

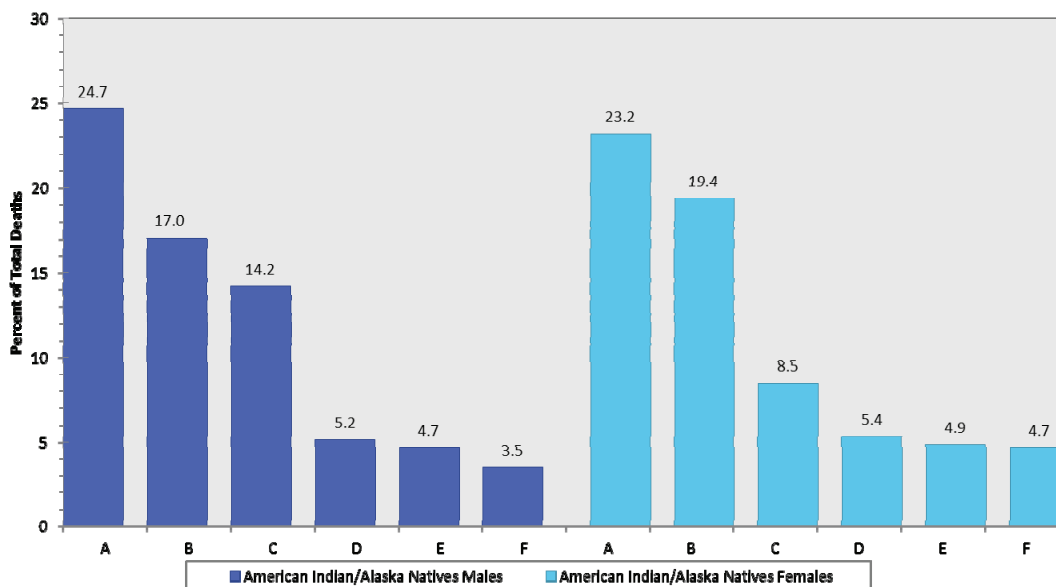
Statistical Fact Sheet 2013 Update

American Indian/Alaska Natives & Cardiovascular Diseases

Cardiovascular Disease (CVD) (ICD/10 codes I00-I99, Q20-Q28) (ICD/9 codes 390-459, 745-747) & Coronary Heart Disease (CHD) (ICD/10 codes I20-I25) (ICD/9 codes 410-414, 429.2)

- Among American-Indian men ages 45–74, the incidence of CVD ranges from 15 to 28 per 1,000 population. Among women, it ranges from 9 to 15 per 1,000.
- Among American Indians or Alaska Natives, 12.7% have HD, 7.2% have CHD, and 25.8% have hypertension and 4.6% have had a stroke.
- In 2009, CHD resulted in 1,813 deaths among American Indians or Alaska Natives.
- Among American Indians 65 to 74 years of age, the annual rates per 1,000 population of new and recurrent myocardial infarction (MI) were 7.6 for men and 4.9 for women.
- In 2009, MI caused the death of 600 American Indians or Alaska Natives.

Major Causes of Death for American Indian/Alaska Native Males and Females, 2009



A indicates cardiovascular disease plus congenital cardiovascular disease (ICD-10 I00-I99, Q20-Q28); B, cancer (ICD-10 C00-C97); C, accidents (ICD-10, V01-X59, Y85-Y86); D, diabetes mellitus (E10-E14); E, chronic liver disease (K70, K73-K74); F, chronic lower respiratory disease (J40-J47).

Stroke (ICD/10 codes I60-I69) (ICD/9 codes 430-438)

- 4.6 percent of American Indian/Alaska Natives have had a stroke.
- In 2009, 561 American Indian/Alaska Native died from stroke.
- From 1995 to 1998, among adults 25 to 44 years of age, blacks and American Indian/Alaska Natives had higher risk ratios than did whites for all 3 stroke subtypes.

High Blood Pressure (HBP) (ICD/10 codes I10-I15) (ICD/9 codes 401-404)

- 25.8% of American Indian/Alaska Natives have HBP.

