

Meet the Newly Revised AADE7 Self-Care Behaviors® Up Close

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Introduction

The AADE7 Self-Care Behaviors® (AADE7) is a robust framework for self-management of diabetes and other related conditions, such as prediabetes and cardiometabolic diseases. It is the position of the Association of Diabetes Care and Education Specialists (ADCES) that, at the cornerstone of diabetes self-management education and support, the AADE7 is the framework to support effective self-management through improved behavior and clinical outcomes. The AADE7 care model guides the health care team in effective person-centered collaboration and goal setting to achieve health-related outcomes and improved quality of life.¹

Examination & Validation of the AADE7

The AADE7 Framework evolved out of AADE's response to a challenge from Centers from Medicare and Medicaid Services (CMS) in 1997 to identify the unique outcome measures of diabetes self-management education. The AADE7 Self-care Behaviors were identified based on existing evidence and shifted the focus from educational content delivery to an outcomes-driven practice using person-centered and self-determined goals.² The AADE7 provided the framework for defining the behavioral outcome measures for Diabetes Self-Management Education & Support (DSMES).³

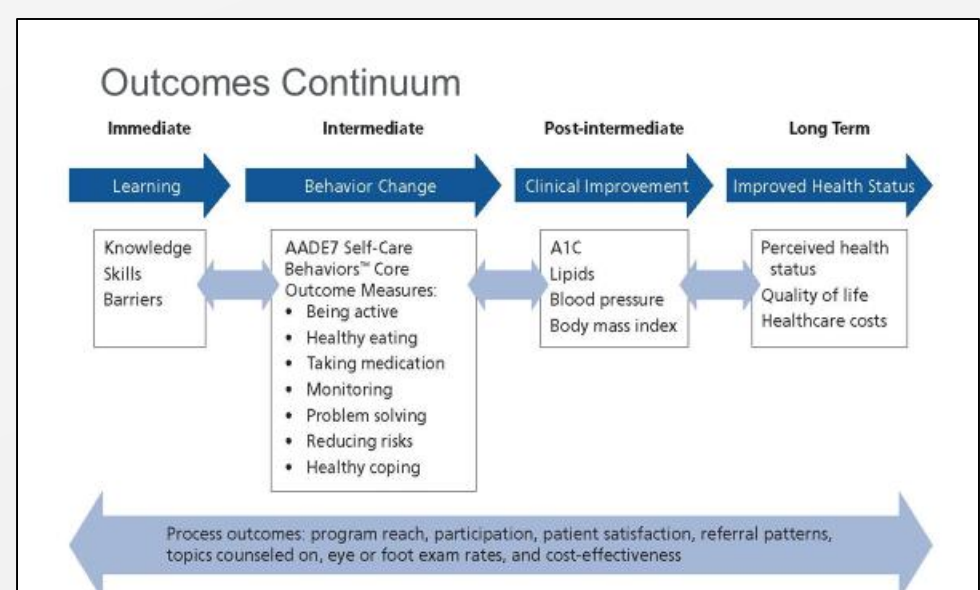


Figure 1. Diabetes Self-Management Outcomes Continuum

Based on the evolving healthcare landscape, the increased engagement of consumers in their healthcare, and the ubiquitous presence of technology, in 2018 ADCES convened a task force for review and updating of the AADE7 framework to ensure relevance to the vision and practice of the association. The representative, multi-disciplinary group of diabetes care and education specialists conducted a literature review for each behavior and any new evidence regarding the validity of the behavior. Each behavior was also examined for the impact that consumer and professional technologies introduced in the last decade (i.e. wearables, smartphones, insulin management, etc.).

Results

Review of AADE7: The review indicated that the seven behaviors were still valid and appropriate for not only addressing the diabetes continuum from prediabetes to diabetes with co-morbidities especially behavioral health and cardiometabolic issues. The name of each behavior was reviewed, and the group determined that the behavior names should not be changed. Also, there were no new behaviors identified for inclusion in the framework.

Revision of AADE7 Image: A key result of this task force was the change the AADE7 image from a list format to concentric circles to highlight the interconnectedness of the behaviors and their role in impacting clinical and behavioral outcomes. Based on the evolving evidence regarding the emotional burden of diabetes on metabolic and quality of life outcomes, healthy coping was placed in the middle to focus on the need to address behavioral issues before learning can occur. The center ring includes those activities essential to effective self-management care plans (Healthy Eating, Being Active, and Taking Medications) Monitoring encircles the 4 self-care behaviors to focus on the data that provides the insights into how these behaviors are being addressed. Reducing risk and problem-solving are behavior skills that incorporate motivation and goal setting into action.²



Figure 2. Transformation of AADE7 Image

AADE7 Self-Care Behaviors & Care Team Integration: The AADE7 model provides a plan for individuals living with diabetes to support selfcare. It also guides clinical, behavioral, and educational assessment for the diabetes care and education specialist. It is also a benchmark in continuous quality improvement (CQI) activities² and population health.

