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Diabetes control is harder for Hispanics: Lack of access to care plays role, study finds

Richard Craver, Winston-Salem Journal, N.C.

Feb. 16--Lack of access to health care is making it harder for Hispanics to control diabetes than non-Hispanics, according to a study released yesterday by Wake Forest University Baptist Medical Center.

The study also was reported in the February issue of Diabetes Care.

The Wake researchers reviewed 11 studies, which found that Hispanic patients with diabetes have about 0.5 percent higher levels on a test that measures blood-sugar control -- the A1C test -- than non-Hispanic white patients.

The test measures hemoglobin linked with glucose, or blood sugar, over two to three months. Higher A1C values indicate that patients have difficulty controlling their blood sugar.

"We were not surprised by these findings, since ethnic minorities in the United States are disproportionately affected by diabetes," said Dr. Julienne Kirk, the lead author of the study and an associate professor of family and community medicine at Wake Forest University School of Medicine. "We found a similar trend in the African-American population with diabetes a year ago."

What did surprise the researchers, Kirk said, is that "the largest difference for A1C was among nonmanaged-care insurance groups."

"A high percentage of Hispanics in this country have low incomes, no health insurance and limited access to health care," Kirk said. "The Hispanic population has a high prevalence of diabetes and higher A1C than non-Hispanic whites. This further elucidates the health disparities that characterize the Hispanic population."

The studies contained results of A1C tests for Hispanics and non-Hispanic whites who were at least 18 years of age and were not considered to have prediabetes or gestational diabetes.

Kirk said that a lack of communication and a lack of trust in the health-care system are other potential obstacles to sound diabetes control for Hispanics.

"These findings are interesting because they evaluate all available information from studies that include both Hispanic and non-Hispanic whites over a period of 13 years," Kirk said.

She said that knowing some minority groups may have higher A1C levels could lead to early treatment and awareness.

"It may mean a change in attitude in how Hispanics are treated for signs of diabetes," Kirk said. It's hard to monitor borderline cases if there are limited chances for follow-up visits, she said.

A UNC Greensboro report on Hispanics found that preventive health care "is not common with traditional Latino/Hispanic health practices" because of high medical costs and lack of insurance.

"This may partially be the result of spiritual beliefs about fate, but can also be seen to relate to economic status and assumptions that annual check-ups incur additional and unnecessary costs," the UNCG report found. "Latinos/Hispanics will often wait until symptoms are severe to seek outside medical treatment. Immigration status also affects access to care."

A 2006 study from the Kenan-Flagler Business School at UNC Chapel Hill found that about 45 percent of Hispanics living in North Carolina in 2004 were not authorized to be here.

"The lack of preventive care puts Latinos/Hispanics at high risks for life-threatening diseases and contributes to the prevalence of chronic diseases, such as diabetes, obesity and hypertension," the UNCG report stated.

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