



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.

High Blood Pressure

New York State Adults, 2023



Introduction

High blood pressure, also called hypertension, is one of the leading preventable risk factors for cardiovascular disease, including heart disease and stroke.¹ An estimated 121.5 million United States adults ages 20 and older have high blood pressure, defined as a blood pressure equal to or greater than 130/80 mm Hg.² Medication is often prescribed to control high blood pressure; total annual spending on high blood pressure medication is approximately \$29 billion, \$3.4 billion of which is directly paid by individuals.¹

Effective management and control of high blood pressure decreases the incidence of heart attacks, stroke, and heart failure.^{3,4} Taking medications as prescribed, eating a healthy diet, not smoking, increasing physical activity, maintaining a healthy weight, and consuming alcohol in moderation, if at all, are lifestyle change activities that can help lower blood pressure and keep it under control.¹ Medication management is critical to achieving blood pressure control; however, not taking medication as directed, is a complicated and common problem.⁵ The Million Hearts Initiative, co-led by the Centers for Disease Control and Prevention and the Center for Medicare and Medicaid Services, aims to prevent one million heart attacks and strokes by 2027. The initiative provides tools and resources for health care providers, public health professionals, and patients to support the prevention and management of high blood pressure.

Health Equity

The burden of high blood pressure in the population is not equitable. Social drivers of health such as lack of access to healthy food, lack of safe places for physical activity, lack of access to affordable and quality medical care, and lack of housing stability contribute to disparities in the burden of high blood pressure. Often these social drivers of health are 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 health equity by promoting access to effective, equitable, and inclusive high blood pressure management strategies such as patient-centered medication management and self-measured blood pressure monitoring for all New Yorkers to help address disparities in high blood pressure.

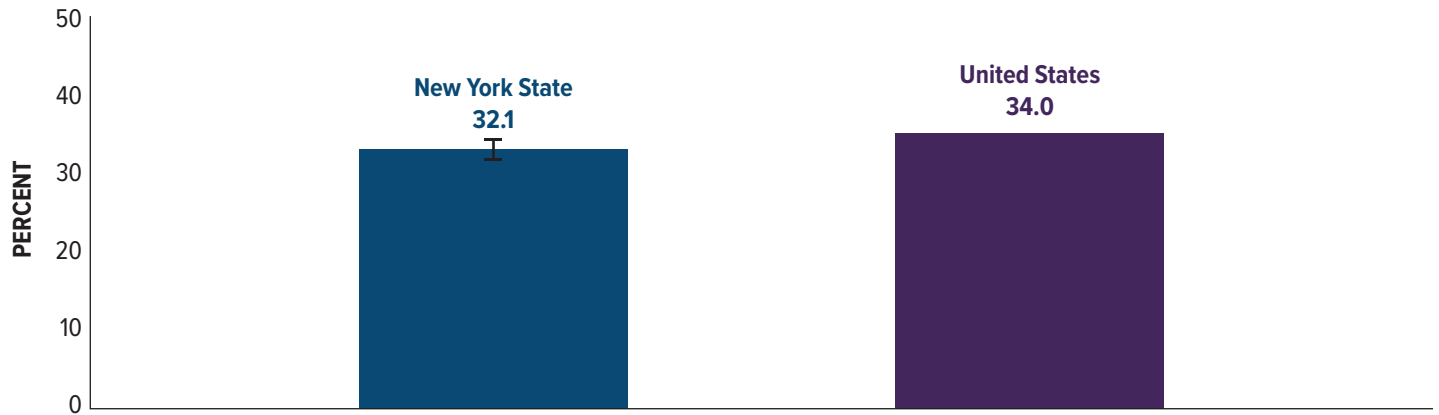


Key Findings

- An estimated 5 million adult New Yorkers (32.1%) reported being told by a health professional they have high blood pressure. Among that group, more than three out of four (77.0%) are taking prescription medicine to control their high blood pressure.
- High blood pressure is more prevalent among Black, non-Hispanic adults (39.3%) and White, non-Hispanic adults (32.7%) when compared to Hispanic adults (27.9%) and Asian, Native Hawaiian or Other Pacific Islander, non-Hispanic adults (25.4%).
- Adults with less than \$25,000 annual household income and adults with less than high school education have higher prevalence of high blood pressure.
- The prevalence of high blood pressure among adults with obesity (46.2%) is more than two times greater than the prevalence among adults who neither have obesity nor are overweight (20.3%).
- High blood pressure prevalence is higher among adults with diabetes (69.8%), adults 65 years or older (60.4%), those with Medicare coverage (52.9%), and adults with a disability (45.4%).
- Medication use for high blood pressure is highest among adults 65 years or older (93.2%), adults with diabetes (91.2%), those with Medicare coverage (90.8%), and adults with disability and females both at 81.8%.
- Adults without health care coverage are much less likely to take medication to control high blood pressure than adults with any type of health care coverage (40.7% vs. 66.9%-90.8%).



