

BRFSS Brief

Number 1507

The Behavioral Risk Factor Surveillance System (BRFSS) is an annual statewide telephone survey of adults developed by the Centers for Disease Control and Prevention and administered by the New York State Department of Health. The BRFSS is designed to provide information on behaviors, risk factors, and utilization of preventive services related to the leading causes of chronic and infectious diseases, disability, injury, and death among the noninstitutionalized, civilian population aged 18 years and older.

Diabetes

New York State Adults, 2013

Introduction and Key Findings

Diabetes is a chronic disease in which blood sugar (glucose) levels are above normal. Normally, cells in the body access the energy stored in glucose, a form of sugar created from digestion of food, through a chemical process involving the hormone insulin. In people with diabetes, this process is impaired. In persons with Type 1 diabetes, the pancreas fails to produce insulin, and in those with Type 2 diabetes, the cells of the body become resistant to insulin. Both Type 1 and Type 2 diabetes are characterized by high blood sugar or hyperglycemia.¹ Over time, high blood sugar damages nerves and blood vessels, leading to complications such as heart disease, stroke, blindness, dental disease and amputations. Other complications of diabetes may include increased susceptibility to other diseases, loss of mobility with aging, depression and problems during pregnancy.²

National data indicate that up to half of the U.S. population has some type of hyperglycemic condition.³ Projections based on national trends suggest that 1 in 3 Americans will develop diabetes in their lifetime.⁴ The risk factors for Type 2 diabetes include both characteristics that cannot be modified, including race, ethnicity, family history and age, and behavioral and lifestyle characteristics that can be modified, including sedentary behavior, eating habits and the management of other chronic conditions. Diabetes is not only common; it is also a very costly disease. Medical expenditures for people with diagnosed diabetes are more than double those for people without diabetes.^{4,5}

Key Findings

An estimated 1.6 million adult New Yorkers (10.6%) have been diagnosed with diabetes. The prevalence of diabetes is significantly higher among non-Hispanic black adults (16.2%), other non-Hispanic adults (14.8%) and Hispanic adults (12.3%) than among non-Hispanic white adults (7.9%). Adults who are obese are significantly more likely to report being diagnosed with diabetes (20.6%) compared to adults who are overweight (10.0%) or neither overweight nor obese (4.4%). Diabetes is more prevalent among adults with Medicare (23.0%) and Medicaid (15.1%) than among those with private insurance coverage (7.1%). Diabetes is also more common among older adults, adults with lower household incomes and educational attainment, and among adults with disabilities.

BRFSS questions

Diagnosed diabetes

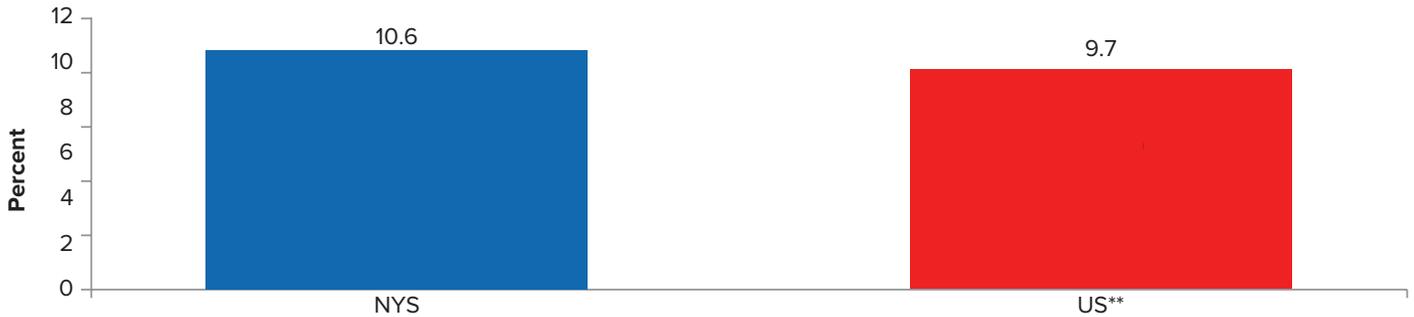
1. Have you ever been told by a doctor that you have diabetes?

