

## 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.

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## 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).

### **Traditional Health Beliefs and Practices**

- **Involvement of *la familia* (family) is often critical in the health care of a patient.** Traditionally, Hispanics include many people in their extended families—not only parents and siblings but also grandparents, aunts, uncles, cousins, compadres, close friends, and godparents (*padrinos*) of the family's children. (Management Sciences for Health, 2003).
- ***Respeto* (respect) implies a mutual and reciprocal deference.** *Respeto* dictates appropriate deferential behavior toward others based on age, sex, social position, economic status, and authority. Older adults expect respect from those who are younger, men from women, adults from children, teachers from students, employers from employees, and so on. (Management Sciences for Health, 2003).
- ***Personalismo*—Hispanics tend to stress the importance of personal relationships, which is why many rely on community-based organizations and clinics for their primary care.** Hispanics expect health care providers to be warm and friendly and to take an active interest in their patients' lives. (Management Sciences for Health, 2003).

#### **Recommendation**

Sit closer to your Hispanic patients than you might with patients from other cultures. Lean forward when speaking or listening to the patient, and give a comforting pat on the shoulder or other gesture that indicates interest. (National Alliance for Hispanic Health, 2001).

- **Over time, by respecting the patient's culture and showing personal interest, a health care provider can expect to win a patient's *confianza* (trust).** When there is *confianza*, Hispanics value the time they spend talking with their health care providers and are more likely to believe what they say. *Confianza* means that the provider has their best interests at heart. (Management Sciences for Health, 2003).

#### **Recommendation**

Be particularly sensitive about the nonverbal messages you may be sending to your Hispanic patients. For example, when a non-Hispanic provider sits the customary two feet away from a Hispanic patient, he or she may be perceived as not only physically distant but also (wrongly) uninterested and detached. Overall, Hispanics tend to be highly attuned to others' nonverbal messages. (National Alliance for Hispanic Health, 2001).

- **Hispanic culture tends to view health from a more synergistic point of view,** expressed as the continuum of body, mind, and *espiritu* (spirit). (Management Sciences for Health, 2003).

### **Recommendation**

Understand and accept that many Hispanics have a broad definition of health that combines a respect for the benefits of mainstream medicine, tradition, and traditional healing, along with a strong religious component in daily life. (National Alliance for Hispanic Health, 2001).

### **Risk Factors and Challenges**

#### *Cholesterol Levels*

- **Among Mexican Americans aged 20 to 74, 53% of men and 48% of women have total blood cholesterol levels of 200 mg/dL or higher.** Eighteen percent of men and 17% of women have levels of 240 mg/dL or higher. (American Heart Association, 2003).
- **More than 41% of Mexican-American women have low-density lipoprotein, or “bad” cholesterol, levels of 130 mg/dL or higher,** putting them at higher risk for CHD. (National Women’s Health Information Center, 2003).
- Data from the National Health and Nutrition Examination Survey (NHANES III) show that **there are no significant differences in serum total cholesterol levels among Mexican Americans, African Americans, and non-Hispanic whites.** (CDC, 2003).

#### *Obesity*

- Data from the 1999–2000 National Health and Nutrition Examination Survey show that more adult women (33%) than men (28%) are obese. **Forty percent of Mexican-American women are obese,** compared with 30% of non-Hispanic white women. (CDC, 2002).
- **Mexican-American adolescents aged 12 to 19 were more likely to be overweight (24%)** than were non-Hispanic white adolescents (13%). In addition, **Mexican-American children aged 6 to 11 were more likely to be overweight (24%)** than were non-Hispanic black children (20%) and non-Hispanic white children (12%). (CDC, 2002).
- Mexican Americans of low socioeconomic status are often of Indian rather than European descent, in contrast to Mexican Americans of higher socioeconomic status. **Indian heritage is associated with a higher prevalence of obesity and therefore a greater risk for diabetes.** (National Women’s Health Information Center, 2003).
- **The prevalence of obesity in the Hispanic/Latino population aged 18 and over increased from 11.6% in 1991 to 23.7% in 2001,** according to self-reported data from the Behavioral Risk Factor Surveillance System. (CDC, 2003).

### Suggestion

Emphasize the strengths of the Hispanic/Latino diet and provide examples of low-fat alternatives by focusing on cultural values. For further information on healthy traditional foods and the patterns of a Latin American–style diet, see the Latin American diet pyramid at <http://www.e-guana.net/organizations.php3?orgid=61&typeID=193&action=printContentItem&itemID=1535>. (Oldways Preservation and Exchange Trust, 2003).

