Senate

Health, Human Services and Medicaid Committee

Ohio Commission on Minority Health

February 5, 2020

2:30 pm

Chairman Burke, Ranking Member Antonio, Vice Chairman Huffman and members of the Health, Human Services and Medicaid committee. Thank you for the opportunity to provide proponent testimony on Senate Concurrent Resolution 7 – “Screen at 23 Campaign”.

The Ohio Department of Health (ODH), reported that Diabetes is the 7th leading cause of death in Ohio and the United States (2018 Ohio Chronic Disease Burden Report). In 2010, diabetes cost Ohio more than $4.6 billion in medical expenses and absenteeism from the workplace (Ohio Department of Health Impact of Chronic Disease Report, 2015).

According to the Centers for Disease Control and Prevention (CDC), nationwide, as many as 1 in 4 people who have diabetes don’t know they have it. However, for Asian Americans, that number is much higher with as many as 1 in 2, the highest of all racial and ethnic populations.

Being overweight is a risk factor for developing type 2 diabetes, but most Asian Americans aren’t [overweight](https://www.cdc.gov/healthyweight/effects/index.html) and so they may not appear to be at risk. Most health professionals rely on the body mass index ([BMI](https://www.cdc.gov/healthyweight/assessing/bmi/adult_bmi/english_bmi_calculator/bmi_calculator.html)), to assess whether their patients are overweight or obese (BMI of 25 or greater). This BMI screening level will not identify Asian Americans in the normal weight range who may very well be at risk for type 2 diabetes.

In 2015, the American Diabetes Association updated the Standards of Medical Care in Diabetes to reflect the need to screen Asian Americans at a BMI of 23 or greater.

More than half of Asian Americans with diabetes and even more with prediabetes, are undiagnosed. In order to treat, intervene and even prevent diabetes, we need to first ensure that individuals are aware of their status.

In 2011, the American Diabetes Association helped to form the Asian Americans, Native Hawaiians and Pacific Islanders (AANHPI) Diabetes Coalition to push forward initiatives focused on diabetes in AANHPIs. The Association has provided guidance and crucial funding support to the AANHPI Diabetes Coalition, including funding the “Screen at 23” campaign website.

The Commission on Minority Health supports the efforts to adopt the Screen at 23 resolution in Ohio and recognizes this as an important step to improving screening access to reduce disparities.

This resolution supports the Screen at 23 campaign's efforts to increase awareness of diabetes among Asian Americans, including the use of appropriate screening measures for Asian American patients, and to eliminate disparities.

According to the 2018 American Diabetes Association Standards of Medical Care in Diabetes report, population health is defined as “the health outcomes of a group of individuals. Clinical practice recommendations for health care providers are tools that can ultimately improve health across populations; however, for optimal outcomes, efforts to improve population health will require a combination of system-level and patient-level approaches.

Health inequities related to diabetes and its complications are well documented and are heavily influenced by social determinants of health. Social determinants of health are defined as the economic, environmental, political, and social conditions in which people live and are responsible for a major part of health inequality worldwide.

Racial and ethnic health disparities in diabetes have existed in Ohio for over 30 years and the Commission acknowledges the growing body of research that demonstrates the impact of social determinants of health on health outcomes. The ADA recognizes the association between social and environmental factors and the prevention and treatment of diabetes and has issued a call for research that seeks to better understand how these social determinants influence behaviors and how the relationships between these variables might be modified for the prevention and management of diabetes.

In summary, according to the CDC:

* People living with diabetes are **two times more likely** to develop and die from cardiovascular disease – such as heart disease, heart failure, heart attack and stroke.
* In the U.S., **every 80 seconds** an adult with diabetes is hospitalized for heart disease and every two minutes an adult with diabetes is hospitalized for stroke.
* For adults at age 60, having type 2 diabetes and cardiovascular disease shortens life expectancy by an average of **12 years.**
* Of adults age 45 and older with type 2 diabetes, approximately **half** of them recognize their risk or have discussed their risk for heart attacks or strokes with their health care providers.

In Ohio, too many individuals are dying of largely preventable deaths associated with their diabetes and the within racial and ethnic populations the disparities are more significant and persistent.

Given that Asian Americans have a 34% lower rate of diabetes screening than Caucasians; early detection and treatment can mitigate diabetes-related complications, risks, and costs and link to needed prevention interventions.

Raising the awareness on the importance of “Screen at 23” is a key mechanism to inform, educate and empower health providers, health systems, policy makers and communities.

I encourage you to make the State of Ohio the sixth state in the nation to formally recognize and recommend the screening of adult Asian Americans for type 2 diabetes at a BMI of 23. This resolution provides a mechanism to identify and close gaps in the early identification and reduce health disparities.

I would like to inform you that I have profound bilateral hearing loss, which will likely require me to ask you to repeat your questions.

Thank you in advance for your accommodation. I will be happy to answer any questions you may have at this time.

**References and Resources**

American Diabetes Association  
[http://www.diabetes.org](http://www.diabetes.org/)

Centers for Disease Control – Diabetes Public Resource  
<http://www.cdc.gov/diabetes>

Centers for Disease Control and Prevention. (n.d.). *Fact Sheets*. Retrieved from <http://www.cdc.gov/diabetes/library/factsheets.html>

Centers for Disease Control and Prevention. (2016). What is the National DPP? Retrieved from <https://www.cdc.gov/diabetes/prevention/about/index.html>

National Council of Asian Pacific Americans. (2016). *Resources and News*. Retrieved from Screen at 23: <http://screenat23.org/>

National Partnership for Action. National Stakeholder Strategy. (2011, April). US Department of

Health and Human Services Offices of Minority Health. Retrieved from <http://minorityhealth.hhs.gov/npa/templates/content.aspx?lvl=1&lvlid=33&ID=286>.

Ohio Department of Health, 2015. The Impact of Chronic Disease in Ohio: 2015. Chronic Disease Epidemiology and Evaluation Section, Bureau of Health Promotion, Ohio Department of Health, 2015

Screen at 23 n.d. Asian Americans are at risk for Type 2 Diabetes at a lower Body Mass Index. Retrieved from http://www.screenat23.org

Smedley, B. D., Stith, A. Y., & Nelson, A. R. (2003). *Unequal treatment: Confronting racial and ethnic disparities in health care*. Washington, DC: National Academies Press.

The State of Obesity: 2015 Better Policies for a Healthier America. (September 2016) Retrieved from <http://stateofobesity.org/>

U.S. Department of Health and Human Services, (2011). Action plan to reduce health disparities. Retrieved from <http://www.minorityhealth.hhs.gov/npa/files/Plans/HHS/HHS_Plan_complete.pdf>