

Statistical Fact Sheet 2018 Update

Hispanics/Latinos & Cardiovascular Diseases*

Cardiovascular Disease (CVD) (ICD/9 codes 390-459) (ICD/10 codes I00-I99)

- Among Hispanic adults age 20 and older, 2011-2014, 31.3% of males and 33.3% of females had CVD.
- In 2015, CVD caused the deaths* of 26,739 Hispanic males and 23,350 Hispanic females.

Coronary Heart Disease (CHD) (ICD/9 codes 410-414, 429.2) (ICD/10 codes I20-I25, includes MI ICD-10 I21 to I22) Among Hispanics age 20 and older, 2011-2014:

- 5.9% of males and 6.1% of females had CHD
- 2.9% of males and 2.1% of females have had an myocardial infarction (heart attack)
- 2.7% of males and 3.8% of females had angina.
- In 2015, CHD caused the deaths* of 13,416 Hispanic males and 9,639 Hispanic females
- In 2015, myocardial infarction caused the deaths* of 4,246 Hispanic males and 3,106 Hispanic females.

Stroke (ICD/9 codes 430-438) (ICD/10 codes I60-I69)

- Among Hispanic adults, in 2014, 2.0% of males and 2.6% of females have had a stroke.
- In 2015, stroke caused the deaths* of 4,544 Hispanic males and 5,251 Hispanic females.
- Males, blacks, and Mexican Americans have higher rates of TIA than their female and non-Hispanic white counterparts.
- Projections show that by 2030, an additional 3.4 million US adults aged ≥18 years will have had a stroke, a 20.5% increase in prevalence from 2012. The highest increase (29%) is projected to be in white Hispanic males.
- Among stroke survivors in one single-center study, Hispanics scored lower on a test of stroke symptoms and the appropriate response to those symptoms than NH whites (72.5% vs. 79.1% of responses correct) and were less often aware of tPA as a treatment for stroke (91.5% vs. 79.2%).

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High Blood Pressure (HBP) (ICD/9 codes 401-404) (ICD/10 codes I10-I15)

- Among Hispanics age 20 and older, 2011-2014, 28.9% of the males and 30.7% of the females had HBP.
- In 2015, HBP caused the deaths* of 2,874 Hispanic males and 2,702 Hispanic females.
- In 2011-2012, having either HBP or borderline HBP was more common among boys than girls, non-Hispanic blacks were more likely to have either HBP or borderline HBP than Hispanic, non-Hispanic white, or non-Hispanic Asian boys or girls. However, HBP was more common among Hispanics than among NH blacks, NH whites, and NH Asians.
- In NHANES 2007–2014, among Mexican Americans rates of HBP awareness were 68.5% in males and 80.5% in females. 57.7% of males and 73.1% of females % were undergoing treatment, and 37.0% of males and 49.2% of females had their HBP under control.
- Mexican Americans have higher rates of uncontrolled HBP than non-Hispanic whites, based on NHANES 2007-2014 data.
- For a 45-year-old without hypertension, the 40-year risk for hypertension is 92.4% among Hispanics compared to 92.7% among blacks, 86.0% among whites and 84.1% among Asians.
- Among US adults with hypertension, Hispanics are more likely to lack health insurance, a personal doctor/healthcare provider and doctor visitation because of cost.

High Blood Cholesterol and Other Lipids

- Among children 6 to 11 years of age, the mean total blood cholesterol (TC) level is 158.9 mg/dL. For Hispanics, 159.5 mg/dL for boys and 156.9 mg/dL for girls
- Among adolescents 12 to 19 years of age, the mean TC level is 156.7 mg/dL. For Hispanics, 154.7 mg/dL for boys and 160.5 mg/dL for girls
- Among Hispanics age 20 and older, overall 13.1% have high TC:
 - 43.1% of males and 41.2% of females have TC levels of 200 mg/dL or higher.
 - 13.6% of males and 12.5% of females have TC levels of 240 mg/dL or higher.
 - 36.6% of males and 28.7% of females have an LDL cholesterol of 130 mg/dL or higher.
 - 30.7% of males and 11.8% of females have HDL cholesterol less than 40 mg/dL.
- Among Hispanic adults, 59.3% have had their cholesterol checked (54.6% of males and 64.2% of females). The percentage of adults screened for cholesterol in the past 5 years was lower for Hispanic adults than for non-Hispanic white, non-Hispanic black, and non-Hispanic Asian adults.

