

Inequities in CV Care, Death Rates



A new report titled "Excess Cardiovascular Mortality Among Black Americans 2000-2022: A Report Card" highlights the inequities in cardiovascular care, emphasising the years of life lost within the Black community due to higher cardiovascular disease death rates. The report is published in the Journal of the American College of Cardiology (JACC). The report card aims to promote accountability and spark action to address this national tragedy.

Findings reveal that Black Americans have suffered nearly 800,000 excess deaths due to higher cardiovascular mortality rates compared to White Americans, translating to approximately 24 million additional years of life lost between 2000 and 2022. This figure underscores the urgent need for systemic changes to address cardiovascular inequities.

The report card serves as a reminder that not all Americans have equally benefited from significant advancements in cardiovascular disease treatment and prevention. Black Americans continue to face significant disparities in cardiovascular outcomes. Addressing the social determinants of health and systemic barriers contributing to structural racism is critical for solving cardiovascular health disparities and ensuring equity of care.

Social determinants of health create barriers that prevent the most vulnerable people from receiving necessary cardiovascular care. The ACC has established multiple programmes to address these inequities. The Internal Medicine Program introduces historically underrepresented groups in cardiology to career opportunities in the field by connecting them with mentors, networks, and other resources to better prepare them for the unique and diverse healthcare challenges their patients face.

The Clinical Trials Research (CTR) programme aims to increase the number of historically underrepresented individuals who serve as leaders in cardiovascular research. This ensures diversity of thought, experience, and perspective and that the evidence base includes data more closely reflecting the demographics of actual cardiovascular patients.

Source: [American College of Cardiology](#)

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