

# Black, Hispanic and Asian populations saw greatest rise in cardiac deaths during pandemic

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In the early months of the COVID-19 pandemic, the United States experienced higher rates of heart disease and cerebrovascular disease deaths relative to the corresponding months the previous year. While a

large body of evidence has shown that Black and Hispanic communities have borne a disproportionately high burden of disease and death from COVID-19, little is known about whether the rise in cardiovascular deaths during the pandemic has been disproportionately concentrated among racial and ethnic minority populations.

A new study led by clinician-researchers at the Richard A. and Susan F. Smith Center for Outcomes Research in Cardiology at Beth Israel Deaconess Medical Center (BIDMC) characterized heart disease and cerebrovascular deaths by race and ethnicity during the U.S. COVID-19 [pandemic](#) and evaluated whether the relative increases in deaths were more pronounced among racial and ethnic minority groups compared with non-Hispanic white persons. The team found that the year-over-year increase in deaths due to heart disease and cerebrovascular disease was significantly more pronounced among Black, Hispanic and Asian populations in the United States than in the non-Hispanic white population. The study was published today in the journal *Circulation*.

"Although the direct toll of COVID-19 on racial and ethnic minority groups has been substantial, our findings suggest that Black, Hispanic and Asian populations have also been disproportionately impacted by the indirect effects of the COVID-19 pandemic," said corresponding author Rishi K. Wadhera, MD, MPP, MPhil, a cardiologist in the Smith Center for Outcomes Research in Cardiology at BIDMC. "Disruptions in access to [health care services](#) during the pandemic may have had a larger impact on the health outcomes of Black and Hispanic individuals, as these populations have a higher burden of cardiovascular risk factors and disease, due in part to structural and systemic inequities. In addition, social determinants of health associated with cardiovascular risk, such as poverty and stress, have worsened in these communities as a result of the pandemic."

Wadhera and colleagues obtained monthly cause-of-[death](#) data from the

National Center for Health Statistics from March 2020—when many states began to experience a rapid rise in COVID-19 cases—through August 2020. Next, the team identified deaths caused by heart diseases and cerebrovascular diseases during this period as well as for the corresponding months in 2019.

Their analysis revealed that Black, Hispanic and Asian populations each experienced about a 19 percent relative increase in heart disease deaths, and a 13 percent relative increase in cerebrovascular disease deaths in 2020 compared to the previous year. The increase in deaths due to heart disease and cerebrovascular disease was significantly more pronounced among racial and ethnic minority populations compared with the non-Hispanic white [population](#), which experienced a two percent and four percent relative increase in deaths due to each of these causes.

The researchers suggest a number of factors may have played a role in the disproportionate rise in cardiac and cerebrovascular deaths among racial and ethnic minorities, including disruptions in healthcare delivery in minority communities especially hard-hit by COVID-19. Although the use of telemedicine increased during the early phase of the COVID-19 pandemic to bridge gaps in care, Black, Hispanic, and Asian patients have also experienced unequal access to video telemedicine. In addition, avoidance of health care systems may have also played a role. A recent survey by the American Heart Association found that Hispanics and Black Americans were most likely to stay home if experiencing a [heart](#) attack or a stroke, to avoid the risk of contracting COVID-19 at the hospital.

Racial and ethnic minority groups also disproportionately experience poverty in the United States, a gap that only deepened after the onset of the COVID-19 pandemic. In a recent survey, 60 percent of Black and 72 percent of Hispanic households reported serious financial problems during the pandemic, compared with only 36 percent of white

households.

Public policies may have also contributed to worse cardiovascular outcomes during the pandemic. In early 2020, the Trump administration revised immigration rules, leaving some documented immigrants in poor health at risk of being denied permanent residency status. As a result, Hispanic and Asian immigrant families may have avoided seeking care for cardiovascular [disease](#).

"The extent to which disruptions in health care delivery, avoidance of care due to fear of contracting COVID-19 and/or immigration policy, and worsening inequities in social determinants of health have contributed to the increase in [heart disease](#) and cerebrovascular deaths remains an important area for future research," said Wadhera. "These data highlight that public health and policy strategies are urgently needed to mitigate the short- and long-term adverse effects of the pandemic on the cardiovascular [health](#) of minority populations."

Provided by Beth Israel Deaconess Medical Center

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