

# National Minority Health Month

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For more information on ways to lead a healthier lifestyle  
visit our website [GetHealthyCT.org](http://GetHealthyCT.org)



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April 2021



## Get Active and Healthy this National Minority Health Month!

**April is National Minority Health Month. Learn what you, your family, and community can do to get active and stay healthy.**

Physical activity is one of the best things people can do to improve their health. Yet, too few Americans get the recommended amount of physical activity. Only 1 in 4 adults and 1 in 5 high school students fully meet physical activity guidelines for aerobic and muscle-strengthening activities. These numbers are even lower among adults in some racial and ethnic minority populations.



Physical activity promotes health and reduces the risk of chronic diseases and other conditions that are often more common and more severe among racial and ethnic minority groups. Physical activity also fosters normal growth and development in children, improves mental health, and can make people feel better, function better, and sleep better.

### **How much physical activity do I need?**

The Physical Activity Guidelines for Americans outlines the amounts and types of physical activity needed to maintain or improve overall health and reduce the risk of chronic disease. The guidelines recommend that adults each week get at least 150 minutes of moderate-intensity aerobic activity, such as a brisk walk that makes your heart beat faster. You could get this amount many different ways including a 22-minute walk each day or a 30-minute walk five days a week. Every little bit counts.

### **How much physical activity do children need?**

Preschool-aged children should do physical activity every day throughout the day for healthy growth and development. Children and adolescents starting at age 6 should participate in at least 60 minutes of moderate-to-vigorous intensity physical activity daily. Remember that children imitate adults. You can start by adding physical activity to your own daily routine and encouraging your child to join you.

### **How can communities help people stay active?**

Communities can create easy and safe options for physical activity that can help every American be more active where they live, learn, work, and play. The [Racial and Ethnic Approaches to Community Health \(REACH\) program](#) is one of the only CDC programs that focuses on reducing chronic disease for specific racial and ethnic groups in urban, rural, and tribal communities with high disease burden across the United States. Since 1999, REACH has demonstrated that locally based and culturally tailored efforts can be effective in closing health gaps. Read some examples of REACH communities that have made it easier for people to be active:

**Parks Rx Program:** The University of Alabama Birmingham's (UAB's) Minority Health & Health Disparities Research Center teamed up with 23 health care providers to develop [Parks Rx](#). Using Parks Rx pads (available in both Spanish and English), providers prescribe physical activity to their patients and direct them to the Parks Rx website. The website includes an interactive map where patients can search by zip code to find more than 140 local parks and green spaces for physical activity. [Learn more.](#)

**Pow Wow Sweat:** “Eat. Do. Honor. The qhest life is the best life because it’s life based on our long-held traditions of health and wellness.” –Qhest Life

To increase opportunities for physical activity in Native American communities, the Coeur d’Alene tribe in Plummer, Idaho, launched the [Pow Wow Sweatexternal icon](#) program with a series of aerobic videos featuring traditional dances with a modern twist. The tribe provides no cost ready-to-use videos online and on DVD for people to use in their own communities. [Learn more.](#)

### How can I help people become more physically active?



April is National Minority Health Month and the theme this year is “Active and Healthy”. The U.S Department of Health and Human Services [Office of Minority Health \(OMH\)external icon](#) along with [CDC’s Office of Minority Health and Health Equity \(OMHHE\)](#) and [Division of Nutrition, Physical Activity and Obesity \(DNPAO\)](#) invite you to advance health equity by sharing [why physical activity matters and the benefits of physical activity](#). [The Physical Activity Guidelines for Americans, 2nd edition,external icon](#) outlines the amounts and types of physical activity needed to maintain or improve overall health and reduce the risk of chronic disease.

Additionally, the [Move Your Way campaign](#) provides resources to help further explain the Physical Activity Guidelines for Americans.

Visit DNPAO’s website for more information on [why physical activity matters](#), [what CDC is doing to build activity-friendly communities](#), and [how CDC’s work is making a difference](#).

### Minority Health Month, Health Equity, Health Disparities, and OMHHE Explained

“Without health and long life, all else fails.” – Dr. Booker T. Washington

Recognizing that health is the key to progress and equity in all other things, Dr. Booker T. Washington proposed the observance of “National Negro Health Week” in April 1915. He called on local health departments, schools, churches, businesses, professional associations, and the most influential organizations in the African-American community to “pull together” and “unite... in one great National Health Movement.” That observance grew into what is today a month-long initiative to advance health equity across the country on behalf of all racial and ethnic minorities. – [National Minority Health Month](#)

**What is Health Equity?** Health equity is when everyone has the opportunity to be as healthy as possible.

**What Are Health Disparities?** Health disparities are differences in health outcomes and their causes among groups of people. For example, African American children are more likely to die from asthma compared to non-Hispanic white children. Reducing health disparities creates better health for all Americans.

**Why is Health Equity Important?** Health is central to human happiness and well-being and is affected by where people live, learn, work, and play. According to the World Health Organization, health also makes an important contribution to economic progress.

**What does CDC’s Office of Minority Health and Health Equity (OMHHE) do?** OMHHE’s mission is to advance health equity and women’s health issues across the nation through CDC’s science and programs, and increase CDC’s capacity to leverage its diverse workforce and engage stakeholders toward this end.

## ¡Celebre el Mes Nacional de la Salud de las Minorías!



**Abril es el Mes Nacional de la Salud de las Minorías. El lema para el 2018 es “Trabajemos juntos para lograr la equidad en la salud”. Sepa más y ayude a aumentar la concientización sobre las disparidades en la salud que afectan a las minorías.**

“Sin salud y una vida larga, todo lo demás falla”.

– Dr. Booker T. Washington

Al reconocer que la salud es clave para el progreso y la equidad en todo lo demás, el Dr. Booker T. Washington propuso la conmemoración de la “Semana Nacional de la Salud de los Negros” en abril de 1915. Él hizo un llamamiento a los departamentos de salud locales, escuelas, iglesias, negocios, asociaciones profesionales y organizaciones más influyentes en la comunidad afroamericana a “aunar esfuerzos” y “unirse... en un gran Movimiento Nacional por la Salud”. Esa conmemoración creció hasta convertirse en lo que hoy es una iniciativa de un mes de duración para fomentar la equidad en la salud en todo el país a nombre de todas las minorías raciales y étnicas: el [Mes Nacional de la Salud de las Minorías](#).



### Salud de las minorías

La misión de la Oficina de Salud de las Minorías y de Equidad en Salud de los CDC es fomentar la equidad en la salud y los temas de salud de las mujeres en todo el país a través de la información científica y los programas de los CDC, aumentar la capacidad de los CDC de potenciar su fuerza laboral diversa y hacer que las partes interesadas se vinculen para alcanzar ese fin.

### ¿Qué es la equidad en la salud?

La equidad en la salud significa que todos tengan la oportunidad de estar tan sanos como sea posible.

## **¿Qué son las disparidades en la salud?**

Las disparidades en la salud son las diferencias en los resultados en esta materia y sus causas entre grupos de personas. Por ejemplo, los niños afroamericanos tienen más probabilidades de morir a causa del asma que los niños blancos no hispanos. Al reducir las disparidades en la salud se crea una salud mejor para todas las personas en los Estados Unidos.

## **¿Por qué es importante la equidad en la salud?**

La salud es fundamental para la felicidad y el bienestar de los seres humanos y se ve afectada por el lugar en que la gente vive, aprende, trabaja y se divierte. Según la [Organización Mundial de la Salud](#), la salud también hace una contribución importante al progreso económico.

### **Misión: Posible – Vida saludable para todos**

En el 2018 la Oficina de Salud de las Minorías y de Equidad en Salud de los CDC celebra sus 30 años de servicio. Desde 1988, los CDC se han enfocado en reducir las disparidades en la salud y en garantizar una fuerza de trabajo de salud pública que sea culturalmente competente. El lema para la conmemoración de su trigésimo aniversario es *Misión: Posible*. Creemos que la “vida saludable para todos” es posible y es una meta que resuena en salud pública. Durante todo el 2018, los CDC destacarán historias exitosas de los centros nacionales, los institutos y las oficinas de los CDC. Estas historias reflejan la manera en que han mejorado la salud de las minorías y reducido las disparidades en la salud. [Lea estas historias sobre Misión: Posible](#).

\* Los enlaces a sitios web pueden llevar a páginas en inglés o español.

Source: <https://www.cdc.gov/healthequity/features/minority-health-month/index.html>

# National Minority Health Month

## Tackling the Racial Disparities in Diabetes

The National Institute of Health states, “Diabetes is more common among all members of racial and ethnic minorities studied than among Whites.”<sup>1</sup> This is related to healthcare access, proper nutrition, activity, genetics, income, and much more.<sup>2</sup>



Diabetes is a lifelong illness where your body has trouble using the energy from food you eat, leading to high or low blood sugar. This can be life-threatening. Common symptoms are weight gain or loss, extreme thirst, excessive urination, fatigue, and constant hunger. If you have these symptoms, reach out to your doctor.

Diabetes can cause heart disease, stroke, blindness, and kidney failure requiring dialysis. People of color have a higher risk of developing kidney disease and blindness due to diabetes.<sup>3</sup> According to the American Diabetes Association, Type 2 diabetes is preventable with lifestyle changes.<sup>4</sup> Try the following tips to prevent diabetes and improve your overall health!

