DiabetesEd Services | ONLINE UNIVERSITY

Revitalize your Diabetes Program or Business with Proven Strategies with Coach Beverly

Advanced Level & Specialty Topics | Level 5 | 2026

Beverly Thomassian, RN, MPH, BC-ADM, CDCES
Pronouns: She, her, hers
www.DiabetesEd.net

Land Acknowledgment

- We acknowledge and are mindful that Diabetes Education Services stands on lands that were originally occupied by the first people of this area, the Mechoopda, and we recognize their distinctive spiritual relationship with this land, the flora, the fauna, and the waters that run through this area.

We are Here to Help!

Bryanna Sabourin
Director of Operations

If you have questions, you can chat with us at www.DiabetesEd.net
or call 530 / 893-8635 or email at info@diabetesed.net

Diabetes Education Services Inclusion Statement

Based on the IDEA Initiative inspired by CDR

- Inclusion
- Diversity
- Equity
- Access

- We are committed to promoting diversity and inclusion in our educational offerings.
- We recognize, respect, and include differences in ability, age, culture, ethnicity, gender, gender identity, sexual orientation, size, and socioeconomic characteristics.
- Our goal is to promote equity and access, acknowledging historical and institutional inequities.
- We are committed to practicing cultural humility and cultivating our cultural competence.
- We wish to create a safe space within our community where one's beliefs, experiences, identity, and differences in ability, age, size, socio-cultural/socioeconomic characteristics, and political affiliations are considered and respected.

Coach Bev has no Conflict of Interest

- She’s not on any speaker's bureau
- Does not invest or have any financial relationships with diabetes related companies.
- Gathers information from reading package inserts, research and articles
- The ADA Standards of Medical Care is main resource for course content

Revitalize Your Diabetes Program or Business

1. Strategies to create and maintain a successful inpatient education program.
2. Creating vibrant outpatient diabetes program.
3. Providing inclusive care in rural clinic settings.
4. Building community to grow, sustain and revitalize diabetes programs.

Activities you are considering, already have done, or are doing.
Great – Spread the Word

Diabetes Care and Education Specialists are a Gift.

Diabetes Care and Education Specialist (CDCES) Definition

"A compassionate teacher and expert who, as an integral member of the care team, provides collaborative, comprehensive, and person-centered care and education for people with diabetes"

2022 National Standards for Diabetes Self-Management Education and Support

Diabetes Care 2022;45:484–494 | https://doi.org/10.2337/dc21-2396

When I get lost or discouraged, I remember my why.

A Call to Action for Diabetes Specialists

PARTICIPATE IN POPULATION HEALTH

EMBRACE AND LEVERAGE TECHNOLOGY

IMPLEMENT STANDARDIZED STRATEGIES

LEAD WORKFORCE TRAINING

REDUCE FRAGMENTATION

DEVELOP ROBUST INTERVENTIONS FOR PREVENTING COMPLICATIONS

MEASURE OUTCOMES

ADVOCATE FOR NEEDED RESOURCES THAT AFFECT SDOH

Focus changes based on current role & goals.

2022 National Standards for Diabetes Self-Management Education and Support

Diabetes Care 2022;45:484–494 | https://doi.org/10.2337/dc21-2396

DSMES Benefits

- ↑ Knowledge
- ↓ A1c and weight
- ↑ Quality of life
- ↓ Mortality
- Positive coping
- ↓ Cost
- < 10% referred receive DSMES

- ↑ primary care, preventive services
- ↓ frequency of acute care and inpt admissions
- More likely to follow best practice recommendations (esp. those with Medicare)

STANDARDS OF CARE | DECEMBER 08 2025

5. Facilitating Positive Health Behaviors and Well-being to Improve Health Outcomes: Standards of Care in Diabetes—2026 FREE

Barriers to DSMES?

Address Barriers to Equitable DSMES

- **Assess SDOH to guide and design delivery** of DSMES to with ultimate goal of health equity for all.
- **Barriers exist** within health system, payer, clinic, health care professional & individual.
- **Address barriers** through innovation: community health workers/peer support, telehealth, other digital health solutions aligned with individual needs.

STANDARDS OF CARE | DECEMBER 08 2025

5. Facilitating Positive Health Behaviors and Well-being to Improve Health Outcomes: Standards of Care in Diabetes—2026 FREE

