

MAKING A DIFFERENCE

*Highlights from a National Symposia Series on
Asian Americans and Diabetes*

N A W H O

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Asian Americans and Diabetes

NATIONAL ASIAN WOMEN'S HEALTH ORGANIZATION

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PREFACE

"Those who suffer from diabetes are not just statistics on a chart. They are people whose talents and wisdom are needed and whose problems deserve our unified efforts."

- Dr. David Satcher, MD, PhD, United States Surgeon General

Diabetes is a chronic disease that has no cure and, when ignored, can lead to serious health problems such as blindness, kidney failure, amputation, heart disease, and complications with pregnancy. Currently, diabetes is the sixth leading cause of death by disease in the United States, contributing to over 193,000 deaths each year (CDC, *National Diabetes Fact Sheet*, 1998). Despite these data, diabetes remains a controllable disease when diagnosed early and properly managed. However, low levels of awareness of the disease and a host of other barriers have led to a growing disparity of diabetes among certain communities, especially Asian Americans. In fact, diabetes is now the fifth leading cause of death for Asian Americans between the ages of 45 and 64 (NDEP, 1999). Numerous local studies of the disease show that as many as one-fifth of specific sub-populations of Asian Americans have diabetes rates that far exceed the nation's average (Fujimoto, 1987). Lifestyle changes in diet and exercise as well as barriers to culturally competent health care have all contributed to these high rates.

With the mission to achieve health equity for Asian women and families, the National Asian Women's Health Organization (NAWHO) could not ignore the growing burden of diabetes in Asian American communities. With support from the Centers for Disease Control and Prevention (CDC) and as an extension of the National Diabetes Education Program (NDEP), NAWHO launched *Transforming Information Into Action: The National Asian American Diabetes Education Campaign*, a national multi-level program of public and professional education, leadership development, and public policy advocacy that increases awareness of and action on diabetes in the Asian American community.

At the heart of this program is a national series of professional education symposia designed to increase the cultural competence of health care providers to better reach and serve Asian Americans for diabetes education and care. Entitled *Making A Difference: A Symposium for Action on Asian Americans and Diabetes*, NAWHO's diabetes symposium has been implemented in four cities nationwide from 1999 - 2001, reaching over 400 diabetes educators and practitioners, and featuring nationally recognized diabetes experts

such as Frank Vinicor, MD, MPH, Director of the Division of Diabetes Translation at CDC, and Judith Fradkin, MD, Director of the Division of Diabetes, Endocrinology, and Metabolic Diseases at the National Institutes of Health. As a result of the series, a vast majority of providers were more knowledgeable about Asian Americans and the disease (93.3 percent) and felt better able to provide culturally competent education and care (74.0 percent).

In a continued effort to raise awareness of Asian Americans and diabetes, NAWHO has compiled highlights from the information presented in this groundbreaking series. The resulting proceedings showcase selected data and recommendations from NAWHO's distinguished faculty and provide, for the first time, a comprehensive document outlining key issues facing Asian Americans in the prevention and management of this serious disease. NAWHO is pleased to offer these proceedings as a resource for health care providers, educators, and advocates to improve diabetes education and care for Asian Americans. In addition, NAWHO hopes the information contained in these proceedings will spark new action across the country to prevent the life-threatening consequences of the disease, thereby reducing the disparity of diabetes for this community.

INTRODUCTION

Diabetes and Asian Americans

DIABETES AND ASIAN AMERICANS

Diabetes is a growing disease for all Americans, due in part to an aging population and lifestyle factors such as poor diet and lack of exercise. From 1958 to 1997, the number of people diagnosed with diabetes increased six-fold (CDC, *National Diabetes Fact Sheet*, 1998). Researchers currently estimate that 15.7 million people or 5.9 percent of the United States population have diabetes. However, only 10.3 million of these individuals have been diagnosed, leaving an estimated 5.4 million people unaware that they have the disease (CDC, *National Diabetes Fact Sheet*, 1998). In addition, diabetes costs the nation a staggering \$98.2 billion each year in health care costs related to poor disease management (ADA, *Diabetes Facts and Figures*, 1999).

The Asian American population, like other racial and ethnic minority groups, is disproportionately affected by Type 2 diabetes. According to the National Health Interview Survey, Type 2 diabetes occurs in 2.4 percent of Asian American women and 3.4 percent of Asian American men, compared to 2.4 and 2.5 percent of Caucasian women and men (NCHS, 1990).

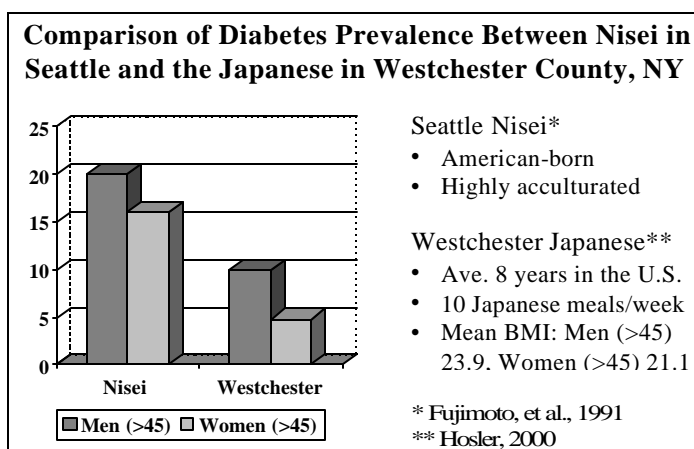
An extensive body of local research has revealed even higher prevalence rates among specific Asian sub-populations. For example, a study in Washington state of second-generation Japanese American men and women aged 44 to 74 revealed diabetes rates of 20 percent and 16 percent, respectively (Fujimoto et al, 1987). A study of elderly Chinese American men and women in Boston revealed rates of 12.5 percent and 13.3 percent, respectively (Choi, et al, 1990). Studies in Hawaii have shown that Asian Americans in the state have prevalence rates at least twice as high as the local Caucasian population (Hawaii DCP, 1995).

Defining Diabetes

Diabetes is a disease in which the body does not produce or properly use insulin, a hormone that is needed to convert sugar, starches, and other food into energy. There are three main categories of diabetes:

- **Type 1** - Type 1 diabetes accounts for 5 to 10 percent of diabetes, and usually develops in children and young adults. People with Type 1 diabetes require daily insulin injections.
- **Type 2** - Type 2 diabetes accounts for 90 to 95 percent of diabetes. Though Type 2 diabetes can occur at any age, it typically develops after age 40.
- **Gestational Diabetes** - Gestational diabetes develops or is first noticed among women during pregnancy, due to hormonal changes in the body.

