



**STEERING
A NEW
COURSE**

**2013
ANNUAL
REPORT**

STEERING A NEW COURSE

Diabetes educators are practicing in a sea of changing tides. It's our job at AADE to keep our members ahead of the current, advocate on their behalf and ensure they have the resources they need to succeed. Thanks to the creative and dedicated work of our volunteer leaders, members and staff, we were able to respond more fully to diabetes educators' evolving needs, deal effectively with environmental challenges, build our technology resources, and capitalize on opportunities for growth.

Serving as our North Star, the *2013-2015 Strategic Plan* set our direction and underlying goals of:

- » Investing in diabetes educators
- » Advancing diabetes population health management
- » Empowering people with diabetes
- » Expanding AADE's capacity

With a membership growth rate of more than four percent, we ended the year in a position of strength. This signals that our strategic endeavors are in line with the needs and expectations of diabetes educators.

We are pleased to share the results of our 2013 programs and activities.

INVESTING IN DIABETES EDUCATORS

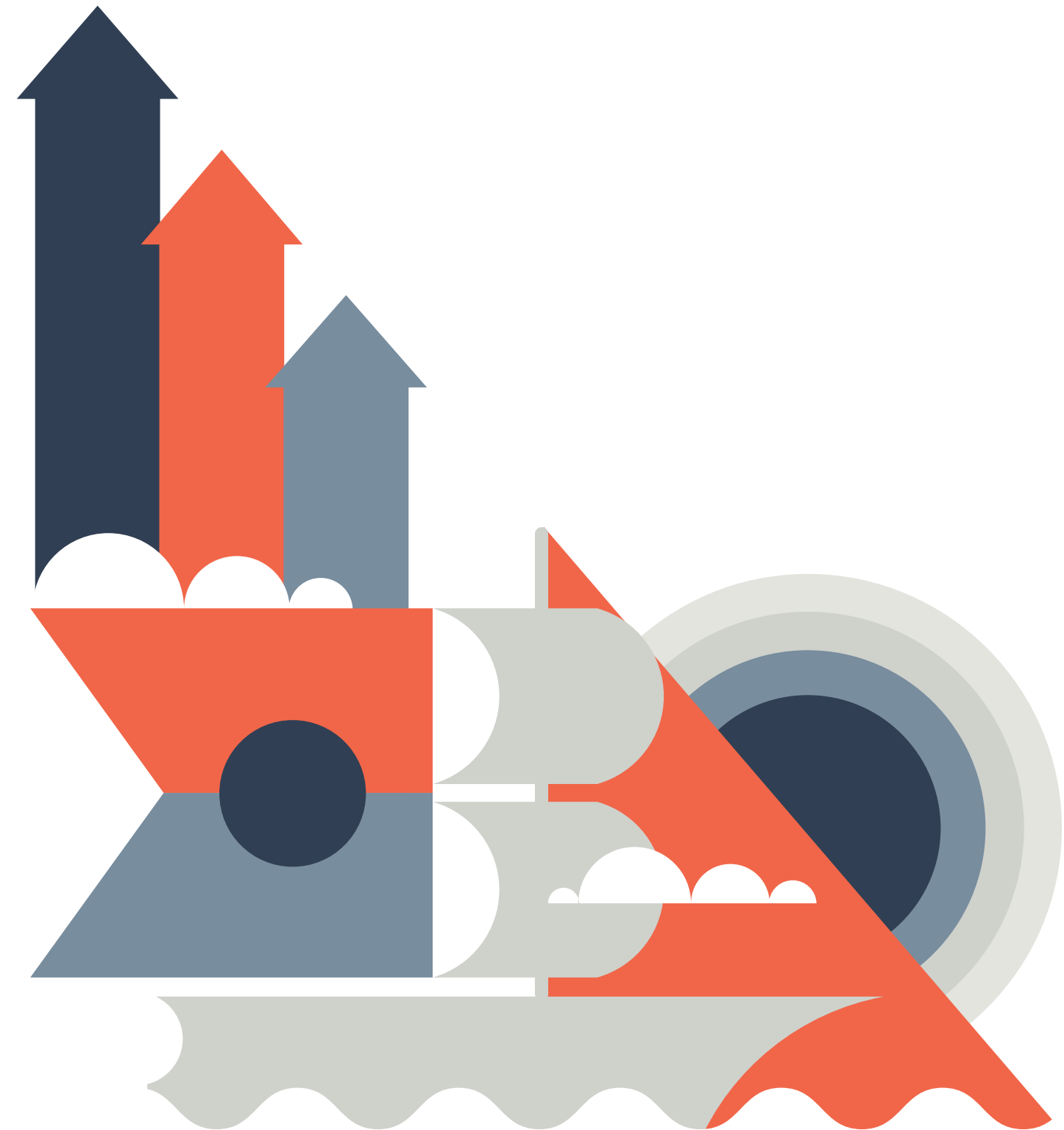
When embarking on this new expedition, we made sure to invest in tools and resources to help diabetes educators focus on what they do best – teaching patients.

