



A Healthy Equity Framework

for Asian Americans (AA)

Barriers to Health Equity

Community-Based Strategies

Health Disparities

Social Determinants of Health

Predisposing barriers

Community Interventions

Capacity Building Opportunities

Outcomes

Asian Americans are **40 percent more likely** to be diagnosed with diabetes than non-Hispanic Whites. Diabetes prevention services for AA & NHPs lack cultural and linguistic competency. **Asian Americans** with diabetes were **less likely to meet glycemic, cholesterol and the collective 'ABCs' goals** than whites with diabetes¹

Healthcare Access & Quality

Lack of access to affordable and linguistically and culturally appropriate healthcare services

Shortage of clinical & health outcomes data for AA groups; aggregated findings mask critical health disparities and drivers of diabetes for AA populations

AA & NHP individuals represented 0.2% of the total health-related federal expenditures²

Lack of bilingual physicians and/or translators to deliver culturally and linguistically appropriate care

- Inability to capture disparities in data and underlying social factors needed to develop evidence-based solutions that inform public health efforts
- Socio-cultural and linguistic **isolation from mainstream public health campaigns** and programs discourages Asian Americans from seeking and/or accessing preventative care services

- Translation of messages for broader delivery (nutrition, physical activity, etc.) and **amplification by trusted leaders** and messengers
- Implementing **language access programs**, free health lines, neighborhood-based education programs, and discounts/health-based incentives
- Explore the association between known risk factors for diabetes and diabetes prevalence among disaggregated Asian American sub-ethnic groups to better inform prevention efforts and intervention strategies

- Collaborative opportunities for organizations to share promising practices, share resources, connect with local organizations and develop interpersonal connections
- Creating educational opportunities for healthcare providers and staff to **strengthen culturally competent services**
- Ensure meaningful **involvement and input from Asian American communities** in the development and implementation of health promotion campaigns

- **Increased** cultural competent service delivery and **comfortability of AA communities seeking care**, especially around diabetes
- Increased community knowledge of diabetes prevention efforts for Asian Americans
- Increased ability for CBOs and other multi-sector partnerships to implement evidence based improvements that reduce diabetes-related disparities among AA communities