



New York State Behavioral Risk Factor Surveillance System Brief

The Behavioral Risk Factor Surveillance System (BRFSS) 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 US Territories. The New York BRFSS is administered by the New York State Department of Health to provide statewide and regional information on behaviors, risk factors, and use of preventative health services related to the leading causes of chronic and infectious diseases, disability, injury, and death.

Cardiovascular Disease

New York State Adults, 2024

Introduction

Cardiovascular disease is a group of diseases involving the circulatory system and includes heart disease and stroke. **Coronary heart disease**, the most common type of cardiovascular disease, occurs when plaque builds up and narrows the arteries that supply blood to the heart. **Heart attack** (also called acute myocardial infarction) occurs when an artery becomes completely blocked, resulting in lack of blood flow to the heart. **Angina** refers to pain or discomfort in the chest that occurs when some part of the heart does not receive enough blood and is a common symptom of coronary heart disease. **A stroke** (cerebrovascular disease) occurs when a clot blocks the blood supply to the brain or when a blood vessel bursts causing internal bleeding in the brain.

Cardiovascular disease is the leading cause of death in New York State, accounting for 32 percent of all deaths statewide¹. Heart disease and stroke are major causes of disability.² Lifestyle modifications and interventions could prevent as much as 80% of heart disease and stroke³⁻⁷; these include [never starting to smoke or quitting](#), using caution when consuming cannabis products^{8,9}, reducing [weight](#) to a healthy level, being [physically active](#), [eating well](#), including consuming less [sugar-sweetened beverages](#) and reducing [excessive alcohol consumption](#), and being checked and treated for [high blood pressure \(HBP\)](#), [elevated cholesterol](#), and [diabetes](#).

Health Equity

Socioeconomic inequalities are strong predictors of cardiovascular risk.¹⁰ Many of these inequities are caused and perpetuated by factors of structural racism: laws, policies, institutional practices, and entrenched norms that lead to the inequitable treatment of certain people, most notably persons who are Black, Hispanic/Latino, and American Indian/Alaska Native, and promote risk factors for cardiovascular disease, including obesity, high blood pressure, and diabetes.¹¹ Recommendations to reduce health care disparities for patients with cardiovascular disease include evaluating and addressing social determinants of health such as language literacy and proficiency, affordability of medication, food security, housing, and transportation.¹² In addition, identifying and removing barriers to healthcare access is important to ensure quality of care for those at greatest risk of poor health.

Key Findings

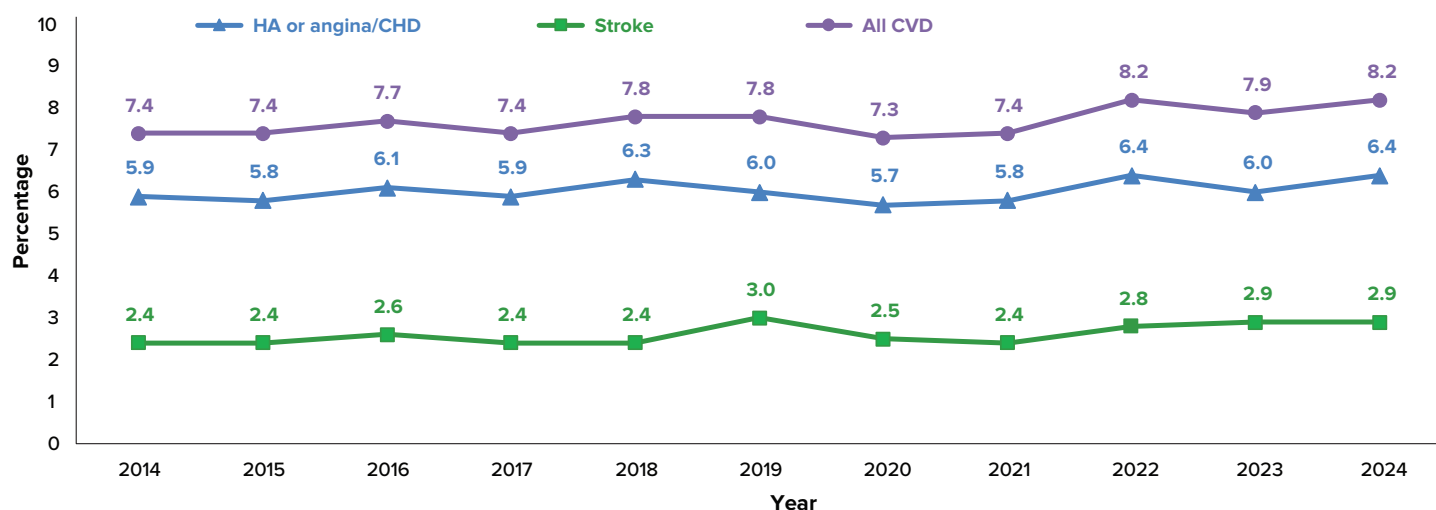
- An estimated 1,271,000 adults (8.2%) in New York State report they have cardiovascular disease, meaning they report having had a heart attack, angina/coronary heart disease, or stroke. The proportion of adults reporting a heart attack, angina/coronary heart disease, or stroke increases for each decade of life and is significantly higher for: men (9.4%); adults in households with annual income less than \$50,000 (11.2%); adults with Medicare coverage (17.4%); and adults aged 65 and older (19.2%).
- The prevalence of cardiovascular disease in New York State is over three times greater among adults living with disability (16.6%), adults diagnosed with high blood pressure (17.4%), adults who report having fair or poor health (20.3%), and adults diagnosed with diabetes (21.9%) than among adults without those health conditions.
- Cardiovascular disease prevalence is significantly higher among adults with perceived food insecurity (9.9%), adults who could not afford to see a doctor (10.4%), adults who reside in a rural community (11.0%), and adults diagnosed with a depressive disorder (11.5%).



