

September 11, 2020

Good afternoon, Chairman Keiser, and members of the Health Care Committee. My name is Brianna Monahan, and I am the Diabetes Prevention and Control Program Coordinator for the North Dakota Department of Health. I am here today to present a status update for the North Dakota Diabetes Burden Report in compliance with the 2013 statute enacted by the North Dakota Legislature requiring, in even-numbered years, that four state agencies: the North Dakota Department of Health (NDDoH), the North Dakota Department of Human Services, the North Dakota Indian Affairs Commission, and the North Dakota Public Employees Retirement System (NDPERS) collaborate to develop a report on the impact of diabetes on North Dakotans and propose recommendations to address this epidemic.

The Department of Health has led the effort each biennium to compile data and program information provided by the state entities previously listed. We have learned that there are some data limitations, and have been working diligently to address the gaps in information, and to include the perspective of each tribal community in North Dakota that would like to be included. The report was sent to Legislative Management on June 1, 2020, per the statute.

Type 2 diabetes prevalence in North Dakota in 2018 was 9.4% among adults, 1.5% less than the national average. North Dakota also reported adult obesity and overweight prevalence at 71%, exceeding the national average by nearly 6%. North Dakotans with diabetes are more than twice as likely as those without diabetes to have high cholesterol and high blood pressure, are 18% more

likely to be overweight or obese, and 19% more likely to be physically inactive (Behavioral Risk Factor Surveillance Survey (BRFSS), 2018). In North Dakota, American Indians between the ages of 10 and 19 are nine times more likely to be diagnosed with type 2 diabetes than their white counterparts. Also, American Indians in North Dakota are five times more likely to die from diabetes than white North Dakotans (BRFSS, NDDoH Vital Records).

Partners that have contributed to the report have shared data about their respective populations. Some key points included in the report are:

- NDPERS reports 2,900 members with costs associated with diabetes that amounted to \$3.07 million dollars in paid claims from January 1, 2019 to October 31, 2019, making diabetes claims the seventh highest cost during this eight-month period.
- North Dakota Medicaid reported 6,980 fee-for-service members with diabetes diagnosis codes, and net payments for diabetes specific claims totaling \$6.8 million dollars between July 1, 2018 and June 30, 2019.
- Nearly 200,000 North Dakotans are likely prediabetic based on pre-diabetes screening test criteria and known risk factor data. Without lifestyle intervention, 15 to 30% of people with prediabetes will develop type 2 diabetes within five years.
- For many North Dakotans, lifestyle modification is not feasible due to a lack of access and resources for healthy food, recreation, and safe physical activity opportunities. In 2018, the reported rate of diabetes among North Dakotans living with food insecurity was 29%

compared to the national average of 8.6 % (Hunger in North Dakota, 2018)

NDPERS and Sanford Health Plan are working together to provide access to the National Diabetes Prevention Program, Sanford Fit for schools with classroom lessons for children, and worksite wellness programs. North Dakota Medicaid is covering member costs for certain diabetes services, supplies, and medications. Each tribal community has developed diabetes programs that include diabetes prevention and self-management programs.

All partners including the NDDoH Diabetes Prevention and Control Program have identified collaborative efforts, systems, and policy changes that can ultimately prevent this disease by improving access to healthy food and improving community design across North Dakota. All partners have also shared agreement on strategies that invest in infrastructure and policies across communities and the state that encourage and create healthy communities by increasing green space, access to affordable healthy food, active transportation to points of interest, and physical recreation for people of all ages and abilities. The completed report includes all of the proposed action and collaborative opportunities, as well as an estimated investment by the state that could have a sustainable and influential impact on risk factors for type 2 diabetes in North Dakota.

Thank you for the opportunity to appear before you today. I would be happy to respond to any questions you may have.