

Racial disparities in pediatric diabetes treatment

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Terri H. Lipman, PhD, CRNP, FAAN, Miriam Stirl Endowed Term Professor of Nutrition, Professor of Nursing of Children and Assistant Dean for Community Engagement at Penn Nursing. Credit: Penn Nursing

Type 1 diabetes (T1D) is the third most common pediatric chronic disease in the United States, and the risk of the disease has risen sharply in non-Hispanic Black (NHB) children in the last 20 years, data show. Ironically, the significant advances in T1D therapeutics over recent years, especially new technologies, may have exacerbated racial disparities in diabetes treatment and outcomes.

In an article in the journal *Pediatric Diabetes*, researchers from the University of Pennsylvania School of Nursing (Penn Nursing) and the Children's Hospital of Philadelphia detail their retrospective study of more than 2,800 children with T1D. Their findings have helped quantify racial and [ethnic disparities in health care use](#), technology application, and outcomes in pediatric diabetes treatment.

"Disparities in these treatments are of clinical significance, as both intensive insulin therapy and the incorporation of technology have been

associated with improved glycemic control and, consequently, reduced long-term complications," writes Terri H. Lipman, Ph.D., CRNP, FAAN, Miriam Stirl Endowed Term Professor of Nutrition, Professor of Nursing of Children and Assistant Dean for Community Engagement at Penn Nursing.

The article, "Racial Disparities in Treatment and Outcomes of Children With Type 1 Diabetes," details how treatment modalities, clinical outcomes, and appointment attendance in NHB versus non-Hispanic white and Hispanic children with T1D were examined while including the contribution of insurance status (as a proxy for socioeconomic status) to these disparities. Despite similar outpatient appointment attendance rates, significant disparities in continuous glucose monitoring and insulin pump use were observed.

"Disparities in [health care](#) cannot be eliminated without a societal effort to address structural racism. The underlying etiologies of health care disparities, including the impact of patient and provider bias, should be fully investigated and strategies developed to mitigate these contributing factors," concludes Lipman.

More information: Terri H Lipman et al. Racial disparities in treatment and outcomes of children with type 1 diabetes, *Pediatric Diabetes* (2020). [DOI: 10.1111/pedi.13139](https://doi.org/10.1111/pedi.13139)

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