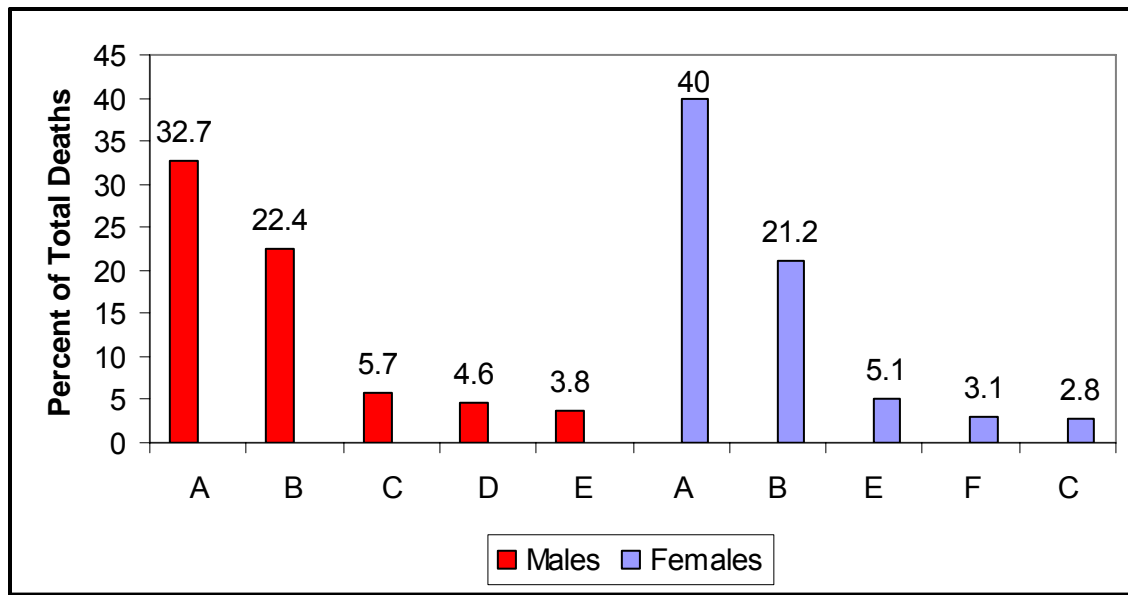


Statistical Fact Sheet — Populations
2007 Update

African Americans and Cardiovascular Diseases — Statistics

Leading Causes of Death for Black or African-American Males and Females

United States: 2004

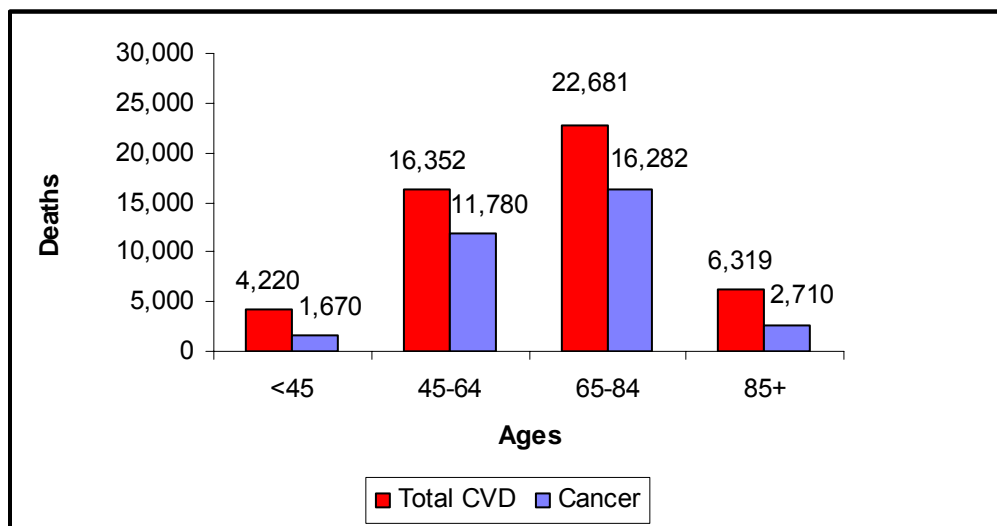


Note: A, Total CVD; B, cancer; C, accidents; D, assault (homicide); E, diabetes mellitus; F, nephritis, nephrotic syndrome and nephrosis. Using the combined “Diseases of the Heart” and “Stroke” category, which does not constitute total CVD, the percentage was 30.0 for males and 34.4 for females.

Source: NCHS and NHLBI.

