
Note: Estimated number of adults with prediabetes by county for New York State and location of Local IMPACT (1422) DPP sites on a path to enrolling or able to enroll participants in the Diabetes Prevention Program March 2016 through September 2016 on the left (Baseline) and March 2016 through September 2018 on the right (Follow-up).

Data Source: County-level data from the 2016 expanded BRFSS “The estimated number of adults with physician diagnosed prediabetes.” Site level data from March 2016 - September 2018. Map created by Lara Kaye, lara.kaye@health.ny.gov, Bureau of Chronic Disease Evaluation and Research, February 2019.

Background: In 2015, the New York State Department of Health (NYSDOH) was awarded the Centers for Disease Control and Prevention (CDC) 1422 State and Local Public Health Actions to Prevent Obesity, Diabetes, Heart Disease and Stroke cooperative agreement. Through this agreement, NYSDOH established the Local Initiatives for Multi-Sector Public Health Action (Local IMPACT) and funded four local partnerships to implement work in 17 high-need counties outside of New York City. Among other strategies, the four partnerships were charged with scaling and sustaining the Diabetes Prevention Program (DPP) by establishing new programs or enhancing participation in existing programs.

Prediabetes is a condition where blood glucose levels are higher than normal but not high enough to be diagnosed with diabetes. An estimated 1.3 million adults in New York have been diagnosed with prediabetes and approximately 230,000 are in the Local IMPACT partnership counties. Evidence exists indicating lifestyle changes can prevent or delay the onset of type 2 diabetes. The National Diabetes Prevention Program is an effective approach to making those lifestyle changes. While effective, the program is resource and time intensive.

This map compares the number of DPP sites engaged in Local IMPACT communities at the beginning of the grant (2016) to the number in those same communities that were engaged at the end of the grant (2018). It includes the estimated prediabetes counts by county and shows the locations of DPP sites that were working towards being able to enroll participants and those that could enroll participants.

Data Sources: The prediabetes count was obtained from the New York State Behavioral Risk Factor Surveillance System (BRFSS), a statewide telephone survey of adults developed by the Centers for Disease Control and Prevention (CDC) and administered by NYSDOH. In 2016, an expanded data collection allowed for the generation of county-level estimates for key health indicators, including prediabetes. These data were used to generate the estimated number of adults with prediabetes by county. Site level data for DPP locations was obtained from Catalyst, the web-based performance monitoring system utilized by Local IMPACT partnerships to track performance measures. All the DPP sites were geocoded and displayed on the map with symbols that distinguish whether the sites were working towards being able to enroll participants (white) or were able to enroll participants (yellow). The map was produced in ArcMap desktop 10.6.

Findings: Partnerships efforts to scale and sustain the DPP through the Local IMPACT project resulted in work with DPP sites in all 17 counties. This represents working with sites in an additional 11 counties that at baseline had not yet been engaged. From baseline in 2016 to follow-up in 2018, the Local IMPACT partnerships worked with an additional 68 DPP sites resulting in a total of 77 DPP sites (all shown on the Follow-up 2018 map). Of these 77 sites, 61 of them were able to enroll participants (79%). Additionally, at those sites that could enroll participants, a total of 1,112 participants were enrolled in the DPP over the course of the grant.

Recommendations: There is a need to sustain and expand the diabetes prevention efforts in the Local IMPACT region. While many more sites can provide the program because of this initiative, there are counties with higher counts of prediabetes and very few programs. Spreading out programs across the
counties where programs are clustered around larger metropolitan areas is important to avoid gaps in services for those in more rural or less populated regions. There are also some counties that have very few programs and lack the capacity to enroll participants. This speaks to the continued need to support programs through the process of setting up to enroll participants. Based on the overall success of this initiative, efforts to scale and sustain capacity to deliver DPP should be spread to other regions of NYS and beyond.

References:
