

The Connection Between Heart Disease and Mental Health in the Black Community

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BPA Health Equity Webinar Series

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Today's Webinar

- February is National Heart Month, a good time to discuss the interplay between mental health and heart health.
- Today's presentation will describe the relationship between mental health conditions such as depression and anxiety, and heart disease, which disproportionately affects Black communities.
- We thank the SAMHSA CE-MHTTC for its partnership on the BPA Health Equity Webinar series.
- Content has both Central East region and national relevance.
- Our featured speaker is Welton Craig Washington, Jr., MD

Learning Objectives

- Describe the prevalence of both cardiovascular disease and mental health disorder in the African American community.
- Describe the risk factors associated with both mental health disorders and cardiovascular disease in the African American community.
- Discuss strategies to improve outcomes and reduce morbidity and mortality in African Americans with mental health conditions and co-occurring heart disease.



Introduction

- Mental and physical health are interconnected aspects of overall well-being.
- The African American community faces unique challenges that impact their health outcomes.
- Culturally competent, Integrated mental and physical health care provides comprehensive support to address these challenges effectively.

Introduction (cont.d)

- Cardiovascular disease is the leading cause of death in the US.
- Cardiovascular disease has a disproportionate impact on African Americans.
- Cardiovascular disease has greater impact on people who suffer from mental illness.
- Treating both conditions is extremely important.

What is cardiovascular disease?

- Coronary heart disease
- Cerebrovascular disease (stroke)
- Peripheral artery disease
- Heart failure
- Arrhythmia
- Heart valve problems



Cardiovascular risk factors

- Unhealthy diet
- Physical inactivity
- Tobacco use
- Harmful use of alcohol
- May result in hypertension, hyperglycemia, hyperlipidemia, and obesity



What is a comorbidity?

- Mental disorders include a spectrum of conditions, such as depression, anxiety disorders, schizophrenia, and bipolar disorder.
- Comorbidity is defined as the co-occurrence of mental and physical disorders within the same person, regardless of the chronological order in which they occurred or the causal pathway linking them.
- Having a mental disorder is a risk factor for developing a chronic condition, and having a chronic condition is a risk factor for developing a mental disorder.
- When mental and medical conditions co-occur, the combination is associated with elevated symptom burden, functional impairment, decreased length and quality of life, and increased health care costs.

Comorbidities

- Comorbidity between medical and mental conditions is the rule rather than the exception.
- Based on survey data from 2003, 34 million American adults, or 17 percent of the adult population, had comorbid mental and medical conditions within a 12-month period.
- More than 68 percent of adults with a mental disorder reported having at least one general medical disorder, and 29 percent of those with a medical disorder had a comorbid mental health condition.^{1,2}

1. Alegria M, Jackson JS, Kessler RC, Takeuchi D. National Comorbidity Survey Replication (NCS-R), 2001–2003. Ann Arbor: Inter-university Consortium for Political and Social Research, 2003.
2. Kessler RC, Berglund P, Chiu WT, Demler O, Heeringa S, Hiripi E, Jin R, Pennell BE, Walters EE, Zaslavsky A, Zheng H. “The US National Comorbidity Survey Replication (NCS-R): Design and Field Procedures.” *International Journal of Methods in Psychiatric Research*, vol. 13, no. 2, 2004.

Comorbidities (cont.d)



- More than half of disabled Medicaid enrollees with psychiatric conditions also had claims for diabetes, cardiovascular disease (CVD) or pulmonary disease, substantially higher than rates of these illnesses among persons without psychiatric conditions.
- Approximately 25 percent of American adults meet criteria for at least one diagnosable mental disorder in any given year, and more than half report one or more chronic general medical conditions. ¹

Epidemiology

- African Americans have a higher prevalence of heart disease compared to Caucasians.¹
- African Americans are at a higher risk of developing hypertension, a major risk factor for heart disease.²
- Diabetes is more prevalent among the Black population, contributing to an increased risk of heart disease.³

1. Benjamin et al., 2019. Heart Disease and Stroke Statistics-2019 Update

2. Mozaffarian et al., 2016. Executive Summary: Heart Disease and Stroke Statistics-2016 Update

3. Benjamin et al., 2017. Heart Disease and Stroke Statistics-2017 Update

Cardiovascular disease disparities

- High blood pressure is common in 12% vs. 10% of Blacks vs. whites aged 18-34 years, respectively. It is common in 33% vs. 22% of those aged 35-49 years, respectively.
- Diabetes is common in 10% of Blacks aged 35-49 compared to 6% of whites.
- Stroke is present in 0.7% of Blacks aged 18-34 compared to 0.4% of whites the same age. Stroke is common in 2% of African Americans compared to 1% of whites aged 35-49 and 7% vs. 4%, respectively, in those aged 50-64.

Cardiovascular disease in African Americans

- CVD mortality rates are historically higher for Blacks than whites.
- Centers for Disease Control and Prevention data showing non-Hispanic death rates per 100,000 of 289.6 for Blacks and 222.0 for whites in 2014.¹



1. CDC, [National Center for Health Statistics. Multiple causes of Death 1999-2014.](#) CDC WONDER

Cardiovascular and metabolic disturbances



- Schizophrenia is associated with diabetes, hyperlipidemia, and hypertension.
- The life expectancy of people with schizophrenia is reduced by more than a decade compared with the general population. This is largely related to heart disease.¹
- The prevalence of cardiovascular disease is highest in non-Hispanic Black individuals relative to other populations.²
- Schizophrenia, independent of treatment with antipsychotic medication, is associated with altered glucose homeostasis, leading to an increased risk of diabetes.³

1. Hennekens CH, Hennekens AR, Hollar D, Casey DE. Schizophrenia and increased risks of cardiovascular disease. *Am Heart J* 2005; 150:1115.

2. Brothers RM, Fadel PJ, Keller DM. Racial disparities in cardiovascular disease risk: mechanisms of vascular dysfunction. *Am J Physiol Heart Circ Physiol*. 2019 Oct 1;317(4):H777-H789. doi: 10.1152/ajpheart.00126.2019

3. Pillinger T, Beck K, Gobjila C, et al. Impaired Glucose Homeostasis in First-Episode Schizophrenia: A Systematic Review and Meta-analysis. *JAMA Psychiatry* 2017; 74:261.

Why do comorbidities occur?

- The pathways leading to comorbidity of mental and medical disorders are complex and bidirectional.
- Medical conditions that are accompanied by a high symptom burden, such as migraine headaches or back pain, can lead to depression.¹
- Major depression is a risk factor for developing medical conditions, such as cardiovascular disease, that are characterized by pain or inflammation.²



1. Patten SB. "Long-Term Medical Conditions and Major Depression in a Canadian Population Study at Waves 1 and 2." *Journal of Affective Disorders*, vol. 63, no. 1–3, 2001.
2. Patten SB, Williams JVA, Lavorato DH, Modgill G, Jette N, Eliasziw M. "Major Depression as a Risk Factor for Chronic Disease Incidence: Longitudinal Analyses in a General Population Cohort." *General Hospital Psychiatry*, vol. 30, no. 5, 2008

Chronic Stressors

- Chronic stressors, such as lack of money for basic needs, care-giving responsibilities, conflict in relationships, or dealing with long-term medical conditions, are particularly strong predictors of depression.¹
- Traumatic events throughout the lifespan, including intimate partner violence, can lead to PTSD.
- Exposure to traumatic events in the media can exacerbate trauma related symptoms.²



1. Felitti VJ, Anda RF, Nordenberg D, Williamson DF, Spitz AM, Edwards V, Koss MP, Marks JS. "Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults: The Adverse Childhood Experiences (ACE) Study." *American Journal of Preventive Medicine*, vol. 14, no. 4, 1998
2. Abdalla SM, Cohen GH, Tamrakar S, Koya SF, Galea S. Media Exposure and the Risk of Post-Traumatic Stress Disorder Following a Mass traumatic Event: An *In-silico* Experiment. *Front Psychiatry*. 2021 Nov 25;12:674263

Inflammation

- One mechanism that may underlie the relationship between stress and health conditions is that exposure linked to a weakening of the immune system and an increase in the inflammatory response, which are risk factors for medical disorders^{1,2,3,4}
- Mental disorders, such as depression, are linked to altered immune function including increased production of cytokines, small signaling proteins that are part of the body's inflammatory response^{5,6}
- The inflammatory response is critical for dealing with injury or infection but becomes problematic when sustained as a result of chronic stress.

