

2004-2005
ANNUAL REPORT

WORKING TOGETHER

*Driving
professional
practice
to promote
healthy
living.*

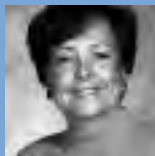


**AMERICAN ASSOCIATION
OF DIABETES EDUCATORS**

ENCOURAGING SUCCESS



FROM THE PRESIDENT



It is with great honor and pride that I introduce the 2004–2005 Annual Report, *Driving Professional Practice to Promote Healthy Living*. This year found us in the second year of a comprehensive environmental scan, which is aimed at helping us understand the needs of, and the environment in which, diabetes educators practice. The quantitative and qualitative data that has been collected, and continues to be collected, has been used to direct much of this year's efforts.

The following pages highlight the activities and achievements within the six goal areas of AADE's strategic plan: Education, Recognition, Advocacy, Membership, Research and Organizational Excellence. There have been a number of "firsts" this year to celebrate:

(1) the first AADE-initiated research grant was awarded to study patient access to diabetes education; (2) The *Diabetes Educator* journal became available online; (3) the Professional Practice Committee was established; (4) Memorandums of Understanding were signed with the American Diabetes Association, the National Diabetes Education Program and the National Kidney Foundation to promote collaboration in areas of mutual interest; and (5) the first National Practice Survey, capturing structure, process and outcome measurement of diabetes education, was launched. It has truly been an amazing year!

Most significant, and coming directly from the environmental scan, has been the adoption of a new mission and vision for AADE. The Association has a responsibility to its members to provide direction and opportunity for skills development and professional growth. Our vision of successful self-management for all people with diabetes and related conditions can best be achieved by assuring that our members are providing the highest quality, evidenced-based, outcomes-driven diabetes education possible. Driving professional practice will assure that diabetes educators are prepared for the future and will enjoy continued success and demand for their services.

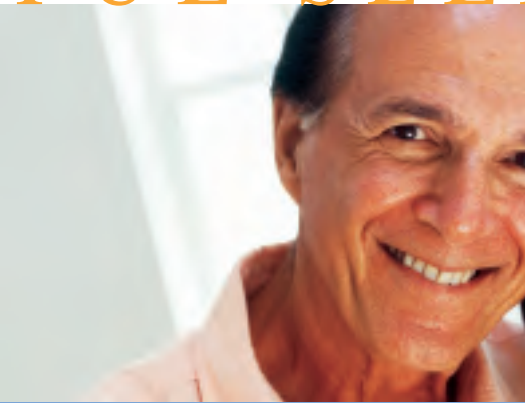
It is truly a privilege to have been in a leadership position during a time in which we are witnessing significant progress in the direction and focus of the Association. None of this has happened by chance. Just as diabetes education is best delivered by a team approach, so is the work of the Association. The vision, dedication and hard work of our staff and volunteer members – the Board of Directors, committees, specialty practice groups, task forces and chapters – has been outstanding. It has truly been a case of teamwork in action.

Tremendous strides have been taken to position the diabetes educator professional for the future. By doing so, we can best serve the self-management education needs of the millions of Americans with diabetes.

A handwritten signature in cursive script that reads "Mary M. Austin".

Mary M. Austin, RD, MA, CDE
PRESIDENT

FULL SELF-MANAGEMENT



FROM THE EXECUTIVE DIRECTOR



I am proud to be able to report that in 2004–05 AADE enjoyed one of its most successful years. Thanks to the creative and dedicated leadership of our President, Board of Directors, committees, and staff,

we have been able to develop important new alliances, advance popular programs and services, and create and implement new member benefits. We increased our reach into new audiences and stakeholders, and took important steps, such as the National Practice Survey, to establish AADE's authoritative position as the leading voice in diabetes education practice. Because of these and other factors, we saw membership grow to close to 11,000. I am very gratified by this vote of confidence from our community, and expect this momentum to accelerate during 2006 and into the future.

