**Community Board 17**

**Social Services Committee Virtual Meeting**

**Wednesday, February 2, 2022**

**Present: Guest:**

Janice Reid Samantha Corrian,

Michelle Griffith Registered Nurse, Kings County

Jorge Tait Hospital ER Dept.

Diana Gay

Muline Mickle

Victor Jordan

Monica McKain-Brown

Symone Sylvester

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The **Social Services Committee** Virtual meeting was held on **Wednesday, February 2, 2022 at 7:30pm.**

**Ms. Janice Reid** called the February 2, 2022 meeting to order at 7:47pm.

**Roll Call-**Michelle Griffith, Jorge Tait, Diana Gay, Victor Jordan, Muline Mickle, Monica McKain-Brown

**Ms. Reid** said the guest for tonight is Ms. Samantha Corrian and she is here to discuss her plans to open a diabetes prevention program to serve the constituents of CB 17. She is a diabetes health educator and a registered nurse for over 15 years, and she has seen the effects of mismanaged diabetes care over the years as an ER nurse at Kings County Hospital and would love to change the narrative.

**Ms. Samantha Corrian** said it is a privilege and life dream to share and give back to the community she grew up in. She is a certified sexual assault nurse examiner, nursing professor, diabetes care educator and registered nurse for over 15 years. She currently serves as a Supervisor of Nurses for Diabetes Nurse Educators within the NYC Dept. of Education as well as a diabetes health consultant and mentor. She began her career as a registered nurse in the Kings County Adult Emergency Dept., a level 1 trauma center. She earned her master’s degree from Long Island University, CW Post, a Master of Science and Nursing and Nursing Education in 2018. In 2018, she was promoted to Staff Development Coordinator for the NYC Dept. of Health and she was instrumental in policy development and training school nurses across NYC. In addition to working for the Dept. of Health, she personally treated and cared for hundreds of acute rape/sexual assault survivors. As a Sexual Assault Nurse examiner, she has been deemed an expert competent witness and in the past 5 years, she has testified in over 20 sexual assault cases for the Brooklyn DA’s office and is highly regarded by that office. Her work does not stop there, she continues to impact the lives of NYC school children, families, the school nurses and the school community by providing diabetes excellence with the help of her team.

She is very devoted to serving her community. it is important to treat each person with love, compassion and evidence-based practice care. Her dedication has been evident by her diligent participation in numerous community outreach and educational activities over the last decade and her strong commitment to the community is vital.

Prediabetes is a serious condition where blood sugar levels are higher than normal. They can all be predisposed to diabetes, especially if the have a history of heart disease and/or stroke. Other risk factors may include their weight, status, age, family history and they have to factor in their race, ethnicity, lack of physical activity, if they were pregnant and had gestational diabetes or polycystic ovary syndrome, they are at greater risk. If they are curious to see if they are at risk, they can go to the website, doihaveprediabetes.org, type in their information and it will let them know whether or not they are at risk for prediabetes or in fact, have prediabetes. A simple A1c blood test or fasting plasma glucose can also determine if they have prediabetes.

34.1 million American adults, which is 13%, live with diabetes and under the surface, even more American adults, 88 million have prediabetes and that is an astronomical number. When thinking about it, 34.5% of American adults, which rounds out to about 1 in 6, are living with prediabetes. What is more alarming is, of the 34.1 million American adults that have diabetes, about 1 in 5, do not know they have it or understand they are predisposed or are living with prediabetes and are going on with their normal days and think they are fine, until an unforeseen event happens. Prevalence increases with age and prevalence is also highest among American Indians and people of Hispanic origins, non-Hispanic African Americans and some Pacific Islanders are also predisposed to diabetes. If they follow the news, they know that people of color, BIPOC, black and brown people are at a disadvantage in the health care system at disproportionate rates as it relates to them getting the care they need and deserve.

She is pushing this because 1 in 3 adults have prediabetes and again, 88 million American adults have prediabetes and about 8 in 10 don’t know it. A higher percentage of men than women have prediabetes and that varies to about 37.4%, versus 29.2%. The prevalence of prediabetes was similar among racial and ethnic groups and educational levels and prevalence increases with age as does awareness.

