# Addressing the Cardiovascular Health Disparities Among Latin American Women

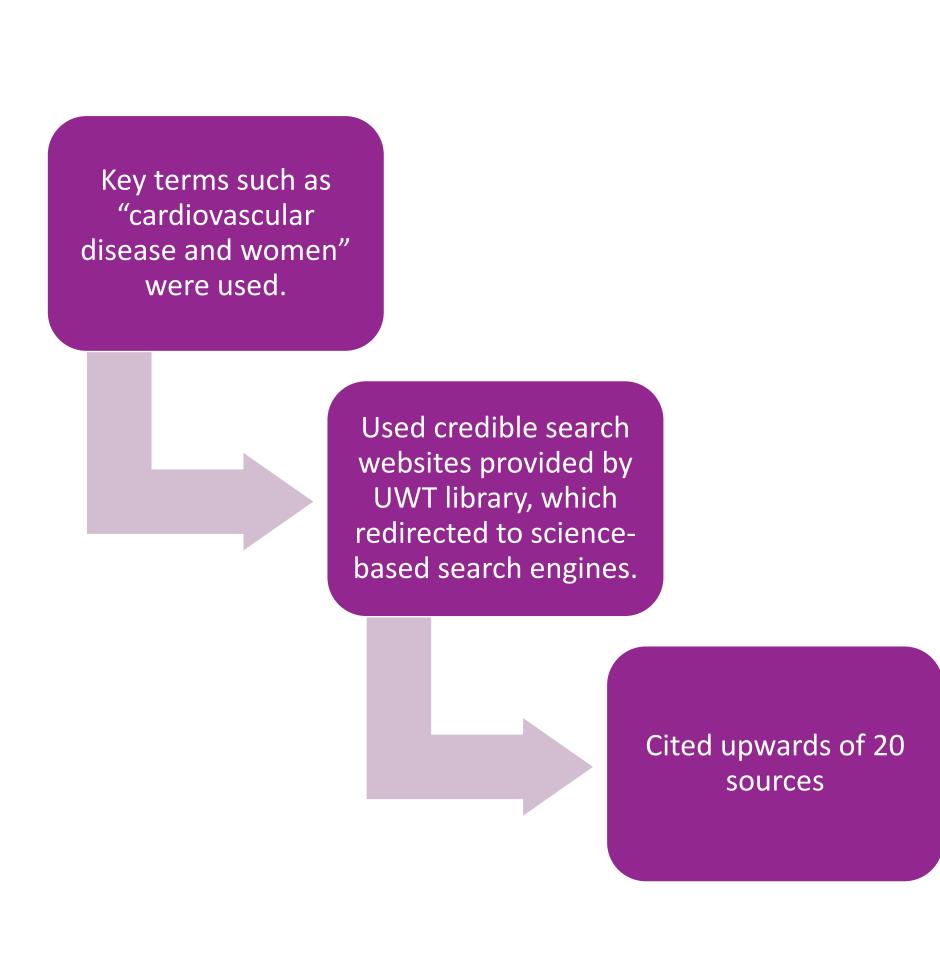
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## Background

Despite progress towards a more holistic healthcare approach, there exists a notable disparity in the care provided to the Latin women population. This disparity not only results in delays in diagnosing cardiovascular diseases (CVD) but also limits access to quality care, contributing significantly to elevated mortality rates within these demographics. Advocating and educating providers and women is important to close the gap between these disparities.

There have been attempts to mitigate these risk factors by targeting sources contributing to CVD. These attempts often have unintended consequences, such as the feminization of poverty, which within itself is a social determinant of poor cardiovascular health.

