



what we're mAADE of.

Active Listeners. Compassionate caregivers. Advocates for improved healthcare access. Innovators of education. Personal heroes. Agents of change. Creative problem solvers. Thought leaders. Proponents of prevention. Care team collaborators. Counselors. Role models. International influencers. Trusted advisors.

## MESSAGE FROM THE PRESIDENT AND CEO

In 2008, AADE redoubled its efforts to expand the influence of diabetes educators and increase their educational, professional and employment opportunities. Thanks to the creative and dedicated work of our volunteer leaders, staff and member professionals, we were able to respond more fully to our members' evolving needs, deal effectively with environmental challenges, and capitalize on opportunities for diversification and growth.

This year, we have made great progress in many of our strategic goal areas. In 2008, we further defined the profession and became an accrediting organization for diabetes education programs. We also initiated research studies to advance the profession, expanded our international reach and developed new resources to help our members become more effective in their practice and in their communities.

By exploring different delivery models for diabetes education and outlining a career path, AADE was better able to guide practice and clear the way for the development of new employment opportunities.

We are also pleased that we developed and offered an impressive lineup of continuing education programs, courses and events in 2008.

These opportunities arm diabetes educators with the best possible information and tools to improve their practice and achieve recognition for their services.

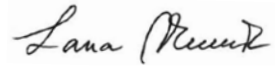
Organizationally, we modernized our governance structure by grouping the Board of Directors into four committees: Governance, Planning and Development, Performance Oversight and Monitoring and Stakeholder/Member Relations.

We also changed our fiscal year to a calendar year in order to align our business operations with that of our members' employers. AADE's last annual report covered the old fiscal year (July 1, 2007 to June 30, 2008) and this current report starts a new cycle for annual reports by covering the 2008 calendar year.

We are pleased with the results of our 2008 programs and activities, and we hope that you take a few minutes to read this report and find out more about this year's achievements.



Amparo Gonzalez, RN, BSN, CDE  
President



Lana Vukovljak, MA, MS  
CEO

## ARMED WITH KNOWLEDGE

Diabetes educators are on the front lines of diabetes patient care, and therefore, it is essential that they stay informed of advances in the field and have tools at their disposal that are thoroughly grounded in evidence and best practices. As the national association for diabetes educators, AADE offers a number of resources, activities and publications that are meant to keep our members informed, engaged and on the cutting edge of diabetes care.

Continuing education is key to maintaining best practices in diabetes care. The 2008 AADE Annual Meeting and Exhibition offered ample opportunities for members to learn about and discuss many issues related to diabetes education, care and delivery. Our educational programming included breakout sessions, pre-conference programs, Corporate Symposia, Product Theatres and General Sessions. The theme for the conference, "Diabetes Educators: Bringing our Worlds Together" was reflected in the diversity of this year's sessions, which placed a particular focus on alternate practice settings, innovative models and effective protocols.

This year's meeting also featured six moderated forums showcasing different viewpoints on topics such as non-traditional practice settings, the challenges and solutions for providing patients with a support network, creating a framework for primary prevention, legal ramifications for medication management and prescribers,



strategies for delivering care to diverse populations, and the pros and cons of the various nutrition meal planning methods.

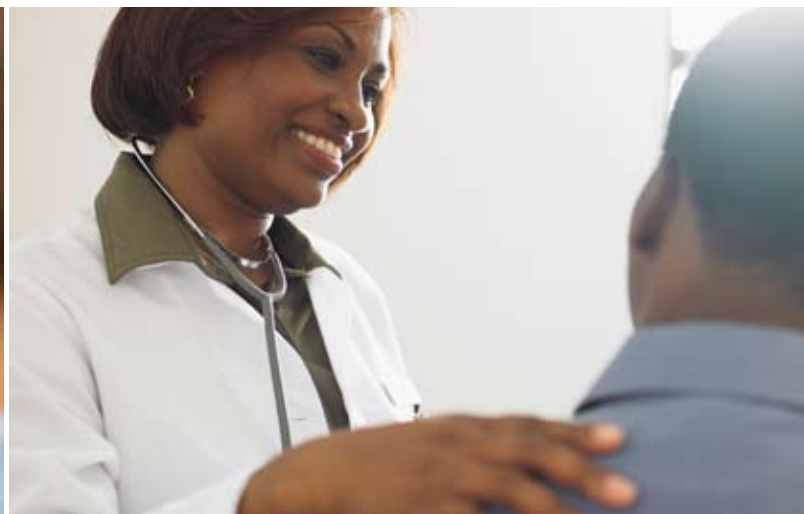
Continuing education credit opportunities were not just limited to the Annual Meeting. Because we understand the needs of the busy professional, we made it a priority to offer an increased number of continuing education opportunities in a variety of formats this year. By providing a wide array of educational webinars, seminars, online modules, and face-to-face courses, we were able to meet the diabetes professionals' diverse learning and lifestyle needs.

