NATIONAL DIABETES PREVENTION PROGRAM

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AUDIENCE PROFILE

ASIAN AMERICAN PERSONS

This profile provides general information and resources for teams working with health promotion and diabetes prevention programs among Asian American communities. For this profile, the group is defined as persons having origins in East and Southeast Asia, or the Indian subcontinent. These geographic areas include China, India, the Philippines, Vietnam, South Korea, Japan, Pakistan, Thailand, Cambodia, and Laos as well as more than 40 other countries and territories. This profile highlights information to enhance your understanding when working with Asian American communities by providing social and health demographics, including diabetes and prediabetes prevalence, risk factors, and actionable approaches to building trust. This document is not an in-depth research report or analysis, and it is recommended that you engage with members and leaders of local Asian American communities—and community- and faith-based organizations that support specific Asian American communities—for guidance and to provide input on specific program efforts.

OVERVIEW OF ASIAN AMERICAN COMMUNITIES

As of 2019, the Asian American population represents 5.9 percent of the overall U.S. population.[1] This section includes a brief demographic summary on the geographic diversity, socioeconomic status, and education background of the Asian American population. Note that due to the varied experiences of Asian American groups that settled in the United States, this information may not be applicable to all groups in some cases.

HOUSEHOLD INCOME. In 2019, $85,800 was the median household income for Asian American persons compared with $61,800 for the U.S. population as a whole. These overall figures vary among Asian origin groups. Four groups have household incomes well below the median household for all Americans: Bangladeshi, Hmong, Nepalese, and Burmese. However, Indian American households have the highest median income, followed by Filipinos, Japanese, and Sri Lankans.[2]

UNEMPLOYMENT RATE. In 2022, the unemployment rate for Asian American adults was 3.1 percent compared with 4.1 percent for the U.S. population. Note: this information may not be the same among all Asian American populations.[3]

POVERTY RATE. In 2017, eight of 19 Asian origin groups experienced poverty at rates higher than the U.S. average of 15 percent. Burmese (35 percent), Bhutanese (33 percent), and Hmong (28 percent) populations experienced the highest poverty rates among Asian origin groups.[3]

DISABILITY STATUS. In 2018, 4.3 percent of Asian American persons qualified as having a disability compared with 12.6 percent of the U.S. population. Note: this information may not be the same among all Asian American populations.[4]

COLLEGE EDUCATION. More than half of Asian American persons 25 years of age and older (54 percent) have a bachelor's degree or higher, compared with 33 percent of all Americans in the same age range. These percentages vary widely by Asian origin group. Indian American persons have the highest education level among Asian American groups, with 75 percent holding a bachelor's degree or higher in 2019.[2] Some Asian American refugees who hold bachelor's degrees in their country of origin may be employed in the United States in a field unrelated to their degree, which can impact income levels.

According to the U.S. Census Bureau, the term "first generation immigrants" refers to persons who are foreign-born. Immigrants who arrive in the United States as children of first-generation parents are known as the "1.5 generation." These fully bilingual and bicultural individuals have unique experiences serving as cultural interpreters for their parents, but they may have limited literacy proficiency. The second generation refers to persons with at least one foreign-born parent. The third generation and higher includes persons with two U.S. native-born parents. A variety of factors, including the country of origin, can influence how a person assimilates with U.S. cultural norms—and how persons who are immigrants communicate within and between generations and with non-immigrants in the United States. Education levels, employment, and health insurance coverage can vary based on a person's generational status.

Asian Populations in the United States[2]

Twenty-two million Asian American persons trace their roots to countries in East and Southeast Asia and the Indian subcontinent, each with unique histories, cultures, languages, and characteristics.

Asian American persons include those of Asian descent residing in the United States, from recent immigrants, those born in the United States, to those who have been in the United States for multiple generations.

Many Asian American persons (59 percent) are first-generation immigrants to the United States. About 25 percent of Asian American persons live in multigenerational households, a higher share than the U.S. population overall (19 percent).

