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A Special Thanks to Contributors to our Booklets

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SPONSORS
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Introduction

The College Diabetes Network (CDN) works for the day when all young adults with diabetes are motivated and equipped to live a healthy life so they can pursue their dreams without compromise.

The College Diabetes Network (CDN) is a 501 (c) (3) non-profit organization whose mission is singularly focused on providing young adults with Type 1 Diabetes (T1D) the peer connections they value and expert resources they need to successfully manage the challenging transition to independence at college and beyond.

For 10 years, College Diabetes Network (CDN) has provided peer support and expert resources to help young adults with T1D thrive on campuses across the country. Our grassroots experience has made it clear that significant and unnecessary barriers exist for students with T1D at many schools.
Navigating the transition to independence at college is challenging for any student, but for young adults with diabetes—or other invisible diseases—managing physical and mental health on top of academics, extracurricular, and social life is a daunting responsibility.

That’s why CDN is partnering with leading higher education and diabetes organizations to launch REACH, a multi-faceted framework designed to augment campus resources and help administrations support the wellbeing of students with diabetes and deliver upon their mission for all students enrolled.

CDN REACH is designed to provide administrators with the information and tools they need to reduce physical and mental health risks for their students with T1D and liability for their schools.

CDN’s Guide for Disability, Auxiliary, & Accessibility Services is part of a series of resource guides for administrators on campuses. This guide provides information about diabetes, legal protections for students with diabetes, accommodations, and ways to best support students on campus.

The other guides in this series include CDN’S Guide for Health Services and CDN’s Guide for Counseling Services.

For information and resources, visit: collegediabetesnetwork.org/cdn-reach
What is Diabetes?
Diabetes can refer to a number of specific chronic conditions where insufficient insulin results in sustained high blood sugar.

Although different types of diabetes have different causes and treatment regimens, they all share this common thread.

Diabetes is controlled by keeping blood glucose within a specified range, which can vary by individual.

This range can be achieved through a combination of different approaches including:

A Balance of Exercise, Medication, and Food Intake

Generally, fasting blood sugar levels between 70 and 130 mg/dL are ideal.

Blood glucose levels are affected by a variety of factors – most importantly by food, insulin, and exercise. Other factors, including sleep, stress, temperature, and other hormones also play a role. Even the most fastidious individual with diabetes cannot maintain perfect blood sugar numbers 100% of the time. If an individual has blood sugar levels falling outside of the recommended range, this does not mean they are “non-compliant” or otherwise negligent with their care. It’s just life!
**Type 1 Diabetes (T1D)**

T1D is an autoimmune disease in which the pancreas produces little or no insulin. T1D is not preventable, and has no cure. The causes of T1D are not fully understood, but are related to both genetics and environmental factors. T1D typically develops during childhood or adolescence, although its onset is also seen in teens and adults.

People with T1D are insulin dependent. Because they produce no insulin in their body, they must take exogenous insulin regularly to maintain blood sugar control. This can be achieved through multiple daily injections or through continuous infusion via an insulin pump. Frequent blood glucose monitoring (via finger-prick test or a continuous glucose monitor) and carbohydrate counting are also essential for people with T1D to dose their insulin properly.

**DEMOGRAPHICS**

*About 1.25 million Americans are living with T1D, including about 200,000 youth (less than 20 years old) and more than 1 million adults (20 years old and older)*

**Type 2 Diabetes (T2D)**

Type 2 diabetes is a metabolic condition where the body develops resistance to insulin. Unlike type 1 diabetes, insulin is still produced by the body, but is less effective because of the body’s resistance, and not sufficient enough to keep blood sugars in a normal range.

Formerly known as “adult-onset” diabetes, type 2 diabetes occurs more often in older adults, but earlier onset in children and young adults is increasing.

Typical treatment can vary for people with type 2 diabetes, but may include a combination of diet and exercise regimens and oral medication (such as metformin). In some cases, insulin is prescribed as well.

**DEMOGRAPHICS**

*More than 100 million Americans live with T2D or prediabetes, including an estimated 5,000 new cases in youth per year.*
Other Forms of Diabetes

Other forms of diabetes exist which cannot be characterized exactly as type 1 or type 2. These forms are more rare, but display similar symptoms to type 1 or type 2 diabetes. Two common examples are MODY (Maturity Onset Diabetes of the Young), a monogenic form of diabetes that occurs most often in adolescents and young adults, and LADA (Latent Autoimmune Diabetes in Adults), which has similar causes to type 1 diabetes but with a delayed and more gradual onset. Treatment of these rarer forms of diabetes can vary by individual, ranging from diet and exercise regimens to full insulin therapy. Importantly, when a patient that is truly insulin-dependant is misdiagnosed or not prescribed insulin, they can be in danger of developing DKA.