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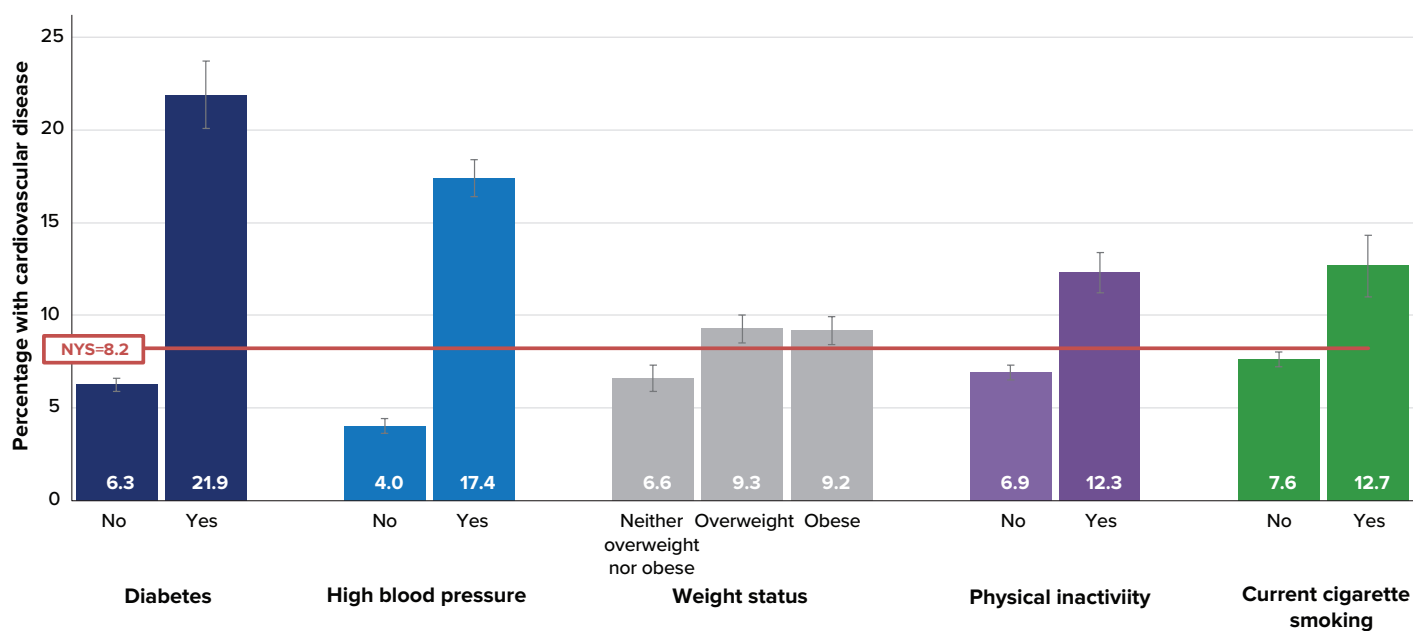


Figure 1. Prevalence of cardiovascular disease (CVD)* among New York State adults, Behavioral Risk Factor Surveillance System, 2014-2024



*includes heart attack (HA) or angina/coronary heart disease (CHD) or stroke.

