Advancing equity
in diabetes care
for Black populations

TOOLKIT

Advancing equity in diabetes technology

DIABETES AFRICA

FIRST EDITION

ENDORSED BY

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Collaborate • Evolve • Support

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Executive summary

The NHS faces a challenge in diabetes technology access that demands immediate attention and systematic change.

Current data reveals persistent and widening disparities affecting Black, African, and African-Caribbean populations in the UK. In children and young people, only 36.2% of Black populations use continuous glucose monitoring (CGM) systems compared to 50.2% of White populations. Similarly, insulin pump usage stands at 33% versus 47.5%. Among adults, the disparity is even more pronounced, with insulin pump usage at 4.3% in Black populations compared to 12.1% in White populations.

This toolkit suggests several approaches to addressing technology access disparities. At its core is a comprehensive checklist that helps teams systematically evaluate their current practices and identify opportunities for improvement. This structured self-assessment tool spans both team-level actions and organisational responsibilities, recognising that change must occur at multiple levels.

"At the core of this toolkit is a comprehensive checklist that helps teams systematically evaluate their current practices and identify opportunities for improvement."

Beyond traditional clinical approaches, we recommend several strategies that have shown promise in reducing disparities:

- **Taking diabetes technology education out of medical settings** and into community spaces, such as establishing

technology cafés where people can learn about and try devices in a relaxed, familiar environment. This approach has led to significant increases in technology uptake in areas where it has been implemented.

- **Reimagining clinic structures to better serve working families,** such as offering diabetes clinics at weekends where all care processes, including technology education and initiation, can be completed in a single visit. This approach acknowledges the real-world constraints many families face in accessing care.
- **Creating dedicated time for relationship building with families** before discussing technology options. Rather than simply presenting technology as a yes/no choice during routine appointments, this approach involves understanding the family's circumstances, routines, concerns, and cultural considerations first. This foundation of understanding helps teams tailor how they introduce and support technology use in ways that work for each family.
- **Developing systematic processes to understand why people decline or discontinue technology use,** going beyond simple acceptance or rejection rates to capture valuable insights that can inform service improvement.

The toolkit provides practical guidance for implementing these approaches, alongside advice for monitoring their effectiveness. It recognises that sustainable change requires both immediate actions by healthcare teams and long-term systematic changes by commissioners and healthcare decision-makers.

By implementing these recommendations, services can work towards closing the technology access gap. However, success requires commitment from all stakeholders and recognition that addressing these disparities is fundamental to providing equitable diabetes care within the NHS.

This toolkit serves as both a call to action and a practical guide for change. Whether you are a healthcare professional working directly with people living with diabetes, or a decision-maker responsible for service development, you will find relevant guidance for your role in addressing healthcare inequities in access to diabetes technology.

Understanding our language

In healthcare data and reporting, terminology around ethnicity is complex and continually evolving. In this toolkit, we use:

- **'Black'** when discussing population-level data and statistics, reflecting NHS data collection methods;
- **'Black, African and African-Caribbean'** when addressing specific community experiences and needs;
- **'Black heritage'** to acknowledge the diversity within communities;

These categories often overlap, and individuals may identify differently from these broad classifications. Whilst some referenced source data uses the term "Black, Asian and Minority Ethnic" (BAME), we recognise this terminology continues to evolve.

We acknowledge that language usage throughout this document may not always perfectly capture the complexity and nuance of identity and experience. This reflects the ongoing challenge of balancing consistent terminology for healthcare delivery with respect for individual and community identities. Where we fall short, we welcome feedback to inform future iterations.

Our primary focus remains on understanding and addressing specific health inequities and maintaining flexibility in our approach as understanding and terminology develop.

Our guidelines will be regularly reviewed and updated to reflect emerging best practices and community feedback.

From eligibility to actual access for Black populations

Bernadette Adeyileka-Tracz
Executive Director,
Diabetes Africa

When it comes to equitable access to diabetes technology, we often hear 'we've tried everything.' Yet the statistics show persistent disparities that demand our attention. The time has come to ask: what new approaches haven't we tried? What creative solutions remain unexplored? While we celebrate our advances, accepting the current gaps isn't an option—not when lives are at stake.

Technology holds the power to transform the lives of people living with diabetes. Yet, its benefits aren't reaching everyone equally. Disparities persist—not only amongst children but in adults as well—and they should be keeping us awake at night.

Consider this: two children diagnosed with diabetes on the same day, sharing the same condition within the same NHS, yet facing potentially very different futures. One is of Black heritage, the other one is White. One is offered a cutting-edge glucose monitor on their first appointment; the other is not. In other cases, one goes home with an insulin pump and can get a full night's sleep, the other one does not.

This scenario isn't hypothetical—it's unfolding across the UK right now. Even when accounting for factors like socio-economic deprivation, these disparities remain, indicating that socio-economic status alone doesn't explain the inequities.

We have to dig deeper and address uncomfortable truths such as racism, whether intentional or unintentional, individual or systemic. We have to move from equality towards equity.

"Even when accounting for factors like socio-economic deprivation, these disparities remain."

