



A year of growth and achievement

Diabetes Care and Education Dietetic Practice Group Annual Report

A message from your practice group chair

The Diabetes Care and Education (DCE) Dietetic Practice Group experienced significant growth during the 2002-2003 year. We're now the largest American Dietetic Association (ADA) Dietetic Practice Group, with more than 5,600 members. Since our inception, our members have brought *creativity*, *collaboration* and *commitment* to the promotion of quality diabetes care and education for the benefit of all whose lives are affected by diabetes.



Cindy Halstenson
DCE Chair

Our creativity

Our creativity flows from the suggestions of our many talented members! And the publications survey we implemented in late 2001 enabled us to tap into your wisdom. In the past year, your feedback led to the development of single-page, reproducible diabetes education materials. This highly requested set of resources provides you, our members, with high-quality, low-cost materials you can use in nearly any situation — from community prevention efforts to clinical settings. In addition, we expanded our newsletters to include columns that you said would help enhance your clinical and business skills. These articles have included information about advanced practice, the National Diabetes Education Program, and multidisciplinary partnerships in diabetes education.

Our collaboration

Our collaboration is best exemplified by the successes DCE achieved with the American Diabetes Association (ADbA), American Association of Diabetes Educators (AADE) and ADA. Together, we produced and disseminated a set of six documents to help us coordinate Medicare benefits for recipients of medical nutrition therapy (MNT) and diabetes self-management training (DSMT). It's our continued challenge to interpret the benefits and their impact on the practice of diabetes nutrition care and education. However, thanks to the dedication of current and past DCE leaders, we have been successful in the interpretation, translation and posting of the Medicare regulations on allied organizations' Web sites.

Our commitment

Our commitment was at the heart of many significant accomplishments this past year. DCE worked with the American Dietetic Association Foundation (ADAF) to establish an annual \$10,000 grant for the DCE Diabetes Outcomes Research Award. This grant — awarded to a DCE member through ADAF — is a milestone for DCE, the first practice group to fund such an award.

DCE members also contributed countless hours in many meaningful ways: as writers, editors, authors, regional area representatives, mentors, advocates for the mission and vision of DCE, and team players with our alliance organizations.

Much of DCE's superior work was also due, in part, to our incredible industry partnerships. In her year as past chair/industry chair, Jackie Boucher deepened and nurtured the relationships DCE relies upon to accomplish our mission. And when Alison Evert transitioned into the position, she picked up the ball and ran with it! As past chair, Alison has been a wonderful, warm and effective mentor to me and many other DCE members. I want to take a moment to thank her for making DCE so successful in 2002-2003.

Thanks to the efforts of our DCE leaders, industry partners and our members, DCE is a strong and effective dietetic practice group with a rich 25-year history. Here's to many more successful years to come!

Cindy Halstenson, RD, LD, CDE

Vision

Through the leadership of the DCE Dietetic Practice Group, members of the ADA are the most valued authority in diabetes MNT and its relationship both to DSMT and the management and prevention of diabetes through lifestyle behavior change.

Our mission

The mission of DCE, as part of the ADA, is to lead the future of quality diabetes MNT and diabetes care and education for people with diabetes and their families, DCE members, health care providers, professional organizations and industry.

Member benefits grew

DCE continued to provide members with professional development opportunities through newsletters, teleconferences, the DCE Web site, an electronic mailing list (EML), and continuing education programs.

Generous industry sponsorship enabled DCE to recognize members through educational awards and other honors.

Every three years, DCE surveys a sample of members to determine how well we are meeting their needs. This year, with industry support, we surveyed the entire membership and received an excellent response rate of nearly one-third of our members. We will use our survey results to help engage our members in future activities. Our findings will also help the DCE leaders focus on products and services to meet member needs and expectations.

DCE worked to promote the important role of nutrition in diabetes management by publishing several articles in key diabetes, nutrition and allied health professional journals.

As DCE grew as an organization, with industry support, DCE leaders worked with a strategic planner to draft new vision and mission statements and a strategic plan. The action plan for our strategic priorities has been created to achieve our mission over the next three to five years.

Through ADA and ADAF, DCE is leading the way for evidence-based diabetes and nutrition practice with the new Outcomes Research Award, funded by DCE and awarded by ADAF. The first recipient of this award, The Wisconsin Diabetes Project, will receive recognition at the 2003 Food and Nutrition Conference and Expo (FNCE).

