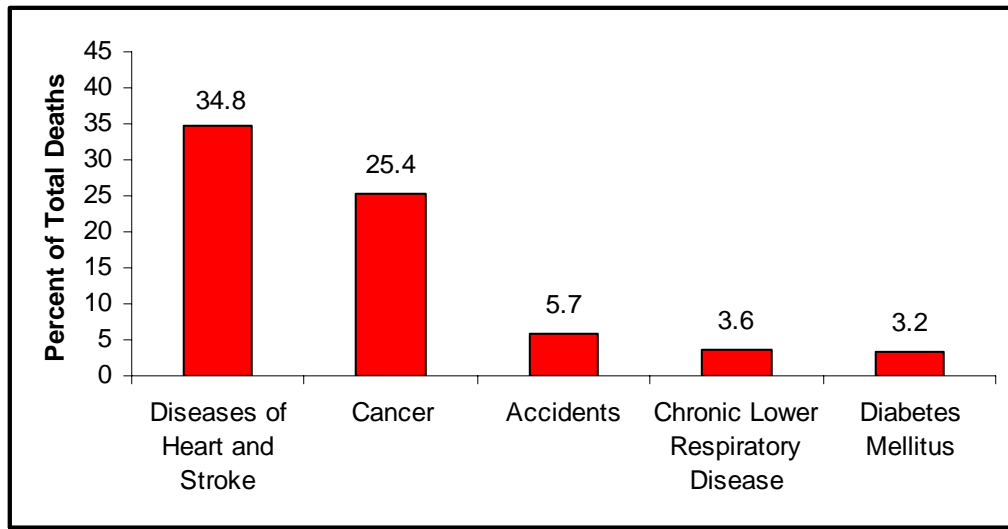


## Statistical Fact Sheet — Populations

### Asian/Pacific Islanders and Cardiovascular Diseases — Statistics

#### Leading Causes of Death for Asian/Pacific Islander Males

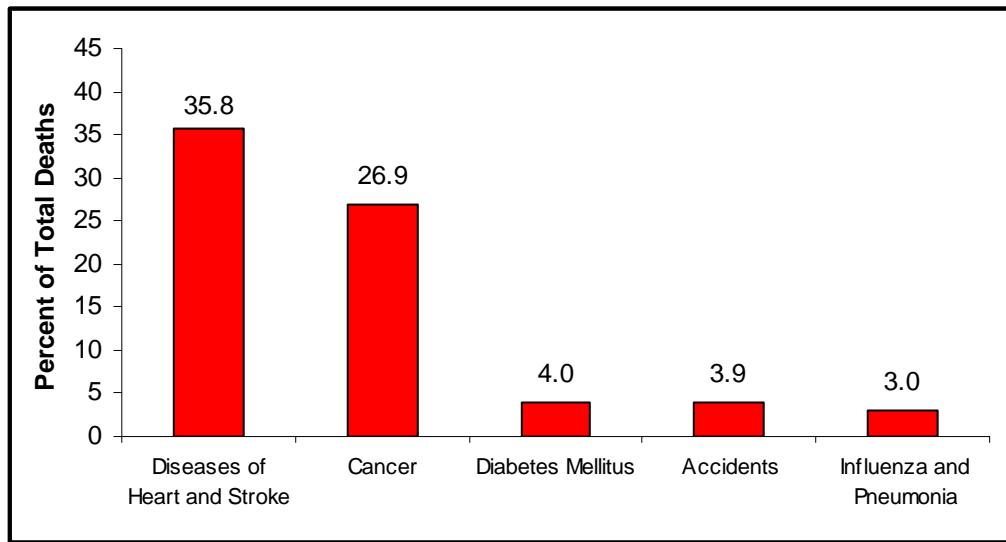
United States: 2002



Source: CDC/NCHS. Underlying mortality.

### Leading Causes of Death for Asian/Pacific Islander Females

United States: 2002



Source: CDC/NCHS. Underlying mortality.

**Note** This Asian/Pacific Islander category includes people at high CVD risk (South Asian) and people at low CVD risk (Japanese). More specific data on these groups aren't available. The combined "Diseases of the Heart" and "Stroke" category represents about 90 percent of "Total Cardiovascular Disease."

**Note:** Death rates are age-adjusted per 100,000 population, based on the 2000 U.S. standard. Some data are reported according to ICD/9 codes and some use ICD/10 codes.

#### Cardiovascular Disease (CVD) (ICD/9 390-459, 745-747) (ICD/10 I00-I99, Q20-Q28)

- Among people age 18 and older, data from the NHIS 2003, CDC/NCHS, showed that among Asians, 5.6 percent have heart disease, 3.8 percent have CHD, 16.1 percent have hypertension and 1.8 percent have had a stroke.
- Age-adjusted death rates for diseases of the heart from 1990 to 1998 declined 15 percent for non-Hispanic whites, 11 percent for non-Hispanic blacks, 17 percent for Hispanics, 14 percent for Asian/Pacific Islanders and 8 percent for American Indians or Alaska Natives. In 1998 the rate for non-Hispanic blacks was 2.8 times the rate for Asian/Pacific Islanders. (*Healthy People 2000, Statistical Notes, No. 23, CDC/NCHS, January 2002*)

#### Coronary Heart Disease (CHD) (ICD/10 codes I20-I25) (ICD/9 codes 410-414, 429.2)

- The 2003 overall preliminary underlying CHD death rate was 162.6. The 2002 CHD death rate for Asian/Pacific Islanders was 98.6. (*Health, United States, 2004. CDC/NCHS*)

**Stroke** (ICD/10 codes I60-I69) (ICD/9 codes 430-438)

- The age-adjusted annual incidence rate (per 1,000) in Japanese-American men has declined markedly:
  - from 5.1 to 2.4 for total stroke.
  - from 3.5 to 1.9 for thromboembolic stroke.
  - from 1.1 to 0.6 for hemorrhagic stroke.

