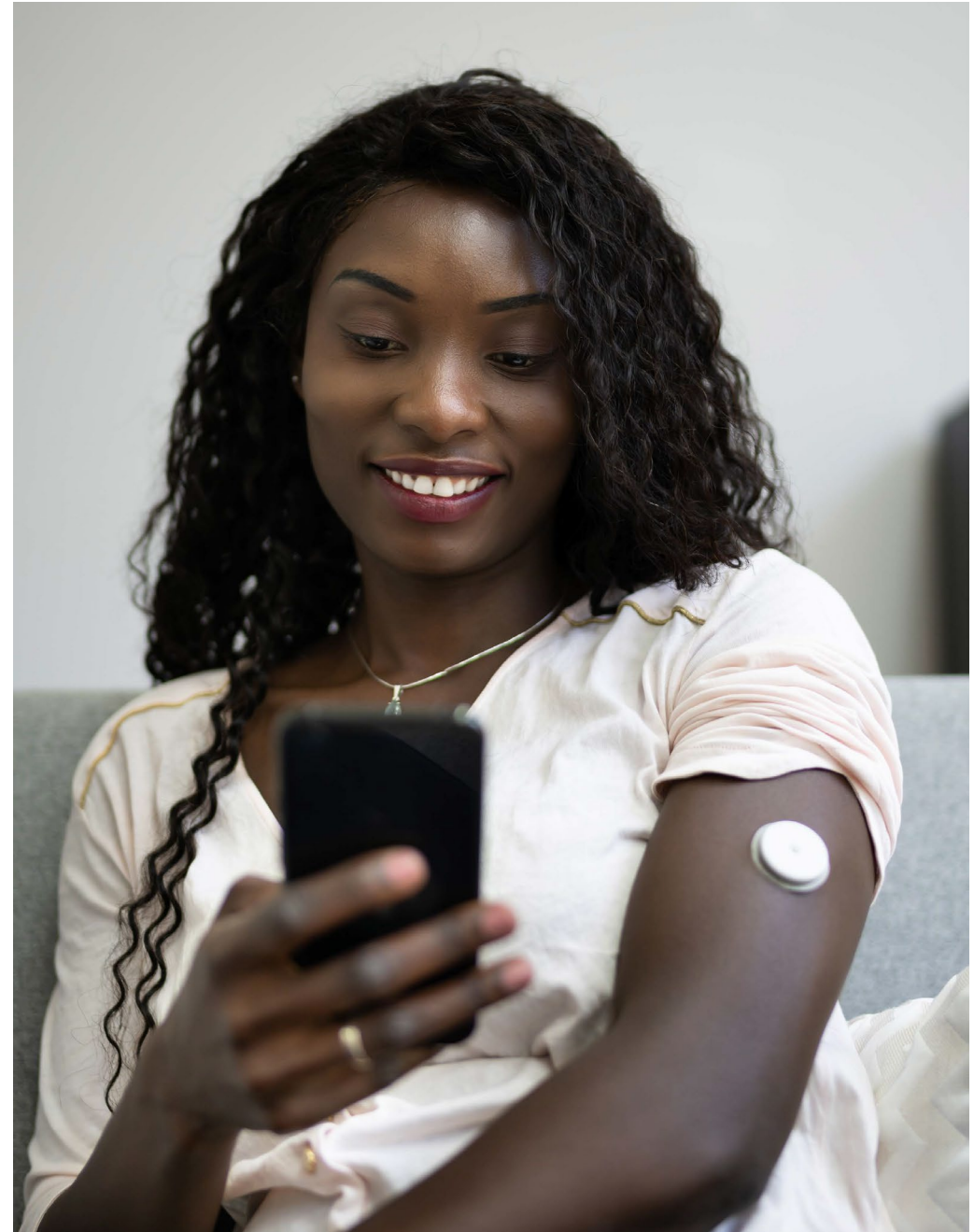


North Dakota 2022 Diabetes Report

North Dakota Century Code 23-01-40

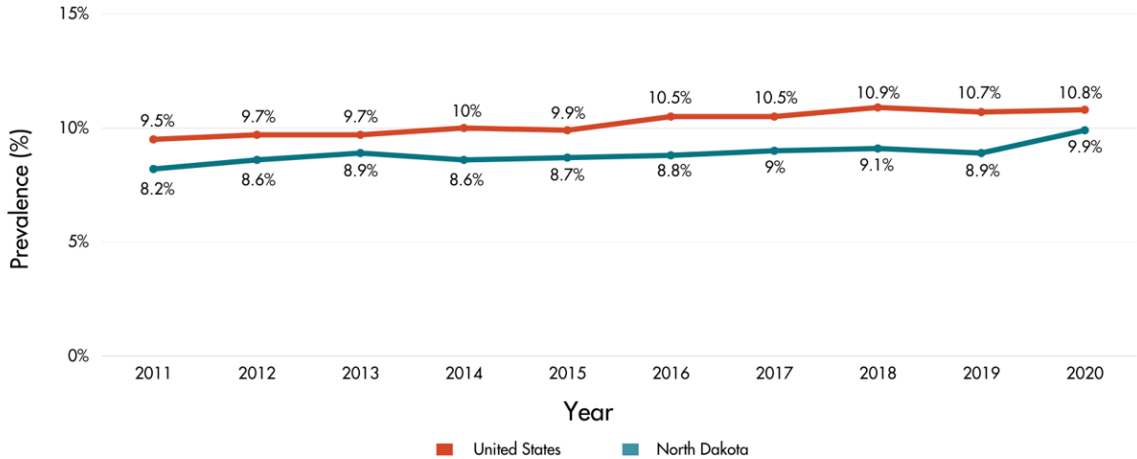


**Compiled by the North Dakota Diabetes Prevention
and Control Program on behalf of:**