As requested by members in the recent DCE publications survey, DCE developed and distributed our first reproducible slick/educational tool with the support of an industry partner. "Ready, Set, Start Counting," a basic carbohydrate counting guide, was mailed directly to our nearly 6,000 members.



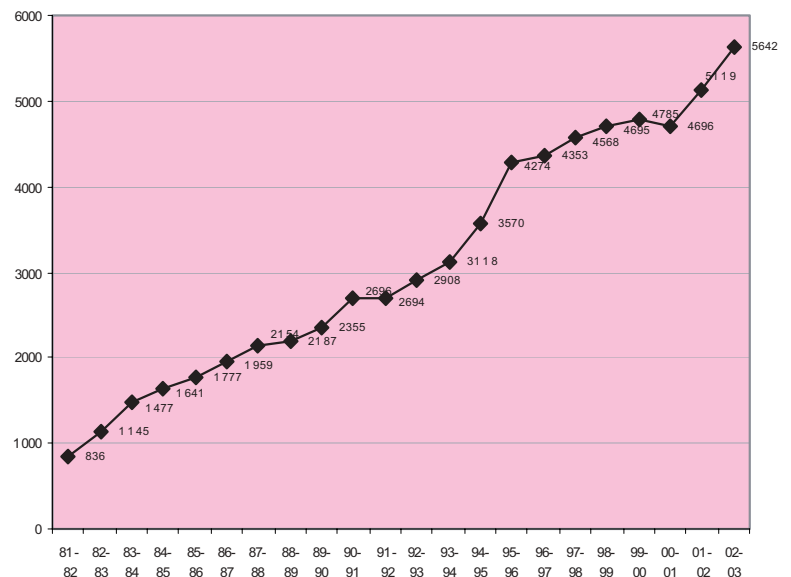
Highest-rated member benefits: On the Cutting Edge and Newsflash.

Our membership continues to grow

DCE has become ADA's largest dietetic practice group, with more over 5,600 members in 2002-2003. Our members work in hospitals, private practices, outpatient education centers, research departments, managed care organizations, public health, and other settings.

- DCE members serve an ethnically diverse patient population and work with patients of all ages.
- Members of DCE come from all 50 states and several countries around the world.
- DCE continues to increase its visibility and resources among ADA members and other health care professionals by participating in a variety of national and local networking and mentoring activities.
- From June 1, 2002, through May 31, 2003, 8,400 people 1) visited a DCE display, where they learned about DCE and resources; or 2) attended a DCE-sponsored event in the United States or abroad.
- In addition, the work and wisdom of DCE members appeared in many peer-reviewed journals during the past year, potentially reaching tens of thousands of multidisciplinary health care professionals.

DCE membership totals



Key DCE projects in 2002-2003*

Publications and communications

Newsletters

Newsflash and *On the Cutting Edge* continue to be top-rated member benefits. Topics included: evidence for prevention of type 2 diabetes, population health and diabetes, and facilitating behavior change.

Article sent to DCE members: Pastors J, Warshaw H, Daly A, Franz M, Kulkarni K. The evidence for the effectiveness of medical nutrition therapy in diabetes management. *Diabetes Care*. 2002;25:2;608-613.

DCE in Electronic Communications

The DCE Web site, located at www.dce.org, features our annual reports, publications, educational/mentoring opportunities, and PDF files of our new single-topic reproducible educational tools. The site includes links to peer organizations and news.

Nearly 600 DCE members participate in our EML.

DCE Publications

DCE is working with ADA to publish a new diabetes professional management textbook to replace *Diabetes Medical Nutrition Therapy*.

Our DCE membership survey inspired us to publish educational tools to assist our members and others with their patient education needs. We mailed and posted to www.dce.org our first reproducible educational tool ("slick") about carbohydrate counting, entitled "Ready, Set, Start Counting."

Client education pieces co-published by the ADA and ADbA were reviewed by a Nutrition Publication Advisory Task Force appointed by the publication departments of the two associations. The task force was comprised of DCE members who revised and authored nine pieces (available at 1-800-877-1600, ext. 5000, or www.eatright.org/catalog).

DCE created its new Publications Award.

Professional development

Advanced Diabetes Management Credential

ADA is reviewing standards of practice for registered dietitians with the Board Certified-Advanced Diabetes Management (BC-ADM) credential.

Nutrition Practice Guidelines (NPG)

Nutrition Practice Guidelines for Type 1 and Type 2 Diabetes and *Nutrition Practice Guidelines for Gestational Diabetes* are on CD-ROM and are available for purchase on the ADA Web site. The ADA has convened task forces, including DCE members, to convert these practice guidelines to evidence-based guidelines in 2003.