Medications in Diabetes Management

Insulin

The body needs the hormone insulin to allow sugar (glucose) to enter cells and produce energy. Insulin regulates blood glucose levels before, during, and after meals. With the exception of some new insulin products that can be inhaled, most insulin formulations must be delivered subcutaneously via injection or pump. Insulin is necessary in type 1 diabetes, and can be a beneficial therapy in type 2. Side effects of insulin include low blood sugar and weight gain.

SGLT-1 and SGLT-2 Inhibitors

SGLT inhibitors are oral medications that reduce glucose absorption in the kidneys and intestines, causing more glucose to exit the body in urine. Previously they have been used to treat type 2 diabetes, but use among patients with type 1 is increasing. They can be used as an adjunctive therapy alongside insulin, lowering blood sugars overall and helping with weight loss. Importantly, the use of SGLT inhibitors can increase the risk of DKA in patients with type 1 diabetes.

Other Medications

A variety of oral medications are used to treat type 2 diabetes. These include medications that increase the body’s sensitivity to insulin (e.g. metformin, thiazolidinediones), and stimulate the pancreas to secrete more insulin (e.g. sulfonylureas, meglitinides).
Differentiating Between T1D and T2D
**T1D**
- Autoimmune disease
- Formerly called “juvenile” or “insulin dependent” diabetes
- Affects about 5% of all people living with diabetes
- Most commonly develops in adolescents, but can develop at any age
- Body produces little to no insulin
- Insulin therapy is necessary
- **Cannot be prevented or cured**

**Both Type 1 and Type 2**
- Significantly increase a person’s long-term risk of blindness, heart disease, foot/leg amputation, kidney failure, and stroke
- Increase risk for depression, eating disorders, anxiety, and other mental health issues
- Tend to be misunderstood by the public and media, leading people to feel stigmatized, shamed, or isolated

**T2D**
- Metabolic disease
- Formerly known as “adult onset” or “non-insulin dependent” diabetes
- Affects about 95% of people living with diabetes
- Most commonly develops in older adults, but can develop at any age
- Body is resistant to insulin
- Management can include oral agents, diet and exercise, and/or insulin therapy
- **Can sometimes be prevented with lifestyle adjustments**
Glossary of Terms

**Basal/Bolus**

- Refers to two different types of insulin delivery
  - **Basal**: keeps blood sugars stabilized throughout the day and at baseline
    - Done either through continuous drip of fast-acting insulin via an insulin pump, or through an injection of long-acting insulin
    - Will not prevent changes in blood glucose levels in responses to ingesting carbohydrates
  - **Bolus**: delivery is in a larger dose of short-acting insulin
    - Done either through an insulin pump or injection
    - Used to prevent a blood sugar spike after meals, or to ‘correct’ an already high blood sugar

**Blood Sugar (AKA blood glucose, blood, bg)**

- The concentration of glucose in the blood. The sugar in the bloodstream is carried to all cells in the body to supply energy

**Burnout**

- A state in which a person with diabetes is depressed, tired, or fed-up with managing their diabetes, and may ignore their management for a period of time

**CGM (continuous glucose monitor)**

- A small, wearable device that tracks blood glucose levels (via interstitial fluid) 24/7
  - Alerts when blood glucose levels are high or low and indicates trends.
  - Inserted by the individual every 7-10 days with a device that places a small sensor under the skin, with a transmitter attached to the skin surface with tape.
  - Blood glucose readings are transmitted every 5 minutes to a receiver or mobile app
**DKA (Diabetic ketoacidosis)**

- A serious, potentially life-threatening complication of diabetes in which the body produces high levels of blood acids called ketones.
- Occurs when the body does not have enough insulin and cells don’t have the sugar they need for energy. This results in the body breaking down fat and muscle for energy, producing ketones (fatty acids) in the bloodstream, causing DKA.
- DKA is often associated with the presence of hyperglycemia, however DKA can also occur while blood sugars are “in range” an occurrence known as euglycemic DKA.

