



New York State Behavioral Risk Factor Surveillance System Brief

The Behavioral Risk Factor Surveillance System (BRFSS) 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 US Territories. The New York BRFSS is administered by the New York State Department of Health to provide statewide and regional information on behaviors, risk factors, and use of preventative health services related to the leading causes of chronic and infectious diseases, disability, injury, and death.

Prediabetes

New York State Adults, 2024



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 115 million adults in the 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 medications 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 (National DPP) lifestyle change program for their adult patients with prediabetes. Individuals can take the Prediabetes Risk Test in [English](#) or [Spanish](#) to determine their risk level for prediabetes, and if at risk, participate in a National DPP.

Health Equity

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

Recommendations to reduce these health care disparities include evaluating and addressing social drivers of health such as language literacy and proficiency, food security, housing, and transportation. In addition, identifying and removing barriers to healthcare access is important to ensure quality of care for those at greatest risk of poor health. 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 DPP lifestyle change programs so that those with prediabetes can achieve optimal health. Health care providers can assess for social determinant of health needs like food and housing insecurity, in addition to testing patients for prediabetes and recommending participation in a National DPP.

Key Findings



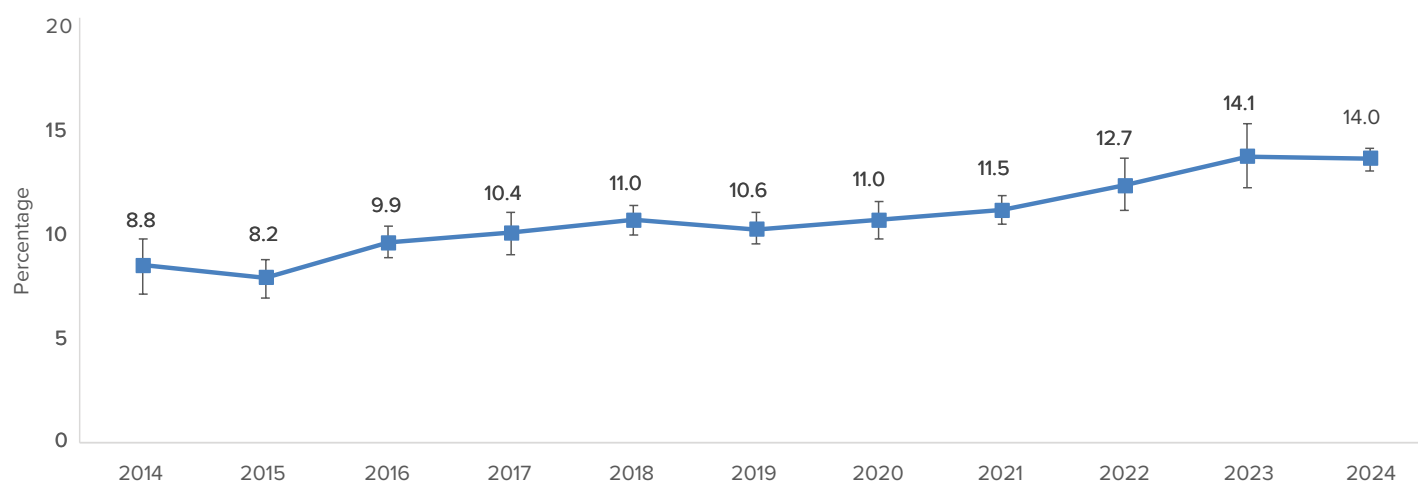
- The prevalence of diagnosed prediabetes among New Yorkers has significantly increased over the past 10 years, from 8.8% in 2014 to 14.0% in 2024.
- The prevalence of diagnosed prediabetes is more than two times higher among adults who have been told by a doctor they have high blood pressure compared to adults who have not (24.9% vs. 10.2%).
- Adults with obesity (22.9%) and those with overweight status (13.7%) are more likely to have diagnosed prediabetes compared to adults with neither overweight nor obesity (8.7%).
- Diagnosed prediabetes is more common among adults living with disability than adults living without disability (18.0% vs. 12.8%).
- Adults who report not having a regular health care provider are approximately 2.5 times less likely to be diagnosed with prediabetes than those with a regular provider (5.7% vs. 15.5%).
- Adults who could not afford to see a doctor in the past year are less likely to have diagnosed prediabetes (11.5%) than adults who report being able to afford to see a doctor (14.3%).



