



INEQUALITY REPORT



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Heart Disease Remains the Leading Cause of Death Among Women: Disparities by Race/Ethnicity

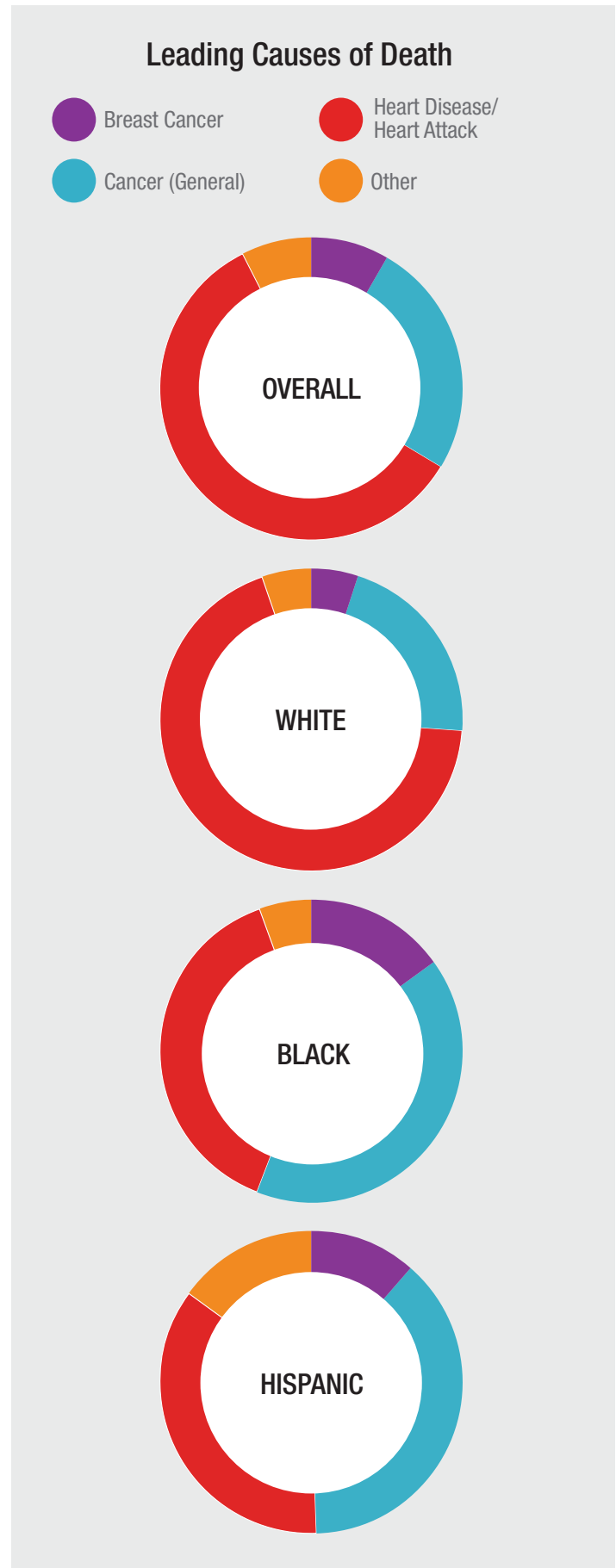
Every 79 seconds, a woman in the United States (US) dies from heart disease or stroke. That means heart disease and stroke cause approximately 399,028 women to die EACH YEAR in the US¹. Cardiovascular diseases (which include heart disease and stroke) are the leading cause of death for women of all races and ethnicities, including African American, American Indian/Alaskan Native, Asian/Pacific Islander, Hispanic, and White women¹.

Why are Women at Higher Risk??

Certain unique sex-specific risk factors such as early onset of menopause, inflammatory diseases (such as lupus and rheumatoid arthritis), and complications of pregnancy (such as preeclampsia and gestational diabetes) are associated with an increased risk for heart disease. Several well-known risk factors for heart disease disproportionately affect women compared to men, including type-2 diabetes, hypertension, hyperlipidemia, obesity, physical inactivity, metabolic syndrome, cardiovascular complications of pregnancy, depression, stress, and sleep disorders².

