A NOTE FROM THE PROJECT ECHO DIABETES LEADERSHIP GROUP

THE PROJECT EXTENSION FOR COMMUNITY HEALTH OUTCOMES (ECHO®) DIABETES PROGRAM EMPOWERS PRIMARY CARE PROVIDERS (PCP) TO DELIVER BEST-PRACTICE DIABETES CARE TO THEIR UNDERSERVED PATIENTS.

Funded by a $7.69 million grant from the Leona M. and Harry B. Helmsley Charitable Trust, The University of Florida and Stanford University are implementing ECHO Diabetes in Florida and California to reach the most vulnerable patients living with diabetes and participating health centers (or "spokes"). They receive tele-education for PCPs, real-time support with complex medical decision-making, access to Diabetes Support Coaches for patient engagement, and access to an online repository of diabetes care resources. The ECHO Diabetes hub team is a multidisciplinary group of dedicated diabetes specialists including endocrinologists, APRNs, certified diabetes care and education specialists (CDCES), clinical health psychologists, medical sociologists, epidemiologists, and public health professionals. The ECHO® model is particularly promising for reaching patients at risk for health disparities as underserved communities are much more likely to visit a PCP than a subspecialist and have more continuity of care therein.

In June of 2021 we welcomed 10 new spokes to the ECHO Diabetes program in Florida and California - officially launching the implementation of a stepped-wedge design and pragmatic clinical trial aimed at evaluating patient-level, provider-level, and spoke-level outcomes. Over 100 PCPs and staff members representing our existing and new spokes attended virtual kick-off events in Florida and California. In December of 2021 we will welcome 10 additional centers in the second phase of the stepped-wedge design.

We are profoundly grateful for the opportunity to work alongside our spokes to improve the lives of people living with diabetes from underserved communities.

WHAT IS ECHO® ALL ABOUT?

THANK YOU FOR YOUR SUPPORT!
THE ECHO DIABETES PROGRAM SPANS A DIVERSE RANGE OF GEOGRAPHIC CATCHMENT AREAS IN TWO OF THE MOST POPULOUS STATES IN THE U.S.: FLORIDA AND CALIFORNIA.

In a strategic effort to recruit health centers serving medically underserved communities, a dual-pronged approach was used that involved:

1. Identifying Federally Qualified Healthcare Centers (FQHC) and 2. Using provider geocoding and the Neighborhood Deprivation Index (NDI).

The NDI is calculated based on 20 different neighborhood factors covering 7 domains including poverty, occupation, housing, employment, education, racial composition, and residential stability with higher NDI scores representing elevated health risks for communities. Our pioneering methods were published in a feature article in the Journal of Clinical Endocrinology and Metabolism in September of 2020 and the article can be found here.

Using these methods, Florida is working with 18 spokes with 62 different clinic locations and California is working with 23 spokes with 45 different clinic locations.

The Geography of Echo Diabetes

<table>
<thead>
<tr>
<th>SPOKES</th>
<th>AVERAGE NDI</th>
<th>MIN NDI</th>
<th>MAX NDI</th>
</tr>
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<tbody>
<tr>
<td>Overall (CA &amp; FL)</td>
<td>1.420</td>
<td>-3.644</td>
<td>7.745</td>
</tr>
<tr>
<td>CA</td>
<td>0.930</td>
<td>-3.644</td>
<td>6.740</td>
</tr>
<tr>
<td>FL</td>
<td>1.783</td>
<td>-2.033</td>
<td>7.745</td>
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<table>
<thead>
<tr>
<th>SPOKES</th>
<th>NDI 1.76 OR HIGHER - N (%)</th>
<th>NDI LESS THAN 1.76 - N (%)</th>
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<tbody>
<tr>
<td>Overall (CA &amp; FL)</td>
<td>46 (43%)</td>
<td>62 (57%)</td>
</tr>
<tr>
<td>CA</td>
<td>16 (35%)</td>
<td>30 (65%)</td>
</tr>
<tr>
<td>FL</td>
<td>30 (48%)</td>
<td>32 (52%)</td>
</tr>
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</table>

A score of 1.76 or higher is the threshold of significance for the NDI, signifying a high health risk area. For information on defining rural population, click here.

