International Diabetes Federation Europe

WHO ARE WE LEAVING BEHIND?

DIABETES WITHOUT BARRIERS

Anyone can develop diabetes. But our risk, experience and outcomes are not equal.

Diabetes affects people of all ages and backgrounds. However, social, economic and environmental factors, as well as access to quality care, mean that some people are at higher risk, are diagnosed later, have worse outcomes and face greater challenges in managing their condition.

> **A fairer Europe leaves no one behind. Everyone should have the opportunity to lower their risk of T2D/GDM, access timely, affordable and good quality care, regardless of who they are, where they live or their circumstances.**

Addressing these inequalities is essential to ensure that everyone in Europe can lower their risk of type 2 diabetes (T2D)/gestational diabetes (GDM), access care and live healthier, fuller lives.

More inclusive systems lead to better lives for all.

WHAT AFFECTS EQUALITY?

Multiple and interlinked factors shape the risk, experience and outcomes of diabetes.

SEX AND GENDER

Biological, hormonal and social factors influence risk, diagnosis and care.

AGE

Risk, needs and management challenges vary across the life course.

SOCIO-ECONOMIC DETERMINANTS

Income, education, housing, employment and wider social conditions influence risk and access to care.

GEOGRAPHY

Where people live affects their risk, availability of services and quality of care.

ACCESS, AVAILABILITY & AFFORDABILITY

Timely access to screening, medicines, technologies, education and specialist care remains unequal across Europe.

KEY INEQUALITIES IN DIABETES

Different peope. Different challenges. Unequal outcomes.

Social determinants of health

30-55% of health outcomes are determined by social factors such as income, housing, education and environment.

Income & household circumstances

Adults in poor and near-poor households have the highest diabetes rates. Low-income populations are more likely to develop T2D.

Education

2.4 times

higher risk of developing diabetes for people with a lower level of education compared with those with a higher level of education.

Children and adolescents

2.4 times

adolescents living with type 1 diabetes (T1D) experience diabetes distress.

Women and men

Women get diagnosed on average **4.5 years** after men for diabetes and other metabolic diseases.

Early life experiences

Individuals who experience adverse childhood experiences have an increased risk of diabetes and other conditions (e.g. heart disease and cancer).

Older adults

With increasing life expectancy, more people with diabetes are over 65 and have complex needs, particularly those living with frailty or dementia.

Earlier diagnosis, higher risk

The relative risk of death is higher if diabetes is diagnosed earlier in life.

WHAT CAN BE DONE?

More inclusive and equitable systems can reduce inequalities and improve outcomes.

1 ADDRESS SOCIAL DETERMINANTS OF HEALTH

- Address poverty, improve education, housing and working conditions.
- Create healthier environments for all communities.
- Integrate diabetes into broader policies on health, social inclusion and environment.

2 IMPROVE ACCESS TO CARE, MEDICINES & TECHNOLOGIES

- Ensure timely, affordable and equitable access across all regions and population groups.
- Strengthen primary care and allocate resources more efficiently.
- Reduce geographical barriers and support digital solutions where appropriate.

3 TAILOR CARE TO DIFFERENT NEEDS

- Provide age-appropriate, gender-sensitive and culturally competent care.
- Ensure structured diabetes education at diagnosis and throughout life.
- Support people with multimorbidity, frailty or cognitive impairment, including those in care homes.

4 LEAVE NO ONE BEHIND

- Address stigma and discrimination.
- Co-design services with people from underserved and marginalised communities.
- Collect and use disaggregated data to identify inequalities and track progress.