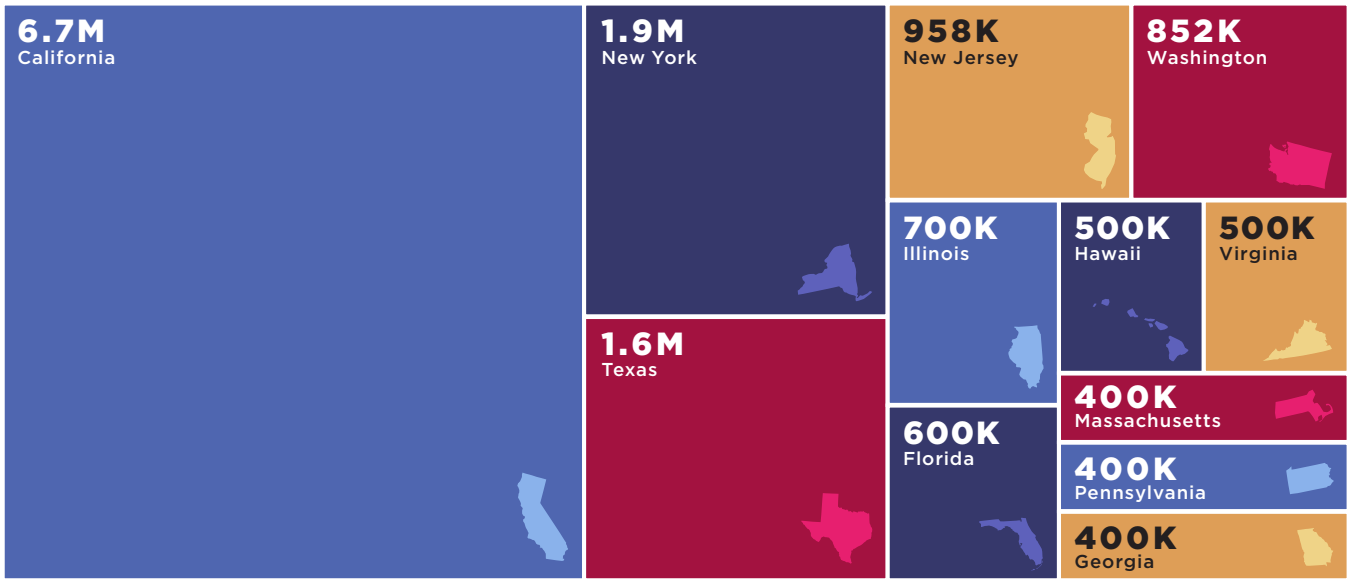
Nearly half of all Asian American persons (45 percent) live in the West, almost a quarter (24 percent) live in the South, a fifth (19 percent) live in the Northeast, and the remaining 12 percent live in the Midwest.

More Asian American persons live in urban areas than suburban or rural areas. For example, most Asian American persons in Illinois live in the greater Chicago area.[5]

Six countries of origin—China, India, the Philippines, Vietnam, South Korea, and Japan—account for 85 percent of the Asian American population.

The U.S. Asian population grew 95 percent between 2000 and 2019 (from 11.9 million to 23.2 million)—the fastest growth rate of any racial or ethnic group. This growth was driven by immigration.

Twelve States with the Largest Asian American Populations in 2019



Source: Pew Research Center

PREVALENCE OF DIABETES AND PREDIABETES AMONG ASIAN AMERICAN COMMUNITIES

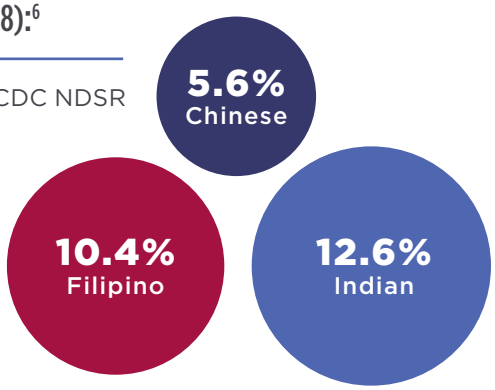
Between 2017–2020, it was estimated that 37.3 percent of Asian American persons had prediabetes compared to 38 percent for all Americans. Based on self-report, 30.1 percent of Asian American persons indicated prediabetes awareness, compared to 19 percent among Americans overall.[6] The prevalence of prediabetes may vary widely among different Asian American communities. According to research from the National Institutes of Health and the American Diabetes Association, more than half of Asian Americans with diabetes are undiagnosed.[7]

Between 2017–2020, the prevalence of diagnosed diabetes in Asian American persons 18 years of age and older was 11.3 percent compared with 11.0 percent of non-Hispanic whites. The prevalence of diagnosed diabetes in Asian American men was 10 percent, higher than Asian American women at 8.5 percent.[6] Indians were 70 percent more likely to be diagnosed with diabetes as compared to non-Hispanic whites.[8]