**Endocrinologist (AKA Endo)**

- A doctor who specializes in the treatment of disease of the endocrine system including diabetes.

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**Glucagon**

- Administered in the event of severe hypoglycemia.
- Glucagon is a hormone produced by the pancreas that stimulates the liver to break down glycogen (storage of glucose) into glucose. This glucose is released into the bloodstream, raising blood glucose levels.
- When glucagon is used, 911 should be called.
Hypoglycemia
- A low concentration of glucose in the blood (typically below 70 mg/dL) indicates the body’s overreaction to administered insulin
- It can cause immediate symptoms including, but not limited to:
  - Blurred vision, dizziness, poor concentration, sweating, shaking, headaches, anxiety/irritability, nausea, hunger, difficulty concentrating, sudden changes in behavior
- Some symptoms can be more severe, and can include the following:
  - Seizures/Convulsions, Loss of consciousness, Inability to eat or drink

Hyperglycemia
- A high concentration of glucose (typically above 140 mg/dL) indicates insufficient insulin
- All people with T1D have highs (perhaps often)
- It can cause immediate symptoms including but not limited to:
  - Extreme thirst, fatigue, blurred vision, frequent urination, stomach pain, nausea, increased hunger, confusion, drowsiness, sweating, and difficulty concentrating
- Consistent high blood sugars run the risk of complications:
  - Diabetic retinopathy (eye disease), Nerve/kidney damage, Loss of limbs, Cardiovascular disease

Insulin
- A hormone produced in the pancreas, which regulates the amount of glucose in the blood
- Enables sugar, or glucose, to enter cells in order to produce energy

Ketones
- Byproducts of the breakdown of fat in the body for energy
- People with diabetes (type 1 especially) are encouraged to check for ketones via an at-home blood or urine test when sick or if their blood sugar has been high/out of range
- While ketones typically occur in conjunction with hyperglycemia, they can also be present and dangerous with a blood sugar that is “in range”, especially when using SGLT inhibitors
- The presence of ketones at high levels does not necessarily indicate DKA, but does require immediate intervention
• Ketones can also be present at lower levels in someone adhering to a strict ketogenic (high fat, very low carb) diet

**MDI** (*multiple daily injections*)
- Insulin regimen consisting of multiple injections per day
- Low-tech but convenient alternative to insulin pumps
- Individuals may take anywhere from 2-10 injections daily depending on their diabetes management plan

**Meter** (*glucometer*)
A blood glucose meter is a medical device for which tests the concentration of glucose in a person's blood

**Insulin Pens**
Alternative to syringe- a reusable or disposable device containing a cartridge of insulin to be administered manually using a needle

**Insulin Pump**
A wearable device, often visible to others, that administers insulin through a cannula or needle under the skin. To prevent infection the insertion site is changed every 2-3 days. A needle is inserted by the patient leaving a catheter under the skin when removed

**Test Strips**
Small, disposable plastic strips used with a meter to determine the concentration of glucose in a person’s blood. A person with diabetes will prick their finger, squeeze out a drop of blood, and put it on the test strip in order to determine their blood glucose level

**T1D or T2D**
Shorthand terms to refer to type 1 or type 2 diabetes
Living with Diabetes
Diabetes is a lifelong disease that requires constant vigilance, management, and awareness.

Diabetes regimens require near constant attention, frequent modifications, and can often result in a fluctuating feeling of overall well-being. A person living with diabetes can spend approximately 1-2 hours per day actively doing tasks revolving around managing their diabetes.
People living with diabetes must be aware of the interaction of diabetes with nearly every aspect of their life including:

**Sleeping, Eating, Exercising, Work, Relationships, School, and Traveling**

Diabetes management can also be physically challenging, frustrating, and uncomfortable. Due to the pervasiveness of diabetes management in day-to-day life, it can quickly complicate work, social, and romantic relationships. Every day is different. The fear of diabetes interrupting an individual’s schedule is often the most difficult.

**Young adults living with diabetes can often feel overwhelmed and like they are a burden on others, which can lead to:**

**Anxiousness, Depression, Hopelessness, Loneliness, Isolation**

43% of young adults with diabetes reported a diagnosis of depression or anxiety (or both). *(Source: CDN 2020 Young Adult Survey)*
Self Advocacy

Limited understanding about diabetes from the general public/media can lead to advocacy fatigue from hearing offensive comments and constantly educating others about their disease. As a healthcare provider, being educated about diabetes helps young adults feel supported.

