

Equity doesn't mean equal in heart health care

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Radical changes to our health care system that take into account the unique needs of women, including minority populations, are needed to ensure women are receiving the same high-quality care that men receive, according to a state of the art review paper published today in the *Journal of the American College of Cardiology* and written by members

of the American College of Cardiology Cardiovascular Disease in Women Committee.

"It is precisely when our health care system is in a state of restructuring and championing personalized and precision medicine that opportunities exist for a call to action toward patient-centered, effective care of [women](#) at risk for or living with cardiovascular disease," said Leslee Shaw, PhD, lead author of the review paper and a member of the American College of Cardiology Cardiovascular Disease in Women Committee.

According to committee members, struggles to achieve high-quality and equitable heart health care today persist for many women and evidence shows that the quality of care women of diverse race and ethnicity receive is suboptimal. As many as 60 million adult women in the U.S. are affected. With this review the committee aims to promote enhanced awareness, develop critical thinking in sex and gender science and identify strategic pathways to improve the cardiovascular health of women.

The authors looked at the socioeconomic disadvantages influencing the care of women, including social and cultural determinants of health and disease, how financial disparities influence health-seeking behaviors, the influence of race and ethnicity in equity of care, and the ethical accountability of [health care providers](#) and the health care system.

Researchers also sought to define equitable care for women, stating that equity is not always characterized as women and men receiving the same care but that "any adequate concept of equity must incorporate biological differences."

To conclude, the review offers suggestions for creating an equitable health care system that would include prioritizing and funding sex and

gender science, personalizing care to meet the needs of specific localities, and requiring public reporting of data to include information on age, sex, race and ethnicity.

"Realistically, full transformation [of the [health](#) care system] is unachievable," Shaw said. "But delineation of the components of necessary, but high-quality [health care](#), including a women-specific research agenda, remains a vital part of strategic planning to improve the lives of women at risk for and living with cardiovascular [disease](#)."

More information: *Journal of the American College of Cardiology* (2017). [DOI: 10.1016/j.jacc.2017.05.051](https://doi.org/10.1016/j.jacc.2017.05.051)

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