



## **Testimony on House Bill 2219 Diabetes Information Reporting**

**Presented to  
Committee on Public Health and Welfare**

**By  
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Chairperson Schmidt and members of the committee, I am Ryan Lester, MPH, Bureau Director – Health Promotion, Kansas Department of Health and Environment. Thank you for the opportunity to provide testimony on HB2219 that would require KDHE to submit a report by January 10 of even-numbered years for the legislative coordinating council that describes diabetes prevention and control work conducted by KDHE, current data on the burden of diabetes and an action plan.

Diabetes and prediabetes are major health concerns in Kansas. Diabetes is the seventh leading cause of death in the U.S.<sup>i</sup> People with diabetes are twice as likely to have heart disease or a stroke and at an earlier age.<sup>ii</sup> Diabetes is the leading cause of kidney failure, non-traumatic lower limb amputations, and new cases of blindness among adults in the U.S.<sup>ii</sup> In 2015, approximately 1 in 10 Kansas adults 18 years old and older had ever been diagnosed with diabetes and approximately 2 in 5 were at increased risk for diabetes.<sup>iii</sup> People with prediabetes have blood sugar levels higher than normal, but not high enough to be diagnosed as diabetes. The Centers for Disease Control and Prevention estimates that 1 in 3 U.S. adults have prediabetes.<sup>ii</sup>

Currently, KDHE receives federal funding for diabetes management and diabetes prevention (prediabetes). The diabetes and prediabetes-related activities that are currently performed by KDHE are contingent upon this funding. This bill would require KDHE to collect and analyze additional data and create the action plan. The additional tasks required in this bill cannot be supported within current funds.

The burden of all chronic diseases including diabetes prevention and control activities, are addressed in Healthy Kansans 2020, as well as the State Health Improvement Plan (SHIP). This plan was developed with input from health organizations across the state.

KDHE gathers diabetes and prediabetes data through the Behavioral Risk Factor Surveillance System (BRFSS), which is updated annually. This data identifies specific questions that must be asked as part of the BRFSS survey. This data includes one core survey question from the Centers for Disease Control and Prevention (CDC), ten CDC add-on questions and one state specific add-on question. Based on the collected data, documents that highlight the burden of diabetes in Kansas are distributed to KDHE partners throughout the state. These burden documents are updated annually. Adding questions to the BRFSS comes at a cost per question basis, which cannot be paid from current federally funded grant sources.

In addition to the activities and actions above, KDHE provides technical assistance on diabetes

management and diabetes prevention to local organizations, runs statewide media campaigns, works with partner organizations (both public and private sector) to achieve common diabetes and prediabetes-related goals, and provides education and support to diabetes prevention and control educators.

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<sup>i</sup> Centers for Disease Control and Prevention. Deaths: Final Data for 2014. *National Vital Statistics Reports*. 2015;65:4.

<sup>ii</sup> Centers for Disease Control and Prevention. Diabetes fact sheet. CDC website. 2016.  
<https://www.cdc.gov/chronicdisease/resources/publications/aag/diabetes.htm>. Accessed February 20, 2017.

<sup>iii</sup> 2015 Kansas Behavioral Risk Factor Surveillance System. Kansas Department of Health and Environment, Bureau of Health Promotion.