Top Ten Things To Know
Racial-Ethnic Disparities in Stroke Care

1. Race-ethnic minorities have higher stroke mortality in the United States. The differences are more marked among African Americans and people younger than 64 years.

2. This paper provides an overview of the role of race and ethnicity in stroke care, its impact on the different incidence, prevalence, morbidity, and mortality of stroke among minorities compared to non-Hispanic whites, as well as its effect on personal beliefs, access to care, response to treatment, and participation in clinical research.

3. Definitions of race and ethnicity, the limitations of these definitions, and their complexities are discussed in this paper.

4. Hypertension continues to be the most common and well-established risk factor for stroke across all race-ethnic groups. In African Americans, it still continues to be the most potent risk factor.

5. In minority groups, there is a lack of awareness of stroke signs and symptoms and a lack of awareness of the need for urgent treatment as well as the role of risk factors in causation of stroke.

6. Hispanics have a higher prevalence of metabolic syndrome and diabetes compared to Whites and African Americans.

7. There are definite differences in attitudes, beliefs, and compliance among minority groups. Denial of disease, concern for potential or experienced side effects of medications, the absence of symptoms, hierarchy of need, burden of filling prescriptions, and attending doctor visits influence compliance with treatment and are just some of the differences discussed in this paper.

8. Minorities are less likely to utilize emergency medical services and have delayed times to arrival to the emergency department.

9. While secondary prevention treatments are underused by all races and ethnic groups, minorities are less likely to receive medications for secondary prevention. Some of these differences may be confounded by socio-economic status (SES), education, and insurance coverage.

10. This paper discusses several factors that may contribute to racial and ethnic disparities in access to stroke care. They include: SES, insurance coverage (or lack thereof), mistrust of the healthcare system, a relative limited number of providers belonging to minority groups, system limitations, and poor awareness.


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