

Fiscal impact reports (FIRs) are prepared by the Legislative Finance Committee (LFC) for standing finance committees of the NM Legislature. The LFC does not assume responsibility for the accuracy of these reports if they are used for other purposes.

Current FIRs (in HTML & Adobe PDF formats) are available on the NM Legislative Website (www.nmlegis.gov). Adobe PDF versions include all attachments, whereas HTML versions may not. Previously issued FIRs and attachments may be obtained from the LFC in Suite 101 of the State Capitol Building North.

FISCAL IMPACT REPORT

ORIGINAL DATE 02/06/13

SPONSOR Jeff LAST UPDATED _____ HB 200

SHORT TITLE Tribal Youth Diabetes Prevention SB _____

ANALYST Esquibel

APPROPRIATION (dollars in thousands)

| Appropriation | | Recurring or Nonrecurring | Fund Affected |
|---------------|---------|------------------------------|------------------|
| FY13 | FY14 | | |
| | \$250.0 | Recurring | General Fund |

(Parenthesis () Indicate Expenditure Decreases)

SOURCES OF INFORMATION

LFC Files

Responses Received From

Department of Health (DOH)

Indian Affairs Department (IAD)

Human Services Department (HSD)

University of New Mexico Health Sciences Center (UNMHSC)

SUMMARY

Synopsis of Bill

House Bill 200 (HB200) appropriates \$250 thousand in general fund revenue to the Department of Health (DOH) to coordinate with tribal public health programs to develop and implement youth diabetes prevention protocols.

FISCAL IMPLICATIONS

The appropriation of \$250 thousand contained in HB200 is a recurring expense to the general fund. Any unexpended or unencumbered balance remaining at the end of FY14 shall revert to the general fund.

The Department of Health indicates it would use a minimum of 5 percent of the amount appropriated for the department's administrative overhead costs associated with administration of the program.

SIGNIFICANT ISSUES

The Department of Health (DOH) indicates there are few New Mexico state agency programs that specifically address diabetes in Native American youth. One DOH program is Healthy Kids New Mexico (HKNM), which focuses on obesity prevention by encouraging communities, including tribal communities, to adopt practices and behaviors for active living and healthy eating through strategies such as reduced consumption of sugar-sweetened beverages, smaller portion sizes, and less screen time. With the HKNM program, four tribal communities (San Ildefonso, Santa Clara, Zuni, Mescalero) currently have obesity prevention efforts focused on children and youth. These efforts include: walking trail networks, community garden, and school lunch programs.

In 2012, the Notah Begay III Foundation (NB3F) developed a project to address the problems of obesity and type 2 diabetes in Native American children in New Mexico. The purpose of the NB3F project was to improve health challenges facing Native American communities through: assessing existing and future needs; identifying collaboration opportunities; strengthening local programs; informing state and national policymaking; and guiding future philanthropic and social investment (http://nb3foundation.org/assets/docs/NB3_RWJ_download.pdf).

At the federal level, the National Institute of Diabetes and Digestive and Kidney Diseases at the Department of Health and Human Services' National Institutes of Health, has developed and offered the Diabetes Education in Tribal Schools (DETS) curriculum. The curriculum encourages students to gain an understanding of diabetes-related biomedical sciences through enquiry-based learning. DETS supports the integration of American Indian/Alaska Native culture and tribal community knowledge with diabetes-related science. Several Native American schools in New Mexico were involved in the development of the curriculum.

In addition, the Indian Health Service (IHS) maintains Best Practices for Diabetes Prevention (<http://www.ihs.gov/MedicalPrograms/Diabetes/>) used as formal guidance by IHS-funded tribal diabetes programs that operate in community and clinical settings. IHS has also developed a “Healthy Weight for Life” initiative with actions for communities, individuals, families, health care teams and leaders (<http://www.ihs.gov/healthyweight/>).

The potential coordinated effort resulting from passage of this bill could build on existing tribal and IHS programs and NB3F work that serve Native American youth, and might include strengthening physical activity programs in schools, implementing nutrition policies and education programs, and engaging students, faculty, families and communities in promoting healthy eating and regular physical activity.

OTHER SUBSTANTIVE ISSUES

The Department of Health (DOH) reports there are no available current estimates for the rate of Type 2 diabetes for Native American youth in New Mexico. The closest proxy data come from the National Institutes of Health's SEARCH for Diabetes in Youth Study (SEARCH study), which calculates rates of new diabetes cases among youth in five geographically defined populations across the U.S. including the Navajo Nation (<http://searchfordiabetes.org/>). The SEARCH study identified all established cases of Type 2 diabetes in 2001 and all new cases in 2002-2005 among Navajo youth. Of note, three of the six IHS facilities included in the study were located in NM (Crownpoint, Gallup, and Shiprock). Among adolescents ages 15-19 years, the rates of established Type 2 diabetes cases in 2001 were 2.63 per 1000 (or 1 in 380) for

females and 2.07 per 1000 (or 1 in 483) for males. Rates of new cases in the same age group during 2002-2005 were 38.2 per 100,000 per year for females and 32.4 per 100,000 per year for males. Of all racial/ethnic groups in the SEARCH study, Navajo youth ages 15-19 years had the greatest risk of Type 2 diabetes.

The DOH indicates prior to the 1990's, Type 2 diabetes in youth was rare. In the SEARCH study, however, 85 percent of the new cases of diabetes in Navajo youth during 2002-2005 were Type 2. This increase in rates could be attributed to youth obesity rates, which have tripled in the past three decades nationwide. Obesity is a significant risk factor for diabetes. In 2010, height and weight data were collected on 3,442 kindergarten and third grade students in elementary schools across New Mexico (<http://nmhealth.org/documents/BMISurveillance.pdf>), and these data showed that 13.2 percent of kindergarten students and 22.6 percent of third grade students were obese. American Indian kindergarten and third grade students had the highest rates of obesity at 25.5 percent and 36.6 percent, respectively. In 2011, American Indian high school students (40.5 percent) were more likely to be overweight or obese than African American (25.8 percent), Hispanic (26.2 percent), or White (20.4 percent) students. (NM Youth Risk and Resiliency Survey High School Survey Results 2011, <http://nmhealth.org/ERD/healthdata/pdf/ERD-HealthData-YRRS-HighSchoolResults-2011.pdf>).

RAE/bm