Referrals are the lifeline of any health-care practice. With that in mind, we launched a multi-year national awareness campaign to promote the value of diabetes education to both prescribers and patients. In 2013, we launched the campaign and began to create materials to spread the word and increase traffic to diabetes education programs.

We also introduced a new peer-

reviewed journal sent to members every two months. With a focus on the application of best practices, *AADE in Practice* was designed to complement *The Diabetes Educator*, our traditional research journal. A mid-year readership survey showed it to be robust in content and highly regarded among our members.

AADE members consistently rank patient education tools as a main reason for renewing their AADE membership. This year, we added the AADE HealthSlate tablet to our arsenal of quality resources. Available in English and Spanish, the tablet is rich with teaching aids, medication listings, vid-



EMPOWERING PEOPLE WITH DIABETES



ENGAGING WITH THE LARGER DIABETES COMMUNITY

RAISING PUBLIC AWARENESS

PROVIDE VOICE IN WASHINGTON AND STATE CAPITOLS

eos, and educational games. This portable teaching tool has drawn rave reviews from members who received it at the 2013 AADE Annual Meeting.

Connecting with others is critical for diabetes educators. **MY AADE NETWORK** provides an interactive, online forum for members to collaborate on the local, state and national levels. This past year saw the formation of new Communities of Interest (COI). The Diabetes Technology COI demonstrates the relevance of technology and the modernization of diabetes education. The Post-Career COI highlights the significant number of AADE members who are reaching retirement but still have significant knowledge and insight to offer the profession.

ADVANCING DIABETES POPULATION HEALTH MANAGEMENT

Illuminating our course are efforts to evaluate and advance the role of diabetes educators in improving outcomes for people with diabetes and pre-diabetes, and within emerging healthcare delivery models.

The numbers are staggering. With 79 million adults considered to have pre-diabetes, the realization is growing that there is a need to reverse this trend. In 2012, the Centers for Disease Control and Prevention selected AADE as one of six partner organizations to participate in the expansion of the National Diabetes Prevention Program. The current AADE effort has funded 30 accredited DSME programs in 14 states. We plan to continue our efforts by supporting the existing AADE DPP sites, engaging insurers and larger employers to make it a reimbursable benefit, as well as establishing additional AADE DPP and other sites to deliver the program.

A “Together on Diabetes™” grant from the Bristol Myers Squibb Foundation is allowing us to test whether adding diabetes self-management support to diabetes self-management education will improve outcomes. We’re working on this initiative in four federally qualified health center sites.

AADE has a long-standing commitment to keeping our members informed of relevant research that can benefit their practice. We are in the second year of a grant from the Agency for Healthcare Research & Quality to support dissemination of both patient-centered outcomes research and comparative effectiveness research to our members.

Enhancing the evidence base about the value of diabetes education was a key activity this year. With an eye towards publishing the data in a major medical journal, we conducted a systematic review of the literature detailing the impact of diabetes self-management education on clinical outcomes.

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EMPOWERING PEOPLE WITH DIABETES

Shining a beacon on the power of diabetes self-management and raising public awareness on the value of diabetes educators is necessary to enable people with diabetes to become agents of change.