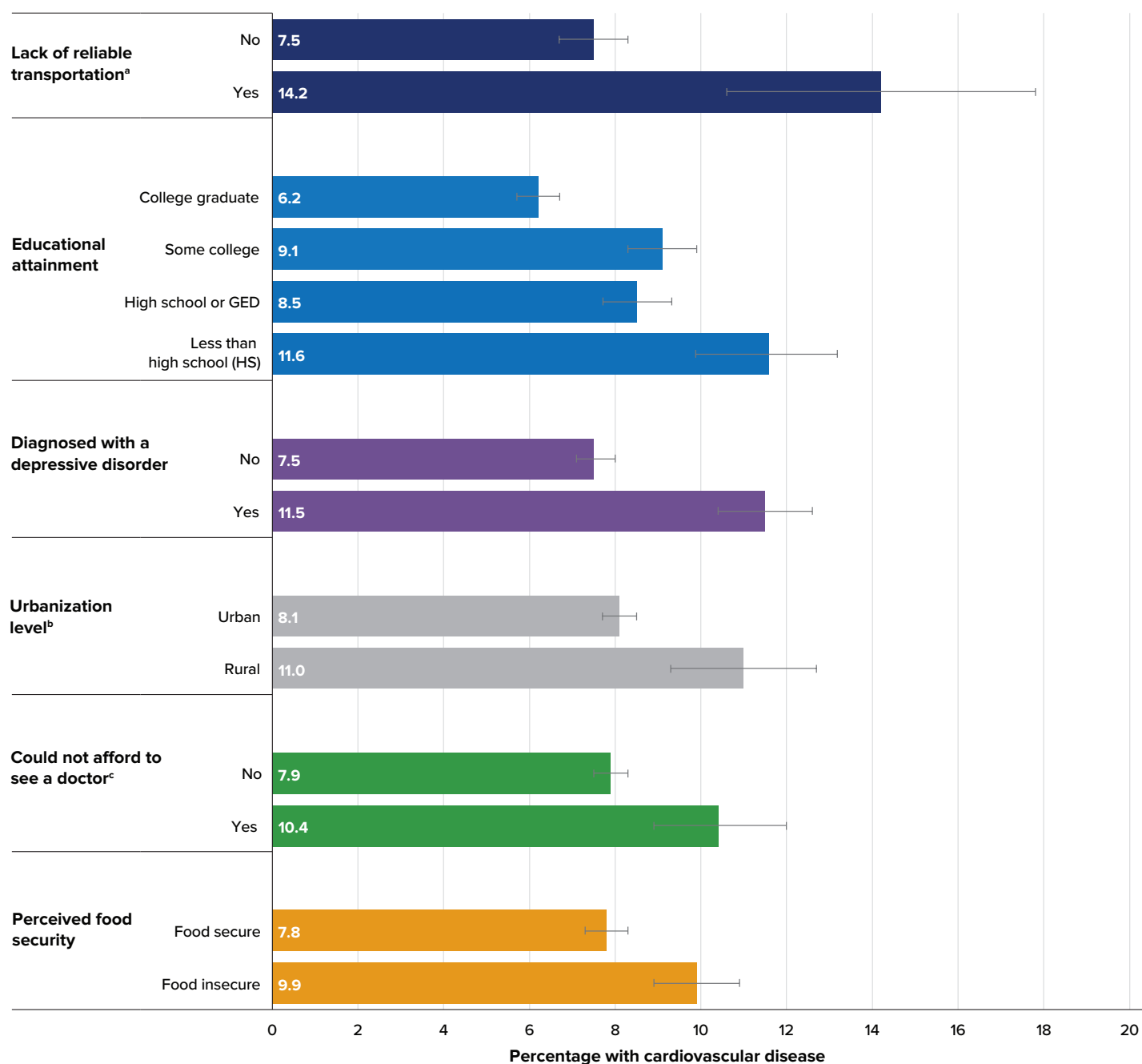
Figure 2. Prevalence of cardiovascular disease (CVD)* among New York State adults with known cardiovascular disease risk factors, 2024 Behavioral Risk Factor Surveillance Survey



*includes heart attack, angina/coronary heart disease (CHD), and stroke.

