



Spotlight

Diabetes in the Finger Lakes Region:
Impacts, Inequities, and Prevention



Monitoring one's blood glucose level regularly becomes part of the routine for patients with diabetes.

Overview

Diabetes is touching the lives of more Finger Lakes¹ residents than ever before. Over 160,000 people (including over 13% of adults) now live with the disease, straining families who must manage daily monitoring, medication costs, and fears about long term complications. Diabetes diminishes quality of life and disrupts people's ability to work and care for loved ones. It also imposes a steep economic cost in the region: an estimated \$2.5 billion annually in healthcare spending and lost productivity. Without decisive action, the region is projected to have an additional 23,000 residents with diabetes by 2032.

The burden of the disease is not shared equally. People living in low socioeconomic status (SES) ZIP codes are more than 3 times as likely to be hospitalized for diabetes related complications than residents of the highest SES areas. Hospitalization rates for Latino and Black residents are more than double and triple, respectively, the rates for White residents. These disparities reflect longstanding inequities in access to healthy food, preventive care, and transportation.

Type 2 diabetes is often preventable with nutritious eating, regular physical activity, stress management, and maintaining a healthy weight. However, many people face obstacles that make these strategies difficult to implement. In communities with the highest diabetes rates, full service grocery stores are scarce, and healthy foods are often less accessible and affordable than processed foods that are more widely sold. Transportation challenges also make tasks like grocery shopping or attending medical appointments far more time consuming. These same communities often contend with financial instability, chronic stress, and environments that limit opportunities for physical activity — conditions that collectively make diabetes prevention and management far more challenging.

As a region we have opportunities to address these obstacles and reverse the trends. Progress will require early detection, supportive programs that give people tools to build healthy habits, and systems-level changes that remove the barriers people face. Expanding access to nutritious food, improving opportunities for physical activity, strengthening behavioral health supports, and broadening the reach of comprehensive prevention programs can help make healthy choices the easy choices.

Diabetes Type ^{2,3}	Description
Type 1 (5-10% of Americans diagnosed with diabetes)	<ul style="list-style-type: none"> • Autoimmune destruction of insulin producing cells • Requires lifelong insulin • Often diagnosed in childhood or adolescence but can occur at any age
Type 2 (90-95% of Americans diagnosed with diabetes)	<ul style="list-style-type: none"> • Body becomes resistant to insulin or cannot produce enough • Strongly affected by lifestyle and environment • Most common in adults but increasingly diagnosed in youth
Gestational	<ul style="list-style-type: none"> • Pregnancy-related hormonal changes impair insulin function • Usually resolves after birth • Increases lifetime risk of type 2 diabetes for parent and child
Examples of other rare types	<ul style="list-style-type: none"> • Monogenic diabetes: caused by rare gene abnormality • Latent autoimmune diabetes in adults (LADA): similar to Type 1 but develops more slowly • Type 3c diabetes: caused by damage to pancreas that affects its ability to produce insulin

Figure 1: Types of Diabetes

With coordinated action across health systems, community organizations, employers, insurers, and policy leaders, the Finger Lakes region can chart a different future — one with fewer new cases of diabetes, fewer complications, and greater health and opportunity for every resident.

What is Diabetes?

Diabetes is a chronic condition in which the body has difficulty moving blood sugar, called glucose, into its cells. During and after eating, food is converted into glucose, which gives cells energy. The hormone insulin helps glucose enter cells. People with diabetes do not make enough insulin or cannot use it effectively, and their blood sugar remains too high. Over time, high glucose in the blood can damage blood vessels, nerves and major organs including the heart and kidneys.²

This report focuses on type 2 diabetes, the most common form of the disease. Type 2 diabetes typically develops gradually and is strongly influenced by diet, physical activity, stress, body weight, and the social and environmental conditions in which people live. Once considered a condition affecting mostly older adults, type 2 diabetes is increasingly diagnosed in younger populations.

All forms of diabetes (Figure 1) require continuous management — monitoring blood glucose, taking medications or insulin as prescribed, eating in ways that support metabolic health, staying physically active, and managing stress. For many individuals and families, these daily demands can be physically, emotionally, and financially challenging.

Diabetes affects much more than blood sugar levels. Common symptoms include fatigue, frequent urination, excessive thirst, blurred vision, and slow-healing wounds. Over time, poorly controlled diabetes increases the risk of serious complications such as heart disease, stroke, kidney failure, neuropathy, vision loss, and lower-limb amputations. These complications can limit mobility, independence, and the ability to work or care for family members.

For individuals, diabetes can mean living with constant vigilance and difficult trade-offs. For families, it often brings added caregiving responsibilities, financial strain, and emotional stress. At the community level, diabetes contributes to higher health care costs, lost productivity, and reduced quality of life.

A small business owner in Monroe County, who has watched diabetes devastate his father, siblings, and daughter, described its impact starkly: "It's a silent killer. It will take your sight, your limbs, your feelings, it will take you slowly, it creeps up..."

¹ Throughout this spotlight, the Finger Lakes region refers to the following 14 counties: Allegany, Cayuga, Chemung, Genesee, Livingston, Monroe, Ontario, Orleans, Schuyler, Seneca, Steuben, Wayne, Wyoming, and Yates.

