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Latino Community Report

for the 129th General Assembly, community organizations, and the public

Diabetes and Hispanic Ohioans: Promoting Awareness and Action



Latino Affairs
Commission

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The best efforts were made to gather and provide accurate and current information. Data presented from previous years indicates the most up to date research available. OCHLA will provide any additional information or data as it becomes available.





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Introduction

As the Hispanic population in the U.S. and Ohio continues to grow, the significance and impact of these communities has become of vital interest to health care workers and policy makers who strive to learn more about their various health concerns. Among these, mitigating the prevalence of diabetes and its disproportionate effect on Hispanics is more important than ever in improving the well-being of these communities. Since diabetes has a dynamic negative effect on those who suffer from it, it is the focus of this Latino Community Report, which will define the problem of diabetes with respect to Ohio's Hispanic/Latino population, highlighting its importance in relation to the general state of Hispanic/Latino health in the U.S. The focus on diabetes will proceed with an emphasis on the risk factors that put Hispanics at higher risk for the disease, along with resources for alleviating the problem, which will focus on specific areas of Ohio with high populations of Hispanics that will help respective policy makers understand the problem in relation to their constituencies. Of course, such an analysis also demands an understanding of the general state of health for Hispanics, and how diabetes relates to the bigger picture.

Hispanic Health Overview

Since 2000, the Hispanic population has increased 43%, and is responsible for more than half of the total population growth in the U.S. since that time. The 50.5 million people who identify as Hispanic or Latino make up 16% of the nation's population, which increases the scope and impact of the health issues that affect them (Passel, 2011).



Hispanics in the U.S. do exhibit some positive health trends. For example, a respondent-assessed health status survey recently revealed that Hispanics find themselves in better general health than non-Hispanic Whites and African Americans ("Health, United States", 2010). Compared to these groups, Hispanics have lower infant mortality and death rates, as well as a 30% lower cancer rate than non-Hispanic Whites ("Health, United States", 2010). Moreover, **Hispanics benefit from lower incidents of common cancers, such as those of the lung, breast, and thyroid and a lower rate of cancer deaths per year** ("Profiles of Latino Health", 2009). Another respondent-assessed health survey revealed that Hispanics face lower prevalence of heart disease and stroke among adults 18 years and over ("Health, United States", 2010), showing that Hispanics suffer less from some of the most prevalent health conditions. Additionally, statistics reveal improved decision-making when it comes to personal health among Hispanics. Hispanics have lower rates of smoking, smoking related diseases and drug use than African Americans and non-Hispanic Whites ("Health, United States", 2010). According to the Center for Disease Control, Hispanics are in a good general state of mental health, and suffer less from psychological distress than these other groups ("Health, United States", 2010). Yet, this positive outlook is part of a paradox - Hispanics have and continue to suffer disproportionately from other health conditions - including asthma, diabetes, and HIV.

These conditions can both vary by ethnic group within the Hispanic community and have considerable consequences for the well-being of Hispanics. For example, while incidence of asthma is average for Hispanics in general, Puerto Ricans are about twice as likely to be



diagnosed with asthma than non-Hispanic whites, and about 1 in 5 Puerto Rican children are diagnosed with asthma, compared to 1 in 10 Hispanic children overall, and 1 in 13 non-Hispanic White children ("Profiles of Latino Health," 2009). Consequently, 9.4% of Puerto Ricans suffered from acute asthma attacks, compared to 4.2% of non-Hispanic Whites ("Profiles of Latino Health," 2009). Asthma related complications - including limitations on physical activity - can perpetuate other health concerns such as obesity. More troubling research finds that Hispanics have the second-highest rate of HIV infection in the U.S. ("Profiles of Latino Health," 2009). In 2006, the Hispanic rate of HIV infection stood at 29.3 per 100,000 people versus 11.5 per 100,000 for non-Hispanic Whites, and an estimated 81,000 Hispanics had died from HIV/AIDS complications by the end of 2006 ("Profiles of Latino health," 2009). All of this makes HIV one of the most serious health concerns for Hispanics in the U.S. Along the same lines, diabetes has had a significantly negative and widespread effect on Hispanic communities, both in the U.S. and, more saliently, in Ohio.