Diabetes prevalence for second-generation Asian American men (especially those of Chinese or Filipino origin) is higher than their first- and third-generation counterparts. This may be because first-generation men experience an "immigration health effect" (i.e., first-generation immigrant populations tend to be healthier than populations born in the United States), and third-generation men may have an easier time with acculturation than their second-generation counterparts. This finding is not the same for Asian American women, as first-generation women have a higher prevalence of diabetes.[9]

Populations with the highest prevalence of diabetes among Asian American groups (2017–2018):[6]

Source: CDC NDSR



RISK FACTORS RELATED TO PREDIABETES AND DIABETES

Among Asian American populations, having lower levels of socioeconomic status as noted above (e.g., education, income, poverty) may be associated with a higher prevalence of prediabetes and diabetes.[10]

People who have overweight (body mass index [BMI] of 25 or greater) or obesity (BMI of 30 or greater) are more likely to have diabetes, high blood pressure, and high levels of blood fats—which are all risk factors for heart disease and stroke.[11] In 2018, 34.2 percent of Asian American persons 18 years and older had overweight and 13 percent had obesity, compared to 32.9 percent of non-Hispanic whites with overweight and 30 percent with obesity. From 2004 to 2006, Filipino American adults were 70 percent more likely to have obesity compared to the overall Asian American population. These data are based on the BMI scale of 25 for overweight and 30 for obesity.[12]

For some persons from East and Southeast Asia, having a slender physical characteristic denotes good health. However, research has shown that people of Asian heritage are at a higher risk for diabetes at a lower BMI than other U.S. populations, and they should get tested if their BMI is 23 or greater (rather than a BMI of 25 or greater for most adults).[13] The Screen at 23 campaign aims to increase awareness of this guidance among health care providers.

ACCULTURATION AND ACCESS TO HEALTH CARE AND DIABETES INFORMATION

Asian American populations may be at increased risk of developing type 2 diabetes due to disparities in health care as a result of limited English language proficiency, cultural differences, access to health care, and discrimination.[14]

Some Asian American immigrants may experience acculturation stressors including family separation and limited English-language proficiency—which are barriers to health literacy, primary health care access, and obtainment of medical supplies.[15] Lower income, education level, and recency of immigration may reduce Asian American persons' ability to meet their health care needs.[16] A 2016 survey of Asian Americans in the Chicago, IL area found that South Asian (7 percent), Korean (11.6 percent), and Filipino (9.9 percent) communities were significantly less likely to have access to a regular health care provider due to a lack of health insurance coverage.[17] Fifty percent of Chinese American persons do not speak English at home, and language barriers have been associated with discrimination in health care settings.[14] However, for some groups of Asian American immigrants (i.e., those from the Philippines or India) this may not be the case, as English is often taught in schools in their countries of origin.[2]

Limited English-language skills often prevent Asian American populations from receiving the most current diabetes health information.[18] Some Asian American persons with diabetes may not be diagnosed due to underutilization of or lack of access to health care. For example, few Asian Americans who qualify for support such as Federally Qualified Health Centers (FQHCs) or safety net providers actually use these services.[9]

Indian American persons who have emigrated to the United States have higher rates of diabetes but a lower prevalence of prediabetes than their counterparts who still live in India. This may be due to the increased access to health care and diabetes screening practices available in the United States. Also, Indian American persons may have more knowledge of diabetes than populations living in India.[19]

When working with Asian American communities, it is important to practice cultural humility—defined as a lifelong process of self-reflection and self-critique whereby the individual not only learns about another's culture, but one also starts with an examination of her or his own beliefs and cultural identities.

UNDERSTANDING ASIAN AMERICAN CULTURES AND TRADITIONS

Understanding cultural values, customs, and traditions is essential when activating chronic disease and diabetes prevention programs among Asian American communities, particularly when working with first-generation immigrants. It is important to avoid making assumptions when speaking with an Asian American individual or group, as each Asian American culture has unique traditions and beliefs with diversity across and within communities—and each Asian American person is an expression of that culture with unique identities such as age, ethnicity, English fluency, rural or urban, gender identity, and sexual orientation.

Dietary traditions. Some similarities may exist among Asian American groups from different regions. Just as with other immigrant communities, food plays an important role, which includes traditions such as large gatherings and multigenerational family meals. In many Asian American families, women are likely to take on the responsibility of preparing traditional meals. Because of the important role food plays in cultural traditions, the whole family may need to be engaged to support changes to traditional eating patterns.

