

WELCOME to the KDN June 6th Quarterly Meeting



Caring for **EVERYONE** with Diabetes



Welcome!
Andrea
Doughty,
President



sanofi

*Thank you to
our Platinum
Sponsor 2025*



Jameela Aladimi





Diabetes Management in Patients with Disabilities

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Clinical Pharmacy Specialist – UC Health





Objectives

- Understand challenges of managing diabetes in patients with disabilities
 - Explore strategies for different disability types
 - Learn how to educate staff on effective care, especially insulin administration
 - Promote patient-centered, accessible care practices
- 
- 



Timothy Freeman Center for Developmental Disabilities

- Named in honor of Dr. Timothy Freeman and his service to individuals with intellectual and developmental disabilities
- Provides care for individuals 18 years and older
- Unique care model combines primary and behavioral healthcare in one setting
- Structural growth slated for 2025



Vision

Healthcare equity and access for adults with developmental disabilities

Mission

To advance healthcare for adults with developmental disabilities by providing person-centered, coordinated, and interdisciplinary care, educating health professionals and partnering with the community

Clinical Pharmacist Role



- Disease state management via collaborative practice (diabetes)
- Medication review and reconciliation with care provider(s) or caregiver(s)
- Medication access needs
- Drug information consults





Adults with
diabetes and
disabilities

38.4 million

People with diabetes (2021, US)

70 million

Adults with disabilities (2022, US)

16.6%

Adults with disabilities have diabetes (2021–2022, US)



When injections aren't an option?

RB is a 27-year-old male with past medical history of autism spectrum disorder (non-verbal), developmental delay, intermittent explosive disorder, epilepsy, prediabetes, NASH, anxiety, OCD, sleep apnea and chronic constipation.

RB has been getting Rybelsus for (off label) for management of NASH and prediabetes. His mom (primary caregiver) states he will attack her if she tries to give him any kind of injectable medication. RB has a “never ending” appetite and needs snacks through the day to manage his behaviors

Today, RB's glucose on labs shows hypernatremia and an elevated glucose of **353**. His A1c is now **13.1%**, which is increase from 7.2% upon last check

Current Medication List

- Metformin 1000 mg BID
- Motegrity 1 mg daily
- Rybelsus 14 mg daily
- Depakote 500 mg BID
- Bupropion XL 300 mg daily
- Olanzapine 10 mg daily
- Propranolol 10 mg BID
- Topiramate 200 mg BID
- Rezdifra 100 mg daily

Height: 5'8"

Weight: 303 lbs

BP: 123/63

HgbA1c: 13.1%

Common disability types



Physical Sensory Intellectual/Cognitive Developmental Mental Health/Psychiatric	Impairments affecting physical function or mobility	Amputations, spinal cord injuries, cerebral palsy
	Impairment related to vision, hearing or other senses	Blindness, deafness
	Conditions affecting learning, memory or problem solving	Down syndrome
	Conditions present from birth or early childhood	Autism spectrum disorder (ASD). Attention deficit/hyperactivity disorder (ADHD)
	Conditions affecting emotional or psychological well-being	Bipolar, anxiety disorders, schizophrenia

Challenges: Diabetes and disabilities

- Socioeconomic and systemic barriers
 - Barriers to accessing specialized care
- Sensory sensitivities
 - Difficulty with injections, tablets
 - Food intolerances
 - Glucose testing refusal
- Physical limitations
 - Limited dexterity for injections & testing
 - Reduced exercise capacity
- Cognitive delays
 - Difficulty remembering instruction
 - Harder to recognize & respond to symptoms
 - Reduced executive functioning



Challenges: Diabetes and disabilities

- Antagonistic behaviors
 - Oppositional behavior
 - Often seen with psychiatric conditions
- Eating disorders
 - Binge eating disorder
 - Rumination disorder
 - Avoidant/Restrictive food intake disorder
- Communication barriers
 - Non-verbal
 - Multiple staff/care providers may be involved
- Caregiver dependency
 - Reduced autonomy
 - Caregiver burnout/loss



Where to start?

