



2026 Heart Disease and Stroke Statistics Update Fact Sheet

At-a-Glance

This document contains key statistics about heart disease, stroke, other cardiovascular diseases and their risk factors, in addition to commonly cited statistics about the American Heart Association's research program. This At-a-Glance document is based on the association's 2026 Heart Disease and Stroke Statistics Update: A Report of US and Global Data From the American Heart Association, a document compiled annually by the American Heart Association and other collaborators. The years of data cited were the most recent available for each topic at the time the Statistics Update was written.

The 2024, 2025, and 2026 Statistics Updates all contain 2021 Global Burden of Disease Study data. Some global estimates below (from the 2025 and 2026 Statistics Update) reflect slightly different estimates from the 2024 Statistics Update due to improvements in demography and population estimation, statistical and geospatial modeling methods, and the addition of nearly 3000 new data sources since the 2024 AHA Statistics Update.

American Heart Association Research

- The American Heart Association uses donations to fund research projects. Research applications are carefully weighed and selected by teams of scientists and healthcare professionals who volunteer for the Association.
- Ten investigators received Nobel Prizes for research wholly or partially supported by the Heart Association.
- The Heart Association is the largest non-profit, non-governmental funder of cardiovascular and cerebrovascular research in the United States.
- The Heart Association has funded more than \$6.1 billion in research since 1949.

Heart Disease, Stroke, and other Cardiovascular Diseases

- Cardiovascular disease (CVD), listed as the underlying cause of death, accounted for 915 973 deaths in the United States in 2023. The US age-adjusted mortality rate for CVD as the underlying cause of death was 218.3 per 100 000.
- Heart disease and stroke claimed more lives in 2023 in the United States than all forms of cancer and chronic lower respiratory disease combined.
- Between 2021 and 2023, 130.6 million US adults (48.9%) had some form of CVD.
- In 2021 to 2022, direct and indirect costs of total CVD in the United States were \$414.7 billion (\$223.2 billion in direct costs and \$191.5 billion in indirect costs/mortality).
- In 2021 to 2023 in the United States, 59.5% of non-Hispanic Black females and 63.0% of non-Hispanic Black males had some form of CVD. This race category had the highest prevalence of CVD.

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

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- In 2023, coronary heart disease (CHD) was the leading cause of deaths (38.2%) attributable to CVD in the United States, followed by stroke (17.8%), other CVD (17.1%), hypertensive diseases (14.5%), heart failure (HF, 9.8%), and diseases of the arteries (2.7%).
- Direct costs for CVD accounted for 10% of total US health expenditures in 2021 to 2022.
- CVD accounted for approximately 19.41 million global deaths in 2021, an increase of 18.51% from 2010. The global age-standardized mortality rate for CVD was 235.18 per 100 000 in 2021, a decrease of 14.55% from 2010.

Coronary Heart Disease

- CHD was the underlying cause for 349 470 US deaths in 2023. The US age-adjusted mortality rate for CHD as the underlying cause of death was 82.2 per 100 000.
- From 2013 to 2023 in the United States, the annual mortality rate attributable to CHD declined 19.9%, whereas the actual number of deaths declined 5.6%.
- Myocardial infarction (MI) was the underlying cause of 93 345 US deaths in 2023. The US age-adjusted mortality rate for MI as the underlying cause of death was 21.9 per 100 000.
- Approximately every 40 seconds, someone in the United States will have an MI.
- According to data from 2005 to 2014, the estimated annual incidence of heart attack in the United States was 605 000 new attacks and 200 000 recurrent attacks. Average age at the first heart attack was 65.6 years for males and 72.0 years for females.
- The estimated direct and indirect cost of CHD in 2021 to 2022 (average annual) was \$124.9 billion in the United States.
- Ischemic HD accounted for approximately 8.99 million global deaths in 2021, an increase of 21.03% from 2010. The global age-standardized mortality rate in 2021 was 108.73 per 100 000 in 2010, a decrease of 13.02%.

Stroke

- In 2023, stroke accounted for approximately 1 of every 19 deaths in the United States.
- On average in 2023, someone died of stroke every 3 minutes 14 seconds in the United States.
- Stroke was the underlying cause for 162 639 US deaths in 2023. The US age-adjusted mortality rate for stroke as the underlying cause of death was 39.0 per 100 000.
- In 2023, the US age-adjusted stroke mortality rate as an underlying cause of death was 39.0 per 100 000, an increase of 7.7% from 36.2 per 100 000 in 2013, and the actual number of stroke deaths increased 26.1% (from 128 978 in 2013) during the same time period.
- In 2021, there were 7.25 million deaths attributable to stroke worldwide, an increase of 14.30% from 2010. There were 3.59 million deaths from ischemic stroke, 3.31 million deaths from intracerebral hemorrhage, and 0.35 million deaths from subarachnoid hemorrhage. The global age-standardized mortality rate was 87.45 per 100 000 for total stroke, a decrease of 17.45% from 2010. The global age-standardized mortality rates

were 44.18 per 100 000 for ischemic stroke, 39.09 per 100 000 for intracerebral hemorrhage, and 4.18 per 100 000 for subarachnoid hemorrhage.