Increasing Risk Awareness Can Help Reduce Your Risk for Death Due to Heart Disease

Even though heart disease has remained the leading cause of death among women since 1910, nearly half of women do not recognize heart disease as their number one health threat. Results from a recent American Heart Association national survey³ indicate that only approximately half of women are aware that heart disease is their leading cause. Also concerning is that only 1 in 3 Black and Hispanic women recognize heart disease as the leading cause of death among women.



Why are women from some race/ethnicities at greater risk for heart disease?

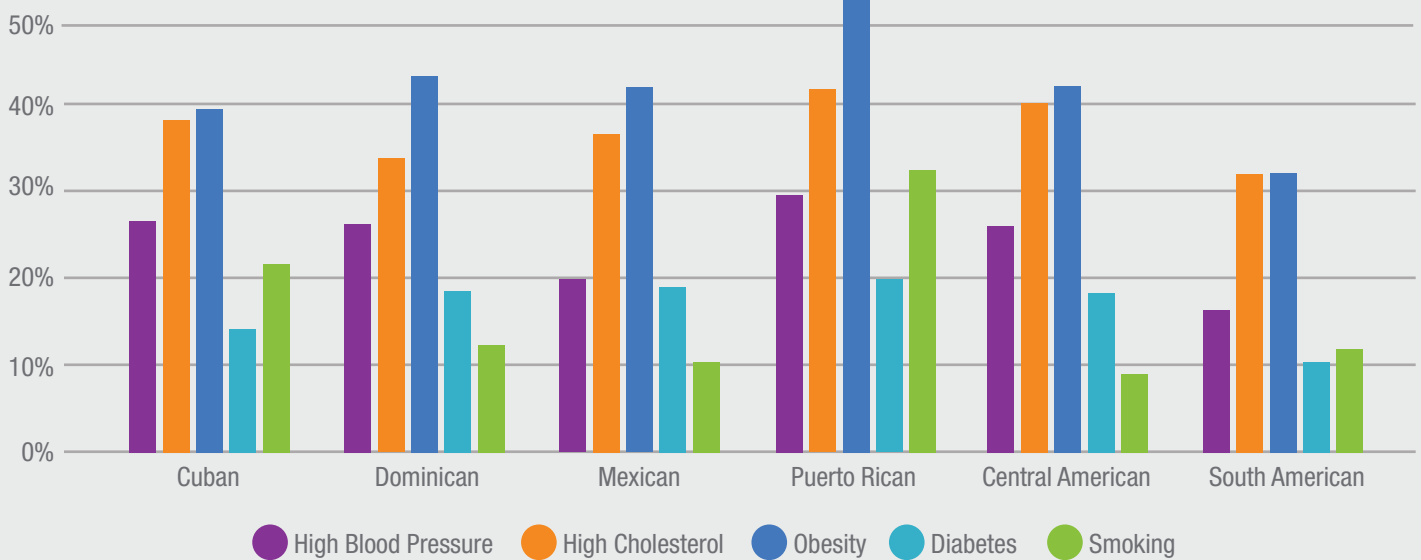
The reasons are complex. Some factors include:

- Black women are more likely to have hypertension compared to non-Hispanic White and Mexican American women¹
- Diabetes prevalence is much higher in Black and Mexican American women compared to non-Hispanic White women¹
- Risk factors such as overweight, obesity, and physical inactivity are greater among Black and Hispanic women, than among White Non-Hispanic women¹

Most of the data in the US has focused on the largest group of Hispanic/Latinos, which is largely comprised of Mexican Americans. The Hispanic/Latino population is incredibly diverse, however, comprised of Mexican Americans, but also Cubans, Puerto Ricans, Dominicans, Central and South Americans, among others.

Results from the landmark Hispanic Community Health Study/Study of Latinos tells us that the burden of cardiovascular disease risk factors can vary greatly across subgroups of Hispanic/Latinos⁴.

Burden of Major CVD Risk Factors Among Women by Hispanic Subgroup: HCHS/SOL



Among Hispanic women enrolled in the study:

- Puerto Rican women were most likely to have hypertension (29%), high cholesterol (41%), be obese (51%), have diabetes (19.4%), and smoke (31.7%)