Empowering Patients

Unfortunately, people with diabetes often hear about how diabetes can limit their lives. Empowerment-focused language from healthcare providers can make a big difference.

- Engage the student as being their own best advocate, as they are the expert in their own care!
- Partner with their care team as an additional source of support for their diabetes on campus.
- Refer out to clinicians in your area for specialist care.
- Use CDN as a resource to build on your knowledge of diabetes care, management, and support.

FEAR DOESN’T WORK!

Research shows that focusing on long-term complications as a scare tactic to ensure compliance is counterproductive. The very real possibilities of short-term complications including DKA, severely low blood sugar, or seizure can cause additional anxiety.
Diabetes on Campus

Impact on Accommodations
Legal Protections for Students with Diabetes

Diabetes is considered a disability and therefore subject to the protections provided by the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act of 1973.

Nearly all colleges, public or private, are subject to these regulations. These laws cover individuals with physical or mental impairments that substantially limits one or more major life activities. In its severe limitation of endocrine system functioning, and subsequent impacts on day-to-day life, diabetes fulfills this definition.

Diabetes that is well-controlled or managed does not constitute an exception to these protections.

These protections extend beyond just academics to include any opportunity offered by the school.

Accommodations for Students With Diabetes

While every student, regardless of disability, should be evaluated on an individual case-by-case basis according to their specific medical and health related needs, here are some examples of accommodations that may be necessary for students with diabetes.

Often, a student with diabetes may not be aware of the types of accommodations available to them.

We hope that this list can help you guide the conversation with the student to identify what would best suit their needs.
67% of students with diabetes register or try to register with the disability services for diabetes-related accommodations. (Source: CDN 2020 Young Adult Survey)
Classroom Accommodations

Establishing a Response System with Faculty Members

**Why It’s Important:**
- If a student has a diabetes-related emergency, a response system will help establish protocol for how a faculty member can assist.
- This system can be set-up based on preference of the student, but is often done via email.

Using a Note Taker or Obtaining Recordings of Classroom Lectures

**Why It’s Important:**
- If a student is absent due to a diabetes-related issue or a medical appointment, a note taker or access to recordings of lectures can help them keep up with what was discussed in lecture.

Consuming Food and Drink

**Why It’s Important:**
- Students with diabetes may need to treat low blood sugars during class using fast acting sugar (food and/or drink) immediately.

Performing Tasks Related to Diabetes Management and Care
(*i.e. administering insulin*)

**Why It’s Important:**
- If a student experiences an extreme low/high blood sugar, the ability to treat in class (if desired) is critical for both their physical and psychological health.
- Insulin administration, blood glucose testing, and other diabetes related tasks are extremely safe and do not pose a risk to other students.

Leaving Briefly to Attend to Diabetes Care

**Why It’s Important:**
- Students may need to leave class in order to tend to their diabetes due to the time sensitivity of many tasks related to their care.

Medically Excused Absences

**Why It’s Important:**
- Occasionally, complications from diabetes such as hypo or hyperglycemia can prevent a student from safely traveling to, attending, or participating in class.
Glucagon in the Classroom

Hypoglycemia

Hypoglycemia refers to when blood sugar (glucose) levels fall below acceptable levels (on average, 70 mg/dL). Frequent symptoms include, but are not limited to irregular heart rhythm, fatigue, pale skin, shakiness, anxiety, sweating, irritability, and hunger.

Hypoglycemia is most often caused by an “overdose” of insulin in the body, typically due to an imbalance between insulin taken, food eaten, and any recent activity.

Mild hypoglycemia can occur relatively often and can be treated easily with a small snack of fast-acting carbohydrates.

When blood sugar drops dangerously low, or a person with diabetes is otherwise unable to ingest or keep down food, the situation becomes more urgent.

When hypoglycemia persists with glucose levels averaging 54 mg/dL, it becomes severe, and an individual can have symptoms which include blurred vision, seizures, and loss of consciousness, and death.

One of CDN’s priorities is to ensure that all campus personnel are prepared to administer glucagon in the event of severe hypoglycemic event. New innovations to this life-saving drug allow for even easier administration by anyone—treated more like an EpiPen or nasal spray.
GLUCAGON—YOUR SAFETY NET

Do you carry glucagon with you when you leave your home? Do you keep glucagon easily accessible where you sleep? Do your close friends and family (roommates) know how to use it?

