

National Hispanic / Latino Outreach Program



Your Well-Being,
A Health Guide for the
Hispanic/Latino
Community

PAF Patient Advocate
Foundation

Solving Insurance and Healthcare Access Problems | since 1996

Patient Advocate Foundation Mission Statement

Patient Advocate Foundation (PAF) is a national non-profit organization that seeks to safeguard patients through effective mediation assuring access to care, maintenance of employment and preservation of their financial stability relative to their diagnosis of life threatening or debilitating diseases.

National Hispanic Latino Outreach Program Mission Statement

Patient Advocate Foundation's National Hispanic/Latino Outreach program seeks to improve access to health care for patients diagnosed with chronic, debilitating or life threatening illness within the Hispanic/Latino communities by increasing awareness of PAF services. The program supports the PAF mission to safeguard patients through effective mediation assuring access to care, maintenance of employment and preservation of their financial stability.

Co-Pay Relief Mission Statement

Patient Advocate Foundation's Co-Pay Relief (CPR) program provides co-payment assistance for pharmaceutical products to insured Americans who financially and medically qualify. CPR provides direct financial assistance to qualified patients to assist them in the ability to afford the co-payments their insurance requires. The program offers personal service to all patients through the use of CPR call counselors.

Table of Contents

Introduction	4
Leading Diagnosis' Among Hispanic/Latinos in the U.S	
Heart Disease.....	5
Types of Heart Disease.....	5
A. Coronary Heart Disease.....	5
B. Hypertension.....	6
C. Heart Attack.....	7
D. Stroke.....	7
Diabetes	8
HIV/AIDS.....	10
Cancer Burden Among Hispanic/Latinos in the U.S.	12
Types of Cancer	12
A. Lung Cancer	12
B. Breast Cancer	14
C. Cervical Cancer	15
References.....	19
Resources.....	20
Acknowledgements	21

INTRODUCTION

According to the United States Census, Hispanic and Latino populations account for almost 15.1% of the entire US population as of mid 2007. Hispanics/Latinos have unique risks, disease prevalence and mortality compared to the general US population due to economic status, education and cultural beliefs. The purpose of this brochure is to address those issues, educate the Hispanic/Latino population about risk factors and provide information about early detection to help avoid high prevalence of mortality to the population.

PAF understands that healthcare issues are unique to the Hispanic and Latino populations. These two populations are often diagnosed with chronic, life threatening diseases at the late stages of disease. Making decisions about healthcare is one of the most important in a person's life. However in the Hispanic/Latino populations, this concept fails to prevail due to many factors like language barriers, cultural beliefs, acculturation and misconceptions about healthcare in general, for example clinical trials.

It has been proven that proactive decision making regarding our health will allow for a better degree over control if diagnosed with a life threatening or debilitating illness. This brochure is intended to educate the importance of prevention, early detection and healthier lifestyles, and provide resources and the necessary tools to be better informed.

Leading Diseases Among Hispanic/Latino Population in the United States

Heart Disease

Heart disease is the leading cause of mortality among the Hispanic population in the United States. When comparing heart disease rates of Caucasians and African Americans, their rates are found to be lower. Heart disease includes coronary artery disease (C.A.D.), heart attacks, stroke and high blood pressure (hypertension). The primary risk factor for an increase in heart disease in this population is cigar and cigarette smoking attributed to new cultural behaviors and changes. There are significant variations in smoking among Hispanic subgroups. For example Cuban smokers are largely at risk, compared to Puerto Rican, Mexican and Dominican. Cultural changes and influences are largely responsible for Hispanic/Latino smoking, including smoking while pregnant.

Types of Heart Disease

Coronary artery disease (CAD)

Coronary Artery Disease (CAD), also known as Coronary Heart Disease, is a condition in which plaque builds up inside the coronary arteries. These arteries supply the heart muscle with oxygen-rich blood. Plaque is made up of fat, cholesterol, calcium, and other substances found in the blood. When plaque builds up in the arteries, the condition is called atherosclerosis, in which plaque builds up on the insides of the arteries. Arteries are blood vessels that carry oxygen-rich blood to the heart and other parts of the human body.