² Centers for Disease Control and Prevention. (2026, January 2). *Diabetes basics*. <https://www.cdc.gov/diabetes/about/index.html>

³ University of Chicago Medicine. *Types of diabetes*. <https://www.uchicagomedicine.org/conditions-services/diabetes/diabetes-types>

⁴ Cleveland Clinic. (2023, February 17). *Diabetes*. <https://my.clevelandclinic.org/health/diseases/7104-diabetes>

The Impact of Diabetes in the Finger Lakes

Diabetes is common in the Finger Lakes region and its impact is both widespread and deeply felt. Over 160,000 people are diagnosed with diabetes in the Finger Lakes — including roughly one in eight adults.⁵ An analysis of regional medical claims data (Figure 2) shows that diabetes prevalence has increased in recent years, rising from about 9.6% in 2016 to approximately 10.6% in 2024. The vast majority of these cases are type 2 diabetes — less than 1% of the population has type 1 diabetes.⁶

Diabetes rarely exists in isolation. Many people with diabetes also live with other chronic conditions, which compounds health risks and complicates disease management. Approximately 80% of people with diabetes also have cardiovascular disease, and nearly one-third have obesity.⁷ This combination significantly increases the risk of severe outcomes such as heart attacks, strokes, kidney disease, and premature death.⁸

The quality-of-life impact of these overlapping conditions is substantial. Managing diabetes

alongside heart disease often involves multiple medications, frequent medical appointments, and strict lifestyle changes. Fatigue, pain, and mobility limitations can interfere with daily activities and make it harder to maintain employment or care for loved ones. For many, the fear of serious complications looms constantly in the background.

Mental health is also closely intertwined with diabetes. In the Finger Lakes region, 34% of people with diabetes have a diagnosed mental health condition, compared to 27% of people without diabetes or other chronic conditions.⁹ Depression, anxiety, and chronic stress can make diabetes management more difficult, while the demands of managing diabetes can worsen mental health — creating a bi-directional, reinforcing cycle that undermines well-being.¹⁰

These challenges translate into significant health care use. In 2024 alone, diabetes drove 3,895 inpatient hospital stays and 3,268 emergency department visits in the region. Notably, the average age of adults hospitalized for diabetes-related conditions is just 53, highlighting that diabetes affects people during their prime working and caregiving years, when many are simultaneously supporting children and aging parents.^{11†}

Diabetes: Annual Economic Costs

Total Annual Economic Cost Estimate for Finger Lakes (2022)
Based on methodology from ADA / Lewin Group paper



Source: Common Ground Health analysis based on "Economic Costs of Diabetes in the U.S. in 2022" paper. Costs for 14-county Finger Lakes region estimated by multiplying national average costs (per person with diabetes) by regional estimate of people with diabetes. Costs differentiated by age and sex.

Figure 3

Beyond its human toll, diabetes imposes a heavy economic burden on the Finger Lakes region (Figure 3). Based on a national framework developed by the American Diabetes Association and research partners, the total economic cost of diabetes in the region is estimated at approximately \$2.5 billion per year. About \$1.9 billion of this reflects health care expenditures, including hospital care, outpatient services, medications, and medical supplies. An additional \$610 million is attributed to lost productivity due to missed work, reduced performance at work, early exit from the labor force, and premature deaths.¹²

Looking ahead, demographic trends suggest that diabetes will place an even greater burden on the region if current patterns persist. As the population ages, the number of residents at risk of diabetes is expected to grow substantially. Projections indicate that by 2032, the Finger Lakes region could have 23,000 additional people living with a diabetes diagnosis.¹³ This means more individuals and families struggling with the disease—and higher health and economic costs for the entire community.

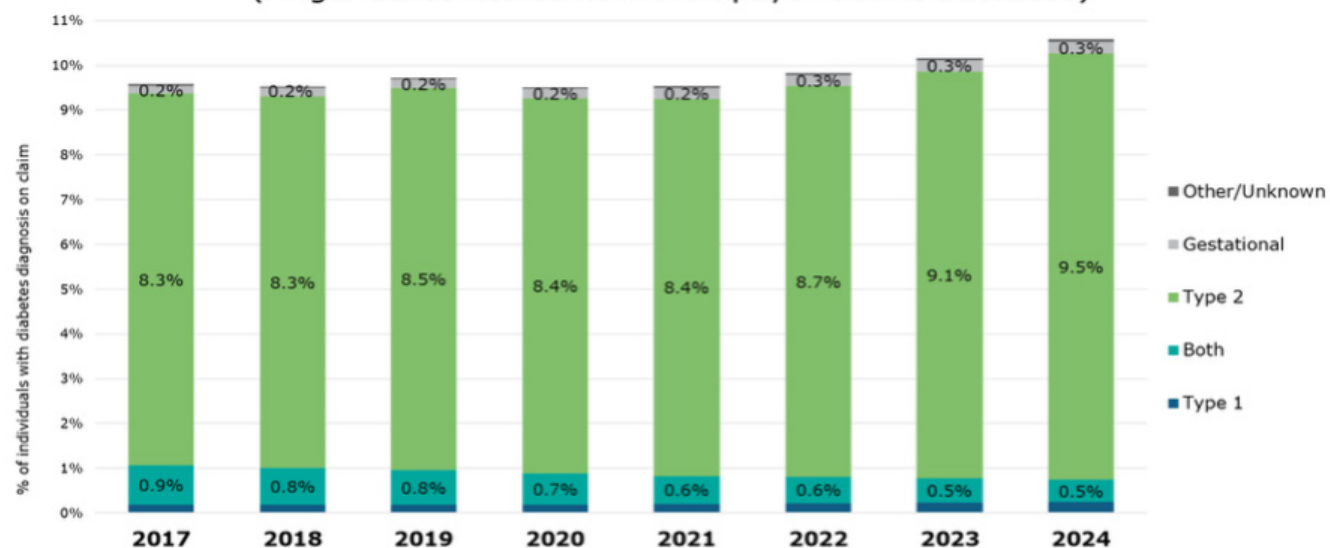
Diabetes Risk Factors and Disparities

Diabetes does not develop overnight. For many people, it begins with prediabetes—a condition in which blood glucose levels are elevated but not yet in the diabetic range. Without intervention, prediabetes often progresses to type 2 diabetes. Key risk factors include unhealthy diet, physical inactivity, excess body weight, chronic stress, and genetic susceptibility.