Diabetes in the U.S.

Diabetes arises from the body's inability to produce or manage insulin - a necessary hormone that the body needs to process and store blood sugar as energy ("Su Familia: What is Diabetes?" 2008). When someone has this irreversible - but preventable and manageable condition - the body fails to convert blood sugar into energy properly. This prevents energy from reaching cells while developing excess sugar levels in the bloodstream, which results in various complications that range from mild to life-threatening. There are three kinds of diabetes, known as Type-1, Type-2, and gestational diabetes ("Su Familia: What is Diabetes?," 2008). Type-1 accounts for 5 to 10% of all diabetes cases and is usually diagnosed during childhood or adolescence. Type-2, or adult on-set diabetes, is the most common form, accounting for 90 to 95% of all cases. The good news is that Type-2 diabetes is more manageable and is usually diagnosed after the age of 40, making it highly preventable. Finally, gestational diabetes is a temporary form of the disease that affects 2 to 5% of pregnant women. While gestational diabetes usually goes away after pregnancy, the affected mother and child are at greater risk for developing Type-2 diabetes in the future ("Su Familia: What is Diabetes?," 2008). Most diabetes cases in the U.S. and within the Hispanic population fall in the Type-2 category.



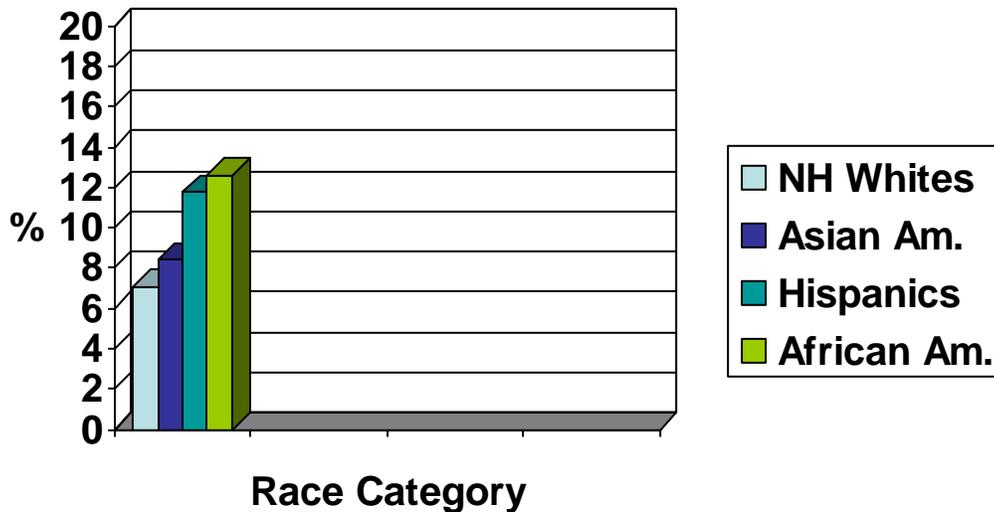
As of 2010, 25.8 million people—approximately 8.3% of the population—have diabetes. Among Americans aged 20 years or younger, about one-quarter of 1% (215,000 people) have diabetes. Of those 20 years or older, 11.3% (25.6 million people) have diabetes. The prevalence of diabetes is greater among older people, since 26.9% of those 65 or older (10.9 million people) have diabetes ("Diabetes Public Health," 2011).



Diabetes and Hispanic Communities:

As the table below demonstrates, Hispanics have the second highest diabetes diagnosis rate at 11.8%. They trail African Americans but are well above non-Hispanic Whites ("Health, United States", 2010).