The estimated average annual declines are

- 5 percent for total stroke.
- 3.5 percent for thromboembolic stroke.
- 4.3 percent for hemorrhagic stroke.

(During the 1969-88 follow-up period of the Honolulu Heart Program, NHLBI)

- The 2003 overall preliminary underlying death rate for stroke was 54.3. The 2002 stroke death rate for Asian/Pacific Islanders was 50.8 for males and 45.4 for females. (*Health, United States, 2004. CDC/NCHS*)
- From 1995 to 1998 age-standardized mortality rates for ischemic stroke, subarachnoid hemorrhage and intracerebral hemorrhage were higher among blacks than whites. Death rates from intracerebral hemorrhage were also higher among Asian/Pacific Islanders than among whites. All minority populations had higher death rates from subarachnoid hemorrhage than did whites. (*Ayala C, et al. Racial/ethnic disparities in mortality by stroke subtype in the United States, 1995-1998. Am J Epidemiol 2001;154:1057-63*)
- Data from the NHIS (2003) study of the CDC/NCHS, for Americans age 18 and older, showed the prevalence for stroke in Asians to be 1.8 percent

**Hypertension**

- Data from the NHIS (2003) study of the CDC/NCHS; for Americans age 18 and older, showed the prevalence of hypertension in Asians to be 16.1 percent.

**Tobacco**

- Among Asians only age 18 and older, the following are current smokers:
  - 17.8 percent of men.
  - 4.8 percent of women.

(*MMWR, Vol. 54, No. 44, Nov. 11, 2005.*)

- In 1999-2001, the following reported cigarette use in the preceding month:
  - In Asians ages 12-17, 8.8 percent of males and 7.3 percent of females
  - In Asian adults ages 18 and older, 24.1 percent of men and 9.1 percent of women.(*National Survey on Drug Use and Health, U.S., 1999-2001. MMWR, Vol. 53, No. 3, Jan. 30, 2004, CDC.*)

- For Asian/Pacific Islanders, the following use chewing tobacco:

- 1.2 percent of men.
- Almost none of women.

*(NHANES III [1988-94], CDC/NCHS)*

- In 2002 the following percentages used any tobacco product:
  - 32.0 percent for whites only.
  - 28.8 for black or African American only
  - 28.8 percent for Native Hawaiians and other Pacific Islanders only.
  - 18.6 percent for Asians only.
  - 25.2 for Hispanics or Latinos, any race.
  - 44.3 for American Indian or Alaska Native only

*(Health, United States, 2004, CDC/NCHS)*

### High Blood Cholesterol and Other Lipids

In adults, total cholesterol levels of 240 mg/dL or higher are considered high risk. Levels from 200 to 239 mg/dL are considered borderline-high risk.

- The median percentage of Asian/Pacific Islanders age 18 and older who've been told by a professional that they have high blood cholesterol is 27.3 percent. *(BRFSS [1997], CDC)*

### Physical Activity

- Among Asian/Pacific Islanders age 18 and older, the following have no leisure-time physical activity:
    - 20.4 percent of men.
    - 24.0 percent of women.
- (BRFSS [2004], CDC)*
- The 2001–03 data from the BRFSS study of the CDC showed that among Asians and Native Hawaiian or Other Pacific Islanders, 21.2 percent of men and 27.0 percent of women reported no leisure-time physical activity. Of these, 21.5 percent were overweight (BMI 25.0 – 29.9) and 23.8 percent were obese (BMI 30.0 and over). *(MMWR, Vol. 53, No. 33, Aug. 27, 2004)*

### Overweight and Obesity

- Among Asians only, age 18 and older, 25.1 percent are overweight or obese (body mass index [BMI] of 25 kg/m<sup>2</sup> or higher):  
*(NHIS [2003], CDC/NCHS)*
- Among Asians only age 18 and older, 6.0 percent are obese (body mass index [BMI] of 30 kg/m<sup>2</sup> or higher):  
*(NHIS [2003], CDC/NCHS)*

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

- Data from the NHIS 2003, CDC/NCHS, showed the prevalence of physician diagnosed diabetes to be 6.5 percent among Asians.

**Source Footnotes**

*Am J Epi* – American Journal of Epidemiology

BRFSS – Behavioral Risk Factor Surveillance System

CDC/NCHS – Centers for Disease Control and Prevention/National Center for Health Statistics

HHP – Honolulu Heart Program

*MMWR* – Morbidity and Mortality Weekly Report

NHANES III (1988-94) – National Health and Nutrition Examination Survey III

NHANES (1999-2000) – National Health and Nutrition Examination Survey

NHIS – National Health Interview Survey

NHLBI – National Heart, Lung, and Blood Institute