



New York State Behavioral Risk Factor Surveillance System Brief

The Behavioral Risk Factor Surveillance System is an annual telephone survey of adults developed by the Centers for Disease Control and Prevention conducted in all 50 States, the District of Columbia, and several United States Territories. The New York Behavioral Risk Factor Surveillance System is administered by the New York State Department of Health to provide statewide and regional information on behaviors, risk factors, and use of preventive health services related to the leading causes of chronic and infectious diseases, disability, injury, and death.

Prediabetes

New York State Adults, 2022



Introduction

Prediabetes is a condition in which an individual's blood glucose levels are higher than normal but not high enough to be diagnosed as diabetes.¹ The Centers for Disease Control and Prevention estimates that 98 million (37.0%) adults in United States have prediabetes, but most don't know it.² Without intervention, many people with prediabetes will develop type 2 diabetes within five years and are also at increased risk of developing heart disease and stroke.¹ Fortunately, lifestyle change programs aimed at increasing physical activity and reducing body weight by 5%-7% and certain pharmacological agents have been demonstrated to prevent or delay the development of type 2 diabetes in those living with prediabetes.^{3,4}

Early detection and treatment of prediabetes are critical. The American Diabetes Association recommends testing for prediabetes for all adults starting at age 35 and for younger adults with overweight or obesity who also have one or more risk factors such as hypertension, elevated blood cholesterol, or family history of type 2 diabetes.⁵ Health care providers are encouraged to recommend participation in a National Diabetes Prevention Program lifestyle change program for their adult patients with prediabetes.

Health Equity

Many people with prediabetes experience inequities in health. Social drivers of health such as lack of access to healthy food, lack of safe places for physical activity, and housing instability contribute to disparities in the burden of prediabetes. These social drivers of health are the result of structural racism, laws, policies, institutional practices, and entrenched norms that lead to the inequitable treatment of people based on race.⁶ The New York State Department of Health remains committed to achieving health equity by improving prediabetes detection and increasing access to and participation in National Diabetes Prevention Program lifestyle change programs so that those with prediabetes can achieve optimal health.

Key Findings

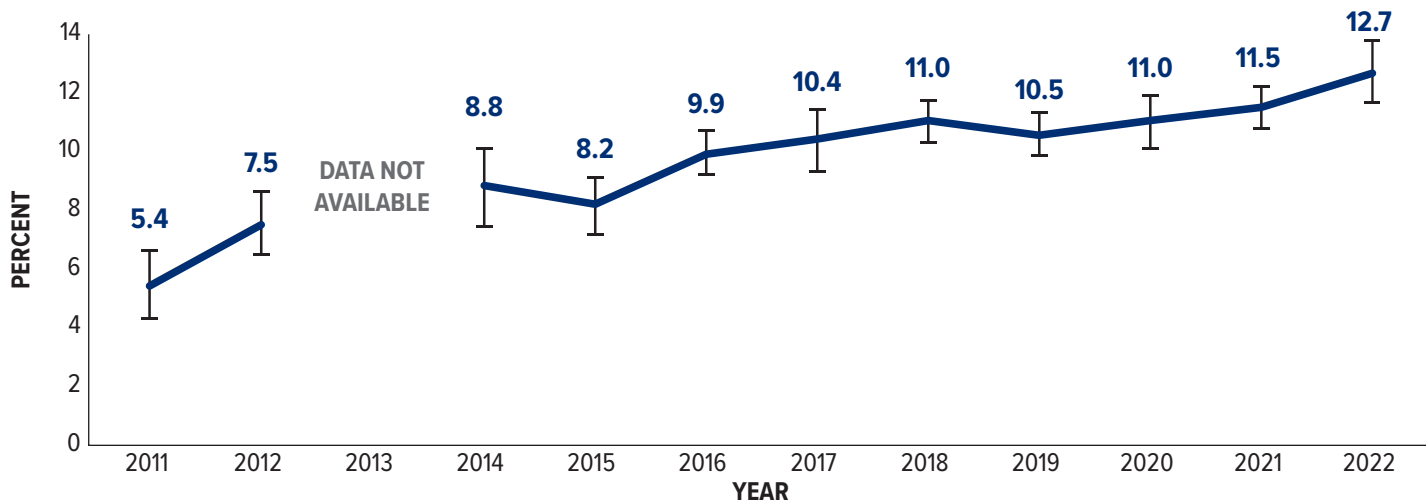
- In the past ten years, the prevalence of prediabetes among adult New Yorkers has more than doubled from 5.4% (2011) to 12.7% (2022) (Figure 1).
- Adults with obesity (22.7%) and those with overweight status (13.6%) are more likely to have prediabetes compared to adults who have neither overweight nor obesity (7.2%) (Figure 3).
- The prevalence of prediabetes is higher among adults with history of cardiovascular disease (20.1%) or adults with hypertension (24.2%) compared to those who have not been diagnosed with those conditions (Figure 3).
- Prediabetes is more common among adults living with disability than adults living without disability (19.3% vs. 11.1%, Table 1).
- Prediabetes prevalence is more than three and a half times higher among adults who tested for high blood sugar within the past year compared to adults who did not (17.6% vs. 5.0%, Table 2).



