NYC Health

Epi Data Brief

May 2025, No. 146

Diabetes and Health Inequities among New York City Adults

Diabetes is a leading cause of illness, disability, and death nationwide and in New York City (NYC). As a chronic disease caused by the body's inability to produce or effectively use the hormone insulin, uncontrolled diabetes can lead to heart disease, kidney failure, blindness, and premature death. The high burden of diabetes is felt disproportionately across communities of color and those experiencing higher poverty. Diabetes inequities are rooted in the structural and social drivers of health – systemic racism, poverty, housing instability, nutrition access, and the built environment.

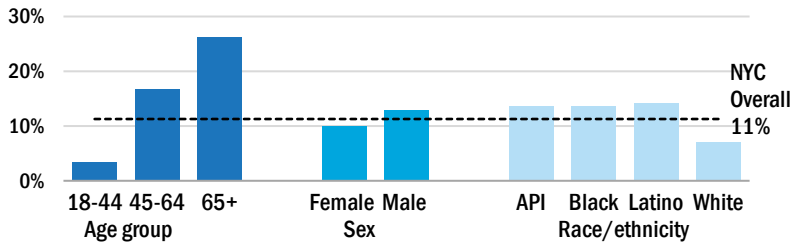
In 2023, the NYC Council passed local law 52 to address the impact of diabetes in the city. The NYC Health Department works with other city agencies and mayoral offices to implement approaches to change the trajectory of diabetes outcomes in NYC. Work focuses on both upstream factors (social, economic, and policy conditions such as access to healthy food and quality health care) and downstream factors (the availability of screening and treatment programs). HealthyNYC – New York City's campaign for healthier, longer lives – outlines a comprehensive vision for how the City can improve life expectancy and address drivers of premature mortality, including diabetes.[1] To support the chronic disease goals of HealthyNYC, the City released the report Addressing Unacceptable Inequities: A Chronic Disease Strategy for New York City, a cross-agency plan that focuses on meeting material needs of New Yorkers (such as providing financial and social support), addressing commercial determinants of health (such as reducing exposure to unhealthy foods), and promoting opportunities for healthy living.[2] Aligned with HealthyNYC and in response to local law 52, in 2024, the NYC Health Department launched a Citywide Diabetes Reduction Plan that identified strategies to address diabetes and related inequities.[3] To provide greater insights for citywide action on diabetes, we report on the prevalence, blood sugar management, and lower extremity amputations related to diabetes, underscoring the inequitable impact of diabetes in NYC.

Definitions: **Diabetes:** People with diabetes in this report include those who self-report by survey as having been diagnosed with diabetes or are recorded in hospitalization claims data as having a diagnosis code listed for diabetes or have a history of two or more A1C tests >6.5%, all regardless of diabetes type.
A1C: Hemoglobin A1C tests are used to diagnose people with diabetes and to monitor their average blood sugar levels over the prior three months. In this report, A1C levels greater than 8% are considered as not meeting blood sugar level goals, and A1C levels greater than 9% are considered very high blood sugar levels.
Diabetes-related lower extremity amputation: People who had a hospitalization that included claims data codes for both a diabetes-related diagnosis and a non-traumatic lower limb amputation procedure, which includes partial or complete leg, foot, or toe amputation.
Race and ethnicity: In this report, Latino includes persons of Hispanic or Latino origin, as identified by survey or billing claims data, and regardless of reported race. Asian/Pacific Islander, Black, white, and multiracial race categories exclude those who identified as Latino.
Neighborhoods: The United Hospital Fund (UHF) classifies New York City into neighborhood areas, comprised of contiguous ZIP codes. For more information visit: http://www1.nyc.gov/assets/doh/downloads/pdf/ah/zipcodetable.pdf.

Prevalence of diabetes varies by age, race and ethnicity, and neighborhood-level poverty[A]

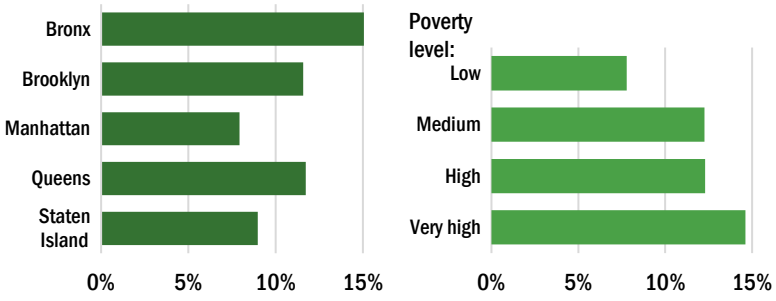
- In 2022, approximately 800,000 adults, accounting for more than 11% of the adult population in NYC, had diabetes.
- Younger adults ages 18 to 44 (3%) had a lower prevalence than middle-age 45- to 64-year-olds (17%) or adults ages 65 and older (26%).
- Asian/Pacific Islander (13%), Black (14%), and Latino (14%) New Yorkers were about twice as likely to have diabetes as white (7%) New Yorkers.