DSMES vs Medications

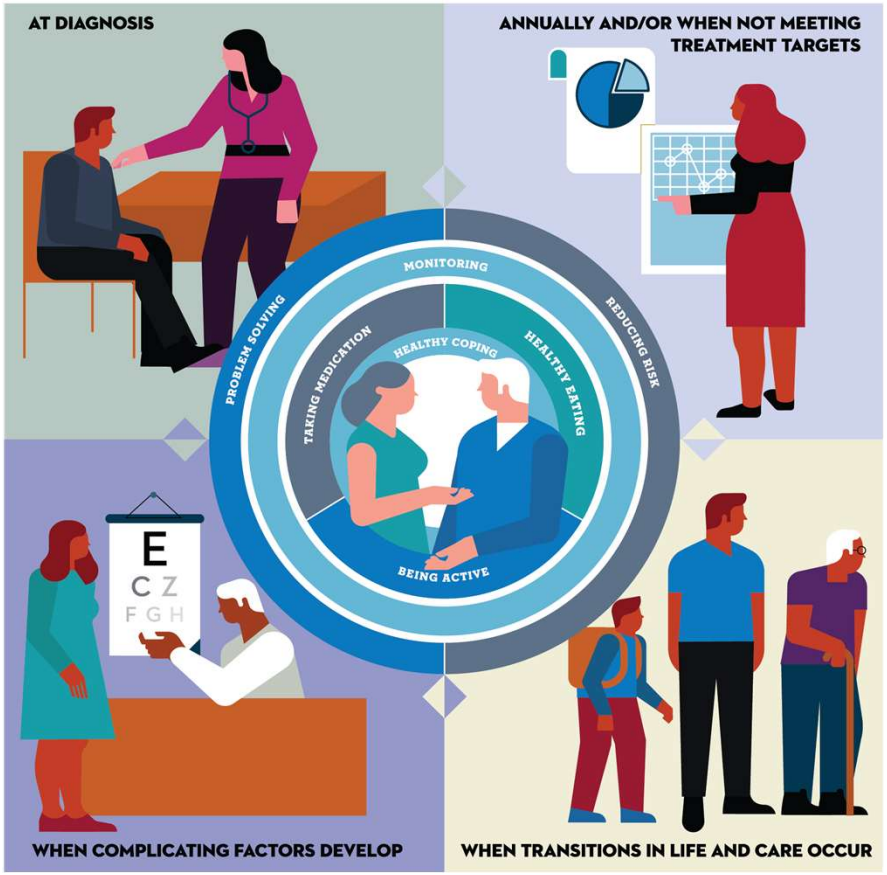
Table 3—Comparing the benefits of DSMES/MNT vs. metformin therapy (17)

	Benefits rating	
Criteria	DSMES/MNT	Metformin
Efficacy	High	High
Hypoglycemia risk	Low	Low
Weight	Neutral/loss	Neutral/loss
Side effects	None	Gastrointestinal
Cost	Low/savings	Low
Psychosocial benefits*	High	N/A

N/A, not applicable. *Psychosocial benefits include *improvements to* quality of life, self-efficacy, empowerment, healthy coping, knowledge, self-care behaviors, meal planning, healthier food choices, more activity, use of glucose monitoring, lower blood pressure and lipids and *reductions in* problems in managing diabetes, diabetes distress, and the risk of long-term complications (and prevention of acute complications).

Diabetes Self-management Education and Support in Type 2 Diabetes 2020 – joint position statement –AADE, ADA, Academy of Nutrition and Dietetics

Critical Times to Provide/Modify DSMES



- At diagnosis.
- Annually and/or when not meeting treatment goals.
- When complicating factors develop (medical, functional, psychosocial).
- When transitions in life and care occur.

Powers MA, Bardsley JK, et al. DSMES Consensus Report, The Diabetes Educator, 2020
ADCES. AADE7 Self-Care Behaviors, The Diabetes Educator, 2020

STANDARDS OF CARE | DECEMBER 08 2025

5. Facilitating Positive Health Behaviors and Well-being to Improve Health Outcomes: Standards of Care in Diabetes—2026 FREE

Where are you with your DSME Program?

What is your Elevator Pitch?

For the clinic:

