

Study indicates structural racism is accelerating the diabetes crisis in the US

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Structural racism and geographic inequity are advancing the global crisis of diabetes, leaving people with diabetes 50% more likely to develop cardiovascular disease and twice as likely to die compared to those

without diabetes, especially among minority populations.

A narrative literature review recently published in *The Lancet Diabetes & Endocrinology*, led by Saria Hassan, MD, assistant professor at Emory University School of Medicine and Rollins School of Public Health, and co-authored by faculty of the Emory Global Diabetes Research Center (EGDRC) and Morehouse School of Medicine, addresses and summarizes the current understanding of diabetes disparities by examining differences between and within race and [ethnic groups](#) and among young people aged 18 years and younger.

As part of the newly published *The Lancet* series, "Global Inequity in Diabetes" the study also evaluates structural racism's prominent role in diabetes disparities and offers recommendations to improve equity in diabetes care.

"Focusing solely on adults overlooks the degree to which the accelerating epidemic of type 2 diabetes in children and adolescents is contributing to the growing burden of disease and worsening disparities across the U.S.," Hassan said.

The researchers used a conceptual framework to categorize the causes of diabetes disparities across the lifespan, which looked at factors in five domains. In terms of structural racism, the researchers found that it impacts diabetes disparities at all levels, from policies and interpersonal relationships to the community level.

"Your environment in many ways dictates your health," says Hassan. "It's well-established that obesity, health behaviors, lifestyle, and access to quality care are risk factors for diabetes. However, at the community level, neighborhoods with primarily Black and Hispanic individuals tend to have little space for [physical activity](#), have more food deserts, and higher levels of toxic environmental exposures."

Estimates indicate that rates of diabetes are almost 1.5 times higher among minority ethnic groups, such as American Indians and Alaska Natives, Blacks, Hispanics, and Asians compared to the White population.

Significant diabetes disparities persist in the U.S., from the number of people suffering from the disease and have complications to who has access to effective medications. Medical cost and lost wages of people with diabetes contribute to \$327 billion annually, further burdening minority groups and those of lower socioeconomic status.

African Americans are 19% less likely and American Indian and Native Americans 41% less likely to access newer diabetes treatment such as GLP1.

"Because of structural racism, Black and Hispanic Americans are more likely to be low-income, which means that they are less likely to be able to afford high co-pay medications or are uninsured and under-insured," says Hassan.

As a result of their review, the researchers provided key recommendations to [community partners](#), researchers, practitioners, health system administrators, and [policy makers](#) to reduce disparities. These recommendations include:

- Research needs to be action-oriented, community-based, and multidisciplinary.
- Those who fund research and activities to address diabetes disparities must ensure equitable, sustainable, and cost-effective research that adopts a health equity plan.
- Practitioners on the front lines need to know and understand the multilevel factors contributing to [diabetes](#) disparities.
- Policy makers need to recognize how policies historically have

contributed to health disparities, and work to ensure future policies dismantle these disparities and do not worsen them.

Hassan is set to presented the teams findings and recommendations at the ADA's 83rd Scientific Sessions in San Diego, CA, June 23-26.

More information: Saria Hassan et al, Disparities in diabetes prevalence and management by race and ethnicity in the USA: defining a path forward, *The Lancet Diabetes & Endocrinology* (2023). [DOI: 10.1016/S2213-8587\(23\)00129-8](https://doi.org/10.1016/S2213-8587(23)00129-8)

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