

CLOSING THE GAPS: WORKING TOGETHER TO PROVIDE EQUITABLE AND QUALITY HEART FAILURE CARE

Despite advances in treatment, heart failure remains a **complex and challenging chronic condition** to manage because there is no “one size fits all” approach to care.

Data shows that women with heart failure, in particular, are more likely to experience gaps in their care that may lead to worse outcomes. To help close these gaps and provide equitable, quality care, there is a need to take a **holistic look at the treatment that women with heart failure**, especially Black and Latina women, receive.¹⁻⁴



See below for important information to help **optimize the care of women with heart failure.**



Women are more likely to be diagnosed with heart failure later in their disease course and are less likely to get guideline-based care.^{1,5}

- ♥ Research shows that women and Black patients **are more likely to receive a new diagnosis of heart failure in an emergency setting** rather than in an outpatient setting, despite having worrisome symptoms that have been previously documented.⁶
- ♥ Women with heart failure are also **less likely to be referred to cardiovascular specialists** and are less likely to be treated with contemporary evidence-based medicines that have the best impact on improving outcomes for heart failure.^{7,8}



Social determinants of health for Black and Latina women living with heart failure exist and should be factored into treatment plans and recommendations.

- ♥ Research shows that **Black and Latina women with heart failure in lower socioeconomic situations had worse symptoms, function, and health-related outcomes.** Contributing socioeconomic factors may include reduced access to care, low levels of income and social support, and lack of diversity in care settings.⁹



Comorbid conditions associated with heart failure, like **chronic kidney disease, obesity, hypertension and diabetes, are prevalent in the Black and Latina communities and require close monitoring and follow up.**

- ♥ Black and Latina adults are **60% and 70% more likely than white adults, respectively, to be diagnosed with diabetes** – a significant risk factor for cardiovascular disease – by a physician.^{10,11}
- ♥ Black adults are almost **four times more likely and Latina adults are almost 1.3 times more likely to develop kidney failure** – another significant risk factor for cardiovascular disease – compared to white adults.¹²



Ongoing discussions and an open line of communication for patient questions are critical when treating women living with heart failure.

- ♥ Effective physician-patient communication has been shown to **positively influence health outcomes** by increasing patient satisfaction, leading to greater patient understanding of health problems and treatments available, contributing to better adherence to treatment plans, and providing support and reassurance to patients.¹³

Heart failure management looks different for everyone, and better care starts with better understanding. Healthcare professionals are continuing to make great strides in supporting women with heart failure, but there is always more to be done.

Let's keep improving outcomes together!

Visit www.HFHearYourHeart.com to learn more.

These recommendations were created in collaboration with Dr. Alanna Morris, MD, MSc, FHFSA, FACC, FAHA, Associate Professor of Medicine, Division of Cardiology, Emory University School of Medicine, and advocate of the Hear Your Heart campaign.

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