By 2050, as many as 1 in 3 Americans will be living with diabetes if the current trends continue. Diabetes comes with tons of complications and that is not an ideal situation. If millions of people develop Type 2 diabetes by 2050, it will have a catastrophic public impact on the country, the health care systems, the insurance industries and the economy, because if people are sick, they are not working or moving, getting what they need to get or their mind is focused on a complex medical condition that they have to constantly figure out. At this population level and at the personal levels with individuals and their families, it is very important that they bare this in the back of their minds.

She is pitching this because there was a study about a diabetes prevention program, done in the 90s, with 27 clinical centers across the country, with over 3,000 participants that were in the study. 45% of them were from African American, Alaskan Native, American Indian, Asian American or Latino and Pacific Islanders were in this group, with an increased risk of developing Type 2 diabetes. All the participants were overweight and also had impaired glucose tolerance, known as prediabetes.

The results of this showed that the diabetes prevention program in the community settings were actually successful as interventions in clinical settings. The diabetes prevention programs in small group formats were just as successful as the one-on-one coaching. The trained lifestyle coaches do not need to be physicians, nurses, pharmacists, registered dietitians or diabetes care education specialists, who were able to contact with these people in the study. A diabetes prevention program can be offered online, and with the pandemic, it is still ongoing or do distance learning, which is telehealth. It is ideal to have it in a group format, community settings and diversity of life coaches and different modalities, so that 1/3 of the cost of the study was actually brought home once they did the telehealth approach and then they started to have the diabetes prevention program within the community.

She is bringing this to them tonight is because some of the community settings that they could probably take a look at as potential places that they could hold these prevention programs, is like the local YMCA, a faith based organization, community based organizations serving priority populations, like Community Board 17, or trusted community locations where people already gather to pray, work, exercise and access social services.

Community coaches are lifestyle coaches, it works really well and it could be peer interactive, people can work together to hold themselves accountable, to meeting their goals and lowering their risk for prediabetes and also peer faith leaders are instrumental because they know how important the Church is in many of their constituent’s lives, and that is also a great approach. As a certified diabetes educator, like herself, she can directly approach or provide support to the community cultures, so they have a widespread of reach and awareness for the communities and this can make the program more successful and sustainable.

She really has a community commitment because she has a personal connection to this community. She was born in Flatbush and then moved to East Flatbush and she watched her parents work hard and they got bogged down because they were not able to kick certain health habits because they were working 2 and 3 jobs just to maintain their family. Working in the ER, she has personally seen blood sugars of 800 come into the ER, to the point where they call it Flatbush diabetes and there is a study going on right now at SUNY Downstate about it and it is one of the highest and rarest forms of diabetes. When patients come into the ER with blood sugars that high, insulin does not impact it. Being from Caribbean descent, she thinks it is important for people to get the care that they need. They should not get to the point where they are coming into the ER with these high numbers, they should nip it in the bud before it gets there. It has been her driving force to make a difference in any way that she can, and she has so many ideas as it relates to diabetes and health care awareness, in general. She thanked them for allowing her to share her vision, listening and hopefully, even if this does not make sense to them, they at least picked up some prediabetes tips.

**Ms. Reid** thanked Ms. Corrian for her presentation on prediabetes, diabetes, the prevalence and her involvement and why she thinks it is important to have this program.

**Mr. Victor Jordan** said he was touched by her presentation and her personal experience with the harm that diabetes can cause, but he did not get a sense of what kind of therapy or treatment she would recommend or support.

**Ms. Corrian** said she agrees with him that she did not propose exactly what that would look like. To answer the question, it would be more of awareness and lifestyle coaching and also management of ways to identify if the clients have prediabetes and also diving into what resources they can use for them for screenings or measuring and committing to them. There would be an accountability person and a lifestyle coach that coaches them throughout nutrient choices and what works for them. Again, this culturally competent because she is not going to tell them what eat, but guide them through a better preparation- or ways that they can include ingredients that are more healthy for their lifestyle and then they would track results and based on their awareness, the results and different tools they would use because the highest respecter is obesity or being overweight and that is where they dive into the management of weight, and moving on, they help participants become more aware of their health status because a lot of their clientele is not aware of where they are. Just getting a baseline assessment of where they are, are they prediabetic, do they have risk factors and when they dive into that, they can control and help them and if they are diabetic, they will refer them as needed to the appropriate resources and providers to help manage their diabetes.

**Ms. Michelle Griffith** asked what are the signs of a prediabetic person? When they go to the doctor, they take a blood test and they can see the levels and that they are overweight.