Overall, Asian foodways feature rice bowls and mixed foods in contrast to the Western plate method. The inclusion of whole foods, a variety of vegetables and spices, smaller amounts of meat, and fruit as dessert are healthful aspects of Asian cuisine. In addition, home gardening and family meals prepared at home provide opportunities for a nutritious diet. Challenges to healthful eating among Asian Americans include white rice—a staple seen as a vital food and linked to an increased risk of obesity and type 2 diabetes. Consumption of high-sodium seasonings (soy, fish sauce), preserved foods, rich sauces, and use of animal fats and palm oil can contribute to less healthful eating. Foods high in added sugar such as celebratory moon cakes and pastries tend to become everyday foods. In addition, the adoption of a Western diet among some Asian American persons is often associated with less healthy dietary choices such as convenience foods and larger portions.

Eating patterns can vary greatly among Asian American communities. For example, southwest Asian cooking (i.e., India, Pakistan, Burma) may include strong spices, curry, yogurt, chapati made from wheat or barley, naan bread, beans, vegetarian dishes, and cooking with a butter oil. Northeast cuisine features fats, oils, and sauces (e.g., China), deep-fried and raw foods (e.g., Japan), or grilling and sautéing with hot chili spices (e.g., Korea). Southeast style (e.g., Thailand, Laos, Cambodia, Vietnam, Malaysia, Indonesia) centers around lightly prepared foods and spices such as citrus, basil, lemon grass, and mint. It is important to note that these are examples and a variety of cuisines and eating patterns can exist within the same country or region.

Some Asian cultures embrace the belief that food can be used as medicine and that providing food in times of illness is beneficial to healing.

Social norms. Feeling the need to maintain social norms can be common within Asian American communities. These social norms can affect one's ability and desire to make dietary and other lifestyle modifications. Asian American persons may worry that changing their traditional diet could potentially impact their cultural identity. As in many non-Asian U.S. communities, there may also be a belief among Asian American persons that replacing traditional foods with healthier options will affect the taste of foods.

Traditional medicine. Some Asian American persons may not view diabetes as a chronic disease, rather a condition that can be cured by Eastern medicine—including a variety of foods, herbal remedies, acupuncture, meditation, Chinese movement (e.g., tai chi, dance), and medicine which is used to bring a balance of hot and cold, or "yin and yang." In the United States, these may be considered alternative or complementary treatments that do not align with Western medicine in some cases. In addition, Eastern medicine practitioners look at the needs of the whole individual, whereas a practitioner of Western medicine might prescribe similar medications and treatments for multiple patients suffering from the same ailment or focus on a patient's vital signs (weight, blood pressure, lab results) and symptoms. Programs can develop health marketing and health promotion resources that convey Asian American patients discussing a combination of Eastern and Western medicine treatment options with their health care providers.

Spirituality. Among the more traditional elements of Asian American culture, spirituality and faith have been important to Asian American communities as they were for the generations before them. History has shown that various forms of spirituality and faith, places of worship, and religious organizations have played a key role in helping Asian American persons deal with the upheavals of immigration, adapt to life in the United States, and adjust to other difficult personal and social transformations—by providing a comfortable environment where they can socialize, share information, and integrate into the community. Religious leaders can help build communities by giving Asian American groups another source of solidarity—in addition to their common ethnicity—to build relationships and cooperation. Churches also provide social status and prestige for their members through leadership opportunities.

Churches, temples, and other cultural and religious organizations often provide their Asian American members with assistance and access to resources related to language translation services, health care, counseling, employment, education, housing, financial and legal advice, and social services.

There are many different religious beliefs and practices within the Asian American community. A nationwide survey of Asian American adults in 2012 showed that Christians are the largest religious group among Asian American adults (42 percent), followed by those who are unaffiliated (26 percent). Buddhists are third, accounting for about one in seven Asian American adults (14 percent); followed by Hindus (10 percent), Muslims (4 percent), and Sikhs (1 percent). Followers of other faiths make up two percent of Asian American communities.[20] Some examples of more common religious affiliations include Filipino Americans and the Catholic faith, Vietnamese Americans and Buddhism, and Korean Americans and Protestant denominations.

ACCEPTANCE OF ASIAN IMMIGRANTS IN MAINSTREAM AMERICAN CULTURE

Asian American communities have deep roots in the United States dating back to the 19th century. Over the past 50 years, Asian American persons arrived in the United States at an accelerated rate, as middle-class immigrants with varied backgrounds, to fill the demand for professional and skilled labor. Many Asian-origin immigrants have attained high education levels and worked hard to achieve economic success. Over time, the influence of Asian American persons in U.S. culture has resulted in increasing popularity and acceptance of complementary and alternative medicine and the connection between spirituality and health (e.g., yoga and meditation practices). Additionally, interest in and practice of Asian faiths (e.g., Buddhist and Hindu teachings) has greatly increased among Americans.

