

Did You Know...?

Latinos have unique health disparities and worse health outcomes than non-Hispanic whites, which have clinical relevance in the delivery of diabetes care and education.



Diabetes and the Latino Community

For Health Professionals

Latino people experience barriers to diabetes education and access and/or a complete diabetes plan...

- Hispanic/Latino clients are more often undertreated and thus less likely to control glucose, blood pressure, and lipid levels.
- Some of the potential unique cultural and socio-economic barriers:
 - Language
 - Cultural perceptions of diabetes and treatment
 - Socioeconomic status
 - Access to goods and services, including transportation and food availability
 - Affordability and cultural orientation of many healthcare systems
 - Lack of culturally sensitive education materials
 - Lack of provider cultural and linguistic competency
- Unique factors contributing to diabetes prevalence: migration, urbanization, mechanization, nutrition transition, physical inactivity, and stress.
- The Latino population is disproportionately impacted by diabetes:
 - Higher prevalence of adults and adolescents who are overweight and obese compared to non-Hispanic whites
 - Higher prevalence of diagnosed and undiagnosed type 2 diabetes (almost twice as high) compared to non-Hispanic whites
 - Higher prevalence of prediabetes and higher conversion rates from prediabetes to type 2 diabetes
 - Have the highest estimated lifetime risk of developing type 2 diabetes of any ethnic/racial groups

Provide culturally sensitive, competent care...

- Become familiar with unique risk factors affecting diabetes and include discussions of these factors when administering care.
- Provide culturally sensitive bilingual education programs and self-management activities including classes and exercise.
- Incorporate the family, social support network, and/or community health workers into individual care.
- Support research specific to Hispanic/Latino populations in order to better understand diabetes prevalence and treatments.
- It is advisable to determine the patient's level of education, language skills, and acculturation.
- Advocate for improved access to Medicare coverage and other forms of health insurance.
- Improve access to health care by providing community- or home-based clinics or programs.
- Provide transportation and/or offer classes in conjunction with routine visits to minimize problems.
- Utilize Spanish-speaking providers or trained interpreters.
- Incorporate professional development training on cultural competency.
- Improve the cultural orientation of clinical programs and healthcare systems.

References:

Cersosimo, E. & Musi, N. (2011). Improving treatment in Hispanic/Latino patients. *The American Journal of Medicine*, 124(10S), 16-21.
Cusi, K. & Ocamp, G. L. (2011). Unmet needs in Hispanic/Latino patients with type 2 diabetes. *The American Journal of Medicine*, 124(10S), 2-9.



Providing Statewide Leadership in Diabetes Support

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