

Uyen Nguyen

Gissell Salazar

Eva Hernandez-Manzanares

Columba Galvan

Sunya Viriya

Jonathan Mercado-Aleman

### **Problem Justification and Needs Assessment**

#### **Demographic: Diabetes Among Adults Pertaining to the Hispanic population in Long Beach**

In the United States adults have about a 40% chance of developing type 2 diabetes whereas Hispanic adults have a higher chance of more than 50% (United States Department of Health and Human Services, 2021). Type 2 diabetes is a condition in which the body is affected on how it processes blood sugar. The body either does not produce sufficient insulin or is resistant to insulin. Type 2 diabetes upon Hispanics has become a growing epidemic in the U.S. Hispanics have an increased risk to develop type 2 diabetes based on dietary consumption of foods high in fat and calories, and obesity. Hispanics households typically have a high level of consumption of fatty foods which often causes them to make poor food selections. Obesity is also another contributor of developing type 2 diabetes among Hispanics. The majority of Hispanics do not lead an activity lifestyle and tend to be overweight.

Hispanics are the largest minority in the U.S. and with high rates of type 2 diabetes among the community, the cost has been consequential to the nation. The American Diabetes

Association [ADA] (2018a) estimated that the economic costs of type 2 diabetes in the U.S. have increased by about 26% since 2012. This increase accounts for a cost of 1 in 4 dollars directly spent towards treating diabetes in combination of other medical costs.

Although diabetes is a disease that affects individuals of all<sup>1</sup> demographics, it is evident that the Hispanic population is experiencing a greater burden of disease from diabetes compared to other groups in the United States. When looking at the distribution of diabetes in terms of race/ethnicity, about 12.5% of Hispanic adults have been diagnosed with this disease, the second highest rate in the country (United States Department of Health and Human Services, 2020). Hispanics also experience health disparities among their subgroups as there is a difference in the prevalence of diabetes among the categories. Mexican Americans are the primary subgroup that has been severely affected by diabetes, with them making up about 14% of the cases in the Hispanic population (American Diabetes Association, 2018b).

Income and educational attainment are two epidemiologic variables that are related to the high prevalence of diabetes among the Hispanic population. According to Aguayo-Mazzucato et al. (2019), the income level where the majority of Hispanic households fall under is below \$20,000. A recent study has shown that those who had an annual income that is equivalent to the average Hispanic household income, had a higher prevalence of diabetes compared to those who earned over \$70,000 a year (Aguayo-Mazzucato et al., 2019). Higher education is often seen as unattainable for those students of a Hispanic background for a number of reasons; however, it

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can be beneficial for their health if they do pursue one. According to Concha et al. (2021), individuals with a bachelor's degree or higher have demonstrated a low prevalence of diabetes.

Three major needs of the Hispanic population for the eradication of diabetes include: dietary changes, physical activity, and health literacy/education. Dietary changes are needed for the Hispanic population due to the effects of acculturation from living in the United States and consuming the Western diet, which consists of high amounts of red/processed meats, white bread, and added refined sugar (Aguayo-Mazzucato et al, 2019). This is a stark difference compared to the dietary habits of adults born in Mexico, where researchers noted high rates of consumption of fruits, vegetables, grains, and legumes with low rates of consumption of desserts, salty snacks and added fats (Aguayo-Mazzucato et al, 2019). Diets high in fat or saturated fats, typical of American Western cuisine, can increase a person's likelihood of developing obesity, which can lead to decreased insulin sensitivity otherwise known as insulin resistance (Aguayo-Mazzucato et al, 2019). Another need is a change in physical activity levels within the Hispanic population due to the high levels of physical inactivity. According to a survey completed by the National Health and Nutrition Examination Survey, 65% of Mexican American men and 74% of Mexican American women had little or no leisure time for physical activities (Aguayo-Mazzucato et al, 2019). Lack of physical activity can lead to obesity as well as an increased risk for cardiovascular disease, which is one of the top causes of death in the Hispanic population. Changes in health literacy and health education comprehension are needed within the Hispanic population because researchers noted that individuals in this population with diabetes and low health literacy also had inadequate diabetes knowledge, poor glycemic control, and experienced higher incidences of diabetes complications (Aguayo-Mazzucato et al, 2019). And finally, the