One of our biggest priorities is to provide diabetes educators and people with diabetes a voice in Washington, D.C. and the state capitals. This year, we took a multi-pronged approach to promoting our federal and state legislative agendas.

Our state licensure initiative continued to progress, with movement in Florida, Indiana, North Dakota, Pennsylvania, and Washington. In addition to providing a legal scope of practice, licensure of diabetes educators at the state level offers consumer protection for the patient, provides professional recognition of the diabetes educator and sets quality guidelines for the profession.

We also hosted a public policy forum in Washington, D.C., bringing together AADE Board members and state grassroots coordinators for training and a series of congressional visits. The result was additional co-sponsors of HR 1274/S 945: The Access to Quality Diabetes Education Acts of 2013.

With the Affordable Care Act came considerable confusion among people with diabetes. AADE worked to alleviate it with the creation of resources that detail how healthcare reform will impact those living with diabetes. We also served on several coalitions seeking to protect patient choice.

As we sail through untested waters, we continue to ensure that AADE's members, processes and technology systems effectively deliver planned services to stakeholders.

Social media, particularly Twitter, played a major role in helping us to advocate for policies that ensure patient protections. We worked in partnership with the Diabetes Online Community on a number of issues such as lobbying the FDA to take a more active role in monitoring the accuracy of meters.

Another form of popular technology took front and center this year when we launched the AADE Diabetes Goal Tracker mobile app, an English/Spanish tool designed to help people with diabetes set, track and achieve behavior change goals. Unveiled in August, the app has a global reach and has already developed a loyal following.

EXPANDING AADE'S CAPACITY

As we sail through untested waters, we continue to ensure that AADE's members, processes and technology systems effectively deliver planned services to stakeholders.

One of our biggest technology projects this year was the implementation of a new association management system. This houses our most important data and is the foundation for many of our online services for members and other stakeholders.

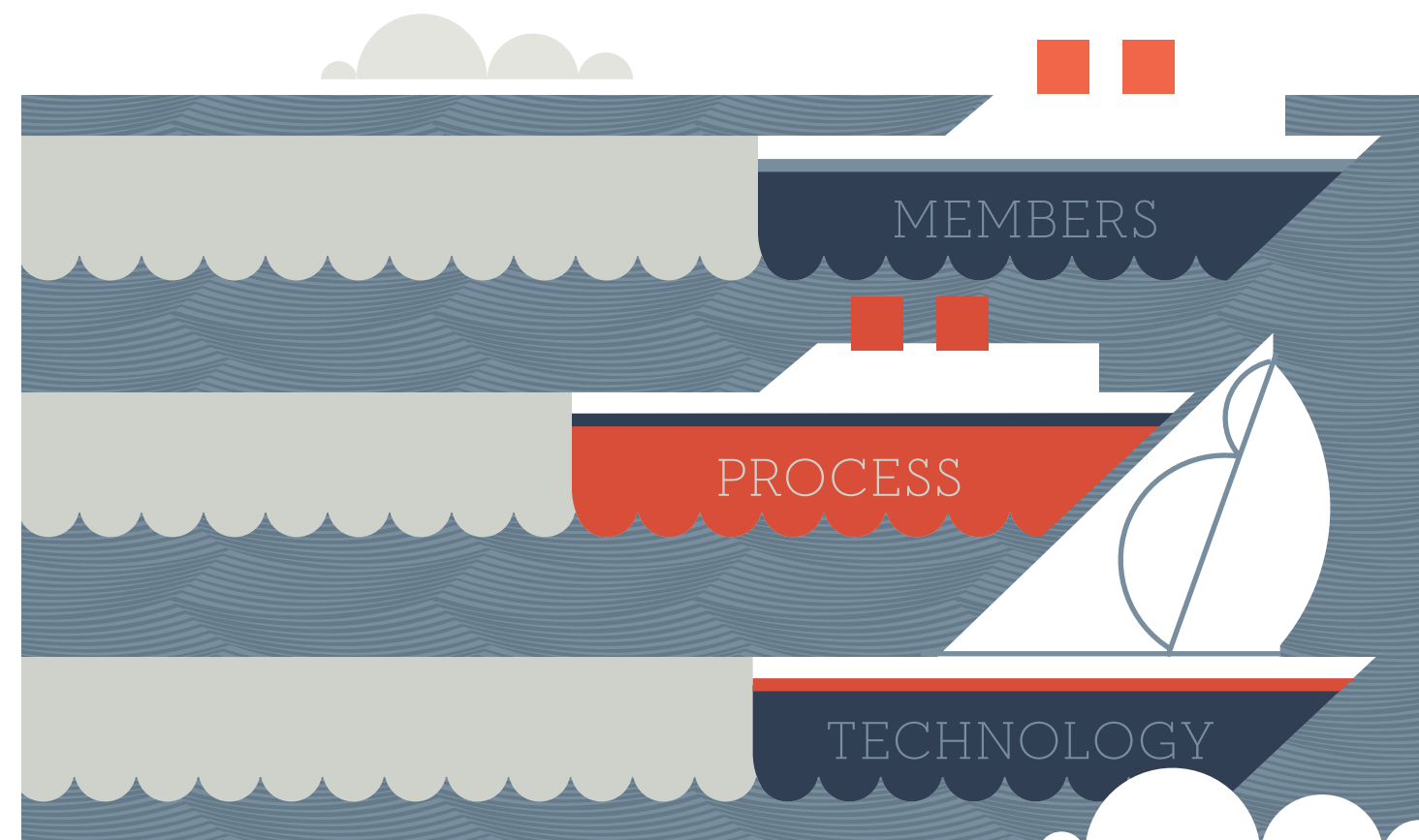
We are always thinking of ways we can help our members navigate the wide array of resources and opportunities available to them. This led to the development of the AADE GPS, which consolidated all of our programs and products so that they are accessible in a visual, user-friendly format. We also created the Volunteer Resource Center which provides state and local leaders with training videos and guidance on how to effectively manage AADE's CBs, LNGs and COIs.

