



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 State 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.

Diabetes and Past-Year Medical and Dental Care



New York State Adults, 2024

Introduction

About 28.8 million United States (U.S.) adults have been diagnosed with diabetes (Type 1 and 2), including 1.7 million in New York State (NYS).¹⁻² Diabetes is a chronic disease in which blood sugar (glucose) levels are above normal. Poorly managed diabetes can lead to complications such as heart disease, stroke, kidney disease, vision loss, and nerve damage.³

Nearly 3 in 5 U.S. adults with diabetes also have periodontal (gum) disease, an infection of the supporting structures of the teeth (gum and bone) that can lead to tooth loss.⁴⁻⁵ Diabetes and periodontal disease share an important and often overlooked relationship, where each condition can worsen the other. People with diabetes can have higher levels of glucose in their saliva, increasing the risk for periodontal disease or its progression. Likewise, periodontal disease can lead to elevated blood glucose levels, raising the risk for diabetes-related complications.⁵⁻⁶

For individuals with diabetes, in addition to regular medical care and daily blood sugar monitoring, routine dental care and good oral hygiene can help prevent or treat periodontal disease and help aid in blood sugar control.⁷⁻⁸ Given the connection between oral health and diabetes, medical and dental professionals are encouraged to work together to monitor and address the oral health needs of patients with diabetes.

Health Equity

The burden of both diabetes and periodontal disease is not equitable, with racial and ethnic minority and lower income populations experiencing a higher prevalence of each condition.⁹⁻¹¹ Concerningly, these populations also face more barriers to preventive care, particularly dental care.¹²⁻¹³

The New York State Department of Health remains committed to achieving health equity by promoting access to diabetes prevention and management strategies and preventive dental care for all New Yorkers. Given the importance of oral health for patients with diabetes, the Department supports and encourages collaboration between medical and dental providers to address health issues related to diabetes and oral health and improve the overall health of New Yorkers.

Key Findings

- **Only 3 in 5 (60.2%) NYS adults with diabetes had both a past-year medical and dental visit** (Figure 1). While most individuals (**94.4%**) had a past-year medical visit, **only 3 in 5 (62.3%) had a past-year dental visit**.
- Because medical visits are well-attended, primary care providers can help bridge some of these gaps by encouraging patients to attend preventive dental visits and working together with dental providers to connect patients to dental care, where possible.
- Inequities in access to care were identified. **The following groups were less likely to have had both a past-year medical and dental visit** (Figure 2):
 - **Annual household income less than \$25k (49.5%) or \$25k-\$49k (57.9%)** vs. \$75k or more (69.5%).
 - **Less than high school education (47.0%), high school education or GED (55.3%), or some college (61.7%)** vs. college graduates (71.8%).
 - **Insured by Medicaid (56.5%)** vs. Private insurance (66.5%).
- Long-term interventions to improve access to dental care are needed and should aim to address these inequities.



Department
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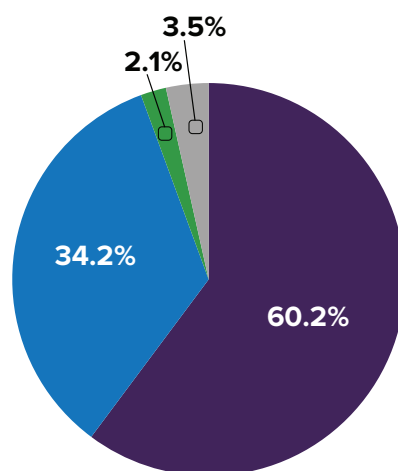


Figure 1. Percentage of Past-Year Medical and/or Dental Visits among NYS Adults with Diagnosed Diabetes^a, Behavioral Risk Factor Surveillance System, 2024

Bridging the Dental Care Gap

Over 1 in 3 (34.2%) NYS adults with diabetes had a medical visit but no dental visit in the past year.

Medical providers can help bridge some of this gap by encouraging patients to seek dental care and helping connect them with services.