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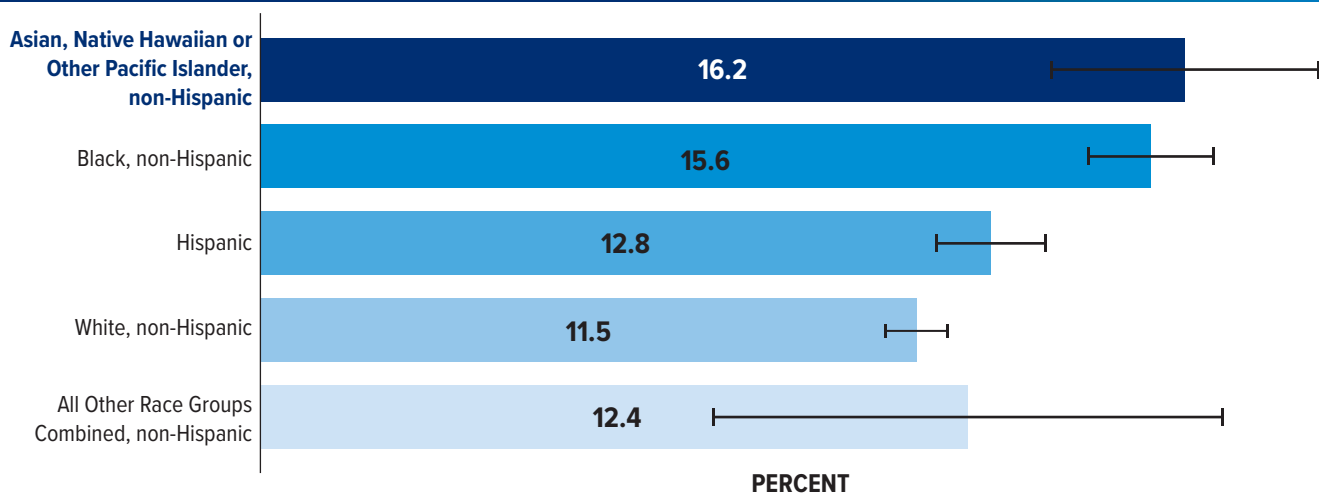


Figure 1. Percent of Diagnosed Prediabetes* Among New York State Adults, Behavioral Risk Factor Surveillance System 2011-2022



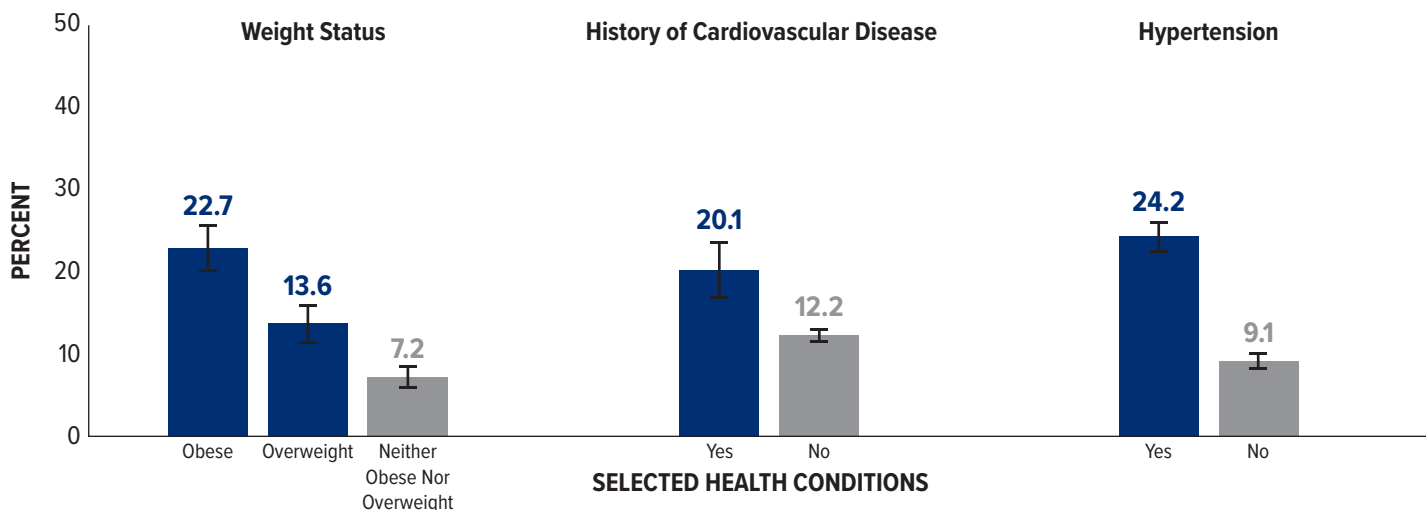
*Excludes reported gestational prediabetes. Error bars represent 95% Confidence Interval.

