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

|  |  |  |  |
| --- | --- | --- | --- |
| **Characteristic** | **Observed stroke deaths** | **Expected stroke deaths†** | **Excess stroke deaths§ (% of total)** |
| **Age group (yrs)** | **Sex** | **Race/ ethnicity\*** |
| 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) |
| 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.