Information for Action # 2011-1

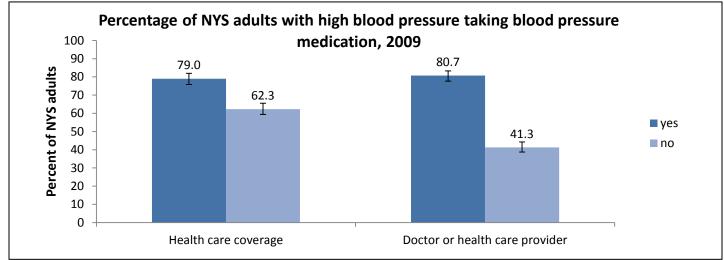
Access to health care and a personal doctor are important factors in high blood pressure control.

Quick facts:

- Seventy-eight percent of adults in New York State (NYS) with high blood pressure (HBP) report taking medication to control it.¹ This percentage varies by health care coverage and having a personal doctor or health care provider.
 - The percentage of adults with HBP who report taking blood pressure medication was 79% for those with health care coverage, compared to 62% for those without health care coverage (see Figure).
 - The percentage of adults with HBP who report taking blood pressure medication was 81% for those with a
 personal doctor or health care provider compared to 41% of those who do not have a doctor or health care
 provider (See Figure).
- After statistically controlling for age, race/ethnicity, sex, income, and education, adults with HBP who have health care coverage are twice as likely to report taking HBP medication² (not shown).
- Among adults with HBP who have health care coverage, those with a personal doctor or health care provider are
 more likely to report taking HBP medication than those without a health care provider (81% vs. 45%)¹ (not shown).

Public health importance:

- Twelve percent of adults (1.8 million) in NYS report not having health insurance and 13% (2 million) adults report not having a personal doctor or health care provider.1
- HBP is a major risk factor for heart disease and stroke, the first and fourth leading cause of death in New York.³ The Institute of Medicine recently described HBP as a "neglected disease."⁴



• HBP is estimated to cost the US \$76.6 billion in health care services, medications, and missed days of work.⁵

Data Source: NYS Behavioral Risk Factor Surveillance System, 2009

PUBLIC HEALTH OPPORTUNITY

Supporting initiatives that promote access to health care and encourage adults to have a personal doctor or health care provider can contribute to better blood pressure control rates among adults with high blood pressure.

Contact:

For more information about the data included and their specific implications for action, please send an email to DCDIPIFA@health.state.ny.us with IFA # 1 in the subject line.

References:

^{2.} New York State Behavioral Risk Factor Surveillance System, 2005 and 2007.

¹ New York State Behavioral Risk Factor Surveillance System, 2009.

^{3.} NYS Vital Statistics, 2008.

^{4.} Committee on Public Health Priorities to Reduce and Control Hypertension in the US Population, Institute of Medicine. A Population-Based Policy and Systems Change Approach to Prevent and Control Hypertension. February 22, 2010.

^{5.} Lloyd-Jones D, Adams R, Carnethon M, et al.., for the American Heart Association Statistics Committee and the Stroke Statistics Subcommittee. *Circulation*. 2009;119:e21–e181.