

## Diabetes Is Major Health Problem for African Americans

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**D**iabetes, a significant and mounting health problem, is the sixth leading cause of death in the U.S. and the seventh leading cause of death in California. Type 2 (formerly "adult onset") diabetes is the leading medical cause of amputations, blindness, and kidney disease in adults, and is a major risk factor for heart disease and stroke.

Based on data from the 2001 California Health Interview Survey (CHIS 2001), nearly 6% of Californians over the age of 18 – more than 1.4 million individuals – have been diagnosed with diabetes. This rate increases dramatically with age. It also varies across major racial and ethnic groups, with African Americans reporting the highest rates.

Over 10% of African-American adults over age 18 in California have been diagnosed with diabetes (data not shown). Prevalence among African Americans ranges from 3.8% for adults ages 18-49 to over 25% for adults age 65 and over (Exhibit 1).

### Risk Factors

Being overweight or obese, not getting regular physical activity, and not eating enough fruits, vegetables and whole-grain foods are linked to increased risk of developing diabetes. On average, African-American adults and adolescents have very high rates of overweight and obesity as well as low rates of meeting physical activity and fruit and vegetable intake recommendations.

### Overweight and Obesity

Among adults not diagnosed with diabetes, African Americans have very high rates of overweight, second only to Latinos (36.6% and 38%, respectively, Exhibit 2) and the highest rates of obesity (26.1%).

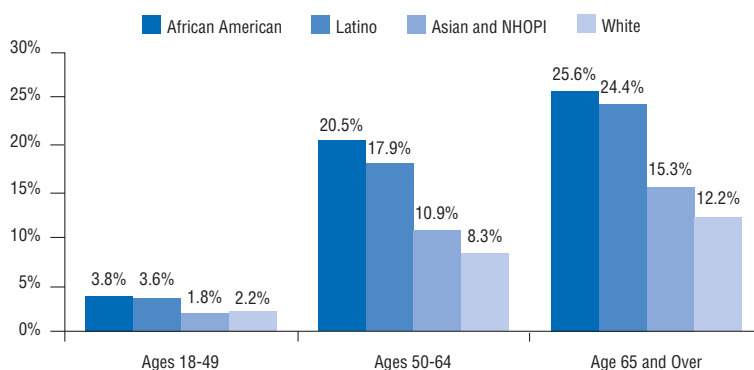
A similar pattern prevails among adolescents ages 12-17 not diagnosed with diabetes (Exhibit 2). African-American adolescents have the highest rates of being overweight (17%) and at risk for overweight (16.5%) compared to other major racial and ethnic groups. Moreover, African-American females have higher rates of overweight and obesity than their male counterparts (data not shown).

### Other Risk Factors

Although African-American and white adult males have similar rates of regular physical activity, African-American adult females have significantly lower rates

**EXHIBIT 1:**  
*Diabetes Prevalence by Age and Race/Ethnicity, Adults Age 18 and Over, California, 2001*

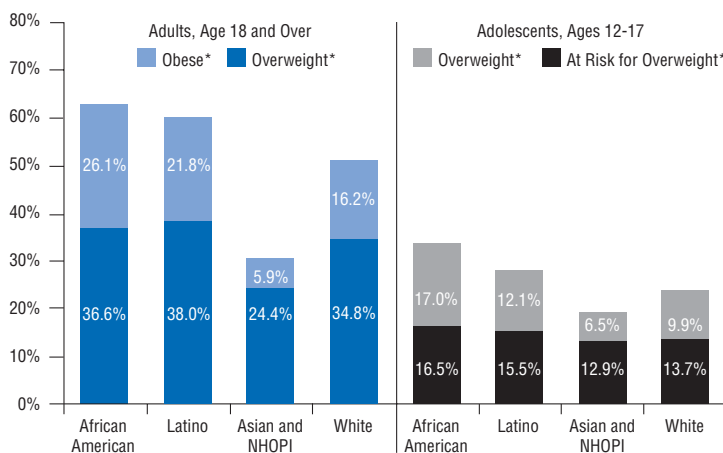
Source: 2001 California Health Interview Survey



Note: Race/Ethnicity is based on single race or the race/ethnicity with which the respondent most identifies.