Department
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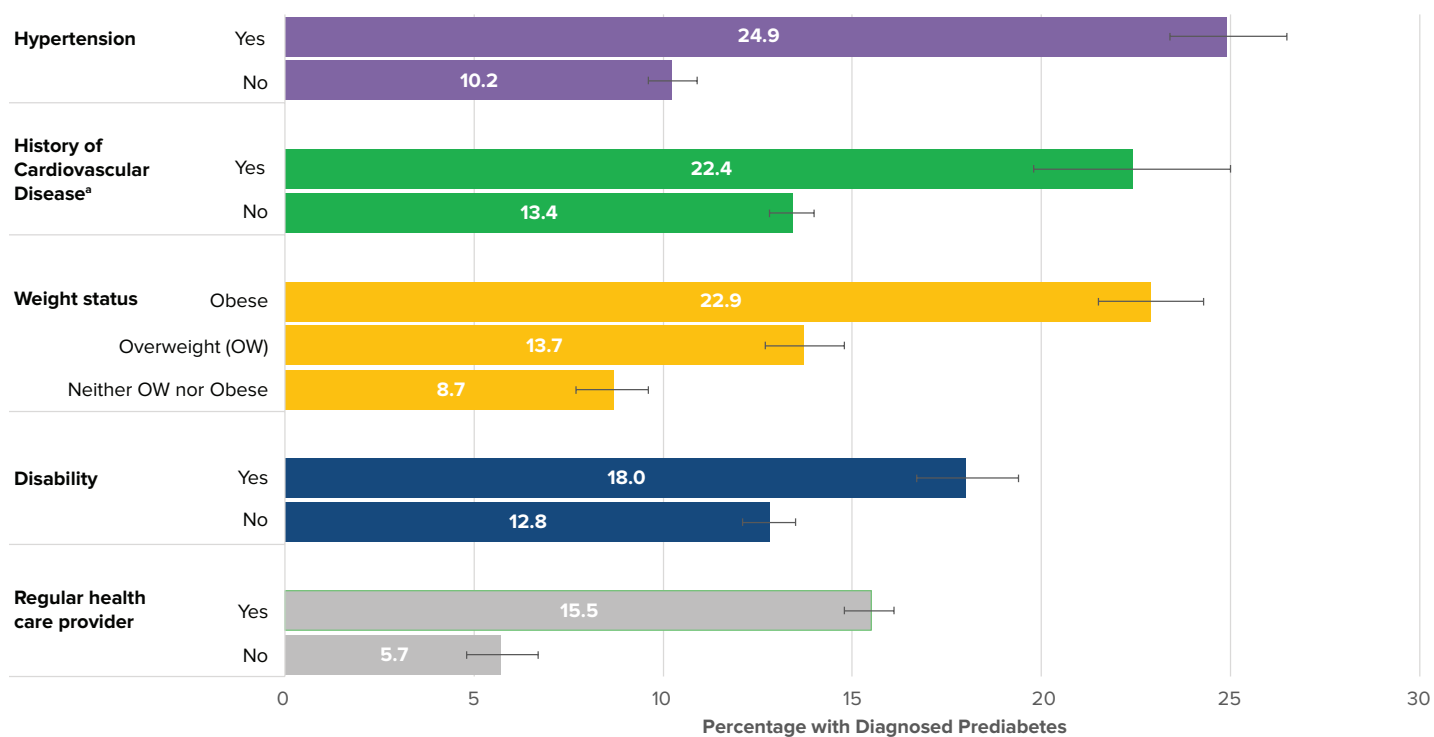


Figure 1. Prevalence of Adults with Diagnosed Prediabetes*, New York Behavioral Risk Factor Surveillance System, by survey year



*Excludes reported gestational diabetes.

Figure 2. Disparities in Prevalence of Diagnosed Prediabetes* Among New York State Adults, 2024 Behavioral Risk Factor Surveillance Survey



*Excludes reported gestational prediabetes. Error bar represent 95% confidence interval

^aHeart Attack, Angina/Coronary Heart Disease, or Stroke

Table 1. Diagnosed Prediabetes Among Adults, New York Behavioral Risk Factor Surveillance System, 2024

