

North Dakota



State Burden

NPAO:

- In 2007, 65% of adults in North Dakota were overweight or obese and 14% of high schools students were overweight, based on self-reported height and weight.
- 83% of high school students and 78% of adults in North Dakota consumed fewer than 5 fruits and vegetables per day.
- 47% of adults in North Dakota were not engaged in sufficient moderate or vigorous physical activity.

Excerpt from CDPHP State Profiles at www.cdc.gov

Diabetes:

- In 2005, diabetes was the sixth leading cause of death in the U.S. Likely to be underreported as a cause of death, the risk of death among people with diabetes is about twice that of people without diabetes of similar age.
- 204 adults in North Dakota died from diabetes mellitus in 2005.
- In 2007, 6% of adults in North Dakota reported being diagnosed with non-pregnancy related diabetes.

Excerpt from CDPHP State Profiles at www.cdc.gov

Heart Disease:

- Heart disease accounted for 26% of deaths in North Dakota in 2005, while stroke caused 6% of deaths.
- In 2007, 26% of adults in North Dakota reported having high blood pressure (hypertension) and 37% 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) = 12.3(*US Dept of Commerce, US Census Bureau*)

Funding

FFY 2012 funding level:

FY12 Estimated total: \$ 918,261

FY 2014 funding level

SPHA Basic Award:	\$ 502,963
Enhanced Award Requested:	\$1,450,000
SPHA Enhanced Award:	\$ 0

Staffing Impact:

Total FTEs lost	0
-----------------	---

Program Impact:

- Positive - North Dakota, for the first time, has received obesity funding. In the past, we had been approved, but unfunded
- Negative - Due to the limited dollars, many programs within communities statewide, had to be ceased due to lack of funding

- Negative - Although the state receives limited state dollars associated with chronic disease, it is very specific to stroke only. Thus, the decrease in overall funding from the federal level will have an impact on the prevention of chronic disease and their indicators in the state
- Negative - Due to decreased funding, staff that were originally hired to work with chronic disease are now being reassigned to other areas. Although no FTEs were lost, we have not filled the vacant positions we currently have