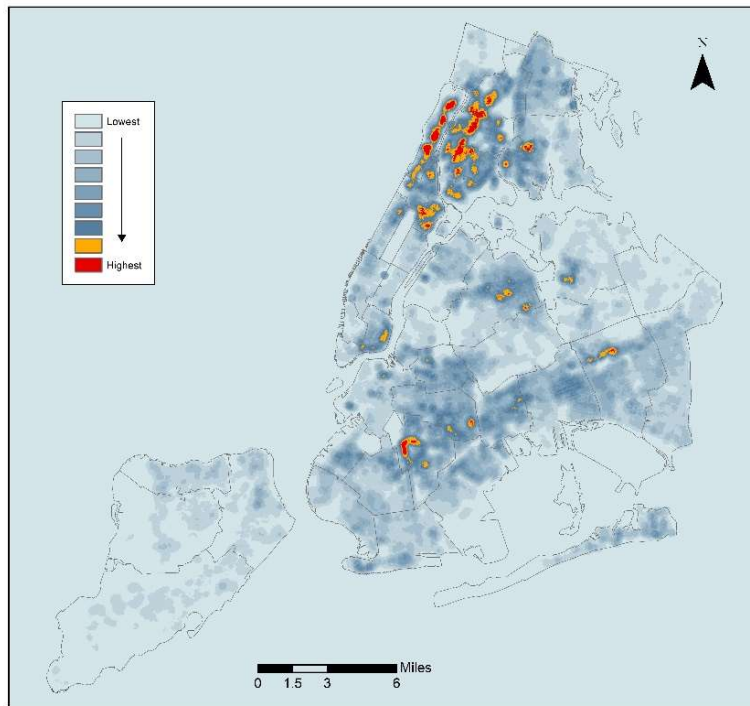


## Diabetes City Council Report Number 3, December 2021

Background: Local Law 221 requires the Health Department to submit to the City Council every six months a report on five diabetes-related measures: diabetes prevalence, diabetes and comorbid depression, A1C control, diabetes-related end stage renal disease, and diabetes-related lower extremity amputation (LEA); as well as to “include recommendations to reduce diabetes-related health problems and a plan to implement the department’s recommendations.”

Summary from Reports Number 1 and 2: In 2020, there were an estimated 773,000 New Yorkers who reported they had diabetes (12%). Diabetes is a chronic disease. The structural and social determinants of health -- systemic racism, poverty, housing instability, nutrition access, the built environment -- have a large impact on diabetes. As of 2018, 13 out of every 1,000 adult New Yorkers had diabetes, with the number of Black New Yorkers afflicted more than double that of White, non-Latino/a New Yorkers (3,608 vs 1,605). This is illustrated in this graphic based on 2020 data in NYC A1C Registry:

### Density of Persons with Poorly Controlled Diabetes New York City 2020



\*Density of persons with poorly controlled diabetes per 0.1 square mile

Data source: New York City A1C Registry, 2020



End stage renal disease, a devastating complication of diabetes requiring dialysis or transplant, is largely preventable with optimal disease management. There are evidence-based programs demonstrated to prevent diabetes onset and improve diabetes outcomes. The challenge is an equitable investment and

uptake in diabetes programming that address racism and social inequities. Considering these facts about diabetes and the recent NYC Board of Health’s resolution declaring racism as a public health crisis, the NYC Health Department makes the following recommendations for addressing diabetes-related health problems in NYC.

Main recommendations:

1. The City should continue to prioritize and enhance place-based investments in historically marginalized neighborhoods affected by structural racism.
2. The City should continue to address food justice by increasing healthy food access affordability, navigability of a complex food system, promotion of physical activity, and addressing the corporate determinants of health.
3. NYC DOHMH should continue to expand the number of CBOs and providers in TRIE neighborhoods that deliver the National Diabetes Prevention Program (NDPP).
4. NYC DOHMH should increase delivery of Diabetes Self-Management Education and Support (DSMES) in TRIE neighborhoods.
5. NYC DOHMH to engage in the State’s NYC area Health Equity Regional Organization (HERO) process.

