

## HOUSE JOINT RESOLUTION NO. 255

*Commending the Screen at 23 campaign.*

Agreed to by the House of Delegates, February 24, 2020  
 Agreed to by the Senate, February 27, 2020

WHEREAS, the Screen at 23 campaign works to raise awareness of higher rates of diabetes among Asian Americans and promote the importance of diabetes screening and healthy lifestyle choices; and

WHEREAS, approximately 884,000 people in Virginia, or 12.8 percent of the adult population, have diabetes; and

WHEREAS, people of Asian American heritage comprise 6.2 percent of the population of Virginia; diabetes is the fifth-leading cause of death among Asian Americans, who are more than 30 percent more likely to have diabetes than Caucasian Americans; and

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

WHEREAS, Asian Americans are at greater risk of developing prediabetes, diabetes, and associated risks (such as cardiovascular disease) at a lower body mass index (BMI) than Caucasians, Hispanics, African Americans, or Native Americans; and

WHEREAS, two out of three people with type 2 diabetes die from a heart attack or stroke, and adults with diabetes are at risk of developing end-stage renal disease, as well as kidney failure, blindness, and lower limb loss; and

WHEREAS, the per capita health care cost of direct medical expenses for diagnosed and undiagnosed diabetes, prediabetes, and gestational diabetes and associated indirect costs and productivity loss in Virginia is an estimated \$9,500 per year; the annual cost for diabetes in Virginia in 2017 was estimated at \$6.1 billion in medical expenses, plus \$2.3 billion in productivity loss; and

WHEREAS, the National Institutes of Health found that more than half of Asian Americans with diabetes are undiagnosed, greatly increasing their overall health risk; early detection and treatment can mitigate diabetes-related complications, risks, and costs; and

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

WHEREAS, Asian Americans face a health care disparity in type 2 diabetes detection and diagnosis, due in part to general guidelines calling for screening at a body mass index (BMI) of 25kg/m<sup>2</sup>, which misses 36 percent of diabetes diagnoses in Asian Americans over the age of 45, or nearly 13,000 individuals in Virginia, and underestimates the prevalence of prediabetes among Asian Americans and the increased risk of both prediabetes and diabetes among Asian Americans who are younger than 45; and

WHEREAS, screening Asian American patients, age 45 and older, at a BMI of 23kg/m<sup>2</sup> or higher unmask more than 7,000 additional diabetes cases, as well as many thousands more prediabetes cases, and would lead to increased screenings among Asian Americans younger than 45 who are at BMI 23 and at risk for diabetes, thereby initiating treatment or early interventions to reduce negative co-morbidities like heart disease, kidney disease, and limb amputation; and

WHEREAS, the World Health Organization recommends screening Asian patients at a lower body mass index than non-Hispanic whites, and the 2015 official guidelines of the American Diabetes Association recommend that Asian Americans should be tested for type 2 diabetes at a body mass index of 23; and

WHEREAS, the National Council of Asian Pacific Islander Physicians, through partnerships with the Asian American, Native Hawaiian, and Pacific Islander Diabetes Coalition, the Asian American Diabetes Initiative at Joslin Diabetes Center, and the American Diabetes Association, has coordinated the Screen at 23 campaign with the support of more than 40 national and regional health organizations; and

WHEREAS, as of January 2020, California, Hawaii, Illinois, Massachusetts, and Washington have recognized and recommended screening adult Asian Americans for type 2 diabetes at a body mass index of 23, enabling thousands of individuals to receive the early care and treatment needed to live healthier and happier lives; now, therefore, be it

RESOLVED by the House of Delegates, the Senate concurring, That the General Assembly hereby commend the Screen at 23 campaign for raising awareness of diabetes among Asian American communities and the use of appropriate screening measures for Asian American patients; and, be it

RESOLVED FURTHER, That the Clerk of the House of Delegates prepare a copy of this resolution

for presentation to the National Council of Asian Pacific Islander Physicians, organizers of the Screen at 23 campaign, as an expression of the General Assembly's admiration for the campaign's important, lifesaving work.