

The significant role of health disparities in diabetes: Key factors and consequences

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Received: 25-Oct-2024, Manuscript No. FMDM-24-157447; **Editor assigned:** 28-Oct-2024, PreQC No. FMDM-24-157447 (PQ); **Reviewed:** 13-Nov-2024, QC No. FMDM-24-157447; **Revised:** 20-Nov-2024, Manuscript No. FMDM-24-157447 (R); **Published:** 27-Nov-2024, DOI: 10.37532/1758-1907.2024.14(6).679-680.



Description

Diabetes, particularly type 2 diabetes, is one of the most prevalent chronic conditions worldwide. It affects millions of people regardless of age, gender, or background. However, not all individuals face the same risks, access to care, or outcomes when it comes to managing or preventing diabetes. Health disparities in diabetes represent a significant concern, as certain populations experience higher rates of diagnosis, poorer access to healthcare, and worse health outcomes than others.

Health disparities in diabetes refer to the unequal treatment and outcomes in the prevention, diagnosis, and management of the disease based on factors such as race, ethnicity, socioeconomic status, geography, and access to healthcare. These disparities contribute to significant differences in health outcomes, including higher rates of complications such as heart disease, kidney failure, and amputations, among marginalized groups.

■ Key factors contributing to health disparities in diabetes

Financial barriers: One of the most significant contributors to health disparities in diabetes is socioeconomic status. Individuals from lower-income households are often unable to afford the costs of healthcare, including medical visits, medications, and diabetes management tools such as glucose meters and test strips. Financial strain can also limit access to healthier food options and opportunities for physical activity, which are vital for diabetes prevention and management.

Lack of health insurance: Many individuals

from economically disadvantaged backgrounds lack adequate health insurance, which hinders access to preventive care, early diagnosis, and ongoing management of diabetes. Those without insurance may delay seeking medical care or forgo necessary treatments, leading to worsened outcomes.

Healthcare access: Geographic location plays a significant role in healthcare access. In rural areas or underserved urban communities, individuals may face challenges in accessing diabetes specialists, primary care physicians, or diabetes education programs. The lack of access to healthcare providers and resources like nutritionists and diabetes educators can make it more difficult for individuals to manage their condition effectively.

Higher prevalence in certain populations: Diabetes is disproportionately prevalent among certain racial and ethnic groups. For example, African Americans, Hispanic/Latino Americans, Native Americans, and some Asian American subgroups have higher rates of type 2 diabetes compared to White Americans. Genetics, lifestyle factors, and historical social determinants of health, including systemic racism, contribute to this disparity.

Cultural barriers: Cultural beliefs and language barriers can influence how different populations approach diabetes management. For example, traditional dietary practices and health beliefs may conflict with recommended dietary changes for diabetes management. Additionally, limited access to healthcare providers who understand the cultural context of a patient's life can impede effective communication and care.

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Discrimination and stigma: Experiences of racial or ethnic discrimination in healthcare settings can deter individuals from seeking care or adhering to treatment plans. Stigma surrounding chronic diseases like diabetes can also lead to mental health challenges, which further complicate diabetes management. For many people in marginalized communities, a lack of trust in the healthcare system due to past experiences with discrimination and bias can prevent them from accessing timely care.

Limited diabetes education: Access to information and education about diabetes prevention, symptoms, and management varies widely. People from communities with lower levels of education or fewer resources often have limited knowledge about how to prevent or manage diabetes. Inadequate education can result in poor self-management, inadequate control of blood glucose levels, and increased risk of complications.

Health literacy: Health literacy, which refers to an individual's ability to understand and act on health information, is another critical factor. People with low health literacy may struggle to comprehend medical instructions, medication labels, or dietary recommendations, leading to poor adherence to treatment plans and worse health outcomes.

Access to healthy food and safe spaces for physical activity: In many low-income and minority communities, there is limited access to affordable, healthy foods, leading to poor dietary habits that increase the risk of developing type 2 diabetes. Additionally, limited access to safe places for physical activity, such as parks or recreation centers, contributes to sedentary lifestyles, which can further increase the risk of obesity and diabetes.

Neighborhood environment: Living in areas with limited access to grocery stores offering fresh produce (often called "food deserts") or lacking walkable streets and safe neighborhoods can make it more difficult for individuals to engage in behaviors that prevent diabetes. Environmental factors, such as air pollution and

exposure to toxins, can also contribute to diabetes risk, particularly in disadvantaged communities.

■ Consequences of diabetes health disparities

Health disparities in diabetes lead to significant consequences for individuals and communities, including:

Increased risk of complications: Due to limited access to care, individuals from underserved communities may experience uncontrolled blood sugar levels, increasing the likelihood of complications such as heart disease, nerve damage, kidney failure, blindness, and amputations.

Shortened life expectancy: Diabetes-related complications contribute to a reduced life expectancy, particularly among communities facing systemic disadvantages. Disparities in diabetes care mean that individuals are less likely to live full, healthy lives.

Economic burden: The economic impact of diabetes is substantial. Communities that experience higher rates of diabetes also face higher healthcare costs due to hospitalizations, emergency care, and the need for ongoing medical treatment. For individuals, the financial burden of managing diabetes can be overwhelming, especially for those without insurance or with limited income.

Health disparities in diabetes are a major public health challenge that disproportionately affects minority and low-income populations. These disparities are driven by a combination of social, economic, and environmental factors, leading to unequal access to care, poor disease management, and worse health outcomes. Addressing these inequities requires a comprehensive approach that includes improved access to healthcare, culturally tailored education, and community-based initiatives. By tackling the root causes of these disparities, we can ensure that all individuals, regardless of background, have the opportunity to live healthier lives and manage their diabetes effectively.