

# Take Charge Of Your Health Today. Be Informed. Be Involved.

## Heart Health

In this month's Take Charge of Your Health page, we are discussing cardiovascular disease and the health disparities that come along with it. We know that poor heart health can lead to a cardiovascular event like a heart attack. According to the American Heart Association, heart health can be affected by your cholesterol, heart rate, blood pressure and blood glucose level. For years, cardiovascular disease has been the number one cause of death within the United States, but, as these unprecedented times continue to unravel, COVID-19 has taken that number one place. Both COVID-19 and cardiovascular disease are still growing issues in this country, and both continue to affect Black and Brown communities at higher rates than other populations.

Physician and researcher Dr. Utibe Essien has begun to dig deeper to find answers to some questions about cardiovascular disease and why it affects Black and Brown communities at a higher rate. When it

comes to high blood pressure, obesity and diabetes, which are commonplace in the same underserved communities, it is extremely vital to know ways to prevent these health conditions with the limited resources that are available. Some great ways to improve your cardiac health are to understand your blood pressure numbers, learn CPR, watch your salt intake and stop smoking.

We cannot discuss health disparities without addressing the social determinants of health, and we cannot address social determinants without talking about systemic issues. Access to quality health care, education, transportation, safety and healthy foods make a world of difference in people's health. It goes without saying that a lack of access leads to a decline in quality of health. Though many in our community continue to be uninsured, there are far more who are underinsured or do not have a primary care physician. In Pittsburgh, food deserts also continue to be a concern. Food deserts occur in communities that lack easy access to or



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are completely cut off from grocery stores. To shop for healthy food—that often cannot be found in their corner convenience stores—people who live in food deserts and who are without transportation often must ride multiple buses. In his research, Dr. Essien suggests that the community you call home could potentially be detrimental to

your health. His findings indicate that people who live in highly polluted areas develop atrial fibrillation over time. Also, Dr. Essien found that 25% of Black patients are less likely to receive oral medications for atrial fibrillation and 37% less likely to receive newer medications that may be easier to use. These are frightening statistics. These numbers would discourage anyone away who may be looking for a solution to their health issues. But advising people simply to seek medical advice may not be enough. Real change in health care is needed.

We have a large gap to close when it comes to health disparities that disproportionately affect Black and Brown people. Dr. Essien is working, along with many other researchers and health care providers, toward solutions that will close that gap of inequity. One thing remains—heart health is vital and should not be overlooked.

Take Charge of Your Health.

Esther L. Bush, President and CEO  
Urban League of Greater Pittsburgh

## Cardiovascular disease and health disparities

In late 2020, COVID-19 surpassed cardiovascular disease as the number one cause of death in the United States (<https://bit.ly/35BbNNT>). However, cardiovascular disease held that top spot for the greater part of the last century. Despite COVID-19's rampage, cardiovascular disease remains an enormous health problem in the country. Of the millions of people suffering from this disease, a disproportionate number of them are Black and Brown people.

According to a 2017 Centers for Disease Control and Prevention report, African Americans were 20% more likely to die from heart disease than non-Latino/Hispanic whites. Black and Brown people also have disproportionately high rates for the major risk factors for cardiovascular disease—high blood pressure, obesity and diabetes. The inevitable question is why these health disparities exist.

Researchers like Utibe R. Essien, MD, MPH, assistant professor of medicine (Division of General Internal Medicine), University of Pittsburgh School of Medicine, are searching for answers to that question. He cites three categories that drive disparities in cardiovascular disease—at the patient level, provider level and system level. At the patient level, it is not only what patients eat or how much they exercise. It involves social determinants of health, which include patients' environments, access to healthy foods and health care, public safety and educational and job opportunities. It is also important to know that the cause of these disparities is not biological.

"Black bodies don't have more hypertension because of something in their genes, in their chemistry or their DNA," says Dr. Essien. "It is these social drivers and how racism



UTIBE R. ESSIEN, MD, MPH

ism plays a role in these health disparities."

Another driver of disparities in cardiovascular disease is seen at the provider level. Researchers have found that people of different races and ethnicities do not get the same health care. Recently, Dr. Essien and colleagues reported in JAMA Cardiology the results of a study that found Black people with atrial fibrillation (an irregular heartbeat) in the United States are less likely to receive medications that would help prevent stroke. Dr. Essien found that Black patients were 25% less likely to receive any oral anticoagulant drugs compared to white and Latino/Hispanic counterparts and 37% less likely to receive newer medications that are safer and easier to use. In addition, Dr. Essien says that data show Black patients are less likely to receive pain medication or be sent for cardiac catheterizations (a com-

mon test for chest pain to determine whether there is a clot in the heart).

"What's going on in those conversations in the exam room?" says Dr. Essien. "What are some of the biases doctors are bringing when they see patients? How do these biases influence or affect the way patients are treated? We've seen time and time again that Black patients in particular, and minority patients more broadly, receive a lower quality of care."

Disparities in cardiovascular disease are also driven at the system level. Dr. Essien points out that, even with the Affordable Care Act, millions of people lack health insurance and that many of those are people of color.

"We tell people to talk to their doctors about symptoms they have, but what if people don't have a regular doctor?" says Dr.

