Number 2026-19

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.

Diabetes

New York State Adults, 2024

Introduction

Diabetes is a chronic disease in which blood sugar (glucose) levels are above normal. Insulin, a hormone made by the pancreas, helps blood sugar enter the body's cells for use as energy. In type 1 diabetes, the pancreas fails to produce insulin. In type 2 diabetes, the cells of the body become resistant to insulin.[1] Type 2 diabetes accounts for about 90%-95% of all diagnosed cases and type 1 diabetes accounts for about 5%-10%.[2] Diabetes is complicated and can be overwhelming to manage in everyday life. Poorly managed diabetes can lead to complications such as heart disease, stroke, kidney disease, vision loss, and nerve damage.[3] Diabetes is also a very costly disease. Medical spending for people with diagnosed diabetes is more than double compared to those without diabetes.[4] Diabetes self-management education and support (DSMES) is an evidence-based program covered by Medicare, New York State Medicaid, and commercial health insurance. Participation in diabetes self-management education and support programs can help people build the confidence to manage their diabetes, prevent or delay complications, and live longer and healthier lives.[5]

Health Equity

The burden of diabetes in the population is not equitable. Rates of diabetes are higher among non-Hispanic American Indian/Alaska Native adults, non-Hispanic Black adults, and Hispanic adults. Diabetes is also more common among adults with lower income, adults with less educational attainment, and adults living with a disability. Social drivers of health, including lack of access to healthy food, safe places for physical activity, and housing instability contribute to disparities in the burden of diabetes. 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] The New York State Department of Health remains committed to achieving equity in diabetes outcomes by improving diabetes detection and increasing access to and participation in diabetes self-management education and support programs so that those with diabetes can achieve optimal health. Providers can screen patients for diabetes, assess social determinants of health needs like food and housing insecurity, and recommend participation in a diabetes self-management education and support program.

Key Findings

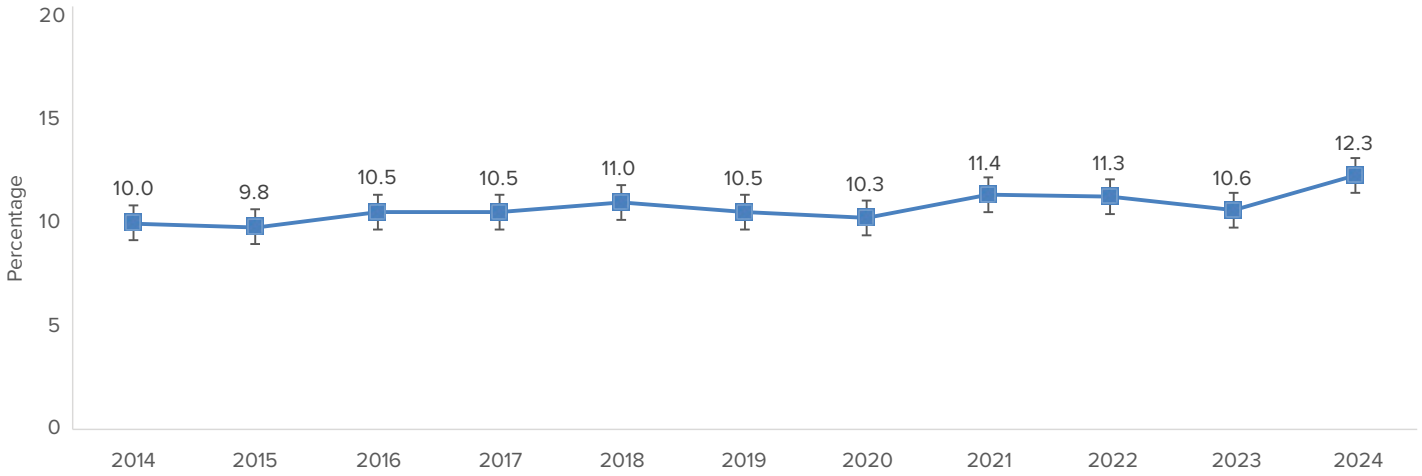
- An estimated 1.9 million adult New Yorkers (12.3%) have diagnosed diabetes. The prevalence of diagnosed diabetes significantly increased over the past 10 years, from 10.0% in 2014 to 12.3% in 2024.
- The prevalence of diabetes is higher among American Indian/Alaska Native adults (25.7%,) and Black, non-Hispanic adults (16.2%) compared to White, non-Hispanic adults (10.5%).
- Diabetes prevalence increases with each decade of age and is most common among adults aged 65 years and older (23.1%).
- The prevalence of diabetes decreases as annual household income or educational attainment increases. Adults with an annual household income of less than $25,000 (18.8%) or adults with less than a high school education (19.1%) are most likely to be diagnosed with diabetes.
- Diabetes is significantly higher among adults who are food insecure (15.6%), adults who lack reliable transportation for getting to medical appointments and work (18.9%), and among adults who receive food stamps or Supplemental Nutrition Assistance Program (SNAP)(20.8%).