While these risk and preventive factors are well-known, they do not exist in a vacuum. People's ability to eat a healthy diet, stay active, manage stress, and access preventive care is shaped by their living conditions. This is illustrated in the pathway in Figure 4 below, which is adapted from the Bay Area Regional Health Inequities Initiative's Public Health Framework for Reducing Health Inequities. The key point is that health behaviors must be understood not solely as a result of individual decision-making, but as outcomes of social and structural forces such as economic stability, access to affordable healthy food, safe neighborhoods, transportation, and social support.

Not surprisingly, diabetes in the Finger Lakes region follows a strong socioeconomic and racial/ethnic pattern. For every age group, people living in ZIP

Prevalence of diabetes by type
(Finger Lakes Residents in Multipayor Claims Database)



Source: Common Ground Health Multipayor Claims Database; 14-county Finger Lakes Region

Figure 2

⁵ Common Ground Health. Prevalence estimated developed by applying analysis of Multipayor Claims Database (2024 data) to regional population estimates.

⁶ Common Ground Health. Analysis of Multipayor Claims Database (2024 data).

⁷ Common Ground Health. Analysis of Multipayor Claims Database (2024 data).

⁸ National Institute of Diabetes and Digestive and Kidney Diseases. (2021, April). *Diabetes, heart disease, & stroke*. <https://www.niddk.nih.gov/health-information/diabetes/overview/preventing-problems/heart-disease-stroke>⁵ Centers for Disease Control and Prevention. (2026, January 2). *Diabetes basics*. <https://www.cdc.gov/diabetes/about/index.html>

⁹ Common Ground Health. Analysis of Multipayor Claims Database (2024 data).

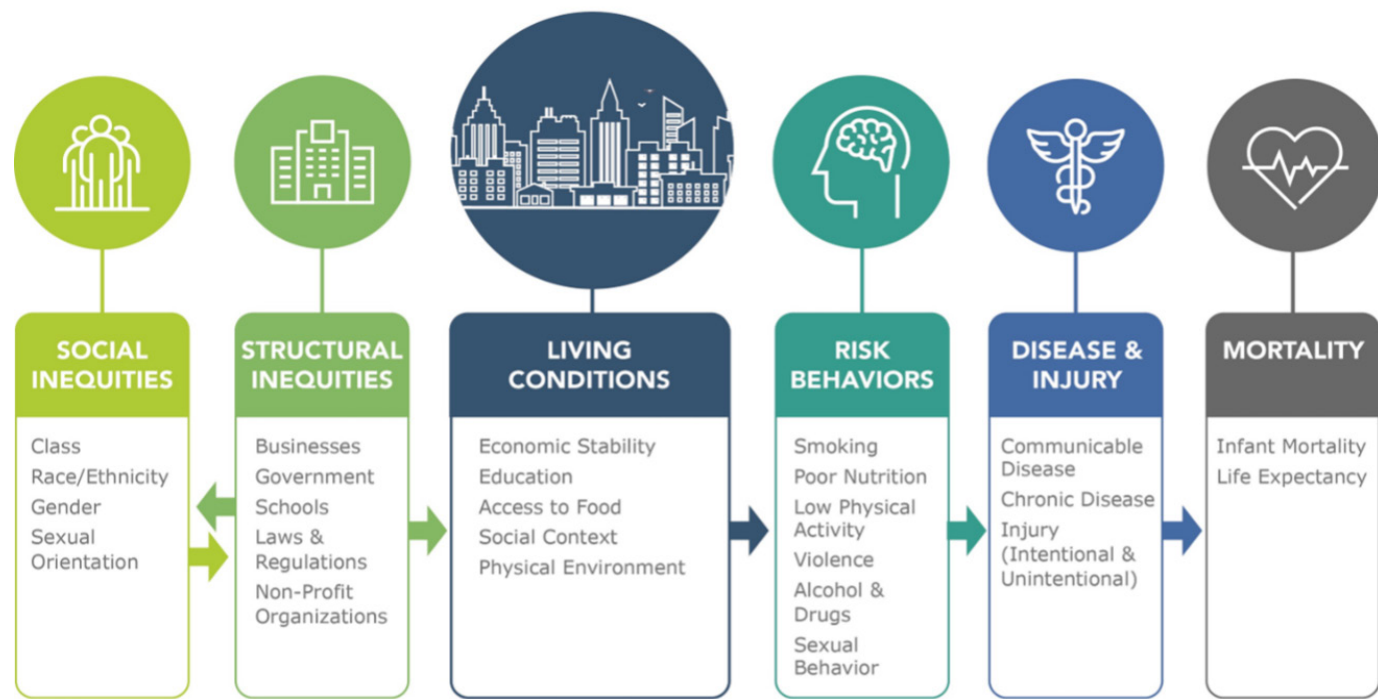
¹⁰ Centers for Disease Control and Prevention. (2024, May 15). *Diabetes and mental health*. <https://www.cdc.gov/diabetes/living-with/mental-health.html>

¹¹ NYSDOH Statewide Planning and Research Cooperative System (SPARCS), 2024 data. Analysis by Common Ground Health.

¹² Common Ground Health. Estimates developed with methodology in Parker, E. D., Lin, J., Mahoney, T., Ume, N., Yang, G., Gabbay, R. A., ElSayed, N. A., & Bannuru, R. R. (2024). Economic costs of diabetes in the U.S. in 2022. *Diabetes Care*, 47(1), 26–43. <https://doi.org/10.2337/dci23-0085>

¹³ Common Ground Health. Prevalence projection developed by applying analysis of Multipayor Claims Database (2024 data) to regional population projections from the Cornell Program on Applied Demographics.

