Nevada Community Health Concerns and Diabetes Perception Survey Report

Survey Findings

Sept. 1 – Oct. 15, 2024

Developed by Comagine Health

comagine.org

Overview and Background

Comagine Health administered an online Community Health Concerns and Diabetes Perception Survey (the survey) between Sept. 1 and Oct. 15, 2024, as part of the Strategic Approach to Advancing Health Equity for Priority Populations with or at Risk for Diabetes cooperative agreement awarded by the Centers for Disease Control and Prevention.

The survey was administered in both English and Spanish. The survey domains included demographics, primary health concerns and diabetes perceptions. The survey was promoted through social media posts, Facebook ads and promotional activities with local partners. Those who completed the survey could opt into a drawing for a gift card. In addition to the findings shared in this report, detailed data, analysis and resources from the Community Health Concerns and Diabetes Perception Survey can be found here:

- Survey Questions in English and Spanish
- An Initial Findings Summary
- A Tableau Dashboard
- A Multivariant Contingency Table
- A Nevada and Oregon Implementation Summary

Who Participated in the Survey?

Table 1 summarizes key demographic characteristics of survey participants, including language, sex and race/ethnicity.

Table 1: Demographic and Geographic Profile of Survey Respondents

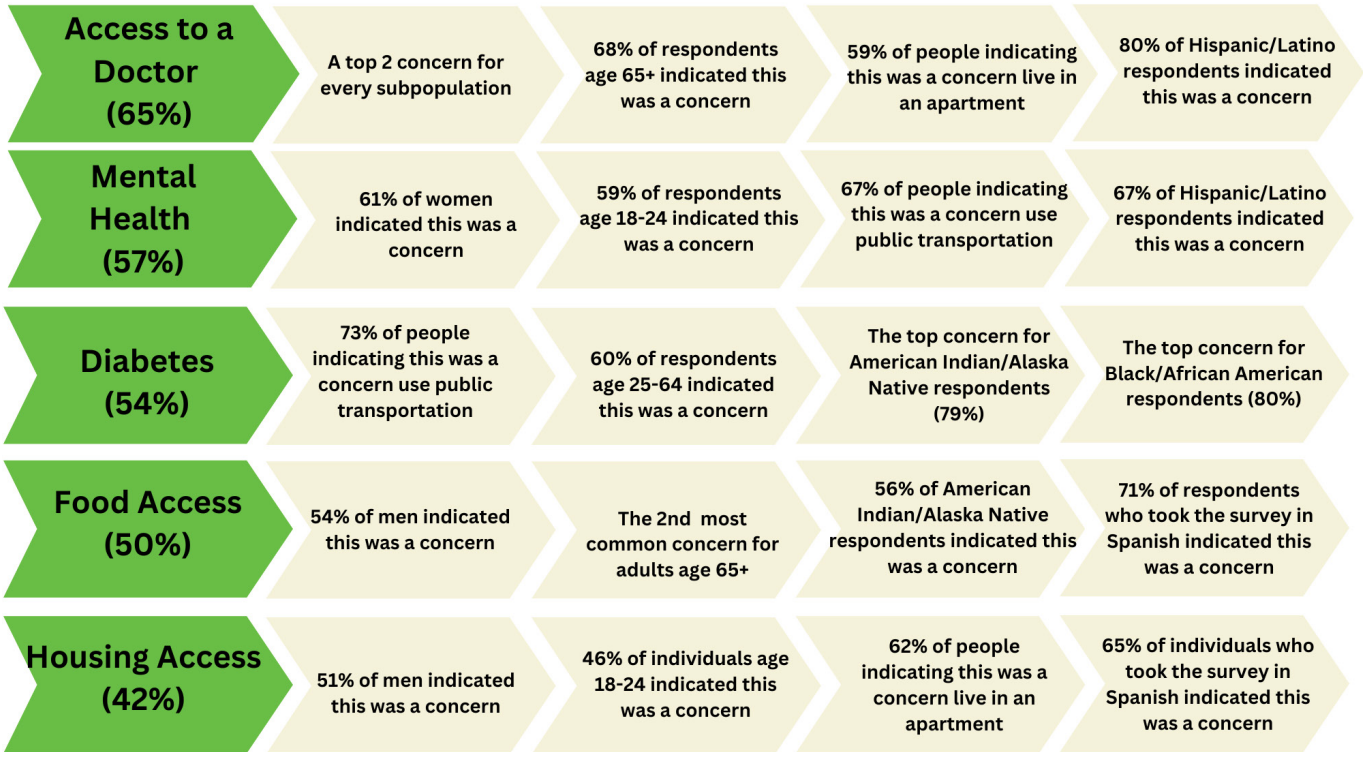
Demographic Characteristic	Details
Total Respondents	577
Geographic reach	Represented 82% of Nevada counties and 82% of Nevada ZIP codes.*
Languages	91.2% English, 8.8% Spanish
Sex	62.6% women, 36.4% men
Top race/ethnicity by responses (self-reported)	White (62.9%), Hispanic/Latino (21%), Black/African American (9.4%)
More details	Respondent Data • See the Respondent Overview Table Geographic and Demographic Insights • See the interactive Tableau Dashboard