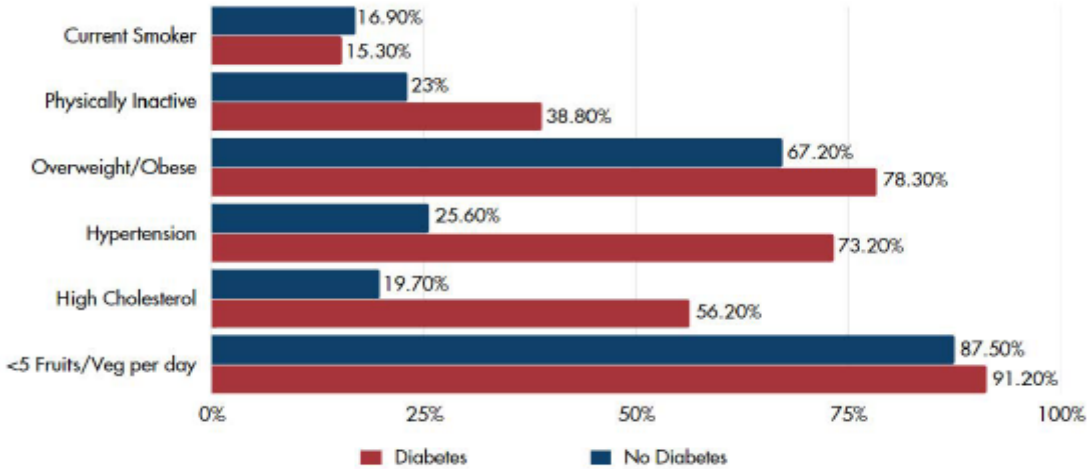
- North Dakota Department of Health
- North Dakota Department of Human Services
- North Dakota Public Employees Retirement System
- North Dakota Indian Affairs Commission
- Mandan, Hidatsa, Arikara Nation | Three Affiliated Tribes

