

NATIONAL DIABETES PREVENTION PROGRAM  
AUDIENCE PROFILE

# BLACK OR AFRICAN AMERICAN PERSONS







## 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 be considered when reaching the Black or African American communities based on the review of various research studies and taking into consideration lessons learned through past experiences working with these communities. This document is not an in-depth research report or analysis, as it is meant to provide a general understanding of various factors that may affect your audience's availability, interest, and/or commitment to your National Diabetes Prevention Program lifestyle change program (LCP). Use the questions listed at the end of this profile to validate and expand on the information provided for your local program's market.

# BLACK OR AFRICAN AMERICAN POPULATIONS IN THE UNITED STATES

As of 2021, out of the U.S. population of 331.8 million, the Black or African American population represented 13.6 percent, or 45.1 million people.<sup>1</sup> Black or African American persons comprise the second largest minority population, following the Hispanic or Latino population. The Black or African American population has grown by almost 10 million since 2000, when 36.2 million of the country's population identified as Black or African American, which was a 29 percent increase over two decades.<sup>2</sup>

In 2015, 58 percent of Black or African American persons and 35 percent of White persons lived in the South, while Texas and Florida were among the three states with the largest increase in Hispanic or Latino populations from 2010 to 2019.

In 2019, the vast majority of U.S. Black immigrant persons lived either in the Northeast or the South (79 percent). That year, the highest share of the country's Black immigrant population (42 percent) lived in the South, and New York City had the largest Black immigrant population by metro area.<sup>3</sup>