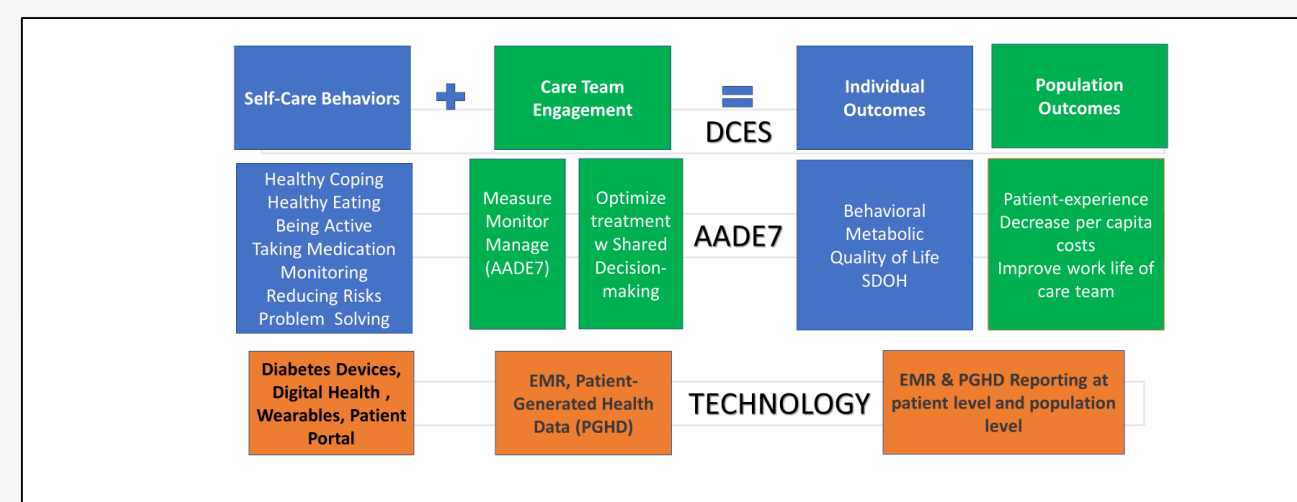


Figure 3. Role of Diabetes Care & Education Specialist⁴

Application to Practice

In the resulting publication, *An Effective Model of Diabetes Care and Education: Revising the AADE7 Self-Care Behaviors®* each behavior is defined, and details are provided for how to measure, monitor, and manage each behavior for the person with diabetes and for the DCES to incorporate into their practice. Additional information is included on integrating specific technology solutions that are diabetes specific (e.g. cgm, insulin pens, digital therapeutics, etc.) and consumer devices (e.g. apps, fitness trackers, etc.). Below is an example of using the behavior in the DSMES practice.

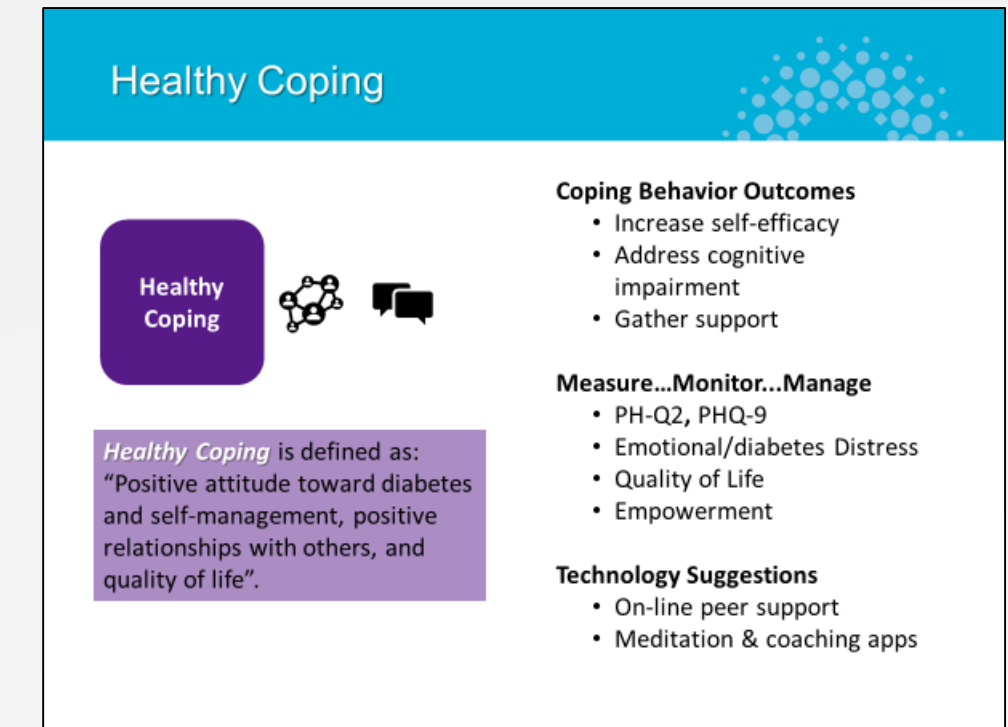


Figure 3. Application to Practice: AADE7 Healthy Coping Behavior

Conclusions

The AADE7 Self-Care Behaviors® provides a practical model that informs decision making among individuals living with diabetes and related conditions and the members of their health care team in their shared drive for improved health and quality of life. The use of technology has transformed the approach to diabetes self-care and implementation of the AADE7 framework. With the practical framework integrating technology, diabetes care and education specialists have the professional expertise to lead and optimize health care delivery.²

References

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- ² Funnell M, Haas LB. National standards for diabetes self-management education programs. *Diabetes Care.* 1995;18(1):100-116.
- ³ Mulcahy K, Maryniuk M, Peeples M, et al. Diabetes self-management education core outcomes measures. *Diabetes Educ.* 2003;29(5):768-803.
- ⁴ Peeples, M. Mensing, Carole'. A model for facilitating behavior change and measuring outcomes. ADA Post-Graduate Meeting Feb 2020, San Francisco.