### 1. Make half your plate non-starchy veggies

- ➔ Try a variety of veggies: broccoli, carrots, collard greens, jicama, cabbage, bok choy, squash, green beans, tomatoes, tomatillos, salads, or peppers
- ➔ Eat them raw, steamed, baked, or sautéed in heart-healthy olive oil

### 2. Get moving

- ➔ Exercise such as walking, running, biking, or swimming are great!
- ➔ Try to get at least 20 minutes of activity every day or 150 minutes every week

### 3. Consider Weight Loss

- ➔ Losing as few as 10 pounds can reduce your risk of diabetes
- ➔ Choose healthy snacks such as fruits, low fat cheeses, or nut butters to keep you full between meals

### 4. Quit Smoking

- ➔ Tobacco use damages your heart and lungs making it difficult to stay active
- ➔ Talk to your doctor about the best ways to quit smoking

***Remember to start small! Little changes made over time will have the greatest impact.***

To check your risk of developing diabetes and to find more information, go to:

[Risk Test | ADA \(diabetes.org\)](https://www.diabetes.org/)

1. Diabetes. National Institute on Minority Health and Health Disparities. Accessed March 20, 2021. <https://www.nimhd.nih.gov/programs/edu-training/language-access/health-information/diabetes/>
2. Caballero AE. Racial and ethnic minority communities hit hard by type 2 diabetes: Here's what we can do. Harvard Health. Published 2017. Accessed March 14, 2021. <https://www.health.harvard.edu/blog/racial-and-ethnic-minority-communities-hit-hard-by-type-2-diabetes-heres-what-we-can-do-2017121912969>
3. Spanakis EK, Golden SH. Race/ethnic difference in diabetes and diabetic complications. *Curr Diab Rep.* 2013;13(6):814-823. doi:10.1007/s11892-013-0421-9
4. Home | ADA. Accessed March 14, 2021. <https://www.diabetes.org/>

# Rosemary Balsamic Roasted Vegetables

Roasting vegetables brings out their natural sweetness and deliciousness. Serves 8.

## Ingredients

- 1/2 pound Brussels sprouts, brown ends trimmed off and cut in half
- 1/2 medium cauliflower (cut into florets)
- 4 medium carrots (sliced)
- 1/2 pound turnips (peeled, cut into 1/2-inch cubes)
- 1/2 pound beets (peeled, cut into 1/2-inch cubes)
- 1/3 pound sweet potatoes (peeled, cut into 3/4-inch cubes, optional)
- 3 tablespoons balsamic vinegar
- 1 tablespoon olive oil
- 2-3 teaspoons dried rosemary
- 2 medium garlic cloves, minced
- 1 teaspoon onion powder
- 1/2 teaspoon pepper
- 1/4 teaspoon salt



## Directions

1. Preheat the oven to 375°F.
2. Lightly spray 13 x 9 x 2-inch baking dish with cooking spray.
3. Place all the vegetables in a large bowl.
4. In a small bowl, whisk together the vinegar, oil, rosemary, garlic, onion powder, pepper, and salt. Pour over the vegetable mixture, tossing to coat.
5. Pour the vegetable mixture into the baking dish. Bake for 30 to 35 minutes, stirring once, or until all the vegetables are tender when easily pierced with a fork.

## Nutrition Facts per serving

<b>Calories</b>	98
<b>Total Fat</b>	2.1 g
<b>Saturated Fat</b>	0.3 g
<b>Sodium</b>	170 mg
<b>Total Carbohydrate</b>	19 g
<b>Dietary Fiber</b>	5 g
<b>Sugars</b>	8 g
<b>Protein</b>	3 g

Source: <https://recipes.heart.org/en/recipes/rosemary-balsamic-roasted-vegetables>

## #VaccineReady | April 2021

### US Department of Health and Human Services Office of Minority Health (OMH) Announces Theme for National Minority Health Month 2021

April is National Minority Health Month, and this year, the HHS Office of Minority Health (OMH) is focusing on the disproportionate impact the COVID-19 pandemic is having on racial and ethnic minority and American Indian and Alaska Native communities and underscore the need for these vulnerable communities to get vaccinated as more vaccines become available. COVID-19 vaccination is an important tool to help us get back to normal, and to prevent the spread of COVID-19 to bring this pandemic to an end.

This year's theme for National Minority Health Month is **#VaccineReady**. The focus will be to empower communities to:

- Get the facts about COVID-19 vaccines.
- Share accurate vaccine information.
- Participate in clinical trials.
- Get vaccinated when the time comes.
- Practice COVID-19 safety measures.

As more vaccines become available, there are steps communities can take to protect themselves until they can get vaccinated. Be sure to:

- Wear a mask to protect yourself and others and stop the spread of COVID-19.
- Wash your hands often with soap and water for at least 20 seconds.
- Stay at least 6 feet (about 2 arm lengths) from others who don't live with you.
- Avoid crowds. The more people you are in contact with, the more likely you are to be exposed to COVID-19.



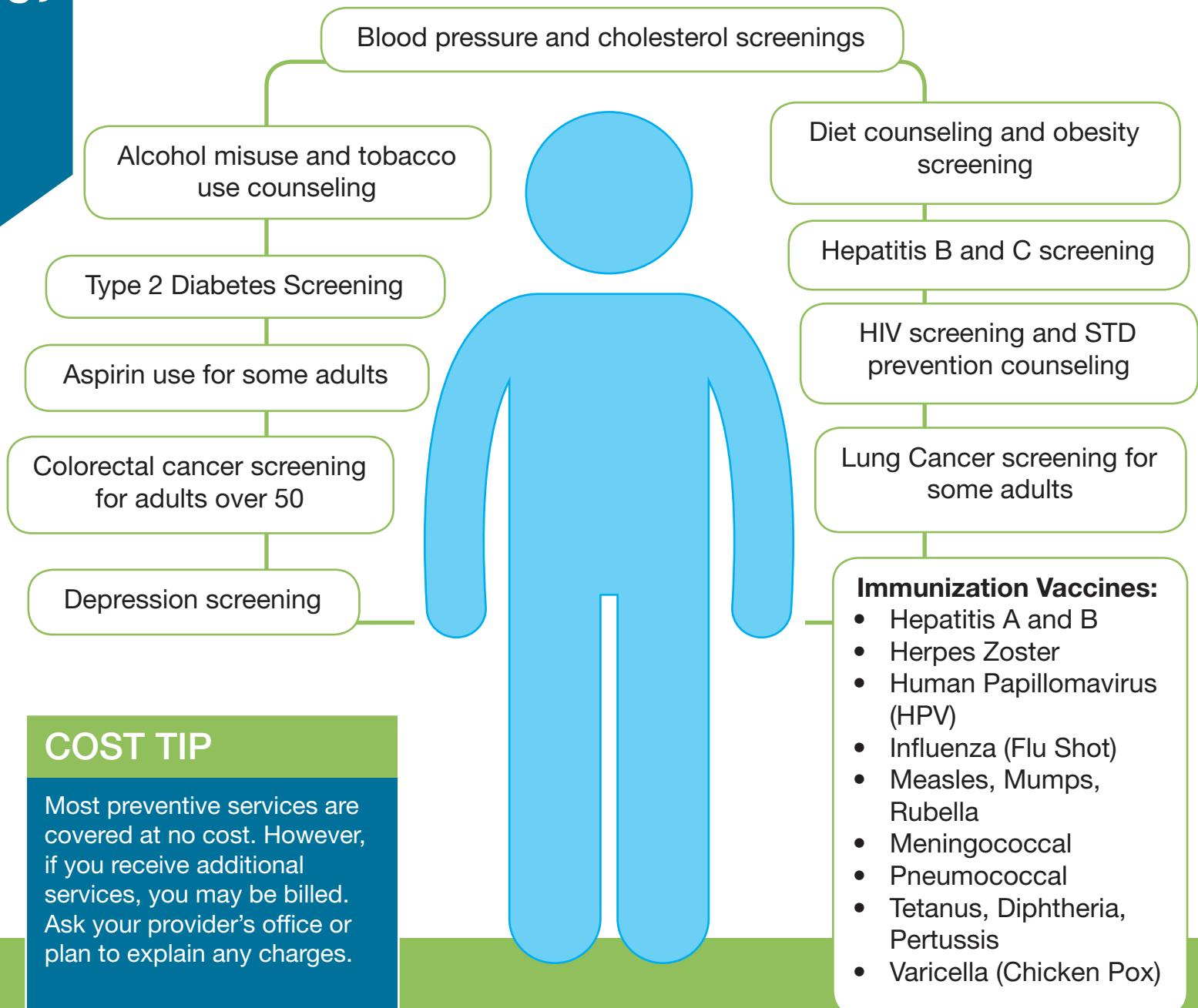
Source: <https://minorityhealth.hhs.gov/omh>

# *Put Your Health First*

Get the preventive services that are right for you!

Take advantage of these and other services available at no cost to adults under most health coverage.

**ADULTS**



For additional resources and a full list of the preventive services covered at no cost sharing under most health plans, please visit [go.cms.gov/c2c](http://go.cms.gov/c2c).

# Dele Prioridad A Su Salud

¡Obtenga los servicios preventivos adecuados para usted!

Aproveche estos y otros servicios disponibles sin costo alguno con la mayoría de los planes de salud para adultos.

