

Tackling inequality in diabetes

Aoife Slattery, Diabetes UK

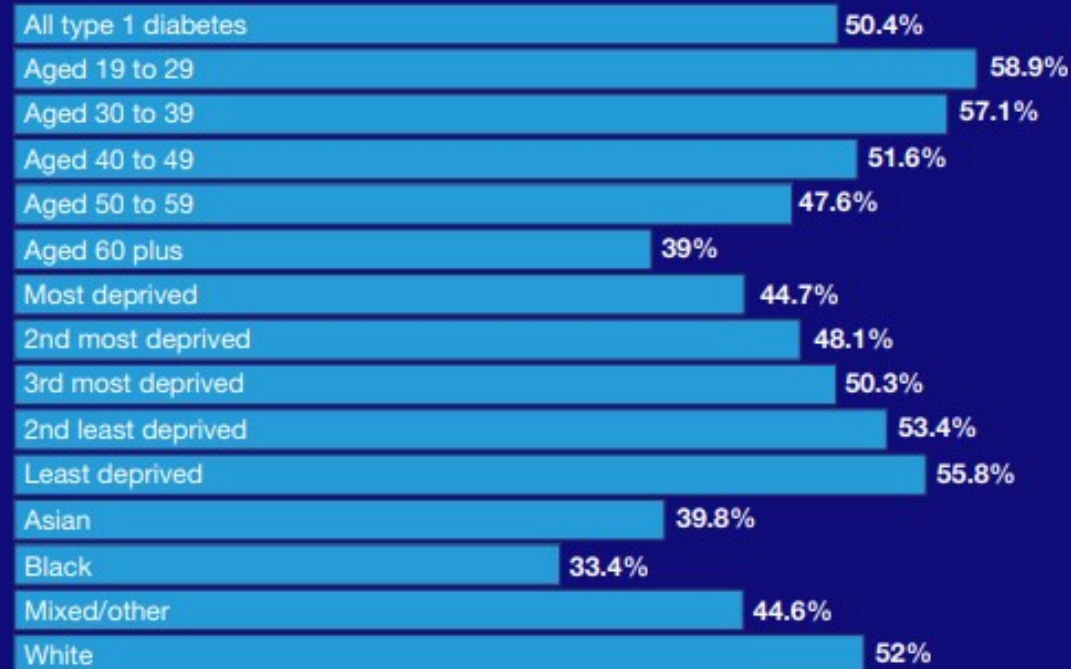
Faye Ruddock, Caribbean and African Health Network

Inequalities

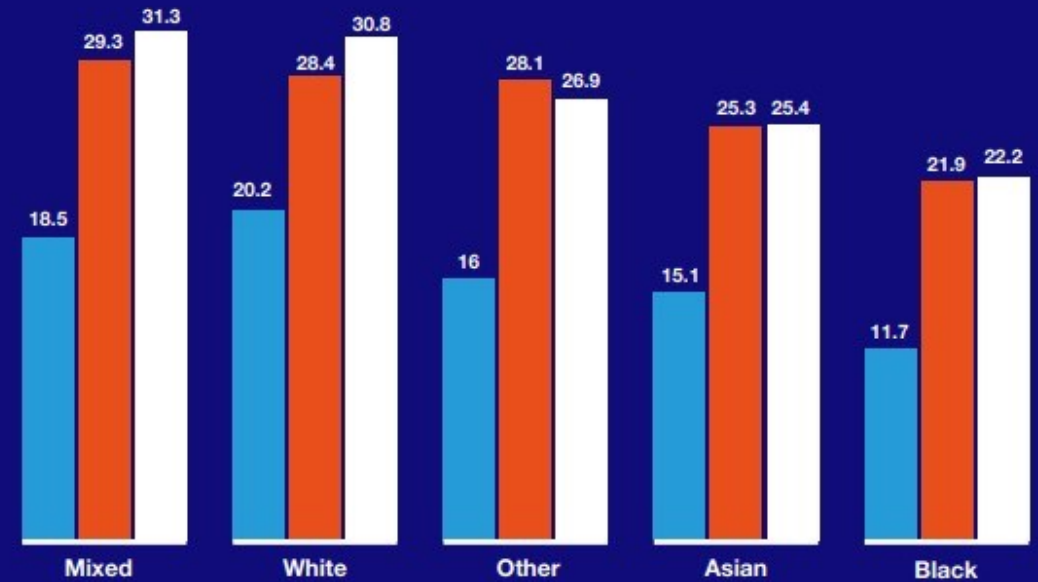
- Inequalities of risk of type 2 and gestational diabetes
- Care processes have improved to achieve parity across all ethnicities following concerted efforts during COVID recovery
- Care processes for deprivation are still lagging – in Greater Manchester 44% of people in the least deprived Quintile vs 38.1% in most deprived achieved all 8
- 3 Treatment targets are met by 40% white ethnicity adults with type 2 vs 34% Asian and 26% Black. For type 1 White ethnicity 22.1% vs 22.7% Asian and 18.8% Black

