SUPPLEMENTARY TABLE 2. Observed, expected, and estimated number of excess stroke deaths by age, sex, and race/ethnicity — United States, 2013–2015

Characteristic					
Age group (yrs)	Sex	Race/ ethnicity*	Observed stroke deaths	Expected stroke deaths[†]	Excess stroke deaths[§] (% of total)
35–64	Men	White	18,501	11,434	7,067 (22)
		Black	8,356	6,868	1,488 (5)
		Hispanic	3,758	2,845	913 (3)
		AI/AN	—[¶]	—	—
		A/PI	—	—	—
	Women	White	14,228	13,426	802 (3)
		Black	—	—	—
		Hispanic	—	—	—
		AI/AN	—	—	—
		A/PI	—	—	—
65–74	Men	White	22,411	21,248	1,163 (4)
		Black	5,516	4,992	524 (2)
		Hispanic	2,369	1,982	387 (1)
		AI/AN	—	—	—
		A/PI	—	—	—
	Women	White	19,586	18,681	905 (3)
		Black	4,811	4,411	400 (1)
		Hispanic	—	—	—
		AI/AN	—	—	—
		A/PI	—	—	—
75–84	Men	White	38,564	36,185	2,379 (7)
		Black	5,392	4,511	881 (3)
		Hispanic	3,227	2,926	301 (1)
		AI/AN	—	—	—
		A/PI	—	—	—
	Women	White	47,748	46,275	1,473 (5)

			Observed	Expected	Excess (%)§
		Black	7,369	6,465	904 (3)
		Hispanic	4,016	3,720	296 (1)
		AI/AN	—	—	—
		A/PI	—	—	—
≥85	Men	White	45,027	42,054	2,973 (9)
		Black	3,300	2,443	857 (3)
		Hispanic	2,779	2,484	295 (1)
		AI/AN	—	—	—
		A/PI	1,595	1,295	300 (1)
	Women	White	102,331	95,867	6,464 (20)
		Black	9,126	8,341	785 (2)
		Hispanic	5,674	5,007	667 (2)
		AI/AN	—	—	—
		A/PI	3,103	2,734	369 (1)

Abbreviations: A/PI = Asian/Pacific Islander; AI/AN = American Indian/Alaska Native
* Whites, blacks, American Indians/Alaska Natives and Asian/Pacific Islanders are non-Hispanic; Hispanic persons might be of any race.
†The expected number of stroke deaths were obtained by 1) assuming that the age–sex–race/ethnicity specific stroke mortality rates would continue to decline through 2015 at the annual rate of the immediately preceding APC as identified by the Joinpoint analysis; 2) multiplying the age-, sex-, and racial/ethnic-specific population with the assumed age-, sex-, and racial/ethnic-specific stroke death rates for each year.
§ Excess stroke deaths were calculated by 1) estimating the age-, sex-, and race/ethnicity-specific stroke death rates using Joinpoint, assuming the stroke death rates would continue to decline through 2015 at the annual rate of the immediately preceding APC, 2) calculating the "expected" number of stroke death by multiplying the age-, sex-, and race/ethnicity-specific population by the assumed stroke death rates, and 3) calculating the excess stroke deaths based on the difference between the observed and expected stroke deaths by age-, sex-, and race/ethnicity over time. The excess stroke deaths from 2013 through 2015 were reported for better comparability across the groups because the starting year of unfavorable changes in trend might be different for different groups.
¶ Excess deaths were not calculated for this group because the trend did not change during the study period.