COMMENT ON HSU ET AL.

BMI Cut Points to Identify At-Risk Asian Americans for Type 2 Diabetes Screening. Diabetes Care 2015;38:150–158

Stella S. Yi, Nadia Islam, and Chau Trinh-Shevrin

Diabetes Care 2015;38:e90 | DOI: 10.2337/dc15-0470

Hsu et al. (1) provided a comprehensive and informative overview of the existing literature pertaining to BMI, body composition differences, and type 2 diabetes prevalence and incidence in Asian American adults. We commend the authors' excellent policy recommendation based on the data available and further applaud the American Diabetes Association for its subsequent change of the BMI cutoff for diabetes screening in Asian Americans. Throughout the article, the authors highlighted the need for prospective data in Asian American populations, and we would like to offer further expansion and support for this perspective.

A common stereotype that has been applied to Asian Americans is that they are the model minority—this stereotype posits that Asian Americans are educated, law-abiding, and hardworking and have high incomes, low crime rates, and close family ties (2,3). From a broad perspective, it implies that Asian Americans are not an underprivileged racial/ethnic minority when compared with other racial/ethnic groups (4).

Because of the model minority stereotype, Asian Americans are commonly believed not to experience health disparities compared with whites or other racial/ethnic minorities. Therefore, less priority and resource allocation are placed on understanding the health needs among and within Asian American populations. For example, many national and local health databases and surveys often lack adequate sample sizes of Asian Americans, thereby inhibiting the ability to fully assess the disease burden for these populations. Even when available, Asian Americans are not routinely reported nor often considered in the discussion around racial/ethnic health disparities.

As Hsu et al. suggested (1), there is a severe lack of longitudinal cohort studies that include Asian Americans, that report on the Asian American results disaggregated from the larger cohort, or that are comprised exclusively of Asian American participants. In this particular case of BMI and diabetes, the authors, together with stakeholders in other sectors, came together to change screening recommendations that are relevant and appropriate for Asian Americans. These types of collaborations are unusual and commendable. These singular efforts, however, need to be supported by a firm commitment at the federal and state level to capture prospective data on a range of health conditions that reflect the full breadth and diversity of the Asian American population. Further, efforts to more effectively capture clinical data indicators for Asian Americans through collection and reporting of racial/ethnic subgroup data in registries and electronic health record data are needed in order to ensure the meaningful assessments of health status, the understanding of the magnitude and nature of health disparities, and the advancement of evidence-based practice for Asian Americans. We close with a quote from Lee et al. (5): "Can an evidence-based protocol with efficacy in a predominantly racial/ethnic minority sample (ie, Black or Korean) be considered [evidence-based practice] for the White population?"

Funding. This work is supported by grants P60MD000538 from the National Institute on Minority Health and Health Disparities, U48DP005008 from the Centers for Disease Control and Prevention, and UL1TR000067 from National Institutes of Health National Center for Advancing Translational Sciences.

Duality of Interest. No potential conflicts of interest relevant to this article were reported.

References

1. Hsu WC, Araneta MRG, Kanaya AM, Chiang JL, Fujimoto W. BMI cut points to identify at-risk Asian Americans for type 2 diabetes screening. Diabetes Care 2015;38:150–158
2. Cheng C. Are Asian American employees a model minority or just a minority? J Appl Behav Sci 1997;33:277–290
3. Kawai Y. Stereotyping Asian Americans: the dialectic of the model minority and the yellow peril. Howard Journal of Communications 2005; 16:109–130
4. Wong F, Halgin R. The "model minority": bane or blessing for Asian Americans? J Multicult Couns Devel 2006;34:38–49
5. Lee H, Fitzpatrick JJ, Baik SY. Why isn't evidence based practice improving health care for minorities in the United States? Appl Nurs Res 2013;26:263–268

Department of Population Health, New York University School of Medicine, New York, NY

Corresponding author: Stella S. Yi, stella.yi@nyumc.org.

The contents of this publication are solely the responsibility of the authors and do not necessarily represent the official views of the National Institutes of Health and Centers for Disease Control and Prevention.

The author(s) of the cited article did not feel a response was needed.