



American
Heart
Association.

2021 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 Hispanic adults 20 years of age and older from 2015 to 2018, 52.3% of males and 42.7% of females had CVD.
- In 2018, CVD caused the deaths* of 30,584 Hispanic males and 25,983 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 Hispanic adults 20 years of age and older, 2015 to 2018:
 - 6.8% of males and 6.4% of females had CHD.
 - 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 2018, CHD caused the deaths* of 14,755 Hispanic males and 10,105 Hispanic females.
- In 2018, myocardial infarction caused the deaths* of 4,584 Hispanic males and 3,099 Hispanic females.

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

- Among Hispanic adults, according to 2015 to 2018 data, 2.4% of males and 1.7% of females previously had a stroke.
- In 2018, stroke caused the deaths* of 5,260 Hispanic males and 5,986 Hispanic females.
- Males, Black individuals, and Mexican American individuals have higher rates of TIA than their female and non-Hispanic (NH) White individual counterparts.
- Projections show that by 2030, an additional 3.4 million US adults ≥ 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 responses correct) and were less often aware of tPA as a treatment for stroke (91.5% vs. 79.2%).

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

- Among Hispanic adults 20 years of age and older from 2015 to 2018, 50.6% of the males and 40.8% of the females had HBP.
- In 2018, HBP caused the deaths* of 3,764 Hispanic males and 3,373 Hispanic females.
- In 2015 to 2016, HBP more common among boys than girls, and among Mexican American youth compared with NH Black youth, and NH White youth.
- In 2015 to 2018 among Mexican American 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.

* Due to inconsistencies in reporting, some statistics may be unreliable.
Unless otherwise noted, all statistics in this Fact Sheet pertain to the United States.

High Blood Cholesterol and Other Lipids

- Among children 6 to 11 years of age between 2015 and 2018, the mean total blood cholesterol (TC) level was 157.3 mg/dL. For Hispanic children, TC was 157.6 mg/dL for males and 154.8 mg/dL for females.
- Among adolescents 12 to 19 years of age between 2015 and 2018, the mean TC level was 155.1 mg/dL. For Hispanic adolescents, TC was 152.3 mg/dL for males and 153.8 mg/dL for females.
- Among Hispanic adults 20 years of age and older:
 - 37.7% of males and 37.3% of females had TC levels of 200 mg/dL or higher between 2015 and 2018.
 - 12.4% of males and 9.2% of females had TC levels of 240 mg/dL or higher between 2015 and 2018.
 - 33.5% of males and 23.8% of females had low-density lipoprotein (LDL) cholesterol of 130 mg/dL or higher between 2013 and 2016.
 - 32.0% of males and 12.3% of females had high-density lipoprotein (HDL) cholesterol less than 40 mg/dL between 2015 and 2018.
- Among Hispanic adults according to data from 2011 to 2012, 59.3% 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 NH White, NH Black, and NH Asian adults.

Smoking

- In 2018, among adults 18 years of age or older, Asian (7.1%) and Hispanic (9.8%) adults were less likely to be current smokers than American Indians or Alaska Native (22.6%), NH Black (14.6%), and NH White (15.0%) adults.
- According to data from 2018, the lifetime use of tobacco products among adults ≥ 18 years of age was highest in American Indians or Alaska Native (78.2%) and NH White (74.1%) adults, followed by Native Hawaiian or Other Pacific Islander (69.7%), Hispanic or Latino (51.6%), NH Black (55.1%), and NH Asian (40.1%) adults.
- In 2019 among middle and high school students, the prevalence of past 30-day cigarette use was 5.0% in NH White youth compared with 3.1% in NH Black youth and 3.6% in Hispanic youth.
- In 2018, the lifetime use of tobacco products among adolescents 12 to 17 years old was highest among American Indians and Alaska Native (18.7%) adolescents, followed by NH White (16.3%), Hispanic or Latino (10.8%), NH Black (9.8%), and NH Asian (4.6%) 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 2017, 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 NH Black girls (26.6%) and Hispanic (20.0%) girls, followed by NH White girls (16.7%), NH Black boys (12.7%), Hispanic boys (12.3%), and NH White boys (10.2%).
- In 2017, among students in grades 9-12, 33.3% of Hispanic boys and 18.1% of Hispanic girls were active at least 60 min/day on all 7 days.

