

# AMERICAN ASSOCIATION OF DIABETES EDUCATORS

*2014 Annual Report*



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The 2014 annual report is more than a listing of AADE's programs and partnerships from the year. It is a written account of the goals of the organization at the time, and how the Board of Directors, staff and members helped us to achieve them. Those who have been longtime members know as well as we do how much AADE has grown. Over the last few years, our membership has expanded to include many different types of educators. That growth has further expanded the role of the diabetes educator and allowed more people to gain access to their services.

In 2014, we found ourselves in the heart of the 2013-2015 AADE Strategic Plan. The goals and strategies set in place for the association were as meaningful as ever:

- Invest in diabetes educators
- Advance diabetes population health
- Empower people with diabetes
- Expand AADE's capacity

We started the Plan with a running start, and at the halfway point showed no sign of slowing down. 2014 was a year for the books, and we are proud to share with you what was accomplished and what's to come:

### **Invest in diabetes educators**

Our members rely on us to provide them with the resources they need to continuously enhance their knowledge and incorporate new skills into their practice. We accomplished this through the development of several new practice documents and a wide variety of educational courses and publications.

Of particular note was the release of the 3<sup>rd</sup> edition of the *The Art & Science of Diabetes Self-Management Education Desk Reference*. It is currently used by many to prepare for the CDE® exam and due to its extensive content, is also used as a quick reference for clinical questions that educators may face when meeting with patients. We also launched the Career Path Certificate Program for diabetes educators, levels 1 and 2, and for diabetes educator associates, levels 1 and 2. This was the first time that we were able to provide certification for associate healthcare workers.

We continued our work on our National Awareness Campaign, which is focused on promoting referrals to diabetes educators. This was primarily accomplished through media relations, earning 361 media placements and reaching 264 million people. We also furthered our relationship with the American Academy of Family Physicians by participating with a presentation at its annual meeting, as well as starting to plan a continuing education program. New resources were promoted monthly to members, including a PowerPoint for prescribers that explains the role of a diabetes educator.

To bolster our efforts to address the Reducing Risks category of the AADE7 Self-Care Behaviors™, we partnered with GlaxoSmithKline on an initiative to raise awareness about

the importance of the hepatitis B vaccine for adults with diabetes. We also helped the National Council on Aging to promote its annual Flu & You campaign to make the link between diabetes and the onset of influenza, and encourage people with diabetes to get an annual flu shot.

Based on the feedback received from our members, we developed a variety of patient education materials. They included tip sheets on traveling with diabetes, understanding the difference between normal signs of aging and diabetes and an updated version of a guide to eating during the holidays. We also developed a handout and infographic detailing how diabetes educators benefit their patients.

Another strategic focus this year was our newest journal, *AADE in Practice*. Launched in 2013 and fulfilling a request from membership for a practice-focused periodical, we continued to expand the content and operationalize this bi-monthly publication.

An important tool that we are proud to provide is our online discussion board and virtual gathering place, MY AADE NETWORK. In 2014, we grew to 112 Local Networking Groups, and added three new practice area discussion groups: Behavioral/Mental Health, Diabetes Prevention and Young Adults with Diabetes. We expanded the reach of the tool by including a staff blog so members could better understand the different roles that AADE staff members play in the organization. We also aggregated some of the most popular discussions that were playing out on MY AADE NETWORK and started a monthly feature in *eFYI*, our monthly e-newsletter for members.

### **Advance diabetes population health**

AADE took another step towards assuming a leadership role within the National Diabetes Prevention Program (DPP), a program funded by the Centers for Disease Control and Prevention. We clearly demonstrated that a model using accredited DSME programs as the delivery hub for prevention programs is reproducible and results in quality outcomes. In 2014, we continued to work with 30 AADE DPP sites in 14 states. And with a goal of building additional sites and increasing access to the DPP, we conducted lifestyle coach training sessions in the states of Kentucky and Mississippi and the city of Philadelphia. This year, we also continued to engage in conversations with insurers and larger employers in an effort to make DPP a reimbursable benefit.

2014 saw us working to develop a model for providing ongoing support to people with poor glycemic control. Through funding from a “Together on Diabetes™” grant from the Bristol Myers Squibb Foundation, we identified four accredited DSME programs as partner sites for a randomized controlled trial. The trial is intended to test whether year-long telephonic support from health navigators through a centralized call center would result in better A1C levels. This project builds on our previous work funded by this same foundation to look at delivery of DSME and support within the context of the patient-centered medical home model. We hope to see interim results in 2017.

