Heart Failure Disparities in Medicare Fee-For-Service Beneficiaries

Heart failure is a condition in which the heart cannot fill with enough blood or pump blood with enough force to meet the body’s needs. As heart failure progresses over time, the heart grows weaker. Coronary heart disease, high blood pressure, and diabetes are the leading causes of heart failure. While there is no cure for heart failure, dietary and lifestyle changes can reduce the risk of developing heart failure. The American Heart Association states that one in five Americans 40 and older will develop heart failure. According to the Centers for Disease Control and Prevention (CDC), approximately 6.5 million adults in the United States have heart failure.

Heart failure is more common among people who are age 65 or older and one of the most common causes for hospital admissions among Medicare beneficiaries. The Centers for Medicare & Medicaid Services’ (CMS) Chronic Conditions Data Warehouse indicates that 14.5% of Medicare fee-for-service (FFS) beneficiaries had a diagnosis of heart failure in 2018; it was slightly decreased compared to 16.6% in 2009.

The Mapping Medicare Disparities Tool developed by CMS Office of Minority Health shows the prevalence of heart failure among Medicare FFS beneficiaries varied by race and ethnicity and geographic areas in 2018. As shown on Figure 1, the prevalence of heart failure is highest among Black/African American beneficiaries (17%), followed by American Indian/Alaska Native (15%), White (14%), Hispanic (13%), and Asian/Pacific Islander (11%) beneficiaries. Figure 2 shows Alaska, Arizona, Colorado, Hawaii, Montana and Vermont had the lowest prevalence rate (10%) and Oklahoma had the highest prevalence rate (17%).
Figure 3 shows geographic differences in heart failure prevalence among minority racial and ethnic groups. Black/African American’s heart failure prevalence for 2018 was concentrated in the south and up the middle Atlantic and some areas of the west. For American Indian/Alaska Native, the prevalence was more concentrated in the west, with emphasis around the southwest area and in Oklahoma, while for Hispanics it was more spread across the country from the west to the south and around east north central and along the east coast. And lastly, for the Asian/Pacific Islander population, the concentration was along the west coast with small groups throughout the south, northeast, and east north central.

Multiple national initiatives have been created to increase awareness of heart health, and February is American Heart Month. Million Hearts® 2022 is a national initiative to prevent 1 million heart attacks and strokes within 5 years. Medicare & You: Million Hearts initiative is a video that shows how to join the effort to help Americans live longer and healthier lives. Medicare & You: Heart disease explains how Medicare helps beneficiaries to prevent and detect heart disease.

### Beneficiary Resources

- American Heart Association: Heart Failure
- Million Hearts® 2022
- Medicare & You: Million Hearts (video)
- Medicare & You: Heart disease (video)
- Know the Difference: Cardiovascular Disease, Heart Disease, Coronary Heart Disease

### Provider Resources

- CDC: Heart Disease Communications Kit
- CMS: Medicare Chronic Conditions
- CMS Data Highlight: Prevalence and Health Care Expenditures among Medicare Beneficiaries Aged 65 Years and Over with Heart Conditions
- CMS-Medicare Learning Network: Medicare Preventive Services

### References/Resources


### CMS Office of Minority Health

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If you have any questions or feedback, please contact HealthEquityTA@cms.hhs.gov.