Using data from the 2017-2018 wave of the T1D Exchange Registry (N=12,855), our results reveal that black individuals with an annual income of $100,000 had worse glycemic control, operationalized by HbA1c level, compared to White individuals with an annual household income of $25,000. These racial disparities narrow among individuals with T1D, especially as it relates to different stages of the disease.

Mallory

FOR BLACK INDIVIDUALS WITH TYPE 1 DIABETES

DIMINISHED RETURNS ACROSS THE LIFE COURSE

Abstract citation ID: igad104.2712

BY USING A LIFE COURSE FRAMEWORK TO EXAMINE THE WAYS IN WHICH INCOME INTERACTS WITH RACE ON GLYCEMIC CONTROL, USING DATA FROM THE 2017-2018 WAVE OF THE T1D EXCHANGE REGISTRY (N=12,855), OUR RESULTS REVEAL THAT BLACK INDIVIDUALS WITH AN ANNUAL INCOME OF $100,000 HAD WORSE GLYCEMIC CONTROL, OPERATIONALIZED BY HBA1C LEVEL, COMPARED TO WHITE INDIVIDUALS WITH AN ANNUAL HOUSEHOLD INCOME OF $25,000. THESE RACIAL DISPARITIES NARROW AMONG INDIVIDUALS WITH T1D, ESPECIALLY AS IT RELATES TO DIFFERENT STAGES OF THE DISEASE.

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Purpose: The purpose of this project was to develop and evaluate the feasibility and effectiveness of the Mobile Web App Breast Cancer Screening (wMammogram) intervention among American Indian (AI) women. Method: Using a randomized controlled trial design, 122 AI women (40-70 years old) were recruited and randomly assigned to the wMammogram group (n=62) to receive culturally and personally tailored multimedia messages through a mobile web app alongside health navigator services or the control group (n=60) to receive a printed educational brochure. Outcome measures included mammogram receipt, intention to receive breast cancer screening after the intervention, and satisfaction with and perceived effectiveness of the intervention. Result: A significantly higher proportion of women who received the intervention (42%, 26/62; p<.01) completed mammograms by the 6-month follow-up compared with the control group (20%, 12/60). The wMammogram group, compared with the control group, reported significantly higher ratings on perceived effectiveness of the intervention (t120=-5.22, p<.001), increase in knowledge (t120=-4.75, p<.001), and satisfaction with the intervention (t120=-3.61, p<.001). The wMammogram group also expressed greater intention to receive a mammogram in the future when it is due (100%, 62/62 vs. 85%, 51/60) and were more willing to recommend the intervention they received to their friends (98.4%, 61/62 vs. 90%, 54/60) compared with the brochure group. These differences were statistically significant.

Conclusion: Based on our results, a mobile web app-based intervention combined with health navigator service was a feasible, acceptable, and effective intervention mechanism aimed at promoting breast cancer screening in AI women.