



NATIONAL DIABETES PREVENTION PROGRAM
AUDIENCE PROFILE

HISPANIC OR LATINO PERSONS

NATIONAL 
DIABETES
PREVENTION
 PROGRAM



INTRODUCTION

To successfully engage your population of focus, it is important to have a clear understanding of their culture, beliefs, and barriers to health. This audience profile includes information about the cultural nuances to consider when reaching Hispanic or Latino communities, based on a review of various research studies and taking into consideration lessons learned through past experiences working with these communities. To assist with your program development and marketing, we have compiled relevant information to help you shed light on Hispanic or Latino communities to make a difference when addressing type 2 diabetes prevention. This document is not an in-depth research report or analysis, as it is meant to provide you with a general understanding of various factors that may affect your audience's availability, interest, and/or commitment to your program. Use the questions listed at the end of this profile to validate and expand on the information provided for your local program's market.





In 2015, the majority of Hispanic or Latino persons living in the United States were from these countries and regions of origin:³

HISPANIC OR LATINO POPULATIONS IN THE UNITED STATES

The Hispanic or Latino population has become the largest ethnic group in the United States and it reached 62.1 million in 2020, an increase of 23 percent over the previous decade.¹ According to the U.S. Census, slightly more than half (51.1 percent) of the total population growth between 2010 and 2020 came from the Hispanic or Latino population.² Hispanic or Latino persons come from several different Spanish-speaking countries, each with its own rich culture and traditions. It is important to note that a significant portion of the Hispanic or Latino population is made up of people who were born in the United States, as many of them are descendants of immigrants and/or people who lived in geographic locations that were not previously part of the United States.



Hispanic or Latino persons live in many areas of the United States:

- California has the largest Hispanic or Latino population (15.6 million), followed by Texas (11.5 million).
- The three states with the largest Hispanic or Latino populations also saw the greatest increase from 2010 to 2019: Texas (2 million), California (1.5 million), and Florida (1.4 million).¹
- In addition, New York, Arizona, Illinois, New Jersey, Colorado, Georgia, New Mexico, and Pennsylvania were reported by the U.S. Census to have 1 million or more Hispanic or Latino residents in 2019.⁴

Mexico
(63 percent)

Puerto Rico
(9.5 percent)

Central America
(9.5 percent)

South America
(6.1 percent)

Cuba
(3.7 percent)

Dominican Republic
(3.3 percent)



The diversity of persons of Hispanic or Latino origin also varies by state. Mexican American persons are the majority Hispanic or Latino population in several states, including California, Texas, Illinois, Arizona, Colorado, and New Mexico. Puerto Rican persons are the second-largest Hispanic or Latino group in the United States. For all states and the District of Columbia, 5.8 million, or 10 percent, of the Hispanic or Latino population identify as Puerto Rican.¹ The Pew Research Center has found that most persons of Puerto Rican origin in the United States were born in the 50 states or the District of Columbia, while about one-third of the Puerto Rican U.S. population was born in Puerto Rico.

Understanding the relationship between Puerto Rico and the United States, and where Puerto Rican American residents in your community were born and raised, may provide insights on their health knowledge and behaviors, language preferences, and cultural traditions.

OVERVIEW OF HISPANIC OR LATINO COMMUNITIES

When it comes to education, a 2019 U.S. Census report showed that compared to 93.3 percent of non-Hispanic or Latino White persons, 70.5 percent of Hispanic or Latino persons had a high school diploma or more. When compared with 36.9 percent of non-Hispanic or Latino White persons, 17.6 percent of Hispanic or Latino persons had a bachelor's degree or more. Among Hispanic or Latino persons, 5.6 percent held a graduate or advanced professional degree compared with 14.3 percent of non-Hispanic or Latino White persons.⁵

In 2019, the median Hispanic or Latino American household income was \$55,658 compared with \$71,644 for non-Hispanic or Latino White households. The unemployment rate for Hispanic or Latino persons was 5.1 percent compared with 3.7 percent for non-Hispanic or Latino White persons—and 17.2 percent of Hispanic or Latino persons were experiencing poverty compared with 9 percent of non-Hispanic or Latino White persons.⁵ It is important to note that Hispanic or Latino persons have the highest health-uninsured rates of any racial or ethnic group within the United States.⁵

THE COMMONWEALTH OF PUERTO RICO

- People born in Puerto Rico are U.S. citizens by birth. They first became U.S. citizens in 1917 through the Treaty of Paris at the end of the Spanish-American War.
- The Commonwealth of Puerto Rico has the same control over its internal affairs as the U.S. states have over theirs.
- Spanish is the official language in Puerto Rico, followed by English, which is considered the second official language on the island.