RATES AND RISKS OF DIABETES IN NORTH DAKOTA

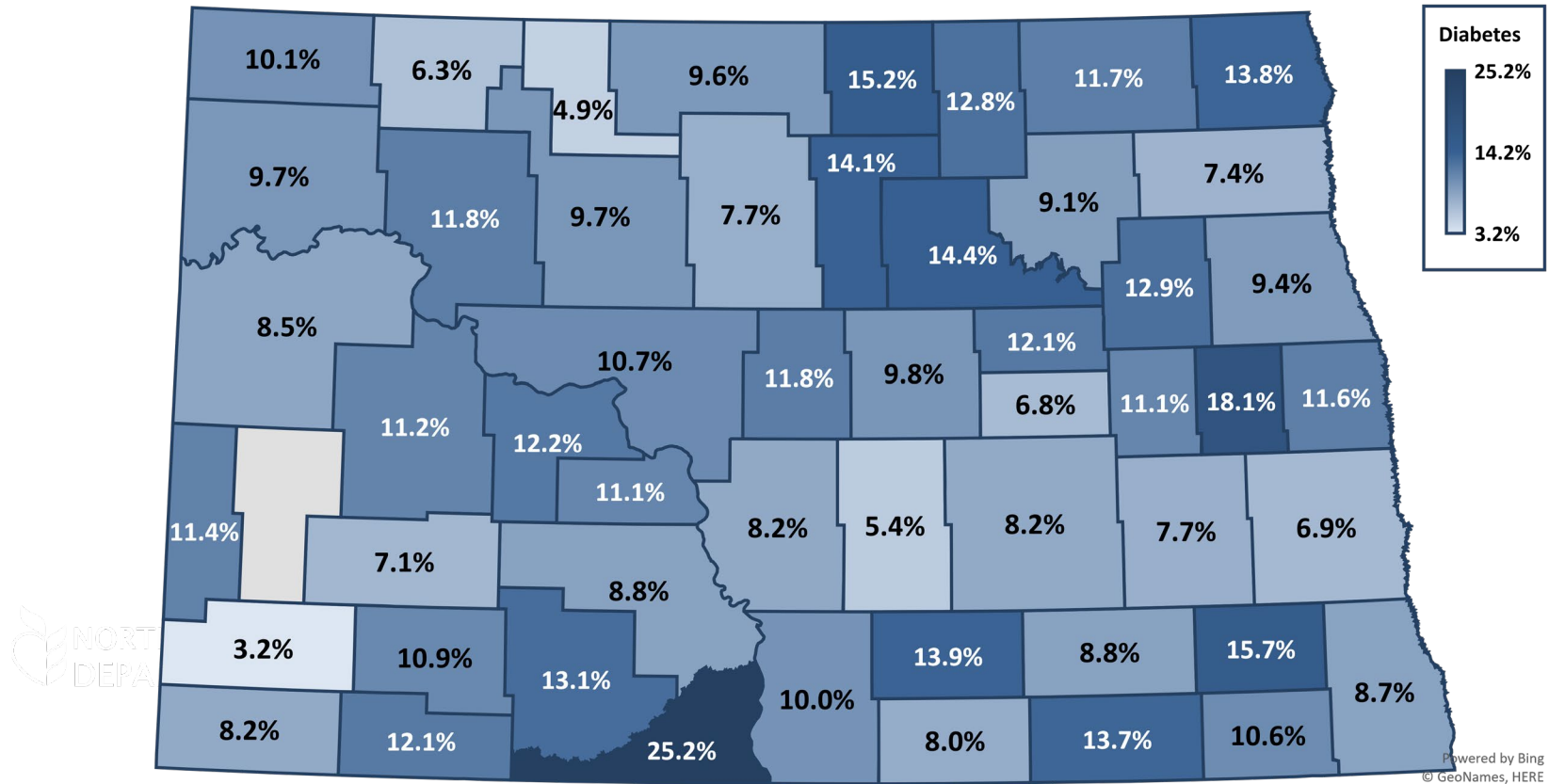
Diabetes Rates in the United States and North Dakota²
(adults ages 18 years and older)



Risk Factors²
(adults ages 18 years and older)