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Smoking

- In 2015, among adults 18 years of age or older, Asians (7%) and Hispanics (10.1%) were less likely to be current smokers than American Indians or Alaska Natives (21.9%), blacks (16.7%), and whites (16.6%).
- Among Hispanic adults, the highest rates of current smokers are in Puerto Ricans (28.5%) and Cubans (19.8%).
- The lifetime use of tobacco products among adults ≥ 18 years of age was highest among American Indians or Alaskan Natives (75.9%) and whites (75.9%), followed by blacks (58.4%), Native Hawaiian or Other Pacific Islander (56.8%), Hispanics or Latinos (56.7%), and Asians (37.9%).
- The rate of cigarette use in the past month for adolescents aged 12 to 17 years, was lower among NH Asians (1.1%), NH Blacks (2.6%), and Hispanics (2.7%) than NH American Indians or Alaskan Natives (4.8%) and NH Whites (5.4%).
- The lifetime use of tobacco products among adolescents 12 to 17 years old was highest among whites (19.9%), followed by American Indians or Alaskan Natives (19.6%), Hispanics or Latinos (14.5%), African Americans (13.8%), and Asians (7.7%).
- Receiving advice to quit smoking was lower in uninsured smokers and varied by race, with a lower prevalence in Asian (34.2%), American Indian/Alaska Native (38.1%), and Hispanic (42.2%) smokers than in white smokers (60.2%).

Physical Inactivity

- In 2015, the prevalence of students in grades 9-12, that did not participate in ≥ 60 minutes of physical activity on any day in the past 7 days was highest among non-Hispanic (NH) black girls (25.2%) and Hispanic (19.2%) girls, followed by NH black boys (16.2%), NH white girls (14.3%), Hispanic boys (11.9%), and NH white boys (8.8%).
- In 2015, the prevalence of using computers ≥ 3 hours per day (for activities other than school work) was highest among NH black girls (48.4%), followed by Hispanic girls (47.4%), Hispanic boys (45.1%), NH black boys (41.2%), NH white boys (38.9%) and NH white girls (38.3%).
- In 2015, the prevalence of watching television ≥ 3 hours per day was highest among NH black girls (41.5%) and boys (37.0%), followed by Hispanic girls (29.2%) and boys (27.4%) and NH white boys (21.4%) and girls (18.8%).
- In 2015, 16.8% of Hispanic or Latinos age 18 and older met the 2008 Federal Aerobic and Strengthening Physical Activity Guidelines for Adults.
- In 2015, among Hispanic or Latino adults 18 and older, 45.7% of males and 41.0% met aerobic guidelines of the 2008 Federal Physical Activity Guidelines for Americans through leisure-time activity.

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Overweight and Obesity

- 32.1% of children and adolescents, age 2 to 19, are overweight or obese; 15.6% are overweight and 16.5% obese. Among Hispanic children and adolescent rates are 21.7% of boys, and 21.0% of girls are obese.
- 69.4% of adults over age 20 in the United States are overweight or obese; 36.3% are obese. Among Hispanic adults 79.6% of males and 77.1% of females are overweight or obese. Of these, 39.0% of males, and 45.7% of females are obese.

Diabetes Mellitus (DM) (ICD/9 code 250) (ICD/10 codes E10-E14)

- Among US adolescents aged 12 to 19 years in 2005 to 2014, the prevalence of prediabetes was higher in NH blacks (21.0%) and Hispanics (22.9%) than in NH white participants (15.1%).
- In a multi-center study among youth, 19 years old or younger in 2003 to 2012, the incidence of type 1 DM increased 1.4% annually with a larger increase for Hispanics and Asian or Pacific Islanders than for other ethnic groups. Also, the incidence of type 2 DM increased 7.1% annually with a larger increase among NH blacks, Hispanics, Asian or Pacific Islanders, and Native Americans compared with NH whites.
- Among Hispanic adults:
 - 12.6% of males and 12.7% of females have physician diagnosed diabetes
 - 6.3% of males and 4.4% of females have undiagnosed diabetes
 - 45.9% in males and 25.0% in females have pre-diabetes
- Minority groups remain disproportionately affected by DM. The prevalence of total DM (diagnosed DM or HbA1c \geq 6.5%) in Mexican Americans was 35% higher than whites (11.6% versus 8.6%, respectively).

For additional information, charts and tables, see [Heart Disease & Stroke Statistics – 2018 Update](#)

Additional charts may be downloaded directly from the [online publication](#) or www.heart.org/statistics

The American Heart Association requests that this document be cited as follows:

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If you have questions about statistics or any points made in the 2018 Statistical Update, please contact the American Heart Association National Center, Office of Science & Medicine at statistics@heart.org. Please direct all media inquiries to News Media Relations at <http://newsroom.heart.org/newsmedia/contacts>.

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