

How structural racism underlies inequitable pediatric diabetes care

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Data show racial disparities in type 1 diabetes treatment and outcomes in non-Hispanic Black (NHB) children in the US. NHB children are less likely to be treated with diabetes technology, have poorer glycemic

control and higher rates of diabetes complications and diabetes-related mortality than non-Hispanic white children. There is much to be done to ensure equitable care, but as yet, structural racism has not been a focus.

In an invited commentary in the journal *Pediatrics*, a researcher from the University of Pennsylvania School of Nursing (Penn Nursing) tackles the problem of how structural racism underlies disparities in pediatric type 1 diabetes treatment. Author Terri H. Lipman, Ph.D., CRNP, FAAN, Miriam Stirl Endowed Term Professor of Nutrition, Professor of Nursing of Children, Assistant Dean for Community Engagement, suggests structural racism as the root of inequity.

"To meaningfully address [health disparities](#), we need to be unafraid to identify, name, and address structural racism and reflect on the roles that we as individuals and health care teams play in perpetuating the effect of structural racism in health outcomes," says Lipman.

Lipman and article coauthor Colin P. Hawkes, MD, Ph.D. of the Children's Hospital of Philadelphia, call on [health care providers](#) to take responsibility for the major public health issue of [racial disparities](#). "We must work together to develop community-based interventions to address systematic racism and be prepared to fight the entrenched systems that are structured to disadvantage populations of color," Lipman says.

More information: Colin P. Hawkes et al, Racial Disparities in Pediatric Type 1 Diabetes: Yet Another Consequence of Structural Racism, *Pediatrics* (2021). [DOI: 10.1542/peds.2021-050333](https://doi.org/10.1542/peds.2021-050333)

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