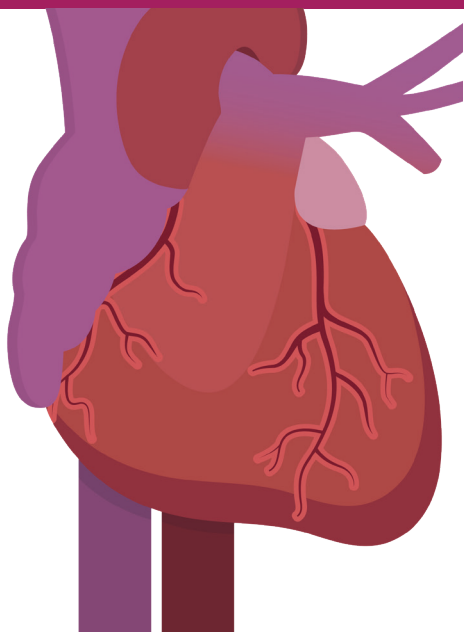


# Health, United States Spotlight

## Racial and Ethnic Disparities in Heart Disease

April 2019



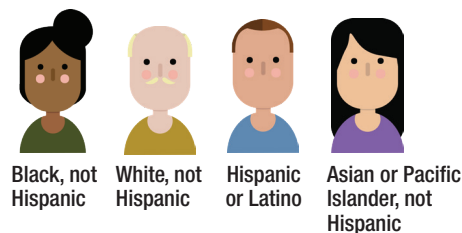
### Heart disease is the leading cause of death in the United States, and risk of heart disease death differs by race and ethnicity.

This Spotlight explores racial and ethnic disparities in three heart disease topic areas: deaths, reported prevalence, and risk factors. Even though four clinical risk factors—hypertension, obesity, diabetes, and high total cholesterol—are explored here, behavioral risk factors, such as smoking and physical inactivity, also differ by race and ethnicity<sup>1,2,3</sup>.

#### Heart disease topic areas



#### Racial and ethnic groups



### DEATHS

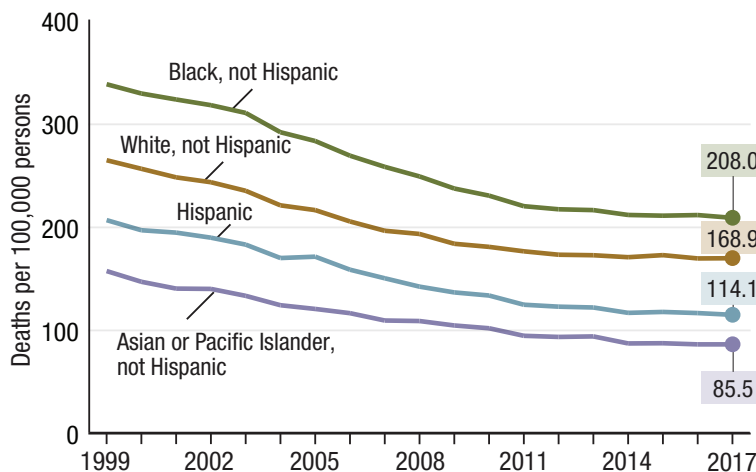
#### SOURCE

National Center for Health Statistics (NCHS), National Vital Statistics System (NVSS).

#### NOTES

Data for racial and ethnic groups, other than non-Hispanic white and non-Hispanic black, are subject to inconsistencies in reporting on the death certificate. However, misclassification is generally minor for Hispanic and non-Hispanic Asian or Pacific Islander groups.

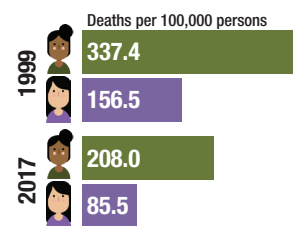
### Age-adjusted death rates for heart disease, by race and Hispanic origin: 1999–2017



From 1999 through 2017, death rates for heart disease **decreased for all racial and ethnic groups**.