Despite the assimilation of Asian American persons who are viewed by many as being integral to U.S. communities, they may also be seen by others as not being a central part of American culture. Some Asian American persons believe they must constantly prove that they are truly Americans. Despite the fact that the current narratives of Asian American persons go well beyond those of first-generation immigrants, it is often overlooked that many Asian American persons have been in the United States for centuries and have contributed to the growth and success of Western culture.

SOURCES OF STRENGTH AMONG ASIAN AMERICAN COMMUNITIES

- Varied customs, values, and traditions
- High valuation of family relationships, education, and religion
- Welfare and integrity of the family
- Guiding principles of peace, balance, humility, and social harmony
- Strong sense of faith that may influence family, lifestyle, and belief systems
- High degree of professional and academic success
- Strong work ethic among all generations
- Respect for authority

Asian American persons, families, communities, and businesses have been disproportionately impacted, harmed, and even killed in the United States during the cascading crisis of the global pandemic and the legacies of entrenched anti-Asian racism and discrimination. On May 20, 2021, the President signed into law the COVID-19 Hate Crimes Act in response to the alarming rise in violence against Asian American persons. In addition, numerous organizations, groups, and individuals have come together to call for racial equality, justice, and healing.

BUILDING RELATIONSHIPS WITHIN THE ASIAN AMERICAN COMMUNITY

Building trust within Asian American communities includes showing respect for each individual and taking the time to get to know key stakeholders. Programs can proactively reach out to influential community leaders to identify key Asian American stakeholders and decision-makers who can help to engage community members and encourage participation in diabetes prevention programs.

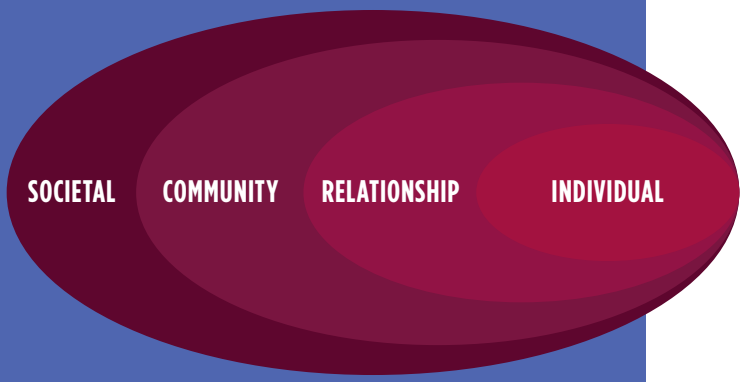
TRUSTED SOURCES AND INFLUENCERS

Health care professionals. Often, Asian American persons are hesitant to challenge authority figures.[14] A majority (64 percent) of Asian American respondents to a Scarborough (2020) market research survey noted they always do what their doctor tells them to do. In Chinese culture, the patient often views the doctor as an authoritative figure not to be openly disagreed with or questioned. Sometimes, spouses rely on doctors to influence their partner's health behaviors, because they see the doctor as more persuasive than themselves.[14]

Family members. About half (52 percent) of Asian American respondents to the Scarborough survey said they trust the opinions of family and friends about health-related issues. For Chinese American persons, family members are often a more important source of health information than the internet.[14]

Korean American persons may have a mistrust of their doctors' recommendations, preferring to receive health information from their network of family or friends and traditional Asian medicine.[21]

The Social Ecological Model of Health enables community-engaged partnerships to improve health—for example, by taking actions that encourage healthy individual choices, promote interpersonal/group health activities, help communities and employers to increase access to healthy foods and fitness, and advocate for societal change such as health regulations and mandates. Actions at all these levels can help support long-term health improvements in Asian American communities.



OUTREACH WITH ASIAN AMERICAN COMMUNITIES

Below are suggested strategies for conducting outreach with Asian American populations. Conducting your own research is critical to understanding which outreach strategies will work best with the audience you are trying to reach.

HEALTH PROMOTION STRATEGIES

Asian American persons are likely to act according to their values or beliefs, or what is considered to be the norm in their community. Practices and beliefs have evolved over generations and through varying degrees of assimilation into the Western way of life. Asian American individuals may be perceived as rule-abiding and sometimes passive to avoid confrontation. Understanding their health beliefs, cultural practices, and communication preferences can play an important role in developing and implementing health promotion programs. A family-centered approach may be effective for some, but not necessarily all, Asian American individuals or groups.

