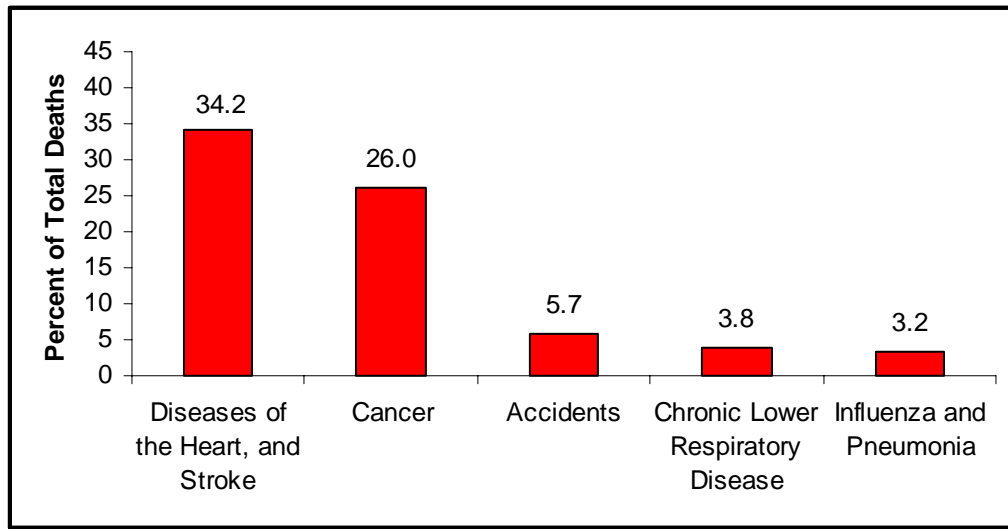


Statistical Fact Sheet — Populations

Asian/Pacific Islanders and Cardiovascular Diseases — Statistics

Leading Causes of Death for Asian/Pacific Islander Males

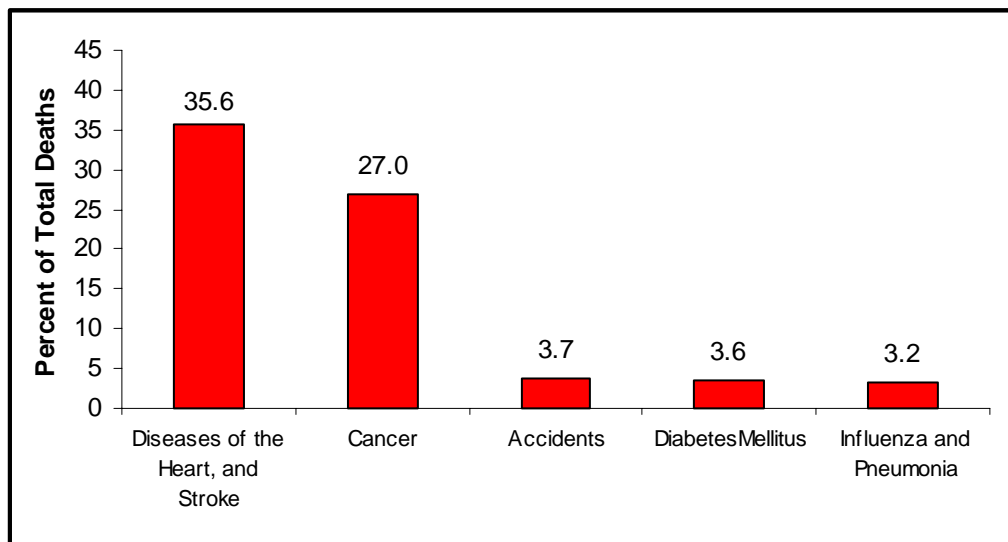
United States: 2001



Source: CDC/NCHS.

Leading Causes of Death for Asian/Pacific Islander Females

United States: 2001



Source: CDC/NCHS.

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.

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

- The 2001 overall CHD death rate was 177.8. The 1999 CHD death rate for Asian/Pacific Islanders was 115.5. (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.

The decline in stroke mortality in the HHP target population was similar to that reported for U.S. white males ages 60-69 during the same period. (During the 1969-88 follow-up period of the HHP, NHLBI)

- The 2001 overall death rate for stroke was 57.9. The 1999 stroke death rate for Asian/Pacific Islanders was 52.4. (CDC/NCHS)
- Racial and ethnic minority populations **in some age groups** have a higher relative risk of stroke death when compared with the U.S. non-Hispanic white population. Among Asian/Pacific Islanders, the relative risk is
 - 1.3 times higher at ages 35-54.
 - 1.4 times higher at ages 55-64.
 - 1.0 at ages 65-84.
 - 0.7 at age 85 and older.

(*MMWR*, Vol. 49, No. 5, Feb. 11, 2000, 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. (*Am J Epi*. 2001;154:1057-1063)

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

- Among Asian/Pacific Islanders age 18 and older, the median percentage who've been told by a health professional that they have HBP is 16.3. (BRFSS [1997], CDC/NCHS)
- 73 percent of Japanese-American men ages 71-93 have high blood pressure. (HHP, NHLBI)

Tobacco

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

(NHANES IV [1999-2000], CDC/NCHS)

- 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 2001 the following percentages used any tobacco product:
 - 31.3 percent for whites only.
 - 28.5 percent for Native Hawaiians and other Pacific Islanders only.
 - 13.6 percent for Asians only.
 - 22.9 for Hispanics or Latinos, any race.

(*Health, United States, 2003*, 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/NCHS)
- Among elderly Japanese-American men, 42 percent have total cholesterol levels of 200 mg/dL or higher or are taking cholesterol-lowering medication. (HHP, Fourth Examination [1991-93], NHLBI)

Physical Inactivity

- Among non-Hispanic Asian/Pacific Islanders age 18 and older, the following are sedentary (have no leisure-time physical activity):
 - 30.9 percent of men.
 - 45.5 percent of women.

(NHIS [1997-98], CDC/NCHS)

Overweight and Obesity

- Among non-Hispanic Asian/Pacific Islanders age 18 and older, the following are overweight or obese (body mass index [BMI] of 25 kg/m² or higher):
 - 36.7 percent of men.
 - 27.1 percent of women.

(NHIS [1997-98], CDC/NCHS)

- Among non-Hispanic Asian/Pacific Islanders age 18 and older, the following are obese (body mass index [BMI] of 30 kg/m² or higher):
 - 7.1 percent of men.
 - 5.8 percent of women.(NHIS [1997-98], CDC/NCHS)

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

- Among Asian/Pacific Islanders age 18 and older, the median percentage who've been told by a health professional that they have diabetes is 4.6 percent. (BRFSS [1997], CDC/NCHS)
- 17 percent of Japanese-American men ages 71-93 have diabetes. In addition, 19 percent have unrecognized diabetes, and 32 percent have impaired glucose tolerance (pre-diabetes). (HHP [1991-93], NHLBI)

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

NHIS – National Health Interview Survey

NHLBI – National Heart, Lung, and Blood Institute