

State Burden

NPAO:

- In 2007, 62% of adults in New Hampshire were overweight or obese and 14% of high schools students were overweight, based on self-reported height and weight.
 - 78% of high school students and 72% of adults in New Hampshire consumed fewer than 5 fruits and vegetables per day.
 - 66% of New Hampshire high school students did not attend physical education classes.
 - 46% of adults in New Hampshire were not engaged in sufficient moderate or vigorous physical activity.
- Excerpt from CDPHP State Profiles at www.cdc.gov*

Diabetes:

- 310 adults in New Hampshire died from diabetes mellitus in 2005.
 - In 2007, 7% of adults in New Hampshire reported being diagnosed with non-pregnancy related diabetes.
- Excerpt from CDPHP State Profiles at www.cdc.gov*

Heart Disease:

- Heart disease accounted for 25% of deaths in New Hampshire in 2005, while stroke caused 5% of deaths.
 - In 2007, 26% of adults in New Hampshire reported having high blood pressure (hypertension) and 39% of those screened reported having high blood cholesterol, which puts them at greater risk for developing heart disease and stroke.
- Excerpt from CDPHP State Profiles at www.cdc.gov*

Poverty:

% of people living below the poverty level (2007-2011) = 8.0(*US Dept of Commerce, US Census Bureau*)

Funding

FFY 2012 funding level:

FY12 Estimated total: \$ 771,163

FY 2014 funding level

SPHA Basic Award:	\$ 505,711
Enhanced Award Requested:	\$1,531,165
SPHA Enhanced Award:	\$ 0

Staffing Impact:

Total FTEs lost 3

Program Impact:

- Positive - Increased collaboration with heart disease and stroke prevention program including shared goals and objectives
- Negative - Reduced capacity to deliver the evidence-based Stanford University Chronic Disease Self-Management Program and evaluate outcomes. CDSMP improves quality of life and effective disease management for people with chronic conditions, thus the loss of funds limits our ability to reduce burden of diabetes and other chronic diseases
- Negative - Reduced capacity to address prevention of type 2 diabetes among people with prediabetes

- Negative - Reduced capacity to work with community organization (YMCAs, etc) to address prevention of type 2 diabetes among people with prediabetes
- Negative - Loss of diabetes/public health content expert who was a subject matter expert on CDSMP (-1 FTE)
- Negative - Reduced capacity to provide technical assistance to diabetes partners and build community partnerships