Prevalence of Diabetes Among Asian Americans and Pacific Islanders

Presented by:
Commissioner Didi Cabusao
What is diabetes?

A disease in which the body either fails to produce insulin or the insulin that is produced is not utilized effectively and therefore, unable to adequately convert food into energy
Types of Diabetes

Type 1 Diabetes – also called juvenile onset or insulin dependent

Type 2 Diabetes – adult onset or non-insulin dependent

Gestational Diabetes – develops during pregnancy
Risk Factors

- Family history of diabetes
- 45 years old or over
- Members of certain ethnic groups including Asian Americans and Pacific Islanders, African Americans, Hispanic Americans and Native Americans
- Had diabetes while pregnant
- Have high blood pressure
- Overweight or obese
- Have abnormal cholesterol levels (lipid levels)
- Have previously been identified as having IFG (impaired fasting glucose) or IGT impaired glucose tolerance
Asian Americans and Pacific Islanders are at a Higher Risk for Diabetes

- Despite having a lower Body Mass Index (BMI), Asian Americans are more likely to have diabetes than Caucasians.
- Health challenge among Asian Americans and API’s who have immigrated to the US, affecting about 20% of Asian Americans.
- 32% of Asian Americans have pre-diabetes.
• Genetics and environmental factors

• Industrialization of Asian countries

• Higher prevalence of risk factors such as obesity, physical inactivity, educational attainment or a combination of these factors
Diabetes-Related Facts

• According to the National Health and Nutrition Examination Survey (NHANES 2011-2012)
  ➢ 20.6% - Asian Americans have diabetes
  ➢ 32.2% - have pre-diabetes
  ➢ 50.9% - are undiagnosed – higher than any other ethnic or racial group

• Diabetes is the 5th leading cause of death among Asian Americans and Pacific Islanders

• 60% of patients with diabetes worldwide are Asians

• Prevalence is 60% higher among Asian Americans than white individuals
What is Body Mass Index (BMI)?

Ratio of your weight to height

Body Mass Index for Asians

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Body Mass Index (BMI) Kg/m²

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<tr>
<th>Classification</th>
<th>BMI Caucasian</th>
<th>BMI Asian</th>
<th>Health Risk</th>
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<tr>
<td>Underweight</td>
<td>18.5-22.9</td>
<td>18.5-24.9</td>
<td>Low</td>
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<td>Normal Weight</td>
<td>18.5-24.9</td>
<td>18.5-22.9</td>
<td>Average</td>
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<td>Overweight</td>
<td>23.0-29.9</td>
<td>23.0-24.9</td>
<td>Mildly increased</td>
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<td>Pre-Obese</td>
<td>25.0-30.0</td>
<td>25.0-29.9</td>
<td>Moderate High</td>
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<tr>
<td>Obese</td>
<td>30.0-40.0</td>
<td>30.0-40.0</td>
<td>Very High</td>
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The BMI cut-offs used in the above chart are from the following source:

Target Waist Circumference for Asian Americans

Men – equals or less than 90 cm (35.5 in)

Women – equals or less than 80 cm (31.5 in)
Preventing Complications

ABC of Diabetes

- **A1C (blood glucose)** - less than 7%
  check at least twice a year

- **Blood Pressure** - less than 130/80 mmHg
  check every doctor’s visit

- **Cholesterol (LDL)** – less than 100 mg/dl – check once a year
Can Type 2 Diabetes be Prevented?

YES!
Diabetes Prevention Program

People who participated in the DPP (Diabetes Prevention Program) study:

- Lost 5-7% of their body weight (~ 10-14 lbs. in a person who weighs 200 lbs.)

- Were physically active 30 minutes a day for 5 days a week. Most participants chose brisk walking.

- Made healthier food choice and limited calories and fat in their diets.
Treatment

Nutrition – a healthy eating plan
Treatment

Physical Activity
Treatment

Medication
Challenges and Barriers in Diabetes Management Among Asian Americans and Pacific Islanders

- Language
- Cultural attitudes and beliefs
- Diet
- Shortage of resources
- Support system
Recommendations

- Collaboration with community members, academia, government entities
- Using technology (i.e. DVD, web-based, mobile apps, etc.)
- Increase access to culturally appropriate diabetes education and management resources
- Allocating funds for community-based participatory research and programs focusing on obesity prevention, esp. during early childhood
- Modify the existing health system that allow opportunities for culturally appropriate programs
- Implement measures to prevent digital and technologic disparities so patients can easily access diabetes-related information
- Reduce stigma associated with mental illness, such as depression which is prevalent among patients with diabetes
- Cultivate the next generation to be culturally competent healthcare professionals
Resource Materials

• Resources in Asian and Native Hawaiian and Pacific Islander languages are available at:

  http://nccd.cdc.gov/DDT_DPR