**ADULTOS**

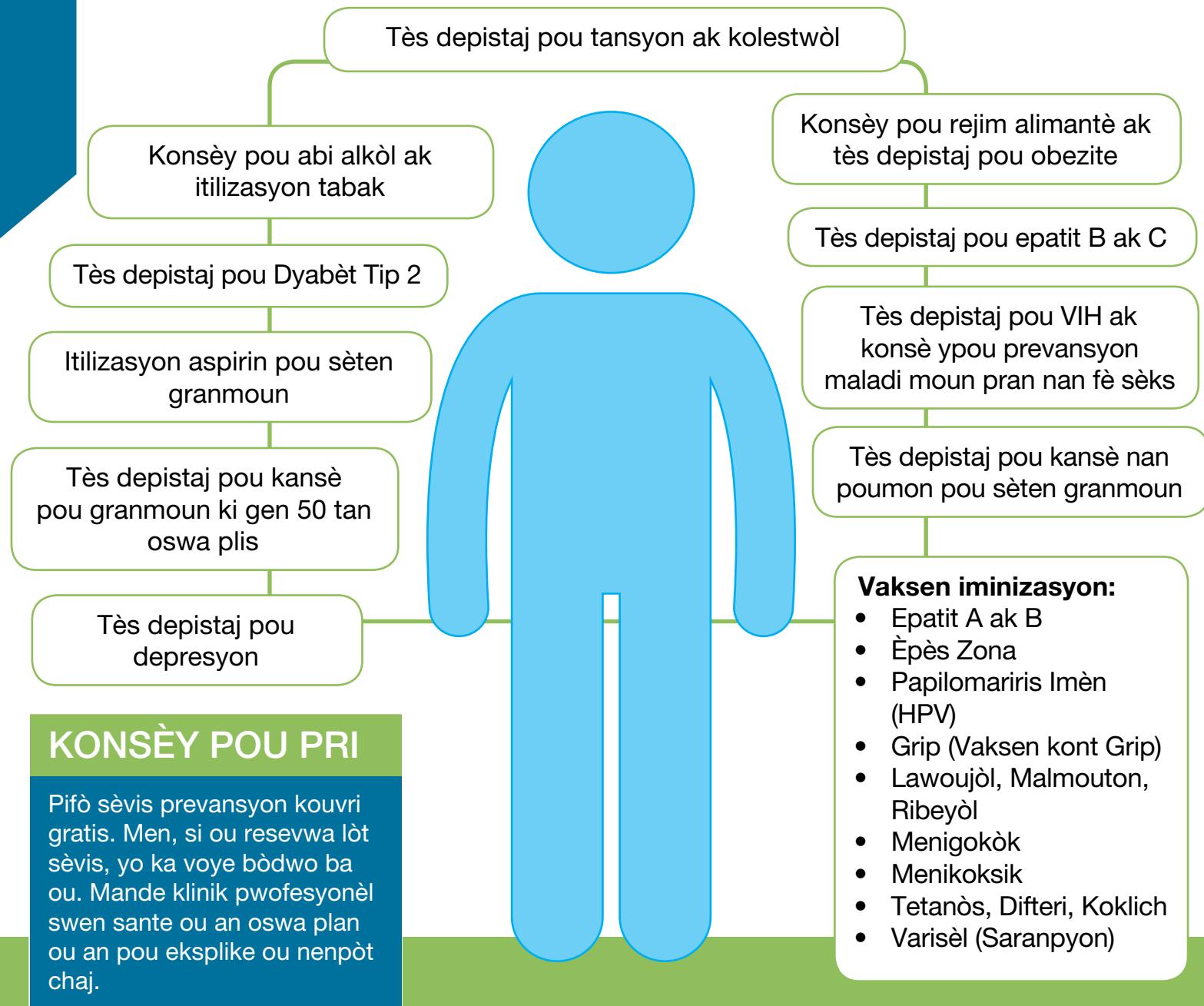


Para recursos adicionales y una lista completa de los servicios de prevención sin costo alguno y cubiertos por la mayoría de los planes de salud, visite [go.cms.gov/c2c](http://go.cms.gov/c2c).

# Mete Sante ou an Premye

**Resevwa sèvis prevansyon ki bon pou ou!**

Pwofite sou sèvis sa yo ak lòt sèvis ki disponib gratis pou granmoun nan pifò kouvèti asirans sante.



Pou w jwenn plis resous ak yon lis konplè ki gen tout sèvis prevansyon ki kouvrir san ou pa bezwen depanse senk kòb nan pifò plan sante, tanpri ale sou [go.cms.gov/c2c](http://go.cms.gov/c2c).



## Fruits and Vegetables Consumption

**4-5  
SERVINGS**

is the **daily recommendation** for fruits & vegetables. These foods are important for **heart and brain health**.



### Simple steps to healthy living:

#### ✓ ENJOY:

- Fruits and Vegetables
- Whole Grains
- Beans and Legumes
- Fish, skinless poultry, lean/extralean meat and vegetable-based proteins
- Low-fat and fat-free dairy products
- Nuts, seeds and non-tropical vegetable oils

#### ⊖ LIMIT:

- Sweets and Sugary Drinks
- Fatty or processed meats
- Salty or highly processed foods
- Butter and solid fats

#### ✗ AVOID:

- Trans fat
- Partially hydrogenated oils



## Look Out for Added Sugars

**Sugar-sweetened beverages** are the biggest source of added sugar in the American diet. Other sources are **baked items** (like cakes, muffins, cookies, and pies), **ice cream**, and **candy**. Added sugar also sneaks into seemingly “better for you” beverages such as **sports drinks, fruit drinks, and flavored milk**.



#### 🔍 FIND IT

Read food labels. Syrup, molasses, cane juice and fruit juice concentrate mean added sugar as well as most ingredients ending with the letters “ose” like fructose and dextrose.

#### 🔄 REPLACE IT

Enhance foods with spices – try cinnamon, nutmeg or ginger. Add fresh or dried fruit to cereal and oatmeal. Drink sparkling water, unsweetened tea or sugar-free beverages.



# Poor Diet is the #1 Health Problem IN THE UNITED STATES



## Sodium Reduction



Extensive research has shown that too much sodium is related to high blood pressure, a **primary risk factor for heart disease and stroke.**

Most of the sodium we eat comes from **processed, prepackaged and restaurant foods**, not the salt shaker!

**9/10**

Americans  
consume too  
much sodium



Excess levels of sodium/salt may also put you at risk for:

**Stroke, Heart Failure, Osteoporosis, Stomach Cancer, Kidney Disease, Enlarged Heart Muscle, and Headaches.**

**3400 milligrams:**  
the amount of sodium  
the average American  
consumes in a day  
(approx. 1.75 teaspoons)

**1500 milligrams or less:**  
recommended amount  
by the AHA for ideal  
heart health  
(approx. 0.75 teaspoons)

### Learn the Salty Six:

These are common foods  
loaded with excess sodium:  
Cold cuts and cured meats,  
pizza, soup, breads and rolls,  
chicken, burritos and tacos





## Consumo de frutas y verduras

Se recomienda comer entre **4 y 5** porciones de fruta y verdura al día. Las frutas y verduras son importantes para la salud cardiaca y cerebral.

### Pasos sencillos para una vida sana:

#### ✓ Consumir:

- Frutas y verduras
- Alimentos integrales
- Alubias y legumbres
- Pescado, pollo sin piel, carne baja en grasa o sin grasa y proteínas vegetales
- Productos lácteos bajos en grasa o sin ella
- Frutos secos, semillas y aceites vegetales no tropicales

#### - Limitar:

- Dulces y bebidas azucaradas
- Carnes grasas y procesadas
- Comidas muy procesadas y con alto contenido en sal
- Mantequilla y grasas sólidas

#### ✗ Evitar:

- Grasas trans
- Aceites parcialmente hidrogenados



## Ten cuidado con los azúcares añadidos

**Las bebidas azucaradas son la principal fuente de azúcares añadidos en la dieta estadounidense.** Los productos horneados (como tartas, magdalenas, galletas y empanadas), el helado y las golosinas también son una fuente importante. Los azúcares añadidos se cuelan en bebidas que aparentemente son «mejores para ti», como bebidas energéticas, bebidas de frutas y leche aromatizada.



#### Encuéntralo

Lee las etiquetas de los alimentos. El almíbar, las melazas, el zumo de caña y el zumo de concentrado de frutas suponen azúcares añadidos, al igual que la mayoría de los ingredientes cuya terminación es «osa», como fructosa o dextrosa.

#### Sustitúyelo

Utiliza especias para mejorar las comidas: prueba la canela, la nuez moscada o el jengibre. Añade fruta fresca o deshidratada en cereales o avena. Bebe agua con gas, té sin azúcar o bebidas sin azúcar.



Una mala dieta es el principal problema de salud en Estados Unidos



## Reducción de sodio



Una exhaustiva investigación ha demostrado que el exceso de sodio está correlacionado con la hipertensión, **un factor de riesgo primario para las enfermedades cardíacas y los derrames cerebrales.**

La mayor parte del sodio que comemos procede de comidas procesadas, **envasadas o de restaurante, ¡y no del salero!**

**9/10**

estadounidenses  
consumen  
demasiado sodio



Con unos niveles excesivos de sodio o sal te arriesgas a:

Derrame cerebral, insuficiencia cardíaca, osteoporosis, cáncer de estómago, enfermedad renal, cálculos renales, músculos cardíacos de mayor tamaño y jaquecas

**3400 miligramos:**  
la cantidad de sodio que consume de media un estadounidense al día  
(aproximadamente 1.75 cucharadas)

**1500 miligramos o menos:**  
la cantidad recomendada por la Asociación Estadounidense del Corazón para tener una salud cardíaca ideal  
(aproximadamente 0.75 cucharadas)

**Apréndete los seis alimentos salados:**

aprende los seis alimentos salados: comidas habituales llenas de sodio:  
Embutidos y carnes curadas, pizza, sopas, panes y bollos, pollo, burritos y tacos



# Plan Your Portions

### NONSTARCHY VEGETABLES



Use a 9-inch plate to help guide your portions.