**The demographic distribution of survey participants closely mirrors the population distribution across the state of Nevada.*

Top Five Community Health Concerns

Figure 1 presents the top five health concerns identified by survey participants — access to a doctor, diabetes, mental health, food access and housing access — along with how these concerns varied across demographic subgroups including sex, age, language and race/ethnicity.

Figure 1: Top Five Community Health Concerns



The top five concerns were consistent across most subgroups, emphasizing the widespread need to address them. Three of the top concerns were access to a doctor, food and housing, demonstrating a common concern around access to a comprehensive directory of community resources and ensuring that staff are trained to use the directory and address associated barriers to care. This will allow them to connect clients with needed resources (Kreuter et al 2021).

The Southern Nevada Pathways Community HUB is uniquely positioned to address these top concerns via its 21 Standard Pathways of the Pathways Community HUB Institute® Model and integration of Community Health Workers, who have been proven effective in reducing barriers to care (Ingram et al 2019; Kangovi et al 2020).

Key Points

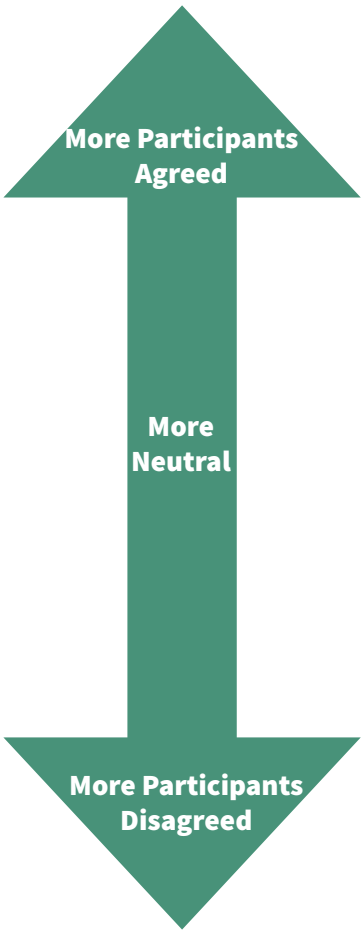
- Virtually all participants had the same top five health concerns, highlighting the widespread nature of these concerns.
- Health-related social needs and access to services are consistently identified as primary concerns.
- Community health workers were an effective way to address participant needs.

Diabetes Perceptions and Self-Efficacy

Table 2 presents participants' levels of agreement with various statements about diabetes seriousness, self-efficacy and social/environmental influences on diabetes management.

Table 2: Participant Agreement with Statements on Diabetes Perceptions, Self-Efficacy and Barriers to Management

Statement	Agreed	Disagreed
Diabetes is a serious disease	80%	7%
I can motivate myself to care for my diabetes	76%	7%
The people around me support me in taking care of my prediabetes/diabetes	75%	7%
I can turn my prediabetes/diabetes goals into a plan	73%	5%
I can manage my prediabetes/diabetes to prevent other health complications	74%	9%
I eat a variety of healthy foods from all food groups	66%	12%
I am physically active	63%	15%
Diabetes control is too much work	48%	28%
I knew I would (or know I will) get diabetes because everyone in my family has it	41%	35%
Other people make it hard to change my behaviors	37%	36%
There is no use trying to control diabetes because other health problems will happen anyway	10%	75%
There is no benefit to managing my blood sugar	13%	78%



The statements in **Table 3** below reflect the most commonly agreed-upon beliefs from the survey, highlighting areas of high perceived self-efficacy and community support.