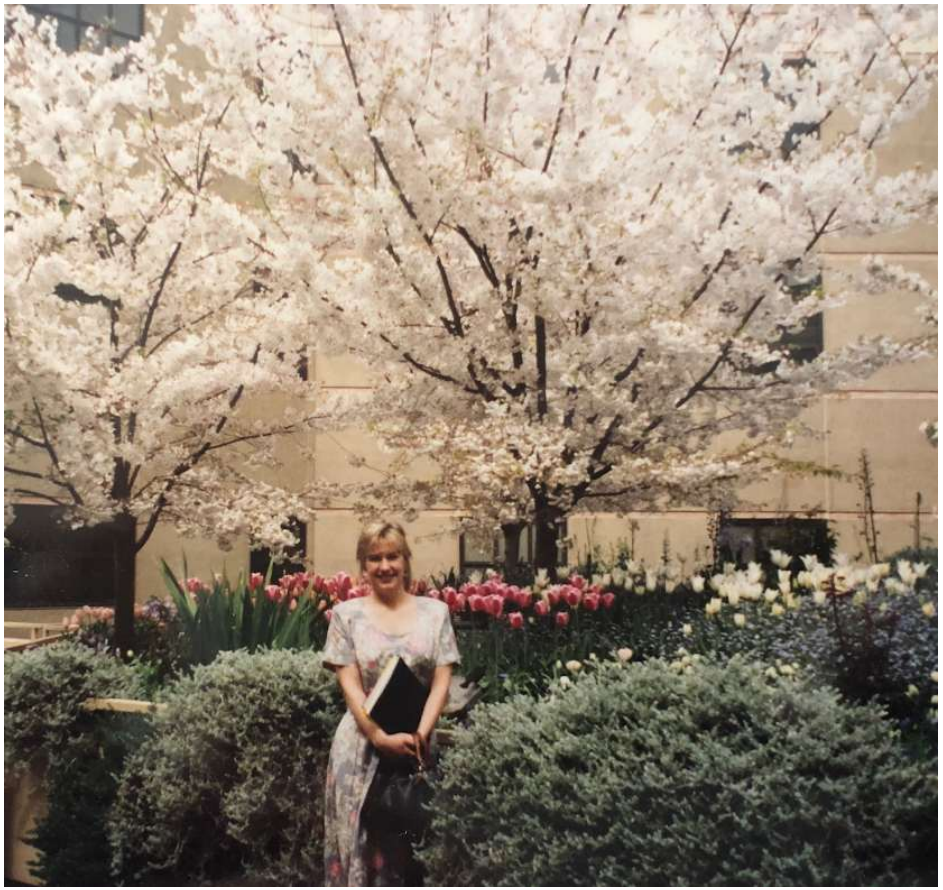
I help people with diabetes get to their best health through collaboration, education, and advocacy.

Elevator Pitch for my company:

I coach health care professionals to achieve their dream of becoming certified diabetes specialists.

What is your elevator pitch?

Stanford Medical Center 1994 Diabetes Nurse Specialist



- Read Joslin manual at night.
- Devoured ADA Standards.
- Tried to appear knowledgeable.

Inpatient Diabetes Education Matters

- About 20% of CDCES's work primarily in inpatient setting.
- 30-40% of inpatients have diabetes
- Can't bill because we are part of the overhead.

- Provides unique opportunity to connect with people with diabetes to support behavior change.

Gather Data to Eval Where we Were

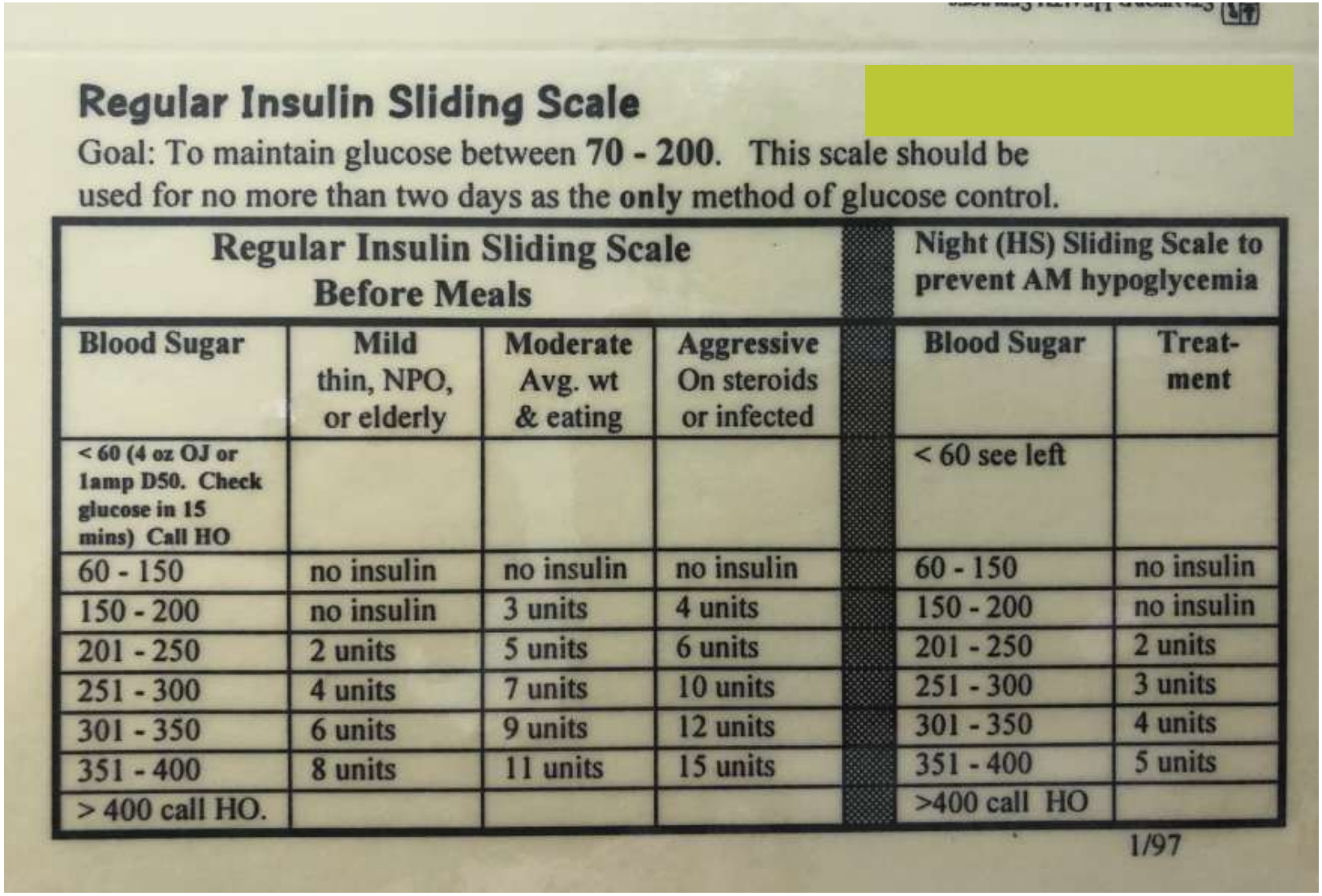
- Stanford gave me one year to demonstrate that I could save as much as my annual salary.
- Position had to pay for itself.
- A1C levels?