Diagnosed Diabetes by Race



Among those aged 20 years or older, more than 1 in 10 Hispanics have been diagnosed with diabetes, compared to 1 in 15 non-Hispanic Whites. This means that 1 in 10 Hispanics must deal with managing diabetes and its potential symptoms and effects. These may include frequent urination, excessive thirst, unexplained weight loss, extreme hunger, sudden vision changes, tingling or numbness in hands or feet, fatigue, very dry skin, sores that heal slowly and more weakened resistance to infection. Nausea, vomiting, or stomach pains may accompany some of these symptoms in the abrupt onset of Type-1 diabetes ("Diabetes Public Health," 2011). These are health concerns that affect an individual's everyday quality of life and their ability to lead content and productive lives within society. Such complications can compound other factors to perpetuate further health problems, and create barriers to success in education and in the workplace. Diabetes, then, can become another of the systemic idiosyncrasies that, along with other social determinants, foster the gaps in health, education-level and income that remain between Hispanics and their fellow Ohioans. To illustrate one facet of the disparity, Hispanics were about four times more likely to be hospitalized for untreated diabetes complications in 2004 than their counterparts, and the Hispanic death rate from diabetes is 50% higher than for non-Hispanic Whites - standing at 33.6 per



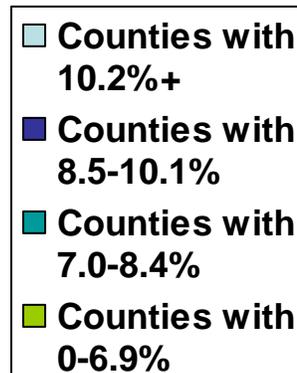
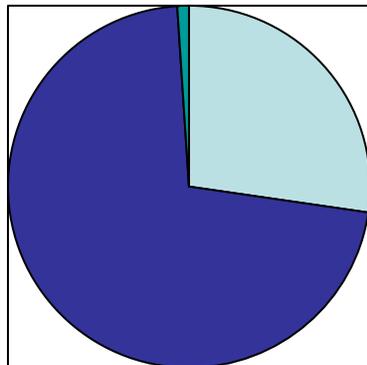
100,000 Hispanics ("Su Familia: What is Diabetes?," 2008). Since Hispanics are much less likely to seek and obtain medical treatment than their counterparts, we can infer that these daunting statistics result at least partially from the higher probability of undiagnosed diabetes among Hispanics, which can cause long-term complications such as heart disease, stroke, hypertension, blindness, kidney disorders, loss of feeling, and necrosis ("Su Familia: What is Diabetes?," 2008). Gaps in diagnosis can then highlight how diabetes can compound with other disparities, such as health care access and education, to magnify the effects of this potentially deadly disease. The prevalence of diabetes within the nation's Hispanic communities and its compounding effects on daily life provide justification for a comprehensive understanding of how diabetes affects Hispanic Ohioans.

Diabetes in Ohio:

In general, the prevalence of diabetes in Ohio has increased by 64% in the past decade ("Ohio Diabetes 2010," 2011). In fact, 7.3 out of every 100 adults in Ohio have diabetes, which places Ohio 13th on the list of states ranked according to the ratio of people with diabetes relative to the general population of the state. Approximately 31.7 out of every adult 100,000 deaths in Ohio are diabetes related, which makes Ohio the 7th leading state in diabetes-related deaths. In 2008 alone, there were 3,561 diabetes-related deaths in Ohio, and even this number is believed to be low due to statistical error and study limitations ("Ohio Diabetes 2010," 2011). In 2005, 669,000 Ohio adults were diagnosed with diabetes, and the percentage of adults with diabetes in Ohio increased to 10% by the end of 2007. In 2009, the number of Ohio adults diagnosed with diabetes jumped to 895,571, with an estimated 268,671 that are believed to have diabetes and not know it (Fact Sheet 2010). According to the Center for Disease Control, there are 24 counties in Ohio with estimates of people with diagnosed diabetes that exceed 10.2% of the county population, which well-exceeds the national rate of 8.3%.