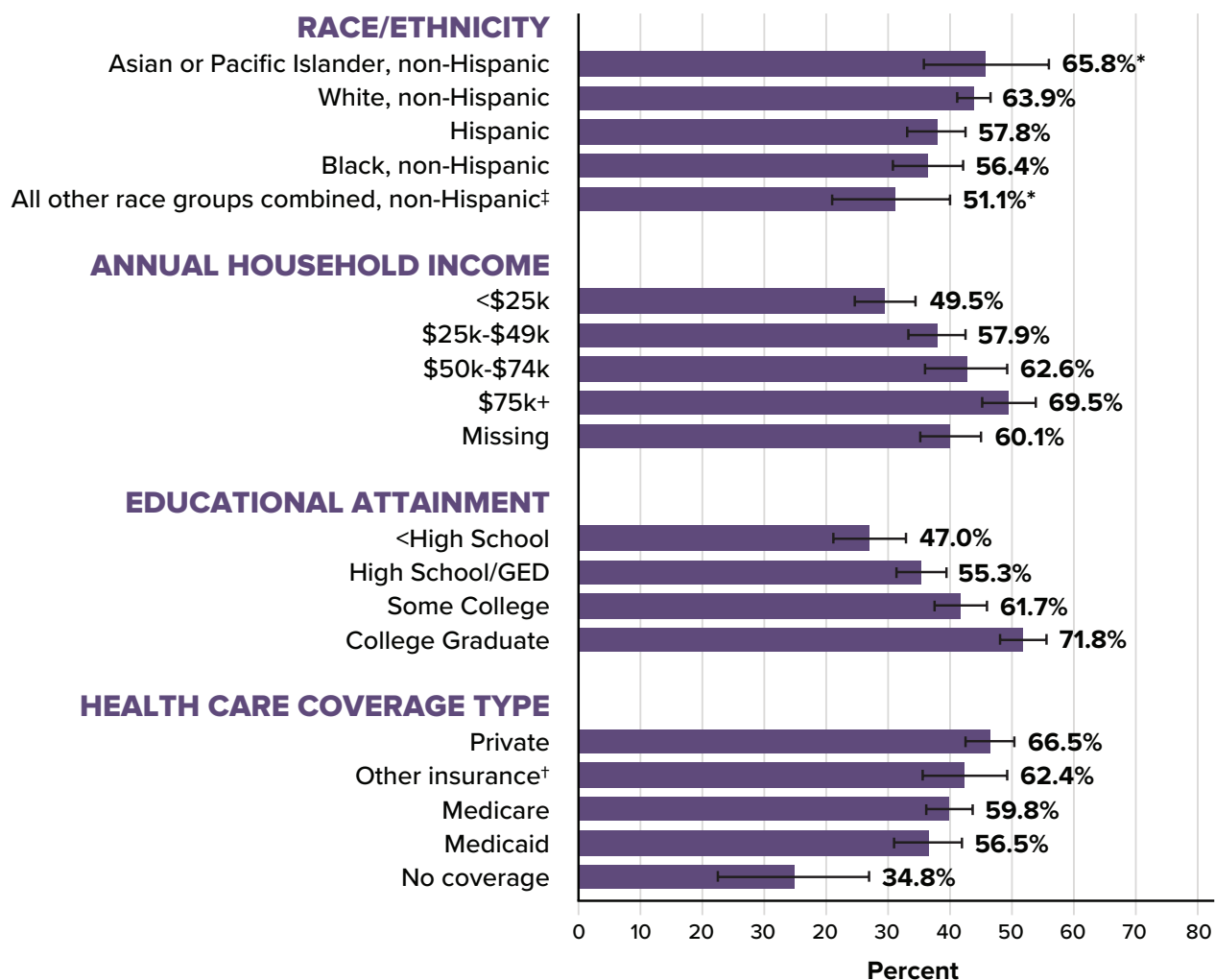


Only 3 in 5 (60.2%) NYS adults with diabetes had **both** a past-year medical and dental visit.

