

Mary Jo Dudley AADE Educator of the Year

A Personal Interview with Dave Joffe, Editor in Chief

Last month I had the pleasure of sitting with Mary Jo Dudley, RN, BSN, CDE the AADE Diabetes Educator of the Year. Mary Jo was in town for our Florida West Coast Diabetes Educators meeting.

Mary Jo was graduated from Presbyterian University School of Nursing in Pittsburgh, PA in 1968 and received a BSN from The University of Pennsylvania in 1971. She has worked in Intensive Care, and has taught Nursing at New England Baptist Hospital School of Nursing and at NH Vocational Technical College.

In 1976, she and her husband helped establish Camp Carefree, a residential camp for children with diabetes and staffed the camp for many years.

- ?? She is a founding member and 1st President of the New Hampshire Chapter of Diabetes Educators. New Hampshire ADE became an AADE Chapter in 1990, and won "Chapter of the Year" in 2001 and continues to celebrate their successes.
- ?? 1993 developed the B-D Care Card (now in Spanish, too)
- ?? 1994 she was named "Educator of the Year" by her Chapter
- ?? 1995 Along with husband Bill (also a CDE) wrote Chapter 9 of *THE INSULIN PUMP THERAPY BOOK*; "Insights from the Experts" for MiniMed
- ?? 1996 Introduced her company "Ideabetes" – selling creative teaching tools for Diabetes Educators: Glucose Wands, Body Apron, HbA1c Pillows, Pancreas Pillows, Sugar feet and motivational buttons
- ?? 2002-2003 National Chair of the AADE Pregnancy/Reproductive SPG (Specialty Practice Group)
- ?? 2002 Nominated and recipient of AADE Educator of the Year

Mary Jo has been active in developing support groups, creating guidelines for care in her state DEP, lecturing to health professionals, camping experiences for children with diabetes, mentoring professionals who aspire to be CDE's, and building networks of caregivers with a shared vision of excellent diabetes care for everyone with diabetes.

Here are some of the highlights of our interview:

Q. (DIC) Where, why and how have you been able to travel?

Ms. D. I have been traveling around the country, where invited to spread the word that Diabetes can be prevented. The first part of my year has concentrated on the South, and I have recently been in MS, NC, VA and now FL. The AADE has provided me with a LifeScan travel grant, and I am fortunate enough to take time off from my work to do these presentations.

Q. (DIC) Can you elaborate on your message?

Ms. D: My overriding goal is to make sure that all diabetes educators know that diabetes can be prevented and they need to broadcast that message as widely as possible. I first spoke about diabetes prevention in 1997 when there was no scientific data. Now that the DPP has been published, I am focusing on how to and when to begin a prevention program. I am especially concerned about children who are at risk of type 2 diabetes because of inactivity, fast food advertising and school food choices.

Q. (DIC) Let's talk about exercise. We all say that kids should get more exercise, but how can they? In many areas of the country, it is not safe for children to be outside the home. When I was a youngster, my parents never gave a thought to allowing me out alone.

Ms. D: You are absolutely right that child safety must be priority number one. However, the fact that children do not walk to school (dangerous traffic, bullies, drugs etc) could be overcome if parents would or could walk with their children to school. The same principle as a carpool could be used – one parent walking with a group of children one day or one way, and sharing responsibility with other parents. Walking is the most convenient form of exercise and we all forget it. Many communities are now using federal monies to create "Livable, Walkable communities." We as educators must be advocates for children when school boards cut back on Physical Education to keep the tax rate lower. We save now but will pay with a higher burden of diabetes in the future.

Q. (DIC) What about food choices?

Ms. D: When we speak to adults, parents and their children, we need to spend more time on portion size. It is hard to get anyone to completely give up a favorite food 100%, but if we could encourage patients, parents and kids to select the smaller portion, we could have a dramatic impact on overweight and diabetes. We obviously need to encourage the choice of "better " foods, but we also need to realize the pressures of the advertising industry. If we encourage, and offer water, fruits, vegetables and healthy choices, it is possible that some (or many) will eat them more often. Children will mimic their parents, so there is a natural starting place. Fast food is another area – it is a constant in our rushed daily routine. However, there are healthy choices at fast food restaurants and we need to encourage those choices. If we hold out a high fat, high calorie fast food as a reward for good behavior, we will send the wrong message to impressionable youth. Selective choices will be a major component of a diabetes prevention strategy.

Q. (DIC) Any other areas that we need to focus on?

Ms. D: Yes! Mothers who have developed gestational diabetes need extra education on how this translates into an increased risk of diabetes for themselves and their children. Many Moms never get the entire picture. We obviously need to work harder at getting the message to mothers, as they are the caregivers for the entire family unit. I have worked in classes after childbirth where strategies to reduce the risk of later diabetes are taught. In addition to exercise, practical recipes and the 5 a day program are a good start.

Q. (DIC) Who do you see helping you spread this message?

Ms. D: Let's start with medical professionals who are all, in a sense are "public health officers." Pediatricians exert tremendous influence and need to be recruited in diabetes prevention among the young. The Pharmacist (often the most visited health professional by far) can deliver simple messages about food choices, exercise etc. at each medication pickup. Other members of our medical team (family doctor, gynecologist, ARNP, PA, nurse, dietitian, endocrinologist, cardiologist) should be prepared to deliver a short message on prevention strategies at each encounter. Lay people, especially volunteers from the ADA, JDRF etc. can deliver powerful messages in schools, churches, and other public forums about this new epidemic of diabetes.

Q. (DIC) I understand there is a website that you use to help a patient track their family history.

Ms. D: Because diabetes is so strongly family linked, I have found that generationalhealth.com is a useful tool for families to plot out the family risk of diabetes.

[To see the AADE press release click here.](#)