



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, 2024



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 122.4 million United States adults aged 20 and older have high blood pressure, defined as a blood pressure equal to or greater than 130/80 mmHg.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](#) including limiting sodium (salt), not smoking [tobacco](#) or cannabis, increasing [physical activity](#), maintaining a [healthy weight](#), and reducing [alcohol](#) consumption are lifestyle change activities that can help lower blood pressure and keep it under control.^{1,5} Medication management is critical to achieving blood pressure control; however, not taking medication as directed, is a complicated and common problem.⁶ 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 2027.⁷ 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.⁸ 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 4.2 million adult New Yorkers (32.9%) reported being told by a health professional they have high blood pressure. Among that group, more than three out of four (77.6%) are taking prescription medicine to control their high blood pressure.
- High blood pressure is more prevalent among American Indian/Alaska Native (46.1%), Black, non-Hispanic adults (41.7%) and White, non-Hispanic adults (34.5%) when compared to Hispanic adults (26.5%), Asian, Native Hawaiian or Other Pacific Islander, non-Hispanic adults (25.9%), and multi-race, non-Hispanic adults (25.9%).
- The prevalence of high blood pressure among adults with obesity (44.5%) is more than two times greater than the prevalence among adults who neither have obesity nor are overweight (21.5%). High blood pressure prevalence is higher among adults who have had cardiovascular disease (68.1%), adults with diabetes (66.1%), adults 65 years or older (59.9%), those with Medicare coverage (54.2%), and adults with a disability (47.0%).
- Medication use for high blood pressure is highest among adults 65 years or older (91.6%), adults with diabetes (90.8%), adults who reported having cardiovascular disease (89.0%), those with Medicare coverage (88.8%), females (82.7%), and adults with disability (79.6%).
- 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 (45.6% vs. 70.7%-88.8%). The prevalence of high blood pressure medication usage in New York State is lower among adults who do not have a regular health care provider (35.0%), adults who could not afford to see a doctor (64.7%), adults who lost employment or had reduced work hours in the past year (64.8%), adults who feel social isolation (71.2%), adults diagnosed with a depressive disorder (72.0%), and adults with perceived food insecurity (72.2%).

Figure 1. Prevalence of Adults with Diagnosed High Blood Pressure and Percent of Adults with Diagnosed High Blood Pressure Who Reported Medication Usage, New York Behavioral Risk Factor Surveillance System, by Survey Year

