

THIS IS WHERE.



HOUSTON



FRIDAY, AUGUST 9 – MONDAY, AUGUST 12



WHERE

- ▶ COMMUNITY THRIVES.
- ▶ TECHNOLOGY EMERGES.
- ▶ EDUCATION ELEVATES.

THIS IS WHERE IT'S ALL HAPPENING.

SEISMIC SHIFTS ARE HAPPENING ALL AROUND US. TRADITIONAL MODELS OF CARE ARE EVOLVING. TO CONTINUE TO PRODUCE POSITIVE OUTCOMES, OUR APPROACH MUST BE HOLISTIC, SEAMLESS AND UNIFIED. JOIN US AS WE NAVIGATE WHAT'S NEXT AT AADE19, THE PREMIER DIABETES EDUCATION EVENT OF THE YEAR.

ADVOCATES ALIGN

Join forces with the largest gathering of nurses, dietitians, pharmacists and other healthcare providers who know that when it comes to diabetes education it takes passion and dedication.

OPPORTUNITIES EXPAND

Stay a step ahead with education tracks focused on the latest advancements in technology, self-care behaviors, program management skills, clinical therapeutic approaches and more. From innovative sessions, to case studies, to hands-on technology and next-level thought leadership, AADE19 is helping to shape the future of diabetes care.

HOUSTON INSPIRES

As the 4th largest city in the U.S., Houston knows how to think big. Just last year, this inspiring host city appeared on several "best of" lists, including Travel + Leisure's roundup of America's Favorite Cities and was labeled the new capital of southern cool by GQ magazine. This is where you'll experience eclectic neighborhoods, culturally rich gallery spaces and world-class dining.

LESS TO PAY!

REGISTER BY FRIDAY, APRIL 26
TO SAVE \$100.

aade19.org

REGISTER NOW TO:

- **EARLY BIRD IT.** Register by Friday, April 26 for the best value and first choice of special AADE19 rates at Houston hotels.
- **EARN CREDIT.** Earn up to 31.5 CE credits* based on the sessions you attend.
- **EXPLORE EXHIBITS.** Discover new products, technologies and programs that make caring for people with diabetes just a little easier.
- **ENGAGE.** Learn something new, share with others, and gather at fun social events planned throughout the conference.

*28.5 CE credits provided with an additional 3 CE credits from poster viewing for registered nurses, nurse practitioners and registered dietitians

EXPECT MORE AS A MEMBER

Members save \$200 off registration, plus gain access to education and networking opportunities all year long.

EARLY BIRD	ADVANCE	ONSITE
Member Rate		
\$355	\$405	\$455
Nonmember Rate		
\$555	\$605	\$655
through 4/26	from 4/27-6/21	starting 6/22

KEYNOTE SPEAKERS

FRIDAY, AUGUST

9

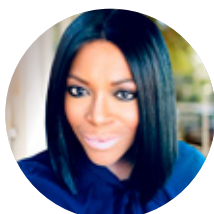


STEPHEN LINDER, PhD, Professor and Institute Director, UTHealth School of Public Health

FAITH FOREMAN-HAYS, Dr.P.H, MPH, BA, LVN, Deputy Assistant Director, Houston Health Department

Houston is currently the only U.S. city chosen to be part of the Cities Changing Diabetes Initiative. This general session will explore why it has been successful in treating prediabetes and diabetes and identify tactics that can be used in other communities. Learn about the concept of composite vulnerability and how it can be used as an alternative to risk-based predictions of prediabetes/type2 diabetes in populations.

You will leave this session with the information necessary to determine best models of care based on populations served in your own practice.



FRIDAY, AUGUST

9



KAREN KEMMIS, PT, DPT, MS, GCS, CDE, CEEAA, FADE, Physical Therapist, Certified Diabetes Educator and Adjunct Professor, Joslin Diabetes Center Affiliate at SUNY Upstate Medical University

Join AADE President Karen Kemmis as she shares AADE's latest work on behalf of diabetes educators and updates on AADE's new vision for the specialty of diabetes education.

SATURDAY, AUGUST

10



CLANCY HARRISON, MS, RDN, FAND, Registered Dietitian, Healthy Living Lifestyle, LLC

With more than 42 million Americans affected by food insecurity, hunger lurks on every corner. This presentation will illuminate the hidden epidemic in the United States through inspirational storytelling and interactive learning. Find out why food access should be a top priority and has the power to transform the health of the next generation. You will leave this session with the mindset and skillset to ignite a culture of food dignity in your local area and bust through the stigma associated with food assistance programs.

SUNDAY, AUGUST

11



MICHAEL HARRIS, PhD, Professor and Chief of Pediatric Psychology, Oregon Health & Science University, Harold Schnitzer Diabetes Health Center

Diabetes educators know that sound mental health and the ability for a person with diabetes to make behavior change are large components to success. This general session will focus on outcomes of psychosocial/behavioral interventions that were developed to target the social determinants of health in diabetes. Discover lessons learned about the social determinants of health and behavioral strategies you can implement to address individuals who are most challenged by diabetes.

AADE EXHIBIT HALL

EXPERIENCE ONE OF THE LARGEST DIABETES EXHIBITIONS.
THIS IS WHERE YOU'LL FIND THE LATEST TECHNOLOGIES,
CATCH A COOKING DEMO, UP YOUR HEART RATE AT THE SPECIAL
EVENT STAGE AND LEARN ABOUT THE LATEST EDUCATIONAL
TOOLS AND RESOURCES FOR THE POPULATIONS YOU SERVE.

200+
COMPANIES + ORGANIZATIONS



SCHEDULE AT A GLANCE

Earn up to 31.5 CE credits* at AADE19

THURSDAY, AUGUST 8

Time	CE Credits
12:00pm – 7:00pm	Registration
1:00pm – 5:00pm	Preconference Course** Reimbursement Boot Camp
1:00pm – 5:00pm	Preconference Course** Pharmacology Boot Camp
1:00pm – 5:00pm	Preconference Course** Advanced Lifestyle Coach Training
3:30pm – 4:15pm	Product Theater
5:30pm – 6:15pm	Product Theater
5:30pm – 7:00pm	Coordinating Body (CB) and Communities of Interest (COI) Networking Reception Open to All Attendees (Marriott Marquis Hotel)

FRIDAY, AUGUST 9

Time	CE Credits
6:30am – 7:15am	Product Theater
6:30am – 3:00pm	Registration
7:30am – 9:00am	General Session 1.0
8:45am – 2:30pm	Exhibit Hall Open & Poster Viewing
9:00am – 9:45am	Unopposed Exhibit Hall Hours
9:45am – 10:45am	Education Sessions 1.0
11:00am – 12:00pm	Education Sessions 1.0
12:00pm – 1:00pm	Meet the Poster Authors 1.0
12:15pm – 1:00pm	Product Theaters
2:00pm – 3:00pm	Education Sessions 1.0
3:15pm – 4:15pm	Education Sessions 1.0
4:30pm – 5:30pm	Education Sessions 1.0
6:00pm – 7:30pm	Customer Appreciation Event – Boston Scientific (Marriott Marquis Hotel)
8:00pm – 10:00pm	Hoopla Sponsored by mySugr

SATURDAY, AUGUST 10

Time	CE Credits
6:00am – 7:00am	Zumba
6:30am – 7:15am	Product Theater
7:00am – 2:00pm	Registration
7:30am – 8:30am	General Session 1.0
8:15am – 3:15pm	Exhibit Hall Open & Poster Viewing
8:30am – 9:15am	Unopposed Exhibit Hall Hours
9:15am – 10:15am	Education Sessions 1.0
10:30am – 11:30am	Education Sessions 1.0
11:45am – 12:30pm	Product Theaters
12:00pm – 1:00pm	Meet the Poster Authors 1.0
1:00pm – 2:00pm	Education Sessions 1.0
2:45pm – 3:30pm	Product Theaters
3:15pm – 4:15pm	Education Sessions 1.0
4:30pm – 5:30pm	Education Sessions 1.0
4:45pm – 6:15pm	Corporate Symposia 1.5
7:00pm – 9:30pm	Customer Appreciation Event – BD/Lilly (Marriott Marquis Hotel)



WHERE ADVOCATES ALIGN

SUNDAY, AUGUST 11

Time		CE Credits
6:30am – 7:15am	Product Theater	
7:00am – 2:00pm	Registration	
7:30am – 8:30am	General Session	1.0
8:15am – 2:00pm	Exhibit Hall Open & Poster Viewing	
8:30am – 9:15am	Unopposed Exhibit Hall Hours	
9:15am – 10:45am	Education Sessions	1.0
10:30am – 11:30am	Education Sessions	1.0
Noon – 1:00pm	Meet the Poster Authors	1.0
12:15pm – 1:00pm	Product Theaters	
12:30pm – 1:30pm	AADE Annual Business Meeting	1.0
1:30pm – 2:30pm	Education Sessions	1.0
2:45pm – 3:45pm	Education Sessions	1.0
4:00pm – 5:00pm	Education Sessions	1.0
5:45pm – 7:15pm	Corporate Symposia (Marriott Marquis Hotel)	1.5
7:30pm – 10:00pm	AADE "Sunday Night Fever" Celebration Event (Marriott Marquis Hotel)**	

MONDAY, AUGUST 12

Time		CE Credits
6:00am – 7:00am	Zumba	
6:00am – 7:15am	Product Theater	
6:30am – 8:00am	Corporate Symposia	1.5
7:00am – 10:00am	Registration	
8:15am – 9:15am	Education Sessions	1.0
9:30am – 10:30am	Education Sessions	1.0
10:45am – 11:45am	Education Sessions	1.0
Noon – 1:00pm	Education Sessions	1.0
1:15pm – 2:15pm	Education Sessions	1.0

Hours are subject to change.

Registration and education sessions will take place at the George R. Brown Convention Center, 1001 Avenida de las Americas, Houston, TX.

***28.5 CE credits provided with an additional 3 CE credits from poster viewing for registered nurses, nurse practitioners and registered dietitians.**

The aforementioned credit statements include estimated achievable credit and may be subject to change.

****Additional fee required to attend these events.**

WHAT'S NEW AT AADE19

- More sessions that explore your role in new models of care, such as population health, telehealth and workplace wellness.
- Best of ADA series, highlighting news from Scientific Sessions, nutrition consensus and more.
- Sessions addressing your role in helping to manage cardiometabolic health and behavioral health.

DEDICATED TOPIC DAYS

Want to focus on specific areas of practice? You can find sessions covering these specialties in each time slot on the following days:

FRIDAY, AUGUST 9

Delay Type 2 Diabetes

SATURDAY, AUGUST 10

Behavioral Health

SUNDAY, AUGUST 11

Type 1 Diabetes

MARK YOUR CALENDAR FOR THE AADE SUNDAY NIGHT FEVER CELEBRATION

SUNDAY, AUGUST 11

7:30pm – 10:00pm

Individual ticket: \$20

Join us for the 6th annual celebration event.

Tickets can be purchased through the registration process in advance and on site.

EDUCATION SESSION INFORMATION

THIS YEAR, AADE19 IS FOCUSED ON ELEVATING THE EDUCATION EXPERIENCE. PREPARE TO BE MOTIVATED BY SESSIONS THAT ENGAGE, SPEAKERS WHO INSPIRE, AND NEW OPPORTUNITIES THAT DRIVE YOU TO EXPLORE THE LATEST ADVANCEMENTS IN DIABETES PREVENTION AND MANAGEMENT.

All education sessions are open to participants on a first-come, first-served basis. No registration is required.

EDUCATIONAL FORMATS

General Sessions (60 minutes)

An exceptional lineup of keynote speakers will share their research, leadership, and innovation in diabetes care.

Education Sessions (30 or 60 minutes)

Featuring application of principles, education, best practices, and more from respected leaders in the field of diabetes care.

Research Sessions (60 minutes)

Two 30-minute presentations that highlight research where the findings can be applied to clinical practice.

Corporate Symposia (90 minutes)

Each session provides additional educational/informational opportunities.

Product Theater (45 minutes)

CE not available. An in-depth look at new diabetes products, services, and practices.

DANA Tech Labs (45 minutes)

CE not available. Hands-on device demonstrations from leading industry partners.

LEARNING TRACKS

Explore sessions grouped into different learning categories to focus on the topics that interest you most.

- AADE7® in Practice
- The Business of Diabetes
- Clinical Diabetes Management Strategies
- Inclusive Diabetes Care
- Population Health
- Psychosocial/Behavioral
- Risk Reduction/Delay of Type 2 Diabetes
- Technology: Devices, Data and Patient Generated Health Data

TYPE OF ACTIVITY

This activity includes both knowledge-based and application-based education sessions.

TARGET AUDIENCE

This continuing education activity should be of substantial interest to nurses, pharmacists, dietitians/dietitian nutritionists, PA's, nurse practitioners and other healthcare professionals who care for individuals with diabetes and other related conditions.



WHERE EXPERTISE EXPANDS

CE CREDIT INFORMATION

AADE19 attendees can earn up to 28.5 credits of continuing education hours based on sessions you attend. Up to three additional hours of poster credit can be offered to registered nurses, nurse practitioners and registered dietitians for viewing educational posters. Registered dietitians also may gain additional hours of credit for exhibit-viewing through their accrediting body.



Registered Nurses

The American Association of Diabetes Educators is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation. This program provides 31.5 contact hours of continuing education credit.

The AADE is accredited as a provider of continuing nursing education by the California Board of Registered Nursing (CEP#10977).



Pharmacists

The American Association of Diabetes Educators is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education. This program provides 28.5 contact hours (2.95 CEU's) of continuing education credit.



Registered Dietitians

The American Association of Diabetes Educators (AM001) is a Continuing Professional Education (CPE) Accredited Provider with the Commission on Dietetic Registration (CDR). CDR Credentialed Practitioners will receive 31.5 Continuing Professional Education units (CPEU's) for completion of these activities/materials. Continuing Professional Education Provider Accreditation does not constitute endorsement by CDR of a provider, program or materials.

