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In reply, please refer to:
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HOUSE COMMITTEE ON HEALTH

HB1293, RELATING TO DIABETES

Testimony of Loretta J. Fuddy, A.C.S.W., M.P.H.
Director of Health

February 13, 2013
8:30 AM, Room 329

Department's Position: The Department of Health (DOH) respectfully opposes the bill, and provides comments on the department's efforts to reduce the burden of diabetes in the state. Further, we are concerned about the cost implications generated by this proposal, especially in collecting data for the areas of diabetes of all types on the health, societal, and financial impacts.

Fiscal Implications: This bill would require the DOH and the Department of Human Services (DHS) to report on the health, societal, and financial impact that diabetes of all types (types I and II) has on the State, counties, the DOH, and the DHS. Funds to implement data sources, such as a diabetes registry to determine the incidence of diabetes would be required. DOH conducts two statewide surveys that measure the burden of diabetes in the state. The Hawaii Behavioral Risk Factor Surveillance System provides data on the prevalence of diabetes in adults aged 18 years and older. However, the survey does not differentiate between type 1 and type 2 diabetes. The Hawaii Health Survey (HHS) assesses the prevalence of diabetes in children and adults and allows the respondent to indicate which type of diabetes. According to HHS data in 2006-2008, data about diabetes type was missing in 29.8% of cases of diabetes in children under age 18 and in 10.3% of cases of diabetes in adults 18 years and older. Thus, the diabetes surveillance tools available to the DOH make providing accurate data on type 1

versus type 2 diabetes problematic. For programmatic purposes, we rely on national estimates that 90-95% of adult diabetics are type 2. To accurately measure the prevalence and incidence of diabetes by type, a diabetes registry for the State would have to be developed and implemented which would need clinical data identifying diabetes type instead of relying on self-reporting.

Purpose and Justification: The purpose of this bill requires the DOH in collaboration with the DHS to develop departmental plans to reduce the incidence of diabetes in the State and report to the legislature annually on the effectiveness of those plans. The cost to develop and implement these requirements are not budgeted and would be prohibitive at this time. The Centers for Disease Control and Prevention currently provides limited funds for the DOH Diabetes Prevention and Control Program (DPCP) to focus on secondary prevention in the area of chronic disease and diabetes self-management. The DOH DPCP works with a statewide partnership of community based organizations, DOH chronic disease and risk factor programs, City and County Area Agencies on Aging, Executive Office on Aging, public health agencies, and community health centers to support the infrastructure to implement evidence-based programs that include quality assurance and evaluation of the Stanford University's Chronic Disease/Diabetes Self-Management Programs (CD/DSMP). The DPCP has expanded the evaluation of the Stanford University's self-reported data for CD/DSMP with 101 participants in the DSMP workshops to include measuring clinical outcomes data in the evaluation that includes blood pressure, cholesterol, A1C (blood glucose), fasting blood glucose, and Body Mass Index (BMI). Preliminary data (pre/post) show statistically significant improvement in clinical outcome measurements including: reduction in average BMI, lowered cholesterol, lowered diastolic and systolic blood pressure, lowered fasting glucose, and lowered A1C. In self-reported data the participants indicated statistically improved health, reduced health distress, increased physical activity, reduced levels of fatigue, reduced shortness of breath and pain, reduced incidents of hyperglycemia and/or hypoglycemia, reduced functional disabilities and social limitation, improved self efficacy and coping skills. For health care utilization we

found that participants reduced physician visits and emergency room visits. Participants increased the number of times and days they checked their blood sugar levels.

In the larger statewide effort and since 2007, the DOH DPCP with the Hawaii Healthy Aging Partnership has supported infrastructure development to increase implementation of the Stanford evidence-based CD/DSMP in every county to participants 18 years and older. The program consists of six weekly sessions where individuals with chronic conditions learn how to better manage their health conditions to improve their quality of life. Since its inception, the program has served 1,820 seniors in Hawaii including many who belong to populations at high-risk for diabetes; the program population consisted of Native Hawaiians (28%), Filipinos (28%), Japanese (20%), and Whites (28%). The most commonly reported chronic conditions were high blood pressure (54%), arthritis (43%), and diabetes (36%).

Evaluation results show that, on average, an individual who completes the program increases the duration of strength and aerobic exercise and reports experiencing fewer symptoms of pain, fatigue, and shortness of breath. Participants also reported an average decrease in healthcare utilization at the doctor's office, the emergency room, and the hospital. Participants also report increases in self-efficacy to manage their condition and improved skills communicating with their healthcare provider.

The department has attached a report that was created to demonstrate the surveillance and epidemiological capacity in the current diabetes program.

Thank you for this opportunity to testify.