Inequalities In Access To Tech – England

Percentage of adults with type 1 diabetes prescribed wearable glucose monitors, by demographics, England, 2021-22



Ethnicity



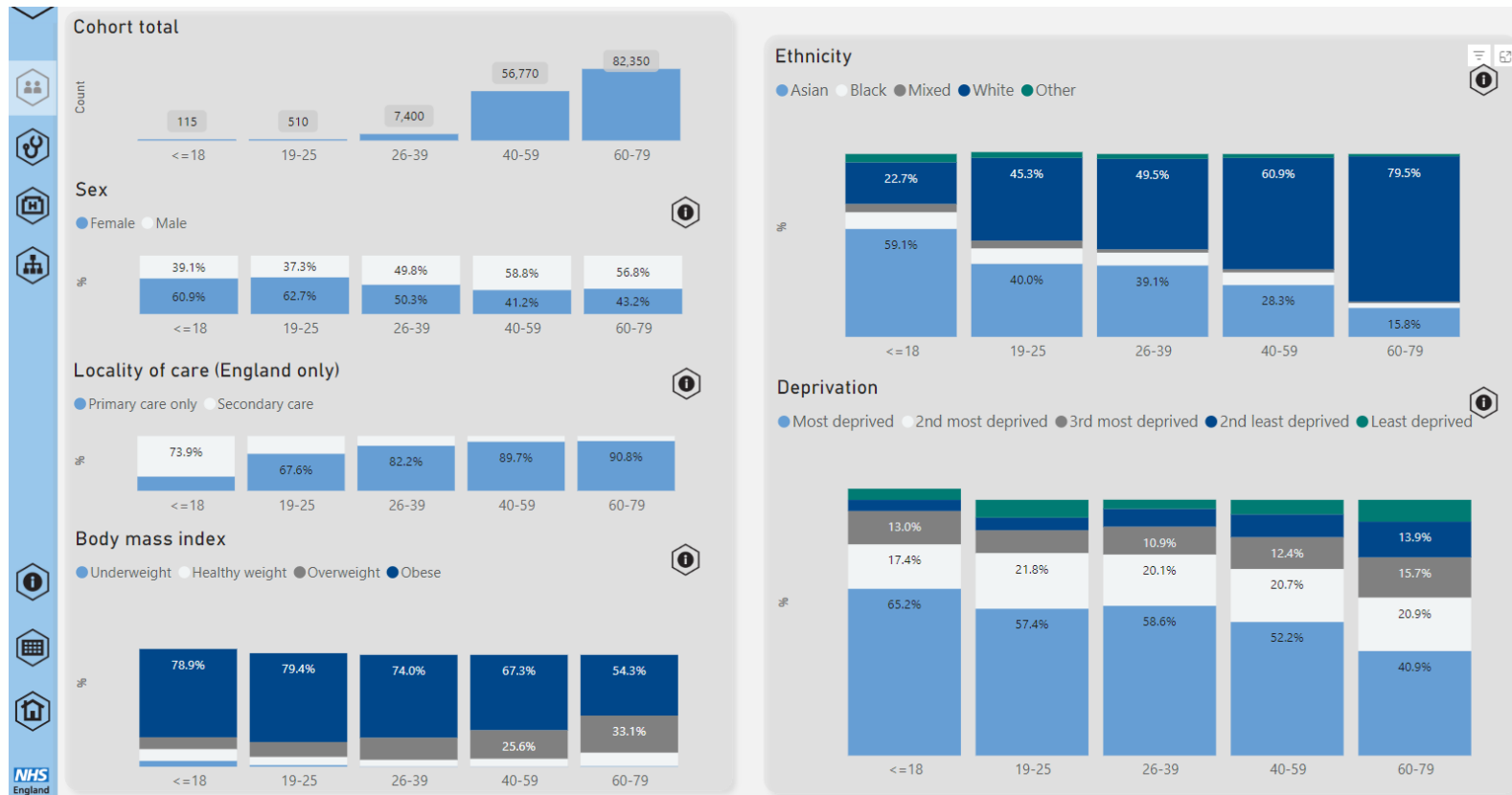
% of children and young people with type 1 diabetes using using rtCGM by ethnicity