Over time, plaque hardens and narrows the arteries. The flow of oxygen-rich blood to the organs and other parts of the body is reduced. This can lead to serious problems, including heart attack, stroke, or even death.

Coronary artery disease plaque narrows the arteries and reduces blood flow to the heart muscle. It also makes it more likely that blood clots will form in the arteries. Blood clots can partially or completely block blood flow.

Angina is chest pain or discomfort that occurs when not enough oxygen-rich blood is flowing to an area of the heart muscle. Angina may feel like pressure or squeezing in the chest. The pain also may occur in the shoulders, arms, neck, jaw, or back.

A heart attack occurs when blood flow to an area of the heart muscle is completely blocked. This prevents oxygen-rich blood from reaching that area of heart muscle and causes it to die. Without quick treatment, a heart attack can lead to serious problems and even death.

Over time, CAD can weaken the heart muscle and lead to heart failure and arrhythmias. Arrhythmia is a problem with the rate or rhythm of the heartbeat. During an arrhythmia, the heart can beat too fast, too slow, or with an irregular rhythm. Heart failure is a condition in which the heart can't pump enough blood throughout the body.

CAD is the most common type of heart disease. It's the leading cause of death in the United States for both men and women. Lifestyle changes, medicines, and/or medical procedures can effectively prevent or treat CAD in most people.

Hypertension

Hypertension (High Blood Pressure) is a silent killer and occurs when the pressure of the blood against the walls of the blood vessels increase. Poorly controlled blood pressure is a leading cause of chronic kidney disease, heart attacks and strokes. High blood pressure can be treated effectively with medications, diet, exercise and a healthy lifestyle.

Heart Attack

Heart attacks occur when the blood supply to a section of the heart muscle is severely reduced or blocked. If the blood and oxygen supply is cut off for more than a few minutes, heart muscle cells suffer permanent injury and die.

Signs and Symptoms:

- Discomfort or mild pain in the center of the chest. The pain can come and go and is often described as pressure, squeezing, indigestion or simply as pain.
- Pain can spread to one or both arms, neck, jaw, back or stomach.
- Shortness of breath, sweating, dizziness or nausea

If you experience any of the above symptoms or have risk factors for heart disease, do not ignore them.

Risk Factors

- Family history
- Smoking
- High cholesterol
- Diabetes
- Stress
- Physical inactivity
- Overweight and obesity
- High blood pressure
- Excessive alcohol intake

It is important that you do not delay seeking medical care when symptoms appear. Every second counts!

Stroke

A stroke results when a blood vessel that carries oxygen and nutrients to the brain is either blocked by a clot or bursts. Parts of the brain will start to die when it does not receive the

blood and oxygen it needs. When a portion of the brain dies, the area of the body it controls is affected. Strokes can cause a complete or partial loss of movement or sensation, affect speech or vision. Side effects of a stroke may be permanent or temporary and will be different.

Signs and Symptoms:

- Sudden numbness or weakness of the face, arm or leg, especially on one side of the body
- Sudden confusion, trouble speaking or understanding
- Sudden trouble seeing in one or both eyes
- Sudden trouble walking, dizziness, loss of balance or coordination
- Sudden, severe headache with no known cause

Diabetes

Diabetes affects an estimated 2.5 million Hispanic/Latinos in the US and is the fourth leading cause of death among Hispanic/Latina women and Hispanic/Latino elderly. Diabetes is a chronic disease in which the body does not use or produce enough insulin. Insulin is a hormone that regulates levels of sugar in the blood; it is needed to convert sugar, starches, and other food into energy. Although there are no concrete cause of diabetes, genetics, obesity, and lack of exercise may play major roles.

There are two major types of diabetes to include:

Type I diabetes results when the body does not produce enough insulin. This type of diabetes often occurs during early childhood/early adulthood. Patients with type I diabetes usually administer an insulin shot. An estimated 5%-10% of Americans with diabetes have type I diabetes.

Type II diabetes results when the body fails to properly use the insulin. It is usually associated with being overweight and has a tendency to run in families. Most Americans diagnosed with diabetes have type II diabetes.

