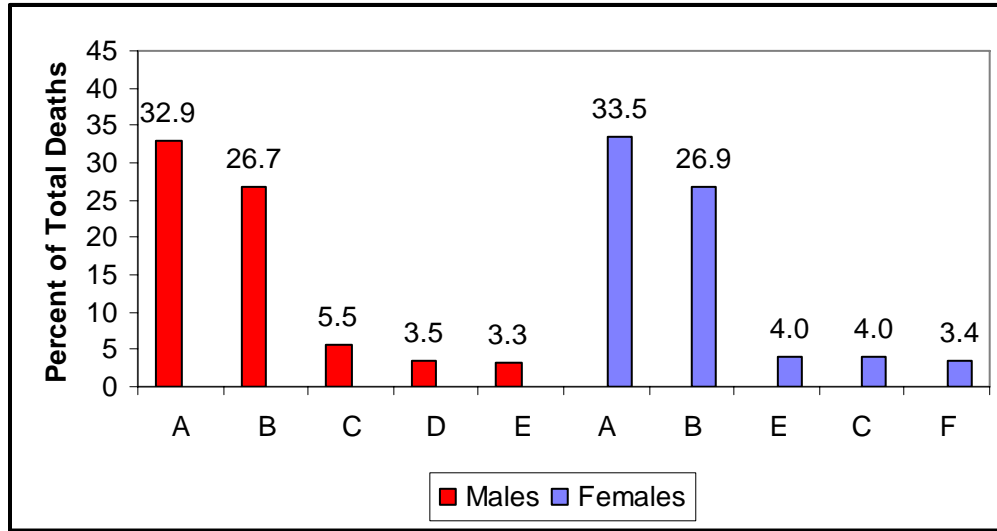


Statistical Fact Sheet — Populations 2008 Update

Asian/Pacific Islanders and Cardiovascular Diseases — Statistics

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

United States: 2004



Source: NCHS.

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)

- The following prevalence estimates are for people age 18 and older from NCHS NHIS, 2005:
 - Among Asians, 6.7 percent have heart disease, 3.8 percent have CHD, 19.4 percent have hypertension, and 2.0 percent have had a stroke. (*Pleis JR, Lethbridge-Cejku M. Summary health statistics for U.S. adults: National health interview survey, 2005. National Center for Health Statistics. Vital Health Stat 10(232). 2006.*)
- In 2004, death rates for diseases of the heart in Asians or Pacific Islanders, were 146.5 for males and 96.1 for females. (*National Center for Health Statistics. Health, United States, 2006. With Chartbook on Trends in the Health of Americans. Hyattsville, Md: National Center for Health Statistics; 20052006. Available at: <http://www.cdc.gov/nchs/data/hus/06.pdf>. Accessed March 5, 2007.*)
- Data from the 2003 CDC BRFSS survey 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) and American Indians/Alaska Natives (46.7 percent) and lowest among Asians (25.9 percent); prevalence was similar in women (36.4 percent) and men (37.8 percent). (*Centers for Disease Control and Prevention (CDC). Racial/ethnic and socioeconomic disparities in multiple risk factors for heart disease and stroke: United States, 2003. MMWR Morb Mortal Wkly Rep. 2005; 54: 113–117.*)

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

- The 2004 death rate for CHD was 84.1 for Asians or Pacific Islanders. (*National Center for Health Statistics. Health, United States, 2006. With Chartbook on Trends in the Health of Americans. Hyattsville, Md: National Center for Health Statistics; 2006.*)
- The estimated prevalence of CHD was 3.8 percent for Asians. (*NHIS 2005*)

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

- Among Asians age 18 and older, 2.0 percent have had a stroke. (*Pleis JR, Lethbridge-Cejku M. Summary health statistics for United States adults: National Health Interview Survey, 2005. National Center for Health Statistics. Vital Health Stat 10(232)*)
- The 2005 BRFSS survey (CDC) found the overall prevalence of stroke among Asians/Pacific Islanders (1.6 percent) (interpret with caution). (*Centers for Disease Control and Prevention. Prevalence of Stroke - United states, 2005. MMWR 2007;56:469-474.*)
- In 2004, death rate for stroke was 44.2 for Asian or Pacific Islander males and 38.9 for females. (*Health, United States, 2006, NCHS*)

Hypertension

- Data from the 2005 NHIS survey showed that 19.4 percent of Asian adults age 18 and older had been told on two or more occasions that they had hypertension. (*Pleis JR, Lethbridge-Cejku M. Summary health statistics for U.S. adults: National health interview survey, 2005. National Center for Health Statistics. Vital Health. Stat. 10(232). 2006.*)

