

Office of Health Equity

Veterans Health Administration

Department of Veterans Affairs



HEART DISEASE DISPARITIES IN BLACK VETERANS COMPARED TO BLACK NON-VETERANS

Shannon Jordan, MPH, Office of Health Equity, Lauren Korshak, DHealth(c), MS, RCEP, Office of Health Equity, Rachel Chandra, PharmD, MPH, FASHP, Dayton VA Medical Center

INTRODUCTION

The Veterans Health Administration (VHA) serves a Veteran population that is racially and ethnically diverse. Equitable access to high-quality care for all Veterans is a major tenet of the VA healthcare mission. The Office of Health Equity (OHE) champions the elimination of health disparities and achievement of health equity for all Veterans.

OHE supports efforts across VA to reduce health disparities by targeting interventions aimed at Veteran groups at higher risk for poor health outcomes.

HEART DISEASE HEALTH DISPARITIES

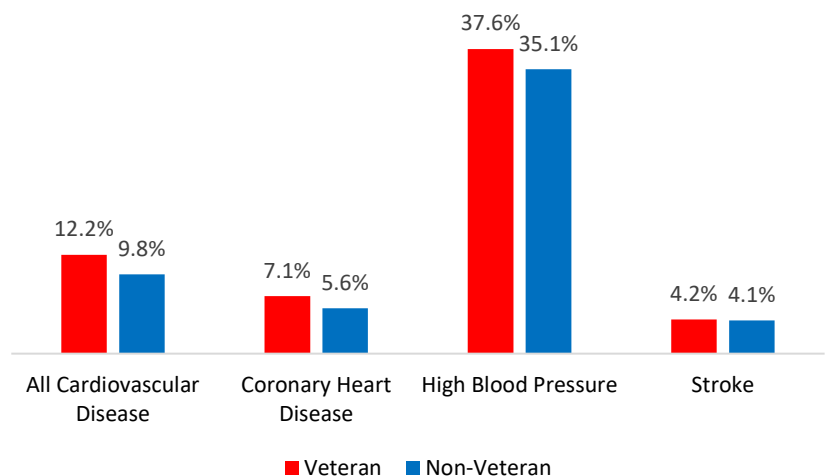
Heart disease and stroke are among the leading causes of death in the United States. Coronary heart disease is the most common type of heart disease. Modifiable factors that increase the risk of someone developing heart disease include:

- High blood pressure
- High blood cholesterol
- Smoking
- Diabetes
- Overweight and obesity
- Unhealthy diet
- Physical inactivity
- Excessive alcohol use

The Centers for Disease Control and Prevention (CDC)'s National Health Interview Survey (NHIS) has monitored the health of the nation since 1957. NHIS data on a broad range of health topics are collected through personal household interviews.

NHIS data comparing the health of Veterans and non-Veterans revealed that, after adjusting for age, non-Hispanic Black Veterans had higher rates of all types of cardiovascular disease, coronary heart disease, high blood pressure, and stroke, compared to Black non-Veterans.

Rates of Age-Adjusted Heart Disease in Black Veterans and Non-Veterans



[From Veteran's Health Statistics Tables: National Health Interview Survey 2015-2018](#)



U.S. Department of Veterans Affairs

Veterans Health Administration
Office of Health Equity

QUALITY IMPROVEMENT INITIATIVES

Quality improvement initiatives are a key element in addressing health disparities. VHA Clinical Pharmacist Practitioners (CPP) are clinical pharmacists authorized by the medical staff as an Advance Practice Provider. CPP are crucial to healthcare teams and provide independent, high-level decision-making to clinical practice. In addition to being the medication expert on teams, CPP function in advance direct patient care roles to 1) help improve access by bridging the gap between patients and providers; 2) manage chronic diseases through comprehensive medication management. CPP are involved in the management of chronic diseases such as hypertension, diabetes, hyperlipidemia, tobacco cessation and heart failure. They are uniquely positioned to impact health disparities and related social determinants of health (SDOH) to narrow inequity gaps across VHA. OHE supports CPP efforts to eliminate health disparities in pursuit of Health Equity for all Veterans. In FY22, OHE funded over twenty-five quality improvement projects, three pharmacy related projects are:

- Reducing gender disparities in statin prescribing in Veterans with diabetes
VA Puget Sound Health Care System
Contact: Anders Chen, MD, MHS

- Improving pharmacist care to improve equity in heart failure management
VA Palo Alto Health Care System
Contact: Paul Heidenreich, MD, MS
- Population health management approach to address disparate populations
William S. Middleton Memorial Veterans Hospital
Madison, WI
Contact: Rachel Mays, PharmD, BCACP

In addition to established roles for CPP, VHA is now at the crossroads to ensure Pharmacoequity, a health equity goal to improve access and use of evidence-based medical treatments, for all while addressing disparities in Black Veterans. In FY 23, OHE funded several projects to improve Pharmacoequity in VHA and will continue to share innovative health equity work achieved by the projects.

RESOURCES FOR VETERANS

Veterans can play an active role supporting clinical pharmacy efforts to control risks for heart disease by managing their medication and their health. [My HealtheVet](#) online portal and app can be used to refill prescriptions, create tracking lists, and get health information via factsheets, videos, and more.



For more information about the Office of Health Equity visit: <https://www.va.gov/healthequity/>

References

Engle JP, Dick TB, Bryant G, et al. Credentialing and privileging for clinical pharmacists. *J Am Coll Clin Pharm.* 2020;3:133–144. <https://doi.org/10.1002/jac5.1201>

Essien UR, Chiswell K, Kaltenbach LA, et al. Association of Race and Ethnicity With Oral Anticoagulation and Associated Outcomes in Patients With Atrial Fibrillation: Findings From the Get With The Guidelines–Atrial Fibrillation Registry. *JAMA Cardiol.* 2022;7(12):1207–1217. [doi:10.1001/jamacardio.2022.3704](https://doi.org/10.1001/jamacardio.2022.3704)

National Health Interview Survey, Veterans Health Statistics Tables, 2015–2018. https://www.cdc.gov/nchs/nhis/veterans_health_statistics/tables.htm