These gaps extend beyond the youngest people living with diabetes. Adults of Black heritage living with diabetes also face unequal access to life-changing technology. This pervasive issue affects people across all age groups. It's a system change that we need.

Diabetes Africa, a non-profit organisation dedicated to improving the lives of people of Black, African, and African-Caribbean heritage living with diabetes worldwide, recognises this pressing issue. In the preparation of one of its annual UK forum focused on advancing equity in diabetes care for Black populations, a core question emerged: how can healthcare professionals and decision-makers make a meaningful difference?

In collaboration with experts and people with lived experience from across the UK who share these values and goals, we developed this toolkit to tackle the issue of disparities in diabetes technology access and uptake head-on.

The 2023 Diabetes Africa UK Forum, which prompted further action on inequities.

While statistics and data are provided within the guide to help you grasp the extent of the problem, our aim is to offer a step-by-step approach to making tangible changes.

"Our aim is to offer a step-by-step approach to making tangible changes."

We begin by contextualising the issue, hoping to mobilise you and your colleagues to delve into your own local statistics and begin the journey towards positive change.

Next, we outline meaningful goals that you may choose to adopt. These

are the goals we support at Diabetes Africa, crafted to ensure that efforts to increase technology usage among Black individuals lead to genuine reduction in disparities.

We emphasise the importance of monitoring overall trends, including technology adoption rates among White populations. This approach ensures that improvements in access for people of Black heritage are substantial enough to narrow the existing gap, even as technology adoption may continue to increase across all groups.

We share personal stories—narratives from people living with diabetes—to put faces to the figures and open minds and hearts. Alongside these, we include accounts of successful initiatives and pilot projects that have made a real difference in technology usage where they've been implemented.

Importantly, we include a checklist for you to use as a discussion starter with your team. This isn't about pointing fingers; it's about sparking conversations that lead to action.

There is much that can be done. Together, healthcare teams and decision-makers can play a part in developing a healthcare system that truly serves everyone. This guide is a starting point—a tool to help you make that difference.

Let's get to work!

A watershed moment for diabetes care

Prof. Partha Kar
Type 1 Diabetes and Technology
Lead, NHS England

2024 marks a watershed moment for diabetes care in the NHS as we roll out hybrid closed loop (HCL) technology to tens of thousands of people with Type 1 diabetes across the UK. A decade ago, such technology lived in the realm of science fiction. Now people living with Type 1 diabetes and their families are living this reality.

We've revolutionised care delivery, challenged old assumptions, and continuously raised the bar for what's possible within our NHS.

Yet a challenge remains; ensuring that these advances reach everyone equally, regardless of background or ethnicity.

We've seen progress in important areas: continuous glucose monitoring (CGM) in pregnancy, for example, has been offered consistently across racial groups – a testament to focused NHS effort through teams like Getting It Right First Time (GIRFT).

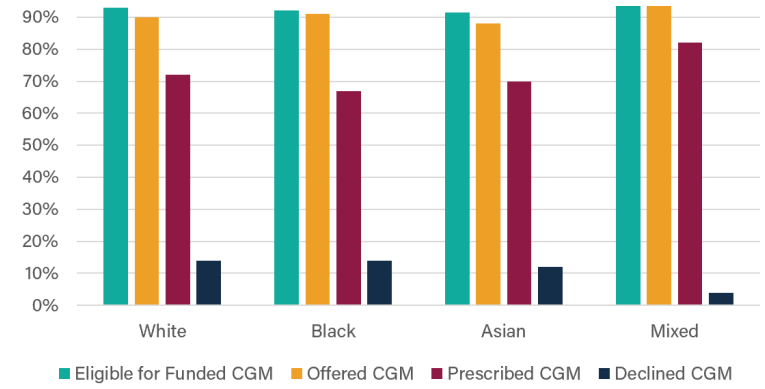
Echoing the case studies showcased in this toolkit, it demonstrates how swiftly transformation can happen when teams prioritise equity.

It's equally encouraging to look at recent data on paediatric diabetes care, with high uptake of continuous glucose monitors across all ethnicities- and evidence of gaps closing in access to insulin pumps.

Yet the journey is not yet complete; there is still room for improvement- with the eventual aim to have no gaps based on the colour of one's skin. This toolkit is part of the next step, providing insights to help teams delve deeper into understanding and addressing these needs, pushing us toward more specific, impactful care.

So, we celebrate our achievements, whilst we keep up the pressure. We enjoy the success - yet be vigilant in challenging bias - whether structural or individual. Lest we forget? In every statistic lies a story of a real person living with diabetes. Progress is real, and change is possible. In the words of Klopp- we work to turn doubters into believers.

Proportion of CGM activity among people with Type 1 diabetes during pregnancy, in England



Source: Presented by NHS England, November 2024

How to use this toolkit?

This toolkit has been designed to support both frontline healthcare teams and healthcare decision-makers in improving access to diabetes technology for Black, African, and African-Caribbean populations. While you can read it from start to finish, you may wish to focus on different sections depending on your role and immediate priorities.

Toolkit structure

The toolkit moves from assessment through to implementation. It begins with a self-assessment checklist, followed by chapters on data analysis, goal setting, and implementation. Throughout the toolkit, you'll find case studies demonstrating how others have successfully tackled similar challenges.

