



T1DX-QI Publication Language Guide

Purpose: The purpose of this language guide is to maintain consistency in all T1DX-QI publications and to ensure we are using person first language when representing T1DX-QI in publications.

Language Recommendations: Please use these terms and abbreviations when describing Collaborative work.

Collaborative Acronyms		
Preferred language		Unpreferred language
T1D Exchange Quality Improvement Collaborative	T1DX-QI (external use)	QIC
	QI (internal use for when/if T1DX is a redundancy, e.g. internal T1DX staff documents)	

Technology Acronyms
Electronic Health Record (EHR)
Continuous Glucose Monitor/ing (CGM) – either acceptable, but should be consistent
Smart/Connected Insulin Pen (SIP)
Automated Insulin Delivery (AID)
Multiple Daily Injections (MDI)
Blood Glucose Monitoring (BGM)

Topics	Preferred language	Unpreferred Language
Collaborative terms	T1D Exchange	Type 1 Diabetes Exchange (not our name - we are incorporated as T1D Exchange)
	Centers	Clinics, hospitals, sites
Populations	People with Diabetes (PWD)	Patients, diabetics
	People with Type 1 Diabetes (PwT1D)	Patients, diabetics
	People with Type 2 Diabetes (PwT2D)	Patients, diabetics
Diseases/events/dx	Diabetes-related Ketoacidosis (DKA)	Diabetic Ketoacidosis (DKA)
Glucose monitoring	Check, measure	Test
	Hemoglobin A1c (HbA1c) Glucose levels	Control, glycemic control



	Glucose goals (above or below) Glycemic goals Glycemic levels Glycemia (eu-, hypo-, hyper-) Time in/below/above range Blood glucose	“Target” is acceptable but less preferred – see page 8 in Advancing Health Equity resource below Blood sugar
Diabetes management	Engagement, involvement, participation, management	Compliance, adherence
Health equity	Recommend defining in an initial footnote how you will use a given racial/ethnic term (<i>e.g., using the term Black in reference to studies that specified Black or African American, or using Latinx to encompass evidence labeled as Hispanic or Latino/a/e</i>) If referring to multiple such populations, can use the term “ <u>marginalized groups</u> ”, but recommend specifying on what basis they are marginalized (<i>e.g. racial/ethnic vs socioeconomic vs geographic</i>) Minoritized group(s) – also acceptable, but marginalized is preferred	Minority Historically marginalized (not recommended as these groups are currently marginalized)
	Person-centered care	Patient-centered care
	Social Drivers Of Health (SDOH)	Social Determinants Of Health (SDOH) – less preferred due to perception as non-modifiable
Medical care team	Clinician Health care professional Practitioner Care team member	Provider – see resource below

Other Recommended Resources:

[The Use of Language in Diabetes Care and Education](#)

[ADCES Language Guidelines](#)

[Advancing Health Equity: A Guide to Language, Narrative and Concepts](#)



Promoting Trust and Morale by Changing How the Word Provider Is Used: Encouraging Specificity and Transparency | Health Care Workforce | JAMA | JAMA Network