Community driven outreach. Outreach with Asian American persons should be community driven and focused on personal relationships, cultural tailoring, and using respected local sources of information such as health care professionals, community centers, and local media. Partnering with community- and faith-based organizations is key to creating and sharing culturally relevant messages, images, and promotional materials in ways that connect with community members. Programs should also keep in mind that some Asian American persons, especially recent immigrants and older adults, may prefer materials in their first language. They also may not have regular internet access, which can decrease the usability of web-based outreach and initiatives.

The National DPP lifestyle change program (LCP) leader and participant curriculum is available in several Asian languages. Community health workers and health promotion program staff within the community can play an important role as you conduct outreach efforts and train National DPP LCP coaches in your community.

MEDIA TRENDS

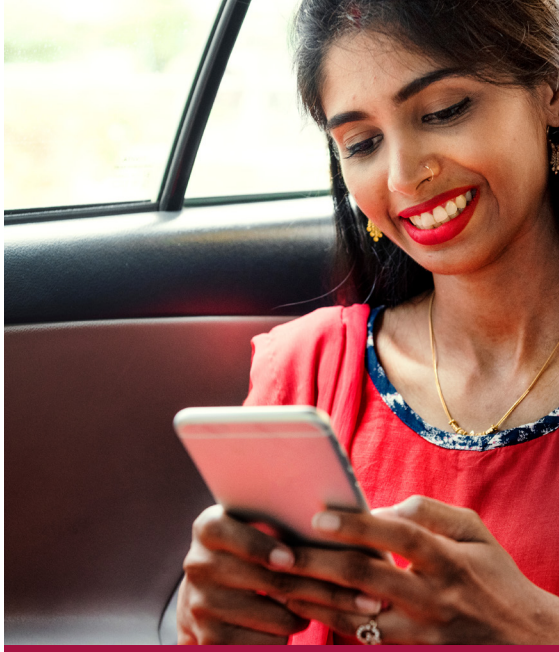
Print newspapers and the internet, including social media, are often how Asian American communities access health information. Media trends vary across generations and education levels. According to the Scarborough (2020) market research data, Asian American persons are more likely to use the internet and read print newspapers than listen to the radio or watch television.

- **Asian American persons who use the internet the most are under age 65, while Asian American adults aged 65 and older use the internet mostly to visit AARP.**
- **Nearly half of Asian American respondents typically conduct research online prior to a doctor visit, as it gives them confidence to speak knowledgeably about a medical condition.**
- **Asian American adults are as likely to report seeing health care advertisements on the internet when compared to all U.S. adults.**
- **Chinese news or radio may have a greater reach for some Chinese American persons than social media efforts.**

Address potential barriers. Health promotion programs ideally will address potential barriers, such as lack of access to health resources for Asian American families. Some Asian American individuals may also experience transportation issues and rely on a spouse or family member to access health care and social services. Health centers may not have translators readily available for every language. In addition, some Asian American populations do not have adequate health insurance through their employer or lack coverage due to economic hardship. A significant barrier to individuals seeking lifestyle change programs may result from fear of social stigma and shame among community members. In some Asian cultures, illness may be viewed as an "act of God" or brought on by a curse or punishment.

SEEKING HEALTH INFORMATION

Asian American persons seek out family members, friends, health professionals, and health information websites more than other sources of health information. The internet has allowed some Asian immigrant populations to easily access health information in their native language. A majority of Asian American adults are cautious of where they access health and wellness information, and almost half report they do not trust the medical information that other people share on social media. However, crowd-sourcing—making an appeal to the general public on the internet—is popular among the younger Asian American generation who tends to access social media groups, forums, or chats to share information among their peers.



Scarborough (2020) market research data showed more than half (55 percent) of Asian American respondents would be more likely to visit a health website that was recommended by their doctor, or if they saw it in the doctor's office.

CONSIDERATIONS FOR MESSAGING

Tailored messaging and communications that are culturally relevant to specific Asian American populations of focus are critical when raising awareness of prediabetes. Throughout communities, messages and approaches to health should be consistent with cultural and family values and reinforced through respect for social harmony, relationships, dietary practices and preferences, food as medicine, traditional home remedies, and the cultural metaphor of balance.

Family roles. Understanding family roles, particularly among spouses, is an important factor in communicating with Asian American communities. Some Asian American adults believe that support from their spouse is critical in making dietary modifications. Spouses often communicate in a way that maintains family harmony in social settings and avoids placing a burden on others; for example, choosing not to ask a host to accommodate dietary modifications for their spouse. Within Asian American families, generational differences are also key when developing messaging.

