

AMERICAN ASSOCIATION OF DIABETES EDUCATORS

# 2010 ANNUAL REPORT

AADE EDUCATION AND RESEARCH FOUNDATION





## THE YEAR 2010 WAS CHARACTERIZED BY CHANGE AND DEFINED BY PROGRESS.

AADE's main initiatives this year were focused on assembling the pieces needed to build a strong, versatile association that can quickly and effectively meet the needs of the current membership, while preparing for the association of the future.

Despite the challenging economic climate, the association was able to roll out a new membership affiliation model, increase member benefits, broaden the scope of its programs, continue advocating for educators on the federal and state levels, and maintain a number of current partnerships while forming new ones.

This report provides a more detailed overview of the association's recent activities.

# POSITIONING THE ASSOCIATION FOR FUTURE GROWTH

AADE activities this year were targeted toward strengthening the infrastructure of the association and making sure that members have the best possible access to the benefits and services offered. Here are some of the developments this year that helped us meet this goal.



## **New Member Affiliation Model**

AADE recognized the need to capitalize on the strengths of the chapter structure and transition it into a more dynamic, adaptable model that utilizes technology to improve communication and planning on a local and national level.

The MY AADE NETWORK was developed to meet this need, and it was launched at the 2010 AADE Annual Meeting in August. The NETWORK is characterized by a system of Local Networking Groups across the country linked to one another through a state Coordinating Body, which also serves as a bridge to the national office.

The MY AADE NETWORK model is supported by a website that allows members to talk about issues, share ideas, ask questions, register for events or education programs, raise awareness for a cause, participate in ongoing discussions and schedule meetings, among other things.

AADE staff and volunteers worked hard this year to facilitate the transition. They trained new leaders, developed a leadership guide, and answered questions via town hall calls and in-person meetings. The membership was kept in the loop with monthly newsletters, articles in eFYI, and even a special issue of eFYI which focused solely on the MY AADE NETWORK.

In 2010, 72 chapters started the transition to the NETWORK. The process will continue over many months, with completion expected in late 2011.



### Communities of Interest

With the new tools available on the MY AADE NETWORK and a need for a simplified structure with fewer administrative duties, the AADE Specialty Practice Groups (SPGs) were transitioned into Communities of Interest (COI).

Communities of Interest have an open-community structure, which means that members can join or simply view the work of as many COIs as they want at no additional cost. With a less formal structure, COIs are learning communities where the emphasis is on creating a body of knowledge, practices and approaches, while collaborating with colleagues who have similar interests.

### Unified Dues Structure

With the launch of the MY AADE NETWORK and the transition to Communities of Interest, a new dues structure was needed to unify these elements. The all-inclusive membership dues are now \$165, which includes fees for national, state, local membership and participation in multiple COIs.

Also, members have more options for paying their membership dues: they can pay in monthly installments or opt to pay for more than one year of membership at a time. AADE also offers the multi-year membership option which lets members pay 2 to 3 years' worth of dues at one time.

### Research Initiatives

Numerous research projects were funded this year through the AADE Education and Research Foundation. Two of them are highlighted here, while the others are reported in the Foundation Annual Report.

In order to continue documenting the effectiveness of diabetes education and educator interventions, AADE has been conducting research symposia focused on each of the AADE7™ Self-Care Behaviors. This year, two more were completed: Healthy Eating and Being Active. The results have been translated into manuscripts and have been submitted to various diabetes-related publications.

Another important project that we continued working on in 2010 is our multi-year initiative to develop metrics and a tool to assess and measure patients' success with changing needed behaviors. The Behavior Score Tool will result in a patient's composite behavior score for each of the AADE7™ Self-Care Behaviors. Field testing was completed in 2009. The tool is currently being validated and is expected to be finalized in 2011.

# OFFERING CONTINUING EDUCATION, PUBLICATIONS, AND SERVICES TO SUPPORT PRACTICE

A major focus for the association is to provide access to the best possible continuing education opportunities, publications, and events. This year, we were able to develop products that help strengthen current practice, while preparing members for the roles that might evolve in the future.

Because professional development is at the core of AADE's mission, we make it a priority to continue expanding our continuing education offerings and to make them available in a multitude of formats that work with an educator's busy schedule. Here are a few of the opportunities that members had access to in 2010.