For frontline teams

Your journey with this toolkit should begin with the team-level sections of the checklist in Chapter 2. Consider completing this during a team meeting - it's designed to spark discussion and help you identify both strengths and areas for improvement in your current practice.

The data analysis section in Chapter 3 will help you to understand your starting point. Review your clinic's technology uptake rates and examine any patterns in how technology is offered, accepted, or declined. This understanding will help you identify where to focus your initial efforts.

Working with strategic decision-makers

Many improvements in technology access require organisational support and resources. Use this toolkit to build compelling business cases using your local data and insights. Document specific barriers that require system-level changes, and demonstrate the impact of pilot initiatives that could be scaled up. The case studies include examples of how teams have successfully engaged with decision-makers to secure support for their initiatives. Use these as templates for your own advocacy efforts.

For strategic decision-makers

Start with the organisational sections of the checklist to evaluate current system support and identify areas needing attention. The data analysis section will help you understand system-wide patterns and resource allocation.

Your focus might be on developing sustainable funding pathways, enhancing infrastructure support, or enabling community engagement initiatives. The toolkit provides frameworks for planning and implementing these system-level changes.

Working with frontline teams

Frontline teams provide crucial insights into real-world barriers to technology access, community needs and preferences, and opportunities for service improvement. Their experience and feedback should inform resource allocation decisions, service redesign initiatives, and workforce support needs. Regular dialogue with healthcare teams helps ensure that system-level changes effectively address ground-level challenges.

Moving forward together

Successful implementation of this toolkit requires ongoing dialogue between teams and decision-makers. Consider establishing regular reviews where frontline experiences can inform system-level decisions, and where updates about available resources and upcoming changes can shape local implementation plans. These collaborative discussions create opportunities to monitor progress, refine approaches, and ensure that efforts to improve technology access are both practical and sustainable.

Remember that this is an ongoing journey. You may need to try different approaches, adapt your plans based on feedback, and build on early successes. The toolkit is designed to be a flexible resource to support all stakeholders in this important work of reducing healthcare inequities.

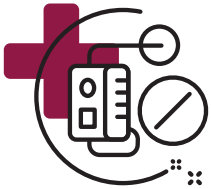
Notes

Diabetes technology equity checklists

As healthcare professionals and leaders, we are all committed to providing the best possible care for those we serve. Yet, despite our best intentions, inequalities can persist, especially in access to diabetes technology.

This chapter provides two complementary checklists: one for healthcare professional teams to evaluate their clinical practices, and another for strategic decision-makers to assess organisational support and resources.

Each checklist serves as a starting point to examine current practices, challenge assumptions, and uncover new approaches to enhancing technology access for Black, African and Caribbean populations.



Frontline teams

This checklist provides a flexible framework that can work for your setting, whether you're part of a large multidisciplinary team or a smaller practice group

Rather than being a strict audit, it's designed to guide improvement in ways that feel most manageable for your team. Start wherever you can make the most immediate impact.

As you work through each item, reflect on what you've tried and what proved challenging. Your insights are valuable—they can help build a compelling case for additional support from your organisation's decision-makers.

Let's dive in and see how we can make a real difference in the lives of our people living with diabetes and their families.

1 Knowing the data and identifying barriers

Do we systematically ask for, and record ethnicity for the people living with diabetes (PLwD) in our care?*

- ☐ Yes
- ☐ No
- ☐ In progress

*Accurate data is essential to drive positive change.

Do we consistently document whether technology discussions have taken place with the PLwD, along with a summary of key points raised?

- ☐ Yes
- ☐ No
- ☐ In progress

Do we consistently document the reasons why diabetes technology was declined or stopped by the PLwD?

- ☐ Yes
- ☐ No
- ☐ In progress

2 Understanding and offering technology

Have we offered diabetes technology to every Black person in our care who is eligible for it?

- ☐ Yes
- ☐ No
- ☐ In progress

Has everyone in our team received comprehensive training on all available diabetes technology options?

- ☐ Yes
- ☐ No
- ☐ In progress

Have we reviewed and streamlined our technology access process to remove unnecessary barriers (e.g. excessive paperwork, non-essential courses and criteria etc.)

- ☐ Yes
- ☐ No
- ☐ In progress

3 Building relationship with cultural humility

Is there a good understanding of cultural humility and do we have a proactive problem-solving culture in our team?

- ☐ Yes
- ☐ No
- ☐ In progress

Do we conduct regular team discussions on personal and systemic biases?

- ☐ Yes
- ☐ No
- ☐ In progress

Do we dedicate time to build trust and relationships with PLwD and their families?

- ☐ Yes
- ☐ No
- ☐ In progress

4 Reaching out and building networks

Have we extended our efforts beyond the hospital setting to engage with PLwD and their families in the community?

- [ ] Yes
- [ ] No
- [ ] In progress

Have we collaborated with allied healthcare professionals to enhance engagement with PLwD and their families?

- [ ] Yes
- [ ] No
- [ ] In progress

When initial engagement attempts were unsuccessful, have we identified colleagues who might connect better with specific people and families?