Note: Error bars represent 95% confidence intervals.

**Figure 3. Disparities in cardiovascular disease (CVD)* prevalence among New York State adults, 2024
Behavioral Risk Factor Surveillance Survey**



*includes heart attack, angina/coronary heart disease (CHD), and stroke

^aDuring the past 12 months, has a lack of reliable transportation kept you from medical appointments, work, or from getting things needed for daily living?

^bBased on county of residence and the 2013 National Center for Health Statistics' Urban-Rural Classification Scheme for Counties.

^cWas 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. History of cardiovascular disease (self-reported heart attack, angina/coronary heart disease, or stroke) among New York State adults: 2024 BRFSS										
	Heart attack		Angina/CHD		Heart Attack or Angina/CHD		Stroke		Cardiovascular Disease (Heart attack, Angina/CHD, or Stroke)	
	% ^a	95% CI ^a	%	95% CI	%	95% CI	%	95% CI	%	95% CI
New York State (NYS) [n=43,913]	3.9	3.6 – 4.2	4.5	1.2 - 4.8	6.4	6.1 - 6.8	2.9	2.7 - 3.2	8.2	7.8 - 8.6
Sex ^b										
Female	2.9	2.6 - 3.3	3.4	3.0 - 3.8	5.1	4.6 - 5.6	3.0	2.6 - 3.4	7.1	6.5 - 7.6
Male	5.0	4.5 - 5.4	5.6	5.2 - 6.1	7.9	7.3 - 8.3	2.9	2.5 - 3.2	9.4	8.8 - 10.0
Age (years)										
18-24	0.3	0.1 - 0.6	0.8	0.2 - 1.3	1.0	0.5 - 1.6	0.4	0.0 - 0.7	1.1	0.5 - 1.6
25-34	0.7	0.4 - 1.0	0.5	0.3 - 0.8	1.2	0.8 - 1.5	0.6	0.4 - 0.8	1.6	1.2 - 2.0
35-44	1.4	1.0 - 1.8	0.7	0.4 - 0.9	1.7	1.2 - 2.1	1.3	0.9 - 1.7	2.7	2.1 - 3.2
45-54	3.2	0.3 - 3.8	3.2	2.5 - 3.8	5.0	4.2 - 5.8	2.2	1.6 - 2.8	6.4	5.5 - 7.3
55-64	5.2	4.5 - 6.0	5.7	4.9 - 6.4	8.4	7.5 - 9.3	3.8	3.2 - 4.5	10.8	9.8 - 11.9
65+	9.2	8.3 - 10.2	11.6	10.6 - 12.7	15.5	14.4 - 16.6	6.8	5.9 - 7.7	19.2	18.0 - 20.4
Race/Ethnicity										
American Indian/Alaskan Native	8.1	4.1 - 12.1	8.1	4.1 - 12.2	10.0	5.7 - 14.3	6.8	3.4 - 10.3	13.0	8.2 - 17.8
Asian, Native Hawaiian or other Pacific Islander, non-Hispanic	2.2	1.2 - 3.2	2.5	1.5 - 3.6	3.4	2.2 - 4.6	1.3	0.7 - 1.9	4.1	2.8 - 5.4