Strategically, we saw the results of our year-long environmental scan reflected in a revised mission and vision for AADE, and in a significant re-organization of AADE's national headquarters to more closely support our strategic plan. We are in the process of consolidating organizational resources into four major divisions: Education, Advocacy, Science & Practice, and Operations. Once this is complete, and inspired by our new mission and vision statements, we will be poised for a period of new growth and direction to benefit diabetes educators.

Fiscal 2005 was another year of continued financial growth for AADE. Projected gross revenues of \$8.7 million is another new record for the association, and is the fifth consecutive year of revenue growth. Attendance of over 3,600 at our Annual Meeting in Indianapolis broke all previous records, generating over \$1.2 million, with exhibitor revenues exceeding \$1.4 million.

As we continue to advance our mission, we also continue to enjoy corporate support. Our corporate sponsors contributed over two million dollars to support numerous educational programs and services throughout the year.

As in previous years, a major part of our financial success is effective cost controls. During FY2005 all major expense categories were within the budgeted range. This fact, combined with our revenue growth, allowed us to exceed budgeted net revenues once again for the year.

I am privileged to serve this great association and professional community, and look forward to another year of progress in 2005–06.

A handwritten signature in black ink, which appears to read "C. Laxton".

Christopher E. Laxton
EXECUTIVE DIRECTOR

GATHERING KNOWLEDGE



EDUCATION.

AADE will serve as a leader in the education of its members, the broader healthcare community, and the community at large.

Numerous records were set at the 2004 AADE Annual Meeting & Exhibition in Indianapolis, Indiana. More educators, exhibitors and educational sessions than ever before made it the most successful annual meeting in our 32-year history.

AADE moved its e-learning to a new level with a Web-cast seminar, “DAWN: Real World Applications and Strategies,” which gave participants an in-depth review of the landmark DAWN (Diabetes Attitudes, Wishes and Needs) survey and showed them how to translate the findings into actions. More than 600 sites registered, with 3,000 national and international participants. To repurpose this as an enduring material, a self-study Web-based program has been developed from the live broadcast.

“Choices and Changes: Clinician Influence and Patient Action” entered its second year as one of Association’s primary educational programs focusing on behavior change. It uses a hands-on workshop format to provide clinicians with an opportunity to explore their role in the change process. Sixty-two sessions were offered to nearly 1,000 participants in cities throughout the nation. The number of faculty trained also increased, from 18 to 49.

An in-depth review of the fundamental concepts that support diabetes self-management training, *Core Concepts: The Art and Science of Diabetes Education*, was offered five times, with a total of 505 attendees. Consistently positive evaluations have shown this case-based program to be considered by diabetes educators as a professional development necessity.

Three audio conferences were offered, reaching approximately 1,000 educators and covering the following topics: “The Continuous Quality Improvement Process and its Relationship to Your Practice,” “Increasing Access to Medicare Diabetes Services – New Programs and Tools” and “Preparing for ADA Education Recognition Program Audits and Ensuring Maintenance of ADA Program Recognition.”

AADE produced what will be the first in a series of Quick Guide publications. The Quick Guide to Medications provides critical information about the oral and insulin medications used to control blood glucose values. Developed in a table format, it details each drug’s action, duration, indication and side effects, and well as confirms treatment choice, updates knowledge on a class of drugs and provides a review of medication options.

2004–05 Educator of the Year, Theresa Garnero, APRN, BC-ADM, MSN, CDE, took her show on the road. She presented “Using Humor as a Technique for Goal Setting with the AADE 7 Self-Care Behaviors™” to 14 chapters, reaching more than 1,000 diabetes educators.

Diabetes and Obesity Management, a new contract program, was offered this year and we approved 93 programs for continuing education credit.

AADE-7 GOAL SHEETS GIVE EDUCATORS AN EASY-TO-USE TOOL FOR TRACKING OUTCOMES

The first tool to be developed from the AADE-7 Self-Care Behaviors™ concept was unveiled at the 2004 Annual Meeting & Exhibition. A tracking instrument, the AADE-7 Self-Care Behaviors™ Goal Sheet was designed to assist diabetes educators in working with patients to set goals and to measure how well patients are doing in their pursuit of better health outcomes. The tool also provides for follow-up assessment.