- [ ] Yes
- [ ] No
- [ ] In progress

5 Providing technology access and support

Have we ensured that all families have the necessary technology and internet access for diabetes technology use?

- [ ] Yes
- [ ] No
- [ ] In progress

Are we prepared to provide training on devices and enabling technologies if needed?

- [ ] Yes
- [ ] No
- [ ] In progress

Have we identified and addressed any other access or technological barriers that people might face?

- [ ] Yes
- [ ] No
- [ ] In progress

6 Continuing our improvement journey

Do we have a system in place to review and update our approach regularly, based on feedback and outcomes?

- ☐ Yes
- ☐ No
- ☐ In progress

For any unsuccessful initiative, do we have peer-agreed and considered justifications as to why they had insufficient impact or were not possible?

- ☐ Yes
- ☐ No
- ☐ In progress

Are we committed to exploring new strategies if we haven't seen the desired impact in reducing technology access gaps for people of Black heritage?

- ☐ Yes
- ☐ No
- ☐ In progress

Discussed on: .....
Reviewed on: .....

DID YOU SAY...

Cultural humility?

Cultural humility is the ability to interact with people who are different from us. An important thing to remember is that skin tone does not always correspond to ethnicity.

Search "cultural humility + Diabetes Africa" in YouTube and Google to find out more information, or scan the QR code below.

Strategic decision-makers

As leaders in healthcare, your role in addressing systemic barriers is crucial. This checklist can guide organisational strategy, whether you're focused on sustainable funding, infrastructure support, or community engagement initiatives.

Use it in ways that align with your current priorities and organisational capacity.

Your frontline teams' experiences and data are invaluable—they can inform targeted resource allocation and meaningful system changes

Together, we can transform how we deliver equitable diabetes care across our healthcare system.

1 Knowing the data and identifying barriers

Have we analysed our trust/ ICB/practice data to determine the number of Black, African and Caribbean people with diabetes under our care?

- [ ] Yes
- [ ] No
- [ ] In progress

Do our data platforms enable real-time identification and tracking of ethnic disparities in diabetes care access, technology use, and outcomes?

- [ ] Yes
- [ ] No
- [ ] In progress

Have we documented the reasons why some Black people have declined diabetes technology?

- [ ] Yes
- [ ] No
- [ ] In progress

2 Understanding and offering technology

Have we allocated protected time and budget for technology training and upskilling for all diabetes teams?

- ☐ Yes
- ☐ No
- ☐ In progress

Have we implemented flagging systems to identify all individuals eligible for technology and track offer rates by ethnicity?

- ☐ Yes
- ☐ No
- ☐ In progress

Have we reviewed and simplified access to diabetes devices by reducing administrative burden and enabling remote consultations?

- ☐ Yes
- ☐ No
- ☐ In progress

3 Building relationship with cultural humility

Have we embedded cultural humility principles into our service specifications and evaluation frameworks?

- ☐ Yes
- ☐ No
- ☐ In progress

Are staff offered free training on equality, diversity and unconscious biases?

- ☐ Yes
- ☐ No
- ☐ In progress

Are we focusing our available resources on equity as the key driver of better diabetes outcomes?

- ☐ Yes
- ☐ No
- ☐ In progress

4 Reaching out and building networks

Have we commissioned diabetes services through community assets (pharmacies, social prescribing, faith centres, community hubs)?

- [ ] Yes
- [ ] No
- [ ] In progress

Have we established partnerships with local Black-led community organisations?

- [ ] Yes
- [ ] No
- [ ] In progress

Does our workforce planning and recruitment strategy reflect the ethnic diversity of our local population demographics?

- [ ] Yes
- [ ] No
- [ ] In progress

5 Providing technology access and support

Have we established funding and partnerships to provide enabling devices and internet access for digitally excluded service users?

- [ ] Yes
- [ ] No
- [ ] In progress

Have we commissioned technical support services accessible outside working hours, with multilingual options?

- [ ] Yes
- [ ] No
- [ ] In progress

Do our KPIs include measures of technology access and sustained use across different ethnic groups?

- [ ] Yes
- [ ] No
- [ ] In progress

6 Continuing our improvement journey

Do we have a structured evaluation framework to assess the impact of equity initiatives?

- ☐ Yes
- ☐ No
- ☐ In progress

Have we created forums for sharing learning from both successful and unsuccessful initiatives across ICB/Trust?

- ☐ Yes
- ☐ No
- ☐ In progress

Do our board-level KPIs include specific targets for reducing technology access gaps by ethnicity?

- ☐ Yes
- ☐ No
- ☐ In progress

Discussed on: .....
Reviewed on: .....

DID YOU SAY...

Additional funding?

Consider exploring additional sources of funding, for example through partnerships with local businesses, government health grants, and diabetes-focused charities. Such approaches have been adopted in other health equity projects. Consider also funding from the National Lottery Community Fund.

