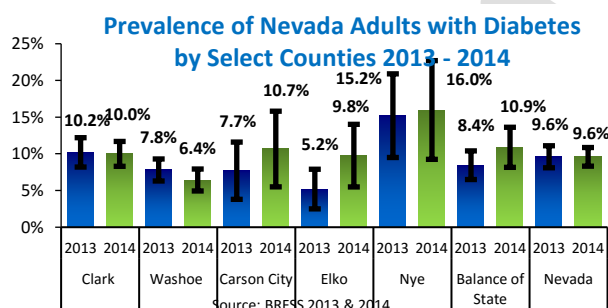


# Health Matters in Nevada: Diabetes



## Diabetes in Nevada

Type 2 diabetes (T2DM) is a preventable disease. It is the most common form of diabetes, which develops when the body no longer uses insulin properly or cannot make enough insulin to keep blood glucose at normal levels<sup>i</sup>. Diabetes, particularly T2DM, is a significant and growing health problem that affects both adults and children and can cause a number of serious complications, including blindness, kidney disease, cardiovascular disease, amputation, and premature death.



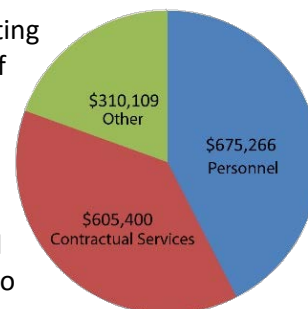
Note: Balance of State includes Churchill, Douglas, Esmeralda, Eureka, Humboldt,

- One in ten Nevadans have diabetes and up to 37% or almost .8 million adult Nevadans have prediabetes. Without intervention efforts, up to 30% of people with prediabetes will develop T2DM within five years, and up to 70% will develop diabetes within their lifetime.
- The operating budget for the Nevada Division of Public and Behavioral Health, Diabetes Prevention and Control Program (DPCP) is \$401,463 for FYs 15, 16, and 17. The DPCP's total budget stems from federal funds from the Centers for Disease Control and Prevention (CDC). No state funds have been allocated for diabetes efforts at DPBH.
- The DPCP has one FTE state employee serving as the Program Coordinator, plus a total 1.3 FTEs spread across an additional six staff positions to provide support in multiple functions to the DPCP, i.e., evaluator, fiscal manager, administrative assistant and supervision.

## How Nevada Compares

**THE STATE OF NEW MEXICO (NM)** is similar to Nevada in size, population (2,085,109), demographics and federal funding for diabetes. The DPCP<sup>ii</sup> resides in the Chronic Disease Prevention and Control Bureau with the Public Health Division in the New Mexico Department of Health.

- NM DPCP's has nine FTE for a staff of nine that includes a program manager, health educator supervisor, epidemiologist, evaluator, three health educators, one nurse consultant and an administrative assistant.
- NM DPCP's total operating budget is \$1,590,775, of which \$429,209 is federal funds from the CDC and the remaining \$1,061,566 comes from state general funds, and state tobacco settlement funds.



- In 2013, NM DPCP received an additional \$134,380 from the National Association of Chronic Disease Directors to build infrastructure for the National Diabetes Prevention Program (DPP), including a marketing plan and a referral system. These funds allowed for the training of 40+ lifestyle coaches representing 20 partnering organizations throughout the state to deliver the program. Since CDC funds cannot be used for training or direct services, Nevada has not been able to build infrastructure for DPP to this scale.
- NM's state funding has allowed them to offer targeted programs:
  - Stanford University Chronic Disease Self-Management Program and Diabetes Self-Management Programs are offered free of charge with the inclusion of the resource book and relaxation CD. The annual budget for FY 16 was \$174,436

- The Kitchen Creations curriculum was adapted from the “Dining with Diabetes” program developed by West Virginia University Extension and is considered evidenced-based by New Mexico. Kitchen Creations consists of 4 classes which last about 3 hours each. A Certified Diabetes Educator, Registered Dietitian, or other healthcare professional with expertise in diabetes teaches the nutrition education portion of each class. An Extension Home Economist typically prepares and leads participants in the cooking portion of each class. Preparation and sampling of recipes to make balanced meals that help manage blood sugars is done during sessions 2, 3, and 4. The annual budget for the program varies, depending on our budget resources each year; in FY16 it was \$102,000.

