

Is Race an Issue When People With Heart Failure Are Hospitalized?

Black and Latino patients are less likely to be treated in cardiac care units upon admission.

November 7, 2019 By [Alicia Green](#)

If you suffer heart failure and are Black or Latino, you will rarely be admitted to specialized cardiology units, which can result in worse health outcomes, according to new research published in the American Heart Association's (AHA) journal *Circulation: Heart Failure*, [AHA](#) reports.

For their study, researchers reviewed hospital admissions and discharges for a period of 10 years, which yielded nearly 2,000 patients treated for heart failure at Brigham and Women's Hospital in Boston.

Results showed that patients who self-identified as Black and Latino were 9% and 17% less likely, respectively, to be admitted to specialized cardiac care units. In addition, women with heart failure and patients older than 75 were more likely to be treated on a general medicine floor. Moreover, scientists noted that admission to a heart specialty unit was associated with a 16% lower rate of hospital readmission within 30 days.

Researchers said many different factors are responsible for these discrepancies in admissions patterns, but all reflect individuals' unequal access to outpatient cardiology care. For example, Black and Latino patients did not have a cardiologist at the time of hospitalization, which, scientists said, was the strongest predictor of admission to a cardiology unit.

Investigators also suggested that patients from different backgrounds may feel less confident demanding admission into specialized cardiac care units because of their perception of discrimination and mistrust in the health care system. Additionally, scientists felt that implicit bias also influenced differences in admission patterns.

Researchers attributed the difference in outcomes for patients treated in cardiac care units to the better knowledge, improved overall care and specialized support services readily available in these settings. In comparison, patients admitted to general medicine experienced premature discharge, inadequate transitions of care from the hospital to home and lower rates of cardiology follow-up.

"We hope that our findings will encourage other institutions to investigate how racial bias

influences care decisions at their center as Brigham and Women’s Hospital supported our inquiry,” said Lauren Eberly, MD, MPH, a cardiovascular medicine fellow at the University of Pennsylvania, and co-lead study author. “We recommend that care delivery be designed to prioritize the care of our most marginalized patients. Only then can we start to eliminate inequity.”

Researchers recommended decision tools and guidelines as well as increased education for admissions staff and racial equity training for clinicians to help standardize heart failure care between cardiology and general medicine units and to close gaps in specialized cardiac care access for improved patient outcomes.

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