**AADE20 Tracks**

- Clinical and Self-Management Care Integration
- Diabetes and the Cardiometabolic Continuum
- Psychosocial/Behavioral Health
- Leveraging Technology: Devices, Data and Patient Generated Health Data
- Inclusive Person-Centered Care
- The Business Side of Diabetes

Please see full descriptions of tracks below.

- **Clinical and Self-Management Care Integration**
  - **OVERVIEW**
    The AADE Self-Care Behaviors® are at the core of successful diabetes self-management education and support. This track explores these essential behaviors in detail and the many teaching strategies, tools, and resources used within innovative delivery models. Helping people manage glucose levels and diabetes-related complications can be both challenging and rewarding. Diabetes educators must be prepared to evaluate the evolving evidence to individualize and implement the optimal therapeutic plan of care to treat diabetes, reduce the risk for associated complications, and/or manage existing complications.
  - **WHAT WE’RE LOOKING FOR**
    The AADE20 Planning Committee encourage proposals that address the wide range of diabetes educator skill levels and practice settings. The AADE20 Planning Committee seeks full session proposals (30-60 minutes), short case studies (30 minutes) and short presentations (30 minutes). Full session proposals that include case studies, panel discussions and interactive learning methods will be prioritized for selection.

*Presentation topics may focus on one specific area or combine multiple elements:*

**Healthy Eating**

- Diet variations in diverse population groups
- Nutrigenomics
- Extreme eating plans: myths and evidence
- Teaching techniques and case studies for healthy eating, grocery store tours, cooking demos, home set up, etc.
- Whole foods and plant-based meals in low-income neighborhoods
Being Active

- Creative exercise options for diverse population groups
- Benefits of exercise and how to implement this evidence-based intervention with fidelity
- Simple approaches to implement into your practice
- Active environment initiatives that promote community engagement in rural areas
- Addressing the exercise needs of special populations, i.e. lower socioeconomic status people with comorbidities (DPN, CKD, CVD), those who are considered morbidly obese, post bariatric surgery patients

Taking Medication/Monitoring/Problem Solving

- Glucose management: From basic to advanced. Case studies encouraged
- Problem solving within medication management
- Problem solving using a hybrid closed loop system
- Empowering individuals to use technology for improving diabetes management
- Beyond glucose: Cardiometabolic health-BP and lipid medication management and why it’s important to the person with diabetes
- Managing formularies, non-medical switching, step therapy and advocacy for these
- Over the counter supplements, vitamins and herbals
- Precision medicine and genomics
- Treatment options in an aging population: goals and strategies

Healthy Coping: For topics relating to Healthy Coping with diabetes, we encourage you to submit such abstracts under the Psychosocial/Behavioral Track

Reducing Risks

- Reducing risks in diverse population groups
- Best practices and case studies for putting “safe at school” into practice. Partnerships that work (e.g., RN, CDE and parents)
- Identifying and reducing risks for LGBTQ people with diabetes
- Reducing the risk of people getting “lost to follow up”
- Genomics and predictive medicine
- Hypoglycemia risk reduction in the inpatient and outpatient settings

Collaborations and new approaches

- Managing transitions in diverse settings and populations (alcohol, sex, aging, etc.)
- Creating an education plan that meets the individual needs of people with diabetes, using effective assessment tools (literacy, numeracy, etc).
- Utilizing paraprofessionals and multidisciplinary team members to expand and scale your program
- Considering the impact of culture, ability, and learning styles on increased impact and self-management outcomes in diverse populations
• Looking at the AADE7 as a whole and how community initiatives impacts partnership, goals, and outcomes
• Integrating health coaching strategies, theories and model into clinical practice
• Managing diabetes in the complex patient, i.e., children/adolescents and adults with comorbid conditions such as ADHD and autism
• Use of interprofessional teams to improve glycemic management
• Effective strategies to educate and train the interprofessional teams
• Application of new and emerging evidence into clinical practice
• Approaches to glycemic management with multiple comorbid conditions (across the continuum)

Medication Safety: Insulin initiation, insulin titration, medication monitoring and team-based approach and care.
Note: Workshops encouraged in this area.