■ Medical and Dental Visit
■ Medical Visit, No Dental Visit
■ Dental Visit, No Medical Visit
■ No Medical Visit, No Dental Visit

Notes: ^aDoes not include reported gestational diabetes, prediabetes, or borderline diabetes.

Figure 2. Percentage who had both a Past-Year Medical and Dental Visit among NYS Adults with Diagnosed Diabetes^a by Individual Characteristics, Behavioral Risk Factor Surveillance System, 2024



Notes: *Estimates that have a confidence interval with a half-width of greater than 10, or when the relative standard error (RSE) is greater than 30% are unstable and should be used with caution. ^aDoes not include reported gestational diabetes, prediabetes, or borderline diabetes. [†] All other race groups combined includes non-Hispanic, American Indian or Alaska Native and non-Hispanic, Multiracial. [‡] Other insurance includes Children's Health Insurance Plan (CHIP), TRICARE, VA/Military, Indian Health Service, state sponsored health plan, or other government plan.

Table 1. Past-Year Medical and/or Dental Visits among NYS Adults with Diagnosed Diabetes^a by Individual Characteristics, Behavioral Risk Factor Surveillance System, 2024

	Medical and Dental Visit		Medical Visit, No Dental Visit		Dental Visit, No Medical Visit		No Medical Visit, No Dental Visit	
	% ^b	95% CI ^b	% ^b	95% CI ^b	% ^b	95% CI ^b	% ^b	95% CI ^b
New York State Statewide [n=5,699]	60.2	58.0 - 62.4	34.2	32.1 - 36.4	2.1	1.5 - 2.7	3.5	2.7 - 4.3
Sex^c								
Female	61.5	58.2 - 64.8	34.4	31.2 - 37.6	2.2	1.3 - 3.0	1.9	1.2 - 2.5
Male	58.9	56.0 - 61.9	34.0	31.2 - 36.9	2.0	1.2 - 2.8	5.1	3.7 - 6.4
Age (years)								
18 – 24	52.6	46.1 - 59.0	33.7	27.7 - 39.8	4.4	2.3 - 6.5	9.3	5.6 - 12.9
55 – 64	59.1	55.6 - 62.5	35.3	31.9 - 38.6	2.6	1.5 - 3.6	3.1	2.1 - 4.1
65+	63.6	60.3 - 66.9	32.9*	29.7 - 36.1	1.1	0.4 - 1.7	2.5	1.4 - 3.6
Race/Ethnicity								
Asian or Pacific Islander, non-Hispanic ^d	65.8*	55.7 - 75.9	29.6	19.8 - 39.5	§	§	3.4*	0.0 - 6.8
Black, non-Hispanic	56.4	50.7 - 62.1	38.4	32.8 - 43.9	2.3*	0.6 - 4.0	3.0	1.3 - 4.6
Hispanic	57.8	53.0 - 62.5	35.3	30.7 - 39.9	1.7*	0.6 - 2.8	5.2	3.0 - 7.4
White, non-Hispanic	63.9	61.2 - 66.5	31.3	28.7 - 33.9	2.3	1.4 - 3.1	2.6	1.7 - 3.4
All other race groups combined ^e	51.1*	41.0 - 60.1	39.5*	29.4 - 49.5	1.6*	0.0 - 3.4	7.9*	2.6 - 13.2
Annual Household Income								
Less than \$25,000	49.5	44.6 - 54.4	43.6	38.7 - 48.4	1.1	0.3 - 1.9	5.8	3.5 - 8.2
\$25,000-\$44,999	57.9	53.2 - 62.5	37.1	32.7 - 41.6	1.9	0.6 - 3.2	3.1	1.8 - 4.4
\$50,000-\$74,999	62.6	56.0 - 69.2	32.3	25.8 - 38.7	2.0	0.3 - 3.8	3.1*	0.2 - 6.0
\$75,000 or more	69.5	65.3 - 73.8	25.0	20.9 - 29.1	2.7	1.4 - 4.1	2.7	1.4 - 6.0
Missing ^f	60.1	55.1 - 65.0	34.6	29.7 - 39.4	2.4	1.1 - 3.7	3.0	1.6 - 4.3
Educational Attainment								
Less than high school (HS)	47.0	41.1 - 52.9	46.9	41.0 - 52.9	1.6*	0.2 - 3.0	4.5	2.1 - 6.8
High school or GED	55.3	51.3 - 59.4	38.5	34.6 - 42.5	2.2	1.1 - 3.2	4.0	2.6 - 5.3
Some post-high school	61.7	57.6 - 65.9	33.6	29.5 - 37.6	2.1	0.9 - 3.4	2.5	1.5 - 3.6
College graduate	71.8	68.1 - 75.5	22.3	18.8 - 25.7	2.3	1.3 - 3.4	3.6	1.8 - 5.4
Weight Status								
Neither Overweight nor Obese	62.3	56.7 - 67.9	31.4	26.2 - 36.7	3.1	1.4 - 4.8	3.2*	1.2 - 5.2
Overweight	62.2	58.4 - 66.0	31.7	28.1 - 35.3	2.4	1.2 - 3.6	3.7	2.3 - 5.2
Obese	58.6	55.3 - 62.0	36.8	33.5 - 40.0	1.2	0.6 - 1.8	3.4	2.2 - 4.6
Health Care Coverage Type								
Private	66.5	62.6 - 70.4	28.0	24.3 - 31.8	3.3	1.9 - 4.7	2.2	1.1 - 3.2
Medicare	59.8	56.1 - 63.6	36.0	32.3 - 39.7	1.0*	0.3 - 1.8	3.1	1.7 - 4.5
Medicaid	56.5	51.0 - 62.0	37.8	32.6 - 43.1	1.7*	0.6 - 2.8	4.0	2.1 - 5.9
Other insurance ^g	62.4	55.6 - 69.2	32.3	25.8 - 38.8	1.7*	0.3 - 3.1	3.6	1.5 - 5.7
No coverage	34.8*	22.5 - 47.0	40.0*	27.7 - 52.4	5.7*	1.0 - 10.5	19.5	10.8 - 28.1
Region								
New York City (NYC)	57.9	53.8-61.9	36.0	32.0 - 40.0	2.4	1.3 - 3.5	3.4	2.4 - 4.3
New York State exclusive of NYC	61.8	59.4-64.2	32.9	30.6 - 35.3	1.9	1.2 - 2.5	3.8	2.4 - 5.1