CALIFORNIA
- Anderson Valley Health Center
- Communicare
- Desert AIDS Project
- Dora Street Health Center
- Harmony Health Medical Center
- Health Service Alliance
- Hill County Clinic
- Humboldt Independent Practice Association
- La Clinica
- Mendocino Coast Clinics
- Open Door Community Health Centers
- Ritter Center
- Salud Para La Gente
- Samahan Health Centers
- Santa Rosa Community Health
- Shasta Cascade Health Centers
- Shasta Community Health Center
- Shingletown Medical Center
- Solano County Family Health Services
- St. Agnes Medical Center
- Tahoe Forest Multispecialty Clinics
- United Indian Health Services
- Valley Diabetes and Obesity

FLORIDA
- Banyan Health Systems
- Borinquen Medical Center
- Community Health Centers
- Community Health Centers of Pinellas
- Community Health of South Florida
- Empower U
- Healthcare Network of SWFL
- Jessie Trice Community Health System
- Miami Beach Community Health Centers
- Orange Blossom Family Health Care Center
- Premier Community Healthcare
- UF Student Health Care Center
- Tampa Family Health Centers
- Treasure Coast Community Health
- UF Family Medicine

A score of 1.76 or higher is the threshold of significance for the NDI, signifying a high health risk area. For information on defining rural population, click here.
WHO MAKES ECHO DIABETES POSSIBLE? WE’D LIKE TO SHED SOME LIGHT ON SOME VERY SPECIAL PROFESSIONALS WHO BRING THE ECHO DIABETES PROGRAM TO LIFE.

DR. LAWRENCE
Chief Medical Officer of Jessie Trice, Miami Florida (ECHO Diabetes Champion)

DR. LAWRENCE GREW UP IN LIBERTY CITY AND ATTENDED MIAMI NORTHWESTERN SENIOR HIGH SCHOOL.
She continued her education as a pre-med student at Spelman College in Atlanta and completed medical school at the University of Arizona School of Medicine. Dr. Lawrence returned home to complete her residency in family medicine at the University of Miami/Jackson Hospital. She continued her studies and preparation of her life’s work as an educator by completing a fellowship at the University of North Carolina at Chapel Hill as a fellow in faculty development programs.

Dr. Lawrence is devoted to serving underserved communities who are faced with adverse social determinants. She has held a variety of leadership positions at the University of Miami, Department of Family Medicine and Office of Community Affairs. Most recently she was the Medical Director of the Dr. John T. Macdonald Foundation School of Health Initiative, provided hands-on leadership to the Jefferson Reaves Family Health Center, as well being the preceptor for University of Miami Family Medicine residents. She is now serving as the Chief Medical Officer for Jessie Trice Community Health System (JTCHS) where she promotes needed policies and procedures centered on excellent health delivery systems, provides clinical oversight to the organization, and delivers direct patient care.

DR. LAWRENCE continues to be actively involved in health care issues aimed at improving the health status of the community. Her overall goal is to reduce health care disparities and adverse social determinants of health by bringing needed current and innovative strategies and tools to the population served by JTCHS.

CRAIG RHOADES, PA, RD
Harmony Health, Marysville California (ECHO Diabetes Champion)

I WAS BORN IN ALTURAS, A SMALL RURAL TOWN IN THE VERY NORTHEASTERN PART OF CALIFORNIA.
I attended school at Butte Community College followed by Chico State and graduated with a BS in Nutrition. I was accepted in a dietetic internship through Fresno State. After completing masters studies with internship and boards I worked as a clinical Registered Dietitian (RD) for 3 years and was accepted in PA school at UC Davis Medical. I have worked as a PA for 13 years and RD for 19 years. I enjoy family medicine and focus on disease prevention and wellness through diet and lifestyle. I have also volunteered for the Western Farmworkers Association for the past 8 years, donating medical services and time to help migrant workers without insurance. I have been fortunate to be a part of Stanford ECHO® for nearly 3 years. I enjoy spending time with family, woodworking and Crossfit.

DO YOU KNOW SOMEONE WHO YOU THINK WE SHOULD SHED A SPOTLIGHT ON?

