

# Racial disparities continue for black women seeking heart health care

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Despite improvements in heart attack and heart disease care for older women, black women still experience significantly lower rates of treatment when compared with whites or Hispanics, according to preliminary research presented at the American Heart Association's Quality of Care and Outcomes Research Scientific Sessions 2019, a premier global exchange of the latest advances in quality of care and outcomes research in cardiovascular disease and stroke for researchers, healthcare professionals and policymakers.

A two-decade study showed an overall increase in heart attack and heart disease treatments after the 2005 publication of standard treatment guidelines, but racial disparities persisted. Specifically, postmenopausal [black women](#) were 50 percent less likely and Hispanic women were 16 percent less likely to be treated when they arrived at a hospital with heart attack or coronary artery disease symptoms when compared to white women. This gap persisted after accounting for education, income, insurance status and other heart health complications such as diabetes and [high blood pressure](#).

Cardiovascular disease is a leading cause of death causing one death every 80 seconds among women. Rapid treatment is critical and while treatment rates appear to be improving, they do not appear to be improving equally for all groups.

Using data from the Women's Health Initiative, researchers looked at treatment rates for 20,262 postmenopausal women before and after

2005, including 17,509 whites; 2,181 blacks, and 572 Hispanics. Among their other key findings:

- Black women who had a ST-elevation myocardial infarction (STEMI), the most serious type of heart attack where an artery is completely blocked, had lower rates of treatment pre-2005 (15 percent lower) and post-2005 (39 percent lower) compared with whites.
- Restoring blood flow to the blocked artery within 12 hours of an acute ischemia or a heart attack is the gold standard of treatment, however, black women had a 33 percent lower rate of receiving this therapy regardless of timing, and a 23 percent lower rate of receiving it within 12 hours of heart attack symptoms.
- Hispanic women with [acute coronary syndrome](#) or coronary heart disease also faced lower rates of treatment before 2005 (23 percent lower), but the gap narrowed slightly after 2005 (7 percent lower).
- Researchers did not find any difference in treatment rates when looking at [socioeconomic status](#).

"Our study shows that black women still receive less recommended therapy for heart attacks and coronary heart disease than white women and that improving these racial disparities is still needed," said Tarryn Tertulien, B.S., lead study author and a fourth-year medical student at The Warren Alpert Medical School at Brown University in Providence, R.I. "Increasing public campaigns targeted at racial minorities regarding patient education and developing a trusting relationship with the healthcare system should be instituted to improve this disparity in care."

Tertulien said while her study did not focus on the factors explaining these racial disparities, she said it's possible blacks and Hispanics may lack awareness about [heart attack](#) symptoms or be less likely to use emergency services, they may be hesitant about invasive procedures to

open blocked arteries and there may be provider biases. She said additional research is needed to understand the origin of these disparities and to work with patients, communities, hospitals and healthcare providers to develop timely interventions for all.

Provided by American Heart Association

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