



AUDIENCE PROFILE

HISPANIC/LATINO AMERICANS AND DIABETES

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Demographics

There are an estimated 27 million Hispanics/Latinos in the United States, and the population is growing rapidly. Hispanics/Latinos in the U.S. represent the second largest minority group. The major groups of the U.S. Hispanic population by nationality or by country of origin are: Mexican Americans (64%), Puerto Ricans, Central and South Americans, and Cubans. The majority of Hispanics/Latinos live in 20 urban areas in 10 states: California, Texas, New York, Florida, Illinois, New Jersey, Arizona, New Mexico, Colorado, and Massachusetts. Hispanics/Latinos have the largest youthful population in the United States, with a median age of 26, compared with 34 for the general population. Approximately 82% of the Hispanic/Latino population is less than 45 years old.

Incidence, Prevalence & Related Risk Factors for Diabetes

Diabetes is the 7th leading cause of death among Hispanic/Latino Americans, and the 4th leading cause of death among Hispanic women and among Hispanic elderly. Hispanic/Latino Americans have the second highest rate of Non-Insulin Dependent Diabetes (NIDDM) compared to other populations. Diabetes incidence is highest among certain Hispanic/Latino population-groups (Puerto Rican, Mexican) and low-income Hispanics/Latinos with lower levels of education.

Among Hispanic population-groups, the rates of NIDDM are 110% higher among Mexican Americans and 120% higher among Puerto Rican Americans than for non-Hispanic whites. One study found that poorer Mexican Americans living in transitional income neighborhoods had a four times greater prevalence of NIDDM than their more affluent Mexican Americans and non-Hispanic white counterparts. Among persons 45-74 years, the prevalence rate for diabetes was two-to-three times greater for Mexican Americans (23.9%) and Puerto Ricans (26.1%) compared to Cuban Americans (15.8%) and non-Hispanic whites (12%). Contributing to this is evidence that Mexican Americans display some degree of biological resistance to the normal action of insulin in the body (hyperinsulinemia) which, in combination with increased levels of fat and high blood pressure, can result in increased morbidity of NIDDM.

Diabetes has an earlier onset in Hispanics/Latinos than in non-Hispanic whites, with diabetes generally occurring a decade earlier in Hispanics/Latinos (50-59) than in non-Hispanic whites (60-69), and even earlier (30 - 50) among Puerto Rican Americans and Mexican Americans, the population-groups most at risk.

Compared with the rest of the population, Hispanics/Latinos are not only at higher risk of developing and dying from diabetes, but are also twice as likely to suffer more severe diabetic complications. Several risk factors play important roles in the incidence and impact of diabetes in Hispanic/Latino Americans:

- Overweight is a significant risk factor for developing diabetes among all populations, but particularly for minorities. The HHANES Survey (1982-84) indicated that, in general, overweight

Hispanics/Latinos are more likely to have diabetes than overweight non-Hispanic whites and blacks. Among Mexican Americans, approximately 30% of men and 39% of women are overweight. Populations of Cuban and Puerto Rican descent show similar trends. In addition, diabetes incidence has been found to increase significantly among Hispanics/Latinos with increased weight gain, an association that was not clear among non-Hispanic whites.

