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.

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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:

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.

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