Asian Americans and Pacific Islanders Have High Rates of Diabetes

Asian Americans and Pacific Islanders (AAPIs) may suffer a steeper increase in the prevalence of type 2 diabetes with age than do whites or African Americans. Community surveys show that there is a significant and growing number of AAPIs afflicted with diabetes.

This could be due in part to the level of acculturation among AAPIs, changes in diet from low-fat traditional diet to a high-fat Western diet, stress from immigration and decreased physical activity.

Figure 1: Diabetes diagnosis in California by race, ages 65 and older, in 2005-2007

LATINO                WHITE       AFRICAN-AMERICAN   (NON-LATINO)        (NON-LATINO)       ALASKA NATIVE       HAWAIIAN/PI                  ASIAN
                    28.2%            14.2%              27.9                39.5                 20.3

Mixing diverse group data hides AAPIs that are at high risk of Diabetes

Health indicators for AAPIs overall suggest that this population is one of the healthiest in the US (Figure 1). Data on AAPIs are often grouped together even thought there are at least 25 Asian and 19 Pacific Islander ethnic groups in the US with diverse languages, cultures and beliefs. Many health surveys and studies combine the data for these groups, which hides the differences in health issues such as diabetes.

In California, the rate of diabetes among Native Hawaiians and Pacific Islanders is more than twice the rate among most Asian groups (Figure 2). A different study in San Diego County showed that more than 1 in 3 Filipino women had diabetes, compared with 1 in 11 white women. In this study, 60% of the Filipino women with diabetes did not know they had the disease. Diabetes is often associated with being overweight or obese, yet 90% of Filipino women with diabetes were not obese.

Figure 2: Diabetes diagnosis (%) in California by Asian and Pacific Islanders, ages 65 and older, in 2005-2007

CHINESE        JAPANESE     KOREAN       FILIPINO        PACIFIC ISLANDER        VIETNAMESE
17.3          17.2          17.9         22.4               41.3                17.9
Complications with Diabetes in Elders

Even though cardiovascular disease is the leading cause of diabetes-related deaths, the link between cardiovascular disease and diabetes is unknown to over 60% of diabetics. This lack of knowledge is costly. Diabetes cases are projected to triple by 2034. ScienceDaily. Retrieved March 12, 2010, from http://www.sciencedaily.com

Other barriers include language differences, discrimination, and lack of culturally appropriate care. Another barrier to quality care is the misperception that AAPIs are healthier than other groups, yet disaggregated data makes differences between groups evident.

Multiple barriers limit diabetes care and resources for AAPI

Barriers to care for AAPIs with type 2 diabetes are numerous and they vary across language and ethnic groups. In one study focusing on health care for adults ages 18-64 in minority populations, 23% of AAPI adults were uninsured, 60% did not have regular access to a doctor, and 41% stated that medical care is a financial burden. While lack of insurance may not be an issue for AAPIs over 65, being uninsured in earlier years prior to receiving Medicare can lead to late diagnosis of type 2 diabetes, earlier onset of blindness and amputations.

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Recommendations for Solutions

Prevention and education programs for AAPI elders should address culturally specific issues such as the presence of strong group and collective norms. Interventions should incorporate the patient’s family and community, so that the patient gets support in adhering to the recommended behavior.

Increased resources that are culturally and linguistically appropriate for AAPIs with diabetes may include educational tools and programs that address prevention through lifestyle changes, in addition to management and care. Replication and promotion of successful diabetes activities and community-based programs for AAPI elder populations are needed. Promoting the inclusion of AAPI community members in the planning, implementation and development of diabetes education programs and messages is essential in decreasing the prevalence of diabetes in AAPIs.

References


Figure 3: Direct Healthcare Cost of Diabetes

$ Billion

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<th>Year</th>
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<tbody>
<tr>
<td>2007</td>
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<tr>
<td>2034</td>
<td>500</td>
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Written by Jasmine DeGuzman, March 2010.