



Preventing Diabetes and Its Complications:

What Works in the Hispanic Community

Diabetes is not just a Hispanic-American disease, but it does disproportionately affect Hispanics. While diabetes is the sixth leading cause of death by disease for all Americans, Hispanics are almost two times more likely than non-Hispanic whites to have the disease. Almost 10 percent (2.5 million) of Hispanic/Latino Americans age 20 or older have been diagnosed with diabetes¹, more than 40 percent higher than the total population.

In light of these facts, it is not surprising that state legislators such as New York Assemblyman Felix Ortiz and Arizona state Rep. Amanda Aguirre are taking leadership roles in efforts to prevent diabetes in the Hispanic community and are eager to share information about effective prevention programs.

Ortiz is a champion of efforts to fight childhood obesity in New York and around the country. He is also president of the National Hispanic Caucus of State Legislators. Aguirre, a registered dietitian, is executive director of the Regional Center for Border Health in Arizona. While both legislators emphasize the role better health and nutrition education plays in combating diabetes in the Hispanic community, they agree any successful prevention efforts must start with an understanding of how and why diabetes has become a serious problem for the community.

Why the Higher Rates of Diabetes Among Hispanics?

"Poverty is very much an issue that we need to continue addressing," said Aguirre. She explained that low-income Hispanic



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— Assemblyman Felix Ortiz
New York

families frequently do not have health insurance coverage or access to decent medical care. Aguirre also noted many low-income Hispanic families tend to live in neighborhoods without access to fresh fruits and vegetables, and that poorer quality foods are often more affordable and accessible.

Dr. Jane Kelly, director of the Centers for Disease Control and Prevention's National Diabetes Education Program, echoed Aguirre's assessment that access to healthy foods is a key problem. "Many people in Hispanic-Latino communities don't have easy access to healthy food," she said. "The schools may not provide low-fat healthy choices for their children. Healthy choices in fast-food restaurants are often more expensive than unhealthy choices, and people are not aware of what is healthy, what is not."

According to Kelly, Ortiz, Aguirre and other experts, successful efforts to reduce disproportionately high rates of diabetes in the Hispanic community will have to overcome several barriers, including:

- Little or no access to healthy foods;

- Poverty;
- Unsafe communities and neighborhoods that discourage outdoor physical activity;
- Language and cultural differences (lack of access to bilingual diabetes educators);
- Lack of insurance coverage (high cost of diabetes supplies and medication); and
- Little or no access to culturally-appropriate medical care or trained health-care staff.

Legislators Take on Childhood Obesity

For legislators like Ortiz and Aguirre, one of the most promising approaches to prevent diabetes in the Hispanic community is to combat childhood obesity. Because obesity is related to the onset of diabetes and can be effectively prevented and controlled with proper nutrition and physical activity, state legislation that promotes healthy eating and greater physical activity has great promise to reduce the rate of diabetes in the Hispanic community.

Ortiz sponsored the New York State Childhood Obesity Prevention Act, which was signed into law in 2003². The legislation created programs which:

- Developed media campaigns promoting nutrition and physical activity;
- Implemented school and community-based efforts to improve nutrition and

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— Rep. Amanda Aguirre
Arizona

increase physical activity;

- Coordinated obesity prevention strategies in government-sponsored nutrition and recreation programs;
- Sponsored conferences for policymakers on solutions to childhood obesity;
- Provided training to medical professionals; and
- Tracked the prevalence of obesity among children in the state.

For Ortiz, combating childhood obesity may turn out to be one of the most important public health policy battles of this century. “We are facing a growing epidemic which not only kills people today, but may overwhelm our state’s health and financial resources in the coming years,” he said.

Other Effective State Efforts

Getting states involved in promoting health education aimed at preventing diabetes is a key strategy for state legislators to pursue, says Betsy Rodriguez, a public health adviser with CDC’s National Diabetes Education Program. “States can play an important role by promoting, promoting and promoting the

message that diabetes is serious, common, costly, yet controllable,” Rodriguez said.

“We want to improve the treatment and outcome for people with diabetes, to promote early diagnosis and to prevent the onset of diabetes, but we must go to the people and work in their communities,” she said.

