



Preventing Type 2 Diabetes among Young People in New York City

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Over the past two years, the COVID-19 pandemic has shined a light on racial inequities in health and healthcare—a problem that existed long before the pandemic and is only becoming more pressing. Communities of color, particularly Black and Latinx people, are at higher risk of health challenges, yet typically have more limited access to healthcare. Of particular concern is the **rates and associated risks** of diabetes, which was the third leading cause of death in New York City in 2019, jumping from sixth place in 2000, and disproportionately affects communities of color. Disturbingly, diabetes is being diagnosed at earlier ages than in the past, with the largest increases—and the biggest racial and ethnic gaps—among young people in their twenties.

To achieve New York City's goals of improving the health of its people and shrinking racial and ethnic inequities in deaths and illness, a municipal campaign to prevent diabetes among young people would be a wise investment. Such an initiative could improve health for current and future generations, shrink the wide racial/ethnic differences, reduce the pain and suffering diabetes imposes across the lifespan, and lower the disease's high costs for health care and lost productivity.

Surging Rates of Diabetes

Diabetes rates have been climbing in recent decades, and it's now one of the leading causes of death in New York City. Unlike the rate of cancer deaths, which decreased by 53% over the last decade, the diabetes death rate in NYC increased by 15% in that period. The risk is especially high for communities of color. Type 2 diabetes, which is most common type and is most influenced by environmental factors like food access and physical activity, contributes significantly to higher premature death and preventable illness rates among Black and Latinx people compared to whites. Moreover, high rates of diabetes worsened illnesses and deaths from the COVID-19 pandemic, a leading recent cause of racial/ethnic health disparities in the city.

While Type 2 diabetes used to be rare in children and young adults, that has changed dramatically in the past two decades. In the US, the number of people under the age of 20 living with type 2 diabetes **grew by 95%** between 2001 and 2017. Racial gaps in diabetes are even wider among young people, which is especially concerning as young people with diabetes have a higher likelihood of diabetes complications and premature death.

The increase of diabetes has **mirrored closely** the rise in weight and obesity, and it's critical to note the environmental factors that have contributed to these challenges. Over the last twenty years, food that contributes to the disease has become more available, more aggressively promoted, and cheaper in comparison to healthier diets. At the same time, opportunities for safe physical activity, an important protective factor for diabetes and other illnesses, have diminished, especially for low-income New Yorkers. Lastly, despite higher rates of health insurance coverage due to the Affordable Care Act, many New Yorkers, especially young people, still lack access to the healthcare that can reduce diabetes risk and provide access to treatment that can prevent complications.

Recommendations

Mayor Eric Adams and many City Council members have promised to improve health, reduce racial/ethnic inequities in health, and take on the inequality that threatens the city's future. A comprehensive campaign to prevent diabetes among young could turn these pledges into life-saving action. To reduce rates of diabetes and its precursors such as obesity among young adults, New York City should:

Increase access to healthy affordable food. The high cost of living in New York makes it difficult for many to cover even basic expenses, especially as inflation leads to rising food prices. Health Bucks, a coupon for fresh fruits and vegetables from farmers markets, and other subsidy programs should be expanded and made available to young people. The nutritional quality, reach and impact of food programs in schools, universities, jails, and youth programs should also be improved. Lastly, to combat pervasive and deceptive advertising of unhealthy food to young people, the New York State legislature should pass the [proposed law](#) to limit predatory marketing of unhealthy food and beverages.

Expand opportunities for safe physical activity. Young people often report restricted access to spaces where they feel safe engaging in physical activity—even in their own neighborhoods. To combat this, gyms in middle and high schools should remain open for other community residents when schools are closed. The expansion of the [Community Parks Initiative](#), which invests in neighborhood parks in areas of the greatest needs, should be monitored to ensure measurable improvements in access to parks and increases in physical activity by young people in communities of color.

To further encourage physical activity, the New York City Police Department should modify its policing and public safety practices so that young people feel safe from violence or abusive policing in their communities and more willing and able to engage in walking, biking, and sports.

Ensure that every young person in New York City is enrolled in health insurance and has a regular primary care provider. One pathway to increase healthcare access is to authorize NYC Health+Hospitals, a network of public hospitals and clinics, to offer a Primary Care for Young Adults Plan that ensures that every young person aged 16 to 24 has health insurance and a regular provider of primary health care appropriate for young people groups in NYC.

The Mayor and City Council should make reducing the prevalence and inequitable distribution of diabetes, prediabetes, and obesity among young adults in NYC a priority supported with significant new resources. By building on, coordinating, and bringing to scale previously modest and siloed programs to control diabetes, the city can make real progress in reducing its wide racial/ethnic gaps in health.