- Measured
  - Glucose levels
  - Rates of hypoglycemia
  - Rates of hyperglycemia
  - Monitor length of stay for those with diabetes in diagnostic code
- Document & Share

Chart audits reveal 50% hyperglycemia

- Issues
  - No standardized insulin approach
  - Blood glucose management not perceived as worthwhile
  - Interns followed what the residents taught them.
  - Transcription mistakes.
- This led to
  - Frequent hyperglycemia
  - Some hypoglycemia
  - Co-associated with longer lengths of stay
  - Frustrated
    - Inpatients
    - Providers
    - Pharmacists
    - Nurses

Standardized Stanford Scale – PocketCard Size



Regular Insulin Sliding Scale

Goal: To maintain glucose between **70 - 200**. This scale should be used for no more than two days as the **only** method of glucose control.

Regular Insulin Sliding Scale Before Meals					Night (HS) Sliding Scale to prevent AM hypoglycemia	
Blood Sugar	**Mild** thin, NPO, or elderly	**Moderate** Avg. wt & eating	**Aggressive** On steroids or infected		**Blood Sugar**	**Treat-ment**
< 60 (4 oz OJ or 1amp D50. Check glucose in 15 mins) Call HO					< 60 see left	
60 - 150	no insulin	no insulin	no insulin		60 - 150	no insulin
150 - 200	no insulin	3 units	4 units		150 - 200	no insulin
201 - 250	2 units	5 units	6 units		201 - 250	2 units
251 - 300	4 units	7 units	10 units		251 - 300	3 units
301 - 350	6 units	9 units	12 units		301 - 350	4 units
351 - 400	8 units	11 units	15 units		351 - 400	5 units
> 400 call HO.					>400 call HO	

1/97

Presented this concept and card at AADE National Meeting in 1996
One person CAN make a difference

“The most difficult thing is the decision to act, the rest is merely tenacity.” - **Amelia Earhart**

Don’t let perfect stop you. – Coach Bev

Discovered Colleagues' Gifts

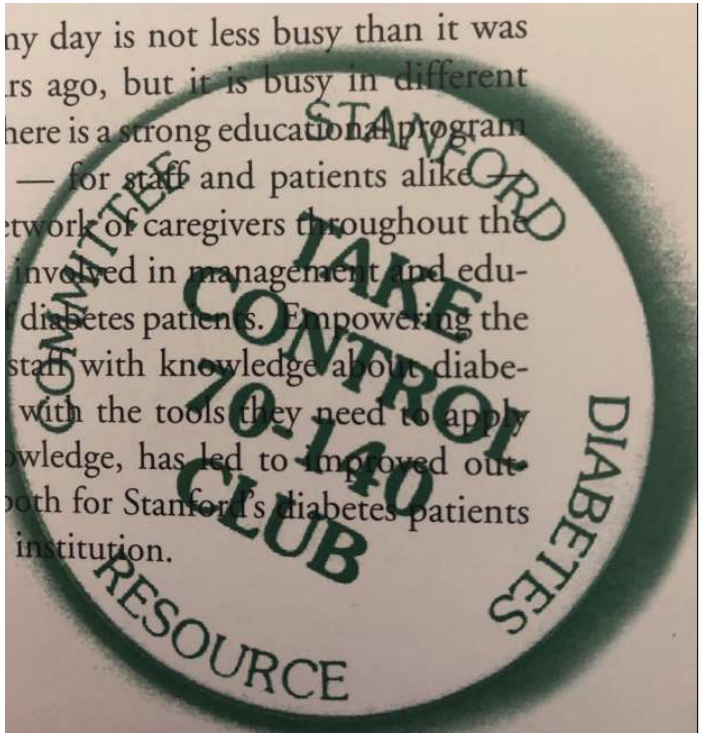
- Pharmacy collaboration proved essential.
- Discover common goals to improve care.
- Identify approaches that match your values and that resonate with people with diabetes.
- Incorporate observed wisdom into your own practice.