Notes: § Estimates are suppressed when there are less than 50 observations in the denominator or less than six observations in the numerator. * Estimates that have a confidence interval with a half-width of greater than 10, or when the relative standard error (RSE) is greater than 30% are unstable and should be used with caution. ^a Does not include reported gestational diabetes, prediabetes, or borderline diabetes. ^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. Summing across columns may not add up to 100% due to rounding. ^c Based 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. ^d Pursuant 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. ^e All Other Race Groups Combined, non-Hispanic includes American Indian or Alaska Native. ^f "Missing" category included because more than 10% of the sample did not report income. ^g Other insurance includes Children's Health Insurance Plan (CHIP), TRICARE, VA/Military, Indian Health Service, state sponsored health plan, or other government plan.

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Behavioral Risk Factor Surveillance System Survey Questions

1. About how long has it been since you last visited a doctor for a routine checkup?
 - a. Within the past year (anytime less than 12 months ago)
2. Including all types of dentists, such as orthodontists, oral surgeons, and all other dental specialists, as well as dental hygienists, how long has it been since you last visited a dentist or dental clinic for any reason?
 - a. Within the past year (anytime less than 12 months ago)

Program Contributions



New York State
Department of Health

Bureau of Chronic Disease
Evaluation and Research

Bureau of Community Chronic
Disease Prevention

Center for Population Health
Science, Office of Science

Division of Family Health,
Office of Public Health



Contact Information

Contact us by

Phone: (518) 473-0673

Email: BRFSS@health.ny.gov

Visit: health.ny.gov



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