Deaths From Cardiovascular Diseases and Cancer for Black Males by Age

United States: 2003

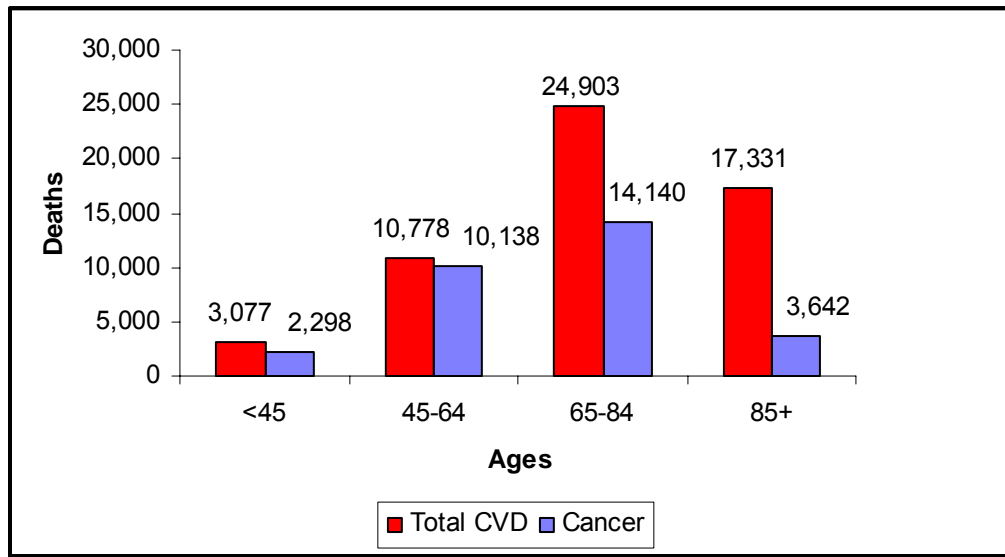


Note: Total CVD = Cardiovascular diseases and congenital cardiovascular defects.

Source: NCHS and AHA.

Deaths From Cardiovascular Diseases and Cancer for Black Females by Age

United States: 2003



Note: Total CVD = Cardiovascular diseases and congenital cardiovascular defects.

Source: NCHS and AHA.

Note: U.S. government agencies and population surveys use the terms “blacks” and “non-Hispanic blacks.” 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/10 codes I00-I99, Q20-Q28) (ICD/9 codes 390-459, 745-747)

- Among non-Hispanic blacks age 20 and older, the following have CVD:
 - 44.6 percent of men.
 - 49.0 percent of women.

(NHANES [1999-2004], NCHS and NHLBI)
- In 2004, CVD mortality caused the deaths of
 - 47,476 black males.
 - 53,513 black females.
- The 2004 overall death rate from CVD was 288.6. Death rates for blacks were
 - 4448.9 for males.
 - 3331.6 for females.
- In 2003, data from the CDC’s BRFSS study of adults age 18 and older showed the prevalence of respondents reporting two or more risk factors for heart disease and stroke, increased among successive age groups. The prevalence of having two or more risk factors was highest among blacks (48.7 percent). (*Racial/ethnic and socioeconomic disparities in multiple risk factors for heart disease and stroke — United States, 2003. MMWR 2005;54:113-7*)
- Data from the BRFSS study of the CDC showed that in adults age 18 and over, disparities in cardiovascular health were common in all risk factors examined. Black women with or without a high school education had a high prevalence of obesity (48.4 percent). Hypertension prevalence was high among blacks (41.2 percent), regardless of sex or educational status. Coronary heart disease and stroke were inversely related to education,

income and poverty status. Hospitalization was greater in men for total heart disease and acute myocardial infarction but greater in women for congestive heart failure and stroke. Among Medicare enrollees, congestive heart failure hospitalization was higher in blacks, Hispanics, and American Indians/Alaska Natives than among whites, and stroke hospitalization was highest in blacks. Hospitalizations for congestive heart failure and stroke were highest in the southeastern United States. Life expectancy remains higher in women than in men and higher in whites than blacks by about 5 years. CVD mortality at all ages tended to be highest in blacks. (*Circulation* 2005;111:1233-41)

- 2003 data from NHIS, in Americans age 18 and older, showed that among blacks or African-Americans only, 9.9 percent have heart disease, 5.3 percent have coronary heart disease, 31.6 percent have high blood pressure and 3.5 percent have had a stroke. (*NCHS*)
- In 2001, the proportion of premature deaths (<65 years) from diseases of the heart (I00–I09, I11, I13, I20–I51) was greatest among American Indians or Alaska Natives (36 percent) and blacks (31.5 percent) and lowest among whites (14.7 percent). Premature death was higher for Hispanics (23.5 percent) than non-Hispanics (16.5 percent), and for males (24 percent) than females (10 percent). Hispanic whites (23.3 percent) had lower proportions than Hispanic blacks (27.5 percent), and non-Hispanic whites (14.4 percent) had lower proportions than non-Hispanic blacks (31.5 percent). (*BRFSS/CDC; Disparities in premature deaths from heart disease — 50 states and the District of Columbia, 2001. MMWR* 2004;53[6])

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

- Among non-Hispanic blacks age 20 and older, the following have CHD:
 - 7.1 percent of men.
 - 7.8 percent of women.
 (*NHANES [1999-2004], NCHS and NHLBI*)
- Among non-Hispanic blacks age 20 and older, the following have myocardial infarction:
 - 3.9 percent of men.
 - 3.3 percent of women.
 (*NHANES [1999-2004], NCHS and NHLBI*)

Based on data from the ARIC study of the NHLBI: The average age-adjusted incidence rates per 1,000 person-years in blacks are

- 10.6 for men.
- 5.1 for women.

Incidence rates excluding revascularization procedures are

- 9.2 for men.
- 4.9 for women.

