

DIABETES AND LATINOS IN THE U.S.

The Issue

Compared to whites, Latinos are at a significantly higher risk for developing diabetes. The prevalence of total diabetes (both diagnosed and undiagnosed) among Latinos for both men and women is estimated to be around 16.9%, compared to 10.2% for non-Hispanic whites;¹ the comorbidity of diabetes and depression among adult Latinos is as high as 30% in comparison to 7.1% of whites.² Latinos are 66% more likely to be diagnosed with diabetes than whites.³ Diabetes and its associated complications is the seventh leading cause of death within the general population, but it may be underreported as a cause of death.³ 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 40.⁴ Certainly, diabetes and its associated complications have tremendously negative impacts on the Latino population.

Cost of Diabetes in the U.S.

- It is estimated that \$176 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, and treatment supplies).³
- Additionally, \$69 billion dollars a year are spent to cover indirect costs of people with diabetes (e.g. disability payments, time lost from work, and premature death).³

Diabetes and descendency

- Diagnosed diabetes prevalence rates in the U.S. are 10.2% for South Americans, 13.4% for Cubans, 17.7% for Central Americans, 18.1% for Dominicans and Puerto Ricans, and 18.3% for Mexican descendents.¹ These differences have been observed accross diferent years and have an impact on the overall pattern of the disease due to demographic changes in each group.⁴
- Considering race/ethnicity differences, the percentages of adult population diagnosed diabetes per group are: 7.6% for Non-Hispanic Whites, 9.0 for Asian Americans, 12.8 for Hispanics, 13.2 for Non-Hispanics blacks, and 15.9 for American Indians/Alaska Natives.⁵

Diabetes and Latino Youth

- The number of Latino youth being diagnosed with type 2 diabetes is steadily increasing.⁶ Hispanic children under 10 years have the third highest rate of new cases, below Non-Hispanic blacks and whites. This distribution changes for children between 10 and 19, with Non-Hispanic blacks having the highest rate of new cases, followed by Hispanics.⁵
- In the past 40 years pediatric obesity rates have tripled in the United states with high pediatric overweight and obesity rates seen as early as preschool age. Latino children have the highest risk of obesity with an obesity rate of 27.7%.⁷

Diabetes Risk Factors and Latinos

Obesity and Associated Lifestyle Factors

- Obesity prevalence in Latinos (39%) is higher than in the overall U.S. population (34%). This gap is bigger among women, with a prevalence of 45% for Mexican descent women compared to 35% of all women. These obesity rates influence related commorbidities such as diabates.⁸
- Chronic health conditions such as obesity, diabetes, as well as cardiovascular disease are directly linked to disparities in access to health care and access to healthy foods. If residents cannot frequent grocery stores because they not within walking distance, 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 properly manage their condition. A 2014 article reports than while only 55.2% of the Hispanic population is insured, 80.9% have a usual place to go for medical care or advice.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. But this situation is only feasible for 44.7% of the Hispanics.¹⁰
- Along with a lack of health coverage, there are a number of additional barriers to care. These include: lack of knowledge regarding available services, cost of health services, as well as barriers that are connected with differences in culture, language, and cultural beliefs about health.^{10, 11, 13}
- The importace of cultural factors and beliefs in health care: for instance, manhood in the Latino community implies men endure pain, resulting in delayed reports of symptoms and avoidance of visits to health care providers.^{11, 12}

Conclusion

A high prevalence of diabetes exists in the Latino community and Latinos are at high risk for developing diabetes, which is a leading cause of morbidity and mortality in the U.S. 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.

Public Policy Recommendations

- Promote prevention and intervention programs. It has been proven that they are very 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. 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.
- Promote physical activity. It 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.
- 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.