## Annual Meeting

The 2010 Annual Meeting and Exhibition brought together 6,000 participants and provided comprehensive continuing education sessions that spanned the full spectrum of diabetes-related topics and catered to educators at every level of practice. Attendees were encouraged to “Be Part of the Big Picture” and to focus on assembling the skills and knowledge needed to prepare them for the next step in their career. Participants chose from over 120 sessions which were classified for each level of diabetes educator and were divided into five educational tracks. Another feature of this year's meeting was the Emerging Technologies Pavilion where new diabetes-related technological applications and products were showcased. Also, attendees were able to take part in yoga and meditation sessions which were sponsored by the AADE Education and Research Foundation.



### Distance Education

This year, nearly 1,100 members took advantage of our 15 live webinars that covered an array of topics pertinent to the practice of diabetes education.

#### Three print supplements were also available to members:

- Cases in Practice: Enhancing Patient Success with GLP-1 Analogs
- A New Look at Established Therapies: Optimizing Insulin Use
- Individualizing Care: The Evolving Role of Professional CGM

We also recognized the need for expanded options for our live programs and launched our webcasts-on-demand program. These webcasts are recordings of live webinars and educational events that are accompanied by the slide presentations of the original session. They are available on the AADE website and can be accessed any time, from anywhere. In 2010, six webcasts on-demand were offered.

We also added a self-paced, 6-module online program, the *Fundamentals of Diabetes Care: A Certificate Program for Healthcare Technicians*. This course focuses on training medical assistants, licensed practical nurses, and other healthcare technicians to deliver appropriate level diabetes care to patients within their practice setting. Technicians who complete the program will be better prepared to assist patients with diabetes and refer them to diabetes education.

### Live Courses

In addition to our expanded online offerings, we delivered a number of live courses for healthcare professionals in 2010:

- The *Diabetes Accreditation Standards - Practical Applications* course was developed to help community pharmacists expand their role into diabetes education. AADE partnered with the National Community Pharmacists Association to create the two-part program—one live section and one online section—designed to provide community pharmacists with the clinical components of providing diabetes education, the business aspects of program management, and the details of the AADE program accreditation process. The live portion of the program was held several times in 2010.
- The *Reimbursement Essentials for DSME/T: Navigating the Maze* course was offered in three different cities and helped participants understand and implement proper billing and coding procedures related to diabetes education and related services.
- The three-day *Core Concepts Course* was held in Boston, Chicago, Las Vegas, Orlando, and Indianapolis. It was taught by multidisciplinary teams using interactive sessions and case studies to provide an in-depth review of diabetes education fundamentals.
- *AADE on Location* was offered in 6 cities across the US: Louisville, Phoenix, Columbus, Philadelphia, Orlando, and Seattle and allowed local members to network, earn CE and learn more about association initiatives.



### Publications and Practice Documents

Two new publications were released this year:

- *The Art and Science of Diabetes Self-Management Education Desk Reference, 2<sup>nd</sup> Edition* is an updated, revised version of the original publication. The content was reorganized into 2 sections, categorized as Art and Science. The new edition is available in multiple formats. Additionally, we added a component where users may acquire CE for each chapter by purchasing and passing the online chapter post-tests.
- The *Quick Guide to Medications, 4<sup>th</sup> Edition* was also released as AADE's first mobile product, although also still available in print. It provides concise, easy-to-use information on insulins, fixed dose combinations, and oral-glucose lowering agents.

Several practice documents were developed and released to provide critical information about current topics in the diabetes care community. Two position statements were approved—one on *Self-Monitoring of Blood Glucose* and the other addressing the crucial issue of *Obesity and Diabetes*. In addition, practice advisories were released on the topics of the *Role of the A1C Assay in the Diagnosis of Diabetes and Shared Medical Appointments*. The role of community health workers in DSME/T was also examined in a 2010 White Paper.

