Nevada Diabetes Prevention and Control Efforts 2021

Background

Diabetes has a substantial burden on the population of Nevada. It is the fifth leading cause of death from a chronic condition after cardiovascular disease, cancer, chronic lower respiratory disease, and stroke. It is also costly and greatly impacts quality of life for both people with diabetes and their caretakers. In 2018, 10.1% of Nevadans over age 18 reported having been diagnosed with diabetes[1]. Some populations are more impacted than others. Native Americans, Black, and White/ Hispanic persons, as well as persons who are uninsured/underinsured or have low-income, are disproportionally impacted by diabetes. Black-non-Hispanic populations experienced a significant increase in diabetes death rates from 26.3 per 100,000 population in 2015 to 46.0 per 100,000 population in 2019[2]. White-non-Hispanic populations in Clark County (10.9%) and White-non-Hispanic populations in the Balance of State (12.1%) both had a significantly higher prevalence of adults who had ever been told by a health professional they have diabetes than White-non-Hispanic populations in Washoe County (8.3%[3]) (DHHS, Minority Health Report 2021)Amongst Nevada's uninsured population, young adults (26 to 34 years of age) and those in early middle age (35 to 44 years of age) comprise the largest shares, at 21.8 percent and 19.6 percent, respectively[4]. Weight Status is the predominant risk factor for the development of diabetes with 34.8% of Nevadans age 35-44 are considered obese and 36.7% considered overweight[5].

Diabetes is one of the most costly chronic conditions in terms of medical cost expenditures. According to the 2017 American Diabetes Association Report on Diabetes:

- People with diagnosed diabetes incur average medical expenditures of $16, 752 per year, of which $9,601 is directly attributed to diabetes.
- On average, people with diagnosed diabetes have medical expenditures approximately 2.3 times higher than what expenditures would be in the absence of diabetes
- The largest components of medical expenditures associated with having diabetes are:
    - Hospital inpatient care (30% of total medical cost)
    - Prescription medication to treat complications of diabetes (30%)
    - Anti-diabetic agents and diabetes supplies (15%)
    - Physician office visits (13%)

Problem Statement

Evidence indicates having diabetes increases risk of developing COVID-19 and increases severity of the infection as well as increases risk of mortality. Preliminary evidence suggests a bi-directional relationship in which being diagnosed with a COVID-19 infection may also increase the risk of developing diabetes due to damages to the pancreases. The Centers for Disease Control and Prevention (CDC) has defined people with Type 2 Diabetes as having an increased risk for severe infection and poor health outcomes associated with COVID-19 infection. People with Type 1 Diabetes or Gestational Diabetes may have an increased risk.[6]

Current Efforts

In partnership with statewide and community partners, The Diabetes Prevention and Control Program (DPCP) focuses on the prevention and self-management of diabetes among adults in Nevada. The program currently is focused on building a provider network, supporting evidence-based lifestyle changes programs for the prevention and management of diabetes such as the National Diabetes Prevention Program (DPP), diabetes self-management education (DSME) and, self-monitoring blood pressure programs (SMBP), establishing community-clinical linkages to refer patients with diabetes to resources, and exploring payor models for diabetes prevention and

[1] Centers for Disease Control and Prevention, Diabetes Report Card (2018).
[2] Nevada Department of Health and Human Services Minority Health Report (2019).
[3] Nevada Department of Health and Human Services, Minority Health Report (2019).
[4] Guinn Center, Nevada's Uninsured Populations (2019).
[5] Behavioral Risk Factor Surveillance Survey, Nevada. (2019).
[6] National Institute of Health. *Covid-19 and diabetes: a bidirectional relationship.* (2021).

management. The program also works with community partners, including providers, nutritionists, and pharmacists, to offer nutrition education and resources.

The DPCP is funded through a five-year Grant for Diabetes and Heart Disease & Stroke Prevention at roughly $2,065,862. The purpose of the grant and restrictions are outlined below:

- No Direct Services Allowable
- Focuses on Diabetes Management and Prevention of Type 2 Diabetes

Considerations for Future Work

The DPCP has begun to collaborate with Nevada Medicaid and the Aging and Disability Services Division to explore additional opportunities to support diabetes prevention and control work. CDPHP is interested in the recommendations of CWCD regarding possibilities for future diabetes control work.

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