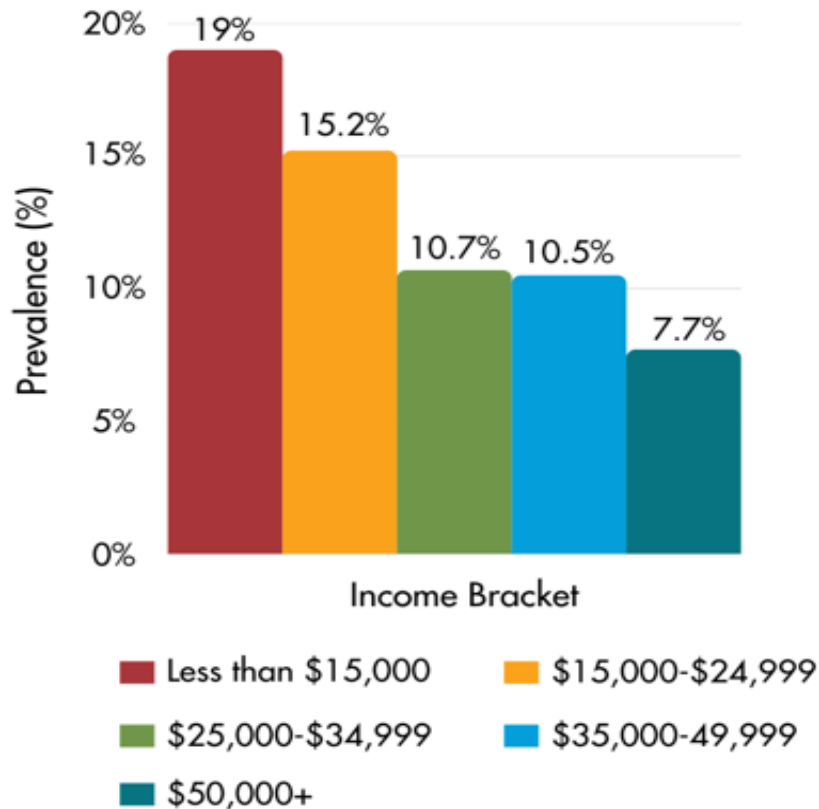
NORTH DAKOTA DIABETES RATES BY COUNTY



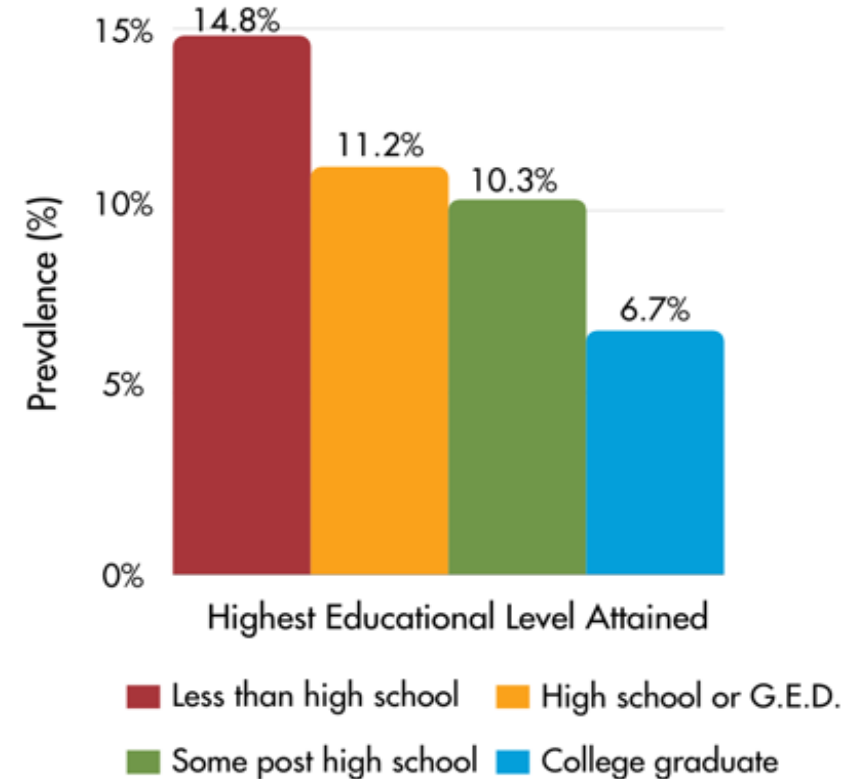
Source: 2015-2020 BRFSS