Black, non-Hispanic	3.3	2.6 - 4.1	3.4	2.6 - 4.2	5.3	4.3 - 6.2	3.9	3.1 - 4.7	7.7	6.6 - 8.8
Hispanic	4.0	3.3 - 4.8	3.4	2.7 - 4.0	6.0	5.1 - 6.9	2.5	1.9 - 3.0	7.3	6.4 - 8.3
White, non-Hispanic	4.1	3.7 - 4.5	5.3	4.9 - 5.8	7.2	6.7 - 7.7	3.0	2.6 - 3.3	9.0	8.5 - 9.5
Multiracial, non-Hispanic	5.4	2.5 - 8.3	4.6	2.0 - 7.3	7.3	4.2 - 10.3	2.3	1.3 - 3.4	9.0	5.8 - 12.2
All Other Race Groups Combined, non-Hispanic ^c	6.2	3.2 - 9.2	6.1	3.1 - 9.0	9.3	5.7 - 12.9	6.0 ^d	2.1 - 9.8	13.4	8.6 - 18.2
Annual household income										
Less than \$25,000	6.8	5.7 - 7.9	c	5.2 - 7.7	9.8	8.5 - 11.2	5.3	4.2 - 6.5	12.4	11.0 - 13.8
\$25,000-\$49,999	5.1	4.3 - 5.9	5.8	5.0 - 6.6	8.2	7.3 - 9.2	3.7	3.1 - 4.3	10.3	9.3 - 11.3
\$50,000 and greater	2.8	2.5 - 3.2	3.7	3.3 - 4.0	5.0	4.6 - 5.4	2.0	1.7 - 2.3	6.3	5.8 - 6.8
Missing ^f	3.6	2.9 - 4.2	3.9	3.3 - 4.6	5.9	5.1 - 6.7	2.9	2.3 - 3.5	7.8	7.0 - 8.7
Educational Attainment										
Less than high school	7.5	6.0 - 9.0	5.9	4.6 - 7.3	9.6	8.1 - 11.2	4.0	2.9 - 5.2	11.6	9.9 - 13.2
High school or GED	4.0	3.5 - 4.5	4.6	3.9 - 5.2	6.6	5.9 - 7.4	3.3	2.7 - 3.9	8.5	7.7 - 9.3
Some college	4.4	3.8 - 5.0	4.9	4.2 - 5.5	7.2	6.4 - 7.9	3.2	2.7 - 3.7	9.1	8.3 - 9.9
College graduate	2.4	2.0 - 2.6	3.7	3.3 - 4.1	4.7	4.3 - 5.1	2.1	1.8 - 2.4	6.2	5.7 - 6.7
Health care coverage type ^g										
Private	2.0	1.7 - 2.3	2.4	2.1 - 2.7	3.5	3.1 - 3.8	1.4	1.1 - 1.6	4.4	4.0 - 4.8
Medicare	8.2	7.2 - 9.1	10.1	9.1 - 11.2	13.7	12.6 - 14.9	6.4	5.5 - 7.4	17.4	16.1 - 18.6
Medicaid	3.9	3.2 - 4.7	4.0	3.2 - 4.7	6.0	5.1 - 6.9	3.0	2.4 - 3.6	8.0	7.0 - 9.0
Other insurance	3.6	2.1 - 5.0	4.8	2.9 - 6.7	6.4	4.3 - 8.4	3.6	1.8 - 5.4	9.2	6.6 - 11.8
No coverage	2.1	1.3 - 3.0	1.6	0.8 - 2.4	3.1	2.0 - 4.2	1.8	0.9 - 2.7	3.7	2.6 - 4.8
Region										
New York City (NYC)	3.5	3.0 - 4.1	3.8	3.3 - 4.4	5.8	5.1 - 6.4	2.8	2.3 - 3.3	7.3	6.5 - 8.0
New York State exclusive of NYC	4.2	3.9 - 4.5	4.9	4.6 - 5.3	6.9	6.5 - 7.3	3.0	2.8 - 3.3	8.8	8.4 - 9.3

