



American
Heart
Association.

2022 Heart Disease & Stroke Statistical Update Fact Sheet American Indian/Alaska Native Race & 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 2019, CVD caused 4,635 deaths among non-Hispanic (NH) American Indian or Alaska Native people. CHD resulted in 2,007 deaths and myocardial infarction (MI) caused 599 deaths in this group.

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

- In 2019, 741 NH American Indian/Alaska Native people, all ages, died from stroke.
- In 2019, the age-adjusted death rate for stroke in NH American Indian or Alaska Native males was 31.4 per 100,000 and 29.6 per 100,000 in females.

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

- In 2018, 679 NH American Indian/Alaska Native people (all ages) died from HBP.

Smoking

- In 2019, for 18 years of age and older, 20.9% of American Indian/Alaska Native individuals reported cigarette use every day or some days.

Physical Inactivity

- In 2018, 19.1% of American Indian/Alaska Native adults 18 years of age and older met the 2018 Federal Physical Activity (PA) Guidelines for both aerobic and strengthening activity.

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

- In 2019, the overall age-adjusted death rate attributable to diabetes was 21.6 per 100,000. The rate was 48.2 per 100,000 for NH American Indian/Alaska Native males and 35.7 for NH American Indian/Alaska Native females.
- In 2019, 1,077 NH American Indian/Alaska Native individuals died from diabetes.
- Based on 2017 data from the Indian Health Service, the age-adjusted prevalence of diagnosed diabetes among American Indians/Alaska Native individuals was 14.5% for males and 14.8% 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 – 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Many statistics in this At-a-Glance document come from unpublished tabulations compiled for this document and can be cited using the document citation listed below.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, VanWagner 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>.

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