We can't do this by ourselves. Gather Teams

Diabetes Resource Committee

- One person from each unit
- Meet monthly
- Distribute new information to peers
- Help keep teaching packets in stock
- Measure outcomes
- Hallway consults
- Became Stanford Diabetes Certified

Incorporate Person Centered Care into messaging – Have Fun



- It's not your fault!
- Lift the Sheets and look at the Feets
- Guilt Free diabetes education
- No such thing as "cheating"
- Recognize the individual's expertise

Building a Successful Inpatient Program

- Invest in training and mentoring
- Share what you are accomplishing with management and stakeholders.
- Newsletter
- Diabetes Resource Committee
- Certificate training program
- Provider trainings
- Present at orientation

Sharing your success isn't bragging. Own your successes. You earned it!

- No one will know all the great things you are doing unless you let it be known.
  - Newsletter
  - Reports
  - Email
  - Newspaper articles
  - Poster Sessions
  - National Conferences
  - During meetings

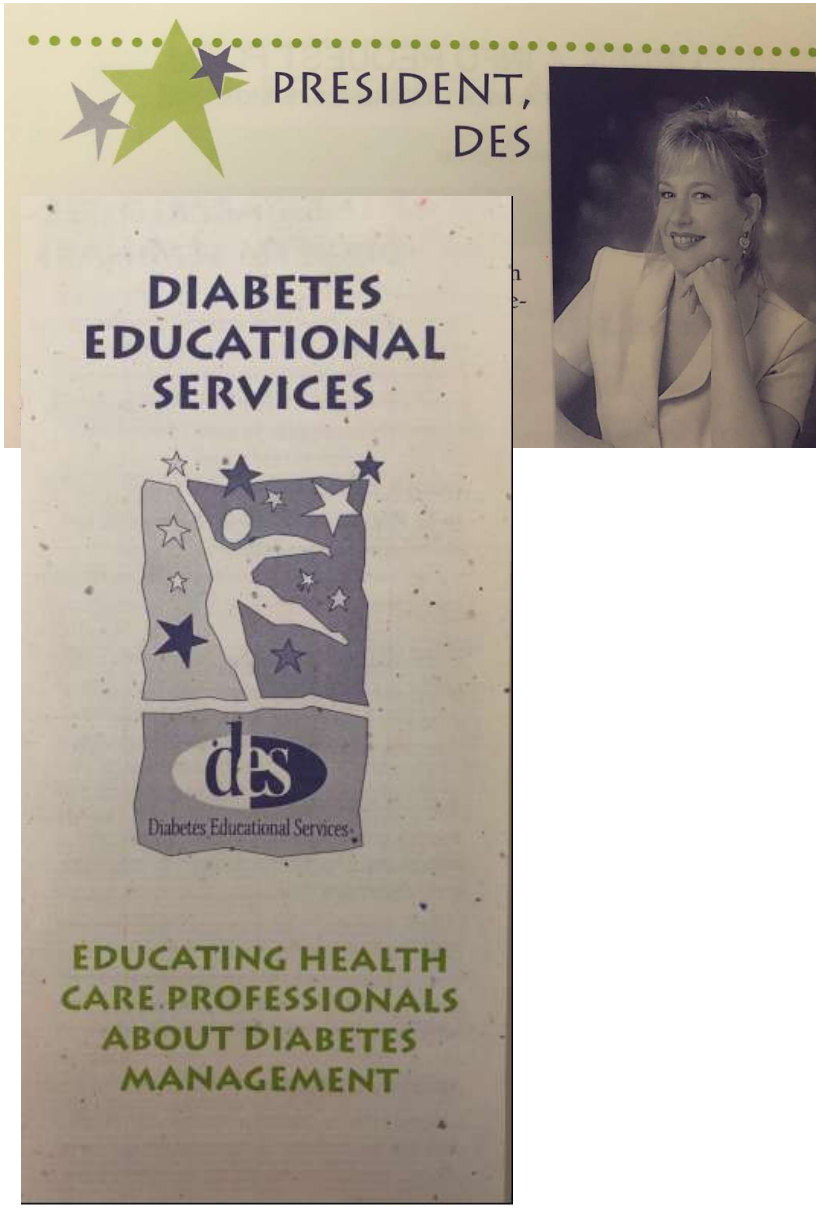
Consider a success your feel great about!

Consider a Success You Feel Great About

- No matter how big or small.
- Please add it to the chat, so we can acknowledge your accomplishment as we conclude the program.