The rate of decrease for each group **slowed in recent years**.

Non-Hispanic black persons were **MORE THAN TWICE** as likely as non-Hispanic Asian or Pacific Islander persons to die of heart disease in 1999 and 2017.



### PREVALENCE

#### SOURCE

NCHS, National Health Interview Survey (NHIS).

#### NOTES

Prevalence was reported by respondents. In separate questions, they were asked whether a health professional had ever told them that they had: coronary heart disease, angina, a heart attack, or any other kind of heart condition or disease.

**11.5%**<sup>†</sup>

of non-Hispanic white adults aged 18 and over had heart disease in 2017 (age adjusted).



**TREND: DECREASE**

<sup>†</sup>Significantly different from adults in other racial and ethnic groups.

**9.5%**<sup>†</sup>

of non-Hispanic black adults aged 18 and over had heart disease in 2017 (age adjusted).

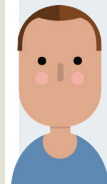


**TREND: STABLE**

<sup>†</sup>Significantly different from adults in other racial and ethnic groups.

**7.4%**<sup>‡</sup>

of Hispanic adults aged 18 and over had heart disease in 2017 (age adjusted).



**TREND: STABLE**

<sup>‡</sup>Significantly different from non-Hispanic white and non-Hispanic black adults.

**6.0%**<sup>‡</sup>

of non-Hispanic Asian adults aged 18 and over had heart disease in 2017 (age adjusted).



**TREND: STABLE**

<sup>‡</sup>Significantly different from non-Hispanic white and non-Hispanic black adults.

1. Centers for Disease Control and Prevention. Heart disease risk factors. Atlanta, GA. Available from: [https://www.cdc.gov/heartdisease/risk\\_factors.htm](https://www.cdc.gov/heartdisease/risk_factors.htm).  
 2. Merai R, Siegel C, Rakotz M, Basch P, Wright J, Wong B, Thorpe P. CDC Grand Rounds: A public health approach to detect and control hypertension. MMWR Morb Mortal Wkly Rep 65(45). 2016.  
 3. Wall HK, Ritchey MD, Gillespie C, Omura JD, Jamal A, George MG. Vital signs: Prevalence of key cardiovascular disease risk factors for Million Hearts 2022—United States, 2011–2016. MMWR Morb Mortal Wkly Rep 67(35). 2018.

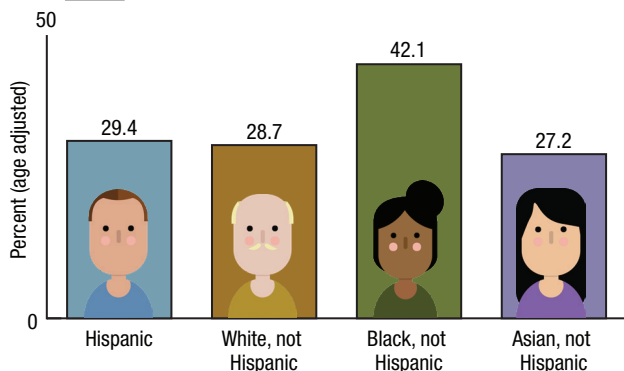
## RISK FACTORS

Explore other heart disease risk factors using data from the National Health and Nutrition Examination Survey.



### HYPERTENSION

**Non-Hispanic black** adults aged 20 and over were **most likely** to have hypertension in 2015–2016.



#### SOURCE

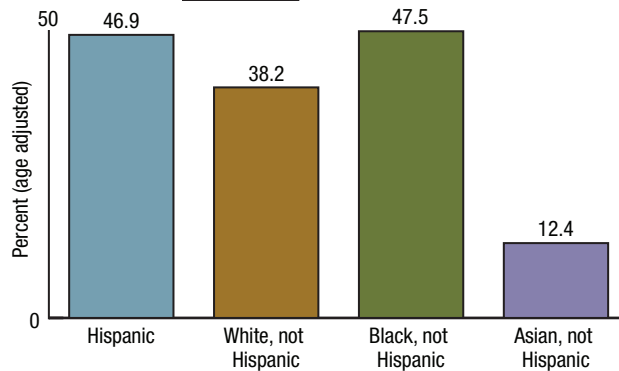
NCHS, National Health and Nutrition Examination Survey ([NHANES](#)).