Knowing the data and identifying barriers

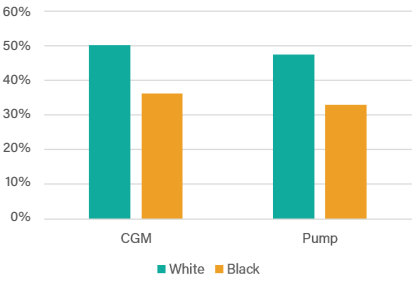
This chapter explores the disparities in diabetes technology access for Black, African and African-Caribbean populations in England and Wales. We'll examine national data trends, guide you on exploring local data, and provide tips for identifying and addressing barriers to technology uptake among these populations.

Understanding the current landscape of diabetes technology access is crucial for addressing inequities. Additionally, this data, alongside evidence of improved outcomes for people living with diabetes who use technology, can empower teams to effectively engage stakeholders when initiating projects designed to reduce inequities.

Let's examine some key data points that highlight the disparities faced by Black children and young people (CYP) with Type 1 diabetes (T1D) in England and Wales.

1. National data on disparities in England and Wales

Use of diabetes technology by CYP with T1D in England and Wales 2022/23 NPDA

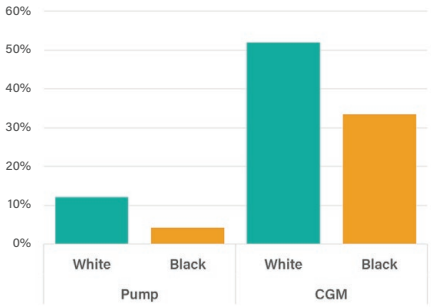


The graph above illustrates the overall uptake of diabetes technology among Black and White children and young people (CYP) in England and Wales. Among Black CYP, only 36.2% are using Continuous Glucose Monitoring (CGM) systems, and 33% are using insulin pumps. In contrast, uptake among White CYP is higher, with 50.2% using CGM and 47.5% using insulin pumps.

We do not have national data on the uptake of hybrid closed loop (HCL) systems by ethnicity.

It is worth mentioning that the disparities extend into adulthood.

Technology usage (%) among T1D adults in England and Wales

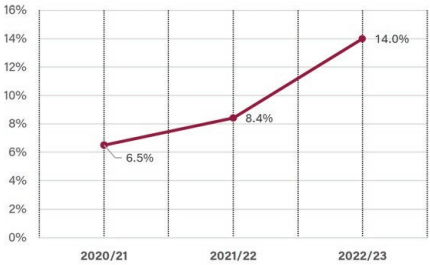


The National Diabetes Audit data for 2021-2022 for adults with Type 1 diabetes showed that 4.3% of people of Black ethnicity were insulin pump users and 33.4% had been prescribed CGM, compared to 12.1% and 52.0% respectively of people of White ethnicity (see above).

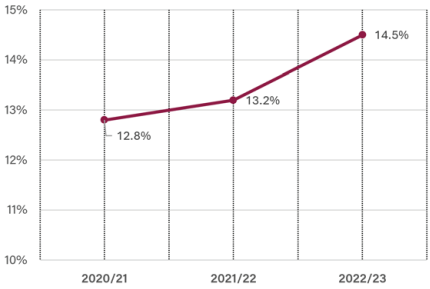
The gap in access can lead to poorer health outcomes and increased inequalities.

Perhaps most alarmingly, the following graphs demonstrate that the gap in uptake between Black and White CYP with T1D in England and Wales is widening over time.

% Difference in CGM use between Black and White CYP with T1D in England & Wales



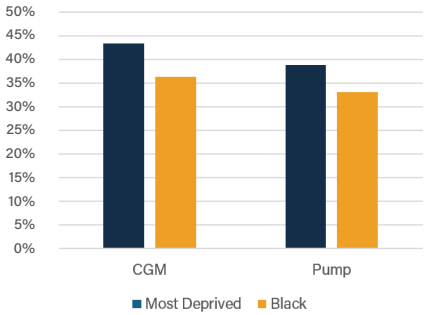
% Difference in pump use between White and Black CYP with T1D in England & Wales



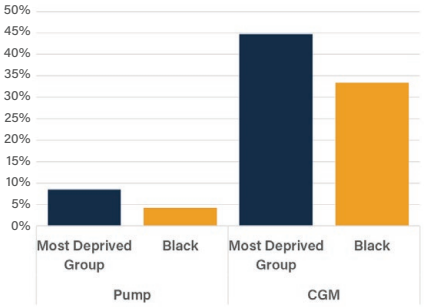
This trend underscores the urgent need for targeted interventions to address these growing disparities.

Interestingly, the following graphs reveal that the uptake of diabetes technology among Black people living with T1D in England and Wales is even lower than that observed in the most socio-economically deprived cohort. This is true when looking at figures for adult and CYP.

% Diabetes technology uptake for T1D CYP in England and Wales



% Diabetes technology uptake for T1D adults in England and Wales



This suggests that factors beyond economic status are influencing access to these technologies for people of Black heritage.

Studies have shown that the use of diabetes technology in CYP with T1D improves both clinical outcomes and quality of life.

Therefore, addressing these disparities is crucial for ensuring

equitable health outcomes for all children and young people living with diabetes.

2. Exploring local data and identifying barriers

While national data provides a broader picture, understanding your local context is essential for implementing effective interventions.