DCE mailed members *Diabetes Nutrition Practice Guidelines Pocket Guide: A Companion Resource to the ADA MNT Evidence-Based Guides for Practice*.

Medical Nutrition Therapy Effectiveness Task Force

Published in *Postgraduate Medical Journal*: Franz M, Warshaw H, Daly A, Pastors J, Arnold M, Bantle J. Evolution of diabetes medical nutrition therapy. *Postgrad Med J*. 2003;79:30-35.

Published in the *Journal of the American Academy of Nurse Practitioners*: Daly A, Warshaw H, Pastors J, Franz M, Arnold M. Diabetes medical nutrition therapy: practical tips to improve outcomes. *J Am Acad Nurse Pract*. 2003;15:206-211.

The new annual Outcomes Research Award, funded by DCE and awarded through ADAF, provided the award recipient, the Wisconsin Diabetes Project, with a grant of \$10,000.

Eli Lilly and Company allowed DCE to provide questions for focus groups with physicians. We learned that we need to educate physicians about available coverage/reimbursement for MNT and DSMT.

Continuing Education Programs

DCE co-planned and presented a pre-conference workshop with sponsor Eli Lilly and Company before the 2002 FNCE meeting: *Diabetes Care On the Cutting Edge*. More than 200 people attended.

DCE co-planned a major session for FNCE with the ADbA: *The Role of the Nutrition Professional in Diabetes Prevention*. This session was attended by more than 1,000 people and Web cast to 280 remote sites. (Available for continuing professional education at www.eatright.org.)

DCE sponsored a session at the AADE Annual Meeting in August 2002 on *Cultural Competence in Diabetes MNT*.

DCE Mentor Program

DCE continues to provide an active peer-mentoring program for mentors and mentees from around the world.

Alliances

International

DCE sponsored a speaker for the 9th Annual International Conference of the University of the West Indies Diabetes Outreach Project and a speaker for the American Overseas Dietetic Association in Porto Fino, Italy.

Diabetes Professional Organizations

DCE continues to network with other diabetes organizations to improve outcomes for people with diabetes.

DCE is represented on the ADbA Education Recognition Committee, which promotes excellence in diabetes care and education.

DCE is represented on the ADbA Advocacy Committee, which works to improve access to diabetes supplies and education, increase diabetes funding, and end discrimination against those with diabetes.

DCE is represented on the National Diabetes Education Program (NDEP) Steering and Operations Committee and work groups, playing an active role in meeting the objectives of this program and encouraging its members to incorporate NDEP activities into their communities.

DCE members hold key roles in the diabetes community, including the ADA, AADE and ADbA, CDO, NDEP, ANCC, cross-functional task forces, boards, and committees of these alliance organizations (including the Expert Content Panel of the ANCC BC-ADM credential).

Public Policy and Reimbursement

We celebrated the implementation of the Medicare MNT benefit and coordination of MNT and DSMT benefits. Our reimbursement committee provides support of DCE members via our EML, Web site and publications.

DCE collaborates with ADA, ADbA and AADE to consistently communicate the MNT benefit and nutrition component of DSMT. A result of this work is a collection of shared documents about the coordination of benefits, posted on the DCE and allied Web sites.

*Projects from June 1, 2002, through May 31, 2003

Where we want to be

During 2002-2003, with industry support, DCE collaborated with a strategic planner to create DCE's strategic goals, priorities and action plan for the next three to five years. Highlights are found below.

DCE's strategic goals

1. Assume a leadership role in translating current diabetes nutrition science into practice.
2. Promote DSMT for people with diabetes and their families.
3. Provide an environment for professional growth for all dietetics professionals.
4. Promote clinical and educational research and practice to improve diabetes management outcomes.
5. Proactively advocate nutrition and diabetes issues through interactions with government, the public, other professional organizations, and industry.
6. Keep abreast of changes that affect DCE members, health care providers, professional organizations, and industry; and respond to their needs to promote changes for the good of people with diabetes and their families.

Strategic priorities

Communication

- Create and disseminate quality diabetes care and education information.

Networking

- Work closely with other U.S. and international professional organizations and industry to raise awareness of dietetics professionals as experts in diabetes MNT.
- Promote team care, which includes the dietetics professional, in the treatment of individuals with diabetes and those at risk for developing diabetes.
- Build awareness of diabetes MNT and its integration with DSMT for individuals with diabetes and their families by working with other professional organizations and industry.
- Encourage and facilitate professional development of DCE members by engaging them in organizational activities.