CDR Performance Indicators

- 5.1.2 — Applies understanding of informatics terminology and input and output devices (e.g. laptop, smart phones, flash drive).
- 8.1.5 — Applies medical nutrition therapy in disease prevention and management.
- 8.2.1 — Assess the physical, social and cultural needs of the individual, group, community or population.
- 8.3.1 — Maintains the knowledge and skill to manage a variety of disease states and clinical conditions.

Learning Need Code

5190

Physician Assistants

This program is not yet approved for CME credit. The American Association of Diabetes Educators plans to request 28.5 AAPA Category 1 CME credit from the Physician Assistant Review Panel. Total number of approved credits yet to be determined.

Nurse Practitioners

The AADE19 education activity will be submitted for continuing education credit to the American Association of Nurse Practitioners for approval of up to 31.5 contact hours of accredited education.

Board Certified Advanced Diabetes Management (BC-ADM)

AADE is the administering body for the Advanced Diabetes Management credentials. Continuing education programs offered by AADE can be used toward fulfilling BC-ADM certification and recertification requirements.

Certified Diabetes Educators

To satisfy the requirements for renewal of certification for the National Certification Board of Diabetes Educators (NCBDE), continuing education activities must be diabetes related and approved by a provider on the NCBDE list of Approved Providers (www.ncbde.org). NCBDE does not approve continuing education. The American Association of Diabetes Educators (AADE) is on the NCBDE list of Approved Providers.

**The aforementioned credit is an estimate and may be subject to change.*

PRECONFERENCE COURSES

THURSDAY, AUGUST 8

1:00pm – 5:00pm

*These courses require a separate registration fee from AADE19 and space is limited.

Advanced Lifestyle Coach Intensive 4 CE Available

Angela Forfia, MA

Experienced lifestyle coaches will build skills on facilitating behavior change within the 12-month lifestyle change program. Topics include theoretical approaches to behavior change, building change readiness, selecting and using person-centered communications skills, developing appropriate facilitation styles, understanding barriers and facilitators of change, and adapting skills and strategies for diverse groups. Delivered through an interactive program, led by an experienced AADE Master Trainer, this intensive course includes four continuing education units (CEUs) for nurses, dietitians and pharmacists. Participants must complete a minimum of four CEUs selected from the standard series of AADE online offerings within two months of the intensive completion date.

Pharmacology Boot Camp 4 CE Available

Susan Cornell, BS, PharmD, CDE, FAPhA, FAADE

Get a crash course in the pharmacology and pathophysiology of diabetes. Whether you are new to diabetes education and need to learn more about insulin versus non-insulin medications, or if you need a refresher on the latest drug classes, the Pharmacology Boot Camp is just what you need to strengthen your diabetes medication knowledge.

Reimbursement Boot Camp 4 CE Available

Patty Telgener, RN, MBA, CPC

Successful reimbursement is the surest way to a financially sustainable diabetes education program. Review how to maximize your program's reimbursement, avoid the most common billing mistakes and discuss billing codes for services implemented in your program. Learn how to act on claims falsely denied by Medicare or by a private payer. The Reimbursement Boot Camp is a must for anyone concerned about leaving reimbursement dollars on the table.

COLLABORATING ORGANIZATIONS

- American Academy of Family Physicians
- American Academy of Physician Assistants
- American Association of Nurse Practitioners
- American Diabetes Association
- Centers for Disease Control and Prevention
- College Diabetes Network
- Diabetes Care and Education – Practice Group of the Academy of Nutrition and Dietetics
- National Certification Board for Diabetes Educators



LEARNING TRACKS

Sessions are grouped into different learning categories to help you find the topics of greatest interest to you.

 AADE7® IN PRACTICE

 THE BUSINESS OF DIABETES

 CLINICAL DIABETES
MANAGEMENT STRATEGIES

 INCLUSIVE DIABETES CARE

 POPULATION HEALTH

 PSYCHOSOCIAL/BEHAVIORAL

 RISK REDUCTION/DELAY OF
TYPE 2 DIABETES

 TECHNOLOGY: DEVICES, DATA AND
PATIENT-GENERATED HEALTH DATA

PROGRAM ABBREVIATIONS*

ADA – American Diabetes Association

AND – Academy of Nutrition and Dietetics

BC-ADM – Board Certified Advanced Diabetes Management

CDE – Certified Diabetes Educator

CGM – Continuous Glucose Monitor

CHW – Community Health Workers

DANA – Diabetes Advanced Network Access

DCE – Diabetes Care and Education

DEAP – Diabetes Education Accreditation Program

DPP – Diabetes Prevention Program

DSMES – Diabetes Self-Management Education and Support

DSMT – Diabetes Self-Management Training

MDPP – Medicare Diabetes Prevention Program

NDPP – National Diabetes Prevention Program

T1D – Type 1 Diabetes

*Less frequently recognized abbreviations included

CORE CONCEPTS® COURSE

*Please note, you cannot register for both AADE19 and CORE Concepts as sessions overlap. Choose the one that best fits your learning objectives.

FRIDAY – MONDAY, AUGUST 9 – AUGUST 12

9:00am – 5:00pm (Friday – Sunday)

9:00am – 1:00pm (Monday)

Kim Coy DeCoste, RN, MSN, CDE, MLDE, FADE; David Miller, RN, MSED, BSN, CDE, FADE; Cecilia Sauter, MS, RDN, CDE, FADE; Condit Steil, PharmD, CDE, FAPhA; Curtis Triplitt, PharmD, CDE; Patti Urbanski, MEd, RD, LD, CDE

Prepare to earn or renew your CDE® credential by registering for a CORE Concepts® Course. Spend four days diving into the depths of diabetes education, learning from multidisciplinary experts, participating in hands-on activities (like carb counting) and connecting with peers while earning 22 CE. Another reason to attend: your CORE Concepts® registration gives you access to the AADE19 general sessions, exhibit hall and evening events!

Time and education sessions are subject to change.

FRIDAY, AUGUST 9

9:45am – 10:45am

AM

 POPULATION HEALTH

AADE's Vision of the Future for the Specialty Offers Opportunities to Ride the Population Health Wave

Kellie Rodriguez, RN, MSN, MBA, CDE

The population health framework has provided an enormous opportunity for diabetes specialists to better define and expand their roles, as well as drive positive disease outcomes. Guided by lower costs, improved individual and provider experience, and improved outcomes, the Quadruple Aim has provided the wave of a lifetime for diabetes specialists to expand their services beyond traditional DSMES and take a greater role in healthcare delivery and disease outcomes. AADE's vision of the future for the specialty embraces these identified opportunities. Diabetes specialists should study the surf, learn the undercurrents and have the courage to ride the wave.

 AADE7® IN PRACTICE

Access To Insulin: Cost Drivers and Non-Medical Switching

George Huntley, Stewart Perry

Taking medications is a critical component of diabetes self-management, but people with diabetes facing high out-of-pocket costs may have trouble affording needed medications, including insulin. Learn about the health coverage and reimbursement factors contributing to high insulin costs, how diabetes specialists can help people with diabetes connect with available resources; and how to advocate effectively for lower insulin costs.

 TECHNOLOGY: DEVICES, DATA AND PATIENT GENERATED HEALTH DATA

Best of ADA Scientific Sessions

William Cefalu, MD

This session will feature highlights and pearls from the American Diabetes Association's 79th Scientific Sessions. Come and learn about the most significant advances in diabetes research, treatment, and care presented during this year's ADA Scientific Sessions.

RISK REDUCTION/DELAY OF TYPE 2 DIABETES

Implementing Game-Based Learning in DSMES and the National DPP: Insight from the CDC*Betsy Rodriguez, BSN, MSN, DE; Alexis Williams, MPH, MCHES*

Creative, participatory teaching strategies such as games are important tools for diabetes specialists and lifestyle change coaches. Game-based learning increases motivation, retention and recall. It enhances self-efficacy through mastery activities and skills practice. This presentation will share ideas for integrating game-based learning into DSMES services and the National DPP and highlight an online digital retention tool developed by CDC for the National DPP that incorporates gaming elements.

CLINICAL DIABETES MANAGEMENT STRATEGIES

Medical Nutrition Therapy to Reduce Risk for and Manage Cardiovascular Disease*Linda Yarrow, PhD, RDN, LD, CDE*

Diabetes is a major cause of cardiovascular events. Detection and treatment of cardiovascular disease have advanced, yet heart attacks, strokes, and congestive heart failure remain the leading complications causing disability and death for people with diabetes. In this session, participants will learn cardiovascular medical nutrition therapy recommendations and apply knowledge via case studies. Using profiles, participants will learn to individualize medical nutrition therapy.

INCLUSIVE DIABETES CARE

Shame and Diabetes: Practicing Resilience in a Culture of Weight Stigma, Disordered Eating, and Healthism*Nikki Estep, MPH, RDN, LD, CDE; Allison Marek, LCSW, CDWF*

Nearly 3/4 of people with type 2 diabetes report feeling shame about having diabetes, and shame-based self-talk and behaviors have been correlated with all types of diabetes. Presenters will define shame and how it is exacerbated in a culture of weight stigma and healthism, which can lead to disordered eating and other barriers to diabetes management.

AADE7® IN PRACTICE

AADE 7 Self-Care Behaviors™ 2019 Update: Practice Implementation to Improve Outcomes*Donna M. Tomky, MSN, RN, ANP-BC, CDE, FADE; Carole' R. Mensing, RN, MA, CDE, FADE*

New methods addressing chronic diseases prevention, self-care, clinical-management delivery methods and technology tools are being introduced to the market every day. AADE convened a work group to review the evidence of the AADE7 Self-Care Behaviors™ in current practice. Work group members considered the lifespan of individuals with diabetes and the impact of related chronic diseases. The format included AADE7 behaviors based on an assessment of abilities, cultural influence, socioeconomic, stage of chronic disease, etc. Based on the skill level of the provider, outcomes can be measured, managed and monitored with multiple healthcare delivery platforms.

PSYCHOSOCIAL/BEHAVIORAL

Bright Spots & Landmines: A Diabetes Toolkit for Meaningful Behavior Change*Adam Brown*

Why is changing behavior so difficult in diabetes? Why aren't more people motivated? Why is there so much negativity in diabetes? Can we do better? Adam Brown will discuss the concepts of Bright Spots & Landmines as a toolkit for diabetes specialists to assist individuals to change behaviors, including specific food, mindset, exercise and sleep strategies. Attendees will learn how to apply "Bright Spots" and "Landmines" thinking to different individuals and scenarios, including easy-to-implement question guides.

RISK REDUCTION/DELAY OF TYPE 2 DIABETES

Every Little Steps Counts: An Effective Model for Culturally-Grounded Pediatric Type 2 Diabetes Prevention*Elva Hooker, RDN, CDE*

Type 2 diabetes in children is an increasing public health challenge, particularly in minority populations. The Every Little Steps Counts program was developed in response to the high burden of this chronic disease among Latino youth and their families. This evidence-based, culturally-grounded program empowers youth, their families and the community to overcome the multi-level environmental influencers that challenge efforts to positively impact lifestyle.

INCLUSIVE DIABETES CARE

Reducing Stigma to Improve Outcomes*Ann S. Williams, PhD, RN, CDE; Katherine Haaga; Eileen Rivera Ley, BA, MBA; Laurie Klipfel, RN, MSN, ANP-BC, CDE, WCC*

Healthcare professionals work with people who experience stigma, such as stigmatized racial/ethnic identities and other stigmatizing conditions. Recently stigma itself has been recognized as a fundamental cause of health disparities, that is, persistently associated with health inequalities across different times, diseases, risk factors, and health interventions. In other words, stigma affects outcomes. This panel presentation will explore what stigma is, how it produces health disparities, and what diabetes specialists can do to decrease its effects. It will include discussion by people from three stigmatized groups: People who are legally blind, transgender individuals, and those experiencing weight stigma.

11:00am – 12:00pm



POPULATION HEALTH

A Technology-Enabled, Diabetes Specialist Delivered, Endocrinologist Supported Approach to Achieve Clinical and Cost Effective Outcomes in Primary Care*Gretchen Youssef, MS, RD, CDE; Carine M. Nassar, MS, RD, CDE; Debra W. Thayer, RN, MSN, CNP, CDE*

Learn how one large healthcare system implemented an intervention for people with type 2 diabetes with an A1C > 9% to improve quality of care, outcomes, and person and provider satisfaction. A 12-week diabetes "Boot Camp" technology-enabled program offers intense DSMES and algorithm-driven glucose lowering medication titration by endocrinologist supervised diabetes specialists to support primary care providers.

11:00am – 11:30am

AM

■ TECHNOLOGY: DEVICES, DATA AND PATIENT GENERATED HEALTH DATA

How Can We Reach You? Incorporating Telehealth into the Employee DSMES Program

Carol A. Biondi, RN, MSN, CDE; Renee M. Meehan, RN, BSN, MA, CDE

Data demonstrates that engagement in DSMES results in a decrease in A1C. Literature supports findings that the delivery of DSMES via telehealth can be effective. In collaboration with employee wellness/health and technology support, telehealth can be incorporated into employee DSMES programs. This presentation will discuss the challenges of delivering a DSMES program to employees utilizing telehealth technology.

11:30am – 12:00pm

AM

■ TECHNOLOGY: DEVICES, DATA AND PATIENT GENERATED HEALTH DATA

Strategies for Successful DSMT and MNT Telehealth Implementation

Brenda Jagatic, BScN, RN, CDE; Alison Stetler, RD, CDE

Utilizing telehealth to deliver DSMES and MNT can increase access and utilization in the marketplace. This presentation provides an overview to implement successful DSMES and MNT telehealth programs. A case study is the basis of our integrated discussion. Presenters will share their journeys utilizing telehealth.

2:00pm – 3:00pm

PM

■ AADE7® IN PRACTICE

ADA 2019 Nutrition Therapy Consensus Report: The Evidence and Practice Guidance; Part 1

Sacha Uelmen, RDN, CDE; Shamera Uelmen, RDN, MPH; Alison Evert, MS, RD, CDE; Will Yancy

Early in 2019, the American Diabetes Association (ADA) released their revised Nutrition Therapy Consensus Report. The last revision was published in 2014. This session will present the evidence and practice guidelines which have been incorporated into the ADA Living Standards of Care.

