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Hypertension in Hispanic Americans: Overview of the Population

SYNOPSIS

THE 23 MILLION HISPANICS IN THE UNITED STATES represent a mosaic of varied ethnic groups, and many share ancestry and language. They comprise one of the fastest-growing segments of the U.S. population. Social, cultural, and physical differences between Hispanics and non-Hispanics and among Hispanic subgroups affect the health of this population.

Hispanics exhibit several risk factors for major health problems in differing levels from other populations. Most notably, Mexican Americans are 3 to 5 times more likely to have non-insulin-dependent diabetes than whites. Because of health factors and other distinguishing qualities, the health care establishment needs to do more research, especially on hypertension, and provide more culturally responsive health care for Hispanics. Surveys conducted in the early and mid-1980s show differing rates of hypertension among Hispanic groups, from lower levels to levels similar to those found in whites. Additional research is needed to identify the extent of hypertension incidence, awareness, and control in Hispanics, particularly among subgroups. If hypertension rates are indeed lower than those in the general population, efforts should be made to identify and maintain the positive behaviors responsible.

The more than 23 million Hispanics in the United States represent a mosaic of ethnic groups. Despite shared ancestry and common language, this is not a homogeneous population. Origins go back to numerous Spanish-speaking countries with distinct national histories and heritage. As a result of varied historical and lifestyle influences, one finds extensive diversity throughout the Hispanic-American population.

About 6 of every 10 Hispanics are of Mexican heritage *(1)*. In addition to Mexican Americans, the U.S. Census distinguishes among Puerto Rican, Cuban American, Central and South American, and Other Hispanics.

The bulk of this population is concentrated in the southwestern states and in Florida, New York, New Jersey, and Illinois. About half of the total are in California and Texas *(1)*. Although a number of Hispanics are found in farming and other less populous communities, the majority live in large metropolitan areas *(1)*.

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Hispanics comprise one of the fastest-growing segments of the population. As a result of high birth rates and significant immigration from Mexico and other countries, it more than doubled between 1970 and 1990, and will exceed 30 million within the next 5 years *(1)*.

This is also a very young population: In 1990, almost 7 of every 10 Hispanics were under the age of 35, compared with about 50% of non-Hispanics *(1)*. At the other end of the age spectrum, about 5% of Hispanics were 65 or older, compared with 13% of non-Hispanics.

Education and socioeconomic levels among Hispanics as a whole are below those of non-Hispanics *(1)*. Both high school and college completion rates are significantly lower. However, these rates fluctuate among Hispanic groups. Again, although income varies from group to group, overall poverty rates are higher for Hispanics than for the general population. The 1990 census shows that more than 20% of Hispanic families were living below the poverty level *(1)*.

Because of Hispanic diversity, acculturation levels vary widely. Some families have lived in the United States for many generations, whereas others have only recently arrived. In 1990, almost 80% of Hispanics reportedly spoke a language other than English at home *(1)*.

Health Status

Hispanics exhibit several risk factors for major health problems, most notably high smoking rates among men *(2)*, diets high in fat and sodium *(3)*, and above-average incidence of alcoholism *(4)* and obesity *(5,6)*. Despite these factors, the rate of cardiovascular disease is lower than that of whites. However, Hispanics—Mexican Americans in particular—are 3 to 5 times more likely to have non-insulin-dependent diabetes than whites *(7)*.

Studies show differing rates of hypertension among Hispanics. The Hispanic Health and Nutrition Examination Survey (HHANES), conducted in the early 1980s, found lower hypertension rates in Hispanics than in whites. The survey reported findings in three groups: Mexican Americans in the Southwest; Puerto Ricans in the New York City metropolitan area; and Cuban Americans in Dade County, Florida. Other studies in San Antonio, Texas *(8)*, and in Orange County, California *(9)*, found similar levels of hypertension among Hispanics and whites.

In the HHANES study, hypertension awareness levels among women in all three Hispanic groups were extremely high. However, a substantial percentage of Mexican-American and Puerto Rican men did not know if they had hypertension. Also compared to the women, more Mexican-American and Puerto Rican men took no medicine for their condition. Cuban-American males with hypertension were more likely to be on medication than their counterparts in the other two groups. Overall, HHANES found low control rates for all participants with hypertension in the survey *(10)*.

Conclusion

We need additional research to identify the extent of hypertension incidence, awareness, and control in all Hispanics and in each subgroup. If hypertension rates are indeed lower than those in the general population, efforts should be made to identify and maintain the positive behaviors responsible. Given the higher rate of diabetes in Hispanics, more also needs to be known about the interaction of this disease with hypertension.

In terms of health care in general, the United States ought to place greater emphasis on research, education, disease prevention, and access to care for Hispanics. More Hispanic, Spanish-speaking, and culturally sensitive care providers are needed in virtually every field. In addition, we need more Hispanic researchers and study participants to provide timely and relevant health promotion and disease prevention data. Efforts to make health care more accessible, affordable, and culturally responsive and responsible are long overdue.

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