FOR IMMEDIATE RELEASE
11/16/2015

Contact: David Hawks
202-441-1192
dhawks@ncapip.org

Judy Chu and Allied Pacific IPA Call on Doctors to “Screen at 23”
Congresswoman, Physicians and Advocates Come Together to Support Appropriate Diabetes Testing for Asian Americans

On Saturday, November 14 at the APC Senior Wellness Center in Alhambra, California, the Allied Pacific IPA voted to endorse and support the “Screen at 23” campaign to unmask the hundreds of thousands of hidden cases of diabetes among Asian Americans. Congresswoman Judy Chu, Representative for California’s 27th Congressional District, called on doctors and the public to be aware that Asian Americans are at risk for diabetes at a body mass index of 23. The annual shareholder meeting of the over 2,000 member IPA included continued medical education provided by Dr. George King of Joslin Diabetes Center, one of the foremost researchers in the world on diabetes among Asian populations.

“I am thrilled to see the medical community and advocacy organizations collaborate to raise awareness on how diabetes impacts the Asian American and Pacific Islander (AAPI) community. AAPIs are almost twice more likely than the general population to develop diabetes. Through years of careful research, we now know that for our community, the trigger Body Mass Index (BMI) is lower than average. During National Diabetes Month, I urge the AAPI community to encourage family members, friends, and loved ones to get screened and be on alert for BMI number 23. In Congress, I will continue fighting for funding for the National Institutes of Health (NIH) so they can pursue groundbreaking medical research and for legislation that will ensure the AAPI community has the tools they need to lead happy and healthy lives.”, said Congresswoman Chu, who has championed health equity for minorities since she took office in 2009 and chairs the Congressional Asian Pacific American Caucus.

“This Screen at 23 Campaign is a diabetes initiative based on a screening practice that many of our physicians are familiar with, however, we know that most physicians are not,” said Dr. Kenneth Sim Chairman of Allied Pacific IPA’s Board of Directors. "It’s important for us to come together and get this message heard.”

Organized by the National Council of Asian Pacific Islander Physicians (NCAPIP) in partnership with Joslin Diabetes Center’s Asian American Diabetes Initiative and the Asian American, Native Hawaiian, and Pacific Islander Diabetes Coalition, the “Screen at 23” campaign was launched in October 2015, coinciding with the San Francisco Health Commission’s resolution to support the campaign across the SF County health network.
“Diabetes happens in Asian Americans at a body mass index of 23. We are different, and ‘Screen at 23’ is a result of years of collaborative work to demonstrate that we need appropriate screening guidelines; it was critical for NCAPIP to create and push this campaign,” said Dr. Ho Luong Tran, President & CEO of NCAPIP, who coordinates the AANHPI Diabetes Coalition’s efforts.

In January 2015 the American Diabetes Association (ADA) adopted a body mass index of 23 as a risk factor to consider for diabetes testing among Asian Americans in their *Standards of Medical Care in Diabetes*.

“Researchers and Doctors who are studying and taking care of Asians and Asian Americans have observed that these populations develop a risk for diabetes at lower BMI than other ethnic or racial groups and that has driven the need for ‘Screen at 23’,” said Dr. George King, co-chair of the AANHPI Diabetes Coalition. “We are seeing a spike in diabetes among Asians around the globe, and here in the United States with over half of the people with diabetes undiagnosed. That's unacceptable.”

To find out more about the campaign and how to help, go to [Screenat23.org](http://Screenat23.org)

###

*The Asian American, Native Hawaiian, and Pacific Islander Diabetes Coalition is a coalition of twenty national and local organizations dedicated to advancing the study and treatment of diabetes among AANHPI, eliminating diabetes disparities among AANHPI communities, and alleviating the diabetes burden overall.*