Seeking to answer an age-old research question, we completed a systematic literature review on the impact of DSME on A1C levels. Our goal was two-fold: to document the impact of DSME and tease out best practices. The results of the review were positive and our goal for 2015 is to publish and disseminate the findings.

## **Empower people with diabetes**

Our advocacy efforts seek to amplify the voices of our members and people with diabetes. We continued to focus on both our state and federal legislative agendas. Our state licensure initiative continued to see success, with movement in Florida, Louisiana, Pennsylvania and New York. And we expect to see licensed diabetes educators in Indiana in 2015.

AADE frequently responds to proposed legislation and regulations. One recent example is the comment letter we filed in September, in responding to the FDA's new rules that would make diabetes testing supplies more dependable and accurate. And in October, the U.S. Preventative Services Task Force released a draft recommendation to open up diabetes screenings as a free preventative service to millions more Americans than could previously receive it. With the help of the Diabetes Advocacy Alliance, AADE wrote a recommendation and encouraged all diabetes educators to comment.

Every year, AADE board members, state grassroots coordinators and representatives from the patient advocacy community come together for AADE's Public Policy Forum in Washington, D.C. At this year's forum, participants went through training, engaged in congressional visits and discussed major pieces of legislation. One of the outcomes was additional co-sponsors of HR1274/S 945: The Access to Quality Diabetes Education Act. *Note: The bills were recently introduced in the 114<sup>th</sup> Congress- HR. 1726/S. 1345.*

Social media, specifically Twitter, helped us expand our voice to audiences that we don't typically engage with. We worked closely with the Diabetes Online Community, along with our industry and organizational partners to promote the #vote4DM campaign. This campaign was designed to make Members of Congress aware of our three primary pieces of diabetes legislation: the National Diabetes Clinical Care Commission Act, the Access to Quality Diabetes Education Act and the Medicare CGM Access Act.

This year, we hosted our first-ever Twitter chat, in conjunction with the Robert Wood Johnson Foundation, which followed the theme, "Disparities in Health Care." Our #EquityChat was a great platform for promoting our multicultural approaches to diabetes education. It also connected us with healthcare professionals who learned more about our Communities of Interest and AADE members who work to bridge the gap between diabetes education and healthcare disparities.

When you are a person with diabetes, making healthy choices is a round-the-clock activity. To directly aid the patient community, we developed our mobile app in 2013. Diabetes Goal Tracker is quite literally a digital helping hand for people with diabetes. The app allows the user to set personal goals based on the AADE7 Self-Care Behaviors™ and then set up a system for tracking progress. There's also an option for users to share completed goals with one another, providing a source of inspiration and motivation. The Goal Tracker has experienced great success since its creation. It has been accepted by the National Diabetes Education Program as a key resource for diabetes management, and has seen positive reviews by independent groups for its community engagement. Since its creation, the app expanded to over 12,000 users in 2014, and continues to grow.

### **Expand AADE's capacity**

With new technology being released on what seems to be a daily basis, it is important for us to continuously seek opportunities to provide our members with an optimal digital experience. In 2014, we saw a successful membership database implementation, which is allowing members better access to their account information and purchase history. The new database also opened the door for an advanced new member email survey, ensuring that new members are kept updated on the important resources that come with their membership. We also implemented a new learning management system that is providing members with a modern online learning experience for accesses online resources and courses.

Long overdue, we started the process of revising the AADE website so that it better serves our members and those seeking information about diabetes education. Considerable work was completed this year, with an expected launch in June 2015.

### **Looking to the future**

The year would not have been the successful year it was if it were not for our hardworking and dedicated members. We would like to thank them for their insight and perspective on the field so that we can continue to improve your satisfaction with your professional association.

As we go full speed ahead into 2015, AADE's leadership is putting the final touches on the 2016-2018 Strategic Plan. Something new to the planning process will be that we will be giving AADE members the opportunity to directly provide feedback, so that we can ensure the plan best fits their needs now and into the future.