Social Drivers of Health Pathway



Source: Adapted from the Bay Area Regional Health Inequities Initiative's Public Health Framework for Reducing Health Inequities

Figure 4

codes with lower socioeconomic status are significantly more likely to have diabetes (Figure 6). Among adults aged 35 and older, residents of low-SES ZIP codes are 72% more likely to have type 2 diabetes than their peers in high-SES areas.¹⁴

These disparities are even more pronounced when looking at severe outcomes. Diabetes-driven inpatient hospitalization rates for adults living in the lowest-SES areas are 3.1 times the rates in the highest-SES areas. Similarly, hospitalization rates for Black and Latino populations are 3.1 times and 2.1 times, respectively, the rates for White residents.¹⁵ Because hospitalizations are largely avoidable with better access to food, preventive care, and early treatment, these disparities underscore how systemic barriers — not individual choices — drive the most severe and preventable health consequences.

Community voices help explain why these gaps persist. In Common Ground Health's My Health Story survey, people with diabetes who reported not managing their condition well were asked what would help them most. Nearly half (46%) cited diet-related issues — far surpassing other factors such as monitoring (12%), access to care (11%), exercise (10%), or medication (9%).¹⁶ The following are representative examples

of what people said would help them manage their diabetes:

- "...money to buy good food. My SNAP runs out before the month is out."
- "It's hard to balance how to prepare healthy meals and cost..."
- "Being unable to afford quality food. I was just diagnosed last week with diabetes. I would prefer to increase my exercise, improve my eating habits and take supplements rather than rely on drugs..."

These responses reflect not a lack of knowledge or motivation, but the presence of significant barriers to consistently eating healthy food.

Barriers to Healthy Behaviors

Behavior change is challenging and requires the right resources, supports, and environment. Many of the strategies known to prevent diabetes — eating healthier foods, increasing physical activity, and managing stress — are shaped not only by personal motivation but by the conditions in which people

¹⁴ Common Ground Health. Analysis of Multipayer Claims Database (2024 data).

¹⁵ NYSDOH Statewide Planning and Research Cooperative System (SPARCS), 2024 data. Analysis by Common Ground Health.

¹⁶ Common Ground Health and IBM Watson. Analysis of My Health Story Survey (2018) incorporates weighting to reflect demographics of Finger Lakes region.



Individuals living in poverty often have limited access to healthier food options and may rely on corner stores and fast food restaurants in their neighborhood.

live, as shown in the Social Drivers of Health Pathway. These social and structural factors determine which options are available, affordable, safe, and realistic for individuals and families.

Food access and affordability are often cited as the most significant barriers to managing or preventing type 2 diabetes. Across the Finger Lakes region, areas with high rates of food insecurity closely overlap with areas of high diabetes prevalence, in both urban centers like Rochester and Elmira and rural communities such as eastern Wayne County, western Orleans County, and much of Steuben and Allegany counties (Figure 5). Residents in these communities often face limited access to full-service grocery stores, higher food prices, and transportation challenges that make healthy eating difficult. These pressures have intensified recently as federal changes to the Supplemental Nutrition Assistance Program (SNAP) — including reduced funding and stricter eligibility requirements — have contributed to rising food insecurity. Calls to the regional 211 helpline for food assistance more than doubled in Q4 2025 compared to the prior year.¹⁷

While many people have a hard time regularly accessing nutritious food, fast food is often readily accessible and top of mind because of aggressive, targeted marketing strategies. People exposed to food advertising are more than twice as likely to consume unhealthy foods, and also have poorer diet quality and higher odds of obesity or being overweight.¹⁸ Additionally, industry advertising often targets its most unhealthy products to children and teens, with communities of color exposed to more fast-food ads than white communities.¹⁹ In 2024, processed food-related ad spending in the U.S. reached \$14 billion with fast food advertising accounting for \$5 billion of that.²⁰ The poor nutritional value of fast food contributes to the development of metabolic diseases, such as diabetes.

Calvin Eaton is a Rochester-based community educator who has developed programs to teach healthy eating habits, and he explains how everyday realities can play out. "When you don't have a car, you need to plan grocery trips, but then something else comes up that throws the whole thing off — and then you don't have healthy food for that week. But you still need to eat and it's easy to make a quick run

¹⁷ Goodwill of the Finger Lakes. Analysis of 211/LIFE LINE Basic Needs Call Trends 2024-2025.

¹⁸ Boyland, E., Tully, V., Yau, M., McGale, L., Christiansen, P., Cole, J., Hardman, C. A., & Jones, A. (2025). Food marketing, eating and health outcomes in children and adults: A systematic review and meta-analysis. *British Journal of Nutrition*. <https://pubmed.ncbi.nlm.nih.gov/40518855/>

¹⁹ Barnhill, A., Ramirez, A. S., Ashe, M., Berhaupt-Glickstein, A., Freudenberg, N., Grier, S. A., Watson, K. E., & Kumanyika, S. (2022). The Racialized Marketing of Unhealthy Foods and Beverages: Perspectives and Potential Remedies. *J Law Med Ethics*. 2022;50(1):52-59. <https://doi.org/10.1017/jme.2022.8>

²⁰ Statista. Food advertising in the United States — statistics & facts. <https://www.statista.com/topics/2223/food-advertising/>

down the street to McDonald's."

Opportunities for physical activity are also shaped by the built environment. In rural areas, long distances, limited public transportation, and the absence of sidewalks or bike lanes can make walking or biking unsafe. In some urban neighborhoods, safety concerns and under-resourced parks limit outdoor activity. Additionally, the region's harsh winters can restrict outdoor exercise for months at a time.

