

Communities Take Action

Diabetes in AAPI Community Soaring

By Kauthar B. Umar, MA
Closing the Gap, Diabetes • September/October 2002

“Avoid three things: hurry, worry, and curry,” said South Asian members of a community diabetes management group. Changing life patterns, reducing stress, and avoiding certain ethnic foods to maintain a healthy diet is easier said than done, and only touches on the many challenges facing Asian Americans and Pacific Islanders (AAPI) when trying to overcome the diabetes epidemic now plaguing their community.

Diabetes poses a rapidly growing health challenge to the 28 Asian and 19 Pacific Islander ethnic groups that make up the AAPI community. Prevalence data for AAPIs are limited, but according to the National Institute of Diabetes & Digestive & Kidney Disease (NIDDK), studies have shown that some groups within this population are at increased risk for developing type 2 diabetes.

“Diabetes is not very common in Asia, but when Asians come to the U.S., or are born here, their diabetes rates skyrocket,” said Christine Luong, diabetes program coordinator, National Asian Women’s Health Organization. “One of the difficulties with diabetes and the AAPI community is that each race and ethnic subgroup has different risk factors for diabetes. Some subgroups have as much as one fifth of their entire population with diabetes.” Studies have shown that Asian Americans in Hawaii have prevalence rates at least twice as high as the local White population—a rate that far exceeds the nation’s average, Luong added.

According to the Joslin Diabetes Center, the incidence of diabetes in AAPIs is growing at an alarming rate—with 90 to 95 percent of those diagnosed with diabetes having type 2. Rates of pregnancy induced or gestational diabetes are also higher than the national average in certain AAPI populations. Results from the most recent Centers for Disease Control and Prevention (CDC) study on gestational diabetes in the AAPI community show that from 1993 – 1995, the overall rate for gestational diabetes in AAPIs was 25.3 per 1,000 women. Yet, for Asian Indian women, the rate of gestational diabetes was the highest in the country at 56.1 per 1,000. According to Luong, the third-highest prevalence rate of gestational diabetes was among Filipino American women at 39.8 per 1,000, followed by Chinese American women at 39.1 per 1,000.

“Among the Asians, the prevalence of gestational diabetes was higher than the prevalence observed among Hispanics, African Americans and Whites,” said Dr. Assiamira Ferrara, MD, PhD, senior investigator, Division of Research at Northern California Kaiser Permanente, in an unpublished, 2001, limited study of northern California Kaiser patients.

Barriers to Disease Management

The high rates of type 2 diabetes within the AAPI population and the increasing rates in AAPI youth are leaving community leaders, health care workers, and families searching for answers. “It’s really hard because we don’t know where to start,” said Vuthy Nol-Mantia, project director, Khmer

Youth and Family Center, in Lynn, MA. “The problem is that this community doesn’t know what diabetes is. There is no such thing as ‘diabetes’ in Cambodian culture or language.” They assume the symptoms associated with diabetes are a normal part of aging, he added.

NIDDK attributes the rise in diabetes cases among the AAPI population to a combination of factors including obesity and a sedentary lifestyle that have risen in the AAPI population.

Limited funding for diabetes education and research in the AAPI community, Nol-Mantia says, makes it difficult to assess the needs, and to help people manage this disease. The mismanagement of diabetes leads to long-term complications, such as blindness, kidney failure, heart attacks, and gangrene.

“Many obstacles interfere with how they [patients] manage their health,” said a nurse from the Charles B. Wang Community Health Center, in New York, NY. Miscommunication due to language barriers is a common obstacle for AAPIs with diabetes. Obtaining translators for the multiple dialects represented at the center has been very difficult, adding to the lack of proper physician/patient communication.

“Most of the time, when taking medicine, they will say they don’t know or understand why they are taking it. They do it just because their doctor said to,” continued the nurse. “If the medicine doesn’t work immediately, then they tend to stop taking it all together.”

Bridging the Gap

“The AAPI community is a high risk community and it’s due partially to genetics and partially to adapting to the western lifestyle,” said Jackie Liro, program coordinator of the BALANCE Program for Diabetes at the Association of Asian Pacific Community Health Organizations (AAPCHO).

BALANCE—Building Awareness Locally and Nationally through Community Empowerment—was created to promote awareness of diabetes and diabetes prevention that:

- Is community-directed;
- Is respectful of cultural practices, languages and beliefs;
- Eliminates health disparities; and
- Improves the quality of life for AAPIs.

By coordinating diabetes education activities, the BALANCE Program teaches that diabetes can be controlled. After assessing the community’s needs through qualitative research or focus groups at community health centers, in New York, California, Hawaii, Massachusetts, and Washington, a variety of activities were developed.



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“The Family Health Center, in Worcester, MA, established ‘health parties’ at the homes of clients as a form of educational outreach. They went into the clients’ homes and conducted diabetes education with groups, and found it quite effective because in the AAPI community, transportation can be an issue,” said Liro. “At the Waimanalo Health Center in Hawaii, they established a monthly support group. It’s a group of people with diabetes and they get together to talk about different issues, maybe problems and solutions that they have come up with. It’s a forum to talk about how they manage their disease.”

Maintaining a healthy lifestyle is one of the most important tools in successful diabetes management, according to David J. DeRose, MD, MPH, medical director, Lifestyles Center of America in Sulphur, OK. This residential program focuses more on natural living than

conventional medicine. Participants are placed on a plant-based diet and an unconventional exercise plan that includes short periods of exercise interspersed with short periods of rest.

According to DeRose, Lifestyle’s has demonstrated success working with AAPIs and other communities that historically don’t have a huge suffering from diabetes. “This holistic approach resonates with indigenous people,” said Dr. DeRose. “This program shows the wisdom of ancestral people’s roots. Instead of us being perceived as people imposing a different set of values on them, we are being perceived as calling them back to their roots of healthier living, eating right, and exercising.”

For more information on AAPCHO’s BALANCE Program for Diabetes, go to <http://www.aapcho.org> or call 510-272-9536. ❖