- Hypertension is a particularly powerful risk factor for CHD in blacks, especially in black women. Diabetes is a weaker predictor of CHD in blacks than in whites. (*Jones DW, et al. Risk factors for coronary heart disease in African Americans: the Atherosclerotic Risk in Communities Study 1987-1997. Arch Intern Med* 2002;162:2565–71)
- The annual rates per 1,000 population of new heart attack (myocardial infarction) or CHD death in black men are
 - 21.6 for ages 65–74.
 - 27.9 for ages 75–84.
 - 57.1 for age 85 and older.

For black women the rates are

- 8.6 for ages 65–74.
- 17.6 for ages 75–84.
- 24.8 for age 85 and older.

(CHS [1989-2000], NHLBI)

- In 2004, mortality showed that CHD caused the deaths of
 - 22,861 black males.
 - 23,604 black females.
- The 2004 overall CHD death rate was 150.5. Death rates for blacks were
 - 222.2 for males.
 - 148.6 for females.
- In 2004 mortality showed that myocardial infarction (heart attack) caused the deaths of 7,797 black males and 8,405 black females.

Angina Pectoris (ICD/10 code I20) (ICD/9 code 413)

- Angina (chest pain or discomfort caused by reduced blood supply to the heart muscle) is more common in women than in men. Among non-Hispanic blacks age 20 and older,
 - 3.4 percent of men have angina.
 - 4.3 percent of women have angina.

(NHANES [1999-2004], NCHS and NHLBI)

- The annual rates per 1,000 population of new and recurrent episodes of angina for black men are
 - 22.4 for ages 65–74.
 - 33.8 for ages 75–84.
 - 39.5 for age 85 and older.

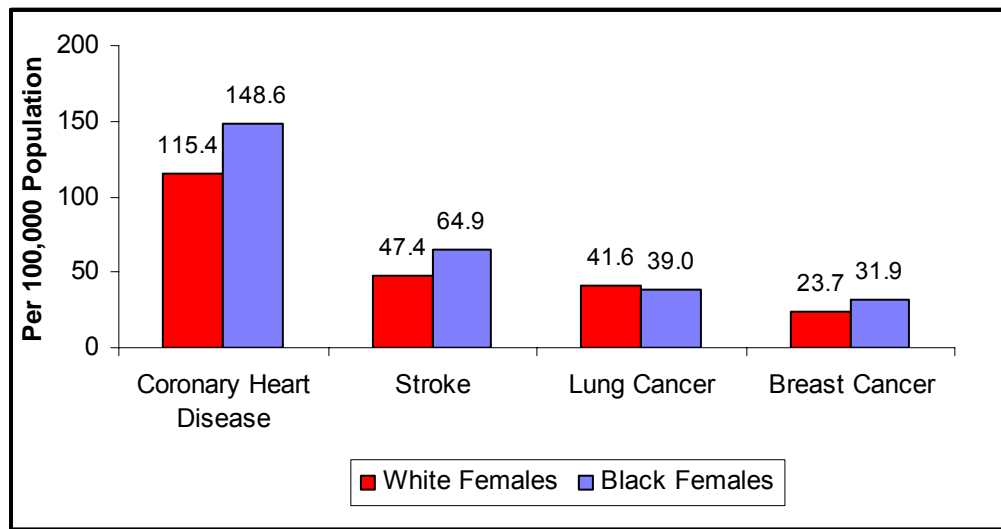
For black women the rates are

- 15.3 for ages 65–74.
- 23.6 for ages 75–84.
- 35.9 for age 85 and older.

(CHS, NHLBI)

Age-Adjusted Death Rates for Coronary Heart Disease, Stroke, and Lung and Breast Cancer for White and Black Females

United States: 2004



Source: NCHS and NHLBI.

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

- Among non-Hispanic blacks age 20 and older, the following have had a stroke:
 - 4.1 percent of men.
 - 4.1 percent of women.

(NHANES [1999-2004], NCHS and NHLBI)
- The age-adjusted stroke incidence rates (per 100,000) for first-ever strokes are
 - 323 for black males.
 - 260 for black females.

(GCNKSS, FHS, ARIC)
- Blacks have almost twice the risk of first-ever stroke compared with whites. (GCNKSS)
- In 2004 mortality showed that stroke caused the deaths of
 - 7,555 black males.
 - 10,373 black females.
- The 2004 overall death rate for stroke was 50.0 Death rates for blacks were
 - 73.9 for males.
 - 64.9 for females.
- Between 1980 and 1999 the hospital discharge rates for stroke increased for blacks and whites. The in-hospital mortality rates were similar and decreased for both black and white patients. Generally, the risk of a stroke hospitalization was more than 70 percent greater for blacks than for whites. (Kennedy BS, et al. Trends in hospitalized stroke for blacks and whites in the United States, 1980-1999. *Neuroepidemiology* 2002;21[3]:131-41)
- Compared to the stroke risk of white children, black children have an increased relative risk of 2.12. Boys have a 1.28-fold higher risk of stroke than girls. There are no ethnic differences in stroke severity or case-fatality, but boys have a higher case-fatality rate for ischemic stroke. The increased risk among blacks is not fully explained by the presence of

sickle cell disease, nor is the excess risk among boys fully explained by trauma. (Fullerton HJ, et al. *Risk of stroke in children: ethnic and gender disparities. Neurology* 2003;61[2]:189-94)

