

# Black Americans Face Disparities in Heart Failure Treatment

Black adults were less likely to receive heart transplants or heart pumps than white adults.

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Black adults with end-stage heart failure were administered life-altering therapies about half as often as white adults, according to a [study published in Circulation: Heart Failure](#).

Of the 377 patients receiving treatment at an advanced heart failure center, researchers found that 11 of 100 Black adults (11%) and 62 of 227 white adults (22%) received a [heart transplant](#) or a ventricular assist device (VAD), or heart pump. These end-stage [heart failure](#) therapies can potentially extend and improve a person's quality of life.

Even though treatment preferences were similar between Blacks and whites, being Black was associated with a 55% reduced rate for receiving a heart transplant or VAD. The fact that the study researchers were unable to explain this significant difference by other measures led them to suspect racial bias was to blame.

The researchers, therefore, emphasize the importance of health equity for the 600,000 Americans with end-stage heart failure. Other studies have shown that of the [6.2 million](#) Americans with heart failure, Black adults not only have a greater risk for heart failure but are twice as likely to die as a result.

“The lives disabled or lost are simply too many,” said Wendy C. Taddei-Peters, PhD, an author of the study, in a [National Institutes of Health news release](#). “An immediate step could be to require implicit bias training, particularly for transplant and VAD team members.”

First study author Thomas Cascino, MD, said acknowledging these disparities is not enough. “The totality of the evidence suggests that we as heart failure providers are perpetuating current inequities,” he said. “As physicians and health care providers, we must find ways to create equitable change.”

Partnering with disparity experts could also help identify biases and barriers that are less easily recognized. “This can be especially valuable for centers where the demographics of health care providers may not reflect the patients they serve,” Taddei-Peters said.

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