



American Camp Association Camp Research Forum Book of Abstracts

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Dear Colleagues:

The ACA Research Forum is an opportunity for researchers and camp professionals to share and discuss new research related to campers, camp staff, camp programs, and a wide variety of other camp-related topics.

This book includes 29 abstracts that will be presented at the 2024 American Camp Association (ACA) Research Forum to be held during the ACA annual conference from February 5-9 in New Orleans, LA. Abstracts have been grouped into similar areas and will be presented across five verbal sessions and one poster session. All abstracts will be on display as posters.

We are pleased to recognize the recipients of two research awards in 2024:

- Marge Scanlin Award for Outstanding Student Research: *Monica Arkin*
- Eleanor P. Eells Award for Excellence in Research in Practice: *Camp Twin Lakes*

The Camp Research Forum has grown in quantity and quality over the past two decades. ACA's Research and Evaluation Advisory Committee (REAC) and the previous Committee for the Advancement of Research and Evaluation (CARE) have been instrumental in advancing camp research. Staff at ACA have been enthusiastically supportive, especially Dr. Laurie Browne and Melany Irvin. Two external reviewers provided peer-reviewed evaluations for the selection of these abstracts. We thank these reviewers for their time, expertise, and energy.

We look forward to presenting these papers at the 2024 Camp Research Forum, but also recognize that many people cannot attend the annual meeting. We hope these short abstracts and poster images will provide information for those not able to attend. Please contact the authors if you have further questions.

Best wishes,



Ann Gillard, Ph.D.
2024 ACA Research Forum Co-Coordinator

The proper way to cite these abstracts using APA 7th edition is:

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THE COMMUNITY THAT PLAYS TOGETHER, STAYS TOGETHER: FAMILY FUN AT DIABETES CAMP

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The camp experience starts at the initial point of service and is represented through interactions with camp staff, peers, and other participants present during unstructured and structured time at camp (ACA, 2023). Like many recreation and leisure services, program quality (PQ) is vital in continuous camp improvement and progress towards program outcomes. The program quality continuous improvement cycle includes four phases: preparation, assessment, planning, and improvement (Maglinger & Povilaitis, 2023). With the prevalence of type 1 diabetes (T1D) rising, research suggests that recreational programming designed for individuals living with diabetes will be in even higher demand to continue to provide a unique context of positive development (Allen et al., 2019; Hill et al., 2022). Additionally, theory-based programming strengthened programming as experiences are engineered.

Self-determination theory is a common theory used in diabetes camp work as it addresses motivation for diabetes management (e.g., Allen et al., 2019). An estimated 1.5 million individuals under the age of 20 are living with diabetes worldwide, each with a network of caretakers who may also need support with lifestyle changes upon diagnosis (Gregory et al., 2022). Family diabetes camps provide a recreational program opportunity that includes both traditional camp elements and educational appropriate outcomes (Hill et al., 2022). The American Camp Association (ACA) has developed practitioner-friendly tools for measuring community-based youth developmental outcomes (Sibthorp et al., 2013). This study aimed to evaluate a community-based family diabetes camp using the ACA tools for continuous program improvement.

Methods

Thirty-four youth diagnosed with T1D, 58 parents and siblings, and 41 volunteers (e.g., medical staff) participated in the 2023, three-day two residential family diabetes camp. The camp experience was much like any other with arts & crafts, horseback riding, rock climbing, field games, but the added education of diabetes management. All activities were grounded in autonomy supportive approaches (as a component of self-determination theory). Autonomy Supportive Environment Training (ASET) was used to train both volunteers and staff. Parents also received the ASET-parent version to help reinforce the theoretical concept while at camp and continue while at home after the conclusion of camp. In order to ensure the camp was an autonomous environment volunteers and staff were encouraged to use provision of choice, perspective taking, and rational giving when interacting with campers. At the end of the experience campers completed a retrospective ACA Young Camper Learning Survey and the Basic Version. Youth ages 6 to 9 were provided the 14-item Camper Learner Scale. Older campers completed the Basic Version using two outcomes aligned with camp objectives, independence and perceived competence (total of 14 questions). Questionnaires included open-ended prompts targeting knowledge and skills gained during camp. Parents were also surveyed about their camp experience through an open-ended questionnaire. Data from the groups were analyzed using Excel and direct content analysis for the respective quantitative and qualitative data.

Results

Thirteen young campers and 14 older campers provided responses regarding their camp experiences. The average camper age was 9.8 and the majority were female (62.5%). Campers' level of enjoyment was 9.3 (scale from 1–10). Horseback riding was ranked as their favorite

camp activity. Campers made an average of 3.5 friends by the end of the camp. While many of the older campers refrained from indicating any new knowledge gained from their camp experience, younger campers indicated diabetes-specific knowledge gained (e.g., use for their medical assistive devices) as a common theme. Eighty-five percent of young campers felt they learned a little or a lot about the outcomes assessed in the young camper learner scale (e.g., friendship). After the camp experience, 50% of older campers felt the statement "I am competent" was *at least a little more true* by the end of camp. Additionally, 43% of older campers felt the following statement "I am responsible" was *at least a little more true* at the end of camp.

Twenty-five parents completed the questionnaire. The average parent age was 40 years old and 60% of parents were female. Sixty-eight percent identified as Caucasian/white, followed by 12% responding as Latino/a or Hispanic & Caucasian, 8% responded as being Latino/a or Hispanic, and the remaining 8% reported as African American or Black and other. Parents' level of enjoyment at camp was 9.48 (scale from 1–10) and 100% said they would return to camp next year. Parents indicated diabetes technology (i.e., insulin pumps and Continuous Glucose Monitors) as the most knowledge learned at camp.

Discussion and Implications

Continuous camp improvement efforts remain a sustained practice for program quality management. The use of the ACA' youth outcome tools provide practitioners validated instruments that can measure camper outcomes and continue to support the efficacy of diabetes camps and recreational programming and communication of progress towards program objectives (Maglinger & Povilaitis, 2023). The use of the YOB and associated tools can provide program administrators empirical evidence that guides resource allocation and program design that aligns with desired outcomes. Notably, one of the main findings of consideration is the new knowledge younger campers reported compared to older campers. Informal and formal opportunities for learning about diabetes management and self-care practices were significantly prevalent for younger campers, with their entrance into a wider network of youth living with T1D. Findings suggest that practitioners should consider increased programming specifically for younger children given unique recreational programming and diabetes education considerations for that distinctive age range. Specifically, providing developmentally appropriate recreational diabetes programming for younger campers that facilitates the development of diabetes self-management skills and context for positive relationship building may provide unique support needs upon diagnosis (Monaghan et al., 2022). Future studies should seek to address the limitations from this study. Although a small sample size, the data were meaningful for continuous planning of family diabetes camps. Future studies might find it beneficial to ask specific questions regarding types of information/training received on managing T1D compared to the camp training. Having families recreate together can be a fun and educational experience (Hill et al., 2019). This study can assist in building a more effective educational camp curriculum that could improve quality of life for youth with T1D and their families.

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