% of People Diagnosed with Diabetes by Ohio Counties



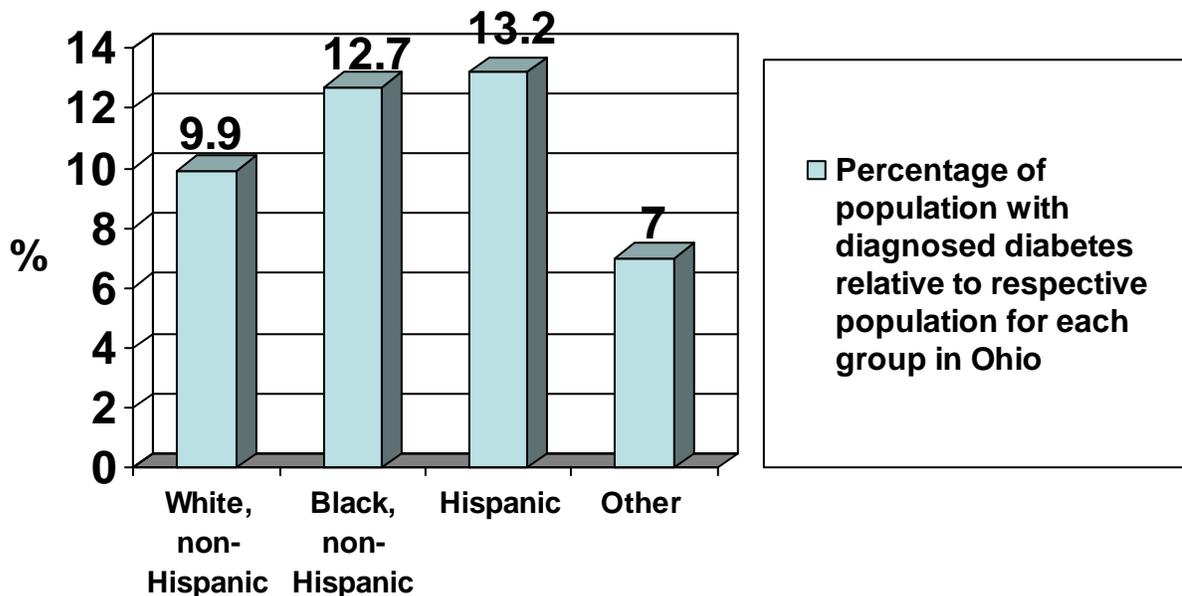


The dire consequences of diabetes are accompanied with a significant economic cost in the State of Ohio. According to the American Diabetes Association, diabetes costs Ohio \$5.9 billion annually, with \$3.9 billion in medical costs and another \$2 billion in estimated reduced state productivity and premature deaths. In 2007, the cost of diabetes-related hospital discharges in Ohio amounted to \$442 million, with Medicare paying roughly 48% of those hospital discharges ("Ohio Diabetes 2010," 2011). The national prevalence of diabetes within the Hispanic community and the significance of the problem in Ohio - both socially and economically - justify a collaborative effort to understand the impact of diabetes on Ohio's fastest growing population.

Diabetes and Hispanic Ohioans

Hispanics have the highest percentage (13.2%) of diagnosed diabetes for adults 18 and over in Ohio, when compared to white non-Hispanics, African Americans and other races ("Ohio diabetes 2010," 2011), which surpasses national figures. This carries with it a mortality rate of 24.8 per 100,000 Hispanics in Ohio.