The goal sheet’s purposes are numerous. It prompts the development of behavior change, allows for the patient’s entire treatment team to be apprised of the patient’s goals and it serves as a continuous quality improvement tracking system.

THE DIABETES EDUCATOR GOES ONLINE

AADE’s peer-reviewed journal went online in January 2005, giving members an improved reader experience. We also streamlined management of the journal by switching over to Sage Publications, a global publisher of journals.

The TDE Website offers readers extensive search capabilities, links to cited materials, email alerts and seamless access to other journals hosted on HighWire Press, a division of the Stanford University Libraries. Working with Sage is also showing results in the marketing arena. Aggressive advertising and conference show attendance on the part of Sage Publications is raising the visibility of the journal, increasing online access and usage, and growing subscriptions.



PUBLIC AWARENESS CAMPAIGNS MAKE A TANGIBLE IMPACT

Strategic alliances are critical to helping AADE educate the public about the link between diabetes and related health conditions. This year we partnered with several of our industry allies on unbranded awareness campaigns, which allowed us to make progress on our education goal and gave us an opportunity to highlight the role of diabetes educator:

Control your diabetes and be there for the ones you love. We joined forces with LifeScan, Inc., to reinforce the message that people with diabetes can and should take steps to manage their disease before it's too late, and that working with a diabetes educator is a great first step.

The campaign's TV and radio public service announcements show Johnny Cash's daughter Roseanne poignantly discussing her father's battle with diabetes, focusing on the warning signs he did not heed and which ultimately contributed to his death. Reinforcing the campaign was a Web site and a workbook emphasizing the role of the diabetes educator.

Take Charge. Talk T. What men with diabetes need to know about low testosterone. New research suggests men with diabetes are more than twice as likely to have low testosterone. To help diabetes educators better understand low testosterone and how it relates to their male patients, AADE partnered with Solvay, a Belgium-based pharmaceutical company, on Take Charge. Talk T. The campaign kicked off on June 20, 2005 and will run through the year.

RECOGNITION.

AADE will advance diabetes self-management training as central to diabetes care, and will advance lifestyle management for prevention of diabetes.

We were proud to have been honored for our leadership role in helping design, implement and promote the Diabetes Detection Initiative, a national effort to identify Americans with undiagnosed diabetes. AADE chapters were involved in all ten of the DDI sites, reinforcing the national collaboration between the Association and the U.S. Department of Health and Human Services.

The Secretary's Action Plan for Diabetes, which was released in November, was strengthened by the inclusion of our suggested comments about the importance of diabetes education.

As a result of an AADE request, the American Diabetes Association created a more flexible way of restructuring multi-site programs within the Education Recognition Program. The Centers for Medicare and Medicaid Services reviewed and accepted the change, which became effective July 1, 2005.

Recognizing the high rates of diabetes in the Hispanic and African-American populations, AADE once again carried the education, prevention and care message to the more than 10,000 participants at the NAACP, National Urban League and National Council of La Raza annual conferences.

We routinely form reciprocal relationships with fellow healthcare organizations. The result is a wider dissemination of our messages and increased promotion of new tools and patient education materials available to the diabetes educators. Some of the recent activities:

- Promotion of Healthy Vision Month activities for the National Eye Institute, and National Kidney Month for the National Kidney Disease Education Program.

- An article in the Amputee Coalition of America's in Motion magazine promoting the role of diabetes education in preventing amputations.
- An article in the American Dietetics Association's *On the Cutting Edge* detailing AADE's outcomes work.
- A representative was named to be a member of the American Heart Association's National Physical Activity and Metabolic Council, which is focused on the relationship between diabetes and an increased risk for heart attack and stroke.

Formal "memorandums of understanding" were developed with the American Diabetes Association, the National Diabetes Education Program and the National Kidney Foundation in an effort to promote collaboration in areas of mutual interest.

