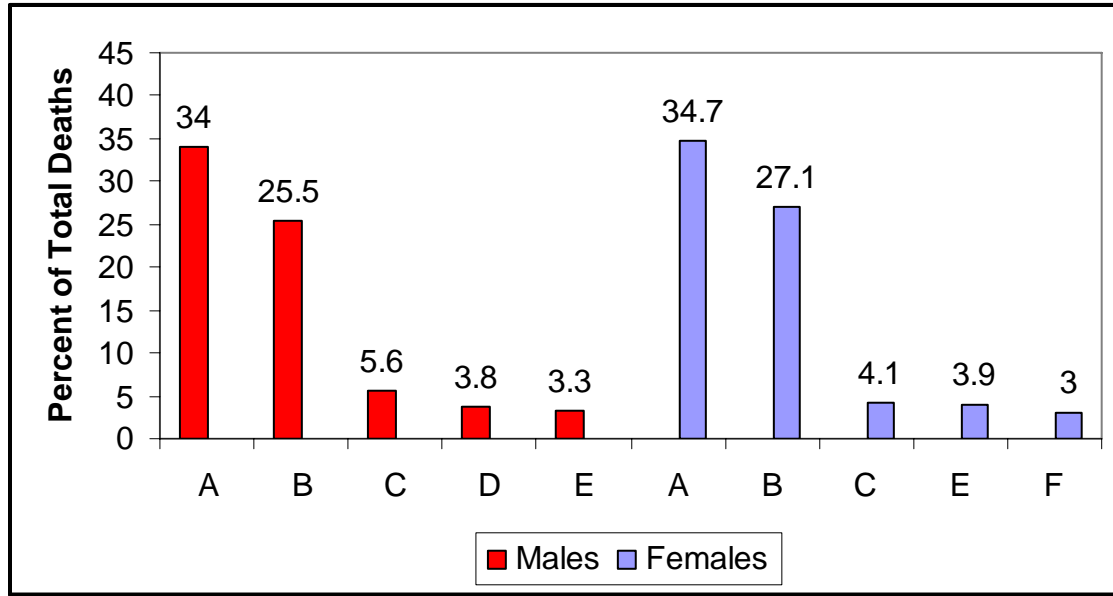


Statistical Fact Sheet — Populations  
2007 Update

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

**Leading Causes of Death for Asian/Pacific Islander Males and Females**

United States: 2003



Source: NCHS and NHLBI.

A, Diseases of the heart and stroke; B, cancer; C, accidents; D, chronic lower respiratory disease; E, diabetes mellitus; F, influenza and pneumonia.

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 does not constitute 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 2004, NCHS, showed that among Asians, 6.7 percent have heart disease, 4.2 percent have coronary heart disease, 16.9 percent have hypertension and 2.4 percent have had a stroke.

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

- The 2003 CHD death rate for Asian/Pacific Islanders was 92.8. (*Health, United States, 2005. 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 age-adjusted stroke death rate for Asian/Pacific Islanders was 48.5 for males and 42.6 for females. (*Health, United States, 2005. /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 (2004) study of the NCHS, for Americans age 18 and older, showed the prevalence for stroke in Asians to be 2.4 percent

**Hypertension**

- Data from the NHIS (2003) study of the 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 2004, the following reported cigarette use in the preceding month:
  - In Asians age 12-17, 5.4 percent
  - In Asians age 18 and older, 10.9 percent.

(*Substance Abuse and Mental Health Services Administration. [2005]. Results from the 2004 National Survey on Drug Use and Health: National Findings (Office of Applied Studies, NSDUH series H-28, DHHS Publication No. SMA 05-4062).*)

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

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

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

- In 2003 the following used any tobacco product:
  - 37.0 percent for Native Hawaiians and other Pacific Islanders only.
  - 13.8 percent for Asians only.

*(NCHS. Health, United States, 2005. With Chartbook on Trends in the Health of Americans. Hyattsville, MD: 2005)*

## 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 Inactivity

- 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.

*(MMWR, Vol. 54/No.39:991-994. Oct. 7, 2005)*

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

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

- Data from the NHIS 2003, NCHS, showed the prevalence of physician diagnosed diabetes to be 7.5 percent among Asians.

*(Lethbridge=Cejku M, Rose D, Vickerie J. Summary of health statistics for U.S. Adults: National Health Interview Survey, 2004. National Center for Health Statistics. Vital Health Stat 10(228). 2006. Data are age-adjusted estimates for Americans age 18 and older.)*

**Source Footnotes**

*Am J Epi* – American Journal of Epidemiology

BRFSS – Behavioral Risk Factor Surveillance System, CDC

NCHS – National Center for Health Statistics

HHP – Honolulu Heart Program, NHLBI

*MMWR* – Morbidity and Mortality Weekly Report, CDC

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

NHANES (1999-2004) – National Health and Nutrition Examination Survey, NCHS

NHIS – National Health Interview Survey, NCHS

NHLBI – National Heart, Lung, and Blood Institute

**For additional information see the Heart Disease and Stroke Statistics – 2007 Update, published in Circulation, available on our Web site.**