lack of health literacy and health education comprehension can act as a barrier for individuals seeking treatment because without the ability to understand and accurately report their diabetes symptoms, diagnosis and treatment is likely to be delayed, furthering any complications individuals may have. These needs can be either perceived or the actual needs of the population. Dietary changes are both a perceived and an actual need for the Hispanic community. In terms of perceived needs, those in this community who are aware of the factors that contribute to diabetes (such as poor diet, a sedentary lifestyle, etc), are likely aware of the high fat and calorie content of traditional Hispanic foods but may be ignorant of healthier alternatives. In terms of actual needs, dietary changes in this community are critical as obesity is a major risk factor for developing type 2 diabetes and other comorbidities that can exacerbate diabetes symptoms. Physical activity is an actual need as low levels of physical activity and obesity are major contributing factors for individuals to develop type 2 diabetes. The need for improved health literacy and education within the Hispanic population is an actual need because the lack of sufficient medical knowledge of the progression of diseases like diabetes, can lead to late diagnoses, the development of comorbidities, and extended periods of illness due to complications. For the need of dietary change, a predisposing factor is the following. The Hispanic population lacks the appropriate knowledge of adequate dietary plans to cook healthy portions with limited ingredients. According to Aguayo-Mazzucato et al, (2019), lack of leisure-time physical activity and unhealthy diet are risk factors that can lead to overweight/obese, type 2 Diabetes, cardiovascular disease, and others. Traditional Hispanic dishes are high in calories, saturated fat, and sodium meaning that Hispanic population needs to be taught how to incorporate a balanced diet of fruit, vegetables, and whole grains to their daily meals.

An enabling factor for dietary change is the Hispanic population, specifically those living in communities within low-middle income class have low access to organic and affordable grocery stores nearby. In addition, this population may not have sufficient time to take off from work to go grocery shopping for the needs of healthy elements. Their communities may not offer services or support groups to guide them how to buy appropriate/healthy food to include in their healthy meal plan. Lastly, a reinforcing factor is the following, the Hispanic population seeking health direction, advice, and support regarding meal planning or the process of a diabetes treatment from family members rather than health care providers or community support groups. Based on the study conducted regarding health-related beliefs and experiences, the participants expressed having a lack of confidence in the medical system, and they attributed their loss of health to the modern lifestyle in America (Aguayo-Mazzucato et al, 2019). Studies have demonstrated that Hispanic population usually loses confidence in health providers because of their lack of English proficiency, and their denied eligibility to health insurance.

For the need of physical activity among the Hispanic population, the predisposing factor is the following. Hispanic population may lack knowledge about the benefits of doing daily physical activity. A high number of Hispanics must not know or have the skills on how to properly exercise. A combination of long hours at work and not having a safe community are the risk factors of not contributing to physical activity. As a predisposing factor, Hispanic community could seek and ask for help from a personal trainer or watch YouTube videos to properly inform themselves of the skills needed for physical activity. In addition, an enabling factor for this need will be presented. Multiple risk factors exist that contribute to the need for the improvement of communities in order to decrease the risk of diabetes among the Hispanic

population. According to an article published by the National Academy of Medicine, “Latino communities across the country tend to have fewer parks, less access to recreational facilities, and unsafe and outdated street-scale infrastructure. Furthermore, Latinos tend to live in communities where crime rates are higher and perceived crime keeps Latinos and their children indoors” (Adeigbe, Ramirez, et al. 2015). Lacking safe access to physical activity space outdoors has been associated with low engagement in light or vigorous leisure-time physical activity leading to an increased risk of obesity, type 2 diabetes, and cardiovascular disease. The third reinforcing factor of the need for physical activity will be presented in the following. To improve the physical activity among Hispanic population, support groups could be designed to their communities to create awareness and to help them acknowledge the importance of the behavior. In addition, local gyms and outdoor places/parks could be created to increase the activity of the population.

