



American  
Heart  
Association.

# 2020 Heart Disease & Stroke Statistical Update Fact Sheet American Indian/Alaska Natives & Cardiovascular Diseases\*

## Cardiovascular Disease (CVD) (ICD-9 390 to 459, ICD-10 I00 to I99.) & Coronary Heart Disease (CHD) (ICD-9 410 to 414, 429.2; ICD-10 I20 to I25 (includes MI ICD-10 I21 to I22))

- In 2017, CVD caused 4,554 deaths among non-Hispanic (NH) American Indians or Alaska Natives. CHD resulted in 2,032 deaths and myocardial infarction (MI) caused 593 deaths in this group.

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

- In 2017, 737 NH American Indian/Alaska Native, all ages, died from stroke.
- In 2017, the age-adjusted death rate for stroke in NH American Indian or Alaska Native males was 33.3 per 100,000 and 34.4 per 100,000 in females.

## High Blood Pressure (HBP) (ICD-9 401 to 404, ICD-10 I10 to I15)

- In 2017, 568 NH American Indian/Alaska Natives (all ages) died from HBP.

## Smoking

- In 2017, for age 18 years and older, 24.0% of American Indian/Alaska Natives reported cigarette use every day or some days.

## Physical Inactivity

- In 2017, 21.3% of American Indian/Alaska Native adults age 18 and older met the 2018 Federal Physical Activity (PA) Guidelines for both aerobic and strengthening activity.

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

- In 2017, the overall age-adjusted death rate attributable to DM was 21.5 per 100,000. In 2017, the rate was 55.0 per 100,000 for NH American Indian/Alaska Native males and 38.3 for NH American Indian/Alaska Native females.
- In 2017, 1,114 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  
[Heart Disease & Stroke Statistics – 2020 Update](#)

Additional charts may be downloaded directly from the [online publication](#) or  
[www.heart.org/statistics](http://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Many statistics in this Fact Sheet come from unpublished tabulations compiled for this document and can be cited using the document citation listed below.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](mailto:statistics@heart.org). Please direct all media inquiries to News Media Relations at <http://newsroom.heart.org/newsmedia/contacts>.

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