- Acknowledge diversity
 - Individualized approach
- Avoid stereotypes
- Emphasize support
 - Tailored education
 - Caregiver assistance
 - Simplified resources
- Use person-centered language
- Suggest collaboration





Physical disabilities



Physical disabilities and diabetes


- Mobility limitation
- Exercise barriers
- Access to care
- Wound care and complications
- Caregiver dependence
- Financial burden
- Mental health strain
- Social isolation





Physical disabilities – Strategies

Adaptive devices	Continuous glucose monitors, easier to use pen needles (retractable), Auto-injector vs. multiuse pen GLP1 agent, patch pumps
Adaptive exercise programs	Work with physical therapist. Aquatic therapy, chair-based exercises, customized movement plan
Telehealth services	Virtual appointments, leverage community programs or services for in person visits
Simplify regimen	Limit insulin injections, testing frequency. Pill packaging service
Pressure relieving devices and daily inspections	Teach patients/aids to perform daily foot checks. Use specialized cushions, mattresses and orthotic footwear



Sensory disabilities



Sensory disabilities and diabetes


- Injection or self-testing limitations
- Exercise barriers
- Caregiver dependence
- Financial burden
- Mental health strain
- Social isolation





Sensory disabilities – Strategies

Tactile and accessible tools	Talking glucose meters (prodigy voice), braille or tactile marking (rubber bands or textured stickers) for test strips or pens, CGMs (Dexcom with haptic or vibration feedback)
Insulin administration aids	Clicks on pen as tactile feedback. Caregiver preload needle or prefill syringe. Insulin pumps with tactile interfaces.
Communication and support systems	Tactile Sign Language or Finger Spelling, Braille or Large-Print Materials, Caregiver Training.
Diet and exercise planning	Create predictable meal plans, guided exercise
Leverage technology	Smartphone apps with accessibility features (mySugr) that can be used with screen readers or haptics. Wearable alerts. Be My Eyes app for daily education



Sensory disabilities – Strategies



Accessibility barriers
Caregiver
oversight/assistance



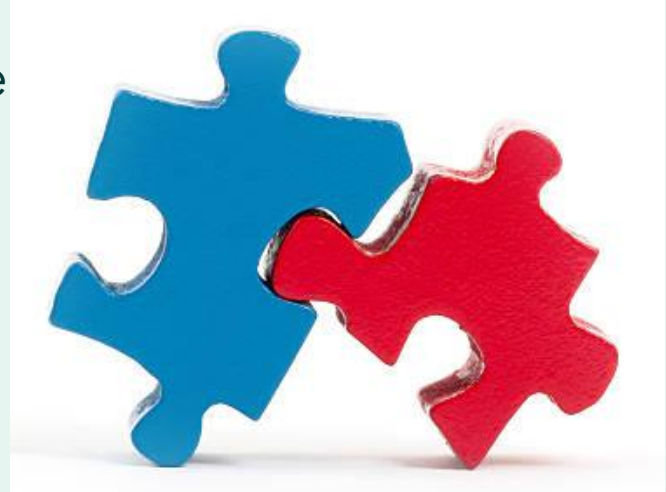


Intellectual disabilities



Intellectual disabilities and diabetes


- Cognitive and comprehension barriers
- Limited self-management skills
- Caregiver dependence
- Communication challenges
- Behavioral and emotional factors
- Physical and sensory comorbidities
- Access to tailored healthcare





Intellectual disabilities – Strategies

Provide simplified education	Use visual aids, easy to read material, hands on demonstration
Simplify regimen	Reduce administration burden of injections/meds where possible
Address diet challenges	Address any coexisting eating disorders, connect with RD to develop realistic plan with caregiver
Caregiver training and support	DSME tailored to the caregiver with ongoing support and reinforcement
Adaptive tools	Talking glucometers or CGMs
Counseling & support for coexisting behaviors	Connect with behaviorist/psychiatrist for counseling and on-going support





Developmental disabilities

Autism Spectrum Disorder
(ASD)



Autism spectrum disorder and diabetes



- Sensory sensitivities
- Difficulty with routine changes
- Communication barriers
- Executive functioning challenges
- Caregiver dependence
- Behavioral and emotional challenges
- Access to tailored healthcare





Autism Spectrum Disorder – Strategies

Sensory friendly tools	Use less invasive devices and exploring what works best for the patient
Visual and structured support	Provide visual schedules, social stories, or apps to reinforce diabetes management in a predictable ASD friendly way
Provide simplified education and regimen	Reduce administration burden, provide clear and concise education
Caregiver training and support	DSME tailored to the caregiver with ongoing support and reinforcement
Behavioral interventions	Incorporate behavioral therapies to reinforce positive diabetes management habits
Sensory-adapted environments	Creating calm, sensory-friendly medical settings to reduce anxiety during appointments



Caregiver/staff education

KEY!



