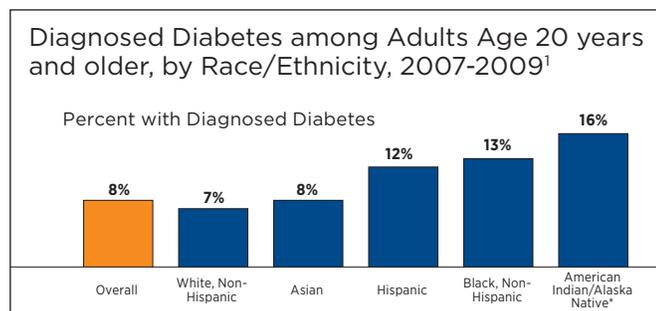


Diabetes in African American Communities Advocacy Fact Sheet



Diabetes is an epidemic in the United States

Every 17 seconds someone is diagnosed with diabetes.¹ Nearly 26 million children and adults in the United States live with diabetes and an additional 79 million have prediabetes, placing them at an increased risk for developing type 2 diabetes and its complications.¹ Unless we take action, as many as one in three adult Americans will have diabetes by 2050.² The estimated total annual cost of diagnosed diabetes in the United States has risen 41% over the past 5 years, from \$174 billion in 2007 to \$245 billion in 2012.³



Diabetes is an epidemic in African American communities

4.9 million non-Hispanic African Americans aged 20 years or older have diagnosed diabetes, according to Centers for Disease Control (CDC) national survey data.¹ African-Americans are 77% more likely to have diagnosed diabetes compared to non-Hispanic Caucasians.¹ African American women who develop gestational diabetes during pregnancy face a 52% increased risk of developing type 2 diabetes in the future compared to non-Hispanic Caucasian women diagnosed with gestational diabetes.²

Diabetes complications hit African American communities harder.

Diabetic retinopathy is 46% more prevalent in African Americans than non-Hispanic whites.³ African Americans are at least 2.6 times more likely to

have end stage renal disease due to diabetes than Caucasians.⁴

Advocacy Efforts: Support Health Reform Implementation

Effective implementation of the Affordable Care Act is essential to ensure people with and at risk for diabetes have access to affordable, quality health insurance. Almost 1 out of every 5 African Americans lacks health insurance, so this community has much to gain from expanded coverage options. The American Diabetes Association's efforts include supporting the expanded insurance marketplaces, culturally and linguistically appropriate services, eliminating discrimination due to pre-existing conditions, and covering more people under Medicaid.

Efforts to Eliminate Diabetes Disparities

In all of its advocacy efforts, the Association has a commitment to ending health disparities. In addition, the Association supports proposals specifically focused on reducing the disparate impact of diabetes on minority populations. Efforts such as these are needed to understand and address the factors leading to poorer diabetes outcomes in African American communities.

The Gestational Diabetes Act

The African American population is disparately impacted by gestational diabetes (GDM), yet there is minimal public health research being conducted on GDM, and there is no coordinated effort to track women with GDM or those at risk of developing the disease. The Gestational Diabetes Act seeks to reduce the incidence of GDM and provides for the development of a multisite gestational diabetes research project within the diabetes program at the CDC to track mothers who have had gestational diabetes and support prevention programs to keep these women from developing type 2 diabetes later in life.

For more information, go to www.diabetes.org/takeaction

¹ Centers for Disease Control and Prevention. National diabetes fact sheet: national estimates and general information on diabetes and prediabetes in the United States, 2011. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2011.

² Racial and ethnic disparities in diabetes risk after gestational diabetes mellitus A. H. Xiang, B. H. Li, M. H. Black, D. A. Sacks, T. A. Buchanan, S. J. Jacobsen and J. M. Lawrence *Diabetologia* Volume 54, Number 12 (2011), 3016-3021

³ Harris, MI, et al., "Is the risk of diabetic retinopathy greater in non-Hispanic blacks and Mexican Americans than in non-Hispanic whites with type 2 diabetes? A U.S. population study" *Diabetes Care*. 1998 Aug;21(8):1230-5.

⁴ Tull, ES and Roseman, JM. Diabetes in African Americans. In: Harris M, Cowie C, Stern M, Boyko E, Reiber G, Bennett P, eds. Diabetes in America. 2nd ed. Washington, DC: US Government Printing Office; 1995:621. NIH publication 95-1468.