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FISCAL IMPACT REPORT

SPONSOR Jeff & Munoz **ORIGINAL DATE** 01/30/14
LAST UPDATED 01/31/14 **HB** 65

SHORT TITLE Tribal Youth Diabetes Prevention **SB** _____

ANALYST Esquibel

APPROPRIATION (dollars in thousands)

Appropriation		Recurring or Nonrecurring	Fund Affected
FY14	FY15		
	\$250.0	Recurring	General Fund

(Parenthesis () Indicate Expenditure Decreases)

Relates to Appropriation in the General Appropriation Act

SOURCES OF INFORMATION

LFC Files

Responses Received From

Indian Affairs Department (IAD)

Department of Health (DOH)

SUMMARY

Synopsis of Bill

House Bill 65 appropriates \$250 thousand from the general fund to the DOH to coordinate with tribal public health programs to develop and implement youth diabetes prevention protocols.

FISCAL IMPLICATIONS

HB 65 includes an FY15 general fund recurring appropriation of \$250 thousand. Any unexpended or unencumbered balance remaining at the end of FY15 shall revert to the general fund.

If HB 65 is enacted, DOH would request authority to budget a minimum of 5 percent of the appropriated amount to implement the legislation including DOH administrative costs for staff time, supplies, travel, and related administrative expenses.

SIGNIFICANT ISSUES

DOH currently funds two programs that address tribal youth diabetes prevention: the Diabetes Prevention and Control Program (DPCP) and the Obesity, Nutrition and Physical Activity Program (ONAPA). In FY13, the DPCP received \$100 thousand from the general fund for Native American youth diabetes prevention efforts.

In FY13, the Diabetes Prevention and Control Program (DPCP) convened a group of stakeholders that included the ONAPA program, Indian Health Services, Notah Begay III Foundation, Healthy Native Communities Partnership, NM Appleseed, and tribal representatives and health consultants. This group discussed existing resources, initiatives and gaps in service. The result was tribal communities applied to use this funding to strengthen traditional agriculture, establish tribal wellness policies, and to support physical activity and healthy eating. The Pueblo of Jemez, Pueblo of Santa Ana and Ramah Navajo were awarded funding to work in areas they selected.

The Obesity, Nutrition and Physical Activity Program (ONAPA) oversees Healthy Kids New Mexico (HKNM) which focuses on childhood obesity prevention by encouraging communities, including tribal communities, to create systems and environmental changes to increase healthy eating and physical activity opportunities for children where they live, learn and play. Strategies include community walking trails, open outdoor space, healthy food options in tribal stores, school and community gardens, fruit and vegetable tastings in the classroom and walking to school. Within the Healthy Kids New Mexico program, four tribal communities (San Ildefonso, Santa Clara, Zuni, and Mescalero Apache) are currently implementing obesity prevention efforts focused on children and youth.

OTHER SUBSTANTIVE ISSUES

DOH indicates the National Institutes of Health's SEARCH study found 85 percent of the new cases of diabetes in Navajo youth during 2002-2005 were Type 2 diabetes (<http://searchfordiabetes.org/>). This increase in rates could be attributed to youth obesity rates, which have tripled in the past three decades nationwide, and are a significant risk factor for diabetes. In 2012, body mass index (BMI) data was collected for 3,949 kindergarten and third grade students and showed 14.6 percent of kindergarten students and 21.4 percent of third grade students were obese. Significantly more American Indian children in New Mexico experience childhood obesity than any other racial/ethnic group. In 2012, 50 percent of American Indian third grade students were either overweight or obese, while 22.7 percent of Hispanic and 15.2 percent of White third graders were either overweight or obese. The 2012 data suggests a time-sensitive window of opportunity between kindergarten and third grade for preventing excessive weight gain in children. (*The Weight of Our Children New Mexico Childhood Obesity 2012 Update*).

RAE/ds