^a% = 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.

^bBased on respondent's sex at birth or current gender identity at time of interview if sex at birth is missing.

^cRespondents who reported they are of some other race group not listed in the question responses and are not of Hispanic origin.

^dEstimates that have a confidence interval with a half-width of greater than 10 or when the relative standard error (RSE) is greater than 0.30 are unstable and should be used with caution.

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

^fMedicare 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. History of cardiovascular disease (self-reported heart attack, angina/coronary heart disease, or stroke) by selected access and health conditions, New York State adults: 2024 BRFSS

	Diagnosed Prediabetes ^a		Angina/CHD		Heart Attack or Angina/CHD		Stroke		Cardiovascular Disease (Heart attack, Angina/CHD, or Stroke)	
	% ^a	95% CI ^a	%	95% CI	%	95% CI	%	95% CI	%	95% CI
New York State (NYS) [n=43,913]	3.9	3.6 - 4.2	4.5	1.2 - 4.8	6.4	6.1 - 6.8	2.9	2.7 - 3.2	8.2	7.8 - 8.6
Disability^b										
Yes	8.3	7.5 - 9.1	9.4	8.5 - 10.2	13.2	12.2 - 14.2	6.6	5.9 - 7.4	16.6	15.5 - 17.7
No	2.3	2.1 - 2.6	2.6	2.3 - 2.8	3.8	3.5 - 4.2	1.5	1.3 - 1.7	4.9	4.5 - 5.2
Weight status										
Neither overweight nor obese	3.1	2.6 - 3.5	3.5	3.0 - 4.1	5.2	4.6 - 5.8	2.5	2.0 - 3.0	6.6	5.9 - 7.3
Overweight	4.6	4.0 - 5.1	5.2	4.6 - 5.8	7.3	6.6 - 8.0	3.3	2.8 - 3.8	9.3	8.5 - 10.0
Obese	4.4	3.8 - 4.9	5.0	4.5 - 5.6	7.2	6.6 - 7.9	3.1	2.6 - 3.5	9.2	8.4 - 9.9
Current smoking										
Yes	7.6	6.1 - 9.1	6.2	4.8 - 7.6	10.0	8.4 - 11.6	5.2	3.9 - 6.4	12.7	11.0 - 14.3
No	3.5	3.2 - 3.8	4.2	3.9 - 4.5	6.0	5.6 - 6.4	2.6	2.3 - 2.9	7.6	7.2 - 8.0
Diagnosed diabetes										
Yes	11.9	10.4 - 13.3	13.1	11.7 - 14.6	17.9	16.2 - 19.5	7.8	6.6 - 8.9	21.9	20.1 - 23.7
No	2.8	2.6 - 3.1	3.3	3.0 - 3.6	4.8	4.5 - 5.2	2.3	2.0 - 2.5	6.3	5.9 - 6.6
Diagnosed high blood pressure										
Yes	8.7	7.9 - 9.4	9.9	9.1 - 10.7	13.9	13.0 - 14.8	6.0	5.4 - 6.6	17.4	16.4 - 18.4
No	1.9	1.6 - 2.2	2.0	1.6 - 2.3	3.1	2.7 - 3.5	1.5	1.2 - 1.8	4.0	3.6 - 4.4
Diagnosed with a depressive disorder										
Yes	5.3	4.4 - 6.1	6.2	5.4 - 7.1	8.7	7.7 - 9.7	4.4	3.8 - 5.1	11.5	10.4 - 12.6
No	3.7	3.3 - 4.0	4.1	3.8 - 4.4	6.0	5.6 - 6.4	2.6	2.3 - 2.9	7.5	7.1 - 8.0
Self-assessed health status										
Fair or Poor Health	10.5	9.4 - 11.7	12.4	11.1 - 13.6	16.6	15.3 - 18.0	7.5	6.5 - 8.6	20.3	18.8 - 21.7
Good, Very Good, or Excellent Health	2.4	2.2 - 2.7	2.7	2.4 - 2.9	4.1	3.8 - 4.4	1.9	1.7 - 2.1	5.4	5.0 - 5.7
Regular health care provider										
Yes	4.2	3.9 - 4.6	5.0	4.7 - 5.4	7.0	6.6 - 7.5	3.1	2.8 - 3.4	8.9	8.5 - 9.4
No	2.0	1.5 - 2.5	1.2	0.8 - 1.6	2.7	2.1 - 3.4	1.7	1.1 - 2.2	3.7	2.9 - 4.4
Could not afford to see a doctor										
Yes	6.1	4.8 - 7.5	5.5	4.2 - 6.7	8.6	7.1 - 10.0	4.1	3.0 - 5.2	10.4	8.9 - 12.0
No	3.7	3.4 - 4.0	4.3	4.0 - 4.7	6.2	5.8 - 6.6	2.8	2.5 - 3.1	7.9	7.5 - 8.3
Perceived food security										
Food secure	3.6	3.2 - 3.9	4.3	3.9 - 4.7	6.1	5.7 - 6.5	2.6	2.3 - 2.9	7.8	7.3 - 8.3
Food insecure	5.5	4.6 - 6.3	5.2	4.4 - 5.9	8.0	7.1 - 9.0	4.0	3.3 - 4.7	9.9	8.9 - 10.9
Lack of reliable transportation										
Yes	8.2	5.3 - 11.1	8.7	5.8 - 11.6	12.5	9.2 - 15.7	5.8	3.6 - 7.9	14.5	11.1 - 17.8
No	3.7	3.2 - 4.3	4.8	4.2 - 5.4	6.5	5.9 - 7.2	3.0	2.5 - 3.5	8.3	7.6 - 9.1
Urbanization level^c										
Rural	6.1	4.6 - 7.5	6.2	4.8 - 7.6	9.1	7.5 - 10.7	3.0	2.3 - 3.7	11.0	9.3 - 12.7
Urban	3.9	3.6 - 4.2	4.4	4.1 - 4.7	6.4	6.0 - 6.7	2.9	2.7 - 3.2	8.1	7.7 - 8.5