Prevalence of diabetes among New York City adults, 2022



White, Black, Asian/Pacific Islander (API) race categories exclude Latino ethnicity. Latino includes Hispanic or Latino of any race.
Source: NYC Community Health Survey, 2022.

Prevalence of diabetes by borough of residence and neighborhood poverty level, among New York City adults, 2022



Note: Neighborhood poverty (based on ZIP code) = percentage of residents with incomes below 100% of the Federal Poverty Line (FPL), per American Community Survey, 2012-2016: low (<10% FPL), medium (10%=<20% FPL), high (20%=<30% FPL), and very high (≥30% FPL).

Source: NYC Community Health Survey, 2022.

- In 2022, NYC residents in very high poverty neighborhoods (15%) were almost twice as likely to have diabetes as residents in low poverty neighborhoods (8%).
- The diabetes prevalence among residents in the Bronx (15%), Queens (12%), and Brooklyn (12%) was higher than that among residents in Manhattan.
- Southwest Queens (23%), Pelham-Throggs Neck in the Bronx (18%), East Harlem in Manhattan (17%), and East New York in Brooklyn (17%) were among the neighborhoods with the highest prevalence of diabetes among residents.

Blood sugar levels vary by age and neighborhood[B]

Many adults with diabetes who are receiving medical care are not meeting blood sugar level goals. When it is higher than it should be, it increases the risk of diabetes complications, such as blindness, kidney disease, and heart disease.

- In 2022, 26% of NYC adults with diabetes who were receiving medical care were not meeting blood sugar level goals (their A1C level was greater than 8%); 14% had very high blood sugar levels (A1C greater than 9%).
- Among adults ages 18 to 44 with diabetes and receiving medical care, 25% of residents with diabetes had very high blood sugar levels.
- Among NYC adults living in very high poverty neighborhoods, 17% who had diabetes and were receiving medical care had very high blood sugar levels.
- Neighborhoods in the Bronx, including Hunts Point-Mott Haven (18%), Fordham-Bronx Park (17%), High Bridge-Morrisania (17%), and Crotona-Tremont (17%) had the highest rates of residents with very high blood sugar levels.

Percent of adults with poorly controlled diabetes in New York City by United Hospital Fund (UHF) neighborhood, 2022

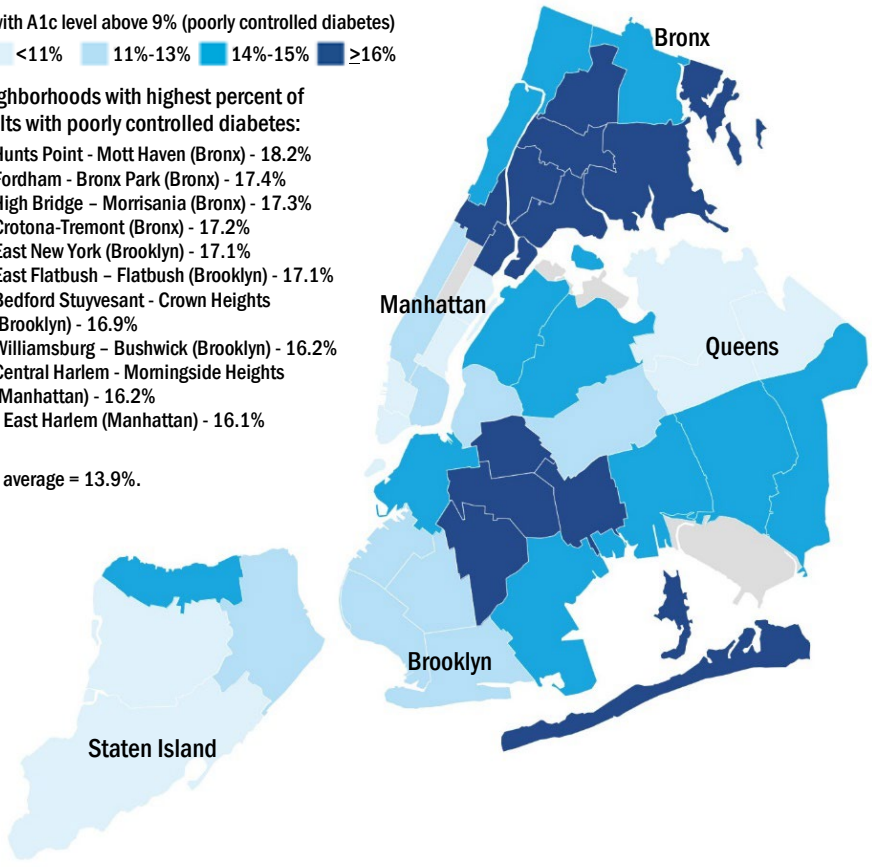
% with A1c level above 9% (poorly controlled diabetes)

<11% 11%-13% 14%-15% ≥16%

Neighborhoods with highest percent of adults with poorly controlled diabetes:

1. Hunts Point - Mott Haven (Bronx) - 18.2%
2. Fordham - Bronx Park (Bronx) - 17.4%
3. High Bridge – Morrisania (Bronx) - 17.3%
4. Crotona-Tremont (Bronx) - 17.2%
5. East New York (Brooklyn) - 17.1%
6. East Flatbush – Flatbush (Brooklyn) - 17.1%
7. Bedford Stuyvesant - Crown Heights (Brooklyn) - 16.9%
8. Williamsburg – Bushwick (Brooklyn) - 16.2%
9. Central Harlem - Morningside Heights (Manhattan) - 16.2%
10. East Harlem (Manhattan) - 16.1%

NYC average = 13.9%.



