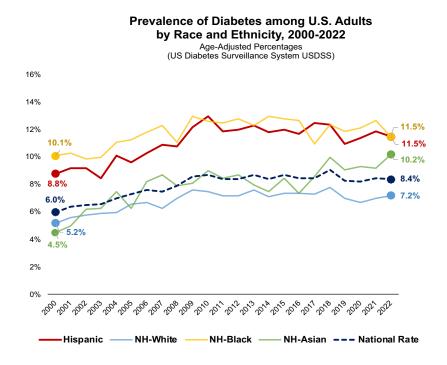
HISPANIC EQUITY BRIEFS



Diabetes among U.S. Hispanics: Trends and Inequities

Over the past decades, there has been an overall increase in diagnosed and undiagnosed diabetes among all groups in the U.S., primarily attributed to a sedentary lifestyle, unhealthy diets, aging of the population, rising rates of obesity, and genetic factors. While an estimated 5 million U.S. Hispanic adults had received a diabetes diagnosis, an additional 1.9 million were unaware of their diagnosis in 2021.1 Overall, the prevalence of diabetes continues to be particularly high among Hispanic and Black adults 18 and over. 1,2



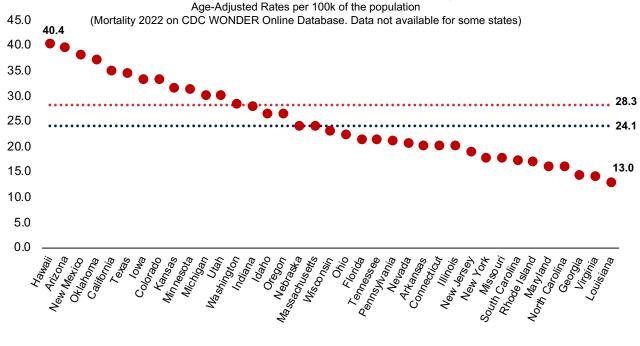
Hispanic Age-Adjusted Death Rate

In 2022, more than one in 10 (11.5%) Hispanic adults 18 and older reported they had a diagnosed diabetes.2

Left untreated, diabetes causes severe damage to the kidney function and cardiovascular system. The diabetesrelated death rate per 100K adults was higher for Hispanics than the national average (28.3 vs. 24.1), with significant variation across states.3

Economic instability, lack of access to care, low health literacy, genetic predisposition, and other social and structural factors contribute to racial/ethnic inequities in the onset. diagnosis, treatment, and mortality of diabetes.4

Rates of Diabetes-Related Deaths among Hispanics by State, 2022



····· Hispanic National Rate



····· National Rate



Diabetes Incidence Rate among Hispanic Adults for States and Territories above the National Rate, 2021

Age-Adjusted Rates per 1000 of the population

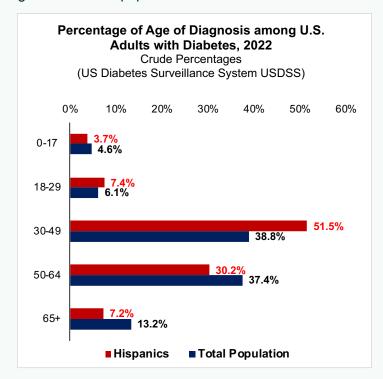
- 23.4 Pennsylvania
- 21.5 Idaho
- 18.6 Minnesota
- 17.4 Colorado
- 14.9 Montana
- 14.7 Illinois
- 14.6 Hawaii
- 14.5 Ohio
- 13.9 Connecticut
- 13.7 Indiana
- 12.8 Rhode Island
- 12.7 Arizona
- 12.1 New Jersey
- 11.9 New York
- 11.8 Delaware
- 11.5 Texas
- 11.2 Oklahoma
- 10.8 Nebraska
- 10.3 Massachusetts
- 10.1 California
- 10.1 Oregon
- 10.1 Wisconsin
- 9.7 South Carolina
- 9.7 Washington
- 9.3 Utah
- 9.0 Virginia
- 8.6 Kansas
- 8.6 New Mexico
- 8.0 Hispanic National Incidence Rate
- 8.0 Puerto Rico
- 7.5 Maryland
- 7.4 Wyoming
- 6.3 District of Columbia
- 5.9 Nevada
- 5.8 National Incidence Rate

US Diabetes Surveillance System (USDSS)

There was not 2021 information for Florida, home to a large percentage of Hispanics, and six other states.

