Women's Heart Health and Inequities

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What is Heart Disease?

Heart Disease comprises several of conditions that affect the heart

- Coronary Artery Disease
- Arrythmia
- Heart Valve Disease
- Heart Failure
- Pericardial Disease
- Cardiomyopathy (Heart Muscle Disease)

Symptoms of Heart Disease

- **Symptoms of Heart Disease**
  - Angina (dull, heavy, or sharp chest pain and discomfort)
  - Neck, jaw, or throat pain
  - Upper abdomen or back pain
  - Nausea/vomiting
  - Fatigue
- **Heart Disease may also be "silent" and not diagnosed until an emergency, such as:**
  - Heart Attack
  - Arrhythmia
  - Heart Failure

Sources: CDC, 2022

How Do Heart Attacks Present in Women?

- Most common heart attack symptom in women is same as in men — some type of chest pain or discomfort that lasts more than a few minutes or comes and goes.
- Women commonly describe “pressure” or “tightness” in chest
- Women tend to have symptoms more often when resting, or even when asleep, compared to men

Mayo Clinic, 2022

How Do Heart Attacks Present in Women?

- Women are more likely than men to have OTHER heart attack symptoms that are more vague and easier to ignore
  - Shortness of breath
  - Neck, shoulder, arm, upper back or upper belly pain
  - Nausea, vomiting
  - Sweating
  - Lightheadedness or dizziness
  - Unusual fatigue
  - Heartburn/indigestion
- Emotional stress can play a role in triggering heart attack symptoms in women

Mayo Clinic, 2022

Disparities in Treatment of Women vs. Men

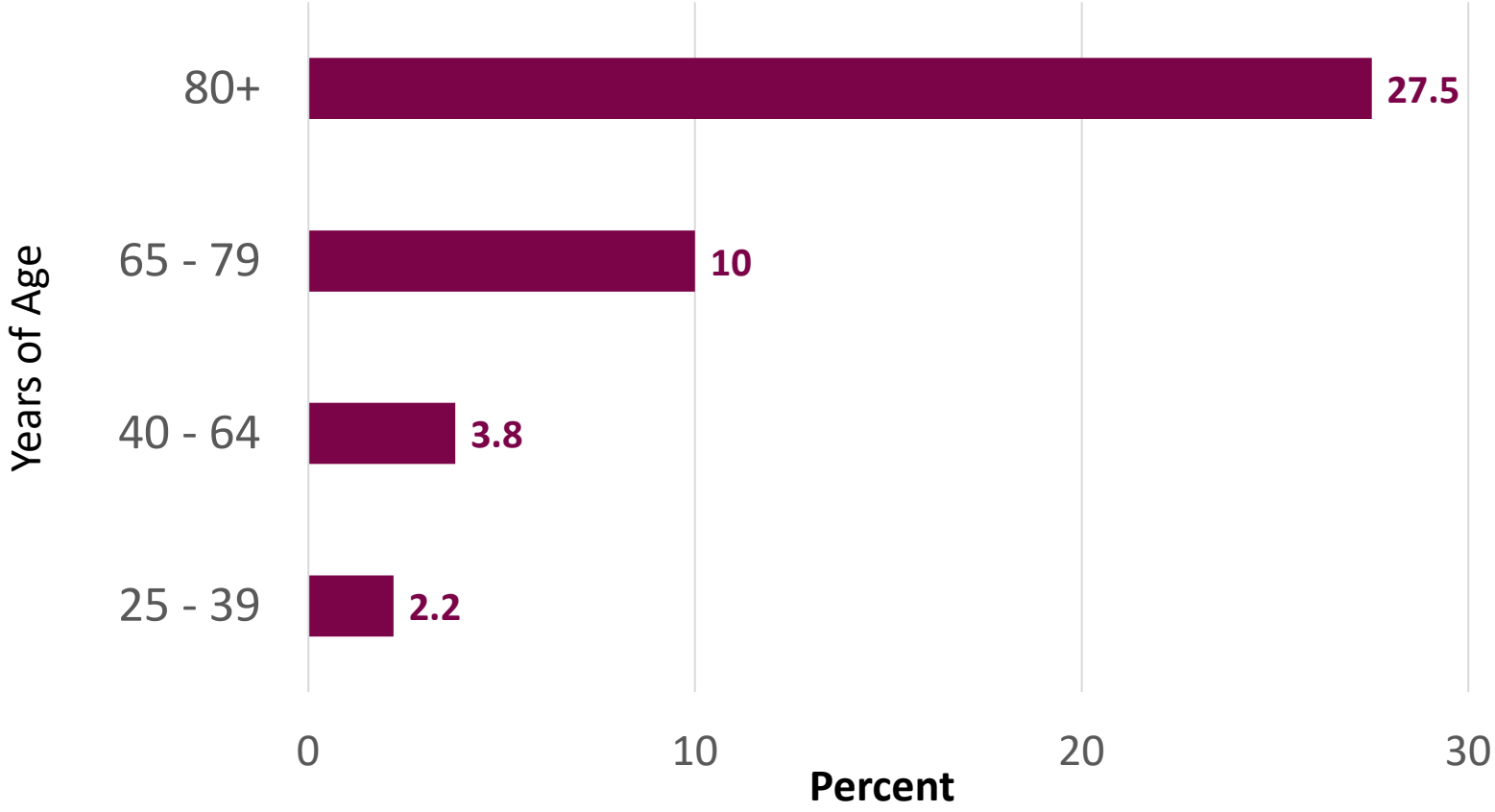
- Women are less likely to be treated with aspirin and statins to prevent future heart attacks than are men, even though studies show the benefits are similar in both groups (*note: aspirin use only recommended through age 59 for people at risk*)
- Women are less likely than men to have coronary bypass surgery, perhaps because women have less obstructive disease or smaller arteries with more small vessel disease
- Cardiac rehabilitation can improve health and aid recovery from heart disease but women are less likely to be referred for cardiac rehabilitation than men are.