No? That’s okay - you’re not alone. Not many people with diabetes carry glucagon with them, or even know what it does.

Glucagon is a hormone that helps the liver releases glucose, raising blood sugar. Anyone who takes insulin is at risk of low blood sugar because of insulin overdose. While some fast-acting carbohydrates are usually enough to bring blood sugar levels back to normal, in severe cases, people with diabetes may experience inability to swallow, lose, or have seizures due to hypoglycemia.

A glucagon emergency kit can save a life. Keeping one on hand and showing others how to use it is another way to help protect individuals with diabetes. When glucagon is administered, 911 should be called.

There are great innovations in glucagon products on the horizon, ones that will make this safety net even easier to communicate to your patients and more accessible for patients too. Be on the lookout for news from CDN as these therapies become available!
Technology in the Classroom

Over the years, diabetes management has become increasingly reliant on technology as a standard of care. There are several varieties of devices that a person with diabetes might wear, and more recently these devices and their “diabetes data” have become more integrated with consumer technology like smartphones and smart watches.
**Insulin Pumps** Devices that deliver insulin subcutaneously. Most pumps resemble a pager or small phone, and are connected via a tube to an infusion set attached to the skin (although there are tubeless models).

**Glucometers** Used to measure blood glucose with a drop of blood from a finger prick. Many models will sync data with other diabetes devices and smartphone apps.

**Continuous Glucose Monitors (CGMs)** Wearable devices that take continuous blood glucose readings from a patch applied to the skin, and send data to a receiver for display. Some models require a standalone receiver to display data, while others sync directly to an insulin pump or smartphone app.

**SmartPens** (e.g., InPen) Refillable insulin injection pens similar to their “non-smart” counterparts, but with added functionality to sync data to a remote device or application.

**Smartphones** As reliance on diabetes technology has increased, smartphones can often become a crucial hub of data for a person with diabetes. There a variety of apps, many FDA approved, which display and integrate data from a single or multiple diabetes devices, or facilitate logging of meals and exercise to share with medical providers.

**Smartwatches** As popular smartphone companion piece, smartwatches have also come to be useful in diabetes care. Many diabetes devices and data apps can display quick “at-a-glance” information on a smartwatch.
DIABETES ON CAMPUS—IMPACT ON ACCOMMODATIONS
All of these devices can play a crucial role in care regimens, serving as tools to deliver insulin or to deliver information which is crucial in making moment-to-moment decisions about dosing, food, exercise, and any number of activities that can affect blood sugar. It is not possible for a person with diabetes to remove these devices for any length of time without experiencing a disruption in care.

In academic settings, this technology can be subject to misconceptions. Devices can be misconstrued as distractions, cheating aids, or disruptions because of emitted alarms or sounds. If an instructor restricts access to these devices, a person with diabetes can feel forced to make concessions in their care.

**Why It’s Important:** “Diabetes tech” serves critical functions in the management of T1D and cannot be temporarily removed. Instead of posing a distraction, they make attention and learning possible for the student.

**How Disability Services Can Help:** Provide students with letters of accommodation to allow for such devices in the classroom. Your willingness to advocate for the student should issues arise will be invaluable.

### Testing Accommodations

#### Ability to ‘Stop the Clock’

**Why It’s Important:**
- Diabetes management can be time consuming, and if a student experiences a high/low blood sugar during an exam (which affects cognitive function), it may take between 15 minutes and 1 hour to get back in range. The ability to pause the exam and resume when cognitive function is restored can be critical to capturing a fair performance.

#### Rescheduling

**Why It’s Important:**
- High/low blood sugar may impair cognitive function for longer than a ‘stop the clock’ would accommodate and a student needs equal access to perform at their true cognitive ability.

#### Bringing Supplies

**Why It’s Important:**
Access to management tools are essential, even during an exam, including a CGM, pump, testing meter, insulin/hypodermic needles, food/drink, and other supplies.
Housing Accommodations
Placement with Access to Appropriate Facilities

**Why It’s Important:**

- Students with diabetes should be allowed to keep a refrigerator in their rooms—insulin is an expensive, perishable prescription that should stay refrigerated until use in order to maintain its efficacy.
- Access to a kitchen or kitchenette is necessary for some students with diabetes that make their own meals or for whom meal-preparation is a part of their care routine. This flexibility allows students to know the exact carb counts of foods they consume, which improves their ability to regulate their blood sugar.