1. Black PH The Inflammatory Consequences of Psychologic Stress: Relationship to Insulin Resistance, Obesity, Atherosclerosis and Diabetes Mellitus, Type II." *Medical Hypotheses*, vol. 67, no. 4, 2006.
2. Black PH, Garbutt LD. "Stress, Inflammation and Cardiovascular Disease." *Journal of Psychosomatic Research*, vol. 52, no. 1, 2002
3. Khansari DN, Murgo AJ, Faith RE. "Effects of Stress on the Immune System." *Immunology Today*, vol. 11, no. 5, 1990
4. Lin, W. J., F. Shao, and C. Washington. "The effects of emotional stress on the primary humoral immunity in rats.", *Acta Psychologica Sinica*, 2000.
5. Mental disorders, such as depression, are linked to altered immune function including increased production of cytokines, small signaling proteins that are part of the body's inflammatory response
6. Kiecolt-Glaser JK, Glaser R. "Depression and Immune Function—Central Pathways to Morbidity and Mortality." *Journal of Psychosomatic Research*, vol. 53, no. 4, 2002

Socioeconomic factors

- Socioeconomic factors, such as low income and poor educational attainment, are associated with mental disorders and medical conditions.
- People of low socioeconomic status are 1.8 times more likely to report being depressed than people who have a higher status.¹
- SES may both contribute to the onset of mental disorders and be a consequence of downward “drift” resulting from a mental disorder.²
- SES can also influence prevalence, morbidity and mortality of medical conditions, such as coronary heart disease and diabetes.^{3,4}

1. Lorant V, Deliege D, Eaton W, Robert A, Philippot P, Ansseau M. “Socioeconomic Inequalities in Depression: A Meta-Analysis.” *American Journal of Epidemiology*, vol. 157, no. 2, 2003
2. Eaton WW, Muntaner C. “Socioeconomic Stratification and Mental Disorder.” In *A Handbook for the Study of Mental Health: Social Contexts, Theories, and Systems*, Horowitz AV and Scheid TL (eds). Cambridge: Cambridge University Press, 1999. pp. 259–283.
3. Butler M, Kane R, McAlpine D, Kathol RG, Fu SS, Hagedorn H, Wilt TJ. *Integration of Mental Health/ Substance Abuse and Primary Care*. Minneapolis: Minnesota Evidence-Based Practice Center, 2009
4. Drewnowski A. “Obesity, Diets, and Social Inequalities.” *Nutrition Reviews*, vol. 67, no. 5, 2009.