Mayo Clinic, 2022

Heart Disease in Women

- **Heart Disease is the #1 leading cause of death in women**
  - 1 in 5 deaths nationwide (22% of female deaths in 2017)
  - Over 299,000 deaths nationwide in 2017
  - Over 4,900 deaths per year in LA County (2017)
  - About 20% of heart disease deaths occur in people under age 65

Percent of Women in LA County Who Reported They Were Ever Diagnosed with Heart Disease, by Age, 2020, CHIS



Overall = 6%, 235,000 Women in LA County

Which of these is NOT a risk factor for heart disease in women?

1) Lack of physical activity
2) Stomach ulcer
3) Diabetes
4) Biologic parent with heart disease
5) Uncontrolled high blood pressure

Understanding the Risks

What determines someone's risk for developing heart disease?

- **Non-modifiable risk factors** significantly affect the risk of heart disease (age, gender, genetics & family history)
- **Modifiable risk factors** can be changed, treated, or controlled through medications or lifestyle changes (high blood pressure, high cholesterol, smoking)
- **Contributing risk factors** are associated with increased risk of heart disease (stress, alcohol, diet)

Major Modifiable Risk Factors for Heart Disease

- Hypertension (high blood pressure)
- High Cholesterol
- Diabetes
- Overweight & obesity
- Smoking tobacco (vaping, chewing)
- Heavy alcohol use
- Sedentary lifestyle and lack of exercise
- Unhealthy diet (high trans fat and sodium)

