



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, 2023



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 (38.0%) 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 often the result of structural racism, laws, policies, institutional practices, and entrenched norms that lead to the inequitable treatment of people based on race.⁶ 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.

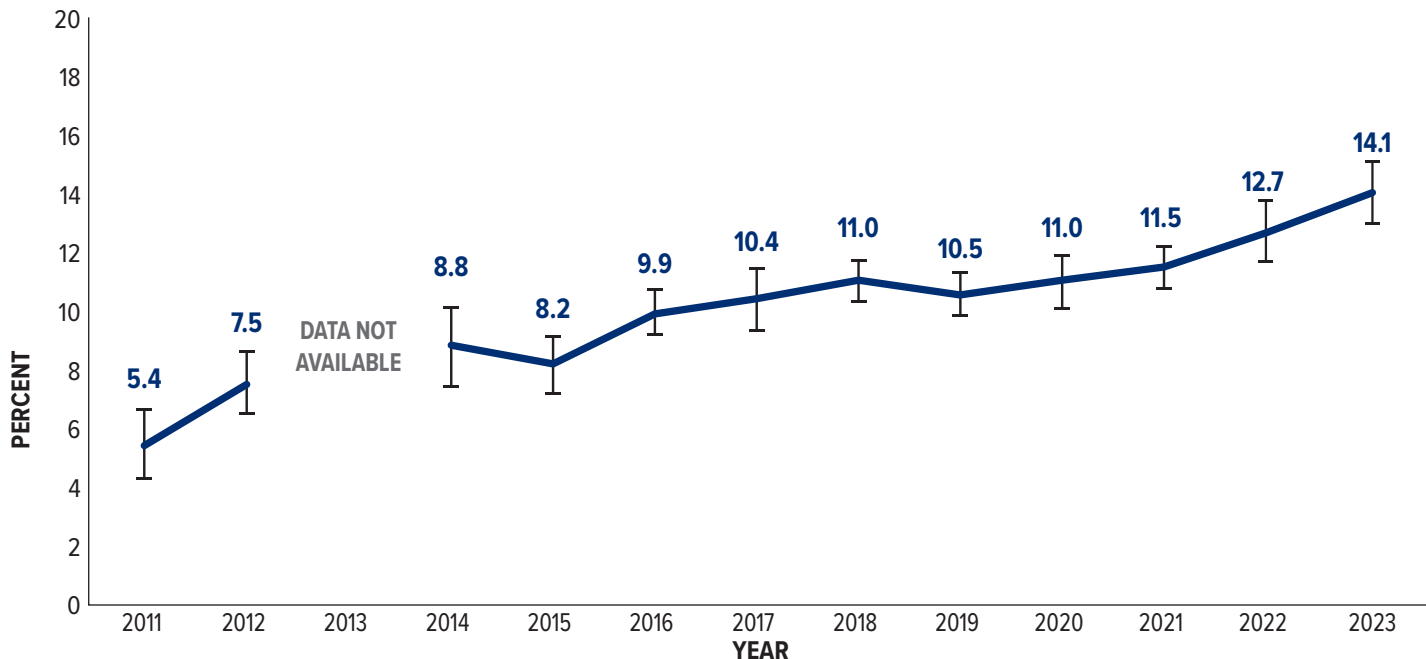


Key Findings

- The prevalence of prediabetes among adult New Yorkers has increased more than two and a half times from 5.4% in 2011 to 14.1% in 2023 (Figure 1).
- Adults with obesity (23.3%) and those with overweight status (15.0%) are more likely to have prediabetes compared to adults who have neither overweight nor obesity (7.6%) (Figure 2).
- The prevalence of prediabetes is higher among adults with selected health conditions. Adults with hypertension (26.1%) and adults with high cholesterol (25.9%) are more likely to have prediabetes compared to those who have not been diagnosed with those conditions (Figure 2).
- Prediabetes is more common among adults living with disability than adults living without disability (18.7% vs. 12.9%, 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 (18.7% vs. 5.6%, Table 2).