The everyday stresses associated with food insecurity, unstable housing, insufficient income, unreliable transportation, and neighborhood safety make it difficult for many to prioritize healthy behaviors. These stressors create constant mental and emotional strain, leaving little capacity for planning meals, engaging in regular activity, or following medical recommendations. As highlighted in Common Ground Health's *Overloaded* report, chronic stress also leads many people to rely on coping behaviors—such as skipping meals, overeating inexpensive calorie-dense foods, smoking, or other short-term relief strategies—that can worsen metabolic health over time. Jill Chodak, director of food-based healthcare for Foodlink, stated that regionally, we need to "tend to basic needs, so that we can get back to preventive health." Prevention efforts are unlikely to succeed until basic needs are met.

In summary, the barriers people face reflect systemic gaps in support rather than individual shortcomings.

Sustainable prevention efforts must address the social and environmental conditions that shape choices and make it realistic for people to eat well, move regularly, and manage stress. Ensuring that residents have the resources, capacity, and support to make healthy choices is essential to reducing the burden of diabetes and narrowing the inequities that define its impact in the Finger Lakes region.

Strategies for Diabetes Prevention

Preventing type 2 diabetes requires more than knowing what the risk factors are — it takes a coordinated set of actions that work together. Effective prevention begins with early detection, ensuring that people with prediabetes are aware of their condition and have the chance to stop the progression to diabetes. At that point, a combination of education and supports are critical to help individuals build and sustain healthier behaviors related to eating, physical activity, stress management, and weight. Finally, we need systems-level policies and conditions that make healthy behaviors accessible and affordable for everyone in the Finger Lakes region.

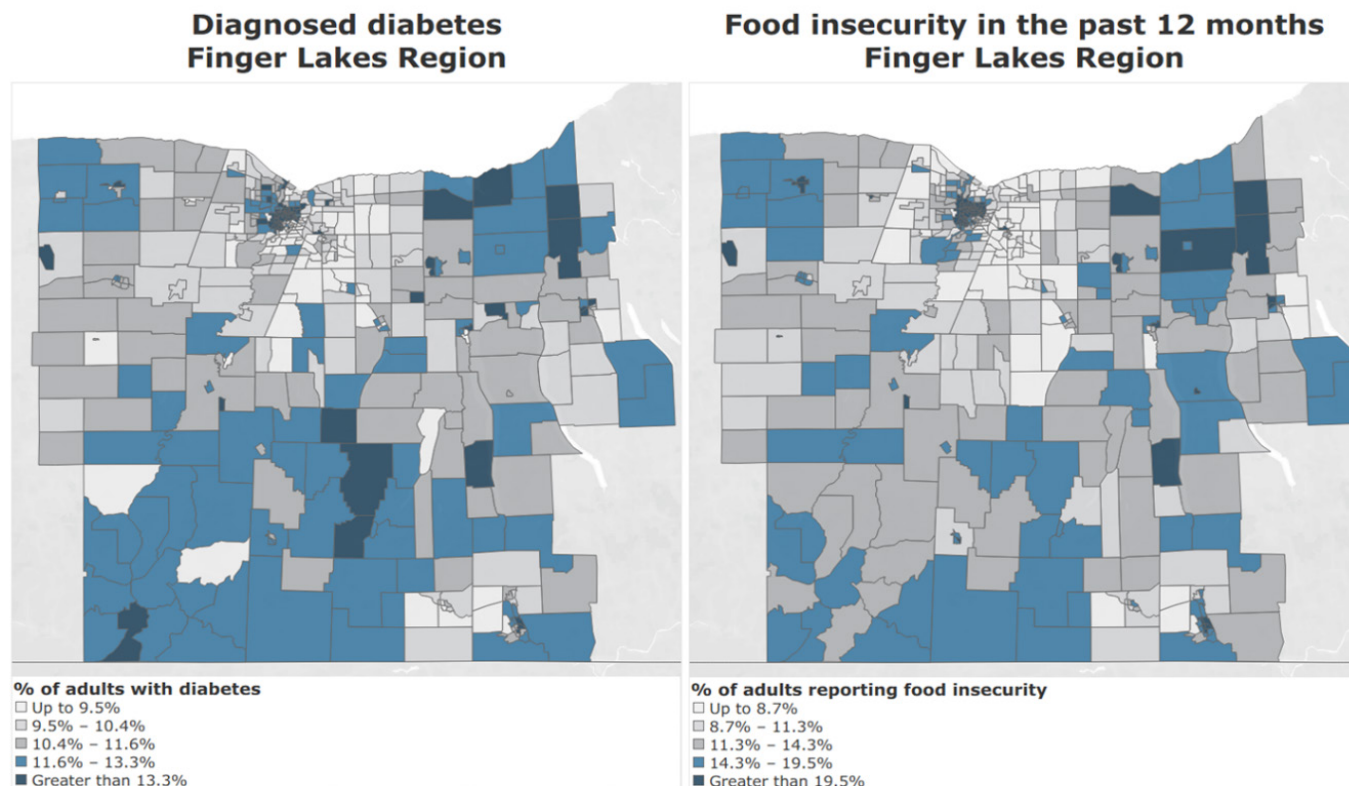
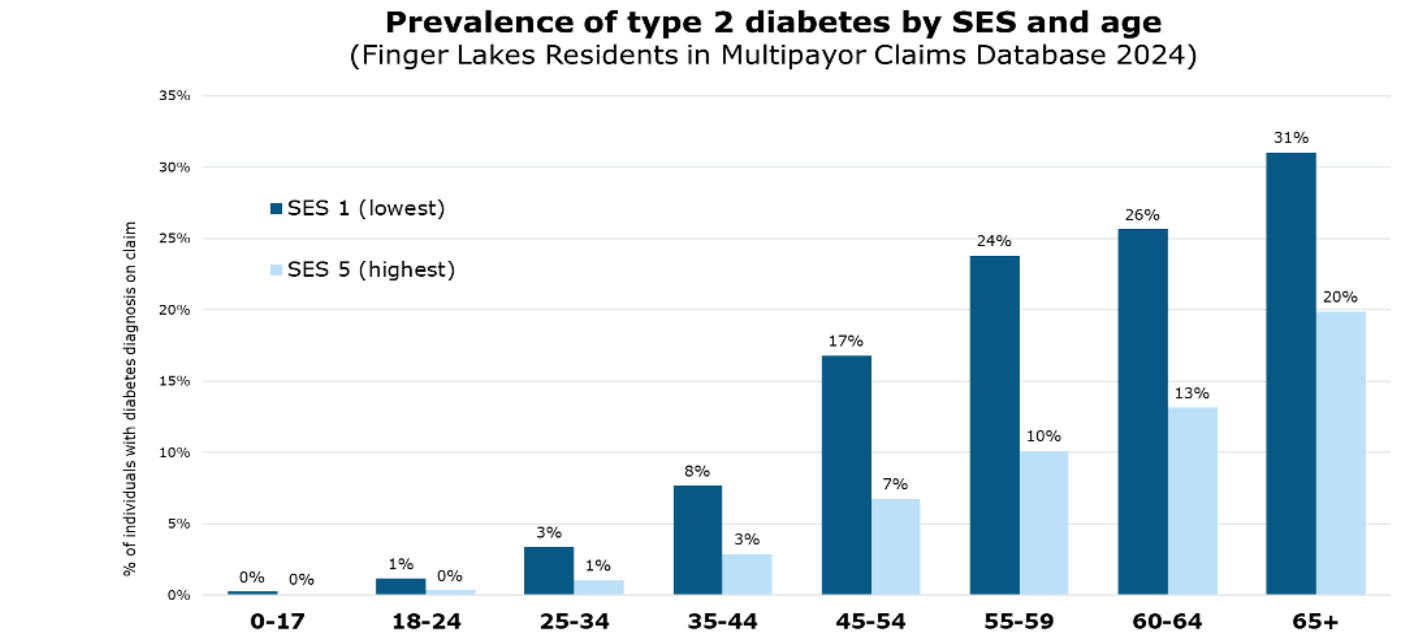