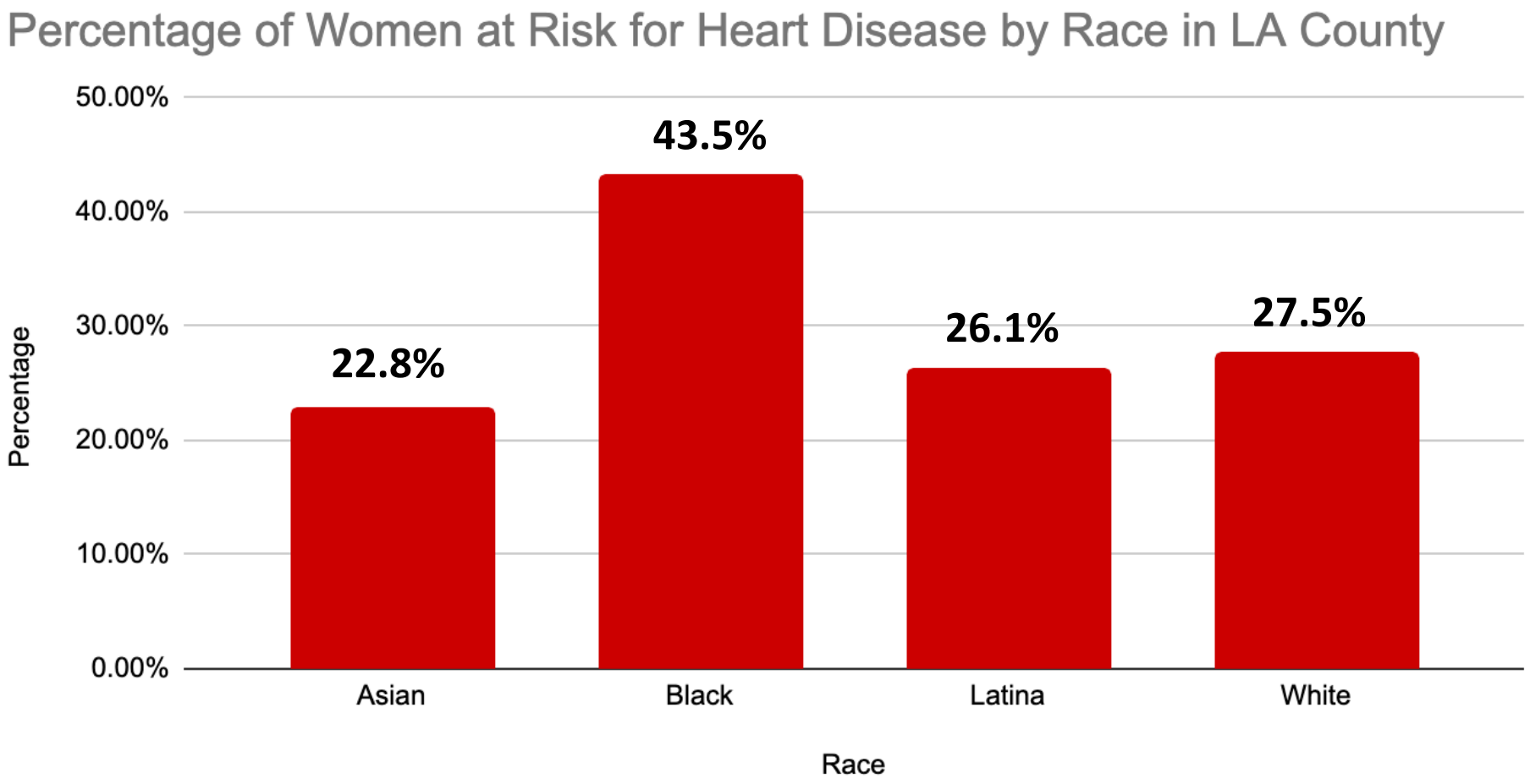
Sources: CDC, 2022

Women's Heart Health Racial Disparities

- **Black/African-American* individuals are disproportionately affected by heart disease in the U.S.**
- **Black/African-American women comprise 23.1% of all heart disease related deaths in the U.S.**
- **In LA County, heart disease mortality was 2x higher among Black women than Latina and Asian women, and 1.5x higher than White women in 2017**

** The term African American highlights the cultural heritage of people in the U.S. who are descended from slaves. The term Black encompasses all populations of African descent, including indigenous Africans, African Americans, Caribbean Black individuals, and other immigrants.*

Women's Heart Health Racial Disparities



Risk for heart disease = having 2 or more of the following conditions: diabetes, hypertension, high cholesterol, obesity, minimal to no physical activity, current cigarette smoker

Source: Los Angeles County Department of Public Health, Office of Women's Health

Heart Health in Pregnancy

Black women have the highest risk of pregnancy-related heart problems among women in the U.S.