## 2014 Review

### ADVOCACY AND OUTREACH

#### Legislative Activity

- Advocated for the “Access to Quality Diabetes Education Act of 2013” in the U.S. Senate and House of Representatives
- Passed licensure legislation in Indiana and began the regulatory process
- The state of Kentucky licensed 617 diabetes educators in 2014

#### Coalition Participation

- Diabetes Access to Care Coalition
- Diabetes Advocacy Alliance
- Diabetes Care Project
- HealthIT Now
- National Diabetes Education Program
- National Minority Quality Forum
- Partnership to Fight Chronic Disease
- STOP Obesity Alliance

#### Public Policy Positions and Comments

- Survey: Issues with Supplier Compliance Impacting Beneficiary Access to Insulin Pumps and Related Supplies

#### Industry Allies Council Members

- AstraZeneca
- Bayer HealthCare
- BD Consumer Healthcare
- Boehringer Ingelheim Pharmaceuticals, Inc.
- Colgate Palmolive
- GlaxoSmithKline
- Janssen Pharmaceutical Company
- Lilly Diabetes
- Medtronic Minimed
- Novo Nordisk
- Roche Diagnostics
- Sanofi
- Takeda
- Valiteras

#### Patient Education Materials

- “Tips for Travelling with Diabetes” tip sheet
- “Normal Signs of Aging or Diabetes?” tip sheet
- “Healthy for the Holidays” tip sheet
- “Diabetes Educators: A Lifeline to Better Living” infographic
- “Living with Diabetes: Diabetes Educators Can Help” handout

## **PRACTICE AND RESEARCH**

### **Position Statements**

- AADE7 Self-Care Behaviors™
- Self-Monitoring of Blood Glucose Using Glucose Meters in the Management of Type 2 Diabetes

### **Practice Synopses**

- The Primary Prevention of Type 2 Diabetes
- Integrating Diabetes Education in the Chronic Care Model

### **White Papers**

- Recommendations for Community-Based Screening for Prediabetes and Diabetes
- Continuous Subcutaneous Insulin Infusion (CSII)

### **Publications**

- The Art & Science of Diabetes Self-Management Education Desk Reference, 3rd Edition
- Navigating the Maze: Overcoming the Obstacles to Reimbursement for DSME in Hospital Outpatient Programs, 3rd Edition
- Navigating the Maze: Overcoming the Obstacles to Reimbursement

for DSME in Physician Outpatient Programs, 3rd Edition

- Navigating the Maze: Overcoming the Obstacles to Reimbursement for DSME in Independent Programs, 3rd Edition
- Navigating the Maze: Overcoming the Obstacles to Reimbursement for DSME in Community Pharmacy Programs, 3rd Edition
- Quick Guide to Medications, 5th Edition
- Managing Diabetes: Prediabetes & Metabolic Syndrome

### **Favorably Reviewed**

- Regeneron brochure on Diabetic Macular Edema
- Orthofeet brochure on Foot Care and Diabetes
- Physicians Committee for Responsible Medicine booklet on The Power to Heal Diabetes: Food for Life in Indian Country
- Diabetes Health Monitor bi-monthly magazine
- Milner Fenwick – 6 educational modules
- Novo Nordisk – 26 educational modules

### **Diabetes Education Accreditation Program**

Accredited 708 programs, 1,690 sites

### **BC-ADM Credential**

161 candidates sat for the exam

## **MEMBERSHIP**

### **MY AADE NETWORK**

- Grew to 112 Local Networking Groups
- Added new practice area discussion groups: Behavioral/Mental Health, Diabetes Prevention, and Young Adults with Diabetes
- Saw a 41% increase in educational programs using online registration process

### **Volunteer Leader Training**

- Monthly online Volunteer Leader Newsletter
- Quarterly leader briefings

- Two-day leadership meeting
- Two audio programs
- Expansion of online Volunteer Resource Center

### **New Member Resources**

- Expansion of AADE GPS
- Member Email Survey

### **Journals and Newsletters**

- Six issues of *The Diabetes Educator*
- Six issues of *AADE in Practice*
- 11 issues of the eFYI member newsletter



## **EDUCATIONAL PROGRAMS**

### **Meetings**

- AADE Annual Meeting & Exhibition, August 2014
- Four CORE Concepts® Courses

### **Online Courses**

- AADE Core Concepts Course Online
- Monitoring: From Measuring to Mastering Management – Level 1
- Monitoring: From Measuring to Mastering Management – Level 2
- Monitoring: From Measuring to Mastering Management – Level 3

### **Webinars- Live and Recorded**

- Nutrition: Fad Diets: What You Need To Know
- 2013: A Year in Review and Into the Future
- Applying the Essentials Of Health Literacy To Your Practice
- Eat Less, Exercise More: Sounds Easy, So Why Is It So Hard?
- Obesity Series, Part I: Healthy Eating
- 2014 ADA Clinical Care Guidelines
- Obesity Series, Part II: Physical Activity
- Technology & Diabetes Care: Artificial Pancreas
- Diabetes and Vision Impairment
- Obesity Series, Part 3: Pharmacotherapy
- Advanced Topic: SGLT2 Inhibitors—A New Class of Diabetes Medication
- Guidelines for Medication Management of Type 2 Diabetes
- Social Media and the Diabetes Educator: Friend or Foe?