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

2. Was this only when you were pregnant?

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

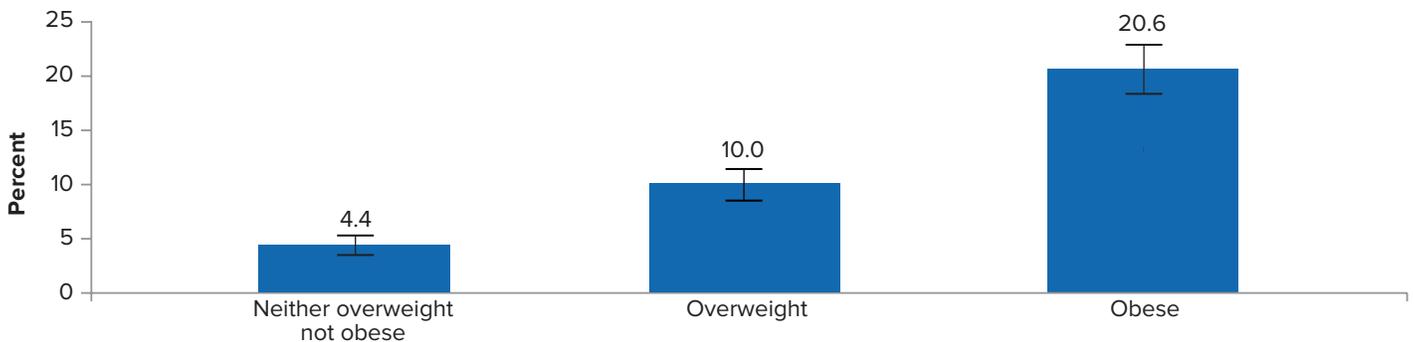
Figure 1. Diabetes* among US and New York State adults, BRFSS 2013



*Does not include reported gestational diabetes, pre-diabetes, or borderline diabetes.

**Median percent; includes data from all 50 states and the District of Columbia.

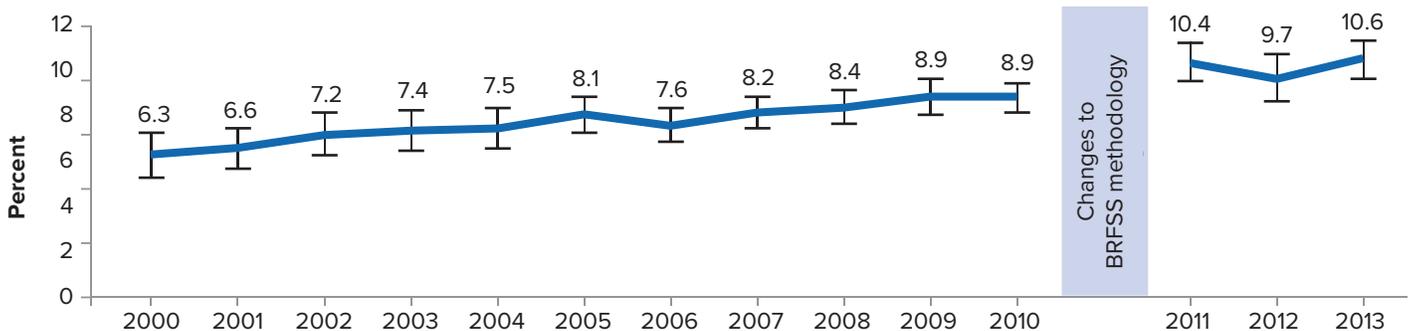
Figure 2. Diabetes* among New York State adults, by Body Mass Index (BMI) category, BRFSS 2013



*Does not include reported gestational diabetes, pre-diabetes, or borderline diabetes.

Note: Error bars represent 95% confidence intervals.

Figure 3. Diabetes* among New York State adults by BRFSS survey year, 2000-2013**



* Does not include reported gestational diabetes, pre-diabetes, or borderline diabetes.