Comparative studies have shown that Asian Americans have significantly higher rates of diabetes than individuals in Asia. According to local studies, Japanese Americans in Seattle and Hawaii have prevalence rates of diabetes that are 2 to 3 times higher than individuals in Japan (JDC, 2001), and Chinese Americans have prevalence rates that are 5 to 7 times higher than individuals in China (JDC, 2001). A comparison of diabetes prevalence studies of American-born Japanese in Seattle and Japanese immigrants in



Source: Hosler A, 2001

Westchester County, New York showed that diabetes rates were 2 to 3 times higher in the American-born Japanese, further illustrating the impact of acculturation. The Japanese Americans in Seattle incorporated American foods into their diets, while the Japanese immigrants in Westchester County retained Japanese foods in their diets.

Rates of gestational diabetes are also higher in certain Asian American populations. Between 1993 -1995, the overall rate for gestational diabetes was 25.3 per 1,000 women (CDC, *Diabetes During Pregnancy*, 1998). The rate of gestational diabetes for Asian Indian women was the highest in the country (56.1 per 1,000). Filipino American women had the third-highest prevalence rate of gestational diabetes (39.8 per 1,000), followed by Chinese American women (39.1 per 1,000)(CDC, 1998).

Diabetes in Women

Although the rates of diabetes are similar, diabetes tends to be more severe in women than in men. Diabetic women are at higher risk for heart disease, stroke, and cardiac failure as well as blindness and diabetic coma (ADA, *Women and Diabetes*, 2001). In addition, they are almost eight times more likely than non-diabetic women to develop peripheral vascular disease, a disorder resulting in reduced flow of blood and oxygen to tissues in the feet and legs (ADA, 2001). Moreover, women with Type 1 diabetes have lower bone mass density, which can lead to osteoporosis (Tuominen, et al, 1999). Women with gestational diabetes are at higher risk for developing Type 2 diabetes later in life.

“Diabetes affects the whole family. There is a BIG problem with obesity in South East Asian children that is almost always dietary. Education and prevention must start with the children regarding diet and nutrition.”

- Diabetes Health Care Provider, Fresno, California

The high prevalence of diabetes in Asian Americans may be a result of lifestyle changes following immigration, such as increased consumption of animal fat and a more sedentary lifestyle (Fujimoto, 1995). In fact, over half of Asian Americans do not exercise, and over one-quarter have high cholesterol (AHA, 1999). Lack of exercise and poor diet are both significant risk factors for obesity, which is itself a serious risk factor for the disease.

Obesity is defined as an increase in Body Mass Index (BMI) with increased fat around the stomach. BMI is a measure that takes into account a person's weight and height to gauge total body fat and is one of the most accurate ways to determine when extra pounds translate into health risks. A BMI of 25 is considered normal, while a BMI of 30 and higher is considered obese.

Despite relatively lower BMI, the Asian American population has exhibited increasing health risks associated with obesity. Research shows that Asian Americans tend to have more body fat than Caucasians with the same BMI. A recent study found that Asian American men tend to have 4 to 5 percent more body fat than Caucasian males with the same BMI (Wang, 1994).

Recognizing these disparities, organizations such as the World Health Organization are proposing new criteria to define obesity in the Asian American population.

Diabetes and the Next Generation

Until recently, Type 2 diabetes was largely considered an adult's disease. However, due to increased obesity and decreased physical activity, children and adolescents are becoming increasingly at risk for diabetes. Though data is limited, it is currently estimated that eight to 45 percent of children that are newly diagnosed with diabetes are Type 2 (ADA, *Diabetes in Children*, 2001), with female children displaying higher rates than their male counterparts (Mohn, et al, 2000). Despite such increasing rates, misdiagnosis of Type 2 diabetes among children is common. For this reason, the American Diabetes Association recommends that children at risk, such as overweight children, be tested bi-annually for Type 2 diabetes starting at the age of ten or mid-puberty.

SYMPOSIUM HIGHLIGHTS

Fresno, California

LIVING WITH DIABETES: A TESTIMONIAL

- Ny Kim, as translated by the Khmer Society of Fresno

I have lived in Fresno for 11 years. The land of opportunity provided me with almost everything, including a variety of tasty foods. After enjoying all the delicious foods, I forgot that I probably had too much of everything.

In 1992, after living in Fresno for two years, I went in for a health check-up with Dr. Lai at the Family Practice Clinic. My doctor diagnosed me with diabetes, and prescribed diabetes medication. I thought I was cured.

While I was in Denver, Colorado in 1994, I went in for another health check up. The doctor found that I still had diabetes. I was very scared and depressed when I found out this horrible news. The doctor gave me shots, medication, and upon my return to Fresno, sent me to Fresno Dialysis for blood transfusions three times a week. I was advised to not eat too many sweets, to avoid foods that contain too much salt, to limit the amount of water I drank, and to limit the amount of high-protein meats I ate.

On September 2000, one of my kidneys failed. The following year around the same time, I had to have one kidney removed. Having this condition made my life very miserable. I had to wait for a blood transfusion three times a week for approximately 3 1/2 hours each time. After the blood transfusion, I would come home feeling very uncomfortable. I felt very dizzy. I wanted to vomit, and I had difficulty breathing.

I don't have a clear understanding of why I have diabetes and what caused it, because I don't understand English. Sometimes when I go to the doctor, my children interpret for me. But their English is limited, and I am sure some explanations are lost in the translation. Some people have told me not to eat too many sweets, but some people have told me to have some candies ready just in case I get tired and sweaty. It is very confusing. As I understand it, I have to eat a little at a time. The doctor told me to exercise, but I never do because I get too tired too quickly.

I wish that one day soon there will be a cure for this terrible disease.

REACHING THE ASIAN AMERICAN COMMUNITY

- Peter Vang, Fresno County Human Services

"This seminar allowed me to realize how important diabetes education is to Asian Americans and how misinformed I was toward diabetic Asian Americans."

- Diabetes Health Care Provider, Fresno, California

One of the key challenges in reaching Asian Americans with culturally appropriate health information about diabetes lies in the extreme diversity of language, culture, and socioeconomic status exhibited by this population. Asian Americans speak a wide range of languages and dialects and represent over 50 ethnicities, each with different histories and cultural beliefs about disease prevention and health promotion. Asian Americans are one of the fastest-growing populations in the country, with their numbers increasing from 1.5 million in 1970 to more than 10 million in 1997 (US Department of Commerce, 1998).