According to the American Diabetes Association there are 23 million Americans who have diabetes. More specifically 10.4 percent of Hispanics/Latinos ages 20 years or older have been diagnosed with diabetes. Among these populations, 8.2 percent of Cubans, 11.9 percent of Mexicans, and 12.6 percent of Puerto Ricans have been diagnosed with diabetes. Becoming educated about the symptoms, treatments, and preventions will go a long way to prevent the development of diabetes or manage the disease.

Signs and Symptoms:

- Increased thirst
- Increased urination
- Increased hunger
- Fatigue
- Weight loss
- Blurred vision
- Irritability

Risk Factors:

- Family history/genetics
- Low physical activity
- Age
- Excess weight/obesity
- Unhealthy eating habits
- High blood pressure/cholesterol

Prevention:

Type I diabetes can not be prevented since it has been linked to family history/genetics.

Type II diabetes can not always be prevented; however a healthy diet and increase in physical activity can lower the risk of developing the condition.

Education is the most important factor in preventing complications.

If you have Diabetes:

- See your physician regularly
- Check your blood pressure often
- Follow your recommended diet
- Don't smoke
- Limit alcohol intake
- Exercise regularly
- Take all prescribed medicines as ordered

HIV/AIDS

About 1.2 million people live with HIV/AIDS in the United States. Hispanic/Latinos currently account for 14 percent of the United States population. These same statistics indicate that these populations represent 20 percent or about 200,000, of all those living with HIV/AIDS in the US. Recent reports also indicate that the Hispanic/Latino populations has a significantly higher rate of HIV/AIDS than the United States population; however it is uncertain how much of this information is accurate due to statistics that are based on certain regions of the country, mainly communities with high concentrations of Hispanics/Latinos. Findings do indicate that the prevalence of HIV/AIDS among Hispanic/Latino populations in the United States is close to 2 or 3 times that of non-Hispanic/Latinos. Most significant of all is the fact Hispanic/Latinos are almost 3 times as likely as Caucasians to die from HIV disease.

It is often wrongly assumed that immigrants bring disease into the United States as opposed to returning home with them. Statistics indicate a 0.6 percent HIV rate in the United States, compared to only 0.3 percent in our neighboring Country of Mexico. For the purpose of this publication, PAF has provided information based on the general Hispanic/Latino HIV/AIDS population in the United States.

There are many risk factors that contribute to HIV/AIDS in the Hispanic/Latino communities in the US. These include cultural beliefs, socioeconomic and ethnic backgrounds. For example some Hispanic Caribbean Islanders will contract HIV from drug use and high risk heterosexual contact, while sexual contact with other men is the primary cause of HIV among Latino men born in Central or South America.

Statistical data suggests that the majority of Hispanic/Latina women contract the HIV infection as a result of sex with men. For many Hispanic/Latina women, talking about sexual experiences with their primary care physician or GYN providers is not a common practice, even when married or in a monogamist relationship.

Risk Factors:

- Unprotected sex with multiple partners
- Unprotected sex with someone who is HIV positive
- Diagnosed with a sexually transmitted disease
- Share needles during drug use
- Received a blood transfusion of blood products before 1985
- Fewer copies of a gene called CCL3L1 that helps fight HIV infection

Univision, a Spanish television broadcasting station and the Kaiser Family Foundation has partnered to establish an all Spanish language access HIV/AIDS confidential toll free resources line. Spanish callers can dial 1.866.TU.SALUD or 1.866.887.2583 to get facts about HIV and AIDS.

Cancer Burden in the Hispanic/Latino populations in the United States

Cancer is the second leading cause of deaths in the Hispanic/Latino populations. Cancer and its causes vary in these populations due to behaviors, culture, genetics and of course financial status. Acculturation is a minor factor as well.

In comparison to the Caucasian population, cancer rates are lower among Hispanics/Latinos, excluding liver, cervical and stomach cancers. Prostate and colorectal cancers are tied as the second most common cause of mortality in Hispanic/Latino men. Lung cancer is the leading cause of cancer death among men in all racial/ethnic groups except American Indians. It is the second leading cause of death among Hispanic/Latina women.

Risk factors contributing to these cancers are smoking, obesity, age and poor diet which fluctuate from first generation to the next because of cultural habit changes.