The lack of health literacy/education contributes to a predisposing factor. Comprehending health literacy and having high educational knowledge regarding type 2 diabetes is a predisposing factor. According to Aguayo-Mazzucato et al, (2019), low knowledge of diabetes, poor glycemic control, and heightened complications of diabetes have been associated with low health literacy. < I rephrased it because this is the second time this is referenced in this paper. - Sunya Having sufficient knowledge and adequate health literacy among the risk factors of diabetes will help the Hispanic/Latino population both understand necessary factors needed to treat diabetes, and interpret the symptoms, and improve the quality of healthcare given to the population. In addition, an enabling factor for the need for health literacy/education will be further discussed. Hispanic population is more likely to suffer from type 2 diabetes for multiple

reasons, for example, “...inadequate diabetes education and lack of access to preventive health care” (Aguayo-Mazzucato et al, 2019). Some Hispanics may not have access to health insurance mainly because of immigration fearing to be deported. In addition, the Hispanic community may not have access to a clinic or a nearby hospital for them to visit a primary physician or an Endocrinologist since they have special training to treat people with diabetes. Therefore, Hispanics may rely on how to treat diabetes or what over-the-counter medication to take from family members or close friends. Lastly, a reinforcing factor continues to contribute to the need for education and health literacy among the Hispanic population. The majority of Hispanics adults may not have English proficiency leading them to stop from joining support classes sessions or other resources in their community that will explain diabetes along with symptoms and how to treat it. The article states the following, “Symptom awareness for Hispanics is sometimes based on culturally defined explanatory models rather than biomedical models. Hispanics tend to explain diabetes based on their symptoms, while NHWs use biophysical explanations”(Aguayo-Mazzucato et al, 2019). As a cultural custom, Hispanics tend to diagnose their health condition or disease based on what other family members may say or by basic knowledge.

Rating	A. Size of Problem (% population)	B. Seriousness of Health Problem (x2)	C. Effectiveness of Interventions
9 or 10	>50% (Diabetes type 2)	Very severe (Kidney Failure)	60%-100%(Diabetes Self-Management Educational Programs)
7 or 8	35%- 49.9%	Relatively serious	45%-59.9%
5 or 6	20%-34.9%	Serious	30%-44.9%
3 or 4	5%-19.9%	Moderately serious	15%-29.9%
1 or 2	0.01%-4.9% (Pre	Relatively not serious	0.01%-14.99%

	Diabetic)		
0	<0.01%	Not serious (Teen Acne)	<0.01% (healthcare access)
Guiding considerations	Based on data collected on Hispanic/Latinos	-Does it require immediate attention? -Economic impact? -Impact on quality of life? -High hospitalization rate?	Visit National Alliance for Hispanic Health: <a href="http://www.hispanichealth.org/programs/diabetes.aspx">http://www.hispanichealth.org/programs/diabetes.aspx</a> for preventative services

(Center for Disease Control Prevention, 2019)

(Mikhael et al., 2020)

$$(A+B)C \times D = (9 + 14) 9 \div 3 = 207 \div 3 = 69 \times 1 = 69$$

**3 < This goes under the (A+B)C**

Developing interventions and health promotion programs for the Hispanic population would help them gain knowledge about self-measurement and blood sugar management in accordance with weight, height, and BMI. An example of an intervention would be providing instructions on how to find recipes and choose the items that will help the Hispanic population gain the ability to create a healthy meal plan. Conducting a nutrition workshop may also assist the Hispanic population in gaining more knowledge about adequate sugar needed, how to properly read food labels, recommended portion size, and the benefits of nutritionally beneficial foods (i.e. vegetables, legumes, grains, fruit, etc.) Providing nutritional counseling to build the recipe books with healthier dishes, ingredient lists, and coaching on the step-by-step process of food preparation will allow diabetics to maintain and limit the increase of blood sugar levels. Developing a program that has a purpose of increasing the level of physical activity among the Hispanic population can help control harmful LDL cholesterol and triglycerides found in the blood.



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## **Assignment #2: Problem Justification and Needs Assessment**

Type 2 diabetes is a condition in which the body's inability to process glucose due to an insulin resistance. Diabetes upon Hispanics adults in the U.S. has become a growing epidemic. There is a probability of over 50% that a Hispanic adult in the U.S. will develop type 2 diabetes which is higher than for an average adult in the U.S. (United States Department of Health and Human Services, 2021). This can be due to their poor dietary habits and obesity. Hispanics households typically have a high level of consumption of fatty foods which often causes them to make poor food selections. Additionally, the majority of Hispanics do not lead an active lifestyle and tend to be overweight.

Hispanics are the largest minority in the U.S. and with high rates of type 2 diabetes among the community, the cost has been consequential to the nation. The American Diabetes Association [ADA] (2018a) estimated that the economic costs of type 2 diabetes in the U.S. have increased by about 26% since 2012. This increase accounts for a cost of 1 in 4 dollars directly spent towards treating diabetes in combination of other medical costs.

