## American

Heart
Association.

# 2022 Heart Disease \& Stroke Statistical Update Fact Sheet Hispanic/Latino Race \& Cardiovascular Diseases* 

## Cardiovascular Disease (CVD) (ICD-9 390 to 459; ICD/10 I00 to I99)

- Among US Hispanic adults 20 years of age and older from 2015 to 2018, 52.3\% of males and 42.7\% of femaleshad CVD.
- In 2019 in the United States, CVD caused the deaths* of 31,864 Hispanic males and 26,820 Hispanic females of all ages.


## Coronary Heart Disease (CHD) (ICD-9 410 to 414, 429.2; ICD-10 I20 to I25, includes MI ICD-10 I21 to I22)

- Among US Hispanic adults 20 years of age and older, 2015 to 2018: o $6.8 \%$ of males and $6.4 \%$ of females hadCHD.
- $3.7 \%$ of males and $2.1 \%$ of females previously had a myocardial infarction (heart attack).
- $3.5 \%$ of males and $4.3 \%$ of females had angina.
- In 2019, CHD caused the deaths* of 15,166 US Hispanic males and10,182 Hispanic females.
- In 2019, myocardial infarction caused the deaths* of 4,475 US Hispanic males and3,068 Hispanic females.


## Stroke (ICD-9 430 to 438; ICD-10 I60 to I69)

- Among US Hispanic adults, according to 2015 to 2018 data, $2.4 \%$ of males and $1.7 \%$ of females previously hada stroke.
- In 2019, stroke caused the deaths* of 5,649 US Hispanic males and6,310 Hispanic females.
- Projections show that by 2030, an additional 3.4 million US adults $\geq 18$ years of age 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 2014 single-center study, Hispanic individuals scored lower on a test of stroke symptoms and the appropriate response to those symptoms than NH White individuals ( $72.5 \%$ vs. $79.1 \%$ of responsescorrect) and were less often aware of tPA as a treatment for stroke(79.2\%vs. 91.5\%).


## High Blood Pressure (HBP) (ICD-9 401 to 404; ICD-10 I10 to I15)

- Among US Hispanic adults 20 years of age and older from 2015 to 2018, 50.6\% of males and 40.8\% of femaleshad HBP.
- In 2019, HBP caused the deaths* of 3,949 US Hispanic males and 3,659 Hispanic females.
- In 2015 to 2016, HBP was more common among US male youth than female youth, and among Mexican American youth compared with NH Black youth and NH White youth.
- In 2015 to 2018 among Hispanic US adults, rates of HBP awareness were $46.8 \%$ in males and $57.9 \%$ in females. $34.6 \%$ of males and $49.0 \%$ of females were undergoing treatment, and $12.7 \%$ of males and 20.5\% of females had their HBP under control.

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## High Blood Cholesterol and Other Lipids

- Among US children 6 to 11 years of age between 2015 and 2018, the mean total blood cholesterol (TC) level was $157.3 \mathrm{mg} / \mathrm{dL}$. For Hispanic children, TC was $157.6 \mathrm{mg} / \mathrm{dL}$ for males and $154.8 \mathrm{mg} / \mathrm{dL}$ for females.
- Among adolescents 12 to 19 years of age in the United States between 2015 and 2018 , the mean TC level was $155.1 \mathrm{mg} / \mathrm{dL}$. For Hispanic adolescents, TC was $152.3 \mathrm{mg} / \mathrm{dL}$ for males and 153.8 $\mathrm{mg} / \mathrm{dL}$ for females.
- Among US Hispanic adults 20 years of age and older between 2015 and 2018:0 37.7\% of males and $37.3 \%$ of females had TC levels of $200 \mathrm{mg} / \mathrm{dL}$ or higher.
- $12.4 \%$ of males and $9.2 \%$ of females had TC levels of $240 \mathrm{mg} / \mathrm{dL}$ or higher.
- $29.4 \%$ of males and $26.3 \%$ of femaleshad low-density lipoprotein cholesterol of 130 $\mathrm{mg} / \mathrm{dL}$ or higher.
- $32.0 \%$ of males and $12.3 \%$ of females had high-density lipoprote in cholesterol less than $40 \mathrm{mg} / \mathrm{dL}$.
- Among US Hispanic adults according to data from 2011 to 2012, 59.3\% had their cholesterol checked the past 5 years ( $54.6 \%$ 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 NH White, NH Black, and NH Asian adults.