Access to free or low cost screening is key to early detection and cancer prevention. Women can access screenings for breast and cervical cancers by utilizing mammograms and PAP smears from a public health clinic if lack of insurance or income is an issue. Men can access the American Cancer Society cancer prevention hotline (1.800.227.2345) for screening information by state. Assistance will be provided in Spanish if needed.

Lung Cancer

Cancer does not affect all races equally in the US. In the Hispanic /Latino populations in the United States, due to various Hispanic/Latino subgroups, cancers will have profound differences due to ethnicities, cultures and patient origins. Similarities in cultures do exist, mainly language and religion. However, there

are many differences that will have a huge impact on health within these cultures. For the purpose of this publication, we will provide lung cancer information based on gender in the Hispanic/Latino populations.

More people die from lung cancer in the United States than any other type of cancer. In the Hispanic/Latino populations, lung and bronchus cancer is the second most common cancer in the United States, second for Hispanic/Latino male and the third most common in Hispanic/Latina females. Cigarette smoking is the number one cause for lung cancer in the Hispanic/Latino populations in the United States.

Risk factors range from cigarette smoking and second hand smoking to harmful products at home or in the work place such as asbestos, radon and other cancer causing gases. Stopping smoking and avoiding harmful environments can help reduce the risk. There are effective cancer prevention measures that can be taken to help reduce lung cancer prevalence in the Hispanic/Latino populations in the United States.

The Centers for Disease Control and the National Cancer Institutes have a "Quitline" for smokers in the United States. You can access the National Network of Tobacco Cessation Quit lines by dialing 1.800.QUITNOW or 1.800.784.8669. Any caller can access a State run "Quitline" program, if one is available in your State. If your State does not currently have a "Quitline", the call will be handled by the National Cancer Institute quit line. Both services are available in Spanish.

Signs and Symptoms

- Cough
- Shortness of breath
- Wheezing, chest pain
- Coughing up blood
- Unexplained weight loss and/or fatigue

Risk Factors

- Smoking
- Asbestos Fibers
- Radon Gas
- Lung Disease
- Air Pollution
- Family History

Breast Cancer

Breast cancer is the most commonly diagnosed cancer and the leading cause of cancer death among Hispanic/Latina women. Despite recent increases in screening rates, breast cancer still tends to be diagnosed at a later stage, when treatment options are more limited. Uninsured Hispanic/Latina women are two to three times more likely to be diagnosed at a later stage. The social stigma of cancer, a lack of education, denial and fear also cause women to delay medical visits and/or ignore breast lumps found during self examinations.

Signs and Symptoms:

- A lump is detected, which is usually firm and most often painless
- A portion of the skin on the breast or underarm swells and has an unusual appearance
- Veins on the skin's surface become more prominent on one breast
- The breast nipple can become inverted, develop a rash, change skin texture, or have a discharge other than breast milk
- A depression is found in an area of the breast surface

A majority of breast cancer cases occur in women with no identifiable risks and often have no symptoms.

Risk Factors

- Lack of cancer screening and follow up of abnormal results
- Physical inactivity
- Diet and nutrition
- Overweight and obesity
- Excessive alcohol use
- Smoking
- Stress and Anxiety
- Exposure to the hormone estrogen over long periods of time

Some factors cannot be controlled such as age, gender, race, personal and family history, and early menopause.

Key statistics:

Breast cancer is the most common cancer among American women, except for skin cancers. The chance of developing invasive breast cancer at some time in a woman's life is a little less than 1 in 8 (12%).

The 2010 American Cancer Society's estimates for breast cancer in the United States reflect that:

- About 207,090 new cases of invasive breast cancer will be diagnosed in women.
- About 54,010 new cases of carcinoma in situ (CIS) will be diagnosed (CIS is non-invasive and is the earliest form of breast cancer).
- About 39,840 women will die from breast cancer

After increasing for more than 2 decades, female breast cancer incidence rates decreased by about 2% per year from 1998 to 2007. This decrease was seen only in women aged 50 or older, and may be due at least in part to the decline in use of hormone therapy after menopause that occurred after the results of the Women's Health Initiative were published in 2002. This study linked the use of hormone therapy to an increased risk of breast cancer and heart diseases.