Professional development

- Demonstrate the effectiveness of diabetes MNT provided by dietetics professionals.
- Enhance dietetics professionals' ability to perform effectively in any role — academic, community, clinical, public health and research — and their ability to act on outcomes.
- Expand the role of the dietetics professional in diabetes care and education and in the prevention of diabetes.

Public policy

- Influence public policy to increase access to care and to improve the quality of care for people with diabetes.

Our 2002-2003 budget report

June 1, 2002, through May 31, 2003

Revenue	Actual	Budgeted
Membership dues	\$140,450	\$125,000
Publication sales/subscriptions	\$1,401	\$1,200
Royalties	\$1,693	\$400
Grants/contracts	\$138,854	\$151,000
Investment income	\$6,044	\$0
Miscellaneous receipts	\$49	\$0
Total revenue	\$288,491	\$277,600
Expenses	Actual	Budgeted
Lodging/food/transportation	\$62,349	\$77,608
Professional consulting	\$52,972	\$44,070
Postage	\$26,478	\$38,795
Mailing service	\$4,904	\$6,375
Office supplies	\$6,987	\$7,105
Stationery/forms	\$225	\$850
Telephone	\$2,227	\$8,035
Teleconference expense	\$3,559	\$6,213
Advertising/promotion	\$308	\$3,500
Temporary help	\$0	\$360
Other expense	\$900	\$155
Books/subscriptions	\$10	\$0
Membership dues/seminar fees	\$11,050	\$14,940
Outside services	\$8,840	\$1,740
Donations to ADAF	\$34,930	\$59,600
Honorariums/awards	\$8,250	\$7,000
Rental/off-site	\$0	\$4,000
Audio visual	\$788	\$5,250
Expo/meeting service	\$19,931	\$500
Food service	\$16,268	\$29,275
Printing/copying	\$42,731	\$60,090
Word processing	\$0	\$1,300
Total expenses	\$303,707	\$376,761

*Special thanks to
our members and industry
sponsors. Without you,
DCE would not succeed.*



June 2002 through May 2003

Our corporate sponsors

DCE would like to thank the following corporations who have supported our mission, vision and strategic framework.

Without your generosity, many of DCE's projects would go unfunded.

Thank you for your support!

Aventis Corporation

- ◆ Co-sponsor of the DCE reception at 2002 ADA FNCE

BD Consumer Healthcare

- ◆ Co-sponsor of *On the Cutting Edge*, volume 24, number 2
- ◆ Leadership meeting lunch at the 2003 DCE Leadership Retreat

Bristol-Myers Squibb Company

- ◆ Co-sponsor of *Newsflash* and *On the Cutting Edge*, volume 24, numbers 1 and 2

Diabetic Cooking

- ◆ DCE Reception at the 2002 ADA FNCE
- ◆ Free subscription of *Diabetic Cooking* magazine to DCE members

Eli Lilly and Company

- ◆ 2002-2003 DCE membership survey
- ◆ 2002-2003 DCE Creative Nutrition Education Award
- ◆ 2002-2003 DCE Legislative Activity Award
- ◆ 2002-2003 organizational support for the DCE strategic planning process
- ◆ 2002 DCE FNCE pre-conference workshop: "Diabetes Care On the Cutting Edge"
- ◆ 2003 DCE Executive Committee Retreat
- ◆ 2003 DCE Leadership Retreat

Equal (Merisant)

- ◆ Reproducible slick on carbohydrate counting

Extend Bar

- ◆ Snack at 2002 DCE FNCE pre-conference workshop

General Mills

- ◆ Leader's Meeting breakfast at 2002 ADA FNCE

Health Management Resources

- ◆ 2002-2003 Educational Stipend Awards (four awards)

LifeScan

- ◆ Sponsorship of *Newsflash* and *On the Cutting Edge*, volume 24, numbers 3 and 4
- ◆ DCE Distinguished Service Award

McNeil Nutritionals

- ◆ DCE reception at the 2002 AADE Annual Meeting

Takeda Pharmaceuticals America, Inc.

