



# INTERVENTIONS TO IMPROVE TECHNOLOGY EQUITY IN YOUNG ADULTS WITH TYPE 1 DIABETES

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## BACKGROUND

- Young Adults (YA) are the fastest growing population with T1D
- Lowest users of diabetes technology despite known benefits on glycemic control
- Disparities in technology uptake persist even after adjustments in insurance and SES

## HYPOTHESIS

Tailored programs for YA with T1D targeting equity could improve technology uptake

## METHODS

**Setting:** Diabetes academic center  
**Duration:** January 2019-December 2021  
**Intervention and Participants:**

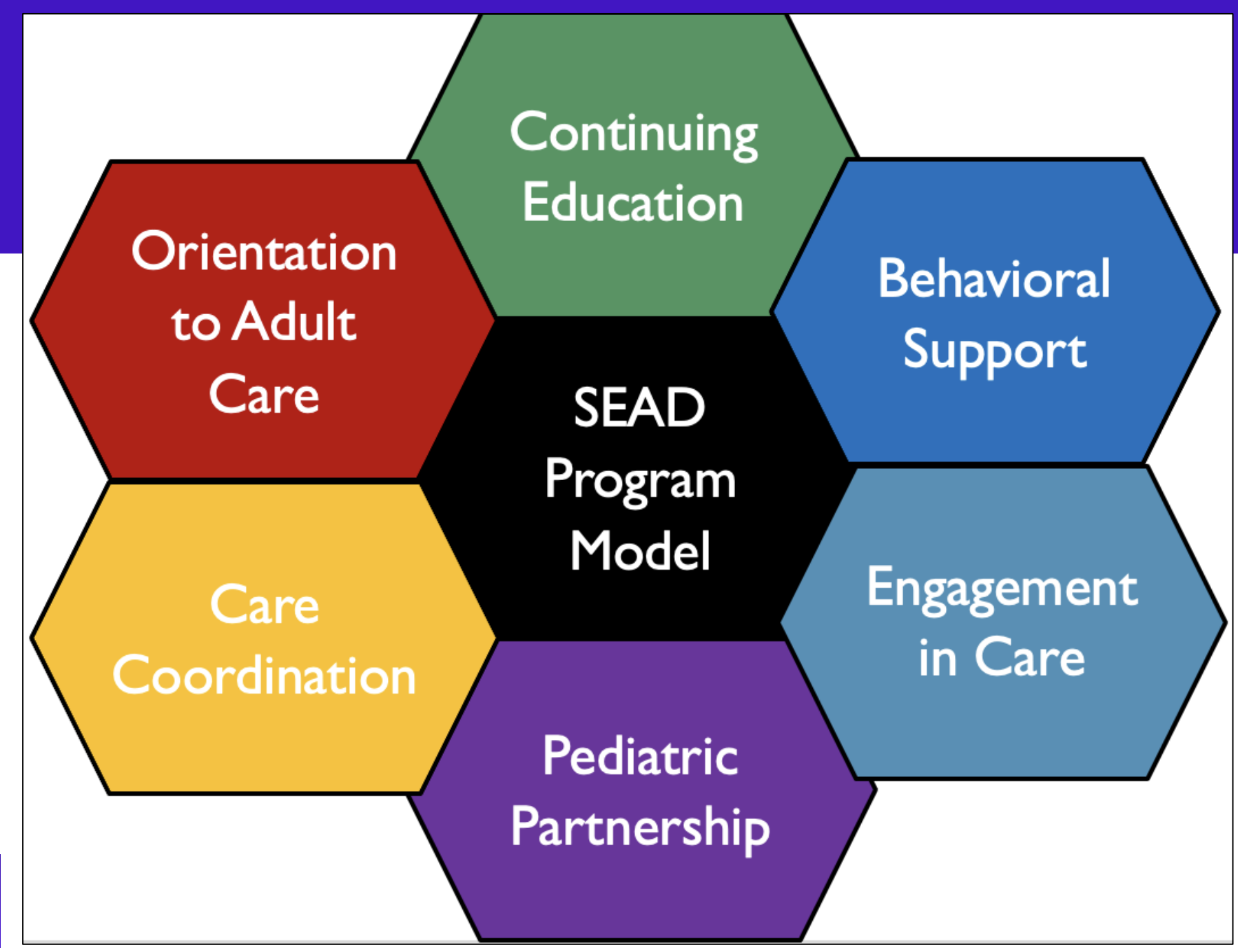
- Development of the SEAD program, Supporting Emerging Adults with Type 1 Diabetes
- YA with T1D transitioning from pediatric care
- Age: 18-35 years