### CARBOHYDRATES



### PROTEIN

# Plan Your Portions

Your fist is a handy tool that is always with you. Place your fist on the outline to the right to see how it compares to a measuring cup.

My fist = \_\_\_\_\_ cup(s)

This fist = 1 cup



### Healthy Tip:

Choose low-cost recipes and meals. Recipes with fewer ingredients are often cheaper and quick to make. One place to look for recipes is [diabetesfoodhub.org](http://diabetesfoodhub.org).

**FATS:** All fats are high in calories, so keep the portion size small (less than 1 tablespoon in most cases).

EAT OFTEN	SOMETIMES	LIMIT
Oil-based salad dressing: vinaigrette, oil and vinegar	Low-fat creamy salad dressing like light ranch	Full-fat creamy salad dressing like ranch or blue cheese
Oils: canola, olive, sunflower, peanut	Oils: corn, soybean, safflower, sesame	Butter, lard, coconut oil
Avocado, olives, seeds, peanut or almond butter	Mayonnaise	Margarine
		Cream

# Planifique sus porciones

## VEGETALES CARBOHIDRATOS SIN ALMIDÓN

	Espárragos
	Brócoli
	Coles de bruselas
	Repollo
	Coliflor
	Pepino
	Hojas verdes
	Berenjena
	Champiñones
	Ejotes
	Arverjas
	Pimientos
	Rábanos
	Ensaladas verdes
	Tomates
	Calabacines



Use un plato de 9 pulgadas para ayudarse a orientar sus porciones.

## CARBOHIDRATOS

	Maíz
	Tortilla de maíz
	Frutas
	Bayas
	Granos enteros
	Calabaza
	Frijoles, lentejas y chicharos
	Leche o Yogurt
	Pollo
	Huevos y quesos
	Pescado: salmón, atún, etc.
	Carne de res magra
	Carne de cerdo baja en grasa
	Camarones

## PROTEÍNA

# Planifique sus porciones

Su puño es una herramienta que siempre está con usted. Póngala sobre estos contornos como referencia de la medida de una taza.

Mi puño = \_\_\_\_\_ taza

Este puño = 1 taza



## Consejo Saludable:

- Elija recetas y comidas bajas en costo. Las recetas con menos ingredientes muchas veces son más baratas y rápidas de preparar.
- Un lugar para buscar recetas es [diabetesfoodhub.org](http://diabetesfoodhub.org).

**GRASAS:** Todas las grasas son altas en calorías, por lo tanto, utilice una pequeña porción. Es decir, menos de 1 cucharada en la mayoría de los casos.

### FRECUENTE

Aderezos de ensalada basados en aceite: vinagretas, aceite y vinagre

Aceites: Canola, oliva, girasol, maní Margarina libre de grasas trans

Aguacate, aceitunas, semillas, mantequilla de maní o de almendra

### NO TAN FRECUENTE

Aderezos de ensalada cremosos y bajos en grasa Ejemplo: ranch bajo en grasa

Aceites: maíz, soya, girasol, sésamo

Mayonesa

### LIMITE

Aderezos de ensalada cremosos y altos en grasa como ranch y blue cheese

Mantequilla, manteca, aceite de coco

Margarina

Crema

# Control Cholesterol



## 1 Understanding Cholesterol

**Cholesterol** is a fat like substance that comes from two sources:

**FOOD & BODY.**

It is found in foods from **animal sources only.**



Cholesterol travels in the body by **lipoproteins** (LDL and HDL)



**HDL = good**

High density lipoprotein is known as "good" cholesterol



**LDL = bad**

Low-density lipoprotein is known as "bad" cholesterol

**HDL helps keep LDL from sticking to artery walls & reduces plaque buildup.**

This process can lower the risk of heart disease & stroke.

**Triglycerides:** the most common type of fat in the body



**HDL + LDL + 1/5th of triglyceride level = total cholesterol level**

The **total cholesterol measurement** along with **blood pressure, blood sugar** and **body mass index (BMI)** will allow you and your healthcare provider to determine your risk for developing **cardiovascular disease caused by atherosclerosis.**

Category	Ideal Number
Total Cholesterol	Less than 180 mg/dL
Body Mass Index	Less than 25 kg/m <sup>2</sup>
Blood Pressure	Less than 120/80 mm Hg
Fasting Blood Sugar	Less than 100 mg/dL

# Control Cholesterol



## 2 Track Levels



**Only a medical provider**  
can measure your  
blood cholesterol...



BUT you can **track your own** cholesterol levels with a **personal at-home chart**.

## 3 Tips for Success



### EAT BETTER

**Eat a diet rich in fruits, vegetables, whole grains, low-fat dairy products, poultry, fish and nuts.** Limit sugary foods & drinks, fatty or processed meats, & salt.



### GET ACTIVE

**Physical activity** not only helps control cholesterol but also weight, blood pressure and stress levels.



### KNOW YOUR FATS

The fats you eat can affect your cholesterol levels. **Replace saturated and trans fats with healthier monosaturated and polyunsaturated fats.**



#### Love It: Unsaturated Fats (Poly and Mono):

Lowers bad cholesterol & rate of cardiovascular disease. **Examples include** fish, olive oil, avocado, & nuts.



#### Limit It: Saturated Fats:

Raises bad cholesterol & increases risk of cardiovascular disease. **Examples include** cheese, butter, heavy cream & red meat.



#### Lose It: Artificial trans fats, hydrogenated oils & tropical oils:

Raises bad cholesterol levels & increases risk of heart disease. **Examples include** donuts, cakes & coconut oil.



### TAKE MEDICATION

The best way to reach treatment goals and enjoy the benefits of better **health is to follow a medical provider's advice.**



### QUIT SMOKING

If an individual smokes, **high cholesterol is another good reason to quit.** Everyone should avoid exposure to secondhand smoke.

# Cómo controlar el colesterol



## 1 Comprender el colesterol

**El colesterol** es una sustancia parecida a la grasa que proviene de dos fuentes: **los alimentos y el cuerpo.**

Se encuentra solo en alimentos de **origen animal**



Viaja en el cuerpo gracias a las **lipoproteínas** (LDL y HDL)



### HDL = bueno

La lipoproteína de alta densidad se conoce como colesterol “bueno”



### LDL = malo

La lipoproteína de alta densidad se conoce como colesterol “malo”

**El HDL ayuda a evitar que el LDL se pegue a las paredes de las arterias y reduce la acumulación de placa.** Este proceso puede reducir el riesgo de enfermedades cardíacas e infarto cerebral.

**Triglicéridos:** el tipo más común de grasa del cuerpo



**HDL + LDL + 1/5 del nivel de triglicéridos = nivel de colesterol total**

**La medición del colesterol total** junto con la presión arterial, el azúcar en la sangre y el índice de masa corporal (IMC) le permitirán a usted y a su profesional sanitario determinar su riesgo de desarrollar enfermedades cardiovasculares causadas por la aterosclerosis.

Categoría	Número ideal
Colesterol total	Menos de 180 mg/dL
Índice de Masa Corporal (IMC)	Menos de 25 kg/m <sup>2</sup>
Presión arterial	Menos de 120/80 mm Hg
Azúcar en la sangre en ayunas	Menos de 100 mg/dL

# Cómo controlar el colesterol



American  
Heart  
Association.

## 2 Registre los niveles



Sólo un médico puede medir su colesterol en la sangre



PERO USTED puede hacer un seguimiento de sus propios niveles de colesterol con un gráfico personal desde casa

## 3 Consejos para el éxito



### Coma mejor

Lleve una dieta rica en frutas, verduras, granos integrales, productos lácteos bajos en grasa, aves, pescado y nueces. Limite las comidas y bebidas azucaradas, las carnes grasas o procesadas y la sal.



### Permanezca activo

La actividad física no solo ayuda a controlar el colesterol, sino también el peso, la presión arterial y los niveles de estrés.



### Conozca sus grasas

Las grasas que come pueden afectar a sus niveles de colesterol. **Sustituya las grasas saturadas y trans por grasas monoinsaturadas y poliinsaturadas más saludables.**



#### Quiéralas: Greasas insaturadas (poli y mono):

disminuyen el colesterol malo y la tasa de enfermedades cardiovasculares. Algunos ejemplos son el aguacate, el pescado, el aceite de oliva y los frutos secos.



#### Limítelas: Greasas saturadas:

aumentan el colesterol malo y el riesgo de enfermedades cardiovasculares. Algunos ejemplos son el queso, la mantequilla, la crema espesa y la carne roja.



#### Elimínelas:

Greasas trans artificiales, aceites hidrogenados y aceites tropicales:

aumentan los niveles de colesterol malo y el riesgo de enfermedades cardíacas. Algunos ejemplos incluyen donuts, pasteles y aceite de coco.



### Tome los medicamentos como se le indique

La mejor manera de alcanzar los objetivos del tratamiento y disfrutar de los beneficios de una mejor salud es seguir los consejos de un médico.



### Deje de fumar

Si una persona fuma, el colesterol alto es otra buena razón para dejar de fumar. Y todo el mundo debe evitar la exposición pasiva al humo.

## 1 Konprann kisa kolestewòl ye

**Kolestewòl** se yon sibstans tankou grès ou jwenn nan de sous:  
**manje ak kò moun.**

Yo jwenn li nan vyann sèlman



Li pase nan kò moun pa **lipopwoteyin** (LDL ak HDL)



**HDL = bon**

Dansite Lipopwoteyin ki wo rekonèt kòm "bon" kolestewòl



**LDL = Pa bon**

Dansite lipopwoteyin ki ba yo rekonèt kòm "move" kolestewòl

**HDL ede nan anpeche LDL kole alantou atè sangen ki nan kò imen yo redwi plak fòmasyon plak.** Pwosesis sa a ka diminye risk maladi kè ak konjesyon serebral.