**331.8**  
MILLION

Total U.S.  
Population

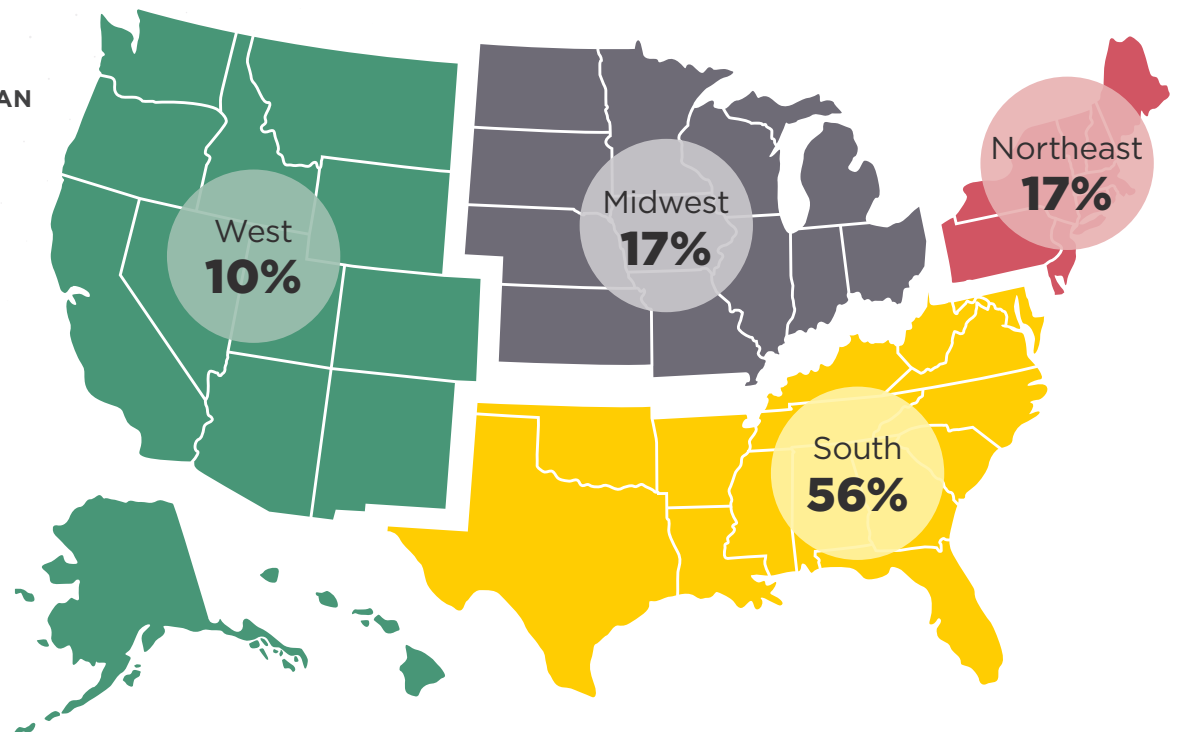


**45.1**  
MILLION

Black or African  
American Population

## PERCENTAGE OF U.S. BLACK OR AFRICAN AMERICAN POPULATION BY REGION, 2019<sup>4</sup>

Pew Research Center





# BLACK IMMIGRANT COMMUNITIES IN THE UNITED STATES

Black immigrant audiences in the United States represent a blend of cultures and traditions that reflect their diversity and rich history. This population incorporates cultural influences from Africa, the Caribbean, Latin America, Europe, and the United States. Over time, Black immigrant audiences have brought unique cultures that are ever evolving and are both forward-thinking and reflective.<sup>5</sup>

The Black immigrant population accounts for 1 in 10 Black persons in the United States.<sup>6</sup> Roughly 1 in 5 Black persons in the United States are immigrants or children of immigrants. Between 2000 and 2019, the Black immigrant population grew 246 percent, from roughly 600,000 to 2 million people living in the United States. While 46 percent of Black immigrant persons are from the Caribbean, immigrants from Africa are driving recent growth. In 2019, these two areas accounted for 88 percent of all Black foreign-born persons in the United States. Nigeria and Ethiopia were the top African birthplaces for Black immigrant persons in 2019, while Jamaica and Haiti were the top two countries of origin overall.<sup>5</sup>

Black immigrant persons have significant differences in demographic, economic, and geographic characteristics, which are often tied to their country of origin. The Black foreign-born population differs from the nation's overall immigrant population on several measures, including the share that has gained U.S. citizenship through naturalization. The majority of Black foreign-born persons are naturalized U.S. citizens (54 percent), which is slightly higher than that of all U.S. immigrants (47 percent). Nearly three-quarters (74 percent) of Black immigrant persons are proficient in English compared with 50 percent of all immigrant persons.<sup>7</sup>

## TOP BIRTHPLACES FOR BLACK IMMIGRANTS IN THE UNITED STATES, 2000 AND 2019<sup>6</sup>

Pew Research Center

	2000	2019
Jamaica	530,000	760,000
Haiti	410,000	700,000
Nigeria	130,000	390,000
Ethiopia	70,000	260,000
Dominican Republic	80,000	210,000
Ghana	70,000	190,000
Trinidad and Tobago	160,000	170,000
Kenya	30,000	130,000
Guyana	110,000	120,000
Somalia	40,000	110,000

Black immigrant audiences in the United States represent a blend of cultures and traditions that reflect their diversity and rich history.

# OVERVIEW OF BLACK OR AFRICAN AMERICAN COMMUNITIES

## HOUSEHOLD INCOME

 **\$45,438**

According to a 2019 U.S. Census report, the average Black or African American median household income was \$45,438, compared with \$56,113 for Hispanic or Latino households and \$76,057 for White households.<sup>8</sup>

## UNEMPLOYMENT RATE

 **6.1%**

In 2019, the unemployment rate for Black or African American persons was 6.1 percent, compared with the overall U.S. rate of 3.7 percent. For reference, the unemployment rate was 6.1 percent for American Indian or Alaska Native persons, 4.3 percent for Hispanic or Latino persons, 3.3 percent for White persons, and 2.7 percent for Asian American persons.<sup>9</sup> In 2020, during the public health emergency, the unemployment rate for Black or African American persons was 12.1 percent, compared with 7 percent for White persons.<sup>8</sup>

## POVERTY LEVEL

 **18.8%**

A U.S. Census report noted that, in 2019, 18.8 percent of Black or African American persons were living at the poverty level, compared with 15.7 percent of Hispanic or Latino persons, 7.3 percent of Asian American persons, and 7.3 percent of White persons.