(Continued on page 2)

(Key Findings Continued)

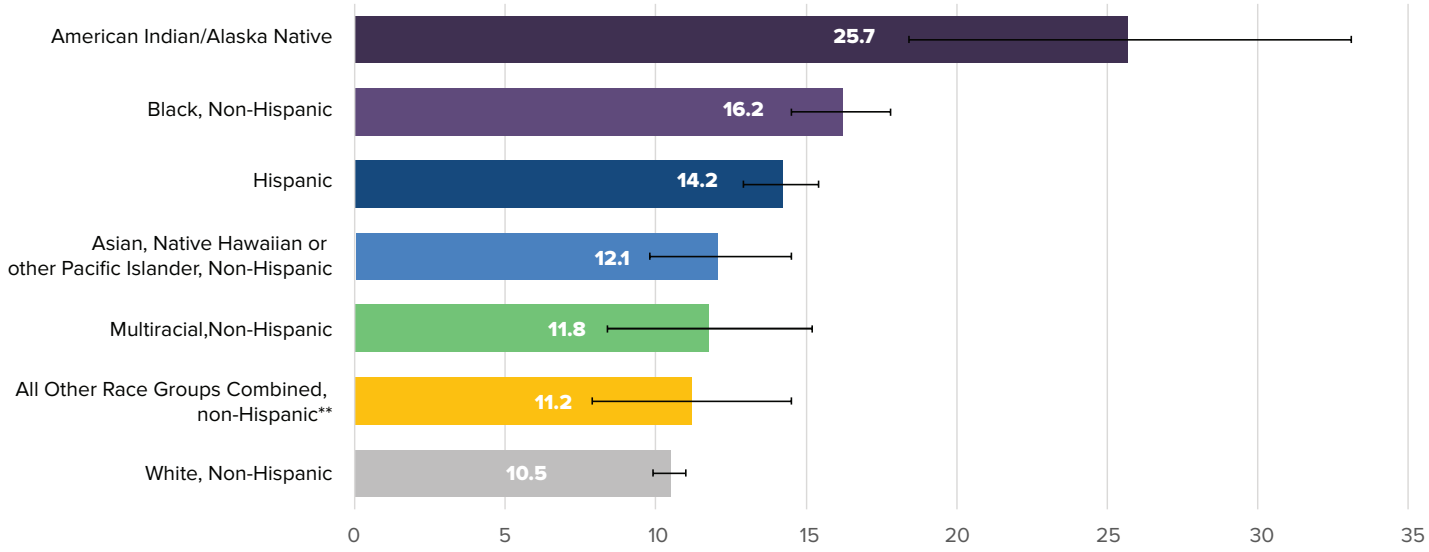
- Adults with obesity are more likely to have diabetes (19.6%) compared to adults with overweight (11.8%) or those with neither overweight nor obesity (7.2%), while nearly one-third of adults (32.9%) with a history of cardiovascular disease (heart attack, angina/coronary heart disease, or stroke) also have diabetes.
- The prevalence of diabetes is nearly four times higher among adults who have been told by a doctor they have high blood pressure compared to adults who have not (25.0% vs. 6.3%), and over three times greater among adults with a history of cardiovascular disease (32.9% vs. 10.5%).
- The prevalence of diabetes among adults living with disability (22.7%) is over two and a half times more than those living without disability (8.4%).