**EXHIBIT 2:**  
*Weight Status by Race/Ethnicity and Age, Not Diagnosed with Diabetes, California, 2001*

Source: 2001 California Health Interview Survey



\*Note: Body mass index (BMI) was calculated based on respondent reports of weight and height. For adults, a BMI of 30 and over is considered obese and a BMI between 25 and 29.9 is considered overweight. For adolescents, ages 12-17, an age- and gender-appropriate growth chart was used to compare reported weight and height. Adolescents in the 85th to 94th percentile are considered at risk for being overweight and adolescents in the 95th percentile and higher are considered overweight.

**EXHIBIT 3:**  
**Risk Factors for Diabetes**  
**by Age and Gender,**  
**Adults and Adolescents,**  
**Not Diagnosed**  
**with Diabetes,**  
**California, 2001**  
 Source: 2001 California  
 Health Interview Survey

	Adults, Age 18 and Over				Adolescents, Ages 12-17			
	African American		White		African American		White	
	Male	Female	Male	Female	Male	Female	Male	Female
Participates in Regular Physical Activity*	34.6%	21.3%	34.7%	26.3%	79.9%	67.7%	81.4%	71.2%
Consumes at Least Five Servings of Fruits and Vegetables Per Day*	45.4%	34.6%	57.4%	45.0%	37.5%	36.7%	51.9%	50.4%
Watches Two or Less Hours of Television Per Day*	NA	NA	NA	NA	32.5%	37.6%	52.1%	60.8%

\*Note: Regular physical activity is defined as at least three days per week of vigorous physical activity for at least 20 minutes or at least five days per week of moderate physical activity for at least 30 minutes. Fruit and vegetable intake includes consumption of "fried potatoes." Television watching of two or less hours per day is based on guidelines set forth by the American Academy of Pediatrics.

than white females (21.3% vs. 26.3%, Exhibit 3). The proportion consuming at least five servings of fruits and vegetables a day differs between the two groups, with 45.4% of African-American males and 34.6% of females meeting recommendations compared to 57.4% of white males and 45% of females.

Differences in rates of health-related behaviors between African Americans and whites are also striking in the adolescent population. About half of white adolescent males and females consume at least five servings of fruits and vegetables daily, but little more than one-third of African-American males and females eat this minimum number.

Watching television, a proxy for overall inactivity level, however, differs dramatically between whites and African Americans. While 52.1% of white male adolescents watch two hours of television a day or less, only 32.5% of African-American male adolescents spend that little time watching television. White females are also more likely to watch two hours of television or less compared with African-American females (60.8% vs. 37.6%, respectively).

**Policy Recommendations**

The differences in the prevalence of diabetes between racial and ethnic groups as well as the disparities in key risk factors are particularly alarming for African-American adults and adolescents. Targeting behavioral risk factors early in life may be key to controlling the disease. An emphasis on prevention at all levels of government could reduce the future prevalence of diabetes among African Americans and other groups.

Several policy changes could reduce future diabetes rates.

- 1) Mandate at least one hour per day of high-quality physical education for grades K-12.
- 2) Promote physical activity in communities by providing safe environments and organized recreational opportunities, and enact legislation to protect individuals and organizations that provide time and space for physical activity from liability suits.

- 3) Increase the availability and affordability of fresh produce and healthy food choices in schools, workplaces, public facilities and other community venues by expanding access to farmers' markets, encouraging location of grocery stores instead of liquor stores in low-income neighborhoods, and increasing healthy and competitively priced food choices.

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**Data Source**

This fact sheet is based on findings from the 2001 California Health Interview Survey (CHIS 2001). CHIS 2001 completed interviews with 55,428 adults, 5,801 adolescents age 12-17, and 12,592 parents of young children age 0-11. The data for this fact sheet are based on a sample of 2,764 adults (age 18+) and 308 adolescents (ages 12-17) who most identified as being African American. Within this group, 310 adults reported having diabetes. The data was weighted based on the 2000 Census. The interviews, available in six languages, were conducted between November 2000 and September 2001.

The California Health Interview Survey (CHIS) is a collaboration of the UCLA Center for Health Policy Research, the California Department of Health Services, and the Public Health Institute. Funding for CHIS 2001 was provided by the California Department of Health Services, The California Endowment, the National Cancer Institute, the California Children and Families Commission, the Centers for Disease Control and Prevention (CDC), and the Indian Health Service. For more information on CHIS, visit [www.chis.ucla.edu](http://www.chis.ucla.edu).



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