



**T1D**  
*Exchange*

# Publication Committee Meeting

Tuesday August 27, 2024

# Agenda

- Publications updates
- Upcoming Conferences
  - T1DX-QI Learning Session
  - ADEPT
- T1DX-QI Publication Language Guide

# Q3 2024 Manuscript Scorecard

- Phase 1 (New idea) 4
- Phase 2 (Internal group) 6
- Phase 3 (Publication Committee review) 1
- Phase 4 (Journal review ) 5
- Phase 5 (Manuscript accepted/published) 25

# Adult Centers Represented in 2024 Q1-Q3 Papers

- Boston Medical Center (15)
- Northwestern (5)
- Albert Einstein (3)
- University of Miami (2)
- Barbara Davis Center (1)
- Icahn School of Medicine at Mt. Sinai (1)
- Oregon Health & Science University (1)

# Pediatric Centers Represented in 2024 Q1-Q3 Papers

- Lurie Children's (8)
- Cincinnati Children's (5)
- Mt Sinai (5)
- Seattle Children's (5)
- Children's National (4)
- Hassenfeld Children's at NYU (4)
- Le Bonheur Children's Hospital (3)
- Lucile Packard Children's Hospital (3)
- Children's Hospital of Los Angeles (2)
- NYU Mineola (2)
- University of Miami (2)
- University of Pittsburgh (2)
- Barbara Davis Center (1)
- C.S Mott Children's (1)
- Johns Hopkins (1)
- Indiana University School of Medicine (1)
- Nationwide Children's (1)
- Rainbow Babies and Children's Hospital (1)
- UCSF Peds (1)
- University of Florida (1)
- Weill Cornell (1)

# Upcoming Conferences



8<sup>th</sup> Annual T1D Exchange Learning Session 2024  
November 11, 2024  
Chicago, IL



Achieving Diabetes Equity in Practice Today  
November 12-13, 2024  
Chicago, IL



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# Learning Session and ADEPT Conferences

- Please use this [link](#) to register for the 2024 T1DX-QI 8<sup>th</sup> Annual Learning Session.
  - Nov 11: 8 am – 6:30 pm Learning Session
  - Nov 12-13 (with half-day session on the 13<sup>th</sup>) ADEPT
- We are offering ADEPT Registration for 2 Free Members from each center:
  - [Link](#) for free registration
  - [Link](#) for paid registration
- Hotel registration: use this [link](#) to register for your rooms for the Learning Session and ADEPT. When registering click on “I have an access code” and enter the code (T1DX-LS2024) to open the room block.
- T1DX-QI will cover the hotel costs for 2 team members for the nights of 11/10/2024 and 11/11/2024. Please confirm with your PI and mail [qi@t1dexchange.org](mailto:qi@t1dexchange.org) if your room should be covered.
- Use this [link](#) or scan the QR code to register.
  - Abstract notifications will be shared by end of September
  - Registration closes **October 10, 2024.**





# Announcing New Diabetes Conference!

## Achieving Diabetes Equity Practice Today (ADEPT 2024)

T1D Exchange, in collaboration with the ADA, will be hosting a new diabetes equity focused conference titled, ADEPT. ADEPT 2024 will be held Tuesday and Wednesday, November 12-13 following the T1DX-QI Learning Session 2024 in Chicago, IL.

- The conference objectives: highlight equity best practices and practical strategies on all areas of diabetes.
- We encourage members to attend and invite your colleagues.

Use this [link](#) to view the FAQ. Please view [these details](#) before registering and use this [link](#) to register.







# T1DX-QI Publication Language Guide Brainstorm

# Language recommendations

T1D Exchange has signed the International Consensus on Diabetes Stigma and Discrimination. <https://enddiabetesstigma.org/>

We recognize that diabetes stigma exists and it has harmful impacts.

We respect people with all type of diabetes, and we aim to use accurate, respectful, inclusive, non-judgmental, and strengths-based language, messaging, and imagery when communicating with or about people with diabetes.

PWD perspective: How people talk to us about our diabetes management impacts how we feel about ourselves and it influences our diabetes management behaviors.

# Diabetes and Language

CONSENSUS REPORT | OCTOBER 17 2017

## The Use of Language in Diabetes Care and Education FREE

Jane K. Dickinson ; Susan J. Guzman; Melinda D. Maryniuk; Catherine A. O'Brian; Jane K. Kadohiro; Richard A. Jackson; Nancy D'Hondt; Brenda Montgomery; Kelly L. Close; Martha M. Funnell



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*Diabetes Care* 2017;40(12):1790–1799

<https://doi.org/10.2337/dci17-0041>

PubMed:29042412

### Table 1: Guiding Principles for Communication with and about People Living with Diabetes

Diabetes is a complex and challenging disease involving many factors and variable

Stigma that has historically been attached to a diagnosis of diabetes can contribute to stress and feelings of shame and judgment

