Introduction

• In 2011, 19.3 percent of residents on the South Side of Chicago were diabetic compared to the citywide average of 10.7.
• The South Side of Chicago is 76.5 percent Black (non-Hispanic) and 20.4 Hispanic or Latino.

Objective of Research

To understand the impact of structural racism on diabetes on the South Side of Chicago.

Methods

• Conducted interviews with physicians at the University of Chicago Medicine, who have created initiatives targeted towards improving health disparities on the South Side.
• Attended lectures on structural and scientific racism in the US and Chicago specifically.
• Collected sources on structural racism.

Results

Factors responsible for higher risk of diabetes on the South Side of Chicago

- South Side of Chicago residents
  - Diabetic and health literacy
  - Food deserts (high density of grocery stores)
  - Food deserts (high density of fast food restaurants)
  - Elevated BP
  - Inability to perform physical activity

South Side of Chicago residents

Note: This is not an exhaustive list of factors (listed are the most prevalent). Created using Lucidchart.

Current Initiatives include:

• Improving Diabetes Care and Outcomes on the South Side of Chicago
• MAPS Corps
• Community Rx

Discussion

• My summer virtual fieldwork provided me with a framework of areas to further research for my thesis.

Questions

• What historical events have contributed to health disparities on the South Side of Chicago?
• How has COVID-19 impacted patients living with diabetes on the South Side of Chicago?

Conclusion

• A solution will require a number of key players including physicians, patients, community members, clinics, policy makers, etc.

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Factors responsible for higher risk of diabetes on the South Side of Chicago

South Side of Chicago residents

are subject to

Nutritional barriers

are a result of

Food deserts (low density of grocery stores)

leading to

Higher risk of diabetes

Food swamps (high density of fast food restaurants)

leading to

Higher risk of diabetes

Elevated BP

leading to

Higher risk of diabetes

Violence

Inability to perform physical activity outside

result in

Difficulties with health literacy

result in

Higher risk of diabetes

Disparities in health care access

which is a result of

An information shortage on health promoting resources in the area

leading to

Higher risk of diabetes

Difficulties in commuting to the primary care physician’s office

leading to

Mistrust of the health care system

leading to

Higher risk of diabetes