Such aggressive outreach and education efforts are exactly what Aguirre supports as executive director of the Regional Center for Border Health, a health clinic and community outreach center dedicated to improving the availability and accessibility of medical services along the Arizona-Mexico border.

Through her work at the center, Aguirre was instrumental in establishing the National CommunityHealthWorkers/*Promotores* Network, which offers an intensive diabetes education track for community health workers, called *promotores de salud* in Spanish. (Visit the organization’s Web site at www.chwnna.org.)

Promotores and *promotoras* are community members who function as informal health advisers. They serve as influential, credible and supportive promoters of health in their own communities. The *promotora* approach

is rooted in Mexico and Latin America and is a relatively new health care outreach strategy in the United States.

Promotores integrate information about health and the health care system into each community’s culture, language and value system. The model involves training community members—who often volunteer or are employed part-time to conduct bilingual educational outreach among their peers. They often hold informal classes in homes, health clinics and community centers, and visit venues such as parks or community fairs to distribute information.

“It’s important (that we get) . . . health care leaders to get our students more involved and engaged in hands-on activities that will translate and that they can take home to their parents, and as a family unit they can do more together to be aware of the issues of obesity and chronic disease, and particularly, diabetes,” Aguirre said.

Another state-based effort is *Activ8Kids*, part of New York’s childhood obesity prevention program.³ *Active8Kids*—funded with state general fund revenues—uses community-based programs to work with school staff, physicians, health care providers, child care providers, children and parents to combat obesity. Through the basic principles of *Activ8Kids*, children are taught to do the following:

- Eat five fruits and vegetables each day.
- Participate in one hour of physical activity each day.
- Spend no more than two hours daily watching television, playing video games or looking at the computer screen.



The Burden of Diabetes on the Hispanic Community

- About one-third of Hispanics with diabetes are undiagnosed. The death rate from diabetes in Hispanics in 2000 was about two times higher than the death rate of non-Hispanic whites.
- Nearly one-half of Hispanic children born in 2000 and later are likely to develop diabetes in their lifetime.
- Diabetes is more prevalent in older Hispanics—about 25 to 30 percent of Hispanics 50 or over have the disease.
- Between 90 and 95 percent of Hispanics with diabetes have type 2 diabetes.
- Untreated, type 2 diabetes can lead to a number of serious health problems including blindness, amputation, and kidney and heart disease.
- Hispanics with diabetes may be more likely to experience certain complications of diabetes. Some studies have found that Mexican-Americans are twice as likely as non-Hispanic whites to develop eye disease, and are also more likely to develop kidney damage.

Source: National Diabetes Education Program, www.ndep.nih.gov



Key Facts About Diabetes

- Diabetes is the fifth leading cause of death by disease in the U.S. Diabetes also contributes to higher rates of morbidity—people with diabetes are at higher risk for heart disease, blindness, kidney failure, extremity amputations and other chronic conditions.
- Seven percent of the United States population—20.8 million people—have diabetes. Almost 10 percent (2.5 million) of Hispanic/Latino Americans 20 or older have been diagnosed with diabetes, more than 40 percent higher than the total population.
- Pre-diabetes is a condition that occurs when a person's blood glucose levels are higher than normal but not high enough for a diagnosis of type 2 diabetes. There are 41 million Americans who have pre-diabetes.
- Five to 10 percent of Americans diagnosed with diabetes have type 1 diabetes. Most Americans diagnosed with diabetes have type 2 diabetes. Type 1 diabetes most often appears during childhood or adolescence. Type 2 diabetes, which is linked to obesity and physical inactivity, accounts for 90 to 95 percent of diabetes cases.
- Diabetes costs the U.S. an estimated \$132 billion in 2002 in medical expenditures and lost productivity.
- In most cases, diabetes can be prevented or controlled. Healthy eating and adequate physical activity can prevent the onset of type 2 diabetes. Intensified blood pressure control can cut health care costs by \$900 (in 2000 U.S. dollars) over the lifetime of a person with type 2 diabetes. Regular screenings can lead to early detection of eye and foot problems and help avoid costly complications.