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



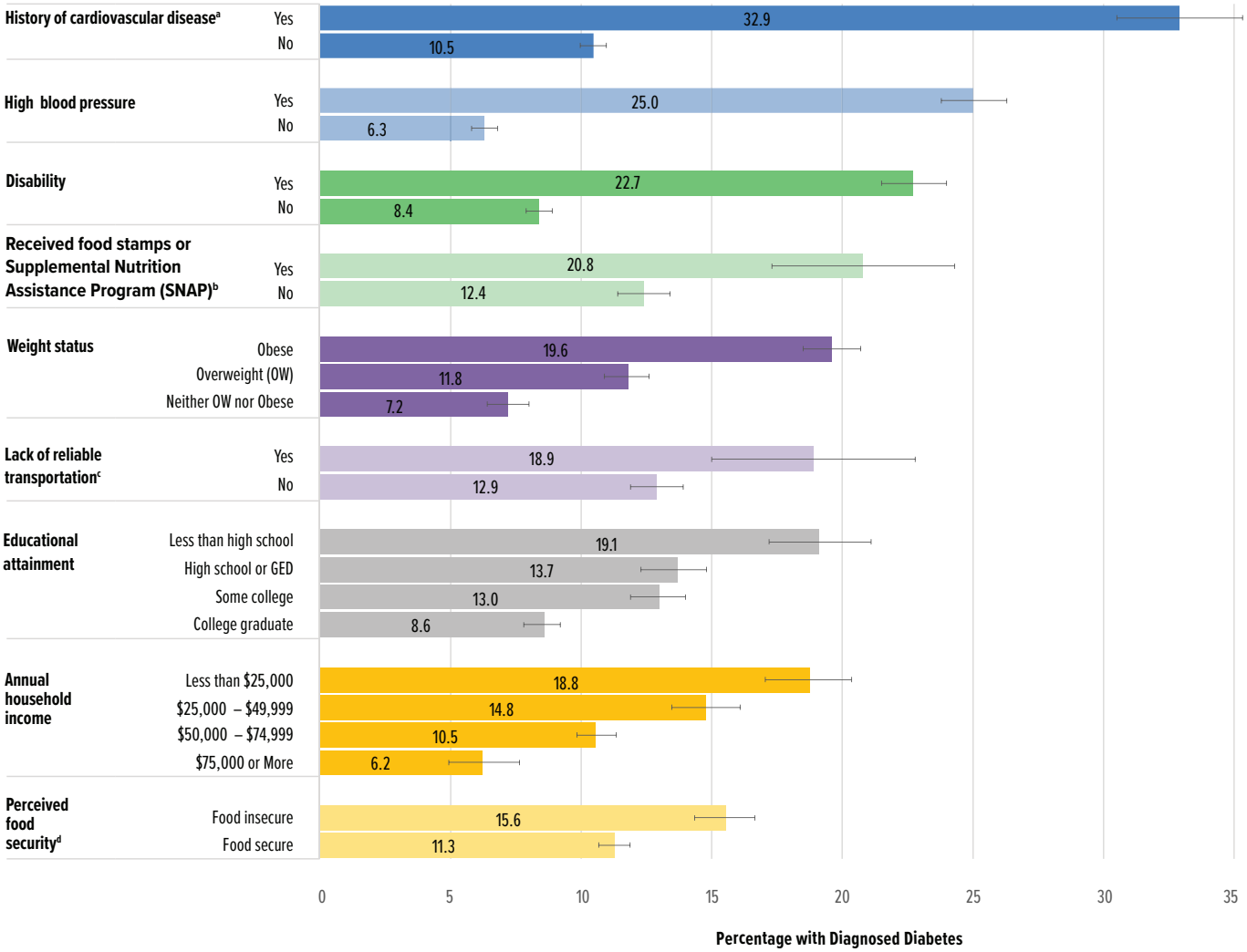
*Excludes reported gestational diabetes, prediabetes, or borderline diabetes.

Figure 2. Prevalence of Adults With Diagnosed Diabetes* by Race/Ethnicity, New York Behavioral Risk Factor Surveillance System, 2024



*Excludes reported gestational diabetes, prediabetes, or borderline diabetes; error bars reporesent 95% confidence interval.
**Respondents who reported they are of some other race group not listed in the question responses and are not of Hispanic origin.
Note: Error bars represent 95% confidence interval.

Figure 3. Disparities in Prevalence of Diagnosed Diabetes* Among New York State Adults, 2024 Behavioral Risk Factor Surveillance Survey



* Excludes reported gestational diabetes, prediabetes, or borderline diabetes; error bars reporesent 95% confidence interval.

[a] Heart Attack, Angina/Coronary Heart Disease, or Stroke

[b] During the past 12 months, have you received food stamps, also called SNAP, the Supplemental Nutrition Assistance Program on an EBT card?

[c] During the past 12 months has a lack of reliable transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living?