In addition to these products and publications, the following activities were undertaken:

- Two patient education resources were developed in 2010. The AADE7™ Handouts were translated and re-released in Spanish. Also, a patient-focused booklet was created to cover the ABCs of Diabetes Care.
- A new blog was launched to expand our online educator community: the AADE Blog. It is meant to encourage a dialogue about the ins and outs of diabetes education and the challenges and successes that educators experience. Three authors take turns writing posts about a number of topics relating to the professional or personal side of a career in diabetes education. We also created an AADE channel on YouTube to increase public access to the AADE7™ educational videos and others that we produce.
- The AADE Fellows Program continues to recognize excellence in diabetes education. Thirteen new Fellows were named in 2010.
- Two surveys were conducted in order to gather the information we need to inform our strategic priorities and ensure that we are meeting our members' needs. The Continuing Education Member Needs Survey communicated what our members think about our CE opportunities and identified areas for growth, while the 3rd National Practice Survey provided us with critical insights into the state of the profession.
- A Leadership Training session was held to help new leaders develop skills and prepare for their future roles in the new membership model. Over 100 members met in Chicago to participate in the training.

# LEVERAGING PROGRAMS AND PARTNERSHIPS TO EXPAND THE REACH OF DIABETES EDUCATORS

As diabetes educators are asked to take on additional responsibilities and branch out into new practice settings, it has become necessary for the association to widen its focus. We're working on a number of fronts to gain recognition of the specialty as a whole, position diabetes educators as a collective force, and meet the needs of individual educators. Here's a sample of our activities in 2010.

## Legislative Efforts

This year, we took a two-pronged, parallel approach to our advocacy initiatives, focusing on both federal and state legislation.

One of our greatest accomplishments was working with AACE and JDRF to successfully advocate for changes to the 2011 Physician Fee Schedule that increase the level of reimbursement for DSMT G-codes. Also, we successfully petitioned CMS to add DSMT to the list of reimbursable Medicare telehealth services. We are pleased that these changes went into effect on January 1, 2011.

We continued to pursue federal legislation that would designate certified diabetes educators as recognized Medicare providers of outpatient diabetes self-management training, re-introducing the Diabetes Self-Management Training Act (HR 2425, S 3211), in both the U.S. House of Representatives and U.S. Senate.



In addition, we turned our attention to gaining licensure for diabetes educators at the state level. Kentucky has been our pilot state for this initiative, and we have experienced positive movement toward our goal. We also initiated the process in Indiana. Throughout the year, we met with key industry allies to gain cooperative efforts for our state legislative initiative and developed strategies for our future legislative efforts. This year, we increased our communications in order to encourage more individuals to participate in our advocacy activities. We issued advocacy alerts; created a more streamlined and informative advocacy newsletter and distributed it on a quarterly basis; developed web-based trainings and resources designed to grow a stronger group of advocates; and held two separate healthcare legislation and grassroots educational sessions at the 2010 AADE Annual Meeting.

Other regulatory activities that we engaged in this year include:

- Met with CMS to clarify the upcoming competitive bidding activity for diabetes supplies;
- Provided input on the efforts to develop a Strategic Framework on Multiple Chronic Conditions (MCC Framework) to the U.S. Department of Health and Human Services;
- Submitted comments to AHRQ regarding nomination of new clinical preventive services;
- Submitted DSMT as a suggested “New Clinical Preventative Health Topic” to be considered for review by the U.S. Preventative Services Task Force.



### Alliances and Partnerships

By partnering with other organizations and working towards a common cause, we can accomplish more and establish a larger presence in the national healthcare community. This year, we were able to participate in an array of projects that raise awareness and recognition of diabetes education.

For example, the American Medical Association and National Committee for Quality Assurance invited AADE to be part of their diabetes expert panel tasked with reviewing HEDIS measures. We were also asked to draft a performance measure specific to DSMT.

We sit on the policy council for The Partnership to Fight Chronic Disease as a member of its Policy Work Group and participate in the STOP Obesity Alliance, which is a diverse group that encourages the healthcare community to stop, think, and change how to approach the problem of obesity.

Also, we have joined together with over 600 other healthcare leaders in the Patient-Centered Primary Care Collaborative to promote the medical home concept and ensure that diabetes educators are included in the care team.

And we are part of the Partnership for Prevention which strives to make prevention a national policy priority and America a healthier nation.