1998 – A Turning Point

- Got married
- Started my company, Diabetes Education Services
- Hired to set up inpatient program then ADA Recognized DSME Program at local Rural Hospital



LiveWell Diabetes Education Program

Our sessions are taught by a team of Registered Dietitians, Registered Nurses and Certified Diabetes Educators who are passionate about helping you strive and thrive with your diabetes, based on your lifestyle preferences and needs.

FOR MORE INFORMATION AND TO REGISTER, CALL:

(530) 876-7297

CLASS TOPICS

TRAINING 1
- Intro and LiveWell Strategies
- Healthy Foods to Nourish Your Lifetime Journey
- LiveWell with Everyday Foods

TRAINING 2
- Calibrate Your Diabetes Compass
- Step it Up – Get Moving
- Peaks & Valleys – Managing the Highs & Lows

TRAINING 3
- Navigating Restaurant Menus
- Safely Lifting "Spirits"
- Medications and Insulin: What's Right for You

TRAINING 4
- Keep Those Vessels Flowing
- Weathering the Storms of Diabetes
- Healthy, Happy Feet
- Graduation Day Festivities

CATION

entist Health Feather River
aradise.
side Lounge (lower level of
pital near portico).

E

sday — 2:30 p.m. - 5:00 p.m.
to arrive five minutes early to
a parking spot.

2018 Education Program Schedule

MONTH	TRAINING 1	TRAINING 2	TRAINING 3	TRAINING 4
January	Jan. 9	Jan. 16	Jan. 23	Jan. 30
March	March 6	March 13	March 20	March 27
May	May 1	May 8	May 15	May 22
July	July 10	July 17	July 24	July 31
August	Aug. 7	Aug. 14	Aug. 21	Aug. 28
October	Oct. 2	Oct. 9	Oct. 16	Oct. 23
November	Nov. 6	Nov. 13	Nov. 20	Nov. 27

Call 876-7297 to register and for more information.

Live Well Diabetes Program

Marketing Question

Build it and they will come?

A. True
B. False

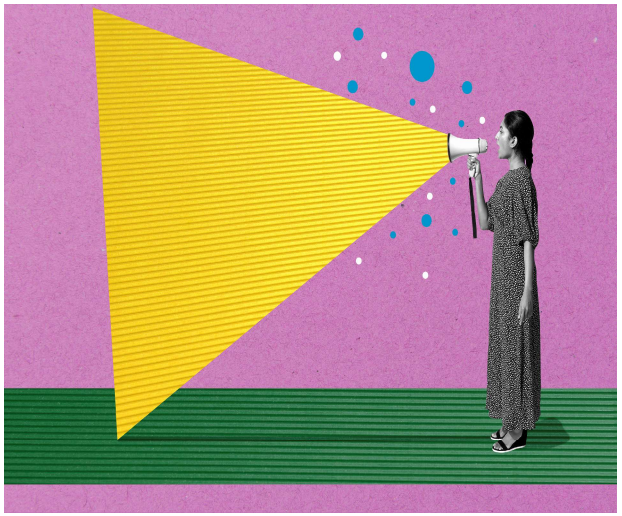
Increase Provider Referrals

- Office visits
- Tally provider referrals & share
- Get to know front staff
- CE activities
- Hallway conference
- Welcome packet for new MDs
- Participant Testimonials
- Holiday cards, healthy gifts
- Create something to give away with your logo (PocketCard, Cheat Sheets)

Increase Self Referrals

- Events - health fairs
- Community presentations
- Direct mail /email
- Special events
- Word of mouth
- Internet –TV interviews
- Advertising
- Community Member as promoter

Vibrant Outpatient DSME Strategies



- Visibility is key
- Shine Your Light
  - Attend medical meetings
  - Share successes
  - Newsletter articles
  - Present at volunteer meetings
  - Present at community meetings
  - Create program brochure that connects with your community
  - Make sure to have a presence on org website that accurately represents your services

Addressing Defeats

"You may encounter many defeats, but you must not be defeated. In fact, it may be necessary to encounter the defeats, so you can know who you are, what you can rise from, how you can still come out of it."– **Maya Angelou**

Keep asking for that Billboard with a smile.
Keep showing up, Coach Beverly

Providing Care at a Rural Indian Health Services Clinic

Rural Setting Best Care

- Get colleagues on board
- You may have the most diabetes expertise
- Share your knowledge
- Leverage technology for appointments
- Case management
- Identify resources and build bridges with community health workers
- Reach out to those who don’t show up
- Role model person centered language

What Individual Is Doing Right

- We transmit our belief in others through body language, affirmation and encouragement.
- Using a strength-based approach, confidence in success increases – for both.
- Use phrases like, “You’ve overcome this in the past and I believe in your ability to figure this out.

Our belief in people is powerful & contagious.

Limit Advice Giving, Expand Curiosity

- As the person with diabetes is sharing their "story", we might be thinking of a whole range of solutions that will fix the situation.
- The truth is, the person sitting across from us knows what will fix the situation. Our goal is to help them in the process of self-discovery.
- By being curious and asking questions, we can help them explore different strategies and determine the best fit.