■ THE BUSINESS OF DIABETES

Articulating Your Program's Value In Evolving Models of Care

Teresa Pearson, MBA, MSN, RN

Diabetes is expensive, but much of the expense can be prevented. However, as costs increase and healthcare companies struggle to stay financially viable, diabetes specialists may be viewed as unnecessary low-hanging fruit on the expense tree. DSMES has been shown to improve outcomes such as glycemic management, lipids and blood pressure, but reimbursement for DSMES has not yet caught up with current trends in care delivery, making it harder to prove the value of diabetes specialists. Insightful administrators recognize the value but others may question it. Understanding and articulating your value is imperative to your survival.

Make Your Professional Presentations Go From Ordinary to Exceptional

Melinda D. Maryniuk, MEd, RDN, CDE

As diabetes specialists you are called on to develop engaging and interactive presentations for your professional organizations, businesses, offices, etc. To deliver outstanding presentations requires a skill set. You need to ensure you can develop and deliver exceptional presentations. Learn tips and techniques from an educator who has learned from many mistakes (and is still learning).

■ TECHNOLOGY: DEVICES, DATA AND PATIENT GENERATED HEALTH DATA

Best of the Best: Highlights from the Emerging Science Industry Posters

Kirsten Yehl, MS, MLIS

Each year, the emerging science posters at the annual conference present innovative research and technology allowing attendees a glimpse of the newest ideas on the horizon supporting diabetes education. This session highlights a selection of the research, inviting the authors to discuss the background and clinical application of their work. These short discussions will allow the authors to share their insights on innovative diabetes care and allow the audience the chance to ask practical questions and discuss new ideas.

Data, Machine Learning and a Human Touch to Power Diabetes Management

Mark Heyman, PhD, CDE; Daniel R. Goldner

Data has always been an important tool for diabetes specialists, giving them the ability to look at the past and see patterns and trends. What if we could not only look at the past, but also use data to let people with diabetes look into the future to see where glucose is going? This presentation will provide an introduction to machine learning and describe how it can be used to benefit people with diabetes. We will describe how big data and machine learning technology, combined with the human touch of highly skilled diabetes specialists will launch diabetes education into the future.

POPULATION HEALTH

Expanding the National DPP Lifestyle Change Program through Faith, Food, Fitness, and Healthy Lifestyles*Magon M. Saunders, DHSc, MS, RDN, LD; Susan Van Aacken, MSPP*

African Americans are twice as likely as non-Hispanic whites to have diabetes. Since over half of African Americans spend at least one day a week in a faith setting, mobilizing congregations to implement the National DPP holds great promise. The CDC, Black Women's Health Imperative and Balm in Gilead are working together to implement the National DPP in faith settings. Drivers for the National DPP's success in congregations include pastoral engagement and support, which includes training pastors as program champions. Lessons learned in this work will be shared.

2:00pm – 2:30pm

PM

RISK REDUCTION/DELAY OF TYPE 2 DIABETES

Rural vs Urban DPP Participation and Outcomes: The Montana Experience*Marci Butcher, RD, LN, CDE*

Diabetes and prediabetes affect people living in rural communities at a higher rate than in urban locations. We explored if there is a difference in DPP outcomes and participation by location, in urban vs. rural settings. The Montana DPP has been following participants since 2008. We will share our findings and discuss implications for other DPP programs in rural settings.

2:30pm – 3:00pm

PM

RISK REDUCTION/DELAY OF TYPE 2 DIABETES

CDC Research and Development of Digital Resources to Maximize DPP Retention*Michelle D. Owens-Gary, PhD, MA; Judith McDivitt, PhD; Nancy Silver, MS, BA; Trish Taylor, PhD*

In response to reports from diabetes prevention programs (DPP) that retention for the entire year is challenging, CDC used formative research and behavioral theories to develop interactive digital modules for DPP coaches to use at key drop-out time points to reinforce curriculum content and offer motivational messaging to encourage program completion. This presentation will describe the research and theory used in developing module content, showcase sample modules and discuss lessons learned.

3:15pm – 4:15pm

PM

AADE7® IN PRACTICE

ADA 2019 Nutrition Therapy Consensus Report: Evaluating Diabetes Nutrition Research and Coming to Consensus: Part 2*Sacha Uelmen, RDN, CDE; Christopher Gardner, PhD; Patti Urbanski, MEd, RD, LD, CDE; Will Yancy*

This session will review the overall process that American Diabetes Association utilized to evaluate the research and evidence to ultimately reach consensus in the Nutrition Therapy Consensus Report. The presenters will briefly cover the process for committee member search and selection, consensus discussions and final paper publication. The main portion of the session will cover practical guidance on how to evaluate nutrition (and other) research studies to determine how and if the results should impact your clinical practice as well as guidance on how to maximize your skills of interpreting clinical research. The session will also equip attendees with tools to evaluate controversial research in a way that can be translated to clinical practice and aim to pique interest in this type of work.

POPULATION HEALTH

Cities Changing Diabetes: Faith & Diabetes Initiative Part I: Adapting DSMES In Communities of Faith*Ardis Reed, MPH, RD, LD, CDE; Stuart Nelson, MA; Klaus K. Madsen, MPH*

Faith is an important aspect to a person's total health and well-being. This session will discuss how Cities Changing Diabetes Faith & Diabetes Initiative in Houston developed a unique DSMES and lifestyle prevention leadership curriculum to support, strengthen and sustain the faith and health ministries to address the self-care of diabetes and related chronic diseases. The experiences of a community educator in this program will be highlighted.

TECHNOLOGY: DEVICES, DATA AND PATIENT GENERATED HEALTH DATA

Peer Support Communities for Self-Management Support: Research Trends*Perry M. Gee, PhD, RN*

The "S" on the end of DSMES is for support. Peer support is a resource being used by millions of people with diabetes. In this session, you'll learn the latest research on the impact of social media and peer support communities on the promotion of self-management of diabetes.

3:15pm – 3:45pm

PM

PSYCHOSOCIAL/BEHAVIORAL

How Language Affects Person and Provider Communication

Jana L. Wardian, PhD, MSW

Communication between people with diabetes and providers plays an important role in engagement, conceptualization of diabetes management, treatment outcomes and behavior. Healthcare teams can be more effective through respectful, strengths-based communication. Empowering language can enhance motivation and well-being for people with diabetes. While this skill may take time, it is well worth the effort.

RISK REDUCTION/DELAY OF TYPE 2 DIABETES

Prevent T2: One Session At A Time

Cynthia L. Norris, RN, BSN, CDE; Madison Pate

This presentation will allow participants to explore each stage of the National DPP and demonstrate activities for sessions. We will share hands-on ideas for interactive sessions and include pearls and pitfalls at each stage of the National DPP process.

AADE7® IN PRACTICE

The STEPP-UP Project: Designing Low Literacy Teaching Tools for Use of Devices in Minority Populations

Valerie Ruelas, MSW, LCSW; Anne L. Peters, MD

Healthcare disparities can be exacerbated by the lack of simple, lower literacy teaching tools. Due to the expansion of coverage through the Affordable Care Act, more patients with type 1 diabetes had access to insulin pumps and pens, but lacked appropriate educational materials on how to use them. Our project was designed to develop and test lower literacy teaching tools. Formative focus group analysis indicated that available materials were not easily understood (most at an 11th grade level) and did not address fears about insulin pen and pump technology. Using illustrations and clear language adaptations, we developed English and Spanish easier-to-read guides to assist with readiness for using insulin delivery technology.

3:45pm – 4:15pm

PM

RISK REDUCTION/DELAY OF TYPE 2 DIABETES

From NDPP to MDPP: Building Sustainable Diabetes Prevention Programs

Linda M. Schoon, RD, CDE; Erica Moore, MHS, RD, BC-ADM, CDE

Coverage for and reimbursement of the DPP has opened the doors for many people at high risk for type 2 diabetes to benefit from this successful program. Add value to your program by building a support team within your organization to meet the necessary requirements for coverage and reimbursement. Join the discussion about becoming a Medicare DPP supplier and learn the latest on commercial insurance coverage. Hear real-life experience from programs that have successfully obtained reimbursement for the DPP.

PSYCHOSOCIAL/BEHAVIORAL

Applying the Miracle Question in Diabetes Care

Tami A. Ross, RD, LD, CDE, MLDE, FADE; Deborah Greenwood, PhD, RN, BC-ADM, CDE, FADE

Managing diabetes is complex and the constant focus on problems can erode confidence. Presenters will introduce "The Miracle Question," a step-by-step solution-focused approach to work with people with diabetes. Participants will learn to use "exceptions," the times when life works better or when problems are less likely to take over, to guide them toward attaining a personal action plan and goals. By focusing on abilities and possibilities, there are ready-to-use solutions. This approach assists diabetes specialists to help people strengthen their resilience and confidence.

AADE7® IN PRACTICE

Tips and Tactics to Overcome Literacy and Cultural Barriers

Sandra Arevalo, MPH, RDN, CDN, CDE, CLC, FADA

Minority groups and underserved populations are affected by diabetes at significantly greater rates. In diverse populations, literacy and/or cultural beliefs often interfere with diabetes self-care. Awareness and ability to identify literacy and cultural barriers are crucial to effective DSMES. This presentation prompts you to understand literacy and culture from the side of the individual. You'll gain a new perspective of culture and literacy and gather a set of practical strategies.

4:30pm – 5:30pm

PM

AADE7® IN PRACTICE

ADA 2019 Nutrition Therapy Consensus Report: Application in the Real World Through Participatory Learning: Part 3

Shamera Robinson, MPH, RDN; Kelly M. Rawlings, MPH; Will Yancy

This session will provide three interactive case studies to illustrate how the evidence published in the ADA Nutrition Therapy Consensus Report can be applied in real life scenarios. The case studies, using roleplaying, will cover an array of settings and topics that pose challenges in daily diabetes management. Audience participation will be strongly encouraged including small group discussions and troubleshooting. This will be an opportunity for diabetes specialists to understand how to put these recommendations into practice.

POPULATION HEALTH

Cities Changing Diabetes: Faith & Diabetes Initiative Part II: Working with Communities of Faith*Stuart C. Nelson, MA Thomasina Burns*

Communities of faith can be considered “super-settings” for delivery of diabetes self-care. However, working with faith communities in a sustainable manner presents unique challenges. Using recent examples from the Cities Changing Diabetes Houston Faith & Diabetes Initiative, this workshop will offer specific tools and methods to overcome challenges and work with diverse communities of faith in culturally sensitive ways. This will harness the power of the community members and religious leaders rather than outside stakeholders.

INCLUSIVE DIABETES CARE

Creating Culturally Appropriate Interventions for African Americans and Hispanics/Latinos with Diabetes*Ninfa Peña-Purcell, PhD, MCHES*

Attention to the emotional side of diabetes is necessary in the delivery of DSMES. This has been found to be particularly critical for diverse racial and ethnic groups that have unique lived experiences. Two culturally appropriate community-based DSMES programs responded to this need, one aimed at African Americans and the other at Hispanic/Latinos with type 2 diabetes. Findings suggest that for both groups psychological distress was reduced and diabetes-related outcomes improved. Participate in this interactive session to dive deep into an exploration of the complexities of culturally appropriate diabetes interventions.

RISK REDUCTION/DELAY OF TYPE 2 DIABETES

Health Equity Among African Americans in the National DPP*Natalie Blum, MPH; Pamela Price, BS; Angela Ford, PhD, MSW; LaQuisha R. Umemba, MPH, BSN, RN, CDE*

Diabetes and prediabetes are associated with a number of serious, sometimes life-threatening complications, and African Americans experience an even greater threat. Through funding from the CDC, national level organizations are working to expand the National DPP to ensure that those most at-risk populations have equitable access to evidence-based and affordable prevention programs. In this session, learn unique strategies to optimize service delivery, enrollment, and retention within African American communities. Get practical tips on how to provide culturally competent DPP programming including increasing awareness, utilizing effective messaging, and addressing literacy issues to priority populations.

4:30pm – 5:00pm

PM

INCLUSIVE DIABETES CARE

Diabetes Prevention and the Eastern Band of Cherokee Indians: Integrating Science and Tradition*Robin Callahan, RD, LDN, MHS; April Innis, MHS, RD, LDN, CDE*

This session will present a diabetes prevention program, Cherokee Choices, a Chronic Disease Prevention Program for the Eastern Band of Cherokee Indians. Key concepts used within the framework of this program include embracing Cherokee culture, use of the CDC social/ecological model for behavior change and results-based accountability. Diabetes prevention strategies highlighted include creating a healthy environment, integrating Cherokee culture into evidence based practices, empowering community members and incorporating wellness: mind, body and spirit connection.

TECHNOLOGY: DEVICES, DATA AND PATIENT GENERATED HEALTH DATA

Diabeetus Cakes & Bacon: Diabetes-Tagged Food Photos on Instagram*Kelly M. Rawlings, MPH*

Social networks such as Facebook, Twitter and Instagram have opened up a whole new world of sharing and peer support for people with diabetes. Take a look at what food-related posts people encounter when they search for “diabetes” on Instagram. In doing so, they’re exposed to both health-promoting and potentially stigmatizing posts. Understanding factors associated with diabetes-tagged food posts and stigma can guide diabetes specialists to help people develop coping skills for interacting with online support.

5:00pm – 5:30pm

PM

INCLUSIVE DIABETES CARE

Innovative Strategies to Inspire a Culturally Unique Community*Jonell Hudson, PharmD, BCPS, CDE; Karra Sparks, RD, LD, CDE*

The Marshallese have the highest rate of diabetes in the world. This session will describe innovative strategies developed to reach this high risk community in Northwest Arkansas to provide access to DSMES. Building on the collectivistic nature of this population, a family model of DSMES was culturally adapted and provided to participants in the home environment.

TECHNOLOGY: DEVICES, DATA AND PATIENT GENERATED HEALTH DATA

Peer Support Communities: Data, Resources, Tips and Tricks*Ashley Ng, PhD, APD/RD*

People with diabetes and caregivers are increasingly turning towards online peer support communities to share and exchange information and experiences that impacts health behavior outcomes and emotional health. While the popularity of online communities continues to grow, it is crucial that diabetes specialists start to integrate evidence based online peer support networks as part of mainstream diabetes care. This presentation will discuss current challenges that surround people with diabetes and healthcare providers with the widespread sharing of personal data.

