

# BROOKLYN DIABETES AWARENESS DAY 2009



*COMMITTED TO  
ELIMINATING DIABETES  
IN THE BOROUGH OF  
BROOKLYN*

## 2009 SPONSORS/PARTNERS/SUPPORTERS

New York City Department of Health; Office of The Brooklyn Borough President; Antioch Baptist Church;

**VISION:**

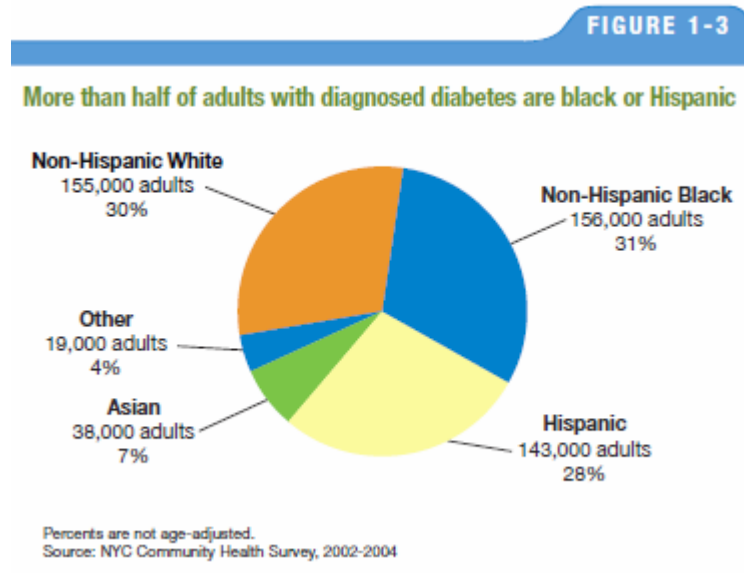
Brooklyn Diabetes Awareness Day (BDAD) is a borough-wide diabetes outreach education and screening program promulgated by The Provident Clinical Society of Brooklyn; Brooklyn NAACP, Health Committee and Novo Nordisk, Inc., integral to the vision and mission of the founding organizations and dedicated to eliminating diabetes in the borough of Brooklyn.

**MISSION:**

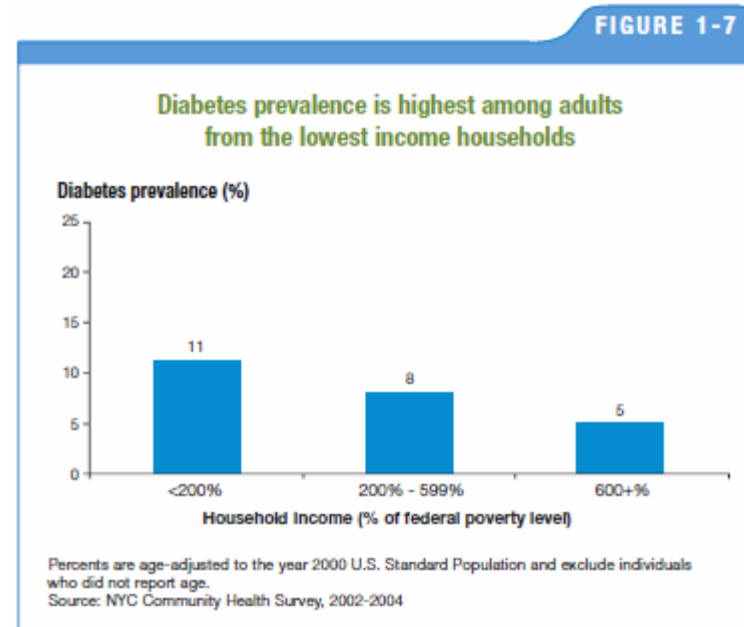
To increase awareness of diabetes among all residents of Brooklyn with emphasis on those underserved minorities most affected so as to reduce risk and promote early detection and treatment.