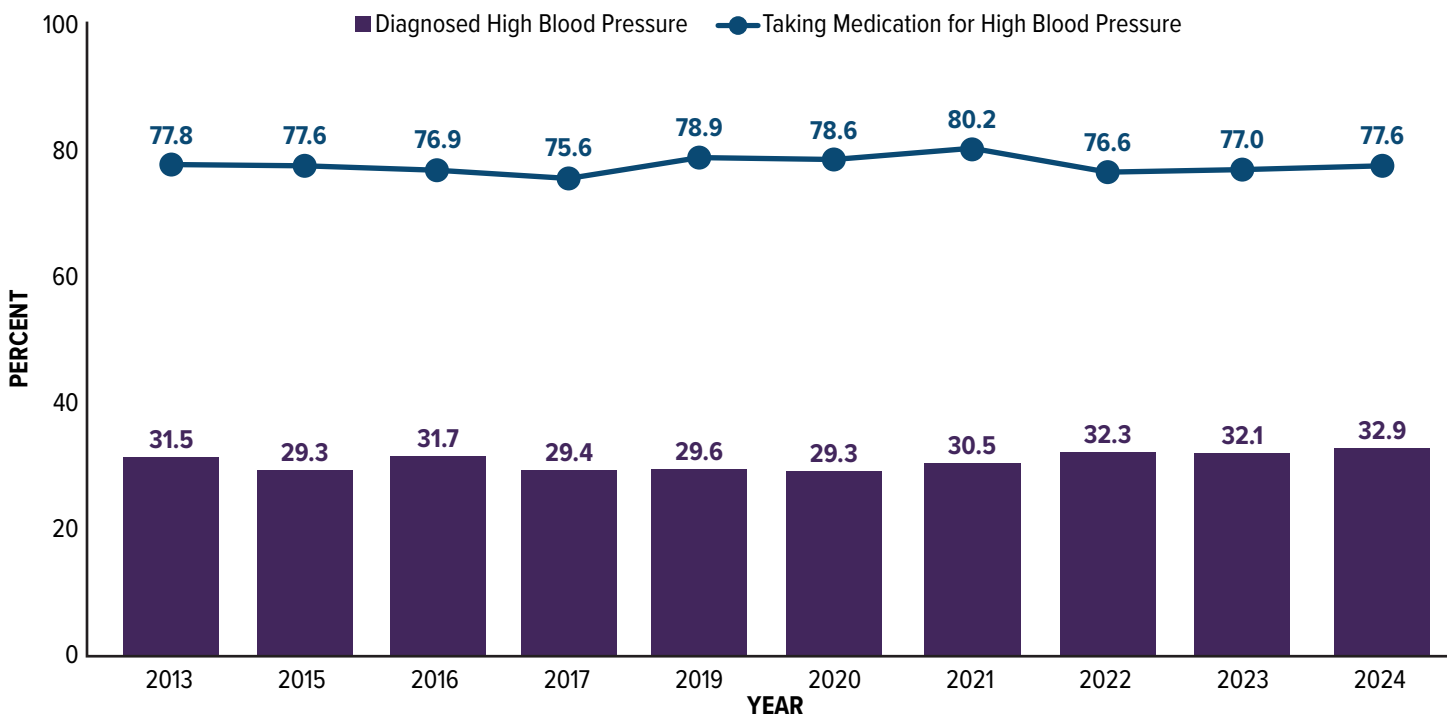
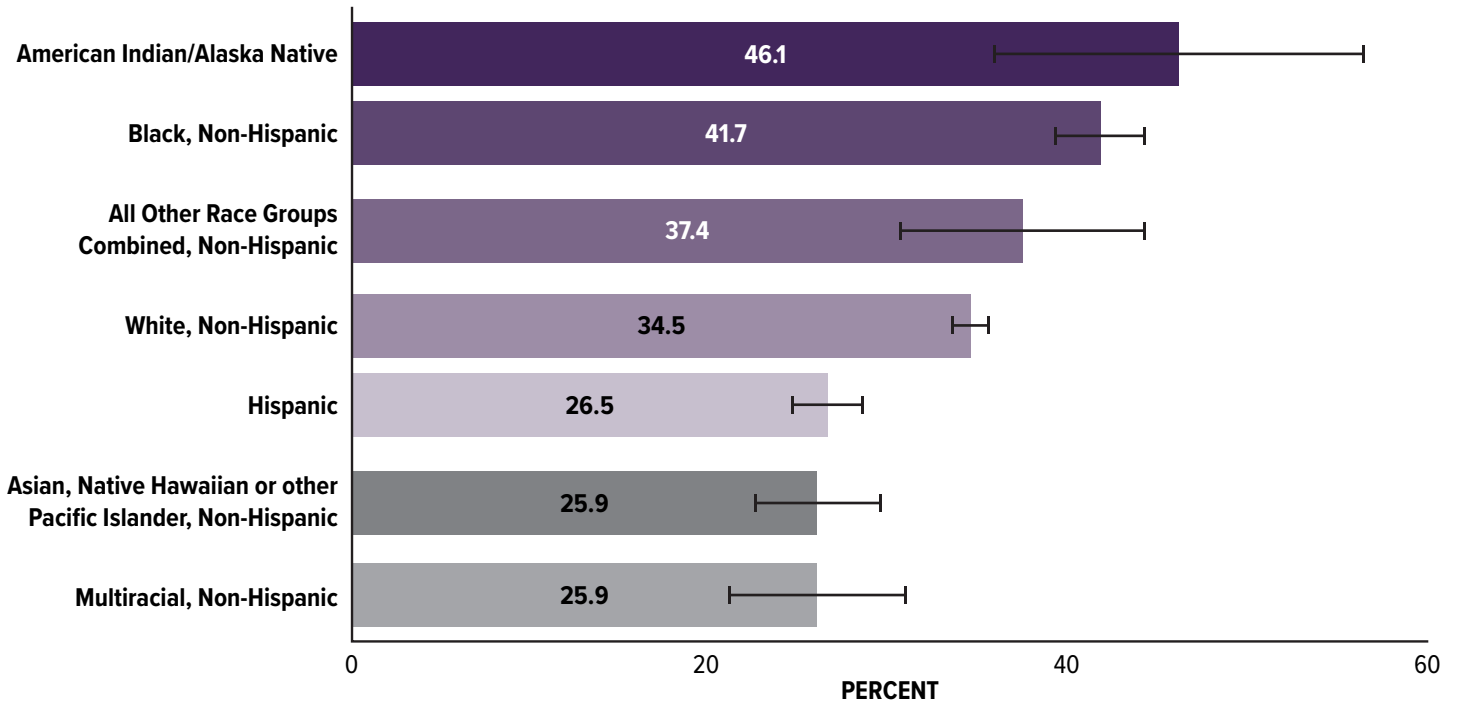