In addition, the lack of national, ethnic-specific data that reflects the true diversity of the Asian American population limits public knowledge of the diabetes burden and can prevent tailored programs to improve awareness and self-management skills. Moreover, Asian Americans suffer from the "model minority" myth, which presupposes economic success and general well-being. This stereotype is not only false, but also harmful since it masks the true health burdens that Asian Americans face, and leads many Asian Americans to believe they are not at risk for the disease.

Another challenge in reaching the Asian American community is the health care system itself. There are very few diabetes educators and primary care providers who have the language capabilities to serve limited or non-English speaking Asian Americans. Finding qualified medical interpreters who are linguistically and culturally competent is also very difficult. The limited number of Asian-language, culturally appropriate health education materials is a barrier for many Asian Americans to access diabetes information and care. In addition, over 15 percent of Asian American men and women lack health insurance, limiting their access to preventive care and information on health promotion (CDC, *Chronic Disease in Minority Populations*, 1992).

There are many community solutions to addressing these barriers to care for Asian Americans. One strategy is through targeted outreach in non-traditional settings, especially when access to health care is limited. For example, community-based health educators can distribute Asian language diabetes materials at community-specific locations such as markets, temples, churches, housing complexes, English as a Second Language classes, and community health fairs. Working with Asian American media outlets, such as newspapers, magazines, and radio and television stations, can also be an effective outreach strategy.

In addition to community strategies, cultural competency training for health care providers is critical for improving health care for the Asian American community. Many agencies are partnering with organizations such as NAWHO to provide cultural competency training and education for their staff.

SYMPOSIUM HIGHLIGHTS

Boston, Massachusetts

IS THERE A DIABETES EPIDEMIC?

- Frank Vinicor, MD, MPH, CDC

"There is a promise of good things to come for diabetes control and prevention given this new attention to the disease."

- Symposium participant, Boston, Massachusetts

Worldwide, the number of individuals with diabetes mellitus is likely to double in the next 10 years. As the number of adults with diabetes increases, the majority of this increase will occur in developing countries.

The increasing prevalence of diabetes may not always be completely attributable to a worsening of the diabetes epidemic. Changes in the clinical definition of diabetes and changes in the methods used for calculating the estimates can affect the level of prevalence. In addition, improved education efforts may play a role in the awareness of the disease and subsequent detection. Likewise, a drop in diabetes prevalence could mean that the growth of the epidemic was slowing or merely that more cases were going unreported.

One of the major hurdles to consider in the prevention and treatment of diabetes is the "reality of limits." Resources, including research, economics, and even time, are limited, and choices as to how the resources should be used must be made among many possibilities. For example, resources directed to one activity, such as a liver transplant, are then not available for other programs, such as vaccinations for hepatitis B, even though such preventive measures would limit the need for this kind of invasive, expensive procedure.

Science and valid evidence of efficacy must be considered before decisions about the allocation of these valuable resources are made. Primary prevention programs that aim to limit the onset or incidence of a disease are the most desirable and often the most cost-effective way to reduce the burden of a disease. For example, vaccination programs have proven their scientific efficacy and effectiveness. However, rigorous scientific evidence is not always available.

There is excellent scientific and economic evidence for secondary and tertiary prevention efforts for Type 2 diabetes. The Centers for Disease Control and Prevention (CDC) Diabetes Cost-effectiveness Study Group conducted a study to estimate the cost-effectiveness of early detection and treatment of Type 2 diabetes. The results suggested that it may be cost-effective to screen young adults for Type 2 diabetes. Current recommendations are that screening begin at 45 years of age. By diagnosing the disease and beginning treatment at an earlier stage, the incidence of major complications of diabetes, such as blindness, kidney disease, and amputations, should be reduced. With fewer complications, people with diabetes should experience an improved quality of life as they get older.

As stated, the worldwide burden of diabetes is likely to rise dramatically in the upcoming years due to increases in incidence as well as improvements in detection. Thus, diabetes is increasingly being viewed as both a clinical and public health challenge. The public health aspect takes into consideration the environment in which people live as a factor in the prevention and control of diabetes. It also takes into account the importance of exposure versus efficacy, meaning the overall impact of small improvements for a great number of people versus great improvements for a few. And finally, the public health aspect examines the significance of the denominator, or all people with diabetes, regardless of their diagnostic and treatment status, and not just the numerator, or each doctor's own diabetes patients.

PERSPECTIVES ON DIABETES CARE

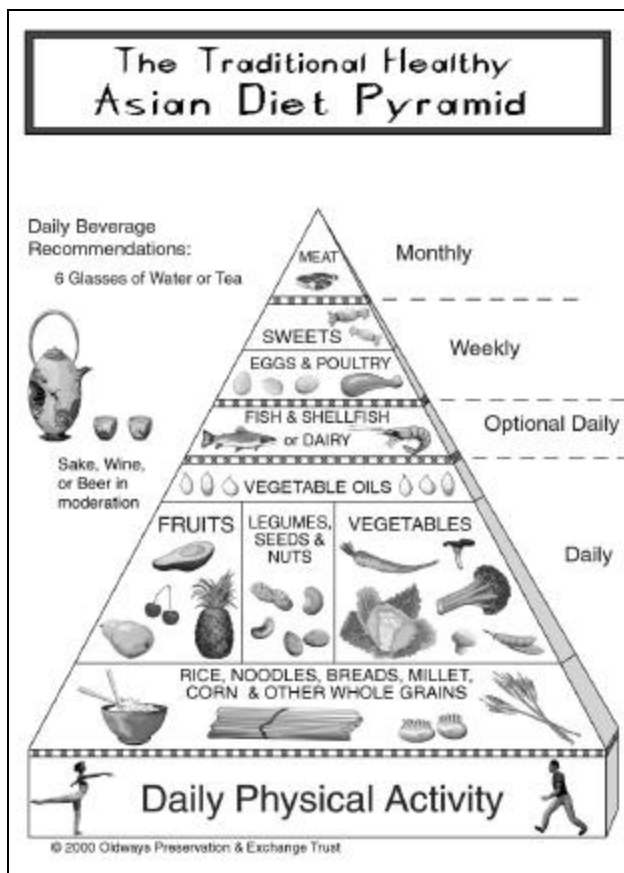
- Panelists: Robin Chin, RPh, Claire Kennedy, RD,
Richard Siegel, MD, Mary Wenners, MSN, CDE

Nutrition

An important remedy for diabetes is dietary self-management. Contrary to popular understanding, there is no "diabetic diet", and diabetics do not have to limit themselves to one strict diet and eliminate foods from their daily meals. Rather, diabetic nutritional self-management should incorporate balance and moderation of food as well as a consideration of how different foods affect blood sugars and blood lipids.