■ 2019/20 ■ 2020/21 ■ 2021/22

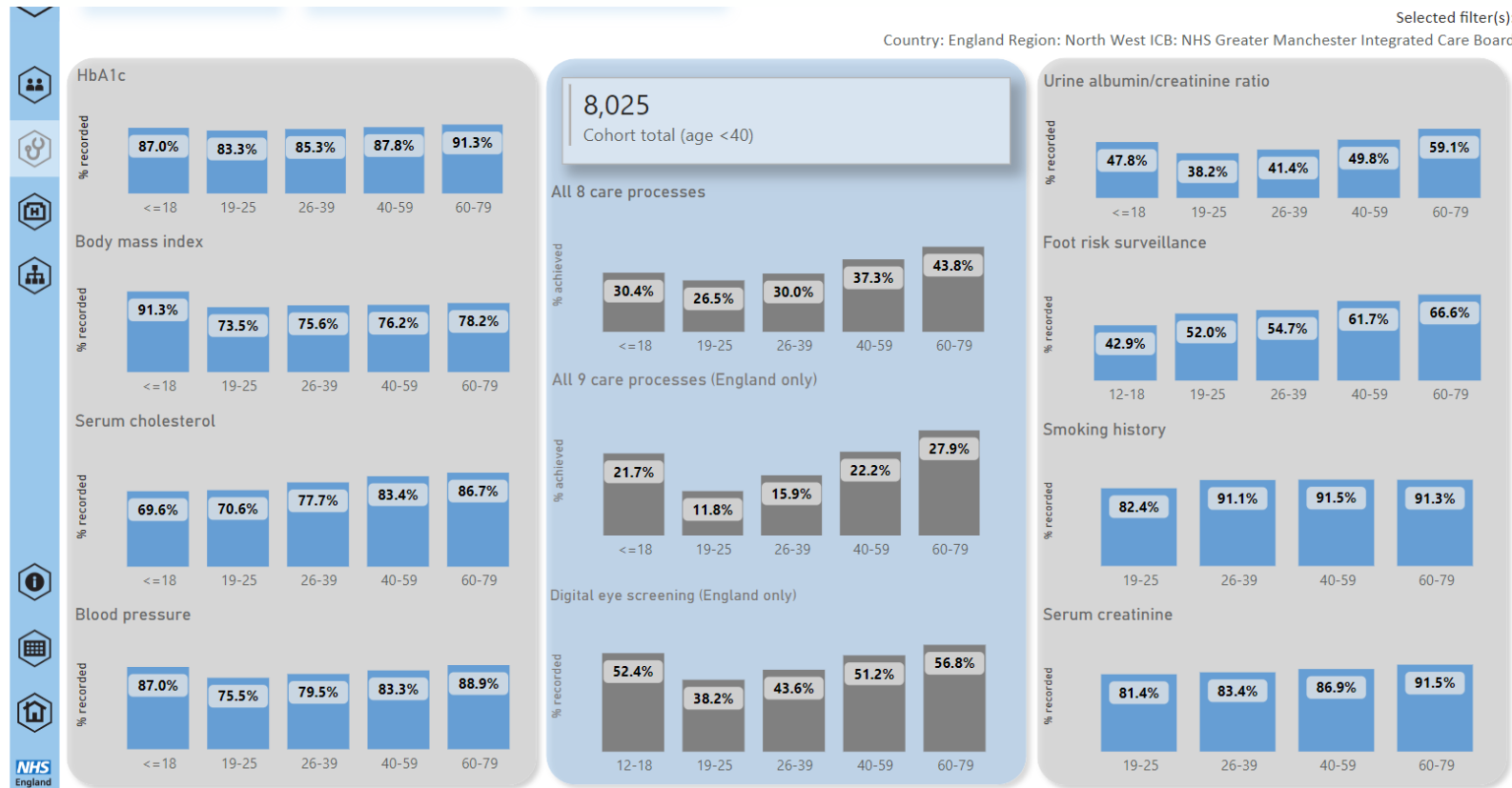
Early Onset Type 2

- On average someone diagnosed with type 2 diabetes at 20 years-old, will have an overall reduced life expectancy of 11 years, compared to a reduced life expectancy of two years, when diagnosed at 65 years-old