AADE President Mary Austin presented at the inauguration ceremony of the Indian Diabetes Educators Association, a first-of-its-kind national body in India. The ceremony was held against the backdrop of the World Health Organization's warnings diabetes would grow in India – from 32 million today to 79 million by 2030.

AADE has been working collaboratively with the Japanese Association of Diabetes Educators in Nursing, which is at the beginning stages of conducting outcomes research. JADEN has translated and published our framework documents on behavioral outcomes measurement and has begun seeking programs to participate in a pilot.

National Diabetes Education Week. AstraZeneca sponsored a distribution of the Association's "Live Life to the Fullest: Team up with a Diabetes Educator" brochure in time for diabetes educators to use in promoting their services during the first week of November.

Diabetes: Know the Heart Part. The second phase of this campaign with Merck and Co., Inc., paired American Bandstand legend Dick Clark with 2003-04 AADE President Virginia Zamudio, RN, MSN, CDE, in an effort to alert Americans with diabetes to their increased risk for heart disease. A national launch was held in New York City, with educational events in Tampa, Phoenix, Atlanta, Philadelphia and Dallas. Over the 15 week period of the campaign, Diabetes: Know the Heart Part generated 573 million media impressions.

A1C < 7% by 2007. AADE continued its work with Sanofi-Aventis on a campaign to raise awareness of the importance of maintaining A1C levels within a healthy range. We were instrumental in ensuring diabetes education be sufficiently recognized in "A Blueprint for Reversing the Growing Trend of Diabetes" the primary campaign document which was shared with policy-makers and other key stakeholders.

Diabetes Care Coalition. We became the first associate member of the Diabetes Care Coalition, a consortium of companies dedicated to persuading people with diabetes to discuss the A1C test with their healthcare providers. The Coalition is test marketing a TV and radio advertising-based campaign and a Web site, www.KnowYourA1C.com, in the cities of Tampa and Atlanta throughout 2005, with a plan to expand nationwide in 2006.

Wal-Mart and Sam's Club Diabetes Aware and Care Campaign. Scheduled for September 2005, AADE has been working with Ross Consumer Products, a division of Abbott Laboratories, to promote the role of the diabetes educator in Wal-Mart and Sam's Club stores during the month of September. This promotion will provide visibility for AADE, the AADE 7 Self-Care Behaviors™ and diabetes educators via print, Web and in-store displays.

The AADE Executive Committee attended the European Association for the Study of Diabetes conference in September. More than 10,000 diabetes specialists gathered in an effort to build a global understanding of what is now being recognized as a truly global disease.

The "Find an Educator" toll-free phone number and Web site locator continued to be a widely used. Nearly 5,000 people called the number and even more took advantage of the locator tool.

Obesity Management, a quarterly journal targeted to primary care physicians, now carries a column specifically related to the association's initiatives.

In an effort to clear up confusion about obesity and its effect on a person's health, AADE joined with fellow healthcare organizations to place an advertisement in the *Washington Times* on June 8. The message was simple: a healthy weight and good health go hand-in-hand.

We joined with Health Monitor® magazine to provide AADE members with free, personalized copies of the patient education magazine. Each issue is "Favorably Reviewed" for medical accuracy and carries a special advertising page that highlights the importance of working with a diabetes educator.

The association garnered news coverage in print, electronic and broadcast media. One notable example was a special section in *Endocrine Today*, which focused on the role of the diabetes educator.

Responding to a request from the American Health Quality Association, AADE teamed with the American Dietetic Association to develop the *Diabetes Services Order Form*, which is designed to

improve care in physicians' offices by giving them an easy and convenient method for referring Medicare patients with diabetes to a diabetes educator for diabetes self-management training and a registered dietitian for medical nutrition therapy.