Here are some steps to help you explore data within your local area:

- Contact your local NHS Integrated Care Board (ICB) or practice lead for specific data on diabetes technology uptake among different ethnic groups.
- Utilise the National Diabetes Audit (NDA) reports, which provide detailed breakdowns of diabetes care and outcomes across England and Wales.

- Reach out to your hospital's diabetes team or audit department for any internal audits or data collection on technology uptake.
- Consider collaborating with local diabetes charities or support groups to gather qualitative data on technology access and usage.

When identifying barriers to technology uptake among African, Caribbean, and Black populations, consider the following factors:

- Cultural beliefs and attitudes towards health, healthcare technology and medical devices;
- Language barriers in expressing oneself fully, understanding healthcare information, device instructions or education materials;
- Lack of trust in healthcare systems or providers.
- Socioeconomic factors affecting ability to access to training or support;
- Lack of representation in diabetes education programmes, materials, or staff;

LIVED EXPERIENCE

> "When my pump cannula kept coming loose and the adhesive gave me a rash, I nearly gave up on diabetes technology altogether. With so few alternatives available, it felt like these devices just weren't made for people like me."

- Previous negative experience of technology.

By understanding both the data and the potential barriers, you'll be better equipped to develop targeted strategies for improving access to diabetes technology among people of Black, African and African-Caribbean background.

Notes

Setting meaningful goals

In this chapter, we guide you through the process of setting meaningful goals to reduce inequities in diabetes technology access for people of Black, African, and African-Caribbean heritage. We provide strategies for developing objectives that address your local challenges and can lead to genuine reductions in disparities. You'll also find examples of goals set by Diabetes Africa, which you may use as inspiration for your own targets.

1. The importance of setting goals

Setting clear, measurable goals will help drive meaningful change in healthcare equity. By establishing specific objectives, you can:

- Focus your team's efforts on concrete outcomes;
- Track progress and identify areas needing improvement;
- Motivate teams by demonstrating tangible results;
- Ensure accountability in addressing healthcare disparities.

When setting goals, consider both short-term improvements and long-term trends. This approach helps ensure that efforts to increase technology usage among Black individuals lead to genuine reductions in disparities, even as adoption rates may continue to increase across all groups.

2. Strategies for effective goal setting

Analyse your current data:

- Review your trust or Integrated Care Board (ICB) data to understand technology usage rates among different ethnic groups.

- Compare this data to the national statistics presented in the previous chapter to identify specific areas of disparity.

Identify key areas for improvement:

- Based on your data analysis, determine which aspects of diabetes technology access show the greatest disparities.
- Consider focusing on specific technologies (e.g. CGM or insulin pumps) or particular groups (e.g. children and young people or adults).

Set SMART goals:

- Specific: Clearly define what you want to achieve.
- Measurable: Track progress using quantifiable metrics.
- Achievable: Set challenging but realistic targets.
- Relevant: Align goals with broader objectives of reducing health inequities.
- Time-bound: Establish a clear timeframe for achieving each goal.

Consider a phased approach:

- You might want to focus on increasing CGM usage first, followed by insulin pump and hybrid closed loop access. NICE guidelines already support CGM access, potentially making it an easier initial target. In addition, reducing the discrepancy in CGM usage will allow people to engage more easily with technology, and provide teams with a better understanding of how to support people in this process.
- Depending on the baseline uptake in your local area (e.g. existing high CGM uptake in T1D), another option could be to focus on CGM access for people living with Type 2 diabetes and HCL for those living with Type 1 diabetes

Address underlying factors:

- Set sub-objectives based on the checklist provided in the previous chapter, such as:
  - Increasing cultural humility within your team;
  - Allocating time for more in-depth conversations with service users;
  - Tackling bias and racism in healthcare delivery;
  - Engaging with communities outside the hospital/clinic setting.

Involve stakeholders:

- Consult with people living with diabetes, community leaders, and

healthcare professionals to ensure your goals address the most pressing local needs.

Establish a monitoring system:

- Set up regular reviews of progress towards your goals
- Be prepared to adjust your objectives based on outcomes and feedback.

3. Example goals: Diabetes Africa's targets

To provide context and inspiration, here are the goals set by Diabetes Africa in consultation with healthcare professionals and people with lived experience. These goals are linked to the statistics presented in the previous chapter:

Children and young people (CYP) with Type 1 diabetes (T1D)

Aim: Eliminate the gap in diabetes technology usage between Black and White CYP with T1D in England and Wales by 1st November 2030.

Adults with Type 1 diabetes

Aim: Eliminate the gap in diabetes technology usage between Black and White adults with T1D in England and Wales by 1st November 2030.

Note: Diabetes technology in this context refers to continuous glucose monitoring (CGM), insulin pumps, and hybrid closed loop (HCL) systems.

These goals align with NHS England's five-year implementation plan for hybrid closed loop technology, which includes monitoring uptake data by ethnicity.

Setting meaningful goals is a critical step in addressing inequities in diabetes technology access.

By following the strategies outlined in this chapter and tailoring objectives to your local context, you can drive significant improvements in care for people of Black, African, and African-Caribbean heritage.

