

**DATE:** February 12, 2013

**TO:** The Honorable Laurie Monnes-Anderson, Chair  
Senate Health Care and Human Services

**FROM:** Katrina Hedberg, MD, MPH  
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**SUBJECT:** SB 169 - Diabetes Plan and Report

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Chair Monnes-Anderson, and members of the committee, I am Dr. Katrina Hedberg, State Epidemiologist, and Chief Science Officer in the Public Health Division. I am here today to testify on the importance of addressing the issue of diabetes in Oregon through a coordinated, evidence-based approach.

Diabetes is a major public health issue in Oregon. In 2011, 278,000 Oregon adults and 2,500 Oregon children had diabetes, and an additional 7,100 adults are diagnosed every year. Complications of diabetes include heart disease, vision loss, kidney damage, and nerve and blood vessel damage that can require amputations. In 2011, 4,274 hospital admissions in Oregon listed diabetes as the principal diagnosis at a cost of \$91 million. According to the American Diabetes Association, the estimated direct medical expenditures for diabetes in Oregon are close to \$1.68 billion annually.

The Public Health Division supports coordinated, well-planned, evidence-based efforts to reduce the burden of diabetes in Oregon. A plan to slow the rate of diabetes and obesity was produced in response to HB 3486 in 2009. That plan focused on a comprehensive approach to preventing and managing diabetes in the state. Unfortunately, resources have not been available to fully implement that plan, but elements of the plan have been implemented when funding has been obtained.

SB 169 would require specific data collection and reporting in addition to the Public Health Division's on-going diabetes tracking efforts. This would necessitate the development of new data collection systems and dedication of staff time for data collection, analysis, and reporting. In particular, the Oregon Health Authority (OHA) would need to develop systems to collect and report data on diabetes

prevalence, diabetes-related costs, and diabetes-related services for all state and public education employees, along with all OHA clients. The costs related to this additional data collection and reporting will result in a fiscal impact from this bill.

The Oregon Health Authority's Triple Aim is better health, better care, and lower costs. Oregon has taken significant steps to transform its health system in a manner that focuses on multiple chronic diseases and their overlapping risk factors and comorbidities. Among people with diabetes, 83 percent are obese or overweight, and 17 percent have cardiovascular disease. Diabetes represents only one component of escalating health-related costs in Oregon. Chronic diseases account for 85 cents of every dollar spent on health care in the United States.

Through health system transformation, the Oregon Diabetes Program has promoted metrics for evidence-based diabetes prevention and management in Coordinated Care Organizations and Patient Centered Primary Care Homes. These include control of hemoglobin A1c, hypertension, and high cholesterol, and support for smoking cessation. Many aspects of SB 169 are likely to be addressed in a more comprehensive manner through health system transformation and other state health reform efforts.

The Public Health Division is committed to addressing diabetes using the limited federal resources it receives to monitor the prevalence, complications and costs of diabetes in the state, as well as support community efforts to support health, engage with the health care delivery system, and build infrastructure for evidence-based chronic disease management programs. We appreciate the opportunity to discuss the important public health issue of diabetes with you and I would be happy to take any questions at this time.