



**AMERICAN ASSOCIATION
OF DIABETES EDUCATORS**

Serving our members,
Advancing health care for people with diabetes



2003-2004 ANNUAL REPORT

Supplement to *The Diabetes Educator*

FROM THE PRESIDENT

It's no coincidence that this annual report is called *Serving our Members, Advancing Health Care for People with Diabetes*. AADE has made great strides in both areas this year. We've dramatically boosted the value we give our members and have become one of the nation's leading advocates for people with diabetes.

This has been a time of great introspection, and great achievement. In the following pages, you will be able to read about all that has happened since we began our journey together last August. We introduced federal legislation and embarked on a historic relationship with the Centers for Disease Control and Prevention. We launched a public awareness campaign with legendary entertainer Dick Clark and dramatically expanded our professional development opportunities. We began a comprehensive environmental scan and put behavior change front and center with the creation of the AADE 7 Self-Care Behaviors. Needless to say, it's been quite a year.

But it certainly wasn't done alone. We couldn't have accomplished all that we did without the dedication and "pull up your sleeves and get to work" attitude of our Board of Directors, committees, specialty practice groups, chapters and staff.

This year will leave what I hope is a strong legacy for the future. We've set the groundwork for continued success – success that will translate into a better, more dynamic working environment for our members and give the 18.2 million Americans with diabetes increased access to the lifestyle management they need to stay healthy and live their life to the fullest.



Virginia Zamudio, RN, MSN, CDE
PRESIDENT



FROM THE EXECUTIVE DIRECTOR



2004 was a year of important strategic gains for AADE. We raised our profile in Congress through the introduction of legislation in both the U.S. House with HR 3194, and for the first time AADE history, in the U.S. Senate, with S 2431. We formed alliances with major players in diabetes through an MOU with the Centers for Disease Control and Prevention, and are developing similar agreements with National Diabetes Education Program, American Heart Association, Prevent Blindness America and the National Kidney Foundation. And we began a major push for the adoption of the AADE 7 Self-Care Behaviors as the standard measurement methodology to track outcomes in behavior change for people with diabetes.

As well as this important external work, our membership support expanded as well. Last year's effort to gather information from members and nonmembers resulted in a number of important new member initiatives. A re-vamped professional liability insurance benefit, free CE for select online programs, and a state-level legislative tracking system are just some of these. And, starting in 2005, we intend to launch a new annual program of data gathering in which our members can contribute to a diabetes program registry that will for the first time describe the practice of diabetes self-management training, and give AADE the data to describe trends in practice over time. These are indeed exciting times for AADE!

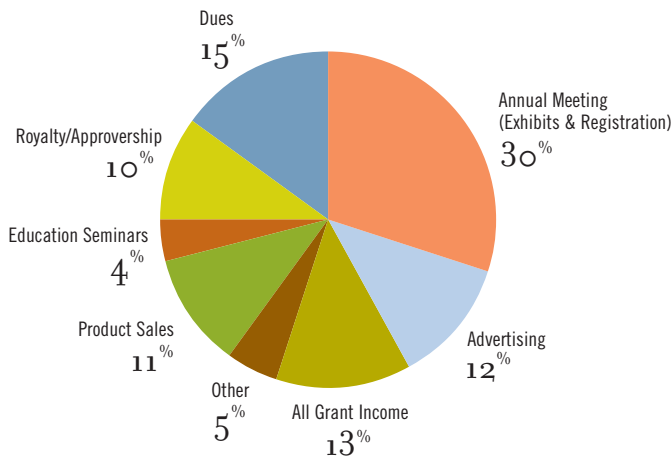
Organizationally, fiscal 2004 was another year of continued growth for AADE. Projected gross revenues of \$7.9 million is a new record for the association, and is the fourth consecutive year of revenue growth. Our Annual Meeting in Salt Lake City brought in exhibitor revenues exceeding \$1.2 million dollars. In addition, membership remained stable, advertising revenues were a robust \$866,000 and our corporate sponsors contributed over \$750,000 to help us provide many of our key educational programs.

At AADE, we constantly monitor our expenses. A key contributor to our "bottom line" financial success is effective cost controls. During FY2004 all major expense categories were within the budgeted range. This fact, combined with our revenue growth, allowed us to exceed budgeted net revenues once again for the year.