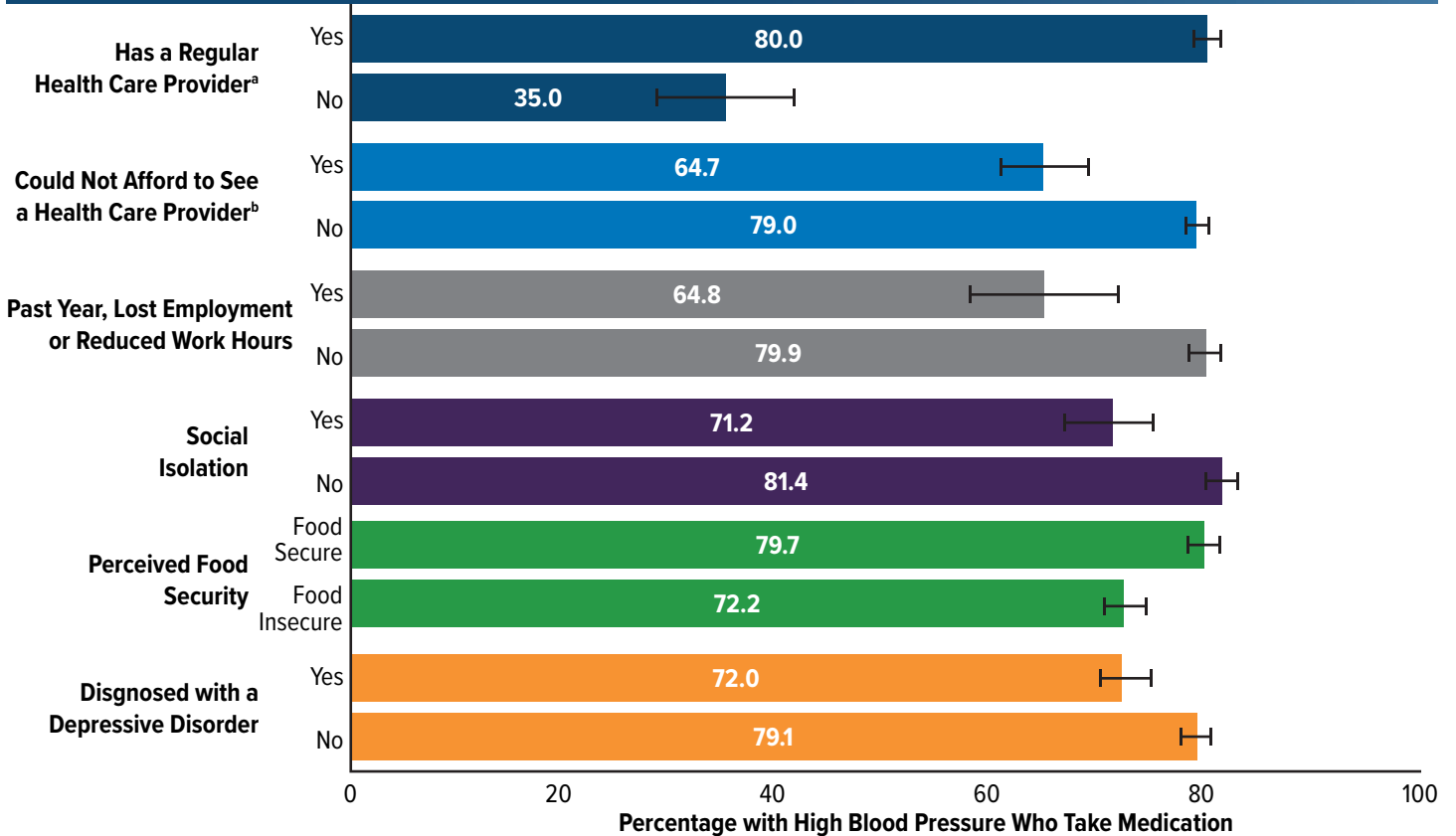
Figure 2. Prevalence of Adults With Diagnosed High Blood Pressure,* by Race/Ethnicity, New York Behavioral Risk Factor Surveillance System, 2024