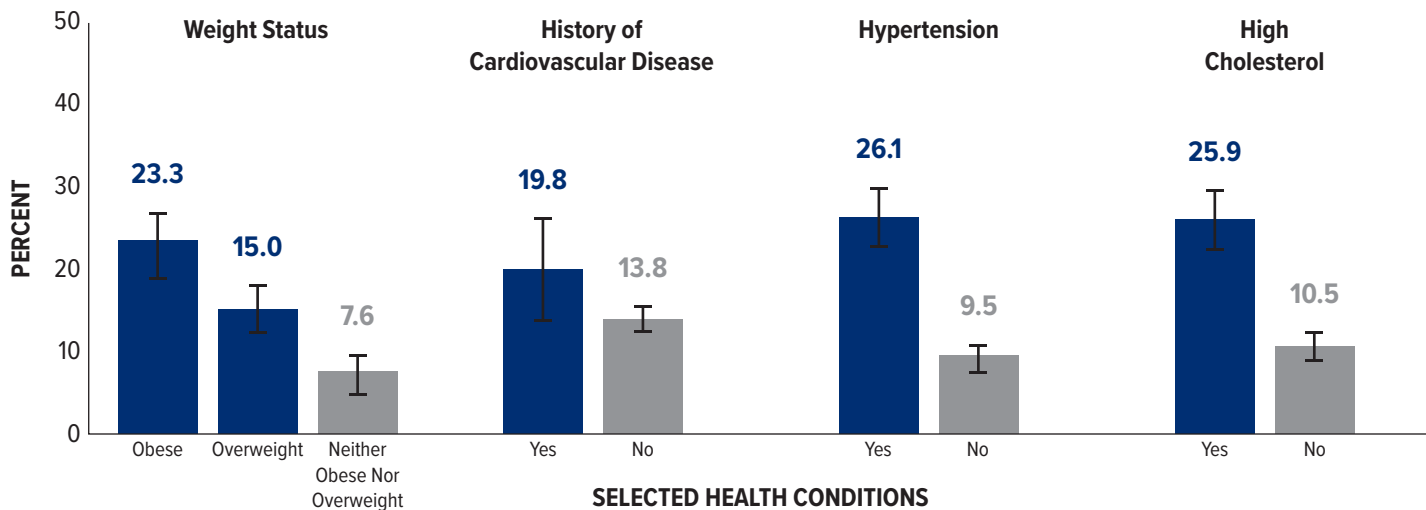


Figure 1. Percent of Diagnosed Prediabetes* Among New York State Adults, Behavioral Risk Factor Surveillance System, 2011-2023



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

Figure 2. Percent of Diagnosed Prediabetes* Among New York State Adults by Selected Health Conditions, Behavioral Risk Factor Surveillance System, 2023



*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, 2023

	Prediabetes ^a	
	% ^b	95% Confidence Interval ^b
New York State [n=5,408]	14.1	12.6 - 15.7
Sex^c		
Female	14.9	12.7 - 17.2
Male	13.3	11.2 - 15.3
Age (Years)		
18-24	6.2	3.0 - 9.4
25-34	5.4	3.3 - 7.5
35-44	10.3	7.5 - 13.1
45-54	16.8	11.6 - 22.0
55-64	25.1	20.3 - 30.0
65+	21.5	17.5 - 25.4
Race/ethnicity		
Asian, Native Hawaiian or Other Pacific Islander, non-Hispanic ^d	24.0	14.8 - 33.1
Black, non-Hispanic	17.7	13.3 - 22.0
Hispanic	13.0	10.2 - 15.9
White, non-Hispanic	11.8	10.1 - 13.4
All Other Race Groups Combined, non-Hispanic ^e	13.2	6.4 - 19.9
Annual household income		
Less than \$25,000	16.6	12.3 - 20.9
\$25,000-\$49,999	13.6	10.3 - 16.9
\$50,000-\$74,999	17.7	11.8 - 23.6
\$75,000 And Greater	13.5	11.0 - 15.9
Missing ^f	12.6	9.4 - 15.8
Education attainment		
Less Than High School	15.2	10.3 - 20.1
High School or GED	13.2	10.3 - 16.0
Some Post-High School	14.3	10.9 - 17.6
College Graduate	14.5	12.1 - 16.9
Weight status		
Neither Overweight nor Obese	7.6	5.3 - 9.8
Overweight	15.0	12.1 - 17.9
Obese	23.3	19.6 - 27.0
Health care coverage type		
Private	13.4	11.0 - 15.8
Medicare	19.9	15.7 - 24.0
Medicaid	14.2	10.3 - 18.1
Other Insurance ^g	16.3	11.3 - 21.2
No Coverage	5.6	2.5 - 8.7
Disability Status^h		
Yes	18.7	15.1 - 22.2
No	12.9	11.1 - 14.7
Region		
New York City	14.8	12.4 - 17.1
New York State exclusive of New York City	13.7	11.7 - 15.8

