



## Special Preconference Newsletter Volume 31, Number 2

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### Letter from the WADE Coordinating Body Chair

*CINDY BRINN RD, CDE, BC-ADM*

I look forward to meeting many of you at the Annual WADE Conference in Walla Walla in just a few weeks. My hope is that this meeting will not be just about increasing our diabetes knowledge, but about connecting with each other in significant ways and learning how to share resources, knowledge and best practices on an ongoing basis. The new My AADE Network will be our vehicle for this ongoing connection and sharing. This new AADE sponsored site includes places for statewide discussions, a library for storing and sharing resources, a calendar of events and regular email updates of discussions and events. To access all this great "connecting," WADE members will need to join AADE and sign up for these discussions and calendar announcements. Your membership also includes access to all of the Specialty Groups (now called Communities of Interest) and their discussions and libraries. AADE has 20 Communities of Interest. These Communities of Interest are a WEALTH of up to date information and include the following:

- **Advanced Practice COI (SPG-AP)**

The Advanced Practice COI is a multidisciplinary group of advanced practice diabetes educators. This group provides networking with other professionals concerned with advanced practice issues.

- **African American COI (SPG-AFAM)**

The African American COI, a diverse group of diabetes educators, is committed to making a difference in the community/nation with emphasis on the African American population affected by diabetes. This COI addresses issues and concerns of both the patient and the diabetes educator and believes in excellence, accountability, interdependence and dedication in serving.

- **Asian and Pacific Islander COI (SPG-API)**

The Asian and Pacific Islander COI provides leadership to its members in culturally and linguistically appropriate diabetes care and prevention education. This COI's goal is to improve the quality of life for Asian Americans and Pacific Islanders who have been diagnosed with and who are at risk for diabetes.

- **Camp Educators COI (SPG-CE)**

The Camp Educators COI provides networking with other professionals who are interested in diabetes camps across the United States. This COI supports members through the sharing and exchange of ideas concerning developments in fields relevant to diabetes camp educators.

- **Continuous Glucose Monitoring COI (SPG-CGM)**

The Continuous Glucose Monitoring COI provides leadership to members in continuous glucose monitoring education. COI members have the opportunity to exchange and receive information that benefits patients and their families with diabetes. This COI also provides networking with other professionals who are interested in continuous glucose monitoring.

- **Disabilities COI (SPG-D)**  
The Disabilities COI works to ensure that people with disabilities have full access to all components of diabetes self-management education, reasonable accommodations as necessary and full access to DSME that is equivalent to that provided to people with no current disability.
- **Foot Care COI (SPG-CDF)**  
The Foot Care COI provides members the opportunity to exchange and receive ideas and information that benefit patients with diabetes and associated foot involvement. This COI allows members to obtain current foot care interventions through association with clinicians and physicians with a multidisciplinary approach, diabetes educators and industry representatives.
- **Hispanic/Latino American COI (SPG-HIS)**  
The Hispanic/Latino American COI's mission is to educate other professionals and diabetes advocates and to bridge the gap between professionals and cultural backgrounds in order to better serve our patients. Benefits of membership:
  - Three issues per year of La Voz newsletter - timely information on culturally and linguistically appropriate information on diabetes care and contributions from members of the Hispanic/Latino COI
  - Ability to network and be mentored by expert professionals in Latin American culture
  - Access to job postings and opportunities through periodic electronic mailings
- **Home Health Care Diabetes Educator COI (SPG-HHCDE)**  
The Home Health Care Diabetes Educator COI is dedicated to promoting diabetes education as a specialty program offered by Home Health agencies. This group is committed to improving the diabetes teaching skills of field staff and helping COI members attain CDE certification.
- **Inpatient Management COI (SPG-IM)**  
The Inpatient Management COI provides education and networking to members interested in the care of hospitalized patients who have diabetes. This group addresses challenges of providing patient diabetes self-management education as well as the challenges of responsibilities focused on inpatient glycemic management.
- **Insulin Pump Therapy COI (SPG-PUMP)**  
The Insulin Pump Therapy COI is comprised of health professionals interested in insulin pump therapy. This COI maintains an active listserv that provides a forum for questions and issues that diabetes educators face in the workplace and in individual practice.
- **Integrative Care COI (SPG-HC)**  
The Integrative Care COI is a community of diabetes educators that wishes to learn about, practice, promote and research methods of promoting health using the principles of complementary medicine. COI members have the opportunity to gain additional understanding, tools and increase the resources they provide to patients.
- **Native American/Indian Health Service COI (SPG-NA)**  
The Native American/Indian Health Service COI is a group of multidisciplinary diabetes educators practicing in a variety of settings while serving diverse populations. The mission of the Native American/Indian Health Service COI is to increase cultural awareness and to provide guidance for diabetes care and education to the Native American populations and to those who provide care to Native American populations.
- **Office & Clinic Based COI (SPG-OCBD)**  
The Office and Clinic Based COI provides members with a forum to share successes and challenges specific to the educator working in a physician's office or clinic. Many members of the Office and Clinic Based COI work in an internal medicine or endocrine physician's office.
- **Pediatric Educator COI (SPG-PE)**  
The Pediatric Educator COI provides a forum for sharing expertise and increasing knowledge by networking with colleagues. This COI encourages members to write articles for its quarterly newsletter and The Diabetes Educator Journal; create and share teaching/documentation tools; submit abstracts and poster presentation for the Annual Meeting; participate in reviews of AADE pediatric educational materials and alert other COI members to useful publications and internet resources.