Flexibility with Roommates

**Why It’s Important:**

- There are situations where a student with diabetes has a roommate assigned to them that is so uncomfortable with diabetes management (such as needles or blood) that the relationship is not conducive to the physical or psychological health of the student with diabetes.
- A student may be more comfortable with choosing a roommate (i.e. a friend or another student with diabetes) who may be willing to assist in the event of an emergency.

Allowing a Diabetes Alert Dog

**Why It’s Important:**

- Diabetic alert dogs are service animals and can function as a highly effective component of a student’s diabetes management. These dogs can alert students to high/low blood sugars, minimizing the risk of a health emergency.

Priority Housing Placement

**Why It’s Important:**

- Location on campus relative to a student’s classes, health clinics, dining halls, transportation, or other often-frequented locations can make a difference in a student’s routine. Exercise, including walking, can impact a student’s blood sugar. If a student is experiencing a low blood sugar, a 5 minute walk to the dining hall can be unsafe.
70% of students with diabetes register or try to register with the disability services for diabetes-related accommodations.

“I have accommodations but they are lengthy and incredibly hard to navigate on my own. I don’t have time to jump through all the hoops each time I need to take a test. Usually, I just hope for the best when in a test or classroom setting.”

—CDN Student
Ensuring Sleeping Arrangements

**Why It’s Important:**
- If a student wakes up with low blood sugar and dizziness, a top bunk or loft bed can pose a danger to them or make access to treatment supplies challenging.

Access to Biohazard/Sharps Containers in Their Room

**Why It’s Important:**
- Students with diabetes need a safe way to dispose of medical waste including hypodermic needles and other diabetes supplies.

**Other Accommodations**

Meal Plan Accommodations

**WHY IT’S IMPORTANT**
- Food and nutrition are two of the major factors affecting diabetes management. If for whatever reason a student with diabetes feels that the service provided by campus dining halls is insufficient for their needs, accommodations should be considered.
- Access to accurate nutrition information is a frequent issue for people with diabetes. In order to properly dose insulin, accurate carbohydrate counts and serving sizes are needed.

Priority Class Registration

**WHY IT’S IMPORTANT**
- Priority registration allows a student the best possibility of a consistent schedule each semester. This can improve diabetes management by leaving ample time for meals, travel between classes, and scheduling medical appointments.
- Giving more control over their schedule can also lead to fewer incidences of missed class/exams, as the student can arrange their schedule in a way to factor in, and anticipate, their own unique needs.

Reduced Course Load with Full Time Equivalency

**WHY IT’S IMPORTANT**
- Some students with diabetes may struggle with the transition to college and the management of their care in a new environment.
- A reduced course load with full time equivalency can allow them to devote more time to their diabetes care, appropriate eating habits, and healthy sleep and exercise routines as they adjust to the college environment, without being denied scholarships or financial aid.
Getting the Word Out

Marketing Strategies for Disabilities Services
Speak Their Language

Some students may not identify as a person with a disability, yet they may still qualify for accommodations. Others might view accommodations as getting a ‘leg up’ on peers rather than it providing access to the same opportunities as others have. How these services are framed can be critical in a student’s decision to access the important assistance your office provides.

Use Concrete Examples

By naming different conditions you remove any of the potential confusion about what qualifies as a disability or not. Additionally, removing the language of ‘disability’ from outreach efforts can help to bring in students who may not identify as having a qualifying disability.

INSTEAD OF: Students with disabilities can register for accommodations through the Disability Services Office.

TRY THIS: Students diagnosed with ADHD, anorexia/bulimia, anxiety, bipolar disorder, depression, diabetes, epilepsy, or other invisible chronic illnesses may want to consider registering for accommodations to help improve your college experience.

Accommodations can help you to manage your condition, excel in your academics and social life, and stay in college.

Beyond Academics

Many students think accommodations are strictly related to academics (i.e. extra time on tests). The many accommodations that exist related to housing and dining can be critical to student’s success. housing, dining, etc.). Promoting these lesser-known accommodations can help to increase utilization of services.

INSTEAD OF: The Disability Services Office can provide academic accommodations for students with disabilities.

