

Just My Type: Building a Community for Type 1 Diabetics at the University of Washington

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Abstract

About 1.25 million Americans have type 1 diabetes. Statistically, there should be around 150 students at the University of Washington and around 14,60 in the greater Seattle area with type 1. Because diabetes is a chronic condition that requires 24/7 management, it can be extremely burdensome and lead to high rates of stress and depression. Yet, there is no community for type 1 diabetics at the University of Washington. This leads me to my question: How can I build a community for Type 1 diabetics at UW while also making an impact in the fight against diabetes? For my senior capstone, I have conducted research on support groups, developed a plan to increase membership, and built relationships with other diabetic organizations in the attempt of answering this question. My goals were to 1) offer a network to type one diabetics at UW 2) to build connections between the members and the greater Seattle diabetic community and to 3) increase awareness for diabetes by raising at least \$5,000. Through this process, I have created a manual for the next leader that outlines “How to Prosper the Community for Type 1’s at UW” to ensure long term success for the leaders of the group.

Intro

Take a second and think of a crucial, ongoing challenge in your life – it could be work, exercise, or even an annoying chore. Have you chosen one? Imagine if the challenge you were neglecting was life threatening. Additionally, you are the only one you know battling this challenge. No friends or family that can relate. You are alone. Sounds scary, doesn't it? Up until my sophomore year of college, this was me. Since the age of six, I have been battling type 1 diabetes, alone. Type 1 diabetes is a condition in which your pancreas no longer works properly. Every emotion, adrenaline pinching moment, dietary choice, etc. can cause a change in blood sugar. As a diabetic, you must be constantly monitoring and adjusting your blood sugar to counteract a plethora of daily tasks. Most people do not have to think about the added stress of insulin and diet while attacking the daily stresses that life brings. While being a university student alone causes many challenges, being a type 1 undergrad student has been one of my biggest challenges yet. Having diabetes since the age of 6, dealing with the complications of it and then not knowing a single other peer with type 1, led me to asking how I can build a community for Type 1 diabetics at UW while also making an impact in the fight against diabetes. For my senior project, I have set out to answer this question.

Context

To better understand this group and our mission, it is essential to understand what exactly diabetes is and more specifically, type 1 vs. type 2 diabetes. Type 1 is the one I have and is a condition where your body no longer produces insulin, which is an essential hormone, produced by the pancreas to help regulate blood sugars. However, the most common type of

diabetes is type 2, which is mainly a cause of genetics or because of lifestyle, such as obesity. In contrast, type 1 has no known cause. Most people associate diabetes with type 2 because only 95% of diabetics are type 2 and only 5% are type 1. Since the body no longer has the ability to regulate blood sugars with type 1, a diabetic must regulate their own bloods all day, every day, which is no easy task. This is treated through insulin therapy, which in my case is around 10-15 insulin injections per day. Additionally, you must be checking your blood by pricking your finger around 10 times a day to monitor blood sugar levels and react accordingly. Just as I have felt this is a burden that I don't want to take on alone anymore, the national organization, College Diabetes Network (CDN) saw the same problem - that students needed a resource to find other student diabetics.

As described best by CDN themselves, it "...is a 501c3 non-profit organization whose mission is to provide innovative peer based programs which connect and empower students and young professionals to thrive with diabetes." (CDN) The founder of CDN, Christina Roth got diagnosed with type 1 diabetes years before college, just like me. (CDN) Additionally, we both gained interest in meeting fellow diabetics in college with the desire to find others with the same experiences as us. Unfortunately for her, she did not have the resource of CDN, and because of HIPAA, she received "considerable resistance from health services in informing other students." (CDN) Luckily, this motivated her to start a website (what is now College Diabetes Network) to initiate a group. After the website picked up momentum from other students across the country, she filed for and received 501c3 non-profit status. Because of her struggle, she could create a platform for students like me that have made it infinitely easier and better to start a group. Frustrated with college life and diabetes, I researched what was

currently available, which is when I stumbled upon CDN. All I had to do was click “start your own chapter” on their page and I was contacted by one of their team members and we are now only the second chapter in Washington. The way in which they have assisted us as a group is by offering “3 pillars of programming” which is tools, network, and ecosystem. Among these things, the greatest parts I utilized were the tools on their website such as group organizing techniques and event ideas. Additionally, I have and will continue to work with the other chapter leader (at Seattle University), Maddie Maloney, who started her chapter one year prior to me.

Not only is our group affiliated with this national chapter, but we also utilized our university resources by registering as a Registered Student Organization. This will be very helpful because it gave us access to some marketing tools around campus, and the support of the student activities office.

Literature Review

As a type one diabetic college student myself, I have struggled with not having a peer support system while managing such a stressful disease. Because the University of Washington has over 40,000 students, there is a great opportunity to create a community for both the students that currently do not have a peer network for diabetes as well as the greater Seattle diabetic community. This can be achieved through cultivating relationships with diabetic college students.

The purpose of my literature review was to find out what elements are essential in creating an organization that is based around students with a medical disorder and an

organization that will last. First, I analyzed a guide written by a student named Gregory Skloot, from Northeastern University (Skloot). Additionally, I interviewed two students at the University of Washington, Johnl Milhans and Celestina Davidson, who both run a student organizations on campus. Because the foundation of my group was becoming a student group, Milhan's, Davidson, and Skloot provided the foundation for my literature review. However, they did not provide insight on organizing a group around a medical condition. To address the medical aspect of my group, I analyzed several articles that focus on elements of how both nonprofits and medical groups are organized. Through this literature review, my goal was to gain insight on essential elements of student, medical and sustainable groups to reach my goal of creating a type one diabetic community at UW.

How have students created successful student organizations?

