## 2020 Heart Disease \& Stroke Statistical Update Fact Sheet Whites \& Cardiovascular Diseases*

## Cardiovascular Disease (CVD) (ICD-9 390 to 459; ICD/10 100 to 199)

- Among non-Hispanic (NH) white adults between 2013 and 2016, 50.6\% of males and $43.4 \%$ of females had CVD.
- In 2017, CVD caused the deaths of $340,026 \mathrm{NH}$ white males and $326,447 \mathrm{NH}$ white females.


## Coronary Heart Disease (CHD) (ICD-9 410 to 414, 429.2; ICD-10 I20 to I25, includes MI ICD-10 121 to I22)

- Among NH whites age 20 and older between 2013 and 2016, 7.7\% of males and $6.1 \%$ of females had CHD. $4.0 \%$ of NH white males and $2.2 \%$ of NH white females had a previous heart attack.
- In 2017 for all ages, CHD caused the deaths of 168,868 NH white males and 119,151 NH white females. Heart attack caused the deaths of $51,155 \mathrm{NH}$ white males and $35,720 \mathrm{NH}$ white females.
- In 2017, the overall age-adjusted CHD death rate per 100,000 was 131.1 for NH white males and 66.7 for NH white females.
- On the basis of pooled data from 1995 to 2012, within 1 year after a first MI:
- At 45 to 64 years of age, $3 \%$ of white males and $5 \%$ of white females died.
- At 65 to 74 years of age, $14 \%$ of white males and $18 \%$ of white females died.
- At $>75$ years of age, $27 \%$ of white males and $29 \%$ of white females died.
- On the basis of pooled data from 1995-2012, of those who have a first MI, the percentage with a recurrent MI or fatal CHD within 5 years was as follows:
- At 45 to 64 years of age, $11 \%$ of white males and $15 \%$ of white females.
- At 65 to 74 years of age, $12 \%$ of white males and $17 \%$ of white females.
- At $>75$ years of age, $21 \%$ of white males and $20 \%$ of white females.


## Stroke (ICD-9 430 to 438; ICD-10 160 to I69)

- Among NH white adults between 2013 and 2016, 2.4\% of males and 2.5\% of females had a previous stroke.
- In 2017 for all ages, stroke caused the deaths of $45,078 \mathrm{NH}$ white males and $64,960 \mathrm{NH}$ white females.
- The 2017 age-adjusted death rate for stroke as an underlying cause of death was 37.6 per 100,000. Death rates for NH whites were 36.0 for males and 36.0 for females.


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

- Among NH whites age 20 and older between 2013 and 2016, the following have HBP: $48.2 \%$ of males and $41.3 \%$ of females.
- In 2017 for all ages, HBP caused the deaths of 29,086 NH white males and 33,396 NH white females.
- The 2017 age-adjusted death rate from HBP was 23.0 per 100,000. Death rates (per 100,000 ) for NH whites were 23.0 for males and 18.6 for females.


## High Blood Cholesterol and Other Lipids

- Among children 6 to 11 years of age between 2013 and 2016, the mean total cholesterol level was $157.8 \mathrm{mg} / \mathrm{dL}$. For NH whites, mean total cholesterol was $157.1 \mathrm{mg} / \mathrm{dL}$ for boys and 159.1 $\mathrm{mg} / \mathrm{dL}$ for girls.
- Among adolescents 12 to 19 years of age between 2013 and 2016, the mean total blood cholesterol level was $154.4 \mathrm{mg} / \mathrm{dL}$. For NH whites, mean total cholesterol was $150.6 \mathrm{mg} / \mathrm{dL}$ for boys and $157.2 \mathrm{mg} / \mathrm{dL}$ for girls.
- Among NH white adults between 2013 and 2016:
- $35.4 \%$ of males and $41.8 \%$ of females had total blood cholesterol levels of $200 \mathrm{mg} / \mathrm{dL}$ or higher.
- $10.5 \%$ of males and $13.6 \%$ of females had levels of $240 \mathrm{mg} / \mathrm{dL}$ or higher.
- $29.4 \%$ of males and $29.7 \%$ of females had low-density lipoprotein (LDL) cholesterol of 130 $\mathrm{mg} / \mathrm{dL}$ or higher.
- $29.7 \%$ of males and $9.3 \%$ of females had high-density lipoprotein (HDL) cholesterol less than $40 \mathrm{mg} / \mathrm{dL}$.


