

Exploring Cultural Readiness: A Phenomenological Study of the Engagement of Vietnamese Americans in Diabetes Prevention and Self-Management Programs

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Type 2 Diabetes (T2DM) is a critical condition that is rapidly becoming an epidemic in America. Two major components leading to the increase in numbers in this country is the lifestyle people choose and the support they are offered. Due to the western centric focus for the Diabetes Prevention Program in the United States, Asian Americans are not getting the proper care for Diabetes that takes into account the cultural differences between Asian Americans and White Americans. Due to the disparities in diet and expectations on exercise, there is a major gap of understanding between a provider who is not aware of these cultural differences and a patient. Additionally, their priorities, whether family or other aspects of life, and social determinants of health vary drastically. There are multiple genetic influences, including the ability to produce insulin and prevent insulin resistance, fat storage, and other contributors. Based on a multitude of factors, it is difficult to provide preventative care solely based on an outdated Prevention Program. Existing diabetes prevention programs, such as the Diabetes Prevention Program (DPP) and Diabetes Self-Management Education and Support (DSMES), often fail to address the cultural, socioeconomic, and genetic factors unique to this group. This study explores the readiness of Vietnamese Americans to engage with culturally tailored diabetes prevention and self-management programs by examining their experiences, cultural beliefs, and barriers to participation. Utilizing the Transtheoretical Model (TTM), the readiness of participants to engage in diabetes programs across five stages of change was assessed. The study involved 26 Vietnamese American participants aged 18-87, with 42% diagnosed with prediabetes and 15.4%

with diabetes. Key findings revealed slight variation in readiness to engage in prevention programs or lifestyle changes, but most leaned towards hesitancy and unreadiness. Family support, accountability, culturally relevant meal plans, and flexible scheduling were identified as major motivators, while barriers included financial constraints, time limitations, language barriers, and cultural stigma. Cultural values, such as prioritizing family over personal health, and traditional dietary habits, influenced willingness to adopt healthier behaviors. The study emphasizes the need for culturally tailored interventions that consider the psychosocial factors influencing health behaviors, such as family dynamics, community networks, and traditional health practices. These insights suggest that community-based, personalized programs focusing on cultural relevance and accessibility are key to improving engagement in diabetes prevention and management among Vietnamese Americans. Further research with a larger, more diverse sample is needed to refine these interventions and address the unique needs of this population.