"Our goal is to find the expert within"

At Group Class for Tribal Members, I asked,

"What prevents you from getting to your best health?"

- Lack of transportation.
- Not enough money to buy healthy foods.
- No local grocery stores.
- Afraid of being judged.

Social Determinants (Drivers) of Health

WHAT ARE SOCIAL DETERMINANTS OF HEALTH (SDOH)?

NON-MEDICAL FACTORS:

The conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes.

THE SPECTRUM OF SDOH

GREATER IMPACT:

Research suggests SDOH may have a greater impact on health than clinical care alone.

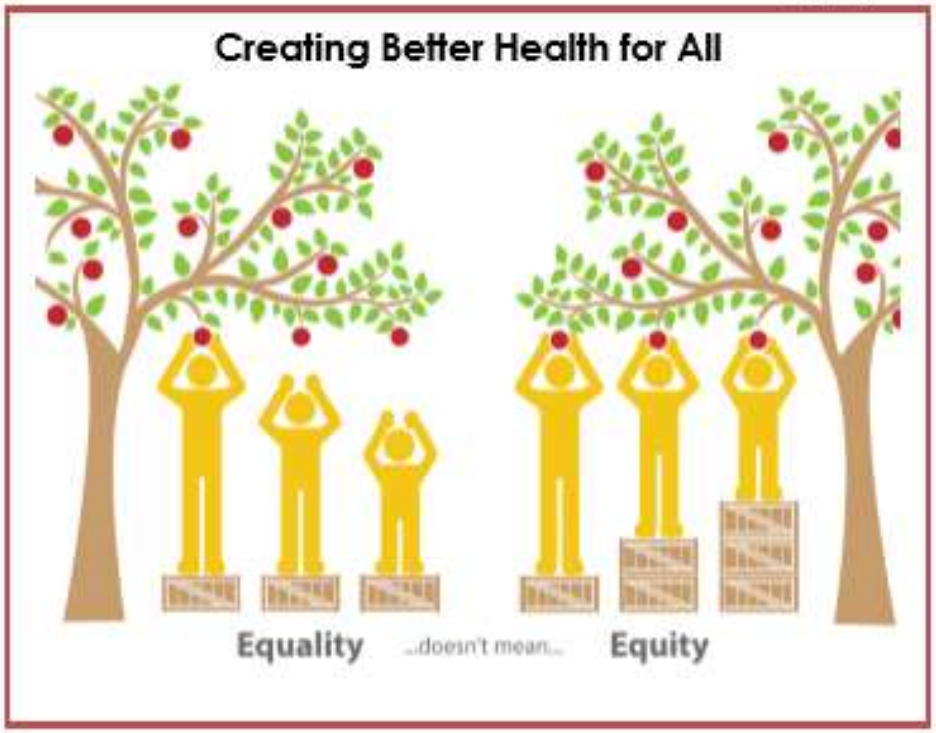
ECONOMIC STABILITY	EDUCATION	HEALTHCARE ACCESS	NEIGHBORHOOD & ENVIRONMENT	SOCIAL & COMMUNITY CONTEXT
[Income]	[Health Literacy]	[Insurance Coverage]	[Safe Places to Exercise]	[Family Support]
[Employment]	[Language Barriers]	[Transportation]	[Access to Healthy Foods]	[Social Isolation]
[Medication Affordability]	[Access to Information]	[Specialist Availability]	[Housing Stability]	[Discrimination]
				[Community Resources]

DIABETES-SPECIFIC SDOH EXAMPLES

- [A person can't exercise outside for safety reasons]
- [They live in a food desert]
- [Lack of **affordable medication** prevents proper management]

[Data Sources & Impact Metrics: Life Expectancy, Disease Incidence, Cost]

Striving for Equity in Health Care



"Equitable care does not mean treating every patient exactly the same".

"Equitable care ensures optimal outcomes for all patients regardless of their background or circumstances."

Equality SOUNDS fair.
Equity IS fair.

Source: The Roadmap to Reduce Disparities, Robert Wood Johnson Foundation (2014)

http://www.communityview.ca/index.html

Creating an Environment Where Everyone feels welcome

- Unknowingly, we may be creating an environment that doesn't reflect the community we serve.

- Display local artwork, sculpture or vegetation.
- Handouts that are meaningful to the people we serve.
- Appreciating showing up for appointment.
- Diabetes Self-Care Swag bags


At the end of the day, it's not about what you have or even what you've accomplished... It's about who you've lifted up, who you've made better. It's about what you've given back.
Denzel Washington
GIVING BACK
PassItOn.com
THE FOUNDATION FOR A BETTER LIFE

Discovering your Vision: Goals of Diabetes Education Services

- Provide training and education for the next generation of diabetes care and education specialists.
- Guilt-free approach infused with kindness and compassion.
- Offer Free resources and content that is useful in clinical practice.
- Evidence-based content without financial support from industry.