Continuing our collaborative work with the American Association of Clinical Endocrinology (AACE), AADE President Mary Austin represented the association on the writing team for the Implementation Conference for ACE Outpatient Diabetes Mellitus Consensus Conference Recommendations. Though guidelines on diabetes management were announced in 2001 by ACE/AACE and endorsed by AADE, there is a noticeable lack of compliance among patients and physicians. To address this problem, ACE and AACE sponsored this consensus conference to determine the best ways to help patients delay the progression of Type-2 diabetes and prevent complications.

In another AACE collaboration, AADE President-elect Malinda Peebles participated in the AACE/ACE Consensus Conference on Patient Safety and Medical System Errors in Diabetes and Endocrinology. At this conference, which focused on in-patient safety, specialists reviewed evidence-based studies on medical errors and systemic issues of patient safety. Specific areas of concern included diabetes, osteoporosis, pediatric endocrinology, thyroid, bariatric surgery and cancer.

AADE worked on the revision of the *National Diabetes Fact Sheet*, which is published by the Centers for Disease Control and Prevention.

INCREASING OUTREACH



ADVOCACY.

AADE will advocate for public policy to improve the nation's health

AADE continued to work with the Centers for Medicare and Medicaid Services on examining obstacles to patient access to diabetes self-management training and seeking ways to streamline the reimbursement process. We also submitted comments on two separate regulations.

Competitive bidding continued to be an issue. We worked with fellow stakeholders in an effort to shape the competitive bidding program in a way that ensures the care management of Medicare patients with diabetes is not adversely impacted.

The AADE Public Affairs Committee was expanded to reflect a growing need for grassroots mobilization and reimbursement resources:

- With the addition of a Grassroots Subcommittee, we succeeded in revitalizing the AADE chapter legislative coordinator network. The result was a dramatic increase in the number of chapters with a designated legislative officer and the creation of a regional liaison network.
- An audio conference briefing on the Diabetes Self-Management Training Act was provided to the chapter legislative coordinators.
- Reimbursement issues gained prominence with the forming of a Reimbursement Sub-committee. The group developed a reimbursement e-community and updated the Web site's reimbursement resources.

DIABETES SELF-MANAGEMENT TRAINING ACT REINTRODUCED IN HOUSE AND SENATE

Improving access to diabetes self-management training and achieving equitable reimbursement for diabetes educators continue to be our chief advocacy concerns.

The Diabetes Self-Management Training Act (S. 626 and H.R. 3612) aims to make progress in both areas by allowing diabetes educators more practice options and professional stability, which in turn will lead to more diabetes education programs and increased treatment opportunities for patients.

Specifically, the proposed legislation seeks to improve access by allowing certified diabetes educators to directly bill Medicare for their services. The legislation was introduced in the 108th Congress, and was reintroduced this year in the 109th Congress by Senators Ben Nelson, Nebraska Democrat, and Kay Bailey Hutchison, Texas Republican, and by Representatives Curt Weldon, Pennsylvania Republican, and Diana DeGette, Colorado Democrat.

MEMBERSHIP.

AADE will develop a diverse membership that will enhance and promote the benefits of diabetes self-management training and prevention through the team approach.

AADE membership grew almost 3%. We now have nearly 11,000 members: 51% nurses, 28% dietitians, 5% pharmacists, 4% advanced practice nurses and 12% other healthcare professionals.

Transcripts detailing AADE-provided CE credit activity were made available for the first time, giving members an easy method for meeting credentialing and licensure requirements.

Several new taskforces were appointed:

- Diversity Taskforce
- Joint Taskforce on Diabetes Education BC-ADM Strategic Marketing Taskforce
- *The Diabetes Educator* Taskforce
- Environmental Scanning Working Group
- Outcomes Project Taskforce

Two new specialty practice groups (SPG) were formed: Inpatient Management SPG and Asian & Pacific Islander SPG. Additionally, six groups of members began the process of recruiting colleagues to form new specialty practice groups.

A new chapter received its charter in August 2004: the Greater Chattahoochee Valley Association of Diabetes Educators.

The annual AADE Leadership Forum brought together 150 incoming chapter president-elects, specialty practice group chair-elects and committee chairs.

