

2019 Heart Disease & Stroke Statistical Update Fact Sheet American Indian/Alaska Natives & Cardiovascular Diseases*

Cardiovascular Disease (CVD) (ICD-9 390 to 459, ICD-10 100 to 199.) & Coronary Heart Disease (CHD) (ICD-9 410 to 414, 429.2; ICD-10 120 to 125 (includes MI ICD-10 121 to 122))

• In 2016, CVD caused 4,313 deaths among non-Hispanic (NH) American Indians or Alaska Natives. CHD resulted in 2,069 deaths and myocardial infarction (MI) caused 606 deaths in this group.

Stroke (ICD-9 430 to 438; ICD-10 I60 to I69)

- In 2016, 632 NH American Indian/Alaska Native, all ages, died from stroke.
- In 2016, the age-adjusted death rates for stroke in NH American Indian or Alaska Native males were 31.2 per 100,000 and 30.1 per 100,000 in females.

High Blood Pressure (HBP) (ICD-9 401 to 404, ICD-10 110 to 115)

• In 2016, 520 NH American Indian/Alaska Natives (all ages) died from HBP.

Smoking

• In 2016 for age 18 years and older, 31.8% of American Indian/Alaska Natives were current smokers.

Physical Inactivity

• In 2016, only 14.7% of American Indian/Alaska Native adults age 18 and older met the 2008 Federal Physical Activity (PA) Guidelines for both aerobic and strengthening activity.

Diabetes Mellitus (DM) (ICD-9 250; ICD-10 E10 to E14)

- In 2016, the overall age-adjusted death rate attributable to Diabetes Mellitus was 21.0 per 100,000. In 2016, the rate was 52.2 per 100,000 for NH American Indian/Alaska Native males and 40.6 for NH American Indian/Alaska Native females.
- In 2016, 1,078 NH American Indian/Alaska Natives died from DM.
- Based on 2015 data from the Indian Health Service, the age-adjusted prevalence of diagnosed DM among American Indians/Alaska Natives was 14.9% for males and 15.3% for females.

* Due to inconsistencies in reporting, some statistics may be unreliable. Unless otherwise noted, all statistics in this Fact Sheet pertain to the United States.

For additional information, charts and tables, see <u>Heart Disease & Stroke Statistics - 2019 Update</u>

Additional charts may be downloaded directly from https://www.ahajournals.org/doi/10.1161/CIR.0000000000000659 or https://www.heart.org/en/about-us/heart-and-stroke-association-statistics

Many statistics in this Fact Sheet come from unpublished tabulations compiled for this document and can be cited using the document citation listed below. The data sources used for the tabulations are listed in the full document. Additionally, some statistics come from published studies. If you are citing any of the statistics in this factsheet, please review the full Heart Disease and Stroke Statistics document to determine data sources and original citations.

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

Benjamin EJ, Muntner P, Alonso A, Bittencourt MS, Callaway CW, Carson AP, Chamberlain AM, Chang AR, Cheng S, Das SR, Delling FN, Djousse L,Elkind MSV, Ferguson JF, Fornage M, Jordan LC, Khan SS, Kissela BM, Knutson KL, Kwan TW, Lackland DT, Lewis TT, Lichtman JH, Longenecker CT, Loop MS, Lutsey PL, Martin SS, Matsushita K, Moran AE, Mussolino ME, O'Flaherty M, Pandey A, Perak AM, Rosamond WD, Roth GA, Sampson UKA, Satou GM, Schroeder EB, Shah SH, Spartano NL, Stokes A, Tirschwell DL, Tsao CW, Turakhia MP, VanWagner LB, Wilkins JT, Wong SS, Virani SS; on behalf of the American Heart Association Council on Epidemiology and Prevention Statistics Committee and Stroke Statistics Subcommittee. Heart disease and stroke statistics – 2019 update: a report from the American Heart Association [published online ahead of print January 31, 2019]. *Circulation.* doi: 10.1161/CIR.00000000000659.

If you have questions about statistics or any points made in the 2019 Statistical Update, please contact the American Heart Association National Center, Office of Science & Medicine at <u>statistics@heart.org</u>. Please direct all media inquiries to News Media Relations at <u>http://newsroom.heart.org/newsmedia/contacts</u>.