A Surprising Truth

- The more I give away with loving intention, the more my community grows.
- Are there ways you can share and give away?

Create Community through Sharing

- PocketCards
- Cheat Sheets
- Stickers
- Bags
- Blogs / Newsletter
- Share expertise with others
- Mentor
- Support

NEW Accordion 2-sided PocketCards

Incorporate Fun

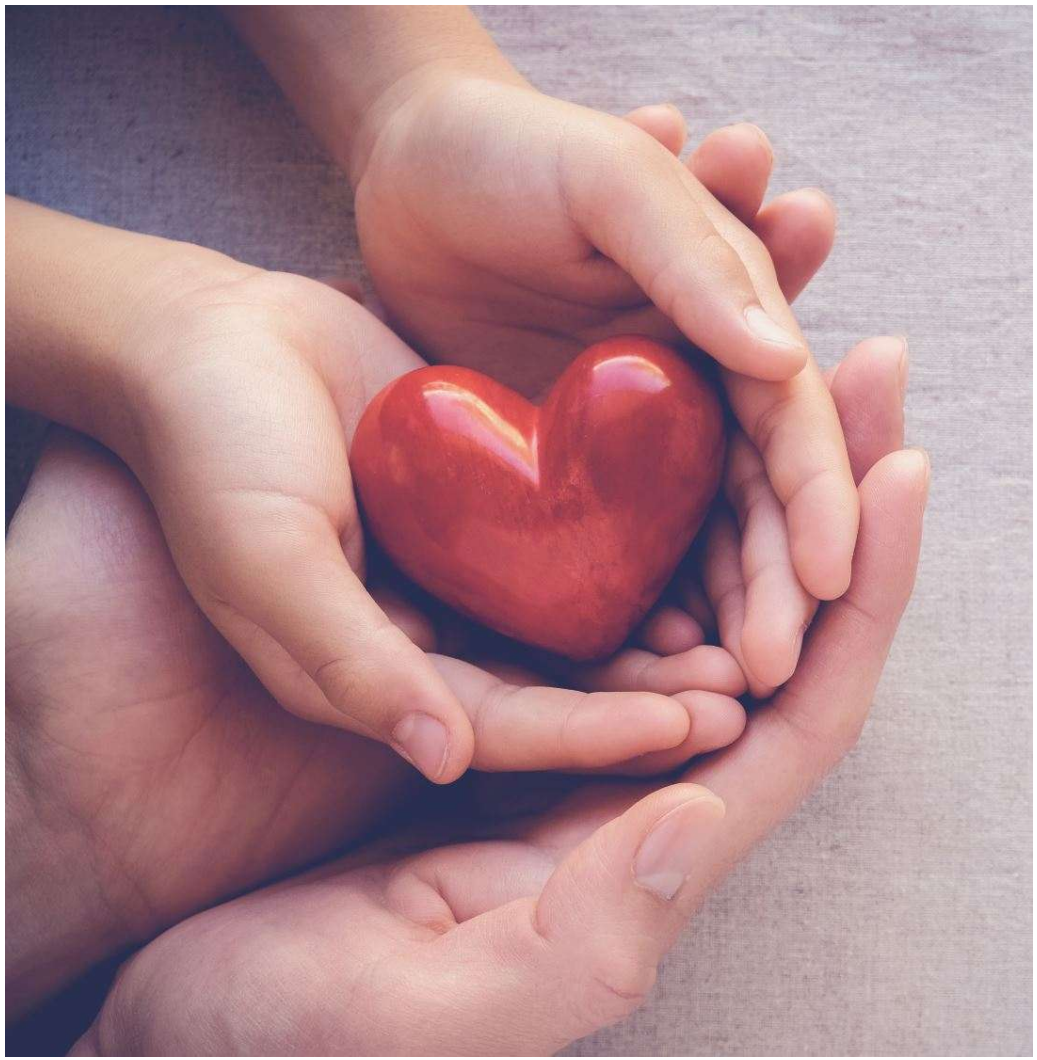
- Question of the Week
- DiaBingo
- Teaching Tools

Believe In You

- Don’t allow imposter syndrome to stop you from moving forward.
- Allow room for self-grace.
- Getting it done is more important than getting it perfect.
- Find people that can support you when the going gets tough.
- Create community.

You are Enough!
Brene Brown

Mentoring for the Future



Share & Be Generative. Ideas flow in a generative nature, building on one another.

Reciprocity and Bi-Directional Healing

Thomassian, B. (2025). *Healing through Connection for Healthcare Professionals: Stories and wisdom from the heart of a diabetes nurse*.

Good News

“Never doubt that a small group of thoughtful, committed citizens can change the world. Indeed, it is the only thing that ever has.” — Margaret Mead

Sharing your success isn't bragging. Own your successes. You earned it!

- No one will know all the great things you are doing unless you let it be known.
  - Newsletter
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Thank You

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