Note: The United Hospital Fund classifies New York City into 42 neighborhoods, comprised of contiguous ZIP codes. For more information visit: http://www1.nyc.gov/assets/doh/downloads/pdf/ah/zipcodetable.pdf

Data source: NYC A1c registry, 2022

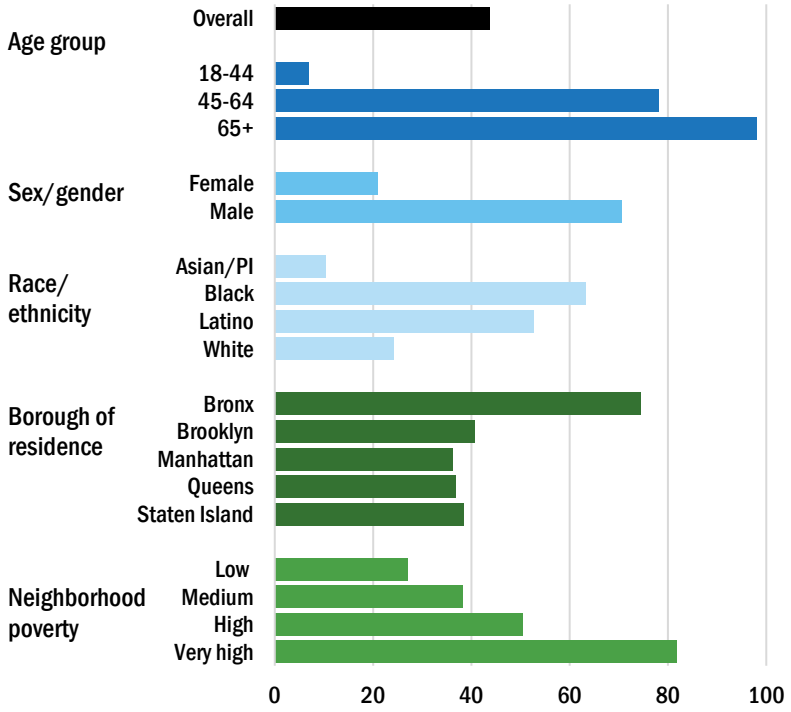
Diabetes-related amputations are more prevalent among New Yorkers in groups that have experienced social injustice and neighborhood disinvestment[C]

- In 2022, over 3,100 New Yorkers had diabetes-related lower-extremity amputations (LEAs).
- The rate of diabetes-related LEAs was more than twice as high among Black and Latino New Yorkers (63 and 53 per 100,000, respectively) than among white New Yorkers (24 per 100,000).
- The rate of diabetes-related LEAs was three times higher among residents living in very high poverty neighborhoods (82 per 100,000) than residents in low poverty neighborhoods (27 per 100,000).
- The rate of diabetes-related LEAs in NYC was 3.4 times higher among male adults (71 per 100,000) than among female adults (21 per 100,000).

Definition: **Neighborhood-level poverty:** Defined based on ZIP codes as the percentage of the population living below the Federal Poverty Line (FPL) per the American Community Survey (2012-2016). Neighborhoods are categorized into four groups: "Low poverty" neighborhoods have <10% of the population living below the FPL; "Medium poverty" neighborhoods have 10-<20% of the population below FPL; "High Poverty" neighborhoods have 20-<30% of the population living below the FPL; "Very high poverty" neighborhoods have ≥30% of the population living below the FPL.

Diabetes-related lower extremity amputations among New York City adults, 2022

Rate per 100,000 adults



Notes: Diabetes-related lower extremity amputations were defined as patients hospitalized with a diagnosis code for diabetes and lower extremity amputation procedure code, following Agency for Healthcare Research and Quality Prevention Quality Indicator, July 2022 technical specifications, with the additional inclusion of toe-related amputation procedure codes. Sex/Gender is used here given that SPARCS data specify the variable as Gender with categories indicated as Female and Male. White, Black, Asian/Pacific Islander (API) race categories exclude Latino ethnicity. Latino includes Hispanic or Latino of any race. Neighborhood poverty (based on ZIP code) = percentage of residents with income below 100% of the Federal Poverty Line (FPL), per American Community Survey, 2012-2016: low (<10% FPL), medium (10%=<20% FPL), high (20%=<30% FPL), and very high (≥30% FPL).