- 1) Use clear, accessible and individualized training materials
 - Simplify information
 - Tailor to disability needs
- 2) Provide hands-on, practical training
 - Demos and role playing
 - Supervised practice
- 3) Emphasize person centered care
 - Understand the individual
 - Promote autonomy

Caregiver/staff education

KEY!



- 4) Address sensory and behavior needs
 - Recognize and accommodate
 - Teach staff to use positive reinforcement
- 5) Provide ongoing education and support
 - Regular training updates
 - Multidisciplinary collaboration
- 6) Focus on key diabetes management areas
 - Blood glucose monitoring, medication administration, nutrition and exercise and emergency preparedness
- 7) Evaluate and provide feedback

When injections aren't an option?

RB is a 27-year-old male with past medical history of autism spectrum disorder (non-verbal), developmental delay, intermittent explosive disorder, epilepsy, prediabetes, NASH, anxiety, OCD, sleep apnea and chronic constipation.

- ✓ Basal insulin teaching. Met with pts mom and patient. Pharmacist gave first injection. Mom able to practice on RB. Plan established to get RB receptive to receive shot on arm
- ✓ Stopped Rybelsus. Switched to Trulicity. Plan established for nurse at day program to give weekly Trulicity
- ✓ Phone follow-ups with pharmacist on weekly basis to adjust insulin & Trulicity. Mom got creative with low-carb diet substitutes, finding snacks RB enjoys without spiking glucose

Current Medication List

- Lantus 35 units daily
- Trulicity 3 mg weekly
- Metformin 1000 mg BID
- Motegrity 1 mg daily
- Depakote 500 mg BID
- Bupropion XL 300 mg daily
- Olanzapine 10 mg daily
- Propranolol 10 mg BID
- Topiramate 200 mg BID
- Rezdifra 100 mg daily

Height: 5'8"

Weight: 289 lbs

BP: 128/60

HgbA1c: **7.7%** (last month)



Written instructions for Staff

Patient:

Date of Birth:

To Whom It May Concern:

Please administer Trulicity on Wednesday when is at day program.

current dose of Trulicity will be increased to 3 mg once weekly starting 5/07/25. This injection may be given at any time of day. Please also administer Lantus injection. Starting 5/07/25, current dose of Lantus will be 35 units once daily to be given in the morning. The dose of Lantus is subject to change as we adjust his dose. Lantus and Trulicity are medically necessary.

If you have any questions or concerns, please don't hesitate to call.

Sincerely,



Patient centered plan – Success

A1c 14.3 □ 7.2

Weekly GLP1

Trained staff member administers Ozempic, did not do well with auto-injector. Dose titrated

Day program

Engaged in enjoyable activities at day program

Diet

Mountain dew and sodas removed from home, GLP-1 helped to reduce compulsive eating

Regular follow-up

Pharmacist phone calls every 2–3 weeks, meds adjusted accordingly

Staff education

Program manager made staff aware to keep junk food inaccessible

Strategic testing

Staff given clear instructions. Fasting and 2–3× per week at bedtime

Patient centered plan – Success

A1c 10.8 □ 6.2

Weekly GLP1

Switched to Mounjaro
and dose up titrated

Diet

Worked to get budget
friendly healthy foods,
met with RD

CGM

Fought to get CGM
covered, unable to test
manually

Mental health support

Connected with therapist

Regular follow-up

Pharmacist phone calls
every 2–3 weeks, meds
adjusted accordingly

Community support

Connected with aquatic
therapy through LADD

“The greatest gift we
can give is not just
care, but the
opportunity for every
individual to thrive
with dignity and
independence”

—Adapted from disability
advocacy principles





Questions ?



A close-up photograph of a person's hand. A black, cylindrical lancing device is held in the upper left, its tip pointing towards a finger in the lower right. A small, fresh drop of red blood is visible on the tip of the finger. The background is a soft-focus white surface. The text "Thank you!" is overlaid in the center-right.

Thank you!