PREVALENCE OF DIABETES AND PREDIABETES AMONG HISPANIC OR LATINO COMMUNITIES

In 2018 and 2019, the prevalence of type 2 diabetes was 11.8 percent among Hispanic or Latino American communities compared with 7.4 percent among non-Hispanic or Latino White persons. Among U.S. adults of Hispanic or Latino origin, Mexican persons (14.4 percent) and Puerto Rican persons (12.4 percent) had the highest prevalence of type 2 diabetes, followed by Central and South American persons (8.3 percent) and Cuban persons (6.5 percent). Among Hispanic or Latino persons, 34.5 percent had prediabetes; however, only 20.9 percent knew they had the condition.⁶



RISK FACTORS RELATED TO PREDIABETES AND DIABETES

People who have overweight (body mass index [BMI] of 25 or greater) or obesity (BMI of 30 or greater) are more likely to suffer from type 2 diabetes, high blood pressure, and high levels of blood fats—which are all risk factors for heart disease and stroke.⁷ It is shown that Hispanic or Latino Americans have high rates of overweight and obesity compared with non-Hispanic or Latino White persons. In 2018, Hispanic or Latino women were 20 percent more likely to have overweight compared with non-Hispanic or Latino White women. Also, Hispanic or Latino Americans were 1.2 times more likely to have obesity than non-Hispanic or Latino White persons.⁸

Studies with Hispanic or Latino American communities have attributed these health disparities to several factors and beliefs, including:

- Acculturation to mainstream U.S. eating habits.
- Traditional food choices that may be less healthful.
- A belief that eating large portions and having a large body size is an indicator of a successful life.
- Limited time to engage in physical activity, possibly due to having more than one job or caring for children.
- Safety concerns when it comes to walking outside or exercising in the neighborhood.
- Feeling too tired to exercise or having a lack of energy.

ACCULTURATION AND ACCESS TO HEALTH CARE AND DIABETES INFORMATION

Acculturation is the process of adapting to a new culture and is measured by the degree to which immigrants have integrated the values, beliefs, and attitudes of a new country into their daily lives. The level of acculturation is often associated with the length of time that a person has been in the United States, generational status, level of education, employment, and income. Acculturation also plays a key role in the health care practices of Hispanic or Latino Americans—those who are highly acculturated may have broader access to health screenings, resources, and health information.

Language preference among Hispanic or Latino Americans often relates to a person's age, level of acculturation, education, and socioeconomic status. People who prefer to communicate in English may be more likely to receive blood pressure, blood sugar, and cholesterol screenings. People who have lower levels of education or socioeconomic status may be less proficient in English, which can be a barrier to accessing important health messages and screenings. Understanding how acculturation levels and language preference combine to influence lifestyle and health behaviors can help health care professionals and health educators communicate more effectively with Hispanic or Latino communities.

In 2019, it was reported that 70 percent of Hispanic or Latino Americans spoke Spanish in the home.⁴ While language preference is crucial for successful message dissemination, it goes hand in hand with cultural relevancy. Therefore, it is suggested that culturally relevant Spanish-language messaging be considered when addressing this population.

UNDERSTANDING HISPANIC OR LATINO CULTURE AND TRADITIONS

Within the Hispanic or Latino culture, activities are often conducted in groups, responsibility is shared, and accountability is collective. Despite the many different countries of origin, there are common values that stand true across Hispanic or Latino American communities such as the importance of family, traditional celebrations, religion, and food. The cultural values, traditions, and constructs described below are vital to understanding the Hispanic or Latino culture and communicating effectively with this audience. Note that diabetes prevention program marketing strategies that work for some populations of focus may not be as effective with Hispanic or Latino groups.

Familismo refers to the central role that family and family structure plays in the life of Hispanic or Latino individuals. The concept of familismo is often reflected in Hispanic or Latino media and entertainment (movies, novelas [soap operas], folk stories, etc.).





Respeto, or respect, refers to the admiration and respect for individuals of power or authoritative figures, including health care providers. Older Hispanic or Latino persons, especially grandparents, are respected by all members of the family and, in many cases, are often the main decision-makers in the home, exerting heavy influence on family members. For example, if “abuela” (grandmother) is at home watching a “telenovela” (soap opera), other family members who gather around the television will watch the soap opera or not change the channel out of respect.