For many Asian Americans, the typical diet is abundant in complex carbohydrates such as rice and noodles, along with smaller portions of meat, poultry, fish, and fruits and vegetables. Usually, three meals a day are consumed with little snacking in between, except for the occasional fruit. Dessert is not traditional. Traditional diets tend to be

healthy and well-balanced.



Source: Woo V, 2001

Food is often served in a communal setting, where everyone has a separate rice bowl and the remaining dishes are served family style, posing a challenge to portion control. Dairy products are not a large part of the Asian diet due to a high prevalence of lactose intolerance. However, there are many high calcium foods that can be found in traditional Asian recipes, such as bok choy, tofu, green leafy vegetables, and soybeans. Many Asian foods are also very high in sodium as many of the meats, fish, and poultry are marinated or preserved. Moreover, pickled vegetables, salted duck eggs, and various sauces also contain high levels of sodium.

"In my years as a pharmacist, I have seen several trends among my Asian American clients that present challenges in controlling diabetes. To save costs, many people will take their prescribed medication only when they feel hyperglycemic, or they may "stretch" the medication to last twice as long as it should. Some people cut test strips in half and wash the strips for re-use. On the other end of the spectrum are the people who believe that if one pill is good, then two must be better."

-Robin Chin, RPh, CVS Corporation

The incorporation of American cuisine into Asian American diets has had both positive and negative influences. Asian Americans who consume more dairy products have increased their calcium levels. On the other hand, Asian Americans have also adopted non-traditional eating habits such as snacking and consuming fatty foods. Some studies have shown that Asians Americans who retain a more traditional Asian diet have a lower prevalence of diabetes, whereas Asian Americans who consume a primarily American diet had the highest prevalence of diabetes (Hosler, 2001).

Physical Activity

Physical activity is also an important management approach for diabetes. In addition to contributing to weight-loss and weight management, physical activity improves the body's sensitivity to insulin, which allows sugar to be taken up by muscles and the liver more efficiently. Physical activity also lowers the risk of heart disease, which is common in many people with diabetes. Many diabetes experts believe that exercise is the intervention most likely to prevent Type 2 diabetes in people at risk for the disease and recommend approximately 30 minutes of moderate to rigorous physical activity per day.

Traditional beliefs among Asian Americans that being overweight means prosperity and a blessing make it difficult to encourage weight management for diabetes prevention and control. For many Asian Americans, the word "exercise" can have negative connotations. However, physical activities such as walking, gardening, and housework can satisfy recommended amounts of exercise, and traditional practices such as yoga, tai chi, and meditation have an added benefit of calmness and balance of the mind and body.

Barriers to Care in Asian American Diabetes Patients

- Rushed appointments due to the interpreter or patient arriving late
- Potential for miscommunication between the health care provider and the patient based on the nature of interpretation
- Failure of the health care provider to understand how the patient views his/her diabetes
- Failure to incorporate the Asian dietary plan into nutritional recommendations
- Fears of insulin and failure to use insulin at the proper time in the treatment plan
- Difficulties with follow-up between visits due to the need of the patient or provider to go through the interpreter service or a family member for communication

Source: Siegel R, 2000.

Pharmacological

Pharmacological management involves the therapeutic use of drugs. In 1997, the direct medical and treatment costs for diabetes totaled approximately \$44 billion (ADA, *Direct and Indirect Costs of Diabetes*, 2001). The most common diabetes drugs are oral medications and injectable insulin. Insulin is the most effective method of controlling any form of diabetes and is available in different formulations with different lengths of actions.

Though many diabetics are successfully managing diabetes through such pharmacological methods, there exist several challenges to ensuring appropriate pharmacological diabetes care.

Alternative Methods of Care

People with diabetes, and especially Asian Americans, are increasingly exploring complementary and alternative approaches to diabetes management. Though many of these therapies have yet to be tested or federally approved, their benefits are gaining attention from both patients and providers seeking alternatives to conventional pharmacological approaches. Complementary and alternative methods for diabetes management typically focus on nutritional therapies such as the consumption of special diets and herbs and traditional Chinese medicine such as acupressure and acupuncture. For example, fiber, fish oil, vitamins C and E, chromium, bromium, vanadium, and magnesium are common nutritional supplements used by Asian Americans to manage diabetes. Botanical or herbal therapies such as bitter melon, onion, garlic, fenugreek, ginkgo biloba, and ginseng are also common choices. Green tea is believed to improve insulin sensitivity. Negotiating beliefs about traditional Asian or herbal therapies and American medical therapies for diabetes can be a challenge to care. However, much more research is needed before complementary and alternative therapies such as these can be proven to effectively prevent or manage the disease.

SYMPOSIUM HIGHLIGHTS

New York, New York

NEW RESEARCH AND CLINICAL TRIALS

- Rochelle Chaiken, MD, Pfizer, Inc.

"I especially like the statistics that were shown on Asian American populations. These are hard to find in general preventive research."

- Symposium Participant, New York, New York

As more is learned about the effects of diabetes on the Asian American community, it is evident that a national study to assess the impact of diabetes on Asian American populations is desperately needed. Pharmaceutical companies and the nation's federal research facilities are planning studies with careful attention to understanding the differences between populations. These studies will search for answers to questions such as:

- What is the risk for diabetes?
- What is the risk for disease complications?
- What is the response to therapy?
- What are the possible side effects from therapy?