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Physical Inactivity (continued)

- In 2017, the prevalence of using computers ≥ 3 hours per day (for activities other than schoolwork) was highest among NH Black boys (47.7%), followed by Hispanic girls (46.8%), NH Black girls (46.7%), Hispanic boys (43.9%), NH White boys (41.7%), and NH White girls (39.6%).
- In 2017, the prevalence of watching television ≥ 3 hours per day was highest among NH Black boys (37.8%) and girls (32.8%), followed by Hispanic boys (21.9%) and girls (19.5%) and NH White girls (18.4%) and boys (16.9%).
- In 2018, 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 Hispanic or Latino adults 18 and older, 51.7% of males and 43.2% of females met aerobic guidelines of the 2018 Federal Physical Activity Guidelines for Americans through moderate leisure-time activity or vigorous activity.

Overweight and Obesity

- According to 2015 to 2018 data, 35.4% of children and adolescents age 2 to 19 were overweight or obese and 19.0% were obese. Among Hispanic children and adolescents, rates of obesity were 28.6% of boys and 23.4% of girls.
- Between 2015 and 2018, 71.3% of 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 females were obese.

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

- Among US adolescents 12 to 19 years of age in 2005 to 2014, the prevalence of prediabetes was higher in NH Black (21.0%) and Hispanic (22.9%) adolescents than in NH White (15.1%) adolescents.
- In a multi-center study among youth 19 years old or younger in 2003 to 2012, the incidence of type 1 diabetes increased 1.4% annually with a larger increase for Hispanic and Asian or Pacific Islander individuals than for other ethnic groups. Also, the incidence of type 2 diabetes increased 4.8% annually with a larger increase among NH Black, Hispanic, Asian or Pacific Islander, and Native American individuals compared with NH White individuals.
- Among Hispanic adults 20 years of age or older between 2013 and 2016:
 - 15.1% of males and 14.1% of females had physician diagnosed diabetes
 - 6.3% of males and 4.0% of females had undiagnosed diabetes
 - 48.1% of males and 31.7% of females had prediabetes

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Hispanic/Latino Race & CVD – 2021 Statistical Fact Sheet*

For additional information, charts and tables, see
[Heart Disease & Stroke Statistics – 2021 Update](#)

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

Many statistics in this Fact Sheet come from unpublished tabulations compiled for this 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, some statistics come from published studies. If you are citing any of the statistics in this factsheet, please review the full Heart Disease and Stroke Statistics document to determine data sources and original citations.

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

Virani SS, Alonso A, Aparicio HJ, Benjamin EJ, Bittencourt MS, Callaway CW, Carson AP, Chamberlain AM, Cheng S, Delling FN, Elkind MSV, Evenson KR, Ferguson JF, Gupta DK, Khan SS, Kissela BM, Knutson KL, Lee CD, Lewis TT, Liu J, Loop MS, Lutsey PL, Ma J, Mackey J, Martin SS, Matchar DB, Mussolino ME, Navaneethan SD, Perak AM, Roth GA, Samad Z, Satou GM, Schroeder EB, Shah SH, Shay CM, Stokes A, VanWagner LB, Wang N-Y, Tsao CW; on behalf of the American Heart Association Council on Epidemiology and Prevention Statistics Committee and Stroke Statistics Subcommittee. Heart disease and stroke statistics—2021 update: a report from the American Heart Association [published online ahead of print January 27, 2021]. *Circulation*. doi: 10.1161/CIR.0000000000000950

If you have questions about statistics or any points made in the 2021 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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