

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**

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 *espíritu* (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).

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