# Methods



## **Risk Factors**



for Women:

- Women experience 20-40 minutes longer wait times for treatment compared to men.<sup>1</sup>
- Leads to higher 30-day mortality rates.<sup>1</sup>

**CVD** MISPERCEPTION  Only 14.4% of women recognized CVD as a primary risk despite it being the leading cause of death.<sup>2</sup>

**AWARENESS** 

Higher-income individuals are 3.35 to 12.19 times more likely to have CVD awareness compared to lowerincome individuals.<sup>2</sup>

UNHEALTHY DIETARY CULTURE

 Poor diet contributed to **53.8%** of cardiometabolic disease deaths in Latin America.<sup>3</sup>

# **Trends**

Trends in Cardiovascular Disease Mortality Rates Among Women in Selected Latin American Countries (2018–2021)

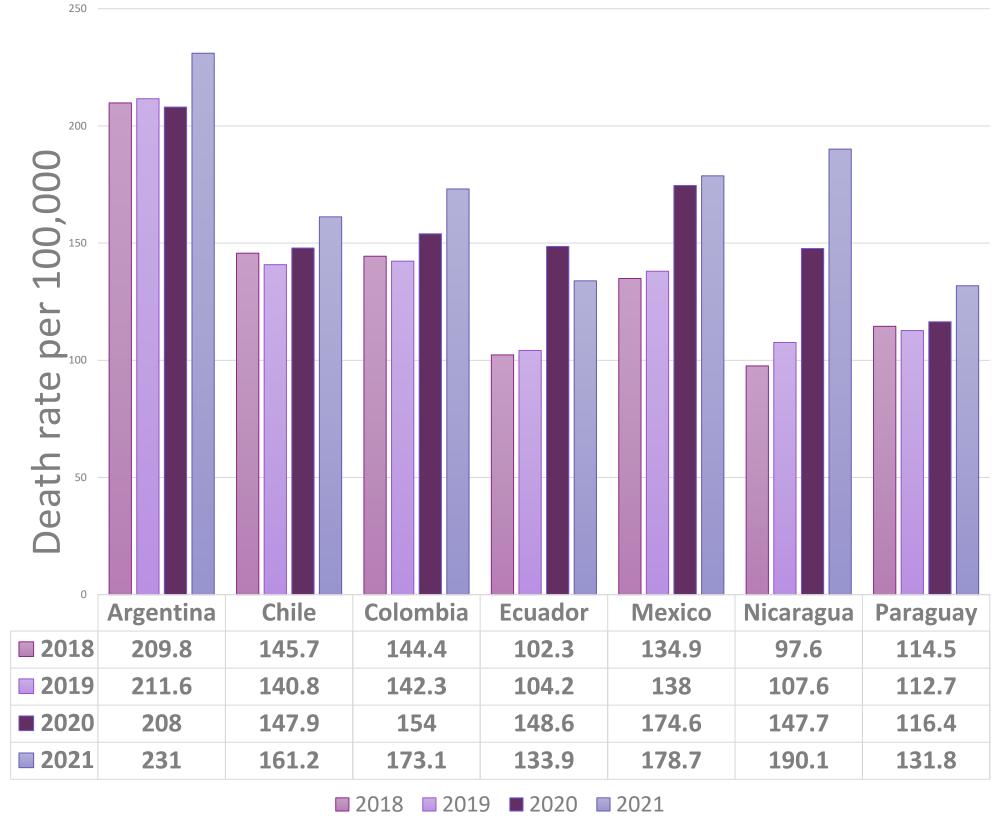


Table 1: Cardiovascular disease (CVD) mortality rates among women per 100,000 population in selected Latin American countries from 2018 to 2021. The data shows variations in mortality rates over the years, with an overall increase observed in 2021 for most countries, highlighting the burden of CVD on women's health.4

