



T1D Exchange Quality Improvement (T1DX-QI) Health Equity Advancement Lab (HEAL)

1.0 Advisory Committee Charter Purpose/Background:

Approximately 1.6 million people in the United States have type 1 diabetesⁱ. The incidence of type 1 diabetes is increasing in the United States across all populations, most significantly among Hispanic youth. Numerous type 1 diabetes-related health inequities exist across racial and ethnic groups. Compared non-Hispanic White people with diabetes:

- Hispanic and non-Hispanic Black people with type 1 diabetes have higher A1c levels.
- Non-Hispanic Black people with type 1 diabetes are 2.5 times more likely to have one or more DKA episodes and 2.5 times more likely to have had one or more severe hypoglycemic even in the previous 12 months.
- Non-Hispanic Black people with type 1 diabetes have twice the mortality rate.

T1DX data reveals inequities exist in diabetes technology useⁱⁱ, and the COVID-19 pandemic has further exposed the inequitable burden of disease^{iii,iv}.

- Hispanic and non-Hispanic Black people are at a 50% more chance of getting diagnosed with type 2 diabetes than non-Hispanic white people.
- People living with Type 2 Diabetes have higher rates of kidney failure and can experience vision loss and blindness.

The T1DX strives to reduce health inequities among people with diabetes. Recent strategies include adapting quality improvement tools and principles into a framework^v for advancing health equity and partnering with industry partners on a quality improvement pilot^{vi}. The HEAL Advisory Group will reinforce T1DX efforts to reduce health inequities among those living with Diabetes.

2.0 Vision:

To achieve equity for people living with diabetes by piloting innovative approaches in the T1D Exchange Quality Improvement Collaborative

3.0 HEAL Objectives:

The T1DX HEAL Program is a network of health equity clinical and research leaders aiming to provide thought leadership around the T1DX health equity initiatives. The HEAL Program will contribute to best practices regarding equitable diabetes care through multiple strategies, including but not limited to:

- Revising or developing new measures for health equity
- Providing advice and feedback on grants
- Piloting new health equity initiatives
- Applying evaluation rigors to make recommendations on equitable policies.
- Sharing learning and best practices nationally

HEAL Advisory Group members can find additional information in the T1DX “Breaking Down the Science” series^{vii}.

4.0 Deliverables:

The T1DXx will develop, annually, a summary report highlighting efforts and initiatives completed in collaboration with the HEAL Advisory Group, including impact summaries and quantitative clinical outcomes resulting from health equity work.

5.0 Advisory Group Structure:

5.1 Membership and Roles: HEAL Advisory Group membership is an unpaid and voluntary commitment (with an option to renew in subsequent years). Benefits of membership include contributing to T1DX equity initiatives, co-authoring publications, and recognition on the T1DX HEAL Program webpage. Members will attend quarterly meetings and contribute to annual reports.

Committee co-chairs will:

- Work with T1DX staff on vision and direction of HEAL.
- Support HEAL meetings in agenda development and facilitation.
- Drafting letters of support on health equity issues for HEAL Committee input.
- Support facilitation of health equity manuscripts from the T1DX-QI

Committee members will:

- Attend quarterly meetings.
- Advise on T1DX-QI Equity agenda for 2024-2025.
- Review and provide feedback on equity initiatives.
- Support ADEPT 2024 planning and logistics

T1DX team members will:

- Support with meeting scheduling, logistics, minutes, and recordings.
- Maintain the HEAL website with up-to-date information and documentation. Link to member site: <https://t1dx-qi.t1dexchange.org/committees/heal/>

5.2 Meetings:

Members' primary commitment is to attend quarterly meetings. Other ad hoc meetings (for additional projects, publications, etc.) are optional and dependent on further involvement opportunities. HEAL meetings are held quarterly in January, April, July, and October; each meeting is 60 minutes long.

5.3 Agenda:

Meetings will follow the general format depicted in the below draft agenda outline.

Time	Item	Facilitator
1:00-1:10pm 10'	Welcome <ul style="list-style-type: none">• Introductions, Announcements	T1DX staff
1:10-1:25 pm 15'	Best Practice Health Equity Example	<i>Advisory member or external speaker, rotating, TBD</i>

1:25-1:45pm 20'	HEAL Work	<i>Project lead, as applicable</i>
1:45-1:55pm 10'	T1DX Updates on Equitable Diabetes Care	T1DX staff
2:55-3pm 5'	Close Out • Summary of next steps; next meeting	T1DX staff

6.0 Conflicts of Interest:

The Committee members must abide by T1D Exchange’s duality/conflict of interest policy. They are requested to disclose all financial interests and working relationships with any entity whose financial interests potentially could be affected by the conduct or outcome of T1D Exchange activities; including all relationships that might have a bearing on his/her role or the perception of this role.

7.0 Confidentiality:

The Committee members will keep the material reviewed and deliberations of the Committee strictly confidential. If a committee member has uncertainty about whether an issue or materials should be kept confidential, this should be discussed with the Chief Medical Officer of T1D Exchange Inc.

8.0 References

ⁱ Centers for Disease Control and Prevention. National Diabetes Statistics Report, 2020. Atlanta, GA: Centers for Disease Control and Prevention, U.S. Dept of Health and Human Services; 2020.

ⁱⁱ Shideh Majidi, Ebekozen Osagie et al Inequities in Health Outcomes among Children and Adults with Type 1 Diabetes: Data from the in T1Dx QI Collaborative
<https://clinical.diabetesjournals.org/content/early/2021/06/03/cd21-0028>

ⁱⁱⁱ Osagie Ebekozen, Shivani Agarwal et al Inequities in Diabetic Ketoacidosis among Patients with Type 1 diabetes and COVID-19: Data from 52 US Clinical Centers. Journal of Clinical Endocrinology and Metabolism December 2020
[10.1210/clinem/dgaa920](https://doi.org/10.1210/clinem/dgaa920)

^{iv} Nudrat Noor, Ebekozen O Diabetes Technology Use for management of type 1 diabetes (T1D) is associated with fewer adverse COVID-19 outcomes: Findings from the T1D Exchange COVID-19 Surveillance Registry. Diabetes Care 2021 <https://doi.org/10.2337/dc21-0074>

^v Ebekozen OA, Ori Odugbesan et al Equitable Post COVID-19 Care: A Practical Framework to integrate Health Equity in Diabetes Management. Journal of Clinical Outcomes and Management Nov 2020
<https://doi.org/10.12788/jcom.0031>

^{vi} Medtronic. (2021, April 7). *Medtronic Announces Ongoing Initiatives to Address Health Equity for People of Color Living with Diabetes*. [Press release]. Retrieved from <https://news.medtronic.com/2021-04-07-Medtronic-Announces-Ongoing-Initiatives-to-Address-Health-Equity-for-People-of-Color-Living-with-Diabetes>

^{vii} <https://t1dexchange.org/the-t1d-exchange-health-equity-advancement-lab-program/>