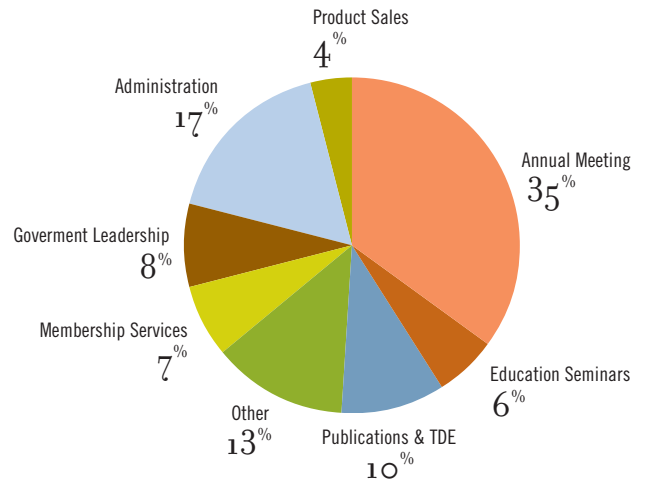
As we enter fiscal year 2005, AADE leaders and staff are committed to continuing to serve as good stewards of the association's resources. Even though we had a strong year financially, we pledge to continue to pursue new opportunities for improved member services, and to maintain our enviable financial security.

Christopher E. Laxton
EXECUTIVE DIRECTOR

Source of Funds - FYE 2004 Actual



Use of Funds - FYE 2004 Actual



Everything we do at AADÉ is a reflection of the **six primary goals** in our strategic plan. Highlights from the past year include:

Education

AADE will serve as a leader in the education of its members, the broader healthcare community, and the community at large

- Crossing several goal areas, a main focus this year and in the coming years is the incorporation of the AADE 7 Self-Care Behaviors into the national healthcare system.
- Professional development and networking opportunities make AADE's annual meetings the diabetes educator's yearly destination. The 2003 meeting in Salt Lake City continued that tradition, providing attendees with more of everything – more educational programs, more continuing education credit and more exhibits than ever before.
- An in-depth review of the fundamental concepts that support diabetes self-management training, *Core Concepts: The Art and Science of Diabetes Education*, was offered in six different cities, with a total of 675 attendees. Consistently positive evaluations showed this case-based program to be considered a professional development necessity.
- AADE published two new position statements: *Diabetes Community Health Workers* and an update of the *Standards for Outcomes Measurement of Diabetes Self-Management Training*. The latter is the basis for the AADE 7 Self-Care Behaviors.

Preparing members to become behavior change agents

Based on the knowledge that patient behavior change and adherence to treatment is essential to producing positive health outcomes, AADE began offering members a new educational program. Originally developed by the Bayer Institute and customized in collaboration with AADE, "Choices and Changes: Clinician Influence and Patient Action" utilizes a workshop format to provide clinicians with an opportunity to explore their role in the change process. It also gives them specific, brief and efficient communication strategies that can be utilized within the constraints of a typical office visit. This year, 29 AADE members were trained as faculty for the program, and 33 sessions were offered to 639 participants.

- Educating the public about the link between diabetes and related health conditions remains a priority. This year we partnered with industry on two unbranded awareness campaigns, which accomplished our education goal, as well as highlighted the role of the diabetes educator:

Diabetes: Know the Heart Part. Phase two of this campaign with Merck and Co., Inc. paired American Bandstand legend Dick Clark with AADE President Virginia Zamudio in an effort to alert Americans with diabetes to their increased risk for heart disease. A national launch was held in New York City, with educational events in Tampa, Phoenix, Atlanta, Philadelphia and Dallas.

Take Diabetes to Heart. Entering its third and final year, this GlaxoSmithKline-sponsored campaign raised awareness about the link between type 2 diabetes, heart disease and the role of insulin resistance. A series of "lunch and learn" events headlined by AADE President Virginia Zamudio and well-known singer and actress Della Reese took place with several large employer groups: American Airlines in Dallas, Citibank in New York, Delphi in Detroit, Sears in Chicago and ExxonMobil in Houston.

- Six audio conferences were offered this year, reaching more than 2,000 educators and covering such topics as "Creative Teaching Techniques" and "Using the GROW Model to Coach for Educational Goal Achievement in DSMT."
- We continued to expand our library of continuing education opportunities. Sponsored by Novo Nordisk and Pfizer, Inc., numerous e-learning programs were updated or offered for the first time, free to AADE members.
- Three new contract educational programs were offered – "Diabetes and Cardiovascular Connection," "Nutrition for Diabetes Management: Intro to Carb Counting" and "Type 2 Diabetes in Children and Youth."



Recognition

AADE will advance diabetes self-management training as central to diabetes care, and will advance lifestyle management for prevention of diabetes

Creating a future for diabetes educators: Launching the AADE 7 Self-Care Behaviors

After more than 30 years, the art and a science of diabetes self-management training has come of age. It has evolved beyond the giving of information and now places a key focus on measuring behavioral outcomes – outcomes that will translate into clinical improvement and lead to better health for people with diabetes.