- **Pharmacy COI (SPG-PHAR)**

The Pharmacy COI consists of pharmacists and diabetes educators who practice in a pharmacy-type environment including community, hospital, long-term care, consultant, industry, faculty and specialty practice clinics. The Pharmacy COI provides a forum and network support system for members to share and exchange ideas pertaining to the ongoing development and changes within their practices.

- **Physical Activity COI (SPG-PHYS)**

The Physical Activity COI's mission is to increase awareness and to provide guidance for physical activity's function in the prevention of diabetes and as a treatment of choice within the diabetes self-management training process. This COI is comprised of multidisciplinary diabetes educators practicing in a variety of settings.

- **Pregnancy/Reproductive Health COI (SPG-PREG)**

The Pregnancy/Reproductive Health COI consists of multidisciplinary professionals dedicated to advancing the practice of:

- Aggressive and timely diabetes self-management training for the reproductive family
- Preventing the onset of diabetes in women of childbearing capacity
- Preventing the onset of diabetes in children of pregnancies complicated by diabetes

- **Public Health COI (SPG-PH)**

The Public Health COI acts as a forum for clinical and public health professionals who specialize in population-based approaches to diabetes education, work toward eliminating diabetes-related health disparities and improve the quality of life for people with and at risk for diabetes.

- **Veterans Affairs/Dept. of Defense COI (SPG-VAD)**

The Veterans Affairs/Dept. of Defense COI provides networking opportunities and collaboration of members within the two Federal Government Agencies with similar practice interests.

Benefits of membership include:

- Networking
- Resource sharing
- Potential for collaborative research
- Newsletter
- E-mail group
- Annual meeting
- VA and DoD Web page
- Ensure consistency of diabetes related information for clients with diabetes to facilitate client transfers between the VA and the DoD

A second **GREAT** advantage of your AADE membership includes connection with a "Local Networking Group" to bring free and reduced cost education and discussions to your local community. Currently, we have 3 Local Networking Groups being formed: Greater Spokane, Greater Seattle and Southwest Washington. If you would like to be involved with Local Networking Group Activities please contact the "LNG" leadership and sign up for the discussion groups on My AADE Network

- Greater Spokane LNG Lead: Laurie Payne [PayneL@INHS.org](mailto:PayneL@INHS.org)
- Greater Seattle LNG Leads: Linda Castine [Linda\\_Castine@yahoo.com](mailto:Linda_Castine@yahoo.com) Meghann Moore [meghann25@yahoo.com](mailto:meghann25@yahoo.com)
- Southwest Washington LNG Lead: Nicole Downey [svbarlo@yahoo.com](mailto:svbarlo@yahoo.com)

Finally, WADE has several strategic goals this year to help support our members. These include marketing of CDE's to Washington health care providers and the public. If you would like to be involved in either of these initiatives please contact me, Cindy Brinn at [CBrinn@comcast.net](mailto:CBrinn@comcast.net).

Our hope is that all current WADE members will choose to join AADE and that the free education incentives and connections will offset the cost of this membership. If you are unable to join AADE please check the events calendar often on the public AADE site to stay current with our activities.

I am looking forward to all of your participation in WADE activities. Diabetes education is rapidly changing and the health care dollar is shrinking. We need to support each other to demonstrate our benefit and survive the cost cutting initiatives in our current state and national health care system.