Notes: ^aExcludes reported gestational prediabetes. ^b% = Weighted percentage; When comparing estimates, the 95% confidence interval (95% CI) 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. ^dPursuant to Chapter 745 of 2021 of the Laws of New York, this report does not include separate tabulations for the required Asian or Pacific Islander ethnic groups and languages. The data were determined to be insufficient for publication due to small cell sizes that result in unstable estimates and/or are vulnerable to patient identifiability. ^eAll other race groups combined, non-Hispanic combined includes American Indian or Alaska Native and Multiracial. ^f"Missing" category included because more than 10% of the sample did not report income. ^gOther insurance includes Children's Health Insurance Plan (CHIP), TRICARE, VA/Military, Indian Health Service, state sponsored health plan, or other government plan. ^hAll 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, 2023

	Prediabetes ^a	
	% ^b	95% Confidence Interval ^b
New York State [n=5,408]	14.1	12.6 – 15.7
History of Cardiovascular Disease		
Yes	19.8	13.1 - 26.5
No	13.8	12.2 - 15.4
Hypertension		
Yes	26.1	22.3 - 29.8
No	9.5	7.9 - 11.0
Cholesterol		
Yes	25.9	22.5 - 29.4
No	10.5	8.5 - 12.4
Testing for High Blood Sugar Within the Past Year		
Yes	18.7	16.6 - 20.8
No	5.6	3.5 - 7.7

Notes: ^aExcludes reported gestational prediabetes. ^b% = Weighted percentage; When comparing estimates, the 95% confidence interval (95% CI) 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



1. About Prediabetes and Type 2 Diabetes. Centers for Disease Control and Prevention. Last reviewed May 15, 2024. Accessed August 7, 2025. [cdc.gov/diabetes-prevention/about-prediabetes-type-2](https://www.cdc.gov/diabetes-prevention/about-prediabetes-type-2).
2. National Diabetes Statistics Report. Centers for Disease Control and Prevention. Last reviewed May 15, 2024. Accessed August 7, 2025. [cdc.gov/diabetes/php/data-research](https://www.cdc.gov/diabetes/php/data-research).
3. Tuomilehto J, Lindstrom J, Eriksson J, Valle TT, Hamalainen H, Ilanne-Parikka P et al. Finnish Diabetes Prevention Study Group. Prevention of type 2 diabetes mellitus by changes in lifestyle among subjects with impaired glucose tolerance. *New England Journal of Medicine*. 2001;344:1343-1350. Accessed August 7, 2025. [nejm.org/doi/full/10.1056/NEJM200105033441801](https://www.nejm.org/doi/full/10.1056/NEJM200105033441801).
4. Knowler WC, Barrett-Connor E, Fowler SE, Hamman RF, Lachin JM, Walker EA et al. Diabetes Prevention Program Research Group. Reduction in the incidence of type 2 diabetes with lifestyle intervention or metformin. *New England Journal of Medicine*. 2002;346:393–403. Accessed August 7, 2025. [nejm.org/doi/full/10.1056/NEJMoa012512](https://www.nejm.org/doi/full/10.1056/NEJMoa012512).
5. American Diabetes Association Professional Practice Committee. 2. Diagnosis and classification of diabetes: Standards of Care in Diabetes—2025. *Diabetes Care*. 2025;48(Supplement 1):S27–S49. Accessed August 7, 2025. doi.org/10.2337/dc25-S002.
6. Churchwell K, Elkind MSV, Benjamin RM et al. Call to Action: Structural Racism as a Fundamental Driver of Health Disparities: A Presidential Advisory From the American Heart Association. *Circulation*. 2020;142(24);e454-e468. Accessed August 7, 2025. doi.org/10.1161/CIR.0000000000000936.

Behavioral Risk Factor Surveillance System Questions



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.

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Program Contributions



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