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**Pediatrics in the Community: Global Help For Children Who Have Diabetes:
AYUDA and Campo Amigo Ecuador**

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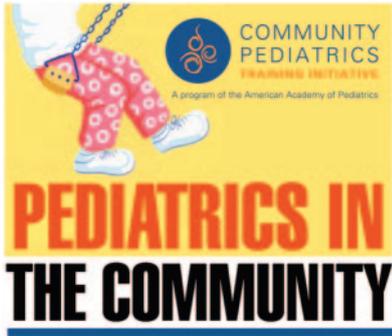
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Author Disclosure

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Global Help For Children Who Have Diabetes: AYUDA and Campo Amigo Ecuador

Fourteen years ago, when he was a freshman in high school, Nicolas Cuttriss, currently a resident at Harbor-UCLA, met José Gabriel, a boy who had diabetes and was sent by his parents from Quito, Ecuador, to the United States for help. A subsequent trip by Dr Cuttriss to Quito provided an opportunity to live with José's family. After listening to stories of the difficulties Ecuadorian families faced in coping with diabetes, Nick resolved to do something about the situation (Fig 1.).

Along with a friend, he founded American Youth Understanding Diabetes Abroad (AYUDA), a non-profit organization built on the traditional diabetes camp model. AYUDA's work began with Campo Amigo Ecuador (CAE), a weeklong experience that brings youth who have diabetes together in a safe

recreational environment to receive peer-based education that empowers them to take an active role in managing their diabetes while serving as agents of change for the diabetes community (Fig. 2). (1) Since 1999, more than 800 campers, 200 volunteers, and 100 Ecuadorian health professionals have participated. Cohort data demonstrate improvements in short- and long-term glycemic control (HbA1c values). (2)

AYUDA has established partnerships with a variety of institutions, ranging from international organizations to diabetes camps (Table). CAE's operations led to the establishment of the Fundación Diabetes Juvenil de Ecuador (FDJE), which now serves as the collective voice throughout the year for children and families affected by diabetes. The FDJE has negotiated the lowering



Figure 1. Dr Cuttriss checking blood glucose with campers at Campo Amigo Ecuador.



Figure 2. Empowered campers at Campo Amigo Ecuador.

of prices of diabetes supplies and has promoted governmental policy to extend medical coverage for children who have diabetes. When helping to create a national diabetes infrastructure for Ecuador, AYUDA faced a dynamic political and cultural landscape. Challenges included the hesitancy of doctors to collaborate in preventive services, provincial rivalry, lack of support systems for underserved families, and the hopelessness of families who felt alone with diabetes.

CAE is a multidimensional program that also serves health-care professionals, parents, students, and other members of the community. AYUDA trains teams of international volunteers to work with local counterparts at CAE as well as with other local collaborators at similar programs abroad.

Table. AYUDA Collaborators

International Organizations

- Ashoka
- International Diabetes Federation
- Insulin for Life
- Diabetes Education and Camping Association
- American Diabetes Association
- Fundacion Juvenil Diabetes de Ecuador

Pharmaceutical Companies

- Lilly Diabetes
- Abbott Diabetes
- Animas (Johnson & Johnson)
- Novo Nordisk
- LifeScan (Johnson & Johnson)

Diabetes Camps

- Campo Hertko Hollow (Iowa)
- Camp STIX (Washington)
- Camp No Limits (Indiana)
- Campo Amigo (Mexico)
- Camp De Los Ninos (California)
- Camp Conrad Chinnock (California)

Hospitals and Diabetes Centers

- Children's Hospital Los Angeles (California)
- Stanford University Hospital (California)
- Hospital Metropolitana (Ecuador)

Medical professionals who volunteer with AYUDA sometimes find the experience frustrating, with “too much down time” during their stays within the diabetes community. “However,” comments Dr Cuttriss, “my AYUDA experiences have taught me that helping others is just as much about understanding as it

is about doing. A lack of education is as dangerous as a lack of insulin.” (Nicolas Cuttriss, MD, Harbor/UCLA Medical Center, Los Angeles, Calif.)

SECTION EDITOR'S NOTE: Pediatricians are increasingly interested in global health. (3) As this story illustrates, global health problems cannot be fixed just by sending American doctors abroad for brief visits. Nor is it sustainable to send all sick children to the United States for management of their chronic conditions. Nevertheless, substantive improvements in “hard” outcomes such as HbA1c values can be achieved by establishing the right partnerships. The principles of community pediatrics that we have been highlighting in this series about local projects apply even more to endeavors in poor countries, where the need is so much greater. (C. Andrew Aligne, MD, MPH)

Readers may visit the AYUDA website (www.ayudainc.net) for information about volunteer opportunities for pediatricians and other health-care professionals.

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