



Diabetes among Latinos in California: Disparities in Access and Management

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September 2003

In California, over 339,000 Latino adults age 18 and over (6.0%) reported that they had diabetes in 2001. The prevalence of diabetes varies by age and is particularly high among older Latinos, with nearly one out of five Latino adults over the age of 50 (19.7%) reporting they have diabetes (Exhibit 1). This rate is nearly twice the rate for whites (10.1%) and among the highest for all racial/ethnic groups.

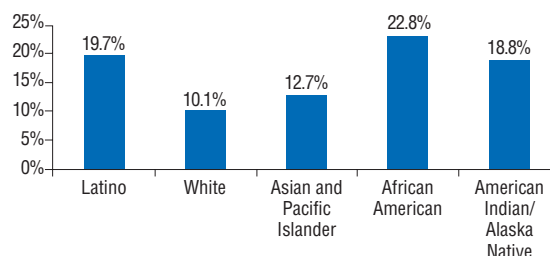
Diabetes is a chronic illness associated with acute and long-term complications, which can be reduced with appropriate medical care and self-management. Unfortunately, Latinos with diabetes face difficulties in managing their condition, such as limited use of diabetes medications and inadequate blood glucose monitoring. These limitations are associated with lack of insurance or usual source of care, and barriers to accessing health care related to language, high rates of non-citizen status, and low income. In this fact sheet, we examine diabetes among Latinos in California – with an emphasis on management of diabetes and barriers to accessing health care based on data from the 2001 California Health Interview Survey.

Management of Diabetes

Managing diabetes involves several components, including appropriate use of medications and regular home glucose monitoring. Although not all people with diabetes require medications, taking appropriate medications is a central part of managing diabetes for many adults. However, accessing medications and necessary materials for home glucose monitoring can be expensive and difficult. In California, only 67.5% of Latinos with diabetes report that they are taking medications for their condition, compared to 78.2% of whites. In addition, although self-monitoring of blood glucose is an essential aspect of managing diabetes in order to prevent serious complications, only one out of three Latinos with diabetes (35.6%) report that they check their glucose daily compared to more than half of whites (54.6%).

Having health insurance and an identified source of care are crucial factors for promoting optimal management of diabetes. However, nearly one out of five Latino adults with diabetes (19.9%) report being uninsured all year compared to less than one out of ten

whites (6.4%). Among adults with diabetes, Latinos are also nearly four times more likely to have no usual source of care than whites (12.3% vs. 3.4%). In addition, having insurance and having a usual source of care greatly increases the likelihood of adequate management of diabetes among Latinos (Exhibit 2). Insured Latinos with diabetes are significantly more likely to report medication use (72.5% vs. 48.9%) and daily glucose monitoring (39.4% vs. 21.7%) compared to uninsured Latinos. Similarly, Latinos with a usual source of care had strikingly higher rates of medication use compared to those with no usual source of care.



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

EXHIBIT 1:
Diabetes Prevalence by Race/Ethnicity, Adults Age 50 and Over, California, 2001.
Source: 2001 California Health Interview Survey

Barriers to Accessing Care

Having health insurance and a usual source of care – a medical “home” – are essential for people with diabetes to appropriately manage their condition. However, barriers such as language, non-citizen status,

	Percent Taking Any Diabetes Medications %	Percent Monitoring Glucose At Least Once a Day %
All Latino Adults with Diabetes	67.5	35.6
Insurance Status		
Insured	72.5	39.4
Uninsured	48.9	21.7
Usual Source of Care		
Has Usual Source of Care	71.4	38.2
No Usual Source of Care	39.7	*

* Estimate is not statistically reliable.

EXHIBIT 2:
Diabetes Management Indicators by Insurance Status and Usual Source of Care, Latinos with Diabetes, Age 18 and Older, California, 2001
Source: 2001 California Health Interview Survey

EXHIBIT 3:
Rates of Having a Usual Source of Care and Insurance by Language, Citizenship, and Federal Poverty Level, Latino Adults with Diabetes, Age 18 and Over, California, 2001
 Source: 2001 California Health Interview Survey

	Have Usual Source of Care %	Insured %
All Latino Adults with Diabetes	87.7	79.0
Language Spoken at Home		
Spanish	85.4	66.0
Spanish and English	87.9	83.4
English	93.1	91.2
Citizenship Status		
Non-citizen without green card	74.6	54.6
Non-citizen with green card	83.0	69.0
Naturalized citizen	94.7	89.3
US-born citizen	92.3	90.2
Federal Poverty Level (FPL)		
0-99% FPL	82.7	75.0
100-199% FPL	85.3	71.6
200-299% FPL	94.3	90.1
300% FPL and above	97.5	91.7

and low income result in decreased access to health insurance and health care services for Latino adults. Among Latinos with diabetes, nearly one out of three is primarily a Spanish speaker (31.3%), more than one out of three are non-citizens (39.7%), and nearly three out of four (68.6%) have incomes below 200% of the Federal Poverty Level (FPL).

Among Latinos with diabetes, non-citizens are significantly less likely to report having either a usual source of care or having insurance than citizens (Exhibit 3). Latinos who have incomes less than 200% of the FPL are significantly less likely to have either a usual source of care or insurance compared to those with higher incomes. In addition, 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. Latinos who primarily speak Spanish at home also have low rates of reporting that they have a usual source of care compared to those who speak primarily English at home, though this difference is not statistically significant.

Policy Recommendations

Latinos have high prevalence of diabetes and those with diabetes have low rates of medication use and regular home glucose monitoring. Lack of medication use and inadequate glucose monitoring are indicators of poorly managed diabetes that may result in increased complications, such as kidney, eye, and heart

disease. These complications are associated with poorer health, higher rates of disability and death, and increased healthcare costs. Many of these added burdens are preventable with proper management and control of diabetes. Expansion of health care coverage, implementation of culturally and linguistically appropriate care, and additional programs covering medications and glucose monitoring materials can improve access to care and appropriate management of diabetes for California’s Latinos with diabetes.

- Expand outreach and enrollment efforts to insure all eligible Latinos, particularly Spanish speakers, non-citizens, and adults with lower incomes
- Promote culturally and linguistically appropriate health care and health education materials
- Promote additional programs—for both the insured and uninsured—that cover costs of medications and materials for daily glucose monitoring

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Data Source

This fact sheet is based on findings from the 2001 California Health Interview Survey (CHIS 2001). CHIS 2001, the largest health survey conducted in any state and one of the largest in the nation, covers a broad range of public health concerns including health status and condition, health-related behaviors, health insurance coverage, and access to health care services. 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 Latinos presented in this fact sheet are based on a sample of 9,458 adults who most identified with being of Latino or Hispanic origin. Within this group, 702 Latino adults reported having diabetes. The data were 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.



The development and publication of this fact sheet were funded by a grant from The California Endowment.

The views expressed in this fact sheet are those of the authors and do not necessarily represent the UCLA Center for Health Policy Research, the California Health Interview Survey collaborators, the Regents of the University of California, The California Endowment, or other CHIS 2001 funding organizations.

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Editor-in-Chief: E. Richard Brown, PhD; Communications Assistant: Celeste Maglan;

Editing/Production Services: Sheri Penney, Penney Layne Productions; Graphic Production: Donna Bellock, Ikkanda Design Group

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FS2003-6