

## Hispanics/Latinos and Cardiovascular Disease

Heart disease is the leading cause of death for all people in the US, and stroke is the third leading cause of death. Heart disease and stroke are also major causes of disability and significant contributors to increasing health care costs in the US. The mortality rate for cardiovascular disease (heart disease, stroke, and chronic obstructive pulmonary disease) is greater than the combined rate for all other leading causes of death (cancer, unintentional injuries, pneumonia/influenza, diabetes, suicide, kidney disease, chronic liver disease and cirrhosis). (US DHHS, 2000). The major risk factors for cardiovascular disease are hypertension, smoking, hypercholesterolemia, high alcohol consumption, and lack of physical activity. (Tamir and Cachola, 1994).

Cardiovascular disease (CVD) refers to a wide variety of heart and blood vessel diseases and conditions, including coronary heart disease (CHD), stroke, high blood pressure, and high blood cholesterol. CHD accounts for the largest proportion of heart disease. (US DHHS, 2000). Medical research continually contributes to a body of data that confirms that certain populations are disproportionately affected by diabetes and CVD. (US DHHS, 2003).

### **Condition: Hypercholesterolemia**

For adults, a normal blood cholesterol level is less than 200 mg/dL; borderline is 200 to 239 mg/dL, and 240 mg/dL or above is considered high. Based on the 1998 Heart and Stroke Statistical Update, an estimated 96.8 million American adults (51%) have blood cholesterol levels of 200 mg/dL or higher. (Hong and Bayat, 1999).

### **Condition: Hypertension**

Hypertension (high blood pressure) is a leading cause of stroke, renal disease, and cardiac disease for all populations in the US. (Tamir and Cachola, 1994). Hypertension is defined as elevated blood pressure, or systolic blood pressure of 140 mmHg or higher and diastolic blood pressure of 90 mmHg or higher. One in four American adults has high blood pressure. (Hong and Bayat, 1999). Contributors to hypertension include age, gender, relative body weight, alcohol consumption, ethnicity, place of birth, education level, psychological factors, and knowledge and awareness. (Tamir and Cachola, 1994).

This section of the Provider's Guide provides information on the incidence, health practices and beliefs, health challenges, and adherence factors for Hispanics/Latinos related to cardiovascular disease and stroke.

- **Incidence and Conditions**
- **Traditional Health Beliefs and Practices**
- **Risk Factors and Challenges**
- **Strengths and Protective Factors**
- **Adherence Factors**
- **References and Resources**

## Incidence and Conditions

### *Cardiovascular Disease*

- **CVD is the leading cause of death for Hispanics living in the US, accounting for 27.3% of Hispanic male deaths and 33.1% of Hispanic female deaths in 2000.** (CDC, 1998; American Heart Association, 2003).
- **Among Mexican-American adults, 28.8% of men and 26.6% of women have CVD.** (American Heart Association, 2003).
- Recent studies indicate that **Mexican-American women are at greater risk for CVD than are non-Latino white women of comparable socioeconomic status.** (Kaiser Permanente, 2001).

### *Coronary Heart Disease*

- Data from the National Health Interview Survey 1998 show that **Hispanics have lower rates of CHD** than either non-Hispanic whites or African Americans. (Pleis and Coles, 2002).
- In 2000, the death rate from CHD was 186.9 per 100,000 for all populations combined, while the **death rate for Hispanics was 138.4.** (American Heart Association, 2003).
- **CHD mortality rates among Hispanic groups are highest for Puerto Ricans and lowest for Mexican Americans.** (Kaiser Permanente, 2001).
- Among **Mexican Americans aged 20 and older, 7.2% of men and 6.8% of women have CHD.** (American Heart Association, 2003).

### *Stroke*

- Among **Hispanics/Latinos, the risk of stroke is 1.3 times higher at ages 35 to 64 than for non-Hispanics.** (National Women's Health Information Center, 2003).
- Among **Mexican Americans aged 20 and older, 2.3% of men and 1.3% of women have had a stroke.** The 1999 death rate for stroke among Hispanics was 40.0 per 100,000. (American Heart Association, 2003).

### *Hypertension*

- **Forty-eight percent of Hispanic women aged 65 years and over have been told that they have hypertension,** compared with 33% of Hispanic men in the same age group. (Pleis and Coles, 2002).
- Among Hispanics aged 18 and older, the median percentage who have been told by a health professional that they **have high blood pressure is 18.6%.** Among **Mexican Americans aged 20 to 74, 24.2% of men and 22.4% of women have high blood pressure** or are taking antihypertensive medicine. (American Heart Association, 2003).

- **Up to 50% of Puerto Rican and Mexican-American hypertensives are undiagnosed.** (Kaiser Permanente, 2001).

## **References and Resources**

American Diabetes Association. (2003). The diabetes assistance & resources (DAR) program. <http://www.diabetes.org/main/community/outreach/latinos/dar.jsp>. Cited September 23, 2003.