- Data from the Northern Manhattan Study, showed the age-adjusted incidence of first ischemic stroke per 100,000 was 88 in whites, 149 in Hispanics and 191 in blacks. Among blacks compared with whites, the relative rate of intracranial atherosclerotic stroke was 5.85; extracranial atherosclerotic stroke, 3.18; lacunar stroke, 3.09; and cardioembolic stroke, 1.58. Among Hispanics compared with whites, the relative rate of intracranial atherosclerotic stroke was 5.00; extracranial atherosclerotic stroke, 1.71; lacunar stroke, 2.32; and cardioembolic stroke, 1.42. (White H, et al. *Ischemic stroke subtype incidence among whites, blacks, and Hispanics: the Northern Manhattan Study. Circulation* 2005;111:1327-31)
- In 2002, the mean age of stroke death was 79.6 years; however, males had a younger mean age at stroke death than females. Blacks, American Indians/Alaska Natives, and Asians/Pacific Islanders had younger mean ages than whites, and the mean age at stroke death was also younger among Hispanics than non-Hispanics. (Centers for Disease Control and Prevention. *Disparities in deaths from stroke among persons aged <75 years – United States, 2002. MMWR* 2005;54:477-81)
- 2003 data from the BRFSS survey of the CDC showed a higher prevalence of stroke in 10 southeastern states than in 13 other states and the District of Columbia. Prevalence was higher in blacks than in whites. The highest age-adjusted prevalence of stroke was among southeastern blacks, followed by non-southeastern blacks, southeastern whites and non-southeastern whites. (Centers for Disease Control and Prevention. *Regional and racial differences in prevalence of stroke – 23 States and District of Columbia, 2003. MMWR* 2005;54:477-81)
- Data from the GCNKSS study shows that ischemic stroke patients with diabetes are younger, more likely to be African American, and more likely to have hypertension, myocardial infarction, and high cholesterol than nondiabetic patients. Age-specific incidence rates and rate ratios show that diabetes increases ischemic stroke incidence at all ages, but this risk is most prominent before age 55 in African Americans and before age 65 in whites. One-year case fatality rates after ischemic stroke are not different between those patients with and without diabetes. (Kissela BM, et al. *Epidemiology of ischemic stroke in patients with diabetes. Diabetes Care* 2005;28:355-9)

High Blood Pressure (HBP) (ICD/10 codes I10-I15) (ICD/9 codes 401-404)

- Among non-Hispanic blacks age 20 and older, the following have HBP (defined as systolic pressure of 140 mm Hg or higher or diastolic pressure of 90 mm Hg or higher, or taking antihypertensive medicine or being told twice by a physician or other professional that you have hypertension):
 - 42.6 percent of men.
 - 46.6 percent of women.
 (NHANES [1999-2004], NCHS, and NHLBI)
- The prevalence of HBP among blacks and whites in the southeastern United States is greater and death rates from stroke are higher than among those in other regions. (JNC 5 and 6)
- The prevalence of high blood pressure in blacks in the United States is among the highest in the world and it is increasing. From 1988–1994 to 1999–2002, the prevalence of HBP in adults increased from 35.8 percent to 41.4 percent among blacks, and it was particularly high among black women, at 44.0 percent. The prevalence among whites also increased, from 24.3 percent to 28.1 percent. (Hertz RP, et al. *Racial disparities in hypertension prevalence, awareness and management. Arch Intern Med* 2005;165:2098-2104.) Compared with whites, blacks

develop HBP earlier in life and their average blood pressures are much higher. As a result, compared with whites, blacks have a 1.3-times greater rate of nonfatal stroke, a 1.8-times greater rate of fatal stroke, a 1.5-times greater rate of heart disease death and a 4.2-times greater rate of end-stage kidney disease (*JNC 5 and 6*).

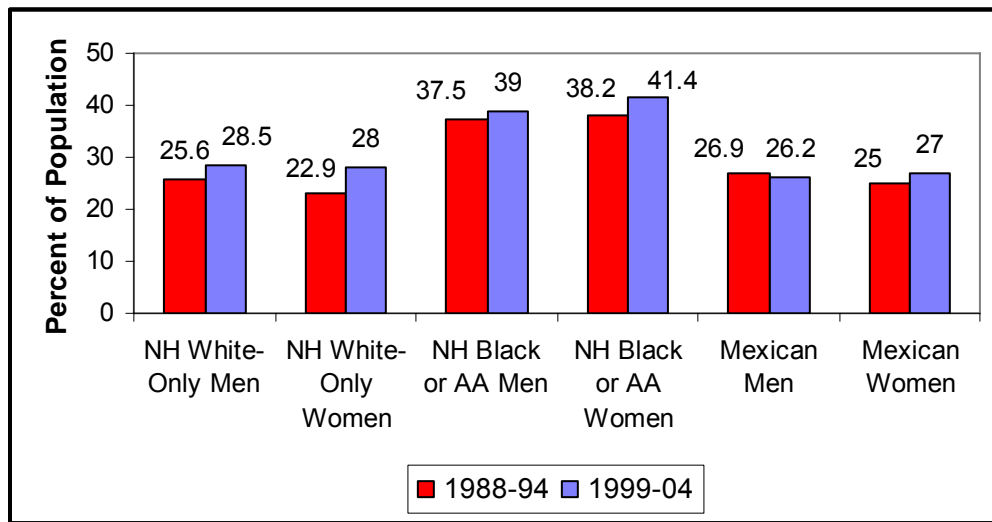
- Within the African-American community, rates of hypertension vary substantially.
 - Those with the highest rates are more likely to be middle aged or older, less educated, overweight or obese, physically inactive, and to have diabetes.
 - Those with the lowest rates are more likely to be younger, but also overweight or obese.
 - Those with uncontrolled HBP who are not on antihypertensive medication tend to be male, younger and have infrequent contact with a physician.