SATURDAY, AUGUST 10

9:15am – 10:15am

AM

PSYCHOSOCIAL/BEHAVIORAL

AADE's Practical Approach to Mental Health for the Diabetes Specialist

Jasmine Gonzalvo, PharmD, BCPS, BC-ADM, CDE, LDE, FAADE; Jay Hamm, PsyD, HSPP; Shannon Eaves, PharmD, BCPS, BCPP; Cynthia E. Muñoz, PhD, MPH, MA

The AADE practice paper A Practical Approach to Mental Health for the Diabetes Educator describes common psychosocial considerations in people with diabetes (e.g. depression, anxiety, diabetes distress, disordered eating, etc.), the pharmacological impact of relevant medications, appropriate assessment and referral strategies, and effective communication practices. During this presentation, the authors of the paper will review the content of the paper and expand on specific aspects, including clinical scenarios to highlight real world implementation of the assessment and referral recommendations.

CLINICAL DIABETES MANAGEMENT STRATEGIES

Diabetes Medication Options: New and on the Horizon

Andrew Bzowycy, PharmD, BCPS, CDE; Diana Isaacs, PharmD, BCPS, BC-ADM, CDE

It's an exciting time for diabetes treatment with several novel therapies on the horizon. This presentation will provide a practical, real-world approach to recent FDA-approved medications and those expected to be approved in the near future. This includes new insulin formulations (e.g. ultra-rapid, biosimilar insulins), new formulations of GLP-1 agonists, glucagon and novel new agents. The presenters will also delve into which individuals will benefit most from these new options and how to integrate these new options into a person's current regimen.

POPULATION HEALTH

Inpatient Behavioral Health and Diabetes Management: What We Didn't Know

Joan Bardsley, MBA, BSN, RN, CDE, FAADE; Michelle Magee, MD

Type 2 diabetes and severe mental illness frequently co-exist. DMSES has been shown to improve diabetes outcomes. Hospitals face challenges in delivering education to persons with diabetes in the inpatient setting, including Behavioral Health Units (BHU), as recommended in national guidelines. The hospital may provide an opportunity for DSMES. This presentation will overview results from the BHU from the NIH sponsored, "Diabetes To Go: Inpatient (D2goIN)", which focused on identifying evidence-based sustainable tactics for offering technology-enabled, learner-centered, DSMES. The objectives of the study were to 1) Refine the established DM2Go program content based on user feedback and experience, and 2) Design and develop processes to enhance the feasibility of integrated implementation within usual nursing unit workflow.

TECHNOLOGY: DEVICES, DATA AND PATIENT GENERATED HEALTH DATA

It's About Time: The Use of CGM for Optimal Diabetes Care

Mary L. Johnson, RN, BS, CDE; Nancy Waldbillig, RDN, LD, CDE

As continuous glucose monitoring (CGM) is used more commonly diabetes specialists will play a critical role analyzing and interpreting the data, providing guidance to primary care and engaging in shared decision making. This session will provide an update of currently available CGM. It will describe the concept of moving beyond using A1C and self-monitored blood glucose to leverage CGM reporting of time in range (TIR) and ambulatory glucose profiles (AGP) to optimize diabetes care. A case-based approach will be used to describe a systematic 9-step process to interpret TIR and AGP and make lifestyle and medication therapy recommendations.

THE BUSINESS OF DIABETES

Survival Strategies: A Panel Discussion to Manage and Grow a Successful Diabetes Education Service

Melinda D. Maryniuk, MEd, RDN, CDE; Meaghan Kim, RN, CDE; Linda Siminerio, RN, PhD, CDE, FAAN; Mary Jean Christian, RD, CDE

Quality diabetes education services must not only provide care and education that is clinically effective, services must also be cost-effective. Using resources and tools such as the AIDE (Areas for Improvement in Diabetes Education), business plan templates and productivity metrics and benchmarks can help. Learn tips from a panel of seasoned experts who have implemented a variety of business and operations initiatives designed to increase the reach and impact of diabetes education services.

10:30am – 11:30am

AM

TECHNOLOGY: DEVICES, DATA AND PATIENT GENERATED HEALTH DATA

CGMs Work. Let's Use Them!

THE LEONA M. AND HARRY B.
HELMSLEY
CHARITABLE TRUST

*Supported by the Leona M. and Harry B. Helmsley Charitable Trust
Laurel Koester, MPH*

CGM therapy is primetime. The technology has evolved to be user-friendly with features such as decision support to help turn CGM data into actionable treatment recommendations. Clinical data shows that CGM reduces A1c, occurrences of severe hypoglycemia, and DKA events. Despite the compelling data, adoption of CGM remains below 30 percent among insulin-requiring individuals in the United States. Diabetes specialists are uniquely positioned to educate individuals about the benefits of CGM and to support the adoption of this readily available technology. This session will highlight approaches to increase awareness and adoption of CGM in your practice. Participants will also get a glimpse of a large-scale CGM awareness campaign spearheaded by The Helmsley Charitable Trust.

PSYCHOSOCIAL/BEHAVIORAL

Interprofessional Core Competencies for Obesity Treatment and Conversations about Weight*Jan Kavookjian, MBA, PhD, FAPhA*

The RWJF-funded initiative (through the George Washington University School of Public Health) is supported by the STOP Obesity Alliance, Alliance for a Healthier Generation, Bipartisan Policy Center, American College of Sports Medicine, and others. Competencies for educating future and current practitioners will be summarized, along with an applied portion of the program presenting various examples of person-centered communication strategies (motivational interviewing) for starting and maintaining difficult conversations about weight and weight loss during DSMES encounters.

AADE7® IN PRACTICE

RN Care Managers in the Outpatient Care Setting*Edith Munoz, RN, BSN; Laura Smith, RN, BSN*

This presentation will share how RN care managers are being utilized in community care clinics to facilitate implementation of the AADE7 Self-Care Behaviors™ and improve outcomes. The RN care managers provide risk stratification! This includes receiving physician referrals for individuals who exhibit high risk behaviors and have multiple risk factors, then use established protocols and educational tools, such as motivational interviewing, to teach high risk individuals self-care. Nurse care managers in our clinics have been successful in facilitating a care team process for people who meet the criteria for complex care management.

INCLUSIVE DIABETES CARE

The Diabetes Garage™: Remodeling DSMES from Concept to Assembly*Jeannie B. Concha, PhD, MPH; Michael Maldonado, OD; Terry Sanchez, BSN, RN, CDE; Daniel Montes, CAT*

Are men attending your DSMES program? This session will describe the approaches used to engage local community and business partners in the development of The Diabetes Garage™, a culturally tailored DSMES program that integrates automotive maintenance/repair analogies to engage men in self-care management.

10:30am – 11:00am

AM

CLINICAL DIABETES MANAGEMENT STRATEGIES

Diabetes Management in People Undergoing Cancer Treatment: Part 1*Mara Wilson, RN, MS, FNP-C, CDE*

Glucose management in people with cancer requires special knowledge and expertise. This program will focus on the relationship between diabetes and cancer, treatment regimens, and the effects and challenges of cancer on glucose management.

THE BUSINESS OF DIABETES

Use of Outcomes Data and Marketing Strategies to Sustain Diabetes Programs*Rona Schechter, MPH, RD, CDE*

Quantifying outcome data such as A1c and weight improvements as well as achievement of success at meeting behavioral health goals can provide your education program with important statistics that can be translated into marketing strategies. We will discuss how focusing on pertinent data collection can provide your diabetes education program information to share with providers to increase monthly referrals. In addition, find out how to use documented improvements in overall health when involved in discussions with healthcare system leadership as they seek to only continue programs that have significant impacts.

11:00am – 11:30am

AM

CLINICAL DIABETES MANAGEMENT STRATEGIES

Diabetes Management in People Undergoing Cancer Treatment Part 2*Celia A. Levesquw, MSN, RN, NP-C, CNS-BC, BC-ADM, CDE*

Glucose management in people with cancer requires special knowledge and expertise. Part 2 will focus on the management of diabetes in the person with cancer receiving treatments including: steroids, total parental nutrition, enteral nutrition, surgery, and insulin drips.

THE BUSINESS OF DIABETES

Leveraging Digital Health to Expand Diabetes Health Services for Value-Based Care*Malinda Peebles, MS, RN, CDE, FADE; Kathy Schwab, MPH, RDN; Stephen H. Lynch*

This panel presentation will provide an overview of the digital health landscape and provide two case studies on the use of digital therapeutics in primary care and patient centered medical home. Through these examples, we will present models for expansion of diabetes health services that address the quadruple aim of improved care, quality, cost and clinician experience. Using digital tools at the population level provides patient generated health data to support the care team members working at the top of their license and ease provider burden. Technology-enabled population health will provide leadership opportunities for diabetes specialists in the rapidly transformation to value-based care.

1:00pm – 2:00pm

PM

CLINICAL DIABETES MANAGEMENT STRATEGIES

Glycemic Management in People with High Cardiovascular Risk

Lauren G. Pamulapati, PharmD, BCACP; Evan Sisson, PharmD, MSHA, CDE

Cardiovascular disease remains the leading cause of death in people with diabetes. Data from several cardiovascular outcome trials with SGLT-2 inhibitors and GLP-1 agonists have demonstrated a reduced risk of major adverse cardiovascular events in individuals with diabetes. Using case studies provides a strategy for participants to integrate the results of cardiovascular outcome trials into daily practice.

Impact of RDN-Led Medication Therapy Trial on Type 2 Diabetes Outcomes

Gretchen Benson, RD, CDE; Joy Hayes, MS, RDN, LD, CDE

Collaborative, team-based models that maximize skills of different disciplines may improve care for individuals with diabetes, but few have been tested using rigorous research designs. This session describes a randomized controlled trial that investigated the effectiveness of a registered dietitian nutritionist-led (RDN) telemedicine program vs. a control group on diabetes optimal care goals in two rural Minnesota primary care practices. RDNs utilized an approved treatment protocol to initiate and titrate medication therapies for glucose, hypertension and lipids, in addition to providing medical nutrition therapy for those assigned to the intervention group. RDNs effectively implemented the medication protocol and medical nutrition therapy to deliver positive health outcomes.

INCLUSIVE DIABETES CARE

Inclusive Care for LGBTQ People with Diabetes: A Panel Discussion

Ann S. Williams, PhD, RN, CDE; Theresa Garnero, APRN, BC-ADM, MSN, CDE; Katherine Haaga; Lauren B. Beach, JD, PhD

Members of the lesbian, gay, bisexual, transgender and queer (LGBTQ) communities have worse diabetes outcomes than their heterosexual and cisgender counterparts. The barriers to care for the LGBTQ community may not be visible to diabetes specialists, but they are there. Learn how to welcome and include LGBTQ individuals, and enhance diabetes care and improve outcomes.

TECHNOLOGY: DEVICES, DATA AND PATIENT GENERATED HEALTH DATA

Collaborative Care: Physician and Diabetes Specialist Real World Use of Professional Continuous Glucose Monitoring in Primary Care



Kathleen Eubanks-Meng, DO; MaryJo Mason, CDE

This collaborative session with AAFP will highlight how a team, consisting of a provider and diabetes specialist, can work together to successfully implement professional CGM in an outpatient setting. Hear the challenges and successes of CGM in outpatient suburban Family Medicine Clinics, including how professional CGM can be smoothly incorporated into new workflows and used to increase reimbursement.

1:00pm – 1:30pm

PM

INCLUSIVE DIABETES CARE

Online and In-Person Peer Support for Underserved Populations

Michelle Litchman, PhD, FNP-BC, FAANP; Cherise Shockley; Heather R. Walker, MS

Support for individuals with diabetes is recommended per the 2017 DSMES National Standards; however, it is not always easy to identify support resources, especially for underserved populations. In this session, online and in-person support specific to those with different ethnic, language, abilities and diabetes type will be discussed. This session will provide diabetes specialists with tools for identifying, creating, and referring to support resources.

AADE7® IN PRACTICE

Low Carbohydrate Diets: Fad or Evidence Based Course of Action?

Jim Painter, PhD, RD

Is there science to support low-carbohydrate diets in diabetes care? Are these diets effective for treating metabolic syndrome and type 2 diabetes? What health and nutrition aspects do most people following low-carbohydrate diets forget? With case studies, this presentation will discuss all these topics and more.

1:30pm – 2:00pm

PM

INCLUSIVE DIABETES CARE

Create Lasting Behavioral Change in African Americans with Diabetes

Sharon Evette Hawks, MS, RDN, LDN, CDE

African Americans have one of the highest rates of diabetes in the US. Diabetes specialists play a significant role in addressing cultural barriers which enable diabetes self-care. The Change Model addresses the person's level of growth by helping them identify goals and develop strategies for long-term self-care behavior change.

AADE7® IN PRACTICE

Person Centered Implementation of Low Carbohydrate Eating Plans*Dawn Noe, RDN, CDE; Diana Isaacs, PharmD, BCPS, BC-ADM, CDE*

Low carbohydrate and ketogenic eating plans have grown in popularity and many people with diabetes may choose to follow one. This session will review the evidence for low carbohydrate eating plans for people with type 1 and type 2 diabetes, provide practical tips to implement low carbohydrate eating, and discuss necessary medication adjustments.

3:15pm – 4:15pm

PM

INCLUSIVE DIABETES CARE

A Taste of African Heritage: Integration of a Culturally Sensitive Cooking Curriculum to Improve Outcomes*Constance Riggs-Brown, MEd, RD, CDE, CDN; Danessa M. Bolling, LMSW, LCDC*

Diabetes not only affects people of African heritage in genetically or physiologically different ways, but African Americans also cope with the disease within a particular cultural context. Their approach to food choices, exercise, eating habits, relationships with caregivers, spirituality and behavior patterns are unique. These all have an impact on how they manage their diagnosis and health. This solutions-oriented session will show diabetes specialists how to incorporate "A Taste of African Heritage" cooking curriculum into nutrition education programming. Barriers to health in African Americans, as well as effective communication and culinary tools to address these barriers will be discussed.