Machismo refers to masculine ideas such as courage, honor, fearlessness, and pride. It also refers to the perception that men and women need to fit certain gender roles within the household. The father or oldest male relative is typically the protector, provider, and decision-maker for the family. While Hispanic or Latino women have traditionally been responsible for holding the family and home together through work, cultural wisdom, caregiving, and parenting, the male often has authority within the household. Machismo may have a negative connotation in that women are expected to show respect and even submission to their husbands. Machismo also means that men are often reluctant to consult health care providers for health problems and may tend to wait until a visit to the emergency room is necessary.

Natural remedies or family recipes are popular among many Hispanic or Latino groups to treat diseases or health issues. Herbs, fruits, and other natural products are sometimes used to treat a cold, for example. This practice may conflict with a health care provider’s diagnosis or treatment plan.

Spirituality or religion occupies a central role in the lives of many Hispanic or Latino persons. In 2018 and 2019, a Pew Research Center report showed that 77 percent of the Hispanic or Latino population in the United States identified as Christian while 48 percent identified as Catholic.⁹ Religion is important to consider when reaching out to older Hispanic or Latino American persons, given that many identify as Catholic.

Religion is often closely tied to the idea of fatalism related to aging and general health—Hispanic or Latino persons may believe in destiny and that whatever happens is God’s will. This outlook can be a barrier to seeking health information and following a health care provider’s recommendations regarding healthy lifestyle behaviors such as physical activity, fruit and vegetable consumption, and not smoking.

ACCEPTANCE OF HISPANIC OR LATINO PERSONS IN MAINSTREAM AMERICAN CULTURE

Hispanic and Latino Migrant Farmworkers. As with other populations, certain groups of Hispanic or Latino persons in the United States, such as those who are in the agricultural workforce, have been marginalized and medically underserved. Many migrant and seasonal farmworkers are immigrants from Latin America and particularly from Mexico, and many have limited education and do not speak English as their primary language. Members of this audience face language and literacy barriers that challenge their access to health information, health care services, resources, and the ability to lead a healthy lifestyle. Hispanic or Latino migrant farmworkers are at higher risk for chronic health conditions, including diabetes.

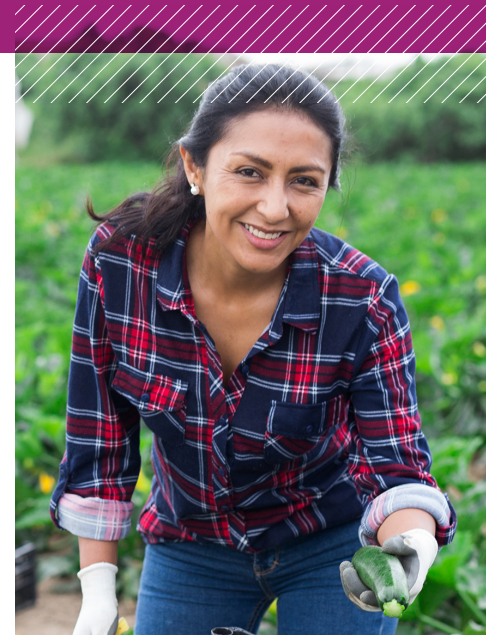
Identifying and partnering with university-based programs that already provide health and safety training for Hispanic or Latino migrant farmworkers may be an effective strategy, to share culturally and linguistically relevant health messages that encourage healthy lifestyle changes and raise awareness of diabetes and prediabetes among this audience.

BUILDING RELATIONSHIPS WITHIN HISPANIC OR LATINO COMMUNITIES

Small group discussions may be a preferred strategy to establish and build relationships with Hispanic or Latino community members. However, lack of childcare is a potential barrier for this audience, primarily women, to participating in community efforts. Engaging audience members in smaller, more personalized groups with childcare provided and gatherings held at convenient times may increase program participation.

Working with and involving leaders and influencers from community- and faith-based organizations on message development and strategies to address the needs of community members can increase audience engagement. The development of tailored Spanish-language resources that reflect the cultural values of the community, both within the copy and through imagery, is crucial to building relationships and disseminating messages effectively.