(NHANES III [1988-94]; Collins R, et al. African-American women and men at high and low risk for hypertension: a signal detection analysis of NHANES III, 1988-1994. Prev Med 2002;35:303-12)

- 2004 mortality data showed that HBP caused the deaths of
 - 5,602 black males.
 - 6,592 black females.
- The 2004 overall death rate from HBP was 17.9. Death rates for blacks were
 - 49.9 for males.
 - 40.6 for females.

Age-Adjusted Prevalence Trends for High Blood Pressure in Americans Age 20 and Older by Race/Ethnicity, Sex and Survey

NHANES: 1988-94 and 1999-2004



Source: NCHS and NHLBI.

End-Stage Renal Disease (ESRD) (ICD/10 code N18.0)

- The median age of the prevalent population is 58.1 years. For blacks it is 56.1 years. (*USRDS 2004 Annual Data Report. NIH, NIDDK*)

Cardiomyopathy (ICD/10 code I42) (ICD/9 code 425)

- Mortality from cardiomyopathy is highest in older persons, men and blacks. (*FHS, NHLBI*)
- The annual incidence is lower in white than black children; higher in boys than girls; higher in New England (1.44 per 100,000) than in the Central Southwest (0.98 per 100,000). (*Lipschutz SE, et al. The incidence of pediatric cardiomyopathy in two regions of the United States. NEJM 2003;348:1647–55*)

Congenital Cardiovascular Defects (ICD/10 codes Q20-Q28) (ICD/9 codes 745-747)

- The 2003 overall death rate for congenital cardiovascular defects was 1.4. Death rates for blacks were
 - 1.8 for males.
 - 1.4 for females.
- 2003 crude infant death rates (under one year) were
 - 39.5 for white infants.
 - 52.3 for black infants.

Heart Failure (HF) (ICD/10 code I50.0) (ICD/9 code 428.0)

- Among non-Hispanic blacks age 20 and older, the following have HF:
 - 2.7 percent of men.
 - 3.3 percent of women.(*NHANES [1999-2004], NCHS and NHLBI*)
- The annual rates per 1,000 population of new and recurrent HF events for black men are
 - 21.1 for ages 65–74.
 - 52.0 for ages 75–84.
 - 66.7 for age 85 and older.For black women the rates are
 - 18.9 for ages 65–74.
 - 33.5 for ages 75–84.
 - 48.4 for age 85 and older.(*CHS, NHLBI*)
- 2004 mortality data showed that HF caused the deaths of
 - 2,119 black males.
 - 3,017 black females.
- The 2004 overall death rate from HF was 19.1. Death rates for blacks were
 - 22.9 for males.
 - 19.0 for females.

Rheumatic Fever/Rheumatic Heart Disease (RF/RHD) (ICD/10 codes I00-I09)
(ICD/9 codes 390-398)

- The incidence of rheumatic fever remains higher in African Americans, Puerto Ricans, Mexican Americans and American Indians. (*Hurst W. The Heart, Arteries and Veins. 10th ed. New York, NY: McGraw-Hill; 2001*)
- 2004 mortality data showed that rheumatic fever and rheumatic heart disease caused the deaths of
 - 83 black males.
 - 171 black females.
- The 2004 overall death rate from RF/RHD was 1.1. Death rates for blacks were
 - 0.6 for males.
 - 1.0 for females.

Venous Thromboembolism (VTE)

- Caucasians and African Americans have a significantly higher incidence of VTE than Hispanics and Asian/Pacific Islanders. (*White RH, et al. The epidemiology of venous thromboembolism. Circulation 2003;107[Suppl. 23]:I-4-8*)

Pulmonary Embolism

- A study of Medicare recipients age 65 and older reported 30-day case fatality rates in patients with pulmonary embolism. Overall, blacks had higher fatality rates than whites (16.1 percent vs. 12.9 percent). (*Goldhaber SZ. Pulmonary embolism. NEJM 1998;339:93-104*)

Tobacco

- From 1980–2004 the percentage of high school seniors who smoked in the past month decreased 17.7 percent.
 - For whites it decreased 9.0 percent.
 - For blacks or African Americans it decreased 55.2 percent.