AADE7® IN PRACTICE

Navigating Eating Plans in the Real World*Patti Urbanski, MEd, RD, LD, CDE; Alison Evert, MS, RDN, CDE*

How often has a person with diabetes wanted to follow an eating plan that you don't feel is evidence based or nutritionally sound? When it comes to discussing healthy eating, what else do you talk about besides carbohydrate counting? This session will discuss various eating patterns reviewed within the 2019 American Diabetes Association Nutrition Therapy Consensus Report. Participants will have the opportunity to discuss case studies involving people who want to follow an array of eating plans.

3:15pm – 3:45pm

PM

TECHNOLOGY: DEVICES, DATA AND PATIENT GENERATED HEALTH DATA

Entering "Phantom Carbs"; Does it Help or Hurt?*Margaret Pellizzari, MBA, MS, RN, CDE, CDTC*

Individuals and their families enter phantom carbs to calculate their insulin dosing mainly because the doses are incorrect on their insulin pump. As a result, they manipulate dosing in efforts to get optimal results. Many are not sure how to safely and correctly make insulin adjustments to their pump setting and consequently manipulate carbohydrate input. Is this helpful or harmful?

RISK REDUCTION/DELAY OF TYPE 2 DIABETES

Forging the Path Ahead: Leveraging NACDD's National DPP Coverage Toolkit and CDC's Customer Service Center*Joanna DiBenedetto, BS, MNM; Sara Hanlon, MBA*

Establishing and operationalizing coverage for the National DPP lifestyle change program can be a multi-faceted process and involve partners at the federal, state and organizational levels. Learn about two important resources available to assist states and their partners in seeking coverage and implementation guidance for the National DPP: NACDD's National DPP Coverage Toolkit and CDC's National DPP Customer Service Center.

PSYCHOSOCIAL/BEHAVIORAL

Making Space for Lurkers in Peer Support: A Community-Supported Approach to Engagement*Heather R. Walker, MS; Anna Norton, MS*

Peer support in diabetes has been shown to positively impact the health of those who actively participate; however, only one recent study points to the power of a lurker. In this session, the role of the lurker will be introduced and highlighted in the context of diverse populations. The session will conclude with strategies to include underserved and low-income adults generally not reached through traditional peer support programs.

CLINICAL DIABETES MANAGEMENT STRATEGIES

Teratogenicity of Diabetes and Diabetes Management in Pregnancy and Breastfeeding*Kate Mowrey, CGC; Myla Ashfaq, CGC; Jennifer Lemons, CGC*

In mothers with diabetes who are not persistent with self-care, the risk for a birth defect is 3-5% higher than the general population of pregnant women. It is important to have conversations before and during the pregnancy of women with diabetes to encourage optimal control of glucose levels to ensure a healthy pregnancy. In this presentation, participants will learn the fundamentals of teratology, the birth defects, pregnancy complications, and breastfeeding issues associated with out of range glucose levels, discuss the safety of glucose lowering medications during pregnancy, and resources available through MotherToBaby-TexasTIPS.

3:45pm – 4:15pm

PM

TECHNOLOGY: DEVICES, DATA AND PATIENT GENERATED HEALTH DATA

Do Clinicians REALLY Know HOW and WHEN People Take their Insulin?

John Motsko, RPh, CDE; Gary Scheiner, MS, CDE

Smart Dosing Monitors Can Help Most people with diabetes administer insulin-using pens. Several smart dosing monitors are available and others are in development. These devices can help diabetes specialists efficiently gain insights into how and when people REALLY take insulin. These devices also help people overcome the challenges of taking insulin with dose reminders and logs, temperature reminders, expiration reminders, etc. Viewing data output on a device's app and dashboard allows clinicians and individuals to review and revise insulin regimens to achieve glycemic targets in-person or virtually. This program offers comprehensive exposure to smart dosing monitors.

RISK REDUCTION/DELAY OF TYPE 2 DIABETES

Medicaid and the National DPP: Highlights, Resources, and Lessons Learned from a Demonstration Project with Maryland and Oregon

Wendy K. Childers, MPH, MA; Kelly McCracken, RD, CDE

Providing the National DPP to Medicaid beneficiaries is an important step toward supporting vulnerable populations, lowering costs, and improving health. Learn about Medicaid coverage options, gain insight into effective recruitment and retention strategies for participants, and determine next steps for building workforce capacity to deliver the program. This presentation will feature a panel discussion with the National Association of Chronic Disease Directors (NACDD) and state Medicaid representatives from Maryland and/or Oregon, describing the highlights and lessons learned from their three-year, CDC-funded Medicaid Coverage for the National DPP demonstration project.

PSYCHOSOCIAL/BEHAVIORAL

Peer Support for People with Diabetes in the Workplace: The Chevron Case Study

Sally Davila, RN, BSN, CDE; Christina Stevens, MPH; Kathleen Tipton, MS; Leslie Emma, MPH, MHA

The session will focus on peer support within workplace settings. Lessons learned from a global peer health educator program will be applied to a case study describing Chevron's Houston-based diabetes peer support group. Information provided will include: tactics for sharing and eliciting feedback from participants; best practices for implementing peer programs; and additional considerations for work-based diabetes support, such as employee privacy concerns, perception of disability/social stigma concerns, and company legal/compliance issues.

CLINICAL DIABETES MANAGEMENT STRATEGIES

Sweet 360 Vision Project: Embedding Diabetes Specialists Across the Four Trimesters of Pregnancy

Joy Ashby Cornthwaite, MS, RD, LD, CDE; Clara Ward, MD; Rita Willis, RN

Optimizing care during, after and between pregnancies is an opportunity and obligation for healthcare providers to impact the care of women after pregnancy and also future generations. In our Sweet 360 Vision Project, diabetes specialists and paraprofessionals are uniquely positioned to bridge and facilitate communication between women and care team members for skill development to improve and support self-care. We will share the framework of our program that can be replicated across healthcare systems.

4:30pm – 5:30pm

PM

AADE7® IN PRACTICE

Beyond Coping: Raise Your Spirits, Not Your Blood Sugar

Maggie Hunts

This interactive and musical presentation incorporates key methodologies to improving diabetes care for the specialists and the person with diabetes. Be uplifted by musical parodies about living with diabetes, as you learn key ways to reach individuals.

INCLUSIVE DIABETES CARE

Diabetes on the Margin

Ariel J. Lawrence, MA; Cherise Shockley

Diabetes has a negative association within communities of color. There's a higher incidence of the disease and people of color are more likely to die from diabetes complications than whites. When people of color visit platforms focused on diabetes, there are few initiatives targeted toward them. In recent years, people of color have witnessed the emergence of peer-led platforms geared towards cultivating community and elevating the voices of people of color living with diabetes. In this session, we will discuss the importance of spotlighting the stories of underrepresented communities to improve outcomes.

PSYCHOSOCIAL/BEHAVIORAL

Eating and Thriving with Diabetes: A Coached Meal Class

Anny Ha, MS, RD, CEDRD, CDE

This session will discuss the development and implementation of an innovative four-week food-focused experiential learning program at the Cleveland Clinic. This program helps individuals apply self-care behaviors, pre- and post-meal. Diabetes interventions are tailored for diverse populations and food intake is managed by reducing stigma around carbohydrates. Outcome data using evidence-based instruments will also be discussed.

TECHNOLOGY: DEVICES, DATA AND PATIENT GENERATED HEALTH DATA

Use of Social Media and Peer Support in Diabetes Care: A Panel from AADE Project Leaders

Deborah Greenwood, PhD, RN, BC-ADM, CDE, FADE; Ashley Ng, PhD, APD/RD; Michelle Litchman, PhD, FNP-BC, FAANP; Hope Warshaw, MMSc, RD, CDE, BC-ADM, FADE

This panel presentation will share findings, tools, tips and practice pearls from publications in a special edition of the Journal of Diabetes Science and Technology focusing on social media and peer support in diabetes. Three projects, which will be highlighted, had support from AADE. These include the online peer support community scoping review, the peer support communities initiative and iDOCr council. Join us to learn how to incorporate a variety of peer support and social media components to improve outcomes.

4:30pm – 5:00pm

PM

CLINICAL DIABETES MANAGEMENT STRATEGIES

Discharge Strategies to Ensure a Safe Transition from Hospital to Home

Brian Ulmer, MD; Bridget Bundy, BSN, RN, CDE

Confusion regarding medications, formularies and discharge instructions are a few among the many obstacles that make the transition from the hospital to home challenging for both individuals and healthcare professionals. Diabetes specialists can play a central role in ensuring that individuals are equipped with a safe and effective discharge plan. This session will offer strategies to create discharge plans and policies that will mitigate the potential for harm and minimize confusion during this critical transition.

5:00pm – 5:30pm

PM

CLINICAL DIABETES MANAGEMENT STRATEGIES

Innovations in Inpatient Diabetes Care: It Takes A Diabetes Specialist

Jane Jeffrie Seley, DNP, MPH, BC-ADM, CDE, CDTC, FADE, FAAN

This presentation will highlight the planning, implementation and evaluation of a variety of successful inpatient diabetes management and education strategies launched at a large academic medical center. How to turn a great idea into a reality will be discussed, as well as barriers to planning, implementation and strategies to mitigate them. Topics will include insulin safety, order sets, hospital policies related to glycemic management, coordination of glucose monitoring, insulin and meal delivery, and diabetes survival skills education.

SUNDAY, AUGUST 11

9:15am – 10:15am

AM

POPULATION HEALTH

Approach to Diabetes: Perspectives from CMS

Nina C. Ashford, MPH, CHES

This presentation will cover the CMS Innovation Center's population health approaches to diabetes. It will highlight some of the barriers that existed in diabetes prevention and self-management that prompted Centers for Medicare and Medicaid Services to embark on the development of models such as the Medicare Diabetes Prevention Program, Million Hearts Cardiovascular Risk Reduction Model and the Maryland Model's focus on diabetes management.

CLINICAL DIABETES MANAGEMENT STRATEGIES

Dying to be Skinny: Eating Disorders and Type 1 Diabetes

Susan Weiner, MS, RDN, CDE, CDN, FADE; Asha Brown

Women with type 1 diabetes have more than double the risk of developing an eating disorder than those without diabetes. They may intentionally restrict insulin as a hyperglycemic calorie purge. Eating disorders in type 1 diabetes convey a greater risk of diabetes complications and mortality. While eating disorders are already the most lethal psychiatric diagnosis, this dual diagnosis represents an even more serious women's health problem. This real-world session will discuss specific recommendations for adapting eating disorder treatments for type 1 diabetes and address the diabetes specialist's role in the recovery process.

AADE7® IN PRACTICE

Improve Food Access and Nutrition Education in FQHCs: "Sky Farming" and Other Down to Earth Approaches

Amy L. Carter, MA, RDN, CD, CDE; Emily J. Dawkins, MS, RDN, CD, CDE

Access to health foods presents challenges in urban, low-income areas, increasing barriers to optimal nutritional intake. Presenters will describe two innovative approaches being implemented at Eskenazi Health Sky Farm and Fresh for You Market. Produce from the garden and foods from the market are utilized for no-cost nutrition education events for individuals and employees at Federally Qualified Health Center sites throughout Indianapolis. Presenters will highlight strategies to improve food access and techniques used for interactive group nutrition education.

Physical Activity: The Basics, The Precautions, The Guidelines and More!

Kirsten C. Ward, MS, RCEP, CDE

This presentation will provide the latest research on exercise programming, the precautions for individuals with complications and guidelines on snacking and insulin adjustments. Come learn the basics and more.

Tic-Tac-Tech: An Expert Panel on the Game of Integrating Technology into Practice

Kelly Close, MBA; Crystal Broj; Deborah Greenwood, PhD, RN, BC-ADM, CDE, FAADE; Daniel DeSalvo, MD

The panel discussion will focus on technology and its evolution in diabetes care. Real world case studies will demonstrate how educators can integrate new technologies into practice and workflow to ultimately produce improved outcomes.

9:15am – 9:45am



CLINICAL DIABETES MANAGEMENT STRATEGIES

Real World Strategies to Reduce and Treat Hypoglycemia

Diana Isaacs, PharmD, BCPS, BC-ADM, CDE; Lalita Prasad-Reddy, PharmD, MS, BCPS, BCACP, CDE; Debbie Hinnen, APN, BC-ADM, CDE, FAAN, FAADE

Hypoglycemia is a burden and a major barrier to treatment optimization. Hypoglycemia leads to unpleasant and frightening symptoms, and may potentially result in social embarrassment, mental disruption, and interpersonal conflict. In addition, studies report an increased risk of cardiac and all-cause mortality following hypoglycemia events. Newer formulations of rescue glucagon to treat severe hypoglycemia are on the horizon. This session will discuss these treatment options and utilize case studies.

9:45am – 10:15am



CLINICAL DIABETES MANAGEMENT STRATEGIES

Strategies to Help People Overcome Fears of Hypoglycemia

Mark Heyman, PhD, CDE

Fear of hypoglycemia can be a significant barrier to optimal glucose management in people with diabetes. Many diabetes specialists may feel they do not have the skills and tools necessary to work effectively with people who experience fear of hypoglycemia. This presentation will give diabetes specialists strategies to help individuals manage their fears to improve outcomes and quality of life.

10:30am – 11:30am



CLINICAL DIABETES MANAGEMENT STRATEGIES

A Practical Approach to Integrating the 2018 ACC/AHA Cholesterol Practice Guidelines for People with Diabetes

John D. Bucheit, PharmD, BCACP, CDE; Michael Kelly, PharmD, BCACP, CDE, CLS

Multiple guidelines for managing dyslipidemia in people with diabetes are available and vary in their recommendations. Though statins are the recommended initial agent and used in many people with diabetes, the risk for cardiovascular events remains. This session will use case studies to apply recommendations from the 2018 ACC/AHA Cholesterol Practice Guidelines to assess cardiovascular risk and treatment in people with diabetes.

