

TACKLING INEQUALITY IN DIABETES

Our commitments

December 2021



DiABETES UK
KNOW DIABETES. FIGHT DIABETES.

Foreword from Chris Askew, Chief Executive of Diabetes UK

Diabetes UK is committed to being an anti-racist organisation, tackling inequality in all its forms. Our vision is a world where diabetes can do no harm. And to get there, it is essential we address the harm inequality does to people with diabetes.

The pandemic has served as a stark reminder of existing inequalities, as the differences in outcomes from coronavirus for Black, Asian and other ethnic minority communities, and those from more socially deprived backgrounds were laid bare. We already know that inequalities relating to ethnicity and deprivation also lead to some of the poorest outcomes for people with diabetes, meaning unfair differences in care, treatment and the chance to live well with diabetes.

These inequalities are particularly alarming when you consider that nearly five million people in the UK are living with diabetes, with a further 13.6 million at risk of developing type 2. Diabetes does not affect everyone equally. But inequality in diabetes is not inevitable. If we are going to play our part it is more important than ever that we look at ourselves and place change at the forefront of our agenda.

We have pressed forward with our work to tackle inequality in the last year. Our colleagues have completed mandatory unconscious bias training and we have introduced active bystander training. We now have a supportive BAME Staff Network and regularly run Common Ground sessions, opening colleague-to-colleague discussions about our diverse experiences, in ways we have not done before.

We are changing our approach to recruitment, with all our leaders taking part in a mandatory training course, aimed at reducing unconscious bias in job descriptions and interviews. Plus, every quarter, we are analysing our recruitment applicant data to look for anything that could be blocking diversity in our processes or approach.

We have sought to spread the message outside our organisation, too. This means continuing to push the UK governments to collect and share data on the relationship between ethnicity and coronavirus. We have supported the NHS in targeting type 2 prevention services to those with the greatest risk. And, in this new normal, we have adapted to find new ways to be there for ethnic minority communities, when they have needed us the most.

Looking to the future, working with others will be pivotal in helping us achieve our goal. We need to support each other as we make these big – and small – steps forward to becoming a truly diverse charity. Because diversity really will be the most powerful asset in our mission to tackle inequality in diabetes care and prevention.

Chris Askew

Introduction: The need and our ambition

Diabetes does not affect everyone equally. Your ethnic group, where you live and your income all affect your chances of getting type 2 diabetes, the care you get for any type of diabetes and your long-term outcomes.

For example: Black African, Black Caribbean, and South Asian ethnic groups have higher rates of type 2 diabetes, as well as a higher risk of developing the condition at a younger age compared to the white population, and are more likely to develop complicationsⁱⁱⁱ. People living in more deprived areas are significantly more likely to have type 2 diabetes^{iv}. And, the National Paediatric Diabetes Audit has found that Black children and young people with type 1 diabetes have consistently higher HbA1c than those in other ethnic categories^v.

There is growing awareness that structural inequality is built into the ways services are organised and run. This results in services that are not designed around the needs of some groups and a lack of cultural competence that can prevent people from getting the help they need. Recent data on children's access to diabetes technology shows stark variation in who gets access. Ethnic minority children and children who live in deprivation are much less likely to get tech than White or better off children.

The issues that cause inequality are complex and systemic and will require collective action at all levels if they are to change. Governments, health services and professionals working in care and prevention services all have a role to play. We also need to make sure that people affected by diabetes are supported to know more and manage their condition well.

At Diabetes UK, we recognise the need for greater action to tackle inequality and our role in calling for change. We also recognise that we need to change to meet this challenge. This paper sets out our commitment to tackle inequality.

Where are we now?

Our strategy – A generation to end the harm – identified the need to address inequality if we are to have a world where diabetes can do no harm. It showed clearly that our work for people with and at risk of diabetes needed to focus on tackling inequality if the outcomes we identified are to be achieved equitably for all. We recognised the vital importance of partnership with decision-makers, providers of care and support and communities in that work. This built on our work over many years to support ethnic minority communities with diabetes.

As we developed our plans to tackle inequality, the stark inequality seen in the COVID pandemic and the international protests following the killing of George Floyd in 2020 shone a powerful spotlight on how much further we needed to go.

We have listened to those most affected by inequality, our colleagues, and partners to build ambitious commitments. Our focus is:

- **Reducing inequality in care and outcomes for people who experience disadvantage**

Leading action on the inequality experienced by ethnic minority groups and people living in deprivation, so these groups no longer have worse outcomes, do not face discrimination in accessing care and treatments, and are supported to reduce their risk of diabetes. This includes action to address the social determinants of health – the conditions in which people are born, grow, live, work and age – which underpin our unequal health environment.