NORTH DAKOTA DIABETES RATES BY DEMOGRAPHIC

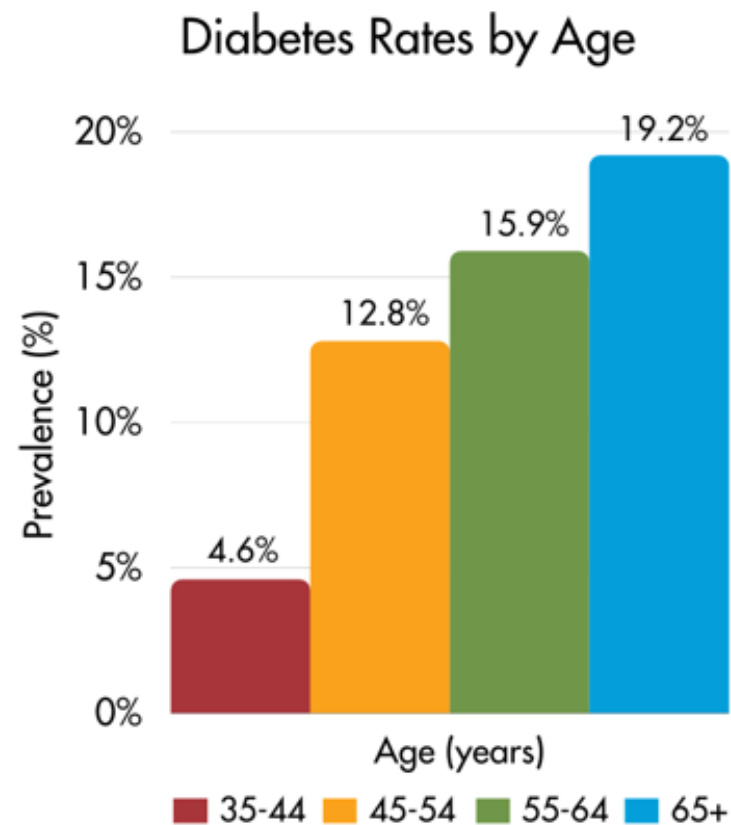
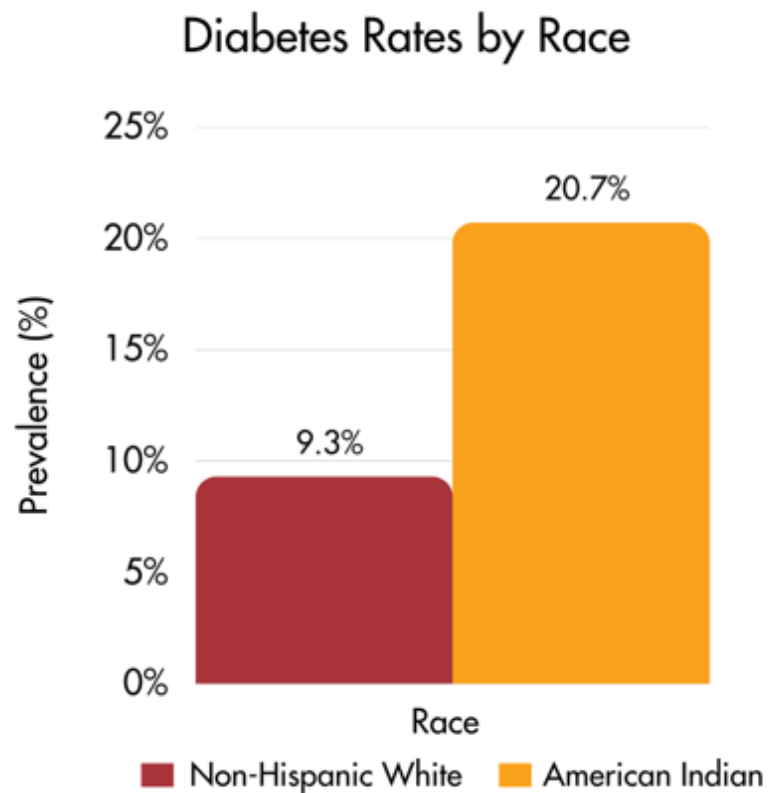
Diabetes Rates by Income