- Type 2 diabetes rates in under 40s rose by 18.7% between 2017-22 compared to 11.3% in those aged 40-79.

Early Onset Type 2 – Manchester – NDA Dashboard



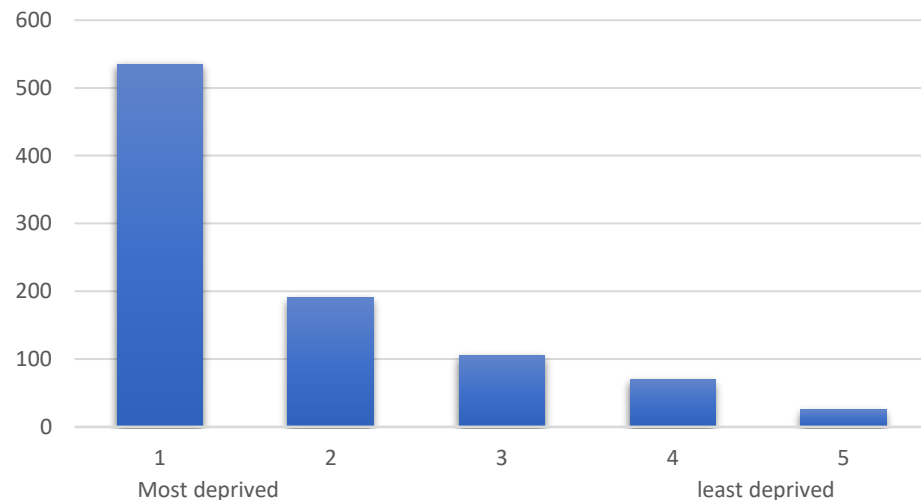
Care processes by age – Greater Manchester



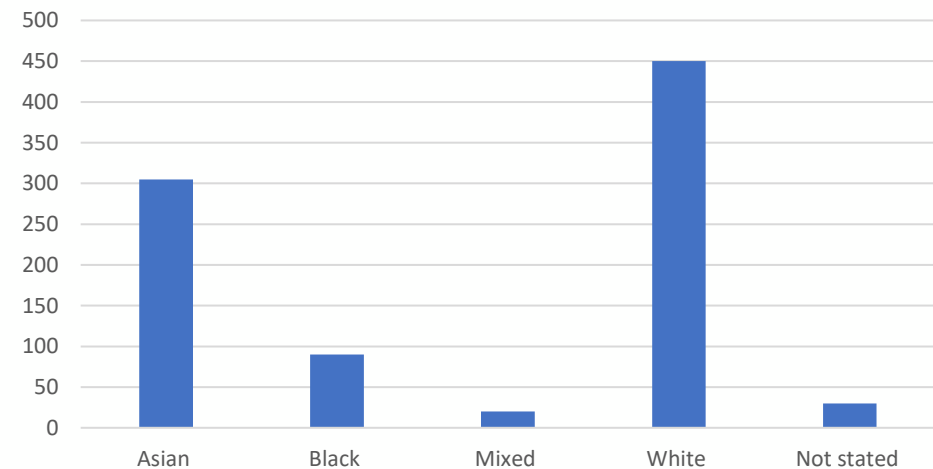
Type 2 Diabetes In Pregnancy – North West