LOOKING FORWARD TO THE FUTURE

All of these activities, and others we have undertaken, work together to influence the future direction of the profession and the association. They are aimed at meeting diabetes educators' current needs and helping to prepare them for the future.

It was a busy, productive year, and we are confident that our activities firmly position us and our members for even greater success in the years to come.

EXPANDING AADE'S CAPACITY



2013 REVIEW

This is an overview of the initiatives and activities that AADE launched or completed this past year.

ADVOCACY AND OUTREACH

LEGISLATIVE ACTIVITY

- » Introduced the “Access to Quality Diabetes Education Act of 2013” in the U.S. Senate and House of Representatives
- » Introduced licensure legislation in Indiana
- » Regulations completed for licensing of diabetes educators in Kentucky
- » Completed Sunrise Review application for licensing diabetes educators in Washington

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
- » Continuous Glucose Monitor Coalition

PUBLIC POLICY POSITIONS AND COMMENTS

- » Diabetes and Telehealth: Improve Access to Diabetes Self-Management Training
- » CMS Proposed Rule on Medicare Physician Fee Schedule: Use Caution in Removing Diabetes Measures That Would Negatively Affect Persons with Diabetes
- » U.S. Preventive Services Task Force: Comments on the Screening for Type 2 Diabetes Mellitus, Impaired Fasting Glucose, and Impaired Glucose Tolerance

INDUSTRY ALLIES COUNCIL MEMBERS

- » Bayer Healthcare, Diabetes Care
- » BD - Diabetes Care
- » Boehringer Ingelheim
- » BMS/AstraZeneca
- » GlaxoSmithKline
- » Lilly Diabetes
- » Lifescan, Inc. – A Johnson & Johnson Company
- » Medtronic
- » Novo Nordisk
- » Roche Diagnostics
- » Sanofi Aventis
- » Takeda
- » Valiteras

