

Hispanic Americans: Cardiovascular Disease

Fighting For A Healthy Heart In Hispanic Americans:

Cardiovascular Disease

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Intervention Program for Hispanic Americans with Cardiovascular Disease

Cardiovascular Disease

Cardiovascular diseases are defined as a wide variety of problems regarding and/or affecting the heart. Damage or issues within the blood vessels, coronary arteries, the heart rhythm, or congenital defects, which one is born with rather than develops, cause most heart diseases. Cardiovascular Disease “involves [the] narrowing or blocking of blood vessels [which] can lead to a heart attack, chest pain, or stroke...and affects your heart’s muscles, valves, or rhythm” (MayoClinic). These issues can mostly be prevented or treated with changes in diet and lifestyle, to living better, healthier, and more active lives. However, some congenital heart diseases cannot be prevented or treated. While some diseases tend to have similar symptoms, they tend to differ due to the type of disease, age, and gender. In fact, “men are more likely to have chest pain, while women are more likely to have other symptoms along with chest discomfort [such as] shortness of breath, nausea, [and] extreme fatigue” (MayoClinic). The most common symptoms, which we see in most, are chest pain, chest tightness, chest pressure, and shortness of breath, neck and jaw pain, and numbness of the limbs when blood flow is restricted due to narrowing blood vessels. Arrhythmia, or abnormal heartbeat, is seen in many patients suffering from heart disease, and is characterized by either or all- slow heartbeat, quick heartbeat, or irregular (lagging or off rhythm) heartbeat. An abnormal heartbeat is usually accompanied by a fluttering feeling in the chest, shortness of breath, dizziness, chest pain, and either a racing or slow heartbeat. It is typical that most individuals suffering with heart disease do not seek help or get diagnosed until they have experienced their first heart attack, stroke, or other major heart complication. It is very vital that individuals experiencing symptoms see a doctor upon notice. Those with congenital heart defects are often diagnosed at birth, as they see symptoms of cyanosis (blue coloration of the skin) and swelling of the legs. With Cardiovascular Disease meaning “different heart or blood vessel problems” it could also be caused by “atherosclerosis...build up of fatty plaques in arteries” (MedicineNet). Due to the CDC, about one in every four people die each year due to some form of heart disease, which is approximately half a million people. Ranking number one for the leading cause of death in the United States, Cardiovascular Disease is mainly a result of “high blood pressure, high cholesterol, and smoking”, with one in three found in individuals who have heart disease (CDC). Other causes of arrhythmias include the following: congenital defects, stress, high alcohol or drug use, etc. Many heart infections can also be caused from bacteria, viruses, or parasites, while valvular heart disease is a result from rheumatic fever and connective tissue disorders. Those at risk for heart disease depend on age, gender, their family history of heart issues, diet, inactivity, having diabetes, high blood pressure, high cholesterol, and stress. Besides heart attack and stroke, cardiovascular diseases can also result in cardiac arrest, artery disease, heart failure, and/or aneurysms. To prevent cardiovascular disease, one can stray from smoking, practice good hygiene, exercise at least thirty minutes each day, reduce and/or manage stress, and control issues such as blood pressure, diabetes, and cholesterol levels. While at the leading cause of death in the United States, cardiovascular disease accounts for “23.5 percent of all death, 18.4 percent in American Indians or Alaskan Natives, 22.2 percent in Asians or Pacific Islanders, 23.8 percent in Non-Hispanic Blacks, and 23.8 percent in Non-Hispanic Whites” (CDC). While Cardiovascular Disease is the leading cause of death in the United States despite age, gender, race, or ethnicity, “in 1992, 24 percent of deaths among Latinos were attributed to [it]” (US

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Dep). According to the CDC, as of 2010, and still presently, heart disease is ranked the second leading cause of death after cancer in Hispanics.