#### Cardiovascular Death-rate per 100,000

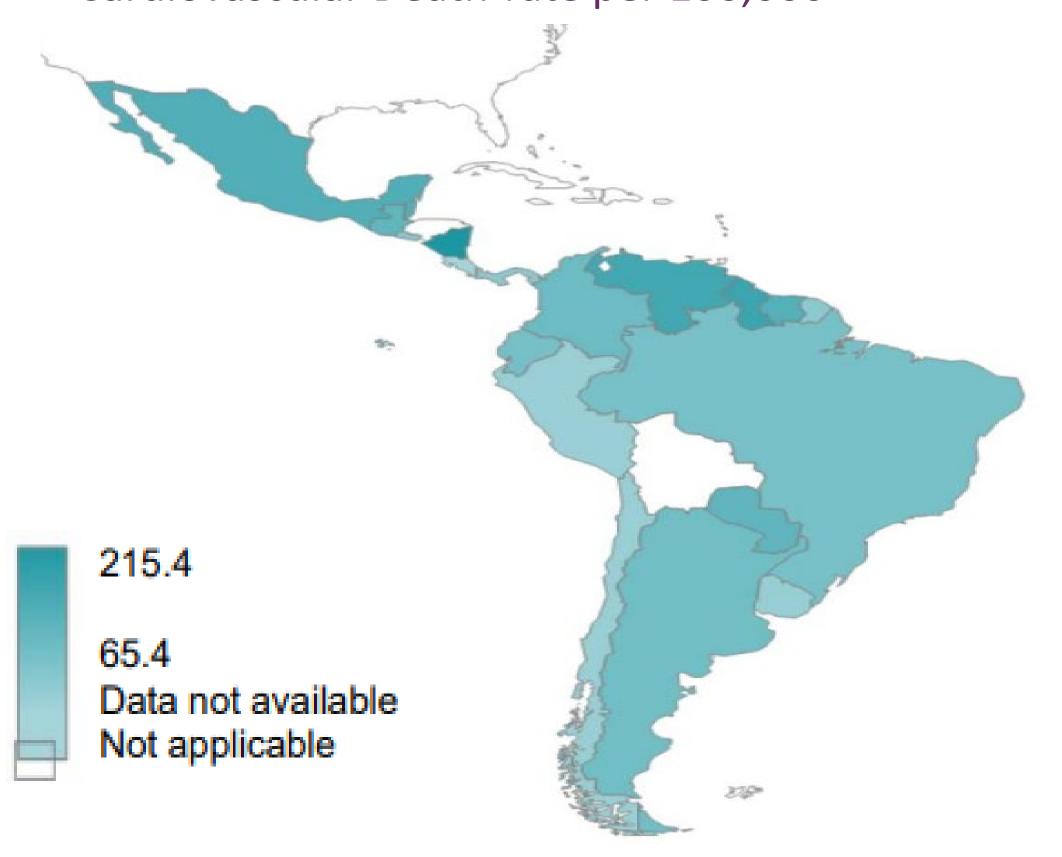


Figure 1: Map of cardiovascular disease (CVD) mortality rates among women in Latin America, measured in deaths per 100,000 women. The gradient ranges from 65.4 to 215.4, as provided by the World Health Organization (WHO), with regions marked 'Data not available' or 'Not applicable' where information is unavailable.<sup>5</sup>

 Conditional Cash Transfer (CCT) programs designed to improve household welfare by targeting women as primary beneficiaries, had mixed outcomes. They reinforced traditional gender roles and increased the burden on women, contributing to the feminization of poverty.<sup>6</sup>

#### **Public health strategies:**

- Mexico: Taxing sugary drinks led to a 6.3% reduction in purchases and a 16.2% increase in water purchases.<sup>7</sup>
- Chile: Requiring warning labels on unhealthy foods prompted the reformulation of 19.4% of food products to reduce critical nutrients like sugar, salt, and fat.<sup>7</sup>

### Discussion

CVD remains the leading cause of mortality among Latin Women, with disparities such as delayed treatment, low awareness, unhealthy dietary habits, and socioeconomic barriers that were highlighted.

To mitigate these issues, governments should establish community-based healthcare initiatives that focus on healthcare advocates and peer support groups. These groups have been shown to be effective at holding the most vulnerable women accountable and allowing women to have a safe space to meet their cultural and linguistic needs.<sup>8</sup>

Furthermore, programs to empower women, such as awareness campaigns and initiatives that create income-generating opportunities, need to be further studied and implemented.

## Acknowledgments

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