

House Concurrent Resolution 16

Sponsored by Representative REARDON (Pre-session filed.)

SUMMARY

The following summary is not prepared by the sponsors of the measure and is not a part of the body thereof subject to consideration by the Legislative Assembly. It is an editor's brief statement of the essential features of the measure **as introduced**.

Urges Oregon Health Authority to endorse "Screen at 23" campaign to screen adult Asian Americans for type 2 diabetes.

CONCURRENT RESOLUTION

1
2 Whereas more than 400,000 Oregonians (approximately 10 percent of the adult population) have
3 been diagnosed with diabetes; and

4 Whereas Oregonians of Asian American heritage comprise 4.1 percent of the population; and

5 Whereas diabetes is the fifth leading cause of death among Asian Americans; and

6 Whereas Asian Americans are more than 30 percent likelier to have diabetes than white
7 Americans; and

8 Whereas Asian Americans are at greater risk of developing prediabetes, diabetes and associated
9 risks (such as cardiovascular disease) at a lower body mass index (BMI) than whites, Hispanics,
10 Blacks or Native Americans; and

11 Whereas Asian Americans face a health care disparity in type 2 diabetes detection and diagno-
12 sis, due in part to general guidelines calling for screening at a BMI of 25, which misses 36 percent
13 of diabetes diagnoses in Asian Americans over the age of 45 and also underestimates the prevalence
14 of prediabetes among Asian Americans and the increased risk of both among Asian Americans
15 younger than 45; and

16 Whereas two-thirds of persons with type 2 diabetes die from heart attack or stroke, and adults
17 with diabetes are at risk for developing end-stage renal disease and kidney failure, blindness and
18 lower limb loss; and

19 Whereas the per capita health care cost in Oregon of direct medical expenses for diagnosed and
20 undiagnosed diabetes, prediabetes and gestational diabetes, and associated indirect costs and pro-
21 ductivity loss, is an estimated \$9,885 per year; and

22 Whereas the annual cost for diabetes in Oregon in 2017 was estimated at \$3.1 billion in medical
23 costs plus \$1.2 billion in productivity loss; and

24 Whereas early detection and treatment can mitigate diabetes-related complications, risks and
25 costs; and

26 Whereas interventions focusing on nutrition, physical activity and healthy weight loss have been
27 shown to reverse prediabetes, improve glucose function in diabetics and reduce the need for multiple
28 medications; and

29 Whereas screening Asian Americans aged 45 and older at a BMI of 23 instead of 25 would un-
30 mask thousands of additional diabetes cases and thousands more prediabetes cases, and it would
31 lead to increased screenings among Asian Americans younger than 45 who are at BMI 23 and at risk

NOTE: Matter in **boldfaced** type in an amended section is new; matter [*italic and bracketed*] is existing law to be omitted. New sections are in **boldfaced** type.

1 for diabetes, thereby initiating treatment or early interventions to reduce negative comorbidities
2 like heart disease, kidney disease and limb amputation; and

3 Whereas the National Institutes of Health found that more than half of Asian Americans with
4 diabetes are undiagnosed, greatly increasing their overall health risk; and

5 Whereas according to community-based participatory research and studies on Asian American
6 subpopulations, Asian Americans have increased risk for diabetes and prediabetes; and

7 Whereas recent analysis of cross-sectional national data shows that Asian Americans are the
8 least likely ethnic group to receive recommended diabetes screening, with a 34 percent lower rate
9 of diabetes screening than white Americans; and

10 Whereas the World Health Organization recommends screening Asian patients at a lower BMI
11 than non-Hispanic white patients, and the 2015 official guidelines of the American Diabetes Associ-
12 ation recommend that Asian Americans should be tested for type 2 diabetes at a BMI of 23; and

13 Whereas the Asian American, Native Hawaiian, and Pacific Islander Diabetes Coalition has co-
14 ordinated the “Screen at 23” campaign with the support of more than 40 national and regional
15 health organizations; and

16 Whereas the State of Oregon has the opportunity to join the other states that have followed
17 Hawaii’s lead in formally recognizing and recommending screening adult Asian Americans for type
18 2 diabetes at a BMI of 23, enabling thousands of individuals to get the early care and treatment
19 needed to live healthier and happier lives; now, therefore,

20 **Be It Resolved by the Legislative Assembly of the State of Oregon:**

21 That we, the members of the Eighty-first Legislative Assembly, endorse and support the “Screen
22 at 23” campaign; and be it further

23 Resolved, That we urge the Oregon Health Authority to endorse and support the campaign’s
24 efforts to increase awareness of diabetes among Asian American communities, including using ap-
25 propriate screening measures for Asian Americans and eliminating disparities; and be it further

26 Resolved, That we urge the Oregon Health Authority to actively encourage all public and pri-
27 vate health providers and facilities to participate in these efforts.

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