EMAIL US AND TELL US WHY!
AMY MCCLELLAND
ECHO Diabetes Support Coach, California

MY NAME IS AMY MCCLELLAND, AND I AM A DIABETES SUPPORT COACH WITH STANFORD UNIVERSITY’S ECHO DIABETES.

ECHO® is the beginning of my professional career working with people with diabetes. I am also employed with Harmony Health Medical Clinic Family Resource Center in my hometown of Marysville, California, where I provide support in obtaining insurance approval for diabetes devices, and work with people with diabetes who have high A1cs and need support in getting to the clinic for help. Harmony Health has played an important role in keeping my family healthy over the last 21 years.

Eleven years ago, my daughter was diagnosed with type 1 diabetes (T1D). It was a very difficult time for our family. While my daughter was hospitalized and receiving care for diabetes, we had the most amazing experience; everyday a Diabetic Health Worker would come and talk with us. She had answers to all of our questions. She was one of the most inspiring people and had a huge impact on my daughter and my family’s outlook on diabetes. The encounters with her sparked my passion of wanting to help people with diabetes.

Over the years as I cared for my daughter and her diabetes, I felt it was my duty to advocate and spread diabetes awareness. My family and I joined every support group in our community to support parents of newly diagnosed children. We experienced and know that diabetes education and awareness provides empowerment.

My daughter’s journey of living with diabetes has inspired me to continue my career in the diabetes medical field. I thank her every day for being such an amazing inspiration to me. She is my hero.

LEON BAIN
ECHO Diabetes Support Coach, Miami, Florida

MY NAME IS LEON BAIN, AND I AM A DIABETES SUPPORT COACH WITH UNIVERSITY OF FLORIDA, ECHO DIABETES.

About 22 years ago, I was diagnosed with type 2 diabetes (T2D) and received treatment for almost 10 years. Eventually, an endocrinologist changed the diagnosis to T1D at which point I began receiving the appropriate treatment for the past 12 years. About 4 years ago, my older brother passed away from complications related to T1D. These events have inspired a desire in me to help patients living with diabetes in my local community. For the past 2 years I have inspired others living with diabetes by sharing my personal stories, organizing social events and working with providers by creating weekly groups where patients are able to consistently seek education and treatment.

In addition, I have one-on-one coaching sessions with each mentee that made the decision to work with me. During these encounters, we discuss challenges they may face and I work to provide solutions or help them overcome any problems related to diabetes based on similar problems I may have faced. In cooperation with my teammates, we have developed a resource guide designed to assist patients and providers with local resources specifically for patients living with diabetes.

In short, working as a Diabetes Support Coach has not only changed my life, but those who I mentor as well. Many have shared how they wished this existed many years ago.
A PIPELINE FOR HEALTH EQUITY: DIABETES TECHNOLOGY TO UNDERSERVED COMMUNITIES

Through critical community partnerships with spokes established in the ECHO Diabetes platform, and generous contributions from the Leona M. and Harry B. Helmsley Charitable Trust (HCT) and Insulin For Life, underserved communities are able to access these vital technologies. To date, more than 2000 CGM sensors have been provided to patients at participating spokes in Florida and California. Pilot data from these efforts found that providing underserved populations with access to CGM and Diabetes Support Coaches combined for a synergistic reduction in HbA1c (Table 1). The HCT provided additional COVID relief funds to spoke sites which were utilized to provide other supplies like insulin, test strips, gas cards, grocery vouchers, and funding for Wi-Fi connection to families in need during the pandemic.

TABLE 1
Pilot Data for Use of Diabetes Support Coaches and Continuous Glucose Monitors*

<table>
<thead>
<tr>
<th></th>
<th>n</th>
<th>Mean Change</th>
<th>SD</th>
<th>95% CI</th>
<th>p-value</th>
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<tr>
<td><strong>3 MONTH CHANGE IN HbA1C</strong></td>
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<td>24</td>
<td>-0.44</td>
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<td><strong>6 MONTH CHANGE IN HbA1C</strong></td>
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<td>-1.21</td>
<td>1.40</td>
<td>(-1.93, -0.49)</td>
<td>0.0023</td>
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*Demographics: Data are from n=24 adults ages 18 and older from two large FQHCs in Miami; 19 T1D, 5 T2D MDI; 12 Non-Hispanic Black; 12 Hispanic; 14 Female and 10 male
Note: (all HbA1c data presented here are from pre-COVID time period)

FEATURED ARTICLES

THE PROJECT ECHO® DIABETES PROGRAM PROVIDES COMMUNITY PARTNERS WITH ACCESS TO A DIABETES SUPPORT COACH.