Compared to White women, in 2020 pregnant Black women were:

- 23% more likely to have a heart attack
- 57% more likely to have a stroke
- 42% more likely to develop a blood clot in the lungs
- 71% more likely to develop heart muscle weakness
- 45% more likely to die in the hospital

Kapadia et al, 2020

Heart Health in Pregnancy

A recent study shows how strongly Social Determinant of Health are linked with Cardiovascular Health in pregnant women in U.S.

Social Determinants measured =

- Economic stability
- Neighborhood, physical environment, and social cohesion
- Community and social context
- Food
- Education
- Health care system

Cardiovascular health based on =

- Hypertension
- Diabetes
- Hyperlipidemia
- Current smoking
- Obesity
- Insufficient physical activity

Heart Health in Pregnancy

Study findings: strong link between Social Determinants of Health and Cardiovascular Health in pregnant women

- Overall, **38%** of pregnant women had "sub-optimal" cardiovascular health profile
- Women divided into 4 groups (quartiles)
- Women with the most unfavorable Social Determinants = 4th quartile
- Among women in the 4th SDOH quartile, **52%** had sub-optimal cardiovascular health compared to **27%** in the 1st SDOH quartile

Sharma et al, 2022

Inequities among Black Individuals

- **Centuries of experiences of structural and interpersonal racism profoundly impact Black health and well-being**
- **Black individuals disproportionately experience higher rates of:**
  - Unemployment
  - Living in poverty
  - Health care costs
  - Smoking, inactive lifestyle, obesity, etc.
- **The Jackson Heart Study of African Americans found that higher levels of lifetime discrimination were associated with greater hypertension prevalence after adjustment for age, gender, and socioeconomic status**

Sources: Pfizer, 2021; Sims et al., 2012

Disparities in Black Patient Care

- **Clinicians are less likely to follow treatment guidelines for Black patients, even after controlling for medical and socioeconomic factors**
- **Black patients are less likely to be receive pain medications and when they do, they often receive lower quantities than White patients**
  - Rooted in racial bias of pain perception of Black patients
- **Black patients with hypertension have been found to have shorter office visits than White patients and experience poorer quality communication from their doctors**

Sources: Arora et al., 2018; Cavender et al., 2013; Hoffman et al., 2016; Cené et al., 2009

Disparities in Access to Care & Treatment Among Black Women

- Black women are more likely than White women to have unmet medical needs and less likely to report these needs
- Black women experience significantly lower rates of heart disease related treatment when compared to White and Latina women
- Postmenopausal Black women were 50% less likely to be treated upon arrival at a hospital with heart attack or coronary artery disease symptoms when compared to White women

Source: American Heart Association, 2019; Wiltshire et al., 2011

Recommendations, Policies, and Resources

Which of these is something your doctor or nurse practitioner should do as part of your heart health maintenance?

1) Tell you to party like it's 1999
2) Ask about tobacco use and if you say you vape tobacco and don't want to quit, tell you that's fine, it's none of their business
3) Ask about tobacco use and if you say you vape menthol tobacco, tell you that the menthol flavor will soothe your chest
4) Help you find ways to be physically active, whatever your physical condition
5) Encourage you to drink wine with dinner every night

Screening Recommendations

- **Hypertension: Office Blood Pressure Measurement**
  - Adults 40+ or adults with increased risk: every year
  - Adults 18-39 without known hypertension: every 3-5 years
- **Diabetes: Measurement of fasting plasma glucose, HbA1c level or an oral glucose tolerance test**
- **Cardiovascular Disease Prevention:** Offering or referring adults with cardiovascular disease risk factors to behavioral counseling interventions to promote a healthy diet and physical activity

Source: U.S. Preventive Services Taskforce

Preventive Services Coverage

- **Diabetes Screening**
  - Nonpregnant adults 35-70 yrs with overweight or obesity and no symptoms of diabetes→ about every 3 years
  - Women with history of gestational diabetes→ within 1st year postpartum and at least every 3 years for a minimum of 10 years after pregnancy
- **Tobacco Use Screenings and Interventions**
- **Blood Pressure Screenings**
- **Cholesterol Screenings** for adults of certain ages or at higher risk
- **Diet Counseling** for adults at high risk for chronic disease