Source: Statewide Planning and Research Cooperative System (SPARCS), 2022

Data Sources: **A. Community Health Survey (CHS) 2022** is conducted annually by the New York City Department of Health and Mental Hygiene with approximately 9,000 - 10,000 non-institutionalized adults ages 18 and older. Since 2021, the CHS has used a random sample of NYC mailing addresses, with mailings sent to households asking the adult with the most recent birthday to take the survey, and most surveys are self-completed online. Estimates are age-adjusted to the U.S. 2000 standard population. For more survey details, visit https://www.nyc.gov/site/doh/data/data-sets/community-health-survey.page

B. The New York City A1C Registry (Registry) 2022 was created in 2006 and contains results of A1C tests sent to clinical laboratories for NYC residents. All data presented in this report are limited to NYC adults ages 18 and older at the time of their first reported result in the Registry and who had diabetes, defined as at least two A1C test values of 6.5% or greater at any point in time since inception of the Registry in 2006 through 2022. This definition utilizes the American Diabetes Association-recommended A1C cut-point of 6.5% for diabetes diagnosis since the Registry does not contain diagnosis codes.

C. Statewide Planning and Research Collaborative System (SPARCS) 2022 is an administrative database of all hospital discharges reported by New York State (NYS) hospitals to the NYS Department of Health (DOH). The raw data used to produce this publication were provided by the New York State Department of Health (NYSDOH). However, the calculations, metrics, conclusions derived, and views expressed herein are those of the author(s) and do not reflect the conclusions or views of NYSDOH. NYSDOH, its employees, officers, and agents make no representation, warranty, or guarantee as to the accuracy, completeness, currency, or suitability of the information provided here. Diagnoses are coded according to the International Statistical Classification of Diseases and Related Health Problems-10th Revision framework and outcomes are defined according to the Agency for Healthcare Research and Quality Prevention Quality Indicators. All data presented in this report are limited to NYC residents ages 18 and older and rates are age-adjusted to the 2000 Census. http://www.health.ny.gov/statistics/sparcs/

Implications

The data presented here are sobering. Diabetes and related inequitable health outcomes are largely preventable with the right policies and resources. The Citywide Diabetes Reduction Plan includes strategies to both prevent diabetes and increase the proportion of adults with well-managed diabetes, especially in disproportionally impacted neighborhoods and communities.

At present, the initiatives outlined in the Citywide Diabetes Reduction Plan are limited in reach because they are not resourced at the level needed to address the current state of diabetes in NYC. With additional funding, the NYC Health Department would be able to: 1) expand capacity to lead and coordinate targeted public education campaigns; 2) modernize citywide data collection for tracking and timely reporting of diabetes incidence and complications; 3) train additional Peer Leaders and Community Health Workers (CHW), including the Health Department's Public Health Corps; 4) increase the delivery of Diabetes Self-Management Education and Support (DSMES); 5) expand training and technical assistance for National Diabetes Prevention Program and the Diabetes Self Management Program (DSMP); and, 6) serve additional New Yorkers via telephone-based diabetes self-management support programs.

In addition, the NYC Health Department is advancing analytics and policies that support the reimbursement, therefore sustainability, of proven local community-delivered prevention and self-management diabetes interventions. This includes work with New York State to advocate for Medicaid and Medicare reimbursement for DSMP and for CHW services more broadly. Addtionally, the NYC Health Department is working with New York State via the Social Care Networks and Medicaid Managed Care Plans under the 1115 waiver to support community organizations in addressing health-related social needs, including support for housing, transportation, and food, for people living with diabetes.

Health equity is attainment of the highest level of health and well-being for all people. Not all New Yorkers have the same opportunities to live a healthy life. Achieving health equity requires focused and ongoing societal efforts to address historical and contemporary injustices such as discrimination based on race/ethnicity, and other identities. For more information, visit the World Health Organization's Health Equity webpage.

Authors: Don Olson, Anna Zhilkova, Qun Jiang, Maria Fernandez-Galvis, Maggie Veatch, Shadi Chamany, Tsu-Yu Tsao, Duncan Maru

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2. Chronic Disease Taskforce. Addressing Unacceptable Inequities: A Chronic Disease Strategy for New York City. New York City Department of Health and Mental Hygiene. https://www.nyc.gov/assets/doh/downloads/pdf/about/chronic-disease-strategy-nyc.pdf Accessed January 28, 2025.

3. Citywide Diabetes Reduction Plan. New York City Department of Health and Mental Hygiene. https://www.nyc.gov/assets/doh/downloads/pdf/diabetes/2024-diabetes-city-council-report.pdf Accessed October 16, 2024.

