

## Oregon Diabetes Report: Executive summary

Oregon is faced with an alarming increase in obesity and diabetes. Approximately 287,000 Oregon adults have diabetes, a condition that costs \$2.2 billion annually to treat. About 1.1 million individuals may have prediabetes. An estimated 1,835,000 adult Oregonians are obese or overweight, putting them at high risk of developing diabetes or developing severe complications if they already have diabetes. The burden of obesity and diabetes will continue to increase unless fundamental changes occur to reverse these trends. This report, required by Oregon Senate Bill 169 (2013),\* focuses primarily on type 2 diabetes and prediabetes, and how those conditions may be prevented.

### Findings of the report include:

- The prevalence of diabetes among adults in Oregon has more than doubled — an increase of 124% — over the past 20 years. There are approximately 287,000 adults with diagnosed diabetes in Oregon and an estimated 110,000 adults with diabetes who do not know it.
- Diabetes is slightly more common among men compared to women (9.2% vs. 7.8%).
- More than 18% of adults aged 65 years and over have been diagnosed with diabetes compared to 2% of adults aged 18 to 34 years.
- African Americans are three times as likely and American Indian and Alaska Natives are twice as likely to have diabetes compared to non-Latino whites.
- An estimated 1.1 million (37%) adults have prediabetes, which puts them at high risk for developing type 2 diabetes.
- In 2013, about 821,000 (27%) adults were considered obese and 1,014,000 (33%) were overweight.
- In 2012, diabetes caused 4,397 hospitalizations in Oregon with a total paid cost of \$44 million. Additionally, 7,541 hospitalizations were caused by heart disease among patients with diabetes, with a total paid cost of nearly \$112 million. In comparison, hospitalizations due to asthma cost \$13 million, chronic lower respiratory disease (CLRD) cost \$48 million, stroke cost \$128 million, and heart attack cost \$129 million in 2012.
- The estimated total cost of diabetes in Oregon is nearly \$3 billion per year. Medical expenditures associated with diabetes in Oregon total nearly \$2.2 billion each year. Costs associated with reduced productivity from diabetes are estimated at \$840 million per year.
- An estimated 38,000 (19%) OHP members have been diagnosed with diabetes. More than \$106 million in direct claims cost were paid by OHP in 2012 for diabetes and diabetes-related complications.
- About 5% of Public Employees' Benefit Board (PEBB) and Oregon Educators Benefit Board (OEBB) covered employees have been diagnosed with diabetes. Diabetes and diabetes-related conditions cost PEBB and OEBB more than \$46 million in 2012.

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\* SB 169 directed OHA to develop this report. OHA's Public Health Division prepared the report.

In 2007, the Oregon Legislature passed House Bill 3486, which required the development of a strategic plan to slow the rate of diabetes caused by obesity and other environmental factors. The highest priority identified in the resulting 2009 Strategic Plan to Slow the Rate of Diabetes continues to be the highest priority today: establish and fund a statewide obesity prevention and education program to support population-wide public health interventions to prevent and reduce obesity and diabetes. The program would include grants to support local public health efforts to increase access to healthy foods and physical activity opportunities, public awareness campaigns to promote healthy choices and educate Oregonians about the risks of obesity and chronic diseases, and community-based chronic disease self-management programs.

The Advisory Committee that drafted the strategic plan developed recommendations for implementation from 2009 through 2015. The plan included recommendations for funding and statutory or nonstatutory actions. As required by SB 169, this report includes the status of strategic plan recommendations, as well as current funding recommendations to complete implementation. Most plan recommendations are in progress, but a comprehensive obesity prevention and education program has not been implemented due to lack of funding. The following table summarizes funding recommendations.

<b>Funding recommendations from the 2009 Strategic Plan to Slow the Rate of Diabetes in Oregon</b>	<b>Current funding recommendations to complete plan implementation 2015–2021</b>
Fund obesity prevention and education in communities.	Establish a statewide obesity prevention and education program, with funding starting at a minimum level of \$20 million for 2015–2017, and increasing each biennium, as per the strategic plan recommendations.
Continue funding the school physical education grant program.	Establish a sustainable funding mechanism to address school and child care physical education and nutrition standards, through a reliable and dedicated source intended for education, with funding levels to be determined in coordination with ODE.
Provide funds to monitor nutrition standards for foods in schools.	
Provide funds to establish, monitor and enforce minimum standards for physical activity, healthy foods and screen time in all child care settings.	
Increase funding to support the Farm Direct Nutrition Program (FDNP) per eligible participant and provide the benefit for all who are eligible.	Allocate additional FDNP funding to reach all low-income seniors and families enrolled in the WIC (Women Infants & Children) program to purchase locally produced fresh fruit and vegetables.  Biennial funding recommendation: WIC FDNP: \$3 million Senior FDNP: \$1.2 million

The full report is available online at:

<http://public.health.oregon.gov/DiseasesConditions/ChronicDisease/Diabetes/Pages/pubs.aspx>