Through an innovative combination of the Community Health Worker (CHW) role and peer support models, the Diabetes Support Coaches reside in the geographic areas they serve and, importantly, they also have first-hand knowledge of what it is like to live with diabetes. The Diabetes Support Coaches spearhead regular social events for communities with diabetes, create local resource guides (in English, Spanish, and Creole), facilitate support groups, and serve as a one-on-one peer mentor for patients with diabetes.

Given the devastating impact of COVID-19 for underserved communities, the work of the Diabetes Support Coaches has never been more imperative to addressing systemic inequalities in the U.S. During COVID the Diabetes Support Coaches have hosted virtual town hall meetings and increased efforts of patient engagement throughout Florida and California at Federally Qualified Health Centers that ECHO Diabetes is partnering with.

AN ECHO DIABETES SUPPORT COACH RECEIVES THE FOLLOWING ACCREDITATION AND TRAINING:

- American Association of Diabetes Care & Education Specialists (ADCES) Diabetes Paraprofessional Level 1 certification
- University of California San Francisco (UCSF) Center for Excellence in Primary Care Health Coach Training
- Access to the American Diabetes Association’s Community Health Worker (CHW) annual membership and toolkit
- HIPAA, human subjects, and IRB compliance trainings

PEER POWER: USING DIABETES SUPPORT COACHES IN A TIME OF COVID-19

IN THE U.S. THERE ARE WELL-DOCUMENTED DISPARITIES IN UTILIZATION OF DIABETES TECHNOLOGIES LIKE CONTINUOUS GLUCOSE MONITORS (CGM) AND INSULIN PUMPS BASED ON SOCIOECONOMIC STATUS AND RACIAL AND ETHNIC MINORITY STATUS.

Through critical community partnerships with spokes established in the ECHO Diabetes platform, and generous contributions from the Leona M. and Harry B. Helmsley Charitable Trust (HCT) and Insulin For Life, underserved communities are able to access these vital technologies. To date, more than 2000 CGM sensors have been provided to patients at participating spokes in Florida and California. Pilot data from these efforts found that providing underserved populations with access to CGM and Diabetes Support Coaches combined for a synergistic reduction in HbA1c (Table 1). The HCT provided additional COVID relief funds to spoke sites which were utilized to provide other supplies like insulin, test strips, gas cards, grocery vouchers, and funding for Wi-Fi connection to families in need during the pandemic.

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<tr>
<th>WEEK</th>
<th>CLINIC DATE</th>
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<td>JUNE</td>
<td>6/10/2021</td>
<td>The Pillars of Success: Knowledge, Community &amp; Resilience</td>
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<td>6/17/2021</td>
<td>Glycemic Targets and Glucose Monitoring</td>
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<td>Continuous Glucose Monitoring Systems</td>
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<td>JULY</td>
<td>7/1/2021</td>
<td>T2D Management in Established Atherosclerotic Cardiovascular Disease (ASCVD)</td>
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<td>7/8/2021</td>
<td>T2D Management in Heart Failure (HF) and Chronic Kidney Disease (CKD)</td>
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<td>7/16/2021</td>
<td>T2D Management: Promoting Weight Loss Using Glucose-Lowering Medications</td>
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<td>T2D Management: When Medication Cost is a Major Issue</td>
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<td>7/29/2021</td>
<td>Using &amp; Interpreting Data from CGMs</td>
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<td>AUGUST</td>
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<td>Types of Insulin Analogs</td>
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<td>8/12/2021</td>
<td>Initiating Insulin and Dose Calculation in T1D and T2D</td>
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<td>8/19/2021</td>
<td>Calculating Insulin Doses for T1D &amp; T2D: Case-based Approach</td>
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<td>8/26/2021</td>
<td>Initiating Insulin Pump Therapy</td>
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<td>SEPTEMBER</td>
<td>9/2/2021</td>
<td>Introducing Diabetes Technology to Patients</td>
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<td>Screening for Depression and Diabetes Burnout</td>
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<td>9/16/2021</td>
<td>Carb Counting and Dietary Management in T1D</td>
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<td>9/23/2021</td>
<td>Making a Diagnosis of Diabetes in Primary Care</td>
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<td>Diabetes &amp; Hypertension Management</td>
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<td>OCTOBER</td>
<td>10/7/2021</td>
<td>Dyslipidemia &amp; Diabetes</td>
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<td>Exercise Strategies in T1D &amp; T2D</td>
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<td>10/21/2021</td>
<td>Diabetes and Complications Screenings</td>
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<td>10/28/2021</td>
<td>Diabulemia and Disordered Eating</td>
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<td>NOVEMBER</td>
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<td>Motivational Interviewing</td>
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<td>Sick Day Management and Severe Hyperglycemia</td>
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<td>NO TELE-ECHO SESSION TODAY: THANKSGIVING</td>
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RECENT CONFERENCE PRESENTATIONS FROM ECHO DIABETES