Kawasaki Disease

- An estimated 5,300 cases of Kawasaki disease were diagnosed in 2003. Kawasaki disease occurs more often among boys (63 percent) and among those of Asian ancestry. (*Analysis of the 2003 Kids' Inpatient Database (KID), HCUPnet, Healthcare Cost and Utilization Project. Agency for Healthcare Research and Quality, Rockville, MD. <http://www.hcup-us.ahrq.gov/kidoverview.jsp>. Personal communication with Jane W. Newburger and Kimberlee Gauvreau of Children's Hospital of Boston.)*
- An estimated 4,248 hospitalizations for Kawasaki disease (KD) occurred in the United States in 2000, with a median age of two years. Race-specific incidence rates indicate that KD is most common among Americans of Asian and Pacific Island decent (32.5/100,000 children <5 years old), intermediate in non-Hispanic African Americans (16.9/100,000 children <5 years old), and Hispanics (11.1/100,000 children <5 years old), and lowest in whites (9.1/100,000 children <5 years old). (*Circulation. 2004;110:2747-2771.*) In the United States, Kawasaki disease is more common during the winter and early spring months; boys outnumber girls by approximately 1.5 to 1.7:1; and 76 percent of children are less than 5 years old. (*Pediatrics. 2003;111[5 pt 1]:1124-1125.*)
- The incidence of Kawasaki disease in the United States did not increase between 1988 and 1997. (*Pediatrics. 2003;111[5 pt 1]:1124-1125.*)

Tobacco

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

(Data are for 2005 for Americans age 18 and older. NHIS, NCHS percentages applied to 2005 population estimates.)

- In 2005, the following reported cigarette use in the preceding month:
 - In Asians age 12–17, 3.0 percent
 - In Asians age 18 and older, 14.6 percent.

(Office of Applied Studies, Substance Abuse and Mental Health Services Administration. Results From the 2005 National Survey on Drug Use and Health: National Findings. Rockville, Md: Substance Abuse and Mental Health Services Administration; 2006. NSDUH Series H-30, DHHS Publication No.SMA 06-4194.)

- Use of any tobacco product in 2004 was 11.7 percent for Asians only. (National Center for Health Statistics. Health, United States, 2006. With Chartbook on Trends in the Health of Americans. Hyattsville, Md: National Center for Health Statistics; 2006. Available at: <http://www.cdc.gov/nchs/hus.htm>. Accessed February 23, 2007.)
- Data from the CDC Smoking & Tobacco Fact Sheet, Smokeless (Oral) Tobacco (http://www.cdc.gov/tobacco/data_statistics/Factsheets/smokeless_tobacco.htm), indicate that:
 - An estimated 3 percent of adults are current smokeless tobacco users. About 6 percent of men and 0.4 percent of women use smoke-less tobacco.
 - 0.6 percent of Asian-American adults are current smokeless tobacco users.

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 percentage of Asian/Pacific Islanders age 20 and older who've ever been told by a professional that they have high blood cholesterol is 29.2 percent. (BRFSS [2003], CDC)

Physical Inactivity

- Among Asian/Pacific Islanders age 18 and older, 39.1 percent have no leisure-time physical activity. (National Center for Health Statistics. Health, United States, 2006. With Chartbook on Trends in the Health of Americans. Hyattsville, MD: 2006.)
- 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)
- Thirty-four percent of Asian adults engaged in any regular vigorous leisure-time PA. (Pleis JR, Lethbridge-Cejku M. Summary health statistics for U.S. adults: National health interview survey, 2005. National Center for Health Statistics. Vital Health Stat 10. No. 232. 2006.)

Overweight and Obesity

- Data from the 2005 NHIS study of the NCHS, among Asians only, age 18 and older, 27.9 percent are overweight or obese. (Overweight is BMI of 25 or higher but less than 30.0. Obese is BMI of 30.0 and higher.)
- Data from the 2005 NHIS study of the NCHS showed that 57.9 percent Asian adults age 18 and older were at a healthy weight.
- Data from the 2005 NHIS study of the NCHS showed that 8.5 percent of Asians are obese.

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 6.5 percent among Asians. (*Pleis JR, Lethbridge-Cejku M. Summary health statistics for US adults: National Health Interview Survey, 2005. National Center for Health Statistics. Vital Health Stat 10[232]. Data are age-adjusted estimates for Americans age 18 and older.*)

Abbreviations Used:

BRFSS – Behavioral Risk Factor Surveillance System, CDC

NCHS – National Center for Health Statistics

mg/dL – milligrams per deciliter

MMWR – Morbidity and Mortality Weekly Report, CDC

NHANES – 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 – 2008 Update, published in Circulation, available on our Web site.