(*Health, United States, 2005, NCHS*)
- In 2004, among non-Hispanic blacks age 18 and older,
 - 23.9 percent of men smoke
 - 17.2 percent of women smoke

(*MMWR Vol.54, No.44, Nov. 11, 2005.*)
- In 1999–2002, 84 percent of non-Hispanic black children ages 4–11 had cotinine in their blood. Cotinine is an indicator of secondhand smoke exposure. (*America's Children: Key National Indicators of Well-Being, 2005. Federal Interagency Forum on Child and Family Statistics, Washington, D.C.: U.S. Government Printing Office.*)
- Among non-Hispanic blacks ages 12–17,
 - 6.5 percent of males smoke.
 - 5.5 percent of females smoke.

(*National Survey on Drug Use and Health, U.S., 2004; NCHS*)

High Blood Cholesterol and Other Lipids

- Among children and adolescents ages 4–19 years, non-Hispanic black children and adolescents have significantly higher mean total cholesterol, low-density lipoprotein (LDL) cholesterol (bad cholesterol) and high-density lipoprotein (HDL) cholesterol (good cholesterol) levels when compared with non-Hispanic white and Mexican-American children and adolescents. (*NHANES III [1988-94], NCHS*)
- Among children and adolescents ages 4–19, the mean total blood cholesterol level is 165 mg/dL. For boys it's 163 mg/dL and for girls it's 167 mg/dL. For non-Hispanic blacks, it's
 - 168 mg/dL for boys.
 - 171 mg/dL for girls.

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

- 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.
 - Among non-Hispanic blacks age 20 and older, the following have total blood cholesterol levels of 200 mg/dL or higher:
 - 44.8 percent of men.
 - 42.1 percent of women.
- Among non-Hispanic blacks, the following have levels of 240 mg/dL or higher:
 - 14.1 percent of men.
 - 12.5 percent of women. (*NHANES 1999-2004, NCHS and NHLBI*)
- Among non-Hispanic blacks age 20 and older, the following have an LDL cholesterol of 130 mg/dL or higher:
 - 32.4 percent of men.
 - 29.8 percent of women.

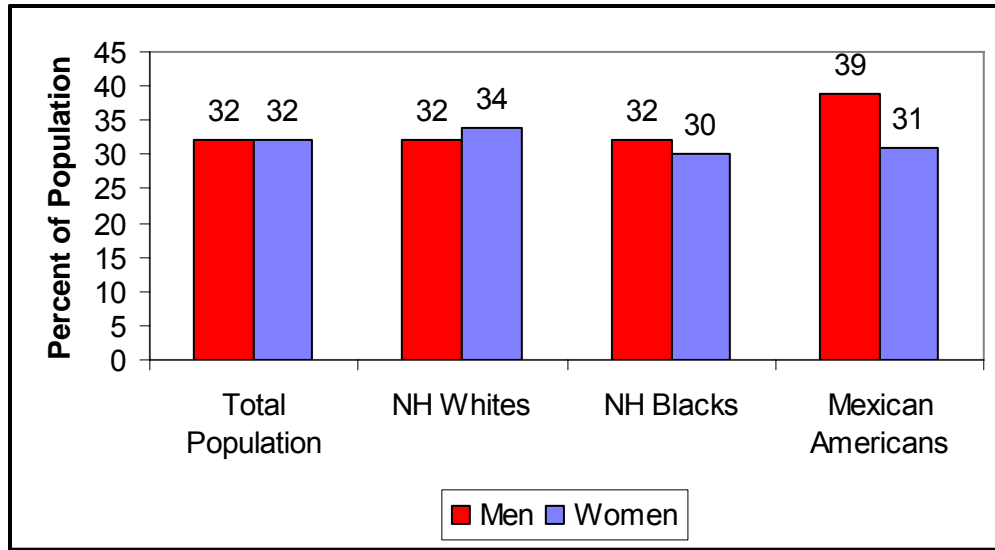
Low-density lipoprotein (LDL or bad) cholesterol levels of 130–159 mg/dL are considered borderline high. Levels of 160–189 mg/dL are classified as high, and levels of 190 mg/dL or higher are very high. Estimates are age-adjusted. (*NHANES [1999-2004], NCHS*)

- Among non-Hispanic blacks age 20 and older, the following have an HDL cholesterol less than 40 mg/dL:
 - 15.5 percent of men.
 - 6.9 percent of women.

(*NHANES [1999-2004], NCHS*)

Age-adjusted Prevalence of Adults Age 20 and Older with LDL Cholesterol of 130 mg/dL or Higher by Race/Ethnicity and Sex

NHANES: 2003–04



Source: NCHS and NHLBI. NH – non-Hispanic.

