



# 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 Cholesterol

### New York State Adults, 2023



#### Introduction

More than one in three Americans have high total cholesterol, a condition where the blood contains too many lipids (fats).<sup>1</sup> High cholesterol levels (greater than 200 milligrams per deciliter) are a major modifiable risk factor for cardiovascular disease, including heart attack and stroke. Lowering elevated cholesterol through proven lifestyle changes and/or cholesterol-lowering medications can reduce the risk for cardiovascular disease. Lifestyle modification activities, which include adhering to a heart healthy diet, getting regular exercise, avoiding all tobacco products, maintaining a healthy weight, and consuming alcohol in moderation, if at all, are critical to health promotion and cardiovascular risk reduction.<sup>2</sup>

Cholesterol goals are now based on an individual's risk factors for cardiovascular disease. In addition to high cholesterol, other modifiable risk factors for cardiovascular disease include uncontrolled hypertension, diabetes, physical inactivity, smoking, being overweight or obese, and drinking alcohol in excess. Non-modifiable risk factors include race and ethnicity, family history of high cholesterol, early onset of cardiovascular disease, and increased age. Regular testing for high cholesterol is recommended as part of routine preventative care. Working with a health care provider to identify risk factors, getting cholesterol levels checked, and developing a personalized plan to lower risk are key steps to identifying and managing high cholesterol and preventing cardiovascular disease.<sup>3,4</sup>

#### Health Equity

The burden of high cholesterol in the population is not equitable. Despite being less likely to have their cholesterol checked, adults with lower educational attainment and those with lower income are more likely to be diagnosed with high cholesterol. Although rates of high cholesterol among New York State adults are lower among non-Hispanic Black adults than non-Hispanic White adults, Black adults are less likely to be prescribed cholesterol lowering medications, less likely to achieve optimal targets for cholesterol than non-Hispanic White individuals and have higher rates of cardiovascular disease mortality than adults from other racial/ethnic groups.<sup>5</sup> 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 housing instability contribute to disparities in the burden of cardiovascular disease and cholesterol management. 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.<sup>6</sup> The New York State Department of Health remains committed to achieving health equity by promoting access to effective, equitable, and inclusive cardiovascular health management strategies for all New Yorkers to help address disparities in cardiovascular disease prevalence and mortality.