Every member of the health care team can serve people with diabetes more effectively through a respectful, inclusive, and person-centered approach

Person-first, strengths-based, empowering language can improve communication and enhance the motivation, health, and well-being of people with diabetes

### Table 3: Recommendations

#### Use language that

1. is neutral, nonjudgmental, and based on facts, actions, or physiology/biology
2. is free from stigma
3. is strengths based, respectful, inclusive, and imparts hope
4. fosters collaboration between patients and providers
5. is person centered

### Table 2: Key Definitions

Word/Phrase	Definition
Strengths-based language	<p>Opposite of a deficit approach; emphasizing what people know and what they can do.</p> <p>Focusing on strengths that can empower people to take more control over their own health and healing.</p> <p>Example: Lee takes her insulin 50% of the time because of cost concerns (instead of Lee is noncompliant/nonadherent).</p>
Person-first language	<p>Words that indicate awareness, a sense of dignity, and positive attitudes toward people with a disability/disease. Places emphasis on the person, rather than the disability/disease.</p> <p>Example: Lee has diabetes (instead of Lee is a diabetic).</p>

**Table 4: Suggestions for Replacing Language with Potentially Negative Connotations**

Language with potentially negative connotations	Suggested replacement language	Rationale
Compliant/compliance, noncompliant/noncompliance, adherent/nonadherent, adherence/nonadherence	<p>“He takes his medication about half the time.”</p> <p>“She takes insulin whenever she can afford it.”</p> <p>“He eats fruits and veggies a few times per week.”</p> <p>Engagement</p> <p>Participation</p> <p>Involvement</p> <p>Medication taking</p>	<p>The words listed in the first column are inappropriate and dysfunctional concepts in diabetes care and education. Compliance and adherence imply doing what someone else wants, i.e., taking orders about personal care as if a child. In diabetes care and education, people make choices and perform self-care/self-management.</p> <p>Focus on people’s strengths—what are they doing or doing well and how can we build on that?</p> <p>Focus on facts rather than judgments.</p>
Controlled/uncontrolled, well controlled/poorly controlled	<p>Manage</p> <p>“She is checking blood glucose levels a few times per week.”</p> <p>“He is taking sulfonylureas, and they are not bringing his blood glucose levels down enough.”</p>	<p>Control is virtually impossible to achieve in a disease where the body no longer does what it is supposed to do.</p> <p>Use words/phrases that focus on what the person is doing or doing well. Focus on intent and good faith efforts, rather than on “passing” or “failing.”</p> <p>Focus on physiology/biology and use neutral words that don’t judge, shame, or blame.</p>
“Are you a diabetic?”	<p>“Do you have diabetes?”</p> <p>Person living with diabetes</p> <p>Person with diabetes</p> <p>Person who has diabetes</p>	<p>Person-first language puts the person first. Avoid labeling someone as a disease. There is much more to a person than diabetes. When in doubt, call someone with diabetes by their name.</p>
Imperatives Can/can’t, should/shouldn’t, do/don’t, have to, need to, must/must not	<p>Have you tried...”</p> <p>“What about...”</p> <p>“May I make a suggestion...”</p> <p>“May I tell you what has worked for other people...”</p> <p>“What is your plan for...”</p> <p>“Would you like to consider...”</p>	<p>Words and statements that are directives make people with diabetes feel as if they are being ordered around like children. They can inflict judgment, guilt, shame, and blame</p>

**Table 4: Suggestions for Replacing Language with Potentially Negative Connotations**

Language with potentially negative connotations	Suggested replacement language	Rationale
Regimen, rules	Plan Choices	use words that empower people, rather than words that restrict or limit them
Fail, failed, failure “She failed metformin.”	“Metformin was not adequate to reach her A1C goal.”	people don’t fail medications. If something is not working, we choose a new direction
“Words or phrases that threaten “You are going to end up blind or on dialysis.”	“More and more people are living long and healthy lives with diabetes. Let’s work together to make a plan that you can do in your daily life.”	Many people who are not reaching metabolic goals understand they are at risk for complications. Scare tactics rarely are effective. Work together on specific, achievable, and realistic self-directed goals that can improve metabolic outcomes
Unmotivated, unwilling	John has not started taking insulin because he’s concerned about weight gain. He sees insulin as a personal failure.”	Few people are unmotivated to live a long and healthy life. The challenge in diabetes management is there are many perceived obstacles that can outweigh the understood benefits. As a result, many people conclude that changes are not worth the effort or are unachievable
Refused	Declined	Use words that build on people’s strengths and respect the person’s right to make their own decisions
Imperatives Can/can’t, should/shouldn’t, do/don’t, have to, need to, must/must not	Have you tried...” “What about...” “May I make a suggestion...” “May I tell you what has worked for other people...” “What is your plan for...” “Would you like to consider...”	Words and statements that are directives make people with diabetes feel as if they are being ordered around like children. They can inflict judgment, guilt, shame, and blame