Safety with new insulin products and concentrations
  ▪ Insulin therapy for uninsured and underinsured patients
  ▪ Best practices to initiate and titrate insulin
  ▪ Evaluation of evidence to translate insulin research into practice
  ▪ Dosing conversions between insulin formulation

Hypoglycemia – research and new treatment options
  ▪ Practical, systematic solutions to reduce the risk of hypoglycemia within healthcare teams
  ▪ Challenges to Outpatient and Inpatient glycemic medication management (drips, DKA management, medication reconciliation and transitions of care, Implementation of treatment algorithms for glycemic management)

Identification and management of diabetes in special populations
  ▪ Transplant recipients
  ▪ People with Genetic abnormalities
  ▪ People with Celiac disease
  ▪ People with Cystic fibrosis
  ▪ People with Neurodiversity (autism spectrum, ADHD)
  ▪ PCOS
  ▪ “POST DIABETES” or remission classifications
Diabetes and the Cardiometabolic Continuum:

- **OVERVIEW**

  With diabetes often comes a host of related complications. Diabetes educators also don’t just treat diabetes; they look at the full range of cardiometabolic conditions: diabetes obesity, hypertension and cardiac disorders. Cardiometabolic conditions encompass both microvascular and macrovascular damage, including but not limited to the eyes, kidneys and nerves, and the cardiovascular system, i.e., heart attack, stroke and insufficient blood flow to the legs.

  DSMES programs are increasingly adding Diabetes Prevention Programs (DPP) to their list of services. With Medicare reimbursement beginning in April of 2018 and an overall move towards value-based care, the number of opportunities will continue to grow.

- **WHAT WE’RE LOOKING FOR**

  The AADE20 Planning Committee seeks to incorporate 30 to 60-minute sessions, which include practice pearls, case studies, and short-form presentations to spur discussion and learning. Please note: *Presentations may be creatively combined by the Planning Committee for each module.*

  Presentation topics may focus on one specific area or combine multiple elements:

  **Cardiometabolic health identification and management**

  - Hypertension
  - Dyslipidemia
  - stroke
  - Heart failure (including preserved and reduced ejection fraction)
  - “Know Diabetes by Heart Initiative”

  **Impact of obesity on diabetes**

  - Current theories, interventions and treatment strategies to concurrently manage obesity and diabetes
  - Pharmacotherapy for obesity
  - Bariatric surgery and follow-up care
  - NASH (nonalcoholic steatohepatitis) and NAFLD (nonalcoholic fatty liver disease)
  - Pediatric obesity and cardiometabolic risk

  **Identifying and treating microvascular complications and comorbidities**

  - Vision Issues
  - Kidney Disease
• Peripheral vascular Disease
• Neuropathy-peripheral and autonomic Issues
• Hearing loss
• Dental disease
• Impact on the muscle and resultant VO2 and oxygen capacity
• Brain diseases
• Review of new medication options that have shown benefits for secondary prevention of micro and macro-vascular complications (e.g. SGLT-2 inhibitors, GLP-1 RA)

**Diabetes Prevention Program (DPP) Activation Strategies (Cases/Presentations Requested)**

- Successes, noteworthy practices and lessons learned
- How can diabetes educators support lifestyle coaches?
- Partnering with community- and faith-based organizations to expand the reach of your DPP
- Partnering with local health department, inner-city initiatives, etc.
- Partnering with a local “Y” program

**DPP Technology Strategies (Cases/Presentations Requested)**

- Data-informed insights
  - Utilizing your EHR to screen, test, and refer participants to your DPP
  - Incorporating technology into the ongoing management of your DPP
  - Utilizing insights on participant behavior and data (e.g. weight loss) to take your DPP from good to great
  - Using data to make the business case to internal and external audiences and calculate your ROI
- Distance learning and online programs
  - Incorporated tools. What works and what doesn’t
  - Utilizing distance learning and online options for core maintenance, make-up sessions, and outreach within rural communities
  - Incorporating participant DPP data into your EHR
- Utilizing apps to support participant health behaviors Diabetes
  - Using apps, trackers, web-based platform or other high or low tech. What works? What lessons can be shared?