**Networking** with other diabetes educators is another way to stay informed and engaged with developments in the field. AADE chapters and specialty practice groups continue to allow members to share their interests and expertise with colleagues. This year, we provided additional opportunities by launching the AADE on

Location series. These regional meetings were offered free-of-charge to members and allowed educators to meet AADE leaders, network with other local diabetes professionals and earn two hours of continuing education credit.

To better engage members in our advocacy efforts, we held a 2008 "Hill Day" in which AADE members were able to meet with their representatives and share their perspectives and recommendations for new policies and legislation that are pertinent to diabetes patients and professionals. Sponsored by Roche Diagnostics, the Hill Day allowed diabetes educators to actively participate in the advocacy of their profession.

*All of our activities are meant to arm the professional with the latest information and tools to help meet the needs of their patients.*



## GUIDING PRACTICE

Over the past several years, we have laid the foundation for proving the worth of educators and revealing the true value of diabetes education. This year, AADE has further enhanced that evidence base by assessing the scope and nature of the profession and its professionals and broadening the reach of diabetes educators.

This year, one of AADE's major projects was to develop the Guidelines for the Practice of Diabetes Self-Management Education and Training. These guidelines encourage the delivery of diabetes education within the framework of the AADE7™ Self-Care Behaviors and the National Standards for Diabetes Self-Management Education. AADE recognizes that diabetes education is delivered by multiple providers who function at different levels and in different roles. The guidelines clarify the roles/responsibilities of all persons involved in the facilitation and/or delivery of diabetes education and care across a continuum of clinic- and community-based settings. In this way, AADE added another important piece to the evidence base for diabetes education.

It is clear that diabetes educators have a great deal to offer the greater healthcare community, and it would be beneficial to both providers and patients to incorporate the services of a diabetes educator into a wider array of settings. That is why AADE made it a strategic priority this year to outline a career path for the diabetes educator and examine the different delivery models for education (see below).

AADE also launched its Diabetes Education Accreditation Program in 2008 and submitted an application to CMS to become a national accrediting organization to further expand employment opportunities for educators. The accreditation program will help increase access to education by making it easier to set up programs in community-based settings such as physician offices, churches, local community centers and workout facilities, to name a few.

These activities and programs are just a few of the strategic initiatives that AADE undertook in 2008 to enhance the profession, guide practice and ensure that more patients have access to the services of a diabetes educator.

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### DELIVERY MODELS FOR DIABETES EDUCATION

**INDEPENDENT MODEL** — embraces an entrepreneurial approach to diabetes education. For instance, a licensed healthcare professional/diabetes educator who can bill for her/his services would contract with two or more physicians to offer diabetes education to patients from multiple practices. The educator working in an independent setting would serve as a coordinator of care and would work as an adjunct to the overseeing provider. This model also allows for additional patient support strategies such as engaging community health workers/health promoters in the care of people with diabetes. As you can see, this type of model has a lot of room for ingenuity and growth.



**PRIMARY CARE PRACTICE MODEL** — allows primary care providers to directly engage the services of a diabetes educator to provide diabetes care and management in their practice. The diabetes educator in this setting doesn't necessarily need a provider number, since all services would be billed under the physician. This team approach is beneficial because it allows physicians, educators and other staff to closely coordinate patient care. By providing reports that detail patients' clinical and behavior outcomes, diabetes educators can ensure that the physician has all of the information she/he needs to make decisions about the treatment a patient receives.

