

# Cardiovascular Health Disparities in Underserved Populations



Charles P. Mouton, MD, MS<sup>a,\*</sup>, Michael Hayden, MD<sup>b</sup>,  
Janet H. Southerland, DDS, PhD, MPH<sup>c</sup>

## KEYWORDS

- Cardiovascular disease • African Americans • Health disparities
- Primary care management

## KEY POINTS

- African Americans have a greater burden of cardiovascular disease that require targeted primary care management.
- Aggressive management of cardiovascular risk factors, especially blood pressure control and cholesterol levels, are essential.
- Using community resources can be an adjunct to clinical management of key risk factors.
- Future opportunities to target genetic polymorphism may provide additional benefit.

## INTRODUCTION

Cardiovascular disease (CVD) is a leading cause of morbidity and mortality in the United States for both men and women. Approximately 610,000 people die from heart disease in the United States annually, estimated at 1 in every 4 deaths attributed to CVD, with the greatest mortality risk in racial and ethnic minority groups. In 2009, CVD caused the deaths of 46,334 African American (AA) males and 48,070 AA females.<sup>1</sup> Annual death rates for AAs were 387.0 per 100,000 population for males and 267.9 per 100,000 for females, whereas the overall death rate from CVD was 236.1 per 100,000.<sup>1,2</sup>

CVD is the leading cause of death among Hispanics, which mirrors that of the United States as a whole. Estimates show that the overall prevalence of CVD is 33.4% for

---

<sup>a</sup> Department of Family and Community Medicine, School of Medicine, Meharry Medical College, 1005 Dr. DB Todd, Jr. Boulevard, Nashville, TN 37208, USA; <sup>b</sup> Department of Internal Medicine, School of Medicine, Meharry Medical College, 1005 Dr. DB Todd, Jr. Boulevard, Nashville, TN 37208, USA; <sup>c</sup> Department of Oral and Maxillofacial Surgery, School of Dentistry, Meharry Medical College, 1005 Dr. DB Todd, Jr. Boulevard, Nashville, TN 37208, USA

\* Corresponding author.

E-mail address: [cmouton@mmc.edu](mailto:cmouton@mmc.edu)

Mexican American males and 30.7% for Mexican American females, which is lower than the overall prevalence in non-Hispanics whites and non-Hispanic AAs.<sup>3</sup> Despite having higher rates of many CVD risk factors, the lower prevalence of overall CVD and overall mortality has been described as the Hispanic paradox. Although there are some data available for CVD risks and morbidity and mortality in Hispanic subgroups, most of the cohort data are limited to inclusion of predominantly Mexicans Americans. Given that 10 Hispanic subgroups represent 92% of the total US Hispanic population (eg, Mexican, Puerto Rican, Cuban, Dominican, Columbian, Honduran, Ecuadorian, Guatemalan, Peruvian, and Salvadoran), these data may underestimate the CVD rates in Hispanics.<sup>4</sup> In addition, Hispanics are significantly less aware of CVD as the leading cause of death and their personal risk factors for CVD than are non-Hispanic whites (NHWs).<sup>5</sup>

The Hispanic paradox, if it really exists, may not apply to every Hispanic subgroup equally.<sup>6</sup> Studies that have disaggregated the Hispanic population by national subgroup have reported varying degrees of support for the Hispanic paradox. For example, using the National Longitudinal Mortality Study, Abraido-Lanza and colleagues<sup>7</sup> found lower mortality hazard ratios (HRs) for each of the Hispanic subgroups relative to NHWs after they accounted for age, education, and family income. Hummer<sup>8</sup> compared all-cause mortality outcomes for 5 major Hispanic subgroups and found that only Mexicans and Central/South Americans had significantly lower mortality than NHWs. These data highlight the significant heterogeneity within the Hispanic population and demonstrate that the unique sociocultural characteristics of the diverse Hispanic subgroups may contribute to these differential outcomes. As a result, health research that lumps all individuals Hispanic of origin into a single category potentially masks substantial differences among the diverse Hispanic subgroups, particularly with regard to the notion of the Hispanic paradox.<sup>9</sup>

There are approximately 6.2 million people classified as American Indian/Alaska Native (AI/AN) Profile as of 2011, comprising approximately 2.0% of the US population in 2013 living on 569 federally recognized tribes.<sup>10</sup> According to 2000 data, 43% live in the West, 31% live in the South, 17% live in the Midwest, and 9% live in the Northeast.<sup>2</sup> While 34% of AI/AN reside on reservations or in rural areas, another 55% live in urban communities.<sup>11</sup> In AI/AN, CVD remains a significant cause of morbidity with an incidence of 15 to 28 per 1000 population for men and 9 to 15 per 1000 population for women.

Disproportionate mortality rates in the AA community are owing to a particularly high disease burden of CVD. Nearly one-half of all AA adults, 48% of women and 46% of men, have some form of CVD.<sup>12</sup> In addition, CVD is a major contributor to the overall problem of disparities in AA mortality. Older AAs in the United States have shorter overall life expectancy (74.3 years for NHW males compared with 67.2 AA males) owing higher rates of CVD. AAs have 1.5 times the rate of cardiovascular deaths compared with their NHW counterparts. AA mortality rates are especially elevated for heart disease and cerebrovascular disease while exceeding those for NHW for any age group beyond 44 years old.<sup>2</sup>

Given the impact of CVD in these populations, we will focus this article on specific disease categories (eg, coronary heart disease [CHD], congestive heart failure, cerebrovascular disease [CVD], and peripheral vascular disease [PVD]) that influence CVD mortality in underserved populations (UPs). We pay particular attention to the primary care management of these diseases, especially its primary risk factor, namely, hypertension (HTN). We also discuss some of the behavioral and socioenvironmental factors that place AAs at risk for CVD and strategies for primary care providers to manage these as well.

Download English Version:

<https://daneshyari.com/en/article/5682953>

Download Persian Version:

<https://daneshyari.com/article/5682953>

[Daneshyari.com](https://daneshyari.com)