**DPP Scaling and Sustainability (Cases/Presentations Requested)**

- Recruit, enroll, engage, retain
  - Pearls and pitfalls at each stage of the DPP participant process from readiness to completion
Take your program to a positive financial ROI
- Working with employers—including your own
- Payers
- Becoming a Medicare DPP supplier
- Medicare Billing—challenges and best practices
- Policy changes leading to coverage

Psycosocial/Behavioral Health

- OVERVIEW
  In recent years, increased attention has been placed on the psychosocial health for people with diabetes. Diabetes educators support the emotional well-being of the whole person with diabetes and behavioral health must be a foundational element of the care and self-management support provided.

- WHAT WE’RE LOOKING FOR
  The AADE20 Planning Committee seeks full session proposals (30-60 minutes), short case studies (30 minutes), and short presentations (30 minutes) related to topics within the following three general areas:

**Psychosocial Care for People with Diabetes (Diabetes distress, depression, anxiety, cognitive dysfunction, and serious mental illness)**

- Interventions/outcomes for diabetes-related distress
- Interventions/outcomes for patient-reported outcomes (PROs), such as satisfaction, quality of life
- Strategies to improve patient engagement
- Diabetes related distress and depression and management
- Definition and impact of psychosocial-related stigma on diabetes
- Resiliency for health care providers (HCPs), care givers, and persons living with chronic conditions
- Healthcare professional burnout – prevention, addressing, impact on clinical care and outcomes
- Shared decision making and person-centered care
- Easing the transition to life with complications from diabetes
- Suicidality and diabetes
- Stress management
- The emotional side of diabetes
- Thriving with type 1 diabetes (college, work, travel, etc.)

**Standards, Tools and Skills**

- Tailoring the delivery of education for specific diverse populations
- Methods diabetes educators use to address the psychosocial standards
- Diabetes educator best practices for successful self-management behavior change
• Resources diabetes educators use to address psychosocial concerns of PWD
• Incorporating validated measures/tools in the psychosocial/behavioral health area
• Evidence-based conversations and communication
• Building more effective HCP/PWD relationships – empathy and trust
• Group dynamics/facilitation
• How diabetes educators increase skills and capacities for assessing/detecting/intervening for the psychosocial concerns of PWD

Support Modalities
• Addressing the psychosocial concerns or self-management behavior support through technology including the use of apps
• Peer support communities impacting the psychosocial health of PWD

Leveraging Technology: Devices, Data and Patient Generated Health Data

- OVERVIEW
  Diabetes educators are technology experts and data interpreters, trainers and consultants driving care. Technology is poised to radically transform prevention, treatment and ongoing support for persons at risk for or affected by diabetes – and diabetes educators are perfectly positioned to direct this revolution. How are you using mobile apps, OTC connected health devices, CGM and insulin pump therapy, and web-based data collection and analysis tools? What skills can you share with your colleagues about analysis, awareness, knowledge, and application of patient generated health data (PGHD)? What cases can you share around pattern management[1], population health data, virtual programming, and two-way communication between device and persons with diabetes and using customized education online or via text, web, phone, and online communities? Are you providing telehealth? Tell us how you are creating a telehealth environment for both the educator and the person with diabetes. How are you tackling interpretation of data? For all aspects, let’s consider the “art” and the “science!”