**INSTITUTION-BASED MODEL** — relies on referrals to existing diabetes education programs or services. A parent institution, such as a hospital, treats patients with diabetes and the overseeing physician refers them to diabetes education services. The diabetes educator then provides self-management education and training to the patient and can refer them to other community resources for ongoing support. In this model, patients transition easily through the continuum of care and adopt self-management behavior skills.

## AGENTS OF CHANGE

Because the landscape of diabetes education continues to evolve, AADE has been developing tools, resources and opportunities that will not only prepare diabetes educators for the changes in the profession, but also will empower them to be agents of that change.

Diabetes educators must continue to refine their role in the care team and take advantage of opportunities to develop knowledge and skills that enable them to achieve their professional goals, improve productivity and become essential members of every practice that treats patients with diabetes.

Every year, AADE produces resources, information and opportunities that are specifically tailored to empower the professional diabetes educator.

This year, we began developing materials that will help our members learn the business, marketing, entrepreneurial and management skills that will become essential as they assume new leadership positions and break into new practice settings.



In 2008, we also ushered in a renewed focus on our position in the international diabetes community. By hosting an International Diabetes Educators Conference at this year's Annual Meeting, we were able to exchange advice, perspectives, tools and resources with our colleagues from 33 countries around the world. By making these alliances, AADE is broadening the reach of diabetes educators on a local, national and international scale.

By designing resources and engaging in activities such as these, AADE empowers educators to become leaders and change agents in their practice settings—and in the lives of their patients.



Every year, AADE produces resources, information and opportunities that are specifically tailored to empower the professional diabetes educator.



# What we mAADE of 2008.

An overview of the profession-building initiatives AADE launched or completed this year.

## PROFESSIONAL DEVELOPMENT

### Educational meetings

- AADE Annual Meeting & Exhibition, August 2008
- Six Core Concepts Courses

### Publications

- AADE Quick Guide to Medications
- CQI: A Step-by-Step Guide for Quality Improvement in Diabetes Education, 2nd Edition
- Diabetes Education Review Guide: Test your Knowledge
- Reimbursement Guide for Primary Care Practices

### Online programs

- ABCs of Diabetes Education
- Facilitating Behavior Change
- Reimbursement Guide for Diabetes Educators

### Webinars

- Four webinars on Applying the Principles of the AADE7™
  - Hyperlipidemia
  - Hypertension
  - Renal Impairment
  - Peripheral Arterial Disease
- Sexual Health and Diabetes
- ADA Education Recognition Process
- Medications Update
- Ask the Experts: Behavior Change
- Complementary and Alternative Medicine for Diabetes

- Pediatrics: Tips and Techniques for Working with Infants and Children
- Cultural Competency: Are you Speaking the Right Language?
- Diabetes and Disabilities

### On-demand webcasts

- Men's Health, Low Testosterone and Diabetes: An Overview
- Insulin Pumps: What Are They All About?
- The Keys to Successful Insulin Pump Initiation
- Initiating Insulin Pump Therapy: Where Do You Start?
- Fine Tuning, Problem Solving and Follow-Up with Pump Therapy
- Peer Reviewer Training

### Educational materials

- A Clinical Imperative: Strategies to Effectively Improve Treatment Outcomes With Amylin Analogues
- Strategies for Cardiometabolic Risk Factor Reduction: The Emerging Role of the Endocannabinoid System
- The Emerging Landscape of Diabetes Care: Optimizing Patient Outcomes with Incretin Mimetics
- Multidisciplinary Interventions: Mapping New Horizons in Diabetes Care
- Men's Health, Low Testosterone, and Diabetes: Individualized Treatment and a Multidisciplinary Approach

## RESEARCH AND PRACTICE

### Position statements

- AADE7™ Self-Care Behaviors
- Diabetes Educators: Implementing the Chronic Care Model
- Management of Children with Diabetes in the School Setting
- The 2008 Scope of Practice, Standards of Practice and Standards of Professional Performance for Diabetes Educators

### Research projects

- Building the Evidence grants: Medication Adherence Program—Promoting Diabetes Self-Management through Community Pharmacies; and Assessing the Role of Nutrition Education and Health Literacy in Diabetes Care
- AADE/Sigma Theta grant: Improving Diabetes Outcomes in African-American Women through Dance and Peer Group Support
- AADE7™ Systematic Reviews: Convened research symposium on Problem Solving