Essien. "With cardiovascular disease, it's so important to get regular blood checks, to make sure you're at a healthy weight and that your cholesterol levels are being screened. It's critical to have regular access to a doctor, and that access comes with having health insurance. Health insurance, in this country, usually comes with having a job."

Disparities are tied into other systemic issues—like where people live. Do people with cardiovascular disease live in a neighborhood with easy access to healthy food? Do they feel safe enough to go outside and exercise on their streets? Are the sidewalks in good shape so that people can go for walks or runs? Dr. Essien and colleagues recently published a study on pollution and atrial fibrillation. They found that, depending on where people live in Pittsburgh, patients who reside in more highly polluted areas are more likely to develop atrial fibrillation over time. Understanding these systemic issues as drivers of disparities, alongside patient- and provider-level factors, is essential.

Dr. Essien says that people can work on their own, also, to avoid cardiovascular disease in general by eating as healthfully as they are able to, exercise as best they can and get enough rest. And, for the millions of people who do have health insurance, they can engage in the health care system.

"The health disparities Black people face aren't new," says Dr. Essien. "But, if we've seen anything in the past year, it's that we can engage and use our voices to make change. The same way we were able to ramp up resources around COVID-19 is the same way we need to approach health disparities as a whole to create bigger and bolder solutions."

## 5 steps to help stop the rise in deaths from heart attack and stroke

(BPT) - At 42, ShantaQuilette Carter-Williams never saw herself as someone who had a heart problem. She was active, paid attention to what she ate and felt healthy.

But one day, while on her usual run, she felt her heart flutter and went to the doctor. Six years later, after several trips to the emergency room and misdiagnoses, she had a heart attack and a stroke. That's when she learned she had cardiovascular disease, which can lead to both. She also was surprised to learn that it runs in her family - her mother had suffered a heart attack at a young age and hadn't told her about it.

Carter-Williams' story is not uncommon. Cardiovascular disease is the leading cause of death each year in the US, and it is on the rise. Black Americans are 30% more likely to die of this disease than others, according to the Centers for Disease Control and Prevention. There are many reasons for these higher rates, such as family history, implicit bias within the medical community and unequal access to health care.

"Cardiovascular disease is not usually discussed in Black culture," says Carter-Williams, "but we need to talk about these real issues - it could potentially save lives."

Today, Carter-Williams is an advocate for women, especially Black women like herself and her mother. Her goal is to help others take charge of their cardiovascular health, so they don't have to go through what she did.

Now is the perfect time to start this important conversation - February is both American Heart Month and Black History

Month. There are changes you can make to help in the fight against this deadly disease.

Carter-Williams offers the following tips:

1) Put your health first

Making your health a priority can go a long way to curb the risk of cardiovascular disease. This can include getting regular check-ups and making lifestyle changes like a heart-healthy diet, daily exercise and reducing stress. For example, Carter-Williams scaled back her hours at work and made time for healthier habits such as exercising more and spending more quality time with her kids. A lower-stress lifestyle gives her more opportunities to teach her kids how to make healthy choices and reduce their risk of cardiovascular disease.

2) Talk about your family history

Lasting change starts with education. Black Americans have a disproportionately higher risk of cardiovascular disease, in part due to genetic factors. Carter-Williams encourages everyone, especially Black wom-



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en, to learn about their family health history and discuss it with their health care teams.

3) Find the right health care team for you

Bias can exist in the health care system, even if it's not intended. These biases can affect the way patients with cardiovascular disease and other chronic conditions are understood and treated. Carter-Williams now looks for doctors who "look like her." "I need someone

who understands me culturally," she says. "To relate to my doctor in that way makes a difference." It's important that she trusts her health care team and feels comfortable talking with them. A good relationship with your doctor - with regular checkups and conversations about cardiovascular disease - can help you manage your risks over the long-term.

4) Take steps to know your cholesterol numbers and manage them

The majority of deaths from cardiovascular disease are a result of atherosclerotic cardiovascular disease (ASCVD), which can cause

stroke, heart attack or even death. ASCVD is caused by high levels of bad cholesterol (LDL-C) in the blood. But there are steps you can take to manage your bad cholesterol and lower your risk. Regular testing can help detect high levels of bad cholesterol in the blood. Talk to your doctor about how often you need to have your cholesterol checked and what you can do to help lower high bad cholesterol and keep it low - including following a healthy diet and adding or adjusting medication, if needed.

5) Take the pledge

There are many more steps you can take to contribute to a healthier future for yourself and others. A great place to start is by taking The Legacy We Lead pledge to help lead a legacy of fewer lives lost to cardiovascular disease and signing up to receive resources that will help you turn your pledge into action.

The Legacy We Lead is a national effort led by Novartis Pharmaceuticals Corporation dedicated to help stop the rise of cardiovascular-related deaths. With stories and inspiration from people like Carter-Williams, the program aims to inspire individuals to make a commitment to create a healthier future.

"My heart matters and so does yours," says Carter-Williams. "The Legacy We Lead urges everyone to take care of their own heart health and to support others."

Join the effort to create a healthier future and take the pledge at [www.thelegacywelead.com](http://www.thelegacywelead.com).

Permission granted by ShantaQuilette Carter-Williams.