I decided to first look at how other students have created successful student groups. One group that is not at the University of Washington that I chose to analyze is a student organization at Northeastern College for entrepreneurs. Student and former president of the group, Greg Skloot grew the group from 10 people to over 200 in one year (Collette). While my success was determined in this manner, it proves that he had much success in the development of his student organization. I chose to analyze Skloot's guide in the context of my project because he outlined essential elements that were applicable to the creation of my group. In his book ["Getting Organized: How to Build a Great Student Organization at a University"](#) he focused on seven key categories – starting up, events, programs, operations, marketing, members, and leadership (Skloot). In addition, I compared responses gathered from two interviews with the two different student organization leaders at UW, Johnl Milhans and

Celestina Davidson. Milhans has run a student group for the brand Pink. She has experience in hosting meetings and bringing people together in support of the brand Pink. Celestina has a group to increase advocacy for the environment. Each of them have two years of experience and provided a deeper insight into what it means to run a group at UW specifically.

START UP:

The first phase identified by all three students (Milhans, Davidson and Skloot) was the startup phase. Skloot began by identifying several problems - uncertainty, lack of organization, many mistakes and mismatched leadership. (Skloot) When asking Milhans about her experience in the startup phase she said, "It was intimidating at first to host meetings and attempt to organize people. We ran into some organizational problems because there were two of us trying to manage the team and our leadership did not have the same mindset. I would suggest starting by aligning your goals". (Milhans) When thinking about leading my group, T1Dawgs, with my co-lead Andy, I could see how the lack of goals and uncertainty could lead to chaos in the startup phase. Because Milhans and Skloot brought up these points, I planned to overcome these issues by setting regular meetings with Andy outside of the group meetings to ensure there is always open communication and that our goals continued to align. Davidson also mentioned leadership, and pointed out that when starting a "young" group at such a large University, she said "it will be important to team up with other students who are also passionate about the group's focus." (Davidson) Fortunately, Andy was already involved with some of the diabetic organizations in Seattle before we partnered up and he is as passionate about diabetes as I am.

Next, Milhans and Skloot stressed the importance of creating a mission statement and strategy. As defined by Skloot a mission statement is "...words [that] are the fundamental purpose for which the group exists. In other words, the aspirations the club desires and the reason for these goals." (Skloot) When I asked Milhans what the key elements were in her mission statement she said, "I tried to focus on being simple but also thinking about the next steps as well as the future of what we want to be as a group." (Milhans) When thinking about the first steps of developing my group, the mission is my first step. The mission of advocating and providing support around diabetes is the heart of what we do. I can see how important it is in the first phase to keep Andy, myself, and our members on track. It was apparent from Skloot and these interviews that Leadership and the mission statement are essential pieces in the development of my group.

EVENTS:

For part 2, Skloot described how and why events are so important. Within events, he mentions the steps in creating these events; which are meetings, weekly events, speakers, and "big ticket events." When asking Milhans about her experience and preference on hosting events, she stressed the importance of having goals and planning for these events. While she did not agree with Skloot that speakers are an essential piece of events, she did say that regular meetings are huge in the preplanning phases. Skloot also described how important the first meeting of the semester is by saying "The club is selling the organization to all of the new members and convincing them of the reason this group is worth their time and participation." (Skloot) While these elements seemed to be pertinent to my group, I think that the most important was our "big ticket events" and weekly meetings. Considering my limitation with

time and having a lot to accomplish, I decided to side with Milhans and to not include speakers for our first year as a group. Because my organization was so small, it was important to meet regularly and keep meetings intimate to ensure all members are involved. In addition, our big-ticket events was essential in working towards our mission of building a community as well as raising money for type one research. One of the “big ticket events” that I planned on attending from the beginning was the JDRF’s (Juvenile Diabetes Research Fund) Beat the Bridge. Beat the Bridge raised over \$1.5 Million in 2016. By having a big event to look forward to, as Skloot mentions, it gave our group something to look forward to from the start.

PROGRAMS:

In part 3, according to Skloot, the student leader must create a program and divide the programs responsibilities up by the members, so everyone has a role in working towards the group's goals. (Skloot) By programs, it seems that he was referring to elements of the organization such as planning meetings and the managing communication with our outside organizations. While Milhans did not seem to think that “programs” were an important aspect for her organization, Davidson said “it was essential for the members of my group to be involved with our relations to external organizations. If our members would have not had essential roles, I don’t think our they would have been as invested.” (Davidson) Considering that a huge component of my group was our relationships with other local diabetic organizations, I recognized that this would be one of the most important components for our group. Again, because my group was so small, it was very important for each member to have a purpose within the group. As Davidson and Skloot pointed out, my hope was that if the

members had responsibility in projects, such as helping plan meetings and communicating with other diabetic organizations, that they would become more invested as well.

OPERATIONS:

The next part of creating my group I had to research was the operations aspect. Skloot believes that “operations” starts with fundraising. The main reason for fundraising is for the student group to do activities, stage events, and move forward as a student organization. (Skloot) These reasons all seemed to be very applicable to the group I was starting. In addition, it was always our mission to contribute to type one diabetes research. By participating in events with local non-profit fundraisers, we worked towards that goal. Fortunately, Andy (my co-lead) was already an intern with JDRF, and I built a relationship with ADA (American Diabetes Association). Our plan was to keep the two nonprofits involved with the intention of integrating their events into our plans. Additionally, Skloot describes the importance of the Student Activities Office. When I asked Davidson how important she found their relationship with the Student Activities Office at UW, she said “it was very important. They can assist you with advertising on campus, provide resources for your meetings and help advise you with any issues you may run into.” (Davidson) As a student organization, we also planned to be very involved with the SAO. Because we knew it would be challenging to gain members since we were specifically looking for type one diabetic students, we knew it would be essential to utilize any resources that the Student Activities Office has to offer. For instance, as an RSO you can do things on campus such as Chalking and posting flyers in dorms.