Table 3: Participant Beliefs and Intentions Related to Diabetes Prevention and Management Behaviors

Recommended Health Barrier	# and % Who Believe This Helps Prevent Diabetes-Related Problems	# and % Who Plan to Use This Strategy to Manage Their Diabetes
Eat foods that help to manage my blood sugar	314 (84.9%)	298 (80.1%)
Weekly physical activities	255 (68.9%)	224 (60.5%)
Take medications as prescribed	239 (64.6%)	219 (59.2%)
Attend recommended doctors' visits	200 (54.1%)	186 (50.3%)
Lose a few pounds	198 (53.5%)	168 (45.4%)

Participants reported a high level of agreement with statements indicating confidence in their ability to manage their diabetes. Over 70% agreed with three statements reflecting the ability to create and implement a plan to manage diabetes. Additionally, over 70% of participants disagreed with both statements indicating diabetes management has no benefit. These responses reflected a high level of self-efficacy in diabetes management among respondents.

Further evidence of self-efficacy among participants was the agreement between activities participants believed are effective in preventing health problems and the activities in which participants plan to engage. For each item, the number of individuals intending to engage in an activity was more than 80% of the number of respondents who believed the activity was effective.

Together, these findings indicate that most survey participants intend to engage in activities to manage diabetes and believe in their own ability to do so. Previous studies show over half of patients with diabetes report high levels of self-efficacy in managing their condition (Khalam AS. et al. 2024).

Key Points

- Participants expressed a high level of confidence in their ability to manage diabetes.
- Participants are already doing the activities they believe help manage their diabetes.

Definition of Successful Management and Prevention

When asked to identify which actions the respondents included in their definition of successful diabetes management, the two most frequently selected responses were “sticking to a diet and activity plan” (n= 309) and “managing blood sugar” (n= 279). These responses aligned with the self-care behaviors emphasized in diabetes self-management education and support (DSMES). Participant emphasis on these items is also consistent with the literature (Cunningham et al 2021; Fazio et al 2019).

Stress management is also key to preventing diabetes. Chronic stress can play a role in the onset of diabetes (Ingrosso et al 2023) and is associated with higher A1c levels in people with prediabetes (Mishra 2020). The National Diabetes Prevention Program (National DPP) lifestyle change program curriculum includes managing stress and creating support systems, creating awareness of the importance of these aspects of diabetes prevention.

Key Points

- Most participants saw diet, activity and blood sugar control as important for diabetes management.
- Fewer participants believed that stress management and social support were as important for diabetes management.
- Culturally appropriate social support content could be incorporated into DSMES and the National DPP curriculums to provide support and stress management.

Limitations

The Community Health Concerns and Diabetes Perception Survey relied on self-reported data provided by each person surveyed. Self-reported information may be less accurate than data based on direct physical measurements. In addition, the survey had the following limitations:

- People who agreed to participate in the survey may have different characteristics than those who did not.
- The survey was only conducted in English and Spanish.
- It did not include people without access to the internet, social media or partner engagement channels.
- The sample size of 577 individuals may not be practically significant to draw conclusions about the statewide population.
- The survey was promoted primarily to people who have diabetes or are at risk for developing it, which may have influenced who chose to participate and how they responded.

The survey also had limitations in characterizing certain populations. The survey was not a random sample and should not be used to generalize to the larger Nevadan population. It was intended to gather insights and establish a baseline on community concerns and perceptions of diabetes.

Next Steps

Comagine Health will incorporate these findings into future objectives and strategies and use the information intentionally to reflect what the community has shared about their health concerns, experiences and perception about diabetes. The data will be used to collaborate with partners to inform services and programs as appropriate. These findings will:

Identify strategies to address top health concerns

Survey responses have been incorporated into a Tableau map that shows top concerns by county and ZIP code. This data can support partners in preparing to address these concerns. Because the results indicated that health-related social needs and access to services are widespread concerns in the communities served, Comagine Health will work with partners to ensure they have access to make linkages to these needs, and that staff are aware of how to best address these concerns.

Inform focus groups that provide qualitative context to the data

Comagine Health will conduct focus groups in English and Spanish among individuals with diabetes. The focus group questions will be informed by survey results. Focus group findings will provide deeper insight into the community perceptions reflected in the survey data.

Guide the tailoring of programming and recruitment efforts

Survey results will inform participant recruitment and cultural adaptations of curriculum delivery to align with community-identified priorities for diabetes care and prevention.

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Contact

Katrina Seipp-Lewington, MPH

Director, Community Health

CommunityHealth@Comagine.org

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