- WHAT WE’RE LOOKING FOR
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  Presentation topics may focus on one specific area or combine multiple elements.
Monitoring

- Art: “smart” meters and participant selection and engagement, case studies
- Science: Accuracy
- Glucose meters – considerations and best practices
- Cardiometabolic health related monitoring
- Remote monitoring

Insulin Delivery and non-insulin injections

- Art: “Smart Pens” GLP-1 RA, inhalable and injectable devices, case studies
- Science: BID, QD, Weekly, Monthly and persistence data

Pumps

- Art: Hybrid Closed Loop-participant selection and engagement, case studies
- Science: challenges for wearable devices and for participant adoption.
- Data review: how to interpret from different hybrid closed loop systems.

CGM

- Art: participant selection, features, interpreting data and shared data
- Science: dosing indications, CGM vs. BGM accuracy
- Transitioning to continuous glucose monitoring (CGM)
- Pearls on getting started and staying on CGM
- Data, Data, Data – how to use it, interpret it, incorporate it into workflow

Digital and Connected Health

- Exploring technology solutions that work and patients’ self-management skills
- Decision making and tracking of activity, meals and carbohydrates
- How to overcome fears and barriers to use technology for the people with diabetes
- How to overcome fears and barriers to use technology for providers/diabetes educators
- Use of technology by people with visual impairment

Apps

- Art: participant selection, choosing apps wisely, engaging and evaluating apps
- Science: characteristics of successful apps. App coaching-what works, what doesn’t?
- Possible data collection: food, activity, medications, glucose
- How to help participants choose apps based on accuracy, usability, updating and security? What are the best apps out there?

Online communities

- How to optimally refer people into the diabetes online or peer support community? Share your case studies – successes and pitfalls
- Sharing information for support
- Privacy, security, safety
- How to know what is evidence-based
Telehealth

- Success stories
- Challenges
- Platforms, processes

Utilization and the importance of PGHD

- Leveraging PGHD to improve individual and system outcomes
- How to use data and translate that data into practical suggestions for PWD to improve outcomes in the use of devices.

Other:

- How to handle inquiries from people with diabetes for non-FDA approved/off label requests

Real World Use of Branded Technology

Do you have tips and tricks about a specific technology to share? If so, you’re invited to teach a course at AADE20 that will focus on what a CDE should know about this one technology. Your course can be a lecture-based or an interactive workshop. Our objective is for each course to offer an enriching deep dive into one specific technology. We will accept proposals for each technology listed below. If you have a device that should be featured but we’ve left out, let us know.

We’ll also consider proposals for survey courses that examine each category of tools: Hybrid closed loop, CGM, and Web Based Data Review.

**Hybrid closed loop**
- Medtronic 670G
- Tandem Control IQ
- Tidepool Loop
- Omnipod Horizon
- DIY systems (DIY Loop, OpenAPS, AndroidAPS, etc)

**CGM**
- Dexcom G6
- Medtronic Guardian Connect
- Abbott Freestyle Libre
- DIY Systems (Xdrip, etc)
Diabetes educators work to ensure that every individual with diabetes and cardiometabolic conditions has access to education and care. This track focuses on empowering populations that are underrepresented in typical diabetes care. These are generally populations of non-majority or atypical groups, including but not limited to populations of minority race, ethnicity, language, or culture; those with atypical sensory, physical, or mental ability and disability; persons of exceptionally large or small size; transgender or gender-nonconforming persons or those of minority sexual orientation; or persons with low economic status.

The goal is to explore teaching strategies, tools and resources for effective and innovative delivery models to reach and serve diverse populations touched by diabetes, as well as methods for effective evaluation including feedback from the target population.

The AADE20 Planning Committee encourages proposals that will provide participants with greater understanding of the needs, concerns and practices of an identified population. In keeping with participatory traditions, the expertise of the identified population is valued, and individuals from that population are welcome to contribute their words and wisdom to the content and presentation.

Proposals about qualitative methodologies for learning about and understanding diverse populations are also appropriate. For example, presentations about systematic planning, implementing, and analyzing focus groups, in-depth interviews, or participatory action research would be welcome.

The AADE20 Planning Committee seeks: full session proposals (30-60 minutes), short case studies (30 minutes) and short presentations (30 minutes). Full session proposals that include case studies, panel discussions and interactive learning methods are of particular interest.