Sudden Cardiac Arrest (SCA)

- In 2023, SCA was the underlying cause of 18 132 US deaths. The US age-adjusted mortality rate for SCA as the underlying cause of death was 4.3 per 100 000. In 2023, SCA any-mention mortality, with any-mention of SCA on the death certificate, was 380 349 US deaths. The US any-mention age-adjusted mortality rate for SCA was 90.2 per 100 000.
- According to 2024 US data, the majority of adult out-of-hospital cardiac arrests (OHCA) occur at a home or residence (71.0%). Public settings (18.0%) and nursing homes (11.1%) were other locations of adult OHCA.
- According to 2024 US data for adult OHCA only, survival to hospital discharge was 10.5% for all EMS-treated non-traumatic OHCA cardiac arrests. Bystander witnessed adult arrests had a 15.9% survival to hospital discharge and 9-1-1 responder witnessed arrests had an 18.0% survival to hospital discharge.

Heart Failure (HF)

- Using data from 2021 to 2023, 7.7 million (2.5%) US adults had HF.
- In 2023, there were 89 795 US deaths with an underlying cause of HF. In 2023, the US age-adjusted mortality rate with an underlying cause of HF was 21.6 per 100 000.
- In 2021, an estimated 55.50 million deaths were attributed to HF globally, an increase of 33.28% from 2010. The US age-adjusted mortality rate attributable to HF was 676.68 per 100 000; no significant change from 2010.

CVD Risk Factors

The Heart Association gauges the cardiovascular health of the nation by tracking eight key health factors and behaviors that increase risks for heart disease and stroke. These are called “Life’s Essential 8” and the Heart Association measures them to track progress toward improving cardiovascular health for all Americans. Life’s Essential 8 are: Quit Tobacco, Be More Active, Eat Better, Manage Weight, Get Healthy Sleep, Control Cholesterol, Manage Blood Pressure, and Manage Blood Sugar. Below are some key facts related to these factors:

Tobacco and Nicotine Use and Exposure

- Worldwide, tobacco contributed to an estimated 7.25 million deaths in 2021, an increase of 9.28% from 2010. The global age-standardized mortality rate was 85.66 per 100 000, a 19.75% decrease from 2010.
- In the United States, smoking was the second leading risk factor for years of life lost to premature mortality and the fourth leading risk factor for years of life lived with disability or injury in 2021.
- A meta-analysis of 23 prospective and 17 case-control studies of cardiovascular risks associated with secondhand smoke exposure demonstrated 18%, 23%, 23%, and 29%

increased relative risk for total mortality, total CVD, CHD, and stroke, respectively, in those exposed to secondhand smoke.

- According to the 2020 Surgeon General’s report on smoking cessation, >480 000 Americans die as a result of cigarette smoking and >41 000 die of secondhand smoke exposure each year, ≈1 in 5 deaths annually.
- In 2024, 10.1% of US high school students and 5.4% of middle school students reported current tobacco product use. 1.7% of US high school students and 1.1% of middle school students smoked cigarettes in the past 30 days. In the past 30 days, 7.8% of US high school students and 3.5% of middle school students used e-cigarettes.
- In 2021, 11.5% of US adults reported cigarette use every day or some days (13.1% of males and 10.1% of females).
- In 2021, there were 7.25 million global deaths from tobacco, an increase of 9.28% from 2010. The global age-standardized mortality rate in 2021 due to tobacco was 85.66 per 100 000, a decrease of 19.75% from 2010.

Physical Activity

- In 2022, the overall prevalence of meeting the 2018 Physical Activity Guidelines for Americans for aerobic activity and muscle-strengthening activities was 25.3% in US adults.
- Among US youths 12 to 17 years of age in 2022 and 2023, 13.7% were physically active for 60 minutes or more every day of the week. The percentage was higher for youths 6 to 11 years of age (25.6%).
- In 2021, there were 0.66 million global deaths from low physical activity, an increase of 30.74% from 2010. The global age-standardized mortality rate in 2021 due to low physical activity was 7.99 per 100 000, a decrease of 7.49% from 2010.

Nutrition

- Using the American Heart Association’s Life’s Essential 8 scoring metric and NHANES data from 2013 to 2020, diet was among the metrics with the lowest scores in adults; the mean diet score was 41.8 with a range across demographic groups of 28.2 to 53.7 out of 100.
- Among children 2 to 19 years of age from 2013 to 2020, a mean diet score of 43.9 out of 100 was observed with a range across demographic groups of 32.5 to 50.3.
- In 2021, diet-related risk factors accounted for 7 of the 20 leading risk factors for years of life lost to premature mortality in the United States.
- In 2021, diet-related risk factors accounted for 3 of the 20 leading risk factors for years of life lost to premature mortality globally.
- In 2021, there were 7.22 million global deaths from dietary risks, an increase of 18.78% from 2010. The global age-standardized mortality rate due to dietary risks was 86.26 per 100 000, a decrease of 13.85% from 2010.

