

# Advocacy for diabetes control; low birth rate among african americans; and the laci...

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Running Head: Health Sciences and Medicine Advocacy for Diabetes Control; Low Birth Rate among African Americans; and the Latino Paradox Final PaperName Course Title Name of Professor Date of Submission Advocacy for the control of Diabetes in the Native American Community Introduction Diabetes is currently one of the severest health problems confronting Native Americans. Diabetes is not only a major health problem for old Native Americans but also for the young ones. In order to control this growing health issue among the Native American population, advocacy groups have been formed to help mitigate the problem (Nathan & Delahanty, 2005). Two of the most active advocacy groups for diabetes control are the National Diabetes Education Program (NDEP) and the Special Diabetes Program (SDP). The NDEP created the Move It! drive for organizations and education institution that cater to the youth to promote an active lifestyle, or more physical exercise. The campaign distributed diabetes handbooks, posters, and gave vital information and recommendations to youngsters to promote routine physical work out. Since 2002, when the campaign was launched, more than 2, 500 educational organizations that work with Native American pupils have been reached (Benyshek, 2005, 192). NDEP is a joint venture between the Centers for Disease Control and Prevention (CDC) and the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) and numerous groups all over the country, covering Native Americans, African Americans, Hispanics/ Latinos and Asian Americans (Benyshek, 2005). Likewise, SDP have subsidized diabetes education, prevention, and research at the National Institutes of Health (NIH) and Indian Health Service (HIS) since 1997. These are significant research projects and prevention and

treatment projects of type 1 diabetes for Native Americans. SDP supplies Native American tribal organizations and health projects the needed instruments and resources to deal with diabetes (Nathan & Delahanty, 2005). Conclusions These important advocacy groups help transform the knowledge of diabetes into actual situations by offering better care and prevention initiatives. With the help of advocacy diabetes among Native Americans is now effectively under control. Low Birth Rate in the African American Community Introduction Surprisingly, 65% of Hispanics, 58% Americans, and 54% Whites, were uninformed that African American babies have a higher likelihood of dying than White babies. African American infants are two times as probable as White infants to be born premature, at a low birth weight, and more probable to die as an infant (Carpentier, 2010, para 1). A UCLA Associate Professor of Obstetrics and Gynecology and Public Health, Dr. Michael Lu, questioned the idea that people of African lineage are hereditarily inclined to greater frequency of infant death by emphasizing data that reveal, in reality, the low birth rate among foreign-born African females is lower than for African females born in the United States. Dr. Lu questioned the idea that it is connected to a heightened commonness of harmful gestational practices by mothers; indeed, more White females admit smoking throughout pregnancy, but still African-American women who did not smoke had higher infant death rates than White females who smoked (Carpentier, 2010). Lu claimed that this fact is not attributable to unequal access to prenatal care. Lu reported that even though Latino and African American women obtain similar grade of prenatal care, the infant death rate for Latino mothers is lower (Carpentier, 2010). Conclusions According to

Kimberly Seals Allers, Black Maternal Health Project's editorial director, there is slight correlation between infant death rates and socioeconomic status. Data reveal that even highly educated Black females persist to have considerably greater infant death rates than White females with little education (Carpentier, 2010). According to Bennett (2008), traumatic life experiences during pregnancy, which can bring about enlarged amounts of harmful stress hormones, were not linked to low birth rates, premature birth, all domains where there are still considerable gap between White females and African American females. The Latino Paradox Introduction According to a current report of the Center for Disease Control and Prevention (CDC), the Latino or Hispanic population is the most rapid growing cultural group in America. It has been referred to as the 'Latino paradox,' and public health scholars have discussed its roots and importance for more than twenty years (Lawrence, 2010). Why do Latinos live longer even though they have an income profile similar to that of poor White and Black people? Is it a consequence of lower drinking and smoking levels among Latinos, and a decreased frequency of terminal health problems? Or are there factors common to Latino culture, possibly a more 'organic' or healthy diet, more well-built family ties, that lengthens Latino life expectancy? A number of scholars also try to examine another factor: immigration. It might be that Latino migrants are healthier than Latinos back home. A number of scholars assume that merely the most hale and hearty people prefer to migrate, being aware of the journey's complexities and the difficult demands of adapting to a foreign culture (Lawrence, 2010). Conclusion The discussion over the Latino paradox has received restored significance and exigency as

an outcome of a new government statement made public in October by CDC. The statement discovered that Latinos, as of 2006, generally, lived more or less 8 years longer than Africans and roughly 2 years than Whites (Taningco, 2007). According to Taningco (2007), the statement is regarded the most conclusive finding substantiating a pattern that a number of scholars had formerly ascribed to inaccurate or inconclusive data, such as the lack of complete death certificates for Latinos. References Bennett, J. T. (2008). "Preventing Preterm Births for Black Women: What You Can Do to Reduce Risk Factors for this Serious Pregnancy Complication" *Ebony*, 63(12), 136+ Benyshek, D. (2005). "Type 2 Diabetes and Fetal Origins: the Promise of Prevention Programs Focusing on Prenatal Health in High Prevalence Native American Communities" *Human Organization*, 64(2), 192+ Carpentier, M. (2010). "Is Racism Behind High Infant Mortality Rates among African Americans?" *RH Reality Check*, <http://www.rhrealitycheck.org/blog/2010/05/05/racism-behind-disgracefulinfant-mortality-rates-among-africanamericans> Kashef, Z. (2003). "Persistent Peril: Why African American Babies have the Highest Infant Mortality Rate in the Developed World" *Colorlines Race Wire*, [http://www.arc.org/racewire/030210z\\_kashef.html](http://www.arc.org/racewire/030210z_kashef.html) Lawrence, S. (2010). "The 'Paradox' of Hispanic Health" *World and I*, 25(12). Nathan, D. & Delahanty, L. (2005). *Beating Diabetes: The First Complete Program Clinically Proven to Dramatically Improve your Glucose Tolerance*. New York: McGraw-Hill. Taningco, M. T. (2007). "Revisiting the Latino Health Paradox" *The Tomas Rivera Policy Institute*, pp. 1-14.