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

Note: Error bars represent 95% confidence intervals.

Figure 3. Disparities in Blood Pressure Medication Usage* Among New York State Adults, New York Behavioral Risk Factor Surveillance System, 2024



*Includes respondents who take high blood pressure medication who were aware they had high blood pressure.

^aDo you have one person or a group of doctors that you think of as your personal health care provider?

^bWas there a time in the past 12 months when you needed to see a doctor but could not because you could not afford it?

Note: Error bars represent 95% confidence intervals.

Table 1. High Blood Pressure and Medication Usage Among Adults, New York Behavioral Risk Factor Surveillance System, 2024

	Diagnosed High Blood Pressure ^a		Taking Medication ^b	
	% ^c	95% CI ^c	%	95% CI
New York State [n=43,134]	32.9	32.1 - 33.7	77.6	76.5 - 78.8
Sex^d				
Female	30.2	29.1 - 31.2	82.7	81.3 - 84.2
Male	35.7	34.7 - 36.8	73.1	71.5 - 74.8
Age (Years)				
18 - 24	7.5	6.2 - 8.9	18.4	10.4 - 26.3
25 - 34	11.5	10.2 - 12.8	27.7	22.3 - 33.2
35 - 44	19.1	17.5 - 20.6	51.0	46.4 - 55.7
45 - 54	31.2	29.3 - 33.1	72.2	68.9 - 75.5
55 - 64	44.8	42.8 - 46.8	82.7	80.6 - 84.8
65+	59.9	58.3 - 61.6	91.6	90.6 - 92.6
Race/Ethnicity				
American Indian/Alaska Native	46.1	35.9 - 56.2	84.9	75.9 - 93.9
Asian, Native Hawaiian or other Pacific Islander, Non-Hispanic	25.9	22.4 - 29.4	75.8	69.4 - 82.2
Black, Non-Hispanic	41.7	39.3 - 44.1	78.7	75.7 - 81.7
Hispanic	26.5	24.8 - 28.3	73.0	69.8 - 76.2
White, Non-Hispanic	34.5	33.6 - 35.4	79.3	78.0 - 80.7
Multiracial, Non-Hispanic	25.9	21.2 - 30.7	64.9	55.8 - 74.0
All Other Race Groups Combined, non-Hispanic ^e	37.4	30.9 - 44.0	80.0	71.5 - 88.5
Annual Household Income				
Less Than \$25,000	34.7	32.7 - 36.8	79.7	77.0 - 82.5
\$25,000 - \$49,999	37.2	35.4 - 39.1	78.5	76.1 - 81.0
\$50,000 - \$74,999	32.3	31.1 - 33.5	77.2	75.4 - 79.0
\$75,000 Or More	26.2	23.7 - 28.7	72.0	67.1 - 76.9
Missing ^f	32.1	30.2 - 33.9	78.0	75.1 - 80.9
Educational Attainment				
Less than High School	33.9	31.2 - 36.5	81.2	77.8 - 84.7
High School or GED	33.3	31.8 - 34.8	78.3	76.1 - 80.5
Some Post-High School	35.7	34.1 - 37.3	77.0	74.7 - 79.4
College Graduate	30.6	29.5 - 31.8	76.5	74.7 - 78.4
Health Care Coverage				
Private	26.8	25.6 - 27.9	72.4	70.3 - 74.5
Medicare	54.2	52.4 - 56.0	88.8	87.4 - 90.2
Medicaid	30.3	28.3 - 32.4	70.7	67.1 - 74.2
Other Insurance ^g	33.3	28.3 - 38.3	78.0	70.9 - 85.1
No Coverage	14.3	11.9 - 16.6	45.6	36.6 - 54.5
Region				
New York City (NYC)	31.2	29.8 - 32.7	76.5	74.2 - 78.7
New York State exclusive of NYC	34.0	33.2 - 34.9	78.3	77.1 - 79.5

