

CRT™ - Cultural Restoration Therapy - Report based on statistics posted by several entities

# KNOWLEDGE IS POWER

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## REPORT

Here you will find relevant statistics and facts to consider after this global pandemic Novel Coronavirus / COVID-19 has started. These analysis and results confirm the theory of how our lifestyle has a lot to do with the way our body's behave and respond to “viral attacks” like this. We must be clear about how powerful the interaction is between our mind, emotions and our physical state in order to make that extraordinary machine that is our body to function at its best.

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## FACTS

Based on currently available information and clinical expertise, those at high-risk for severe illness from COVID-19 are:

- 65 years old and older
- People in nursing homes or long term facilities
- People with immunocompromised system
- Liver disease
- Asthma
- Chronic lung disease
- Diabetes
- Serious heart conditions
- Chronic kidney disease being treated with dialysis
- Obesity
- Cardiovascular Disease
- Hypertension

### Reference

<https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/groups-at-higher-risk.html>

<https://www.usatoday.com/in-depth/news/2020/04/15/coronavirus-risk-90-patients-had-underlying-conditions/2962721001/>

Updated 9:18 a.m. PDT Apr. 15, 2020

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## HISPANIC HEALTH in GENERAL

Hispanics or Latinos are the largest racial/ethnic minority population in the US. Heart disease and cancer in Hispanics are the two leading causes of death, accounting for about 2 of 5 deaths, which is about the same for whites. Hispanics have lower deaths than whites from most of the 10 leading causes of death with three exceptions—more deaths from diabetes and chronic liver disease, and similar numbers of deaths from kidney diseases. Health risk can vary by Hispanic subgroup—for example, 66% more Puerto Ricans smoke than Mexicans. Health risk also depends partly on whether you were born in the US or another country. Hispanics are almost 3 times as likely to be uninsured as whites. Hispanics in the US are on average nearly 15 years younger than whites, so steps Hispanics take now to prevent disease can go a long way.

About 1 in 6 people living in the US are Hispanic (almost 57 million). By 2035, this could be nearly 1 in 4.

Hispanic death rate is 24% lower than whites (“non-Hispanic whites”).

Hispanics are about 50% more likely to die from diabetes or liver disease than whites.

Health risks differ among Hispanics: Hispanics have different degrees of illness or health risks than whites.

- 35% less heart disease and 49% less cancer;
- A lower death rate overall, but about a 50% higher death rate from diabetes;
- 24% more poorly controlled high blood pressure;

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- 23% more obesity;
  - 28% less colorectal screening.

Hispanic subgroups have different degrees of health risk and more need to receive preventive screenings as recommended.

- Mexicans and Puerto Ricans are about twice as likely to die from diabetes as whites. Mexicans also are nearly twice as likely to die from chronic liver disease and cirrhosis as whites.
- Smoking overall among Hispanics (14%) is less common than among whites (24%), but is high among Puerto Rican males (26%) and Cuban males (22%).\*
- Colorectal cancer screening varies for Hispanics ages 50 to 75 years.
  - About 40% of Cubans get screened (29% of men and 49% of women);
  - About 58% of Puerto Ricans get screened (54% of men and 61% of women).
- Hispanics are as likely as whites to have high blood pressure. But Hispanic women with high blood pressure are twice as likely as Hispanic men to get it under control.

Whether Hispanics were born in the US makes a difference

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- Cancers related to infections (cervical, stomach, and liver) are more common among Hispanics born in another country.
  
  - Compared with US-born Hispanics, foreign-born Hispanics have:
    - About half as much heart disease;
    - 48% less cancer;
    - 29% less high blood pressure;
    - 45% more high total cholesterol.
  
  - Social factors may play a major role in Hispanic health. Among Hispanics living in the US:
    - About 1 in 3 has not completed high school;
    - About 1 in 4 lives below the poverty line;
    - About 1 in 3 does not speak English well.

\*National Health Interview Survey data, 2009-2013 combined, for ages 18-64 years old

Reference

<https://www.cdc.gov/vitalsigns/hispanic-health/>

Last Updated May 2015 by CDC VitalSigns

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## **DIABETES among Hispanic/Latinos**

In the U.S, Latinos make up 17% of the total population and the prevalence of diabetes in Latinos has been found to be higher compared to non-Hispanic whites. However, the prevalence of diabetes in Latino subgroups has not been investigated. The Hispanic Community Health Study/Study of Latinos (HCHS/SOL) is the first U.S. population based-study to address the major gap in the current understanding of race/ethnicity disparities in endocrine disorders in Latino populations.

