players high fives as they ran onto the court. This was a fun event for the whole family and we are so thankful for the support of our attendees. We were excited to see the Nuggets win 116 to 114, a close game to the very end!

On June 25, the 2nd Annual Run for the Ring 5K & Kids’ Fun Run, presented by Mercedes-Benz, will bring together patients from the Barbara Davis Center (BDC), loyal supporters, and running enthusiasts to run for the brass ring — the cure. This is truly an event for every age and ability — walkers welcome!

After running, participants can attend the awards ceremony and tour the BDC. Our runners and their families can also visit booths, dance to music, get balloon animals, jump in inflatables, enjoy snow cones, and more! The Kids’ Fun Run will take place after the 5K race and will include a 1/16 mile race track with misters, inflatable tunnels, and a huge cheering squad from the side lines.

For registration and race details, visit www.ChildrensDiabetesFoundation.org. If you have any questions, please contact Susie Hummell at 303-863-5109 or Susie@ChildrensDiabetesFoundation.org.
You are not alone with diabetes and support groups are the perfect opportunity to realize this by connecting with other individuals and families who are affected by type 1. Whether you are newly diagnosed or have been doing this for years, it is always great to meet people who understand what you are going through and to connect with the diabetes community. All are welcome — friends, adults, parents, children and teenagers, and other family members.

Meetings will typically be the first Wednesday of every month at noon and 6:30 pm. To receive information about CDF Support Groups, visit www.childrensdiabetesfoundation.org/support-groups. If you have any questions, contact Mattie Peck at 303-628-5106 or Mattie@ChildrensDiabetesFoundation.org.

In April, sixty 9th graders visited the Barbara Davis Center (BDC) to learn about type 1 and 2 diabetes. These students are in their first year of the biomedical science pathway and will be creating an innovation in the field of diabetes treatment and management. Students are also challenged to consider their innovation's feasibility for use in a 3rd world country and its access to underrepresented communities.

The students met with Dana Davis, Executive Director of the Children’s Diabetes Foundation, and Dr. Marian Rewers, Executive Director of the BDC before taking a tour of the campus, meeting with researchers, and learning about lab techniques. The students also met BDC staff members with type 1 diabetes to learn what a person with type 1 is dealing with and how technology will help in the future.

The Children’s Diabetes Foundation facilitated this trip in order to educate and spread awareness to young students who are interested in the biomedical field. The projects created by the students could make an incredible impact on the future of this disease and providing them with an intensive knowledge of diabetes is the first step to making this happen.
Event chair and host, Barbara Davis, has announced that Sir Sidney Poitier will be honored with the “Inspirational Lifetime Achievement Award” at the 2016 Carousel of Hope Ball on Saturday, October 8 in Beverly Hills, California. The biennial event is dedicated to increasing awareness for diabetes and raising funds for clinical care and diabetes research at the Barbara Davis Center (BDC). Sir Sidney Poitier, will receive the inaugural award at this year’s ball, an honor that was inspired by his incredible legacy and the many lives he has touched. His incredible accomplishments as an esteemed actor, director, writer, diplomat, humanitarian, philanthropist, and more, speak for themselves. The Carousel of Hope is proud to honor Sir Sidney Poitier, a true icon and inspiration.

Additional honorees at the black-tie event include Jane Fonda, David Foster, and Sherry Lansing, each of whom will receive the Brass Ring Award for their humanitarian efforts and continued support of the cause. Each of the Brass Ring Award recipients exemplifies the dedication and strength that brings the Children’s Diabetes Foundation (CDF) and the BDC one step closer to finding a cure. Past Brass Ring Award recipients include Frank Sinatra, Halle Berry, Hillary Clinton, Stevie Wonder, Whitney Houston, George Clooney, and more.

Anjelica Huston, Quincy Jones, Carole Bayer Sager, and Denzel Washington will take the stage as presenters for Barbara Davis’ gala in October. Jay Leno and David Foster will reprise their roles as Master of Ceremonies and Music Director respectively. Clive Davis and Quincy Jones will serve as Music Chairmen, while George Schlatter returns to produce the show.

This year marks the 30th Carousel Ball, where guests will enjoy cocktails, silent and live auctions, dinner, exciting entertainment, and musical performances. The 2016 ball will be a “Celebration of Hollywood,” and its essential components of strength, power, and talent. Since its inception in 1978, the iconic event has been a Hollywood favorite, uniting entertainment industry leaders from all areas for a night dedicated to raising awareness and, ultimately, finding a cure for diabetes. The Carousel of Hope Balls have raised more than $100 million to date, with proceeds benefitting the Children’s Diabetes Foundation and the Barbara Davis Center for Childhood Diabetes.