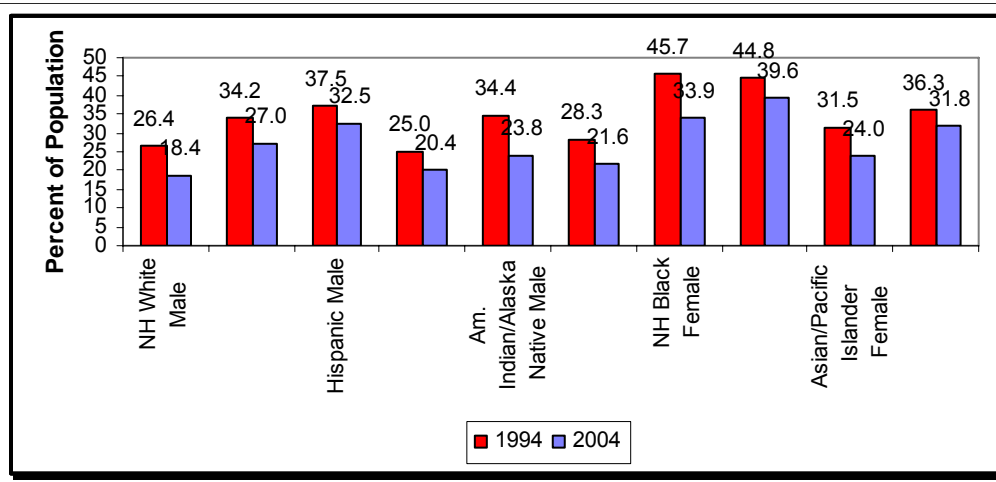
Physical Inactivity

- Among non-Hispanic blacks age 18 and older, the following report no leisure-time physical activity:
 - 27.0 percent of men.
 - 33.9 percent of women.
- (BRFSS 2004, MMWR, Vol. 54, No. 39, Oct. 7, 2005.)*
- In 2002 data from the CDC’s Youth Media Campaign Longitudinal Study (YMCLS) showed that
 - 61.5 percent of children ages 9–13 don’t participate in any organized physical activity during their nonschool hours.
 - 22.6 percent don’t engage in any free-time physical activity.
 - Non-Hispanic black and Hispanic children were significantly less likely than non-Hispanic white children to report involvement in organized activities, as were children with parents who had lower incomes and education levels.

(MMWR, Vol. 52, No. 33, Aug. 22, 2003, CDC)

Prevalence of Physical Inactivity Among Adults Age 18 and Older by Race/Ethnicity and Sex

BRFSS: 1994 and 2004



Source: MMWR, Vol. 54, No. 39, Oct. 7, 2005. NH – non-Hispanic.

Overweight and Obesity

- Nearly 14 percent of preschool children ages 2-5, were overweight in 2003-04, up from 10.3 percent in 1999-2004.
 - Among preschool children, 13.0 percent of non-Hispanic blacks are overweight.
 - Among children ages 6–11, 22.0 percent of non-Hispanic blacks are overweight.
 - Among adolescents ages 12–19, 21.8 percent of non-Hispanic blacks are overweight.
 - In addition, the data show that another 16.5 percent of children and teens ages 2–19, are considered at risk of being overweight (BMI from the 85th–95th percentile).

(Ogden CL, et al. Prevalence of overweight and obesity in the United States, 1999-2004. JAMA 2006;295:1549-55)

- Among non-Hispanic black children ages 6–11, the following are overweight or obese, using the 95th percentile of body mass index (BMI) values by age and sex on the CDC 2000 growth chart:
 - 17.2 percent of boys.
 - 24.8 percent of girls.

(NHANES [1999-2004] NCHS)

- Among non-Hispanic black adolescents ages 12–19, the following are overweight or obese, using the 95th percentile of BMI values by age and sex on the CDC 2000 growth chart:
 - 17.7 percent of boys.
 - 23.8 percent of girls.

(NHANES 2001-04; National Center for Health Statistics. Health, United States, 2006. Unpublished data. CDC/NCHS data in adults are for age 20 and older. Estimates from NHANES 2001-2004 applied to 2004 population estimates.)

- Among black adults age 20 and older, the following are overweight or obese (BMI of 25.0 kg/m² and higher):
 - 67.0 percent of men.
 - 79.6 percent of women.

Of these, the following are obese (BMI of 30.0 kg/m² and higher):

- 30.8 percent of men.
- 51.1 percent of women.

(NHANES 2001-04; National Center for Health Statistics. Health, United States, 2006. Unpublished data. NCHS data in adults are for age 20 and older. Estimates from NHANES 2001-2004 applied to 2004 population estimates.)

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

- In the total population age 20 and older, 7.4 percent of men and 6.9 percent of women have physician-diagnosed diabetes. Among non-Hispanic blacks the prevalences are
 - 10.7 percent of men.
 - 13.2 percent of women.

(NHANES 1999-2004. NCHS and NHLBI)

- In the total population age 20 and older, 2.9 percent of men and 1.9 percent of women have undiagnosed diabetes, using American Diabetes Association criteria of fasting plasma glucose of 126 mg/dL or more. Among non-Hispanic blacks the prevalences are
 - 1.7 percent of men.
 - 2.3 percent of women

(NHANES 1999-2004. NCHS and NHLBI)

- In the total population age 20 and older, 33.8 percent of men and 21.7 percent of women have pre-diabetes, using American Diabetes Association criteria of fasting plasma glucose of 100 to less than 126 mg/dL. Among non-Hispanic blacks the prevalences are
 - 23.1 percent of men.
 - 20.5 percent of women.