- Hispanic/Latino Americans tend to be more sedentary than non-Hispanic whites, even during childhood. A 1995 Youth Risk Behavior Study showed the percentage of youth age 12-21 who reported no participation in moderate or vigorous activity during the past 7 days was 29.1% for Hispanic males, and 43.8% for females. In addition, 61.5% of Hispanic/Latino men, and 61.9% of Hispanic/Latino women have a sedentary lifestyle. It appears that the therapeutic benefits of exercise are not fully understood. Some respondents to focus groups also expressed a view of exercise as something for very wealthy individuals who could afford expensive health club memberships. Also, jobs that are very labor intensive, such as those in the service industry, or construction, may contribute to a lower level of interest in seeking opportunities to continue physical activity level during off hours.
- The prevalence of diabetes among Mexican American families with a history of diabetes is high, with 72% of parents, 37% of siblings, and 11% of offspring affected, compared to Mexican American families with no family history of diabetes.
- Hispanic/Latino adults are about twice as likely as non-Hispanics/Latinos to report having been unable to see a doctor when they needed to because of cost. Hispanic/Latino Americans are more likely to have inadequate health insurance or to be uninsured than any other ethnic group in the United States, even though Hispanic males have the highest labor force participation rate of any major population group. Unless there is a clinic/health care setting where services are provided in a culturally or linguistically competent manner, even many who have health insurance still won't go.
- Hispanic/Latino adults are less likely than non-Hispanic adults to complete high school or college, and Hispanic/Latino elderly have the least number of years of formal education compared with other elderly population-groups. The proportion of Hispanic elderly with limited formal education is almost seven times that of non-Latino whites. According to a report by the NEHEP, among Hispanic elderly, approximately 56% are functionally illiterate in English, and 22% do not speak English at all. This lack of formal education and literacy in English may contribute to a lack of understanding of the medical diagnosis, recommendations, and treatment plan.
- Hispanics/Latinos are more likely than non-Hispanic white families to live below the poverty level, with median incomes of less than \$25,000 annually. Puerto Rican Americans, who have the highest incidence of diabetes among the Hispanic population-groups, have median incomes averaging under \$10,000 annually.
- As Hispanics/Latinos age, and their socioeconomic levels decline, their incidence of diabetes increases. About twice as many Hispanic elderly live in poverty than do non-Hispanic elderly, making them one of the poorest population-groups in the nation. Moreover, 33.3% of Hispanic persons aged 65-74 have diabetes, compared to 17% for non-Hispanic white elderly. Diabetes is the 4th leading cause of death for Hispanic elderly age 65 and older.

Cultural Issues:

- Strong religious beliefs play an important role in many Hispanics/Latinos' perceptions of diabetes, and their willingness to comply with treatment plans. Hispanics/Latinos tend to view diabetes fatalistically; as a problem that worsens but must be endured stoically. God is viewed as having strong influence in personal health in positive and negative ways. According to a report by the National Council of La Raza, these strong religious beliefs, *Que sea lo que Dios quiera* (leave it up to God to cure me), may contribute to ambivalent attitudes toward diabetes prevention, treatment and control amongst Hispanic/Latino Americans.
- Food plays an important role in its symbolism of ethnic culture and history, and serves to unite family members for social activities, celebrations, and nurturing family ties. Many Latinos feel depressed about the changes in diet (elimination of high fat foods, starches, sugar) and lifestyle (increased physical activity) needed to control their diabetes, and angry that they have to "eat food with no taste." They perceive diabetic diets as restrictive and boring, because they do not allow enough variety for food enjoyment. Many find it difficult to adhere to their diets, when family members continue to eat traditional foods.
- Although changing, particularly among youth, Hispanics/Latinos have traditionally viewed a body size that is heavier as healthier. Thinness has been associated with ill health. Exercise has not been considered a necessary past time activity. Thinness, and its relationship to diet and exercise as presented by the U.S. media, has traditionally been viewed by many Hispanics/Latinos as resulting in bodies that are too thin, and therefore unhealthy.
- Many Hispanics/Latinos believe you only see the doctor when you feel ill, and are less likely to see a doctor for screening and preventive measures. Lack of health insurance, access to culturally competent health care, and funds also play key roles here. Since early diabetes often shows no signs or symptoms, Hispanics/Latinos often do not go until the situation is very serious.
- Many Hispanics/Latinos report using folk medicines as a complement to western medicines to treat their diabetes. They feel that these alternative methods can be trusted because they may work better than western medicines.
- Traditional Hispanic families emphasize interdependence, affiliation, and cooperation. The family is the single most important social unit in the lives of Hispanics/Latinos, and family responsibilities come before all others. Families tend to be very tight knit, with little distinction between immediate and the extended family. Maintenance of the family is generally placed above personal needs. Traditionally, the father is the leader of the family, and the mother runs the household. Health care decisions are made by entire families, with the opinion of the mothers/wives often times bearing the most weight.
- Hispanics/Latinos are very concerned about burdening their families with their diabetes. These concerns mean patients may not discuss their diabetes with their families, and may not adhere to diet and lifestyle changes without strong family encouragement and support. In addition, lack of information about healthful nutrition choices impacts food selection choices. Compliance with treatment plans depends heavily on the family's support and involvement.
- The concept of "personalismo" (personal touch) in the doctor-patient relationship is crucial. If a doctor is viewed as too impersonal or distant, the patient may feel the doctor does not care about them and refuse to go back. The patient will answer questions about his/her health with what he/she thinks the doctor wants to hear, and will not volunteer information. This situation also affects

compliance. When Hispanics distrust a doctor, they are less likely to comply with the recommended treatments or medications.