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According to the Census Bureau, in 2013 there were approximately 54 million Hispanics living in the United States. While much of this culture has now resided in the United States for several generations, it could be said that many Hispanic Americans have learned to adapt to the American lifestyle through acculturation, although many might still hold traditional living styles to which they choose to follow within their homes. Many Hispanic individuals have cultural ties to eating fairly consistently healthy diets, which include grains, beans, fruits, and vegetables. By adapting to American eating and lifestyle habits, Hispanic Americans have been introduced, exposed, and adapted to having diets that include high fats, sodium, sugars, and preservatives. In fact, “Latinos have a higher prevalence of [being] overweight and are more likely to report sedentary lifestyles than non-Latinos” (Ritter, Graham 2017). For Hispanics, Cardiovascular Disease is the second leading cause of death. While many Hispanic Americans have adapted to many American lifestyles, many traditional Spanish-speaking families remain having traditionally healthful diets, which include lower fat, saturated fat, and cholesterol consumptions. Those who have adapted to an American food style could now be consuming a diet that is neither traditional nor beneficial. Hispanic families also tend to prepare foods for many occasions; for example, having company over would lead the main food provider in a Hispanic family to prepare and present a meal to whomever is visiting, to show thanks and welcoming. By adapting to unhealthy foods, a family that has now taken on the role of eating high fat foods could be preparing several unhealthy items throughout the day, rather than fruits, vegetables, and grains. By stating this, it is evident that Hispanic American families could now be consuming high volume amount of food, at a low quality nutrient level. Respectively, Hispanics tend to have higher rates of obesity and diabetes than non-Hispanics, while “approximately 36% of Mexican American men and 45% of women 20 years and older are obese” (Ritter, Graham 2017). In 2010, a small percentage of Hispanics with high blood pressure were aware and/or had control of their condition than non-Hispanics. While most Hispanics do not seek medical attention due to stamina, lack of healthcare can be due to other factors such as low income, language barriers, and/or limited access to greater quality facilities. In fact, only “27 percent [of Hispanics] were aware of all major symptoms and knew to call 911” in occurrences of cardiovascular disease related problems (CDC). Among adults between the ages of eighteen and sixty-four, a large percentage is without health insurance. Also, Hispanic individuals have a smaller rate of graduating high school than non-Hispanics, in fact nine percent less than whites. Between 2011 and 2012, “Hispanics graduated [high school] at 73 percent and whites at 86 percent, nationwide” (Governing). Perhaps decreased educational attainment could also be a cause as to why Hispanic Americans lack seeking and gaining preventative health care. According to the CDC, one in every five Americans meets the 2008 Physical Activity Guidelines, with 23 percent of whites and only 16 percent of Hispanics reporting as to being physically fit. For many Americans, the percentage of consuming daily calories derived from eating fats exceeds the recommended daily limit to which they should consume. This includes all races and/or ethnic groups. Within Hispanic Americans, “between 48 and 57 percent of men have high blood cholesterol levels, [as do] between 43 and 52 percent of women” (NIH). While blood cholesterol levels are influenced by heredity and modifiable factors, diet and physical activity can be huge factors that determine cholesterol as well. High cholesterol levels can cause a build up within the

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walls of an individual's arteries, therefore causing blood flow to be decreased and/or blocked, leading to a form of heart disease. While cholesterol levels are an issue amongst the Hispanic American race, the "mortality rate due to diabetes is 42 percent higher among Latinos ages 45-64 [than non-Latinos]" (CDC). Despite high cholesterol, blood pressure, and diabetes being so common in most race/ethnicity groups, it is evident that they are all large issues within Hispanics, contributing to the high rate of cardiovascular diseases within the group as well. A place of action needs to be addressed in order to improve the quality of health in Hispanics, as well as all other race/ethnicity groups.