Diabetes Prevalence in Ohio by Race





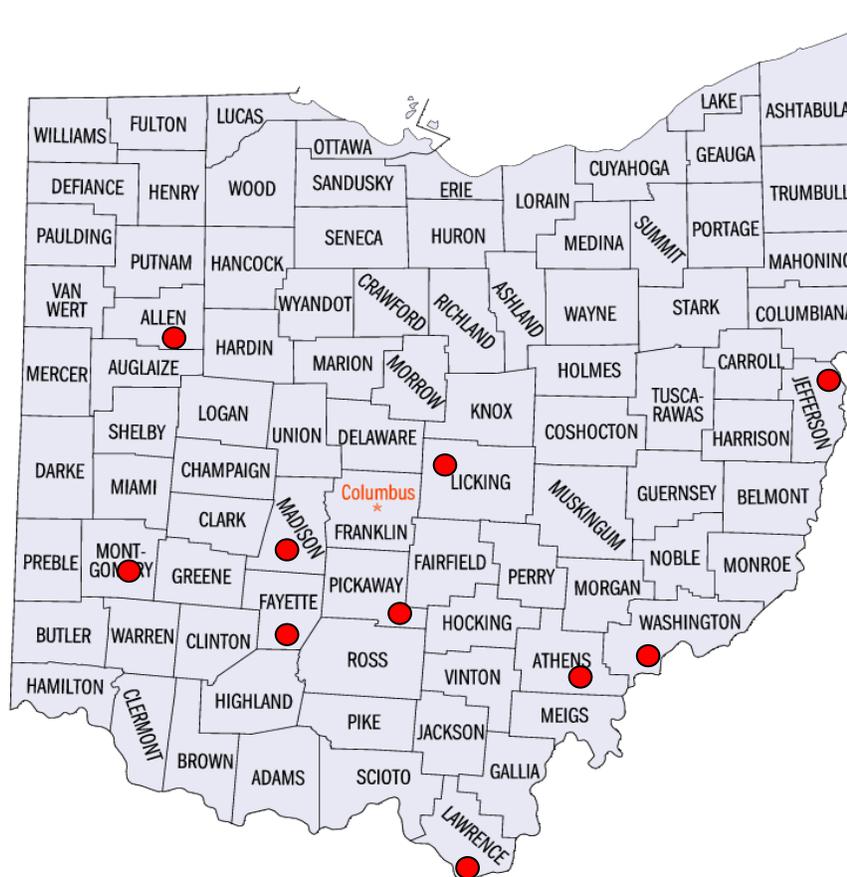
Unfortunately, despite the 63% growth in Ohio's Hispanic population since 2000, there is a lack of comprehensive research on the specific number of Hispanics with diabetes in discrete areas of Ohio due to small sample sizes, which make such numbers difficult to estimate properly. However, the following table provides insight into the growth of the Hispanic population for the ten counties in Ohio with the highest prevalence of diabetes. This table shows the need for special attention in these counties, both for general diabetes and for the growing population of at-risk Hispanic individuals.

Diagnosed Diabetes by Ohio County Compared to Hispanic Population Growth		
County	% of population diagnosed with diabetes in 2008	% increase of Hispanic population since 2000
Jefferson County	11.3	33%
Athens County	10.7	37%
Lawrence County	10.7	38%
Montgomery County	10.7	56%
Pickaway County	10.6	51%
Allen County	10.5	34%
Fayette County	10.5	60%
Licking County	10.5	67%
Madison County	10.5	51%
Washington County	10.5	19%





This map helps to visualize the geography of these high prevalence counties.



It is important to remember that the current data available is not sufficient in making direct conclusions about how diabetes affects Hispanic Ohioans in particular regions, counties, or cities. However, the table above allows for an understanding of how the Hispanic population is changing in different areas of Ohio, relative to the population of individuals with diagnosed diabetes in those areas. Such information can help gauge the growth of this at-risk population and whether more attention is due to this population group in policy decisions or in the implementation of programs to combat the general problem. The dramatic growth of the Hispanic population in Pickaway and Allen County, for example, suggests that health practitioners and policy makers should not neglect the presence of this at-risk community in developing solutions for the prevention and treatment of diabetes. Additionally, it encourages the implementation of new programs designed to advance the education, prevention, and treatment of diabetes that are specific to these areas and the characteristics of their communities. It is evident that despite the lack of micro-level data, inferences can be made using existing research to understand how diabetes is affecting Hispanic Ohioans, and how this information can shape policy and program decisions. More, the prevalence of diabetes and the growth of this population have illustrated the need for innovative research methods that may provide more insight into specific communities, even with small sample sizes.



Prevalence of Diabetes among Hispanics in select Ohio Cities

The table below indicates diabetes prevalence among Hispanics by select Ohio cities, according to a 2004 report by the Ohio Latino/Hispanic Health Coalition (Ohio Latino/Hispanic Health Coalition , 2005). Results are based on a health needs survey in which two thousand Hispanic/Latinos were interviewed in major Ohio cities. As with general Ohio data, the prevalence of diabetes among Hispanics for select Ohio cities is higher than the national figures for Hispanics with diabetes, which is an alarming find considering that selected cities provide a strong geographical representation of all Ohio regions.