## EDUCATION LEVEL

 **87.2%** high school diploma

 **23%** bachelor's degree or higher

 **8.6%** graduate/advanced degree

Educational disparities continue to contribute greatly to the health literacy gap among racial and ethnic minority groups. Among those aged 25 and older, in 2019, 87.2 percent of Black or African American persons had earned at least a high school diploma, compared with 70.5 percent of Hispanic or Latino persons and 93.3 percent of White persons. Nearly 23 percent of Black or African American persons had a bachelor's degree or higher, compared with 17.6 percent of Hispanic or Latino persons and 36.9 percent of White persons. Among Black or African American persons, 25 percent of women had earned at least a bachelor's degree, compared with 19.7 percent of Black or African American men. When it comes to graduate or advanced professional degrees, 8.6 percent of Black or African American persons had advanced degrees, compared with 5.6 percent of Hispanic or Latino persons and 14.3 percent of White persons.<sup>10</sup>

# PREVALENCE OF DIABETES AND PREDIABETES AMONG BLACK OR AFRICAN AMERICAN COMMUNITIES

Diabetes is the seventh leading cause of death in the United States.<sup>11</sup> In 2018–2019, 37.3 million American adults had diabetes and 96 million had prediabetes. By 2060, the number of U.S. adults with diagnosed diabetes is projected to nearly triple, with the percentage of prevalence projected to double.<sup>12</sup> Diabetes is more common among persons who are members of some racial and ethnic minority groups and groups with lower socioeconomic status.

The prevalence of diagnosed diabetes among Black or African American (non-Hispanic or Latino) adults in 2018–2019 was 12.7 percent (3.9 million), while the prevalence of undiagnosed diabetes in the same population was 4.7 percent (1.5 million). It is estimated that among Black or African American adults, 39.2 percent (12.4 million) had prediabetes. In 2017–2020, only 21.9 percent of Black or African American adults with prediabetes were aware that they had the condition.<sup>11</sup>

Diabetes is the

# 7<sup>TH</sup>

leading cause of death  
in the United States.

**PREVALENCE IN  
BLACK OR AFRICAN  
AMERICAN ADULTS**

# 3.9

## MILLION

Diagnosed Diabetes

# 1.5

## MILLION

Undiagnosed Diabetes

## 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 develop type 2 diabetes, high blood pressure, and high levels of blood fats, which are all risk factors for heart disease and stroke.<sup>13</sup> High blood pressure, high levels of blood fats, smoking, and physical inactivity also are risk factors for prediabetes and diabetes.

A National Institutes of Health study found that biological risk factors—including weight and fat around the abdomen—are primarily responsible for higher rates of diabetes among Black or African American persons, compared with White persons.<sup>14</sup> Among Black or African American communities, biological, neighborhood, psychosocial, socioeconomic, and behavioral risk factors should be considered, as they contribute to the rate of diabetes.<sup>15</sup>







## UNDERSTANDING BLACK OR AFRICAN AMERICAN CULTURE AND TRADITIONS



**Social connections** are often important to the Black or African American community. Events such as family reunions, cultural festivals, and sorority and fraternity gatherings and relationships are cross-generational and connect Black or African American persons with a focus on fellowship.



**Faith-based settings** are key to Black or African American community life, particularly among older Black or African American persons and those from the South. Black or African American churches have long played prominent roles in the community as a trusted source, offering services such as job training programs, and health promotion and awareness. Health conversations starting with and centered on faith may be well-received. Many Black or African American pastors have advocated for racial equality, working to break down barriers in access to health care and bridge the socioeconomic gaps that exist.<sup>16</sup>



**Social networking** and sharing experiences are common in the Black or African American community. In today's digital age, online social networks have become the virtual gathering forum through which to exchange ideas, the lived experiences of Black or African American individuals, and aspirations. Black or African American persons are leaders in advancing national social justice causes and are their own authors, sharing news and bringing widespread awareness to topics such as health inequities and important social issues.