Remember, the aim is to make meaningful progress in reducing inequities. Whether you choose to focus on specific technologies or address broader systemic issues, ensure your goals contribute to narrowing the overall gap in diabetes technology access.

A diabetes tech cafe to bridge the gap

An innovative initiative in East London demonstrates how a simple community event led to a 33% increase in diabetes technology uptake among young adults from ethnically diverse and socioeconomically deprived backgrounds.

The idea. Healthcare professionals at Newham University Hospital recognised a significant underuse of diabetes technology among young adults with Type 1 diabetes, particularly within Black, African, and Caribbean populations. To address this, Dr. Meera Ladwa and her team piloted a "Community Tech Café"— an informal event designed to upskill and engage young adults about diabetes technology in a welcoming, community setting.

The challenge. Despite being clinically eligible, many young Black adults were not utilising real-time continuous glucose monitoring (rtCGM) devices or insulin pumps. Barriers included a lack of awareness of available technologies and their benefits, misconceptions about high

costs and ineligibility, and cultural or socioeconomic factors leading to feelings of unworthiness. Some individuals believed they didn't deserve such technology or thought it was too expensive to be offered to them. These obstacles contributed to health disparities and poorer outcomes within these communities

"Despite being clinically eligible, many young adults were not utilising real-time continuous glucose monitoring."

The project. The team organised an event with objectives to upskill, engage, and empower young adults regarding diabetes technology. They conducted a needs assessment by analysing patient data to identify those eligible but not using technology. The team then established partnerships with local non-profits and medical device companies to support the initiative.

Selecting a community café as the venue provided a relaxed, non-clinical environment conducive to open discussion. Peer support was integral; current users of diabetes technology were invited to share their experiences, making the information more relatable. The event was promoted among the target audience, and after the café, the team followed up to monitor technology uptake.

"Selecting a community café as the venue provided a relaxed, non-clinical environment conducive to open discussion."

Key takeways

Increased uptake
There was a 33% increase in the adoption of diabetes technology within three months post-event.

Positive feedback
The majority of attendees expressed interest in trying new technologies.

Community engagement
An informal, peer-supported approach effectively addressed barriers to technology adoption.

Replicable model
The initiative was low-cost and can be adapted for other communities facing similar challenges.

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Make it work for you: diabetes tech cafe

SHORT GUIDE

1. Identify the gap: Use available data to find PLwD who are eligible but not using diabetes technology.

Focus on age, ethnicity, socio-economic status, and health indicators like HbA1c levels

2. Build partnerships: Engage with local organisations and device companies.

Select an accessible, non-clinical location such as a community café or centre.

3. Plan the event: Choose a community venue and organise an informal educational session.

Schedule at a convenient time for young adults, possibly evenings or weekends.

4. Promote and execute: Invite the target audience and host the event.

Use clear, jargon-free language and inclusive imagery.

5. Follow up: Assist interested individuals in accessing technology.

Community groups can help identify diabetes tech users who share the same background as participants and are willing to share their stories, or demonstrate how they use technology.

"We encourage other teams to reach out to their communities!"

Dr Meera Ladwa
Clinical Lead for Type 1, Transition and Young Adult Diabetes, Newham University Hospital, Barts Health NHS Trust

DIRECT INSIGHTS

"The Diabetes Tech Café began as a simple conversation with industry stakeholders, but it's grown into something truly special. It wasn't a solo effort—our specialist team of doctors, nurses, dietitians, and even a youth worker all played their part. We also reached out to our existing patient peer support groups to help promote our first meeting.

We've now made the tech café an annual event. It complements our other outreach activities, which include virtual show-and-tells, slides and leaflets, for example.

"The Diabetes Tech Cafe began as a conversation with industry stakeholders."

Why face-to-face? In this digital age, we felt it was important to create an in-person event. The personal interactions naturally foster peer support and advocacy, with conversations flowing more spontaneously. Plus, the tactile aspect is invaluable—allowing participants to handle devices helps demystify the technology.

Seeing a 33% increase in technology uptake within just three months was incredibly rewarding. It feels like we've opened up a new avenue for engagement, leading to better outcomes for the people we work with.

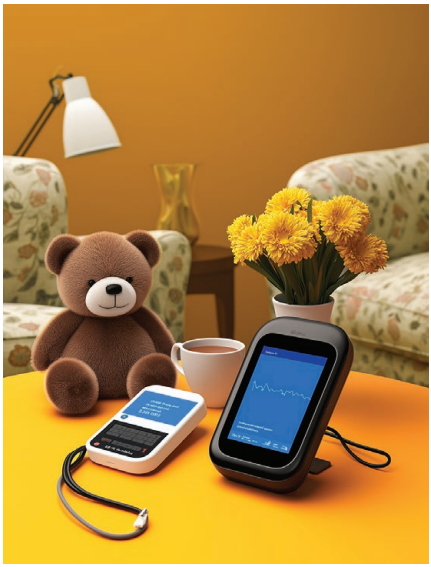
For us, this initiative isn't a finished product; it's continually evolving. We encourage other teams to reach out to their communities.

Our advice? Start somewhere—even if it's not perfect, you'll learn and improve. That's certainly been our experience, and it's been fulfilling to see the positive impact."