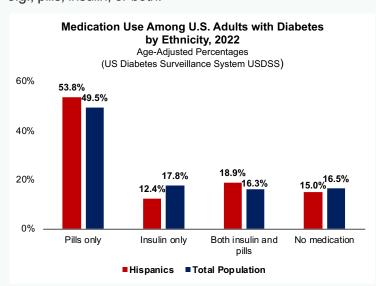
Diabetes diagnosis among Hispanics

In 2021, the national rate of new diabetes diagnoses among Hispanic adults in the U.S. was 9.0 per 1,000 people. However, the rates were higher than the national average in 32 states and Puerto Rico.² Furthemore, Hispanics are diagnosed at an earlier age than the total population.²



Treatment

Of the estimated 4.5 million Hispanics with diagnosed diabetes in 2022, 15.0% were not taking any medication, e.g., pills, insulin, or both.²



Diabetes Prevalence among Hispanic Adults for States and Territories above the National Rate, 2021

Age-Adjusted Percentages

| | Arkansas |
|-------|------------------------------|
| | Pennsylvania |
| | Wisconsin |
| | South Carolina |
| | Delaware |
| | Oregon |
| | California |
| | Alaska |
| 16.2% | |
| 15.7% | |
| | Indiana |
| | Oklahoma |
| | Kansas |
| | New Mexico |
| | Texas |
| | Puerto Rico |
| | Nebraska |
| | Nevada |
| | Washington |
| | New Jersey |
| | New York |
| | North Carolina |
| | Illinois |
| | Arizona |
| 13.2% | |
| | Rhode Island |
| | Connecticut |
| | Massachusetts |
| | Wyoming |
| | Colorado |
| | Hispanic National Prevalence |
| | Virginia |
| | Hawaii |
| | Minnesota |
| | Georgia |
| 10.4% | |
| | Maryland |
| | Montana |
| | Michigan |
| | Missouri |
| 8.5% | National Prevalence |

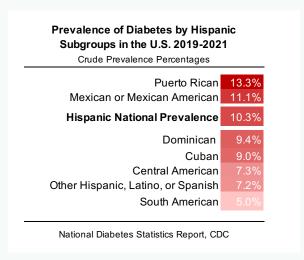
US Diabetes Surveillance System (USDSS)

There is no information for Florida, home to a large percentage of Hispanics, and 13 other states.

Percentage of Hispanics with diabetes

Hispanic prevalence was higher than the national Hispanic average in 29 states and Puerto Rico. However, Puerto Rico is not included in the national average calculation.

Diabetes prevalence also varies by Hispanic subgroups, with the highest rates among Puerto Ricans and Mexican/Mexican Americans and the lowest among South Americans.¹



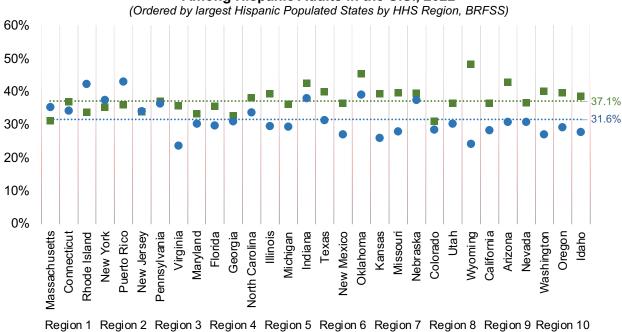
Prediabetes

Prediabetes is defined as having elevated blood sugar levels, though not high enough to be classified as Type 2 Diabetes mellitus (T2DM). This asymptomatic condition can progress to T2DM in 5% to 10% of cases per year, with a cumulative risk of over 70%, particularly for those who are overweight or obese.^{5,6}

Lifestyle modifications, such as diet and exercise, can reduce the risk of progression. However, socioeconomic barriers to healthy foods, safe green spaces, and health insurance may hinder these lifestyle changes.

In 2021, it was estimated that 15 million Hispanic adults in the U.S (34.5%) had prediabetes. At the same time, only one in five (20.9%) of them were aware of their condition.¹

Prevalence of Obesity and No Physical Activity Among Hispanic Adults in the U.S., 2022



No Physical Activity

····· Hispanic National Obesity Average (37.1%)

······ Hispanic National No Physical Activity Average (31.6%)

Obesity significantly increases the risk of developing T2DM by contributing to insulin resistance and beta-cell dysfunction. Physical exercise, on the other hand, plays a preventive and therapeutic role by improving insulin sensitivity, aiding in weight management, and directly lowering blood glucose levels through increased muscle glucose uptake. However, over a third of Hispanic adults experience obesity and close to a third do not engage in regular physical activity.

Recommendations:

Research is needed to improve diabetes prevention, treatment, and management. In particular, there is a need for a better understanding of the underlying biological mechanisms leading to Type 1 and Type 2 Diabetes Mellitus among Hispanics, biomarkers for early detection, personalized management tools to improve glucose control, and mechanisms leading to diabetes-related co-morbidities.

Recommendations to address disparities in diabetes prevalence and outcomes among Hispanics include funding culturally tailored prevention programs, lowering the cost of insulin and self-management tools, expanding access to diabetes preventive services for the uninsured or underinsured, increasing access to affordable care regardless of immigration status, enhancing national and state food and nutrition policies (e.g., school food policies, subsidies for healthy foods, SNAP), and integrating diabetes prevention and care into primary and specialty care.

Thanks to our coworkers and external partners who provided feedback.

For simplicity, we use the overarching term Hispanic to refer to diverse self-identifications within our communities, including those related to race/ethnicity, family origin, and gender expression (e.g., Hispanic, Latino, Cuban-American, or Latinx).

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