**Triglycerid:** Kalite grès ki pi komen nan kò imen an.



**HDL + LDL + 1/5yèm nivo triglycerid = Kolestewòl Total**

**Mezi kolestewòl total ansanm ak maladi tansyon,** sik nan san ak endèks mas kò (BMI) ap pèmèt ou ak founisè swen sante ou a detèmine risk ou pou **devlope maladi kadyovaskilè ki koze pa ateroskleroz.**

Kategori	Nimewo Ideyal
Kolestewòl Total	Pi piti pase 180 mg/dL
Endèks pwa kò (BMI)	Pi piti pase 25 kg/m <sup>2</sup>
Tansyon	Pi piti pase 120/80 mm Hg
Sik nan san moun ki a jen	Pi piti pase 100 mg/dL

## 2 Nivo Kontwòl



Sèlman yon founisè medikal ka mezire kolestewòl san ou



MEN OU ka kontwole pwòp nivo kolestewòl ou ak yon tablo pèsònèl lakay ou

## 3 Konsèy pou siksè



### Manje pi byen

Manje yon rejim alimantè ki rich ak fwi, legim, gress antye, pwodwi letye ki gen mwens grès, bèt volay, pwason ak nwa. Limite manje ki gen sik ak bwason, vyann gra oswa ki trete, ansanm ak sèl.



### Rete aktif

Aktivite fizik pa sèlman ede kontwole kolestewòl, men tou pwa, tansyon ak nivo estrès ou.



### Rekonèt nivo grès ou

Kalite grès ou manje ka afekte nivo kolestewòl ou. **Ranplase grès satire ak grès trans yo pa grès sanitè ki monosatire ak poliyensatire.**



#### Renmen li:

Grès nonsatire

(Poli ak Mono):

Li desann nivo kolestewòl ki pa bon yo ak nivo maladi kadyovaskilè yo. Egzanp yo gen ladan yo zaboka, pwason, lwil oliv, nwa.



#### Limite li:

Grès satire:

Ogmante move kolestewòl yo ak ogmante risk pou maladi kadyovaskilè. Egzanp yo gen ladan yo fwomaj, bèt, krèm ak vyann wouj.



#### Delache li:

grès tranzantif atifisyèl yo, lwil idrojene ak lwil twopikal:

Leve nivo move kolestewòl yo epi ogmante risk pou maladi kè. Egzanp yo gen ladan yo kokiyòl, gato ak lwil kokoye.



### Pran medikaman yo jan yo mande a

Pi bon fason pou jwenn objektif tretman epi jwi benefis sante pi bon yo se swiv konsèy medikal yo.



### Kite fimen

Si yon moun fimen, nivo kolestewòl wo se yon lòt bon rezon pou li ta kite fimen. Epi tout moun ta dwe evite ekspozisyon nan lafimen sigarèt

# How Race Can Matter in Type 2 Diabetes

Reviewed by [Minesh Khatri, MD](#) on June 30, 2019

You may know that your chances of having [diabetes](#) go up if you're [overweight](#), don't exercise, and have [high blood pressure](#). But did you know your odds can also be tied to your race and ethnicity -- even your family's country of origin?

Everyone is different, and there are many things that can affect your health and whether you get diabetes -- your weight and age, how active you are, and other conditions you have. But research does show that it's more common in certain groups.

## What the Stats Show

In the U.S. scientists have found different rates of diabetes among people of different races:

- Pacific Islanders and American Indians have the highest rates of diabetes among the 5 racial groups counted in the U.S. Census. They're more than twice as likely to have the condition as whites, who have about an 8% chance of having it as adults.
- Diabetes is also more common among African-Americans and Asian-Americans compared to whites.
- Rates can vary by ethnicity, too. Asian Indians are 2-3 times as likely to get diabetes as Korean-Americans are. Far fewer Alaska Natives have it than American Indians in southern Arizona.

## Reasons for Differences

Researchers are still studying the many factors that could make diabetes more common for people of certain races or ethnicities. But so far, they've looked at a few things that could account for the differences.

**Body type.** Being overweight or [obese](#) seriously raises your chances for [type 2 diabetes](#). But just as important is how much of your [weight](#) comes from [fat](#) and where you carry it in your body.

According to the World Health Organization, Asians tend to have slightly more body fat than whites of the same height and weight. They also carry more of it in the belly. That "deep" fat is more harmful than the fat under the [skin](#) in the buttocks or thighs, because it's more apt to make you resistant to the

hormone [insulin](#), which helps keep blood sugar levels stable. That makes your chance of having diabetes go up.

Research shows that African-Americans tend to have less [potassium](#) in their bodies than whites do. A potassium deficiency is linked to a higher risk for developing type 2 diabetes. At the same time, African-Americans, on average, may be better than whites at making [insulin](#).

**Diet and lifestyle.** Where and how you live can matter a lot, too. Chinese-Americans have diabetes at greater numbers than those living in rural China. The same is true for Japanese-Americans, compared with the Japanese. Researchers think the difference may come in part from high-fat, high-sugar Western [diets](#).

A recent study found that among Mexican-American children, diabetes rates tended to go up the more they embraced a typical U.S. lifestyle. Researchers think it's possibly because more Americanized children may eat fast food more often and get less [exercise](#).

**Your genes.** For all the differences across races and ethnicities, most research has found that genes play a relatively small role in diabetes risks. The same habits and conditions that raise your odds apply to everyone, no matter your background.

## What You Can Do

No matter who you are, you can take steps to prevent or lower your chances of diabetes:

- [Exercise](#) regularly -- at least 30 minutes of moderate workouts on 5 days a week.
- Watch what you eat. Cut [sugar](#), saturated fats, and salt. Add leafy green veggies, [whole grains](#), and salmon and other foods high in omega-3 fatty acids.
- Keep your weight in a healthy range.
- See your doctor for regular checkups.
- Check out cooking classes, health education, or support programs to build good habits.

WebMD Medical Reference

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# Fighting Diabetes' Deadly Impact on Minorities



You inherit more than your eye and hair color from your family. You can also inherit a predisposition for diabetes, a disease that disproportionately affects racial and ethnic minorities.

The Office of Minority Health and Health Equity (OMHHE) at the Food and Drug Administration (FDA) is building relationships with the American Diabetes Association (ADA) and other groups to help Americans prevent and treat diabetes, and to address the disparity in how severely it affects minority groups in particular.

The American Diabetes Association Alert Day is a one-day wake-up call to inform people about the dangers of diabetes, especially when left undiagnosed or untreated. The annual event, on the fourth Tuesday of March, is a reminder for people young and old to take the ADA's [Diabetes Risk TestExternal Link Disclaimer](#), which includes simple questions about your family history, weight, age and other potential risk factors for diabetes.

Diabetes is a high priority for OMHHE because racial and ethnic minorities have a higher burden of diabetes, worse diabetes control and are more likely to experience complications (for example, among Hispanics, the death rate from diabetes is 50% higher than for non-Hispanic whites).

Why? For minorities, the problem is a combination of risk factors. Lack of access to health care, socioeconomic status, cultural attitudes and behaviors can be barriers to preventing diabetes and having effective diabetes management once diagnosed.

In addition, diabetes can progress faster in minority populations. This rapid progression can be compounded by a poor diet, obesity and a sedentary life.

## What OMHHE Is Doing

OMHHE is working on several fronts to help members of ethnic and racial minority groups stay healthy and, if needed, to get treatment for diabetes.

OMHHE's outreach work includes raising awareness of the need for more research in diabetes therapies that address racial and ethnic differences. OMHHE is also working to make sure minorities are included as subjects in clinical trials of medical products for the treatment of diabetes and other diseases. Those trials involve testing new drugs, biologics (including blood products and vaccines), and medical devices under controlled conditions.

## A Dangerous Epidemic

In the United States, 34.2 million people--just over 1 in 10--have diabetes. In addition, about 88 million adults--approximately 1 in three--have prediabetes, according to the Centers for Disease

Control and Prevention's National Diabetes Statistics Report, 2020. The report also found that new diabetes cases were higher among non-Hispanic Asians and non-Hispanic whites.

Diabetes occurs because of defects in the body's ability to produce or use insulin—a hormone released into the blood to control glucose (sugar) levels and the amount of glucose transported into cells as an energy source. If the pancreas doesn't make enough insulin, or if the cells do not respond appropriately to insulin, glucose can't get into the cells and the blood sugar level gets too high. High blood sugar can lead to devastating health problems, including heart disease, blindness, kidney disease, stroke, amputation, and death.

Who has diabetes? According to the National Health Interview Survey by the Centers for Disease Control and Prevention and the U.S. Census Bureau:

- 14.7% of American Indians/Alaska natives
- 12.5% of Hispanics
- 11.7% of non-Hispanic blacks
- 9.2% of Asian Americans
- 7.5% of non-Hispanic whites 18 and older

Why these groups are more at risk is a complex question with no simple answer. For the most part, it's related to both environmental and genetic factors.

Knowing your risk factors for diabetes is a crucial step toward an early diagnosis, which can give people the tools to prevent the disease from progressing.

It's also important for people with diabetes to report any safety concerns with their medications or devices (for example, glucose monitors) to [MedWatch](#), FDA's Safety Information and Adverse Event Reporting Program to report a problem.