INCLUSIVE DIABETES CARE

A Treasure Trove of Technological Tools for Individuals with Vision Loss

Ann S. Williams, PhD, RN, CDE; Eileen Rivera Ley, BA, MBA

Artificial intelligence, digital text-to-speech capability, downloadable talking books from the National Library Service, apps for smart phones and tablets and other new technologies can dramatically enhance independent self-care for people who cannot read standard print. Tools like the Amazon Echo, the free Be My Eyes app, and smart phone apps for diabetes care devices can empower people with vision disabilities. People who have other print disabilities, such as dyslexia or inability to hold reading materials can also benefit. A legally blind spokesperson, parent of a child with diabetes, long-time diabetes advocate and international authority on inclusive diabetes care collaborate to conduct this engaging demonstration and interactive session.

THE BUSINESS OF DIABETES

Medicaid Coverage of DSMES: Understand How to Obtain, Make a Case For and Expand Coverage

Joanna DiBenedetto, BS, MNM; Patricia Herrmann, MS, RD

The ChangeLab DSMES Guide, published in 2019, examines strategies for supporting state health department and Medicaid agency staff in their efforts to increase coverage and implementation of DSMES programs in their states. It also provides stakeholders with information and resources to help promote the expansion of Medicaid coverage of DSMES services. This presentation will describe the content of this guide to increase coverage of Medicaid.

PSYCHOSOCIAL/BEHAVIORAL

No One Understands Me! Helping People Live Well with Diabetes

Cecilia Sauter, MS, RDN, CDE, FADE; Ann Constance, MA, RDN, CDE, FADE

Only 32% of people with diabetes reported recently being asked about their emotional well-being by a member of their healthcare team. This interactive session will discuss new evidence about the negative effects of diabetes-related distress. It will explore effective and practical strategies diabetes specialists can incorporate into care delivery models to address emotional well-being.

AADE7® IN PRACTICE

Supplements and Micronutrients for Diabetes Care: Which Work and Why?

Jim Painter, PhD, RD

People with diabetes use more supplements than the general public. This presentation will offer research on the efficacy and safety of the most popular herbal supplements and micronutrients promoted for people with diabetes including: berberine, cinnamon, ashwagandha, ginger, turmeric, fenugreek magnesium, vanadium, chromium and others. Tools to evaluate supplement use will also be reviewed.

10:30am – 11:00am

AM

TECHNOLOGY: DEVICES, DATA AND PATIENT GENERATED HEALTH DATA

Embracing the Power of Technology to Help Emerging Adults with Type 1 Diabetes

Neesha Ramchandani, PNP, CDE

This presentation will discuss how diabetes technology such as insulin pumps and continuous glucose monitors can help emerging adults with type 1 diabetes (ages 18-30 years old) do better with their diabetes self-management during this challenging time of life.

11:00am – 11:30am

AM

TECHNOLOGY: DEVICES, DATA AND PATIENT GENERATED HEALTH DATA

Practical Implementation and Optimization of A Closed Loop System

Christie Beatson, MD, RD, CDE

The 670G was approved in the Fall of 2016 and has been available since Spring of 2017. In the Adult Clinic at the Barbara Davis Center, there are over 350 individuals using the 670G Hybrid Closed Loop system. This presentation will provide an overview of the system, provide diabetes specialists with the tools necessary to train individuals on the 670G and improve satisfaction and outcomes.

1:30pm – 2:30pm

PM

TECHNOLOGY: DEVICES, DATA AND PATIENT GENERATED HEALTH DATA

A Tsunami of Connected Devices is Here: Best Practices to Leverage Pens, CGMs and Pumps

David Weingard, MBA; Teresa McArthur MS, RD, CDE, MS, RD, CDE

Diabetes is in the middle of a tsunami of new and connected devices being launched to the market. Hear lessons learned in the trenches leveraging technology and data to amplify the positive impact of diabetes specialists to improve outcomes. Learn best practices for initiation, persistency for diabetes medications and connected devices, and as how to use data to optimize individual health and self-care.

Get Your Head Out of the Sand: DIY Hybrid Closed Loop Systems

Gary Scheiner, MS, CDE; Jennifer C. Smith, RD, LD, CDE

Thousands of people are choosing to use non-regulated "Do-It-Yourself" hybrid closed-loop systems for managing their glucose levels. Now is your chance to gain a clear understanding of these systems. Find out how they work, how they compare to "approved" systems and what can be done to ensure they are used as safely and effectively as possible.

INCLUSIVE DIABETES CARE

Successful Exercise with Diabetes and Mobility Disability: Limiting the Impact of Physical Limitations

Karen Kemmis, PT, DPT, MS, GCS, CDE, CEEAA, FADE; Marilyn Moffat, PT, DPT, PhD, DSc, GCS, CSCS, CEEAA, FAPTA

Exercise and physical activity have long been considered a cornerstone to delay the onset and treat diabetes. A person with physical mobility limitations, including those who have obesity, often has considerable barriers to exercise. The recommendations for exercise and physical activity, as well as individual goals, can be challenging to meet when a person has physical limitations. This presentation will provide an overview of the recommendations for the prevention and treatment of diabetes; possible physical barriers that may impact an individual including orthopedic conditions, large body size, and diabetes complications; and strategies for success in meeting individual goals including possible options for exercise and physical activity and resources for those with physical limitations.

CLINICAL DIABETES MANAGEMENT STRATEGIES

Type 1 Diabetes in Women: From Menarche to Menopause

Eileen Egan, DNP, FNP, BC-ADM, CDE, FADE; Audrey LaVigne, RN, CDE

Women with type 1 diabetes face several challenges throughout their lifetime. Many of these are related to growth, development and hormonal changes throughout the lifecycle. The diabetes specialist is positioned to assist women with these changes in regard to diabetes self-management tasks and insulin adjustments. In particular, pregnancy is a challenging time requiring constant contact between the diabetes specialist and woman. The diabetes specialist has many tools in his/her arsenal to help women with diabetes maintain optimal health and achieve their personal glycemic targets.

Why I Can't Live Without AADE's DANA: Stories From The Wild

Jane Jeffrie Seley, DNP, MSN, MPH, GNP, BC-ADM, CDE, CDTC, FADE, FAAN; Crystal Broj; Rachel Stahl, MS, RD, CDN, CDE; Melanie Duran, BSN, RN, CDE

The use of technology plays a key role in diabetes self-care and support for individuals and clinicians. This session will offer participants a guided tour of DANA, the AADE technology focused website that offers information on devices, connected health, apps and more. A panel of diabetes specialists from diverse practice settings will share their experiences of how they integrated DANA into their practice.

1:30pm – 2:00pm

PM

PSYCHOSOCIAL/BEHAVIORAL

Interventions to Help Overcome the Impact of Diabetes Distress

Eliot LeBow, LCSW, CDE

Diabetes distress can impact a person's life and diabetes self-management. This presentation orients educators to the underlying causes of diabetes distress, the symptoms, and the impact on peoples' lives. Validated resources will be provided to help attendees understand and decipher the differences between diabetes distress and clinical depression. Interventions to help overcome the impact of diabetes distress will be reviewed.

2:00pm – 2:30pm

PM

PSYCHOSOCIAL/BEHAVIORAL

Diabetes Distress and Burnout: Helping Youth and Families Live Well with Diabetes

Katherine Gallagher, PhD; Amber Smith, RDN, LD, CDE; Rebecca Butler, LMSW

Most people with diabetes will experience diabetes distress at some points during their life. The emotional side of diabetes is often the area where providers spend the least amount of time, but it is one of the most important things to address to help people succeed. The goal of this presentation is to help diabetes specialists learn to recognize when people may be exhibiting diabetes distress and to provide tools to empower them to provide emotional support.

2:45pm – 3:45pm

PM

INCLUSIVE DIABETES CARE

Cultural and Health Literacy Considerations with Diabetes

Katherine O'Neal, PharmD, MBA, BCACP, CDE, BC-ADM, AE-C, CLS; Patricia Davidson, DCN, RDN, CDE, LDN, FAND; Melanie Teslik, MSN, RN, BC-ADM, CDE, CPHQ

There are many social determinants of health that directly impact people with diabetes, including health literacy and cultural diversity. Research has demonstrated that individuals with limited health literacy have suboptimal health outcomes. It is critical that diabetes specialists are aware of the disparities and are culturally sensitive. This presentation will review the significance and background of cultural and health literacy considerations, especially in regards to diabetes care and self-management. The role of the diabetes specialist will be reviewed along with provider resources to improve communications and ultimately improve health outcomes.

Diabetes Social Media Advocacy: Diversity and Inclusion in Peer Support Communities

Cherise Shockley

Diversity and inclusion is an issue for peer support communities and diabetes specialists. It is time to rally together to discuss this important topic. Attend this session where members of the peer support community and diabetes specialists will comprise a panel to discuss embracing diverse populations how pairing peer support communities can assist in improving outcomes.

Mind, Body, History: Listening, Eliciting, Responding to the Whole Story of the Person with Diabetes

Marina Tsaplina, APSF; Susan Weiner, MS, RDN, CDE, CDN, FADE

Behind the complexities of diabetes management is a human being with a lived history that shapes their diabetes story. Narrative medicine understands that illness unfolds in stories and that a competent diabetes specialist must be trained in the physiology of the body and appropriate treatments, but also in narrative competence, humility and mind-body practice to serve people with diabetes across cultural, racial, and economic inequities. We invite you to participate in a workshop that incorporates theater, narrative medicine, and mindfulness to strengthen your practice of delivering compassionate, whole-person diabetes care.

CLINICAL DIABETES MANAGEMENT STRATEGIES

Off the Beaten Path: Non-Insulin Medications to Manage Type 1 Diabetes

Jennifer Clements, PharmD, FCCP, BCPS, CDE, BCACP; Diana Isaacs, PharmD, BCPS, BC-ADM, CDE

Pramlintide is currently the only non-insulin FDA approved agent to treat type 1 diabetes. There is interest in exploring GLP-1 agonists, SGLT-2 inhibitors and others to improve glycemic control, promote weight loss, and lower insulin requirements. This case-based presentation will include; pharmacology, clinical trial evidence, rationale and tips for initiating these therapies in people with type 1 diabetes.

4:00pm – 5:00pm

PM

THE BUSINESS OF DIABETES

An Overview of the BC-ADM and CDE Certifications*Melissa Young, PharmD, BC-ADM, CDE; Sheryl Traficano, MBA, CAE*

AADE's vision for the future is driving diabetes specialists to work at the highest level within their scope of practice. Becoming board certified in advanced diabetes management (BC-ADM) and/or a certified diabetes educator (CDE®) are important avenues to develop professionally and advance your career. AADE (BC-ADM) and NCBDE (CDE®) leaders will offer an overview on the eligibility requirements, application process and examination for each certification.

AADE7® IN PRACTICE

Exercise is Medicine: A Component of the Diabetes Educator Toolkit*Mary E. Sanders, PhD, CDE, ACSM-RCEP, FACSM*

Diabetes specialists play a critical role in helping people with diabetes adopt healthier lifestyles and manage diabetes. Exercise is Medicine® (EIM) is a global health initiative dedicated to making physical activity assessment and promotion a standard in clinical care. For those individuals with diabetes, exercise can increase insulin sensitivity, help reduce abdominal fat and assist the person in achieving and maintaining meaningful weight loss. Learn how you can effectively guide individuals to increase their levels of physical activity and utilize EIM resources.

Mission POSSIBLE: Managing Glucose During Sports & Exercise*Gary Scheiner, MS, CDE*

Physical activity plays an essential role in glucose management and quality-of-life for the majority of people living with diabetes. Glucose regulation remains a significant challenge for those who engage in physical activity. This session provides the tools and insights to guide individuals to achieve optimal glucose management through all forms of physical activity, from daily recreation to intermittent exercise to competitive sports.

TECHNOLOGY: DEVICES, DATA AND PATIENT GENERATED HEALTH DATA

Revolutionizing Insulin Pump and Sensor Education*Diana Isaacs, PharmD, BCPS, BC-ADM, CDE; Nick Galloway, BSN, RN, CDE; Julia E. Blanchette, BSN, RN, CDE*

Advances in technology offer exciting new choices for insulin pumps and continuous glucose monitors (CGM). People with diabetes need education and support to help with unbiased, device selection and optimization. The Cleveland Clinic Diabetes Center implemented an insulin pump and sensor program which utilizes innovative strategies including group visits and shared medical appointments to provide peer support. After training, the individual is encouraged to attend "Pump it Up" which is a group that includes diabetes specialist expertise to troubleshoot problems and facilitate insulin adjustments. Virtual visits are offered for ongoing support. This presentation will describe the interprofessional clinical approach that utilizes peer support.

4:00pm – 4:30pm

PM

AADE7® IN PRACTICE

Sex, Drugs, and Rock 'n' Roll: Two Young Adults Share Experiences and Insights to Survive the Teen Years*Patrick McAllister; Courtney Duckworth*

Life with diabetes as a teen and young adult can be complicated. On top of the demands of managing diabetes, teenage life comes with its own set of challenges. Overshadowed by hormones, expectations, and the media, high school and college life revolves around making friends, fitting in, and trying new things, sometimes to a fault. With the goal of offering diabetes specialists insights into managing diabetes through the teen years, two young adults with type 1 diabetes share their experiences and advice.

POPULATION HEALTH

Yours, Mine and Our Diabetes: Type 1 Diabetes Management in Older Adult Romantic Couples*Michelle Litchman, PhD, FNP-BC, FAANP*

Diabetes is managed in a social context, and romantic partners can both facilitate and derail diabetes management. Older adults in particular have unique challenges related to aging, which can impact their partner. In this session, diabetes specialists will learn about the perceptions older adults with type 1 diabetes and their romantic partners have regarding diabetes management responsibilities and the impact of type 1 diabetes on day-to-day activities.

4:30pm – 5:00pm

PM

AADE7® IN PRACTICE

A Holistic Approach to Assist Young Adults to Transition to Independence*Anna Floreen Sabino, MSW, CDE; Christina Roth*

For over seven years College Diabetes Network (CDN) has helped young adults with diabetes connect, provided information and tools to thrive, and empowered them to be leaders among their peers. With this presentation, staff and student volunteers will offer a holistic approach to the challenges and resources to help support the transition from home to living away from home for young adults living with type 1 diabetes.