## Smoking

- In 2019, among US adults 18 years of age or older, NH Asian (7.2\%) and Hispanic (8.8\%) adults were less likely to report smoking every day or some days than American Indians or Alaska Native (20.9\%), NH Black (14.9\%), and NH White (15.5\%) adults.
- According to US data from 2019, the lifetime use of tobacco products among adults $\geq 18$ years of age was highest in NH White (74.4\%) and American Indians or Alaska Native (70.4\%) adults followed by Hispanic or Latino (51.7\%), NH Black (53.0\%), Native Hawaiian or Other Pacific Islander (48.9\%), and NH Asian (36.9\%) adults.
- In 2020 among US middle and high school students, the prevalence of past 30 -day cigarette use was $3.7 \%$ in NH White youth compared with $2.5 \%$ in NH Black youth and $3.6 \%$ in Hispanic youth.
- In 2019, the lifetime use of tobacco products among US adolescents 12 to 17 years old was highest among American Indians and Alaska Native (21.6\%) adolescents, followed by NH White (14.8\%), Hispanic or Latino (12.0\%), NH Black (8.8\%), and NH Asian (3.5\%) adolescents.
- In 2014 to 2015, receipt of doctor's advice to quit among US adult smokers was significantly lower in NH Black (59.7\%) and Hispanic (57.9\%) individuals compared with NH White individuals (66.6\%).


## Physical Inactivity

- In 2019, the prevalence of using computers $\geq 3$ hours per day (for activities other than schoolwork) was $46.1 \%$ for all US adolescents in grades 9 through 12. For Hispanic adolescents, the prevalence was 47.2\%.
- In 2019, the prevalence of watching television $\geq 3$ hoursper day was 19.8 for all US adolescents in grades 9 through 12. For Hispanic adolescents, the prevalence was 21.3\%.
- In 2018, 24.0\% of all US adults and 21.4\% of Hispanic or Latino adults 18 years of age and older met both the 2018 Federal Aerobic and Strengthening Physical Activity Guidelines for Adults.
- In 2018, among US Hispanic adults 18 years of age and older, $51.7 \%$ of males and $43.2 \%$ of females met aerobic guidelines of the 2018Federal Physical Activity Guidelines for Americans through moderate leisure-time activity or vigorous activity. Of all US adults, 54.2\%met the aerobic guidelines.

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## Overweight and Obesity

- According to 2015 to 2018 US data, $35.4 \%$ of children and adolescents 2 to 19 years of age were overweight or obese and $19.0 \%$ were obese. Among Hispanic children and adolescents, rates of overweight and obesity were $45.9 \%$ for males and $43.8 \%$ for females and rates of obesity were 28.6\% for males and $23.4 \%$ for females.
- Between 2015 and $2018,71.3 \%$ of US adults over 20 years of age in the United States were overweight or obese; $40.6 \%$ were obese. Among Hispanic adults $84.8 \%$ of males and $77.8 \%$ of females were overweight or obese; $44.0 \%$ of males and $46.2 \%$ of femaleswere obese.


## Diabetes (ICD-9 250; ICD-10 E10 to E14)

- Using 2014 to 2015 US data, the incidence of type 1 diabetes in youths less than 20 years of age was 22.3 per 100,000. For Hispanic youths, the incidence of type 1 diabetes was 16.3 per 100,000. The incidence of type 2 diabetes was 13.8 per 100,000 for all youths, and 20.9 per 100,000 for Hispanic youth.
- Among US Hispanic adults 20 years of age or older between 2015 and 2018:
- $15.3 \%$ of males and $13.1 \%$ of females had physician diagnosed diabetes
- $6.0 \%$ of males and $4.6 \%$ of females had undiagnosed diabetes
- $49.8 \%$ of males and $41.2 \%$ of females had prediabetes


## For additional information, charts andtables, see <br> Heart Disease \& Stroke Statistics - 2022 Update

Additional charts maybe downloaded directly fromthe online publication orwww.heart.org/statistics.
Many statistics in this At-a-Glance document come fromunpublished tabulations compiled forthis document and can be cited using the document citation listed below. The data sources used for the tabulations are listed in the full document. Additionally, somestatistics come from published studies. If you ure citing any of the statistics in this At-a-Glance document, please review the full Heart Disease andStroke Statistics document to determine data sources and original citations.

The American Heart Association requeststhat this document be cited as follows:
Tsao CW, Aday AW, AlmarzooqZI, Alonso A, Beaton AZ, Bittencourt MS, Boehme AK, Buxton AE, Carson AP, CommodoreMensah Y, Elkind MSV, Evenson KR, Eze-NliamC, Ferguson JF, Generoso G, Ho JE, Kalani R, Khan SS, Kissela BM, Knutson KL, Levine DA, Lewis TT, LiuJ, LoopMS, Ma J, Mussolino ME, Navaneethan SD, Perak AM, Poudel R, Rezk-Hanna M, Roth GA, Schroeder EB, Shah SH, Thacker EL, VanWagner LB, ViraniSS, Voecks JH, Wang N-Y, Yaffe K, Martin SS; on behalf of the American Heart Association Council on Epidemiology and Prevention Statistics Committee and Stroke Statistics Subcommittee. Heart diseaseand stroke statistics-2022 update: a report from the American Heart Association [published online ahead of print Wednesday, January 26, 2022]. Circulation. doi: 10.1161/CIR.0000000000001052
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If you have questionsabout statistics or any points made in the 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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[^0]:    * Due to inconsistencies in reporting, some statistics may be unreliable. Unless otherwise noted, all statistics in this Fact Sheet pertain to the United States. Please refer to the complete 2022 Statistics Update for references and additional information for reported statistics.

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