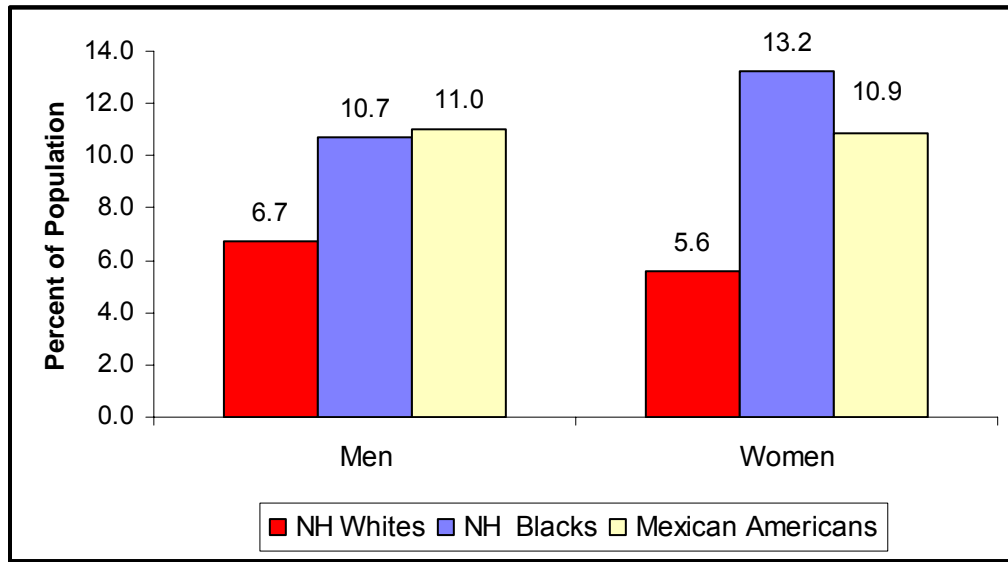
- In 2000 the age-standardized prevalence of any self-reported cardiovascular condition among blacks with diabetes age 35 and older was
 - 31.4 percent for men.
 - 34.0 percent for women.

(CDC Diabetes Surveillance System, 1997-2000, CDC)

- In 2004 mortality for diabetes mellitus was
 - 5,460 black males.
 - 7,187 black females.
- The 2004 overall death rate from diabetes mellitus was 24.4 Death rates for blacks were
 - 50.5 for males.
 - 44.9 for females.

Prevalence of Physician-Diagnosed Diabetes in Americans Age 20 and Older by Sex and Race/Ethnicity

NHANES: 1999-2004



Source: NHANES (1999–2004), Percentages for racial/ethnic groups are age-adjusted standardized for Americans age 20 and older. Estimates from NHANES 1999–2004 applied to 2004 population estimates.

Metabolic Syndrome

- ATP III defines the metabolic syndrome as three or more of the following abnormalities:
 - Waist circumference greater than 102 cm (40 inches) in men and 88 cm (35 inches) in women.
 - Serum triglyceride level of 150 mg/dL or higher.
 - High-density lipoprotein (HDL) cholesterol level less than 40 mg/dL in men and less than 50 mg/dL in women.
 - Blood pressure of 130/85 mm Hg or higher.
 - Fasting glucose level of 110 mg/dL or higher.
- The age-adjusted prevalence of the metabolic syndrome for adults is 23.7 percent.
 - Mexican Americans have the highest age-adjusted prevalence of the metabolic syndrome (31.9 percent).
 - The lowest prevalence is among whites (23.8 percent), African Americans (21.6 percent) and people reporting an “other” race or ethnicity (20.3 percent).
 - Among African Americans, women have about a 57 percent higher prevalence than men. Among Mexican Americans, women have a 26 percent higher prevalence than men.

(Ford ES, et al. Prevalence of the metabolic syndrome among US adults: findings from the Third National Health and Examination Survey. JAMA 2002;287:356–9)

- The prevalence of blacks with the metabolic syndrome are
 - 13.9 percent of men.
 - 20.9 percent of women.

(Park YW, et al. The metabolic syndrome prevalence and associated risk factor findings in the US population from the Third National Health and Nutrition Examination Survey, 1988-1994. Arch Intern Med 2003;163:427-36)

Source Footnotes

ARIC – Atherosclerosis Risk in Communities

ATP III – Third Report of the National Cholesterol Education Program Expert Panel on Detection, Evaluation, and Treatment of High Blood Cholesterol in Adults (National Heart, Lung, and Blood Institute)

BRFSS – Behavioral Risk Factor Surveillance Study, CDC.

NCHS – National Center for Health Statistics

CHS – Cardiovascular Health Study

FHS – Framingham Heart Study

GCNKSS – Greater Cincinnati/Northern Kentucky Stroke Study

JAMA – Journal of the American Medical Association

JNC5 – Fifth Report of the Joint National Committee on Prevention, Detection, Evaluation and Treatment of High Blood Pressure

JNC 6 – Sixth Report of the Joint National Committee on Prevention, Detection, Evaluation and Treatment of High Blood Pressure

MMWR – Morbidity and Mortality Weekly Report

NH – non-Hispanic

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

NHIS – National Health Interview Survey

NHLBI – National Heart, Lung, and Blood Institute

YMCLS – Youth Media Campaign Longitudinal Study

YRBS – Youth Risk Behavior Surveillance

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