Diabetes Rates by Education Level



NORTH DAKOTA DIABETES RATES BY DEMOGRAPHIC



COST OF DIABETES TO NORTH DAKOTA

North Dakota Medicaid

North Dakota Medicaid Condition Prevalence by Age (years)					
<i>July 1, 2020, and June 30, 2021</i>					
	Under 18	18-44	45-64	65+	TOTAL
Prediabetes	120	534	596	389	1,639
Obesity	2,784	6,438	3,798	2,222	15,242
Type 2 Diabetes	247	1,969	3,465	3,160	8,841

North Dakota Medicaid Payments by Age (years)					
<i>July 1, 2020, and June 30, 2021</i>					
	Under 18	18-44	45-64	65+	TOTAL
Diabetes Net Payments by Age	\$891,333.28	\$6,171,546.59	\$10,838,174.15	\$868,971.01	\$18,770,025.03
Prediabetes and Obesity Net Payments by Age	\$246,458.70	\$ 905,234.80	\$ 585,577.44	\$133,128.68	\$ 1,870,399.62

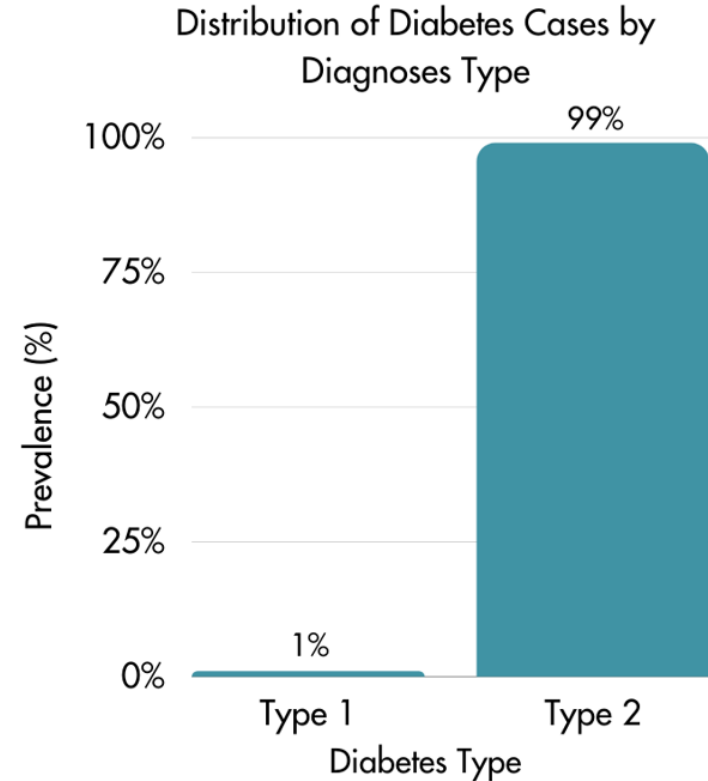
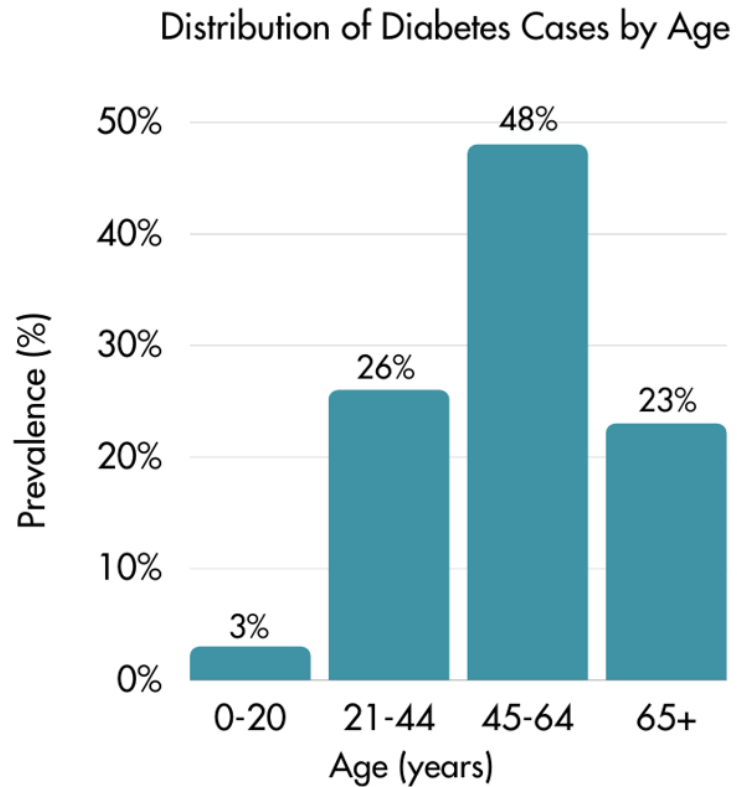
NDPERS