Figure 2. Percent of Diagnosed Prediabetes* Among New York State Adults by Race/Ethnicity, Behavioral Risk Factor Surveillance System 2022



*Excludes reported gestational prediabetes. Error bars represent 95% Confidence Interval.

Figure 3. Percent of Diagnosed Prediabetes* Among New York State Adults by Selected Health Conditions, Behavioral Risk Factor Surveillance System 2022



*Excludes reported gestational prediabetes. Error bars represent 95% Confidence Interval.

Table 1. Diagnosed Prediabetes^a Among New York State Adults, Behavioral Risk Factor Surveillance System 2022

	Prediabetes ^a	
	% ^b	95% Confidence Interval ^b
New York State [n=17,800]	12.7	11.5 – 14.0
Sex^c		
Female	13.4	11.6 - 15.2
Male	12.1	10.3 - 13.8
Age (Years)		
18-24	4.4	1.7 - 7.0
25-34	5.4	3.2 - 7.6
35-44	8.7	6.1 - 11.3
45-54	16.5	12.5 - 20.5
55-64	21.3	17.4 - 25.2
65+	19.5	16.5 - 22.5
Race/ethnicity		
Asian, Native Hawaiian or Other Pacific Islander, non-Hispanic	16.2	10.0 - 22.4
Black, non-Hispanic	15.6	11.9 - 19.3
Hispanic	12.8	9.6 - 15.9
White, non-Hispanic	11.5	10.0 - 13.0
All Other Race Groups Combined, non-Hispanic ^d	12.4	5.1 - 19.6
Annual household income		
Less than \$25,000	12.6	9.5 - 15.8
\$25,000-\$49,999	15.3	11.8 - 18.8
\$50,000-\$74,999	13.9	9.9 - 18.0
\$75,000 And Greater	13.9	11.6 - 16.3
Missing ^e	9.5	7.5 - 11.5
Education attainment		
Less Than High School	7.5	4.8 - 10.2
High School or GED	11.8	9.3 - 14.3
Some Post-High School	14.1	11.3 - 17.0
College Graduate	13.9	11.9 - 15.9
Weight status		
Neither overweight nor obese	7.2	5.5 - 8.9
Overweight	13.6	11.2 - 16.0
Obese	22.7	19.3 - 26.1
Health care coverage type		
Private	12.2	10.3 - 14.1
Medicare	19.0	15.5 - 22.4
Medicaid	10.8	7.8 - 13.8
Other insurance ^f	11.0	6.1 - 15.8
No coverage	6.0	2.1 - 9.9
Disability status^g		
Yes	19.3	15.9 - 22.7
No	11.1	9.7 - 12.5
Region		
New York City	13.1	11.3 - 14.9
New York State exclusive of New York City	12.5	10.8 - 14.2

Notes: ^aExcludes reported gestational prediabetes. ^b% = Weighted percentage; When comparing estimates, the 95% confidence interval provides the statistical range containing the true population percentage with a 95% probability. Although a 95% confidence interval is not a test of statistical significance, categories whose 95% confidence intervals do not overlap can be considered significantly different. ^cBased on the respondent's sex at birth. If sex at birth is missing, then the respondent's sex is based on gender identity at time of the interview. ^dAll other race groups combined, non-Hispanic combined includes American Indian or Alaska Native and Multiracial. ^e“Missing” category included because more than 10% of the sample did not report income. ^fOther insurance includes Children's Health Insurance Plan (CHIP), TRICARE, VA/Military, Indian Health Service, state sponsored health plan, or other government plan. ^gAll respondents who reported at least one type of disability (cognitive, mobility, vision, self-care, independent living, or deafness).

Table 2. Diagnosed Prediabetes^a Among New York State Adults by Selected Health Conditions and Blood Sugar Testing, Behavioral Risk Factor Surveillance System 2022

	Prediabetes ^a	
	% ^b	95% Confidence Interval ^b
New York State [n=17,000]	12.7	11.5 – 14.0
History of Cardiovascular Disease		
Yes	20.1	14.7 - 25.6
No	12.2	10.9 - 13.5
Hypertension		
Yes	24.2	20.8 - 27.6
No	9.1	7.6 - 10.5
Testing for High Blood Sugar Within the Past Year		
Yes	17.6	15.8 - 19.4
No	5.0	3.5 - 6.5

Notes: ^aExcludes reported gestational prediabetes. ^b% = Weighted percentage; When comparing estimates, the 95% confidence interval provides the statistical range containing the true population percentage with a 95% probability. Although a 95% confidence interval is not a test of statistical significance, categories whose 95% confidence intervals do not overlap can be considered significantly different.



References

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Behavioral Risk Factor Surveillance System Questions



Prediabetes

1. Has a doctor or other health professional ever told you that you had prediabetes or borderline diabetes?
[If “Yes” and respondent is female, ask:]
2. Was this only when you were pregnant?

Note: These questions are only asked of those not responding “Yes” to having ever been diagnosed with diabetes.

Suggested Citation



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Program Contributions



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