



Black Diabetic Lives Matter

Stephen A. Brunton

The recent killing of George Floyd in Minneapolis, MN, among many other senseless deaths, has highlighted issues of endemic racism in America and prompted an examination and evaluation of practices across many different institutions. Systems of structural racism exist that includes the totality of ways in which societies further racial discrimination through mutually reinforcing systems of housing, education, employment, earnings, benefits, credit, media, health care, and criminal justice.

Although the health care sector endeavors to be egalitarian, it is apparent that inequities in access and quality of care are widespread, including in the area of diabetes. People of color have not only a higher incidence of diabetes, but also worse outcomes. When one examines diabetes-related mortality, it is alarming to see that black people die at twice the rate of whites (1).

Of significant concern is the ubiquity of unconscious bias and the way it may affect the way providers of health care interact with patients (2). White physicians, particularly those who are male, often perceive black patients as being uncooperative and noncompliant, and this attitude can affect the level of care they provide (3).

As a tool to address this bias and improve awareness, a 21-day Racial Equity Habit Building Challenge is available online from the diversity education, research, and

consulting firm American & Moore (4). This program provides 3 weeks of daily actions to further participants' understanding of power, privilege, supremacy, oppression, and equity. The plan includes suggestions for readings, podcasts, videos, observations, and ways to form and deepen community connections.

The mission of the American Diabetes Association is to prevent and cure diabetes and improve the lives of all people affected by diabetes. As Hope Feldman, CRNP, FNP-BC, vice chair of the ADA's Primary Care Advisory Group, so eloquently stated during the recent Diabetes Is Primary virtual professional education program (5), "We, as a primary care community, recognize that racial disparities and inequities disproportionately affect the burden of diabetes on our communities of color. This matters to us. . . . To care about diabetes is to care for black lives."

REFERENCES

1. Bailey ZD, Krieger N, Agénor M, Graves J, Linos N, Bassett MT. Structural racism and health inequities in the USA: evidence and interventions. *Lancet* 2017;389:1453–1463
2. Sabin J, Nosek BA, Greenwald A, Rivara FP. Physicians' implicit and explicit attitudes about race by MD race, ethnicity, and gender. *J Health Care Poor Underserved* 2009;20:896–913
3. Chapman EN, Kaatz A, Carnes M. Physicians and implicit bias: how doctors may unwittingly perpetuate health care disparities. *J Gen Intern Med* 2013;28:1504–1510
4. American & Moore. 21-Day racial equity habit building challenge. Available from <https://www.eddiemoorejnr.com/21daychallenge>. Accessed 28 July 2020
5. American Diabetes Association. *Diabetes Is Primary – Virtual*. A live online presentation of the American Diabetes Association. Available from <https://professional.diabetes.org/meeting/local-continuing-education-activities/diabetes-primary-virtual>. Accessed 22 June 2020

Primary Care Metabolic Group, Los Angeles, CA

Corresponding author: Stephen A. Brunton, sbrunton@pceconsortium.org

<https://doi.org/10.2337/cd20-0077>

©2020 by the American Diabetes Association. Readers may use this article as long as the work is properly cited, the use is educational and not for profit, and the work is not altered. More information is available at <https://www.diabetesjournals.org/content/license>.