American Indian/Alaska Natives & CVD - 2013 Statistical Fact Sheet

Smoking

- 26.7% of American Indian/Alaska Native adults are current smokers.
- In 2008 to 2010, among adults ≥18 years of age, Asian men (15.2%) and Hispanic men (17.3%) were less likely to be current cigarette smokers than non-Hispanic black men (23.7%), non-Hispanic white men (23.9%), and American Indian or Alaska Native men (24.6%) on the basis of age-adjusted estimates. Similarly, Asian women (5.5%) and Hispanic women (9.6%) were less likely to be current cigarette smokers than non-Hispanic black women (17.6%), non-Hispanic white women (20.9%), and American Indian or Alaska Native women (20.7%).

Physical Inactivity

- In 2011, only 17.0% of American Indian/Alaska Native adults age 18 and older met the 2008 Federal Physical Activity (PA) Guidelines.

Overweight and Obesity

- A study of >8500 4-year-olds in the Early Childhood Longitudinal Study, Birth Cohort (National Center for Education Statistics) found that 1 in 5 were obese. Almost 13% of Asian children, 16% of white children, nearly 21% of black children, 22% of Hispanic children, and 31% of American Indian children were obese.
- Data from 2011 show that American Indian/Alaskan Native youth have an obesity rate of 17.7%, whereas rates are 14.7% for Hispanics, 10.6% for non-Hispanic blacks, 10.3% for non-Hispanic whites, and 9.3% for Asian/Pacific Islanders.
- In 2011, blacks ≥18 years of age (26.4%), American Indians or Alaska Natives (27.6%), and whites (36.6%) were less likely than Asians (56.7%) to be at a healthy weight. Blacks ≥18 years of age (38.9%) and American Indians or Alaska Natives (40.8%) were more likely to be obese than were whites (27.2%) and Asians (9.3%).

Diabetes Mellitus (DM) (ICD/10 codes E10-E14) (ICD/9 code 250)

- Children who develop type 2 DM are typically overweight or obese and have a family history of the disease. Most are American Indian, black, Asian, or Hispanic/Latino.
- Among youths 10 to 19 years of age, black youths (3.22 per 1000) and non-Hispanic white youths (3.18 per 1000) had the highest rates, followed by American Indian youths (2.28 per 1000), Hispanic youths (2.18 per 1000), and Asian/Pacific Islander youths (1.34 per 1000).
- In 2009, 786 American Indian/Alaska Natives died from DM.

For additional information, charts and tables, see [Heart Disease & Stroke Statistics - 2013 Update](#).

Additional charts may be downloaded directly from the online publication at:

<http://circ.ahajournals.org/lookup/doi/10.1161/CIR.0b013e31828124ad> Or at: www.heart.org/statistics

The American Heart Association requests that this document be cited as follows:

Go AS, Mozaffarian D, Roger VL, Benjamin EJ, Berry JD, Borden WB, Bravata DM, Dai S, Ford ES, Fox CS, Franco S, Fullerton HJ, Gillespie C, Hailpern SM, Heit JA, Howard VJ, Huffman MD, Kissela BM, Kittner SJ, Lackland DT, Lichtman JH, Lisabeth LD, Magid D, Marcus GM, Marelli A, Matchar DB, McGuire DK, Mohler ER, Moy CS, Mussolino ME, Nichol G, Paynter NP, Schreiner PJ, Sorlie PD, Stein J, Turan TN, Virani SS, Wong ND, Woo D, Turner MB; on behalf of the American Heart Association Statistics Committee and Stroke Statistics Subcommittee. Heart disease and stroke statistics—2013 update: a report from the American Heart Association. *Circulation*. 2013; 127:e6-e245.

If you have questions about statistics or any points made in the 2013 Statistical Update, please contact the American Heart Association National Center, Office of Science & Medicine at statistics@heart.org.

Please direct all media inquiries to News Media Relations at inquiries@heart.org or 214-706-1173.