**UPCOMING EVENTS**

<table>
<thead>
<tr>
<th>Date</th>
<th>Event Description</th>
<th>Location</th>
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<tbody>
<tr>
<td><strong>JUNE 11</strong></td>
<td>Reel 'Em In Fly Fishing Day</td>
<td>Buchanan Recreation Center Ponds</td>
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<tr>
<td><strong>JUNE 25</strong></td>
<td>Run for the Ring 5K and Kids’ Fun Run</td>
<td>Barbara Davis Center</td>
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<td><strong>JULY 11</strong></td>
<td>Tied to a Cure Denver Golf Tournament</td>
<td>Pinehurst Country Club</td>
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<td><strong>JULY 18</strong></td>
<td>High Hopes Golf Tournament</td>
<td>Meridian Golf Club</td>
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<tr>
<td><strong>JULY 14-17</strong></td>
<td>Practical Ways to Achieve Targets in Diabetes Care</td>
<td>Keystone Resort and Conference Center</td>
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<td><strong>OCTOBER 8</strong></td>
<td>The Carousel of Hope</td>
<td>The Beverly Hilton Hotel, Beverly Hills, CA</td>
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<td><strong>OCTOBER 23</strong></td>
<td>Boo Bash</td>
<td>Colorado School of Mines</td>
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<tr>
<td><strong>OCTOBER 27-28</strong></td>
<td>Tied to a Cure Las Vegas Golf Flyaway Tournament</td>
<td>Shadow Creek Golf Course</td>
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<td><strong>NOVEMBER</strong></td>
<td>Diabetes Awareness Month</td>
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<td><strong>NOVEMBER 14</strong></td>
<td>World Diabetes Day</td>
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<td><strong>NOVEMBER 18</strong></td>
<td>Brass Ring Luncheon</td>
<td>Denver Marriott City Center</td>
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*BDC Patients & siblings ages 6-16 learn the basics of fly fishing by working with fun, local experts.*

*This event has something for everyone - walkers, runners, and fun people alike!*

*Come enjoy a day on the course to support CDF.*

*Spend the day at the Golf Club to support The Guild of the Children’s Diabetes Foundation.*

*Join us in beautiful Keystone, Colorado for this annual medical education meeting designed for healthcare providers who care for adolescents and adults with diabetes.*

*This star-studded gala is an incredible evening of entertainment that raises awareness and funds for CDF.*

*A spooky party for BDC patients (ages 12 and under) and their families.*

*Enjoy an overnight excursion to Las Vegas for a game on the exquisite Shadow Creek Golf Course.*

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

*A day to recognize the strength and courage of those living with diabetes around the world.*

*Denver’s premiere fashion event, complete with silent and live auctions and a delicious lunch.*

**TO LEARN MORE ABOUT CDF EVENTS, VISIT**

[www.childrensdiabetesfoundation.org/our-calendar](http://www.childrensdiabetesfoundation.org/our-calendar)
Instructions: Make your way through the maze and make sure you pick up your insulin, glucose tab, syringe, and a snack along the way.
Ralph Bronk, Owner of Mountain High Tree, Lawn and Landscape Co., wrote this letter to share his personal path with diabetes and encourage others to seek a cure. He was inspired to have his company match donations for the Children's Diabetes Foundation so they could help find a cure for type 1 diabetes. Their dedication to this cause has raised over $15,000 for the Children's Diabetes Foundation.

We are so thankful to Ralph and the Mountain High Tree team for supporting CDF, the Barbara Davis Center, and the millions of families around the world who are affected by type 1 diabetes.

A letter from Ralph Bronk, owner of Mountain High Tree, Lawn & Landscape Co.:

Today, 30 million people live with diabetes and are threatened by complications of blindness, kidney failure, amputation, stroke and heart disease. While treatment for the disease has vastly improved, diabetes is still the fifth leading cause of death by disease in the United States.

Diabetes has been devastating for our family. In 2007, our eldest son Michael passed away from complications related to over twenty years of living with diabetes. The hardest part to accept is that his death could have been prevented. You see, researchers at the Children's Diabetes Foundation and the Barbara Davis Center know they are close to a cure.

At Mountain High, we are proud to support the Children’s Diabetes Foundation, a non-profit organization dedicated solely to the support of research in childhood diabetes and providing the best possible clinical and educational programs for both children and adults with the disease.

The Children’s Diabetes Foundation’s sole mission is to support the Barbara Davis Center for Childhood Diabetes, where more than 6,000 children and adults from all over the world receive the finest care available. Researchers are optimistic in their search for a cure, but help is needed to keep the momentum that has been achieved.

Please join Mountain High in our efforts to raise money to support the Children’s Diabetes Foundation. We will double your impact by matching your gift up to $500. Every dollar helps! Any size donation is welcome.

Thank you for your support,

Ralph Bronk
Barbara Davis Center (BDC) patient, Hailey Kiker, recently celebrated her birthday. Rather than have her guests bring her a personal gift, she asked them to bring supplies for the Barbara Davis Center playroom. Hailey arrived at the BDC with two large bins overflowing with crayons, markers, glue sticks, stickers, coloring books, reading books, etc. Thank you Hailey for sharing your birthday gifts with everyone at the BDC. Your generous donation will bring enjoyment to many children for a long time to come!

