Health Equity Concerns

Diabetes
About one in 11 adults in Washington has diabetes, across all ethnic and racial groups. While overall adult prevalence appears to be slowing since 2011, it continues to increase in some groups. Groups with higher prevalence include Native Hawaiian/Other Pacific Islanders, Hispanics, non-Hispanic blacks, and American Indians/Alaska Natives.

Type 1 diabetes is more prevalent in non-Hispanic white youth than other racial or ethnic groups.

Washington’s Hispanic/Latino population has a significantly higher risk of type 2 diabetes. Services that are culturally and linguistically appropriate and geographically accessible may not be keeping pace with demand in this growing population.

Adults with annual incomes less than $25,000 were twice as likely to have diabetes as those with incomes of $75,000 or more. A similar disparity exists between those with high school education or less and those with a college degree. Access to preventive services and to environments conducive to healthy lifestyle, as well as stress resulting from discrimination and poverty, may contribute to the disparity. Health education and support that accommodates the needs of populations with lower income or education levels are important considerations.

People with both behavioral health issues and diabetes are more likely to experience barriers that impact success of treatment. As a result, many experience more complications and die at younger ages than people without behavioral health issues. Integration of physical and behavioral health, with the patient at the center of care, can be instrumental in addressing this disparity.