MARKETING:

As with any group that is trying to grow, I wanted to gain insight on marketing strategies. Milhans stressed marketing as the most important element of her group. She said, without our social media platforms, I cannot imagine how our group would communicate or gain membership.” (Milhans) Skloot lists the marketing components as creating a brand for the group; advertising, utilizing social media, and finally utilizing campus resources, such as newsletters and the university’s public relations. (Skloot) Some key points that Skloot pointed out which could also apply to us, was first utilizing Facebook. From my previous experiences in groups, Facebook was a great resource for both internal communication and external communication. After hearing from Milhans and Davidson, they have both identified that as a student group it is important to create a brand/logo, create flyers, and advertise to dorms and various places on campus. From this, I gathered that it would be important to utilize social media as well as UW resources. Since UW’s PR has a strong presence, we planned to utilize various resources such as the UW Daily and UW newsletters to get our story out, reach potential members, and increase advocacy for diabetes.

MEMBERS:

Skloot suggests that once the group is more established, it is important to focus on the personalities of the members and realizing everyone's role within the group. He identified different types of members ranging from ones that “live and breathe” the group and ones that show very little interest. (Skloot) He described that the most passionate members should take on leadership roles. At the same time, it is important to be “a welcome mat” to the less interested members and to try to engage them on a more personal level. (Skloot) The

categorization in order of dedication to the group as described by Skloot are the super heroes, the ambassadors, the regulars, and the dabblers. The “super heroes” should be leading the group as the executive team as they are the most dedicated. The “ambassadors” should be highly involved in the event and meetings as they are active by not as dedicated as the “super heroes.” As for the “regulars” it is important to keep them involved as they attend events but are not as active as the two previously mentioned groups. Finally, the “dabblers” are the members that are “trying out” whether they are interested in the group or not. One of the biggest challenges that I foresaw happening with our group was first finding members since type one diabetics are rare, but also keeping members engaged. I planned to use Skloot’s categorization of identifying members to try and fit the needs of each type of member. Davidson said that the most important aspect in keeping members involved was again giving them responsibility, so they have an investment in the group. (Davidson)

What are key elements of a sustainable group?

Skloot did an excellent job of explaining step by step how he was successful with his club. His most important points when referring to sustainability were regarding partnerships with sponsors and within the leadership of the group. Skloot suggested that keeping sponsors involved with events and keeping constant communication can be essential elements in the sustainability of the group. Additionally, he described “accepting the constant churn”, meaning having annual transitions in leadership, developing leaders through group culture and writing a “how to’s book” for the group are essential elements in the sustainability of the group. While all his points were valid and pertinent for me to keep in mind, he did not touch on some of the more specific techniques for the continued growth of the group. As found in the article “the

sustainability formula: How Nonprofit Organizations Can Thrive in the Emerging Economy,” the three key elements in sustainability are leadership, adaptability, and program capacity. (York) Skloot briefly brought up these three elements, especially when he was discussing the startup phase. However, York brought new meaning to these elements in relation to the sustainability of a group. According to the article, within a group the “Leader vision and internal leadership” are prerequisites for effective management. (York) Meaning the leaders coach and utilize peer exchange as development tools within the group. Additionally, with a non-profit group, fundraising is very important for sustainability. While my group was a student organization, we were not exactly a non-profit, however, we planned on working with several in the community. Also, we did not have a plan for money for activities and sustainability. York mentioned networking, strategic alliance formation, and board development as key sustainable fundraising tools. (York)

How is a non-profit, support structured?

Skloot addressed good points about fundraising and putting together events to do so. He emphasizes creating a presentation which explains what the group is, our history and purpose and how it can benefit the audience we are asking for donations from. While Skloot’s description of a student organization was extremely helpful and will provide guidance, it did not answer questions about how to start a group that is more like a “non-profit “support organization and how to work with nonprofits in fundraising. The article, “building sustainability for nonprofit organizations” explained ways to ensure sustainability as a non-profit. It was based by 5 elements of sustainability which are; clear and compelling vision, passionate and engaged board of directors, strategic approach to fund development, effective communications

and marketing, and motivated professional staff. (Creating Your Sustainability Plan) As Skloot eluded to, by providing a consistent and clear vision, there will be consistent direction throughout the group. (Creating Your Sustainability Plan) However, it was also important to have awareness of community needs, both internally and externally. Once awareness is accomplished, it is important to understand the group's relationship to other communities and engage in volunteering. (Creating Your Sustainability Plan) By working with nearby communities, it enhances the outreach efforts of their group as well as yours. Finally, this article pointed out that to appeal to potential partners it is essential to outline key benefits to them. To appeal to them, there are 4 key steps in raising money as a non-profit. In comparison, Greg McRay, in "4 Simple Steps to Raising All the Money your Nonprofit Needs," said these are the key elements that must be in place first: the right mindset, passion for a cause, strong leadership, compelling mission, and donor-based fundraising. (Mcray) Once these are established, the four steps to fundraising is to first tell your story, then ask for a gift, thank the donor, and finally build relationships. (Mcray) Skloot also suggested that building relationships are essential in fundraising and partnerships with donors, however, McRay believes that these are the four simple steps of how to ask for the donations. Because my group planned to be very involved with nonprofit organizations in the community, these tips seemed very important.

How do you create a group around a medical issue, specifically diabetes?

Skloot and York gave great insight as to what essential elements are needed in a sustainable support and student organization. However, beyond these findings, I was faced with an additional challenge - creating a group based on a medical condition. The National Diabetes Education Program describe a diabetic support group as "...a self-help group

that can provide educational, social, and emotional support for people affected by diabetes. Some groups may raise funds for diabetes activities and research, but this is not necessary.” (National Diabetes Education Program) This group pointed out an essential piece, which was self-help, educational and social support. As the leader of this group, these were very important pieces to what the group goals were. They suggested that these goals can be accomplished by partnering with other diabetes related community groups, providing educational programs, providing shared leadership, ensuring confidentiality, and creating a space for acceptance of others experience. (National Diabetes Education Program) Although my members were tied by the unique bond of being type 1, it will be important for me to realize that everyone's experience will be difference and that as a group, focusing on acceptance will be vital.

How to keep members engaged?