### Diabetes Education Accreditation Program

- Accredited seven programs
- Recruited and trained volunteer accreditation auditors
- Applied for CMS approval

### Consensus summits

- Men's Health, Low T and Diabetes: Customized Treatment, A Multidisciplinary Approach
- Insulin Pump Therapy: Guidelines for Successful Outcomes

### Surveys

- 4th Annual National Practice Survey
- Continuing Education Needs Survey
- Member Satisfaction Survey

## ADVOCACY

### Coalition participation

- Diabetes Access to Care Coalition
- Diabetes Advocacy Consortium
- Safe Needle Disposal Coalition

### Public policy briefs

- National Health Care Reform: The Role of Diabetes Educators in Disease Management, Cost Containment and Health Prevention for Diabetes

### Legislative activity

- Meetings with key congressional representatives to promote the legislation seeking provider status for certified diabetes educators.
- A "Hill Day" in August, with nearly 100 chapter legislative coordinators meeting with local representatives.
- Meetings with the secretary of the Department of Health and Human Services and other department and agency decision-makers.

## EXTERNAL OUTREACH

### Industry Allies Advisory Council members

- Abbott Diabetes Care, Abbott Nutrition, Amylin Pharmaceuticals, Arkray, Inc., AstraZeneca, Bayer HealthCare, BD Consumer Healthcare, Eli Lilly & Company, LifeScan, Inc., Medtronic, Merck & Co., Nestle Nutrition, Novo Nordisk, Roche, Sanofi-Aventis and Takeda

### Collaborations

- Peers for Progress
- Diabetes Care Coalition
- National Changing Diabetes Program
- National Diabetes Education Program
- Partnership to Fight Chronic Disease

### Patient educational materials

- Side-by-Side: A Partner Approach to Diabetes Self-Care patient guidebooks in English and Spanish
- Side-by-Side videos on each AADE7™ self-care behavior
- Patient-facing blog

### Favorably Reviewed materials

- Ten Bayer HealthFacts booklets
- University of Texas Medical Branch patient self-management curriculum
- Four Novo Nordisk booklets
- Physician's Committee for Responsible Medicine DVD
- Learning to Live with Diabetes – Member-produced DVD
- 13 Milner Fenwick products
- Five issues of *Diabetes Health Monitor*

## MEMBER SERVICES AND PROGRAMS

### New programs or services

- Ask the Reimbursement Expert service
- AADE Fellows Program
- National Diabetes Education Week toolkit
- Chapter calendar
- Employer brochure
- Hosted regional meetings in five cities

### Journal and newsletters

- Six issues of *The Diabetes Educator* journal and produced a Chinese-language version for distribution in China
- Four issues of *AADE in Practice*
- Eleven issues of the *e-FYI* member newsletter

### Chapter and SPG training sessions

- Three audio programs
- Two-day, in-person session

### Approved bylaws changes

- Members who are employed by industry can now become active members and have the right to vote, make nominations, and chair, serve and vote on committees.
- Broadened the definition of a student member to include trainees and allowed them to join the association while still enrolled in health professional programs.
- Approved the adoption of a new Board structure

# Our Leadership

## 2008 Board of Directors

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Andy Gerwitz, Jr., RPh, CDE  
Annette Halasz, RN, BSN, CDE  
Sherrie Hardy, RD, CDE  
Robin Petry, RN, CDE  
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Judith Hibbard, PhD  
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Sandra Burke, PhD, ANP, CDE, BC-ADM  
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Terry Lumber, RN, CNS, CDE, BC-ADM  
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Virginia Valentine, CNS, BC-ADM, CDE

#### **NATIONAL CURRICULUM GUIDELINES GROUP**

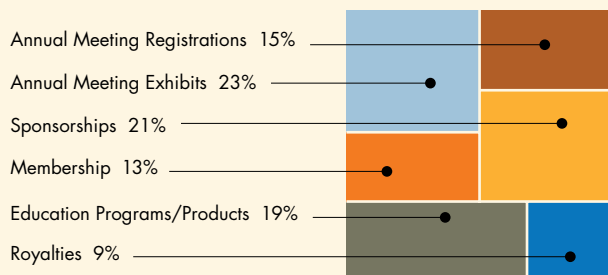
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James Fain, PhD, RN, BC-ADM, FAAN, FAADE  
Jane Kadohiro, DrPH, APRN, CDE  
Carolé Mensing, RN, MA, CDE  
Margaret Powers, PhD, RD, CDE  
Donna Rice, MBA, BSN, RN, CDE

We also owe special thanks to members who served as liaisons to outside organizations.

