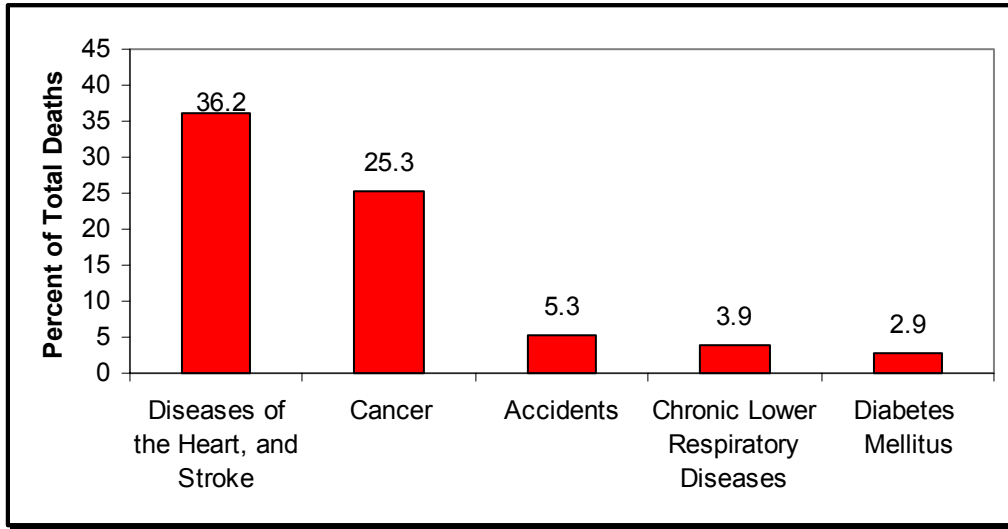


Biostatistical Fact Sheet -- Populations

ASIAN/PACIFIC ISLANDERS AND CARDIOVASCULAR DISEASES

Leading Causes of Death for Asian/Pacific Islander* Males

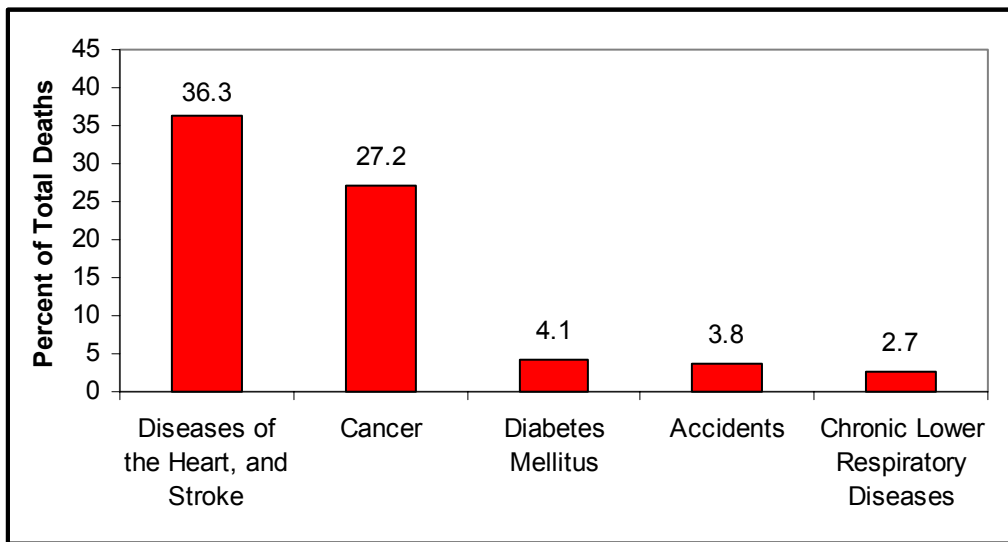
United States: 1999



Source: CDC/NCHS and the American Heart Association.

Leading Causes of Death for Asian/Pacific Islander* Females

United States: 1999



Source: CDC/NCHS and the American Heart Association.