The online career network was enhanced, giving members the ability to post resumes and receive automatic e-mail alerts of new job listings.

The chapter dues collection process was simplified, giving members of participating chapters the ability to make one payment for both their national and chapter dues.

RESEARCH.

AADE will promote research in diabetes self-management training and behavior change

Much has resulted from the National Diabetes Education Outcomes System project, which began in 1997 – the AADE Outcomes Standards, the AADE 7 Self-Care Behaviors™, among others. This year, however, we retired the NDEOS brand and entered a new phase of our outcomes work under more sharply focused parameters.

By partnering with the University of Pittsburgh Medical Center in (month, year), the AADE Outcomes Project began focusing on integrating the outcomes measurement instruments into an electronic medical record system and within a multi-site diabetes education center. This is allowing for real-world testing, application and, ultimately, understanding. It's hoped that the end result will be an enhanced interaction between the patient and the educator, improved outcomes for the patient and a more efficient operation that saves money.

To assist diabetes educators in examining their effectiveness, efficiency and quality of care, AADE developed *Continuous Quality Improvement: A Step-by-Step Guide for Quality Improvement in Diabetes Education*, a handbook that outlines the numerous benefits of instituting a continuous quality improvement process at their workplace.

RESEARCH GRANT TO STUDY

ACCESS ISSUES

AADE placed its foot firmly in the research arena this year. In March 2005, we funded our largest research grant ever, and one that will move us towards solving one of our most vexing issues – patient access to diabetes education.

The AADE Foundation is funding this two-year study to be completed by summer 2007. The results will be available to policy makers, healthcare providers and payers, require this evidence to make sound decisions and policies about diabetes education. The results will also help inform members as they make clinical decisions, plan and implement their education programs.

The two-year grant has been awarded to Mark Peyrot, PhD, who proposed a comprehensive study that will address both supply-side and demand-side factors affecting access to diabetes education. The supply-side approach will focus on factors that inhibit or promote the availability of diabetes education. The demand-side approach will focus on factors that inhibit or promote the utilization of the diabetes self-management training benefit.

ORGANIZATIONAL EXCELLENCE.

AADE will continue to develop an effective and efficient organization.

A new Industry Allies Program was instituted, which will allow for AADE's key allies in industry to provide ongoing program support and activity sponsorship in a way that supports the organizational goals of both the association and its many industry allies.

A comprehensive revision of the *Scope of Practice for Diabetes Educators and the Standards of Practice for Diabetes Educators* gave us a more accurate reflection of current workplace standards, as it now reflects the importance of the educator's role in promoting self-care behavior and behavior change. The AADE 7 Self-Care Behaviors™ are highlighted in the document.

We continued to improve the *e-FYI* monthly member newsletter, instituting a more reader-friendly format and adding new features.

In addition to the Environmental Scan (see below), surveys collecting data on outcomes collection in recognized diabetes education programs and member non-attendance at the 2004 Annual Meeting & Exhibition were conducted.

AADE completed a comprehensive review of its Bylaws, which will be voted on by the AADE membership at the August 2005 Business Meeting during the Annual Meeting & Exhibition.

A new Professional Practice Committee was formed to support our increased emphasis on standardizing and driving professional practice. The committee's first activity was to develop a taxonomy for the association's many practice documents.

A new Products and Publications Committee was approved to become operative in August 2005.

A Code of Conduct was established for all AADE leaders and the AADE Code of Ethics was revised. The Code of Ethics is a statement of the ethical principles of the diabetes education profession. This code represents the values of the profession and provides guidance for the behavior of its members.



