Bronx Community Health Dashboard: Diabetes

Last Updated: 4/19/2019

See last slide for more information about this project.
Diabetes exerts a tremendous economic & health toll

- **30.3 MILLION** Americans with diabetes
- **84.1 MILLION** people with prediabetes
- **$237 BILLION** a year in medical costs
- **$90 BILLION** a year in lost productivity

+796% increase in prevalence of diabetes from late 1950s to 2014

People who have diabetes are at higher risk of serious health complications:

- Blindness
- Kidney failure
- Heart disease
- Stroke
- Loss of toes, feet, or legs

Statistics for the entire United States

Data source: Centers for Disease Control and Prevention. Division of Diabetes Translation At A Glance
Diabetes is a leading cause of morbidity & mortality in New York State

In New York State in 2017, diabetes was the fifth leading cause of morbidity + mortality.

Data source: 2017 Global Burden of Disease Project. DALY = Disability Adjusted Life Years and is a measure that captures the impact of a risk factor or condition on total health, including both morbidity (i.e., disability) and mortality. Analysis limited to top 20 causes.
The Bronx has the highest prevalence of diabetes in NYC and it continues to increase.

Older residents, women, Hispanic and non-Hispanic black populations and those with less education have the highest burden of diabetes.

Adults with the least education have the highest prevalence of diabetes and disparities are increasing.

8 out of 10 Community Districts with the highest prevalence of diabetes are in the Bronx

Diabetes
Percent of adults
- 3% - 9%
- 10% - 13%
- 14% - 14%
- 15% - 22%
- Unpopulated areas

Source: NYC DOHMH, Community Health Survey, 2015-2016

Data source: NYC Community Health Profiles.
Poor diabetes control is clustered in the Bronx and Central Brooklyn.

Poorly controlled diabetes, %

Data is by Neighborhood Tabulation Area (NTA).

Data source: NYC A1C Registry, 2014
Diabetes Hospitalizations
Preventable diabetes hospitalizations are highest in the South Bronx.

Includes principal or other diagnosis of ICD-9 codes 250.10-250.33, 250.40-250.93, 250.02-250.03, 841.0-841.9, or 250.00-250.93. Data source: SPARCS, 2012-2014. Data are age-adjusted.
Diabetes Mortality
The diabetes mortality rate has fallen by 38% over the last 17 years in the Bronx, but remains higher than NYC.

Diabetes mortality has declined among both sexes, but the drop is larger for women.

Racial/ethnic disparities in diabetes mortality have declined in the Bronx, but remain highest for non-Hispanic black residents.

Data source: Underlying Cause of Death, 2000-2017. NHB is non-Hispanic black; NHW is non-Hispanic white.
Among all age groups, the diabetes mortality rate has declined in the Bronx.

Out of 59 Community Districts, the Bronx has 2 of 5 highest diabetes mortality rates

About the Community Health Dashboard Project

- The goal of the project is to provide Bronx-specific data on risk factors and health outcomes with an emphasis on presenting data on trends, socio-demographic differences (e.g., by age, sex, race/ethnicity, etc.) and sub-county/neighborhood level data.

- Dashboards will be periodically updated as new data becomes available.

- Produced by Montefiore’s Office of Community & Population Health using publicly-available data sources.

- For more information please contact us at OCPHDept@montefiore.org.