- **Creating greater understanding of diabetes and inequality**

We know enough to demand action now and there is much more to discover about how to reduce inequality. We will be guided by those who face inequality and the groups and organisations that work with them. We will also work closely with the people and organisations that run services to develop that knowledge. This includes improving representation in clinical trials and research studies, so that treatments and interventions work well and are tailored for diverse groups. Our aim is to ensure action on inequality is based on the real issues people experience.

- **Increasing Diabetes UK's ability to tackle inequality**

We recognise the need to increase the diversity of our workforce and build our confidence in addressing inequality. We also need to make sure our decisions are being guided by people with relevant expertise and lived experience. This will make sure our work to address inequality is shaped by those who understand it and its effects. We will also aim to ensure that the research we fund is designed so that it tackles inequality and doesn't perpetuate it, and that we are an inclusive funder, with the Diabetes UK community of funded researchers being representative of the diversity in the UK.

Our commitments to action

We have identified six areas of activity that will enable us to deliver against our commitments.

1. Reducing gaps in health outcomes for people with and at risk of diabetes

What we want to achieve

We want a significant reduction in gaps in health outcomes for people with and at risk of diabetes who face inequality. We know this will take time, and that we cannot do it alone – so we have plans to work with others, in the health system and beyond, and to start with some key steps where the need is greatest.

Our initial work has shown us that some of the starkest inequality is experienced by people from South Asian, Black African and Black Caribbean communities and by people living in poverty so our focus will start there. Then we will develop our work to address inequality for other groups based on our developing insight, knowledge and experience.

We will:

- Work with Governments and national and local healthcare systems across the UK to:
 - improve access to and experience of care, including emotional wellbeing support for groups that experience inequality.
 - ensure more people from South Asian, Black African, Black Caribbean and deprived communities are aware of their risk of developing type 2 diabetes – including for some at a much younger age than others – and have full access into prevention programmes.
 - ensure that remission programmes are accessible to everyone equitably.
- Commit to becoming a truly anti-racist organisation, recognising the systemic impact of racism, advocating for racial justice for those with and at risk of diabetes within the health system, research and beyond, and working towards racial equity in our services and activity.
- Become a more active partner in the movement to address the social determinants of health, which lead to poorer health outcomes for people from ethnic minority and deprived communities.
- Develop local and national partnerships to co-produce and co-create services and support with a focus on communities who are adversely impacted by diabetes; this will include South Asian, Black African, Black Caribbean and deprived communities.
- Improve the accessibility of our suite of digital products as well as make our services available for those who are digitally excluded.

- Continue to develop our community place-based approach to extend our reach, as well as exploring what digital and social media channels help us achieve our goals most effectively.
- Work with health and other organisations to promote more equitable access to technology and medications, including innovations, and to avoid new inequalities emerging.
- Identify and call for action where we identify racism or other forms of discrimination, passive or active, in how current services and treatments are accessed by groups and communities.

2. Ensuring that the research we fund addresses inequality, and is supported by a diverse diabetes research community

What we want to achieve

We want to ensure that there is diversity amongst the people living with or at risk of diabetes influencing our research priorities and funding decisions. And that there is diversity amongst those participating in research. We also want to maintain a diverse and inclusive research community, removing any barriers to our research funding schemes and processes being inclusive.

We will:

- Work with our Diabetes Research Steering Groups, the research community, healthcare professionals and people with diabetes to identify the role of research in tackling inequality and the key priorities for the coming years.
- Ensure new research and innovation benefit more disadvantaged groups by identifying ways to increase participation from under-represented groups in research studies, clinical trials and in patient and public involvement on studies.
- Continue to work with our Diabetes Research Steering Groups and our Grants Advisory Panel to ensure that our patient and public involvement in research activities are representative of the diabetes community.
- Draw on the expertise of our Science and Research Advisory Group and the wider research community to understand the causes of any barriers to inclusivity within our research funding schemes, find solutions to address these, and find ways to attract a diverse range of researchers into diabetes research.
- Ensure that our research funding processes are fair and transparent and that our Research Committee and Fellowship Panels are representative and made up of a diverse group of experts.

- Collect and publish diversity data on our grants, including success rates, to monitor our progress.

3. Building understanding of inequality in diabetes and what to do about it

What we want to achieve

There is much we do not yet know about how to tackle inequality. We need a clearer understanding of the nature and impacts of inequality. We need a strong and developing base of evidence, informed by people with lived experience, which we can use to decide priorities for action. We want to see a growing, strong alliance between key bodies – in the health systems of the UK, research bodies, community organisations and those with expertise in addressing inequality – working together to develop this evidence and influence change.