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Epi Data Tables

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Table 6. Diabetes-related lower extremity amputations (LEA) among New York City adults ages 18 and older by United Hospital Fund (UHF) 42 neighborhood, 2022

Data Sources

Community Health Survey (CHS) 2022 is conducted annually by the New York City Department of Health and Mental Hygiene with approximately 9,000 - 10,000 non-institutionalized adults ages 18 and older. Since 2021, the CHS has used a random sample of NYC mailing addresses, with mailings sent to households asking the adult with the most recent birthday to take the survey, and most surveys are self-completed online. Estimates are age-adjusted to the U.S. 2000 standard population. For more survey details, visit https://www.nyc.gov/site/doh/data/data-sets/community-health-survey.page

The New York City A1C Registry (Registry) 2022 was created in 2006 and contains A1C tests sent to clinical laboratories for NYC residents. All data presented in this report are limited to NYC adults ages 18 and older at the time of their first reported result in the Registry and who had diabetes, defined as at least two A1C test values of 6.5% or greater at any point in time since inception of the Registry in 2006 through 2022. This definition utilizes the American Diabetes Association-recommended A1C cut-point of 6.5% for diabetes diagnosis since the Registry does not contain diagnosis codes.

Statewide Planning and Research Collaborative System (SPARCS) 2022 is an administrative database of all hospital discharges reported by New York State (NYS) hospitals to the NYS Department of Health. The raw data used to produce this publication were provided by the New York State Department of Health (NYSDOH). However, the calculations, metrics, conclusions derived, and views expressed herein are those of the author(s) and do not reflect the conclusions or views of NYSDOH. NYSDOH, its employees, officers, and agents make no representation, warranty, or guarantee as to the accuracy, completeness, currency, or suitability of the information provided here.Diagnoses are coded according to the International Statistical Classification of Diseases and Related Health Problems-10th Revision framework and outcomes are defined using a modified version of the Agency for Healthcare Research and Quality (AHRQ) Prevention Quality Indicator (PQI) measuring the rate of lower extremity amputation (LEA) among patients with diabetes. Our case definition for diabetes-related LEA included all admissions for any listed diagnosis of diabetes and any listed non-traumatic LEA procedure code during a recorded inpatient hospitalization stay, including all hip, leg, complete foot, partial foot, toe and not otherwise specified amputations. All data presented in this report are limited to NYC residents ages 18 and older and rates are age-adjusted to the 2000 Census. For AHRQ PQI 16 coding details, visit https://qualityindicators.ahrq.gov/Downloads/Modules/PQI/V2020/TechSpecs/PQI_16_Lower_Extremity_Amputation_among_Patients_with_Diabetes_Rate.pdf

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Table 1. Prevalence of diabetes among New York City adults ages 18 and older by demographic characteristics, 2022

Source: Community Health Survey, 2022

CHS 2022 includes adults sampled from an address-based sampling (ABS) / Web frame.

Data are weighted to the adult residential population per the American Community Survey, 2021.

Data are age-adjusted to the US 2000 Standard Population except those stratified by age group

Cases of gestational diabetes were considered not to have diabetes.

	Weighted N	%	Lower 95% Confidence Interval	Upper 95% Confidence Interval	p-value
NYC overall	794,000	11.3	10.4	12.3	-
Age group					
18-44	113,000	3.4	2.6	4.4	reference
45-64	352,000	16.7	14.8	18.9	**<0.001**
65+	329,000	26.3	23.2	29.6	**<0.001**
Sex					
Female	384,000	10.0	8.9	11.3	reference
Male	409,000	12.8	11.3	14.4	**0.005**
Race/ethnicity					
White	177,000	7.0	5.9	8.3	reference
Black	206,000	13.6	11.6	15.9	**<0.001**
Latino	251,000	14.0	11.9	16.4	**<0.001**
Asian/Pacific Islander	136,000	13.4	11.1	16.1	**<0.001**
Other	24,000	10.2	6.2	16.1	0.211
Neighborhood Poverty					
Low poverty (<10%)	149,000	7.8	6.5	9.3	reference
Medium poverty (10 to <20%)	393,000	12.3	10.8	13.9	**<0.001**
High poverty (20 to < 30%)	144,000	12.3	10.3	14.6	**0.001**
Very high poverty (30%+)	108,000	14.6	11.8	18.0	**<0.001**
Borough					
Bronx	162,000	15.1	12.7	17.8	**<0.001**
Brooklyn	240,000	11.6	10.0	13.4	**0.005**
Manhattan	113,000	7.9	6.2	10.0	reference
Queens	241,000	11.7	10.0	13.7	**0.005**
Staten Island	38,000	9.0	6.3	12.7	0.572

Weighted N population estimates are rounded to the nearest thousand.

Race and ethnicity: Latino includes persons of Hispanic or Latino origin, regardless of reported race. Black, White, Asian/Pacific Islander, and Other race categories exclude those who identified as Latino.

Neighborhood poverty is defined as percentage of the population in a ZIP code living below the Federal Poverty Level (FPL) per the American Community Survey, 2017-2021. Neighborhoods are categorized into four groups as follows: “Low poverty” neighborhoods are those with <10% of the population living below the FPL; “Medium poverty” neighborhoods have 10-<20% of the population below FPL; “High Poverty” neighborhoods have 20-<30% of the population living below the FPL; “Very high poverty” neighborhoods have ≥30% of the population living below the FPL.

95% Confidence Intervals (CIs) are a measure of estimate imprecision: the wider the CI, the more imprecise the estimate.

Bold p-values are significant at the 0.05 level.