Using popular Spanish-language traditional media such as TV and radio programming—and involving influencers, community leaders, and celebrities to engage the community and promote health messaging—may help to motivate Hispanic and Latino persons to make healthy lifestyle choices. Short radio segments on Spanish-language stations aired during the morning drive time and 4- to 5-minute TV segments during Spanish-language morning shows have shown to be successful media tactics to reach Hispanic or Latino audiences. Media programming and spokespersons should be selected carefully, as both the messages and messengers need to be perceived by community members as culturally relevant and genuine.



TRUSTED SOURCES AND INFLUENCERS

Hispanic or Latino persons trust information and advice from family members and loved ones, as important decisions are often made collectively as a family. Community leaders, promotoras and community health workers (CHWs), faith leaders, and even celebrities can serve as influencers or role models for this population. It's important to keep in mind that trusted sources and influencers may vary by region or location, different groups within the community, community members' ages and acculturation levels, as well as their country of origin. Here are some key points to consider:

- Hispanic or Latino persons often look to community networks and interpersonal connections with health care professionals (nurses, CHWs, promotoras, health educators, physicians) as trusted sources for health information. CHWs may serve as key influencers for Hispanic or Latino persons with lower incomes and/or without health insurance.
- In recent years, Hispanic or Latino audiences have relied more on media channels to answer their health-related questions. Hispanic or Latino or Spanish-language media, primarily television, radio, and small community newspapers, are trusted sources for health information.
- Older Hispanic or Latino persons play a vital role in multigenerational households, and their opinions and views regarding health are often held in high esteem by family members.
- Community-based organizations that serve Hispanic or Latino populations are often closely connected to families and are seen as credible and trusted sources of information.
- Hispanic or Latino audiences have close ties with community churches, which are considered a powerful resource for health information—particularly among women age 40 and older who may prefer to receive health education and resources in small church group settings.
- Hispanic or Latino celebrities, such as well-known artists and singers, can serve as influencers and agents of lifestyle change among the community.

Promotoras and CHWs. Promotoras and CHWs are community members who serve as liaisons between communities and health and social service providers, linking their neighbors and community members to health information, health care services, and resources. They can be effective in establishing relationships and sharing type 2 diabetes prevention messages with Hispanic or Latino communities and promoting the National Diabetes Prevention Program lifestyle change program (LCP). They can also provide home-based intervention to reach disproportionately affected individuals who may be unable to receive health services at a medical office or clinic.

Because promotoras and CHWs often share the same language, culture, ethnicity, and experiences as their community members, they generally rely on verbal communication and face-to-face interaction with Hispanic or Latino audiences to engage and provide information to communities in need. They often use various media to support training, including flipcharts, videos and cartoons, comic books, fotonovelas, and culturally tailored brochures that provide information in a way that the audience can understand.



OUTREACH WITH HISPANIC OR LATINO COMMUNITIES

Given the higher prevalence of type 2 diabetes and other chronic diseases among Hispanic or Latino persons in the United States, audience research is important to help develop community-driven, culturally relevant health promotion strategies to best engage this audience with tailored health-related messages.

HEALTH PROMOTION STRATEGIES

Health promotion efforts ideally are conducted in groups to reflect Hispanic or Latino cultural values and allow for the development of a support system where participants encourage each other and share experiences and challenges. Additionally, offering programs with a variety of schedule options can help to minimize barriers that many Hispanic or Latino persons face related to work schedules and/or childcare. When feasible, virtual classes can provide increased opportunity for participation among people with transportation issues and time constraints. LCPs should be flexible and address these challenges in order to engage participants and secure a long-term commitment.

Limited access to health insurance or health care services among people who are underserved and have lower education and literacy levels can serve as barriers to following a healthy lifestyle. Hispanic and Latino persons may work long hours and thus are challenged to balance work and home duties with participating in healthy lifestyle programs and activities. Having less time for grocery shopping and preparing healthy family meals can lead to choosing fast food options. In light of these barriers, LCPs can offer tools and resources to help people participate around their schedules and make long-lasting lifestyle changes. One solution could be offering workplace health programs to make them more accessible to community members.¹⁰

Working with local churches to provide health information classes and National Diabetes Prevention Program resources can increase engagement with Hispanic or Latino communities, as the church often provides a familiar atmosphere for the family.