Diverse populations: Populations we seek to understand include:

- Persons of minority race, ethnicity, language, culture
- Persons with diverse sensory, physical, emotional, or mental ability
- Persons who advocate size acceptance - individuals living in very large bodies
• Persons who have diverse sexual orientation or gender identity: lesbian, gay, bisexual, transgender, non-binary, and other gender non-conforming persons
• Sex-specific needs - female, male, transgender, and nonbinary issues related to diabetes care
• Economic status related to diabetes care
• Any other dimension of human diversity that affects diabetes care delivery

Outcome of programs for diverse populations
• Review of the outcomes of programs designed for diverse populations, particularly those that demonstrate cultural humility
• Web based programs for diverse consumers
• Resources such as translated education materials and materials in formats accessible to persons with sensory, physical, and mental disabilities
• Resources and training for use of adaptive equipment for persons with disabilities
• Teaching and partnering with other professionals who work with diverse populations and are not explicitly involved in diabetes care - for example, English as a second language teachers, special education teachers, blindness rehabilitation professionals, physical and occupational therapists, psychotherapists, social workers, and American Sign Language interpreters.
• Research outcomes and findings regarding any diverse population

Cultural Humility: The “ability to maintain an interpersonal stance that is other-oriented (or open to the other) in relation to aspects of cultural identity that are most important to the [person]”. (Hook et al. 2013, p.2).

Defining and explaining cultural humility as an explicitly value-based concept that adds value to diabetes care
What is cultural humility?
  ◦ Meeting the needs of these populations
  ◦ Diabetes-specific research that is missing for diverse populations
  ◦ Using related research to begin the learning process
    For example, if a disability is not represented in the published literature about diabetes care, where else is information available?
  ◦ Using systematic, qualitative inquiry to learn what we need to know about diverse groups

Programs that demonstrate cultural humility
• Model programs for particular populations: how can we serve a particular diverse population and promote engagement in self-management of their own diabetes care?
• Include elements of model programs in larger “mainstream” programs, so diverse groups feel welcome and have their needs met
• Partner with consumers of several diverse cultures to plan and present programs
Presentation Expectations

- The session will include an exploration of the language used to identify or describe the populations of non-majority or atypical group. Just as a person with diabetes doesn’t describe themselves as a disease (diabetic), non-majority groups have chosen unique ways to self-identify, and diabetes educators should use preferred language. Using presentation time to help professionals use preferred terminology demonstrates respect for the population under consideration.

For example,

- Many Spanish speaking individuals do not consider themselves Latino
- A fat person is unlikely to identify with him/her/they as “Obese”
- A native person may not identify themselves as “Indian”,
- Individuals who have disabilities generally do not wish to be referred to as their disability (such as “the blind” or “the deaf”) any more than people with diabetes wish to be called “diabetics”.

- The populations of non-majority or atypical groups will not be pathologized in the presentation by their size, medical treatment, or limitations. The presenters will make every effort to portray these individuals as fully functioning human beings. The presenter(s) will avoid language that overtly or subtly pathologizes, stigmatizes, stereotypes, or otherwise uses negative language for non-majority or atypical individuals. Examples of negative language include:
  - “Obesity causes diabetes”
  - “Of course, he has diabetes...he's fat”
  - “Yeah, he’s an alcoholic, what do you expect?”
  - “He (referring to a gay man) is such a drama queen”
  - “She is wheelchair-bound.” (Most people who use wheelchairs experience their chairs as a means of liberation, not binding).
  - “Those people (any group) just don’t engage in diabetes care.”
  - “She’s African-American; she must love soul food.”