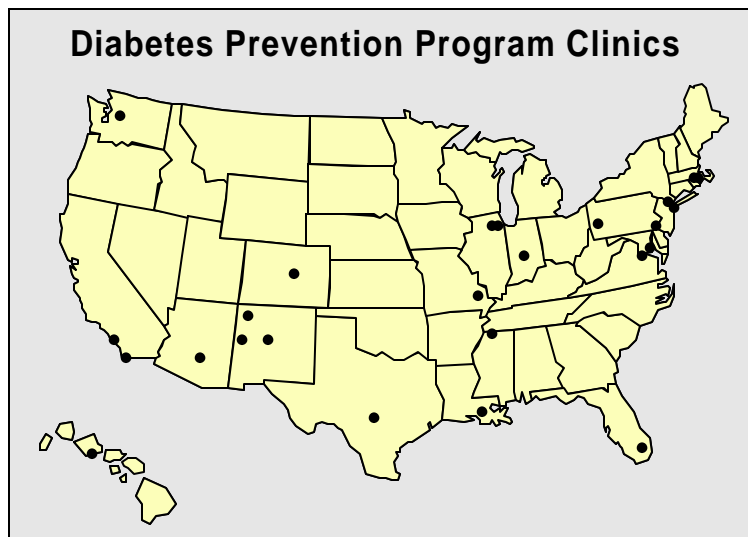
Studies are also being planned to examine the incidence and prevalence of diabetes and complications in minority populations with emphasis on identifying modifiable factors. These studies may lead to the enhancement of existing diabetes programs or the creation of new programs, such as:

- Diabetes prevention and control projects
- Expanding research on depression and psychosocial issues in minority patients with diabetes
- Expanding research on diabetes self-management in minority populations
- Diabetes research training for minority students

In addition to the studies that are being planned, there are several clinical trials that are underway.

Diabetes Prevention Program (DPP) (NIH, Press Release, 2001)

The recently completed DPP found that at least 10 million Americans at high risk for Type 2 diabetes can sharply lower their chances of getting the disease with diet and



Source: Fradkin J, 2001

exercise. It is the first major trial to show that diet and exercise can effectively delay diabetes in a diverse American population of overweight people with impaired glucose tolerance (IGT). IGT is a condition in which blood glucose levels are higher than normal but not yet diabetic.

Participants randomly assigned to intensive lifestyle intervention reduced their risk of getting Type 2 diabetes by 58 percent. On average, this group maintained their physical activity at 30 minutes per day, usually with walking or other moderate intensity exercise, and lost 5 to 7 percent of their body weight. Participants randomized to treatment with a pharmacological agent reduced their risk of getting Type 2 diabetes by only 31 percent.

Of the 3,234 participants enrolled in the DPP, 45 percent are from minority groups that suffer disproportionately from Type 2 diabetes, including Asian Americans and Pacific Islanders. The trial also recruited other groups known to be at higher risk for Type 2 diabetes, including individuals age 60 and older, women with a history of gestational diabetes, and people with a first-degree relative with Type 2 diabetes. Overall, the DPP found that lifestyle intervention worked as well in men and women and across ethnic groups.

Diabetes Prevention Trial - Type 1 (DPT-1) (NIH, *DPT-1 Fact Sheet*, 2001)

Animal research and small studies in people have indicated that Type 1 diabetes can be delayed in those at high risk for the disease by regular, small doses of insulin. The DPT-1 is a large-scale study testing whether Type 1 diabetes can be prevented or delayed in humans. Nine medical centers and more than 350 clinics in the United States and Canada are taking part in the study. Participants will be enrolled in one of two studies based on their degree of risk for developing diabetes over the next five years:

- **Insulin Injection Trial** - People with a greater than 50 percent chance of getting diabetes will inject low doses of insulin twice daily. Once a year they will go to a DPT-1 center to be admitted to a hospital for four days of insulin therapy.
- **Oral Insulin Trial** - People with a 25 percent to 50 percent chance of developing diabetes will take an insulin capsule or insulin crystals every day.

In each study, half of the participants will be randomly assigned to an insulin treatment group and half will be placed in a control group in which no insulin is given. The results of this study will reveal which prevention method is the most effective for people at risk of Type 1 diabetes.

Look AHEAD (Action for Health in Diabetes) (NIH, *Look Ahead Fact Sheet*, 2001)

Look AHEAD is a multi-center, randomized clinical trial to examine the effects of a lifestyle intervention designed to achieve and maintain weight loss over the long term through decreased caloric intake and exercise. Look AHEAD will focus on the disease most affected by extra weight and obesity, Type 2 diabetes, and on cardiovascular disease, which causes the greatest morbidity and mortality. The Look AHEAD trial is anticipating the enrollment of 5,000 obese patients with Type 2 diabetes over a 2.5 year period. Participants will be randomly assigned to one of two interventions, the Lifestyle Intervention or Diabetes Support and Education, and will be followed for a total period of up to 11.5 years.

The primary aim of Look AHEAD is to study the effects of the two interventions on major cardiovascular events: heart attack, stroke, and cardiovascular death. Look AHEAD will also investigate the impact of the interventions on other cardiovascular

disease-related outcomes, cardiovascular risk factors, and all-cause mortality. Additional outcomes include: diabetes control and complications, fitness, general health, health-related quality of life, and psychological outcomes. The trial also is intended to serve as a resource for basic research studies relating to obesity.

“There is hope with new technology to help with the fears of diabetes.”

- Symposium Participant, New York, New York

Transplant Therapy for Diabetes (Stephenson, 2000)

A new islet cell transplant technique called the 'Edmonton' technique has shown promise in people with Type 1 diabetes. As a result of the transplants, seven patients were insulin free for up to 14 months after treatment. Clinical trials are now underway at 10 national diabetes centers to determine if the insulin reversal can be successful with more patients. The Edmonton technique uses islet cells (cells from the pancreas) from two or more donor pancreases. The cells are transplanted into a person with diabetes and then special medications are given to prevent rejection of the new cells.

Gene Therapy

As scientists identify specific genes whose absence or improper functioning are associated with specific conditions, more possibilities for gene therapy are offered for diabetes as well as all disease. Scientists have identified a gene called SHIP2 that appears to regulate insulin. For Type 2 diabetes, SHIP2 is a potential gene therapy target for improving a diabetic's insulin regulation. Scientists have also identified a protein called pigment epithelium-derived factor, or PEDF, that blocks the overgrowth of blood vessels in the eye, and could help prevent diabetic blindness.

Insulin

As all diabetics are concerned with insulin, a significant body of the new diabetes research is focused on insulin delivery, particularly seeking alternatives to insulin

injection. New studies are underway on such devices as an implantable insulin pump with a glucose sensor that could measure blood sugar levels automatically and deliver the exact amount of insulin needed at any time; inhaled insulin that is absorbed into the mouth and coats the mouth, throat, and tongue; and an insulin pill.