Source: Adapted from American Diabetes Association, www.diabetes.org

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How the CDC Helps

In its efforts to reach Hispanic-Latino people at risk for diabetes, the Centers for Disease Control and Prevention (CDC) works with an extensive network of national, state and territorial programs (including Puerto Rico), community-based organizations and partner organizations.

Here is a partial list of those programs and partnerships:

The National Diabetes Education Program: Jointly sponsored by two agencies in the U.S. Department of Health and Human Services—CDC's Division of Diabetes Translation and the National Institute of Diabetes and Digestive and Kidney Diseases of the National Institutes of Health—the program:

- Develops and implements ongoing diabetes awareness and education activities in collaboration with other organizations concerned about diabetes and the health status of their constituents;
- Identifies, develops, promotes and disseminates educational tools and resources for people with diabetes and those at risk, including materials that address the needs of special populations; and
- Promotes policies and activities to improve the quality of, and access to, diabetes care.

U.S./Mexico Border Health Initiative: Outreach is done through *Promotoras de*

Salud (community health workers). The *promotoras* educate people in their homes, and in the schools, on healthy behaviors. The use of *Promotoras de Salud* as part of outreach and as an intrinsic part of the health system has proven to be effective in improving diabetes control.

Telemundo Network: In one unique outreach effort, the CDC collaborated with the Telemundo television network to include a diabetes story line in the popular tele-novella *Amarte Así*, showing a man struggling to live with diabetes. In this entertaining way, the CDC was able to reach a larger Hispanic audience through entertainment.

Steps to a Healthier U.S.: This U.S. Department of Health and Human Services program aims to help Americans live longer, better and healthier lives by reducing the burden of diabetes, overweight, obesity and asthma, and addressing three related risk factors—physical inactivity, poor nutrition and tobacco use. In fiscal year 2004, the department allocated \$35.8 million to fund efforts in 40 communities across the country, including three counties in Arizona, to implement community action plans to reduce health disparities and promote quality health care and prevention services. The project area serves Hispanics/Latinos, people with incomes 200 percent below the federal

poverty level, and people without health insurance in three rural border communities along the Arizona-Mexico border.

Reach 2010: Racial and Ethnic Approaches to Community Health (REACH) is a key CDC initiative aimed at eliminating disparities in health status experienced by ethnic minority populations, including Hispanic-Americans, in key health areas.

Texas' Latino Education Project is one example of a REACH program. This particular program is aimed at elderly Mexican-Americans, who frequently suffer from serious health conditions including cardiovascular diseases, such as high blood pressure, stroke and diabetes. The program was implemented in Nueces County, Texas, and included:

- A 10-week Nutrition Intervention Program, "SABOR," in partnership with local universities and organization members.
- Individual programs to suit the needs of the participants.
- A support group to encourage and motivate others to change certain behaviors.

Overall, the program highlighted the importance of building on existing health care services and community involvement to support collaborative, community-based disease prevention and health promotion programs.

Notes

¹Centers for Disease Control and Prevention. National diabetes fact sheet: general information and national estimates on diabetes in the United States, 2005. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2005.

²N.Y. Pub. Health Law § 2599a-d, search for "childhood obesity prevention program" at <http://public.leginfo.state.ny.us/menusetf.cgi>.

³New York State Childhood Obesity Prevention Program, Task Force on Food, Farm and Nutrition Policy.

resources

- **Centers for Disease Control and Prevention (CDC)**
www.cdc.gov/diabetes
- **CDC's State-Based Diabetes Prevention and Control Programs**
www.cdc.gov/diabetes/states/index.htm
- **American Diabetes Association**
www.diabetes.org
- **Community Health Worker National Network Association**
www.chwnna.org or www.rcfbh.com
- **Midwest Latino Health Research and Training Policy Center at the University of Illinois in Chicago**
www.uic.edu/jaddams/mlhrc/mlhrc
- **National Alliance for Hispanic Health**
www.hispanichealth.org
- **National Diabetes Education Program**
www.ndep.nih.gov
- **National Hispanic Medical Association**
www.nhmamd.org
- **New York State Childhood Obesity Prevention Program**
www.health.state.ny.us/prevention/obesity/activ8kids

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www.healthystates.csg.org

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