City	% of Hispanic Respondents with diabetes	% of Hispanic Respondents with family member with diabetes
Cincinnati	16.70%	31%
Cleveland	19.30%	48%
Columbus	13.40%	37.50%
Toledo	18.80%	51.40%
Youngstown	18.50%	47.50%



Parallel state and national trends with regard to the disproportionate effect of diabetes on Hispanic communities demands an understanding of the risk-factors that go along with being Hispanic.

Why Hispanics?

To begin with, it is important to note that Type-2 diabetes is significantly more prevalent among Hispanic communities. Type-2 diabetes, or adult “on set” diabetes, occurs after birth, usually as a consequence of a combination of hereditary factors, low physical activity, poor diet and excess body weight. In addition to these physical characteristics, the prevalence of Type-2 diabetes correlates to poor health care access and literacy (“Su Familia: What is Diabetes?” 2008). This correlation has led many researchers and medical professionals to the conclusion that the high prevalence of diabetes can be attributed at least partially to societal factors - such as economic status and education-level. The extensive research available on these issues should be utilized in creating solutions for addressing diabetes in Ohio’s Hispanic communities. To simplify this analysis, the causes of the disproportionate effect of diabetes on these communities can be split into two categories, those that arise from economic and education disparities and those that result from deficiencies in health care systems aimed at addressing the problem.



Obesity, inadequate physical activity, poor diet, and a lack of health literacy and health care access correlate to poverty rates ("Health, United States", 2010). It is important to note that correlation alone does not indicate a direct relationship, yet this correlation is significant considering that Hispanics, as is well-documented, have much higher poverty rates than their non-Hispanic White counterparts. **With a national poverty rate of 23.3% among Hispanics** compared to 9.9% for non-Hispanic Whites, and a median household income that is \$15,000 lower, we can assume that Hispanics suffer disproportionately from a lack of resources ("Statistical Portrait of Hispanics," 2011). Worse, the national Hispanic unemployment rate of 11.1% is significantly higher than the general unemployment rate of 9.1% (Lopez & Velasco, 2011). Moreover, the recent finding that median household wealth for Hispanics has fallen from \$18,359 to \$6,325 since just 2005 illustrates the ongoing aggravation of the resource gap (Fry, Kochhar & Taylor, 2011). We can infer from the link between diabetes risk factors and poverty that the high level of poverty and the prevalence of diabetes in Hispanic communities are possibly related. For further evidence of the connection, it was recently reported that **nearly a third of Hispanics in the U.S. suffer from "food insecurity"**, or the inability to access standard healthy foods, which has been classified as a direct effect of poverty and a direct contributor to Type-2 diabetes (Lopez & Velasco, 2011). The 6.1 million Hispanic children that live in poverty make this correlation difficult to ignore (Lopez & Velasco, 2011).

The numbers in Ohio are even worse. **25% of Hispanic Ohioans aged 18-64 are considered to be poor**, which is greater than the national Hispanic poverty rate ("Demographic Profile of Hispanics," 2011). Ohio ranks 30th in the U.S. relative to Hispanic annual earnings, and these are trends that mirror and even surpass the extent of Hispanic poverty on the national stage ("Demographic Profile of Hispanics," 2011). Poverty statistics generally have geographic expressions. Poor people generally live in neighborhoods with high crime rates and inadequate infrastructures. They also frequently have underperforming schools. Poor Ohioans – Hispanic and otherwise - lack the means to acquire luxury items like home exercise programs or facilities, and lack the access to secure and dependable transportation that's necessary for travel to adequate food markets or exercise facilities.

More, a lack of financial resources and employment opportunities can lead to a gap in healthcare access and health literacy. Without health insurance through employers or the means to afford it personally, many Hispanic Ohioans miss out on the information and care necessary to prevent and treat diabetes. According to the National Health Interview Survey, Hispanics are three times as likely as non-Hispanic persons to have never had any healthcare coverage, and one study found that Hispanics are more likely to not buy prescription medicine due to budget constraints ("Profiles of Latino Health," 2009). Hispanic children are twice as likely to go without necessary medications compared to non-Hispanic White children, which can create long-lasting barriers to health early in life ("Profiles of Latino Health," 2009). In Ohio, only 25% of Hispanics are insured, which comprises a mere fourth of the fastest-growing population in the state. Whether this is because Hispanics are less likely to work for employers that offer health insurance, or because they are less likely to qualify for health programs such as Medicaid ("Profiles of Latino Health," 2009); this lack of adequate healthcare access disproportionately affects Hispanics and demands initiatives that can help connect these communities with the resources they need to prevent and treat diabetes.