Figure 1. Percent of Adults With Diagnosed High Blood Pressure,* New York State and United States,† Behavioral Risk Factor Surveillance System, 2023[‡]**



*Includes respondents who were ever told by a health professional they have high blood pressure.

†United States data is the median from 50 states and District of Columbia and is only available for odd years and excludes error bars. New York State error bars represent 95% Confidence Interval.

‡New York and United States data are both sourced from 2023.

Figure 2A. Percent of Adults With Diagnosed High Blood Pressure,* New York Behavioral Risk Factor Surveillance System, 2011-2023[†]

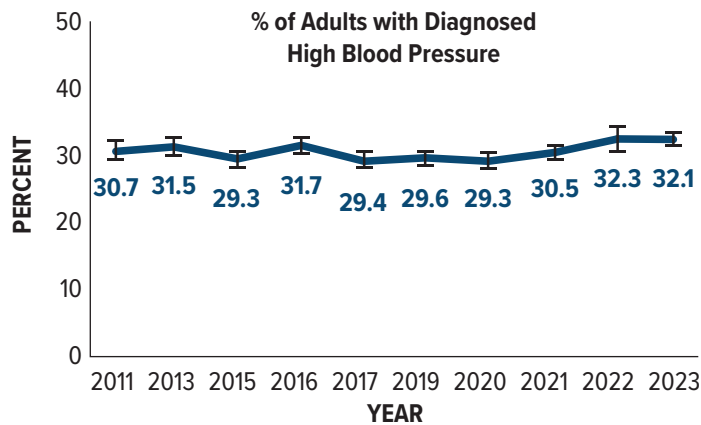
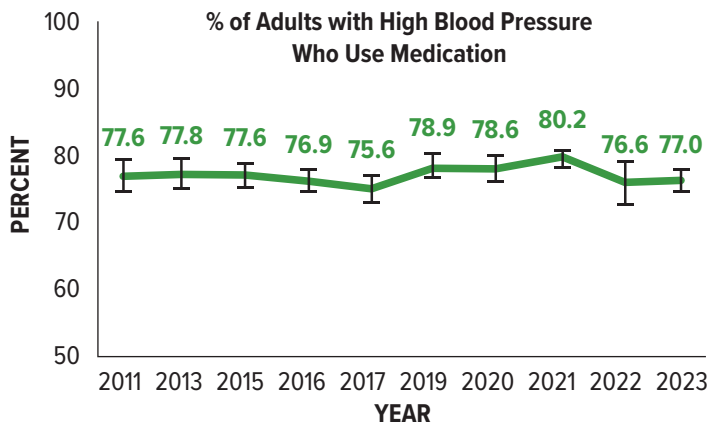


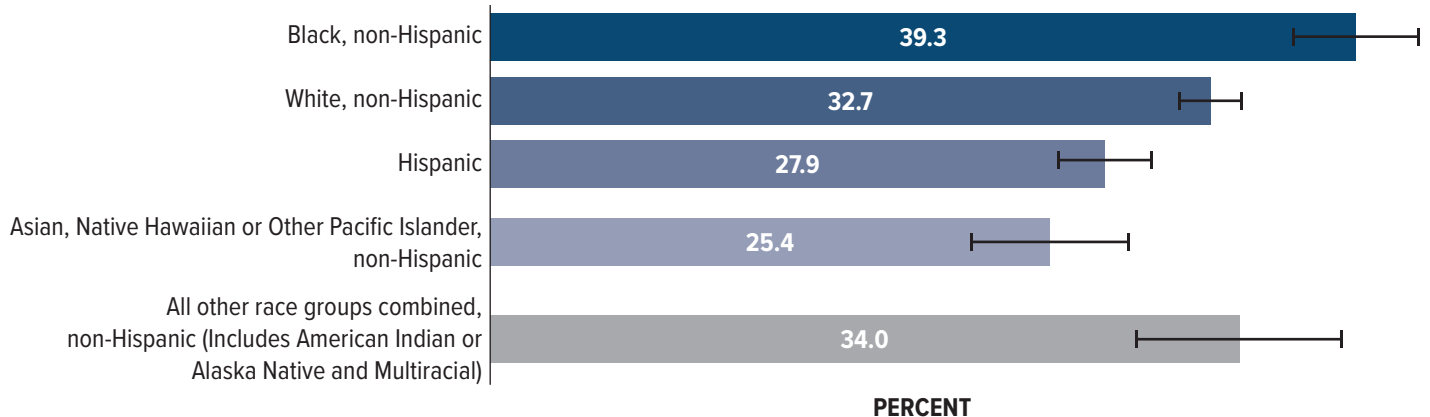
Figure 2B. Percent of Adults With Diagnosed High Blood Pressure Who Reported Medication Usage,* New York Behavioral Risk Factor Surveillance System, 2011-2023[†]



*Includes respondents who were ever told by a health professional they have high blood pressure and respondents who take high blood pressure medication aware they had high blood pressure. New York State error bars represent 95% Confidence Interval.

