

Diabetes Policy in New York City: A Call to Action

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Good morning. Thank you so much for coming to our meeting on Diabetes Policy in New York City today. I'd like to welcome you on behalf of City University of New York and the Public Health Association of New York City. I'd especially like to thank the Office of the Chancellor of the City University of New York for its generous support of this meeting. I'd also like to acknowledge our co-sponsors for this event: the New York Academy of Medicine, the Greater New York Hospital Association, the Brookdale Center on Healthy Aging and Longevity at Hunter College, and the American Diabetes Association—New York chapter.

Our goals today are straightforward. First, we want to call attention to the large and growing threat that diabetes poses to New York City, a threat we think is insufficiently acknowledged by city and state decision makers.

Second, we want to make the case for a more comprehensive approach to diabetes prevention and management. To date, the public, nonprofit and business response to diabetes has for the most part been fragmented and piecemeal -- each agency and institution doing its own limited piece. While many people are doing terrific work, in our view, reversing the diabetes epidemic will require a coordinated strategy that considers food, physical activity and health care policies simultaneously and that addresses both prevention and disease management. Today, we hope to begin defining both the content of such a comprehensive agenda and a process for getting from where we are to a more robust and coordinated response.

Finally, and most specifically, we hope that today we can identify some specific actions that our organizations and city and state government can take to better prevent and manage diabetes. Our goal is to end the day with a list of recommendations for the city and state for the next year or two and an agreement to come together again to work on the details of advocacy and implementation.

We realize these are ambitious goals for the day but I am optimistic about progress for three reasons. First, we have terrific talent and experience at our meeting today. We believe this is the largest and most diverse gathering of people yet to consider how New York can better respond to diabetes --two years ago we could not have organized such a multisector and interdisciplinary forum.

Second, we believe there are numerous models for more comprehensive and effective responses to diabetes, both here in New York and elsewhere in the nation and the world. We'll here about some of these initiatives today. In my view, while we certainly need more research on diabetes prevention and management, we already know a lot and fail to implement much of what we know. For example, changing our schools to make healthier food and physical activity more accessible; structuring our primary health care system to promote disease management rather than emergency care; implementing the intensive lifestyle interventions that have been demonstrated to prevent onset of diabetes and reduce complications and mortality. Our main

obstacle is not lack of knowledge but lack of mobilization to act on what we know. That's a task that people like those of us in this room can take on.

Finally, I am optimistic because I think that there is a compelling *moral* case for making diabetes prevention and management a public health priority. And New York City has always been a national and international leader in doing the right thing to improve public health. Sometimes it takes us a while and sometimes we have to overcome special interests that benefit from the status quo but our history is one of taking on the most significant public health challenges and showing the world how to contain them.

Diabetes is a moral issue because it is currently one of the diseases that is driving the unconscionable socioeconomic and racial/ethnic disparities in health that characterize our city. It is a moral issue because we know what to do to protect our children's health but have so far failed to take adequate action and it's a moral issue because getting diabetes prevention and management right can set the stage for taking on so many other of our social and public health problems.

I'd like to say a few words about how the two lead sponsors of this conference are taking on diabetes. In 2006, the Public Health Association of New York City defined improving diabetes prevention and management as one its two priorities. The other is strengthening links between school health services and school completion. In our 2006 Agenda for a Healthy New York, we articulated our vision as it relates to diabetes:

We envision a city where all those with diabetes get the care they need to prevent deterioration and every health provider can offer effective disease management that emphasizes helping individuals and families to manage better. We envision a health care system that provides full reimbursement to health providers who care for chronic diseases, saving the taxpayer dollars as it improves health. We envision leaders who are willing to invest in services that improve health and produce long term health and economic benefits. We envision a city and state that apply scientific knowledge to prevent obesity and thus diabetes. We imagine city schools that reduce obesity by giving every student the opportunity for regular physical activity and school food programs that improve rather than undermine nutrition. We envision a government that holds fast food or soda companies accountable for profiting by contributing to our children's obesity and we envision a food industry that finds ways to promote health and nutrition while still making money. We envision city and state agencies that make reducing the impact of diabetes a priority and implement a full range of policies to prevent future cases and manage current ones.

To begin to move towards this vision, we identified two broad policy goals,

- New investments in comprehensive diabetes management programs for primary care settings; and
- Development of city and state plans to reduce obesity by increasing access to healthy food and safe physical activity and discouraging promotion of unhealthy foods such as soda and high fat, high sugar, low nutrient products.

We're pleased to see good progress on both these goals in the last six months and hope we can today discuss how to make further progress. An important topic for discussion is how best to

coordinate the several city and state government initiatives with the community, borough and citywide coalitions that are emerging on obesity, physical activity and diabetes.

In our Agenda for a Healthy New York, PHANYC also identified 11 action steps on diabetes. These are listed the 2006 Agenda for a Health New York (www.phanyc.org). While we see these recommendations as a starting point for our final session today, we also hope that you will be able to refine, strengthened and add to these recommendations.

City University of New York has also taken on diabetes. In the next several weeks, CUNY will be announcing a major new initiative, the CUNY Campaign Against Diabetes, designed to strengthen the university's capacity to educate the health professionals, teachers, social workers and others who can better prevent and manage diabetes. We will also seek to offer prevention and management programs on our campuses to the 400,000 students who attend CUNY's degree programs and also our ESL, GED, and continuing education classes and we will work to develop a focused diabetes research agenda that builds on CUNY's strengths. Finally, we are developing a new Diabetes Internship Institute to prepare hundreds of CUNY students to serve as trained interns on diabetes prevention and management in organizations throughout the city. We'll share information on these new initiatives as they are developed. We hope many of you, whether you are connected to CUNY or not, will join us in these efforts. More broadly, we hope we can demonstrate how every institution, large or small, public or private, can take on this epidemic with an intensity and duration sufficient to reverse the epidemic in the years to come.

In closing, I want to say a few words about the passion that motivates me get involved in diabetes. I began my public health career in the early years of the NYC HIV epidemic. Like many of you, I watched friends die, city neighborhoods become devastated, health and social service agencies become overwhelmed. Now thirty years later and with the benefits of hindsight, I am convinced that had we acted more decisively, had we used even the limited knowledge we had then, had we followed some basic public health principles about maintaining living conditions for vulnerable populations, we could have averted a significant portion of the suffering that HIV imposed on New York City. In some ways, diabetes is very different from HIV and today New York City is a different place than 30 years ago. But I worry that 10 or 15 years from now I will be ending my career with another epidemic devastating New York City. And I worry that the young people coming up then will be asking, what were they thinking in 2007, that they didn't act to control diabetes when they still had a good chance. Once again, as with HIV, we don't yet have all the answers about diabetes prevention and management. But we do know that implementing seriously even half of what we know could significantly reduce the diabetes burden in NYC. And once again, as with HIV, many people say that NYC, the richest city in the world, cannot afford a school system, a health care system, a parks and recreation system, that uses existing scientific knowledge to prevent and manage diabetes in a systematic way. And once again, as with HIV, no public official or agency is stepping forward to say, our job is to do whatever it takes to reverse the diabetes epidemic and save New York City from needless deaths and suffering. So my passion is not to live through another avoidable epidemic. And if we can convince even some of the dedicated, experienced, talented people in this room to say yes, NYC State can turn this epidemic around, and yes we can identify and implement the policies that will save lives and save money, and yes we will make today a first step in stopping diabetes in New York City, then we will make today a historic occasion. Thanks for joining us.