ADVANCED TECHNOLOGIES & TREATMENTS FOR DIABETES
Oral, Virtual (June 5th)
Using tele-education with the ECHO® model to reach primary care providers in rural areas to improve the level of care for people with diabetes

AMERICAN DIABETES ASSOCIATION SCIENTIFIC SESSIONS
Oral, Virtual (June 26)
Session Type: Symposium
Session Title: Systemic Racism and Disparities in Pediatric Diabetes Management
Presentation Title: ECHO-Diabetes—Delivering Care to the Underserved
Presentation Time: 9:00am - 9:30am Eastern Time

POSTERS:
471-P | Using Peer Power to Reduce Health Disparities: Implementation of a Diabetes Support Coach Program in Federally Qualified Health Centers

549-P | Understanding PCP Perspectives in a Project ECHO® T1D Program Using the Consolidated Framework for Implementation Research

ECHO DIABETES PUBLICATIONS TO DATE

PRIMARY CARE PROVIDERS IN CALIFORNIA AND FLORIDA REPORT LOW CONFIDENCE IN PROVIDING TYPE 1 DIABETES CARE: Clinical Diabetes
View Here >>>

TELE-ROUNDS AND CASE-BASED TRAINING: PROJECT ECHO® TELEMENTORING MODEL APPLIED TO COMPLEX DIABETES CARE: Pediatric Clinics of North America
View Here >>>

THE NEIGHBORHOOD DEPRIVATION INDEX AND PROVIDER GECODING IDENTIFY CRITICAL CATCHMENT AREAS FOR DIABETES OUTREACH: Journal of Clinical Endocrinology and Metabolism
View Here >>>

BARRIERS TO TECHNOLOGY USE AND ENDOCRINOLOGY CARE FOR UNDERSERVED COMMUNITIES WITH TYPE 1 DIABETES: Diabetes Care
View Here >>>

DEMOCRATIZING TYPE 1 DIABETES SPECIALTY CARE IN THE PRIMARY CARE SETTING TO REDUCE HEALTH DISPARITIES: Project Extension for Community Healthcare Outcomes (ECHO®) T1D (In press, BMJ Open Diabetes)
View Here >>>
PATIENTS WITH TYPE 1 DIABETES SAID THEIR EXPERIENCES WITH ENDOCRINOLOGISTS CREATED A SIGNIFICANT BARRIER TO OPTIMAL CARE.

EXPERTS RECOMMEND THE USE OF CONTINUOUS GLUCOSE MONITORS AS THE GOLD STANDARD FOR MANAGING TYPE 1 DIABETES.

Yet many adult patients, particularly those with lower socioeconomic status and from underrepresented minority groups, are not receiving the technology or regular care from specialists known as endocrinologists.

A new study from University of Florida and Stanford University researchers finds the most commonly cited reason patients with type 1 diabetes don’t receive optimal care is negative interactions with endocrinologists.

“The feelings of shame, stigma and judgment people with type 1 diabetes experience in clinical encounters creates a barrier for obtaining technologies and for receiving preventive care from an adult endocrinologist,” said lead author Ashby Walker, Ph.D., an assistant professor in the department of health services research, management and policy in the UF College of Public Health and Health Professions, part of UF Health, the university’s academic health center.