# Legislation Update

CAROLINE HUTTERS, RN, MS

*"Due to Washington State's financial woes, a committee was assigned to review the states test strip coverage for people under 18 years of age. They will meet on March 18th to make a final decision. The following letter was written and submitted to the committee on behalf of WADE. The letter was written by Caroline Hudders and also signed by Cindy Brinn"*

March 4, 2011

Leah Hole-Curry  
Director Health Technology Assessment Program  
676 Woodland Square Loop SE  
Lacey, WA 98503

RE: Glucose Monitoring: Self-monitoring in patients under 18 years old

Dear Ms. Hole-Curry:

The Washington Association of Diabetes Educators (WADE) is a not-for profit, all volunteer organization, made up of professional diabetes educators serving Washington State and surrounding areas. As diabetes educators, we strive each day to help our patients maintain and improve their health and quality of life, including instructing patients how and when to self monitor blood glucose (SMBG). WADE advocates for multiple blood glucose checks each day for people with diabetes. SMBG multiple times a day is especially important for people with Type 1 Diabetes utilizing a physiologic insulin replacement regimen to maintain and improve glycemic control.<sup>1</sup> Without the ability to check blood glucose levels when needed, severe hypoglycemia or hyperglycemia can occur.

In the State of Washington and elsewhere, babies and children diagnosed with Type 1 Diabetes are started on intensive "basal/bolus" insulin therapy. This therapy mimics the physiologic insulin of someone who does not have diabetes. In order for this therapy to be effective, however, it requires careful SMBG, with multiple blood glucose checks each day. Multiple checks allow glucose patterns to be more clearly followed which assists in insulin treatment design and modification. With instantaneous measurements, patients can self-adjust insulin doses based on actual, current glucose levels. It allows the practitioner, diabetes educator, and patient to assess the interaction of insulin with food, physical activity, stress, illness, and other physiological factors.

With any type of insulin therapy unexpected hypoglycemia and hyperglycemia are possible. The Type 1 Diabetes population that includes babies and children is one that can often not understand nor communicate symptoms of hypoglycemia or hyperglycemia. Furthermore, many of the symptoms of hypoglycemia and hyperglycemia are the same. Thus, the only way to know what treatment is needed is by SMBG on a regular basis throughout the day.

The development and improvement of SMBG combined with multiple blood glucose checks per day allows this more intensive "basal/bolus" insulin therapy to be effective at reducing acute complications (loss of consciousness, seizures, and even death) and chronic complications (kidney failure, blindness, and amputations). The DCCT<sup>2</sup> and the follow-up study Epidemiology of Diabetes Interventions and Complications (EDIC)<sup>3</sup> clearly showed that physiologic insulin replacement reduces microvascular and macrovascular complications of diabetes, but that multiple checks are necessary to provide the necessary feedback to adjust insulin doses in the optimum manner. What is standard insulin therapy today was brand new at the start of the DCCT. Much of the hypoglycemia during the trial occurred early in the study because the patients and the providers were learning how to manage the intensive insulin therapies<sup>4</sup>. During the course of the study, practitioners and patients became more skilled in recognizing the factors that led to hypoglycemia, in part because of SMBG multiple times per day. In the nearly 20 years that have passed since the time of the DCCT, intensive insulin therapy has become the standard and allowed for consistently better outcomes with less acute complications and less chronic complications.

As diabetes educators, we strive to give our patients the knowledge and skill to live their lives with diabetes as close to "normal" as possible. We believe that a reduction in coverage for SMBG could result in a change from intensive insulin therapy to less effective insulin therapies, as the intensive insulin therapy requires SMBG multiple times per day to reduce the risk of hypoglycemia and hyperglycemia which could lead to expensive emergency room and hospital visits. Adopting these less effective insulin therapies would be a step back in time and could have a long lasting negative impact on the