**Ms. Corrian** said there are really no signs and that is why the prevalence is so high, and that is why 1 in 3 people may have it and 1 in 6 don’t even know, because it creeps up on them. The A1c is their marker and a normal A1c is 5.7 and if they go into 6.0 and higher, they are in the range for prediabetes. They would not know until they start having symptoms relating to diabetes, like increased thirst, polyuria, polydipsia and polyphasia, meaning they are more hungry, use the bathroom more and drink more and then they realize they are diabetic, when did this happen and this is why it is important to stay on their A1c levels. When they go to their providers, ask them to add that lab valued in, so they can get an assessment of where they are. There is a link from the American Diabetes Association they can go to and fill out a survey to see if they are at increased risk.

**Mr. Jorge Tait** said he agrees that they need more diabetes education. He hurt his back and was home for 6 weeks and thinking that he was not healthy, he was drinking a lot of cranberry and orange juice, and then he was going to the bathroom all the time, and while laying in bed, he was loosing a lot of weight, his vision got blurry and when his blood was checked, it was 386. The diet also makes a big difference. He is a Type 1 diabetic and what was holding it back is he was exercising.

**Ms. Monica McKain-Brown** asked why the A1c is not on everyone’s blood chart, especially since they, people of color and their diets, she thought it was a given that it was in everyone’s charts and why is it not a part of everyone’s lab work. Awareness and education is very important to people and they need to ask questions to help prevent some of these illnesses.

**Ms. Corrian** said it varies with the providers. It is not that expensive, it is just one of those things that some providers are very diligent and will add it. There are circumstances where the providers do not think that patient fits that profile. Some providers will add it and not share the results with them. Advocate for yourself and ask that the A1c be added to your lab work.

Even caring for NYC school children with diabetes, they are seeing an increase prevalent in Type 2 among the Hispanic community in the Bronx, particularly border lining Washington Heights and the South Bronx, where there are food deserts and they don’t have access to nutritious foods that they would probably want. They have even noticed this in pockets of Brooklyn and there are disparities in certain areas where there are not a Whole Food, Trader Joe’s or a fruit stand and when they go Downtown Brooklyn, they see all of these organic options and things of that nature and it just a matter of figuring out how they can get these great resources within their community. People fall into the trap of buying fast food because it is convenient cheap, easier and they don’t have to prepare it.

**Ms. Muline Mickle** said she was impressed with the presentation, but how will the community know exactly what she has to share with them because most of what she said is so critical for them and how would they get people to buy in to what she has to share.

**Ms. Corrian** said she is here because she needs help, because now, it is a vision, a thought of mind and she just needs to be pointed in the right direction or figuring out the right avenues and she hopes they can assist her with this. She does not know the best way to go about this. She does not want to do it independently and she feels it has to be on a not-for-profit level because she wants greater access and reach to get more people involved and to ensure that the constituents are getting the education because that is number one.

**Mr. Tait** said when he was inactive, that is when his diabetes set in and exercise is a big help in controlling diabetes aside from the diet. Diabetes is a very expensive illness and can cost almost $300.00 a month. If someone is prediabetic, does she have the resources to guide them or recommend physicians to treat the diabetes?

**Ms. Corrian** said she has been developing a BIPOC provider list that she would like to finish, and she has been up to the borough of Queens and she is gathering information based on recommendations and she has been compiling that list. She has a decent list, but she wants it to be more comprehensive and she is working on it and she feels bad that it is only BIPOC and it makes sense because they understand and are relatable and that is why she geared it to that.

**Ms. Reid** asked how would she go about developing this diabetes prevention program for the community and she is thinking about it and needs guidance on how to develop it. She did mentioned community settings, has she reached out to any community agencies, like the YMCA, to do a program there or any of the faith based organizations or some of the hospitals or even the PTAs within the schools.

**Ms. Corrian** said going down her list, she has not reached out the YMCA. The school setting would not be ideal because primarily they deal with students and they would have deal with a lot of red tape, and she didn’t think to go the school route. She figured she would start here and then take it to the other various options, like faith-based organizations and/or the YMCA that could be a brick and mortar to house this type of program and Mr. Jordan asked what would that look like and it would be enrolling people, holding them accountable to physical activities, a change in nutrition, education, awareness. It is almost like Weight Watchers, but less intense because it is more focused on health and wellness and it is also holistic because it is also incorporating **(INAUDIBLE)** mind, body, spirit.