Monitoring Devices

Another essential component of diabetes self-management is the monitoring of blood glucose levels. Several new studies are also being conducted to identify effective alternatives to needle sticks for testing blood. For example, the Food and Drug Administration has recently approved a wristwatch device that monitors glucose levels in adults ages 18 and older without drawing blood. Results from studies of both alternative insulin devices and blood glucose monitoring could offer new pain-free methods for achieving two of the essential components of successful diabetes self-management.

SYMPOSIUM HIGHLIGHTS

Los Angeles, California

DEVELOPMENTS IN DIABETES EDUCATION

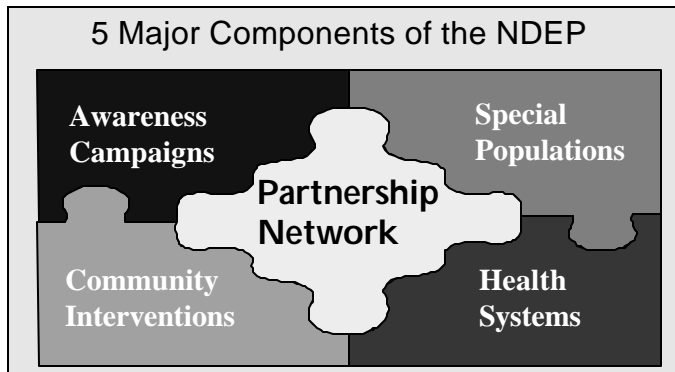
"If I can run across a client who has diabetes, the more information they have and know about diabetes the better."

- Diabetes Health Care Provider, Los Angeles, California

The National Diabetes Education Program

The nation's most comprehensive diabetes education effort to date is the National Diabetes Education Program (NDEP), a joint effort of the Centers for Disease Control and Prevention (CDC) and the National Institute of Diabetes and Digestive and Kidney Diseases of the National Institutes of Health. The NDEP marks the first time that the federal government has initiated a national, multicultural, multilingual effort to address the burden of diabetes on all Americans.

The goal of the NDEP is to reduce the morbidity and mortality associated with diabetes



Source: Fradkin J, 2001

and its complications. Tailored to individuals with diabetes and their families, the general public, health care providers, and health care payers, the NDEP's message that diabetes is serious, common, costly, and controllable is promoted through media and community partnerships.

The five main diabetes prevention and education strategies of the NDEP are:

- Creating program partnerships with other organizations concerned about diabetes and the health status of their constituents.
- Developing and implementing diabetes awareness and education activities.
- Identifying, developing, and disseminating educational tools and resources, including those that address the needs of special populations.
- Developing and disseminating guiding principles that promote quality diabetes care.
- Promoting policies and activities to improve the quality of and access to diabetes care.

A central component of the NDEP is a series of Awareness Campaigns tailored to racial/ethnic minority groups most affected by the disease, including Asian Americans.



The NDEP Asian American and Pacific Islander (AAPI) Awareness Campaign creates and disseminates culturally and linguistically appropriate diabetes awareness messages to AAPI communities, encouraging AAPIs to control diabetes through self-management including blood glucose monitoring, healthy nutrition, and physical activity. Through an intensive social marketing research effort to identify culturally appropriate messages and images, the NDEP AAPI Awareness Campaign includes media and public education materials in English and 11 Asian languages, including Cambodian, Chinese, Korean, Laotian, Tagalog, and Vietnamese.

Through a cooperative agreement with the CDC, NAWHO has served as the lead coordinator of the NDEP AAPI Awareness Campaign to national and local media outlets, Asian American community-based organizations, and health care providers.

Over the past two years, NAWHO has distributed almost 600 NDEP AAPI Awareness Campaign materials to various Asian American media outlets, including radio, print, and television. NAWHO has distributed both English-language and Asian-language materials, resulting in almost 100 printed articles, advertisements, and aired radio scripts. As a result of NAWHO's efforts, the NDEP AAPI Awareness Campaign has reached over 2 million Asian Americans.

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APPENDIX

Symposia Faculty

APPENDIX: SYMPOSIA FACULTY

NAWHO's diabetes symposium, *Making A Difference: A Symposium for Action on Asian Americans and Diabetes*, has featured nationally recognized diabetes experts. From 1999 - 2001, the diabetes symposium was implemented in Boston, MA; Fresno, CA; Los Angeles, CA; and New York, NY. The following is a list of esteemed speakers from all four events.

Claudia Soo Hwei Ang, RN, BSN, CDE (Los Angeles)

Panelist, "Making a Difference - Perspectives on Diabetes Education and Care for Asian American Communities"

Ms. Claudia Soo Hwei Ang is the Community Education Coordinator at Garfield Medical Center. Ms. Ang organizes, develops, and teaches various community education classes on topics such as asthma, breast self-exam, CPR, diabetes, hypertension, osteoporosis, and smoking. She translates and compiles bilingual handouts for various classes. Ms. Ang plans and schedules a monthly community education calendar and advertises health education programs to managed care, medical groups, physicians, and all news media.

Rochelle Chaiken, MD (New York)

Panelist, "New Treatments and Clinical Trials - The Impact of Diabetes Research for Asian Americans"

Dr. Rochelle Chaiken is the Medical Director of the Pfizer Worldwide Diabetes Team. She is an Associate Professor of Medicine at SUNY-Downstate Medical School. Dr. Chaiken's areas of research interest include metabolism research, endocrine research, and Type 2 diabetes in children and young adults.

Marylou Bivian-Chavez, MPH (Los Angeles)

Panelist, "Making a Difference - Perspectives on Diabetes Education and Care for Asian American Communities"

Ms. Marylou Bivian-Chavez is a bilingual health educator with over ten years of experience in health education. Ms. Bivian-Chavez is the Los Angeles Region Area Health Promotion Specialist for the California Diabetes Control Program. She facilitates the adoption, development, and implementation of the Basic Guidelines for Diabetes Care by health plans, provider groups, and health care professionals. Ms. Bivian-Chavez provides health promotion training and technical assistance and assists with the development of diabetes materials for people with diabetes.

Robin Chin, RPh (Boston)

Panelist, "Bridging Beliefs - Perspectives on Conventional and Alternative Diabetes Care for Asian Americans"

Ms. Robin Chin has been a pharmacist for CVS Corporation for 14 years and is the Pharmacy Manager and Person in Charge at CVs North Attleboro. Ms. Chin also shares her field expertise as a Preceptor of Pharmacy Practice for the University of Rhode Island. A passionate advocate

on a number of different health care issues including breast cancer, diabetes, and HIV/AIDS, Ms. Chin was appointed in 1999 to the National Institutes of Health (NIH) Director's Council of Public Representatives, which serves to bring public views to NIH activities, programs, and decision-making.