A variety of online communities have formed around health issues. An example is the Black Women's Health Imperative [@BlkWomensHealth](#) Twitter page, dedicated to the health and wellness of Black and African American women and girls. Other health-related communities include the Center for Black Health and Equity [@CenterforBH](#) Twitter page and health professional groups, such as the National Black Nurses Association [@Nbnainc](#) Twitter page.



# ACCESS TO HEALTH CARE AND INFORMATION

## BLACK OR AFRICAN AMERICAN AUDIENCES AND MAINSTREAM CULTURE

Black or African American persons, particularly women, are increasingly changing the narrative related to health, beauty, fitness, and levels of success. From music to movies, fashion, and the arts, Black or African American persons have long played an important role in shaping popular culture in the United States, and that influence continues to grow stronger. With the help of social media, Black or African American consumers have brokered a seat at the table and expect that brands and marketers will speak to them in ways that resonate culturally and experientially within their community. Black or African American consumers' buying patterns focus on family and events tied to cultural traditions.<sup>17</sup>

Many Black or African American persons experience significant barriers to accessing quality health care, medical advice, and health information due to racial inequality within the health care system, socioeconomic inequities, lack of health insurance, and lack of culturally relevant health information. Black or African American populations have experienced disproportionate illness and death due to the COVID-19 public health emergency, and as a result, many individuals are reluctant to seek health care and information. Black or African American women are often a trusted source of health information for their families.

Black or African American persons may appreciate culturally relevant statistics based on credible and trustworthy research. It is important to validate health information and create marketing and promotional tools that speak to the local community you are working with. Health information should not generalize or compare Black or African American audiences to other racial and ethnic minorities.

Faith-based settings are key to Black or African American community life and can be a hub for health information, and for diabetes and other chronic disease prevention initiatives. Health conversations that are centered on faith are generally well-received and can lead to increased engagement and motivation to make lifestyle changes. Black or African American worshipping communities often have resources to address social determinants of health and barriers to participation in LCPs among its members.

**It is important to validate health information and create marketing and promotional tools that speak to the local community you are working with.**



# BUILDING RELATIONSHIPS WITH THE BLACK OR AFRICAN AMERICAN COMMUNITY

## TRUSTED SOURCES AND INFLUENCERS

Black or African American persons trust physicians as health information sources; however, they often need to use the internet to clarify or confirm the information provided that may not have been communicated in an understandable manner. Trusted sources of health-related information for Black or African American women include health care providers, media, and health or medical-related organizations, particularly when the information relates to their personal experience. In multigenerational households, mothers and grandmothers often carry weight and influence over family health decisions.

Nurses and paraprofessionals also are trusted resources within the Black or African American community. For some Black or African American persons, there is a history of mistrust regarding health information from health care providers and they may listen more readily to the advice of family members. If a family member is a health professional, relatives may rely heavily on this person to provide health information and wellness counsel and may call on him or her to advise on a health issue before a physician is consulted.

## OUTREACH WITH BLACK OR AFRICAN AMERICAN COMMUNITIES

### HEALTH PROMOTION STRATEGIES

When conducting outreach with populations of focus, it is essential to ensure that the channel being used aligns with the characteristics of the specific audience segment you are trying to reach, such as age, gender, country of origin, language, socioeconomic status, and educational attainment.



#### PROMOTE ACROSS COMMUNICATION CHANNELS

Radio may be a successful channel with the Black or African American audience. Engage local personalities (TV and radio) and social media influencers who are followed by the Black or African American community to promote your program, share success stories, and communicate the benefits of a healthy lifestyle. Other important channels for sharing information include local TV news, social media, social networking, friends, and trusted organizations.