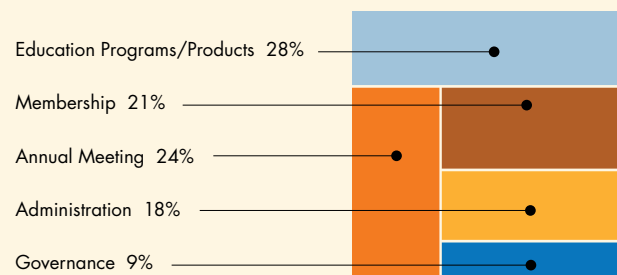
For more than 35 years, AADE has proven consistent growth, expansion and positive revenue margins. Our history of fiscal stability has allowed us to annually increase member benefits while keeping membership dues low. We are proud of our ability to continue developing products and services that keep our members on the forefront of diabetes patient care.

### Fiscal Year Ending June 30, 2008

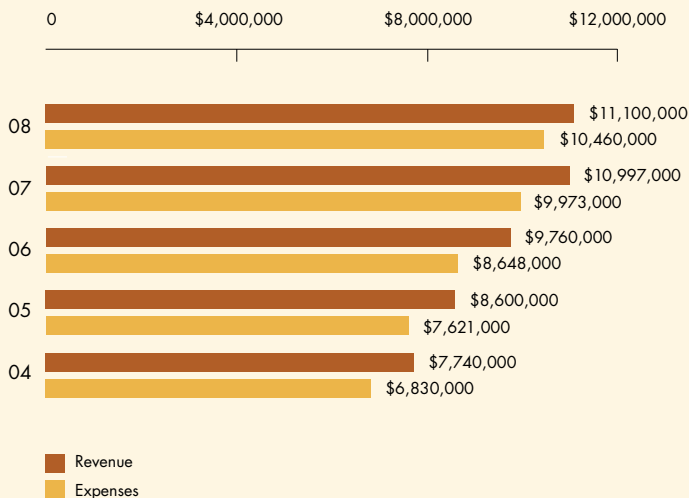
#### REVENUE



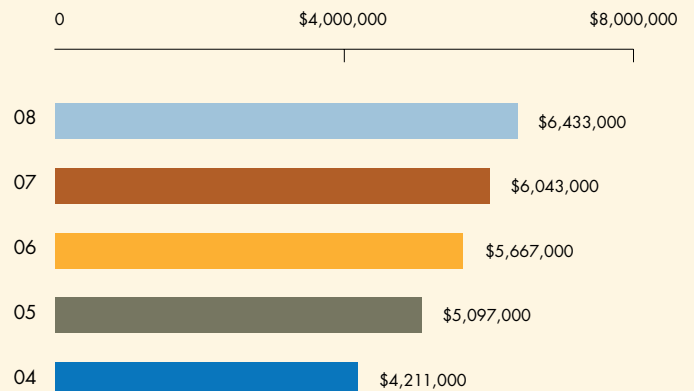
#### EXPENSES



#### HISTORICAL REVENUE AND EXPENSES



#### NET ASSETS



WE OWE SPECIAL THANKS TO OUR  
INDUSTRY FRIENDS FOR THEIR GENEROUS  
SUPPORT AND PARTICIPATION IN 2008.

Abbott Diabetes Care

Amylin Pharmaceuticals

Bayer HealthCare

BD Consumer Healthcare

Eli Lilly & Company

LifeScan, Inc.

Medtronic

Merck & Co.

Novo Nordisk

Roche Diagnostics

Sanofi-Aventis

Solvay Pharmaceuticals

Takeda



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