Providing basic information about diabetes and how it can affect long-term health may encourage Hispanic or Latino individuals to take action and join an LCP. In one study, Hispanic or Latino migrant farmworkers who were recently diagnosed with diabetes expressed that they did not understand that diabetes is a chronic disease requiring lifelong management.¹¹

Providing culturally relevant nutrition education classes on healthy eating, food preparation, reading and understanding food labels, and portion sizes can go a long way to engaging Hispanic or Latino persons to make healthy lifestyle choices. Offering healthy tips or recipes for preparing healthier versions of traditional Hispanic or Latino dishes has been successful in health promotion programs such as heart disease prevention.





MEDIA TRENDS

Hispanic or Latino audiences engage with a variety of different media, and it has been shown that this audience watches TV and uses smartphones at a higher rate than some other populations.¹²



Television and Radio

- Spanish-language television and radio programming are very popular among Hispanic or Latino persons in the United States, especially those who are Spanish-only speakers.
- Univision is the top television network among Hispanic or Latino audiences, with local stations in over 60 markets that have large Hispanic or Latino populations. Univision also has the largest Hispanic or Latino radio network in the United States and offers online news websites for different markets. Telemundo, an NBC Universal division, is another television network widely used by Hispanic or Latino audiences.



Digital Media

- When it comes to accessing the internet, mobile devices play a larger role among Hispanic and Latino adults compared with non-Hispanic or Latino White persons. A study conducted by Pew Research Center found that a quarter of Hispanic or Latino persons are “smartphone-only” internet users, which means they own a smartphone but do not have traditional home broadband services.¹³
- Hispanic or Latino persons who are comfortable speaking English report higher levels of internet use (54 percent) when compared with Spanish-only speakers (14 percent).¹³



Print Media

- Overall, print community newspapers in most U.S. markets are highly subscribed to among all audiences, including Hispanic or Latino persons. Additional research is recommended for specific trends in local market areas.

SEEKING HEALTH INFORMATION

Health-information-seeking habits of Hispanic or Latino persons can vary due to their level of acculturation, language preference, health insurance status, and access to health resources. Studies conducted with Hispanic or Latino groups in the United States have found Spanish-language TV and radio to be highly trusted sources of health information, particularly for persons aged 40 years and older.

Hispanic or Latino audiences also rely on media outlets as a main source of health information. While Hispanic or Latino persons of all ages are increasingly using digital media, web-based health information resources are still not accessible for all Hispanic or Latino groups. To effectively reach this population, communication tactics need to include a mix of traditional and digital media.

Hispanic or Latino persons in under-resourced communities may use pharmacists as an easy-to-reach health information source. Preferred information sources vary among different Hispanic or Latino communities depending on their level of acculturation, demographics, cultural factors, and accessibility of health services. Understanding audience preferences and social determinants of health is important when developing communications and marketing strategies.



CONSIDERATIONS FOR MESSAGING

It is important to keep in mind that Hispanic or Latino persons who have lower socioeconomic status, and/or are not fluent or comfortable speaking English, may have a lower trust in and use of media when compared to persons who are proficient in English. Health messages shared through community leaders and influencers may resonate with this audience when it comes to healthy lifestyle changes. It is important that messengers speak proper Spanish and establish relationships and trust with populations of focus. The messages need to be genuine and reflective of the culture and personal experiences.

Research studies have demonstrated that Hispanic or Latino persons who speak Spanish only may have greater difficulties searching for and understanding health information.¹⁴ To effectively reach and engage Hispanic and Latino persons who speak limited English or have low socioeconomic status and low literacy levels, diabetes prevention messages should be developed in Spanish-language copy that is universally understood by Hispanic or Latino persons from different countries and regions of origin. Images and photos that clarify and summarize written copy are shown to be effective.

Text message-based programs can allow health care professionals to share impactful healthy lifestyle messages with Hispanic or Latino audiences on a large scale—and they may be most effective when it comes to addressing social determinants of health such as lower levels of education and literacy, low socioeconomic status, and less access to resources.¹⁵

When it comes to overweight and obesity, some Hispanic or Latino persons have a perception of overweight as being “healthy,” which may be associated with avoidance of healthy lifestyle behaviors such as healthy eating or physical activity. Program messages and resources should clarify the definitions and health risks of overweight and obesity and provide real-life examples of ways to adopt a healthy lifestyle to help prevent type 2 diabetes.