** Data from 2011, 2012 and 2013 are not comparable to prior years because of changes to the BRFSS methods in 2011.

See the following link for more information on these changes:

http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6122a3.htm?s_cid=mm6122a3_w

Note: Error bars represent 95% confidence intervals.

Diabetes^a Among New York State Adults: 2013 BRFSS

	% ^b	95% CI ^b
Total New York State (NYS) [n=8,979]	10.6	9.7-11.4
Sex		
Male	10.2	8.9-11.5
Female	10.9	9.8-12.1
Age (years)		
18-24	1.5	0.2-2.7
25-34	1.3	0.4-2.1
35-44	4.8	3.3-6.2
45-54	12.9	10.4-15.3
55-64	18.3	15.6-21.1
>65	22.0	19.7-24.4
Race/ethnicity		
White, non-Hispanic	7.9	7.1-8.6
Black, non-Hispanic	16.2	13.1-19.4
Hispanic	12.3	10.0-14.6
Other, non-Hispanic	14.8	10.5-19.1
Annual household income		
<\$15,000	16.5	13.5-19.6
\$15,000-\$24,999	15.6	12.9-18.3
\$25,000-\$34,999	10.6	7.4-13.8
\$35,000-\$49,999	10.5	7.9-13.1
\$50,000-\$74,999	9.8	7.5-12.1
≥\$75,000	5.7	4.5-6.8
Missing ^c	10.1	7.9-12.4
Educational attainment		
Less than high school (HS)	18.6	15.4-21.9
High school or GED	11.9	10.3-13.6
Some post-high school	9.2	7.6-10.8
College graduate	6.3	5.3-7.3
Body Mass Index (BMI) category		
Neither overweight nor obese	4.4	3.5-5.3
Overweight	10.0	8.5-11.4
Obese	20.6	18.3-22.8
Health care coverage type		
Private	7.1	6.1-8.2
Medicare	23.0	20.0-26.0
Medicaid	15.1	11.4-18.8
Other government assistance plan ^d	13.2	9.1-17.4
Other sources	13.3	9.3-17.2
Not insured	4.0	1.8-6.1
Disability^e		
Yes	22.7	20.1-25.4
No	7.2	6.4-8.0
Region		
New York City (NYC)	11.7	10.2-13.1
NYS exclusive of NYC	9.8	8.7-10.8

a Does not include reported gestational diabetes, pre-diabetes, or borderline diabetes.

b % = weighted percentage; CI = confidence interval

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

d Includes Family Health Plus, Military, and Indian Health Services.

e All respondents who report activity limitations due to physical, mental, or emotional problems OR have health problems that require the use of special equipment.

References

1. National Institute of Diabetes and Kidney Diseases, National Institutes of Health. Diagnosis of Diabetes, National Diabetes Clearinghouse. Available at: <http://diabetes.niddk.nih.gov/dm/pubs/diagnosis>. Accessed January 25, 2013.
2. National Institute of Diabetes and Kidney Diseases, National Institutes of Health. Causes of Diabetes, National Diabetes Clearinghouse. Available at: <http://diabetes.niddk.nih.gov/dm/pubs/causes/>. Accessed January 25, 2013.
3. Menke A, Casagrande S, Geiss L, Cowie CC. Prevalence of and Trends in Diabetes Among Adults in the United States, 1988-2012. JAMA. 2015; 314(10):1021-29. Available at: <http://jama.jamanetwork.com/article.aspx?articleid=2434682>. Accessed October 8, 2015.
4. Centers for Disease Control and Prevention. Diabetes: Successes and Opportunities for Population-Based Prevention and Control: At a Glance, 2009. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2009. Available at: <http://www.cdc.gov/nccdphp/publications/aag/pdf/diabetes.pdf>
5. Centers for Disease Control and Prevention. Diabetes Report Card 2014. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2015. Available at: <http://www.cdc.gov/diabetes/pdfs/library/diabetesreportcard2014.pdf>

Program Contributions

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