POPULATION HEALTH

Dissemination of Quality Care for Type 1 Diabetes (T1D): The Project ECHO Experience*Nicolas Cuttriss, MD, MPH, FAAP; Ashby Walker, PhD; Marissa Town, RN, BSN, CDE; Eleni Polopolus Sheehan, APRN, FNP, CDE*

Type 1 diabetes specialty care in both the pediatric and adult populations is falling on primary care providers (PCPs) and community practices. Stanford University and the University of Florida have partnered with Project ECHO (Extension for Community Healthcare Outcomes) to develop and pilot a specialty Project ECHO clinic for T1D. The goal is to assess feasibility of the model to scale and to increase the capacity of primary care providers and clinics to empower and safely and effectively manage underserved people with T1D who do not receive routine specialty care.

MONDAY, AUGUST 12

6:30am – 8:00am

AM

NEW VISION - NEW MONDAY

We're changing up our Monday morning to bring you even more programming designed to take our specialty to the next level. Instead of the traditional Monday General Session, attendees will be able to choose from visionary educational sessions to broaden your outlook on diabetes care.

8:15am – 9:15am

AM

AADE7® IN PRACTICE

Fasting in Diabetes Management: Clinical Interventions for Cultural, Spiritual and Therapeutic Fasting

Barbara Eichorst, MS, RD, CDE; Lorena Drago, MS, RDN, CDN, CDE; Anna Norton, MS; Joy Pape, MSN, RN, FNP-C, CDE, WOCN, CFCN, FADE, CILC

There is increasing attention on fasting and intermittent fasting. People fast for religious or cultural reasons or use fasting to improve health outcomes. Diabetes specialists help people with diabetes adjust their glucose lowering medications, nutrition and other elements of self-care to maintain optimal glycemic management and minimize side effects. This presentation will review common fasting practices and strategies diabetes specialists can use to provide culturally effective DSMES as well as clinical interventions for those who choose to fast.

CLINICAL DIABETES MANAGEMENT STRATEGIES

Medications Update: New Treatment Recommendations and Emerging Therapies

Clipper F. Young, PharmD, MPH, CDE, BC-ADM; Joshua J. Neumiller, PharmD, CDE, FASCP

This presentation will provide an update on new recommendations for intensification of antihyperglycemic agents in people with type 2 diabetes. Additionally the speakers will highlight select agents in clinical development.

POPULATION HEALTH

The CDC DSMES Toolkit: An All in One Resource For Diabetes Specialists

Jacquelyn Houston, MPH, RN, PHCNS, BC; Laura Emerson Edwards, RN, MPA

The CDC has developed a DSMES toolkit. It is a one-stop-shop to guide diabetes specialists in the utilization of DSMES services and promote healthcare provider referrals. The toolkit provides available resources and tools in one place to assist with the development, promotion, implementation, and sustainability of DSMES services.

PSYCHOSOCIAL/BEHAVIORAL

The Weight of Change: Exploring the Impact of a Weight Neutral Approach

Megrette Fletcher, MEd, RDN, CDE; Laurie Klipfel, RN, MSN, ANP-BC, CDE, WCC

Weight-stigma is a major cause of decreased utilization of diabetes care. Reducing weight-stigma requires diabetes specialists to understand counseling techniques which center on non-judgmental behavioral change. These person-centered counseling methods include: Intuitive Eating, Mindful Eating, Body Positivity, and Health At Every Size and appear to conflict with suggesting weight loss to improve glucose levels. This presentation will review the apparent conflict between weight-centered and weight-neutral care, review the core concepts of these non-diet approaches as it applies to prediabetes and type 2 diabetes, and identify if weight-neutral teaching is an approach to bring to your DSMES and MNT program.

9:30am – 10:30am

AM

POPULATION HEALTH

Critical Conversations: Financing and Sustainability of Community Health Workers to Improve Population Health

Magon M. Saunders, DHSc, MS, RDN, LD; Betsy Rodriguez, BSN, MSN, DE

As states transform their health systems, many are turning to Community Health Workers to tackle facilitating care coordination, enhancing access to community-based services and addressing social determinants of health. In May 2018, the Division of Diabetes Translation at the CDC conducted a forum to discuss the challenges in building an infrastructure to sustain and finance CHWs in diabetes prevention and management. This presentation will highlight the findings of the CDC CHW Forum and will engage diabetes specialists in conversations about building an infrastructure to sustain and finance CHWs in diabetes prevention and management, and as a value-driven solution for a population's health.

INCLUSIVE DIABETES CARE

Optimizing Diabetes Education in Deaf and Hard of Hearing Populations

Michelle Litchman, PhD, FNP-BC, FAANP

Approximately 21% of the population with diabetes is deaf or hard of hearing. Diabetes specialists should understand the challenges faced by individuals who live with both diabetes and a hearing disability to fully appreciate their unique needs. Under the American Disabilities Act, healthcare providers are legally required to provide reasonable accommodations to individuals who are deaf or hard of hearing, including during diabetes education visits. This session will include participatory exercises, lecture, and small group discussions with a deaf individual living with diabetes, a family member of a deaf person, and a clinician providing care to individuals who are deaf to help participants understand how to optimize diabetes care.

THE BUSINESS OF DIABETES

Putting the National Standards for DSMES into Practice*Jodi Lavin-Tompkins, MSN, RN, BC-ADM, CDE*

All accredited programs must meet and maintain the National Standards in order to stay accredited. This presentation will feature real world examples from successful programs for how each of the standards can be implemented.

10:45am – 11:45 am

AM

PSYCHOSOCIAL/BEHAVIORAL

Not the Word Police: What the Language Movement is Really About*Jane K. Dickinson, RN, PhD, CDE*

The 2019 Diabetes Educator of the Year will present a deeper dive into the language movement in diabetes. Why are we trying to change the language around diabetes, why does it matter, and how can we do it effectively? We will discuss what the language movement is not, and have some hands on practice with replacing unhelpful messages.

10:45am – 11:15am

AM

TECHNOLOGY: DEVICES, DATA AND PATIENT GENERATED HEALTH DATA

Interpreting Pump and CGM Data: Navigating the Maze*Eileen Egan, DNP, BC-ADM, CDE, FAADE*

Massive amounts of data are generated by pumps and CGMs. This data can be overwhelming for both the individual and the diabetes specialist. Appropriate interpretation of data is essential to diabetes self-management and achieving personal glycemic targets. This presentation will provide pearls for data interpretation via evaluation of interesting cases.

RISK REDUCTION/DELAY OF TYPE 2 DIABETES

A Multidisciplinary Community Collaboration to Deliver DPP*Hannah N. White, MS, RD, LD, CDE; Christina Dietz, BS*

Successful implementation of a diabetes prevention program (DPP) calls for community collaboration. This session will highlight a unique collaboration between community entities and health systems to develop sustainable programs that include researchers, clinicians, and paraprofessionals for more effective models of DPP.

POPULATION HEALTH

Implementation of Medicare Annual Wellness Visits by Diabetes Specialists in Evolving Healthcare Delivery Models*Lisa Hodgson, RD, CDN, CDE; Judy Carr, MS, RD, CDN, CDE; Kimberly Spano, MSNA, MEd, BSN*

Authorization of the Affordable Care Act created new opportunities, such as the Medicare Annual Wellness Visits for diabetes specialists (may be done by RDs and RDNs) to demonstrate their value add in primary care and evolving healthcare delivery models. In this encounter health maintenance topics unrelated to emergent medical issues can be reviewed annually. Learn to utilize these encounters to grow your referrals for DPP and DSMES services.

11:15am – 11:45am

AM

TECHNOLOGY: DEVICES, DATA AND PATIENT GENERATED HEALTH DATA

CGM Reports: An Opportunity to Share and Interpret Data*Ellen Medved, MBA, BSN, RN, CDE*

Diabetes specialists are the expert resource to people with diabetes and providers. Learn how to analyze important CGM reports quickly and effectively. Also learn to share data and motivate individuals to change their diabetes care plan, continue their progress and collaborate with other diabetes providers on their regimen and goals.

RISK REDUCTION/DELAY OF TYPE 2 DIABETES

Dissemination of the National Diabetes Prevention Program in Community Settings: Role of Extension Services*Vanessa da Silva, PhD, RDN; Heather Norman-Burgdolf, PhD; Laura Anderson, MS, RDN; Debie Head, EdD, RD, LD, CDE*

Reducing the risk of type 2 diabetes will involve concerted efforts to encourage healthier lifestyles. By combining the credibility of both the CDC and land-grant university system with the nationwide reach and expertise of the Cooperative Extension infrastructure, we can maximize our positive impact on the health of our communities.

POPULATION HEALTH

Immunization Education: Turning a No into a Yes*Jodi Lavin-Tompkins, MSN, RN, BC-ADM, CDE; Melissa Young, PharmD, BC-ADM, CDE*

Immunization education is now part of the curriculum for accredited DSMES programs. In addition, the CDC and other organizations have launched campaigns to increase vaccination rates in people with diabetes due to the high risk of morbidity and severe complications from preventable infectious diseases. This session will arm diabetes specialists with the background and tools to address participant resistance to getting vaccinated and provide a review of recent epidemiological findings related to risk reduction through vaccination of people with diabetes.

12:00pm – 1:00pm

PM

THE BUSINESS OF DIABETES

Projecting the 10-year Health and Economic Impact of Medicare Coverage of DSMT with Microsimulation Modeling

Wayne Su; Kate Thomas

The Expanding Access to Diabetes Self-Management Training Act proposes measures to extend DSMT hours covered by Medicare, allow more organizations/practitioners to provide DSMT, and reduce cost sharing requirements. To further understand how this legislation may affect access and utilization of DSMT, this presentation will provide an overview of a study that used a published and validated microsimulation model to project the health pathway of Medicare beneficiaries who may attend DSMT either at the first year of diagnosis or in subsequent years, and estimate the resulting health benefits and associated expenditures.

CLINICAL DIABETES MANAGEMENT STRATEGIES

Type 2 Diabetes Pharmacotherapy: A Case Study

Chris E. Memering, BSN, RN, CDE, FAADE; Nathan Painter, PharmD, CDE, FAADE

Using a case study, the presenters will explore type 2 diabetes through the lifespan in a diverse population. Clinical medication management through the progression of type 2 diabetes, as well as the common co-morbidities of type 2 diabetes will be covered. Inclusion of ethnopharmacology practices, rational prescribing, and ways to address clinical inertia will be presented.

12:00pm – 12:30pm

PM

POPULATION HEALTH

Managing and Improving Diabetes Care Using Innovative and Multi-faceted Technology Solutions

Jennifer M. Banks, PharmD, BCPS, BCACP, BCGP, BC-ADM, CDE, CDP, AE-C; Patty Taddei-Allen, PharmD, MBA, BCACP, BCGP

This presentation addresses a multi-faceted approach on how to improve diabetes care using technology to identify and address persistence issues, improve clinical pathway selections, and increase individual engagement to drive clinical outcomes. The speakers will provide tips to improve persistence to oral and injectable glucose lowering medications using technology, interpret and formulate clinical cost-effective strategies for add-on diabetes therapies.

12:30pm – 1:00pm

PM

POPULATION HEALTH

Technology-Enabled Diabetes Population Health Management: The New Frontier for Diabetes Educators

Janice MacLeod, MA, RDN, CDE, FAADE; Rachel Head, MPH, RD, CDE; Toby Smithson, MS, RDN, LD, CDE

Grasp the vision of the golden opportunity available for diabetes specialists to lead healthcare transformation initiatives through technology-enabled diabetes population health management and increase access, reach and effectiveness of diabetes care and education. This presentation will include a panel of diabetes specialists who are currently working in digital health discussing the variety of opportunities available, how to position oneself for success and to give a realistic perspective on the challenges and action steps to take. This is part 2 of the popular AADE18 Diabetes Educators in Digital Health Fireside Chat session.

1:15pm – 2:15pm

PM

CLINICAL DIABETES MANAGEMENT STRATEGIES

Insulin Bootcamp 101

Theresa S. Clark, MSRD, MLDE, CDE, BC-ADM

This presentation will provide an overview of insulin dosing guidelines, including the time action profile of short-and-long acting insulins and mealtime dosing using insulin-to-carbohydrate ratios and insulin sensitivity factors. Survival skills to teach people who are new to insulin as well as how to determine math literacy.

PSYCHOSOCIAL/BEHAVIORAL

Mental Illness and Diabetes in Vulnerable Populations: Developing a Diabetes Champion Program

Donna L. Jornsay, MS, BSN, CPNP, CDE, BC-ADM, CDTC

Research shows that 8 to 17 % of people with serious mental illness also have diabetes. This presentation will discuss how a diabetes champion program was created to address the prevalence of diabetes in people with serious mental illness, educate and empower staff to become diabetes resources, and create a position for a full-time diabetes specialist to address the needs of these individuals.

THE BUSINESS OF DIABETES

Money Matters in DSMES and MNT: Increase Your Reimbursement NOW!

Mary Ann Hodorowicz, RDN, MBA, CDE

This presentation covers Medicare's most current coverage guidelines including those related to MNT-DSMES referrals, lab criteria, utilization limits in first and follow-up years, structure of initial and follow-up benefits, beneficiary entitlement, provider eligibility, MNT/DSMES telehealth, procedure, diagnosis and revenue codes for accurate claims, quality standards, allowed practice settings, and the benefits' "tiered" payment rates. The presenter will provide attendees with a referral form that is designed to be Medicare-compliant, created to increase reimbursement success and quality assurance.



GETTING THERE

GETTING TO HOUSTON

There are two major airports that serve Houston: William P. Hobby (HOU) and George Bush Intercontinental Airport (IAH). They both provide nonstop service to dozens of domestic and international destinations. HOU is located approximately 10 miles south and IAH is approximately 23 miles north of the AADE19 Annual Conference Hotels and the George R. Brown Convention Center.

SPECIAL TRAVEL DISCOUNTS

United Airlines is pleased to offer attendees 2% to 10% discounts off of published fares to Houston between **Tuesday, August 6, 2019 and Thursday, August 15, 2019**. To take advantage of this discount, you must complete the following steps:

- Visit www.united.com
- Under the Flight tab, click on "All Search Options"
- Under "Promotions and certificates" enter **ZG66 233300**. The fares shown will include the discount.
- A \$30 service fee will be added to your ticket if you call United to book your ticket.