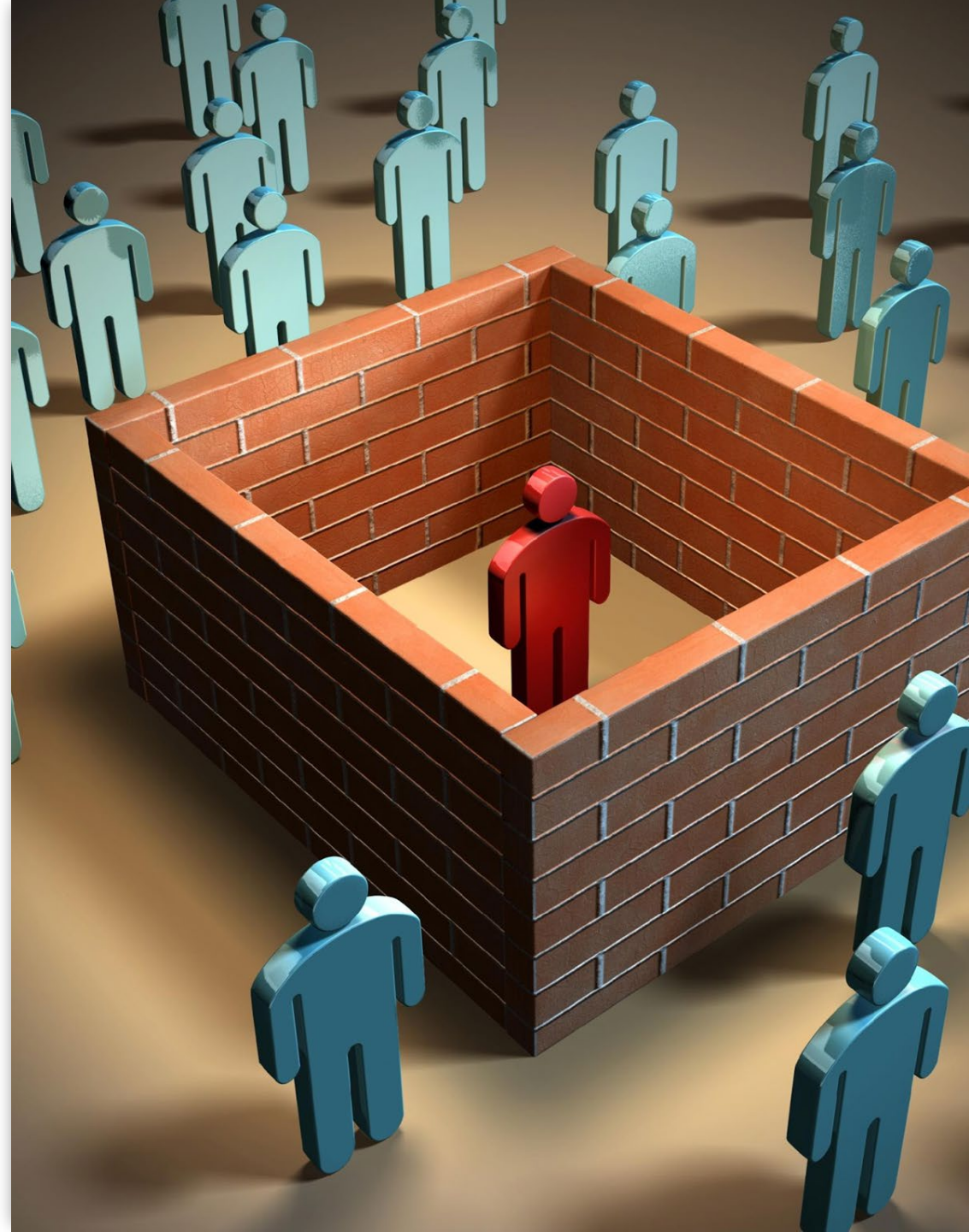
Socioeconomic disparities

- While educational attainment has improved for African Americans over time, there is still a gap compared to Caucasians. Factors like disparities in access to quality education, resources, and historical barriers may contribute to this gap.
- Occupational segregation
- Wealth disparities – redlining, other historical factors
- Health disparities
- Criminal justice – long-term impacts on things such as housing and employment

Poor social support

- People with low social support consistently report higher levels of depressive symptoms.^{1,2 3}
- Poor social support leads to worse outcomes in schizophrenia and bipolar disorder.^{4, 5}
- Poor social support is negatively linked to medical conditions.
- Low social support raises the risk of developing coronary heart disease 1.5 to 2 times.⁶

1. Reisinger EL, Dilorio C. "Individual, Seizure-Related, and Psychosocial Predictors of Depressive Symptoms among People with Epilepsy over Six Months." *Epilepsy & Behavior*, vol. 15, no. 2, 2009
2. Turner RJ. "Social Support and Coping." In *A Handbook for the Study of Mental Health: Social Contexts, Theories, and Systems*, Horowitz AV and Scheid TL (eds). Cambridge: Cambridge University Press, 1999, pp. 198–210
3. van den Akker M, Buntinx F, Metsemakers JFM, Roos S, Knottnerus JA. "Multimorbidity in General Practice: Prevalence, Incidence, and Determinants of Co-Occurring Chronic and Recurrent Diseases." *Journal of Clinical Epidemiology*, vol. 51, no. 5, 1998.
4. Buchanan J. "Social Support and Schizophrenia: A Review of the Literature." *Archives of Psychiatric Nursing*, vol. 9, no. 2, 1995.
5. Johnson L, Lundstrom O, Aberg-Wistedt A, Mathe AA. "Social Support in Bipolar Disorder: Its Relevance to Remission and Relapse." *Bipolar Disorders*, vol. 5, no. 2, 2003.
6. Lett HS, Blumenthal JA, Babyak MA, Strauman TJ, Robins C, Sherwood A. "Social Support and Coronary Heart Disease: Epidemiologic Evidence and Implications for Treatment." *Psychosomatic Medicine*, vol. 67, no. 6, 2005.



