

Inequities in type 2 diabetes

Māori and Pacific peoples have a higher incidence of type 2 diabetes and have worse health outcomes associated with the disease, compared with Europeans. Although differences in genetic predisposition may be involved, this does not explain the extent of the disparity.

Many of the contributing factors are related and, in general, are likely to be due to inequities in standard of care, including access to medicines, medicines management, education and access to diabetes services.

Key facts

Type 2 diabetes presents earlier in Māori, Pacific and Indo-Asian peoples than in Europeans and delayed management may lead to poorer long-term health outcomes.

Māori and Pacific peoples may be less likely to have their HbA1c checked at the recommended intervals, and rates of monitoring for renal failure (albumin creatinine ratio – ACR) may be lower in Māori compared with non-Māori.

Māori have higher rates of retinopathy, limb amputation and mortality, compared with non-Māori.

Māori and Pacific adults are more than twice as likely not to have collected a prescription because of cost than non-Māori and non-Pacific adults, after adjusting for age and sex differences.

Māori are at increased risk of diabetic complications compared with non-Māori, including microvascular disease (nephropathy, retinopathy and neuropathy) and long-term macrovascular outcomes (coronary artery disease, stroke and peripheral vascular disease).

Māori and Pacific peoples have a higher risk of progression to end-stage renal disease (ESRD) than European/other ethnicities.

Māori and Pacific peoples have significantly higher hospital admission rates and development of complications such as hypoglycaemia, cellulitis, renal failure and CVD compared with Europeans.

The first step to addressing inequitable health outcomes is knowing that they exist

A bibliography is available with the online version on AkoHiringa.co.nz

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Inequality vs. inequity

The words inequality and inequity are often used interchangeably in health, yet there are important differences in their meaning.

Health **inequality** refers to the health status of individuals or groups not being equal. If the difference is considered preventable, unfair, or due to bias, it is described as a health **inequity**.

Equality can be achieved by giving everyone the same amount of care; equity can be achieved by giving more care to those who need it.

Health inequities in the detection and management of diabetes and its associated health outcomes are significant concerns in New Zealand.