Finally, one of my overarching questions was how to keep the members engaged. Skloot described that the most important aspect in keeping members involved is building relationships and keeping members involved. (Skloot) This can be done through person interactions and meetings, using name tags, and doing fun activities as a group. Also, Skloot brought up great points about weekly events and enticing members to continue. He suggested these events will keep the members wanting to attend and provide them with opportunities to get involved. On the other hand, Youngstown State University suggests several interactive activities to keep members engaged. (University) Among some of the activities listed on Youngstown's website, one I found especially relevant to my group was creating a scavenger hunt around campus. (University) Since my group is based on diabetes, one way I thought to get them engaged was a fun scavenger or egg hunt with candy and facts about diabetes. This would help

us work towards our mission of increasing awareness, while also getting my members engaged. In contrast, Phil Hall in the article “Five Ways to Keep Members Engaged,” points out how organizations lose members. (Hall) His suggestions were to avoid message overkill and don't rely on online communication. (Hall) As this article describes, it will be very important for my group to get enough “face time.” Based on these findings, my plan was to keep members engaged through regular in person meetings as well as distributing responsibility.

Methodology

After analyzing what other groups have previously done to be successful in development through my literature review, I utilized the “startup resources” that College Diabetes Network (the national organization we are a branch of) to understand and develop my methodology below. Because I was attempting to build a community organization from scratch, there were several phases which I planned to do this in; including the pre-planning and establishment, membership recruitment, partner and sponsorships, and events and meetings. At the end of this process, I created an organizational plan with guidance on quarterly activities, community contacts, and overall solutions for issues that I ran into over the course of the year. My final organizational plan or “How to Prosper the Community for Type 1's at UW” will be passed on to the next leader of the group for when I am gone to ensure a consistent platform for the group to continue.

Leadership

From my personal experience in every group I've worked in, as well as every job I have had, I've found that one of the “make or break” elements is leadership. Because leadership is

essential in any group, it was important for me to be the best leader for this group that I could be. I also needed to look for a partner who would be able to complement areas where I may fall short. Through a nonprofit in Seattle, I connected with another UW student, Andy, who was diagnosed last year. He was extremely active in the diabetic community, has a medical background, and was a leader in many organizations on campus. His science background assisted in understanding and describing some of the more technical aspects of diabetes within our group. Additionally, his previous leadership support provided some support to the structure of our group. This past summer we decided to join forces and develop the group together.

Pre-Planning & Establishment of Goals

Our first step was to establish and build the foundation for the group. From the small groups and student organizations that I've studied, I have found that there are certain elements that are essential for the development and growth of an organization. Such as, a mission statement and purpose. These elements are essential to a group because groups need a common, agreed upon direction. Since becoming affiliated with College Diabetes Network and becoming an RSO, the very first thing that was stressed to us was to create a mission statement. Our mission statement we created was as follows: **The mission of T1Dawgs is two-fold. Firstly, we hope to maximize the college experience of all type 1 diabetic students at the University of Washington. We will draw from our common experience of living with type 1 diabetes to create a network of support and friendship. Secondly, we will utilize our unique life experiences and combined knowledge to provide mentorship and support to other type 1 diabetics within the community. To achieve this goal, we will work with local organizations and raise money for type 1 diabetes related research endeavors.** This mission statement

became a constant reminder of what we were striving to do. Additionally, we created a constitution. This document outlined our missions statement, purpose, and processes for meetings, leadership structure, and relations with others in the community. We started by looking at constitutions of other student groups. Andy and I found that we were limited in our research of student groups on our campus because our group is so unique considering it revolves around a medical condition. However, some of the key structural elements of what make other organizations successful were beneficial to our group. We overcame this challenge by reviewing the constitutions of other CDN chapters. By cherry picking elements from what other RSO's at UW have done, what other CDN chapters at different schools have done, and what makes organizations in general successful, we were able to identify elements that were important for our chapter of CDN. With this, we were able to create a foundational document for who we are, what we do, and why – a constitution. It will served as our mission, purpose, and values. Once this document was created, we began recruiting members.

Outreach & Membership Recruitment

This next phase was the lifeline of our group. Considering that we were a group based on a medical issue, we found some limitations in being able to specifically target diabetics. As opposed to being given names of students with Diabetes, we had to work around HIPPA and find ways to get students to come to us. Additionally, only 5% of all diabetics are type one, which means that statistically, on campus there are only around 150 people with type one diabetes. Because of this, we followed the “gunshot” method of advertising, which is essentially getting our information out to as many people as we could in the hopes that we eventually reach the right people – aka type 1's. First, we created a logo. The T1D stands for type 1

diabetic, the husky in the background and “Dawgs” is for UW and the blue circle is the symbol for diabetes. (please see appendix I) We also developed flyers and distributed them to several places on campus like dorms, study halls, hall health, etc. (see appendix II) We knew we had to utilize all our resources on campus. We also ran articles in the UW Daily and UW Medicine newspaper (please see appendices III and IV). We also reached out to radios in the Seattle area to be interviewed. Once they ran the stories for who we are and what we are doing, we were able to share the articles virally on Facebook and other social media platforms. This helped us to gain members from students already on campus. Considering our limited amount of time and all that we were setting out to accomplish, those were our only modes of advertising at this point. However, we eventually hope to build relationships with schools in the area to notify Diabetics in high school potentially transitioning to college and specifically UW. We also participated in teen transition panels to reach local high school students, which are described below.

