Background on Asian Americans, Native Hawaiians and other Pacific Islanders (AA & NHOPIs)

The AA & NHOPI population in the United States is growing rapidly. According to the U.S. Bureau of the Census, from 1990-2000 the Asian population in the U.S. increased by 48% and the Native Hawaiian and Pacific Islander population increased by 9%. By 2050, the Asian American population alone is expected to climb to 40.6 million, making up 9.2% of the U.S. population. An extremely diverse mix of ethnic backgrounds make up the AA & NHOPI population, which includes at least 49 ethnic groups that speak over 100 different languages and dialects. The history, experiences and cultures of this community, among AA & NHOPIs born both within and outside of the U.S., are equally diverse.

Considerations for Diabetes Education Targeting AA & NHOPIs

In working with diverse populations such as Asian Americans, Native Hawaiian and other Pacific Islanders, it is critical that health practitioners, including diabetes educators recognize the impact of contextual factors on the cause, care and consequences of diabetes. Diabetes education should provide adequate interventions that are consistent with diverse populations' culture and the experiences of AA & NHOPI groups. A multifaceted, cultural and linguistic approach to diabetes education for AA & NHOPI populations requires sensitivity and understanding of how to discuss and encourage self-care behaviors that are culturally influenced.

What is Diabetes Education?

Diabetes education, also known as diabetes self-management training (DSMT), is a therapeutic process which includes teaching collaborative goal setting and planning skills to individuals with diabetes so they have the tools to manage both the day-to-day and the lifetime challenges of living with diabetes. Additionally, studies show that diabetes education saves money and decreases healthcare utilization such as hospitalization.

Diabetes education helps people with diabetes make constant adjustments in their daily management of the AADE's 7 Self Care Behaviors and other factors that affect diabetes control:

- Healthy eating
- Being active
- Monitoring blood sugars
- Taking medications
- Problem solving
- Reducing risks
- Healthy coping

The American Association of Diabetes Educators (AADE) supports a multidisciplinary team approach as the preferred delivery system for diabetes education. Diabetes education activities should be accessible, planned, individualized, documented and evaluated wherever it occurs.

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This information does not constitute an endorsement of noted organizations or their programs by CDC. CDC is not responsible for the content on this factsheet.

2 American Association of Diabetes Educators. Diabetes Education Factsheet.
3 American Association of Diabetes Educators. Live Life to the Fullest: the elements of successful self-management with the AADE 7 self-care behaviors.
Goals of Diabetes Education include:

- Optimal metabolic control
- Prevention of both acute and long term complications
- Optimal quality of life

Who is a Diabetes Educator?

- A diabetes educator is defined as a healthcare professional who has mastered the core of knowledge and skills in the biological and social sciences, communication, counseling, and education, and who has experience in the care of people with diabetes. Diabetes educators fill an essential role in an overall diabetes treatment regimen by ensuring patient adherence to treatment plans that lead to healthy, active and productive lives, minimizing the rate of related health complications, such as stroke, blindness, and lower limb amputation.
- The International Diabetes Federation (IDF) recognizes that there are many parts of the world in which diabetes education is, at best, in its infancy or non-existent.
- IDF’s position on the role of a diabetes educator is significantly limited compared to definitions and/or standards set by many other countries.
- IDF views that a nurse, dietitian, physician, peer, lay educator, or other relevant person can be a diabetes educator.

- Diabetes educators work as part of a diabetes team, which include: dietitian, nurse, pharmacist, exercise physiologist, psychologist, social worker, podiatrist, ophthalmologist/optometrist, dentist, physician, patient and family, and others.
- Diabetes educators work closely as partners with patients to establish mutual realistic goals and to create self-management plans that are individualized to meet their unique needs and lifestyles.
- Diabetes educators work in a variety of settings, including hospitals, doctors’ offices, pharmacies, home health agencies, neighborhood clinics, or in private practice.

How does a diabetes educator fit in a primary care setting?

Diabetes educators work collaboratively with a team of multidisciplinary professionals to make certain that those who have diabetes and those at risk have access to culturally and linguistically appropriate health care and diabetes self management training. They also coordinate community screening and follow up programs affiliated with their primary care centers and work to ensure that all members of the health care team are up to date with the latest trends and protocols for diabetes care, prevention, and education.

Diabetes Education Resources:

- American Association of Diabetes Educators (AADE) http://www.diabeteseducator.org/
- American Diabetes Association (ADA) http://www.diabetes.org/home.jsp
- International Diabetes Federation (IDF) http://www.idf.org/home/
- National Diabetes Education Program (NDEP) http://www.ndep.nih.gov/
- Worldwide Initiative for Diabetes Education http://www.worldwidediabetes.com

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7 American Association of Diabetes Educators. Live Life to the Fullest.
8 Ibid.
9 Ibid.