Table 2. Prevalence of diabetes among New York City adults ages 18 and older by United Hospital Fund (UHF

Source: Community Health Survey, 2022

CHS 2022 includes adults sampled from an address-based sampling (ABS) / Web frame.

Data are weighted to the adult residential population per the American Community Survey, 2021.

Data are age-adjusted to the US 2000 Standard Population.

Cases of gestational diabetes were considered not to have diabetes.

	Weighted N	%	Lower 95% Confidence Interval	Upper 95% Confidence Interval
NYC overall	794,000	11.3	10.4	12.3
UHF 34 neighborhood				
Bronx				
Kingsbridge	10,000	11.2*	5.9	20.1
Northeast Bronx	26,000	14.9	9.3	23.0
Fordham - Bronx Park	21,000	12.1	8.5	16.9
Pelham - Throgs Neck	44,000	18.3	13.0	25.2
South Bronx ^	62,000	15.6	11.7	20.5
Brooklyn				
Greenpoint	3,000	4.4*	1.8	10.7
Downtown - Heights - Park Slope	10,000	5.7	3.2	10.0
Bedford Stuyvesant - Crown Heights ^	39,000	15.4	10.7	21.7
East New York ^	26,000	17.1	11.9	24.0
Sunset Park	11,000	12.5* U	6.3	23.4
Borough Park	23,000	9.6	5.6	15.9
Flatbush	43,000	16.4	11.1	23.5
Canarsie	15,000	8.4	5.1	13.6
Bensonhurst	15,000	8.3	4.7	14.5
Coney Island	40,000	13.8	9.6	19.6
Williamsburg - Bushwick ^	14,000	9.7	5.4	16.9
Manhattan				
Washington Heights	30,000	12.9	7.5	21.4
Central Harlem ^	12,000	9.7	5.3	17.0
East Harlem ^	16,000	17.3	11.7	24.8
Upper West Side	13,000	6.0*	2.6	13.1
Upper East Side-Gramercy	13,000	3.7*	2.0	6.9
Chelsea-Village	13,000	6.0	3.4	10.4
Union Square-Lower Manhattan	17,000	7.7*	4.2	13.7
Queens				
Long Island City, Astoria	14,000	9.0*	4.7	16.5
West Queens	36,000	9.9	6.6	14.6
Flushing	27,000	9.9	6.0	15.8
Bayside Little Neck-Fresh Meadows	15,000	8.5 D	5.3	13.4
Ridgewood	19,000	8.0	4.4	14.1
SouthWest Queens	56,000	22.7	15.6	31.8
Jamaica	39,000	14.8	10.3	20.8
SouthEast Queens	21,000	10.6	6.2	17.6
Rockaway	14,000	13.3	8.8	19.4
Staten Island				
Northern Staten Island	17,000	9.6	5.3	16.8
Southern Staten Island	21,000	8.5 D	5.7	12.5

Weighted N population estimates are rounded to the nearest thousand.

The United Hospital Fund classifies New York City into 42 neighborhoods, comprised of contiguous ZIP codes, several of which were combined to create the 34 neighborhoods presented here. For more information visit: https://a816-health.nyc.gov/hdi/epiquery/sites/default/files/2021-02/uhf-zip-information.pdf.

^ indicates the neighborhood is served by the NYC Health Department's Bureaus of Neighborhood Health

*Estimate should be interpreted with caution. Estimate's Relative Standard Error (a measure of estimate precision) is greater than 30%, the 95% Confidence Interval half-width is greater than 10, or the sample size is less than 50, making the estimate potentially unreliable.

U When reporting to nearest whole percent, round up

D When reporting to nearest whole percent, round down

95% Confidence Intervals (CIs) are a measure of estimate imprecision: the wider the CI, the more imprecise the estimate.

Table 3. Blood sugar control among New York City adults with diabetes who received medical care by demographic characteristics, 2022

Source: New York City A1C Registry, 2022; restricted to NYC residents ages 18 and older

Rates are based on registrants reported to the A1C Registry in 2022 with likely diabetes (based on a history of at least two A1C test values of 6.5% or greater).