Partnerships & Sponsors

To reach our goal of growing advocacy for diabetes, it was essential for us to have strong relationships with local diabetic organizations in the great Seattle area. Our relationships with these organizations became very mutually beneficial. Just as there are no current diabetic communities on campus for the students with type 1, Seattle organizations did not have a presence on campus. Through our relationships with these nonprofits, we were able to provide a platform for them to build presence on campus and in exchange they provided us with events to attend and better access to fundraising opportunities. In working together, our goals aligned to increase advocacy and increase money to be contributed to the fight against diabetes. Two

local organizations that were essential in our efforts were Juvenile Diabetes Research Fund (JDRF) and American Diabetes Association (ADA). As an intern for JDRF, Andy regularly met with their board and staff to identify opportunities for partnership. Additionally, I set regular meetings with the staff of ADA. Once we established relationships with each of them, we gained more ability to participate as a group in different fundraising activities that they hosted in the area. Additionally, we worked on establishing our partnerships with medical professionals and campus faculty. One important relationship we build was with Dr. Dave Dougdale. Through a meeting with Dr. Dougdale we found out about a transition clinic that is being developed between Children's Hospital (a local hospital) and the University of Washington. This clinic will be available specifically for diabetic students transitioning from high school to college. Through these meetings, we planned how our chapter can be involved next year when the clinic opens. Additionally, we set up meetings with the disabilities center at UW. Through this relationship, we found that there are several accommodations that our members can gain access to. These relationships were extremely beneficial in providing us guidance and creating a foundation of people that will help move towards our goal of a sustainable organization.

Meetings

From my research, one of the most necessary elements of keeping members of a group involved is to provide regular meetings. Our bi-monthly meetings consisted of dinners, seasonal activities, and any hobbies that sounded fun for us to do together. As a group of diabetic friends, we could discuss and relate about things we are dealing with as diabetic students. The first meeting we hosted was a pumpkin carving night. Andy and I thought the first meeting should be fun and light for all of use to get to know each other. We invited the Seattle University chapter as well. The night ended up being successful. There were six of us total.



Figure 1 First Meeting Carving Pumpkins

One of the members ran out of supplies and had to borrow another member's insulin. This experience was great because it showed that we were all now with people that understood the



Figure 2 Meeting at Thai Food Checking Our Blood

struggles we deal with as diabetics. Throughout all three quarters, Andy and I created a google calendar with bi-monthly hangouts. These consisted of breakfast and lunch at local restaurants. Our hope was that by having regular meetings, we could

work towards our goal of providing support for the members of the group. Additionally, at these meetings we were able to plan upcoming fundraising and advocacy events in the area, together. Aside from group meetings, Andy and I had leadership meetings to strategize for upcoming weeks every month. These meetings were essential because we were able to bounce ideas off of each other and become more creative with our strategizing.

Events

The events were truly the heart of our organization.

The first event we participated in was with the American Diabetes Association called Step Out and Walk. It was a 3K walk. (pictures in appendix V) Four of our members attended and then we all went to breakfast after. Next, Andy and I volunteered at



Type One Nation Summit, a summit hosted by JDRF *Figure 3 After the ADA Step Out and Walk Fundraiser*

where the latest type one diabetes research was presented. Following, Andy and I sat on a panel called “Taking T1D to College.” Juvenile Diabetes Research Fund and our chapter of



Figure 4 Taking T1D to College Panel

College Diabetes Network hosted a panel with local medical professionals, student faculty and us at type 1 students for students transitioning from high school to college at the Benaroya Research Institute (a local research institute).

Then, in the winter, we volunteered at the Juvenile Diabetes Research Fund’s Dream Gala, an auction where we contributed to raising over \$5,000. Again, this spring Andy and I helped in hosting another transition panel with Juvenile Diabetes Research Fund, but this time for parents and students. Finally, as a group we worked to fundraise for our “Big Ticket



Figure 5 Dream Gala Fundraiser

Event”. Our focus through the winter and into the spring quarter was on the JDRF (Juvenile Diabetes Research Fund) Beat the Bridge. Beat the Bridge is one of JDRF’s biggest events. During winter quarter, we teamed up with the fraternity of one of our members and JDRF to host a “kegger for a cure.” Through combined efforts, we raised over \$1,000. Following, we ran the 8K race as a team. Each of these events were essential to our success as a group. I found that these events provided purpose and direction for us as a group as well as allowing us to build relationships with local organizations.



Final Product

Being that my project was building a group, the group itself was one of the final products of this project. However, more specifically, my end goal for this project was to ensure that all members gain access to resources and connections to a network of people that improve their experience of being a young adult diabetic and student. Secondly, it was to create a Type 1 community on campus. My assessment is based on qualitative and quantitative measures. In succeeding in my goals to create a diabetic community on campus, there is now an easily accessible, organized place for students with diabetes to come to, both online and in person. Success in relation to membership is evaluated by quality; meaning active members in the group need to improve the overall wellness of the group. We now have an organized network of over 10 students that are actively involved in conversation and relationships around having diabetes. The quantitative final products are the results of our contributions. As a group we surpassed our fundraising goal by helping raise over \$6,000. We also attended over 5 big events in the community. Through our efforts, we truly helped in making an impact financially and by our presence in the community events. The last portion of our final product produced from this project is the “how to build and prosper the community for type 1s at UW” that will help the leaders taking on the group and for years to come (see appendices). It includes a calendar of events we participated in, how the leadership was structured, meeting plans, logos, branding, contacts, community partnerships, and what Andy and I learned from the process. Our hope is that this sets the leaders following us a smooth transition and opportunity for success.

Analysis - What I Learned

The first lesson I learned from this experience is that creating a group is not easy. Even with the plethora of resources and networks that Andy and I had to build off, we ran into several roadblocks. One of the biggest challenges I found was getting people invested and to be passionate. With the busy schedules of college students, and only 10 total members, meetings and events had an average attendance of 4-5. Over time, I learned that the more responsibility in the group that is delegated to each member, the more they will become invested. Additionally, I learned to focus on the success of people that did attend as opposed to dwelling on the lack of attendance. As a leader, this was an essential lesson to learn. Andy and I both found that even in challenging times, with positive attitudes, the spirit of the group in all stayed much more positive. The second lesson that I learned is that building relationships around a medical disease can be challenging because there are different levels of vulnerability associated with the disease. Andy and I are both very extroverted, open people when it comes to discussing diabetes. However, I found that several members did not want to talk about the disease itself. As a leader of the group, I learned it is extremely important to have one on one conversations with each member to identify their comfortability with talking about diabetes in a group setting. By identifying the different member's preferences about talking about diabetes, I was more able to shape conversations around their wants and needs. The biggest lesson I learned is how important community is. My personal take away from this experience is that being surrounded by people, especially that understand me, is an essential piece of my personal health and well-being. My hope is that this group taught everyone the same thing.