The study, which appears in the journal Diabetes Care, is one of the few to consider the perspectives of underserved communities in an effort to identify potential barriers to care, Walker said.

“We must be intentional about understanding the lived experiences of communities that face elevated health risks in order to develop meaningful interventions,” said Walker, the director for health equity initiatives at the UF Diabetes Institute. “Moreover, the impact of COVID-19 on underserved communities demonstrates the dire need to address longstanding systemic inequalities in health outcomes.”

For the study, researchers conducted 16 focus groups in Florida and California in 2018 and 2019 with 86 adults with Type 1 diabetes. In order to include people who have traditionally been underrepresented in research, investigators targeted individuals who had “no shows” at two or more consecutive endocrinology appointments, had been hospitalized in the past year for a serious complication known as diabetic ketoacidosis and had received primary care at a Federally Qualified Health Center, which provides care to underserved groups.

Participants noted system-level barriers to receiving continuous glucose monitors — small devices implanted under the skin that automatically measure blood sugar — such as financial coverage or navigating insurance company policies.

But the most pervasive barrier to care identified was participants’ communication with endocrinologists in face-to-face interactions. Several participants said they received discouraging statements from endocrinologists when they asked about receiving a continuous glucose monitor, including feedback that the patient had poor control over their disease or would not be able to handle the technology. Participants frequently described feeling demeaned, belittled and misunderstood as a person living with type 1 diabetes.

“I feel like sometimes I don’t even want to go to the doctor because I’m getting a lecture,” a participant said. “I’m getting like in trouble. I feel like a little kid who’s going to the principal.”

Many participants said they had stopped going to endocrinology appointments because they did not feel it was improving their overall health.

“We hope these findings generate an awareness about the importance of cultivating positive provider-patient relationships and treating people with type 1 diabetes with empathy and respect in clinical encounters,” Walker said. “These findings also point to the ripple effect of industry-driven rules surrounding what it takes to obtain technologies like continuous glucose monitors as these rules create barriers for providers as well as patients.”

Walker said the next step is to develop and evaluate multilayered interventions to address health disparities in type 1 diabetes that include efforts focused on provider-level implicit bias.

“We must also train and recruit a richly diverse ‘next generation’ of endocrinologists and equip them with tools for addressing health disparities,” she said.

Written by JILL PEASE
Public Relations Director, College of Public Health and Health Professions

CLICK HERE FOR THE FULL ARTICLE >>>

OUR LATEST PRESS RELEASE
HELPFUL LINKS

American Diabetes Association
Health Equity Now
The ADA has just held their 35th Annual Clinical Conference on Diabetes, which is normally held in Florida, but was virtual this year. The event sessions were recorded and are available here. All sessions will be recorded and available online until JULY 11, 2021, so if you were unable to attend during the conference dates, you will still be able to view and receive CE credits.

UNM’s MetaECHO conference
The METAEcho Conference is a global gathering for Project ECHO®. Surrounded by hundreds of ECHO partners over three and a half days, we gather for world-renowned keynote speakers, share cutting-edge research and evaluation methods and learn how funding and policy are being impacted by ECHO work. We also hear inspirational ECHO Talks and learn how ECHO programs are being run around the world.
Along the way, we celebrate each other’s ECHO passion.

Beyond Type 1
Beyond Type 1 is a nonprofit organization changing what it means to live with diabetes. Through platforms, programs, resources, and grants, Beyond Type 1 is uniting the global diabetes community and providing solutions to improve lives today.

Beyond Type 2
Launched in 2019, Beyond Type 2 is a program of the nonprofit organization Beyond Type 1. Beyond Type 2 is a place for everyone impacted by Type 2 diabetes to share their stories, get connected to the community, and find resources on topics from daily management to mental health.

Getinsulin.org
Beyond Type 1 advocates for high quality, modern insulin to be available to people with diabetes regardless of employment or insurance status, across all demographics, without barriers, and at an affordable and predictable price point.

JDRF Toolkits
Downloadable e-books to help you navigate all aspects of life with T1D.

Diabetes Wise
Helping You Find The Right Diabetes Devices For Your Life.

HAVE SOME QUESTIONS?
PLEASE CONTACT US!

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