To reflect this movement and give members the tools they need, AADE has created the AADE 7 Self-Care Behaviors. The AADE 7 gives diabetes educators a standardized framework to help patients achieve desired behavior changes, determine the effectiveness of their programs with individuals and populations, compare their performance with established benchmarks, and establish the contribution of diabetes self-management training to overall diabetes care.

The AADE 7 Self-Care Behaviors has been seven years in the making. In 1997, a group of members formed the National Diabetes Education Outcomes Taskforce to look at how diabetes educators could measure behavior changes that were unique to diabetes self-management training.

The result was the “Standards for Outcomes Measurement of Diabetes Self-Management Education,” and the “DSME Core Outcome Measures Technical Review,” both published in the September/October 2003 issue of *The Diabetes Educator*. These articles describe for the first time diabetes self-management training in an entirely new way, referring to seven core measures of outcomes performance rather than ten content areas of information delivery.

We’re now going to the next level – broadening our scope and member programs to reflect this new conceptual framework.



- An emphasis was placed on coalition building this year. Formal “memorandums of understanding” were developed with the Centers for Disease Control and Prevention, and are in the final stages with the National Diabetes Education Program, the American Heart Association and the National Kidney Foundation.

Less formal, but equally productive alliances were also formed or enhanced with key government agencies – the National Institutes of Health and the Centers for Medicare and Medicaid Services – and fellow healthcare organizations such as the National Eye Institute, American Dietetic Association, Prevent Blindness America and the Amputee Coalition of America.

- Recognizing the high rates of diabetes in the African-American and Hispanic populations, AADE carried the education, prevention and care message to the more than 10,000 participants at the NAACP, National Urban League and National Council of LaRaza annual meetings.
- In collaboration with the American Dietetic Association, we created a universal referral form that will make it easy for physicians to refer their Medicare patients for diabetes self-management training and medical nutrition therapy.
- AADE was asked to serve on the editorial boards of *Diabetic Recipe Magazine*, a Better Homes and Gardens publication, and *Obesity Management*, a journal targeted to primary care physicians. AADE has a column in each issue of *Obesity Management*.
- AADE garnered considerable positive media attention this year. The public awareness campaigns generated media impressions in the millions, with coverage on Telemundo, and such top-tier markets as New York, Chicago, Los Angeles, Atlanta and Houston.

Individual articles about AADE and the importance of the diabetes educator profession were also featured in *USA Today*, the *New York Times*, *Los Angeles Times*, *Atlanta Journal-Constitution*, as well as *Women’s Day* and *American Profile* magazines, and the Lifetime TV Network and CNBC.



Advocacy

AADE will advocate for public policy to improve the nation's health

- AADE was successful in moving legislation allowing certified diabetes educators to become Medicare providers.
- In order to generate support for our legislation, we held several congressional briefings. AADE's leadership also made personal visits to more than 100 congressional offices throughout the year, and AADE members sent more than 1,200 emails to their representatives.
- We began a formal dialogue with the Centers for Medicare and Medicaid Services to examine obstacles to accessing the diabetes self-management training benefit and to establish ways to streamline reimbursement.
- Continuing our relationship with the U.S. Department of Health and Human Services, we participated in three town hall meetings. Held in Cincinnati, Little Rock and Seattle, AADE members shared their thoughts on diabetes prevention, detection, education and treatment with government officials.
- Recognizing that members want to know about diabetes-related bills moving through their state legislatures, we added a legislative tracking service to the AADE Web site.

Membership

AADE will develop a diverse membership that will enhance and promote the benefits of diabetes self-management training and prevention through the team approach

- We ended the year with more than 10,500 members: 53% nurses, 28% dietitians, 6% pharmacists and 13% other healthcare professionals.
- We created many new member benefits this year – state legislation tracking, free continuing education courses, online access and real-time updates to the member directory, improved professional liability insurance, e-communities and a monthly newsletter.
- Four new taskforces were appointed and began to work on developing strategies for gaining new members and better serving current ones. They were: Membership Taskforce, Chapters' Relationship with National Taskforce, Community Health Worker Taskforce and Diversity Taskforce.
- A new chapter was welcomed this year – the California Central Coast Association of Diabetes Educators (CCCAADE). This brings the number of AADE chapters to 105.
- Seven groups of members began recruiting colleagues to form new specialty practice groups this year.
- Focus groups were conducted to learn more about issues of importance to the diabetes educator.

