Cardiovascular disease and health disparities

In late 2020, COVID-19 surpassed cardiovascular disease as the number one cause of death in the United States (https://bit.ly/3e6BkNT). However, cardiovascular disease still held that top spot for the greater part of the last century. Despite COVID-19, a pandemic, cardiovascular disease remains an important health problem in the United States, a disproportionate number of them are African Americans.

According to a 2017 Centers for Disease Control and Prevention report, African-Americans were 20% more likely to die from heart disease than non-Hispanic whites. Black and Brown people also disproportionately high rates for the major risk factors for cardiovascular disease—high blood pressure, obesity and diabetes.

The inevitable question is why these health disparities persist.

Researchers like Utibe R. Essien, MD, MPH, a Professor of Medicine at the University of Pittsburgh School of Medicine, are the first to say that patients are not the only problem. Understanding the systemic factors that influence or affect the way patients are treated can unravel new insights that help reduce health inequities.

In his research, Dr. Essien found that Black patients were 25% less likely to receive any oral anticoagulant drugs compared to White counterparts and 37% less likely to receive newer medications that are safer and easier to use. In addition, Dr. Essien notes that data show Black patients are less likely to receive pain medication or be sent for cardiac catheterizations (a procedure that can help in the diagnosis of cardiovascular disease).

Researchers at UTIBE R. ESSIEN, MD, MPH

Permission granted by ShantaQuilette Carter-Wil- liams.

In February, ShantaQuilette Carter-Wil- liams, “Cardiovascular disease is not usually dis- covered in its early stages,” says Dr. Essien. “This can be a major contributor to high mortality rates in communities that lack easy access to or are less likely to receive pain medication or be sent for cardiac catheterizations to com- "We tell people to talk to their doctors about their symptoms but, what if people don't have a regular doctor?" says Dr. Essien.

Carter-Williams.

For Carter-Williams, “it is critical that we understand chronic conditions that can affect the way patients are treated. For example, some people live in highly polluted areas and may have atrial fibrillation over time. Also, Dr. Essien and colleagues recently published a study on pollution and atrial fibrillation. The study found that Black patients in particular, and mi- norities in general, are less likely to receive a high- quality of care.

Disparities at cardiovascular disease are also driven at the system level. Dr. Essien states, “Health care, especially health care for Black people, is very complex in general by being healthfully as possible and making sure you can engage in the health care system.

The Legacy We Lead is a national effort led by Ester L. Bush, President and CEO of the Urban League of Greater Pittsburgh, a nonprofit organization dedicated to help stop the rise of cardiovascular disease.

The Legacy We Lead is an effort led by Dr. Essien and the Urban League of Greater Pittsburgh, working along with many other researchers and health care providers, toward solutions that will close that gap of inequality. One thing remains—heart health is vital.


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