It is evident that the Hispanic population is experiencing a greater burden of disease from diabetes compared to other groups in the United States. When looking at the distribution of diabetes in terms of race/ethnicity, about 12.5% of Hispanic adults have been diagnosed with this disease, the second highest rate in the country (United States Department of Health and Human Services, 2020). There is a difference in the prevalence of diabetes among the subgroups of this population. Mexican Americans are the primary subgroup that has been severely affected by diabetes, with them making up about 14% of the cases in the Hispanic population (American Diabetes Association, 2018b).

Income and educational attainment are two variables that are related to the high prevalence of diabetes among the Hispanic population. According to Aguayo-Mazzucato et al. (2019), the income level where the majority of Hispanic households fall under is below \$20,000. A recent study has shown that those who had an annual income that is equivalent to the average Hispanic household income, had a higher prevalence of diabetes compared to those who earned over \$70,000 a year (Aguayo-Mazzucato et al., 2019). Higher education is often seen as unattainable for those students of a Hispanic background for a number of reasons; however, it can be beneficial for their health if they do pursue one. According to Concha et al. (2021), individuals with a bachelor's degree or higher have demonstrated a low prevalence of diabetes.

Three major needs of the Hispanic population for the eradication of diabetes include: dietary changes, physical activity, and health literacy/education. According to Aguayo-Mazzucato et al, (2019), dietary changes are needed for the Hispanic population due to the effects of acculturation from living in the United States and consuming the Western diet, which consists of high amounts of red/processed meats, white bread, and added refined sugar. This can increase a person's likelihood of developing obesity, which can lead to the development of insulin resistance (Aguayo-Mazzucato et al, 2019). This is a stark difference compared to the dietary habits of adults born in Mexico where high rates of consumption of nutrient rich foods and low rates of foods high in sugar and trans-fat is common (Aguayo-Mazzucato et al, 2019). Another need is increasing physical activity levels within the Hispanic population. According to the National Health and Nutrition Examination Survey, 65% of Mexican American men and 74% of Mexican American women had little or no leisure time for physical activities (Aguayo-Mazzucato et al, 2019). Lack of physical activity can lead to obesity and other health complications due to the

development of diabetes. Changes in health literacy and health education comprehension are needed within the Hispanic population. Researchers noted that Hispanics with diabetes and low health literacy had inadequate diabetes knowledge, poor glycemic control, and experienced higher incidences of diabetes complications (Aguayo-Mazzucato et al, 2019). The lack of health literacy can act as a barrier for individuals seeking treatment as diagnosis and treatment is likely to be delayed due to inability to accurately report their diabetes symptoms, furthering any complications individuals may have. Whether these needs are perceived or actual needs of this population, it can vary. Dietary changes are both a perceived and an actual need for the Hispanic community. In terms of perceived needs, those in this community who are aware of the factors that contribute to diabetes are likely aware of the high fat and calorie content of traditional Hispanic foods but may be ignorant of healthier alternatives. In terms of actual needs, dietary changes in this community are critical as obesity is a major risk factor for developing type 2 diabetes and other comorbidities that can exacerbate diabetes symptoms. Physical activity is an actual need as low levels of physical activity and obesity are major contributing factors for individuals to develop type 2 diabetes. The need for improved health literacy and education within the Hispanic population is an actual need because the lack of sufficient medical knowledge of the progression of diseases like diabetes, can lead to late diagnoses, the development of comorbidities, and extended periods of illness due to complications.

For the need of dietary change, a predisposing factor is the following. The Hispanic population lacks the appropriate knowledge of adequate dietary plans to cook healthy portions with limited ingredients. According to Aguayo-Mazzucato et al, (2019), lack of leisure-time physical activity and unhealthy diet are risk factors that can lead to the development of diabetes. Traditional

Hispanic dishes lack nutritional value meaning that Hispanic population needs to be taught how to incorporate a balanced diet of fruit, vegetables, and whole grains to their daily meals. An enabling factor for dietary change is having minimal access to organic and affordable grocery stores in their communities. In addition, this population may not have sufficient time to take off from work to go grocery shopping for the needs of healthy elements. Their communities may not offer services or support groups to guide them how to buy appropriate/healthy food to include in their healthy meal plan. Lastly, a reinforcing factor is the Hispanic population's inability to seek health direction and support regarding meal planning or the process of a diabetes treatment from health care providers or community support groups. Research has shown there is a lack of confidence in the medical system among the Hispanic population due to their lack of English proficiency and their denied eligibility to health insurance (Aguayo-Mazzucato et al, 2019).

