AAPCHO
439-23rd St. Oakland, CA 94612
Tel: (510) 272-9536 Fax: (510) 272-0817
www.aapcho.org

Policy Position Paper

Diabetes

Association of Asian Pacific Community Health Organizations

Diabetes costs the U.S. $132 billion annually in lost productivity, healthcare costs and treatment. The nation spends $13,243 on each person with diabetes, compared to $2,560 per person for people who don't have diabetes.

—American Diabetes Association

AAPCHO member centers:

Asian Health Services
Oakland, CA

Asian Pacific Health Care Venture
Los Angeles, CA

Bay Clinic, Inc.
Hilo, HI

Charles B. Wang Community Health Center, New York, NY

Family Health Center
Worcester, MA

International Community Health Services, Seattle, WA

Kalihi-Palama Health Center
Honolulu, HI

Kokua Kalihi Valley Health Center
Honolulu, HI

North East Medical Services
San Francisco, CA

Operation Samahan Health Clinic
National City, CA

Papa Ola Lokahi
Honolulu, HI

South Cove Community Health Center, Boston, MA

Waianae Coast Comprehensive Health Center, Waianae, HI

Waimanalo Health Center
Waimanalo, HI

Issue 1: AAPIs are largely unrecognized as an at-risk population for diabetes.

Background

Diabetes is a serious condition that disproportionately affects AAPIs. Although we lack comprehensive prevalence data on diabetes for AAPIs, community surveys show that there is a significant number of AAPIs afflicted with this disease. For example, the prevalence rate for type 2 diabetes is two to three times higher among Japanese Americans in Seattle compared to non-Hispanic whites. In the Republic of the Marshall Islands, 30% of the population over 15 years of age is living with diabetes. Age-adjusted type 2 diabetes prevalence is up to four times higher in Native Hawaiians than among non-Hispanic whites.

In order to accurately assess the burden of diabetes in AAPIs, comprehensive, disaggregated data about diabetes in AAPIs must be collected. According to the Census 2000, there are at least 25 Asian and 19 Pacific Islander ethnic groups in the US with diverse languages, cultures and beliefs. Due to the great diversity of this population, most health surveys and studies aggregate this group, thereby failing to identify critical differences in prevalence rates.

Further research efforts such as genetic studies and studies that identify risk factors for the development of type 2 diabetes and its complications in AAPI populations will in the end lead to more appropriate methods of addressing prevention and care of diabetes in this group. For example, a recent study showed that the World Health Organization's (WHO) standards for overweight and obesity through the measurement of body size (BMI) are inappropriate for AAPIs and should be modified to avoid misdiagnosis. Obesity is a well-known risk factor associated with diabetes, and is one of the most important modifiable lifestyle factors. Research efforts such as the WHO study, in conjunction with the collection of national data of the burden of diabetes in AAPIs, will help in the development of strategies to address diabetes in this group.

Research will also provide information that will help decrease the cost of diabetes. According to the American Diabetes Association, diabetes costs the U.S

continued

$132 billion annually in lost productivity, healthcare costs and treatment. However, costs can be lowered through the prevention and delay of the onset of diabetes, early screening and regular treatment, and the prevention of complications. Various studies already show that lifestyle changes, including modifications in diet and exercise, are effective in lowering chances of developing diabetes in individuals who are at risk for type 2 diabetes. Studies conducted by the American Diabetes Association and the American Heart Association show that the link between cardiovascular disease and diabetes is an unknown fact to over 60% of diabetics, yet cardiovascular disease is the leading cause of diabetes-related deaths, and is the most costly complication of diabetes. In concert with the National Diabetes Education Program's goal to raise public awareness about the seriousness of diabetes, increasing awareness of diabetes in AAPI communities, preventing or delaying its onset, as well as effective management and prevention of complications should be a health priority.