Disadvantaged communities

- Environmental and neighborhood conditions associated with disadvantage, such as low-quality schools and housing, limited employment prospects, and problems in access to health care services, public transportation or other resources, have a profound impact on individuals' well-being and mental health.
- People in disadvantaged communities often have limited access to healthy food options and may not be able to afford healthier choices, which contributes to high rates of obesity and diabetes.

Social determinants

- One of the most important social determinants of health is race.
- Results from racial differences in discrimination, stress, neighborhoods, housing, access to quality health care, and other factors.^{1,2,3}
- Race is often associated with socioeconomic status (SES), SES is unable to completely explain racial differences in health and disease.^{4,5}

1. D.R. Williams, S.A. Mohammed, J. Leavell, C. Collins "Race, socioeconomic status, and health: Complexities, ongoing challenges, and research opportunities" *Ann N Y Acad Sci*, 1186 (2010)

2. D.R. Williams, R. Wyatt "Racial bias in health care and health: challenges and opportunities" *JAMA*, 314 (6) (2015)

3. D.R. Williams, J. Leavell "The social context of cardiovascular disease: challenges and opportunities for the Jackson Heart Study" *Ethn Dis*, 22 (3 suppl 1) (2012)

4. W.C. Cockerham "Social Causes of Health and Disease" (2nd ed.), Polity, Cambridge, UK (2013)

5. D. Conley, K.W. Strully, N.G. Bennett "The Starting Gate: Birth Weight and Life Chances" University of California Press, Berkeley (2003)

Adverse environmental conditions

- Low socioeconomic status reduces available resources, such as social support, and increases the chances of exposure to adverse environmental conditions.¹



1. Phelan JC, Link BG, Diez-Roux A, Kawachi I, Levin B. "Fundamental Causes' of Social Inequalities in Mortality: A Test of the Theory." *Journal of Health and Social Behavior*, vol. 45, no. 3, 2004

Modifiable health risk behaviors

- Tobacco use, excessive alcohol and illicit drug consumption, lack of physical activity, and poor nutrition are responsible for much of the increase in comorbidity.¹
- Persons with mental disorders are at elevated risk for each of these types of behaviors, which raises their risk of developing chronic illnesses and having poor outcomes.

1. Centers for Disease Control and Prevention. Chronic Diseases and Health Promotion. 2010; [www.cdc.gov/ chronicdisease/overview/](http://www.cdc.gov/chronicdisease/overview/). Accessed August 9, 2010.

Alcohol and nicotine



- People with a diagnosis of a mental disorder in the past month are thought to smoke approximately 44 percent of all cigarettes in the United States and are two to three times as likely to smoke compared with those without a mental disorder.^{1,2}
- Compared with people without severe mental illness, people treated for schizophrenia and bipolar disorder are 12 and 20 times more likely to be treated for alcohol abuse, and 35 and 42 times more likely to be dependent on illegal drugs^{3, 4}

1. Lasser K, Boyd JW, Woolhandler S, Himmelstein DU, McCormick D, Bor DH. "Smoking and Mental Illness: A Population-Based Prevalence Study." *Journal of the American Medical Association*, vol. 284, no. 20, 2000.
2. Glassman AH, Helzer JE, Covey LS, Cottler LB, Stetner F, Tipp JE, Johnson J. "Smoking, Smoking Cessation, and Major Depression." *Journal of the American Medical Association*, vol. 264, no. 12, 1990.
3. Carney CP, Jones L, Woolson RF. "Medical Comorbidity in Women and Men with Schizophrenia: A Population Based Controlled Study." *Journal of General Internal Medicine*, vol. 21, no. 11, 2006.
4. Carney CP, Jones LE. "Medical Comorbidity in Women and Men with Bipolar Disorders: A Population-Based Controlled Study." *Psychosomatic Medicine*, vol. 68, no. 5, 2006

Alcohol (cont.)