Overweight & Obesity

- In the United States, the age-adjusted prevalence of obesity among adults from 2021 to 2023 was 40.3% overall, 39.3% in males, and 41.4% in females.
- The age-adjusted prevalence of severe obesity in adults in the United States from 2021 to 2023 was 9.7% overall, 6.8% in males, and 12.6% in females.
- The prevalence of obesity among children and adolescents 2 to 19 years of age in the United States from 2021 to 2023 was 21.1% overall, 23.0% in males, and 19.1% in females.
- Worldwide, high body mass index was attributed to 3.71 million deaths in 2021, an increase of 42.81% from 2010. The global age-standardized mortality rate due to high body mass index was 44.23 per 100 000; no significant change from 2010.

High Blood Cholesterol & Other Lipids

- Using data from 2021 to 2023, an estimated 91.2 million (36.1%) US adults had total cholesterol of 200 mg/dL or higher.
- Using data from 2021 to 2023, an estimated 28.7 million (11.3%) US adults had total cholesterol of 240 mg/dL or higher.
- Using data from 2017 to 2020, an estimated 63.1 million (25.5%) US adults had high levels of low-density lipoprotein cholesterol (LDL; 130 mg/dL or higher). LDL cholesterol data for 2021 to 2023 had not been released at the time of writing the 2026 Statistics Update.
- Using data from 2021 to 2023, an estimated 34.9 million (14.1%) adults had low levels of high-density lipoprotein cholesterol (HDL; less than 40 mg/dL).
- Globally, in 2021, there were 3.65 million deaths attributable to high levels of LDL cholesterol, an increase of 17.41% from 2010. The global age-standardized mortality rate was 43.67 per 100 000, a decrease of 14.68% from 2010.

Sleep

- Data from NHANES 2017 to 2020 showed that trouble sleeping was more prevalent in older adults, females, NH White adults, and unemployed individuals. Daytime sleepiness was more prevalent among younger adults, females, NH White adults, people who were unemployed, and people with lower income.
- Based on 2022 US data, females more often reported that they wake up well rested never or on some days than males reported for all age groups.

Diabetes

- Using data from 2021 to 2023, an estimated 29.5 million (10.6%) US adults had diagnosed diabetes.
- Using data from 2021 to 2023, an estimated 9.6 million (3.5%) US adults had undiagnosed diabetes. Additionally, 96.0 million (37.2%) US adults had prediabetes.
- In 2023, 95 190 US deaths had an underlying cause of diabetes. The US age-adjusted mortality rate with diabetes as the underlying cause was 22.4 per 100 000.

- In 2021, an estimated 1.66 million deaths were attributed to diabetes globally, an increase of 41.13% from 2010. The global age-standardized mortality rate was 19.61 per 100 000; no significant difference from 2010. In 2021, an estimated 5.29 million global deaths were attributed to high fasting plasma glucose, an increase of 37.09% from 2010. The global age-standardized mortality rate was 63.73 per 100 000; no significant difference from 2010.

High Blood Pressure (HBP)

- Using data from 2021 to 2023, 125.9 million (47.3%) US adults had HBP.
- In 2023, there were 132 827 US deaths with an underlying cause of HBP. In 2023, the US age-adjusted mortality rate with HBP as the underlying cause was 31.9 per 100 000.
- In 2021, an estimated 10.85 million deaths were attributed to high systolic blood pressure globally, an increase of 20.50% from 2010. The global age-standardized mortality rate attributed to high systolic blood pressure was 131.10 per 100 000, a decrease of 13.63% from 2010.

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:

Palaniappan LP, Allen NB, Almarzooq ZI, Anderson CAM, Arora P, Avery CL, Baker-Smith CM, Bansal N, Currie ME, Earlie RS, Fan W, Fetterman JL, Barone Gibbs B, Heard DG, Hiremath S, Hong H, Hyacinth HI, Ibeh C, Jiang T, Johansen MC, Kazi DS, Ko D, Kwan TW, Leppert MH, Li Y, Magnani JW, Martin KA, Martin SS, Michos ED, Mussolino ME, Ogungbe O, Parikh NI, Perez MV, Perman SM, Sarraju A, Shah NS, Springer MV, St-Onge M-P, Thacker EL, Tierney S, Urbut SM, Van Spall HGC, Voeks JH, Whelton SP, Wong SS, Zhao J, Khan SS; on behalf of the American Heart Association Council on Epidemiology and Prevention Statistics Committee and Stroke Statistics Committee. 2026 Heart disease and stroke statistics: a report of US and global data from the American Heart Association. *Circulation*. Published online January 21, 2026.

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