



Health Equity in Diabetes

Preface

Shivani Agarwal, Guest Editor

Diabetes has a vast global toll, affecting 500 million adults and 1 million children worldwide (1). Although recent advancements in diabetes diagnosis, therapies, and care standards have improved population-level outcomes overall, it is well known that diabetes is more prevalent in marginalized and under-resourced communities and that great inequity in health, literacy, psychological, and economic outcomes remains pervasive (2,3). In recent years, increased emphasis from governmental and health organizations, coupled with the ongoing coronavirus disease 2019 pandemic, has underscored the clear link between social determinants of health (SDOH), historically marginalizing systemic and structural factors, and inequity (2,3). Moreover, it has become increasingly evident that inequity is passed along generationally, increasing exponentially.

So where do we go from here? Time, energy, and resources invested in the last few decades to study, highlight, mitigate, and eliminate the negative effects of SDOH have yet to achieve their aim. There remains a large translation gap from research to practice resulting from several causes, including disjointed health and public/private sectors, siloed disciplines within health care, and policies created without a focus on equity, that perpetuates systemic racism (4,5).

In this *Diabetes Spectrum* From Research to Practice section, we highlight work in several arenas of diabetes to provide clinicians with viable tools to achieve equity for our marginalized and under-resourced patients with diabetes. First, Jaquelin Flores Garcia and colleagues discuss important extensions of clinical models to improve access to diabetes care and use of new therapies to reduce both short- and long-term medical outcomes (p. 266). Next, Ashley M. Butler and colleagues describe the important psychological consequences of marginalization and diabetes, highlighting the need for more work in this area to study and design better models of psychosocial care that address all needs (p. 276). Julia E. Blanchette and colleagues then detail poignant challenges in diabetes care

and education and the vital need to adjust educational strategies to improve self-management (p. 284). In the fourth article of our series, Ashby F. Walker and colleagues underscore the potential of peer support in diabetes and its ability to enhance medical, psychological, and educational outcomes (p. 295). Osagie Ebekozien and colleagues then demonstrate the unique ways in which quality improvement methodology can be translated to equity in both research procedures and real-world clinical practice (p. 304). Finally, Leonard E. Egede and colleagues outline the important upstream factors that affect our patients, describing efforts to break down barriers between health care and other sectors to eliminate structural barriers that continue to inhibit advancement.

It is my hope that, with increased awareness, collaboration, and work targeted toward equity, we will change the way we care for and address the needs of our marginalized and under-resourced communities with diabetes to improve outcomes. Part of this aim necessitates a breakdown of our traditional siloes within and outside of health care to cross-pollinate ideas and foster conversation. This special-topic issue is an effort to catalyze that process.

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