#### CONDUCT FAITH-BASED OUTREACH

Faith institutions are central to the lives of both worshippers and the community, particularly among older persons. Throughout history, the Black church and Muslim houses of worship in America have been actively engaged in social, economic, and policy issues

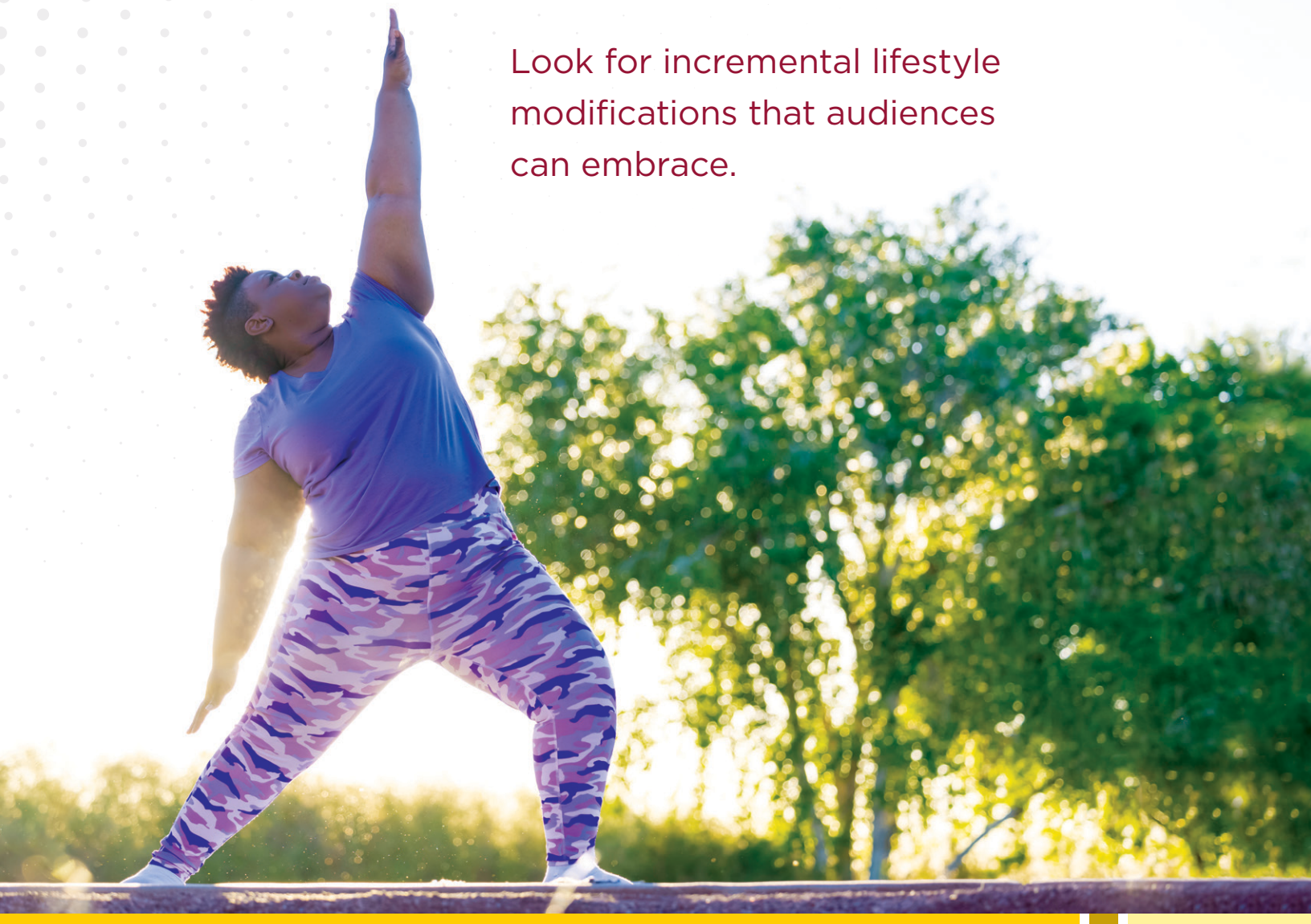
affecting Black or African American groups. The pastor/imam/spiritual leader, first lady, and health ministry of a congregation are all powerful influencers and critical partners. Engage local congregations and faith leaders as trusted messengers to share health information about prediabetes and diabetes and to help recruit LCP participants. Consider holding information sessions and/or the LCP at faith-based facilities to increase access and ensure a trusted and safe environment for your audience.