- ◆ Sponsorship of *Newsflash* and *On the Cutting Edge*, volume 23, numbers 5 and 6
- ◆ Publications Award
- ◆ *Nutrition Practice Guidelines Pocket Companion Guide*

The NutraSweet Company

- ◆ DCE Business meeting luncheon at 2002 ADA FNCE

*Our corporate
sponsors make all the
difference!*



2003-2004 DCE executive committee members

Chair

Cindy Halstenson, RD, LD, CDE
1451 18th Street NW
New Brighton, MN 55112
(651) 636-7259
chalstenson@msn.com

Chair-Elect

Sandra Parker, RD, CDE
TENDON Diabetes
Outreach Network
3950 Lake Michigan Drive NW
Grand Rapids, MI 49544
(616) 735-1118
sandymda@aol.com

Past Chair/Industry Relations:

Alison Evert, RD, CDE
17720 154th Court NE
Woodinville, WA 98072
(425) 483-5437, voice mail 408
atevert@earthlink.net

Secretary

Connie Crawley, MS, RD, LD
The University of Georgia
Extension Service
Room 202, Hoke Smith Annex
Athens, GA 30602
(706) 542-3773
ccrawley@uga.edu

Treasurer

Amy Fischl, MS, RD, LD, CDE
1415 Leonard Place
Evanston, IL 60201
(847) 869-4510
AmyFish12@aol.com

Network Coordinator

Tami Ross, RD, LD, CDE
4300 Stoneyhurst Place
Lexington, KY 40514
(859) 223-0049
mdrosslex@aol.com

Professional Development Coordinator

Marion Franz, MS, RD, LD, CDE
Nutrition Concepts by Franz, Inc.
6635 Limmerick Drive
Minneapolis, MN 55439
(952) 941-6751
marionfranz@aol.com

Public Policy Coordinator

Betty Krauss, RD, CDE
Mary Free Bed Rehabilitation Center
235 Wealth Street SE
Grand Rapids, MI 48504
(616) 242-0494
bkrauss@mfbrc.com

Communications Coordinator

Carrie Swift, MS, RD, LD,
BC-ADM, CDE
1075 Brookstead Chase
Duluth, GA 30097
(678) 584-7662
cswift@ghsnet.org (w)
carriess@aol.com (h)

Professional Issues Delegate

Carol W. Shanklin, PhD, RD
Kansas State University
106 Justin Hall
Manhattan, KS 66506-1404
(785) 532-2206
shanklin@humecksu.edu



DCE Executive Coordinator

Paula Peirce, RD, PhD
15200 E. Girard Avenue
Suite 2400
Aurora, CO 80014
(303) 627-9207
ppeirce@aol.com

Newsletter Committee

Communications Coordinator: Carrie Swift, MS, RD, LD, BC-ADM, CDE
Newsflash Editor: Janelle Waslaski, RD, LD, CDE
On the Cutting Edge Editor: Charlotte Hayes, MMSc, RD, LD, CDE
CPE Coordinator: Elaine Wallace, RD, CD, CDE

Committee Chairs:

Alliance/International: Patti Bazel Geil, MS, RD, FADA, CDE
Awards: Jane Stephenson, RD, CDE
Electronic Communications: Janine Freeman, RD, LD, CDE
Publications: Debbie Cicinelli-Timm, MSA, RD, CDE
Mentor Program: Naomi Wedel, MS, RD, CD, CDE
Reimbursement: Patti Urbanski, MEd, RD, LD, CDE, CNSD
MNT Effectiveness: Jackie Boucher, MS, RD, LD, BC-ADM, CDE
Nominating: Hope Warshaw, MMSc, RD, CDE
National Diabetes Education Program/NDEP Liaison:
Carolyn Leontos, MS, RD, CDE
Pump Therapy Task Force: Eileen Mikus, MS, RD, CDE
Advanced Diabetes Management Credentials Task Force Chair:
Karmeen Kulkarni, MS, RD, BC-ADM, CDE

ADA Liaison

Diane M. Barrera, MPH, RD
Manager, Practice Team
American Dietetic Association
120 South Riverside Plaza, Suite 2000
Chicago, IL 60606-6995
1-800-877-1600, ext. 4813
dbarrera@eatright.org

Regional Network Representatives

Area 1: AK, CA, HI, ID, MT, OR, WA, WY
Maureen Sprague, MS, RD, LD, CDE

Area 2: IA, MI, MN, MO, NE, ND, SD, WI
Arlene Monk, RD, CDE

Area 3: AL, AR, FL, GA, LA, MS, PR, SC
Elizabeth Ivie, RD, LD

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Rebecca Roach, MS, RD, LD, CDE

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Kimberly Terrell, RD, LDN, CDE

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Lorena Drago, MS, RD, CDN, CDE

Visit our Web site at

www.dce.org