

Reducing Heart Health Inequities

How digital therapeutics are breaking down barriers to care



Benefits that Promote Diversity, Equity, and Inclusion

To drive meaningful change, employers continue to look for opportunities to create diverse, equitable, and inclusive organizations, as well as ensure that historically disadvantaged groups are not marginalized in the workplace.

One place to start is with employee benefits. Employers can leverage their benefit offerings to achieve better health outcomes by lessening the impact of social determinants of health (SDoH), and advance diversity, equity, and inclusion (DEI) that extends beyond the workplace.

Starting with the Heart

Why is focusing on heart health so important from a DEI perspective? Not only is heart disease the leading cause of death,¹ potentially impacting the largest portion of your population, but heart-related care and mortality are where some of the greatest health inequities exist. People of color and women in general have the greatest inequities in heart health, as evidenced by startling disparities in mortality rates.^{2,3} By prioritizing employee heart health, employers can make a significant impact on their diverse populations and take a meaningful step towards ensuring health equity across their workforce.

Hypertension impacts nearly half of U.S. adults, and is one of the leading risk factors for heart disease.⁴ Of those with hypertension, 79% do not have it under control.⁵ The good news is that hypertension is largely treatable with lifestyle change and medication.

Inequalities and barriers to care

Women

2x higher mortality rate for heart attacks for women vs. men²

People of Color

30% higher mortality rate for heart disease for non-Hispanic Black people³

21% higher rate of hypertension for non-Hispanic Black people⁶

Language

33% less healthcare received by Spanish speakers than other Americans⁷

60% of Hispanic adults have had difficulty communicating with a provider due to a language or cultural barrier ⁸

Socioeconomic Status

1 million hospital visits could be avoided with better health literacy⁹

44% higher cardiovascular premature mortality in at-risk ADI communities¹⁰

How Hello Heart Bridges the Gap in Care

While many people have issues accessing care for a multitude of reasons, 97% of Americans have access to the internet via their smartphone, enabling virtual care.¹¹

Hello Heart empowers people to take control of their heart health using technology and lifestyle coaching on exercise, nutrition, and stress. A fully digital program that can be accessed with a smartphone, Hello Heart can help support employers' DEI initiatives by reducing health disparities that employees may otherwise experience with traditional healthcare.

7 ways we address heart health inequities

- Born gender-specific user flows that reflect men's and women's differing heart attack symptoms
- Simple and fun to use, with easy to understand information delivered in non-medical language that is always uplifting and positive (never judgemental)
- Available in Spanish the app automatically senses if the user's default language is Spanish on their mobile device
- No out-of-pocket costs to the employee, ensuring equity across income levels
- Recognition of health and technology literacy differences to reduce inequities that may stem from access to education or age
- Availability 24/7 from anywhere, which improves access to tools and coaching with no travel required for those in remote areas or with limited access to transportation
 - Privacy controls to give users total control over sharing their data or not - trust that their data is theirs alone



Hello Heart has demonstrated that it can help level the field when it comes to DEI in heart health. In an Abstract published in the American Heart Association's Hypertension Journal, equitable clinical outcomes were observed for Hello Heart users across age, race, and/or preferred language groups, with greater systolic blood pressure (SBP) reduction seen in females vs males.¹² Greater SBP reduction in females indicates that digital self-management programs like Hello Heart could help close the 2x higher mortality gap for women vs. men related to heart attacks. Employers can take action on health inequities by offering Hello Heart's easy-to-implement digital program to their diverse populations.

>> LEARN MORE: Minfo@helloheart.com

www.helloheart.com

REFERENCES

- ¹ Ahmed FB, Anderson RN. The Leading Causes of Death in the US for 2020. *JAMA*. 2021;325(18):1829-1830. <u>https://jamanetwork.com/journals/jama/fullarticle/2778234</u>. Accessed June 27, 2022.
- ² Shah T, Haimi I, Yang Y, Gaston S, Taoutel R, Mehta S, Lee HJ, Zambahari R, Baumbach A, Henry TD, Grines CL, Lansk 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. <u>https://doi.org/10.1016/j.amjcard.2021.02.015</u>. Accessed June 6, 2022.
- ³ Heart Disease and African Americans. Office of Minority Health Resource Center Web site. <u>https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=4&lvlid=19</u>. January 31, 2022. Accessed June 6, 2022.
- ⁴ Facts About Hypertension. CDC Web site. https://www.cdc.gov/bloodpressure/facts.htm. Published September 27, 2021. Accessed June 27, 2022.
- ⁵ Estimated Hypertension Prevalence, Treatment, and Control Among U.S. Adults. Million Hearts Web site. <u>https://millionhearts.hhs.gov/data-reports/hypertension-prevalence.</u> <u>html</u>. Published March 22, 2021. Accessed June 27, 2022.
- ⁶ Compared to the general population rate of 47%. SOURCE: NCHS Fact Sheet: National Health and Nutrition Examination Survey. CDC Web site. <u>https://www.cdc.gov/nchs/data/</u> <u>factsheets/factsheet_nhanes.pdf</u>. Published July 2020. Accessed November 1, 2022.
- ⁷ Preidt R. Language Barriers Keep 25 million in U.S. From Good Health Care. U.S. News & World Report. <u>https://www.usnews.com/news/health-news/articles/2021-07-07/language-barriers-keep-25-million-in-us-from-good-health-care</u>. Published July 7, 2021. Accessed June 27, 2022.
- ⁸ Swanson E, Contreras R. Latinos Have Health Care Communication Woes. AARP Web site. <u>https://www.aarp.org/health/conditions-treatments/info-2018/latinos-hispanics-doctors-nursing-homes.html</u>. Published July 27, 2018. Accessed November 1, 2022.
- ⁹ Talking Points About Health Literacy. CDC Web site. <u>https://www.cdc.gov/healthliteracy/shareinteract/TellOthers.html</u>, Published May 21, 2021. Accessed November 1, 2022.
- ¹⁰ Bevan GH, Nasir K, Rajagopalan S, Al-Kindi S. Socioeconomic Deprivation and Premature Cardiovascular Mortality in the United States. Mayo Clin Proc. 2022 Jun;97(6):1108-1113. <u>https://doi.org/10.1016/j.mayocp.2022.01.018</u>. Accessed November 1, 2022. (Area deprivation index (ADI) is a multidimensional evaluation of a region's socioeconomic conditions, which have been linked to health outcomes.)
- ¹¹ Mobile Fact Sheet. Pew Research Center. https://www.pewresearch.org/internet/fact-sheet/mobile/. Published April 7, 2021. Accessed November 1, 2022.
- ¹² 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. <u>https://www.ahajournals.org/doi/10.1161/hyp.79.suppl_1.P302</u>. Accessed November 1, 2022. (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.)