This group has helped share the burden of a disease, which before felt as though I was taking it on alone.

Next Steps

Now that Andy and I are graduating, the last step for us is to “pass the torch.” We have identified 2 sophomores, a guy and a girl, who have proved to have strong leadership qualities throughout the year. They have assisted in planning, strategizing, and participating in the events and meetings we have hosted throughout the year. Within this last 2 months Andy and I have begun planting the seed and they have reciprocated excitement. Now that we are ready for them to take over the group, we have set a couple of group meetings with the four of us to help strategize and explain how Andy and I led the group. We will also be giving them the “How to Prosper the Community for Type 1’s at UW” guide. Finally, we have setup meetings and email introductions with the faculty members and community organizations that we have worked with. Two key introduction meetings to point out are our College Diabetes Network contacts and Juvenile Diabetes Research Fund. Because these two contacts have been such integral parts of our success as the UW chapter of College Diabetes Network, we are putting special emphasis on these meetings by making plans to discuss what we did this past year and how Andy and I think it could improve. Once these meetings are complete, we will stay involved when we can, but allow them to lead the group and hopefully grow it.

Appendix I: Logo



Appendix II: Flyer



**ARE YOU A TYPE 1
DIABETIC?**

JOIN US AND GET CONNECTED TO RESOURCES
MEET OTHER STUDENTS WITH TYPE ONE AND HELP
JOIN THE FIGHT FOR A CURE!

Email uw@collegediabetes.org

Appendix III: UW NewsBeat Article

Personal struggle leads student to build group for diabetics

UW undergrad Kassidey Short looks to create community for other students with type 1 diabetes

By [McKenna Prancing](#) | HSNewsBeat | 05.16.2016



Kassidey Short, a UW junior, was diagnosed with type 1 diabetes at age 6. Doctors don't know what caused her condition. McKenna Prancing

“It’s not like I can put ‘diabetic’ on my resume,” Kassidey Short jokes, laughing softly. Humor aside, the University of Washington undergraduate has a point: Given the time she spends managing her condition, not to mention monetary costs, diabetes is a full-time job.

Because Short was diagnosed at age 6, she grew up relying on her mother to help her manage her condition. Now that she's in college and working two jobs, she has to take care of herself—a change she recognizes other students must also be struggling with. She is working with the College Diabetes Network to create a group for students on campus who have diabetes.

“Diabetics are the only people who understand what diabetics have to do every day,” Short said.



Short uses an automated insulin pump to help her manage diabetes. In type 1 diabetes, the pancreas fails to produce insulin. To keep blood sugar within a safe range, insulin injections are used to lower high blood sugar, while eating sugary foods helps raise low blood

sugar.

“Everything in my life affects my blood sugar: Stress, different moods, food,” Short said. Her blood sugar, in turn, affects her mood and her success rate in different situations.

Management of type 1 can vary dramatically during different life stages, said Dr. Irl Hirsch, a UW professor of medicine who practices at the UW Medical Center Endocrine and Diabetes Care Center. Young adults in particular often experience difficulties. Hirsch and his colleagues are developing an adolescent transition clinic to help young people adjust.

“At this age group, there are many other issues related to normal development and maturation—dating, recreational drugs and alcohol, self-care—that, when you add diabetes, just make it much more complicated,” he said.

Short experienced this firsthand. After her childhood feelings of confidence and fearlessness, middle school brought bullying and misunderstandings: Once a substitute teacher told her to get off her ‘phone’ in class when she was checking her blood sugar. She avoided divulging her condition even to friends. She rallied in high school but didn’t take care of herself the way she should have, and the reality of her situation still hadn’t sunk in.

“Then I came to college, and that’s when it hit me: I am diabetic,” she said.

A pump permanently attached to her body delivers insulin every few minutes; she in turn must enter how many carbohydrates she eats at each meal and whether or not her blood sugar is off. Every three months, she visits her endocrinologist to receive a hemoglobin A1c test which gives a history of glucose control over the past three months. These treatment advances are a far cry from her childhood

experience of injecting herself with insulin multiple times per day, and she said that progress has aided her greatly.



Short hopes to go into diabetes device sales after she graduates. Pump technology didn't exist before the early '80s, Hirsch said. He came to UW in the early '90s specifically to join a large, federally-funded clinical trial that ended up proving how insulin management dramatically improved long-term outcomes for patients with diabetes. Hirsch is currently involved in projects that seek to advance insulin-delivery mechanisms, such as insulin-generating stem cells and delivering insulin bound to proteins.

Though self-care is easier for Short because of these innovations, it does fluctuate depending on what else is going on in her life. Fear of down-the-road complications alternates between being a motivator and an inhibitor.

"Sometimes I'm like, 'Screw it, I'm going to eat the worst possible thing I can eat,' to get back at it. It's just like any other health thing, eating or exercising: When people get busy, they may not do as well at it," she said.

Short's timing establishing a diabetes group is spot-on: For reasons not understood, doctors are seeing more high school and college-

aged people who have type 1, Hirsch said. He also said a campus group could be “wonderful potential support” for students.

“I hate calling it a disease because I don’t think it’s a disease,” Short said. “I actually appreciate everything that diabetes has taught me, and it’s made me grow into who I am now.”

For more information on the group Short is building, contact uw@collegediabetesnetwork.org.

Tagged with: [diabetes](#), [students](#)

<http://hsnewsbeat.uw.edu/story/personal-struggle-leads-student-build-group-diabetics>

Appendix IV: UW Daily Article

UW students start first type 1 diabetic support group on campus



Lucas Boland

Kassidey Short was diagnosed with Type 1 diabetes as a young child at the age of five, whereas Andy Zeigler received the same diagnosis only ten months ago. Together they are spearheading an effort to create a support group for UW students with diabetes.

