



**American  
Heart  
Association.**

## **2025 Heart Disease & Stroke Statistical Update Fact Sheet White Race & Cardiovascular Diseases**

### **Cardiovascular Disease (CVD) (ICD-9 390 to 459; ICD-10 I00 to I99)**

- Among non-Hispanic (NH) White adults between 2017 and 2020, 51.2% of males and 44.6% of females had CVD, including coronary heart disease, heart failure, stroke, and hypertension in the CVD definition.
- In 2022, CVD caused the deaths of 371,064 NH White males and 338,610 NH White females.

### **Coronary Heart Disease (CHD) (ICD-9 410 to 414, 429.2; ICD-10 I20 to I25 (includes MI ICD-10 I21 to I22))**

- Among NH White adults 20 years of age and older between 2017 and 2020, 9.4% of males and 5.9% of females had CHD; 4.8% of NH White males and 2.2% of NH White females had a previous heart attack.
- In 2022 for all ages, CHD caused the deaths of 172,181 NH White males and 112,164 NH White females. Heart attack caused the deaths of 48,545 NH White males and 31,205 NH White females.
- In 2022, the overall age-adjusted CHD death rate per 100,000 was 126.8 for NH White males and 61.9 for NH White females.
- On the basis of pooled data from 1995 to 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  $\geq 75$  years of age, 21% of White males and 20% of White females.

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

- Among NH White adults between 2017 and 2020, 2.7% of males and 3.6% of females had a previous stroke.
- In 2022 for all ages, stroke caused the deaths of 51,042 NH White males and 68,887 NH White females.
- The overall 2022 age-adjusted death rate for stroke as an underlying cause of death was 39.5 per 100,000. Death rate for NH White males was 38.6 per 100,000 and for NH White females it was 37.5 per 100,000.

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

- Among NH White adults 20 years of age and older between 2017 and 2020, the following have HBP: 48.9% of males and 42.6% of females.
- In 2022 for all ages, HBP caused the deaths of 44,028 NH White males and 49,115 NH White females.
- The 2022 age-adjusted death rate attributable primarily to HBP was 31.5 per 100,000. Death rates (per 100,000) for NH White individuals were 33.3 for males and 26.8 for females.

Unless otherwise noted, all statistics in this Fact Sheet pertain to the United States. Please refer to the complete Statistics Update for references and additional information for reported statistics.

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### High Blood Cholesterol and Other Lipids

- Among children 6 to 11 years of age between 2017 and 2020, the mean total cholesterol level was 157.4 mg/dL. For NH White children, mean total cholesterol was 156.3 mg/dL for males and 159.5 mg/dL for females.
- Among adolescents 12 to 19 years of age between 2017 and 2020, the mean total blood cholesterol level was 154.8 mg/dL. For NH White adolescents, mean total cholesterol was 148.8 mg/dL for males and 162.4 mg/dL for females.
- Among NH White adults between 2017 and 2020:
  - 32.5% of males and 37.2% of females had total blood cholesterol levels of 200 mg/dL or higher.
  - 9.6% of males and 10.7% of females had total cholesterol levels of 240 mg/dL or higher.
  - 25.0% of males and 24.0% of females had low-density lipoprotein (LDL) cholesterol of 130 mg/dL or higher.
  - 25.0% of males and 8.8% of females had high-density lipoprotein (HDL) cholesterol less than 40 mg/dL.

### Smoking

- In 2022, the lifetime use of tobacco products in adolescents 12 to 17 years of age was highest among American Indians or Alaska Native (17.7%) adolescents, followed by NH Whites (10%), Hispanic or Latino (8.0%), NH Black (7.5%), and NH Asian (2.2%) adolescents.
- Among NH White high school and middle school students in 2023, cigarette use in the past month was 1.6%.
- Among NH White adults ≥18 years of age in 2021, 11.7% reported cigarette use every day or some days.
- According to 2022 data, the lifetime use of tobacco products in adults ≥18 years of age was highest among American Indians or Alaska Native (70.5%) and NH White (69.5%) adults, followed by Hispanic or Latino (51.8%), NH Black (50.8.0%), and NH Asian (34.9%) adults.

### Physical Activity

- In 2022, the percentage of youth 0 to 17 years of age spending ≥4 h/d in front of a television, computer, cell phone, or other electronic device watching programs, playing games, accessing the internet, or using social media (not including schoolwork) on most weekdays was 22.0%. It was 18.5% for NH White children.
- According to 2021 data, high school students who met both physical activity recommendations (were both physically active for ≥60 minutes on all 7 d/wk and participated in muscle-strengthening activities on ≥3 d/wk) was 16.0%. Among NH White males, 18.6% met both recommendations.
- According to 2020 data, the percentage of adult NH White men meeting both guidelines was 30.5% and for women it was 24.3%.

### Obesity

- Between 2017 and 2020, 19.7% of children 2 to 19 years of age in the United States were obese. Among NH White children, 17.6% of males and 15.4% of females were obese.

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- Between 2017 and 2020, 41.9% of adults over age 20 in the United States were obese. Among NH White adults, 43.1% of males and 39.6% of females were obese.

## Diabetes (ICD-9 250; ICD-10 E10 to E11)

- Among NH White adults between 2017 and 2020:
  - 11.5% of males and 7.7% of females had physician diagnosed diabetes
  - 2.6% of males and 2.8% of females had undiagnosed diabetes
  - 57.2% of males and 38.8% of females had prediabetes
- In 2022, diabetes caused the deaths, all ages, of 37,886 NH White males and 26,815 NH White females.

Fact sheets, infographics, and current/past Statistics Update publications can be downloaded from:  
[Heart and Stroke Association Statistics](#) | [American Heart Association](#).

Many statistics in this fact sheet come from unpublished tabulations compiled for the Statistics Update 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 fact sheet, please review the full Heart Disease and Stroke Statistics document to determine data sources and original citations.

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

Martin SS, Aday AW, Allen NB, Almarzooq ZI, Anderson CAM, Arora P, Avery CL, Baker-Smith CM, Bansal N, Beaton AZ, Commodore-Mensah Y, Currie ME, Elkind MSV, Fan W, Generoso G, Gibbs BB, Heard DG, Hiremath S, Johansen MC, Kazi DS, Ko D, Leppert MH, Magnani JW, Michos ED, Mussolino ME, Parikh NI, Perman SM, Rezk-Hanna M, Roth GA, Shah NS, Springer MV, St-Onge M-P, Thacker EL, Urbut SM, Van Spall HGC, Voeks JH, Whelton SP, Wong ND, Wong SS, Yaffe K, Palaniappan LP; on behalf of the American Heart Association Council on Epidemiology and Prevention Statistics Committee and Stroke Statistics Committee. 2025 Heart disease and stroke statistics: a report of US and global data from the American Heart Association. *Circulation*. Published online January 27, 2025.

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