



What Does a New Health Technology Landscape Mean for Hispanic/Latino People With Diabetes?

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Despite advances in type 2 diabetes management, disparities persist among Latinos living in the United States. Latinos, the fastest-growing ethnic minority population in the United States, are twice as likely to have diabetes-related complications and 1.3 times more likely to die of diabetes than non-Latino Whites (1). These inequities are driven by a complex interplay of biological, social, structural, and health system factors, including difficulty navigating the health care system (2,3). For example, Latinos have higher no-show rates to clinic visits and have lower rates of medication adherence than non-Latino Whites (4,5). These persistent disparities demand innovation.

Recent changes to health technology offer an opportunity to improve diabetes care for Latinos. First, the 21st Century Cures Act, enacted in May 2020, extended patients' access to their health care data, thus supporting diabetes self-management (6). Second, the coronavirus disease 2019 (COVID-19) pandemic prompted changes in telehealth, including broader reimbursement and expanded clinical use (7). Third, continuous glucose monitoring (CGM), which is associated with improved glycemic control, is now better reimbursed (8). Finally, the Infrastructure Investment and Jobs Act (IIJA) offers opportunities to address digital divides. These divides have historically limited technology use among Latino patients (9).

These changes support a hybrid approach to diabetes care for Latino patients (10). Hybrid care maintains a human connection, while using technology to augment these relationships, minimize the burden of care, and facilitate diabetes self-management. Diabetes self-management education and support (DMSES) is a pillar of longitudinal care. There is increasing evidence that the integration of technology into DMSES can lead to improved outcomes for Latino patients (11). For example, the Dulce Digital-Me project is an ongoing randomized controlled trial that builds on the backbone of three programs with proven efficacy in integrating glucose management and digital technologies in Latino populations (12). A central aim of this project is to elucidate how technology can be integrated most effectively and efficiently into primary care, with the overarching goal of reducing diabetes disparities. Further studies are needed to better understand the real-world implementation and scalability of digital diabetes care for Latinos.

However, digital disparities mirror diabetes disparities. Latino individuals, especially those who have limited English proficiency (LEP), have a lower likelihood of using digital tools. For example, before the COVID-19 pandemic, patients with LEP had about half the odds of using telemedicine (13). These gaps were made evident during the pandemic, when Latino patients were less likely to use video visits (14). As health care systems increasingly rely on digital tools (e.g., patient portals), there is an opportunity to adapt these tools for Latino patients. The cultural and linguistic adaptation of digital tools for Latinos and populations with LEP has shown promise in various health domains, including diabetes, hypertension, and mental health (15,16). In this commentary, we highlight the opportunities and challenges presented by recent changes to digital tools and digital policy to advance diabetes care for Latino patients.

Digital inclusion is essential to digitally progressive diabetes care for Latino patients. Digital inclusion ensures that “all individuals and communities, including the

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most disadvantaged, have access to and use of [technology]" (17). Digital inclusion requires addressing barriers to broadband Internet and device access and affordability, digital literacy, and equitable implementation, as well as supporting clinical teams using digital tools. Yet, there is work to be done; for example, Internet use among patients with hypertension or diabetes was only 56% for Latinos compared with 77% for non-Latino White patients (18).

Recent policies offer opportunities for digitally inclusive care. The IJA allocates \$65 billion toward digital inclusion (9). This amount includes \$42.5 billion for broadband infrastructure, \$2.8 billion for digital literacy, and \$14.2 billion for the Affordable Connectivity Program (ACP), which offers Internet and device subsidies. Diabetes teams and clinical practices can harness this policy for Latino patients with diabetes. For example, by screening patients for their digital needs, teams can identify gaps and refer patients to programs like the ACP to ensure that they have the tools for technology-powered diabetes programs such as diabetes apps for digital DSMES.

Although having access to technology is important, digital literacy—the ability to meaningfully engage with technology—is critical. Platforms are a major determinant for engagement and yet are not meeting the needs of Latinos. Only 22% of mobile diabetes apps are translated into Spanish, which is a significant barrier for patients with LEP (19). To help patients use technology, health care systems have implemented digital health navigators (20). These programs could be extended to support digital literacy in the community. For example, practices could implement community digital support services that help patients troubleshoot health and non-health digital challenges (e.g., the inability to connect a device to the Internet). Furthermore, there is a key opportunity to combine these programs with culturally and linguistically adapted DMSES programs to support digital literacy and diabetes-related health literacy. These programs could also be customized to the type of diabetes therapy (e.g., oral-only vs. injectable agents), especially when implemented alongside CGM. Thus, patients may be able to see technology in the context of their unique diabetes self-management needs.

Yet, challenges remain to integrating technology into diabetes care for Latinos. First, reimbursement policies must facilitate technology use to address diabetes disparities. Telehealth policies must include payment parity across communication modalities, including audio visits. Similarly, CGM reimbursement should ensure

that cost is not a barrier to this novel tool for diabetes care. Second, diabetes teams and vendors must align on developing culturally and linguistically tailored tools (i.e., ensuring that all CGM platforms are available in Spanish). Furthermore, technology design standards for patients with LEP can be aligned with the push toward technology accessibility overall (21). Third, practices should undertake digital inclusion strategies that include a diverse representation, given that we know involvement of multilevel stakeholders is essential to equitable development and implementation of technology for diabetes care. Fourth, any diabetes technology implementation should closely monitor not only uptake by Latino patients, but also impact on existing diabetes disparities to ensure that technology is serving as a tool for health equity.

Technology is only one component of comprehensive diabetes care for Latino patients. However, without focused efforts on digital inclusion, technology designed to improve diabetes care delivery may fail to address disparities. In this new technology environment, there is an opportunity to put technology equity at the forefront of diabetes care for Latinos.

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