When Kassidey Short realized that there wasn't a support group for people like her, she knew she had to do something. Short is a type 1 diabetic, which means that her pancreas does not produce insulin, a hormone that regulates the amount of glucose in the blood. Although she is a typical college senior in every other regard, the work it takes to manage her diabetes amounts to a full-time job. While searching online, she found the website for the College Diabetes Network, which explained how to start a chapter at your own school.

Through connections at Seattle University, Short met senior and fellow diabetic Andy Zeiger, with whom she joined forces in order to provide a much needed resource on campus. Together, they have started the first type 1 diabetes support group at the UW, and only the second group of its kind in the entire state of Washington. The group now has nine members, and seeks to provide a community in which people can talk about day-to-day issues with those who truly understand the difficulties of living with a chronic illness. Currently, the group is in the process of becoming an official RSO.

"The reality is one in every 300 people has type 1 diabetes," Zeiger said. "At a school like UW, with 30,000 people, that means that about 100 people probably have type 1 diabetes. And that's what blew my mind. There was nothing at UW for type 1 diabetics."

While Short has had diabetes since she was six, Zeiger was only diagnosed this past year. After losing 30 pounds, Zeiger thought that the stress of college and coursework might be seriously affecting his health. His dad, who works as a doctor, noticed that his son had to go to the bathroom multiple times during a single movie and decided to have his blood sugar levels monitored by a doctor.

A blood sugar meter is used to measure the amount of glucose in the bloodstream. Normally, an average rating is around 100.

Zeiger's reading was at 670, almost seven times the normal rate. After being hospitalized for a day, he was diagnosed with type 1 diabetes. Nobody in his family had ever had this disease, so it came as a surprise to him. He quickly accepted the necessary lifestyle changes that came with the diagnosis.

"Diabetes kind of forces you to live a really healthy lifestyle. Because of that, I've been focusing more on what I eat [and] when I exercise," Zeiger said. "I actually feel really lucky, but it was a huge identity crisis."

Diabetes, like any condition, is a very serious disease and can have fatal consequences if not managed properly. Contrary to popular belief, diabetes does not always get diagnosed in people who are overweight or unhealthy. Type 1 diabetes is also known as juvenile diabetes because it is often diagnosed in young children, although late diagnoses like Zeiger's are not uncommon. Managing diabetes can seem like a full time job; emotions, stress, exercise, adrenaline, and diet all affect one's ability to function for the rest of the day. On top of these factors, along with the stress that comes with work or school, diabetics must remember to regularly inject insulin when necessary.

Cassady Kintner is a therapist in Seattle who specializes in helping clients manage life with diabetes. A diabetic herself, she understands how important it is for one to have a support system of people who truly understand what they are going through.

"I saw how important it was, how much of a difference it made to have a therapist in my own life, and I wanted to be that for someone," Kintner said.

Both Kintner and Short emphasized that it can be extremely tempting to just forget about management and act like the disease doesn't exist.

"One of the most vulnerable times for college students to have type 1 diabetes is freshman year where they're just starting to become who they are apart from their parents and have their

own identity,” Kintner said.

Short and Zeiger want students to know that they are not alone, and that they don’t have to figure everything out by themselves. Kassidey encourages students to come to the group but acknowledges that it can be nerve-wracking to freely talk about something so private. She invites students to reach out to her at uw@collegediabetesnetwork.org if they have questions, and Short can connect them with alternative resources.

Zeiger agrees, saying that there is so much potential for community and connection that comes from being vulnerable and letting people in. Everyone has their own private issues they’re dealing with, but opening up can give others permission to share and foster connections.

“Type 1 diabetes is a silent struggle, but depression, ADD, and obesity [are also] a silent struggle. If we can talk about it with each other, there’s a lot more power in a group dynamic,” Zeiger said. “It’s like trying to carry a 200 pound weight by yourself. If you share the burden with somebody, you can carry a 500 pound weight together.”

Reach writer Janae Janik at wellness@dailyuw.com. Twitter: @janaejanik

http://www.dailyuw.com/features/article_1a1b6e56-9678-11e6-80f2-b32070786d72.html

**Appendix V: How to Prosper the Community
for Type 1's at UW**

**T1DAWGS - HOW
ORGANIZE THE GROUP
MANUAL**



By: Kassidey Short

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Contacts

1) UW Resources

- a. Student Activities Office
email: saoreg@uw.edu

2) JDRF

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- a. Andrea Williams | Development Manager, Nordstrom Beat the Bridge
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3) Seattle University CDN

- a. Maddie Maloney, Founder
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4) Childrens Hospital

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Previous Calendar Events

October, 9 JDRF Workshop: T1D + College @ BRI JDRF + CDN

October 27th Carving Pumpkins

November 14-18th Diabetes week with CDN

November 19th Step Out and Walk with ADA

November 22 - January 1, 2017, Seattle, WA Gingerbread village JDRF Sheraton Hotel

February 25th JDRF Gala

March 26th ConnecT1D Retreat

April 12th BRI with SU CDN chapter tour of research institute

April 21st Kegger for a cure (our event)

May 21st Beat the Bridge

Areas of importance

1) Mission

The mission of T1Dawgs is two-fold. Firstly, we hope to maximize the college experience of all type 1 diabetic students at the University of Washington. We will draw from our common experience of living with type 1 diabetes to create a network of support and friendship. Secondly, we will utilize our unique life experiences and combined knowledge to provide mentorship and support to other type 1 diabetics within the community. To achieve this goal, we will work with local organizations and raise money for type 1 diabetes related research endeavors.

2) RSO Constitution

Article I - Name

Section 1 T1Dawgs - College Diabetes Network UW Chapter

Article II - Purpose

Section 1 The purpose of our club is to provide a group of students to share resources, experiences, and support in the journey of having type 1 diabetes as a students at the University of Washington. Additionally, to utilize our experience and help the community through mentoring and advocacy.

Article III - Affiliations

Section 1 We are a chapter of the national organization - College Diabetes Network organization.

