The American Association of Diabetes Educators Board of Directors met on January 20, 2018, and discussed several Items of interest to the membership. A brief update is provided below.

**Population Health and New Models of Care**
The Board discussed ongoing changes in the healthcare environment and the continued move toward population health and new models of care. The Board discussed educators’ strengths in this area as it aligns with the practice of diabetes education, but acknowledged that the language used at the policy and system level may not align with language used in the practice of diabetes education – thus, causing a disconnect for educators and a sense that the environmental/system discussions do not require their attention. There was a sense of urgency among Board members to more fully engage educators in these discussions. The Board requested that staff take the following actions:

1. Establish a Community of Interest (COI) on MY AADE Network for educators wishing to explore educators’ roles in these emerging models, and/or to help shape and influence emerging models
2. Convene a multi-organizational thought leader summit to advance understanding and strategic thought to acting in this arena
3. Develop a white/practice paper on the topic
4. Evaluate the interest and viability of a certificate program in population health for educators

**Leadership Development**
The Board continued a discussion on the topic of leadership development competencies and pathways, both within the existing roles as diabetes educators to those interested in volunteer leadership opportunities within AADE (i.e. association committees, Coordinating Bodies, Local Networking Groups and the Board of Directors. See the diagram below.
**Advocacy**
The Board reviewed and approved an advocacy plan spanning the next three years. The plan prioritizes AADE’s efforts into four strategic areas including:

- **Regulatory Relationships** - including but not limited to Health and Human Services, Center for Medicare and Medicaid Services, Centers for Disease Control, and the Food and Drug Administration. The Board agreed that the association must be involved at senior levels of the agencies in order to be proactively engaged in future models and reimbursement issues, rather than responding to them.

- **Grassroots Development** - including ensuring each state Coordinating Body (CB) has a State Advocacy Liaison, and positioning that individual to prepare and train local members to be involved in the state legislative/policy process. This also extended to further developing the Advocacy Committee and the Board as senior policy advisors.

- **Monitoring and Engaging CB’s in State Policy** based issues, such as Diabetes Action Plans, step therapy, fail first, etc.

- **Monitor and Advance Federal Legislative Policies** associated with diabetes, including AADE’s work in introducing a bill to expand referral ability to all providers with prescriptive authority in collaboration/notification of the primary care provider.
The Board reviewed three program evaluations (Industry Allies Council, Favorably Reviewed, and AADE In Practice. Program reviews look at the operation, quality and financial performance of AADE’s major programs.

The Board also discussed several other pieces of more routine business, including reports on the organization’s operational and financial performance in 2017, a report from Joan Bardsley, RN, CDE, FAADE, 2018 Chair of the National Certification Board for Diabetes Educators, and conducted the Chief Executive Officer’s annual performance evaluation. Finally, the Board received a preview of AADE’s (soon-to-be-launched) Consumer App Review platform and DANA – AADE’s technology institute, which is scheduled to be introduced in the second quarter of this year.

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.