AADE ENVIRONMENTAL SCAN CREATES A BLUEPRINT FOR THE FUTURE

To gain a better understanding of the profession as it's currently being practiced, we completed a two-year environmental scan in February 2005. The scan illuminated key trends that are providing us with the information we need to help diabetes educators proactively respond to the changes they have been seeing and arm them with the knowledge they need to become change agents in their workplace and in their profession. The key findings, in summary:

- Diabetes education is being done in a much wider array of settings and modalities.
 - Diabetes educators appear to be coming from more diverse disciplines, backgrounds and training.
 - Diabetes education payment sources are becoming more diverse – and the reimbursement environment is increasingly dynamic.
- The next step, which has already begun, is to gather quantitative research that will further examine these four findings. AADE has launched a National Practice Survey to gather practice data from all sectors of diabetes education. The ultimate goal is to form a baseline description of diabetes education practice in the year 2005 that will be based on structure, process and outcomes. It will then serve as a benchmark for what will be an annual survey.

The abstract submission process for the 2005 Annual Meeting and Exhibition was streamlined for efficiency and ease-of-use and was offered exclusively online. This resulted in a record number of abstracts being submitted for this year's educational program.

A detailed investment policy for AADE funds was created, which will allow us to allocate investments to better fulfill our fiduciary responsibilities.

A strategic reorganization of staff has led to the creation of four new key positions:

- The Chief Learning Officer will be responsible for all major professional development programs and learning initiatives. Specifically, the CLO will lead initiatives to enhance the professional development component of the association by investigating and developing new educational business and programmatic opportunities.
- The Chief Advocacy Officer will be based in Washington, D.C., will provide leadership in shaping sound diabetes-related public

NEW MISSION AND VISION

SHARPEN OUR FOCUS

Strategic planning is a part of every meeting of the AADE Board of Directors. The spring 2005 meeting focused on the need to more accurately reflect the diabetes educators' work in preventing diabetes, and in helping patients manage all their co-morbid conditions. The result was a revision of the Association's mission and vision.

Mission statements are meant to define an organization's reason for being, core competency, and unique skill set.

AADE's new mission:

Driving professional practice to promote healthy living through self-management of diabetes and related conditions.

Vision statements, on the other hand, are intended to define what success looks like.

AADE's new vision:

Successful self-management for all people with diabetes and related conditions.

policy and programs, and take on a leading role in advancing AADE's important public policy advocacy agenda on behalf of all diabetes educators.

- The Chief Science and Professional Practice Officer is expected to be added in early 2006 and will be responsible for leading the consolidation of AADE's role as the leading voice for evidence-based diabetes education practice, trending and new developments in the practice environment, and research to develop the evidence base for effective patient self-management support.
- The Chief Operating Officer will oversee all operational support for AADE and provide strong and consistent internal management to the national organization. This supports AADE's goal of organizational excellence in providing efficient and effective service to members and customers, volunteer leaders and other stakeholders.

VITAL CONTRIBUTIONS



SPECIAL THANKS

to our industry sponsors
for their generous support in 2004–05

PLATINUM

\$1,000,000 +

Novo Nordisk

GOLD

\$500,000 – \$999,000

Bayer Healthcare Diagnostics Division
LifeScan

SILVER

\$250,000 – \$499,000

BD Consumer Healthcare
Eli Lilly & Company
Roche Diagnostics

BRONZE

\$150,000 – \$249,000

Abbott Diabetes Care
Medtronic MiniMed
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AADE LEADERSHIP

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Pam Michael, Staff Liaison
Ellen Pritchett, Staff Liaison

FINANCIAL HIGHLIGHTS

Year ending June 30, 2005

AADE LIAISONS AND REPRESENTATIVES

Amelia Island Consortium

Sandra Burke, PhD, CNP, BC-ADM, CDE

AAACE Consensus Conference Implementation Conference for ACE Outpatient Diabetes Mellitus Consensus Conference Recommendations

Mary M. Austin, RD, MA, CDE

AAACE Consensus Conference Patient Safety and Medical Systems Errors in Diabetes and Endocrinology