2018 Fighting For A Healthy Heart Organization

With the year coming to an end, and new beginnings on the rise, what better way to start a new season than by helping those around you become healthier and happier? I propose to you a mass intervention program targeted towards those with cardiovascular problems, as well as those on the onset of cardiovascular disease, within the Hispanic community. The 2018 Fighting For A Healthy Heart intervention program will strive to provide a community program center that will expand its' doors to those of the Hispanic race, but will not be disclosed to anyone of a different race whom might have interest in helping those suffering by providing support, care, and other assistance. The Fighting For A Healthy Heart Organization will circle around individuals suffering from heart disease or leading causes such as high blood pressure, high cholesterol, and diabetes, and will influence family involvement for comfort and support of those seeking change. This program will be at use for individuals of all ages who either personally experience heart complications related to lifestyle behaviors, and/or family members of those subject to these issues. We assure that our members will not feel such as a form of welfare, but will be at an understanding that the program is by their side to guarantee success in better health as well as a better life. While there are hundreds of intervention programs throughout the United States to which relate to blood pressure self-management, dietary information, medication adherence, physical activity, and more, Fighting For A Healthy Heart intends to cover all subjects of matter to be the ultimate intervention program for those Hispanic individuals who desperately need help in multiple areas of health that affect their heart condition. Doctors Nisa M. Maruthur, Nae-Yuh Wang, and Lawrence J. Appel noted that results from a PREMIER trial on Coronary Heart Disease established that "lifestyle modification is a critical component of population-based strategies to prevent [heart disease]" (Maruthur, et.al.). Due to lifestyle modification requiring much self-control, the FFAHHO highly values teaching self-discipline, self-assurance, and support from both peers and families. Due to Hispanics' mainly sedentary and American-adapted lifestyle, we make it a priority to teach the importance of having a healthy heart, how certain foods, diets, and exercises can benefit one's overall heart health, and providing a safety-net for those who lack in education, income, and access to greater health care. The FFAHHO plans to provide local centers within or close to mainly Hispanic communities, containing lecture halls where heart physicians, dieticians, and other heart health related professionals can join us to present and inform individuals on how their health can influence their heart and their longevity of life. We will strive to provide exercise classes including an open gym room with multiple forms of weightlifting, cardio exercises, dance rooms with instructed classes, and weight goal management systems. The FFAHHO would like to reach out to communities on local, state, and nationwide levels to provide fundraisers and acceptance of donations, and expand the knowledge of our program to both those of the Hispanic group and those not. Through commercialization, social media, and teaming up with local community centers and churches, we plan to expand our

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organization to areas all over the United States, and hope to receive local and government funding in order to donate to individuals who cannot afford a healthy diet and/or treatment for current heart problems. Along with our community exercise facilities, the FFAHHO would also like to put on annual heart runs to where individuals of all nationalities, races, and ethnic groups can come together to raise awareness for Hispanic individuals suffering or on the onset of cardiovascular disease. We will also make it an effort to provide general physicians, heart specialists, and dieticians to come meet with our members, provide any testing or screenings that could determine one's chances of developing heart complications, and discuss treatment and prevention methods. We would also like to have dieticians and other healthy chefs come and display healthy food options, healthful food substitutions for unhealthy cravings, and how to prepare healthy meals at low costs for those struggling with finances.

Benefits

Fighting For A Healthy Heart is extremely beneficial to those who are members because unlike most other intervention programs targeting heart disease, we provide areas of knowledge and focus in multiple aspects, such as gaining education about the disease, prevention techniques, how to cope or encourage a family member fighting heart disease, diet and exercise tips, and by providing health care access opportunities to those who needs them. FFAHH is effective within the Hispanic culture by being culturally sensitive to beliefs that traditional families/individuals may have regarding treatment or health care in general. While Hispanics tend to highly value family, by providing an organization that also prioritizes family involvement, our organization will gain the interest of those who prefer for family to be involved with them. Hispanics also tend to value individuals over institutions, so by providing doctors to come and meet with them on a one-on-one basis, comfort and trust can be established before treatment is decided upon, if needed. We will also provide physicians of all races, but mainly those of the Hispanic race, and provide a same gender physician to the member participating to try to avoid any discomfort, distrust, and/or withholding any health information that might benefit their health in the long run. Our workers and physicians will provide care and assistance to members on a personal but respectful level, including close interaction (touching in an appropriate manner), sustaining from eye contact, especially to those who are of older generations, and engaging in small talk, rather than going straight to discussing their health concerns. Banners and slogans stating traditional health references will be used such as “La salud es todo o cas; todo”, referring to health as being everything, reminding members that health is important. While many Hispanics are of the Catholic religion, providing Catholic Church volunteers and preachers to come and discuss spirituality regarding their health could quite possibly go over well and provide a more comforting environment for those who are reserved when it comes to discussing health issues. By providing members with sources to learn better a better diet, they are also able to maintain their blood pressure by decreasing harmful foods, reduce their cholesterol levels by lowering their fat consumption, and to control risk of diabetes by watching their weight and sugar intake. As most Hispanic families eat meals together, family-cooking classes could benefit each family member, while also helping the one/ones who have the heart condition. This would in turn benefit the entire family and teach each person how to prepare smarter and better choices, while children or young family members will learn techniques to carry on with them throughout the rest of their lives. Not only does the FFAHH Organization prevent and/or reduce heart disease, it also strives to benefits other complications as well. While one influences the health of their heart, they are also able to influence blood