Kentucky Diabetes Network 4 C's

Communicate

- Best practices
- Latest diabetes information

Coordinate

- Networking opportunities

Collaborate

- Healthcare teams
- Employers
- People with diabetes
- Public and private health plans
- Community coalitions

Connect

- Diabetes improvement tools
- Diabetes resources



11:56 AM

06/03/25

Accrual Basis

**Kentucky Diabetes Network
Profit & Loss
May 2025**

	May 25	Jan - May 25
Ordinary Income/Expense		
Income		
Donations	50.00	75.00
Symposium	20,770.30	20,770.30
Total Income	20,820.30	20,845.30
Expense		
AdminExp	1,021.50	4,379.85
Bookkeeping	0.00	551.25
DD@Capitol	0.00	3,290.00
Diabetes Expo	0.00	156.99
Dues & Subscriptions	0.00	496.08
Education		
SYM	213.30	422.55
Total Education	213.30	422.55
Fees & Charges		
Fees & Permits	0.00	15.00
Total Fees & Charges	0.00	15.00
Meeting Expense	142.40	1,317.97
Storage	110.00	306.00
Total Expense	1,487.20	10,935.69
Net Ordinary Income	19,333.10	9,909.61
Net Income	19,333.10	9,909.61

Treasurer's Report - Profit & Loss



11:52 AM
06/03/25
Accrual Basis

Kentucky Diabetes Network
Balance Sheet
As of May 31, 2025

	May 31, 25
ASSETS	
Current Assets	
Checking/Savings	
CHASE BANK	
BUSINESS CLASSIC XX7915	59,143.49
Total CHASE BANK	59,143.49
Total Checking/Savings	59,143.49
Total Current Assets	59,143.49
TOTAL ASSETS	59,143.49
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
Accounts Payable	1,234.80
Total Accounts Payable	1,234.80
Total Current Liabilities	1,234.80
Total Liabilities	1,234.80
Equity	
Opening Balance Equity	89,422.50
Retained Earnings	-41,423.42
Net Income	9,909.61
Total Equity	57,908.69
TOTAL LIABILITIES & EQUITY	59,143.49

Treasurer's Report - Balance Sheet



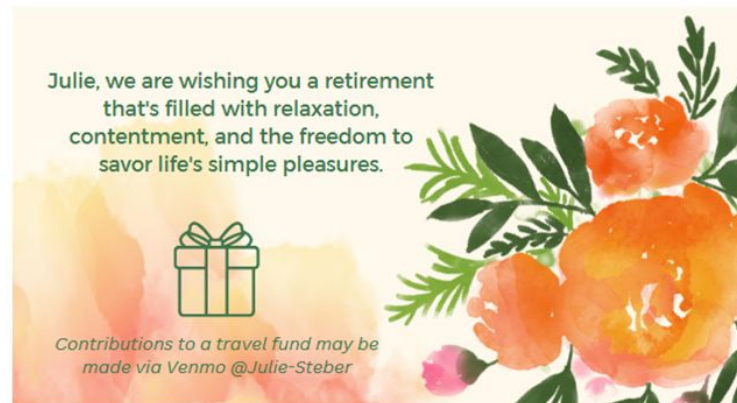
KDN Coordination

KDPCP Update



- Diabetes Prevention and Management Efforts
 - DSMES and NDPP Offerings- Maps and Schedules
<https://chfs.ky.gov/agencies/dph/dpqi/cdpb/Pages/diabetes.asp>
- Ky Diabetes Collaborative- Implementing the State Diabetes Strategic Plan (2024-2028)
- New free CCHW Scope of Practice Training Available on TRAIN (1127379)
- Support during uncertain times





KY Coordinating Body

- Actively seeking leadership positions for the 2026 year (consider volunteering).

ADCES 2025 CB Membership Recruitment Contest – the winning CBs will receive FREE ADCES26 registrations. Contact a KY CB member for more information.

NEW ADCES MEMBER DISCOUNT: CBJOIN25

- Connect with your Local Networking Group. Need volunteers for Bluegrass (Lexington area) Contact kellyr.dawes@ky.gov.
- **SAVE THE DATES:**
- ADCES25: Aug 8 - 11 Phoenix or On-Demand Aug 8- Dec 29. Register before June 26 for best rates!
- KY CB Prerecorded Webinar: Oct 7th 5:30 pm-7:30 pm EST. Topic to be announced. Free CEU's.
- All events information on ADCES Connect or contact Kelly at kellyr.dawes@ky.gov.





Connected **for Life**

Regional Advocacy Councils (RACs)

The Regional Advocacy Councils (RACs) are region-based volunteer groups of Diabetes Advocates representing all parts of the diabetes community – people with/at risk for diabetes, parents/family members, health care professionals, etc.

RACs convene virtually on a quarterly basis to receive important updates and information about high-impact advocacy opportunities.

When we need powerful voices, RACs are considered our first responders. RAC members are first to be invited to speak with lawmakers, join virtual events, talk with the media about diabetes priorities and, more.

www.diabetes.org/advocacy/regional-advocacy-councils





Breakthrough T1D Supported Research Update

[Sernove](#) shared some exciting results from an ongoing early-stage clinical trial. They are testing a device called the Cell Pouch™ which is implanted under the skin and filled with insulin-producing cells from donors.

