

2022 Heart Disease & Stroke Statistical Update Fact Sheet Cardiovascular Health

Summary of Cardiovascular Health (CV) of All Americans

- For most metrics based on 2017 to 2018 data, the prevalence of ideal levels of health behaviors and health factors was higher in US adolescents than in US adults. The exception is diet, for which prevalence of ideal levels in adolescents was lower than in adults.
- Based on 2017 to 2018 data, among US children 12 to 19 years of age, the prevalence of ideal levels of cardiovascular health behaviors and factors varied from 0% for the healthy diet pattern (0 in 100 US children meets at least 4 of the 5 dietary components) to >89% for the smoking and blood pressure (BP) metrics.
- Among US adults from 2017 to 2018, the age-standardized prevalence of ideal levels of cardiovascular health behaviors and factors varied from <1% for Healthy Diet Score to up to 80% for never having smoked or being a former smoker who has quit for >12 months.

CV Health in Adolescents

• In 2017 to 2018, the majority of youth 12 to 19 years of age met ideal cardiovascular health metrics for diabetes, BP, total cholesterol, physical activity, body mass index, and smoking.

CV Health in Adults

 In 2017 to 2018, the majority of US adults met ideal cardiovascular health metrics for diabetes, total cholesterol, and smoking.

CV Health and Race

- Among the components of cardiovascular health from 2017 to 2018 in US youth 12 to 19 years of age:
 - Non-Hispanic (NH) Asian and NH Black youth had the highest percent meeting the ideal smoking metric.
 - o NH Asian youth had the highest percent meeting the ideal body mass index metric.
 - Mexican American youth had the highest percent meeting the ideal physical activity (PA) metric.
 - o No youth race group met the ideal Healthy Diet Score metric.
 - NH White youth had the highest percent meeting the ideal total cholesterol metric.
 - o NH White youth had the highest percent meeting the ideal BP metric.
 - o NH White youth had the highest percent meeting the ideal diabetes metric.

For additional information, charts and tables, see Heart Disease & Stroke Statistics – 2022 Update

Additional charts may be downloaded directly from the online publication or www.heart.org/statistics.

Many statistics in this At-a-Glance document come from unpublished tabulations compiled for this document and can be cited using the document citation listed below.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 At-a-Glance document, 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:

Tsao CW, Aday AW, Almarzooq ZI, Alonso A, Beaton AZ, Bittencourt MS, Boehme AK, Buxton AE, Carson AP, Commodore-Mensah Y, Elkind MSV, Evenson KR, Eze-Nliam C, Ferguson JF, Generoso G, Ho JE, Kalani R, Khan SS, Kissela BM, Knutson KL, Levine DA, Lewis TT, Liu J, Loop MS, Ma J, Mussolino ME, Navaneethan SD, Perak AM, Poudel R, Rezk-Hanna M, Roth GA, Schroeder EB, Shah SH, Thacker EL, Van Wagner LB, Virani SS, Voecks JH, Wang N-Y, Yaffe K, Martin SS; on behalf of the American Heart Association Council on Epidemiology and Prevention Statistics Committee and Stroke Statistics Subcommittee. Heart disease and stroke statistics—2022 update: a report from the American Heart Association [published online ahead of print Wednesday, January 26, 2022]. *Circulation*. doi: 10.1161/CIR.0000000000001052

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If you have questions about statistics or any points made in the 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.