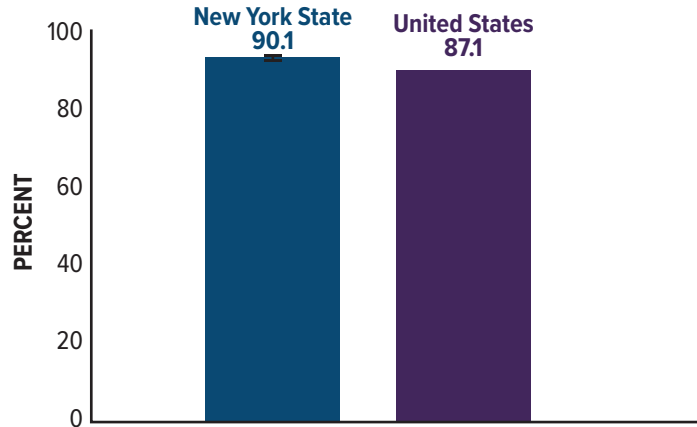


#### Key Findings

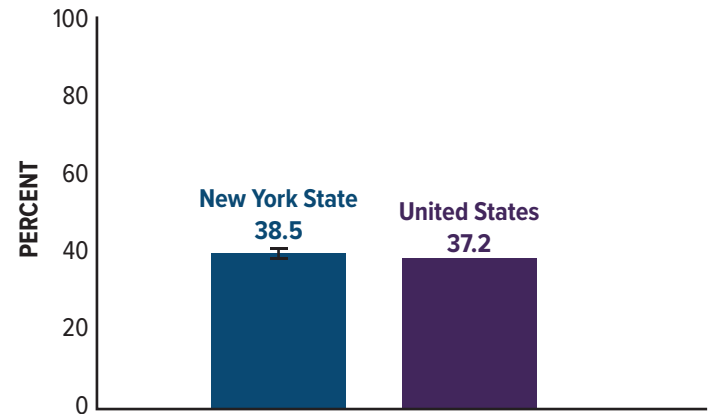
- Over 5.2 million adults in New York State reported being told by a health professional they have high cholesterol levels (38.5%) (Figures 1B and 2).
- The prevalence of high cholesterol among adults with obesity (44.7%) is higher than among adults who do not have a weight status considered obese or overweight (28.6%) (Figure 3).
- Adults with diabetes have a higher rate (66.2%) of high cholesterol compared to adults without diabetes (34.9%).
- Adults who have been diagnosed with high blood pressure are more than twice as likely to have high cholesterol as those without high blood pressure (57.6% vs. 28.3%) (Figure 3).
- High cholesterol is more prevalent among adults living with a disability (49.2%) compared to adults without a disability (34.9%).
- Adults with less education, adults with lower household income, and adults without insurance coverage reported lower rates of having their cholesterol checked within the past five years (82.8%, 87.5%, and 62.8%).



**Figure 1A. Cholesterol Checked Within the Past Five Years among New York State and United States Adults, Behavioral Risk Factor Surveillance System, 2023\***

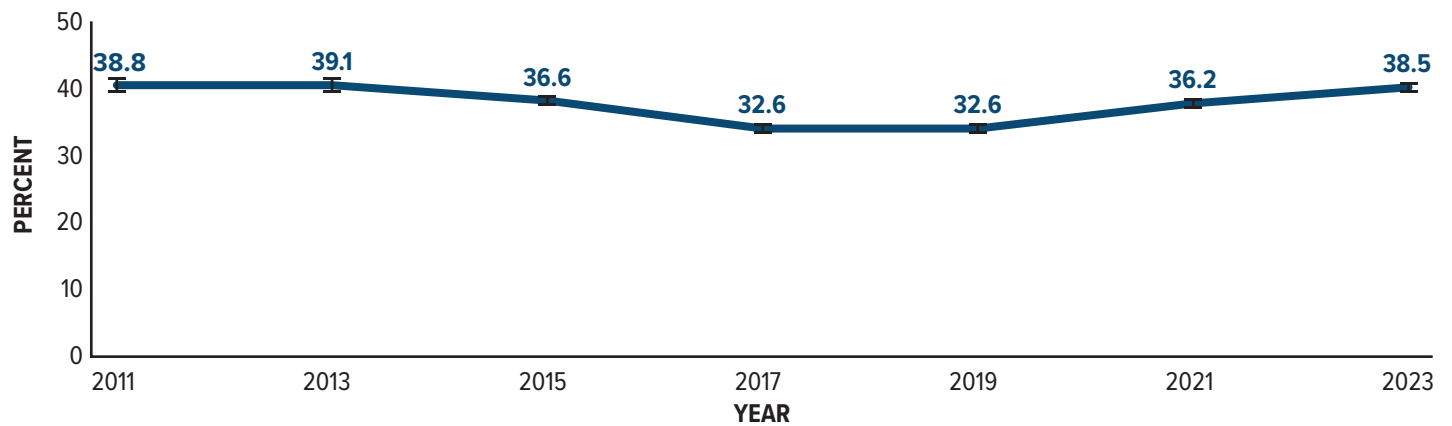


**Figure 1B. Percent of New York State and United States Adults with High Cholesterol, Behavioral Risk Factor Surveillance System, 2023\***



