

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 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, 2022



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 hypertension; total annual spending on hypertension 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 Taking medications as prescribed (medication adherence), 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 adherence is critical to achieving blood pressure control; however, only 51% of Americans treated for high blood pressure follow their health care provider's advice with respect to medications.⁴ 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

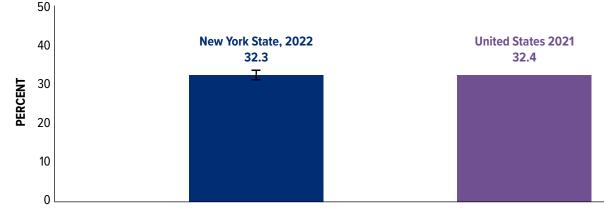
The New York State Department of Health acknowledges that social, economic, and environmental inequities result in adverse health outcomes and can have a greater impact than individual choices. Low rates of medication use among people with hypertension without insurance suggests a continued need to ensure access to affordable and quality health insurance. Encouraging screening and referrals for social service and support needs and promoting access to effective, equitable, and inclusive high blood pressure management strategies such as medication adherence monitoring and home blood pressure monitoring for all New Yorkers can help address disparities in high blood pressure.

Key Findings

- An estimated 4 million adult New Yorkers reported being told by a health professional they have high blood pressure. Among that group, three out of four (76.6%) are taking prescription medicine to control their high blood pressure.
- High blood pressure is more prevalent among Black, non-Hispanic adults (41.1%) compared to White, non-Hispanic adults (33.5%), all other race groups combined, non-Hispanic adults (26.6%), and Hispanic adults (25.8%).
- The prevalence of high blood pressure among adults with obesity (45.9%) is more than two times greater than the prevalence among adults who neither have obesity nor overweight (19.3%).
- Hypertension prevalence is higher among adults with diabetes (67.7%), adults 65 years or older (58.4%), those with Medicare coverage (52.0%), adults with disability (45.8%), and people living outside of New York City (34.6%).
- Medication use for high blood pressure is highest among adults 65 years or older (90.0%), adults with diabetes (89.1%), those with Medicare coverage (86.1%), and females (81.1%).
- 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 (26.2% vs. 72.6%-86.1%).



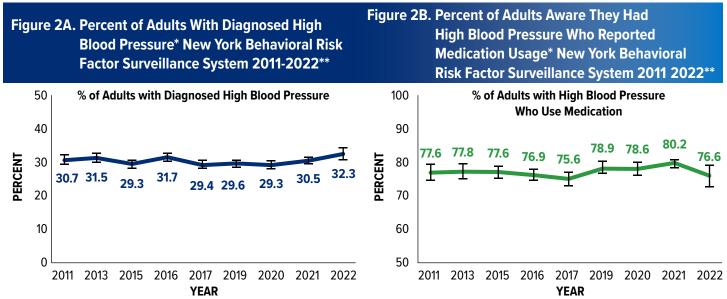
Figure 1. Percent of Adults With Diagnosed High Blood Pressure*, New York State** and United States**, Behavioral Risk Factor Surveillance System 2021-2022***



*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.

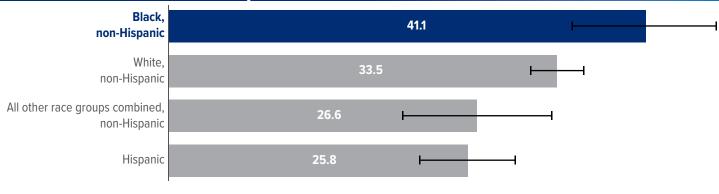
***New York and United Stated data are sourced from 2022 and 2021 respectively.