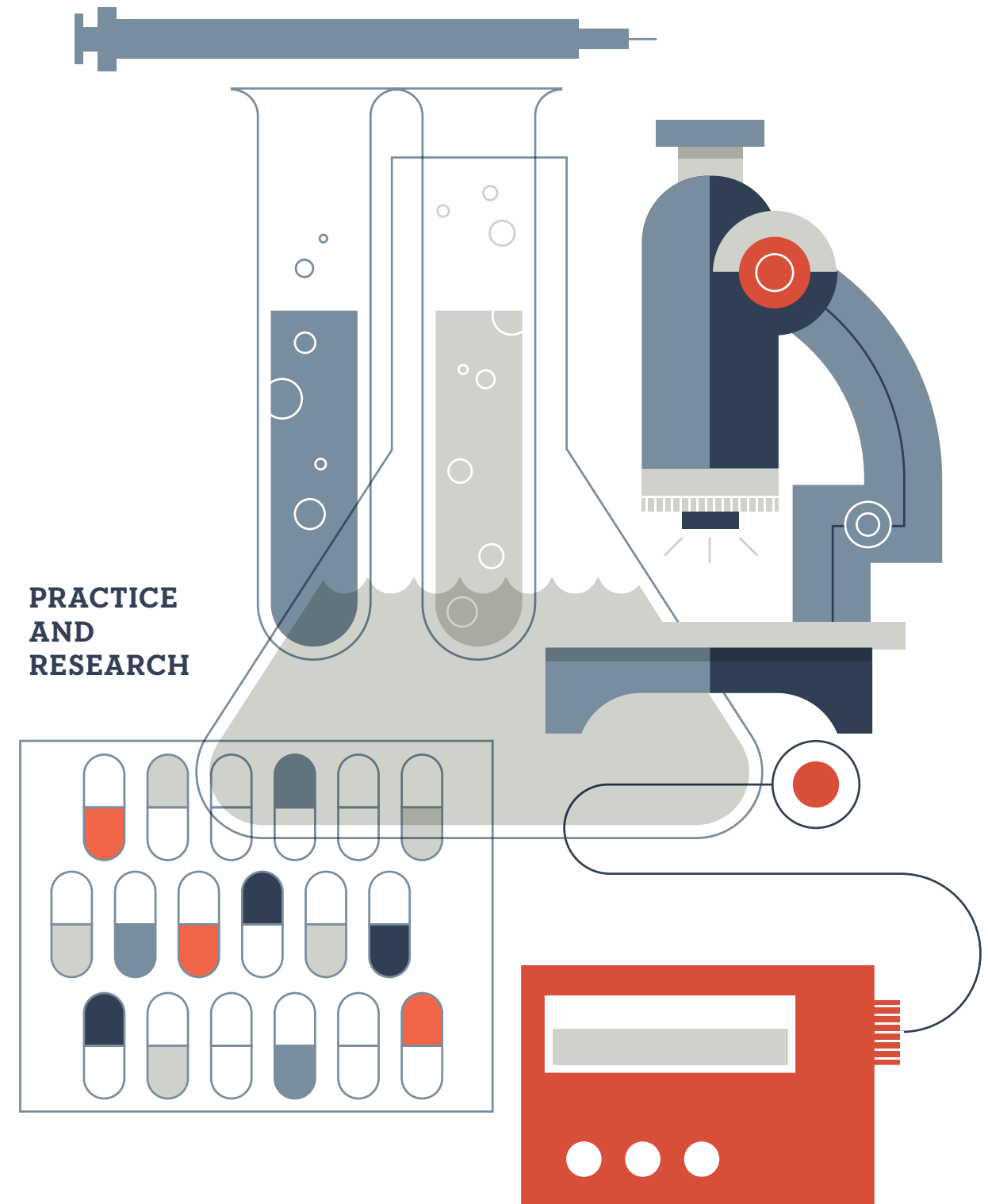
PATIENT EDUCATION MATERIALS

- » Launched Diabetes Goal Tracker Mobile App
- » Created Insulin Injection Tip Sheets

PRACTICE AND RESEARCH

PRACTICE ADVISORIES

- » Diabetic Kidney Disease
- » Mail Order Program for Diabetes Testing Supplies: Information for Diabetes Educators
- » Teaching Injection Technique to People with Diabetes
- » Weight Loss Medications
- » Blood Glucose Meter Accuracy
- » Gestational Diabetes Mellitus
- » Management and Education of Older Persons with Diabetes
- » Preventing Infection and Injury During Blood Glucose Monitoring and Injectable Medical Administration