Breast cancer is the second leading cause of cancer death in women, exceeded only by lung cancer. The chance that breast cancer will be responsible for a woman's death is about 1 in 35 (about 3%). Death rates from breast cancer have been declining since about 1990, with larger decreases in women younger than 50. These decreases are believed to be the result of earlier detection through screening and increased awareness, as well as improved treatment.

At this time there are over 2.5 million breast cancer survivors in the United States. (This includes women still being treated and those who have completed treatment.)

Prevention/Best Defense:

- Personalized risk assessment
- Early screening – annual mammography should begin at age 40 (or as directed by a medical professional) and then as recommended
- Annual clinical breast exam by medical professional beginning at age 20
- Monthly self breast exam

Cervical Cancer

Hispanic/Latina women are twice as likely to develop cervical cancer as the non-Hispanic white population. Fifty percent more Hispanic/Latina women die from cervical cancer than Caucasian women. This is due to inadequate screening, delayed diagnosis and lack of access to care. Cervical cancer most often affects young women. And the risk of developing cervical cancer is still present throughout a women's lifespan. As many as 80% of cervical cancer deaths could be prevented by going to the doctor and being screened for cervical cancer. It is important to continue having regular PAP tests at least until age 70 and possibly longer.

The cervix is the lower part of the uterus, the place where a baby grows during pregnancy. Cervical cancer is caused by several types of a virus called human papillomaviruses (HPV). The HPV virus spreads through sexual contact. Most women's bodies are able to fight HPV infection but sometimes the virus may lead to cancer. You're at higher risk if you smoke, have many children, use birth control pills for a long time, or have HIV infection.

Signs and Symptoms:

Early cervical cancer typically shows no symptoms. A woman usually develops symptoms when the cancer has spread. Such symptoms may include:

- Unusual vaginal discharge or drainage
- Bleeding or spotting
- Painful sex

All of these signs and symptoms can be caused by conditions other than cervical cancer. If you have any of the above symptoms, you should see your health care professional right away. Ignoring these symptoms may allow the cancer to progress and lower the chance of survival.

Risk Factors:

- Sex at an early age
- Many sex partners
- A partner who has had many sex partners
- Sex with men who are not circumcised
- History of HPV

Prevention/Best defense:

- Use of condoms
- Annual pelvic exams with Pap smear beginning at age 18 (earlier if sexually active)
- Vaccination for HPV (70% success rate)

Breast and cervical cancer screening is now more readily available to medically underserved women through the National Breast and Cervical Cancer Early Detection Program (NBCCEDP). This program provides early breast and cervical cancer detection testing to women without health insurance for free or at very little cost.

Contact the Breast and Cervical Cancer Early Detection Program at 1.888.842.6355 or contact your State Department of Health for information on how to contact the nearest program participant or on the web at <http://apps.nccd.cdc.gov/cancercontacts/nbccedp/contacts.asp>. You may also contact the National HPV and Cervical Cancer Prevention hotline at 919.361.4848.

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Spanish Resources

http://www.breastcancer.org/community/booklets_es.jsp

Breast Self- Awareness Interactive Tool

[http://ww5.komen.org/Content.aspx?id=5684&terms=Spanish%
20resources](http://ww5.komen.org/Content.aspx?id=5684&terms=Spanish%20resources)

CDC Division of Diabetes Spanish website
<http://www.cdc.gov/diabetes/spanish/index.htm>

Or call the CDC Spanish hotline at
1.800.CDC.INFO/1.800.232.4636

CDC Spanish website regarding heart disease
and prevention
<http://www.cdc.gov/spanish/>

<http://www.cdc.gov/spanish/>
[Komen en Español](http://www.komenoregon.org/Cancer_Education/Spanish/)
[http://www.komenoregon.org/Cancer Education/Spanish/](http://www.komenoregon.org/Cancer_Education/Spanish/)
U.S Department of Health & Human Services
healthfinder.gov

Viva Bien Aprenda Como Spanish website
<http://www.healthfinder.gov/espanol/>

or you may call the National Institutes of Health Spanish
hotline 301.592.8573

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