**Ms. Reid** said she can see her building the program and offering it virtually once a month to the community and using CB 17 as her reference for attendees.

**Ms. Corrian** said once she has it all packaged and wrapped up, she can represent it and then they can take it from there. She felt it was important for her to share something that has been on her heart for a while.

**Ms. Reid** said this is essential in this community because diabetes is prevalent in East Flatbush. This will be a valuable program and she recommends that she build it and then they can see how to offer it to the community.

**Ms. Mickle** asked if she would be applying for grants to process and go through with her plan.

**Ms. Corrian** said she needs help and direction, but she going to go back to the drawing board and do a little more research as to how to get it off the ground. She probably would need grants if they are going to reach a larger audience.

**Ms. Reid** asked if everyone received the minutes for November and December 2021 and January 2022? They do have a quorum to approve the minutes. She asked if there were any corrections to the November 3, 2021 minutes? Mr. Albert Pierre should be Pierre Albert. Hearing no further corrections, she asked for a motion to approve the minutes.

**Mr. Tait** made a motion to approve the November 3, 2021 minutes.

**Ms. Diana Gay** seconded the motion.

**Ms. Reid** asked if there were any correction for the December 1, 2021 minutes?

**Ms. McKain-Brown** made a motion to accept the December 1, 2021 minutes.

**Mr. Tait** seconded the motion.

**Ms. Reid** asked if there were any corrections for the January 5, 2022 minutes?

**Ms. McKain-Brown** said she was not listed as present, is listed in the roll call.

**Ms. Reid** said on page 2, Sharon Devonish-Leid’s name is spelled incorrectly. Omicron is spelled incorrectly. On page 5, paragraph 2, they would have to get that organized with the Dept. of Health. Inaudible is the CBC memorial service. She asked for a motion to accept the January 5, 2022 minutes?

**Ms. Mickle** made a motion to accept the minutes.

**Ms. McKain-Brown** seconded the motion.

**Chairperson’s Report**

**Ms. Reid** said at the last meeting, she mentioned that in December, Brookdale did not have a meeting. She attended Brookdale’s virtual CAB meeting on Monday, January 10, 2022. There have been some administrative/leadership changes. Ms. Sharon Devonish-Leid is now the Public Information Officer for OBH and the External Affairs for OBH Brookdale. Mr. Curtis Williams will be the new Community Relations Specialist for OBH Brookdale. He will take over the CAB Meetings beginning this month.

   Dr. Solomon Torres is the new Deputy Executive Director Assistant to Dr. Scott, who is the new CEO. Dr. Kasum Viswanathan is the new Chief Medical Officer.

 They are still continuing to do the COVID-19 vaccines every Wednesday for children 5 years and older.

   In January, visitation at all One Brooklyn Hospitals and ambulatory care centers visitations were suspended as of Monday, January 10, 2022. The next meeting will be on Feb. 7, 2022 and hopefully, they will get an update as to what is going on in terms of visitations.

 Ms. Monika Siergiej, who attended the December meeting was unable to attend the General Board meeting on Wednesday, January 19, 2022 to seek a letter of support to open a substance abuse clinic, “Under Angel’s Wings Practice” in the community. She is scheduled to attend the February 16, 2022 Board meeting to present and then they can do a vote regarding the letter of support.

 A few community updates from the CB17 General Meeting on January 19, 2022.

   There is an Accessible Wheelchair Taxi program that is currently operating in the 5 boroughs that’s available to NYC residents who are disabled as well as those living outside of NYC, Yonkers, Duchess County and Upstate. The program was launched in 2020 and is different from the DFTA program. Passengers can access Wheelchair accessible yellow and green taxi cabs and they will pay the metered fare from the point of pick up to their destination. There are no extra costs to passengers. Taxis may be booked using the mobile app “Accessible Dispatch NYC” and can also be obtained on line at [www.accessibledispatch.com](https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.accessibledispatch.com%2F&data=04%7C01%7Ccbarton%40cb.nyc.gov%7Cb3854570ee6b44ece5c108d9e7736b46%7C32f56fc75f814e22a95b15da66513bef%7C0%7C0%7C637795305182721245%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000&sdata=i9bFQ4OnC0nJLh1f6frwnZknAcFny9Vkh5A7OWbqwn0%3D&reserved=0) or by calling the dispatch center at 646-599-9999.