Bringing tech home with empathy

A paediatric diabetes team in North London demonstrates how personalised outreach and technology access can dramatically improve care outcomes for children and young people (CYP) from diverse backgrounds.

The idea. The paediatric diabetes team at North Middlesex University Hospital was determined to increase access to insulin pumps and continuous glucose monitoring (CGM) devices among CYP, particularly those from disadvantaged socioeconomic backgrounds and ethnic minorities. They launched a comprehensive outreach campaign to better understand families in their care and facilitate technology usage, going beyond traditional clinical settings to meet people where they were.



The challenge. The team faced multiple obstacles:

- An increase in Type 2 diabetes, often associated with multiple cases observed within the family;

- Difficulties in engaging and upskilling families, especially those from ethnic backgrounds;
- A normalisation of Type 2 diabetes among certain families;
- Digital exclusion due to financial constraints or lack of skills.
- Reluctance to use visible diabetes management devices due to concerns about social stigma.

The project. The team implemented a comprehensive approach to address the challenges. They first identified CYP lacking digital skills or financial means to access diabetes management resources. To bridge this gap, they sourced laptops for families, improving access to information and communication.

"Recognising that technology alone was insufficient, the team launched a personalised outreach programme."

They also secured the procurement of diabetes technology devices for their service users.

Recognising that technology alone was insufficient, the team launched a personalised outreach programme. This included individual home visits for high-risk or less engaged families, as well as school visits to provide group education and follow-up care.

They offered daily support via messaging services or email, providing real-time guidance and encouragement. This multi-faceted strategy was key to improving diabetes management outcomes.

Key takeways

Improved outcomes
The trust now reports diabetes care outcomes above the national average.

Reduced ethnicity gap
61% of CYP with Type 1 diabetes from UK ethnic minority backgrounds now use insulin pumps, nearly matching the 62.7% rate for white CYP.

Empowered families
Parents and children feel more confident managing diabetes at home.

Award-winning approach
The team's efforts have been recognised with prestigious awards, including the RCN Nursing Awards 2023.

Replicable model
The approach centres on personalised home visits, remote engagement, and team education on technology.

Make it work for you: bringing tech home with empathy

SHORT GUIDE

1. Identify gaps: Analyse your data to spot children and young people (CYP) who could benefit from diabetes technology but aren't using it.

2. Bridge the digital divide: Source necessary technology (e.g. laptops) for digitally excluded families.

3. Identify and engage with the budget holder to make the case for the initiative and ensure that adequate resources are available for diabetes technology.

4. Personalise outreach: Conduct home visits for less engaged families or those at higher risk.

5. Educate broadly: Visit schools to inform staff and provide follow-up care for CYP.

6. Provide continuous support: Offer ongoing assistance through various communication channels.

7. Measure impact: Regularly assess HbA1c levels and technology adoption rates to track progress.

Use culturally sensitive approaches: Understand and respect cultural norms around food, family structure, and health beliefs.

Be creative and consider WhatsApp messages or video calls to complement the face-to-face approach.

Celebrate small wins: Recognise and praise incremental improvements to boost motivation and engagement.

"One-to-one visits really helped with technology onboarding"

Davina Jean-Jacques
Paediatric Diabetes
Clinical Nurse specialist
North Middlesex University Hospital NHS Trust

DIRECT INSIGHTS

"What really made the difference was our team's persistence.

As nurses, we were committed to making this work. We realised early on that simply providing technology wasn't enough. The real challenge was education, but not in the way we initially thought.

We found that group introductions to technology weren't effective - only the already engaged families would attend. So we shifted our approach. We started focusing on getting to know each family individually,

"Having a diverse, culturally experienced nursing team made a difference."

understanding their routines and challenges. This meant more home visits, truly listening to their concerns, and working through solutions together.

One of the triggers for this more hands-on approach was a trend of high HbA1c readings among many of our Black ethnic families.

Having a diverse, culturally experienced nursing team made a difference. We approached the visits without judgement or preconceived ideas, and

listened to what people had to say.

One case that stands out was an 8-year-old girl newly diagnosed with diabetes. In her family, it was considered normal - her mother, father, and aunt all had a form of diabetes.

We knew we needed a different approach. I visited their home and took the time to discuss a range of topics. It was eye-opening. We realised that what people describe during a consultation can be quite different from their actual habits at home. The key was understanding their perspective, not judging.

This approach proved effective, but it required a great deal of patience.

We persevered, adapting our methods for each family. Some days were challenging, but seeing a family finally grasp how to manage their child's diabetes made it all worthwhile.

Another crucial aspect of our success was the ongoing education of our team. We made sure that everyone knew the technology options inside and out, and were comfortable discussing the pros and cons of each. It wasn't just about upskilling the people living with diabetes; we were learning and growing throughout the process too.

This continuous self-improvement was essential to the success of our initiative. It allowed us to provide more informed, confident support to families and adapt quickly to their individual needs.

"Another crucial aspect of our success was the ongoing education of our team."

In retrospect, our success came down to this: we didn't just treat the diabetes, we got to know the people. And we remained committed, no matter how long it took."

Representatives from the North Middlesex University Hospital team

Going further

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