- 92.1% of people with type 2 diabetes in the North West are not well prepared for pregnancy.
- Type 2 diabetes carries increased risk of miscarriage and stillbirth, and rates of serious outcomes for people with type 2 diabetes and their babies increased in 2022.
- 61.2% of people with type 2 in the North West are not taking Folic Acid at booking for pregnancy.

Type 2 pregnancy by Deprivation - IMD



Type 2 Pregnancy by Ethnicity

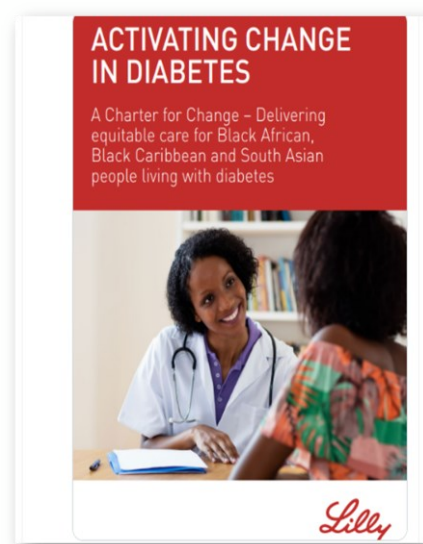
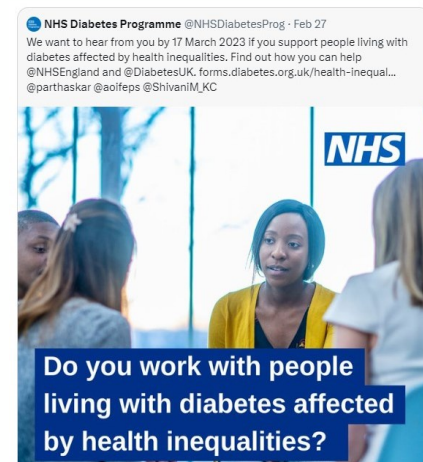


DiABETES UK
KNOW DIABETES. FIGHT DIABETES.

Tackling inequality commission 2023

What did we do?

- Panel of experts by experience and those working to improve health inequality
- Qualitative focus groups and interviews with people living with diabetes
- Frontline clinicians survey and workshops
- Community organisation interviews and workshops
- Evidence on poverty, racism, working conditions, food environment, obesity from expert organisations
- Co-chaired by Prof Linda Bauld and Dr Faye Ruddock



A feeling that Diabetes is inevitable

“Diabetes in our family is very prevalent. Anybody with the same surname as myself has a high susceptibility of diabetes on this planet.”

Person living with diabetes

People from Black and South Asian ethnicities often felt that diabetes was inevitable for them and that HCPs felt the same way, and so were not as likely to offer them the same care as someone of white ethnicity.

Mistrust in the system

“The system as a black person doesn't recognise our experience So yeah. I think everything, every clinical research is on white people.”

Person living with diabetes

- A lack of trust in the system both for people from Black and South Asian communities as well as those living in deprivation.
- Wider societal racism as well as historical medical testing contributed to this.
- Previous poor experiences with institutions such as schools, the police, social services and mental health services as well as with diabetes services.

Lack of relevant support

“The doctor told me to take lots of beans, brown rice, vegetables, dairy products but these are very, very expensive. I said this to him, but I don't think they [healthcare professionals] understand what it's like to have no money.”

Person living with diabetes

- We heard that people experiencing poverty were less likely to ask for available help, fearing they would be seen as “not coping”.
- People felt advice offered was not relevant to them if it was not culturally appropriate or too expensive and so were less likely to engage with further support.