For the need of physical activity among the Hispanic population, the predisposing factor is the lack of knowledge about the benefits of doing daily physical activity. The majority must not know or have the skills on how to properly exercise. A combination of long hours at work and not having a safe community are contributing to this problem. As a predisposing factor, Hispanic community could seek for help from a personal trainer or watch YouTube videos to properly inform themselves of the skills needed for physical activity. In addition, an enabling factor for this need will be presented. The improvement of the physical environment is necessary to decrease high rates of diabetes in this population. Hispanic communities across the country have a lack of parks and recreational facilities along with unsafe and outdated street-scale infrastructure (Adeigbe & Ramirez, 2015). Lacking safe access to physical activity space outdoors has been associated with low engagement in light or vigorous leisure-time physical

activity leading to an increased risk of major health complications such as diabetes. A reinforcing factor of the need for physical activity would be support groups that are catering to their communities to create awareness and to help them acknowledge the importance of the behavior. In addition, local gyms and outdoor places/parks could be created to increase the activity of the population.

Comprehending health literacy and having high educational knowledge regarding type 2 diabetes is a predisposing factor of the lack of health literacy. Having sufficient knowledge and adequate health literacy among the risk factors of diabetes will help the Hispanic population understand factors needed to treat diabetes and improve the quality of healthcare given to the population. In addition, an enabling factor for the need for health literacy/education will be further discussed. Hispanic population is more likely to suffer from type 2 diabetes for multiple reasons due to the lack of access to preventive health care. Some Hispanics may not have access to health insurance mainly because of their immigration status (Aguayo-Mazzucato et al, 2019). In addition, the Hispanic community may not have access to a clinic or a nearby hospital for them to visit a primary physician to check their blood glucose levels. Therefore, Hispanics may rely on how to treat diabetes or what over-the-counter medication to take from family members. Lastly, a reinforcing factor for this need is the lack of English comprehension in this community. It's possible that Hispanics adults without English proficiency are not joining support classes sessions or other resources in their community that will explain diabetes along with symptoms and how to treat it due to their language barrier. As a cultural custom, Hispanics tend to diagnose their health condition or disease based on what other family members may say or by basic knowledge (Aguayo-Mazzucato et al, 2019).

Rating	A. Size of Problem (% population)	B. Seriousness of Health Problem (x2)	C. Effectiveness of Interventions
9 or 10	>50% (Diabetes type 2)	Very severe (Kidney Failure)	60%-100% (Diabetes Self-Management Educational Programs)
7 or 8	35%-49.9%	Relatively serious	45%-59.9%
5 or 6	20%-34.9%	Serious	30%-44.9%
3 or 4	5%-19.9%	Moderately serious	15%-29.9%
1 or 2	0.01%-4.9% (Pre Diabetic)	Relatively not serious	0.01%-14.99%
0	<0.01%	Not serious (Teen Acne)	<0.01% (healthcare access)
Guiding considerations	Based on data collected on Hispanics/Latinos	-Does it require immediate attention? -Economic impact?	Visit National Alliance for Hispanic Health: <a href="http://www.hispanichealth.org/programs/diabetes.aspx">http://www.hispanichealth.org/programs/diabetes.aspx</a> for preventative services



		-Impact on quality of life?  -High hospitalizatio n rate?	
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(Center for Disease Control Prevention, 2019); (Mikhael et al., 2020)

$$(A+B)C \times D = (9 + 14) 9 \div 3 = 207 \div 3 = 69 \times 1 = 69$$

Developing a health promotion program for the Hispanic population is an appropriate approach to address the high rates of diabetes in their communities. Their levels of health literacy are low so it would help them gain knowledge about diabetes itself, healthy dietary habits, and blood sugar management. An example of an intervention would be providing weekly educational workshops for Hispanic adults with diabetes. Trained community health specialists would provide instructions on how to find recipes to create a healthy meal plan with nutrient dense foods. In addition, providing coaching on the step-by-step process of food preparation will allow diabetics to maintain and limit the increase of blood sugar levels.

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