Any such efforts will require an emphasis on health literacy, since lower socioeconomic status and lower educational achievement levels are closely linked and the lack of health literacy among Hispanics is well documented. Estimates state that **41% of Hispanic adults have a “below basic” level of health literacy** ("Profiles of Latino Health," 2009). Hispanics also generally suffer from lower educational attainment, with a reported 23.5% of Hispanics who have a “less than 9th grade” education level compared to 3% for non-Hispanic Whites and 5.4% for African Americans ("Demographic Profile of Hispanics," 2011). Further, only 12% of Hispanics have college degrees, which directly influences the types of jobs and industries that they enter and their ability to access and understand healthcare information. The stats fail to provide a more positive outlook for Ohio, where only 30% of Hispanic students have achieved a high-school diploma ("Demographic profile of Hispanics," 2011).

To paint a complete picture for adequate solutions, the link between poverty, education, and a lack of health care access and literacy must be couched in the context of inadequate healthcare administration to Hispanics. Despite the fact that almost one in five individuals in the U.S. are Hispanic, only one in seventeen health professionals are Hispanic ("Profiles of Latino Health," 2009). **Currently, Hispanics make up the smallest share of employed physicians and surgeons in the U.S., and graduated only 6.8% of all medical school graduates in 2007** ("Profiles of Latino Health," 2009). This makes it less-likely that new doctors will have had firsthand experience with Hispanic health concerns and creates a question of the cultural competence of healthcare administration to Hispanics. Closely linked to this issue is the language barrier that prevents many Hispanics from becoming proficient in health literacy and accessing programs. Recent statistics indicate that Hispanics who speak English or are bilingual are more likely to receive healthcare information from a doctor than the 62% of Hispanics in the U.S. that primarily speak Spanish ("Profiles of Latino Health," 2009). Only 28% of Hispanics report receiving health care information from doctors, even though the statistics show that doctors are the primary source of this information for other groups ("Profiles of Latino Health," 2009). **In fact, more than two-thirds of Hispanics report receiving health care information primarily from television, and with a mix of English and Spanish, making it difficult to have a comprehensive and credible understanding of what diabetes is and how to prevent it.** In Ohio, 56% of Hispanics reportedly speak a language other than English at home ("Profiles of Latino Health," 2009). Consequently, Hispanics must be connected with culturally competent and accessible health care services so that they can learn about diabetes and take steps toward prevention and treatment. Such services are already available in many areas of Ohio, and policy makers, service providers and community leaders should focus on improving the outreach of these already-available resources, while formulating a plan to expand them.





Appendix: Available Resources

Before creating a new initiative to prevent and fight against diabetes in Hispanic communities, policy makers and service providers should make use of available resources. Thanks to the advancement in research and technology and the growth of the Hispanic population over the last decade, there is a wide range of available services that organizations can use to expand and improve their administration to Hispanic clients. Bilingual information and prevention and treatment guides are increasingly available in a culturally competent format. However, since Hispanics do not enjoy the same level of internet access as other groups, many organizations could go a long way by helping disseminate critical information and resources within their own community through more traditional means. Below is a list of national and statewide resources dealing with diabetes, including both a list to informational sources but also a list to available health care services and Hispanic-serving organizations in Ohio. We encourage community members, leaders, and policy makers to make use of these resources and to spread awareness of their existence.

National Resources

The American Diabetes Association: <http://www.diabetes.org> or 1-800-342-2383

This is a great resource for basic diabetes information, advice and information on living with diabetes, food and fitness management, and a list of community programs in your area.



National Alliance for Hispanic Health: <http://www.hispanic health.org> or 1-866-783-2645

In conjunction with the National Diabetes Education program, The National Alliance for Hispanic Health provides research reports on diabetes, multimedia segments on diabetes prevention, a bilingual diabetes prevention curriculum, and other valuable resources. Although the program is entering its final stages, it has provided useful tools that are available for use.

