Heart Failure in Hispanic Americans: Improving Cultural Awareness

Kenneth D. Melton, MS, RN, Karen J. Foli, PhD, RN, Karen S. Yehle, PhD, RN, and Rosanne R. Griggs, PhD, FNP-BC

ABSTRACT

Hispanic Americans are the largest and fastest growing ethnic group in the United States. Hispanic Americans have high rates of heart failure (HF) risk factors, such as hypertension, diabetes mellitus, obesity, obstructive sleep disorders, and dyslipidemia. Certain unique HF risk factors prominent among Hispanic Americans are uncommon in the general population, such as younger onset of valvular disease and Chagas disease. Advanced practice nurses providing care to Hispanic Americans have an ethical obligation to provide culturally competent care and assist these patients in overcoming barriers to health care so that they can effectively manage their HF.

Keywords: disease management, health-care barriers, heart failure, Hispanic American, risk factors

Hispanic Americans (Hispanics) are a heterogeneous people from the Caribbean and Central and South America, linked together by a shared Spanish culture.[1] One of the fastest growing ethnicities in the United States (US), Hispanics account for more than half of the US population growth between 2000 and 2010.[2] Rapid population growth will result in Hispanics representing one third of the US population by 2050.[3]

Heart failure (HF) is a chronic condition and major public health burden with prevalence rates and costs projected to increase in the US.[4] Coronary artery disease is the cause of the majority of HF cases in the US.[5] Although coronary artery disease is less common among Hispanics than non-Hispanic Caucasian or African Americans,[6] Hispanics often have high rates of common and unique causes of nonischemic HF. Literature on HF among Hispanics is limited due to their underrepresentation in HF studies or because of studies enrolling only Hispanics of one national origin that may not be representative of this heterogeneous population.

As the Hispanic population continues to grow, advanced practice nurses (APNs) may treat more Hispanic patients with HF in clinical practice. Often these patients lack insurance,[7] forgo care due to cost,[8] and have limited English proficiency and low health literacy,[9] which may influence health and health-care access. These issues can be a challenge to those who treat Hispanic patients as providers attempt to promote healthy behaviors; provide health education; and diagnose, treat, and manage HF symptoms. The purpose of this study is to summarize common and unique risk factors of HF in Hispanics, address barriers Hispanics endure in obtaining care, and identify interventions to improve the cultural competency of APNs.

EPIDEMIOLOGY

HF prevalence rates differ significantly between Hispanics of different nationalities. The American Heart Association (AHA) estimates the prevalence of HF among Mexican Americans to be 1.9% for men and 1.1% for women, lower than both Caucasian and African Americans.[6] However, a multiethnic cohort study on heart disease found that Hispanics have the second highest risk of developing HF after African Americans.[6]

Adult Hispanics have high prevalence rates of HF risk factors, including overweight/obesity, diabetes mellitus, metabolic syndrome, physical inactivity, dyslipidemia, and uncontrolled hypertension.[6]

Hispanics with HF are more likely to be younger, uninsured, and have higher prevalence rates of diabetes mellitus and hypertension than Caucasian Americans.[10]

In addition, elderly Hispanics with HF are more likely than elderly Caucasian Americans with HF to be readmitted to hospitals.[11] Hispanics are more likely to have worse left ventricular hypertrophy[12] and ejection fraction, indicating a possibly poorer prognosis.[10]

ROLE OF APN IN TREATING HISPANIC PATIENTS WITH HF

The APN has a critical role in primary care to prevent, teach, diagnose, treat, and manage chronic diseases while offering culturally competent care. Prevention of HF in patients requires APNs to provide health education and medical treatments to reduce a patient's risk profile of developing HF. The APN should work in collaboration with other medical specialty providers, such as cardiologists, internists, geriatricians, nurses, pharmacists, social workers, psychologists, physical therapists, and dieticians, to diagnosis, treat, and manage HF symptoms. Although certain risk factors may be more common in Hispanics, APNs should individualize care and work to reduce each individual's HF risk factors.

RISK FACTORS

Smoking

Smoking is a significant risk factor for HF.[4] Providers must encourage Hispanic smokers to quit and explain the risks of smoking. Robles and colleagues[13] found that health-care providers were more likely to discuss smoking cessation or offer nicotine replacement therapy to Caucasian patients than Hispanic patients. Although Hispanic smokers may recognize the benefits of smoking cessation, providers may encounter resistance in accepting pharmaceutical aides to quit. A study of Hispanic American smokers found that the majority of participants rejected the use of medications for smoking cessation, especially bupropion (Wellbutrin), due to its use in treating depression and the commonly held belief that an individual's ability to stop smoking is based on willpower and not medication aids.[14]

Although Hispanic smokers may be resistant to smoking cessation interventions, a meta-analysis revealed that smoking cessation interventions, such as nicotine replacement therapy and counseling, were highly effective in helping Hispanic patients to quit smoking.[15] Due to the effectiveness of pharmacologic and counseling treatment for smoking cessation, APNs should address and discuss cultural beliefs and socially contextual experiences, such as the stigma related to mental illnesses. In these ways, the APN may help Hispanic patients overcome beliefs pertaining to "willpower" and become more accepting of treatments.

Obesity, Diet, and Physical Inactivity

Obesity is a recognized cardiovascular risk factor and increases an individual's risk of developing HF.[4] Visceral abdominal obesity is a contributing factor to many diseases associated with HF, including type 2 diabetes, coronary arterial disease, myocardial infarction, dyslipidemia, hypertension, sleep apnea, and metabolic syndrome.[16] Mexican Americans are more likely to be obese or overweight compared with Caucasian Americans.[6]

Eating a heart-healthy diet and following the recommendations of the Dietary Approaches to Stop Hypertension is a component of ideal cardiovascular health.[17] Mexican Americans are just as unlikely as Caucasian and African Americans to achieve at least 4 of the 5 AHA recommended key components of a healthy diet.[6] The National Health and Nutritional Examination Survey found that Mexican American men consume more sweetened beverages than Caucasian or African American men, and that Mexican Americans consume more carbohydrates than Caucasian or African Americans.[6] A higher intake of sweetened beverages and carbohydrates has been shown to increase visceral obesity and the risk of coronary heart disease and diabetes.[6]

The US Federal Government and the AHA recommend 150 minutes of moderate physical activity for adults each week.[17] A sedentary lifestyle increases one's risk of becoming overweight or obese. Hispanics are less likely to meet the physical activity recommended guidelines than other racial/ethnic groups.[6] Social isolation may be a contributing factor