## **RATIONALE:**

Much of the impetus for BDAD derives from a 2006 report of the New York City Department of Health and Mental Hygiene entitled, "Diabetes in New York City: Public Health Burden and Disparities". The report gave account, perhaps for the first time with such impact, of the history, current status and anticipated future of diabetes in New York City. Moreover, it emphasized the disproportionate burden of disease on the city's underserved minorities and poor.



According to the report, 530,000 New Yorkers have been diagnosed with diabetes. Since, for every two people who have diabetes, there is another person who has it and doesn't yet know, adds an additional 265,000 cases to the total. Furthermore, in the last 10 years the number of people in NYC with diabetes has more than doubled with the trend showing no signs of slowing. Because early symptoms may be mild or unrecognizable, the disease could progress 5-7 years before being diagnosed, exposing those afflicted to significant risk of stroke; blindness; heart attack; kidney failure and amputations. Despite advancement in knowledge of diabetes care and control, diabetes was the 4<sup>th</sup> leading cause of death in NYC in 2003, directly causing over 1800 deaths and contributing to thousands more.



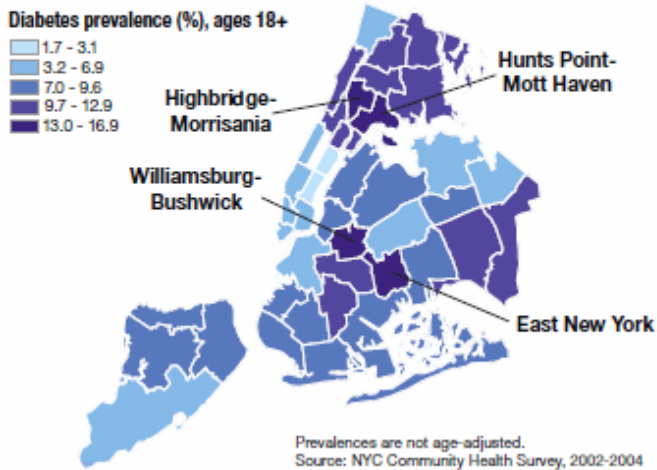
Diabetes disproportionately affects black and Latino New Yorkers as well as those living in low-income households and neighborhoods. Among adults with diabetes nearly 60% are black or Hispanic (figure 1-3). Racial/ethnic disparities in diabetes prevalence exist, with the highest

prevalence occurring among black and Hispanic adults (12% and 13%, respectively). In comparison, diabetes prevalence among whites is 6%.

Adults with the lowest household income are more than twice as likely to report having diabetes as adults with the highest household income (figure 1-7). Adults residing in certain neighborhoods are more likely to report having diabetes (figure 1-5). Those neighborhoods depicted on the map are arguably those with higher minority populations and a fair level of social, economic and education challenges.

FIGURE 1-5

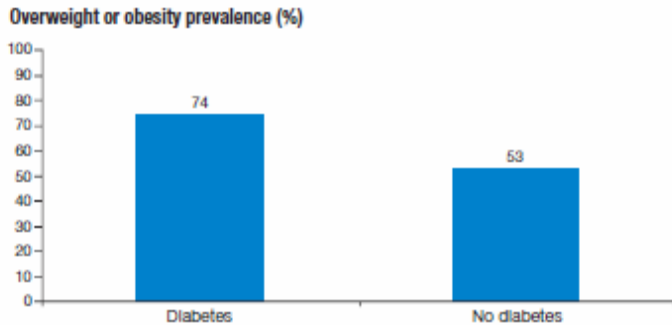
Diabetes prevalence varies by neighborhood



Those factors attributed to diabetes risk are well known and prominent among diabetics in New York City. Patterns of overweight/obesity—and the related behaviors of physical inactivity and unhealthy diet—underlie the increasing prevalence and disparities in diabetes rates. Adults with diabetes are 40% more likely to be overweight or obese than those without diabetes (figure 2.1). Notable is that 54% of all New York City adults are overweight or obese (65% for blacks and Hispanics); 80% do not get recommended exercise and 90% eat fewer than recommended servings of fruits and vegetables per day.

