

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**

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).

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. 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. 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.