†Data unavailable in 2012, 2014, and 2018.

Figure 3. Percent of Adults With Diagnosed High Blood Pressure* by Race/Ethnicity[†], New York Behavioral Risk Factor Surveillance System, 2023



*Includes respondents who were ever told by a health professional they have high blood pressure. New York State error bars represent 95% Confidence Interval.

†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.

Table 1. High Blood Pressure and Medication Usage Among Adults, New York Behavioral Risk Factor Surveillance System, 2023

	Diagnosed High Blood Pressure ^a		Taking Medication ^b	
	% ^c	95% Confidence Interval ^c	% ^c	95% Confidence Interval ^c
New York State [n=17,349]	32.1	31.0-33.1	77.0	75.3-78.6
Sex^d				
Female	30.6	29.1-32.1	81.8	79.7-84.0
Male	33.6	32.1-35.2	72.1	69.5-74.6
Age (Years)				
18-24	7.9	6.0-9.7	16.7	6.6-26.8
25-34	12.8	10.9-14.7	24.2	17.8-30.7
35-44	18.6	16.4-20.7	54.2	47.9-60.5
45-54	30.3	27.5-33.0	69.0	63.9-74.1
55-64	44.8	42.0-47.6	84.1	81.0-87.2
65+	60.4	58.1-62.7	93.2	91.9-94.5
Race/Ethnicity				
Asian, Native Hawaiian or Other Pacific Islander, non-Hispanic ^e	25.4	21.3-29.5	68.5	59.2-77.7
Black, non-Hispanic	39.3	36.0-42.6	75.1	70.6-79.6
Hispanic	27.9	25.6-30.1	70.8	66.6-75.0
White, non-Hispanic	32.7	31.4-34.1	81.1	79.3-83.0
All Other Race Groups Combined, non-Hispanic ^f	34.0	27.6-40.3	72.5	62.9-82.2
Annual Household Income				
Less Than \$25,000	36.3	33.6-39.1	75.7	71.6-79.9
\$25,000-\$49,999	36.5	33.9-39.2	79.3	75.8-82.8
\$50,000-\$74,999	35.3	31.8-38.7	77.7	72.3-83.0
\$75,000 Or More	28.3	26.7-29.9	75.5	72.6-78.5
Missing ^g	30.5	28.0-32.9	77.3	73.6-81.0
Educational Attainment				
Less than High School	37.4	33.9-40.9	75.9	71.1-80.7
High School or GED	32.8	30.5-35.0	76.6	73.2-80.1
Some Post-High School	33.6	31.3-35.8	77.4	74.0-80.8
College Graduate	28.7	27.2-30.3	77.6	75.0-80.1
Health Care Coverage				
Private	26.1	24.6-27.6	71.0	67.9-74.0
Medicare	52.9	50.2-55.5	90.8	88.9-92.6
Medicaid	30.6	27.8-33.4	66.9	61.8-72.0
Other Insurance ^h	30.8	27.5-34.0	75.9	70.8-80.9
No Coverage	16.1	12.8-19.4	40.7	30.4-51.1
Disabilityⁱ				
Yes	45.4	43.1-47.7	81.8	79.3-84.2
No	27.3	26.1-28.6	73.3	71.0-75.7
Weight Status				
Neither Overweight nor Obese	20.3	18.7-21.8	73.1	69.3-76.9
Overweight	34.3	32.3-36.3	77.1	74.1-80.1
Obese	46.2	44.0-48.4	77.7	75.0-80.4

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New York State [n=17,349]	32.1	31.0-33.1	77.0	75.3-78.6
Diabetes				
Yes	69.8	66.6-73.0	91.2	89.2-93.3
No	27.5	26.4-28.5	72.9	70.9-74.9
Region				
New York City	30.6	28.9-32.2	73.1	70.2-76.1
New York State exclusive of New York City	33.2	31.8-34.6	79.5	77.6-81.5

Notes: ^aRespondents who have ever been told by a doctor, nurse, or other health professional that they had high blood pressure. ^bAmong those responding yes to a, respondents who were currently taking medicine for their high blood pressure. ^c% = Weighted Percentage. 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. ^dBased 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. ^ePursuant 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. ^fAll other race groups, non-Hispanic includes American Indian or Alaska Native and Multiracial. ^g"Missing" category included because more than 10% of the sample did not report income. ^hOther insurance includes Children's Health Insurance Plan (CHIP), TRICARE, VA/Military, Indian Health Service, state sponsored health plan, or other government plan. ⁱAll respondents who reported at least one type of disability (cognitive, mobility, vision, self-care, independent living, or deafness).

References



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Behavioral Risk Factor Surveillance System Questions



High Blood Pressure

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

[If “yes”]

2. Are you currently taking prescription medicine for your high blood pressure?



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Program Contributions

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