## Smoking

- In 2017, the lifetime use of tobacco products in adolescents 12 to 17 years of age was highest among American Indians and Alaska Natives (26.7\%), followed by whites (17.9\%), Hispanics or Latinos (12.3\%), blacks (11.0\%), and Asians (4.7\%).
- Among NH white adolescents aged 12 to 17 years in 2018, cigarette use in the past month was 9.9\%.
- Among NH white adults aged $\geq 18$ years in $2017,15.2 \%$ were current smokers.
- In 2017, the lifetime use of tobacco products in adults aged $\geqslant 18$ years was highest among American Indians or Alaska Natives (81.2\%) and whites (75.2\%), followed by Native Hawaiian or Other Pacific Islander (56.4\%), Hispanics or Latinos (55.3\%), blacks (54.8\%), and Asians (39.1\%).
- During 2011 to 2012, the percentage of the US nonsmoking population with serum cotinine $\geq 0.05 \mathrm{ng} / \mathrm{mL}$ (which indicates exposure to secondhand smoke) was $40.6 \%$ for those 3 to 11 years of age, $33.8 \%$ for those 12 to 19 years of age, and $21.3 \%$ for those $\geq 20$ years of age. The percentage was also higher for NH blacks (46.8\%) than for NH whites (21.8\%) and Mexican Americans (23.9\%).


## Physical Inactivity

In 2017:

- Nationwide in 2015,15.4\% of high school students reported that they did not participate in > 60 minutes of any kind of physical activity on any 1 of the previous 7 days. NH white boys (10.2\%) had the lowest percent not participating in $>60$ minutes of any kind of physical activity on any 1 of the previous 7 days compared to NH black boys (12.7\%) and Hispanic boys (12.3\%). NH white girls (16.7\%) had the lowest percent not participating in $>60$ minutes of any kind of physical activity on any 1 of the previous 7 days compared to NH black girls (26.6\%) and Hispanic girls (20.0\%).
- According to 2017 data, the prevalence of high school students meeting activity recommendations on $\geq 5$ days per week was higher among NH white boys (59.4\%), NH black boys (54.5\%), and Hispanic boys (52.6\%) than NH white girls (38.8\%), NH black girls (29.9\%), and Hispanic girls (36.9\%).
*Due to inconsistencies in reporting, some statistics may be unreliable.
Unless otherwise noted, all statistics in this Fact Sheet pertain to the United States.
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## Physical Inactivity (continued)

- In 2017, the prevalence of using computers $\geq 3$ hours per day, among high school students for activities other than school work (e.g., videogames or other computer games) was highest among NH black boys (47.7\%), followed by Hispanic girls (46.8\%), NH black girls (46.7\%), Hispanic boys (43.9\%), NH white boys (41.7\%), and NH white girls (39.6\%).
- According to 2017 data of students in grades 9 to 12 , the prevalence of watching television $\geq 3$ hours per day was highest among NH black boys (37.8\%) and girls (32.8\%), followed by Hispanic boys (21.9\%) and girls (19.5\%) and NH white girls (18.4\%) and boys (16.9\%).
- In 2016, 26.8\% of NH whites age 18 and older met the 2018 Federal Aerobic and Strengthening Physical Activity Guidelines for Adults.


## Overweight and Obesity

- Between 2013 and 2016, 34.2\% of children age 2 to 19 in the United States were overweight or obese; $17.8 \%$ were obese. Among NH white children, $30.9 \%$ of boys and $28.5 \%$ of girls were overweight or obese; $15.3 \%$ of boys and $14.1 \%$ of girls were obese.
- Between 2013 and 2016, 69.9\% of adults over age 20 in the United States were overweight or obese; $38.3 \%$ were obese. Among NH white adults, $73.6 \%$ of males and $64.3 \%$ of females were overweight or obese; $35.8 \%$ of males and $37.8 \%$ of females were obese.


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

- Among NH white adults between 2013 and 2016:
- $9.4 \%$ of males and $7.3 \%$ of females had physician diagnosed DM
- $4.7 \%$ of males and $2.6 \%$ of females had undiagnosed DM
- $43.7 \%$ of males and $32.2 \%$ of females had prediabetes
- In 2017, DM caused the deaths, all ages, of $31,343 \mathrm{NH}$ white males and 23,773 NH white females.

For additional information, charts and tables, see
Heart Disease \& Stroke Statistics - 2020 Update
Additional charts may be downloaded directly from the online publication or www.heart.org/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:
Virani SS, Alonso A, Benjamin EJ, Bittencourt MS, Callaway CW, Carson AP, Chamberlain AM, Chang AR, Cheng S, Delling FN, Djousse L, Elkind MSV, Ferguson JF, Fornage M, 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, Perak AM, Rosamond WD, Roth GA, Sampson UKA, Satou GM, Schroeder EB, Shah SH, Shay CM, Spartano NL, Stokes A, Tirschwell DL, VanWagner LB, Tsao CW; on behalf of the American Heart Association Council on Epidemiology and Prevention Statistics Committee and Stroke Statistics Subcommittee. Heart disease and stroke statistics-2020 update: a report from the American Heart Association. Circulation. 2020;141:e1-e458. doi: 10.1161/CIR. 0000000000000757

If you have questions about statistics or any points made in the 2020 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 http://newsroom.heart.org/newsmedia/contacts.