Judith Fradkin, MD (New York)

Keynote Speaker, "Eliminating Health Disparities - The National Call for Equity in Diabetes Education and Care"

Dr. Judith Fradkin is the Director of the Division of Diabetes, Endocrinology, and Metabolic Diseases at the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK). For the past 16 years, Dr. Fradkin has overseen NIDDK-supported research in various roles, directing the Institute's research programs in diabetes, cystic fibrosis, endocrinology, and metabolic diseases and most recently serving as deputy and acting director of the Division. A practicing endocrinologist, Dr. Fradkin continues to treat patients at the National Naval Medical Center in Bethesda, MD. In addition to serving on several national steering and planning committees, Dr. Fradkin has received numerous awards and accolades, including the NIH Director's award and the Public Health Service Outstanding Service Medal.

Judith Hey-Hadavi, DDS, MD (New York)

Panelist, "How Culture Influences Care - The Unique Needs of Asian Americans and Women"

Dr. Judith Hey-Hadavi is an endocrinologist at the Naomi Berrie Diabetes Center at Columbia University. She is an assistant Professor of Clinical Medicine at the Department of Medicine at Columbia University. Dr. Hey-Hadavi is an assistant attending physician at New York Presbyterian Hospital. Her areas of research interest include Type 2 diabetes, women's oral health, and oral surgery. She received an American Diabetes Association Provider Recognition award and an American Medical Association Provider Recognition award.

Beverly Holt, MPH, RD, CDE (Boston)

Moderator, "Bridging Beliefs - Perspectives on Conventional and Alternative Diabetes Care for Asian Americans"

Ms. Beverly Holt is a certified diabetes educator who is a member of the American Dietetic Association. Ms. Holt is the Coordinator of Community Outreach for the Diabetes Control Program of the Massachusetts Department of Public Health. She is the coordinator of the "Diabetes Y Usted Program" of the Latino Health Institute at the Massachusetts Department of Public Health and serves as a nutrition consultant for the Joslin Diabetes Center.

Akiko S. Hosler, PhD (New York)

Speaker, "A Recognition of Need - The Burden of Diabetes in Asian American Communities"

Dr. Akiko S. Hosler is the Director of Diabetes Surveillance and Evaluation at the New York State Department of Health, and Assistant Professor of Epidemiology at the University at Albany School of Public Health. Dr. Hosler is a Social Epidemiologist with training in Sociology, Epidemiology, Geography, and Economics. Her areas of research interests include diabetes epidemiology, immigration and ethnicity, survey research methods, program evaluation, and

Geographic Information Science. She is currently working on four projects, including the evaluation of diabetes care standards in health care facilities serving minority populations.

Ny Kim (Fresno)

Panelist, “Making a Difference - Perspectives on Diabetes Education and Care for Asian American Communities”

Ms. Ny Kim has lived in Fresno for 11 years. Ms. Kim was diagnosed with diabetes in 1992. She has had many difficulties managing her diabetes, but with the help of her children, she continues to learn ways to control the disease. In addition to receiving diabetes information from her health care providers, Ms. Kim receives in-language diabetes information from the Khmer Society of Fresno.

Claire Kennedy, RD (Boston)

Panelist, “Bridging Beliefs - Perspectives on Conventional and Alternative Diabetes Care for Asian Americans”

Ms. Claire Kennedy is an outpatient clinical dietitian at the Frances Stern Nutrition Center at the New England Medical Center in Boston, MA. Ms. Kennedy is a part-time nutritionist for a Home Care Agency where patients are counseled in their homes. She has 35 years experience counseling patients and their families about various diseases, including nutritional management of diseases. A member of the American Dietetic Association and the American Diabetes Association, Ms. Kennedy is a member of various practice groups, including Diabetes Care and Education and Diabetes Educators of Eastern Massachusetts.

Priscilla Kwan (Fresno)

Moderator, “Making a Difference - Perspectives on Diabetes Education and Care for Asian American Communities”

A native of Los Angeles, CA, Ms. Priscilla Kwan is a weekend anchor and reporter for KSEE 24, an NBC affiliate. Ms. Kwan began her career in television news at KNBC in Los Angeles, where she worked at the News Assignment desk and in the Promotion department. After working at KNBC, she anchored the morning news and reported for KWES in Midland, Texas. While at KWES, Ms. Kwan won a 1999 Associated Press reporting award. In her free time, she volunteers with community organizations including the Organization of Chinese Americans and the Asian American Journalists Association. Ms. Kwan also serves on the board of directors for the Central Valley Pregnancy Care Center.

Amy Law, MD (Boston)

Speaker, Welcoming Address

Dr. Amy Law is the Medical Director of both the Head and Neck Cancer Division and the Neuro-Oncology Division at the New England Medical Center in Boston, MA. She coordinates program development, education activities, and community outreach for the cultural competency subcommittee of the Cancer Center Steering Committee. In addition, Dr. Law lends her expertise to the Asian Health Collaborative and teaches courses at Tufts School of Medicine.

Douglas H. Owyang, MD (Fresno)

Panelist, "Making a Difference - Perspectives on Diabetes Education and Care for Asian American Communities"

Dr. Douglas H. Owyang is board-certified in the specialty of Family Practice. He started his practice in Fresno 25 years ago, and is now associated with the Northwest Medical Group in Fresno. For 12 years, Dr. Owyang was the medical director of Priority Health Services, a medical management company in Fresno. He was also a member of the Institutional Ethics Committee at St. Agnes Medical Center, Fresno. Currently, Dr. Owyang is a member of the American Academy of Physicians, the Fresno/Madera Medical Society, the California Medical Association, and the American College of Physician Executives.

Robert Rapaport, MD (New York)

Panelist, "Diabetes & the Next Generation - Helping Asian American Children Prevent & Manage the Disease"

Dr. Robert Rapaport is the Director of the Division of Pediatric Endocrinology and Diabetes at Mount Sinai Diabetes Center. He is an Associate Professor of Pediatrics at Mount Sinai School of Medicine. Dr. Rapaport's areas of research interests include diabetes in minorities, diabetes prevention, neonatal hyperthyroidism, growth hormone-immune interactions, and Type 2 diabetes. He has served on several national and regional committees and boards of directors. Dr. Rapaport's awards and honors include the Youth Services Award of the American Diabetes Association New Jersey Affiliate and the New Jersey Monthly's Top Doctors in New Jersey.

