

DIABETES AND LATINOS IN THE U.S.

The Issue

Compared to Whites*, Latinos are diagnosed with diabetes at a disproportionate rate and are at higher risk for developing diabetes. National survey data from 2007-2009 reflect that, after adjusting for age differences across groups, 11.8% of adult Latinos reported being diagnosed with diabetes in comparison to 7.1% of Whites.¹ Latinos are 66% more likely to be diagnosed with diabetes than Whites.¹ Diabetes and its associated complications is the 7th leading cause of death within the general population.¹ Though not technically an epidemic, of particular concern is the increasing number of Latino adolescents being diagnosed with type 2 diabetes, a form of diabetes that used to be predominately found among overweight adults over the age of 40.³ Without a doubt, diabetes and its associated complications have tremendously negative impacts on the Latino population.

Cost of Diabetes in the U.S.

- It is estimated that approximately \$116 billion dollars a year are spent in the U.S. to pay for the direct medical costs of people with diabetes (e.g. hospitalizations, medical care, treatment supplies).¹
- An additional \$58 billion dollars a year are spent to cover indirect costs of people with diabetes (e.g. disability payments, time lost from work, premature death).¹
- A male diagnosed with diabetes at age 40 will lose 11.6 life years and 18.6 quality-adjusted life years.⁴
- A woman diagnosed with diabetes at age 40 will lose 14.3 life years and 22.0 quality-adjusted life years.⁴

Diabetes and Latinos

- Diagnosed diabetes prevalence rates in the U.S. are 7.6% for Cubans and Central and South Americans, 13.3% for Mexican Americans, and 13.8% for Puerto Ricans.¹
- In California, 11.6% of all Latino adults ages 18-64 reported being diagnosed with diabetes in 2009. Among this group, the rate for Latinos was more than twice the rate for Whites.⁵
- In California, more than 53% of foreign-born Latinos and 32% of U.S.-born Latinos diagnosed with diabetes were aged 21-40 years, compared to only 19% of Whites diagnosed with diabetes in the same age group.²

Diabetes and Latino Youth

- Most children who develop type 2 diabetes have a family history of diabetes, are overweight, and are members of a racial/ethnic minority group.⁶
- The number of Latino youth being diagnosed with type 2 diabetes is steadily increasing.⁴

*In this fact sheet, "White" always refers to non-Latino Whites; Latinos may be of any race.

- Adolescents at high risk for developing diabetes are also at high risk for developing chronic diseases, like cardiovascular disease and others, that in the past were predominately found in adults.³
- It is estimated that among males born in 2000, the risk at birth of being diagnosed with diabetes during their lifetime is almost double for Latino males than White males (45.5% vs. 26.7%).⁷
- It is estimated that among females born in 2000, more than one in two Latina females (52.4%) will be diagnosed with diabetes during their lifetime compared to one in three White females (31.2%).⁷

Diabetes Risk Factors and Latinos

Obesity and Associated Lifestyle Factors

- Being overweight or obese significantly increases the risk of developing diabetes (among other chronic diseases, like cardiovascular disease).
- Nationally, 78% of Mexican Americans are overweight or obese, compared to 60.3% of Whites.⁸
- At least 40% of Latino children in California are either overweight or obese.²
- People who live near a profusion of fast food restaurants and convenience stores—common in low income neighborhoods—have the highest rates of obesity and diabetes. A disproportionate number of Latinos (29%) live in areas such as these, as compared to Whites (23%).⁹
- Chronic health conditions such as obesity, diabetes, and cardiovascular disease are directly linked to disparities in access to healthy foods. If residents cannot frequent grocery stores because they are too far away to walk or they have no source of regular, reliable transportation (their own or public), they are more likely to select food with low nutritional value from places they can access such as fast food eateries or convenience stores.⁹

Barriers to Care

- Having health insurance and a usual source of care are essential for people with diabetes to appropriately manage their condition. It is estimated that in 2010, 32% of nonelderly Latinos lacked health insurance in comparison to 14% of Whites.¹⁰
- Diabetes patients with continuous insurance coverage and a usual source of care are more likely to receive cholesterol tests, foot and eyes exams, and obtain and take important diabetes medication, all of which contribute to minimizing diabetes-associated complications.¹¹ For example, comprehensive foot care programs can reduce amputation rates by 45% to 85%, and detecting and treating diabetic eye disease with laser therapy can reduce vision loss by 50% to 60%.¹¹

- Other barriers such as language, non-citizen status, and low socio-economic status are all factors that often hinder Latinos from accessing the necessary health care services.²

Public Policy Recommendations

A high prevalence of diabetes currently exists in the Latino community and Latinos are at high risk for developing diabetes. It is important to stress that diabetes can be managed, and in the case of type 2 diabetes it can be delayed, prevented, and even reversed if proper steps are taken to adapt a healthy lifestyle. In this regard, access to healthy low-fat foods, places to be physically active, and preventive health care services are extremely important.

Because Latinos often lack access to health care, health insurance, and preventive services, they often needlessly fall victim to diabetes and its complications. However, many of the complications caused directly and indirectly by diabetes can be delayed or fully prevented. Thus, accessibility to health care and health insurance is key to reducing the negative effects of diabetes.

Prevention and intervention programs have also proven to be highly effective at helping people that are at high risk for developing diabetes and those already diagnosed. Losing even a small amount of weight, eating a low-fat diet, and increasing physical activity can prevent and delay the development of diabetes and help maintain normal blood glucose levels. For example, a study conducted by the Diabetes Prevention Program found that increasing physical activity to 30 minutes for five days a week together with a 5-7% reduction in body weight and low-fat diet produced a 58% reduction in the onset of diabetes. Physical activity can help to control blood glucose, weight, and blood pressure, as well as raise the “good” cholesterol (HDL) and lower the “bad” cholesterol (LDL). It can also help prevent heart and blood flow problems, reducing the risk of heart disease and nerve damage.

There are many prevention and intervention programs at the local, state, and national level that are aimed at the Latino community. It is important that their effectiveness be fully studied for the purposes of ensuring that programs are culturally and linguistically relevant, increasing their reach, strengthening the program in general, and ensuring their continuance.

A lot has been learned about how to manage diabetes and prevent complications through healthy living. There are now more methods for successfully managing diabetes during pregnancy and it has been proven that lifestyle changes can help to prevent diabetes. However, access to quality care remains a challenge, especially among Latinos; therefore this issue should constitute the driving force to spur communities, health care systems and policy makers into action.

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