



## Reducing Disparities in Cardiovascular Disease



While heart disease prevalence has decreased over the past 20 years, disparities are very prevalent and continue to grow. Differences in the incidence and prevalence of health status between groups are commonly referred to as health disparities. Most health disparities are due to socioeconomic status, race/ethnicity, sexual orientation, gender, disability status, geographic location, or some combination of these. People in these groups not only experience worse health but also tend to have less access to quality health care or other important things such as healthy food options, social supports, education and housing<sup>1</sup>.



Many racial/ethnic minority populations have higher rates of CVD and related risk factors. The statistics are stark testimony to that fact. CVD age-adjusted death rates are 33% higher for blacks than for the overall population in the U.S. Blacks are nearly twice as likely to have a first stroke and much more likely to die from one than whites. American Indians/Alaska Natives die from heart disease much earlier than expected – 36% are under 65 compared with only 17% for the U.S. population overall<sup>2</sup>.



Increased awareness of vulnerable populations' characteristics, as well as, differences in how often a disease affects them, risk factor burdens, disease progression and treatment are critical to improve health disparities.

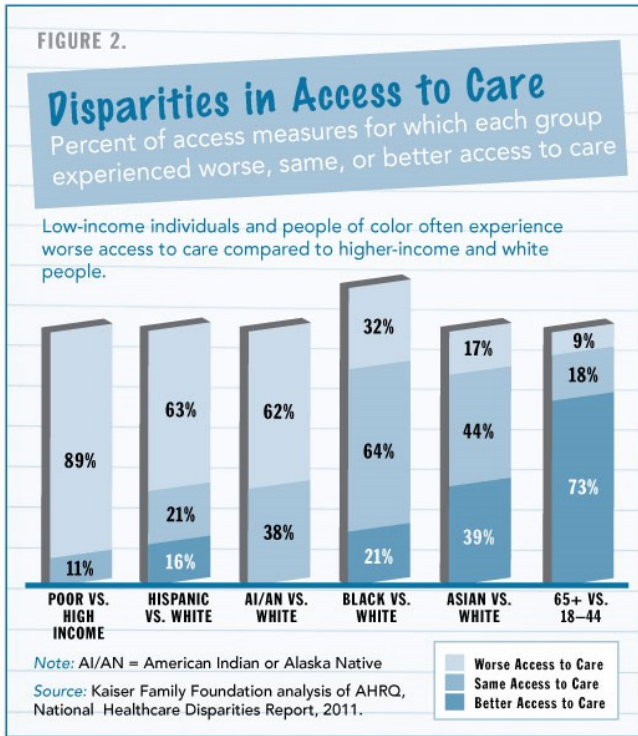
Better understanding the disparities in CVD risk factors may help clinicians and public health professionals develop culturally sensitive interventions, prevention programs, and services specifically targeted at risk burdens in impacted vulnerable populations<sup>3</sup>.

Mended Hearts priority is to focus on awareness, education, and advocacy to reduce disparities in cardiovascular disease through programs that directly affect the underserved population.

1. Heart Disease and Stroke Statistics – 2009 Update: A Report from the American Heart Association Statistics Committee and Stroke Statistics Subcommittee. Circulation 2008

2. Centers for Disease Control and Prevention. Disparities in premature deaths from heart disease, 2001. MMWR 53(6):121-125.

3. Graham, G. Population-based approach to understanding disparities in cardiovascular disease risk in the United States. International Journal of General Medicine. 2014: 7 393-400



## Access to Care

Mended Hearts believes that all individuals deserve access to affordable care and coverage. Our organization will advocate for protection of care as paramount, during the intensive national policy debate underway concerning the future of the Patient Protection and Affordable Care Act.

Improving access to affordable care is vital to improving disparities in cardiovascular health. Low income and individuals of color often experience worse access to care in comparison to their white/higher-income peers.

Pre-existing conditions, as well as protecting cardiovascular patients against high risk pools or life-time caps is an important part of the advocacy work in 2017. Mended Hearts stands behind the reform priorities laid out by the National Health Council.

## Community Based Peer-to-Peer Support

Mended Hearts recognizes that the cornerstone to improving disparities will be through community based support. Mended Hearts will work to advance community support in underserved areas by identifying community champions and establishing local Mended Heart support groups to serve the population.

Providing education and awareness within the local communities will help improve lives.



## Awareness and Education

Mended Hearts will continue to advance the awareness of disparities and will educate policy makers, community leaders, and the public on the prevalence of heart disease and the disparities in care.

Mended Hearts will advocate for programs and funding for programs that will advance the reduction of cardiovascular disparities.