Cathy Rasmusson (Fresno)

Panelist, "Making a Difference - Perspectives on Diabetes Education and Care for Asian American Communities"

Ms. Cathy Rasmusson serves as the Area Health Promotion Specialist for the Central Valley for the California Diabetes Control Program (CA DCP). Ms. Rasmusson works with medical directors, managed care organizations, health care providers, and communities to implement and support guidelines for diabetes care. Prior to joining the CA DCP, she worked as a Project Manager with the Next Generation Tobacco Control Alliance. Ms. Rasmusson serves on the Executive Board and is the Past President of the California Wellness Information Network.

Laura Shea, RN (New York)

Moderator, "Caring Across Cultures - New Perspectives on Diabetes Services for Asian Americans"

Ms. Laura Shea is the Public and Professional Education Coordinator for the Diabetes Control and Prevention Program at the New York State Department of Health. A Registered Nurse, Ms. Shea is responsible for acting as a liaison between the Diabetes Community Coalitions in New York State and the Department of Health for diabetes educational activities. She is developing a curriculum for lay health workers and has designed a brochure to be used as a diabetes resource guide for the communities that New York State serves.

Lynn Shih (Los Angeles)

Moderator, "Making a Difference - Perspectives on Diabetes Education and Care for Asian American Communities"

Ms. Lynn Shih is an Anchor and Co-Producer at Chinese Television Network (CTN). Ms. Shih anchors the CTN News at Ten, the CTN Breakfast Show, and the CTN News Magazine. Prior to joining CTN, she was an Assistant News Director/Anchor at NATV. She received the *Los Angeles Daily News* Gary P. Lawrence Scholarship and is a member of the Asian American Journalists Association and the Radio-TV News Director Association.

Richard Siegel, MD (Boston)

Panelist, "Bridging Beliefs - Perspectives on Conventional and Alternative Diabetes Care for Asian Americans"

Dr. Richard Siegel is an Assistant Professor of Medicine in the Division of Endocrinology, Diabetes and Metabolism and Division of Clinical Nutrition at the New England Medical Center. He is the director of the Inpatient Diabetes Management Service and is the staff endocrinologist at the Obesity Consultation Center. Dr. Siegel's research and professional interests include treatment of adult growth hormone deficiency syndrome, diabetes and obesity in the Asian population, and management of diabetes, obesity, and osteoporosis in transplant recipients.

Peter Vang (Fresno)

Panelist, "Making a Difference - Perspectives on Diabetes Education and Care for Asian American Communities"

Mr. Peter Vang works for Fresno County Human Services as Refugee Community Liaison, coordinating the Fresno County Human Services Interpreter and Translation Services Program. In addition, Mr. Vang hosts the Southeast Asian Talk Show Series on Radio KBIF 900 AM. Prior to joining Fresno County Human Services, Mr. Vang was the Director of Refugee and Immigration Services for Lao Family Community of Fresno. An active member of the community, he has received numerous awards, including: the 2000 KSEE 24 TV Portrait of Success on Asian Americans award, Congressional recognition from Congressman Calvin Dooley, State Recognition from Senators Jim Costa and Charles Poochigan, and the Central California Forum on Refugee Affairs Community Award.

Frank Vinicor, MD, MPH (Boston)

Keynote Speaker, "Is There a Diabetes Epidemic? Why? So What?"

Dr. Frank Vinicor is the Director of the Division of Diabetes Translation of the Centers for Disease Control and Prevention. Dr. Vinicor has devoted many years of service to the American Diabetes Association (ADA) at the local level, and more than 15 years at the national level. The ADA awarded Dr. Vinicor the Charles H. Best Award for Distinguished Services in the Cause of Diabetes in 1991 and the Banting Medal for Service in 1996. He received the Department of Health and Human Services Secretary's Award for Distinguished Service in 1998, the Josiah Kirby Lilly, Sr. Distinguished Service Award in 1999, and the La Fundacion Miguel Aleman Award in 1999. In 2000, he traveled to Chennai, India to accept the Diabetes Research Centre, International Institute for Scientific & Academic Collaboration, Gold Medal Oration Award. His

particular areas of interest are cardiovascular disease and diabetes as well as the linkage of epidemiologic science to public health care policy as it related to diabetes. He is a fellow of the American College of Physicians and a member of Physicians for Social Responsibility, the Endocrine Society, and other professional organizations.

Z. Joseph Wanski, MD (Los Angeles)

Panelist, “Making a Difference - Perspectives on Diabetes Education and Care for Asian American Communities”

Dr Joseph Wanski is the Medical Director at Good Samaritan Hospital and a Clinical Associate Professor at the University of Southern California's Department of Medicine and Family Medicine. Dr. Wanski has several years experience treating diabetes. He is a member of several professional societies, including the American Association of Diabetic Educators, the American Diabetes Association, and the American Medical Association.

Mary Wenners, MSN, CDE (Boston)

Panelist, “Bridging Beliefs - Perspectives on Conventional and Alternative Diabetes Care for Asian Americans”

Ms. Mary Wenners is a nurse practitioner with 20 years of nursing experience at New England Medical Center and Brigham and Women's Hospital in Boston, MA. Ms. Wenners specializes in diabetes case management and educating patients associated with the diabetes and endocrine clinics. She was commended by the nursing management and physician staff in 1994 with the NEMC Staff Nurse Achievement Award.

Violet Woo, MS, MPH (New York)

Panelist, “Managing Obesity and Type 2 Diabetes - The Role of Nutrition for Asian American Communities”

Ms. Violet Woo is a Public Health Analyst at the Office of Minority Health. Ms. Woo has experience and operational knowledge of clinical and community health care service. She has also served as the principle researcher for a national health insurance advisor. She was the co-author of a publication in Nutrition Research, *The Effects of Moderate Exercise on Iron Status and Aerobic Capacity of Adult Women*, and of a recent publication in Ethnicity & Health, *Health Profile of Racial and Ethnic Minorities in the United States*.

NAWHO

The National Asian Women's Health Organization was founded in 1993 to achieve health equity for Asian women and families. NAWHO's goals are to raise awareness about the health needs of Asian Americans through research and education; to support Asian women and families as decision-makers through leadership development and advocacy; and to strengthen systems serving Asian women and families through partnerships and capacity building. Through its innovative programs, NAWHO is increasing knowledge of breast and cervical cancers, expanding access to immunizations, changing attitudes about reproductive health care, and breaking the stigma around depression and mental health.

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