Stigma

“your diabetic team can often be some of the most judgmental people you'll meet. There are times where it feels like remember when you're a kid and you sat outside the principal's office. That's what it feels like.”

Person living with diabetes

- Diabetes UK stigma survey of 450 people showed:
- >50% of people living with diabetes miss healthcare appointments at least sometimes due to fear of stigma
- 20% experience stigma from HCPs at least a few times per year

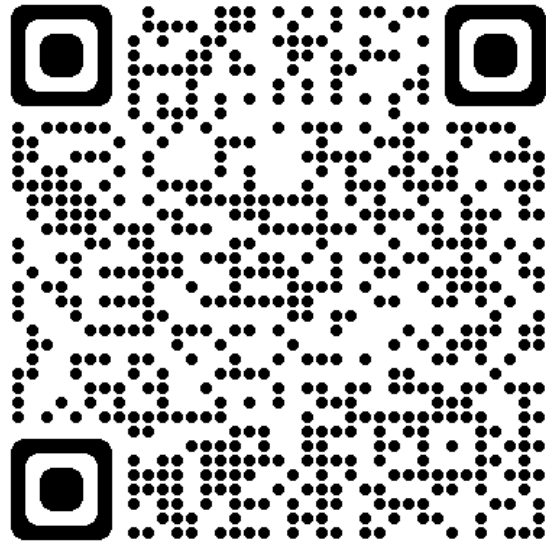
GM ICB Engagement Work on Care Processes

- A feeling that the checks are “tick box”
- Stigma around type 2 diabetes being less serious than type 1 or other illnesses such as cancer and so would be “wasting NHS time”
- A belief that they can self manage so the checks add no value
- Frustrations over duplication of tests and of barriers to access

- Many received no feedback after previous checks so felt there was no need to go back again
- Fears over being put on medication – particular awareness of others who had bad GI side effects from metformin.
- Lack of knowledge that there may be other support available

Slido Quiz

Slido.com #7085441



Quiz Answers

- What percentage of Greater Manchester identify as Black, South Asian or other ethnic minority (Census 2021)?
- 28% (City of Manchester is 43%)
- What percentage of the Bangladeshi households in the UK are living in poverty?
- 53% (vs 19% for people of white ethnicity)
- What percentage of children in the City of Manchester are living in poverty
- 45%

Quiz Answers

- What % of their disposable income do people in the poorest 25% of the population need to spend to follow government food advice?
- 50% vs 11% for the least deprived Quintile
- How much more expensive than white rice is wholemeal rice (per 100g)
- 77p

- Statistics from the Food Foundation – full references at end of presentation

ANTI-RACISM

Be bold



ADDRESS DEPRIVATION

Be proactive



ENVIRONMENT

Be supportive



DATA AND INSIGHTS

Be specific



OUR CALLS TO ACTION

REPRESENTATION

Be diverse



CO-CREATION

Be inclusive



SUSTAINABILITY

Be persistent



DIABETES UK
KNOW DIABETES. FIGHT DIABETES.

Context



Remember the wider social, environmental and economic factors that impact on health. The conditions in which we are born, grow, live, work and age, as well as ethnicity.

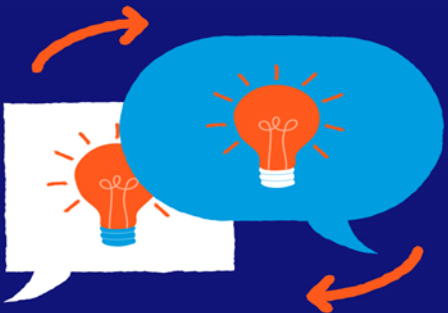
Curiosity



Understand your data and the communities around you. Where can you see inequality? Who is missing? Whose views are not being heard?

THE FOUR C PRINCIPLES

Collaboration



Coordinate and share insights. Properly involve the communities you are trying to reach. Become an anchor organisation.