Incurred Claims Related to Diabetes and Its Complications				
NDPERS Jan 2021 - Dec 2021				
<i>paid through 1/31/2022</i>				
Diabetes	Inpatient	Outpatient	Professional	Total Allowed
Without Complications	\$ 6,639.02	\$ 164,639.87	\$ 1,373,081.02	\$ 1,544,359.91
With Other Complications	\$ 31,794.34	\$ 66,332.47	\$ 915,387.78	\$ 1,013,514.59
Ketoacidosis	\$ 221,758.26	\$ 28,901.78	\$ 33,817.96	\$ 284,478.00

Incurred Out-of-Pocket Costs for Individuals with Diabetes				
NDPERS Jan 2021 - Dec 2021				
<i>*Only Endocrine Drugs (eg. insulin)</i>				
<i>Costs may not be directly related to treatment of diabetes diagnosis</i>				
	Total Out of Pocket		Average Out of Pocket	
Medical	\$ 3,776,983.96	Medical	\$ 1,223.12	
*Pharmacy	\$ 2,630,942.12	*Pharmacy	\$ 851.99	
Grand Total	\$ 6,407,926.08	Grand Total	\$ 2,075.11	

MANDAN, HIDATSA, ARIKARA NATION THREE AFFILIATED TRIBES

In 2020, diabetes was the top condition in the MHA Nation health system



RECOMMENDATIONS

Each of the contributing agencies agreed that diabetes can best be prevented through a **cross-sector, community-based approach** with goals to increase:

- Access to nutritious food options— addressing availability, affordability, food security and knowledge among communities
- Wellness programming for youth, including physical activity and cooking instruction
- Equitable access to quality medical care that is aligned with best practice guidelines
- Mental and behavioral health services for persons with diabetes or at risk for diabetes

ACTIONABLE ITEMS FOR CONSIDERATION

- Institute **minimum health insurance policy coverage** requirements for diabetes treatment and services.
- Support a comprehensive transition towards **value-based care and reimbursement** models
 - designed to increase utilization of preventive care, improve quality of services and reduce incurred costs related to the treatment of chronic disease
- Support cities and counties implementing **transformation projects** that encourage year-round, healthy living and physical recreation for residents.
- Develop **sustainable food systems** at the community level.
- Implement policy and system changes at the state and local level that **address socio-economic factors** contributing to rising obesity rates.

BUDGET CONSIDERATIONS

- Development of a **community grant fund** to support:
 - Strategies to reduce diabetes and risk factors, identifying root causes
 - Implement policy, system and environmental change
- Development of a statewide, **multi-agency committee** to:
 - Review and approve community grant fund applications
 - Provide in-depth technical assistance for implementation

This investment and unified approach would support North Dakota becoming the healthiest state in the nation.

THANK YOU

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