



Dear Central Oregon Provider,

Diabetes is a common but serious medical condition with severe health implications over a person's lifespan. Currently there is no reliable cure for diabetes, and unfortunately the incidence of this disease is climbing<sup>1</sup>. While management of diabetes is a key priority to prevent health complications in those diagnosed, the only way to reverse the rising tide of diabetes in our communities is to focus on preventing onset of the disease in the first place. This means focusing on patients with prediabetes.

The Centers for Disease Control estimates that prediabetes is currently one of the most prevalent medical conditions in the US. Epidemiology studies suggest that among adults 20 years of age or older, one in three persons have prediabetes.<sup>2</sup> Among adults age 65 years or older, the prevalence increases to one out of every 2 persons, or half of all adults over 65. Based on a combined population within Deschutes, Jefferson, and Crook counties, this amounts to around 80,000 adults with prediabetes in our region. Diabetes prevalence has been increasing in the US and Oregon. In 2013, diabetes affected an estimated 287,000 adults in Oregon.<sup>3</sup> About 1.1 million adults in Oregon are living with prediabetes, and the CDC estimates that about 37% of adults with prediabetes are not aware they have it.<sup>4</sup> The age-adjusted mortality rate for diabetes in the US was 21.2/100,000 population.<sup>5</sup> Jefferson County had a higher diabetes mortality rate than did Oregon or the US (Figure 1). Males in Oregon and Deschutes County had higher mortality rates due to diabetes than females in those regions (Figure 1).

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<sup>1</sup> U.S. Department of Health and Human Services, Centers for Disease Control and Prevention (2014), *National Diabetes Statistics Report: Estimates of Diabetes and Its Burden in the United States*, pp. 1.

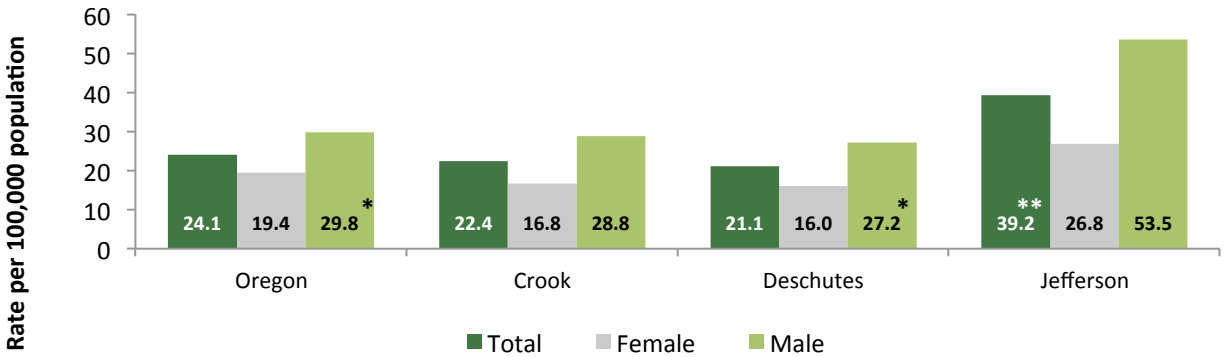
<sup>2</sup> Ibid, pp. 3.

<sup>3</sup> Oregon Health Authority (2015), *Oregon Diabetes Report: A Report on the Burden of Diabetes in Oregon and Progress on the 2009 Strategic Plan to Slow the Rate of Diabetes*, pp.3.

<sup>4</sup> Ibid, pp. 3

<sup>5</sup> U.S. Department of Health and Human Services, Centers for Disease Control and Prevention (2014), *Stats of the State of Oregon*, pp. 1.

Figure 1. Age-adjusted diabetes mortality rate per 100,000 population by sex, Oregon, OPHAT, 2009-2013



\* Significantly higher than females  
 \*\* Significantly higher than the state overall

Fortunately not all cases of prediabetes progress to type 2 diabetes. Abundant evidence supports the success of early interventions for preventing the progression of prediabetes to type 2 diabetes.<sup>67</sup> By coordinating our efforts and attention on prevention, generational change in the serious impact of type 2 diabetes can be accomplished. While healthcare professionals work to treat and support patients with the disease, the best way to reverse its impact on future generations is to bring appropriate screening and treatment of prediabetes to the forefront. Successful intervention will require contributions from multiple community partners, clinicians, patients, families, employers, retailers, legislators and others.

The Regional Health Improvement Plan’s (RHIP) Clinical Diabetes workgroup has developed an evidence-based primary care pathway to assist providers with screening, treating and referring patients with prediabetes. We are sharing this pathway, along with other supporting resources, because we believe screening, effective treatment in the primary care setting and, when appropriate, referral to community learning opportunities are essential to creating a healthy community. We are asking you to consider implementing a consistent and thorough pathway for prediabetes within your primary care clinic.

<sup>6</sup> Albright A, Gregg EW. (2012) *Preventing type 2 diabetes in communities across the US: the National Diabetes Prevention Program*. American Journal of Preventative Medicine, 44(4):S346-S351.

<sup>7</sup> Knowler WC, Barrett-Conner E, Fowler SE, et al. (2002), *Reduction in the incidence of type 2 diabetes with lifestyle intervention or metformin*. New England Journal of Medicine, 346:393–403.

Accompanying this letter, you will find the following items to support prediabetes patient education efforts:

- Pre Diabetes Algorithm for Central Oregon: This algorithm shares a recommended flow of care based on risk factors, origin of visit, diagnosis, treatment plans, follow-ups, and referral opportunities.
- Pre Diabetes Risk Test: A prediabetes risk test for patients that can be used in community and primary care settings.
- “Could You Be At Risk For Diabetes” patient handout: A general diabetes risk handout that patients can use and discuss the results with their provider.
- Meal Planning/Plate Method patient handout: A initial source of basic educational information around appropriate meal planning that share with patients.
- Central Oregon Community Resources for Preventing and Managing Type II Diabetes: A compilation of free or low-cost resources within Central Oregon. Please use the prescription pad on the back of this document to “prescribe” specific programs, nutritional changes, or physical activity changes when communicating with your patients.

We hope that these resources serve as a foundation of support for screening and assertively educating about prediabetes. Should you have questions, please connect with our workgroup through the Central Oregon Health Council’s Operations and Project Manager: [rebeckah.berry@cohealthcouncil.org](mailto:rebeckah.berry@cohealthcouncil.org).

Thank you for your involvement and support,

The RHIP Clinical Diabetes Workgroup

# Central Oregon Health Council

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