



Diabetes Care: Prevention and Treatment in New Jersey's Latino Community

Diabetes is one of the fastest growing health issues facing the Latino Community. Research of the healthcare needs of the Latino Community indicates that a startling two million (or approximately 10.2% of all Latinos in the United States aged 20 years or older) already have diabetes.

Needs Assessment

Demographic, socioeconomic and other factors such as race; ethnicity, age, gender, obesity, family history, geographic location, income and education affect the current and future health status of a given population. These factors influence prevalence and incidence of disease; they also impact disease treatment and prevention. The effect that population characteristics can have on rates of disease in a community is particularly apparent for diabetes.

- According to U.S. Census 2000 "Bridged Population data," and 1990 Census "Modified age, Race, and Sex Data," racial and ethnic groups have increased at different rates. New Jersey's white population had the lowest percentage increase at 4.0%. For the same period of time, the black population increased by 15.3% and the total population of Hispanic origin increased by 49.4%.
- Census 2000 data suggested that the Hispanic population in New Jersey was younger than the statewide aggregate population. Statewide, 78.7% of the Hispanic population was under 45 years of age.
- According to Census 2000 data, 2,001,690 residents of New Jersey 5 years and older spoke a language other than English. Spanish, spoken by 967,741 residents of New Jersey, was the foreign language spoken most frequently.
- At the turn of the 21st century, over 25% of New Jersey's Hispanic population resided in the State's four most heavily populated municipalities: Newark, Jersey City, Paterson and Elizabeth.

- Linguistic isolation may cause health access problems. “A linguistically isolated household is one in which no member 14 years old and over speaks only English or speaks a non-English language and speaks English “very well.” There were 99,625 Spanish speaking households that were linguistically isolated.

Prevalence and Frequency of Diabetes and its Complications

In September 2004, Public Law. 2004 C. 137 mandated the NJ Department of Health and Senior Services to develop and implement a comprehensive, coordinated plan to improve the health of racial and ethnic minorities within the state. This legislation identified diabetes as one of the focus areas in which racial and ethnic minorities experience serious disparities in health access and outcomes.

- Diabetes is the sixth primary cause of death among Latinos; and the fourth principal cause of death in women and Latino senior citizens
- Diabetes has an earlier onset in Latinos than in other populations. Among Puerto Ricans and Mexican Americans, the age of onset is 30 to 50 years old.
- Latinos are more likely than whites with diabetes to suffer long term complications of the disease.
- An estimated 7.1 percent of adult New Jersey residents have been diagnosed with diabetes. The 2006 NJBFRS age-adjusted data estimates blacks (9.6) and Hispanics (10.3) are significantly more likely than whites (6.4) to suffer from diabetes.
- There are also racial/ethnic differences in the complications that result from diabetes, as indicated in HNJ 2010. Though the incidence rate of end-stage renal disease (ESRD) due to diabetes per 1,000 persons diagnosed has slowly declined in recent years, Hispanics (3.2) are nearly 1.5 times than whites to develop ESRD.
- Mortality rates for diabetes have also been decreasing among whites and Asian/Pacific Islanders yet they are increasing among blacks and Hispanics.
- Hispanics (31.9) are nearly 1.4 times more likely to die from diabetes than the white population.
- Lower extremity amputations may be required when diabetes causes damage to nerve endings or blood circulation to the feet or when foot ulcers occur. Significant differences in amputation rates between racial/ethnic groups have been documented nationwide.
- Data from HNJ 2010 indicate that these differences also exist in New Jersey. Blacks with diabetes are most likely to have their lower limbs amputated (7.8 per 1,000). Hispanics are next (6.2 per 1,000), whites (5.8 per 1,000) and Asian and

Pacific Islanders (1.3 per 1,000) are least likely as compared to all other racial/ethnic groups to die from diabetes.

- Among persons Latinos aged 45-74, the prevalence rate for diabetes is:
 - 23.9% Mexican Americans
 - 26.1% Puerto Ricans
 - 15.8% Cuban Americans

Disparities in Access and Management

In 2005, more than 15 percent of New Jersey's population was uninsured. Among residents under the age of 65, the uninsured rate was nearly 17 percent. More than a third of New Jersey's Hispanic population did not have health insurance.

- Having health insurance and an identified source of care are crucial factor for promoting optimal management of diabetes. However, one out of five Latino adults with diabetes 19.9% report being uninsured
- In 2000, New Jersey residents with family incomes below the poverty level had a higher likelihood of not having health insurance than United States residents at that income level. New Jersey residents with family incomes slightly above the poverty rate, a ratio 1.00 to 1.3 possibly the working poor, had greater likelihood of being uninsured than the residents of the U. S.
- Barriers such as language, non-citizen status, and low income result in decreased access to health insurance and health care services for Latino adults. Spanish is the primary language spoken among nearly one third of Latinos with diabetes (31.3%).
- Latinos who speak primarily Spanish at home have significantly lower rates of insurance coverage compared to Latinos who speak either primarily English or English and Spanish at home
- One-fifth of the State's residents live in poverty – below 200% of the federal poverty level (FPL) or with an annual income below \$30,438. The percentage of Poverty is higher among New Jersey's minorities than among whites. Blacks and Hispanics are more than four times as likely to live in poverty compared to whites.
- The five New Jersey counties with the highest poverty rate were Essex (15.6%), Hudson (15.5%), Passaic (12.3%) and Atlantic (105%).

- Latinos who have incomes less than 200% of the Federal Poverty Line are significantly less likely to have either a usual source of care or insurance compared to those with higher incomes.
- Latinos with diabetes have low rates of medication use and regular home glucose monitoring
- Improper use of medication and inadequate glucose monitoring are indicators of poorly managed diabetes that may result in increased complications such as kidney, eye and heart disease.

References and Resources

NJ Department of Health and Senior Services (NJ DHSS) *Strategic Plan to Eliminate Health Disparities in New Jersey 2007*

NJ Department of Health and Senior Services (NJ DHSS) *Healthy New Jersey 2010*

NJ Department of Health and Senior services; *The Burden of Diabetes in New Jersey: A surveillance Report*

Centers for Disease Control, *National Center for Chronic Disease Prevention and Health Promotion, Diabetes Public Health Resource National diabetes fact sheet*

American Diabetes Association

US Census 2000 “*Bridged Population Data*”