TRY THIS: Our department can provide students with accommodations to assist them in academics, housing, dining, and other areas of college life. These can be extra time on tests; access to housing with a kitchen; access to nutritional information or a modified meal plan; priority registration for classes; and others.

USE THE BEST RESOURCES AT YOUR CAMPUS!
“I didn’t document a disability in college until I entered graduate school. Documenting my disabilities and feeling confident in my right in accommodations completely changed the way I navigated grad school vs. undergraduate school.”

—CDN Student
Support a CDN Chapter

CDN Chapters are student-led peer support groups on campuses for students with diabetes. Refer students with diabetes to collegediabetesnetwork.org/chapters to see if there is a Chapter at your school, or for information on how to get one started. Once established, Chapters are a great place to refer students to for additional support. Chapter members can also encourage their peers to stop by your office and register for accommodations.

Student Advocates

Recruit student advocates who currently receive accommodations for diabetes through your office, to assist in getting the word out and sharing their experiences.

This spreads the word about the services provided and creates more peer-to-peer connections within your campus community. Student advocates can be asked to speak at various student-oriented events (activities fairs, residence life meetings, student government meetings) to inform the student body of services available to them throughout the year.

Orientation/Student Activities

First year and transfer student orientation are great opportunities to notify students of services available to them through disability services. Make sure to identify conditions and chronic illnesses not typically associated with the word ‘disability’ to ensure students are aware of services available to them.

Set up a table at Student Organization/Activities fairs taking place around campus. Many students attend these and it can be a great opportunity to provide information to those interested in or eligible for accommodations. Bring some of your Student Ambassadors to help share their experiences working with the disability services office, too!

14% of students with diabetes report trouble negotiating or receiving accommodations. (Source: CDN 2020 Young Adult Survey)
More from us at CDN

Building a more supportive community on campus

Help CDN further support college campuses by creating an educated environment with respect to knowledge about T1D and the implications this has on college life and beyond.
Have the information students need

- Join our newsletter via our website: collegediabetesnetwork.org
- Order copies of our Off to College, Off to Work, and Newly Diagnosed Guides to have available for students who need them
- Get to know your local resources for young adults with diabetes to collaborate and educate

Support a CDN Chapter at your school

- Encourage students with diabetes to start a Chapter on campus, and check out our Chapter Handbook
- Serve as a Staff Administrator Advisor for the campus Chapter on your campus
- Connect with an existing Chapter to support their meetings

Connect with other administrative departments

- Check to see if your campus Disability Services office has CDN’s Disability Services booklet
- Check to see if your campus Counseling Services office has CDN’s Counseling Services booklet
- Connect with other departments such as the office of enrollment to see if Off To College Booklets are being offered

Spread the word about CDN

- Refer a colleague at another school to join our programs and order CDN’s resources
OFF TO COLLEGE

The Off to College program aims to provide quality information about transitioning from high school to campus life for young adults and their families. Our Off to College guides for students and caregivers touch on a variety of topics such as finding a new provider, talking to friends about diabetes, registering for accommodations, and so much more.

Guide Contents:
- “Looking at Schools” guide
- Family communication plan
- Registering for accommodations
- Talking with roommates and peers
- Drinking and diabetes

OFF TO WORK

The Off to Work guide is a comprehensive resource aimed at helping young adults with diabetes transition into professional life. It covers topics like navigating insurance, disclosing your condition to your employer, and requesting professional accommodations.

Guide Contents:
- Disclosure to employers
- Building a resume
- Interviewing
- Accommodations at work
- Traveling
- Approaching stigma and self-stigma
- Navigating insurance

NEWLY DIAGNOSED

After noticing a large gap in education for the increasing number of young adults diagnosed with type 1 diabetes between 17-25, CDN developed a comprehensive guide specifically for this population. This resource addresses everything you need to know about navigating T1D as a young adult!

Guide Contents:
- Insulin dosing
- Carb counting and exercise
- Finding your healthcare team
- Mental health
- Health insurance & your rights
- Pumps, meters, CGMs
- Dating and diabetes
- Drinking, drugs, and diabetes
- Sexual Health
SOURCES

https://medlineplus.gov/ency/article/000305.htm
https://www.webmd.com/diabetes/how-sugar-affects-diabetes#2
https://www.cdc.gov/diabetes/managing/manage-blood-sugar.html
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4380133/
https://JDRF.org