- Nutrition – Popular Supplements for Type 2 Diabetes: What you need to know
- Reimbursement in Diabetes Education: Maximize Yours Now
- Reducing Cardiovascular Events in Diabetes Patients: A Patient-Centered Approach
- Continuous Subcutaneous Insulin Infusion
- Government Support for Improving DSME Access: Where Do You Fit, and How Can You Help?
- Diabetes Mellitus and Schools
- Diabetes Care Across Healthcare Transitions
- The Diabetic Foot Ulcer: Prevention, Treatment and Patient Impact
- Prevention and Treatment of Diabetic Macular Edema
- Annual Reimbursement Update for 2015

### **Recorded Webinars:**

- Management of Type 2 Diabetes with Comorbid Obesity
- Practical Applications of Pramlintide in Type 1 Diabetes
- Choose Your Diabetes Treatment Adventure: Clinical Decision Points Using GLP-1 Receptor Agonists
- Diabetes Technology Comes of Age: Practical Strategies for Optimizing Integrated Insulin Pump Therapy and Continuous Glucose Monitoring
- The People’s Choice: Matching T2DM Therapy to Give Patients What They Want and What They Need

**OUR LEADERSHIP**

**2014 AADE Officers**

Joan K. Bardsley, MBA, RN, CDE,  
FAADE – President  
Deborah Greenwood, PhD, RN, MEd, BC-  
ADM, CDE, FAADE – *President-Elect*  
Tami A. Ross, RD, LD, CDE, MLDE –  
*Immediate Past President*  
Carol Rasmussen, MSN, NP-C, CDE,  
FAADE – *Treasurer*  
Charles J. Macfarlane, FACHE, CAE –  
*Corporate Secretary*

**2014 AADE Board of Directors**

Adeola Akindana, MSN, RN, CDE  
Terry Compton, MS, RN, APRN, CDE  
Joan Hill, RD, CDE, LDN  
Nancy D'Hondt, RPh, CDE, FAADE

Mary Ann Hodorowicz, MBA, RD, LDN,  
CDE, CEC  
Karen Kemmis, PT, DPT, MS, CDE  
Daniel J. Kent, PharmD, BS, CDE  
Nathan Painter, PharmD, CDE  
Donna Ryan, RN, RD, MPH, CDE  
Barb Schreiner, PhD, APRN, CDE, BC-  
ADM, CPLP  
Jane Seley, DNP, MPH, BC-ADM, CDE,  
CDTC  
Ann Williams, PhD, RN, CDE

**Ex-Officio Members**

Kellie Antinori-Lent, MSN, RN, CDE–  
*Member Affiliates Liaison*  
Kenneth P. Moritsugu, MD, MPH,  
FACPM– *Board Appointed Director*  
Deborah Fillman, MS, RD, LD, CDE–  
*Chair, AADE Education Research  
Foundation*

**FINANCIAL OVERVIEW**

<b>Departments</b>	<b>2014 Revenue Percentages</b>	<b>2013 Revenue Percentages</b>
Annual Meeting	29%	36%
Sponsorship	9%	9%
Membership	16%	18%
Education Programs and Publications	38%	30%
Royalty	7%	7%

<b>Departments</b>	<b>2014 Revenue Percentages</b>	<b>2013 Revenue Percentages</b>
Annual Meeting	20%	25%
Administration	20%	20%
Membership	25%	26%
Education Programs and Publications	30%	24%
Governance	5%	5%

<b>Year</b>	<b>Program Revenue</b>	<b>Program Expense</b>	<b>Net Assets</b>
<b>2014</b>	<b>12,892,000</b>	<b>13,036,000</b>	<b>14,339,000</b>
2013	12,566,000	12,370,000	14,173,000
2012	12,714,000	12,217,000	12,652,000
2011	12,683,000	11,691,000	11,049,000
2010	10,953,000	10,379,000	9,278,000
2009	10,679,000	10,061,000	8,044,000
2008	10,839,000	10,188,000	6,500,000
2007	10,244,000	10,165,000	6,043,000
2006	9,532,000	9,143,000	5,677,000