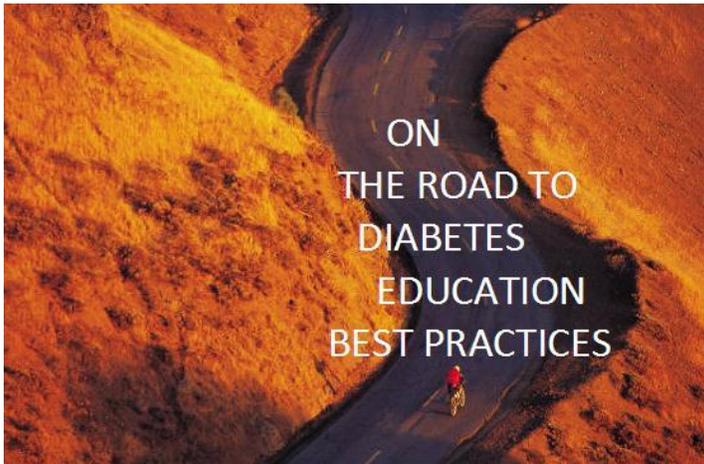
patients and the State of Washington. It would take away the flexibility and the ability of Type 1 diabetics to live the normal lifestyle that the intensive insulin therapy provides and would restrict the critical amount of feedback that allows patients to self-regulate insulin dosing to feel and perform their very best.

We feel strongly as diabetes educators in the State of Washington that multiple blood glucose checks each day are necessary to optimize the quality of life and the longevity of life for people with diabetes and will significantly decrease acute complications leading to expensive emergency room visits and hospitalizations. Long-term we believe chronic complications from diabetes can be significantly reduced with SMBG multiple times per day. We urge you to consider these factors when making your decision about limiting SMBG coverage.

#### References:

1. See Mortensen HB, Hougaard P. Comparison of metabolic control in a cross-sectional study of 1,873 children and adolescents with IDDM from 18 countries. *Diabetes Care*, 1997;20:714-20; Anderson B, Ho J, Brackett J, Parental involvement in diabetes management tasks: relationships to blood glucose monitoring adherence and metabolic control in young adolescents with insulin-dependent diabetes mellitus. *J Pediatr*. 1997;130:357-65; Levin BS, Anderson BJ, Butler DA, Predictors of glycemic control and short-term adverse outcomes in youth with type 1 diabetes. *J Pediatr*. 2001;139:197-203 (finding frequency of testing was the most important predictor of A1C levels in a study of 7 to 16 year olds). See also American Association of Diabetes Educators. *The Art and Science of Diabetes Self-Management Education*, p. 192-94 (2006).
2. DCCT Research Group (1993) The effect of intensive diabetes treatment on the development progression of long-term complications in insulin-dependent diabetes mellitus: The Diabetes Control and Complications Trial. *New England Journal of Medicine* 329:977-89.
3. The Epidemiology of Diabetes Interventions and Complications (EDIC) Study. Sustained effect of intensive treatment of type 1 diabetes mellitus on development and progression of diabetic nephropathy. *JAMA*. 2003;290:2159-67.
4. Beaser, Richard. *Joslin's Insulin Deskbook, Designing and Initiating Insulin Treatment Programs*. Boston, MA. Joslin Diabetes Center, 2008.

## Preconference News



*MARYANNE MACKINNON, BSN, RN, CDE*

This year's Annual WADE conference at the Marcus Whitman Hotel promises to be full of cutting edge information and many practical, take-home ideas. There are many sessions to choose from, each offering something for new and seasoned (you notice I didn't say "old") diabetes educators.

There are three preconference activities to choose from, so plan to arrive early and take advantage of the opportunities to earn more continuing education credits (offered for the workshop and the webinars). The preconference workshop by two Educators from Kentucky, Janey Wendschlag and Mechelle Coble, will

be well-worth the time and the extra fee. They led a very popular breakout session at AADE in San Antonio. It was refreshing and inspiring to hear them speak and to feel the passion with which they approach their work. I had attended a session on Adult Teaching and Learning, which was also excellent, but found myself leaving the session wishing they'd take it one step further and given specific examples of teaching strategies for the 7 AADE self-care behaviors. Well, that's exactly what Janey and Mechelle did!

Janey Wendschlag and Mechelle Coble will be doing the preconference workshop, as well as a breakout session on Saturday. If you attend the workshop, you will hear some of the didactic presentation, but you will

also have the opportunity to create and take-away some props to use in your own classes. WADE is offering this opportunity, which takes it even one step further than the AADE session.

The preconference session on CGM will keep you up-to-date on the latest in that technology, as will the AADE webinars (GDM and Puberty, Teens and Diabetes).

So, plan to arrive early! Conference opens on Friday afternoon.

Our conference opens with a popular speaker well-known to many of us. Cindy Brinn, our incoming Coordinating Body Chair, will do an informative talk on inflammation and the effects of food.

We'll learn about new medications and therapies from Josh Neumiller. It helps to have an expert sift through what's on the horizon.