- The presentation will include at least 3 ways diabetes educators can demonstrate sensitivity to the attitudes, wishes, and needs of non-majority or atypical groups. Examples include:
  - How to effectively guide a person with low vision using sighted guide techniques
  - How to ask about the preferred name and pronouns for a transgender patient
  - How to ask preferred size identifiers for individuals living in larger bodies.
  - How to ask a person with hearing loss about what helps for effective communication, and what to try if the person has no suggestions
The Business Side of Diabetes

OVERVIEW

Diabetes educators strive to offer care that positively impacts quality and cost and enhances the experience for both the person with diabetes and the provider. To thrive in today’s healthcare environment, diabetes educators and managers need keen business acumen, health economics savvy and the resources to build diverse revenue-producing programs.

Additionally, the current shift from fee-for-service and traditional reimbursement models to population health and value-based care is dramatically changing healthcare delivery. As a result, the role of diabetes educators has also expanded. This track will provide diabetes educators the platform to share their expanded roles, initiatives and experiences and enable educators new to population health the chance to learn about opportunities that exist in their practice to further highlight their value.

WHAT WE’RE LOOKING FOR

The AADE20 Planning Committee seeks full session proposals (30-60 minutes), short case studies (30 minutes), and short presentations (30 minutes) related to:

Marketing your DSMES Services and increasing referrals

- Tools used to gather market intelligence, increase referrals and improve retention
  - Do you use your outcome measures, testimonials, previous participants to market your services?
  - Do you survey your referring and potential referring providers to help increase your visibility?
  - Have you utilized social media, local radio station interviews, news articles, Facebook to increase your visibility?
  - How have you used the Joint Position Statement to increase referrals increase access to diabetes education and care?
- Partnering with local community centers, pharmacies, medical centers, YMCAs, physical/occupational health and others to increase your visibility and provide potential support services for your participants
- Offering support groups in your local library, community center, churches, hospital, etc.
- Thinking outside the box for marketing and extending the reach of your DSMES and educational services
- Marketing yourself as a key resource/service within your organization, community, colleague network and state/community leaders?

Optimizing your Diabetes Care Team

- Transitioning from a diabetes education program to a team approach to care for the PWD.
- Utilizing paraprofessionals and clinical professionals in your staffing model
- Harnessing the full potential of a multidisciplinary workforce Are you providing MNT, MTM, DSMES, MDPP? If so, describe. Are you providing team-based, value-based care?
• Using competencies and training skills to evaluate and build your DSMES team.
• Honing your competencies and keeping up your skills
• Mentoring for the next generation of diabetes educators
• Sharing the importance of coalition participation in your DSMES service sustainability

**New Payment Models and Sustainability**

• How to determine a budget to meet all needs for your service department.
• Value-based care reimbursement vs value-to-saving cost in the performance measures
• Moving from fee-for-service to value-based care/ cost center to saving center
• How your service is providing value to help the larger organization.
• How you revitalized your program to fit into new models of care
• Describe the evolution of diabetes education in primary care, specialty practices or population health (examples below)
  ▪ Do you meet with your billing department to review denied claims and work together to resubmit? Tell us how this relationship was developed and how it works.
  ▪ Has your program survived the change to a PCMH or ACO? Tell us your story.
  ▪ Do you know how to tap into all payers in your area: Medicaid, Medicare, managed care, private payers, employer wellness programs, third party payers?
  ▪ How are you addressing transitions of care in your DSMES service and healthcare team? How is your DSMES service looking at the full health and education needs of your participants across the continuum of care?
  ▪ Have you adjusted your business plan to extend services to employer-based partnerships? Work with employee health plans to provide DSMES, DPP, MNT, MTM?

**Population Health Payment Models**

• Overview of existing payment models where your DSMES service fits
• FQHC, value-based care, MIPPS, MACRO
• Impact on / preparation requirements for health systems
• How you communicate your VALUE and how your services positive impact on new payment models?