Source: Healthcare.gov

What Health Coverage Should Address

- Blood pressure monitors are covered by health insurance, including Medi-Cal
- Laboratory tests and diagnostics, like blood tests
- Visits to primary care providers
- Preventive care services
  - Blood pressure, cholesterol, diabetes tests
  - Obesity counseling

Policies to Achieve Equity

Addressing Racial Equity

- **For Communities and Policy Makers:**
  - **Improve general awareness of disparities and systemic racism** in prevalence and treatment of cardiac risk factors, heart disease, and stroke
  - **Increase cultural competency among healthcare providers** to decrease implicit biases that may affect the quality of care provided to women of color
  - **Improve health literacy among Black women and other women of color** regarding heart health and related risk factors to increase prevention and treatment rates.

Enact policies that enable women and families to make healthy choices and live healthy lives.

Addressing Racial Equity

- **For Communities and Policy Makers:**
  - **Advocate for more culturally sensitive and appropriate treatments** for heart disease and related risk factors.
  - **Decrease the financial burden** of housing, childcare, health care and other essentials.

Enact policies that enable women and families to make healthy choices and live healthy lives.

For Individuals

Improving Heart Health

- **Social and economic conditions, often rooted in racism, prevent people from living a heart-healthy lifestyle. *When possible*:**
  - Consume a **heart-healthy diet** including high-fiber foods and healthy fats
  - **Get active** (at least 2 hours and 30 minutes of moderate aerobic activity/week)
  - Maintain **healthy weight**
  - **Quit smoking** and avoid secondhand smoke
    - Call 1-800-QUIT-NOW (1-800-784-8669) for free support
  - Drink **alcohol in moderation** (< 1 drink/day for women)

Sources: American Heart Association, 2019

Improving Heart Health

- **Social and economic conditions, often rooted in racism, prevents people from living a heart-healthy lifestyle. *When possible*:**
  - Ask a health care provider about **risk factors** and consider **family health history**
  - Discuss **screening and treatment** with a health care provider
  - Control **cholesterol** and **blood pressure**
  - Manage stress through **social support, mindfulness, physical activity**, etc.

Other Resources and Services

National Diabetes Prevention Program

- 1-year long lifestyle change program designed for people who have been diagnosed with prediabetes or are at risk for type 2 diabetes
- Participants learn how to:
  - Eat healthy and measure portions
  - Add physical activity to daily life
  - Manage stress
  - Stay on track when eating out and in social situations
- Find a local program on the DPH website: http://publichealth.lacounty.gov/phcommon/public/nationaldpp.cfm

Other Resources: DPH Chronic Disease & Injury Prevention Website

Produce Prescription Project

- Increasing the purchase of fruits and vegetables among low-income residents who use Supplemental Nutrition Assistance Program (SNAP) by providing incentives when they buy produce

Shape of Yoga

- Nutrition and physical activity booklet for families that offers different exercise and is a simple way for you to teach others how to perform basic yoga

Oher Resources and Services

CalFresh HEALTHY LIVING

Supports healthy, active lifestyles by teaching Californians about good nutrition and how to stretch their food dollars

Tips for getting physically active on your own or with family, friends

Partners in Care FOUNDATION

Chronic Disease Prevention and Management

Falls Prevention

Physical Activity

Become A Volunteer

Wellness Wednesday

Workshop Inquiry and Signup Form

Other Resources and Services

Kaiser Permanente

- **Wellness Coaching by phone**
- **Healthy Balance (achieve healthy eating goals)**
- **Taking Care of Your Heart**
- **Living Well with Diabetes**

AMPLIFY! Tobacco Cessation Services

- **Cessation Support** Resource to help **African Americans** overcome the social, emotional, and physical challenges of living without nicotine
- Virtual Sessions

Health Services
LOS ANGELES COUNTY

Calling All Patients – Virtual Self-Management Group Classes Now Available!

By: Jeanie Park, Dora Avila, and Janeth Bravo - ACN Health Education

Questions?

Thank you.

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