	Number of people with diabetes with A1C result in 2022					Percent of people with diabetes with A1C result in 2022			
	Latest A1C value					Latest A1C value			
	<7.0%	7.0-7.9%	8.0-9.0%	>9%	Total	<7.0%	7.0-7.9%	8.0-9.0%	>9%
NYC overall	308,488	151,955	75,307	86,768	622,518	49.6	24.4	12.1	13.9
Age group									
18-44	20,931	10,257	6,632	12,952	50,772	41.2	20.2	13.1	25.5
45-64	112,996	62,129	33,608	44,705	253,438	44.6	24.5	13.3	17.6
65+	174,561	79,569	35,067	29,111	318,308	54.8	25.0	11.0	9.1
Sex									
Female	169,674	79,684	37,792	42,122	329,272	51.5	24.2	11.5	12.8
Male	138,487	72,116	37,425	44,531	292,559	47.3	24.7	12.8	15.2
Neighborhood Poverty									
Low poverty (<10%)	55,021	25,641	11,305	10,960	102,927	53.5	24.9	11.0	10.6
Medium poverty (10 to <20%)	149,649	75,439	37,703	42,636	305,427	49.0	24.7	12.3	14.0
High poverty (20 to < 30%)	63,198	30,363	15,349	18,776	127,686	49.5	23.8	12.0	14.7
Very high poverty (30%+)	40,300	20,274	10,845	14,289	85,708	47.0	23.7	12.7	16.7
Borough									
Bronx	56,175	28,397	15,087	19,712	119,371	47.1	23.8	12.6	16.5
Brooklyn	88,532	42,682	21,745	25,805	178,764	49.5	23.9	12.2	14.4
Manhattan	44,988	20,614	10,069	11,380	87,051	51.7	23.7	11.6	13.1
Queens	99,032	51,516	24,532	26,116	201,196	49.2	25.6	12.2	13.0
Staten Island	19,525	8,627	3,814	3,692	35,658	54.8	24.2	10.7	10.4

Neighborhood poverty is defined as percentage of the population in a ZIP code living below the Federal Poverty Level (FPL) per the American Community Survey, 2018-2022. Neighborhoods are categorized into four groups as follows: “Low poverty” neighborhoods are those with <10% of the population living below the FPL; “Medium poverty” neighborhoods have 10-<20% of the population below FPL; “High Poverty” neighborhoods have 20-<30% of the population living below the FPL; “Very high poverty” neighborhoods have ≥30% of the population living below the FPL.

There are 687 individuals for whom sex assigned at birth was missing or listed as Other.

There are 770 individuals whose address information could not be used to assign a corresponding neighborhood poverty level.

There are 478 individuals whose address information could not be used to assign a corresponding borough.

Table 4. Number and percent of New York City adults with diabetes who received medical care with last A1C > 9%, by United Hospital Fund (UHF) 42 neighborhood, 2022

Source: New York City A1C Registry, 2022; restricted to NYC residents ages 18 and older

Rates are based on registrants reported to the A1C Registry in 2022 with likely diabetes (based on a history of at least two A1C test values of 6.5% or greater).

	A1C greater than 9%		
	Number of people with last A1C > 9%	Percent of people with last A1C > 9%	Number of people with diabetes with A1C result in 2022
New York City	86,768	13.9	622,518
UHF 42 neighborhood			
Bronx			
Kingsbridge - Riverdale	753	13.3	5,649
Northeast Bronx	2,523	15.1	16,708
Fordham - Bronx Park	3,392	17.4	19,530
Pelham - Throgs Neck	4,134	15.6	26,575
Crotona - Tremont ^	3,271	17.2	19,002
High Bridge - Morissania ^	3,395	17.3	19,591
Hunts Point - Mott Haven ^	2,244	18.2	12,316
Brooklyn			
Greenpoint	678	13.1	5,162
Downtown - Heights - Park Slope	1,125	13.3	8,456
Bedford Stuyvesant - Crown Heights ^	4,036	16.9	23,860
East New York ^	2,989	17.1	17,511
Sunset Park	1,283	12.8	10,012
Borough Park	2,512	12.3	20,387
East Flatbush - Flatbush	4,368	17.1	25,473
Canarsie - Flatlands	2,734	15.0	18,222
Bensonhurst - Bay Ridge	1,509	10.7	14,077
Coney Island - Sheepshead Bay	2,321	10.7	21,698
Williamsburg - Bushwick ^	2,250	16.2	13,906
Manhattan			
Washington Heights - Inwood	3,367	15.5	21,748
Central Harlem - Morningside Heights ^	1,988	16.2	12,286
East Harlem ^	1,700	16.1	10,540
Upper West Side	879	10.4	8,459
Upper East Side	453	7.9	5,701
Chelsea - Clinton	784	12.6	6,205
Gramercy Park - Murray Hill	550	11.2	4,892
Greenwich Village - Soho	172	7.7	2,245
Union Square - Lower East Side	1,319	10.2	12,986
Lower Manhattan	168	8.4	1,989
Queens			
Long Island City - Astoria	1,630	13.7	11,886
West Queens	5,225	13.8	37,945
Flushing - Clearview	2,099	8.5	24,830
Bayside - Little Neck	472	7.5	6,288
Ridgewood - Forest Hills	1,636	10.6	15,397
Fresh Meadows	753	9.4	7,980
Southwest Queens	4,450	14.5	30,790
Jamaica	5,511	15.2	36,159
Southeast Queens	2,910	13.8	21,015
Rockaway	1,430	16.1	8,906
Staten Island			
Port Richmond	817	14.6	5,604
Stapleton - St. George	1,119	11.7	9,540
Willowbrook	633	8.5	7,450
South Beach - Tottenville	1,123	8.6	13,064

The United Hospital Fund classifies New York City into 42 neighborhoods, comprised of contiguous ZIP codes. For more information visit: http://www1.nyc.gov/assets/doh/downloads/pdf/ah/zipcodetable.pdf.

