



medical care, even if insured, and are more likely to report negative health care experiences.<sup>15</sup>

A report on cardiac care quality of racial/ethnic minority groups found evidence of disparities in 84% of the studies examined.<sup>16</sup>

Blacks and Hispanics are more likely than whites to have no access to some preventive screening services.<sup>17</sup>

Blacks and Native Americans are over 40% less likely to receive IV thrombolysis for stroke.<sup>18</sup>

Racial/ethnic minorities are more than 50% less likely to take statin medications used to treat high cholesterol, compared to whites.<sup>19</sup>

Blacks are far more likely than whites to have a heart attack, and have higher mortality and readmission rates at 1-year follow-up.<sup>20</sup>

Blacks hospitalized with a heart attack are less likely to receive revascularization compared to white and Hispanic patients, even after adjusting for insurance status and comorbidities.<sup>21</sup>

Minorities with coronary heart disease are less likely to receive referrals for cardiac rehabilitation.<sup>22</sup>

Minorities are more likely to receive care in lower-performing hospitals.<sup>23</sup>

## **HEALTH CARE WORKFORCE**

There are fewer minority physicians and limited awareness among cardiovascular practitioners about health care disparities.

Only 13% of physicians identify as an ethnic minority.<sup>24</sup>

In the past three decades, there has been little growth among black medical school graduates.

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