Historic alliance formed with CDC

AADE entered into a formal relationship with the Centers for Disease Control and Prevention (CDC) this year. A memorandum of understanding was developed, which outlined an impressive six-point scope of collaboration over the next four years. This gives us an excellent platform for raising the visibility of AADE and the profile of diabetes educators by putting us at the table with some of the biggest influencers in diabetes education and care.

In short, the MOU establishes our role in CDC's Diabetes Detection Initiative and National Public Health Initiative on Diabetes and Women's Health, initiates activities to gauge and address rural access issues, establishes a mechanism for sharing data collection information, strengthens our role with the Diabetes Prevention and Control Programs and provides a vehicle for us to jointly explore strategies around primary prevention of diabetes.

The Diabetes Self-Management Training Act introduced in both Houses of Congress

As in past years, we realized that patient access to care will be greatly enhanced if certified diabetes educators are able to be directly reimbursed for their services. Last year, we took the unprecedented step of hiring a Washington-based consulting firm and began to get the attention of legislative and regulatory decision-makers.

This year, we focused on increasing the intensity of our lobbying efforts and building strategic relationships.

The result was the introduction of The Diabetes Self-Management Training Act in both the U.S. House and Senate. The legislation seeks to improve access to diabetes self-management training by allowing certified diabetes educators to directly bill Medicare for their services. It also requests that Congress study how living in a rural area will affect access to DSMT, as well as the barriers that may exist in becoming a CDE for healthcare professionals living in rural areas.

We are currently working with the bill sponsors to recruit co-sponsors.

Research

AADE will promote research in diabetes self-management training and behavior change

Organizational Excellence

AADE will continue to develop an effective and efficient organization

- This year saw the operational infrastructure of the National Diabetes Education Outcomes System (NDEOS) built and tested. Test sites included a small, one-educator program, a multiple-site university program and a large HMO, among others. An NDEOS advisory group was appointed to develop the policies and procedures that will move NDEOS from a concept into practice.
- In recognition of its NDEOS, AADE was proud to be named one of *InfoWorld* magazine's top 100 organizations of 2003. This annual award honors organizations that demonstrate creative use of cutting-edge technologies to further business goals.
- With funding from the AADE Foundation, the first AADE research study was established to examine barriers to accessing diabetes self-management training. This marks the first time AADE has undertaken original research and had the freedom to define the research topic.
- AADE selected quality improvement studies as an area of emphasis and developed a monograph on the continuous quality improvement process.
- To understand the changing nature of the profession, AADE embarked on an environmental scan. To be completed in 2004-05, it will give us a better understanding of diabetes care and education: how it's currently being delivered, who's delivering it, and in what manner.
- Communication with members was greatly enhanced with the new *e-FYI* monthly newsletter, which featured profiles of Board members, advocacy updates, public awareness campaign information, new educational offerings and updates on the association's strategic plan.
- AADE's journal, *The Diabetes Educator*, continued to be our members' main source of peer-reviewed research articles. Added this year were special focus topics such as "Foot Care: Patient and Practice Resources."
- We placed the Member Resource Guide online so members can get up-to-date contact information on their colleagues.
- Surveys researching diabetes self-management training reimbursement barriers and other topics were conducted this year. Results were used in discussions with regulatory decision makers.

AADE Foundation

The AADE Education and Research Foundation continued to support AADE's goals by funding research studies and scholarships for members to attend the AADE Annual Meeting.

Gathering the knowledge to help drive the profession forward

Diabetes educators are playing witness to rapidly evolving trends that are moving the profession into more non-traditional models. Behavior change is replacing straight information delivery as the preferred method of practice. Disease management models are seeking to address all co-morbid conditions. And more lay- and community-based health workers are providing diabetes information and counseling services.

To better understand these changes and respond to them in a proactive way, AADE improved and advanced its strategic planning processes this year.

The year began with a review of the documents that guide AADE. Our mission and vision statements, as well as our goals, were updated to reflect where the practice is now and where we want it to go.

The mission statement was expanded to include the importance of prevention, and a vision statement was created: AADE is the leading authority

in diabetes self-management training and in lifestyle management for the prevention of diabetes. Two new goal areas – Research and Membership – were added, along with the details necessary to implement the new plan.

Mid-year, we focused our efforts outward and began a comprehensive environmental scan. Scheduled to be completed in 2004-05, we are taking a systematic, full-scale look at the factors affecting the diabetes educator's work: evolving health care delivery systems, political

and regulatory changes, economic and reimbursement considerations, business trends and futurists' projections.

Once we better understand our landscape, we'll know how we can help our members proactively respond to the changes they are seeing and arm them with the knowledge they need to become change agents at their workplace and in their profession.



**We owe special thanks to our industry sponsors
for their generous support in 2003-2004.**

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