- Undocumented status means many Hispanics/Latinos are afraid to use the health care system, even when ill. The situation will likely worsen, as some state legislatures, including California, Florida, and Texas, which have the highest concentrations of Hispanics/Latinos, limit the type and amount of social services undocumented workers receive.

Media Habits & Preferences

Television is the primary media source for Hispanic/Latino Americans, followed by radio. Populations of Central American and Puerto Rican descent have the highest overall media usage (10.25 and 10.22 hours per day, respectively). They are followed closely by Mexican Americans (9.18 hours per day). Cuban Americans have the lowest media usage (7.43 hours per day). All population-population-groups use Spanish-language media outlets much more often than English-language media.

Some Hispanics/Latinos felt that celebrities are generally not considered credible sources of serious health information. Spokespersons should be Spanish-speaking physicians or otherwise respected and recognized persons with diabetes or diabetes in the family. According to a focus group for the NEHEP, models and other celebrities will be discounted as not having a real concern for the community, serving as spokespersons only because they were paid to do so.

Several suggestions for possible spokespersons were made, and included, but were not limited to: **Dr. Antonia Coello-Novello**, former Surgeon General of the United States. Dr. Novello is Puerto Rican and her native language is Spanish. **Dr. Elmer Huerta**, a native Spanish-speaking physician and educator from Peru. Dr. Huerta was a research fellow at the National Cancer Institute (NCI), and is host of a popular Spanish-language syndicated, daily radio talk segment focusing on health issues. **Dr. Aliza Lifshitz**, is a Mexican American practicing physician, and president of the California Hispanic Medical Association. She is also a reporter for the Spanish-language national network *Univision*.

Brochures, pamphlets and other printed materials should be produced in both Spanish and English. Audiovisual materials will be especially useful for persons with limited literacy skills.

Other:

Hispanic participants in a focus group study on diabetic eye disease described the ideal spokesperson for diabetes messages as:

- **A woman**, because women are the caretakers of the family. Many said women are stronger and cautious, while men are cowards and afraid when it comes to health issues. (However, while respondents indicated a preference for women as spokespersons, there are indicators that Hispanic wives and mothers tend to put their own health needs last, putting that of their family members first.)
- **Married with children**, and perhaps working as a doctor, community educator, or volunteer.
- He/she should have **hobbies** which include exercising, because he/she is an active person and full of life; listening to music, because he/she is happy; dancing because he/she is positive and happy, and talks to other people, because he/she does not want to bother his/her family with the disease.
- **Monitors his/her glucose** level daily, and is generally in good health.

Opportunities:

- For Hispanics/Latinos community-based organizations play a strong role in health education, community organizing and involvement. The church is another source, particularly trusted by older Hispanics/Latinos. Therefore, representatives from these segments of the community may have some ability to overcome reluctance to approach the health care system.
- Activities related to food, such as cooking demonstrations (with opportunities to taste foods) which incorporate ethnic food preferences with demonstrations on how to buy and prepare healthful foods are considered useful in reaching Hispanics/Latinos of low socioeconomic status, and challenging perceptions of the cost, tastefulness, and time needed to prepare healthier foods.
- Small group discussion sessions known as “platicas” or “charlas” when provided in the context of culturally and linguistically relevant service provision, are culturally viable and effective ways of communicating messages to Hispanics/Latinos of low socioeconomic status, and lower literacy levels.
- Perhaps the most important provider of health education, prevention and treatment services are community-based organizations, which fill the gap left by mainstream health institutions in serving Hispanic/Latino Americans.

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