^a% = 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.

^bAll respondents who report having at least one type of disability (cognitive, mobility, vision, self-care, independent living, or hearing).

^cBased on county of residence and the 2013 National Center for Health Statistics' Urban-Rural Classification Scheme for Counties.

References



1. Vital Statistics of New York State, Table 33a: Deaths and Death Rates by Selected Causes and Race, New York State, 2023. Available at: [Table 33a: Deaths and Death Rates\(1\) by Selected Causes and Race, New York State – 2023](#). Accessed April 10, 2026.
2. Tsao C, et al.; on behalf of the American Heart Association Council on Epidemiology and Prevention Statistics Committee and Stroke Statistics Subcommittee. Heart disease and stroke statistics—2023 Update: a report from the American Heart Association. *Circulation*. 2023;147(8):e93-e621.
3. Stampfer MJ, Hu FB, Manson JE, Rimm EB, Willett WC. Primary prevention of coronary heart disease in women through diet and lifestyle. *N Engl J Med*. 2000;343:16-22.
4. Chiuve SE, McCullough ML, Sacks FM, Rimm EB. Healthy lifestyle factors in the primary prevention of coronary heart disease among men: benefits among users and nonusers of lipid-lowering and antihypertensive medications. *Circulation*. 2006;114:160-7.
5. Chiuve SE, Rexrode KM, D. S, Logroscino G, Manson JE, Rimm EB. Primary prevention of stroke by healthy lifestyle. *Circulation*. 2008;118:947-54.
6. Chiuve SE, Fung TT, Rexrode KM, et al. Adherence to a low-risk, healthy lifestyle and risk of sudden cardiac death among women. *JAMA*. 2011;306:62-9.
7. van Dam RM, Li T, Spiegelman D, Franco OH, Hu FB. Combined impact of lifestyle factors on mortality: prospective cohort study in US women. *BMJ*. 2008;337:a1440.
8. New York State Office of Cannabis Management. [medical-cannabis-program-and-cannabis-101-fact-sheet.pdf](#). Accessed May 15, 2026.
9. Jeffers AM, Glantz S, Byers A, Keyhani S. Association of Cannabis Use with Cardiovascular outcomes among US Adults, JAHA. 2024;13(5).
10. Schultz WM, Kelli HM, Lisko JC, Varghese T, Shen J, Sandesara P, Quyyumi AA, Taylor HA, Gulati M, Harold JG, et al. Socioeconomic status and cardiovascular outcomes: challenges and interventions. *Circulation*. 2018;137:2166–2178.
11. Churchwell K, Elkind MSV, Benjamin RM, Carson AP, Chang EK, et al. Call to Action: Structural Racism as a Fundamental Driver of Health Disparities; A Presidential Advisory From the American Heart Association. *Circulation*. 2020;142(24):e454-e468.
12. Kleindorfer DO, et al. 2021 Guideline for the prevention of stroke in patients with stroke and transient ischemic attack: a guideline from the American Heart Association/American Stroke Association. *Stroke*. 2021;52:e364-e467.

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Prediabetes questions

Has a doctor, nurse, or other health professional ever told you that you had any of the following?

1. [Ever told] you had a heart attack, also called a myocardial infarction?
2. Ever told] you had angina or coronary heart disease?
3. [Ever told] you had a stroke?

Program Contributions



New York State
Department of Health

Bureau of Chronic Disease
Evaluation and Research

Bureau of Community Chronic
Disease Prevention



Department
of Health