Recommendation 1: Place-Based Investments

- Continue diabetes programming in NYC DOHMH Neighborhood Health Action Centers.
- Explore programming to address the racial wealth gap as a key driver of geographic and racial inequities in diabetes outcomes.
- Support the caregiving economy by investing in community health worker jobs in marginalized neighborhoods affected by structural racism, such as through the Public Health Corps
- Promote and educate people with diabetes and Social Determinant of Health (SDOH) needs about the resources and support available at Neighborhood Health Action Centers.
- Provide Technical Assistance (TA) to healthcare providers and systems interested in adopting workflows to screen for SDOH needs and make referrals or use online resource directories (e.g., NowPow, Healthify) for connecting those with SDOH needs to appropriate services.
- Promote referrals to and awareness of NYC Health + Hospitals/ [Bellevue Plant- Based Lifestyle Medicine Program](#) and the [recently announced expansion of Lifestyle Medicine programs at six other H+H locations in the coming year\(s\)](#).

Recommendation 2: Food Justice

- Continue to pursue multiple strategies to increase access to healthy food and physical activity and decrease consumption of unhealthy foods – especially sugary drinks.
- Continue investing in healthy food incentive programs (Health Bucks and Get the Good Stuff) to make fruits and vegetables more affordable for New Yorkers with low incomes.
- Continue supporting small businesses (e.g., bodegas) in providing and promoting healthier food options through the Shop Healthy initiative.

- Continue to provide nutrition education programming that reaches over 30,000 children and adults in childcare centers, food pantries, and farmers' markets that serve New Yorkers with low incomes.
- Continue to develop nutrition standards and support city programs in providing healthy food to New Yorkers who need it.
- Continue the work of the National Salt and Sugar Reduction Initiative (NSSRI), a partnership of organizations and health authorities from across the country, which sets voluntary reduction targets for sugar and salt and asks food and beverage companies to commit to meeting them, with the aim of creating a healthier food supply.
- Continue working with agency partners and community-based organizations to make investments in our built environment, particularly in communities that have historically received less resources to increase access to healthy food and opportunities for physical activity are additional, and crucial, efforts. Continue working with City agencies and local emergency food providers to ensure New Yorkers experiencing food insecurity have equitable access to fresh produce and culturally appropriate healthy foods in a dignified manner through the [City's Emergency Food Assistance Program](#) (EFAP) and the [Pandemic Food Reserve Emergency Distribution](#) (P-FRED) Program .
- Continue to use a racial and social justice approach to provide equitable access of resources and address barriers to achieve optimal health to marginalized populations.

Recommendation 3: National Diabetes Prevention Program (NDPP).

- Continue to provide TA to CBOs to deliver National Diabetes Prevention Program (NDPP) and register with Medicaid and Medicare to bill for services rendered.
- Provide support to CBOs as they manage their NDPP programs.
- Engage Public Health Corp to help identify and raise awareness about available NDPP programming.
- Increase awareness among primary care practices of existing NDPP programming.
- Support NDPP programs to meet needs of NYC communities including cultural humility and language needs.

Recommendation 4: Diabetes Self-Management Education and Support (DSMES).

- Implement the NYC DOHMH DSMES-accredited program that will bill insurers for Diabetic Self-Management Training (DSMT) delivery and target programs with place-based focus (e.g., NHACs, private practices in key NHC. neighborhoods) and continue NYC Care Calls – DOHMH's telephonic DSMES program
- Extend NYC DOHMH DSMES-accreditation to other organizations and provide TA to support expansion of organizations offering DSMT and able to bill insurers for service delivery.
- Continue engagement with NYS Medicaid to support inclusion of the Self-Management Resource Center (SMRC) Diabetes Self-Management Program (DSMP) as In Lieu of Service (ILS) benefit to DSMT available to MCOs and provide TA to organizations upon inclusion to expand access of these services.

- Engage Public Health Corps to help identify and raise awareness about available DSMES programming in NYC.
- Increase awareness among primary care practices of existing DSMES programming.

Recommendation 5: Health Equity Regional Organization (HERO)

- Support the proposed NYS Medicaid waiver which will support initiatives that facilitate assessment and data collection functions and that promote further coordinated care management for population health improvement.
- Utilize opportunities under the proposed NYS Medicaid waiver to maximize support for local social services to address needs for New Yorkers with diabetes.