Commitment



Create long term funding. Develop leadership and accountability. Learn from and share challenges as well as successes

CONTEXT

- Think about cultural differences and the impacts of systemic racism. Are services and information set up to be properly inclusive for all ethnicities?
- Think about the impact and stigma of poverty. Are you proactively offering help and thinking about hidden costs?
- Is your information easy to understand and translated if needed? Is it available in printed as well as digital? If digital is it easy to see on a mobile?
- Are the pictures and illustrations in your advert or information culturally appropriate?
- Do people need to travel? Is it easy to get there on public transport? Can you proactively offer help with costs to reduce stigma?
- Do people need time off work – can you offer different times to help this?
- Can you bring your offer closer to where people are – community hubs?
- Can you partner with another organisation who can help plan and advise on how to improve accessibility and inclusion?

Think about...

- Translation
- Adverts / information
- Costs to attend / access
- Location
- Timing – shift work or religious duties
- Surroundings – ie equipment needed to cook recipes or space needed to exercise



CURIOSITY

- Have you used dashboards or your QOF to look at the data on the particular topic your project covers. Is there a group who are more affected? Or one who is less likely to receive care?
- Have you looked at how people of different ethnicities and backgrounds feel about or are effected by your topic or event?
- Have you spoken directly to PLWD from different backgrounds and of multiple ethnicities to understand how they feel about the topic? You could ask for advice from your local authority colleagues about how to hold a focus group or go and attend an event for a particular area to hear directly.
- Is your service or project aware of how stigma may stop people engaging? How can you minimise this?
- Don't assume you already understand all the issues – ask the people most affected.

Think about...

- Using the [NDA National Diabetes Audit dashboards - NHS Digital](#)
- Asking your local authority about local insights and community groups



COLLABORATION

- Have you shared what you are doing and asked others in your local system if they have any insights to share before you start?
- Have you asked PLWD of different backgrounds and multiple ethnicities about your project? Is there a way to involve them at regular points or partner with a community organisation to co-produce your project?
- Is your team diverse? Is there anything that needs to change to improve how inclusive it is? Are people encouraged to speak up and challenge established ways of working that may be less inclusive – can this be encouraged any further?
- Are there ways you could partner with other projects or organisations who also want to reach the same audience or who can share insights?

Think about...

- Partnership working with other organisations who have more reach into different communities
- Working across your system – who else wants to reach the same communities?



COMMITMENT

- Consider the needs of different communities in all work, not just specific tackling inequality projects.
- Acknowledge that reaching new groups and adapting ways of working can be hard, and allow time and resource to do this within plans.
- Share your insights and learning as widely as possible.
- Speak up whenever you can to improve inclusion and diversity and ensure you are including the views of all PLWD, even those who have been harder to reach in the past.

Think about...

- Using the 4Cs to review existing work, as well as new projects
- Creating a community of practice to share learning – both successes and challenges.



References

[The Broken Plate 2023 | Food Foundation](#)

[Kids Food Guarantee: How affordable are wholegrain staple foods? | Food Foundation](#)

[UK Poverty 2024: The essential guide to understanding poverty in the UK | Joseph Rowntree Foundation \(jrf.org.uk\)](#)

[National Diabetes Audit 2021-22, Young People with Type 2 Diabetes - Overview - NHS Digital](#)

[National Pregnancy in Diabetes Audit 2021 and 2022 \(01 January 2021 to 31 December 2022\) - NHS Digital](#)

[National Diabetes Audit dashboards - NHS Digital](#)



Acknowledgements

This Tackling Inequality Commission Report has been developed by Diabetes UK and its designated co-chairs, kindly supported by sponsorship funding from Eli Lilly and Company, and Abbott. These sponsors have contributed evidence where appropriate through our open calls but have had no responsibility for developing or shaping the content of this work or the recommendations of the report.

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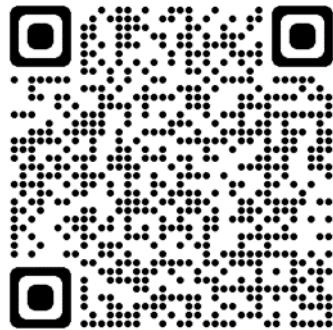
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Report available here:

<https://www.diabetes.org.uk/professionals/resources/tackling-inequality-commission>



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