The American Association of Diabetes Educators Board of Directors met on Saturday, November 4, and via conference call on Thursday, December 7, 2017. In addition to several pieces of routine business, the Board discussed several issues of interest to the members. A brief summary of the Board’s business is provided below.

**Establishing a Vision for the Specialty**
With help from our strategic branding partner Movéo, AADE has set out to define a long-term vision for the specialty. The project kicked off at AADE17, with discussions with various stakeholder groups, including AADE Board members, members of industry, AADE Fellows, and individual AADE members, to develop a true sense of the specialty. Next, we held in-depth interviews with nine key stakeholders to gain further insight. This comprehensive gathering of perspectives will form the basis of a series of formalized quantitative and qualitative research studies that will capture important input from people with diabetes, providers and payer.

**Provider Summit**
The Board received and discussed a report of our Provider Summit. Referral to DSMES remains a key driver in access to diabetes education. Thus, understanding provider perspectives on referral, as well their perspective on the value of education and the educator’s role, is critically important for the Board to consider as we develop a vision for the specialty. To that end, AADE convened a group of providers from a number of leading organizations for this one-day collaborative event. Participating organizations included:

- American Association of Clinical Endocrinologists
- American Academy of Family Physicians
- American Association of Nurse Practitioners
- American Academy of PA’s
- Endocrine Society
- American Osteopathic Association
- American College of Physicians
- Academy of Pediatrics
- Children with Diabetes
**Peer Support Organizations**
In October, AADE convened a group of 20 thought leaders representing diabetes peer support communities, as well as AADE member educators. The goal of the meeting was to identify strategic opportunities and action items to advance the relationship between educators and communities. The meeting was successful in prompting reflections on opportunities and barriers, as well as proposed actions to improve mutual support and collaboration. Actions range from short-term projects, such as the development of tip sheets for educators, to paradigm-shifting actions, such as a move away from the term “diabetes online community” to “peer support communities”.

**National Practice Survey**
The bi-annual National Practice Survey was completed this summer and the Board had the opportunity to review and discuss the results. The full results will be published in *The Diabetes Educator* early in 2018. Beyond overall observations, the Board took deep dives into three topic areas. These included diversity, the aging of AADE’s membership, and areas of educator influence. A brief overview of each discussion is provided below.

**Diversity**
AADE’s membership is nearly exclusively female, at 95% of the membership; Caucasian, at 85% of the membership; and delivered to a predominantly Caucasian audience - 52%. This in a disease that we know has a disproportionate incidence in minority ethnic groups. The Board discussed the implication of this and the avenues it has available to address the issue. The Board had preliminary discussions in three areas including:

- Makeup of diabetes educators and AADE members (workforce strategy)
- The populations receiving diabetes education (marketplace strategy)
- AADE’s role in creating an inclusive and welcoming environment (association strategy)

The Board approved a workgroup charge on its December call to explore each strategy and make a recommendation on the area where AADE can have the greatest impact.

**Aging Membership**
The Board also looked at the impact of an aging membership on both the association and the specialty. With 44.4% of AADE members age 55 or older, retirements could have a significant impact on the specialty in the coming years.

**Influence**
After many years of describing diabetes educators as “influencers”, the national practice survey was able to document those areas of influence. From issues such as insulin initiation and titration, to recommendations on annual eye and foot examinations, to blood glucose meter and continuous glucose meter selection, educators indicated that they have broad areas of
independence and influence on these important decisions made within the diabetes care team. This data is important as AADE works to expand your voice at decision-making tables and to garner funding for programs, products, and services.

The Board approved a practice paper on the Role of the Diabetes Educator in Working with People with Type 1 Diabetes over the Lifespan.

The Board reviewed two program evaluations, which are designed to ensure that the major member programs and services are meeting quality, customer service, and financial metrics. At the meeting, the Board approved the Core Concepts Program evaluation and requested additional information on the performance of the A7S System used by a small number of DSMES programs to report program metrics.

On its December call, the Board approved the 2018 AADE Budget that projects revenue of $12.8 million, expenses of $12.7 million, and net operating income of $116 thousand.

As noted above, the Board approved several routine business items, such as the Minutes of the 2017 Annual Business Meeting, and finally several modest changes to the awards program to make them more visible, meet contemporary needs, and to recognized members’ accomplishments.

As a reminder, each Coordinating Body has a Board member appointed to serve as its liaison to the Board. These individuals are happy to talk with you about any issues that are concerning to your state. Find out who your Board liaison is HERE.