Consumers, especially members of minority communities, should tell us about their good and their bad experiences with their medications and treatments. If they have any reactions to a certain diabetes medication or if they find that one treatment works better for them than another, we want to know, because that information can be useful to others as well.

# Combatamos el efecto mortal que tiene la diabetes sobre las minorías

Usted hereda más que el color de cabello y de ojos de su familia. También puede heredar una predisposición a padecer la diabetes, una enfermedad que afecta de manera desproporcionada a las minorías étnicas y raciales.

La Oficina de Salud de las Minorías (OMH, por sus siglas en inglés) de la Administración de Alimentos y Medicamentos (FDA, por sus siglas en inglés) colabora con la Asociación Americana de la Diabetes (ADA, por sus siglas en inglés) y otros grupos para ayudar a los estadounidenses a prevenir y tratar la diabetes, y a atacar la disparidad con la que afecta gravemente a los grupos minoritarios en particular.



El Día de Alerta de la Asociación Americana de la Diabetes, es una llamada de atención para informar a la gente sobre los peligros de la diabetes, sobre todo cuando no se diagnostica o no se trata a tiempo. Este acontecimiento anual, que se celebra el cuarto martes del mes de marzo, es un recordatorio para que tanto jóvenes como adultos mayores se hagan la [Examén de Riesgo de la Diabetes de la ADAExternal Link Disclaimer](#), que incluye algunas preguntas sencillas sobre sus antecedentes familiares, su peso, su edad y otros factores que potencialmente contribuyen a la diabetes.

La diabetes es una alta prioridad para la [Oficina de Salud de las Minorías](#) porque las minorías étnicas y raciales se ven más agobiadas por esta enfermedad, y tienen un control menos adecuado de ella y más probabilidades de sufrir complicaciones (por ejemplo, entre los hispanos, la mortalidad por la diabetes es 50% más alta que entre los blancos que no son de origen hispano).

¿Por qué? Para las minorías, el problema es una combinación de factores de riesgo. “Para algunas minorías, la pobreza, la falta de acceso a la atención médica, y las actitudes y comportamientos culturales son, todos, obstáculos para la prevención de la diabetes y para poder controlarla con eficacia una vez diagnosticada”, explica la Dra. Jonca Bull, M.D., directora de la OMH.

Además, la diabetes puede evolucionar más rápidamente entre los grupos minoritarios. Esta rápida evolución se ve agravada por una mala alimentación, la obesidad y llevar una vida sedentaria.

“La gente vive en zonas y adopta comportamientos que con frecuencia no son conducentes para una vida saludable. No tiene acceso suficiente a alimentos saludables y sí, quizás, demasiado a las comidas rápidas”, lamenta la Dra. Bull. “Tampoco tienen acceso a servicios de salud continuos”.

## Qué está haciendo la Oficina de Salud de las Minorías

La OMH está trabajando en varios frentes para ayudar a los grupos de las minorías étnicas y raciales a mantenerse sanos y, de ser necesario, recibir tratamiento para la diabetes.

La Dra. Bull explica que la labor de acercamiento de la OMH incluye concientizar acerca de la necesidad de investigar más terapias para la diabetes que atiendan a las diferencias étnicas y raciales. La OMH también se esfuerza por asegurarse de que las minorías sean incluidas como sujetos de los ensayos clínicos a los que se somete a los productos médicos para el tratamiento de la diabetes y otras enfermedades. Esos ensayos comprenden las pruebas para nuevos medicamentos, productos biológicos (incluyendo vacunas y hemoderivados) y dispositivos médicos en condiciones controladas.

“Necesitamos saber cómo responden a estos tratamientos las minorías étnicas y raciales. ¿Existen factores biológicos y ambientales que hacen que respondan de manera diferente? ¿Son algunos tipos

de tratamiento más eficaces que otros para tratar la diabetes y otras enfermedades en ciertos subgrupos étnicos y raciales en particular?", se pregunta la Dra. Bull.

La OMH también llega a los consumidores a través de su nueva cuenta de Twitter: @FDAOMH.

"Recibimos con agrado las preguntas y los comentarios de los consumidores sobre los problemas de salud de las minorías. Estamos aquí para escuchar e interceder por los consumidores", ofrece la Dra. Bull.

## Una epidemia peligrosa

La diabetes afecta a casi 26 millones de estadounidenses (8.3% de la población). Además, unos 79 millones de adultos (35%) corren el riesgo de contraerla.

La diabetes se da a causa de un defecto en la capacidad del cuerpo para producir o aprovechar la insulina, una hormona que se libera en la sangre para controlar los niveles de glucosa (azúcar) y la cantidad de ésta que llega a las células como fuente de energía. Si el páncreas no produce insulina suficiente o si las células no responden como es debido a esta hormona, la glucosa no puede llegar hasta las células y el nivel de azúcar en la sangre aumenta demasiado. Un alto nivel de azúcar en la sangre puede acarrear problemas de salud devastadores, incluyendo afecciones cardíacas, ceguera, insuficiencia renal, derrames cerebrales, amputaciones y la muerte.

¿Quién tiene diabetes? Según la Encuesta Nacional de Entrevistas de Salud de los Centros para el Control y la Prevención de Enfermedades, y el Negociado de Censos de los Estados Unidos:

- 17.5% de los indígenas americanos o nativos de Alaska
- 16.3% de los indígenas americanos
- 13.2% de los hispanos
- 12.9% de los negros que no son de origen hispano
- 9.1% de los asiático-estadounidenses
- 7.6% de los blancos de más de 18 años que no son de origen hispano

El por qué estos grupos corren un riesgo mayor es una pregunta compleja cuya respuesta no es sencilla. En su mayor parte tiene qué ver con factores tanto genéticos como ambientales. "Parece haber una predisposición a padecer la diabetes entre los indígenas americanos", advierte la Dra. Bull. "Conocer tus factores de riesgo para la diabetes es un paso decisivo hacia contar con un diagnóstico oportuno, lo cual puede darle a las personas las herramientas que necesitan para prevenir la evolución de la enfermedad", agrega.

La Dra. Bull dice que también es importante que la gente con diabetes informe de cualquier inquietud de seguridad que tenga acerca de sus medicamentos o dispositivos (por ejemplo, los aparatos para medir la glucosa) a [MedWatch, el Programa de Información de Seguridad y Denuncia de Efectos Adversos de la FDA](#). Para denunciar algún problema, visite <http://www.fda.gov/safety/medwatch/default.htm>.

"Los consumidores, en especial los que son miembros de grupos minoritarios, deben informarnos sobre sus experiencias, buenas y malas, con sus medicamentos y tratamientos. Si sufren alguna reacción a ciertos medicamentos para la diabetes o si ven que un tratamiento les funciona mejor que otro, queremos saberlo, porque esa información también puede ser útil para otros", señala la Dra. Bull.

Este artículo está disponible en la página de [Artículos para el consumidor de la FDA](#), en la cual se publican las últimas novedades sobre todos los productos controlados por la FDA.

Source: [Combatamos el efecto mortal que tiene la diabetes sobre las minorías | FDA](#)

# Hispanic/Latino Americans and Type 2 Diabetes



Learn about type 2 diabetes risk and tips for prevention and management.

**People of certain racial and ethnic groups are more likely to develop prediabetes and type 2 diabetes, including African Americans, Hispanic/Latino Americans, and Asian Americans. Learn why Hispanic/Latino risk is higher, and some ways to prevent type 2 diabetes or manage diabetes if you already have it.**

Hispanic/Latino Americans make up a diverse group that includes people of Cuban, Mexican, Puerto Rican, South and Central American, and other Spanish cultures, and all races. Each has its own history and traditions, but all are more likely to have [type 2 diabetes](#) (17%) than non-Hispanic whites (8%).

But that 17% is just an average for Hispanic/Latino American groups. The chance of having type 2 diabetes is closely tied to background. For example, if your heritage is Puerto Rican, you're about twice as likely to have type 2 diabetes as someone whose background is South American.

## **Diabetes Affects Hispanics/Latinos More**

Over their lifetime, US adults overall have a 40% chance of developing type 2 diabetes. But if you're a Hispanic/Latino American adult, your chance is more than 50%, and you're likely to develop it at a younger age. Diabetes complications also hit harder: Hispanics/Latinos have higher rates of [kidney failureexternal icon](#) caused by diabetes as well as [diabetes-related vision loss pdf icon\[PDF – 327 KB\]](#) and blindness.

## Higher Risk

Why the greater risk for type 2 diabetes and its complications? These factors can play a part:

- **Genetics:** Hispanics/Latinos have genes that increase their chance of developing type 2 diabetes. Diabetes is very complicated, though, and the connection isn't completely clear.
- **Food:** In some Hispanic/Latino cultures, foods can be high in fat and calories. Also, family celebrations may involve social pressure to overeat, and turning down food could be seen as impolite.
- **Weight/activity:** Hispanics/Latinos have higher rates of obesity and tend to be less physically active than non-Hispanic whites. And some see overweight as a sign of health instead of as a health problem.

It's important to keep in mind that these risk factors are general and may not apply to individual Hispanic/Latino people or specific Hispanic/Latino groups.



Cook up healthy versions of family favorites.

## Managing Diabetes

If you have diabetes, you need to make choices and take action every day to manage your blood sugar levels. That includes eating healthy food, being physically active most days, taking medicine if needed, and getting regular checkups.