**THE STATE OF COLORADO** is a western state with both urban and rural communities and has about double the population of Nevada. The Colorado Department of Public Health and Environment (CDPHE), Diabetes Prevention and Control Program is within the Health Promotion and Chronic Disease Prevention Branch of the Division of Prevention Services.

- Colorado has both basic and enhanced/supplemental funding with an overall "diabetes" budget around \$700,000. Colorado's staffing is quite integrated, thus it's difficult to list exact FTEs for diabetes staffing. The main diabetes staff member is funded at 90% FTE under diabetes funds and eight other individuals touch diabetes work in one way or another, totaling approximately one FTE.
- Colorado has been recognized nationally for garnering coverage for the National Diabetes Prevention Program (DPP) for state employees. CDPHE partnered and funded the Colorado Business Group on Health (CBGH) to help with this work. In fall 2014 a Request for Proposal (RFP) for this project was released with CBGH receiving the award and starting work in March 2015. The project with CBGH focused on the development of the CDPHE DPP Economic Assessment Tool. The Tool aids employers in quantifying the economic benefits of adding DPP as a covered employee health benefit. The Tool is translatable to employer audiences throughout Colorado and used by CDPHE to continue promotion of DPP as a covered

employee benefit statewide. Additionally, this project serves as outreach by engaging a minimum five (5) self-funded public employers to agree to add a CDC-approved DPP as a covered employee health benefit.

- The first year of CBGH's contract was \$50,000 (March-June 2015) and currently year (July 2015 - June 2016) funding is also for \$50,000. The majority of the budget has been spent on developing the Tool as well as CBGH's staff time to promote the NDPP.

## Potential for Nevada

Augmented funding from the state for diabetes prevention and control in Nevada would allow Nevada to build infrastructure to develop evidence-based programs and methodologies that can curve the diabetes epidemic, reduce healthcare cost and improve the economy through a healthy workforce.

The 2014 Nevada KIDS Count indicates there are 2,152,251 Nevadans  $\geq$  18 years of age<sup>iii</sup>. Using the CDC estimate that 37% of the adult population has prediabetes represents almost .8 million Nevadan may have prediabetes and 90% do not know that they have it.

- Nevada has been stifled in building capacity under the current CDC funding which cannot be utilized for training health coaches, or to subsidize organizations providing DPP while they establish their program during the two-year requirement toward achieving CDC recognition in the Diabetes Prevention Recognition Program (DPRP). Thus, while many states have multiple delivery sites for DPP.
- Nevada currently has three in Clark County and one in Carson City. Pursuing the lead of New Mexico's model in building infrastructure for the National Diabetes Prevention Program may perhaps be a prime focus of such an effort. This leaves vast opportunities to creating delivery sites throughout Nevada.
- With the Nevada Public Employee Benefit Program (PEBP) covering the lives of 18,111 Nevadans having the National Diabetes Prevention Program as a covered benefit could save Nevada \$198,885 annually or \$1,741,956 over the span of five years, based on the *DPP Economic Assessment Tool* developed in Colorado. Thus, by providing DPP as a covered benefit, the state of Nevada would save capital.

<sup>i</sup> American Diabetes Association, “Diabetes Basics: Type 2, <http://www.diabetes.org/diabetes-basics/type-2/>, Accessed April 2016.

<sup>ii</sup> New Mexico Department of Health, Diabetes Prevention and Control Program, <http://archive.diabetesnm.org/index.htm> , Accessed June 13, 2016.

<sup>iii</sup> *Nevada KIDS COUNT Data Book 2014*, Center for Business and Economic Research, University of Nevada, Las Vegas. <http://kidscount.unlv.edu/databooks/2014.html>, Accessed June 21, 2016.