

Cardiovascular Risk in Hispanic Men: What the Data Actually Shows

A Note On Terms:

We use Hispanic/Latino when speaking broadly because that is the term used in much of the research cited. When a study uses a more specific term, such as Hispanic, Mexican American, Puerto Rican, Cuban, Dominican, Central American, or South American, we follow that study's language.

The Data

Only 5 out of 100 men had ideal heart health

In a large study of Hispanic/Latino adults, only about 5% of men had healthy levels across major heart health measures, including blood pressure, blood sugar, cholesterol, body weight, smoking status, physical activity, and diet.

Men scored lower than women

In the same study, men had lower overall heart health scores than women.

Blood sugar control has dropped

Newer research found that fewer Hispanic/Latino adults met healthy blood sugar targets from 2008 to 2024.

Stroke deaths are rising

Stroke death rates among Hispanic adults have gone up in recent years, mainly among men.

Heart failure deaths are rising too

Heart failure death rates have been rising faster among Hispanic men.

These numbers don't predict what will happen to any one person. They show why screening matters.

"Average numbers" don't tell your story. Your own numbers do.

Top Risk Factors To Know



Each factor below is more likely to put your heart and vessels at risk. Many men have more than one of these risks:



Among Hispanic/Latino adults, diabetes rates rose from 17.7% to 27.6% over about 6 years. Diabetes has also been closely tied to heart disease and stroke in Hispanic/Latino men.



Among young Hispanic adults, high blood pressure rates more than doubled in some groups between 2009 and 2020.



Nearly half of young Mexican American adults had obesity (48.7%), and about 1 in 3 Hispanic/Latino men had metabolic syndrome. Metabolic syndrome means several risks occurring together, such as high blood sugar, high blood pressure, abnormal cholesterol, and excess weight around the waist.



About 1 in 8 Hispanic men (12%) were current smokers in 2022.



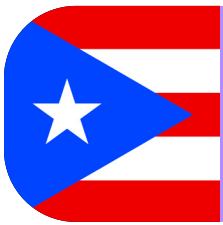
More than half of Central American men had high cholesterol (54.9%), the highest among Hispanic/Latino groups.

Background Matters



“Hispanic” includes many different communities, cultures, and family backgrounds. Heart and blood vessel risk doesn’t look the same across all Hispanic/Latino populations.

The findings below come from separate studies of different Hispanic/Latino communities. They describe groups, not any one person.



Puerto Rican

Had the most risk factors overall. About 6.3% had heart disease, the highest of these groups.



Dominican

28.1% developed high blood pressure, the highest rate of these subgroups.



Cuban

Had a high chance of getting high blood pressure over 6 years, at 27.1%. Cuban adults also had the most high LDL cholesterol at 44.5%.



Mexican

Had the highest rate of new diabetes cases (17.2%). By the follow-up visit, 31.0% had diabetes.



Central American

Had the highest rate of high triglycerides (18.3%).



South American

Had the lowest overall risk, including the lowest diabetes rate at 10.2%.

These numbers show why it’s important to tell your doctor about your family history, where your family is from, and anything that makes it harder to get care.

Bring This To Your Visit

Appointments move fast. Use these questions so nothing gets missed.

Ask your doctor about:

→ **Blood pressure**

What is my blood pressure, and what should my goal be?

→ **Blood sugar or A1C**

Should I be checked for diabetes or prediabetes?

→ **LDL cholesterol**

Is my cholesterol at a healthy level for me?

→ **Lp(a)**

Should I have this inherited cholesterol-related risk factor checked?

→ **Weight and waist size**

Does my weight or waist size affect my heart or vascular risk?

→ **Family history**

Does my family history change what I should be screened for?

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