* This is a heterogeneous category that includes both high-risk (South Asian) and low-risk (Japanese) people. More specific data aren't available. The "Diseases of the Heart" and "Stroke" categories combined only represent about three-fourths 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/9 codes 410-414, 429.2) (ICD/10 codes I20-I25)

- The 1999 overall CHD death rate was 195.6. The preliminary CHD death rate for Asian/Pacific Islanders was 115.7. (CDC/NCHS)
- The average annual incidence rate of CHD (per 1,000) in middle-aged Japanese-American men living in Hawaii is 4.6 for ages 45-49, 6.0 for ages 50-54, 7.2 for ages 55-59, 8.8 for ages 60-64, and 10.5 for ages 65-68. (10-year follow-up [1965-68] in the HHP, NHLBI)
 - During the 19-year follow-up of this study (1966-84), the age-adjusted annual CHD mortality rate (per 1,000) decreased from 4.7 to 2.9, with an estimated annual decline of 2.7 percent. This trend is similar to that reported for U.S. white men of comparable ages in the same period.
 - The strongest predictors of CHD were blood pressure, cigarette smoking, blood cholesterol and alcohol consumption (protective), in the 10-year follow-up.

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

- The 1999 overall death rate for stroke was 61.8. The preliminary stroke death rate for Asian/Pacific Islanders was 52.4. (CDC/NCHS)
- The average annual incidence rates (per 1,000) of stroke in Japanese-American men increased with advancing age from 45-49 to 65-68 at the initial examination: 2.1 to 8.2 for total stroke; 1.5 to 6.6 for thromboembolic stroke (stroke caused by a clot); and 0.4 to 1.0 for intracerebral hemorrhage (stroke caused by a ruptured blood vessel). (24-year follow-up of the HHP, NHLBI)
- The age-adjusted annual incidence rate (per 1,000) among middle-aged Japanese-American men has declined markedly: for total stroke, from 5.1 to 2.4; for thromboembolic stroke, from 3.5 to 1.9; and for hemorrhagic stroke, from 1.1 to 0.6. (1969-88 follow-up of the HHP, NHLBI)
- The strongest independent predictors for thromboembolic stroke were age and blood pressure. (24-year follow-up of the HHP, NHLBI)
- Racial and ethnic minority populations in some age groups have a higher relative risk of stroke deaths 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 and 1.4 times higher at ages 55-64. The risk is about the same at ages 65-84 and slightly lower at age 85 and older. (*MMWR*, Vol. 49, No. 5, Feb. 11, 2000, CDC/NCHS)

HIGH BLOOD PRESSURE (HBP) (ICD/9 codes 401-404) (ICD/10 codes I10-I15)

- The age-adjusted (1980 standard) prevalence of HBP among Asian/Pacific Islanders is 9.7 percent for men and 8.4 percent for women. (NHIS [1986-90] CDC/NCHS)
- The median percentage of Asian/Pacific Islanders age 18 and older who've been told by a 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 SMOKE

- Among Asian/Pacific Islanders age 18 and older, 24.3 percent of men and 7.1 percent of women smoke. (NHIS [1999], 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

- The median percentage of Asian/Pacific Islanders age 18 and older who report no leisure-time physical activity in the last 30 days is 28.9 percent. (BRFSS [1997], *MMWR*, Vol. 49, No. SS-2, March 24, 2000, CDC/NCHS.)
- Among non-Hispanic Asian/Pacific Islanders age 18 and older, 36.2 percent of men and 49.2 percent of women are sedentary (have no leisure-time physical activity). (NHIS [1997], CDC/NCHS)

OVERWEIGHT AND OBESITY

- Among non-Hispanic Asian/Pacific Islanders age 18 and older, 35.2 percent of men and 25.2 percent of women are overweight, defined as a body mass index (BMI) of 25 kg/m² or higher. (NHIS [1997], CDC/NCHS)
- Among Asian/Pacific Islanders age 18 and older, the median percentage of obesity is 4.8 percent, defined as a BMI greater than 30 kg/m². (BRFSS [1997], CDC/NCHS)

DIABETES MELLITUS (ICD/9 code 250) (ICD/10 codes E10-E14)

- The median percentage of Asian/Pacific Islanders age 18 and older who've been told by a 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. (HHP [1991-93], NHLBI)

Source Footnotes

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*

NHIS -- National Health Interview Survey

NHLBI -- National Heart, Lung, and Blood Institute