- Although African Americans drink less alcohol than Caucasian counterparts, African-Americans are more likely to suffer alcohol-related health problems. Death from conditions such as cirrhosis is 1.27 times more common in African-American drinkers compared to Caucasians.
- There is a 10% higher rate of death from alcohol-abuse in African Americans despite overall lower alcohol rates.



NCBI.com. (2012). Excessive Drinking Among-African American Men: Individual and Contextual Correlates

NCBI.com. (2015). Less Drinking, Yet More Problems: Understanding African American Drinking and Related Problems

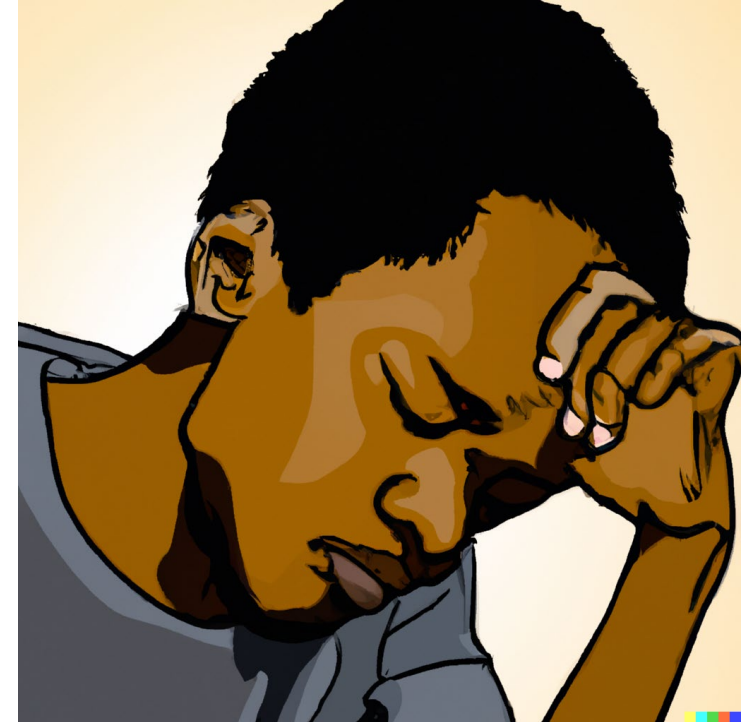
Impact of treatment

- Many of the most common treatments for diseases may actually worsen the comorbid condition.
- Many psychotropic medications can cause weight gain, a risk factor for type 2 diabetes.
- Many treatments for common medical conditions can have psychological side effects that may exacerbate or complicate underlying psychiatric conditions.
- African-Americans are often prescribed higher doses of antipsychotic medications.¹

1. Segal S, Bola J, Watson M, et al.; Race, Quality of Care, and Antipsychotic Prescribing in Psychiatric Emergency Services, *Psychiatric Services* 47(3):282-286. 1996

Decreased motivation

- Many chronic medical conditions require patients to maintain a self-care regimen in order to manage symptoms and prevent further disease progression, which may be hampered by comorbid mental conditions.
- Depression may decrease the motivation and energy needed to perform self-management behaviors and may also adversely impact interpersonal relationships, including collaboration with physicians.¹
- People with severe mental illness often exhibit poor adherence to both psychiatric medications and medications for medical conditions.²



1. Katon WJ. "Clinical and Health Services Relationships between Major Depression, Depressive Symptoms, and General Medical Illness." *Biological Psychiatry*, vol. 54, no. 3, 2003
2. Piette JD, Heisler M, Ganoczy D, McCarthy JF, Valenstein M. "Differential Medication Adherence among Patients with Schizophrenia and Comorbid Diabetes and Hypertension." *Psychiatric Services*, vol. 58, no. 2, 2007.