Cultural beliefs. Health promotion programs will be most successful when coaches and educators help communities to preserve their cultural identities while improving health outcomes. An important facet to understanding Asian American health practices is awareness that certain cultural beliefs may not align with current health recommendations or guidelines. For example, nutrition education materials may not account for culturally appropriate dietary choice and traditional home remedies in an Asian American household. These are great opportunities to work closely with health promotion program educators and coaches who are familiar with the community to refine your messages—for example, healthy food options—and make them culturally relevant for your communities.

Community driven. Health promotion messaging should be community driven and based on awareness of the level of acculturation within each population of focus. Conducting focus groups, interviews, and surveys with Asian American community members can support identification and understanding of community perceptions related to prediabetes, diabetes, and health care. Advisory boards, along with community needs assessments, are effective ways to learn from community members and health professionals about diabetes prevention messaging that will resonate with populations of focus. See the Questions Guide below for more information.

Community health priorities. Consider collaborating with community health leaders to discuss health issues and priorities—to maximize efforts by co-promoting prediabetes and diabetes prevention along with other conditions that disproportionately affect Asian American persons such as cardiovascular disease, colorectal cancer, and hepatitis B.

Tailoring. Providing each Asian American audience with tailored messaging, preferred language(s), images, educational materials, and resources—while also addressing cultural practices and societal norms—can help to ensure effective communication and outreach. Trusted messengers and partners within the community can assist with tailoring media efforts as part of their outreach. This includes health care professionals, community health workers, coaches, and other persons of authority such as elders, family members, faith leaders, and Asian American community health organizations that are considered highly trusted sources of health information. Many health education materials are available and tailored for specific populations (e.g., CDC's Know Hepatitis B campaign materials for Asian American audiences).

FOR ADDITIONAL INFORMATION ABOUT WORKING WITH ASIAN AMERICAN COMMUNITIES, PLEASE VISIT THE RESOURCES HIGHLIGHTED BELOW:

Asian American Culture

Asian American and Pacific Islander Heritage Initiative

Understanding Our Perceptions of Asian Americans

Asian Americans Then and Now: Linking Past to Present

Asian Health Coalition: Asian Profile Series

Diabetes Prevention for Asian American Communities

Building a Quality Improvement Prevention Program for Asian American, Native Hawaiian, and Pacific Islander Patients with Pre-Diabetes

Disparities in Age at Diabetes Diagnosis Among Asian Americans: Implications for Early Preventive Measures

QUESTIONS TO HELP GUIDE AND INFORM ASIAN AMERICAN DIABETES PREVENTION PROGRAM EFFORTS

COMMUNITY BACKGROUND

- ❒ What is the demographic background of the Asian American population in your region? (e.g., population percentage, age, gender, country of origin and birth, language, socioeconomic status, immigrant and refugee status)
- ❒ What is the community's level of food insecurity?
- ❒ What percentage of each Asian American community has diabetes or prediabetes?
- ❒ What are the cultural backgrounds and language differences among local Asian American communities?
- ❒ What is the level of acculturation among each population you are trying to reach?
- ❒ Within your community, are there groups that work with Asian American persons such as coalitions, mutual aid societies, chambers of commerce, community- or faith-based organizations?

HEALTH CARE AND HEALTH INFORMATION SEEKING BEHAVIORS

- ❒ Where specifically do Asian American community members go for health care services?
- ❒ How accessible is health care within the community, especially for Asian American persons?
- ❒ Are health information seeking behaviors the same or different for Asian American persons when compared with other populations within the community? If they are different, how?
- ❒ Who are the trusted sources for health information within Asian American communities? Are health sources different or the same as other trusted sources?

TRUSTED SOURCES

- ❒ Who are the trusted thought leaders (e.g., community influencers, religious leaders) in your local community—specific to the Asian American community or in general?
  - » Community-based organizations? Faith communities? Health care providers? Vocal advocates?
- ❒ Who are the leaders and champions or gatekeepers for these groups? With whom do you need to collaborate?
- ❒ How can you use these trusted sources to help you market and promote your lifestyle change program?

MEDIA HABITS

- ❒ Which media channels—including social and digital media—are most popular or preferred among Asian American persons in your community?
- ❒ What relationships do you have with these media outlets? Who do you need to reach out to?
- ❒ What infrastructure does your organization have to use popular social and digital channels? What media channels do you need to strengthen?