### **ENSURE CULTURAL RELEVANCY**

Tailor healthy lifestyle activities based on social determinants of health, individual diet and physical activity preferences, and family and cultural factors. Recommending that people drastically change their diets and cut out favorite foods altogether will probably not resonate with your audience. Instead, look for incremental lifestyle modifications that audiences can embrace while engaging with friends and family. Provide tailored materials and examples that reflect the specific Black or African American community, using plain language to ensure that people can understand health messages. When possible, employ lifestyle coaches who are members of the community to promote healthy lifestyles among the people you are trying to engage.

Look for incremental lifestyle  
modifications that audiences  
can embrace.







## LEVERAGE FAMILY AND COMMUNITY

Women are key figures who serve as gatekeepers for communication and decision-making and often influence health behaviors within Black or African American families. Engaging members of one's family fosters an environment of trusted motivators and support to maximize success. In the Black or African American community, "family" not only pertains to blood relatives but also may include fellow church members, sorority sisters and fraternity brothers, friends, college roommates, and close neighbors.



## REACHING BLACK OR AFRICAN AMERICAN WOMEN

Black or African American women are typically the caregivers in the family and may have experience caring for a loved one with diabetes. Appeal to women's caregiving nature and encourage them to help engage the entire family in adopting a healthy lifestyle.



## REACHING BLACK OR AFRICAN AMERICAN MEN

It is important to consider race and masculinity when developing interventions for Black or African American men. In some cases, culturally inspired practices and perceptions (e.g., reliance on home remedies; mistrust of physicians, health systems, and government) may lead to hesitancy among men to seek health screenings and preventive health care.

Approaches to reaching and engaging Black or African American men should include promoting healthy behaviors that are practical and relate to their lived experience. Include messaging that focuses on the benefits of good health in terms of supporting the family and the community.

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# MEDIA TRENDS

Black or African American audiences are often avid consumers of all media types, including national and local television and news outlets, music, and social media. In recent years, the Black or African American community's media consumption, powerful cultural influence, and population growth have driven increased engagement and impact across consumer industries and civic issues.

## DIGITAL

Black or African American persons have demonstrated their influence in the digital world.<sup>18</sup>

- Social networking is popular with the Black or African American audience as a platform for creation and communication, with 81 percent of users engaging on a smartphone, 43 percent on a tablet, and 13 percent on a computer.
- Among 67 million Twitter users, 19 million are Black or African American persons.<sup>19</sup>

Social media will likely be a successful strategy with Black or African American persons, who engage mainly on mobile devices. Authenticity is essential, as users may be more likely to view culturally relevant media and brand advertising content. Key influencers include favorite social media and networking channels, media outlets, Google searches, streaming services and podcasts, personalities (e.g., media, celebrities, athletes, musicians, actors), and people who work to raise social consciousness. In addition, social alumni groups, university sites, and fraternities/sororities can be key social media influencers.