PRACTICE AND RESEARCH

PUBLICATIONS

- » “Self-Management of Type 2 Diabetes? Yes!” *Journal of Family Practice*
- » “Reducing the Risk of Diabetes Complications through Diabetes Self-Management Education and Support” *Population Health Management*
- » “The Diabetes Continuum and the Expanding Role of the Diabetes Educator” *AADE in Practice*
- » “Diabetes Self-Management Education and Training Using Smart Phones and Video Capability: A Usability and Access Evaluation Project” AAE 2013 Annual Meeting (poster)
- » “Introduction to Comparative Effectiveness Research and Patient-Centered Outcomes Research for Diabetes Educators” *AADE in Practice*
- » “Partnering with Patients to Prioritize Treatment” *AADE in Practice*
- » “Practice Documents and How to Use Them” *AADE in Practice*
- » “RE-AIM to Evaluate a Pilot Diabetes Self-Management and Education Team in a Patient-Centered Medical Home” *Society for General Internal Medicine* 2013 Annual Meeting (poster)
- » “Depression: the Elephant in the Diabetes Self-Management Education/Training Room” *SelfCare*

- » “The Future of Diabetes Education: Expanded Opportunities and Roles for Diabetes Educators” *The Diabetes Educator*
- » “The Landscape for Diabetes Education: Results of the 2012 AAE National Diabetes Education Practice Survey” *The Diabetes Educator*
- » “Diabetes Educators: Skilled Professionals for Improving Prediabetes Outcomes” *American Journal of Preventive Medicine*
- » “Type 2 Diabetes Disparities in Adults in the United States” 2013 Together on Diabetes Summit (poster)

RESEARCH GRANTS

- » Bristol Meyers-Squibb Foundation
- » Agency for Healthcare Research and Quality
- » Centers for Disease Control and Prevention
- » Aetna Foundation

SURVEYS

- » Competitive Bidding Compliance Survey
- » Survey to Gauge Knowledge Regarding Blood Glucose Meter Accuracy
- » AAE in Practice Readership Survey
- » Member Satisfaction Survey
- » AAE13 Attendee Survey
- » Continuing Education Needs Survey

FAVORABLY REVIEWED MATERIALS

- » Seven booklets for Nordisk:
 - *Caring for Someone with Diabetes*
 - *Talking with Your Patients About A1C*
 - *Diabetes Medicines*
 - *Importance of A1C*
 - *Better Office Visits*
 - *Carb Counting*
 - *Diabetes and You*
- » *Diabetes Health Monitor – Guide to Diabetes*
- » *Diabetes Health Monitor* bi-monthly magazine
- » Two videos for Milner-Fenwick:
 - *Diabetes Skin and Foot Care: A Million Steps*
 - *Diabetes and Emotions*

DIABETES EDUCATION

ACCREDITATION PROGRAM

Accredited 627 programs, 1,517 sites

BC-ADM CREDENTIAL

141 candidates sat for the exam

MEMBERSHIP

MY AAE NETWORK

- » Grew our Local Networking Groups from 109 to 111
- » Added two Communities of Interest: Diabetes Technology and Post-Career
- » Saw a 19% 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
- » Launched online Volunteer Resource Center

JOURNALS AND NEWSLETTERS

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

NEW MEMBER RESOURCES

- » Continued growth of Diabetes Resource Connection
- » Enhanced AAE Career Network
- » Launched AAE GPS

EDUCATIONAL PROGRAMS

MEETINGS

- » AAE Annual Meeting & Exhibition, August 2013
- » Four CORE Concepts® courses

PUBLICATIONS

- » AAE Quick Guide to Medications, 5th Edition
- » Diabetes Education Review Guide, 2nd Edition, Revised
- » Managing Diabetes: Senior Care