Many of us encounter people living in poverty and may feel helpless to do anything about it. Lynda Coates will provide an inspiring story and real world advice for us to use with our patients.

And, that's just the first day. Join us for a light dinner at the Marcus Whitman, followed by an opportunity to loosen up with a Zumba class (a glass of wine is included with the dinner beforehand). You will find out first hand how fun fitness can be. It will shake the cobwebs loose so you are ready for a full day of learning on Sat.

### A Full Day on Saturday

You can be busy on Saturday from 7a.m. to 5 p.m. After the fun and frivolity of Friday evening, you can calm down and get centered with a Tai Chi class. What a peaceful way to start your day. Or if you want more learning, attend the session on Networking by Peggy Hoffman.

Carol Wysham, MD, will be the Goldstein Memorial Speaker this year. Many of us have also heard Dr. Wysham speak over the years and know her to be a thoughtful, caring, and up-to-date practitioner. And, as someone who is intimately involved in the ADA practice standards, she is a direct link to what is behind the 2011 Guidelines.

It's time for more choices in the afternoon. It's always helpful to be updated on the latest in eye and dental health. Our eyes and teeth can have a big impact on our health, but are often neglected. Jeremy Beam, OD and Nannette Goyer, DDS, will make sure we are onboard with the latest recommendations.

If you've been seeing a lot of very insulin resistant patients, then the session on Insulin Resistance will be topical. It's been given by Elaine Cochran from the NIH/NIDDK, who likely sees the biggest percentage of patients using U-500 than most other places.

And, finally, another opportunity to get inspired to move your body. Activity matters also! Join us at the final session given by Sherrie Evenson, Registered Clinical Exercise Physiologist. Of course, if you've attended the Zumba session on Friday, you might have a thing or two to show her!

# CDE's In Publication

CANDACE CLARK, NEWSLETTER CHAIR

WADE would like to celebrate the accomplishments of our members by creating a section in the newsletter recognizing published Washington State Diabetes Educators. We would like your assistance in creating the list. If you or any of your CDE colleagues are published in a professional journal, please contact Candace Clark, WADE Newsletter Chair at [c\\_a\\_clark@hotmail.com](mailto:c_a_clark@hotmail.com). Please type Newsletter Submission in the subject to be sure your email doesn't go to the junk folder.

## Your Diabetes Education Program has a Web Page on

[www.wadepage.org](http://www.wadepage.org)

RON KAMMER, WEBMASTER

What if you had a web site just for your program where your patients can find videos and documents on all the essential diabetes self-management behaviors important for the management of their diabetes? Well, you probably do. WADE is making its website more patient friendly; where patients or caregivers can not only find answers to their questions about diabetes, but also find a program nearby that can help them.

WHAT IS DIABETES?
HEALTHY EATING What can I eat?
BEING ACTIVE Why and how should I be active?
MONITORING Why do I need a monitor and how do I use the results?
TAKING MEDICATIONS What are my options for medication?
PROBLEM SOLVING How do I deal with problems that may occur such as illness, travel, or hypoglycemia?
REDUCING RISKS What should I do to prevent complications?
HEALTHY COPING How do I cope with diabetes?
HOME PAGE

Are you near a computer? If so, check it out. Go to [www.wadepage.org](http://www.wadepage.org) or simply type DiabetesAnswers.org in your URL box. Then click on "Directory of Diabetes Self-Management Education Programs". This will bring you to list of programs in Washington State. Find your program click on the link to access your page. At the very minimum, your program's page will have your program's name, address and phone number. It may have a link to the organization's website page that describes your program in more detail, or a Google map link that provides driving directions to your site. Want more? Just let me know by email at [ron.kammer@providence.org](mailto:ron.kammer@providence.org). Currently there is no way you can update your page directly, but this might be possible one day. I suggest adding a referral form and the services you provide. You may want to add your educators and their e-mail addresses.

Check out the left navigation box. Each of these menu options will take you to a page with links to print-friendly documents and short videos that answer many of your patients' questions about diabetes self-management. For example, the "Monitoring tab" leads to information on how to properly use several different meters, and videos about different approaches to logging blood sugar levels. We all know that physical exercise is important for a healthy lifestyle, especially for people with diabetes, and the "Being Active" tab provides useful suggestions about how to make your exercise worthwhile and enjoyable.

More documents and videos are being added all the time. Your suggestions are welcome. I encourage you to visit [www.wadepage.org](http://www.wadepage.org) and investigation the valuable information regarding diabetes that is posted there.