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; 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, estimates whose 95% confidence intervals do not overlap can be considered significantly different. ^dBased on respondent's sex at birth or current gender identity at time of interview if sex at birth is missing. ^eRespondents who reported they are of some other race group not listed in the question responses and are not of Hispanic origin. ^f"Missing" category included because more than 10% of the sample did not report income. ^gMedicare 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. High Blood Pressure and Medication Usage Among Adults by Selected Access and Health Conditions, New York Behavioral Risk Factor Surveillance System, 2024

	Diagnosed High Blood Pressure ^a		Taking Medication ^b	
	% ^c	95% CI ^c	% ^c	95% CI
New York State [n=43,134]	32.9	32.1 - 33.7	77.6	76.5 - 78.8
Disability^d				
Yes	47.0	45.4 - 48.5	79.6	77.9 - 81.4
No	27.5	26.7 - 28.4	76.2	74.7 - 77.8
Weight Status				
Neither overweight nor obese	21.5	20.2 - 22.7	75.2	72.5 - 77.8
Overweight	35.2	33.9 - 36.6	76.7	74.7 - 78.7
Obese	44.5	43.0 - 45.9	79.4	77.7 - 81.1
Diagnosed Diabetes				
Yes	66.1	63.8 - 68.4	90.8	89.3 - 92.2
No	28.1	27.4 - 28.9	73.3	71.9 - 74.8
History of Cardiovascular Disease (Heart Attack, Angina/CHD, or Stroke)				
Yes	68.1	65.5 - 70.9	89.0	87.1 - 90.9
No	29.7	28.9 - 30.5	75.2	73.9 - 76.5
Regular Health Care Provider^e				
Yes	35.9	35.0 - 36.7	80.0	78.9 - 81.1
No	13.2	11.7 - 14.8	35.0	28.8 - 41.1
Could Not Afford to See a Doctor^f				
Yes	27.2	25.0 - 29.4	64.7	60.4 - 69.0
No	33.6	32.8 - 34.4	79.0	77.8 - 80.2
Diagnosed with a Depressive Disorder^g				
Yes	36.6	34.8 - 38.4	72.0	69.4 - 74.7
No	32.1	31.2 - 32.9	79.1	77.8 - 80.3
Past 12 Months, Lost Employment or Hours Reduced				
Yes	27.6	24.3 - 30.9	64.8	57.9 - 71.7
No	34.9	33.5 - 36.2	79.9	78.1 - 81.8
Social Isolation				
Yes	33.5	31.2 - 35.8	71.2	67.4 - 75.0
No	34.0	32.5 - 35.4	81.4	79.4 - 83.3
Perceived Food Security				
Yes	33.2	32.3 - 34.1	79.7	78.4 - 81.1
No	32.4	30.9 - 33.8	72.2	69.8 - 74.5

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; 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, estimates whose 95% confidence intervals do not overlap can be considered significantly different. ^dAll respondents who report having at least one type of disability (cognitive, mobility, vision, self-care, independent living, or hearing). ^eDo you have one person or a group of doctors that you think of as your personal health care provider? ^fWas there a time in the past 12 months when you needed to see a doctor but could not because you could not afford it? ^gAll respondents ever diagnosed with a depressive disorder, including major depression, dysthymia, or minor depression.

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High Blood Pressure Questions



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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