ONLINE PROGRAMS

- » Facilitating Behavior Change
- » Insulin Pump Therapy
- » DSMT Reimbursement Essentials
- » Gestational Diabetes
- » CORE Concepts® Online Course – four course sessions

WEBINARS

- » Diabetes 2012: A Year in Review
- » Motivation and Behavior Change
- » Insulin Pump Therapy
- » Diabetes and Chronic Pain
- » Continuous Quality Improvement (CQI) for DSMT Programs
- » Advanced Assessment for Diabetes Care
- » Navigating the DSMT Reimbursement Maze
- » Elder Care & Diabetes Pt I: Setting Targets, Treating Safely
- » Elder Care & Diabetes Pt II: Diabetes and Cognitive Decline
- » Management of Type 2 Diabetes in Children and Adolescents
- » Developing Your Inner Entrepreneur
- » Diabetes and Diet: Connecting the Dots
- » Medication Management: Case Study
- » Addressing Technophobia in Patients and Clinicians
- » Comparing Effectiveness of Medication of Adults
- » Adult Immunizations and Diabetes: What You Need to Know
- » Diabetes Care and Emergency Preparedness
- » Healthy Fats, Heart Disease and Type 2 Diabetes
- » Heart Health
- » Diabetes & Youth
- » Exploring the e-patient Phenomenon in Diabetes Education
- » Pre-Diabetes and Metabolic Syndrome

- » Affordable Care Act Update
- » Gestational Diabetes Management
- » Diabetes & the Workplace
- » Diabetes Co-Morbidities
- » Reimbursement Update for 2014

ON-DEMAND WEBCASTS

- » Behavior Change and Goal Setting
- » Cancer and Diabetes Link
- » Cardiovascular Disease & Diabetes: Medications & Eating to Improve Health
- » Cardiovascular Risk: Diabetes & the New Cardiovascular Guidelines
- » Diabetes and Depression
- » Diabetes Management After Gastric Bypass
- » Diabetes and the Mouth: Can It Predict Your Future?
- » Diabetes and Neuropathy
- » Diabetes and Skin Care
- » How to Incorporate CHW into DSMT Programs
- » How to Present like a Pro in a Healthy Cooking Demonstration
- » Improving Glycemic Excursions
- » Monogenic Diabetes
- » New 2012 Guidelines for DMST
- » Patient-Centered Medical Home: Shared Medical Appointments & Models of Healthcare
- » Patient Data: Top 10 Things You Need to Know
- » Perioperative Patient
- » Real Time CGM
- » Type 2 Diabetes in Children
- » You’ve Got Male! Health Strategies



OUR LEADERSHIP

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Sandra Burke, PhD, ANP, BC-ADM, CDE, FAADE – *Past President*
Terry Lumber, RN CNS, MSN, BC-ADM, CDE, FAADE – *Treasurer*
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Ann Williams, PhD, RN, CDE

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Deborah Fillman, RD, LD, MS, CDE – *Chair, AADE Education and Research Foundation*

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Cassandra Henderson, MD, CDE
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2013 ANNUAL MEETING COMMITTEE

