CLOSER LOOK

MEMORANDUM

DT&T study identifies youth-reported discrimination as key factor to lower diabetes technology utilization – September 25, 2026

DT&T published today a study, "Factors Associated with Utilization and Underutilization of Diabetes Technology in Underrepresented Families Living with Type 1 Diabetes" by Stanford University's Dr. Ananta Addala, Mr. Daniel Silva, Ms. Lauren Figg, Dr. Korey Hood, et al. Researchers analyzed cross-sectional data from 84 parent-youth dyads in the Building the Evidence to Address Disparities in Type 1 Diabetes (BEAD-T1D) study. Based on these data, technology utilization among youth was associated with structural characteristics and youth-reported experiences. In particular, youth-reported discrimination was identified as a key factor that may influence adoption of diabetes technologies. Given that AID systems are recommended as standard of care for individuals with T1D, this study offers important insight into potentially modifiable, youth-level experiences that could be addressed to support more equitable diabetes technology use.

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BEAD-T1D study evaluated drivers of disparities in diabetes technology use among youth with T1D

The prospective mixed-methods study recruited parent-youth dyads to evaluate family-level drivers of diabetes technology utilization. Eligible youth were individuals aged 12-21 years with T1D who were living with a caregiver. Technology utilizers were defined as youth currently using both a CGM and insulin pump, while underutilizers used one or neither device. The administered surveys aimed to assess four domains that researchers hypothesized to influence diabetes technology use, including (i) sociodemographic characteristics; (ii) mental health and psychosocial factors; (iii) experiences of discrimination and marginalization; and (iv) health care perceptions and technology acceptance.

Youth-reported discrimination was associated with lower technology use, identifying social experiences as an underrecognized factor influencing device engagement

Based on these data, older parental age and higher parental educational attainment were associated with greater technology utilization in adjusted analyses, while longer diabetes duration was associated with greater utilization only in unadjusted analyses. Notably, non-White and non-English-speaking caregiver status was also associated with greater technology utilization. Overall, youth-reported experiences were more strongly associated with device use than parent-reported psychosocial measures.

As diabetes technologies continue to evolve, these findings may help inform clinical practice, programmatic interventions, and policy initiatives aimed at supporting more equitable access among youth with T1D.

Close Concerns' Questions

1. What would a successful programmatic intervention to address youth-reported discrimination look like?
2. Are there any current initiatives addressing diabetes-related discrimination among youth that are considered particularly successful?

-- by Kayla Cao, Riya Chatterjee, Elizabeth Rose, and Kelly Close