Recommendations

- Support research opportunities and the collection of national disaggregated AAPI data to accurately assess the burden of diabetes in the AAPI community.
- Increase genetic studies and research efforts to identify other determinants for the development of type 2 diabetes and its complications in AAPI populations, including children and adolescents.
- Increase diabetes awareness and education programs and resources targeting AAPIs.
- Increase programs to prevent and delay the onset of diabetes through lifestyle changes, such as increased physical activity and diet modification, for AAPIs.

Issue 2: There are barriers to appropriate diabetes care and resources for AAPIs.

Lack of insurance

Many AAPIs do not have health insurance. In one study focusing on health care for minority populations, 23% of AAPI adults were uninsured, 60% did not have regular access to a doctor or provider, and 41% stated that medical care is a financial burden.

Lack of culturally appropriate care

For AAPIs who have access to care, mainstream health care providers and public health organizations often do not offer culturally and linguistically appropriate diabetes care for AAPIs. Studies show that culture and health messages should be better integrated so that interventions are more acceptable, better understood, and more effective. Most interventions have been developed for the general population and may not be culturally appropriate for minority populations.

Lack of LEP services

Linguistic barriers, as well as health care providers' limited knowledge about AAPI beliefs and culture, are hurdles preventing AAPIs from receiving adequate diabetes treatment. For limited English-speaking (LEP) patients, language barriers between the physicians and patients can lead to decreased patient information recall, decreased patient question-asking behavior, and decreased adherence to physician recommendations which can result in poor outcomes.

All of these barriers prevent AAPIs from receiving adequate diabetes care, and leave many of them unaware of their risk for diabetes. Although some Community Health Centers (CHCs) offer culturally

continued

and linguistically appropriate services, in accordance with Executive Order 13166, which states that all federally funded agencies must create and implement LEP services, many of these services are often not reimbursable. In order to reduce the cost of diabetes and the rates of morbidity and mortality rates of AAPIs due to diabetes, AAPIs must have access to culturally and linguistically appropriate care.

Recommendations

- Increase resources that are culturally and linguistically appropriate for AAPIs with diabetes. This should include educational tools and programs that address prevention through lifestyle changes, in addition to diabetes management and care.
- Support the provision of culturally and linguistically appropriate services at CHCs, in accordance with Executive Order 13166.
- Replicate and promote successful diabetes activities and community-based programs for AAPI populations.
- Promote the inclusion of AAPI community members in the planning, implementation and development of diabetes education programs and messages.

Issue 3: There is a lack of collaboration between federal, state, and local agencies to address the health needs of AAPIs.

Background

Since AAPIs are largely unrecognized as an at-risk population for diabetes by providers, policy makers and the general public, diabetes-related policies and programs for AAPIs are limited. Historically, governmental and non-governmental national agencies have limited knowledge of diabetes resources targeting AAPIs. Currently, the National Diabetes Education Program is one of the few national programs to recognize the need to promote awareness and to address diabetes in AAPI communities, and has created partnerships to do so. Some organizations, such as pharmaceuticals, tertiary medical/specialty centers, and national associations representing diabetes, cardiovascular health, nutrition, and physical fitness, are also beginning to provide resources for AAPIs, but the majority of these initiatives are individual efforts, and may be duplicative.

Collaborative efforts would prevent duplicative activities, promote the sharing of limited resources, and allow for the dedication of resources to address gaps in knowledge and interventions (such as researching the genetic determinants of diabetes in AAPIs). Federal, state, and local agencies would focus on replicating effective programs and on developing programs and resources designed specifically for AAPIs.

Recommendations

- Increase collaboration and partnership building between local, state and federal government, providers, community based organizations, and diabetes-related interest groups.
- Identify and promote successful collaborative efforts among agencies of all levels that address diabetes in the AAPI community.
- Support efforts toward a cohesive and comprehensive national approach for preventing and delaying the onset of diabetes, and for reducing diabetes and its complications in AAPIs.

For citations, please contact AAPCHO.