



National T1D Committee Charter

Background

There are over 1.6 million people living with type 1 diabetes (T1D) in the United States and about 10 million people globally. While there have been many advancements in T1D technologies, there is currently no cure for T1D. Most people with T1D do not meet the American Diabetes Association (ADA) recommended T1D targets and have limited access to specialists.

The ADA mission is to prevent, cure diabetes and improve the lives of all people affected by diabetes including T1D.

Purpose

The ADA National T1D Committee will advise the ADA on groundbreaking research in T1D cure, promote T1D management best practices in primary care and support ADA strategic priorities to improve T1D outcomes. The committee will also be responsible for creating the annual “State of Type 1 Diabetes Report” to serve as a summary of current T1D landscape.

Structure and Processes

A. Membership

Members will include but is not subjected to:

- a. CEO/Chair of the Board appointed chair/co-chairs
- b. ADA Chief Quality Officer
- c. ADA Chief Scientific and Medical Officer
- d. ADA Quality and Access staff representative
- e. ADA Science and Health staff representative
- f. ADA Camps staff representative
- g. Representative of people living with T1D
 - a. 1 adult representative
 - b. 1 parent/caregiver of a child with T1D
- h. Health System Representatives including
 - a. 2 Adult Endocrinologists
 - b. 2 Pediatric Endocrinologists
 - c. T1D Primary Care Provider



- d. 1 T1D Nurse
- e. 1 Diabetes Educator
- i. Representative(s) of Diabetes Cure Landscape
- j. Strategic partners including data partners, industry representatives and philanthropic organizations.

B. Member Responsibilities

Chair/Co-Chairs

- a) Coordinate with ADA support staff on meeting agenda, committee deliverables, and proposing strategies to amplify reach.
- b) Foster a collaborative environment for the committee members and create engagement strategies to involve members.
- c) Attending all quarterly meetings.
- d) Serve 2-year term (January 1, 2026- December 31, 2027) appointed by the CEO/Chair of the Board or their designees.
- e) Review and update T1D Charter annually to ensure alignment with committee goals and outputs

Members

- a) Contribute to meaningful discussions and contribute to the committee's outputs
- b) Engage in and review all committee materials and objectives
- c) Attend at least 75% of meetings to stay an active member
- d) Provide feedback and expert advice on committee outputs, and dissemination materials

C. Committee Size

The committee will include between 15-20 members to create an engaging collaboration ranging in expertise, experience, and perspectives contributing to the group's shared goals and outcomes. Membership additions to exceed 20 members must be agreed upon between the co-chairs and committee as an if needed basis.



D. Meetings/Communications

The committee will meet bi-monthly via virtual format, with potential for in-person ad-hoc meetings if necessary. Meetings will be recorded, and documentation of content will be kept for archives and historical records. Email will be the primary mode of communication between the ADA support staff and committee members when not meeting on a quarterly virtual call.

E. Responsibilities and Duties

The following functions are expected to be the common recurring activities of the committee in carrying out its responsibilities with the understanding that the committee may carry out and deliver on additional priorities as needed.

- a) **Assessment of Needs:** Understand the specific needs of people with T1D and establish that the deliverables and committee goals are aligned with the needs of the target population
- b) **Strategic Plan Alignment:** Identify opportunities to align ADA programs with the goal of improving T1D outcomes and finding a cure for T1D.
- c) **Program and Partnership Enhancement:** Discover opportunities to partner and engage with other organizations including researchers and pharmaceutical partners working on initiatives to advance T1D outcomes.
- d) **Program Review and Recommendations:** Support the development of “ADA State of Type 1 Diabetes” report and highlight key focus areas including
 - 1.1. T1D in Primary Care
 - 1.2. T1D Quality Improvement and Dissemination
 - 1.3. Improving Access to T1D Care
 - 1.4. T1D Cure research and improvement priorities
 - 1.5. T1D Industry and partnership

ADA Committees: The committee will work alongside other ADA national committees as appropriate in alignment with ADA global goals



F. Committee Deliverables/Output

The committee will deliver on the following items with discretion from the chair and members. Committee outputs are subject to change based on evolution of priorities and necessities to advance and contribute to the T1D community.

1. Develop and produce the annual “ADA State of Type 1 Diabetes”.
2. Partner with organizations who are working towards a cure for T1D and improvement in T1D outcomes.
3. Engage with research-based organizations to contribute ADA data and expertise
4. Promote expanding ADA leadership in the diabetes camp community.

G. Conflicts of Interest

Committee members are requested to disclose all financial interests and working relationships with any entity including all relationships that might have a bearing on his/her role or the perception of this role.

H. Confidentiality

Committee members will keep the material reviewed and the deliberations of the committee strictly confidential. If a committee member has uncertainty about whether an issue or materials should be kept confidential, this should be discussed with the chair/co-chairs.

I. Reporting

Committee members will report to the Chief Executive Officer and Chair of the board. Meetings will be recorded, and meeting minutes will be kept for archive and institutional memory.

J. Review and Amendments

An annual review of the charter will be conducted and updated to reflect alignment with committee goals, outputs, and collaborative mission.