

Not even private health insurance overcomes racial disparities in glycemic control

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Having health insurance in the United States is insufficient when it

comes to addressing racial and ethnic disparities in glycemic control, according to a study published online Oct. 5 in *JAMA Network Open*.

Nora I. Zakaria, M.P.H., from the Columbia University Mailman School of Public Health in New York City, and colleagues characterized racial and [ethnic disparities](#) in [glycemic control](#) among U.S. adults with private and public insurance over a 15-year time frame. The analysis included 4,070 individuals (aged 25 to 80 years) with self-reported diabetes participating in the National Health and Nutrition Examination Survey (2003 to 2018).

The researchers found that when adjusting for age, sex, and survey year, Hispanic or Latino and non-Hispanic Black individuals had significantly higher odds of poor glycemic control versus non-Hispanic White individuals (odds ratios, 1.46 and 1.28 for Hispanic or Latino and Black individuals, respectively). Results persisted even after further adjusting for social factors, especially food security (odds ratio, 1.39 for both Hispanic or Latino and Black individuals). Disparities worsened when accounting for health care and behavioral or health status factors, including for those with private insurance.

"Research is needed to identify the barriers contributing to poor control even in populations with access to care," the authors write.

More information: Nora I. Zakaria et al, Racial and Ethnic Disparities in Glycemic Control Among Insured US Adults, *JAMA Network Open* (2023). [DOI: 10.1001/jamanetworkopen.2023.36307](https://doi.org/10.1001/jamanetworkopen.2023.36307)

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