	Diagnosed Prediabetes ^a	
	% ^b	95% CI ^b
New York State (NYS) [n=43,913]	14.0	13.4 - 14.5
Sex^c		
Female	14.4	13.5 – 15.2
Male	13.5	12.6 – 14.3
Age (years)		
18 – 24	5.7	4.5 – 6.9
25 – 34	6.2	5.3 – 7.1
35 – 44	9.8	8.7 – 10.9
45 – 54	16.8	15.2 – 18.5
55 – 64	22.1	20.2 – 23.9
65+	21.3	19.8 – 22.9
Race/Ethnicity		
American Indian/Alaska Native	12.6	7.5 – 17.7
Asian, Native Hawaiian or Other Pacific Islander, Non-Hispanic	16.5	13.6 – 19.5
Black, Non-Hispanic	20.9	18.8 – 22.9
Hispanic	13.8	12.4 – 15.1
White, non-Hispanic	12.1	11.4 – 12.7
Multiracial, non-Hispanic	12.0	7.8 – 16.1
All Other race groups combined, non-Hispanic ^d	14.3	9.1 – 19.5
Annual Household Income		
Less than \$25,000	13.6	12.0 – 15.2
\$25,000-\$44,999	15.9	14.3 – 17.4
\$50,000-\$74,999	14.5	13.5 – 15.4
\$75,000 or more	12.7	10.7 – 14.8
Missing ^e	12.4	11.2 – 13.6
Educational Attainment		
Less than high school (HS)	12.1	10.1 – 14.2
High school or GED	13.2	12.0 – 14.3
Some post-high school	15.0	13.7 – 16.2
College graduate	14.4	13.5 – 15.3
Health Care Coverage Type		
Private	13.4	12.5 – 14.3
Medicare	19.5	18.0 – 21.0
Medicaid	13.8	12.3 – 15.3
Other insurance ^f	12.9	9.1 – 16.6
No coverage	6.4	5.0 – 7.8
Region		
New York City (NYC)	16.0	14.8 – 17.2
New York State exclusive of NYC	12.6	12.0 – 13.2

^a Excludes gestational diabetes.

^b % = weighted percentage; CI = confidence interval; when comparing estimates, the 95% confidence interval provides the statistical range containing the true population percentage with a 95% probability. The width of the confidence interval is influenced by the number of residents surveyed. Although a 95% confidence interval is not a test of statistical significance, estimates whose 95% confidence intervals do not overlap can be considered significantly different.

^c Based on respondent's sex at birth or current gender identity at time of interview if sex at birth is missing.

^d Respondents who reported they are of some other race group not listed in the question responses and are not of Hispanic origin.

^e "Missing" category included because more than 10% of the sample did not report income.

^f Medicare includes Medigap; Other includes Children's Health Insurance Program (CHIP), TRICARE, VA/Military, and Indian Health Services State sponsored health plan and other government programs.

**Table 2. Diagnosed Prediabetes Among Adults by Selected Access and Health Conditions,
New York Behavioral Risk Factor Surveillance System: 2024 BRFSS**

	Diagnosed Prediabetes ^a	
	% ^b	95% CI ^b
New York State (NYS) [n=43,913]	14.0	13.4 – 14.5
Disability^c		
Yes	18.0	16.7 – 19.4
No	12.8	12.1 – 13.5
Weight status		
Neither overweight nor obese	8.7	7.7 – 9.6
Overweight	13.7	12.7 – 14.8
Obese	22.9	21.5 – 24.3
High blood pressure		
Yes	24.9	23.4 – 26.5
No	10.2	9.6 – 10.9
History of cardiovascular disease (heart attack, angina/CHD, or stroke)		
Yes	22.4	19.8 – 25.0
No	13.4	12.8 – 14.0
Depressive disorder^d		
Yes	16.6	15.1 – 18.1
No	13.5	12.8 – 14.1
General health status		
Fair or poor	20.1	18.3 – 21.9
Good or better health	12.9	12.2 – 13.5
Regular health care provider^e		
Yes	15.5	14.8 – 16.1
No	5.7	4.8 – 6.7
Could not afford to see a doctor^f		
Yes	11.5	9.9 – 13.1
No	14.3	13.6 – 14.9

^a Excludes gestational diabetes.

^b % = weighted percentage; CI = confidence interval; when comparing estimates, the 95% confidence interval provides the statistical range containing the true population percentage with a 95% probability. The width of the confidence interval is influenced by the number of residents surveyed. Although a 95% confidence interval is not a test of statistical significance, estimates whose 95% confidence intervals do not overlap can be considered significantly different.

^c All respondents who report having at least one type of disability (cognitive, mobility, vision, self-care, independent living, or hearing).

^d All respondents ever diagnosed with a depressive disorder, including major depression, dysthymia, or minor depression.

^e Do you have one person or a group of doctors that you think of as your personal health care provider?

^f Was there a time in the past 12 months when you needed to see a doctor but could not because you could not afford it?

References

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Prediabetes 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.

Program Contributions



New York State
Department of Health

Bureau of Chronic Disease
Evaluation and Research

Bureau of Community Chronic
Disease Prevention



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of Health