Increased burden

- When mental and medical conditions co-occur, the combination is associated with elevated symptom burden, functional impairment, decreased length and quality of life, and increased costs.^{1,2,3,4}
- Mental disorders are associated with a twofold to fourfold elevated risk of premature mortality.^{5,6,7}

1. Dickerson F, Brown CH, Fang L, Goldberg RW, Kreyenbuhl J, Wohlheiter K, Dixon L. "Quality of Life in Individuals with Serious Mental Illness and Type 2 Diabetes." *Psychosomatics*, vol. 49, no. 2, 2008.
2. Egede LE. "Major Depression in Individuals with Chronic Medical Disorders: Prevalence, Correlates and Association with Health Resource Utilization, Lost Productivity and Functional Disability." *General Hospital Psychiatry*, vol. 29, no. 5, 2007.
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7. Felker B, Yazel JJ, Short D. "Mortality and Medical Comorbidity among Psychiatric Patients: A Review." *Psychiatric Services*, vol. 47, no. 12, 1996.

Under recognition and undertreatment of medical problems for persons with mental conditions

- Symptoms of mental illness such as lack of motivation, fearfulness and distrust may reduce their ability to initiate and follow through with medical treatment.
- African Americans, in particular, have significant distrust of the health care system.
- Primary care physicians may feel uncomfortable treating persons with serious mental illness. Psychiatrists and other mental health care providers may feel uncomfortable providing general medical care.
- Fragmentation and separation between the medical and mental health care systems result in individuals with comorbid conditions receiving care from multiple uncoordinated locations.¹

1. Druss BG, von Esenwein SA. "Improving General Medical Care for Persons with Mental and Addictive Disorders: Systematic Review." *General Hospital Psychiatry*, vol. 28, no. 2, 2006.

Disparate care

- African Americans receive disparate care for a number of conditions, including cardiac care.^{1,2}
- Most caregivers are oblivious to such disparate care differences.³
- Women and African-American adults are less likely to be diagnosed with heart failure in primary care settings.⁴

1. Jha AK, Fisher ES, Li Z, Orav EJ, Epstein AM. Racial trends in the use of major procedures among the elderly. *N Engl J Med*. 2005.
2. Lurie N, Fremont A, Jain A, et al. Racial and ethnic disparities in care: the perspectives of cardiologists. *Circulation*. 2005.
3. Kaiser Family Foundation. Racial and Ethnic Difference in Cardiac Care.
4. Sandhu A, Tisdale R, Rodriguea F, et al. Disparity in the Setting of Incident Heart Failure Diagnosis. *Circulation: Heart Failure*. 2021





Barriers to care

- Only one-in-three African Americans who need mental health care receives it¹
- Compared with the general population, African Americans are less likely to be offered either evidence-based medication therapy or psychotherapy²
- Physician-patient communication differs for African Americans and whites. One study found that physicians were 23% more verbally dominant, and engaged in 33% less patient-centered communication with African American patients than with white patients³

1. Dalencour M, et al. "The Role of Faith-Based Organizations in the Depression Care of African Americans and Hispanics in Los Angeles." *Psychiatric Services*. 2017. 68(4):368-374
2. Wang PS, Berglund P, Kessler RC. "Recent care of common mental disorders in the United States: Prevalence and conformance with evidence-based recommendations." *J Gen Intern Med*. 2000. 15(5), 284-292
3. Johnson R, et al. "Patient race/ethnicity and quality of patient-physician communication during medical visits." *Am J Public Health*. 2004. 94(12), 2084-90.

Barriers to care (cont.d)

- Stigma associated with mental illness
- Distrust of the health care system
- Lack of providers from diverse racial/ethnic backgrounds
- Lack of culturally competent providers
- Lack of insurance, underinsurance – Uninsured rates for Black people (10.0%) also were higher than the rate for their White counterparts (6.6%) in 2022¹

Perceived racial discrimination

- Perceived racial discrimination is a prominent health risk factor associated with a range of adverse outcomes, from cardiovascular disease to low birth weight, smoking, and poor self-reported health.^{1, 2, 3}
- Patients who report perceived discrimination tend to forego preventive services, postpone medical tests and treatment, and underutilize health services in general.^{4, 5, 6, 7}