^ indicates the neighborhood is served by the NYC Health Department's Bureaus of Neighborhood Health.

63 individuals who had a latest A1C result > 9% cannot be assigned to a UHF 42 neighborhood.

Table 5. Diabetes-related lower extremity amputations (LEA) among New York City adults ages 18 and older by demographic characteristics, 2022

Source: Statewide Planning and Research Cooperative System (SPARCS) inpatient files 2022, 04/2024 release

Data are age-adjusted to the US 2000 Standard Population except those stratified by age group

	Number of diabetes-related LEA	Rate of diabetes-related LEA (per 100,000)
NYC overall	3,184	43.7
Age group		
18-44	224	6.9
45-64	1,595	78.2
65+	1,365	98
Sex		
Female	852	21
Male	2,332	70.5
Race/ethnicity		
White	621	24.2
Black	1,040	63.3
Latino	993	52.7
Asian/Pacific Islander	120	10.3
Neighborhood Poverty		
Low poverty (<10%)	469	27.1
Medium poverty (10 to <20%)	1,357	38.3
High poverty (20 to < 30%)	668	50.4
Very high poverty (30%+)	594	81.8
Borough		
Bronx	830	74.5
Brooklyn	870	40.7
Manhattan	519	36.3
Queens	790	36.9
Staten Island	175	38.5

Race and ethnicity: Latino includes persons of Hispanic or Latino origin, regardless of reported race. Black, White, Asian/Pacific Islander, and Other race categories exclude those who identified as Latino.

Neighborhood poverty is defined as percentage of the population in a ZIP code living below the Federal Poverty Level (FPL) per the American Community Survey, 2018-2022. Neighborhoods are categorized into four groups as follows: “Low poverty” neighborhoods are those with <10% of the population living below the FPL; “Medium poverty” neighborhoods have 10-<20% of the population below FPL; “High
Poverty” neighborhoods have 20-<30% of the population living below the FPL; “Very high poverty” neighborhoods have ≥30% of the population living below the FPL.
There were 410 diabetes-related LEAs for which the patient's race/ethnicity is Other. The rate is not calculated due to a potenitally high degree of race/ethnicity misclassification among this group.

There were less than 100 diabetes-related LEAs for which the patient's neighborhood of residence could not be determined.

Table 6. Diabetes-related lower extremity amputations (LEA) among New York City adults ages 18 and older by United Hospital Fund (UHF) 42 neighborhood, 2022

Source: Statewide Planning and Research Cooperative System (SPARCS) inpatient files 2022, 04/2024 release

Data are age-adjusted to the US 2000 Standard Population.

	Number of diabetes-related LEA	Rate of diabetes-related LEA (per 100,000)
NYC	3,184	43.7
UHF 42 Neighborhood		
Bronx		
Kingsbridge - Riverdale	36	39.4
Northeast Bronx	115	62.1
Fordham - Bronx Park	116	61.4
Pelham - Throgs Neck	180	73.5
Crotona - Tremont ^	129	86.8
High Bridge - Morissania ^	123	77.5
Hunts Point - Mott Haven ^	101	100.5
Brooklyn		
Greenpoint	29	32.7
Downtown - Heights - Park Slope	53	28.9
Bedford Stuyvesant - Crown Heights ^	159	61.2
East New York ^	70	44.8
Sunset Park	38	42.9
Borough Park	74	28.6
East Flatbush - Flatbush	105	38.5
Canarsie - Flatlands	80	41.3
Bensonhurst - Bay Ridge	47	24.3
Coney Island - Sheepshead Bay	99	32
Williamsburg - Bushwick ^	96	64.4
Manhattan		
Washington Heights - Inwood	93	40.9
Central Harlem - Morningside Heights ^	73	52.9
East Harlem ^	108	115.5
Upper West Side	42	17.9
Upper East Side	37	18.5
Chelsea - Clinton	39	28.6
Gramercy Park - Murray Hill	22	18.9
Greenwich Village - Soho	12	17
Union Square - Lower East Side	54	32.1
Lower Manhattan	NA	NA
Queens		
Long Island City - Astoria	48	30.5
West Queens	117	30.6
Flushing - Clearview	69	24.5
Bayside - Little Neck	28	26.1
Ridgewood - Forest Hills	63	25
Fresh Meadows	25	26.7
Southwest Queens	109	44.1
Jamaica	153	50.8
Southeast Queens	97	44.1
Rockaway	68	58.2
Staten Island		
Port Richmond	31	56.5
Stapleton - St. George	48	40.4
Willowbrook	37	39.3
South Beach - Tottenville	58	30.5

The United Hospital Fund classifies New York City into 42 neighborhoods, comprised of contiguous ZIP codes. For more information visit: http://www1.nyc.gov/assets/doh/downloads/pdf/ah/zipcodetable.pdf.

^ indicates the neighborhood is served by the NYC Health Department's Bureaus of Neighborhood Health

There were less than 100 diabetes-related LEAs for which the patient's neighborhood of residence could not be determined.