Figure 5



Source: Common Ground Health Multipayor Claims Database

Figure 6

Early Detection

Early detection is the foundation of type 2 diabetes prevention. Because prediabetes and diabetes are often asymptomatic, many adults are unaware they are at risk. According to the CDC, 8 in 10 adults with prediabetes do not know they have it, underscoring the need for systematic screening.²¹ You can see screening data for the Finger Lakes region in Figure 7 below.

Despite this, screening remains inconsistent. In 2023, an estimated 14% of New Yorkers reported being told that they had prediabetes, but it's likely many more New Yorkers are prediabetic without knowing it due to gaps in screening.²² Between 2016 and 2021, the percentage of adults who reported being tested for high blood sugar or diabetes in the past three years decreased in 11 of the 14 counties in our region.²³

National guidelines from the CDC and the ADA recommend the use of tools like the ADA Risk Test to identify individuals who may be at risk for type 2 diabetes. Clinical screening using A1C testing or oral glucose tolerance tests is also recommended for adults with known risk factors. Annual monitoring for those already diagnosed with prediabetes is also crucial. These steps provide an opportunity to intervene before blood glucose levels progress into the diabetic range.

To be effective, these practices must be standardized. Early detection of prediabetes and diabetes should

be a routine component of primary and preventive care, with consistent screening protocols and reliable referral pathways built into every patient encounter.

However, many Finger Lakes residents — especially those in under-resourced communities disproportionately affected by diabetes — are not connected to regular health care. Community-based screening efforts in trusted settings like barbershops, salons, pharmacies, churches, and local organizations offer a powerful opportunity to reach people who might otherwise be missed.

By pairing strong clinical screening practices with community driven outreach, the region can identify risk earlier, reduce missed opportunities for intervention, and create more equitable pathways to prevention and treatment. Early detection is just the first step for people to get the education, support and tools they need to prevent or manage diabetes.

Prevention Support for Individuals

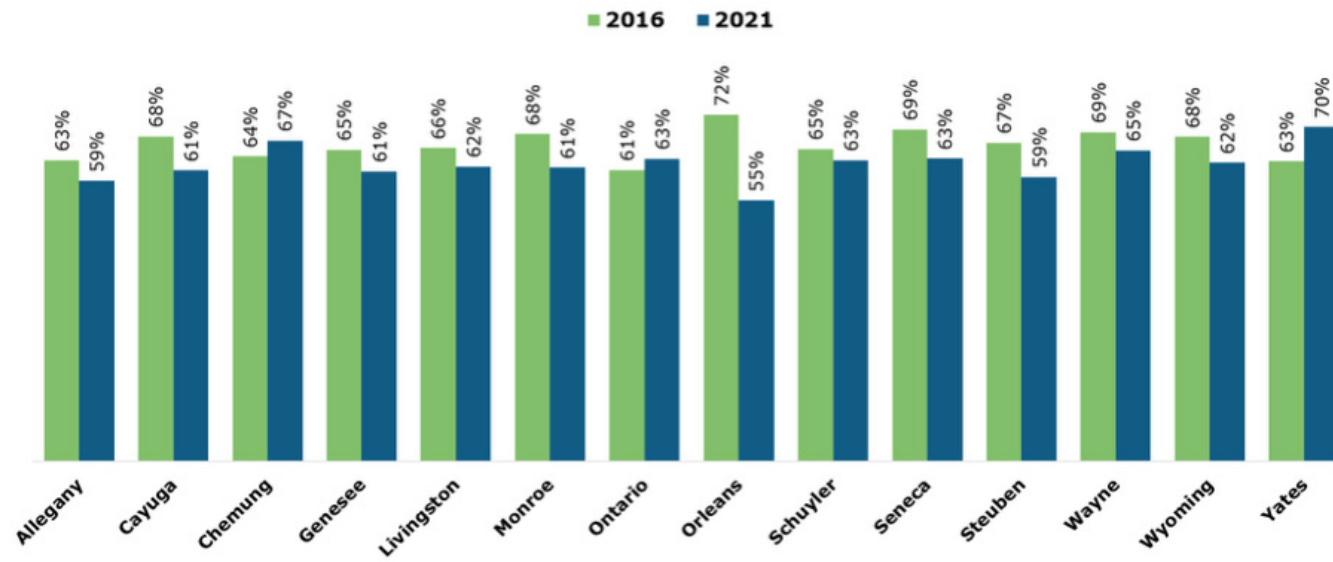
Preventing or managing diabetes requires more than identifying risk — it requires helping people understand *what to do next* in ways that fit their daily lives. For many residents, the biggest need is basic, practical education about what raises blood sugar, what "healthy eating" actually means, and how to make realistic food and lifestyle changes within the constraints of time, cost, and access.