**19**  
**MILLION**

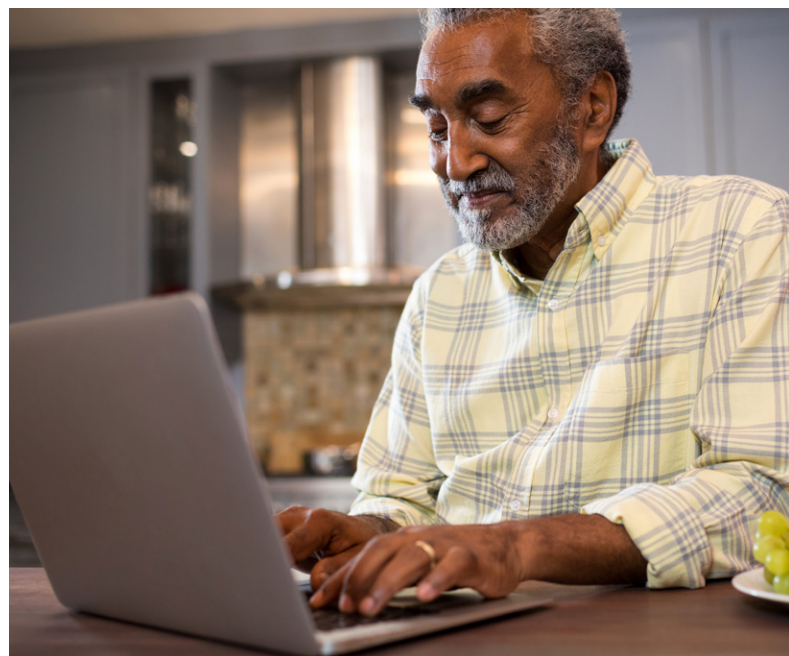
Black or African American  
Twitter Users



## RADIO

Radio is an important communication channel for reaching Black or African American audiences. A variety of programming, such as those below, can play a role in health promotion:<sup>20</sup>

- Gospel radio stations, especially among older women
- Syndicated Black or African American radio featuring trusted personalities
- Sports talk radio, especially with older men
- Blues and R&B radio stations, especially among older persons in the South





# CONSIDERATIONS FOR MESSAGING

For effective health-related messaging and engagement, these tips may resonate with Black or African American community members:

- **Use plain language** to explain scientific terms in a way that is concise, informative, and easy to digest by persons who have limited literacy skills.
- **Explain data by telling a story** to make the data more relatable.
- **Use culturally relevant graphics and images** that are tailored to the specific audience.
- **Engage messengers within the community** who can generate trust and engage its members.
- **Use culturally relevant personal messages and specific examples** that are relatable to each person's lived experience.
- **Confirm the understanding of content** through repeated affirmation and encourage questions.

Considering the health literacy needs of the specific Black or African American audience and testing messages with community members may help ensure that messages are culturally relevant and easy to understand. Other factors to consider as you develop messaging include:

## CULTURAL RELEVANCE

Health professionals, lifestyle coaches, and community leaders who are part of a Black or African American community can be important health messengers and influencers who can share culturally relevant messaging on the importance of addressing prediabetes to prevent diabetes and its potential complications. Cultural sensitivity in language, demeanor, and understanding of the specific audience is essential for professionals to connect and message effectively with individuals and groups.

## CULTURAL NUANCES

Traditional Southern cuisine—often consisting of fried foods and simple carbohydrates—as well as large family meals and gatherings can lead to overweight and obesity among Black or African American persons. In addition, social determinants of health, including food insecurity, can affect the ability of some Black or African American persons to find fresh produce and other healthy foods within their community. Work schedules and/or cost may affect community members' ability to exercise outdoors or in an organized fitness facility.

## MISTRUST OF GOVERNMENT HEALTH PROGRAMS

Health messengers and influencers may want to consider the level of mistrust of federal health programs that exists among some members of the Black or African American community. Institutional racism and discrimination are constant sources of stress for many Black or African American persons. People who experience severe or long-lasting forms of stress may be at higher risk of health problems such as high blood pressure, diabetes, and heart disease.