References

1. Alexandria, V. (2014). Diabetes Among Hispanics: All Are Not Equal. Retrieved from <http://www.diabetes.org/newsroom/press-releases/2014/diabetes-among-hispanics-all-are-not-equal.html>
2. Ortega, A. N., Rodriguez, H. P., & Vargas Bustamante, A. (2015). Policy Dilemmas in Latino Health Care and Implementation of the Affordable Care Act. *Annual Review of Public Health*, 36(1), 525–544. <http://doi.org/10.1146/annurev-publhealth-031914-122421>
3. National Diabetes Statistics, 2011. National Diabetes Information Clearinghouse. Available from: <http://diabetes.niddk.nih.gov/dm/pubs/statistics/#fast>
4. Rodriguez, Micheal A. and Hernandez-Santana, Al. 2010. Ethnic Health Assessment for Latinos in California. A report prepared for the California Program on Access to Care.
5. National Diabetes Statistics Report, 2014 found on: <http://www.cdc.gov/diabetes/pubs/statsreport14/national-diabetes-report-web.pdf>
6. “Latino Youth have Fastest Growing Rate of Diabetes”, 2012 found on http://www.tusaludmag.com/articles/Latino_Diabetes_Rate_2096_22563.shtml
7. Slusser, W., Frankel, F., Robison, K., Fischer, H., Cumberland, W. G., & Neumann, C. (2012). Pediatric overweight prevention through a parent training program for 2-4 year old Latino children. *Childhood Obesity (Formerly Obesity and Weight Management)*, 8(1), 52-59.

8. Wanat, K. A., Kovarik, C. L., Shuman, S., Whitaker, R. C., Foster, G. D., & O’Brien, M. J. (2014). “The association between obesity and health-related quality of life among urban Latinos”. *Ethnicity & Disease*, 24, 15.
9. Pan, L., Sherry, B., Njai, R., & Blanck, H. M. (2012). Food insecurity is associated with obesity among US adults in 12 states. *Journal of the Academy of Nutrition and Dietetics*, 112(9), 1403-1409.
10. De Jesus, M., & Xiao, C. (2014). Predicting Health Care Utilization Among Latinos Health Locus of Control Beliefs or Access Factors?. *Health Education & Behavior*, 1090198114529130.
11. Hawkins, J. (2013, January). Understanding Health Care Management Behaviors Among African-American and Latino Men with Diabetes in a Diabetes Lifestyle Intervention. In Society for Social Work and Research 17th Annual Conference: Social Work for a Just Society: Making Visible the Stakes and Stakeholders. Sswr.
12. Echeverría, S. E., Pentakota, S. R., Abraído-Lanza, A. F., Janevic, T., Gundersen, D. A., Ramirez, S. M., & Delnevo, C. D. (2013). Clashing paradigms: an empirical examination of cultural proxies and socioeconomic condition shaping Latino health. *Annals of epidemiology*, 23(10), 608-613.
13. Rosenstock, S., Whitman, S., West, J. F., & Balkin, M. (2014). Racial Disparities in Diabetes Mortality in the 50 Most Populous US Cities. *Journal of Urban Health*, 1-13.

Author Information

- Xóchitl Castañeda, Director, Health Initiative of the Americas, UC Berkeley School of Public Health
- Valdemar Díaz, Universidad de Quintana Roo, Visiting Scholar in UC Berkeley School of Public Health
- Michael Neme, Undergraduate Research Associate, UC Berkeley School of Public Health

Acknowledgments

This fact sheet was based on the 2012 version, which was reviewed by Steven P. Wallace, PhD, Associate Director of the UCLA Center for Health Policy Research and Professor at the UCLA School of Public Health, Betsy Rodriguez, MSN, CDE, Deputy Director National Diabetes Education Program, Liliana Osorio, Deputy Director of Health Initiative of the Americas and Caroline Dickinson from the Health Initiative of the Americas, Berkeley School of Public Health, University of California.

Suggested Citation

Castañeda, X., Díaz, V., Neme, M. (2015). “Diabetes and Latinos in the U.S.” (Fact sheet). Health Initiative of the Americas. University of California Berkeley, School of Public Health.