Other activities that we engaged in with our partners in the diabetes community include:

- Working with the Diabetes Care Project (DCP), a coalition of patient advocates and health partners whose goal is to educate patients, caregivers, healthcare providers and policymakers on the value of developing personalized management plans for diabetes patients in an effort to improve each patient's health outcomes and lower costs for the entire health system;
- Participating in the National Diabetes Task Force's development of a "Diabetes Call to Action";
- Continuing to participate in the Diabetes Advocacy Alliance, which met with White House senior staff and HHS senior staff on prevention program funding issues; and
- Continuing to participate in the Diabetes Access to Care Coalition on competitive bidding for diabetes supplies issues before CMS and Congress.

In addition, we continue to enjoy fruitful and productive relationships with members of our Industry Allies Council: Abbott Diabetes Care, Abbott Nutrition, Bayer HealthCare, BD Consumer Healthcare, Boehringer Ingelheim Pharmaceuticals, Inc., Eli Lilly & Company, LifeScan, Inc., Medtronic Minimed, Merck & Co. Inc., Novo Nordisk, NutriSystem, Roche Diagnostics, Sanofi-Aventis Pharmaceuticals, and Takeda.

### Diabetes Education Accreditation Program

AADE became a CMS-approved national accreditation organization for outpatient diabetes self-management education and training in 2009. Since then, we have expanded quickly! At the end of 2010, AADE had officially accredited 260 programs and 761 sites, by far meeting and exceeding our goal. CMS conducted its first annual audit of DEAP, selecting five programs to evaluate. All passed with high scores.

This year, we focused on improving and standardizing data collection and outcomes measurement in our accredited programs/sites. Changes were made to the reporting capabilities of AADE7™ System to facilitate the increased data collection component.

Our accreditation program increases patient access to diabetes education by expanding options for the delivery of care into a variety of settings. We are pleased to see our accredited programs offering services at a number of sites such as community centers, churches, pharmacies, physician offices, home health agencies, senior centers, and federally qualified health clinics.



## DiMedex

DiMedex was launched in 2009 in an effort to expand AADE services and diversify revenue. By collaborating with clients, our content development experts were able to create programs and deliver engaging programming for healthcare professionals both in the U.S. and abroad.

For instance, this year, DiMedex launched Bayer's new product, Didget, at the 2010 AADE Annual Meeting; it secured additional funding from Novo Nordisk for the Fundamentals of Diabetes Education course; and is administering a grant received from the Bristol-Meyers Squibb Foundation that will set up pilot programs to assess the effectiveness and sustainability of a multi-level diabetes education and support team.

Activities weren't just restricted to the U.S., however. DiMedex also hosted its first international educational program in Qatar, delivering a four-day course based on the *Core Concepts Course* and included an exam for certification as a CDE-QATAR.

Another activity that DiMedex facilitated was the creation of a DVD for educators to provide to patients based on the AADE7™ Self-Care Behaviors. Produced by A to Z Health, the **Living with Diabetes DVDs** are free to AADE members.

# OUR LEADERSHIP

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Patricia "Mickey" Stuart, BS, MPH, MS, CDE, SPG Representative  
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Martha Quintana, RN, BSN, CDE

### Workgroups:

#### Tracking Practice Trends

Martha Quintana, RN, BSN, CDE, Facilitator

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Susan Larson, MS, RD, BC-ADM, CDE

June McKoy, MD, JD

Teresa Pearson, MS, RN, CDE, FAADE

Karen Pope, MSN, RN, CDE

Evan Sisson, PharmD, MHA, CDE

Patti Urbanski, MEd, RD, LD, CDE

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Tamara Hammons, PharmD, CDE

Jane Jeffrie Seley, MPH, MSN, GNP, CDE, BC-ADM

David Randal, PSYD, LP, CDE

#### Chronic Care Management

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Barbara Kocurek, PharmD, BCPS, CDE, FAADE