American Heart Association. (2002). Heart disease and stroke statistics—2003 update. <http://www.americanheart.org/downloadable/heart/10590179711482003HDSStatsBookREV7-03.pdf>. Cited August 6, 2003.

American Heart Association. (2003). Hispanics and cardiovascular disease. <http://www.americanheart.org/downloadable/heart/1059108199897FS05HIS3REV7-03.pdf>. Cited August 6, 2003.

Centers for Disease Control and Prevention (CDC). (1998, last reviewed April 2003). *Hispanics and tobacco*. Atlanta, GA: CDC. [http://www.cdc.gov/tobacco/sgr/sgr\\_1998/sgr-min-fs-hsp.htm](http://www.cdc.gov/tobacco/sgr/sgr_1998/sgr-min-fs-hsp.htm). Cited August 5, 2003.

Centers for Disease Control and Prevention (CDC). (2002). Obesity still on the rise, new data show. <http://www.cdc.gov/nchs/releases/02news/obesityonrise.htm>. Cited September 15, 2003.

Centers for Disease Control and Prevention (CDC). (2003). National health and nutrition examination survey: Cholesterol status among adults in the United States. <http://www.cdc.gov/nchs/data/nhanes/databriefs/adultcholesterol.pdf>. Cited September 26, 2003.

Centers for Disease Control and Prevention (CDC). (2003). Obesity trends: 1991–2001 prevalence of obesity among US adults, by characteristics. [http://cdc.gov/nccdphp/dnpa/obesity/trend/prev\\_char.htm](http://cdc.gov/nccdphp/dnpa/obesity/trend/prev_char.htm). Cited September 15, 2003.

Hoffman, C., and Pohl, M. (2000). *Health insurance coverage in America: 1999 data update*. Washington, DC: Kaiser Commission on Medicaid and the Uninsured.

Hong, B., and Bayat, N. (1999). National Asian American and Pacific Islander cardiovascular health action plan: Eliminating racial and ethnic disparities in cardiovascular health: Improving the cardiovascular health of Asian American and Pacific Islander populations in the United States. <http://www.apiahf.org/publications/cvd1.html>. Cited July 31, 2003.

Kaiser Permanente. (2001). *A provider's handbook on culturally competent care: Latino population*. Oakland, CA: Kaiser Permanente National Diversity Council.

National Diabetes Information Clearinghouse. (2002). *Diabetes in Hispanic Americans*. NIH Publication No. 02-3265. Bethesda, MD: National Institute of Diabetes and Digestive and

Kidney Diseases (NIDDK), National Institutes of Health.  
<http://www.niddk.nih.gov/health/diabetes/pubs/hispan/hispan.htm>. Cited August 5, 2003.

National Women's Health Information Center. (2003). *Frequently asked questions about health problems in Hispanic American/Latino women*. Washington, DC: US DHHS, Office on Women's Health. <http://www.4woman.gov/faq/latina.htm>. Cited July 30, 2003.

Oldways Preservation and Exchange Trust. (2003). The Latin American diet pyramid.  
<http://www.e-guana.net/organizations.php3?orgid=61&typeID=193&action=printContentItem&itemID=1535>. Cited September 23, 2003.

Pleis, F.R., and Coles, R. (2002). Summary health statistics for US adults: National health interview survey, 1998. *Vital Health Statistics* 10(209). Atlanta, GA: National Center for Health Statistics.

Smedley, B.D., Stith, A.Y., and Nelson, A.R. (eds.). (2003). *Unequal treatment: Confronting racial and ethnic disparities in health care*. Washington, DC: National Academies Press, Institute of Medicine of the National Academies.

Talamantes, M., Lindeman, R., and Mouton, C. (2003). Ethnogeriatric curriculum module: Health and health care of Hispanic/Latino American elders. Stanford University.  
<http://www.stanford.edu/group/ethnoger/hispaniclatino.html>. Cited September 23, 2003.

Tamir, A., and Cachola, S. (1994). Hypertension and other cardiovascular risk factors. In Zane, N.W.S., Takeuchi, D.T., and Young, K.N.J. (eds.). *Confronting critical health issues of Asian and Pacific Islander Americans*. Thousand Oaks, CA: Sage, pp. 209–246.

US Department of Health and Human Services (US DHHS). (2000). *Healthy people 2010: Understanding and improving health*, 2nd ed. Washington, DC: US Government Printing Office.  
<http://www.bphc.hrsa.gov/quality/HealthyPeople2010.htm>. Cited August 26, 2003.

US Department of Health and Human Services (US DHHS). (2003). *Demographics and health disparities*. Draft curriculum module 2 for Cultural Competence in the Clinical Care Model Project. Health Resources and Services Administration, Bureau of Primary Health Care.