Malinda Peoples, RN, MS, CDE

AADE Education and Research Foundation

Deborah Hinnen, ARNP, BC-ADM, CDE, FAAN

American College of Physicians

Donna Rice, RN, BSN, MBA, CDE

American Council on Fitness and Nutrition

Mary M. Austin, RD, MA, CDE

American Diabetes Association Education Program Recognition

Amparo Gonzalez, RN, BSN, CDE

American Diabetes Association Government Relations Committee

Ann Constance, MA, RD, CDE

American Heart Association Nutrition, Physical Activity and Metabolism

Wahida Karmally, DrPH, RD, CDE

American Health Quality Association Thought Leaders Summit

Mary M. Austin, RD, MA, CDE
Donna Rice, RN, BSN, MBA, CDE

Asian Pacific Islander Community Health Organization

Jane Kadohiro, DrPH, APRN, CDE

Centers for Disease Control and Prevention Division of Diabetes Translation

Mary M. Austin, RD, MA, CDE
Christopher Laxton

Centers for Disease Control and Prevention National Public Health Initiative on Diabetes and Women's Health

Julie Slocum, RN, MS, CDE

Coalition for Safe Community Needle Disposal

Peggy Bourgeois, APRN, MN, CDE

National Diabetes Fact Sheet

Mary M. Austin, RD, MA, CDE

National Eye Health Education Program

Anne Whittington, MBA, MSN, RN, CDE

National Diabetes Education Program

Christy Parkin, RN, BSN, CDE

National Urban League Advisory Board

Michelle Sheldon-Rubio, RN, BSN, CDE

Partnership for Essential Nutrition

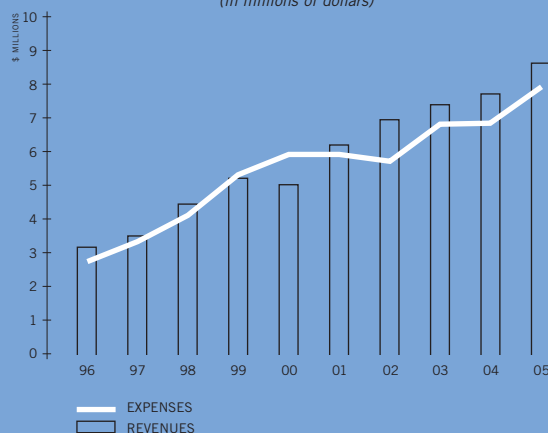
Mary M. Austin, RD, MA, CDE

Self-Management Blood Glucose Consensus Conference

Mary M. Austin, RD, MA, CDE

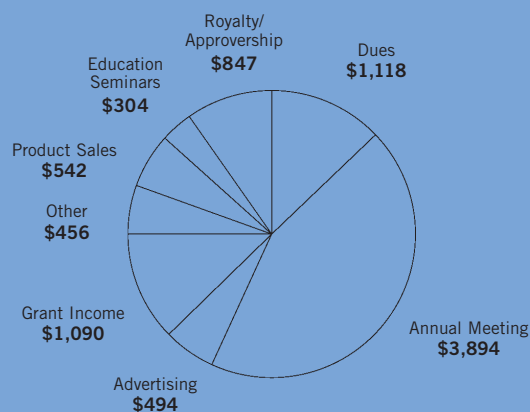
HISTORICAL FINANCIAL ANALYSIS

(in millions of dollars)



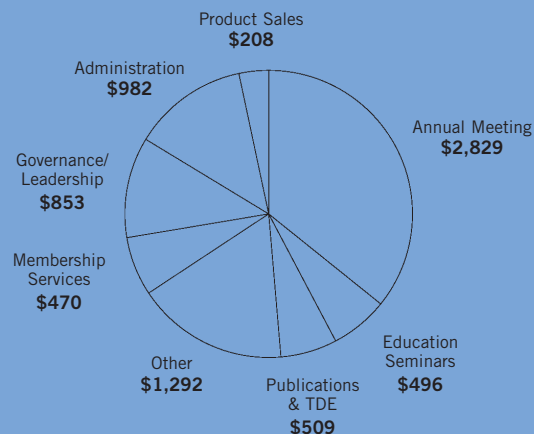
SOURCE OF FUNDS – FYE 2005 ACTUAL

(in thousands of dollars)



USE OF FUNDS – FYE 2005 ACTUAL

(in thousands of dollars)



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