²¹ Centers for Disease Control and Prevention. (2026). *National Diabetes Statistics Report*. <https://gis.cdc.gov/grasp/diabetes/diabetesatlas-statsreport.html>

²² New York State Department of Health. *Diabetes and diabetes prevention*. <https://www.health.ny.gov/diseases/conditions/diabetes/>

²³ New York State Department of Health. *Prevention Agenda 2019–2024 dashboard*. https://www.health.ny.gov/prevention/prevention_agenda/2019-2024/dashboard/

Percentage of adults 45+ who had a test for high blood sugar or diabetes within the past three years



Source: www.health.ny.gov/prevention/prevention_agenda/2019-2024/dashboard/

Figure 7

Community voices have highlighted this need. As one Monroe County resident explained, “*Making it plain... you don’t just get glucose from sweets or snacks—you can also get it from potatoes and other starchy foods. A better understanding of what it is, where you get it, and what it means for your body*” would help people manage their condition. Providing education that is simple, actionable, and culturally relevant is a critical, but sometimes missing, step toward lasting behavior change.

Once individuals have a foundation of basic understanding, structured programs and clinical interventions can help bridge the gap between awareness and sustained action. Evidence-based programs — such as the National Diabetes Prevention Program (NDPP) and Diabetes Self-Management Education and Support (DSMES) — provide coaching, peer support, and tools that help participants improve eating habits, increase physical activity, manage stress, and maintain a healthy weight. Clinical interventions such as continuous glucose monitoring, metformin, or GLP-1 medications may provide additional support for individuals.

Across these approaches, several core behavior changes consistently show strong evidence for reducing diabetes risk:

- Modest weight loss (5—7% of body weight), which can cut diabetes risk by more than half
- Healthier eating patterns, emphasizing vegetables, fruits, whole grains, lean proteins, and

healthy fats while reducing sugary and highly processed foods

- Increased physical activity, such as 150 minutes per week of moderate exercise paired with strength training
- Stress management, including adequate sleep, mindfulness, or behavioral health support

However, structured programs remain underutilized. Despite an estimated 97 million Americans being eligible for diabetes prevention programs, fewer than one million adults with prediabetes have enrolled in a CDC-recognized program. Barriers include low referral rates, limited scheduling options, cultural mismatches, and the digital divide — factors that disproportionately affect rural residents and communities of color.

One specialist we spoke to noted that it may be difficult for people to commit to their year-long program as it’s only offered mid-day during the week. Another acknowledged the need to provide culturally specific lifestyle suggestions that align with each individual’s dietary and activity patterns. And, although the local hospital systems offer programs in-person and virtually to support behavior change, for some rural residents with limited broadband access, those programs are inaccessible.

One promising additional approach is to bring education directly into the community through peer-driven models in trusted settings like barbershops, beauty salons, churches, and other

neighborhood hubs. These models offer simple, relatable explanations, culturally relevant strategies, and immediate connection to resources — helping residents build foundational knowledge before engaging in more intensive programs.

Taken together, education, structured programs, and targeted clinical tools create a continuum of support that helps individuals translate knowledge into daily habits. Yet even the most effective programs cannot overcome the broader structural barriers many residents face — making systems-level solutions essential.

Approaches to Systems Change

While early identification and prevention support (Figure 8) for individuals are essential components of reducing the prevalence and mitigating the effects of diabetes, policy and systems-level change have the potential for the greatest impact. The following examples illustrate how broad-reaching policies and programs can improve the food environment and reduce diabetes risk across the Finger Lakes region.

Access to healthy food is uneven across the region. Many low income neighborhoods, both rural and urban, experience the combined effects of **food deserts** (areas with few or no full service grocery stores) and **food swamps** (areas saturated with fast food outlets, dollar stores, and highly processed foods). In these communities, residents face limited availability of affordable produce, greater distances to reach grocery stores, and additional challenges if reliant on public transportation, making regular access to healthy food difficult.

Federal nutrition programs play an important role in reducing these gaps. The Women, Infants and Children Program (WIC) and the Supplemental Nutrition Assistance Program (SNAP) are examples of this. WIC provides food and nutrition education for pregnant, breastfeeding, and postpartum women, infants, and children up to age five. SNAP benefits help low-income working people, older adults, and those with disabilities among other populations feed themselves and their families by mitigating budget constraints that could make it difficult to purchase healthy foods at authorized retail food stores and farmers’ markets. Additionally, the Child and Adult Care Food Program (CACFP) provides nutrition education and meal reimbursement to help providers serve nutritious and safely prepared meals and snacks to children and adults in day care settings.

Given recent funding cutbacks and added eligibility restrictions for federal nutritional programs, local, regional and state initiatives are increasingly important. Double Up Food Bucks NY (DUFBNY) helps families using SNAP benefits buy more fresh fruits and vegetables directly from New York farmers. DUFBNY can be used anywhere farmers sell produce directly to customers, such as farmers markets, farm stands, mobile markets, or Community Supported Agriculture (CSA) programs.