1. J.Q. Purnell, L.J. Peppone, K. Alcaraz, *et al.* "Perceived discrimination, psychological distress, and current smoking status: results from the Behavioral Risk Factor Surveillance System Reactions to Race module", 2004–2008 *Am J Public Health*, 102 (5) (2012)

2. D.R. Williams "Race, socioeconomic status, and health. The added effects of racism and discrimination" *Ann N Y Acad Sci*, 896 (1999)

3. G.C. Gee, A. Ro, S. Shariff-Marco, D. Chae "Racial discrimination and health among Asian Americans: evidence, assessment, and directions for future research" *Epidemiol Rev*, 31 (1) (2009)

4. K.L. Gonzales, A.K. Harding, W.E. Lambert, R. Fu, W.G. Henderson "Perceived experiences of discrimination in health care: a barrier for cancer screening among American Indian women with type 2 diabetes" *Womens Health Issues*, 23 (1) (2013)

5. E.A. Jacobs, P.J. Rathouz, K. Karavolos, *et al.* "Perceived discrimination is associated with reduced breast and cervical cancer screening: the Study of Women's Health Across the Nation (SWAN)" *J Womens Health*, 23 (2) (2014)

6. A.N. Trivedi, J.Z. Ayanian "Perceived discrimination and use of preventive health services" *J Gen Intern Med*, 21 (6) (2006)

7. D.J. Burgess, Y.M. Ding, M. Hargreaves, M. van Ryn, S. Phelan "The association between perceived discrimination and underutilization of needed medical and mental health care in a multi-ethnic community sample" *J Health Care Poor Underserved*, 19 (3) (2008)

Holistic Approach

- Integrated care recognizes the interconnectedness of mental and physical health.
- It promotes a holistic approach to well-being by addressing both aspects simultaneously.
- Comprehensive care improves overall health outcomes and quality of life.

Improved Access and Convenience

- Integrating mental and physical health care eliminates the artificial divide between specialties, making it easier for patients to access services.
- Co-locating services or adopting collaborative care models reduces barriers, streamlines communication, and increases convenience for individuals seeking care.

Culturally competent care

- Many African Americans today, regardless of socioeconomic status, still carry lingering mistrust as the result of this legacy of mistreatment and lack of informed consent.
- Tuskegee experiment
- Disparity in schizophrenia diagnosis¹
- One recent study found that 40% of first- and second-year medical students endorsed the belief that “black people’s skin is thicker than white people’s.”²

1. Lawson W. Arch Gen Psychiatry. 2012;69:593-600

2. Hoffman K, Trawalter S, Racial bias in pain assessment, Proceedings of the National Academy of Sciences Apr 2016.

Culturally Responsive Care

- Integrated care models can be tailored to meet the unique needs of the African American community.
- Culturally responsive care incorporates cultural beliefs, values, and experiences into treatment plans.
- It improves trust, engagement, and treatment adherence, leading to better health outcomes.



Enhanced Continuity of Care

- Integrated care fosters collaboration among healthcare providers from different disciplines.
- Coordinated efforts improve communication and information sharing between mental health, primary care providers, and other specialty providers.
- Patients receive seamless and continuous care, leading to better health outcomes.

Improved communication

- Lack of communication between the mental health and medical systems has been an important factor underlying poor quality of care for persons with comorbid conditions.¹
- Health Information Exchanges (HIEs) have been formed to develop electronic networks containing data elements essential to care coordination that can be accessed by diverse participating health care organizations in a defined geographic region.

1. Institute of Medicine (U.S.). Committee on Crossing the Quality Chasm. Adaptation to Mental Health and Addictive Disorders. Improving the Quality of Health Care for Mental and Substance-Use Conditions. Washington: 2006.

Summary

- Cardiovascular disease has a disproportionate impact on the African-American community.
- African-Americans suffering from mental illness and cardiovascular disease are at even greater risk.
- Good news - The leading causes of deaths for African Americans has not changed but the rates have decreased. Heart disease deaths dropped 43% in that time period, cancer deaths dropped 29%, and stroke deaths were down 41%.
- Integration of mental and physical health care is a cost-effective approach that provides comprehensive care and positive outcomes for patients.
- Culturally competent care is effective.

Questions



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