Joseph Nelson, MA, LP, CST

## Guidelines Update

Patricia Lierman, RD, LD, MS, MEd, BC-ADM, Facilitator

Debbie Hinnen, ARNP, BC-ADM, CDE, FAAN, FAADE

Chris Parkin, MS, ED

Donna Rice, MBA, BSN, RN, CDE, FAADE

Virginia Valentine, CNS, BC-ADM, CDE, FAADE

## Medical Home/Team-based Care

Terry Compton, RN, MS, CDE, Facilitator

Jennifer Cockerham, RN, BSN, CDE

Mayer Davidson, MD

Joan Hill, RD, CDE, LD

Jan Norman, RD, CDE

Richard Roberts, MD

David Stevens, MD

## Beyond the AADE7™

Marjorie Cypress, PhD-c, RN, C-ANP, CDE, Facilitator

Patricia Geil, MS, RD, FADA, CDE

Judith Hibbard, PhD

David Marrero, PhD

Kathy Mulcahy, RN, MSN, CDE

Mark Peyrot, PhD

Linda Siminerio, RN, PhD, CDE

## Nursing Scope and Standards

Wendy Kushion, RN, MSN, APRN-BC, CDE, Facilitator

Carol Bickford, PhD, RN-BC

Lois Book, EdD, MS, BSN, RN

Diana Guthrie, ARNP, PhD, FAAN, BC-ADM, FAADE

Linda Haas, PHC, RN, CDE

Debbie Hinnen, ARNP, BC-ADM, CDE, FAAN, FAADE

Kathleen McDonald, MSN, ARNP, CDE, BC-ADM

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Micki Hall, MS, RD, LD, CDE  
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Dan Touchette, PharmD  
Charlotte Wisnewski, RN, PhD, BC, CDE  
Donna L. Wolf, PhD

### Workgroups:

#### Research Abstract/Poster Reviewers

Nicole Bereolos, PhD, MPH  
Micki Hall, MS, RD, LD, CDE  
Charlotte Wisnewski, RN, PhD, BC, CDE

#### Grants

Karen Kemmis, MS, DPT, PT, CDE  
Geetha Krishnan, MS, RD, CDE  
Carolyn Murrock, PhD, RN  
Donna L. Wolf, PhD

#### Research Papers

Kathryn Burton, MS, RD, LD, CDE  
Sue Cornell, PharmD, CDE, FAPhA, FAADE  
Laurie Ruggiero, PhD  
Barbara Stetson, PhD

## Defining and Using Outcomes Data

Micki Hall, MS, RD, LD, CDE  
David Nash, MD, PhD  
Peggy Odegard, RN, CDE, PharmD, BCPS, CDE  
Linda Siminerio, RN, PhD, CDE  
Katie Weinger, RN, EdD, FAADE

## Behavior Score Workgroup

Sue Boren, PhD, MHA  
Russ Glasgow, PhD  
Michael Goldstein, MD  
Susan Grinslade, PhD, RN, APRN BC  
Chih-Hung Chang, PhD  
Martha Price, DNSC, ARNP, CDE  
Dan Touchette, PharmD, MA

## Performance Measure Workgroup

Mark Antman  
Sue Boren, PhD, MHA  
Sheryl Coughlin, PhD  
Ian Duncan, FSA, FIA, FCIA, MAAA  
Martha Price DNSC, ARNP, CDE  
Dan Touchette, PharmD, MA

## **2010 Professional Development Committee/Annual Meeting Program Committee**

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Susan Zatopek, RN, BC-ADM, CNS, CDE  
Darlene Gilcreast, PhD, MSN, RN, BSN, CDE, Host Committee Chair

## **Member Affiliation Workgroup**

Kathy Berkowitz, APRN, BC, FNP, CDE, Chair  
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Debra Norman, RN, CDE  
Evelyn Schumacher, MS, RD, LD, CDE  
Eva Vivian, PharmD, BCPS, CDE  
Patricia Geil, MS, RD, FADA, CDE  
Ami Knackstedt, RN, CDE, CPT  
Maurilia Rodriguez, PhD, RN, CDE  
John Varin, MPH, RD, CDE  
Donna Wolf, PhD

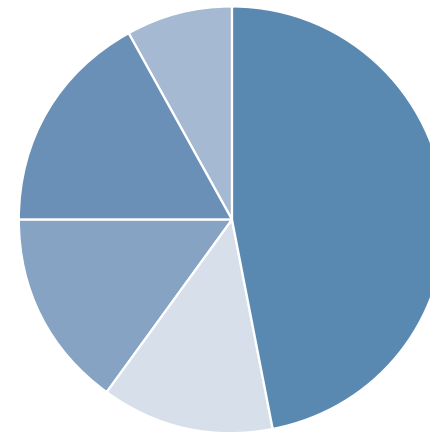
## **Specialty Practice Group Redesign Task Force**