*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 2022



PERCENT

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

	Diagnosed High Blood Pressure ^a		Taking Medication ^b	
	% ^c	95% Cl ^c	% ^c	95% Cl °
New York State [n 17,800]	32.3	30.5 34.1	76.6	73.7-79.5
Sex				
Male	34.6	32.0-37.3	72.3	68.0-76.5
Female	30.2	27.6-32.7	81.1	77.3-84.9
Age (Years)				
18-24	7.0	3.9-10.2	9.4	0.0-22.7
25-34	11.2	7.8-14.6	24.6	10.7-38.4
35-44	18.1	14.0-22.2	42.2	29.8-54.5
45-54	29.6	24.3-34.9	72.9	64.2-81.5
55-64	47.2	42.6-51.7	86.8	82.7-90.9
65+	58.4	54.6-62.1	90.0	87.4-92.6
Race/Ethnicity				
White, non-Hispanic	33.5	31.2-35.7	77.2	73.7-80.8
Black, non-Hispanic	41.1	34.8-47.3	78.1	70.5-85.7
Hispanic	25.8	21.7-29.9	71.7	63.6-79.8
All other race groups combined, non-Hispanic ^d	26.6	20.3-33.0	74.3	62.6-86.1
Annual Household Income				
Less than \$25,000	34.4	29.4-39.3	79.0	72.0-86.0
\$25,000-\$49,999	35.6	30.9-40.3	81.4	76.0-86.7
\$50,000 or more	32.1	29.4-34.7	76.0	71.7-80.3
Missing ^e	28.7	25.0-32.4	71.1	63.9-78.4
Educational Attainment				
Less than high school	29.9	23.6-36.1	81.4	72.6-90.2
High school or GED	33.1	29.3-37.0	77.4	71.7-83.1
Some college	35.7	32.0-39.5	74.7	69.0-80.4
College graduate	29.6	27.0-32.1	75.5	70.9-80.1
Health Care Coverage				
Private	27.5	24.8-30.2	71.7	66.6-76.8
Medicare	52.0	47.7-56.2	86.1	82.4-89.8
Medicaid	27.2	22.4-31.9	72.6	63.9-81.3
Other insurance ^f	32.7	26.9-38.5	76.4	67.0-85.8
No coverage	13.3	7.1-19.5	26.2	8.3-44.2
Disability ^g				
Yes	45.8	41.7-49.9	80.4	75.9-84.9
No	27.3	25.3-29.3	74.3	70.5-78.1
Weight Status				
Neither overweight nor obese	19.3	16.8-21.9	74.0	67.7-80.3
Overweight	36.1	32.7-39.4	77.0	72.3-81.8
Obese	45.9	42.1-49.7	77.4	72.6-82.2
Diabetes				
Yes	67.7	61.6-73.8	89.1	85.2-93.1
No	28.0	26.1-29.8	73.1	69.6-76.5
Region				
New York City	28.5	25.8-31.3	75.2	70.3-80.0
New York State exclusive of New York City	34.6	32.2-37.1	77.3	73.7-80.9

Notes: "Respondents 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. **'When comparing estimates, the 95% confidence interval (95% CI) 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. ⁴All other race groups, non-Hispanic includes American Indian or Alaskan Native, Asian, Native Hawaiian or other Pacific Islander, other race or multiracial. ^{em}Missing" category included because more than 10% of the sample did not report income. ¹Other insurance includes Children's Health Insurance Plan (CHIP), TRICARE, VA/Military, Indian Health Service, state sponsored health plan, or other government plan. ⁹All respondents who reported at least one type of disability (cognitive, mobility, vision, self-care, independent living, or deafness).**



References

US Department of Health and Human Services. The Surgeon General's Call to Action to Control Hypertension. Washington, DC: US Department of Health and Human Services, Office of the Surgeon General; 2020. Accessed December 8, 2023. https://www.hhs.gov/sites/default/files/call-to-action-tocontrol-hypertension.pdf.

- Tsao CW, Aday AW, Almarzooq ZI, Alonso A, Beaton AZ, Bittencourt MS 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 — 2022 Update: A Report From the American Heart Association. *Circulation*. 2022;145:e153– e639. Accessed December 8, 2023. https://doi.org/10.1161/ CIR.000000000001052.
- Ostchega Y, Fryar CD, Nwankwo T, Nguyen DT. Hypertension Prevalence Among Adults Aged 18 and Over: United States, 2017–2018. NCHS Data Brief, No 364, April 2020. Hyattsville, MD: National Center for Health Statistics. 2020. Accessed December 8, 2023. https://www.cdc.gov/nchs/data/databriefs/db364-h.pdf.
- Ho PM, Bryson CL, Rumsfeld JS. Medication Adherence: Its Importance in Cardiovascular Outcomes. *Circulation*. 2009;119:3028-3035. Accessed December 8, 2023. https://doi.org/10.1161/CIRCULATIONAHA.108.768986.

Suggested Citation



(Wong, S. Austin, R. Wyrick, T. Foglietta, A). High Blood Pressure, New York State BRFSS Brief., No. 2024-07. Albany, NY: New York State Department of Health, Division of Chronic Disease Prevention, Bureau of Chronic Disease Evaluation and Research, March 2024.

Program Contributions

New York State Department of Health

Bureau of Chronic Disease Evaluation and Research

Bureau of Community Chronic Disease Prevention



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?

[lf "yes"]

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



Contact Information

Contact us by

Phone: (518) 473-0673

Email: BRFSS@health.ny.gov

Visit: health.ny.gov



Department of Health