### Physical Activity

- Hispanics in general are more obese, **less physically active**, and less likely to participate in lifestyles that promote cardiovascular health. As a consequence, they are more likely to have diabetes than the general US population. (National Women’s Health Information Center, 2003).
- According to the 1997 Behavioral Risk Factor Surveillance System Report, **65% of Hispanic adults in Texas do not participate in regular physical activity**. (Talamantes et al., 2003).

### Recommendation

Encourage your Latino patients and their families to take up a physical activity that the whole family can enjoy: dancing. Suggest that they move to the beat of salsa, meringue, tejano, cumbia, and other Latin music, and that they dance to three of their favorite songs every day. Other suggestions could include going for a walk with a friend or family member, walking around while talking on the phone, or taking the stairs instead of the elevator. (American Diabetes Association, 2003).

### Smoking

- Data from the 1997 National Health Interview Survey show that **overall, smoking prevalence among Hispanic adults was 20.4%**, compared with 25.3% for whites. Among Hispanic men, 26.2% smoked, compared with 27.4% of white men. For Hispanic women, the smoking rate was 14.3%, compared with 23.3% for white women. (CDC, 1998).
- The Centers for Disease Control and Prevention’s Youth Risk Behavior Surveillance System found that about **one-third of Hispanic students in grades 9 through 12 were current cigarette smokers**. (CDC, 1998).
- Among Hispanic adults, **19% were current smokers, 16% were former smokers, and 65% had never smoked**. (Pleis and Coles, 2002).

### Racism

- **Vulnerable and marginalized groups in society experience an undue proportion of health problems**. Many health disparities are rooted in fundamental inequalities in the social structure, which are inextricably related to racism and other forms of discrimination in society. Research has shown that inequalities in the health and health care of ethnic and racial groups are evident, and racism is the most disturbing explanation for these inequalities. (World Health Organization, 2001).

- **Studies in the US report an association between perceived racial discrimination and high blood pressure, birth weight, and sick days.** In a recent study from the United Kingdom, victims of discrimination were more likely to have respiratory illness, high blood pressure, anxiety, depression, and psychosis. Stress responses have been considered possible mechanisms for the effects of racism on health. (McKenzie, 2003).

#### *Health Insurance Coverage and Access to Quality Care*

- **Of all major racial or ethnic groups, Latinos have the lowest rate of health insurance coverage.** (Pew Hispanic Center, 2002).
- In 1999–2000, **32.9% of Hispanics were without health insurance coverage.** (US Census Bureau, 2002).
- **The probability of Hispanics/Latinos under age 65 being uninsured is 35%**, compared with 17.5% of the general population under age 65. This disparity results largely from the lack of job-based insurance provided to Hispanics/Latinos, who work disproportionately in blue-collar and service-oriented jobs. (Smedley et al., 2003).
- **The vast majority of Hispanics are in working families, yet only 43% receive health insurance through work.** Cuban Americans have the highest rate of job-based or private health insurance coverage (65%) and are less likely to be uninsured (21%). **Less than half of people of Puerto Rican (45%), Central and South American (46%), and Mexican (44%) origin have job-based or other private insurance.** Over one-third of Puerto Rican Americans (34%) are insured by Medicaid or other publicly funded programs. More than 40% of Americans of Central and South American heritage are uninsured, including 38% of Mexican Americans. (Smedley et al., 2003).
- Quality care comes from a doctor who knows you, but not everyone has a regular doctor. According to the Commonwealth 2001 Health Quality Survey, **43% of all Hispanics in this country do not have a regular doctor.** By contrast, only 20% of white Americans do not have a regular doctor. (National Cancer Institute, 2003).

#### *Language and Communication*

- **More than 25% of Hispanic/Latino individuals in the US live in linguistically isolated households.** In addition, nearly 8 million Hispanic/Latino Americans do not speak English “very well.” Given recent population shifts, it is likely that these figures grossly underestimate the number of Hispanic/Latino Americans with limited English proficiency. (Smedley et al., 2003).
- According to the Commonwealth 2001 Health Quality Survey, **33% of all Hispanics in the US report having difficulty communicating with their doctors.** By contrast, only 16% of white Americans report the same difficulty. (National Cancer Institute, 2003).
- Among Hispanic/Latino elders, **Cuban elders are the least likely to be proficient in English (54% are not proficient), making them the most isolated linguistically.** Thirty-

six percent of Puerto Rican elders are not proficient in English, as are 28% of Mexican-American elders. (Talamantes et al., 2003).

### Recommendations

*To improve communication with your Hispanic/Latino patients:*

- Utilize trained medical interpreters when communicating with Hispanic/Latino patients who are not proficient in English.
  - Avoid using friends, family, or children for medical interpretation.
  - When using a medical interpreter, arrange the seating so that you are facing the patient, and have the interpreter sit alongside or slightly behind the patient.
  - Use appropriate titles, such as *Señor* for Mr., *Señora* for Mrs., and *Señorita* for Miss, even if you don't speak Spanish. Using these titles shows respect for your patients. If you speak Spanish, show respect by using the more formal *usted* rather than *tu*.
- (Kaiser Permanente, 2001).