Article IV - Membership

Section 1 Only students currently enrolled as an undergraduate student at the University of Washington has the privilege to vote.

Section 2 Associate members are welcome to join the group for purposes such as outreach and connections to the community. However, they do not have the privilege to vote.

Section 3 Must have a direct relation with type 1 diabetes. It is preferable that members have type 1 diabetes themselves.

Article V - Officers

Section 1 The officers of this organization shall consist of: (5 positions)

1. President (or 2 co-presidents)
2. Secretary
3. Communications
4. Events Chair
5. Outreach

Article VI - Elections

- Section 1** Selection of officers should be held at the end of every school year in May. Election process should begin one month prior to the actual vote. Once the election is complete, the president should inform the members via the Facebook group.
- Section 2** Voting should be ballot form and distributed/collected by the president.
- Section 3** $\frac{3}{4}$ of the group must be in majority.

Article VII - Meetings

- Section 1** This club should have bi-monthly regular meetings during the school year. Notifications of meetings should be sent on the Facebook group page by the president.

Article VIII - Executive Board

- Section 1** Management of this Diabetic Dawgs shall be vested in the president (or co-presidents) and vice-president. (should we add more?)
- Section 2** the (board, council, etc.) shall consist of: (1 chairperson, 2 vice-chairpersons, etc. State the number of positions and their titles.).
- Section 3** Powers and duties of each position.
- Section 4** State whether there will be reports to membership from the (board, council, etc.). If so, will the reports be yearly, quarterly, etc.?

Article IX - Advisors

- Section 1** There can be advisors added as ex-officio members of diabetic dawgs with no authoratative priveleges. They must be adults that are members of/play an active role in the UW/diabetic community.
- Section 2** They are selected based on their desire and knowledge of supporting students/young adults with type 1 diabetes.
- Section 3** Their responsibility will be to offer their greatest knowledge and support to any/all of our members.

Article X - Constitutional Amendment

Section 1 The constitution may be amended by a vote of two thirds, majority membership at any regular or special meeting.

3) Outreach & Marketing Material

The first thing to note about outreach and marketing material is that the more places you can advertise, the better. Because it can be hard to find type one diabetics, we must post our flyers, articles, and brochures as many places as possible. Please note, before posting check restrictions.

Suggestions for posting flyers & advertisements:

- Dorms (all dorms)
- Cafés & shops on the ave
- Study hall bulletin boards
- Telephone poles
- Sidewalk chalk

(please see appendix 1 for flyer)

(please see appendix 2 for logo)

(please see appendix 3 for photos of last year's activities to be used on marketing material)

4) Leadership Meetings

Andy and I met up on average once every 3 months. During these meetings, we would make a google doc and list out items to do. Every meeting we would delegate task to each of us based on our weaknesses and strengths. For instance, if he knew he does not post on social media often, and I frequently do, I would take the task of posting. We discussed logistics of upcoming

5) Social Media

- **Instagram: T1Dawgs**

We started the Instagram and posted for a little while. This is one area where we could have improved. To make a better presence on social media a

recommendation would be to take as many pictures at any meetings or hangouts and posting shortly after.

- **Facebook Page T1Dawgs**

We also started a Facebook page. This again is another area that could be improved upon. By having a Facebook page and Instagram, you can share the Instagrams to the Facebook page.

- **Facebook Group: University Chapter of College Diabetes Network**

The facebook group is where we posted about upcoming events and meetings. It is for the internal communications of the group. It is my recommendation to post about diabetic articles, questions, and anything that could be a conversation starter.

6) Partnerships

It was crucial for the success we had to partner with the different organizations in the Seattle community.

- **JDRF:** It would be great for one of you to be involved as an intern with JDRF (Juvenile Diabetes Research Fund) because by Andy being an intern, it offered us inside insight into strategic planning and such. Andy met regularly with the board and staff members of JDRF to plan upcoming events and ways that we could partner. The events that we were involved in with them and would be good to replicate this coming year are Taking T1D to College Panel, JDRF Dream Gala, Type One Nation Summit, Beat the Bridge.
- **Benaroya Research Institute:** Benaroya Research Institute is a research institute in Seattle that is part of Virginia Mason. They invited us in the spring to visit their facility for a lunch where we learned about the most recent diabetes research. They also attended and presented the latest research at both panels that we hosted.
- **Seattle University Chapter of College Diabetes Network:** Maddie Maloney is going to be a senior at Seattle University. She founded the first CDN chapter in Washington. We partnered with them on several events and

meetings. It was great to work with them and compare experiences across campuses.

- College Diabetes Network (national organization): Dan Browne will be your new point of contact. College Diabetes Network will help you in any way you need. They helped us in strategizing meeting plans, leadership transitions and much more. Every quarter they will send you a survey where you must update them on the past quarter. Afterwards they send a \$50 check which you can use for whatever CDN activity your life. We chose to use it for fundraising supplies and the pumpkins for our meeting.
- Children's Hospital: Children's hospital is currently working to build a transition clinic with UW Medicine. This transition clinic will be utilized for students transitioning from high school to college and would be great resource for CDN to find potential members. Stay close with them and involved with the clinic as it should be opening in the fall.
- ADA (American Diabetes Association): We worked with ADA to do the Step Out and Walk 3K fundraiser. It is a fun activity to get outside and support diabetes.
- ConnecT1D: is a local group for adults. We didn't officially do anything with them, but there is potential to work with them in the future.

7) Meetings

The first meeting we hosted was the pumpkin carving. It was a fun way that we all got together and got to know each other. It is also a great first meeting because it's around Halloween and at the beginning of the school year, so it provides an early introduction to each other. Throughout the rest of the year, we met at coffee shops and restaurants. During meetings, it is best to discuss the next event coming up and the ways that each member can be involved. Some of the ideas that could be beneficial for forming relationships are hiking, bowling, paddle boarding and anything else that may be fun.

Appendix I





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DIABETIC?**

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MEET OTHER STUDENTS WITH TYPE ONE AND HELP
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