We will:

- Establish a commission bringing together people with lived experience, experts and decision makers from health, research and other spheres to fully explore what is needed to tackle diabetes inequality.
- Call for increased gathering and sharing of data about ethnicity and deprivation to highlight the issues that create inequality and build an evidence base about what works to reduce it.
- Call for the development of services that are culturally competent, delivered where and when people need them, and ensure staff are offered support to develop appropriate skills and knowledge.
- Build relationships with organisations that represent and advocate for communities and work with them to find new solutions to the problems of inequality.

4. Making our services more accessible to people who do not currently access them

What we want to achieve

We want to ensure that a wider range of people and communities, including those who experience inequality, can access the support and services we provide. We know that our services are currently only able to reach a fraction of those people with and at risk of diabetes. We will work to hear from groups about how to make our services more accessible and what they need from us.

We will:

- Routinely engage and involve those from South Asian, Black African, Black Caribbean and deprived communities, to have better insight of their needs, experiences and ensure we are relevant.
- Use data and insight to better target our communications and as we develop new services and support, with an initial focus on those from South Asian, Black African and Black Caribbean and deprived communities.
- Co-create and co-produce our services and support, through working in partnership with a diverse range of local and national partnerships.
- Build partnerships with organisations and groups who advocate for South Asian, Black African and Black Caribbean populations with and at risk of diabetes, and adapt our support and services so they are relevant and have impact.
- Ensure that any new services we develop to support people putting their type 2 diabetes into remission are designed to include those from ethnic minority and deprived communities.
- Improve the relevance and accessibility of all our communications, digital services and support including through language, imagery and formats, as well as considering how we reach those who are digitally excluded.

5. Increasing the diversity of the people that influence and guide our work

What we want to achieve

We are committed to learning about how we tackle inequality. To do this, we need to do more to listen to and work together with those who experience it. Our ambition is to ensure people with lived experience of inequality are central to influencing our plans and actions. We need them to be part of the groups that oversee and guide us, for example, our Board of Trustees and Council of People Living with Diabetes. It also means we need to listen to people from those groups who volunteer and support our work. We are determined to develop our approaches to gathering insight, too, so that our work is increasingly built on a broad understanding of diverse needs.

We will:

- Ensure we routinely seek the views and experience of disadvantaged groups in our work and influence others – like the National Diabetes Audit – to do the same.
- Actively seek to increase the diversity of our Board, our Council of People with Diabetes, our research panels, and the other groups that guide us.

- Bring teams of committed people together working within health systems across the UK to test out approaches that address different aspects of diabetes inequality.
- Work to remove barriers that prevent people from volunteering with us, and actively promote opportunities to people from South Asian, Black African and Black Caribbean communities to increase the diversity amongst Diabetes UK volunteers.

6. Building an inclusive and diverse organisation confidently tackling inequality

What we want to achieve

We recognise that we need to change if we are to play our part in tackling inequality. Our ambition is for Diabetes UK to deepen the extent to which we are an equal, inclusive and diverse organisation that:

- Respects and values difference.
- Has a diverse workforce with equal opportunity at its heart.
- Takes action against discrimination in all its forms.
- Ensures all colleagues have a strong sense of belonging where they feel their voice is heard and has value.
- Ensures colleagues have the confidence, capacity and ability to tackle inequality.

We will:

- Develop an organisational equality, diversity and inclusion plan, that will identify the work we need to do to achieve our ambition.
- Support colleagues to develop greater confidence in working with diverse groups, especially those who experience inequality.
- Provide support and space for staff networks and forums to meet separately and with allies, to promote diversity and address inequality.
- Ensure colleagues have the skills to raise difficult issues, disagree constructively and feel able to have different views in the service of more creative and inclusive ways of working.
- Critically review our work to understand how it may contribute to or tackle inequality, and support colleagues to feel confident in making this assessment.
- Monitor and report on the breadth of diversity within the Diabetes UK workforce, and partner with other organisations to broaden our diversity and engage with identified minorities, where needed.
- Regularly review and change our processes and practices to ensure we are doing everything possible to attract and keep a diverse workforce at all levels within our charity, particularly addressing areas where we need to do more such as ethnic

diversity in senior roles; this includes embedding our anonymous recruitment processes.

- Continually review where and how we advertise roles to attract the widest possible pool of applicants.
- Analyse quarterly monitoring of diversity data for each recruitment campaign, including reviewing the diversity of our recruitment panels, and offering training to panel members on how to reduce the impact of unconscious bias when interviewing.
- Review how we communicate our employer brand to job applicants to ensure it strongly communicates what it is like to work here, including our commitments to equality, diversity and inclusion.
- Develop ways of sharing learning on how to tackle inequality across Diabetes UK.

Our progress

For many years, we have recognised the unequal impact of diabetes and worked to tackle this with partners and those with lived experience. For over a decade, we have been supporting volunteer Community Champions to increase awareness of diabetes and its risks in communities at greater risk. And we have worked with communities and health providers in local projects focused on engaging and supporting disadvantaged groups.

