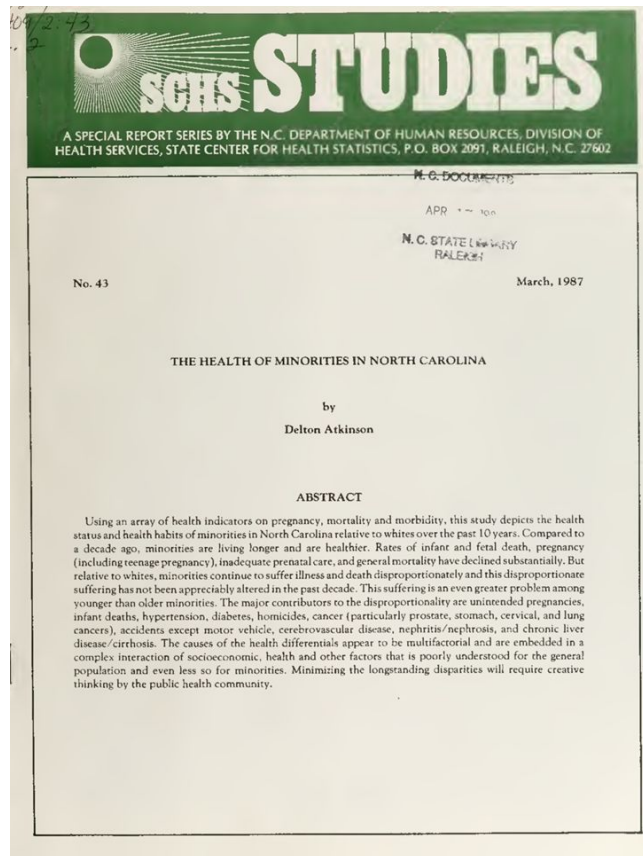


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## Minority Hearts6



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In the United States, cardiovascular disease is the leading cause of death among African Americans (16.5 per 100,000), Hispanics (17.3 per 100,000), and Native Americans (16.5 per 100,000). The rates for Asian Americans are 5.6 per 100,000 (total population) and 13.4 per 100,000 (non-Hispanic whites only). The numbers are worse in Canada, where the rate of CVD death in the first 2 ethnic groups was higher than that for whites and the rate of diabetes among the ethnic population is almost 5 times higher. The problem is that many African Americans, Hispanics, Native Americans, and Asians in the United States,

Canada, and elsewhere do not get the timely and effective treatment they need to prevent CVD and its sequelae. These communities have high rates of poorly controlled hypertension and high rates of diabetes and obesity. The full explanation for these disparities in CVD rates is complex and multifactorial. In many cases, there are disparities in rates of access to care; in

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particular, Hispanics, African Americans, and Asian Americans tend to have access to primary care but not to preventive services or to specialty care ([@bib1]--[@bib3]). Poor health care outcomes, such as lack of a diagnosis and control of hypertension, high rates of diabetes, and high rates of obesity among minorities are also possible causes. Diabetes mellitus and CVDs are intimately related and are leading causes of death and disability worldwide ([@bib4]). Evidence indicates that the risks for diabetes and CVD among the minority groups are different than those for whites. In particular, Hispanics and African Americans have higher rates of diabetes, obesity, and CVD than whites, whereas Asians have lower rates ([@bib4],[@bib5]). In addition, diabetes and CVDs are related because they have in common the risk factors hypertension, dyslipidemia, and obesity. As a result, CVD and its sequelae, such as coronary artery disease, stroke, heart failure, and peripheral vascular disease, are more common among the minority populations than among whites. A detailed examination of these issues is beyond the scope of this review. However, it is clear that CVD, diabetes, and its related risk factors are a challenge to the health systems of countries worldwide. It is imperative that a large proportion of people living with diabetes achieve metabolic control; in addition, to reduce the long-term complications of diabetes, 82157476af

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