[d] How often in the past 12 months would you say you were worried or stressed about having enough money to buy nutritious meals? (Always, usually, or sometimes=food insecure; rarely or never=food secure)

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

	Diagnosed Diabetes[a]	
	%[b]	95% CI[b]
New York State (NYS) [n=43,913]	**12.3**	**11.8 – 12.8**
Sex[c]		
Female	11.5	10.8 – 12.2
Male	13.2	12.4 – 13.9
Age (years)		
18 – 24	1.7	0.9 – 2
25 – 34	2.2	1.7 – 2.7
35 – 44	6.4	5.5 – 7.3
45 – 54	12.6	11.4 – 13.8
55 – 64	20.0	18.4 – 21.5
65+	23.1	21.8 – 24.5
Race/Ethnicity		
American Indian/Alaska Native	25.7	18.4 – 33.1
Asian, Native Hawaiian or Other Pacific Islander, Non-Hispanic	12.1	9.8 – 14.5
Black, Non-Hispanic	16.2	14.5 – 17.8
Hispanic	14.2	12.9 – 15.4
White, non-Hispanic	10.5	9.9 – 11.0
Multiracial, non-Hispanic	11.8	8.4 – 15.2
All Other race groups combined, non-Hispanic	11.2	7.9 – 14.5
Annual Household Income		
Less than $25,000	18.8	17.1 – 0.4
$25,000-$44,999	14.8	13.5 – 16.1
$50,000-$74,999	10.5	9.8 – 1.3
$75,000 or more	6.2	4.9 – 7.6
Missing[e]	11.7	10.6 – 2.8
Educational Attainment		
Less than high school (HS)	19.1	17.2 – 0.4
High school or GED	13.7	12.7 – 14.8
Some post-high school	13.0	11.9 – 4.0
College graduate	8.6	7.9 – 9.2
Health Care Coverage Type		
Private	8.4	7.7 – 9.1
Medicare[f]	20.7	19.3 – 22.0
Medicaid	12.8	11.5 – 14.2
Other insurance[f]	14.9	11.4 – 18.4
No coverage	7.0	5.4 – 8.6
Region		
New York City (NYC)	12.4	11.5 – 13.4
New York State exclusive of NYC	12.2	11.6 – 12.8

[a] Does not include reported gestational diabetes, prediabetes, or borderline 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.

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

[d] Resspondents 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 Diabetes Among Adults by Selected Access and Health Conditions, New York Behavioral Risk Factor Surveillance System: 2024 BRFSS

	Diagnosed Diabetes[a]	
	%[b]	95% CI[b]
New York State (NYS) [n=43,913]	**12.3**	**11.8 – 12.8**
Disability[c]		
Yes	22.7	21.5 – 24.0
No	8.4	7.9 – 8.9
Weight status		
Neither overweight nor obese	7.2	6.4 – 8.0
Overweight	11.8	10.9 – 12.6
Obese	19.6	18.5 – 20.7
High blood pressure		
Yes	25.0	23.8 – 26.3
No	6.3	5.8 – 6.8
History of Cardiovascular Disease (Heart Attack, Angina/Coronary Heart Disease, or Stroke)		
Yes	32.9	30.5 – 35.3
No	10.5	10.0 – 11.0
Depressive disorder[d]		
Yes	15.2	13.9 – 16.4
No	11.7	11.2 – 12.3
General health status		
Fair or poor	26.7	25.1 – 28.2
Good or better health	8.9	8.4 – 9.5
Regular health care provider[e]		
Yes	13.6	13.0 – 14.2
No	4.2	3.4 – 5.0
Lack of reliable transportation[f]		
Yes	18.9	15.0 – 22.8
No	12.9	11.9 – 13.9
Received food stamps or Supplemental Nutrition Assistance Program (SNAP)[g]		
Yes	20.8	17.3 – 24.3
No	12.4	11.4 – 13.4
Perceived food insecurity[h]		
Food insecure	15.6	14.4 – 16.7
Food secure	11.3	10.7 – 11.9

[a] Does not include reported gestational diabetes, prediabetes, or borderline 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.

[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] During the past 12 months has a lack of reliable transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living?

[g] During the past 12 months, have you received food stamps, also called SNAP, the Supplemental Nutrition Assistant Program on an EBT card.

[h] How often in the past 12 months would you say you were worried of stressed about having enough money to buy nutritious meals? (Always, usually, or sometimes=food insecure; rarely or never=food secure).

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Diabetes questions

1. Have you ever been told by a doctor, nurse, or other health professional that you have diabetes?

   [If “yes” and respondent is female, ask:]

2. Was this only when you were pregnant?

   Gestational (pregnancy-related) diabetes, prediabetes, and borderline diabetes were not counted as diabetes cases in the calculation of prevalence estimates.

Program Contributions

New York State Department of Health

Bureau of Chronic Disease Evaluation and Research

Bureau of Community Chronic Disease Prevention

NEW YORK STATE | Department of Health