FIGURE 2-1

Adults with diabetes are more likely to be overweight or obese than those without diabetes



Percents are age-adjusted to the year 2000 U.S. Standard Population and exclude individuals who did not report age.  
Source: NYC Community Health Survey, 2002-2004

According to the US Centers for Disease Control (CDC), pre-diabetes is a risk condition for diabetes—where individuals have a blood glucose level higher than normal but not high enough to be classified as diabetes. Further, evidence suggests secondary complications, as mentioned above, can also be delayed or possibly prevented with adequate control of the diabetic state.

The Diabetes Prevention Program, a large prevention study, showed that lifestyle intervention reduced developing diabetes by 58% in a 3-year period—adults aged 60 years and older had a 71% reduction. Moreover, in those already diagnosed with diabetes, adequate control of blood sugar levels, as reflected in hemoglobin-A1c level (below 7%) as well as adequate control of blood pressure and lipid levels, contributed to reduction in secondary complications.

CDC identifies Self-management education or training as a key step in improving health outcomes and quality of life. It focuses on self-care behaviors, such as healthy eating, being active, and monitoring blood sugar. NYCDOH relates

screening and care could prevent up to 90% of diabetes-related blindness; reduce related kidney failure by 50%; prevent 80% of amputations and reduce death from strokes and heart attacks by 30%. And as diabetics are three times more likely to die from complications of influenza the current 55% immunization rate if increased could save lives.

It is the realization that diabetes (and its undue level of complications) is largely preventable and controllable through education, lifestyle modification and adequate medical management that compelled the creation and promulgation of the Brooklyn Diabetes Awareness Day. Our foremost goals are active community outreach with education to increase awareness, promote healthy lifestyle choices and facilitate adequate medical management.

## **PROGRAM AND ACTIVITIES**

**Date:** The Sunday before Thanksgiving

**Time:** The program runs from 2:00PM to 6:00PM

**Location:** A prominent place of worship or other suitable community-based location

**Activities:** These are of three categories:

- A. Educational/Demonstrational
- B. Screenings & Examinations
- C. Intervention

### **Educational Activities:**

- 1. Power point presentation on the basics of diabetes
  - a. Epidemiology
  - b. Risk Factors
  - c. Mechanism of Action
  - d. Symptoms & Complications
  - e. Treatment
    - i. Prevention (primary/secondary)
    - ii. Medications and other methods
- 2. Nutrition & Exercise
- 3. Making the most of your medical visit

### **Demonstrations:**

- 1. How to prepare healthy meals and snacks
- 2. Use on insulin
- 3. Use of glucose monitor
- 4. Simple physical workout routine
- 5. Stress reduction techniques

### **Screenings & Examinations:**

- 1. Blood sugar
- 2. Blood Pressure
- 3. Blood Cholesterol
- 4. Body Mass Index
- 5. Foot exam
- 6. Eye exam

### **Interventional:**

- 1. Influenza Vaccinations
- 2. Referrals

### **FOCUS & THEME**

Each year BDAD focuses on an area of diabetes which is adopted as the theme, which for 2009 is “Know Your A1c”. Emphasis will be placed with participants becoming conversant with the role of A1c determinations in the care of diabetes. Program assessment will be via pre and post tests of knowledge of all areas of program activities.

### **OTHER INFORMATION**

BDAD is mission driven to provide those at risk for diabetes or complications with information beneficial for prevention and care such as:

- Access and information on Low cost health insurance
- Directory of health care providers and facilities
- Access to low cost medication
- Information on services available in the community
- Information on where to find nutritious foods
- Information on exercise facilities and fitness groups
- Other information deemed helpful