Health Equity Indicators for Cardiovascular Disease Toolkit: A Spotlight

Heart Disease & Stroke Prevention
Science · Connections · Action

Background & Guidance

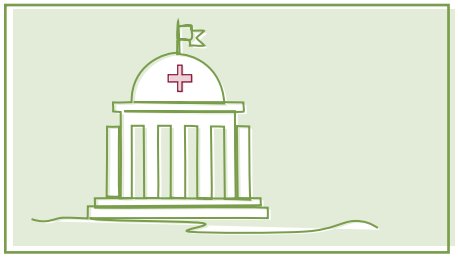
What is the HEI for CVD Toolkit?

The Health Equity Indicators for Cardiovascular Disease Toolkit (HEI for CVD Toolkit) provides resources to health care and public health professionals to measure HEIs relevant to their CVD work. The toolkit presents health equity focus areas that influence inequities in CVD prevention, care, and management that span across multiple social determinants of health (SDOH): classism, genderism, sexism, and heterosexism; health care access; neighborhood characteristics; policy; psychosocial pathways; racism; and socioeconomic factors. Several indicators are presented by focus area to measure inequities in CVD. The HEIs can help toolkit users understand drivers of inequities in their patient populations or communities, guide actions to address CVD disparities, assess progress, and evaluate outcomes or interventions.

Who is the HEI for CVD Toolkit for and how can it be used?

Intended users of the toolkit include, but are not limited to, state or local health departments, nonprofit organizations, provider organizations, clinicians, researchers, and policymakers. Below is a description of three types of users and the main ways the toolkit applies to their work.

State or Local Health Departments

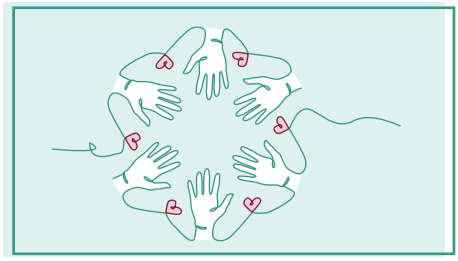


Key Applications: *Program planning and evaluation, research, and policy development*

Use HEIs to…

- Learn about the population in their district and track changes over time.
- Understand health inequities and use findings to inform policies and programs to address inequities.
- Evaluate program outcomes and assess progress in efforts to reduce health inequities.

Nonprofit Organizations

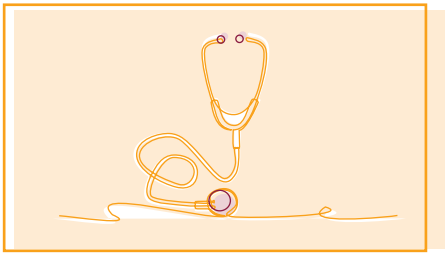


Key Applications: *Program planning, funding, and advocacy*

Use HEIs to…

- Learn about the populations they serve and track changes over time.
- Support advocacy efforts and funding applications.
- Identify populations and areas of greatest need for program planning.

Health Care Professionals



Key Applications: *Program planning, research, and care coordination*

Use HEIs to…

- Learn about patient population and track changes over time.
- Examine how SDOH affect access to care, health behaviors, adherence to treatment plans, and health outcomes.
- Identify patients at higher risk of CVD for early medical intervention.
- Identify patients with unmet social needs and connect patients to care, programs, and social services.

Centers for Disease Control and Prevention
National Center for Chronic Disease Prevention and Health Promotion
Division for Heart Disease and Stroke Prevention

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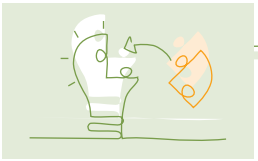
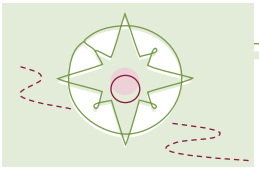
This is a hypothetical scenario of how state or local health departments could use the HEI for CVD Toolkit to inform their work.

User Scenario: State or Local Health Department



What problem can I solve using the HEI for CVD Toolkit?

How can we evaluate health care access as it relates to CVD prevalence in specific communities?

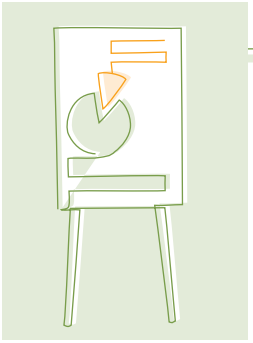


What HEI should I use?

Health Care Access Focus Area> Health Care Availability Indicator> Primary Care Physician Ratio Measure

What can I learn about the HEI?

Limited availability of health care resources, including the number of primary care physicians, can lead to poor health when people cannot access care quickly enough. Having access to care and a usual source of care may increase CVD screening and opportunities for patients to receive preventive care and information about CVD risk behaviors.

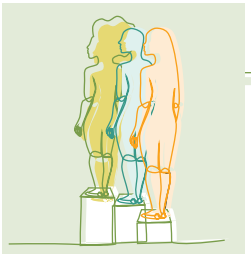


How can I apply this to my work?

Collect data on CVD prevalence and cross-reference with primary care physician availability data from the Area Health Resources Files.

- Use the Area Health Resources Files to download the number of primary care physicians per 100,000 population at the county level and by race/ethnicity.

Assess the relationship between CVD and the physician access using correlation, geospatial, or regression analysis. Stratify analyses by race/ethnicity.



How can this analysis advance health equity?

By understanding health care availability, we can identify gaps in access to care for areas and populations at higher risk of CVD. We can use findings to identify sub-populations and areas that would benefit most from CVD prevention efforts.

Can I look at some examples or find more guidance on how this works in practice?

Case Examples & Field Notes
Examples of how health care organizations have collected and analyzed HEIs

- Health Care Access — Health Care Availability Case Example

Resources Page
Guidance on health equity, evaluation, and program planning

- King County Equity Impact Review Tool
- Addressing Health Equity in Evaluation Efforts