**CONOR MCCARTHY IS CHOSEN FOR A TRIP TO ICELAND**

In late July, Barbara Davis Center patient, Conor McCarthy, will be the first person from America to participate in the World Diabetes Tour. Where will he be headed? To Iceland for 5 days of intensive hiking, including a trip up Mt. Hekla, one of Iceland’s most active volcanos. He is one of 8 people with type 1 diabetes between the ages of 16 and 21 selected for the trip. The youths will be accompanied by 2 mentors, 2 youth leaders, and 4 physicians to keep the group safe.

Conor, 18, has been living with type 1 diabetes for 12 years and is unbelievably excited for the trip. Exercise helps Conor maintain better blood sugar control so he is excited to push his body to the limit for the daily hiking trips.

Conor’s fellow hikers are from Brazil, Norway, Israel, Germany, Italy, Spain, and more— 8 kids from 8 different countries brought together by type 1 diabetes and a love for travel and adventure!

**A LETTER FROM MADDIE BALL**

Dear Barbara Davis Center,

Hi, my name is Maddie Ball. I am 12 years old. This Christmas I asked for a bunch of coins instead of too many gifts. I called it the Brown and White Christmas Fund. I wanted gifts that weren’t only beneficial to me, but others. I picked six charities that meant something to me. I would like to donate $25 to the Barbara Davis Center. My sister, Jillian Ball, is patient of yours. She was diagnosed with diabetes in November of 2013. It’s been hard for her and my family, but with your support, we’ve gotten through it. Thank you for helping my family and other families through the struggles of diabetes.

Sincerely,
Maddie Ball
20 TIPS FOR TEACHING CHILDREN TO EAT MINDFULLY

By Elaine M. Hinzey, RD, LDN

As adults, we already know the health benefits of practicing mindfulness: it helps us decrease the stress and anxiety in our lives, keeps us from overeating, and promotes overall well-being. Children can also benefit from practicing mindfulness and meal times are an opportune time to teach your children some ways to be “in the moment.” Keep the following tips below in mind at your next family meal.

1. **Teach young children to use all of their senses when eating.** Ask them to describe the food to you with as many descriptive words as they can.

2. **Explain the differences between hunger, appetite, and emotional eating.** Appetite is a desire or a craving, emotional eating is when you turn to food for comfort, to cope with stress, anger, or boredom, or as a reward.

3. **Ask children what they really want to eat instead of grabbing the first thing that they see.** As soon as your child gets home from school or practice, ask him or her to get changed and wash their hands. This will give them a few minutes to think before they immediately start eating.

4. **Remind children that it takes 20 minutes to sense fullness and meals should take 20-30 minutes to finish.** You may even want to set a timer.

5. **After eating, have children rank their satisfaction on a scale of one to ten.** If one is starving and ten is so stuffed that their stomach hurts, they should eat when they are at a four on the scale, and stop eating when they are at a six.

6. **Ensure that children, as often as possible, are sitting at the kitchen table to eat all of their meals and snacks.** A lot of families do well at this when it is dinner time, but the rest of the day is pretty much a free-for-all.

7. **Always have nutritious snacks available.** Whole grain crackers with cheese, an apple or pear with nut butter, a piece of fresh fruit, or cut up vegetables with light veggie dip are good options.

8. **Let children serve themselves whenever possible.** Small children are very good at determining how hungry they are.

9. **Make a ritual of expressing gratitude or taking three deep breaths before eating.** Similar to getting changed or washing your hands before eating, this gives you a moment to think before digging in.

10. **Make a rule: we do not eat out of boxes or bags.**

11. **Remind children that drinks will not fill them up, and can add a lot of calories that could be better spent elsewhere.** Use money as a metaphor when discussing calories, “if you spend all of your money on this, you will not be able to afford that.”

12. **Once a child has decided what to eat, they have to stick with it.** Some children eat a few chicken nuggets and then decide they want macaroni and cheese before finally settling on cereal. Some parents go along with this, but the children often end up eating way more than they would have if they had only been offered one meal.

13. **Never pacify, punish, or reward with food.**

14. **Help youngsters to learn appropriate portion sizes.**

15. **If children help to grow it, prepare it, or cook it, they tend to like it more.**

16. **Talk about how the first bite is always the best, so make it count!**

17. **No judging yourself or others (or comparing yourself to others) allowed.**

18. **Discuss who or what was involved in bringing this food to the table.** A farmer, a truck driver, a processor, various people at the grocery store, etc.

19. **Talk about how you feel when you eat healthy food versus how you feel when you eat less healthy food.**

20. **Do not allow anyone to describe food or the way they eat as “good” or “bad.”**
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