So far, the treatment is showing good results. People with T1D who received the Cell Pouch™, are needing less or no insulin, have better blood sugar control, can better sense low blood sugar levels and say their quality of life has improved.

Save the Date! Breakthrough T1D Louisville Walk

Saturday, October 25th at Gallrein Farms.

Free resources for you or your loved ones with T1D!

Breakthrough T1D is here to make every day with type 1 diabetes better, and we won't stop until the condition is a thing of the past.

Each free resource offers *Begin with Hope*, an introductory guide to T1D created with care by people living with T1D, their families and medical experts. You will receive illustrated overviews of high and low blood sugar, important information about T1D screening and clinical trials, and some fun swag, too!



The Breakthrough T1D Bag of Hope™ (ages 0-11)

Rufus the Bear with Diabetes Powered by Breakthrough T1D™, a cuddly friend to show your child they are not alone and to help them learn to test their blood sugar and inject insulin.

Fun and Educational Books for kids and parents



Breakthrough T1D Teen Pack (ages 12-17)

Breakthrough T1D supply bag and Lokai bracelet

A First Book for Understanding Diabetes (Pink Panther):

A widely acclaimed, easy-to-follow, comprehensive handbook on how to manage diabetes.



Breakthrough T1D Adult Pack (ages 18+)

Breakthrough T1D supply bag and Lokai bracelet

Bright Spots and Landmines—In this highly actionable guide, T1D columnist Adam Brown shares the food, mindset, exercise, and sleep strategies that have had the biggest impact on his diabetes—and hopefully yours, too!



No matter where you are on your journey, we have information, resources and tools to help you take on the challenges of T1D and live healthier and happier.

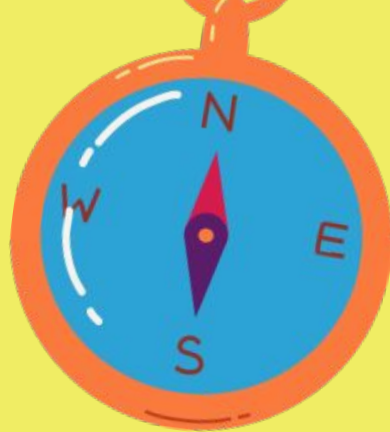
Announcements

Please type anything you would like to announce in the Chat box. Select “Everyone” so that all participants can see. Someone will also be monitoring the chat box and will be able to highlight details.



**Grab Your Lunch and
Meet Back at 12:30**





CAMP HENDON



2025



Summer Camp Session 1



Summer Camp Session 2



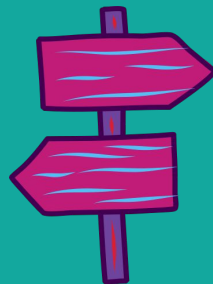
Fall Day Camp



Fall Family Camp



BAB Camp



SUMMER CAMP SESSION 1

To give children with diabetes a life-changing experience...

hosted by Camp Loucon - Leitchfield, KY

June 29 - July 4



climbing



water slide



hiking



SUMMER CAMP SESSION 2

Empowering them to take control of their unique journey.

hosted by Camp Aldersgate - Ravenna, KY

July 13 - July 18



zip line



Fitchburg Furnace

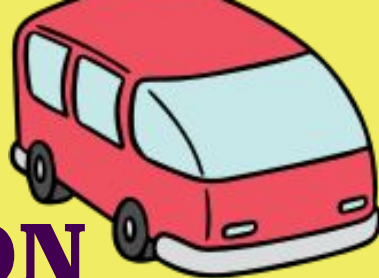


hiking



CAMP HENDON WEEKEND RETREATS

Camp Hendon weekend retreats keep the magic alive. With year round programming we keep the spark of our community alive. We have more opportunities to empower our youth take take interest in their disease management.



DAY CAMP

September 27

Hosted by Camp
Shawano



FALL FAMILY CAMP

October 17-19

Hosted by Camp
Aldersgate



BRING-A-BUDDY CAMP

November 7-9

Hosted by Camp Horsin' Around



***Action Team
Breakout “Strategic
Plan Goals” and
Report Out***



Thank you for joining us for our quarterly meeting!

If you need anything following this meeting, please email kentuckydiabetes@gmail.com for help.

See you all in September for our In-Person Meeting!