While Spanish is the primary language for many Hispanic or Latino persons in the United States, numerous dialects and variations exist within various Spanish-speaking places of origin. This may

challenge persons who have recently immigrated to the United States, as certain words or phrases may have different cultural meanings. Hispanic or Latino media outlets and reporters in the United States typically use “universal Spanish language,” which refers to the use of Spanish words and phrases that are common and broadly understood by Hispanic or Latino audiences. Their goal is to avoid using words that may have negative connotations or different meanings among cultures. This is particularly relevant when it comes to sharing nutrition information and resources, as different words are used among Hispanic or Latino groups for certain foods, such as beans or cakes. Being aware of these nuances is crucial to making sure that the Spanish copy used in health promotion materials and resources is universally understood. It is also important to consider the specific needs of the audience you are serving and to test specific messages with community members to make sure the messages are culturally relevant and easy to understand.



FOR ADDITIONAL INFORMATION ON WORKING WITH HISPANIC OR LATINO COMMUNITIES, PLEASE VISIT THE RESOURCES BELOW:

Hispanic and Latino Culture

[Building Our Understanding: Culture Insights Communicating With Hispanic/Latinos](#)

[About the Hispanic Population and Its Origin](#)

[Latino/a and Hispanic Culture in the U.S.](#)

Diabetes Prevention in Hispanic and Latino Communities

[Hispanic or Latino People and Type 2 Diabetes](#)

[Hispanic and Latino National Diabetes Prevention Program Audience Flyer](#)

[National Alliance for Hispanic Health: Let's Prevent Diabetes](#)

[Hispanic Federation Health Page](#)

QUESTIONS TO HELP GUIDE AND INFORM HISPANIC OR LATINO DIABETES PREVENTION PROGRAM EFFORTS

COMMUNITY BACKGROUND

- ☐ What is the demographic background of the Hispanic or Latino population in your region? (e.g., population percentage, age, gender, country of origin and birth, language, socioeconomic status, immigrant and refugee status)
- ☐ What is the community's level of food insecurity?
- ☐ What percentage of each Hispanic or Latino community has diabetes or prediabetes?
- ☐ What are the cultural backgrounds and language differences among local Hispanic or Latino communities?
- ☐ What is the level of acculturation among each population you are trying to reach?
- ☐ Within your community, are there groups that work with Hispanic or Latino audience members, such as coalitions, mutual aid societies, chambers of commerce, or community- or faith-based organizations?

HEALTH CARE AND HEALTH-INFORMATION-SEEKING BEHAVIORS

- ☐ Where specifically do Hispanic or Latino audience members go for health care services?
- ☐ How accessible is health care within the community, especially for Hispanic or Latino persons?
- ☐ Are health-information-seeking behaviors the same or different for Hispanic or Latino persons when compared with other populations within the community? If they are different, how?
- ☐ Who are the trusted sources for health information within Hispanic or Latino communities? Are health sources different or the same as other trusted sources?

TRUSTED SOURCES

- ☐ Who are the trusted thought leaders (e.g., community influencers, religious leaders) in your local community—specific to the Hispanic or Latino community or in general?
 - ☐ Community-based organizations? Faith communities? Health care providers? Vocal advocates?

- ☐ Who are the leaders and champions or gatekeepers for these groups? With whom do you need to collaborate?
- ☐ How can you use these trusted sources to help you market and promote your LCP?

MEDIA HABITS

- ☐ Which media channels—including social and digital media—are most popular or preferred among Hispanic or Latino audience members in your community?
- ☐ What relationships do you have with these media outlets? Who do you need to reach out to?
- ☐ What infrastructure does your organization have to use popular social and digital channels? What media channels do you need to strengthen?

MESSAGES

- ☐ Are your messages culturally sensitive? Do they reflect cultural humility?
- ☐ Are the language(s) and literacy level appropriate for the audience you are trying to reach?
- ☐ Do you have images that will resonate with specific Hispanic or Latino communities? You will probably need to find new images for each language that you use.
- ☐ Are you working with community organizations or groups that will be able to assist with message development for your marketing materials?

BARRIERS AND BENEFITS TO THE NATIONAL DIABETES PREVENTION PROGRAM

- ☐ What are the specific barriers to promoting the National Diabetes Prevention Program LCP in Hispanic or Latino communities?
- ☐ How will you work to mitigate these barriers?
- ☐ What LCP benefits are meaningful to Hispanic or Latino audience members? How can you work these benefits into your marketing materials?
- ☐ What does your LCP offer to Hispanic or Latino communities that other disease prevention programs or events do not—or cannot—offer?

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