American Indian/Alaska Natives & Cardiovascular Diseases

Cardiovascular Disease (CVD) (ICD/10 codes I00-I99, Q20-Q28) (ICD/9 codes 390-459, 745-747)
& Coronary Heart Disease (CHD) (ICD/10 codes I20-I25) (ICD/9 codes 410-414, 429.2)
- Among American-Indian men ages 45–74, the incidence of CVD ranges from 20 to 28 per 1,000 population. Among women, it ranges from 9 to 15 per 1,000.
- Among American Indians or Alaska Natives, 8.2% have heart disease and 26.2% have hypertension. These statistics may be unreliable.
- Among American Indian men 45 to 74 years of age, the incidence of CVD ranges from 20 to 28 per 1000 population. Among women, it ranges from 9 to 15 per 1000.
- In 2011, CVD caused 3,826 deaths among American Indians or Alaska Natives. CHD resulted in 1,913 deaths and myocardial infarction (MI) caused 627 deaths in this group.

Stroke (ICD/10 codes I60-I69) (ICD/9 codes 430-438)
- 2.7% of American Indian/Alaska Natives have had a stroke.
- In 2011, 600 American Indian/Alaska Native died from stroke.
- During 1990 to 2009, stroke mortality rates among American Indian and Alaska Native people were higher than whites for both men and women and were highest in the youngest age groups (35–44 years old). Stroke mortality rates and the rate ratios for American Indians/Alaska Natives to whites varied by region, with the lowest in the Southwest and the highest in Alaska.
- Starting in 2001, stroke death rates among American Indian/Alaska Native people decreased in all regions.

High Blood Pressure (HBP) (ICD/10 codes I10-I15) (ICD/9 codes 401-404)
- 26.2% of American Indian/Alaska Natives have HBP.
- In 2011, 326 American Indian/Alaska Natives died from HBP.

Smoking
- In 2013, 25.7% of American Indian/Alaska Native males were current smokers; 16.7% of females.
American Indian/Alaska Natives & CVD - 2015 Statistical Fact Sheet

Physical Inactivity

- In 2013, only 16.6% of American Indian/Alaska Native adults age 18 and older met the 2008 Federal Physical Activity (PA) Guidelines.

Overweight and Obesity

- Data from 2011 show that American Indian/Alaskan Native youth have an obesity rate of 17.7%, whereas rates are 14.7% for Hispanics, 10.6% for non-Hispanic blacks, 10.3% for non-Hispanic whites, and 9.3% for Asian/Pacific Islanders.
- Among adults 18 years and older in 2013, blacks (27.6%), American Indians or Alaska Natives (23.2%), and whites (35.8%) were less likely than Asians (57.4%) to be at a healthy weight. Blacks (36.3%) and American Indians or Alaska Natives (46.5%) were more likely to be obese than were whites (27.9%) and Asians (10.8%).
- Elevated childhood BMIs in the highest quartile were associated with premature death as an adult in a cohort of 4857 American Indian children during a median follow-up of 23.9 years.

Diabetes Mellitus (DM)  (ICD/10 codes E10-E14) (ICD/9 code 250)

- Children who develop type 2 DM are typically overweight or obese and have a family history of the disease. Most are American Indian, black, Asian, or Hispanic/Latino.
- 2010 to 2012 national survey data for people >20 years of age indicate that 7.6% of non-Hispanic whites, 9.0% of Asian Americans, 12.8% of Hispanics, 13.2% of non-Hispanic blacks, and 15.9% of American Indian/Alaska Natives had diagnosed DM.
- Data from 1994 to 2004 collected by the Indian Health Service, indicated that the age-adjusted prevalence per 1,000 of DM increased 101.2% among American Indian/Alaska Native adults age 35 and older (from 8.5% to 17.1%). During this time period, the prevalence of diagnosed diabetes mellitus was greater among females than males in all age groups.
- In 2011, 927 American Indian/Alaska Natives died from DM.

For additional information, charts and tables, see Heart Disease & Stroke Statistics - 2015 Update.

Additional charts may be downloaded directly from the online publication at: http://circ.ahajournals.org/content/131/4/e29.full.pdf+html Or at: www.heart.org/statistics

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

If you have questions about statistics or any points made in the 2015 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 inquiries@heart.org or 214-706-1173.