



September 14, 2022

The Honorable Phil Murphy Governor, New Jersey
Chairman, National Governors Association
444 North Capitol Street Suite 267
Washington, DC 20001

Dear Governor Murphy:

On behalf of the National Hispanic Caucus of State Legislators (NHCSL) and the National Hispanic Medical Association (NHMA), we urge governors and the National Governors Association to study and report on cardiovascular health and challenges facing healthcare providers and patients due to delayed or suboptimal treatments for cardiovascular disease in historically marginalized populations, especially since the Covid pandemic has caused a postponement of regular check-ups for many patients.

A main priority of both organizations is achieving health equity among the Hispanic population in the United States. While progress is being made, there are still significant gaps in health outcomes between Hispanic Americans and their white counterparts, especially regarding heart health.

Heart health is an issue that concerns all Americans, especially at-risk populations such as Hispanic Americans. With higher rates of heart disease and an increased prevalence of risk factors this issue deserves the utmost attention as we move forward to a post-pandemic world.

The American Heart Association (AHA) has demonstrated that Hispanic Americans are at exceptionally high risk for cardiovascular disease and coronary heart disease, both of which can lead to a stroke or heart attack. Over half of Hispanic adults have received a diagnosis of cardiovascular disease¹, while 12% have been diagnosed with coronary heart disease. AHA's latest report on Hispanic Americans' heart health states that over 50,000 Hispanic Americans died because of these conditions².

The presence of risk factors such as obesity, diabetes, hypertension, and high cholesterol in the Hispanic population further increases the chances for health implications. In 2018, 81.3% of Hispanic adults were categorized as overweight or obese; 70% more Hispanic adults were diagnosed with diabetes than non-Hispanic white adults; and 43.7% of Hispanic adults experienced high blood pressure³. Nearly 60% of middle-aged Hispanic adults have high cholesterol, yet only half are aware of this, according to a study published in the Journal of the American Medical Association.⁴

These disparities not only exist in health outcomes but also in healthcare utilization. A disproportionately small percentage of the Hispanic population in the United States has adequate access to healthcare services, decreasing the quality of life on individual and community levels. This phenomenon also increases the likelihood of adverse health events.

Recent studies have found that Hispanic Americans are the racial group least likely to have health insurance and seek out preventive medical care. Language, cultural barriers, and social and economic dynamics are essential in perpetuating this pattern.

For instance, more than a quarter of Hispanics reported having hypertension, while one-third were not taking medication to reduce the risk for heart attack or stroke. In these cases, when patients do not develop a regimen to manage their condition, it can evolve into an irreversible or even fatal health event. Often, when this becomes the case, patients receive care in the emergency department – only to accumulate large sums of debt and are subject to a high-stress environment.

The COVID-19 pandemic demonstrates these health disparities; Hispanic Americans are far more likely than white Americans to have been hospitalized or to have died because of the coronavirus⁵.

While the pandemic brought these inequities to light, NHMA and NHCSL encourage you to prioritize increasing awareness, provide comprehensive education, and promote preventive care options, especially since the pandemic postponed regular check-ups for many. A timely diagnosis of heart disease, adherence to clinical guidelines and the use of recommended therapies to improve heart health management and health outcomes of Hispanics is critical. By using existing state resources and continuing to invest in health care access for cardiovascular disease, we will improve heart health for all Americans.

Respectfully,



Elena Rios, MD, MSPH, MACP
President & CEO
National Hispanic Medical Association



Sen. Nellie Pou (NJ), President
National Hispanic Caucus of State
Legislators (NHCSL)

1. [American Heart Association](#)
2. [American Heart Association](#)
3. [Centers for Disease Control and Prevention](#)
4. [American College of Cardiology “CardioSmart”](#)
5. [Centers for Disease Control and Prevention](#)