**Population Health Defined:**

- What is population health? What is my role as a diabetes educator’s connection to core population health: such as chronic care model, quality and safety, and health policy, population assessment, risk stratification, engagement, care coordination, care delivery, technology and data and outcomes selection and interpretation?
- What outcome measures are considered? Why? Sources of assessment and outcome information (EHR, health system reports, CMS, public health data, etc.)
**How can Risk Stratification improve our effectiveness in Population Health Management**

- Risk elements – how do you define risks and create
- strategies for your target population ( SDoH, BH, psychosocial, medical)
- Effective Electronic Health Record-Utilization, challenges, referrals and solutions
- Use of computerized dashboards or disease registries – clinical and social determinants of health data
- How do I talk to IT to get what I need for my reporting needs?

**Population Health Engagement & Management Strategies**

- Strategies in the development when using evidence-based research and guidelines (algorithms, policy, pathways)
- Decision support tools, including provider-order automation- how do you use apps to support your population needs.
  - Harnessing technology-person generated health data and connected health
- Individual engagement, shared decision-making and collaborative care planning
- Health Information Exchanges-successful case studies
- Community-clinical linkage- integration of care services across the community

**Research**

- **OVERVIEW**
  
  The AADE20 Planning Committee supports and prioritizes research that substantiates the value of diabetes educators, diabetes education, and mechanisms to improve both. Value-based care is now the prevailing model for health care delivery. For this reason, we are seeking novel and significant research contributions with great potential to grow the body of evidence, demonstrating the impact of diabetes education in a value-based system on patient care, population health, and/or cost containment in caring for persons affected by diabetes.

- **WHAT WE’RE LOOKING FOR**

  The Research Educational Track seeks original and innovative research contributions highlighting the 6 elements of our new AADE PROJECT VISION: 1) Promotion of patient-centered care, 2) Integration of clinical and diabetes self-management care, 3) Diabetes management with technology, 4) Behavioral aspects of diabetes care, 5) Cost, quality, population care, and the provider experience in diabetes care provision, 6) Diabetes and co-morbid conditions. Research submissions should address tenets and outcomes that objectively emphasize the role of diabetes education, and diabetes educators in mitigating direct/ indirect costs of diabetes care. Submissions are expected to be theory-based, outline clear methods, and potentially replicable.

The AADE20 Planning Committee seeks full session proposals (30-60 minutes), short case studies (30 minutes) and short presentations (30 minutes). Full session proposals that include case studies, panel discussions and interactive learning methods will be prioritized for selection.
Research topics for consideration may focus on, but are not limited to the following topics contributing to AADE Project Vision:

**Patient Centered Care**
- Educator influence on patient satisfaction in diabetes care
- Diabetes health literacy/numeracy and novel interventions to diabetes outcomes
- Research on the impact of peer support on self-management
- Addressing specific needs among older adults
- Research addressing interventions that address social influencers of health
- Caregiver support and family inclusive interventions

**Strategies for Integrating Clinical and Self-Managed Diabetes Care**
- Translational research studies: outcomes and lessons learned
- Community Based Participatory Research (CBPR)
- Implementation Strategies and their impact
- Interprofessional and multi-agency
- Peer support and community health worker impact
- Research that addresses curriculum and program development
- Evaluation and training and education programs.

**Technology**
- Social media research and novel methods for patient engagement.
- Diabetes Educators that use social media for patient engagement
- Data Science: Methods and outcomes for analyzing data including machine learning and data mining discovery.
- Emerging technologies in diabetes research
- Quantifying the impact of diabetes education and diabetes educators

**Behaviors of Diabetes Management**
- Factors influencing diabetes self-efficacy
- Cultural studies addressing diabetes self-care behavior
- Interventions that focus on quality of life impact

**Quadruple Aim**
- Diabetes Educators and the cost of diabetes care
- Diabetes Educators and quality measures associated with diabetes care
- Population health approaches to diabetes care and education
- Provider and health care team experience of diabetes care
- Research on the social, political, environmental and economic context of diabetes for diverse individuals
Diabetes Complications

- Educators and influence on the incidence of diabetes complications
- Effective strategies to reduce hospital admissions related diabetes complications
- Hospital emergency room use and diabetes complications
- Interventions that address polypharmacy and therapeutic inertia