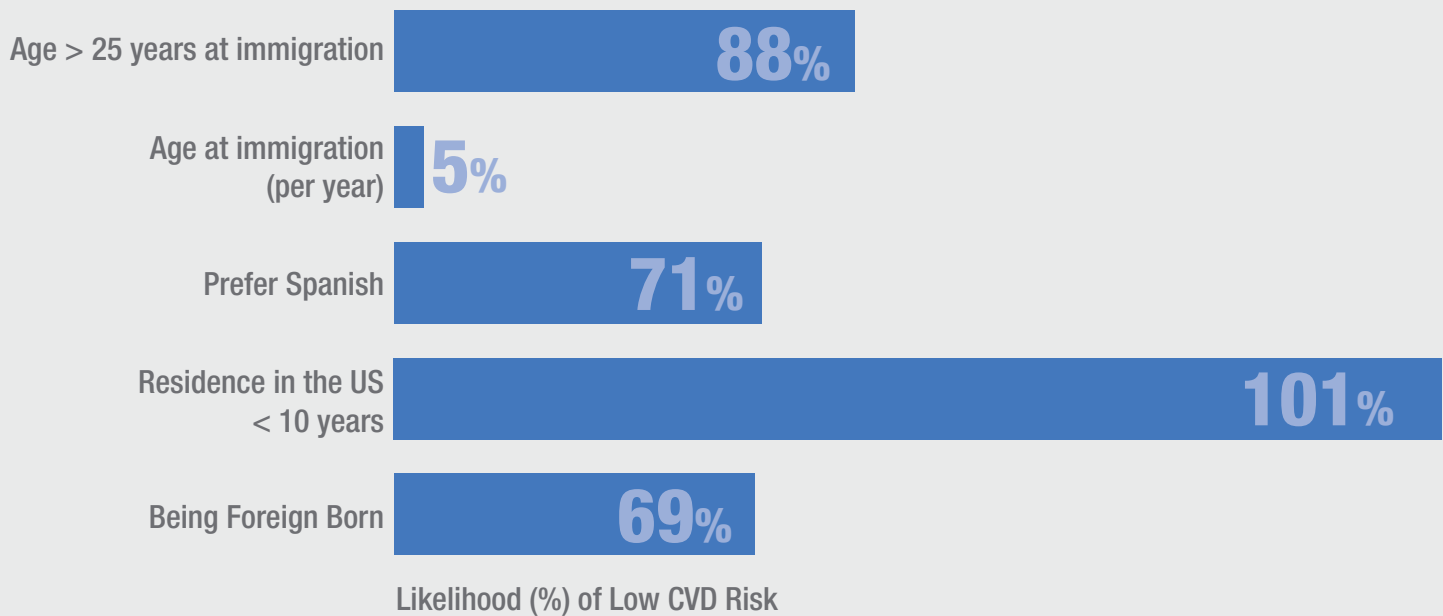
- South American women were the least likely to have hypertension (16%), high cholesterol (31%), be obese (31%), have diabetes (10%), and Central American women were least likely to smoke (9%)

Retaining Hispanic Cultural Practices is Associated with Having Few CVD Risk Factors

Acculturation, which is the process whereby an individual from a different culture adopts the beliefs and practices of a new culture, is associated with an individual's risk for developing cardiovascular diseases and risk factors. Additional findings from the Hispanic Community Health Study/Study of Latinos indicate that among Hispanic

women, several acculturation characteristics are associated with being “low CVD risk”⁵. Low CVD risk was defined as having all the following characteristics without the use of medication: ideal levels of blood pressure, total cholesterol body weight, blood sugar (hemoglobin A1c), and no history of diabetes. This ideal levels of cardiovascular health is termed “Low Cardiovascular Disease Risk”.

Likelihood of Low CVD Risk Status According to Measures of Acculturation Among Women: HCHS/SOL



Even after accounting for age and level of education, Hispanic women that immigrate to the US after the age of 25 years are 88% more likely to be low CVD risk compared to women that immigrated at younger ages. Specifically, every one year older a Hispanic woman is when she immigrates to the US, she is 5% more likely to be low CVD risk. Hispanic women than prefer to speak Spanish are 71% more likely to have low CVD risk. The most notable finding is that the longer you live in the US, the less likely you are to have low levels of CVD risk. Specifically, Hispanic women that live in the for less than 10 years were approximately 200% more likely to be low CVD risk. Finally, Hispanic women that were foreign born were 69% more likely to be low CVD risk.

Note: These associations were not statistically significant or notably weaker among Hispanic men.