Last year, we underlined our commitment to tackling inequality by naming it as one of the four drivers in our 2020-2025 strategy, meaning it is key to achieving our vision of a world where diabetes can do no harm. Since the launch of the strategy, our work to tackle inequality has picked up pace and its impact is growing.

MAY 2020

Analysed our ethnicity pay gap, which highlighted a lack of diversity in leadership roles. Future recruitment will be planned with diverse leadership in mind.

LATE 2020 TO NOW

Refocused our trustee recruitment to make sure we reached more diverse applicants.

FEBRUARY 2021

Our Tackling Inequality Lab launched, bringing together healthcare professionals, people affected by diabetes and health system leaders to tackle inequality in diabetes care.

MID 2021

Developed updated language guidance for colleagues on how we talk about race and ethnicity.

Increased diversity in our research advisory panels, giving a voice to previously unheard communities. We have plans to develop this further.

OUR RECENT PROGRESS

JUNE 2020

Our BAME staff network launched, providing a space for colleagues from ethnic minority groups. The network continues to support and challenge our work today.

NOVEMBER 2020

Set up Common Ground – a colleague-led space for staff to discuss their experiences of inequality, identity and language.

EARLY 2021

Everyone at Diabetes UK took part in Unconscious Bias training. Plus, we introduced a new approach to recruitment, including anonymous shortlisting and new bias training.

New Engaging Communities staff recruited to our regional teams to help build new partnerships with communities and become better at supporting them.

LATE 2021

Celebrated Black History Month across the charity, by marking the history, contributions and stories of black people within the diabetes community.

Increasing our focus on becoming a more diverse organisation, with a new senior level post and additional staff capacity to push this work forward.

We have also got big plans for the year ahead. These include:

- Publishing our position statement on inequality, which will guide our work and provide clear calls to actions for others; it has a focus on ethnicity and deprivation and we will continue to develop our position statements over time to include other aspects of inequality.
- We'll also do more work on poverty and the impact it has on diabetes risk and care, developing further position statements on poverty and social determinants of health, and the role these play in increasing risk of developing type 2.
- Launching our commission on diabetes inequality, enabling people with lived experience and other experts to guide our future work.
- Completing the first stage of our Tackling Inequality Lab, developing prototype approaches to address different aspects of diabetes inequality within the health system; the learning from these will inform larger scale work in future.
- Our Regional Teams will continue to work in targeted local areas, with partners and communities, to improve our understanding of their need and to broker solutions.
- Engaging with all our colleagues to develop an Equality, Diversity and Inclusion strategy for the charity, which will help us adapt to become the kind of charity we need to be to meet the challenge of inequality, and bringing in new resource to drive forward this work.
- Making Tackling Inequality a sustained focus for our Board of Trustees, with regular oversight of our approach by the Board.
- Recruiting new members to our Council for People with Diabetes, with a particular focus on increasing diversity in under-represented groups.
- Convening a workshop with leading experts, people with lived experience and others to uncover how research can play a role in tackling inequality in diabetes specifically looking at ethnicity, as a first step.

How will we know we are making progress?

We want everyone to see when we are making progress and to be able to see where we have more work to do. We will report annually about our progress and learning and use this to update our plans and commitments, as we deepen our understanding and hear from others.

We will also track whether gaps in outcomes for disadvantaged groups are narrowing or widening and use this knowledge to encourage more change in our own work and those we work with.

Some of the key areas we will measure to understand the impact of our work are:

- The reach of our communications and services broken down by ethnicity and other characteristics.
- The demographic breakdown of our members, supporters and volunteers.
- The diversity of our Board and other governance groups.
- Evaluation of key areas of work, such as our Engaging Communities and Lab initiatives.
- Staff views and perceptions through our regular staff surveys, focus groups and evaluations of our learning and development offer.
- The diversity of our staff – overall and at senior levels.

We will also seek feedback from the people who we involve in our work to understand their view of our progress.

ⁱ Health and Social Care Information Centre (2006). Health Survey for England 2004, Health of Ethnic Minorities and Ntuk, U.E., Gill, J.M.R., Mackay, D.F., Sattar N. & Pell, J.P. (2014). Ethnic-Specific Obesity Cut offs for Diabetes Risk: Cross-sectional Study of 490,288 UK Biobank Participants. *Diabetes Care* 37(9), 2500–7

ⁱⁱ <https://dom-pubs.onlinelibrary.wiley.com/doi/full/10.1111/dom.12915>

ⁱⁱⁱ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4441277/>

^{iv} NDA 18/19

^v https://www.rcpch.ac.uk/sites/default/files/2020-03/final_npda_core_report_2018-2019.pdf