Diabetes is challenging for anyone to manage, but if you're Hispanic/Latino you may have additional barriers, including:

- **Communication:** If you can't communicate fully with your doctors or they don't understand your values and preferences, you're less likely to follow treatment instructions and make lifestyle changes.
- **Culture:** You may put the needs of your family before your own health needs. You may want to use natural or traditional medicines instead of standard diabetes treatments. You may also have heard that taking insulin will cause diabetes complications (this isn't true).

For help dealing with daily diabetes care, ask your doctor for a referral to [diabetes self-management education and support](#) (DSMES) services. DSMES has many benefits, from helping improve blood sugar, blood pressure, and cholesterol levels to enhancing quality of life.

Help could also be as close as the dinner table. Hispanic/Latino people are known for their strong family connections, and for sharing meals together at home. When a family member has to change what he or she eats to manage diabetes, it affects the whole family. This can be an opportunity for everyone to make healthy changes, which is especially important for kids. Hispanic/Latino children and teens are at [higher risk for type 2 diabetes](#) too, and learning healthy eating habits early gives them the best chance to prevent it.

### Type 2 Diabetes is Common

More than half of Hispanic/Latino American adults are expected to develop type 2 diabetes in their lifetime.

### Prediabetes

Hispanic/Latino people are also more likely to have [prediabetes](#). With prediabetes, blood sugar levels are higher than normal, but not high enough yet to be diagnosed as type 2 diabetes. If you have prediabetes, you're at higher risk for getting type 2 diabetes and other serious health problems, including heart disease and stroke.

Prediabetes usually doesn't have any symptoms, so finding out your risk by taking the 1-minute [prediabetes risk test](#) (available in Spanish and English) is an important first step, especially if you have other prediabetes [risk factors](#). If you get a high score (5 or above), visit your doctor and get a simple blood sugar test to confirm your result.

If you have prediabetes, joining a lifestyle change program offered as part of CDC's National Diabetes Prevention Program (National DPP) can help you prevent or delay type 2 diabetes and improve your overall health. You'll learn the skills needed to lose a modest amount of weight through healthy eating and being more physically active. (Classes are available in [Spanish and English](#).)

A modest amount of weight loss is about 10 to 14 pounds (4.5 to 6.3 kg) for a 200-pound (90.6 kg) person. Getting at least 150 minutes of physical activity a week, such as brisk walking, also is important. That's just 30 minutes a day, 5 days a week.

In the lifestyle change program, you'll work with a trained coach and share experiences with others who have the same goals and challenges. Some classes welcome other adult family members to attend along with you for support. Learn more about the National DPP [lifestyle change program](#), and [find a class](#) near you (or online).

Source: <https://www.cdc.gov/diabetes/library/features/hispanic-diabetes.html>

# Los hispanos o latinos en los Estados Unidos y la diabetes tipo 2



Aprenda sobre el riesgo de diabetes tipo 2 y obtenga consejos para prevenirla y manejarla.

**Las personas de ciertos grupos raciales y étnicos tienen más probabilidades de presentar prediabetes y diabetes tipo 2, como las afroamericanas, las hispanas o latinas en los Estados Unidos y las asiaticoamericanas. Infórmese sobre por qué los hispanos o latinos tienen mayor riesgo y sobre algunas maneras de prevenir la diabetes tipo 2 o de manejar la diabetes si ya la tiene.**

Los hispanos o latinos en los Estados Unidos componen un grupo diverso, que incluye personas de cultura cubana, mexicana, puertorriqueña, sudamericana, centroamericana y otras culturas hispanas, y todas las razas. Cada uno tiene su propia historia y sus propias tradiciones, pero todos tienen más probabilidades de presentar [diabetes tipo 2](#) (17 %) que las personas no hispanas de raza blanca (8 %).

Pero ese 17 % es solo un promedio para los grupos de los hispanos o latinos en los Estados Unidos. Las probabilidades de presentar diabetes tipo 2 se vinculan estrechamente con los antecedentes de la persona. Por ejemplo, si su herencia es puertorriqueña, tiene aproximadamente el doble de probabilidades de presentar diabetes tipo 2 que una persona cuyos antecedentes son sudamericanos.

## La diabetes afecta más a los hispanos o latinos

A lo largo de su vida, los adultos en los Estados Unidos tienen probabilidades del 40 % en general de presentar diabetes tipo 2. Pero si usted es un hispano o latino adulto en los Estados

Unidos, sus probabilidades son de más del 50 %, y tiene probabilidades de que le aparezca a menor edad. Las complicaciones de la diabetes también los afectan más fuertemente: Los hispanos o latinos tienen tasas más altas de [insuficiencia renal](#) causada por la diabetes, así como de ceguera y [pérdida de la vista](#) relacionadas con la diabetes.

## Mayor riesgo

¿Por qué es mayor su riesgo de presentar diabetes tipo 2 y sus complicaciones? Estos factores pueden tener un papel:

- **Genética:** Los hispanos o latinos tienen genes que aumentan sus probabilidades de presentar diabetes tipo 2. Sin embargo, la diabetes es muy complicada, y la conexión no está completamente clara.
- **Alimentos:** En algunas culturas hispanas o latinas, las comidas pueden tener alto contenido de grasas y calorías. Además, los festejos familiares pueden implicar presión social para comer en exceso, y negarse a comer algo podría interpretarse como ser descortés.
- **El peso y la actividad:** Los hispanos o latinos tienen tasas más altas de obesidad y tienden a hacer menos actividad física que las personas no hispanas de raza blanca. Y algunos consideran el sobrepeso como un signo de salud en lugar de un problema de salud.

Es importante tener en cuenta que estos factores de riesgo son generales y podrían no aplicar a personas hispanas o latinas de manera individual ni a grupos hispanos o latinos específicos.



Prepare versiones saludables de las comidas familiares preferidas.

## Manejo de la diabetes

Si usted tiene diabetes, necesita tomar decisiones y medidas todos los días para manejar sus niveles de azúcar en la sangre. Eso incluye comer alimentos saludables, hacer actividad física la mayoría de los días, tomar medicamentos si es necesario y hacerse chequeos con regularidad.

El manejo de la diabetes es un desafío para cualquiera, pero si usted es hispano o latino, podría tener barreras adicionales, incluidas las siguientes:

- **Comunicación:** Si no se puede comunicar totalmente con sus médicos, o si ellos no entienden sus valores y preferencias, es menos probable que siga las instrucciones del tratamiento y que haga cambios de estilo de vida.
- **Cultura:** Usted podría darle mayor prioridad a las necesidades de su familia que a sus propias necesidades de salud. Posiblemente quiera usar medicina natural o tradicional en lugar de los tratamientos estándar para la diabetes. También es posible que haya oido decir que usar insulina causará complicaciones de la diabetes (lo cual no es cierto).

Para obtener ayuda para hacerle frente al cuidado diario de la diabetes, pídale a su médico una remisión a servicios de educación y apoyo para el automanejo de la diabetes (DSMES por sus siglas en inglés). Los servicios de DSMES tienen muchos beneficios, desde ayudar a mejorar los niveles de azúcar en la sangre, presión arterial y colesterol hasta mejorar la calidad de vida.

La ayuda también podría estar tan cerca como la mesa de su comedor. Las personas hispanas o latinas se conocen por su fuerte conexión con la familia y por comer juntos en la casa. Cuando un miembro de la familia tiene que cambiar lo que come para manejar la diabetes, esto afecta a toda la familia, pero puede ser una oportunidad para que todos hagan cambios saludables, lo cual es particularmente importante para los niños. Los niños y los adolescentes hispanos o latinos tienen también [un mayor riesgo de presentar diabetes tipo 2](#), y aprender hábitos alimentarios saludables desde temprano les da la mejor oportunidad de prevenirla.

La diabetes tipo 2 es común

Se prevé que más de la mitad de los hispanos o latinos adultos en los Estados Unidos presentarán diabetes tipo 2 en su vida.

## Prediabetes

Las personas hispanas o latinas también tienen más probabilidades de presentar [prediabetes](#). En la prediabetes, los niveles de azúcar en la sangre son más altos de lo normal, pero todavía no llegan a niveles lo suficientemente altos para que se diagnostique la diabetes tipo 2. Si usted tiene prediabetes, está en mayor riesgo de presentar diabetes tipo 2 y otros problemas graves de salud, que incluyen enfermedades del corazón y derrame cerebral.

La prediabetes generalmente no provoca ningún síntoma, por eso, averiguar su nivel de riesgo al tomar una [prueba de riesgo de prediabetes](#), de 1 minuto, (disponible en español y en inglés) es un importante primer paso, especialmente si tiene otros [factores de riesgo](#) de prediabetes. Si obtiene un puntaje alto (5 o mayor), visite a su médico para hacerse una simple prueba de azúcar en la sangre y confirmar el resultado.

Si tiene prediabetes, unirse a un programa de cambio de estilo de vida ofrecido como parte del Programa Nacional de Prevención de la Diabetes de los CDC (National DPP) puede ayudarlo a prevenir o retrasar la diabetes tipo 2 y mejorar su salud en general. Aprenderá las destrezas necesarias para bajar una cantidad modesta de peso mediante una alimentación saludable y hacer más actividad física. (Hay clases disponibles en [español e inglés](#)).

Una cantidad modesta de pérdida de peso es aproximadamente de 10 a 14 libras (de 4.5 a 6.3 kg) para una persona de 200 libras (90.6 kg). Hacer por lo menos 150 minutos de actividad física a la semana, como una caminata rápida, también es importante. Eso es solamente 30 minutos al día, 5 días a la semana.