Although the specific reasons for these associations is not fully understood, there are several potential explanations. The authors of this study suggest that spending longer time in the US may result in a greater exposure to different cultural and environmental factors that lead to poorer dietary choices, physical inactivity, and weight gain over time. Development of these risk factors can lead to unfavorable levels of other CVD risk factors, such as total cholesterol, blood pressure, and blood glucose. Additionally, the process for adopting the US culture may increase exposure to additional stressors that may have an unfavorable impact on CV health, such as discrimination.

Recognize Symptoms of a Heart Attack

Signs and Symptoms of a Heart Attack: The Female Perspective

Many of us have seen the movie scenes that portray a man having a heart attack. In these scenes, the man gasps and clutches his chest then falls to the ground. In reality, a heart attack victim is more likely to be a woman, and the symptoms of heart attacks in women may not be that dramatic. Even when the signs are subtle, the consequences can be deadly, especially if the victim doesn't get help right away. Knowing the signs and symptoms of a heart attack, and getting help immediately, can greatly improve the chances of survival from a heart attack.

Studies have shown that women overall are less likely to report chest pain, but more likely to complain of jaw or back pain, palpitations, light-headedness or loss of appetite, which are less likely associated with emergent presentation of CHD. Below is a list of heart attack signs that have been previously reported by women:



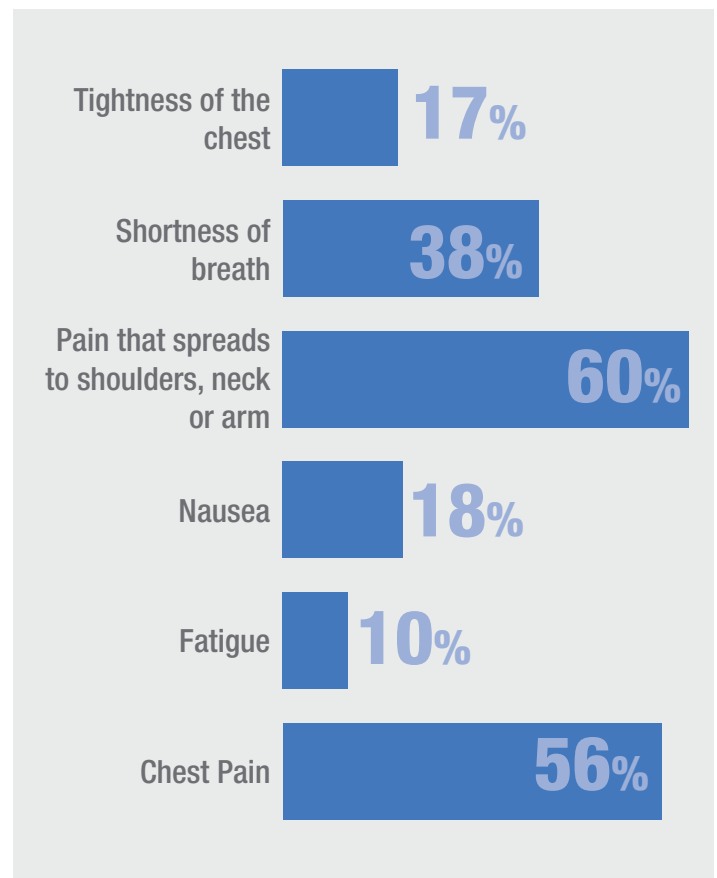
Heart Attack Signs in Women

- 1** Uncomfortable pressure, squeezing, fullness or pain in the center of your chest. It lasts more than a few minutes, or goes away and comes back.
- 2** Pain or discomfort in one or both arms, the back, neck, jaw or stomach.
- 3** Shortness of breath with or without chest discomfort.
- 4** Other signs such as breaking out in a cold sweat, nausea or lightheadedness.
- 5** As with men, women's most common heart attack symptom is chest pain or discomfort. But women are more likely than men to experience some of the other common symptoms, particularly shortness of breath, nausea/vomiting and back or jaw pain.

**If you have any of these signs,
call 9-1-1 and get to a hospital right away!**

Few Women Recognize the Signs and Symptoms of a Heart Attack

Despite the importance of recognizing the signs and symptoms of a heart attack, very few women are aware of what to look for or when it is necessary to seek medical attention. Only half of women (56%) recognize chest pain as a symptom of a heart attack, while 60% of women know that spreading pain in the shoulders, neck or arm is also a symptom. Although these are common signs, many women having a heart attack many experience other less prominent symptoms but few women are aware. Less than 1 in 5 women recognize the other common heart attack symptoms, such as tightness of the chest, nausea, and fatigue.