In a 2019 Pew Research Center survey, about three-quarters (76 percent) of Black or African American persons indicated that they have experienced discrimination or have been treated unfairly because of their race or ethnicity. More than 8 in 10 Black or African American persons said that slavery continues to have an impact on the status of Black or African American communities today, and that their race has hurt their ability to succeed and get ahead in society.<sup>21</sup> The impacts of the COVID-19 public health emergency and the social unrest events of 2020 and beyond have both highlighted and worsened the socioeconomic inequities and health disparities long experienced by Black and African American persons and other disproportionately affected populations.

One in three Black or African American adults say that they have personally experienced racial discrimination when going to the doctor—and many report avoiding seeking health care because of it. Black or African American persons experience structural racism

and harm from systems meant to protect and improve their health and well-being, including health care and medical science.

Research shows that some African American persons hesitate to seek health care due to past institutional racism and historical trauma that Black or African American persons have experienced. As recently as the 20th century, doctors and researchers have done studies and medical procedures on African American persons without their permission or knowledge. During the Tuskegee Study of Untreated Syphilis in African American Men, researchers allowed African American men with syphilis to go untreated in order to compare their symptoms to African American men without syphilis who were also part of the study. Other times, Black or African American women were sterilized (made unable to have children) without agreeing to the procedure. These actions led to mistrust of health care and medical research and help to explain some of the causes of health disparities.<sup>22</sup>

It is important for programs to acknowledge Black or African Americans' mistrust of the health care system and government institutions, potential racial bias, and health inequities, and to work through trusted messengers and influencers in the community to decrease the level of mistrust.





**FOR ADDITIONAL INFORMATION ABOUT WORKING WITH BLACK OR AFRICAN AMERICAN COMMUNITIES, PLEASE VISIT THE RESOURCES BELOW:**

#### **AFRICAN AMERICAN CULTURE**

- [African American Culture – Home \(weebly.com\)](https://www.weebly.com/african-american-culture)
- [Black Music Influenced the Culture & Music of the United States and the World](#)
- [Explore the African American Experience—NC DNCR \(ncdcr.gov\)](https://www.ncdcr.gov/explore-the-african-american-experience)

#### **DIABETES PREVENTION IN AFRICAN AMERICAN COMMUNITIES**

- [CDC: Community Health Worker Resources](#)
- [CDC Vital Signs: African American Health](#)
- [CYL2: Change Your Lifestyle. Change Your Life. Black Women's Health Imperative \(bwhi.org\)](https://www.bwhi.org/cyl2)
- [Reducing Disparities in Diabetes: The Alliance Model for Health Care Improvements](#)
- [Resource Center—Office of Minority Health \(hhs.gov\)](https://www.hhs.gov/office-of-minority-health)

# QUESTIONS TO HELP GUIDE AND INFORM BLACK OR AFRICAN AMERICAN DIABETES PREVENTION PROGRAM EFFORTS

## COMMUNITY BACKGROUND

- ☐ What is the demographic background of the Black or African American 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 Black or African American community has diabetes or prediabetes?
- ☐ What are the cultural backgrounds and language differences among local Black or African American communities?
- ☐ What is the level of acculturation among each population you are trying to reach?
- ☐ Within your community, are there groups that work with Black or African American audience members? (e.g., coalitions, mutual aid societies, chambers of commerce, community- or faith-based organizations)

## HEALTH CARE AND HEALTH INFORMATION-SEEKING BEHAVIORS

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

## TRUSTED SOURCES

- ☐ Who are the trusted thought leaders in your local community (community influencers, religious leaders) specific to the Black or African American 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 Black or African American audience members in your community?
- ☐ What relationships do you have with these media outlets? To whom do you need to reach out?
- ☐ 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 Black or African American 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 LCP in the Black or African American community?
- ☐ How will you work to mitigate these barriers?
- ☐ What LCP benefits are meaningful to Black or African American audience members? How can you work these benefits into your marketing materials?
- ☐ What does your LCP offer the Black or African American community that other disease prevention programs or events do not—or cannot—offer?



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