The 1115 Waiver is a Medicaid innovation program that allows states to pilot innovative approaches to improving quality of care and advancing health equity by addressing social drivers of health. In New York, the Waiver (Figure 9) focuses on improving the health and well-being of Medicaid members through the creation of Social Care Networks to deliver

Method	Description	Goal	Delivery
National Diabetes Prevention Program (NDPP)	A year-long evidence-based lifestyle change program that provide support for maintaining healthy behaviors including: long-term dietary changes, increased physical activity, weight control, and coping skills.	Delay or prevent type 2 diabetes in adults with prediabetes or who are at risk of developing type 2 diabetes.	In-person, virtually live or on-demand.
Diabetes Self-Management Education and Support (DSMES)	An evidence-based self-management education and support service to help people with diabetes develop personalized diabetes management plans through healthy eating and increased physical activity.	Prevent or delay diabetes complications.	In-person, virtually, via telehealth, telephone, text messaging, or web-based/mobile phone application.
Continuous Glucose Monitor (CGM)	A device to measure glucose levels in the fluid between cells in the body.	Increase awareness of how food and activity influence blood sugar levels to support ongoing behavior change.	Insertion under the skin of the arm or stomach.
Metformin	An antidiabetic medication that manages high blood sugar levels used in conjunction with dietary changes and exercise.	Reduce glucose absorption and production.	An oral tablet.
GLP-1 and Dual GLP-1/GIP Receptor Agonists	Prescription medications used to help manage blood sugar levels in those with type 2 diabetes used in conjunction with dietary changes and exercise.	Improve blood sugar control.	Most are self-injected into stomach, thigh, or upper arm. Some are available as oral tablet.

Figure 8: Diabetes Prevention Approaches

health-related social care services to those members focusing on areas of housing and utilities, nutrition, transportation, and care management. Specific to nutrition, the waiver allows for the provision of nutrition counseling and education, cooking supplies, fresh produce and non-perishable groceries, medically tailored food prescriptions, and medically tailored or clinically appropriate home-delivered meals.

Examples of local implementation to address food insecurity include initiatives such as Foodlink’s FoodRx and FoodScript programs. FoodRx provides weekly \$50 food prescription vouchers to use at their Curbside Markets, while the FoodScript program provides a weekly box containing 21 meals, of which half of the contents are provided by local farmers. Through regional nutrition initiatives such as these, the Waiver helps to mitigate the effects of food deserts and the proximity to food swamps. Additional details on Waiver-related nutrition programs are in the table below.

Together, these initiatives address the systems that shape access to nutritious food, making it easier for residents to eat well and better manage diabetes. They also demonstrate how systems-level changes that remove barriers and provide resources to better eating habits can support other recommended healthy behaviors.

Conclusion

The story of diabetes in the Finger Lakes is not only one of rising numbers and deep disparities — it is also a story of possibilities. Across the region, collaborations between health care providers, payers, and community-based organizations are building new approaches to food access, prevention programs, and supportive environments. These efforts show that progress is possible when we act together. To this end, Common Ground Health, Finger Lakes Performing Provider System (FLPPS), and Rochester Regional Health Information Organization (RHIO) have combined into a single new entity focused on equitable regional health improvement.

By expanding these promising strategies, investing in community based supports in trusted settings, and strengthening the systems that shape daily life, we can prevent new diabetes cases and ensure that every resident — regardless of ZIP code or income — has the opportunity to live a healthy life. The future of diabetes prevention in the Finger Lakes is not predetermined; it is a choice we can make together as a region. ■

Initiative	Description
Nutrition counseling and education	Certified dietitians/nutritionists plan for and direct the provision of food appropriate for each member's physical and dietary needs, provide tailored nutrition counseling, and plan menus and direct the preparation of food to meet the member's dietary needs.
Medically tailored or clinically appropriate home delivered meals	Certified dietitians/nutritionists develop meal plans tailored to the medical needs of the member and designed to improve health outcomes, lower cost of care, and increase patient satisfaction.
Medically tailored or nutritionally appropriate food prescriptions	Members are issued vouchers or coupons that may be redeemed at food pharmacies, farmer's markets, mobile markets, and Community Supported Agriculture (CSA) subscriptions. Weekly delivery of fruits, vegetables, and protein boxes are also an option.
Fresh produce and non-perishable groceries (pantry stocking)	Fresh produce and non-perishable groceries (pantry stocking) are provided to members' children under age 18 and pregnant individuals, for up to six months.
Cooking supplies	Cooking supplies, such as pots and pans, utensils, a microwave, or a refrigerator, may be provided to members who qualify, enabling the preparation of meals in the home.

Figure 9: Medicaid 1115 Waiver Nutrition Programs

²⁴ Center for Science in the Public Interest. (2025, June 10). *New York State Senate passes Predatory Marketing Prevention Act* [Press release]. <https://www.cspi.org/press-release/new-york-state-senate-passes-predatory-marketing-prevention-act>

† The raw SPARCS data used to produce this publication was provided by the New York State Department of Health. However, the calculations, metrics, conclusions derived, and views expressed herein are those of the author(s) and do not reflect the work, conclusions, or views of New York State. The New York State Department of Health, its employees, officers, and agents make no representation, warranty or guarantee as to the accuracy, completeness, currency, or suitability of the information provided here.



About our organization

Founded in 1974, Common Ground Health is the health planning organization for the fourteen-county Finger Lakes and Southern Tier regions. We bring together health care, education, business, government and other sectors to find common ground on health issues. In April 2026, Finger Lakes Performing Provider System and Common Ground Health-Rochester RHIO combined. Learn more about our work at www.CommonGroundHealth.org.