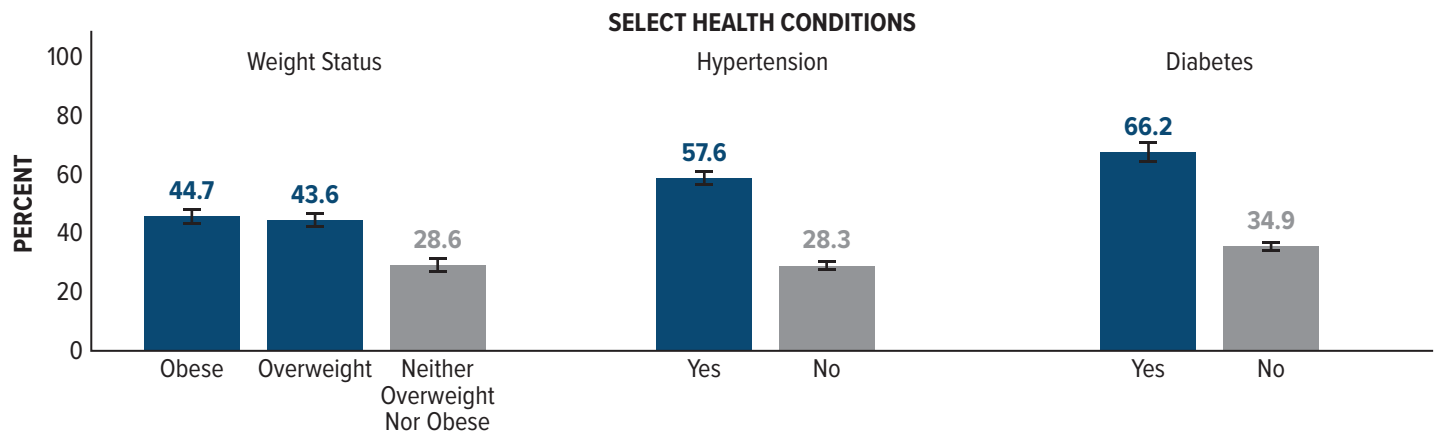
\*United States data is the median from 50 states and District of Columbia and excludes error bars. New York State error bars represent 95% Confidence Interval.

**Figure 2. Percent of New York State Adults with High Cholesterol, Behavioral Risk Factor Surveillance System, 2023\***



\*Data unavailable in 2012, 2014, 2016, 2018, 2020, and 2022. Error bars represent 95% Confidence Interval. Includes respondents who were ever told by a doctor, nurse, or other health professional that their blood cholesterol was high.

**Figure 3. Percent of Diagnosed High Cholesterol Among New York States Adults By Select Health Conditions, Behavioral Risk Factors Surveillance System, 2023\***



\*Error bars represent 95% Confidence Interval. Includes respondents who were ever told by a doctor, nurse, or other health professional that their blood cholesterol was high.