Two articles published from the HCHS/SOL report high prevalence of diabetes and metabolic syndrome among Latinos. Schneiderman et al. indicated that diabetes rates in South Americans was 10.2%, in Cubans was 13.4%, in Central Americans was 17.7%, in Dominicans and Puerto Ricans was 18% and in Mexicans was 18.3%. In addition, diabetes prevalence had a positive correlation with years living in the U.S. and an inverse correlation with education and household income. Latinos with a higher number of years living in the U.S. tended to have insurance coverage with greater access to healthcare and preventive healthcare services, improved socio-economic status, and increased English language ability. However, they are also more prone to cardiovascular disease risk factors due to poor nutrition, low rates of physical activity, and subsequent obesity.

Heiss et al. reported the rate of metabolic syndrome in Latinos to be varied by age, sex, and Hispanic/Latino background. A primary contributing factor to the metabolic syndrome in Latino women was abdominal obesity: 96% of Latino women with metabolic syndrome had abdominal obesity and their waist circumference increased with more metabolic risk factors. However, this study lacked data on abdominal fat contribution, thus it was not apparent whether visceral fat was related to waist circumference in Latino populations or if abdominal fat differed from white populations.

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Results from both studies showed low rates of diabetes awareness and control, and health insurance coverage across different Latino backgrounds. The rate of diabetes awareness was 58.7%, adequate glycemic control was 48%, and health insurance coverage among diabetics was 52.4%. The poor outcomes for Latinos with diabetes could be due to several factors such as lack of health insurance and lack of access to healthcare due to language barriers, poor health literacy, and being distrusted by or discriminated against by healthcare providers.

#### Reference

<http://www.diabetesincontrol.com/the-prevalence-of-diabetes-among-us-latinos/>

#### **OBESITY among Hispanic/Latinos**

Predictors of Severe Obesity in Low-Income, Predominantly Hispanic/Latino Children: The Texas Childhood Obesity Research Demonstration Study

#### Conclusion of this Obesity Study

In this low-income, predominantly Hispanic/Latino sample of children, large-for-gestational-age and maternal severe obesity were risk factors for severe obesity among children in certain age groups. Promoting healthy lifestyle practices during preconception and prenatal periods could be an important intervention strategy for addressing childhood obesity.

Reference (Please see full report below)

[https://www.cdc.gov/pcd/issues/2017/17\\_o129.htm](https://www.cdc.gov/pcd/issues/2017/17_o129.htm)

## Differences in the **10** leading causes of death, NON-HISPANIC WHITES vs HISPANICS

### Non-Hispanic Whites

- 1** Heart Disease
- 2** Cancer
- 3** Chronic Lower Respiratory Diseases
- 4** Unintentional Injuries
- 5** Stroke
- 6** Alzheimer's Disease
- 7** Diabetes
- 8** Influenza & Pneumonia
- 9** Suicide
- 10** Kidney Diseases\*

### Hispanics

- 1** Cancer
- 2** Heart Disease
- 3** Unintentional Injuries
- 4** Stroke
- 5** Diabetes
- 6** Chronic Liver Disease & Cirrhosis
- 7** Chronic Lower Respiratory Diseases
- 8** Alzheimer's Disease
- 9** Influenza & Pneumonia
- 10** Kidney Diseases\*

\*Types of kidney diseases–Nephritis, Nephrotic Syndrome & Nephrosis

SOURCES: Vital Statistics Cooperative Program, Mortality Data Files, 2013.



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## **Knowledge is power in the fight against disorders and diseases of the brain.**

### **BRAIN FACTS**

Approximately 5.2 million people in America have Alzheimer's disease. This exact number is difficult to nail down because approximately half of all patients suffering with Alzheimer's don't have a formal diagnosis from a doctor.

Nearly 50 percent of people aged 85 and older have Alzheimer's disease.

Approximately two-thirds of Alzheimer's patients are women.

Alzheimer's is more prevalent in African-American and Hispanic/Latino populations than it is among white people.

Factors such as smoking, obesity, diabetes, high cholesterol, and high blood pressure increase a person's chance of developing dementia or other forms of brain disease

Someone in the US has a stroke about once every 40 seconds.

Worldwide, over 10 million people are living with Parkinson's and close to 60,000 Americans are diagnosed with it each year.

In the U.S. there were 70,237 drug overdose deaths during 2017 - a 9.6% increase over 2016.

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In the past year an estimated 3.6% of adults had PTSD. Prevalence was higher for females than males (5.2% vs 1.8%).

Anxiety disorders are the most common mental illness in the U.S., affecting 40 million adults in the United States age 18 and older, or 18.1% of the population every year.

Major Depressive Disorder affects more than 16.1 million American adults, or about 6.7% of the U.S. population age 18 and older in a given year.

How big is the problem, and what does it look like?

The number of people who have Alzheimer's and are older than 65 is expected to triple, with estimates ranging from 14 to 16 million by 2050.