#### NOTES

**Hypertension** is measured high blood pressure (systolic pressure  $\geq 140$  mm Hg or diastolic pressure  $\geq 90$  mm Hg) or taking medication to lower high blood pressure. Estimates may differ from others based on the same data due to different analytic methodology.

### OBESITY

**Hispanic and non-Hispanic black** adults aged 20 and over were **most likely** to have obesity in 2015–2016.



#### SOURCE

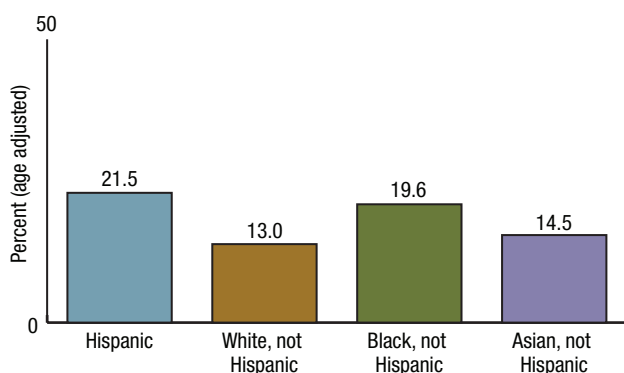
NCHS, National Health and Nutrition Examination Survey ([NHANES](#)).

#### NOTES

**Obesity among adults** is measured body mass index (BMI)  $\geq 30.0$ . BMI is measured weight (kg) divided by measured height, squared ( $m^2$ ). Estimates may differ from others based on the same data due to different analytic methodology.

### DIABETES

**Hispanic and non-Hispanic black** adults aged 20 and over were **most likely** to have diabetes in 2015–2016.



#### SOURCE

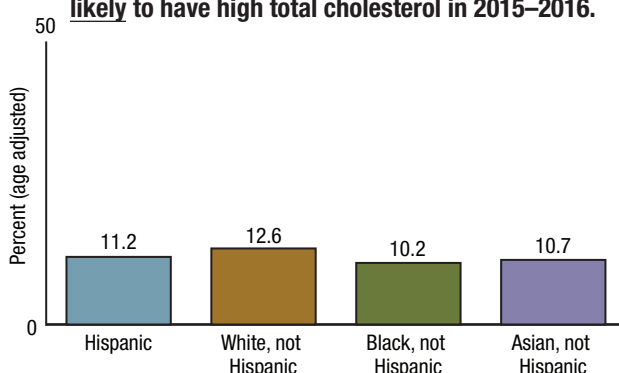
NCHS, National Health and Nutrition Examination Survey ([NHANES](#)).

#### NOTES

Estimates of **diabetes** prevalence include both physician-diagnosed and undiagnosed diabetes. They may differ from other estimates based on the same data due to different analytic methodology.

### HIGH TOTAL CHOLESTEROL

**Hispanic, non-Hispanic white, non-Hispanic black, and non-Hispanic Asian** adults aged 20 and over were **equally likely** to have high total cholesterol in 2015–2016.



#### SOURCE

NCHS, National Health and Nutrition Examination Survey ([NHANES](#)).

#### NOTES

**High total cholesterol** is measured serum total cholesterol  $\geq 240$  mg/dL (6.20 mmol/L). Estimates may differ from others based on the same data due to different analytic methodology.

CS303901

**Health, United States** is the annual report on the country's health, produced by NCHS.

The report uses data from government sources as well as private and global sources to present national health trends across four areas: Health Status & Determinants, Utilization of Health Resources, Health Care Resources, and Health Care Expenditures & Payers.

Download *Health, United States* and past Spotlights from <https://www.cdc.gov/nchs/hus.htm>.