Delta Airlines is pleased to offer attendees 2% to 10% discounts off of published fares to Houston between **Sunday, July 28 and Monday, August 19, 2019**. To take advantage of this discount, you must complete the following steps:

To receive the discount, complete the following steps.

- Visit www.delta.com/meeting
- From the four boxes, select "Book Your Flight" (bottom right).
- Enter Meeting Event Code: **NY2JD**

Southwest Airlines

Check AADE19.org for more information.

AIRPORT SHUTTLE

Receive a discount through SuperShuttle when traveling between the airport and your hotel. Book via phone (800) 258-3826 or online at supershuttle.com. Use group code **NEV58**.

Discount Valid Dates: Sunday, August 4 to Monday, August 12, 2019

Where to Enter Your Code: To use your code simply enter it in the "DISCOUNT CODE" box on the first page of the website when making your reservations.

Discount: Your discount gives you 10% off your reservation made online. Discount does not apply to exclusive vans (which are already discounted).

Reservations: For special reservation questions, call 1-800 BLUE VAN (800-258-3826) or customer service, available 24/7. Please note that if you call in your reservation instead of booking and paying online with your discount code, then your discount is not valid and a \$3 call center fee applies.

QUESTIONS?

Contact the AADE Registration and Hotel Reservations Service Center Monday through Friday, 8:00am – 6:30pm (Central Standard Time) toll free (800) 486-9644 (U.S. and Canada) or (972) 349-5460. You can also email aade@mcievents.com.





GETTING AROUND

METRORail

The 13-mile METRORail offers convenient accessible service within the heart of the city between downtown Houston and NRG Park, including the Theater District, Museum District and Texas Medical Center. The 5.3-mile North Line has a convenient stop just north of the GRB. The Green and Purple North Lines connect the Convention District to Houston's bustling Theater District along with many other stops. The 7.5-mile Main Street Line, or Red Line, offers convenient and fast service between Downtown, Midtown, Museum District, Texas Medical Center and NRG Stadium and Center. One-way tickets cost \$1.25 and can be purchased using cash or credit at all rail stops.

Ride for FREE Within the City with the Greenlink

Every 7 - 10 minutes, the Greenlink Green and Orange Routes connect locals and visitors throughout Downtown. The Green route spans 2.5 miles with 18 stops and connects major office buildings along Smith and Louisiana streets to METRO transit, the convention corridor, hotels, restaurants, shopping and entertainment. From inside the GRB South Transit Center you can reach many popular downtown destinations, including Main Street Square, Discovery Green, GreenStreet, Phoenicia Specialty Foods, City Hall and the Central Library.

BOOK YOUR HOTEL TODAY

Only through MCI, the official housing partner of AADE19, can you shop hand-picked hotels and get exclusive reservation perks.

Special Benefits for AADE19

- Guaranteed lowest rate and reservation protection
- No upfront costs at time of booking
- Peace of mind – safeguard yourself from potential fraud through unauthorized booking companies and access to onsite support

Annual Conference Room Share Request on MY AADE NETWORK

Are you looking for a way to reduce your Annual Conference hotel expenses and at the same time meet a new diabetes educator colleague? You can do both by taking advantage of the new "Annual Conference Room Share Request" page on **MY AADE NETWORK**. All you need to do is post your request and await a reply from another attendee interested in sharing a room!



IMPORTANT REGISTRATION AND HOUSING DATES

FRIDAY, APRIL 26

Last day to register at the Early Bird Rate

FRIDAY, JUNE 21

Last day to register at the Advance Rate and receive a partial refund (less \$200 administrative fee)

FRIDAY, JULY 12

Last day to make a hotel reservation

AADE HOTEL MAP



Green Route
MON-FRI 6:30am - 6:30pm
Every 7-10 minutes

Orange Route
MON-FRI 6:30 - Midnight
SAT 9am - Midnight
SUN 9am - 6pm
Every 10 minutes

METRORAIL LINES

Green Line/East End
Purple Line/Southeast
Red Line/Main Street

Yellow Cab - Six in the City
\$6 Anywhere in Downtown

VISIT**HOUSTON**



HOTELS	WALKING DISTANCE TO THE CONVENTION CENTER	WALKING TIME	RATE
1 Hilton Americas – Houston (Co-Headquarter Hotel)	Connected via climate controlled bridge	1 minute	\$158
2 Marriott Marquis Houston (Co-Headquarter Hotel)	Connected via climate controlled bridge	1 minute	\$165
3 Courtyard Houston Downtown	8 blocks	12 minutes	\$125
4 Embassy Suites Houston Downtown	3 blocks	5 minutes	\$159
5 Four Seasons Hotel Houston	4 blocks	6 minutes	\$169
6 Hampton Inn Houston Downtown	3 blocks	5 minutes	\$139
7 Homewood Suites by Hilton Houston Downtown	3 blocks	5 minutes	\$149
8 Hotel Alessandra	7 blocks	10 minutes	\$164
9 JW Marriott Downtown	9 blocks	12 minutes	\$155
10 Le Meridien	6 blocks	10 minutes	\$142
11 Residence Inn Houston Downtown / Convention Center	8 blocks	12 minutes	\$125
12 Springhill Suites Houston Downtown	8 blocks	12 minutes	\$125
13 The Westin Houston Downtown	5 blocks	7 minutes	\$159

*Occupancy tax: 17%

AADEID# _____ Military/Government ID# _____

First Name MI Last Name

Title Employer

Address City State Zip

Credentials (to be seen on badge)

Email Address Phone Number ☐ Mobile ☐ Home ☐ Business

What is your primary profession? (REQUIRED)

☐ Nurse ☐ Nurse Practitioner ☐ Dietitian ☐ Pharmacist ☐ PA ☐ Physician ☐ Other

Full Conference Registration (Circle your selection) - includes all education sessions, general sessions, corporate symposia and product theaters, exhibit hall, posters and networking events.

Does **NOT** include Preconference sessions. Full Conference Registrants will receive complimentary access to recorded educational sessions.*

*No CE available for accessing these recorded sessions.

Membership Status 2/26 – 4/26 4/27 – 6/21 Starting 6/22

Member	\$355	\$405	\$455
Nonmember	\$555	\$605	\$655
Military/Government*	\$255	\$305	\$355
Military/Government Nonmember	\$355	\$405	\$455
Retired**	\$255	\$305	\$355
Student (No CE credits)	\$35	\$35	\$35

*Must present Government ID onsite to guarantee rate. Without a current Government issued ID, your rate WILL CHANGE on site to the next applicable rate.

**Must be AADE Retired Member to receive rate.

Daily Registration (Circle your selection) - includes access to all educational program sessions, exhibit hall and networking events on the specific day(s) registered.

Membership Status 2/26 - 6/21 Starting 6/22

Member	\$160	\$260
Nonmember	\$210	\$310

Circle the Day(s) you wish to attend: Friday, 8/9 | Saturday, 8/10 | Sunday, 8/11 | Monday, 8/12

Total Daily Fee: _____

☐ \$160 - **Exhibit Hall & General Session** - includes access to exhibit hall and general sessions only. CE credits are **NOT** available for this registration.

☐ \$35 - **Guest Registration** - includes access to the exhibit hall and general sessions only. CE credits are **NOT** available for this registration.

Guest Name(s): _____

Preconference Member Nonmember

☐ Reimbursement Boot Camp (8/8)	\$249	\$299
☐ Pharmacology Boot Camp (8/8)	\$249	\$299
☐ Advanced Lifestyle Training (8/8)	\$249	\$299
☐ CORE Concepts® Course (8/9-12)	\$595 Advance \$695 Onsite	\$795 Advance \$895 Onsite

☐ **AADE Celebration Event Tickets** – Sunday, 8/11 from 7:30pm - 10:00pm
\$20.00 each x _____ (# of tickets)

TOTAL REGISTRATION FEE: _____

Housing Information

Hotel Reservation-Deadline July 12, 2019

Official Hotels	Single/Double Rates
Courtyard Houston Downtown.....	\$125
Embassy Suites Houston Downtown.....	\$159
Four Seasons.....	\$169
Hampton Inn Houston Downtown.....	\$139
Hilton Americas Houston (Co-Headquarter).....	\$158
Homewood Suites Downtown.....	\$149
Hotel Alessandra.....	\$164
JW Marriott Downtown.....	\$155
Le Meridien.....	\$142
Marriott Marquis Houston (Co-Headquarter).....	\$165
Residence Inn Houston Downtown.....	\$125
Springhill Suites Houston Downtown.....	\$125
Westin Houston Downtown.....	\$159

Occupancy Tax: 17% (subject to change)

Reservations require a credit card and will be charged one night's room and tax. Room rates quoted are subject to city and state taxes. Group rates will be honored until Friday, July 12, 2019, or until the room block is sold out. After Friday, July 12, 2019 group rates will be offered on a space -available basis only. NOTE: If you would like to reserve an upgraded room or a suite, please contact aade@wyndhamjade.com for rates, availability and deposit amount.

Hotel Choices

Reservations are by request and processed on a first come, first served basis. Enter your hotel choices in order of preference.

1) _____ Rewards # _____
2) _____ Rewards # _____

In cases where hotel choices cannot be accommodated, please assign based on:

☐ Room Rate ☐ Hotel Location

Reservation Details

Name _____

Arrival _____ Departure _____

Share with (if applicable) _____

☐ ADA Compliant

Room Type: ☐ Single ☐ Double (1Bed)

☐ Double (2Beds) ☐ Triple* (2Beds) ☐ Quad* (2Beds)

* Additional fees may apply

You **must** choose **all** your applicable credentials in order to receive your appropriate certificates upon the evaluation completion.

<u>Nursing Credentials</u> ☐ APN License # _____ State _____ ☐ APRN License # _____ State _____ ☐ CNS License # _____ State _____ ☐ CPNP License # _____ State _____ ☐ CRNP License # _____ State _____ ☐ DNP License # _____ State _____ ☐ FNP License # _____ State _____ ☐ GNP License # _____ State _____ ☐ LPN License # _____ State _____ ☐ NP License # _____ State _____ ☐ PNP License # _____ State _____ ☐ RN License # _____ State _____	<u>Dietitian Credentials</u> ☐ RD/RDN Registration # _____ State _____ ☐ LDN License # _____ State _____ <u>Doctor Credentials</u> ☐ MD License # _____ State _____ ☐ DO License # _____ State _____ ☐ DPM License # _____ State _____ ☐ OD License # _____ State _____ ☐ LDO License # _____ State _____ <u>Pharmacy Credentials</u> ☐ PharmD License # _____ State _____ ☐ RPh License # _____ State _____ NABP ePID#: _____ Birthday MMDD: _____	<u>Public Health Credentials</u> ☐ CHES ☐ MCHES ☐ CHW <u>Other Credentials</u> ☐ CDE License # _____ State _____ ☐ BC-ADM License # _____ State _____ ☐ PA License # _____ State _____ ☐ MSW License # _____ State _____ ☐ PT License # _____ State _____ ☐ OT License # _____ State _____ ☐ LCPC License # _____ State _____
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What is your age group? ☐ Under 30 ☐ 31-40 ☐ 41-50 ☐ 51-60 ☐ 60+

How many AADE Annual Conferences have you ever attended? ☐ 1-3 ☐ 4-6 ☐ 7-10 ☐ 11+ ☐ This is my first

What is your position?

☐ Staff/Clinical Care ☐ Clinical Specialist ☐ Consultant ☐ Pharmacist ☐ Patient/Diabetes Educator ☐ Administrator/Program Manager ☐ Coordinator/Supervisor

What is your practice setting?

- | | |
|---|---|
| ☐ Self Employed | ☐ Physician, Primary Care, Endocrinologist Office |
| ☐ Outpatient Diabetes Center | ☐ Hospital Inpatient/Hospital Outpatient Programs/Services |
| ☐ University | ☐ Hospital-Based Clinic |
| ☐ Hospital Pharmacy | ☐ Retail Pharmacy |
| ☐ Long Term Care Facility/Skilled Nurse Facility | ☐ Managed Care/Commercial Health Plan (e.g. HMO) |
| ☐ Indian Health Services | ☐ Military Base/Government Facility/VA Hospital |
| ☐ Home Care Services/Organization | ☐ Industry (Pharmaceutical, Medical Equipment, etc.) |

Do you wish to receive promotional materials/emails from Exhibitors? ☐ Yes ☐ No

Do you require special accommodations due to disability or physical challenges defined by the 1990 American with Disabilities Act?

☐ Wheelchair Accessible ☐ Hearing Impaired ☐ Visually Impaired ☐ Other _____

In case of emergency while attending AADE19, whom should we contact?

Name _____ Phone Number _____

A full refund of the registration fee less an administrative fee will be granted for all written requests received by **June 21, 2019**. Written requests must be submitted to meetings@aadenet.org. No refund will be given after **June 21, 2019**. Refunds will be granted to FULL CONFERENCE registrations only. **No refunds** will be granted for Students, Guests, Single Day or Exhibit Hall & General Session Only, Preconference Courses or Celebration Tickets. **No-shows will not receive a refund.**

Full payment for registration by check must arrive no later than **July 19, 2019**.

No checks accepted for hotel deposit.

Mail checks to:

AADE Registration

Department 4445, Carol Stream, IL 60122-4445

Credit Cards will be charged immediately.

☐ Visa ☐ MasterCard ☐ Discover ☐ American Express

Card Number

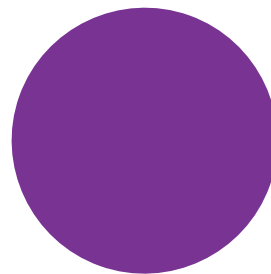
Expiration Date

Security Code

Name as it appears on card

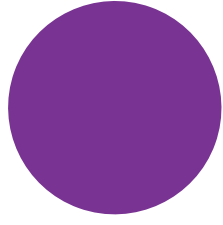
Signature

By signing this form: I authorize AADE's registration company to charge my credit card for the total payment due, acknowledge that the AADE registration cancellation policies are in effect and grant AADE the right to use photos and videos taken, which include me, in promotional materials for future meetings.



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booth #711



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