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pressure rates, cholesterol levels, and chances of developing or ridding diabetes. By refraining from smoking, you not only reduce your chances of a heart attack, but also lung disease or respiration problems. By being physically active most days of the week, you not only reduce heart rate, but also your chances of weight gain, developing diabetes, and increase muscle and joint mobility. In Hispanics, “chronic drinking is about seven times higher for men than women” (Ritter, Graham 2017). By reducing alcohol consumption, one not only supports the health of their heart, but also the state of their liver and hydration. Therefore, the development and approval of the Fighting For A Healthy Heart Organization will benefit not only those within the Hispanic community, but other as well, in many aspects other than just heart disease.

Government Policy Changes

In order to make our organization efficient and successful, government changes and policies will need to be made and put into action. Our organization will request government funding in order to keep our facilities running, until we are able to gain enough donations/funding to support ourselves. Perhaps the United State government can cut a portion of its’ 980 billion + dollars in health expenses to go towards our organization. Additionally, smaller percentages of Hispanics had control of their blood pressure or knew that they had heart complications compared to African Americans and Whites; therefore, we should be providing these communities with a free blood pressure screening at least once a month. Also, many Hispanics are without health insurance. In fact, from 2013 to 2016 “US Hispanics without [health] coverage has grown from 29% to 40%”, with a larger percentage of Hispanics unemployed opposed to non-Hispanic whites (NBCNews). By expanding insurance coverage to individuals who are lacking it, there could be a decrease in contributions to heart disease. Also, by putting restrictions on snap benefits, those individuals who are low income should be provided with food stamps that encourage healthful eating choices rather than unlimited soda and junk food items. We also should be expanding Medicaid covering to medications that are beneficial in these areas, and by providing individuals, such as traditional Hispanics who may not feel comfortable going to a large health facility, with at home care to where they can receive care and treatment in the comfort of their home.

Recommendations

Recommendation for benefiting the health and heart of an individual is not only extended for those of the Hispanic group, but all races and ethnic groups as well. About “75 million American adults have high blood pressure”, which is one out of every three (CDC). About 3.4 million individuals in the United States die from diabetes every year, and cholesterol levels are amongst the three factors that lead to heart disease. All individuals of all races and ethnic groups should make it a point to learn and be aware of the risk factors and symptoms of cardiovascular diseases. Those trying to or needing to stray from cardiovascular disease causes should check with their doctor at least every six months to test blood pressure, cholesterol levels, weight, and BMI to better understand and be aware of any disease or condition that they may be at risk for and how to prevent it. Individuals, both at high and low risk, should focus on controlling their blood pressure. This can be tested either through the vital sign check at a doctor’s office, or located at most pharmacies in grocery stores. You can also purchase a blood pressure machine, which can be used at home or on the go. Keeping cholesterol levels maintained and in the normal range is extremely important when trying to reduce chances of having cardiovascular diseases. This can be done by eating less or eliminating saturated and trans fats and by eating omega-3

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fatty acid rich foods. Maintaining a healthy weight is extremely important when it comes to reducing chances of heart disease, because more weight means that the heart need to pump at a faster rate, ultimately putting strain on the heart. Other factors such as limiting alcohol consumption, exercising at least thirty minutes a day most days of these week, managing levels of stress, diabetes, and eating an overall healthy diet are amongst many of the other changes that can be made to reduce or prevent occurrences of heart disease. Individuals of all communities should take action to support those battling cardiovascular disease and support prevention techniques to all children and adults.

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