**Table 1. Blood Cholesterol Among New York State Adults, Behavioral Risk Factor Surveillance System, 2023**

	Diagnosed High Cholesterol <sup>a</sup>		Checked Within Past 5 years <sup>b</sup>	
	% <sup>c</sup>	95% Confidence Interval <sup>c</sup>	% <sup>c</sup>	95% Confidence Interval <sup>c</sup>
<b>New York State [n=17,349]</b>	<b>38.5</b>	<b>37.3-39.7</b>	<b>90.1</b>	<b>89.4-90.9</b>
<b>Sex<sup>d</sup></b>				
Female	38.2	36.5-39.8	92.4	91.5-93.3
Male	38.9	37.2-40.7	87.7	86.5-88.8
<b>Age (Years)</b>				
18-24	15.8	12.3-19.3	71.0	67.1-74.8
25-34	21.0	18.7-23.4	83.0	80.8-85.3
35-44	27.4	24.7-30.1	87.5	85.6-89.4
45-54	36.2	33.4-39.0	93.6	91.9-95.3
55-64	49.9	46.9-52.8	97.0	96.2-97.7
65+	57.2	54.8-59.6	97.7	97.0-98.5
<b>Race/Ethnicity</b>				
Asian, Native Hawaiian or Other Pacific Islander, non-Hispanic <sup>e</sup>	39.0	34.1-43.9	87.5	84.3-90.7
Black, non-Hispanic	33.2	29.8-36.6	92.4	90.3-94.5
Hispanic	37.1	34.4-39.8	86.6	84.9-88.3
Multiracial, non-Hispanic	29.3	20.9-37.6	82.9	75.9-89.9
White, non-Hispanic	40.3	38.7-41.8	91.5	90.5-92.4
All Other Race Groups Combined, non-Hispanic <sup>f</sup>	48.5	38.5-58.4	91.9	87.4-96.3
<b>Annual Household Income</b>				
Less Than \$25,000	40.5	37.4-43.7	87.5	85.6-89.4
\$25,000-\$49,999	39.9	36.9-42.8	87.8	85.8-89.7
\$50,000-\$74,999	38.1	34.6-41.7	91.8	89.6-94.0
\$75,000 Or More	37.6	34.0-41.1	91.3	89.2-93.3
Missing <sup>g</sup>	38.2	35.1-41.2	88.6	86.7-90.5
<b>Educational Attainment</b>				
Less than High School	40.1	36.2-44.1	82.8	79.9-85.8
High School or GED	38.4	35.8-41.0	86.4	84.6-88.3
Some Post-High School	39.1	36.6-41.7	91.7	90.3-93.0
College Graduate	37.7	36.0-39.3	94.1	93.4-94.9
<b>Disability<sup>h</sup></b>				
Yes	49.2	46.7-51.7	91.0	89.5-92.5
No	34.9	33.5-36.3	89.7	88.8-90.6
<b>Health Care Coverage</b>				
Private	34.7	33.0-36.4	91.9	90.9-92.9
Medicare	53.2	50.5-56.0	96.3	95.1-97.4
Medicaid	34.2	31.1-37.4	87.0	84.7-89.4
Other Insurance <sup>i</sup>	36.8	33.0-40.6	89.8	87.5-92.2
No Coverage	27.4	22.4-32.4	62.8	57.9-67.7
<b>Weight Status</b>				
Neither Overweight nor Obese	28.6	26.7-30.6	88.3	86.9-89.8
Overweight	43.6	41.4-45.8	91.0	89.7-92.3
Obese	44.7	42.4-47.0	93.1	91.9-94.2
<b>Hypertension</b>				
Yes	57.6	55.5-59.6	96.6	95.8-97.4
No	28.3	26.9-29.6	87.0	86.0-88.0

**Table 1. Blood Cholesterol Among New York State Adults, Behavioral Risk Factor Surveillance System, 2023**

	Diagnosed High Cholesterol <sup>a</sup>		Checked Within Past 5 years <sup>b</sup>	
	% <sup>c</sup>	95% Confidence Interval <sup>c</sup>	% <sup>c</sup>	95% Confidence Interval <sup>c</sup>
<b>New York State [n=17,349]</b>	<b>38.5</b>	<b>37.3-39.7</b>	<b>90.1</b>	<b>89.4-90.9</b>
<b>Diabetes</b>				
Yes	66.2	62.8-69.5	97.5	96.4-98.6
No	34.9	33.7-36.1	89.3	88.5-90.1
<b>Region</b>				
New York City	39.0	37.1-40.9	90.3	89.2-91.4
New York State exclusive of New York City	38.2	36.7-39.8	90.1	89.1-91.0

**Notes:** <sup>a</sup>Respondents who were ever told by a doctor, nurse, or other health professional that their cholesterol was high. <sup>b</sup>Respondents who reported they had their cholesterol checked within the past five years. <sup>c</sup>% = 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. <sup>d</sup>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. <sup>e</sup>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. <sup>f</sup>All other race groups, non-Hispanic includes American Indian or Alaskan Native. <sup>g</sup>"Missing" category included because more than 10% of the sample did not report income. <sup>h</sup>All respondents who reported at least one type of disability (cognitive, mobility, vision, self-care, independent living, or deafness). <sup>i</sup>Other insurance includes Children's Health Insurance Plan (CHIP), TRICARE, VA/Military, Indian Health Service, state sponsored health plan, or other government plan.



## References

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## Behavioral Risk Factor Surveillance System Questions



### High Cholesterol

1. Cholesterol is a fatty substance found in the blood. About how long has it been since you last had your cholesterol checked?
2. Have you ever been told by a doctor, nurse, or other health professional that your blood cholesterol is high?



## Suggested Citation

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## Program Contributions

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