

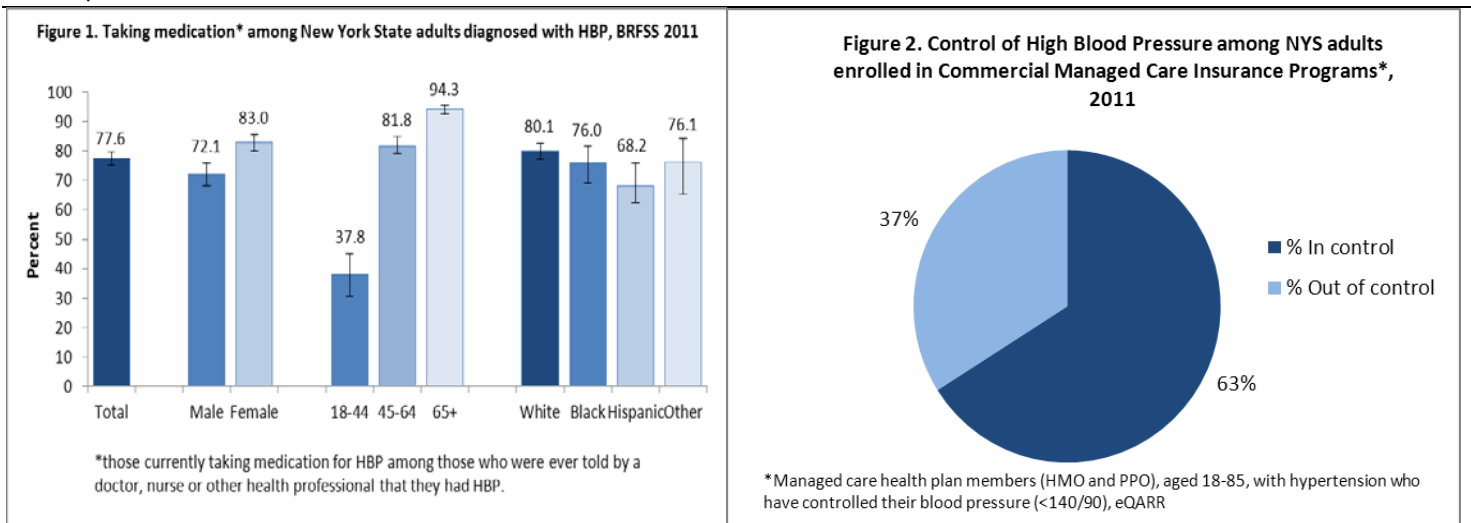
## Information for Action # 2013-12

**Almost one quarter of New Yorkers with high blood pressure (HBP) are not taking medication for their condition and one third of New York State (NYS) adults do not have adequate control of their HBP.**

High blood pressure (HBP) or hypertension is a major risk factor for stroke, heart attack, congestive heart failure and kidney disease.<sup>1</sup> High blood pressure is called the "silent killer" because it often has no warning signs or symptoms, and many people don't realize they have it. Having blood pressure checked regularly and becoming aware of HBP is the first step to controlling HBP.<sup>1</sup> Once diagnosed, treatment and control of HBP is possible through medication and lifestyle modifications, such as increasing physical activity, reducing dietary sodium, and maintaining or achieving a healthy weight. Controlled HBP is defined as systolic BP less than 140 mm/Hg and diastolic BP less than 90 mm/Hg.

- An estimated 4.6 million (31%) adults in NYS report they have been diagnosed with HBP by a health professional.<sup>2</sup>
- Among adults diagnosed with HBP, 78% are taking medicine to control their condition. Those aged 18-44, males, and Hispanics are significantly less likely to be taking medication for their HBP than those 45 years and older, females, and non-Hispanic Whites (Figure 1).<sup>2</sup>
- In NYS, more than one out of three adults (37%) enrolled in a commercial managed care health plan do not have their HBP in control (Figure 2).<sup>3</sup>

The New York State Prevention Agenda 2013-2017 has identified as a focus area the promotion of evidence-based care to manage chronic disease. One of the related objectives established is to increase the percentage of commercial health plan members, ages 18-85 years, with hypertension who have controlled their blood pressure from 63% (2011) to 69.3% (2017).<sup>4</sup> Improving HBP control rates is achievable through coordination of efforts among health care systems, providers, and public health partners.



### PUBLIC HEALTH OPPORTUNITY

- Promote **clinical and health-care systems strategies** to monitor blood pressure control rates across providers, practices, health systems, and communities and to adopt evidence-based practices to improve control rates;
- Assure people with HBP have access to **self-management support services**;
- Raise **public awareness** about the importance of HBP control and behaviors that have a significant impact on controlling blood pressure levels.

### Contact:

For more information about the data included and their specific implications for action, please send an email to [DCDIPIFA@health.state.ny.us](mailto:DCDIPIFA@health.state.ny.us) with the IFA #2013-12 in the subject line.

### References:

1. Chobanian AV, Bakris GL, Black HR, et al. Seventh report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure. *Hypertension* 2003;42:1206-52.
2. New York State Behavioral Risk Factor Surveillance System, 2011.
3. New York State Managed Care Plan Performance Reports (QARR) available at: [http://www.health.ny.gov/health\\_care/managed\\_care/reports/docs/demographic\\_variation\\_2011.pdf](http://www.health.ny.gov/health_care/managed_care/reports/docs/demographic_variation_2011.pdf)
4. New York State Prevention Agenda Preventing Chronic Diseases Action Plan available at: [http://www.health.ny.gov/prevention/prevention\\_agenda/2013-2017/docs/prevent\\_chronic\\_diseases.pdf](http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/docs/prevent_chronic_diseases.pdf)