Getting treatment fast is key to a reducing the risk of death and disability from a heart attack. When asked what they would do first if they thought they were experiencing signs of a heart attack, 1 in 3 women (35%) did NOT indicate that they would call 9-1-1.

TREATMENT FOR HEART ATTACKS

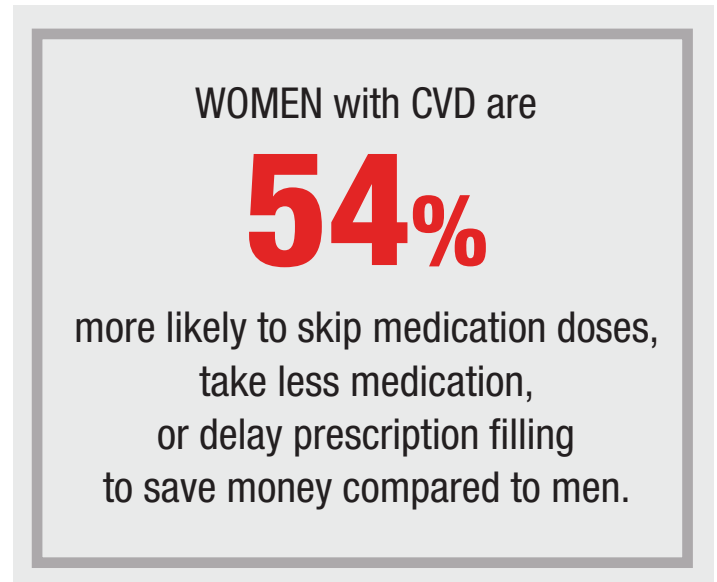
The Higher Risk for Heart Disease Death Among Women Could Be Reduced by Providing More Equal Healthcare

If a woman does experience a heart attack, women generally receive a lower quality of medical care than men and have higher rates of death after having a heart attack⁶. Women are less likely to receive optimal medical care for their heart disease when discharged from the hospital. If a woman DOES receive optimal healthcare when hospitalized for a heart attack or coronary artery disease condition, she is just as likely as a man to survive⁷. This means that although there may be some characteristics about being a woman that increase your cardiovascular disease risk, the excess risk for death among women could potentially be reduced by providing optimal quality of care to women patients hospitalized for heart disease conditions.

Women are more likely than men to skip their CVD medications due to cost

Although many prescription medications are proven to be effective at preventing and treating CVD, many people do not take their medications as directed. There are many reasons why individuals with CVD or CVD risk factors do not take medications properly, but one of the most common reasons is related to the cost of the medications. Patients frequently attempt to decrease their medication costs by skipping their medication, delaying the refills of their prescribed medications, or splitting their pills. These cost-driven behaviors often prevent patients from achieving the full treatment benefits and put them at risk for worsening of their conditions or for developing additional health conditions⁸. A recent study using data from the National Center for Health Statistics (2011-2014) reported that WOMEN with CVD are significantly more likely to skip medication doses (12.1% vs. 8.1%), take less medication (13.1% vs. 8.4%), and delay filling prescriptions (15.8% vs. 10.2%) compared with men to save money⁹. It is not clear why women with CVD are less likely to take their medications due to cost as compared

with men with CVD. A recommendation for women, which may improve treatment non-adherence could be the following: IF cost is a factor in medication adherence, women should ask their doctors, which of the meds prescribed are absolutely essential. This way, women can prioritize which meds to take if they cannot afford to fill all prescriptions recommended.



Women with CVD less likely to receive evidence-based statin therapy

Statin and high-intensity statin therapy have been shown to be beneficial for cholesterol management in patients with CVD. Recent evidence indicates that women are 24% less likely than men to receive statin or 32% less likely to receive high-intensity statin therapy¹⁰. In addition, women more frequently have high cholesterol as compared to men, suggesting that only do women exhibit poorer cholesterol profiles than men, but less frequently treated with evidenced-based statin therapies. It is unclear why some physicians are less likely to recommend evidence-based statin therapy to women with CVD who would clearly benefit from it. Perceived lower CVD risk for women might be one reason why physicians fail to appropriately recommend statin therapy, however what is clear is that women are disproportionately treated for CVD as compared to males with CVD in the US.

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