En el programa de cambio de estilo de vida, trabajará junto a un instructor capacitado y compartirá experiencias con otras personas que tienen las mismas metas y los mismos desafíos. En algunas clases permiten que asistan otros miembros adultos de la familia con usted para darle apoyo. Aprenda más sobre [programa de cambio de estilo de vida](#) del National DPP y [encuentre una clase](#) en un lugar cercano (o en línea).

Source: <https://www.cdc.gov/diabetes/spanish/resources/features/hispanic-diabetes.html>

# African Americans and Heart Disease, Stroke



[Heart disease](#) is the No. 1 killer for all Americans, and [stroke](#) is also a leading cause of death. As frightening as those statistics are the risks of getting those diseases are even higher for African-Americans.

The good news is, African-Americans can improve their odds of preventing and beating these diseases by understanding the risks and taking simple steps to address them.

"Get checked, then work with your medical professional on your specific risk factors and the things that you need to do to take care of your personal health," said Winston Gandy, M.D., a cardiologist and chief medical marketing officer with the Piedmont Heart Institute in Atlanta and a volunteer with the American Heart Association.

[High blood pressure](#), overweight and obesity and [diabetes](#) are common conditions that increase the risk of heart disease and stroke. Here's how they affect African-Americans and some tips to lower your risk.

## High Blood Pressure

The prevalence of high blood pressure in African-Americans is the highest in the world. Also known as hypertension, high blood pressure increases your risk of heart disease

and stroke, and it can cause permanent damage to the heart before you even notice any [symptoms](#), that's why it is often referred to as the "[silent killer](#)." Not only is HBP more severe in blacks than whites, but it also develops earlier in life.

Your healthcare provider can help you find the right medication, and [lifestyle changes](#) can also have a big impact.

"You can't do anything about your [family history](#), but you can control your blood pressure," Dr. Gandy said.

If you know your blood pressure is high, keeping track of changes is important. Check it regularly, and notify your doctor of changes in case treatment needs to be adjusted, Dr. Gandy said. Even if you don't have high blood pressure, he recommends checking it every two years.

"The No. 1 thing you can do is check your blood pressure regularly," he said.

## Obesity

African-Americans are disproportionately affected by obesity. Among non-Hispanic blacks age 20 and older, 69 percent of men and 82 percent of women are overweight or obese.

If you're carrying extra weight, Dr. Gandy suggests focusing on the quality of your diet throughout the day, not just during mealtime.

"You can add hundreds of calories to your diet just on snacking," he said. Choosing [wise snacks](#) can be part of a healthy diet.

Dr. Gandy knows all too well how challenging it can be to lose weight. After years of prescribing diet changes for his patients, he decided it was time to follow his own advice by walking at least 30 minutes a day and eliminating sugary drinks and desserts. The hard work paid off. Dr. Gandy lost 25 pounds in six months and feels much better.

He also suggests limiting red meat in favor of lean meats such as chicken or fish, and watching portions on carbohydrate-heavy foods, such as pasta and rice. Look for whole grain options instead.

"Make vegetables the main part of the meal and fill up with those rather than other foods," he said.

Dr. Gandy cautioned that even things that are healthy can pack in calories.

"If you're thirsty, drink water, not juice," Dr. Gandy said.

## Diabetes

Diabetes is a major risk factor for cardiovascular disease and stroke, and African-Americans are more likely to have diabetes than non-Hispanic whites.

Type 2 diabetes is treatable and preventable, but many people don't recognize early warning signs. Or, they avoid seeking treatment out of fear of complications.

Dr. Gandy said many people associate the disease with older relatives who were diagnosed too late or had poorly-controlled diabetes and suffered preventable complications such as blindness, amputations, or renal failure.

For diabetes and other heart disease risks, regular exercise also plays a key role – both in strengthening the cardiovascular system and burning extra calories.

Aim for at least 30 minutes of walking a day, Dr. Gandy said.

"That's enough to get the heart rate up," he said. "There's no need to do a marathon." The American Heart Association recommends that adults get at least 150 minutes of moderately intense or at least 75 minutes of vigorous physical (or a combination of both) each week.

Source: <https://www.heart.org/en/health-topics/consumer-healthcare/what-is-cardiovascular-disease/african-americans-and-heart-disease-stroke>



# What About African Americans and High Blood Pressure?

African Americans in the U.S. have a higher prevalence of high blood pressure (HBP) than other racial and ethnic groups. It is also often more severe in blacks, and some medications are less effective in treating HBP in blacks.

High blood pressure usually has no symptoms. That's why it's called the "silent killer." The only way to know if your blood pressure is high is to have your healthcare provider check it regularly.



## What is blood pressure?

Blood pressure is the pressure of the blood against the walls of the arteries. Blood pressure results from two forces. One is created by the heart as it pumps blood into the arteries and through the circulatory system. The other is the force on the arteries as the heart rests between beats. Blood pressure is measured in millimeters of mercury (mm Hg).

## What should my blood pressure be?

Normal blood pressure is below 120/80 mm Hg. The top number (systolic) is the pressure when the heart beats. The bottom number (diastolic) is the pressure when the heart rests between beats.

If you're an adult with a systolic blood pressure of 120 to 129 mm Hg, and your diastolic pressure is less than 80 mm Hg, you have elevated blood pressure. High blood pressure is a pressure of 130 systolic or higher, or 80 diastolic or higher, that stays high over time.

## How often should I have my blood pressure checked?

Your doctor may take several readings over time before making a judgment about your blood pressure.

For proper diagnosis of HBP, your healthcare provider will use an average based on two or more readings obtained on two or more occasions.

Checking your blood pressure is quick and painless. You can have it done in a doctor's office, hospital, clinic, nurse's office, pharmacy, company clinic or health fair. You can also purchase a home blood pressure monitor so you can check it at home. Your doctor will tell you how often you should have it checked.

## How can high blood pressure affect me?

Left uncontrolled or undetected, HBP can damage blood vessels in various parts of your body. And the longer it's left untreated, the more likely organs such as your heart, brain, kidneys or eyes will be damaged. This can lead to heart attack, stroke, heart failure, kidney disease, erectile dysfunction, and loss of vision.

## What can I do about my blood pressure?

Making healthy lifestyle changes is the first step.

- Don't smoke and avoid secondhand smoke.
- Reach and maintain a healthy weight.

(continued)

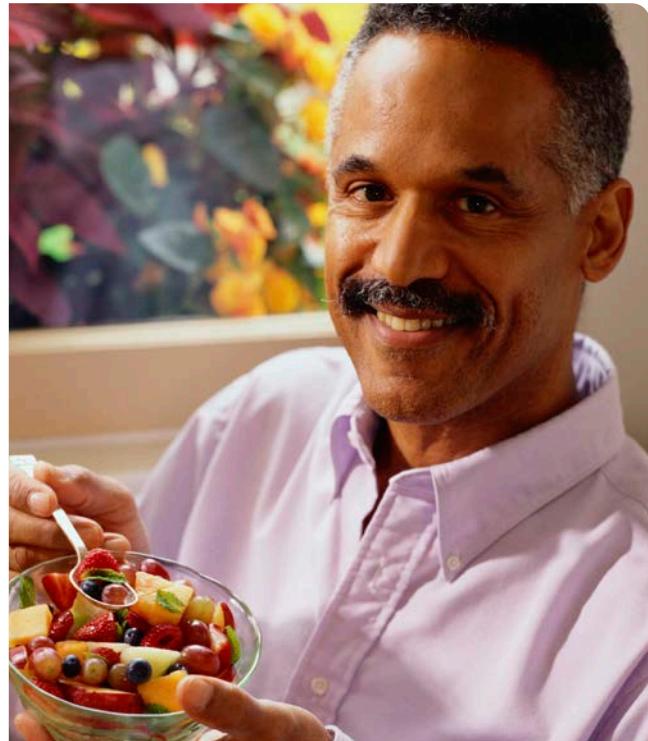
What About African Americans  
and High Blood Pressure?

- Eat a healthy diet that is low in saturated and trans fats and rich in fruits, vegetables, whole grains, and low-fat dairy products.
- Aim to consume less than 1,500 mg/day of sodium (salt). Even reducing your daily intake by 1000 mg can help.
- Eat foods rich in potassium. Aim for 3,500 – 5,000 mg of dietary potassium per day.
- Limit alcohol to no more than one drink a day if you're a woman or two drinks a day if you're a man.
- Be more physically active. Aim for at least 90 to 150 minutes of aerobic and/or dynamic resistance exercise per week and/or three sessions of isometric resistance exercises per week.

**What about medications?**

Depending on your risk and blood pressure levels, you may be prescribed one or more medications in addition to lifestyle changes.

In African Americans, thiazide-type diuretics (water pills) and/or calcium channel blockers (CCBs) are more effective in lowering blood pressure when given alone or as initial medicines in a multidrug regimen.



Your healthcare provider will determine your level of risk and work with you to choose the best treatment options.

**HOW CAN I LEARN MORE?**

- 1 Call **1-800-AHA-USA1** (1-800-242-8721), or visit **heart.org** to learn more about heart disease and stroke.
- 2 Sign up to get *Heart Insight*, a free magazine for heart patients and their families, at **heartinsight.org**.
- 3 Connect with others sharing similar journeys with heart disease and stroke by joining our Support Network at **heart.org/supportnetwork**.

**Do you have questions for the doctor or nurse?**

Take a few minutes to write your questions for the next time you see your healthcare provider.

For example:

**How is high blood pressure treated?**

**What type of diet would be most helpful?**

**My Questions:**

We have many other fact sheets to help you make healthier choices to reduce your risk, manage disease or care for a loved one. Visit **heart.org/answersbyheart** to learn more.