- Out of a sense of *respeto*, **many Hispanic patients tend to avoid disagreeing with or expressing doubts to their health care providers** about the treatment they are receiving. They may even be reluctant to ask questions or to admit that they are confused about their medical instructions or treatment. Associated with this is a cultural taboo against expressing negative feelings directly. This taboo may manifest itself in a patient's withholding information, not following treatment orders, or terminating medical care. (Management Sciences for Health, 2003).

### Strengths and Protective Factors

- ***La familia* (family).** Traditionally, **Hispanics include in their extended families not only parents and siblings but also grandparents, aunts, uncles, cousins, compadres, close friends, and godparents (*padrinos*) of the family's children.** When they are ill or injured, Hispanics frequently consult with other family members and may ask them to come along on medical visits. Hispanic extended families play an important support role for patients. (Management Sciences for Health, 2003).
- ***Personalismo*.** Hispanics tend to stress the importance of personal relationships. **They expect health care providers to be warm and friendly and to take an active interest in their patients' lives.** *Personalismo* conveys to the patient that the provider is interested in him or her as a person and helps put the patient at ease before an exam or medical procedure. (Management Sciences for Health, 2003).
- **Community.** **A network of hundreds of local organizations has emerged in almost every Hispanic community in America.** For the past 30 years, these organizations have acted as frontline advocates for and providers of Hispanic health care and social services. Community-based organizations within Hispanic neighborhoods, *barrios*, *colonias*, and other ethnic enclaves provide a significant point of entry and an opportunity to expand outreach efforts. Hispanics/Latinos continue to rely on community-based organizations and clinics for their primary care. (Management Sciences for Health, 2003).

## **Adherence Factors**

### *Decision-making*

- ***La familia (family)***. Hispanic families traditionally emphasize interdependence over independence and cooperation over competition. Therefore, **family members are likely to be involved in the treatment and decision-making process for a patient**. Migration and separation from family may cause stress in Hispanic patients who are used to making decisions in collaboration with other family members. (Management Sciences for Health, 2003).

### **Recommendation**

Including family members in the consultation is often critical to the care of the patient and may contribute to the patient's ability to adhere to the recommended treatment. (Management Sciences for Health, 2003).

### *Communication*

- ***Personalismo***. Warm, friendly providers who take an active interest in their patients' lives are more likely to earn the loyalty, respect, and confidence of their patients. (Management Sciences for Health, 2003).
- ***Confianza (trust)***. A provider who is able to establish a bond of *confianza* with his or her Hispanic patients will find a profound improvement in the quality of care and in patients' willingness to take wellness and risk-reduction advice to heart. Having won *confianza* from patients, the provider may also come to appreciate the Hispanic view of health. (Management Sciences for Health, 2003).

### **Suggestion**

Involve health care brokers, community outreach workers, or *promotoras* to help establish trust with new Hispanic/Latino patients. (Management Sciences for Health, 2003).

- ***Respeto (respect)***. Health care providers, by virtue of their healing abilities, education, and training, are afforded a high level of *respeto* as authority figures. As a general rule, Hispanic patients listen to what their health care providers have to say and value the direction and services offered. (Management Sciences for Health, 2003).

### **Key Fact**

Out of a sense of *respeto*, **many Hispanic patients tend to avoid disagreeing with or expressing doubts to their health care providers** about the treatment they are receiving. They may even be reluctant to ask questions or to admit that they are confused about their medical instructions or treatment. Associated with this is a cultural taboo against expressing negative feelings directly. This taboo may manifest itself in a patient's withholding information, not following treatment orders, or terminating medical care. (Management Sciences for Health, 2003).

- Some Hispanic/Latino patients **may avoid asking questions** to avoid appearing to disagree with the provider, out of a sense of respect. (Kaiser Permanente, 2001).

### **Recommendations**

- **Be as thorough as possible to minimize confusion** when explaining treatment plans and procedures, and gently encourage your Hispanic/Latino patients to voice any questions or concerns. Prompt them regularly with questions, and ask whether they understand your diagnosis or treatment recommendations.
- When the patient talks to you, summarize what he or she has said. **Clarify and check** that the patient understands each point before moving on.
- **Encourage the asking of questions.**
- For information and tools related to increasing patient adherence, see the Provider's Guide to Quality & Culture, Provider-Patient Interaction, Patient Adherence at <http://erc.msh.org/mainpage.cfm?file=4.4.0.htm&module=provider&language=English>.

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