

## New diabetes report documents devastating effects in New York City

July 24 2007

The diabetes epidemic is taking a large and growing toll on New York City, a new Health Department report shows, as death rates, debilitating complications, and hospitalization costs soar. Some 500,000 New Yorkers – one out of eight adults – have been diagnosed with diabetes. Another 200,000 have diabetes but don't yet know it. The death rate from diabetes rose by 75% between 1990 and 2003.

The new publication, which synthesizes research findings from the past several years, is available at <u>www.nyc.gov/health</u>. In addition to charting the impact of diabetes in NYC, it exposes unacceptable disparities among neighborhoods and racial/ethnic groups.

-- New Yorkers in East Harlem, Williamsburg-Bushwick and certain parts of the South Bronx are hospitalized for diabetes at 10 times the rate of people living on the Upper East Side.

-- Residents in the most affected areas also die from diabetes at seven times the rate of New Yorkers in the least affected neighborhoods.

-- Among racial/ethnic groups, black New Yorkers have the highest death rate from diabetes, dying at three times the rate of white New Yorkers.

"Diabetes is hitting the city hard," said Dr. Thomas R. Frieden, New York City Health Commissioner. "Tragically, it is hurting our lowincome communities much more than others. With good management,



we can prevent devastating complications of diabetes, such as heart disease, blindness, leg amputations and kidney failure."

New Yorkers with diabetes are now hospitalized at a rate nearly 80% higher than the national rate. And the cost of these hospitalizations has skyrocketed in recent years, hitting \$481 million in 2003, up from \$242 million in 1990. Figures drawn from national estimates of total diabetes costs, including lost productivity and other non-medical costs, suggest that the economic impact of diabetes in New York City exceeds \$6 billion annually.

"Diabetes is not only hurting our health, it's hurting our wallets," said Frieden. "The cost of treating diabetes is an unsustainable burden on our health system and economy. But even worse, behind these statistics are tragic individual stories that challenge our city and our health system to respond."

## **Diabetes Management is Key**

Many diabetes hospitalizations and deaths can be prevented by better management of the disease. Dr. Shadi Chamany, director of the Health Department's Diabetes Prevention and Control program, emphasized that people with diabetes can live long and healthy lives if they carefully manage their blood sugar (an A1C level of less than 7%), blood pressure (less than 130 over 80) and bad cholesterol (LDL level below 100 mg/dL).

While most New Yorkers with diabetes are accessing health care, the report finds that both patients and providers could do much better. Among New Yorkers with diabetes:

-- Most had a check-up in the past year, but more than one third did not receive an eye or foot exam.



-- About 80% had their blood sugar tested in the past year, but only 16% knew their blood sugar level.

-- About 45% had poor control of blood sugar, putting them at risk of serious health complications.

-- One in five New Yorkers with diabetes is a smoker

## **Tracking Diabetes**

The Health Department monitors blood sugar control citywide by requiring clinical laboratories to report blood sugar (A1C) test results to a central registry. This registry – the first of its kind in the nation – will enable the Health Department to give clinicians and patients feedback and resources that can improve the quality of care and quality of life for New Yorkers with diabetes.

The New York City Health and Nutrition Examination Survey, conducted by the Health Department in 2004, provided the first-ever estimates on diabetes prevalence and blood sugar control by using interviews, blood tests, and medical exams. This survey provided baseline data for tracking diabetes over time.

## **Data Sources**

The report drew upon numerous city and state data sources. Data on risk factors and health care indicators came from the New York City Community Health Survey (CHS), an annual telephone survey of 10,000 New York City adults. The survey derives health information from self-report.

Diabetes prevalence was assessed in the New York City Health and



Nutrition Examination Survey (NYC-HANES) using a one-time blood test.

Hospitalization data come from the Statewide Planning and Research Cooperative System (SPARCS; New York State Department of Health, 2006) and consists of hospital discharge records for acute care hospitals in New York State.

Data were also complied from the 2000 Census, Medicare, and Medicaid records. A complete list of sources is available at the conclusion of the report.

Source: New York City Health Department

Citation: New diabetes report documents devastating effects in New York City (2007, July 24) retrieved 25 April 2024 from https://medicalxpress.com/news/2007-07-diabetes-documents-devastating-effects-york.html

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