Patricia Geil, MS, RD, FADA, CDE, Chair  
Adeola Akindana, MSN, RN, CDE  
Jean Baltz, MSW, RD, BC-ADM, CDE  
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Cameron Lindsey, PharmD, BC-ADM  
Karen McKnight, RD, LD, CDE  
David Miller, RN, MEd, BSN, BC, CDE C  
Ann Williams, PhD, RN, CDE  
Ozie Williams, RD, RN, CDE  
John Zrebiec, MSW, CDE

# 2010 FINANCIAL OVERVIEW

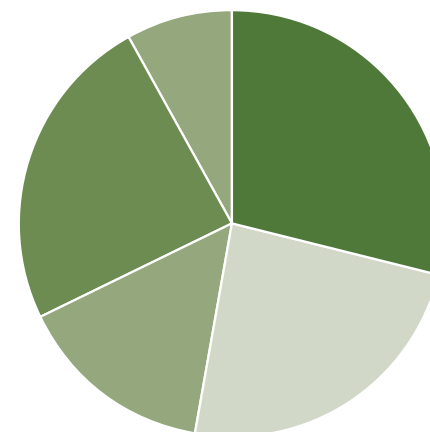
Since our founding in 1973, AADE has shown consistent growth and positive revenue margins. Our history of fiscal stability has allowed us to continue to develop products and services that keep our members at the forefront of diabetes patient care.

## 2010 REVENUE



Annual Meeting	<b>47%</b>
Sponsorship	<b>13%</b>
Membership	<b>15%</b>
Education Programs and Publications	<b>17%</b>
Royalty	<b>8%</b>

## 2010 EXPENSES



Annual Meeting	<b>29%</b>
Administration	<b>24%</b>
Membership	<b>15%</b>
Education Programs and Publications	<b>24%</b>
Governance	<b>8%</b>

YEAR	PROGRAM REVENUE	PROGRAM EXPENSE	NET ASSETS
<b>2010</b>	\$10,953,000	\$10,379,000	\$ 9,278,000
<b>2009</b>	\$10,679,000	\$10,061,000	\$ 8,044,000
<b>2008</b>	\$10,839,000	\$10,188,000	\$ 6,500,000
<b>2007</b>	\$10,244,000	\$10,165,000	\$ 6,043,000
<b>2006</b>	\$ 9,532,000	\$ 9,143,000	\$ 5,677,000

# AADE EDUCATION AND RESEARCH FOUNDATION ANNUAL REPORT 2010

The AADE Education and Research Foundation raises funds to support research studies that increase the evidence base for the profession and programs and activities that increase learning opportunities for diabetes educators.

The main purpose of all of the Foundation's research and activities is to ensure that diabetes education takes its proper place in the diabetes care arena and that patients have increased access to the valuable services that educators provide.



## RESEARCH THAT INFORMS PRACTICE AND BUILDS THE EVIDENCE BASE

Through the generous support of donors, the Foundation is able to fund research projects that strengthen the evidence base for diabetes education and offer new insights into practice. Additionally, AADE Foundation-funded research projects offer information that support new avenues for reimbursement and increase patient access to diabetes education.

There were many research projects the Foundation funded in 2010, including one that is investigating the knowledge level of pre-teens with type 1 diabetes. The grant, in collaboration with Sigma Theta Tau International, was awarded to Erin Alving, ARNP, CDE, of Seattle Children's Hospital.

Additionally, four Continuous Quality Improvement projects received funding:

- **Kim DeCoste, RN, MSN, CDE**, of Madison County (KY) Health Department is evaluating the impact of the Process Excellence model of improvement on participation in diabetes education programs.
- The University of Medicine and Dentistry of New Jersey's **Melissa Scollan-Koliopoulos, EdD, APRN, CDE, BC-ADM**, is investigating the impact of CDE-trained, Level 1 providers on health outcomes.
- **Michelle Herbert Thomas, PharmD, CDE**, with the Virginia Pharmacists Association Research and Education Foundation/ Richmond Apothecaries, Inc., received funding to study the effect of off-site programs on the participation and quality of diabetes education.
- **Nirali Soni, PharmD, RPh, CDE**, with the Arizona Pharmacy Alliance/Diabetes and Health Consultants, is focusing on improving patients' quality of life by managing the treatment of diabetes through timely monitoring, and electronic record-keeping and tracking of outcomes.

