



HFSA Position Paper The Impact of Healthcare Disparities on Patients with Heart Failure

Morris A, et al.

Journal of Cardiac Failure (2022)





Summary

- This Position Paper highlights the current data regarding disparities in management and outcomes for patients from underrepresented racial and ethnic groups at risk for heart failure, with established heart failure, and those being considered for advanced heart failure therapies.
- The differences between race and ethnicity, genetic ancestry, and the role of racism, along with their contributions to disparate care for those with heart failure are outlined and discussed.
- Solutions are outlined that can be used by healthcare societies and systems to help reduce disparities and improve care for patients with heart failure.

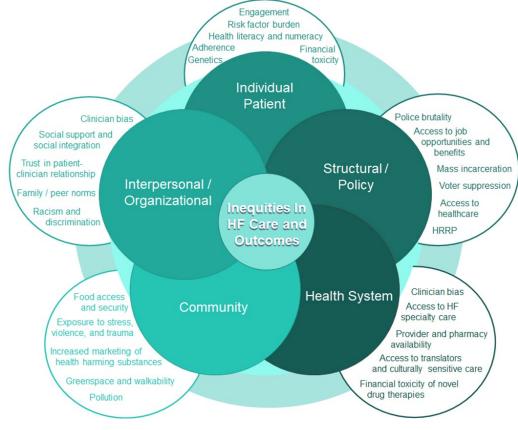
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Factors Contributing to Inequities in HF Care



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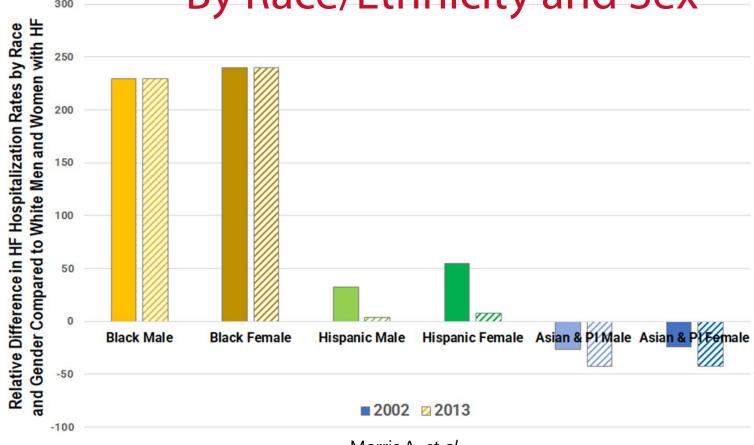
The higher risk for heart failure (HF), and inequities in HF care for raceethnic minority individuals is related to the higher prevalence of traditional risk factors, structural factors that influence socioeconomic status and other social determinants of health, as well as community and health system factors that adversely impact healthcare quality.







Disparities in Heart Failure Hospitalization Rates By Race/Ethnicity and Sex



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Disparities in Heart Failure Hospitalization Rates By Race/Ethnicity and Sex

- Compared to White men and women, national age-standardized heart failure (HF) hospitalization rates are higher for Black men and women, with no change from 2002 to 2013.
- Solid bars indicate HF hospitalization rates in 2002, dashed bars indicate HF hospitalization in 2013. Although Hispanic men and women had higher HF hospitalization rates than White men and women in 2002, the relative difference narrowed greatly by 2013. Asian and Pacific Islander (PI) men and women had lower HF hospitalization rates than White men and women in 2002, with even greater reductions demonstrated in 2013. Adapted from Ziaeian et al.

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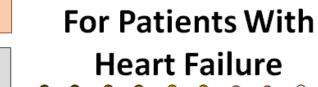
- Ensure access to healthcare
- Prevention and management of CV risk factors
- Adherence to GDMT

Solutions to Eliminate

Healthcare Disparities

- Participation in clinical trials
- Innovative and patient-centered education tools that target selfcare and health literacy

- Universal healthcare
- · Police reform and accountability
- Equal wages and benefits
- · Equal opportunities for promotion / leadership
- End mass incarceration
- Ensure equal access to the POLICY political process including voting
- Mandatory implicit bias training for clinicians
- Automated cardiology referrals for patients with recurrent hospitalizations
- Price transparency and improved access for GDMT and device therapies
- Healthcare workforce diversity



❺龠

STRUCTURAL/

HEALTH

SYSTEM



Heart Failure



- Diversity in editorial boards
- Diversity in site PI, steering committee, and research staff
- Flexible study design to recruit race-ethnic minority patients, including providing payment, transportation, childcare, etc
- · Ask authors to promote DEI (i.e. coauthors, patient language, etc)



- Eliminate interpersonal racism, bias, and/or microaggressions
- Eliminate stereotype threats
- Recognize nontraditional social support structures for advanced HF therapies



- · Improve access to fresh and low sodium foods
- Improve access to cardiac rehab and facilities for physical activity
- Increase greenspace Decrease targeted
 - marketing of healthharming substances

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Solutions to Eliminate Healthcare Disparities for Patients with HF

In order to dismantle healthcare disparities, healthcare societies and systems must expand their current efforts, and prioritize the achievement of health equity through key strategic initiatives. There are several key areas of improvement that can be targeted towards a goal of reducing healthcare disparities in HF.

- Patient
- Interpersonal
- Community

- Research
- Health Systems
- Structural/Policy





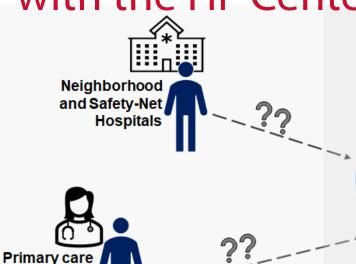
Optimizing Care of the Community in Connection with the HF Center



■ NEIGHBORHOOD RESOURCES

Limited access to healthy foods, physical activity, etc. contributes to CV risk factors. Limited access to facilities for cardiac rehabilitation.

LOCAL COMMUNITY



♣ COMMUNITY HEALTHCARE RESOURCES

clinician

Under-resourced healthcare settings with limited access to specialists and advanced procedures

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ADVANCED HF CENTER

ASSESS ETIOLOGY

- Genetic testing
- Advanced imaging (i.e. CMR, Tc 99m PYP, etc)

ADVANCED THERAPIES

- Advanced options for acute cardiogenic shock
- Heart transplant
- LVAD

of for

MEDICAL THERAPY

- GDMT optimization
 - Parenteral iron supplementation
 - Outpatient use of IV inotropes

ADDITIONAL THERAPIES

- Pulmonary artery pressure sensor
- Transcatheter-based valvular interventions
- Transcatheter-based arrhythmia ablation

★HEALTHCARE RESOURCES

Access to specialists and advanced procedures once referrals placed







Optimizing Care of the Community In Connection with the HF Center

- Structural racism and residential segregation have resulted in severe economic disinvestment in neighborhoods with greater proportions of minority residents.
- Residential segregation has also resulted in a deeply segregated healthcare system that perpetuates healthcare disparities.
- Black and Hispanic patients are more likely to receive care in local community settings and safety-net hospitals.
- Since the most specialized and comprehensive care for heart failure is often only available in advanced heart failure centers, improving access to specialty care by ensuring equity in referrals to cardiovascular specialists is critical to reducing disparities.

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