

GOOD TO KNOW



Race and Type 2 Diabetes

Minorities are at a greater risk for type 2 diabetes. Here's why.

Diabetes isn't an equal-opportunity disease. It hits some groups harder than others. American Indians develop type 2 diabetes at nearly twice the rate Caucasians do. Latinos, Asians, and African Americans are also at higher risk.

All in the Genes?

Researchers used to think the differences in type 2 diabetes rates were because of genetic differences between racial and ethnic groups. But while different racial groups do seem to respond to insulin and accumulate fat in different ways that can affect their risk, that's not the full story. Researchers now say that, with some exceptions, genetics linked to race play a much smaller role than we once thought. In other words, race isn't diabetes destiny.

A Family Affair

A family history of type 2 diabetes is a much more powerful predictor of whether you'll develop the disease than the color of your skin.

Skin color and other visible differences among people—the basis for categories like "white" and "black"—represent a tiny fraction of our total genetic makeup. What makes us look different is only about 0.2% of our genome. That's why, when talking about health, racial categories can confuse and conceal as much as they reveal.

For example:

- "Hispanic" is a category based on whether you or your parents speak Spanish at home and has nothing to do with your genes or skin color.
- "Latino" means you are descended from someone who lived in Latin America.
- "American Indian" is a catchall term that includes hundreds of different tribal groups.
- "Asian" is another broad category that includes people of Indian, Japanese, Chinese, Korean, Cambodian, Vietnamese, Laotian, Thai, Filipino, and Pacific Island descent.

Not surprisingly, there are big differences in health outcomes within racial or ethnic groups such as African American, Latino, Asian, and white. Such broad categories can also conceal more meaningful trends. For example, type 2 diabetes is much more common among people of Puerto Rican descent or Mexican Americans living in the Southwest, and comparatively low among Cuban Americans.

Outside Influences

If differences in diabetes risk don't come from our genes, where do they come from?

One answer might be external challenges that different racial and ethnic groups face. Chronic stressors such as low income and racism can negatively affect both health and lifespan. Where your family is from and the color of your skin can contribute to how much stress you encounter or how poor you are. Thus, differences in diabetes risk between racial and ethnic groups can often be traced to larger social trends.

Ethnic and racial minorities are more likely to be poor, face discrimination in the job market, lack a college education, and live in neighborhoods plagued by crime. When parents are afraid to let their kids play outside, it's no surprise childhood obesity is high. By the same token, being treated differently because of the color of your skin, or being eyed suspiciously on the street because of how you look, is stressful.

Research shows that such experiences put people at higher risk for type 2 diabetes. One study found that food insecurity (a lack of consistent access to enough food) doubled diabetes risk. Another study showed that the less walkable a neighborhood was, the more likely its residents were to develop diabetes.

THE BIG PICTURE

The shifting understanding of race's role presents health care providers and policymakers—and people with diabetes—with new challenges. Although genes as they relate to family history play a big role, the role of genes as they relate to race is small compared with other issues. And those other issues—called social determinants of health—are something society can do something about.

Here are a few examples:



Since 2000, childhood obesity rates have leveled off for white kids, while more and more African-American and Latino children are overweight or obese.



A 2017 study found that almost half of Latino and African-American kids attended low-income schools where most students qualified for free school lunches; for whites, it was 8%.



Poor neighborhoods are often called “food deserts” because they lack nearby grocery stores, making fresh produce harder to find.

The Work Ahead

More researchers are beginning to look into the social and economic factors leading to greater type 2 diabetes risk and why they affect minorities more often.

For some social determinants of health, straightforward fixes—such as creating green spaces and parks in low-income areas or encouraging grocery stores to open in inner cities—could make a big difference, not just in narrowing the diabetes gap for minorities but also in improving health for low-income people of all races.

Fixing racial discrimination and inequality is a far more complex problem. But recognizing that these problems, and that they have real health consequences, is a start.