We also continued to build upon a study concluded in 2009 that that revealed a substantial cost savings for both commercially insured patients and Medicare beneficiaries who received diabetes education. In 2010, Solucia Consulting took the topic one step further, incorporating clinical measures and outcomes data. Set to be released in 2011, preliminary data shows that ongoing diabetes education results in fewer inpatient hospital admissions and higher compliance with diabetes medications. This is another significant addition to the evidence base for diabetes education, and it bolsters the argument for additional reimbursement by Medicare and private insurers for diabetes education.

We thank the following companies for supporting our research grants in 2010: *Bayer HealthCare, BD Consumer Healthcare, Eli Lilly and Company, Novo Nordisk and Roche Diagnostics.*

### Scholarships That Advance Professional Development

Our scholarship program provides AADE members with increased access to professional development opportunities. Each year, the AADE Foundation offers scholarships that assist AADE members in completing their annual continuing education requirements, as well as furthering their career in diabetes education through attendance to the AADE Annual Meeting.

The Foundation awarded 27 educational scholarships in 2010. Funding was also secured to provide 17 scholarships for travel.

*We thank the following entities for supporting our scholarship initiatives in 2010: Boehringer Ingelheim Pharmaceuticals, Karlya Family, Medtronic MiniMed, Physicians Committee for Responsible Medicine and Sage Publications.*

### Awards That Recognize Excellence in Diabetes Education

Each year AADE Foundation rewards achievement and leadership from both within its membership and from the greater diabetes community. The AADE Foundation Awards Program honors excellence in diabetes education and service to the Association. Awards are presented each August at the AADE Annual Meeting.

The **2010 Living Legend Award** was given to **Francine Kaufman, MD**, in recognition of her many years of service and dedication to the diabetes education community.

The **2010 Allene Van Son Distinguished Service Award** went to **Amparo Gonzalez, RN, CDE, FAADE**, in recognition of her many contributions to AADE.

Additional awards were given in the following categories:

#### **Chapter of the Year:**

Michigan Organization of Diabetes Educators

#### **Rising Star Award:**

Andrea Knatz, RD, LD, CDE

#### **Advocacy Award:**

Jennifer (Janetski) Troupe, RD, CDE

#### **Innovation in Practice Award:**

Katherine Moran, RN, MSN, CDE, and Roseanne Burson, RN, MSA, MSN, CDE, CNP, ACNS-BC

**The Diabetes Educator of the Year Award** is also presented each year. Awarded at the 2009 AADE Annual Meeting, **Mary Margaret Sullivan, RN, CDE**, traveled throughout the country during 2010, delivering her continuing education program, "Preparing future diabetes educators: One strategy for success" to AADE chapters.

We thank the following companies for supporting our awards program in 2010: *Bayer HealthCare, BD Consumer Healthcare, Lifescan, Inc., Roche Diagnostics and Novo Nordisk.*

# FOUNDATION LEADERSHIP

## 2010 AADE Education and Research Foundation Board of Trustees

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The AADE Education and Research Foundation maintained a strong financial position throughout 2010. The following charts represent the Foundation's net assets, contributions to net assets and a breakdown of how the Foundation funds are distributed to benefit diabetes educators.

## NET ASSETS

Endowment	\$56,000
Research	\$343,000
Scholarship	\$47,000
Education	\$184,000
Unrestricted	\$633,000

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**TOTAL** **\$1,263,000**

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## CONTRIBUTIONS

Endowment	\$5,000
Research	\$365,000
Scholarship	\$7,000
Education	\$203,000
Unrestricted	\$233,000

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**TOTAL** **\$813,000**

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## AWARD AND PROGRAM DISTRIBUTIONS

Research	\$382,000
Scholarship	\$45,000
Education	\$38,000
Recognition	\$15,000

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**TOTAL** **\$480,000**

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