**Data collection:** Electronic medical record  
**Variable:** CGM/insulin pump (IP) prescription rates=# of eligible with CGM/IP prescription/T1D visits in the reporting month  
**Analysis:** Linear regression to examine change in prescription rates over time



- Established SEAD at Albert Einstein-Montefiore
- Md and NP Addition of RD and Psychology
- Endocrine Trainees Additional MD Social Needs Coordinator Device trials
- Joined T1D Exchange QIC Patient advisors
- Initiation of a CHW care model

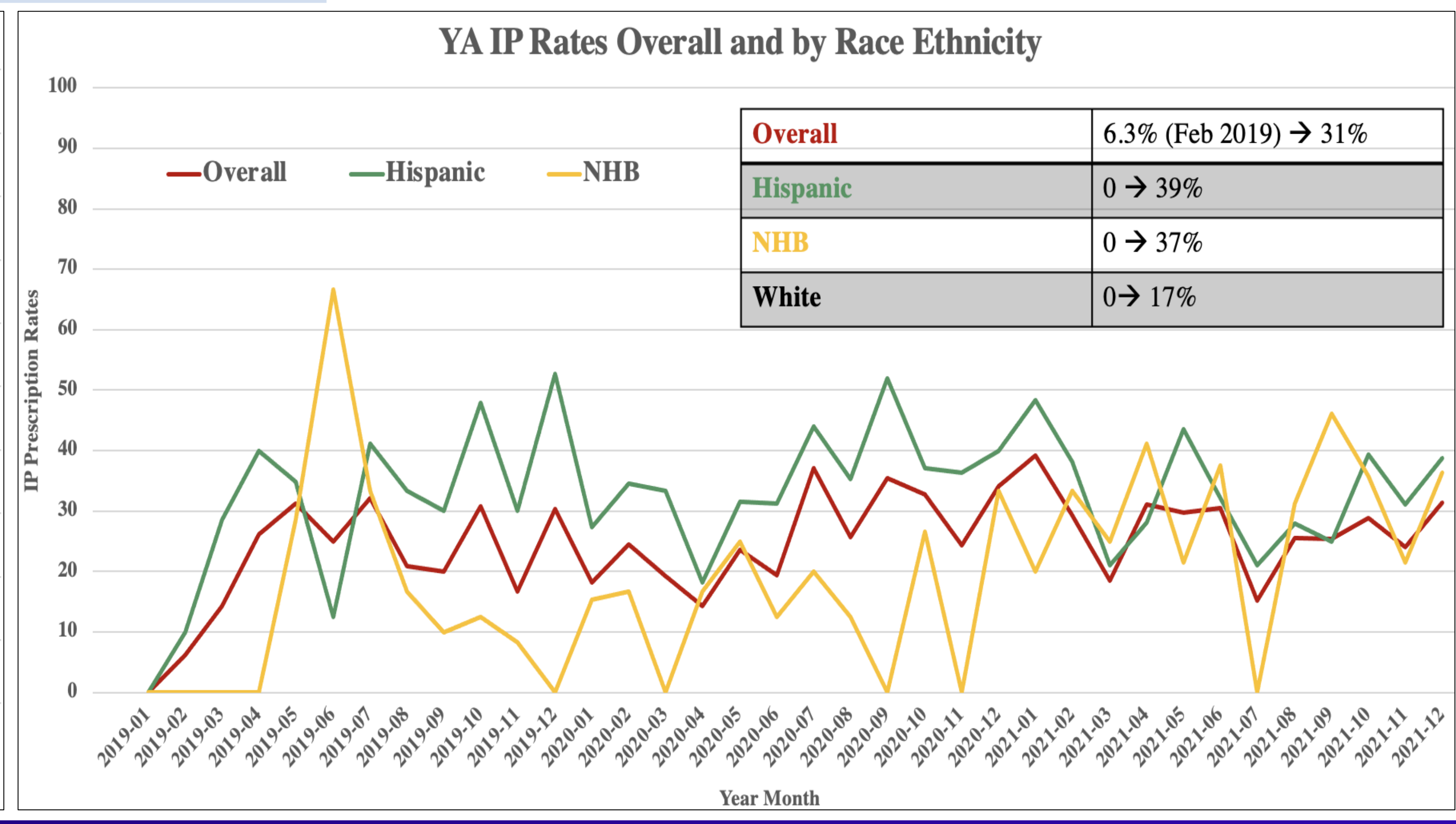
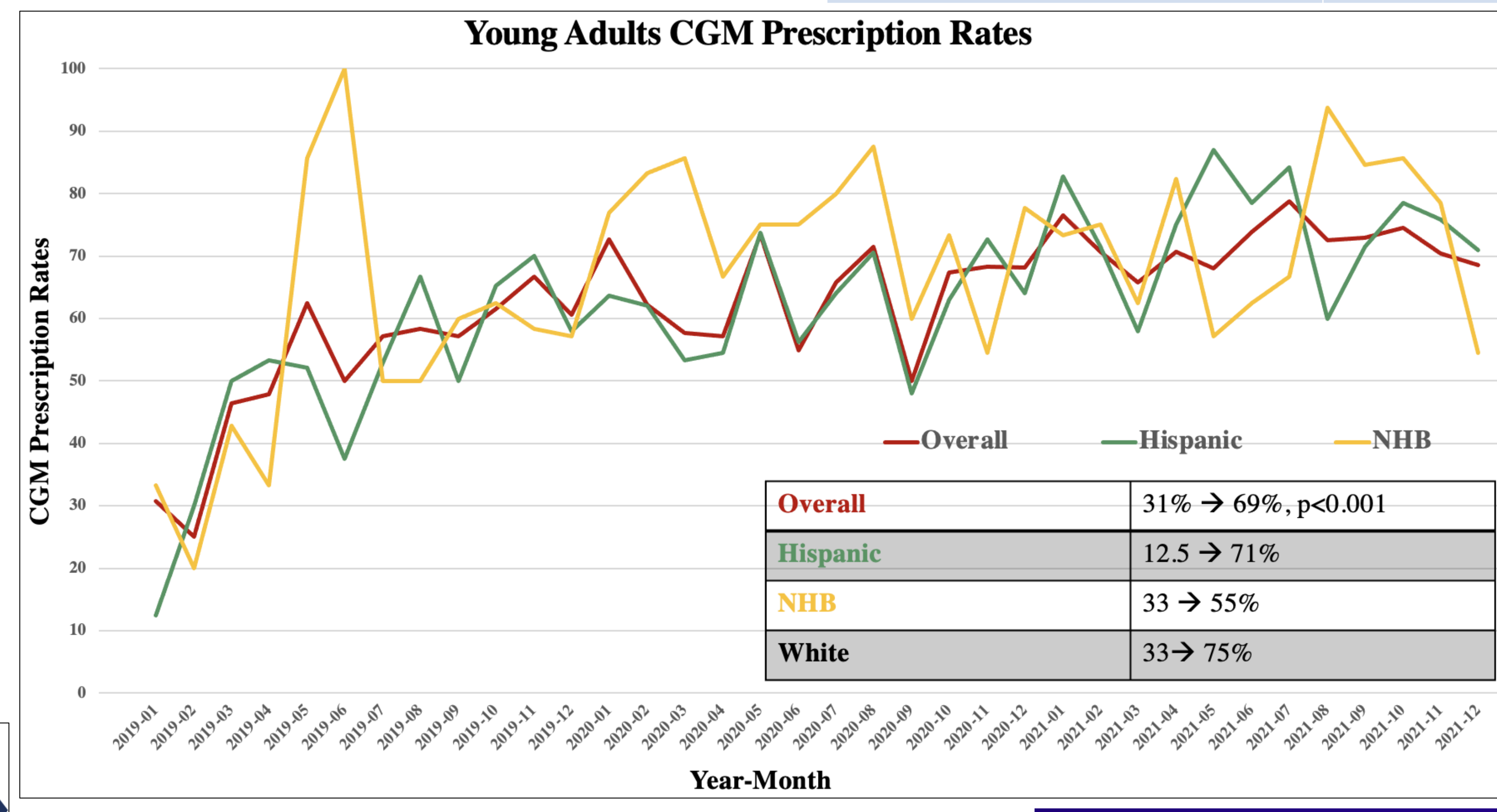
## RESULTS



Participant characteristics	N=253 YA
Median Age	23 years
Female, %(n)	53%
<b>Race-Ethnicity</b>	
NHB	22.0% (56)
Hispanic	55.0% (139)
White	10.0% (25)
Other/Unknown	13% (33)

## RESULTS

- CGM prescriptions significantly increased from 31% to 69% (p<0.001). (Figure 1)
- Equal improvements were observed in Hispanic and Non-Hispanic Black patients (12.5 to 71%, 33 to 55% respectively) when compared to White (33 to 75%).
- For IP, overall prescription rates improved from 6.3% to 31% over three years. (Figure 2)
- Equal improvements were seen in IP prescriptions in Hispanic (0 to 39%) and NHB (0 to 37%) compared to White (0 to 17%).



## CONCLUSIONS

- Tailored programs for YA with T1D that address equity can improve technology uptake in underserved populations
- Future studies are needed to examine the long-term impact on outcomes

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