MESSAGES

- ❒ Are your messages culturally sensitive? Do they reflect cultural humility?
- ❒ Are the language(s) and literacy level appropriate for the audience you are trying to reach?
- ❒ Do you have images that will resonate with specific Asian American communities? You will probably need to find new images for each language that you use.
- ❒ Are you working with community organizations or groups that will be able to assist with message development for your marketing materials?

BARRIERS AND BENEFITS TO THE NATIONAL DIABETES PREVENTION PROGRAM

- ❒ What are the specific barriers to promoting the lifestyle change program in the Asian American community?
- ❒ How will you work to mitigate these barriers?
- ❒ What lifestyle change program benefits are meaningful to Asian American community members? How can you work these benefits into your marketing materials?

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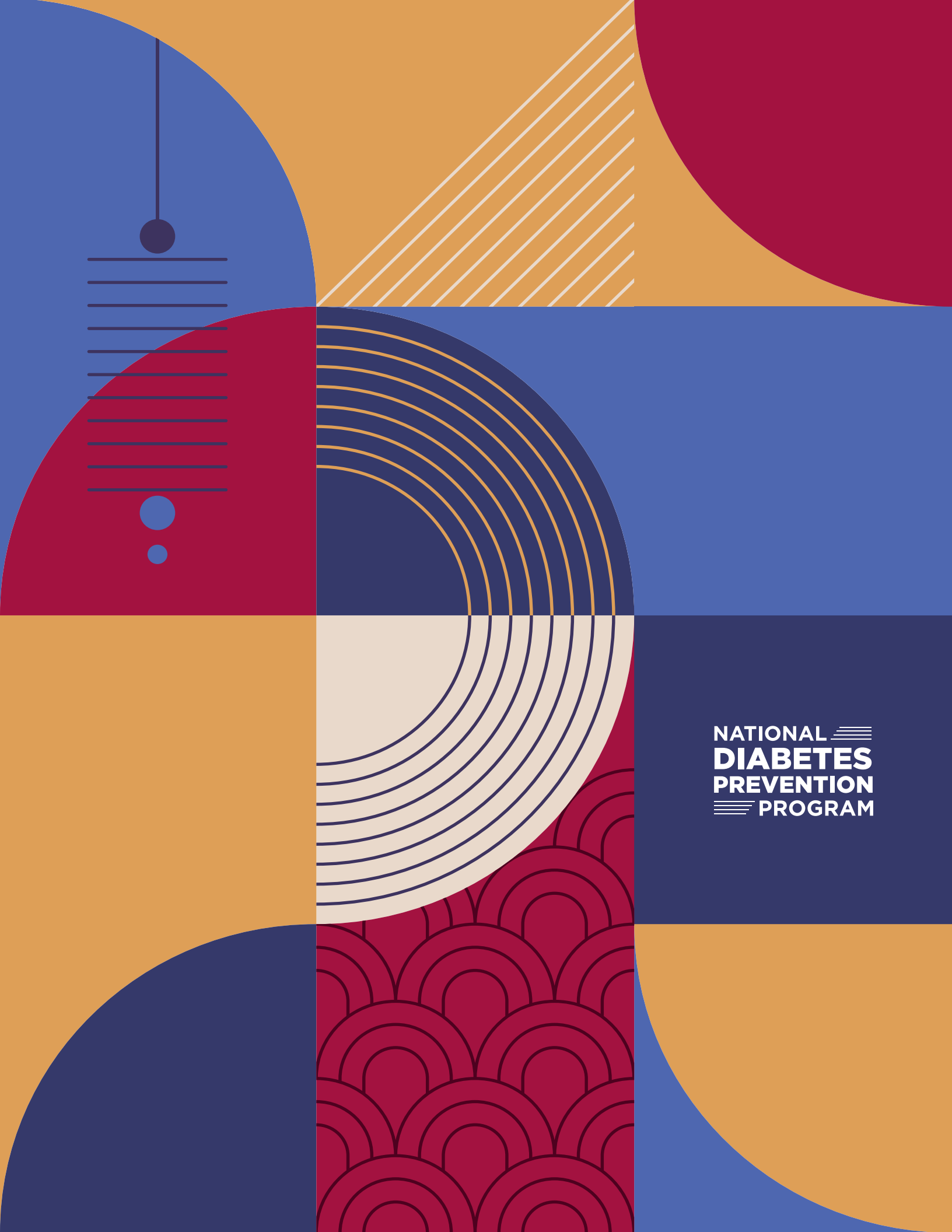
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