    There is also a rental assistance fund available to assist homeowners with mortgages via the NYS Homeowner Assistance Fund (HAF) which provides up to $50,000 per homeowner to help homeowners impacted by COVID-19 to pay off missed mortgage payments, property taxes, co-op maintenance fees and utility bills. Homeowners can apply at [https://www.nyhomeownerfund.org](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.nyhomeownerfund.org%2F&data=04%7C01%7Ccbarton%40cb.nyc.gov%7Cb3854570ee6b44ece5c108d9e7736b46%7C32f56fc75f814e22a95b15da66513bef%7C0%7C0%7C637795305182721245%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000&sdata=sKwY5PX3p9lyMT08Z5Pb%2F%2FqxTAoElLTQYUaGjsZqqPM%3D&reserved=0) or call 844-776-9423.

 The distribution of the free COVID-19 kits from the Federal Government began on January 18, 2022 and they can reserve the kits. There is a limit of 4 kits per household.

 The Emergency Rental Assistance Program (ERAP) is accepting applications to help New York tenants and landlords who struggled through COVID-related hardships and the website is **nysrenthelp.otda.ny.gov.**

   The non-profit Barrio Solar program that provides Brooklyn homeowners with a $3,500.00 solar down payment grants and a buyers’ club to access lower-cost solar panel installation. Homeowners can request more information and a free savings estimate at: [https://fifthave.org/affordable-solar/](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Ffifthave.org%2Faffordable-solar%2F&data=04%7C01%7Ccbarton%40cb.nyc.gov%7Cb3854570ee6b44ece5c108d9e7736b46%7C32f56fc75f814e22a95b15da66513bef%7C0%7C0%7C637795305182721245%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000&sdata=EItTQ6InM3vk73hwDp4Tewo1RL2lFm54NJxW7zNeTmU%3D&reserved=0)

**Ms. Reid** said at the January meeting, they discussed having a health fair versus a forum. The majority of the consensus was that they would have a health fair outdoors, assuming they can get the park. The request was put in to get the permit for the park last month and they will wait to see if they get the permit. In the meantime, they will have to start planning. Mr. Tait did collect some supplies. The Dept. of Health did reach out to the Community Board and they donated some masks, face shields, wipes and hand sanitizers that they can distribute to the community. They will need assistance in bagging these items. The Community Board has discretionary funds and they asked the committees who want to do projects to complete the application and she did that on behalf of the committee to assist with funding the event. They can use the funding to get tee shirts for the committee members, decorate the park and get some refreshments, depending on how much funding they get.

She was thinking of sending out a save the date to some of the organizations, in the event they do get the permit, they can come and table with them.

At the last meeting, she asked the members if they would like to help and assist with the planning. If she can get a renewal of their commitment, then they can meet between meetings to plan because it is a lot to planning a health fair to make sure it is a success. If anyone would like to be on the committee, please let her know. The date will be June 11th from 10am to 3pm in Paerdegat Park. They can reach out to the COVID-19 vaccine van and to also do the testing, the hospitals and some of the other community agencies.

**Ms. Mickle** asked if she plans to have other committees partnering with them for that day?

**Ms. Reid** said it will be open to the Board and they can join them. This is a Board event being organized by the Social Services committee.

**Ms. Griffith** said the Farragut Lion’s Club will collaborate with the District Lion’s Club to table part of the event. They do quite a bit as the Lion’s International for the blind and sight impaired people in communities. They have their own committees of mental health and diabetes they address from the Lion’s perspective. They would like to have a table at the event for the Lion’s Club and lend whatever resources they could whether it be information or tangible gifts that would be helpful to people in the community. She will join the subcommittee to help out with the planning.

**Ms. Reid** said they will try to get some CB 17 bags for the people to put the information in.

The members agreed to volunteer to help with the planning of the event.

She will have a meeting time set up for them to meet behind the scenes to start the preliminary planning.

For the next meeting, Mr. Tait was in touch with Ms. Leslie Sierra from NY Statewide Senior Action Council and she agreed to attend the March meeting. This agency does a lot of outreach to the elderly and seniors in the community.

She asked if there were any other new business? Having heard none, she asked for a motion to adjourn the meeting.

**Mr. Tait** made a motion to adjourn the meeting.

**Ms. Gay** seconded the motion.