

# Can a digital program contribute to health equity?



A study of 15,361  
Hello Heart users  
across sex, language,  
age, race, & ethnicity



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Heart Association's  
*Hypertension Journal*



## Health Disparities Are a Critical Issue for Hypertension Management

48% of adults in the US have hypertension, the leading risk factor for heart disease.<sup>1</sup> But not all groups are affected equally. For example, hypertension disproportionately impacts non-Hispanic Black adults.<sup>2</sup> Age, gender, and preferred language also influence non-equitable cardiovascular health outcomes.

## Leveling the Playing Field for Heart Health

Digital self-management interventions are associated with blood pressure reduction, according to a recent peer-reviewed clinical study published in *JAMA Network Open*.<sup>3</sup> Multiple factors contribute to health inequalities. However, Hello Heart researchers wanted to assess whether program results are consistent across specific populations.

In a new abstract published in American Heart Association's *Hypertension*, a top journal devoted to hypertension research, Hello Heart users saw similar outcomes in systolic blood pressure (SBP) reduction over 6 months across 15,361 subgroups based on gender, age, language, or race.<sup>4</sup>

## Inequalities and barriers to care

### Women

**2x**

higher mortality rate for heart attacks for women vs. men<sup>5</sup>

### People of Color

**30%**

more likely for non-Hispanic Black people to die from heart disease vs. non-Hispanic white people<sup>6</sup>

### Language

Spanish speakers receive about

**1/3 less**

healthcare than other Americans due to language barriers<sup>7</sup>

### Age

Barriers to digital care adoption have been attributed partially to a lack of focus in addressing the specific needs of older adults such as patient education and usability of technology<sup>8</sup>

# Hello Heart shows similar outcomes across diverse populations

The study found **no statistically significant difference in SBP reduction across age, race, gender, and/or preferred language groups**. This demonstrates the potential of the Hello Heart program to assist people with hypertension from diverse populations and help them adopt behaviors and lifestyle choices that reduce their cardiovascular risk. In this way, Hello Heart could be one tool to contribute to health equity.<sup>4</sup>



## About Hello Heart

Hello Heart is the digital leader in preventive heart health. We provide members with a connected device and AI-driven digital coaching app. Through human-centric design, members receive actionable insights around healthy eating, activity, and can track key heart metrics like blood pressure and cholesterol unique to each person and consistent with clinical guidelines. By building a habit of monitoring heart health, members create sustained lifestyle changes. Validated in peer-reviewed studies, Hello Heart members achieve significant reductions in blood pressure over a sustained period. Founded in 2013, Hello Heart is a member of the American Heart Association's Innovators' Network and trusted by leading Fortune 1000 employers, national health plans and pharmacy benefit managers.

Contact Hello Heart at **info@helloheart.com** or visit **www.helloheart.com**

<sup>1</sup> Facts About Hypertension. CDC Web site. <https://www.cdc.gov/bloodpressure/facts.htm>. Published July 6, 2023. Accessed August 24, 2023.

<sup>2</sup> Compared to the general population rate of 47%. SOURCE: NCHS Fact Sheet: National Health and Nutrition Examination Survey. CDC Web site. [https://www.cdc.gov/nchs/data/factsheets/factsheet\\_nhanes.pdf](https://www.cdc.gov/nchs/data/factsheets/factsheet_nhanes.pdf). Published July 2020. Accessed August 24, 2023.

<sup>3</sup> Gazit T, Gutman M, Beatty AL. Assessment of Hypertension Control Among Adults Participating in a Mobile Technology Blood Pressure Self-management Program. *JAMA Netw Open*. 2021;4(10):e2127008. <https://doi.org/10.1001/jamanetworkopen.2021.27008>. August 24, 2023. (Some study authors are employed by Hello Heart. Because of the observational nature of the study, causal conclusions cannot be made. See additional important study limitations in the publication.)

<sup>4</sup> Roberts J, Roach B, Gazit T, Mark S, Aggarwal S. Abstract P302: Efficacy of a Digital Hypertension Self-Management and Lifestyle Coaching Program in Reducing Blood Pressure Across Sex, Language and Racial Groups. *Hypertension*. 2022;79:AP302. [https://www.ahajournals.org/doi/10.1161/hyp.79.suppl\\_1.P302](https://www.ahajournals.org/doi/10.1161/hyp.79.suppl_1.P302). Accessed August 24, 2023. (Some study authors are employed by Hello Heart. Because of the observational nature of the study, causal conclusions cannot be made. See additional important study limitations in the publication. Findings have not been subjected to peer review.)

<sup>5</sup> Shah T, Haimi I, Yang Y, Gaston S, Taoutel R, Mehta S, Lee HJ, Zambahari R, Baumbach A, Henry TD, Grines CL, Lansky A, Tirziu D. Meta-Analysis of Gender Disparities in In-hospital Care and Outcomes in Patients with ST-Segment Elevation Myocardial Infarction. *Am J Cardiol*. 2021;147:23-32. <https://doi.org/10.1016/j.amjcard.2021.02.015>. Accessed August 24, 2023.

<sup>6</sup> Heart Disease and African Americans. Office of Minority Health Resource Center Web site. <https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=4&lvlid=19>. January 31, 2022. Accessed August 24, 2023.

<sup>7</sup> Preidt R. Language Barriers Keep 25 million in U.S. From Good Health Care. U.S. News & World Report. <https://www.usnews.com/news/health-news/articles/2021-07-07/language-barriers-keep-25-million-in-us-from-good-health-care>. Published July 7, 2021. Accessed August 24, 2023.

<sup>8</sup> Kim B, Lee J. Smart Devices for Older Adults Managing Chronic Disease: A Scoping Review. *JMIR Mhealth Uhealth* 2017;5(5):e69. <https://mhealth.jmir.org/2017/5/e69>. Accessed September 6, 2022.