The National Diabetes Education Program (NDEP): <http://ndep.nih.gov/> or 1-800-438-5383

A national program designed to provide resources to educate the public on diabetes, while emphasizing the fact that it is both controllable and in most case (type 2) preventable, through the use if manuals on diet, exercise and other prevention methods. Site contains a section for Hispanic/Latino individuals, complete with bilingual eating guides, recipes, prevention manuals, tips for young people at risk for diabetes, and other valuable resources. This site presents a strong resources base to extend existing diabetes services, whether educational or health services related, to Hispanic communities.

The National Diabetes Information Clearinghouse (NDIC): <http://diabetes.niddk.nih.gov/about/index.aspx?control=Pubs> or 1-800-860-8747

A national database containing publications in English and Spanish. Spanish language information includes a dictionary for terms related to diabetes, information on complications resulting from diabetes, a “game plan” for diet and physical activity, a guide to understanding blood sugar levels, among others. English language publications include a guide to diabetes medicines, as well as guides to prevent diabetes and complications related to diabetes. The site also includes an A to Z list on diabetes topics.



Resources in Ohio

Appalachian Rural Health Institute: <http://www.oucom.ohiou.edu/diabetes/>
Information about diabetes and low-cost services and clinics for people with diabetes.

The Central Ohio Diabetes Association: <http://diabetesohio.org>
Provides a Spanish language diabetes fact sheet at <http://diabetesohio.org/PROGRAMS/EnEspañol/tabid/217/Default.aspx>. As well as a Spanish language cookbook for prevention and management of diabetes at http://diabetesohio.org/Portals/0/docs/DiabetesLiterature/MQC_recipebook_spanish.pdf.
Prevention information pamphlet and a list of diabetes causes in Spanish are found respectively at http://diabetesohio.org/Portals/0/docs/DiabetesLiterature/Paso_tips.pdf and http://diabetesohio.org/Portals/0/docs/DiabetesLiterature/I_A01b_HO_sp.pdf. You can access the Multicultural Diabetes Resource Center of the Central Ohio Diabetes Association at <http://diabetesohio.org/EDUCATION/MultiCulturalDiabetesResourceCenter/tabid/145/Default.aspx>.

Diabetes Dayton: <http://diabetesdayton.org/>
Dedicated toward assisting those affected by diabetes in the Dayton area.

Diabetes Partnership of Cleveland: <http://www.diabetespartnership.org/default.asp>
Offers programs to help cope with and manage diabetes. Includes Spanish materials.

Diabetes Youth Services: <http://www.dys4kids.org/>
Focuses on diabetes education for children through various programs. Located in the Greater Toledo area.

Eastern Ohio Diabetes Association: <https://www.facebook.com/pages/Eastern-Ohio-Diabetes-Association/230650583621691?sk=info>
Provides education and support programs for those recently diagnosed, previously diagnosed and those at risk for developing diabetes. Also work with healthcare providers to better understand and treat diabetes patients.

Greater Cincinnati Diabetes Program: <http://www.the-collaborative.org/HealthImprovementInitiatives/GreaterCincinnatiDiabetesProgram/tabid/226/Default.aspx>
Program strives to help people who may have diabetes obtain a proper diagnosis. Works to ensure access to “best practices” relative to prevention and treatment.

Ohio Commission on Minority Health: <http://mih.ohio.gov/>
Contains Spanish recipes, cookbooks, and advice for living healthy and preventing diabetes.

Ohio Diabetes Prevention and Control Program: <http://www.odh.ohio.gov/odhPrograms/hpr/diabetes/diabl.aspx> or (614) 466-2144
In addition to providing valuable statistics and information, program increases access to diabetes care for Ohioans.





YMCA Diabetes Prevention Program: <http://www.ymcacolumbus.org/diabetes> (Columbus)

<http://www.cincinnatiymca.org/activities/diabetes-prevention> (Cincinnati)

Located in Columbus Area and Cincinnati. The YMCA is focused on prevention and the program is free to fully covered individuals with United Health care insurance

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