Over 16 million Americans care for someone with dementia. They provide an estimated 18.5 billion hours of unpaid care collectively.

When considered separately from other cardiovascular diseases, stroke is the fifth-leading cause of mortality in America, killing nearly 133,000 people a year.

Parkinson's has a combined cost burden of \$25 billion in the U.S. alone, this figure includes treatment, social security payments and lost income.

Age adjusted, the rate of overdose deaths involving a synthetic opioid like Fentanyl increased an astounding 45% from 2016 to 2017.

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Besides the heavy emotional cost to the person and their family, PTSD treatments can cost upwards of \$10,000 over 4 years.

Despite being highly treatable, only 36.9% of those suffering from anxiety disorders receive treatment.

Anxiety disorders affect 25.1% of children between 13 and 18 years old. Research shows that untreated children with anxiety disorders are at higher risk to perform poorly in school, miss out on important social experiences, and engage in substance abuse.

Major Depressive Disorder (MDD) is the leading cause of disability in the U.S. for ages 15 to 44.

Reference

<https://healthymindsinitiative.org/brain-facts>

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# New Study to Document Alzheimer's Disease Risk Factors in Latinos

Wednesday, February 22, 2017



(CHICAGO) – Rush University Medical Center has launched a unique cohort study called Latino Core to learn about the aging process and risk factors for **Alzheimer's disease** in older Latino adults.

“This study looks at cognitive and motor function, dementia and Alzheimer's disease risks in the Latino population in the Chicago area,” said Dr. David X. Marquez, lead investigator of the study at the **Rush Alzheimer's Disease Center**.

“Past studies suggest that Latinos may have a higher risk of developing dementia compared to other groups, and a significant number appear to be getting Alzheimer's disease at a younger age,” says Marquez. “Also, past surveys indicate that Latinos are less likely to see doctors because of financial and language barriers, often mistaking dementia symptoms for normal aging, thus delaying diagnosis.”

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“However, there has not been much research to understand why it is that Latinos are developing these conditions much earlier,” said Marquez. “Further, while we talk about Latinos as a group, they are a very heterogeneous group. Many prior studies are Latinos from the Caribbean islands. The Chicago area is composed primarily of Latinos of Mexican heritage.”

The Latino Core study at Rush is part of the Rush Alzheimer’s Disease Core Center, which received a \$14.3 million grant last year from the National Institute on Aging of the National Institutes of Health. The Rush Alzheimer’s Disease Core Center is a long-term, 30-year program.

A unique aspect of the Latino Core is that the Rush Alzheimer’s Disease Core Center includes the African American Core and the Religious Orders Study Core. The greater Rush Alzheimer’s Disease Center also includes the Rush Memory and Aging Project and the Minority Aging Research Study, which annually recruit and collect data from black and Latino participants without dementia, some of whom also agree to donate their brains upon death. All five cohort studies are conducted by the same investigative team with the same data, allowing comparison across race and ethnicity among more than 4,500 people.

“We know so much about white people and we don’t know much about pathology in Latinos and African-Americans, and it may be different,” said Dr. David Bennett, director of the Rush Alzheimer’s Disease Center.

The Latino Core study will enroll more than 300 older Latinos without dementia. Participants will receive yearly visits at their home at no cost which are conducted in Spanish or English. This will include taking memory exams, a blood draw and answering questions about health and lifestyle.

They will be asked to consider brain donation at the time of death as brain autopsy allows researchers to correlate physical changes in the brain with observed and reported memory and related problems while living.

Alzheimer’s disease is the most common cause of dementia, a condition that degrades cognitive functions such as reasoning, memory and judgment. The disease affects

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about 5.4 million people in the United States, according to the Alzheimer's Association, which estimates that Alzheimer's and other dementias will cost the U.S. \$236 billion this year.

"Alzheimer's disease is a major cause of death, it's a major cause of disability, it's a major cause of economic hardship, family hardship," Bennett says. "For most people, their thinking and their memories are among the most precious things they have."

The Alzheimer's Association says that about 200,000 Latinos in the United States have Alzheimer's, but the number could reach 1.3 million by 2050 based on Census Bureau figures and a study of Alzheimer's prevalence.

The Rush Alzheimer's Disease Center research focuses on disease prevention, hoping someday to spare the living from Alzheimer's disease. Without such advances, the number of people with Alzheimer's in the U.S. is expected to increase to 13.8 million by 2050, the Alzheimer's Association estimates.

"Individuals who join the Latino Core study will be making an important contribution to our knowledge about Alzheimer's disease and the aging process of older Latino adults," Marquez said. "Further, brain donation is a gift for our children and grandchildren who we hope will live full and long lives without Alzheimer's disease."

Reference

<https://www.rushu.rush.edu/news/new-study-document-alzheimer%E2%80%99s-disease-risk-factors-latinos>