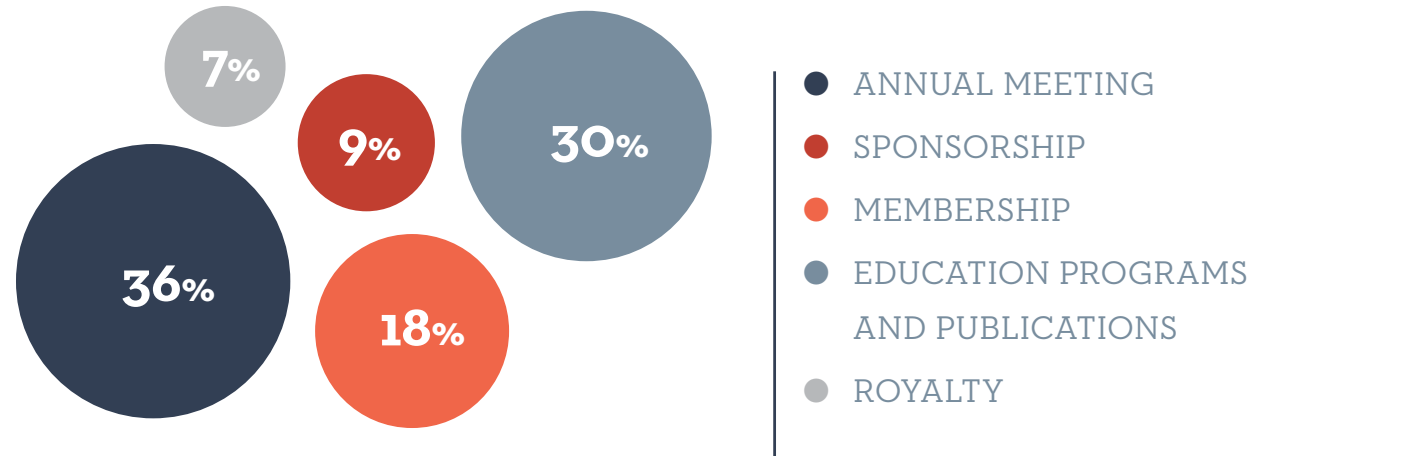
Patti Geil, MS, RD, LD, CDE, FADA, Chair
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Janice Baker, MBA, RD, CDE, CNSC, BC-ADM
Shani V. Davis, MSN, ANP-BC, CDE, PhD Candidate
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Carrie Swift, MS, RD, BC-ADM, CDE
Sara (Mandy) Wilson Reece, PharmD, CDE, BC-ADM

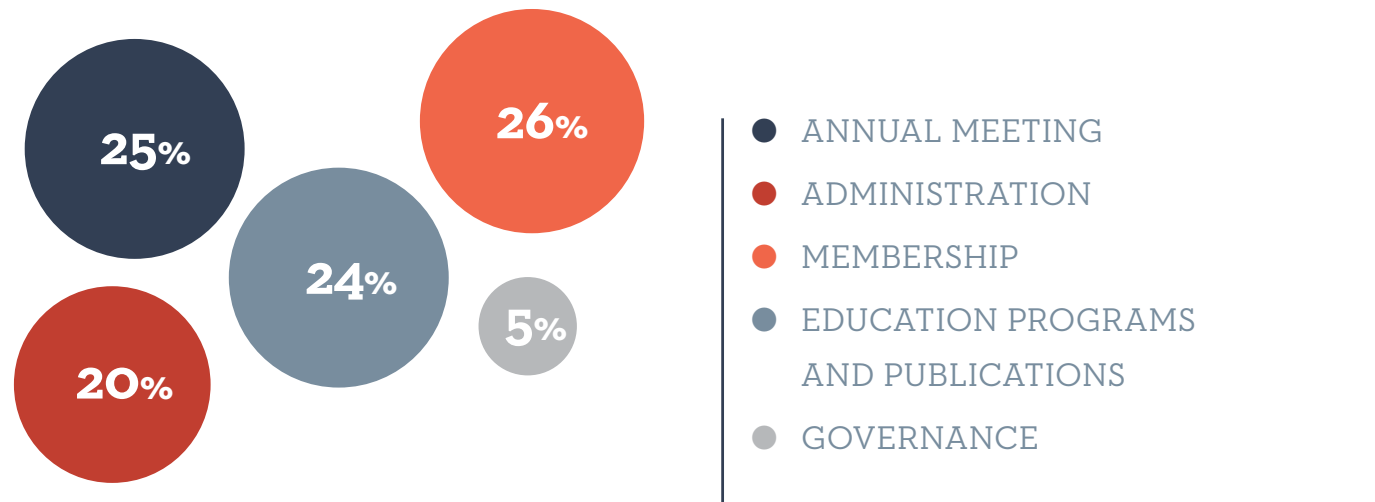
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Teresa L. Pearson, MS, RN, CDE, FAADE
Donna Tomky, MSN, RN, C-NP, CDE, FAADE

FINANCIAL OVERVIEW



2013 REVENUE



2013 EXPENSES

	PROGRAM REVENUE	PROGRAM EXPENSES	NET ASSETS
2013	12,566,000	12,370,00	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