## **Heart Failure Estimates** by Race/Ethnicity, Age, and Sex



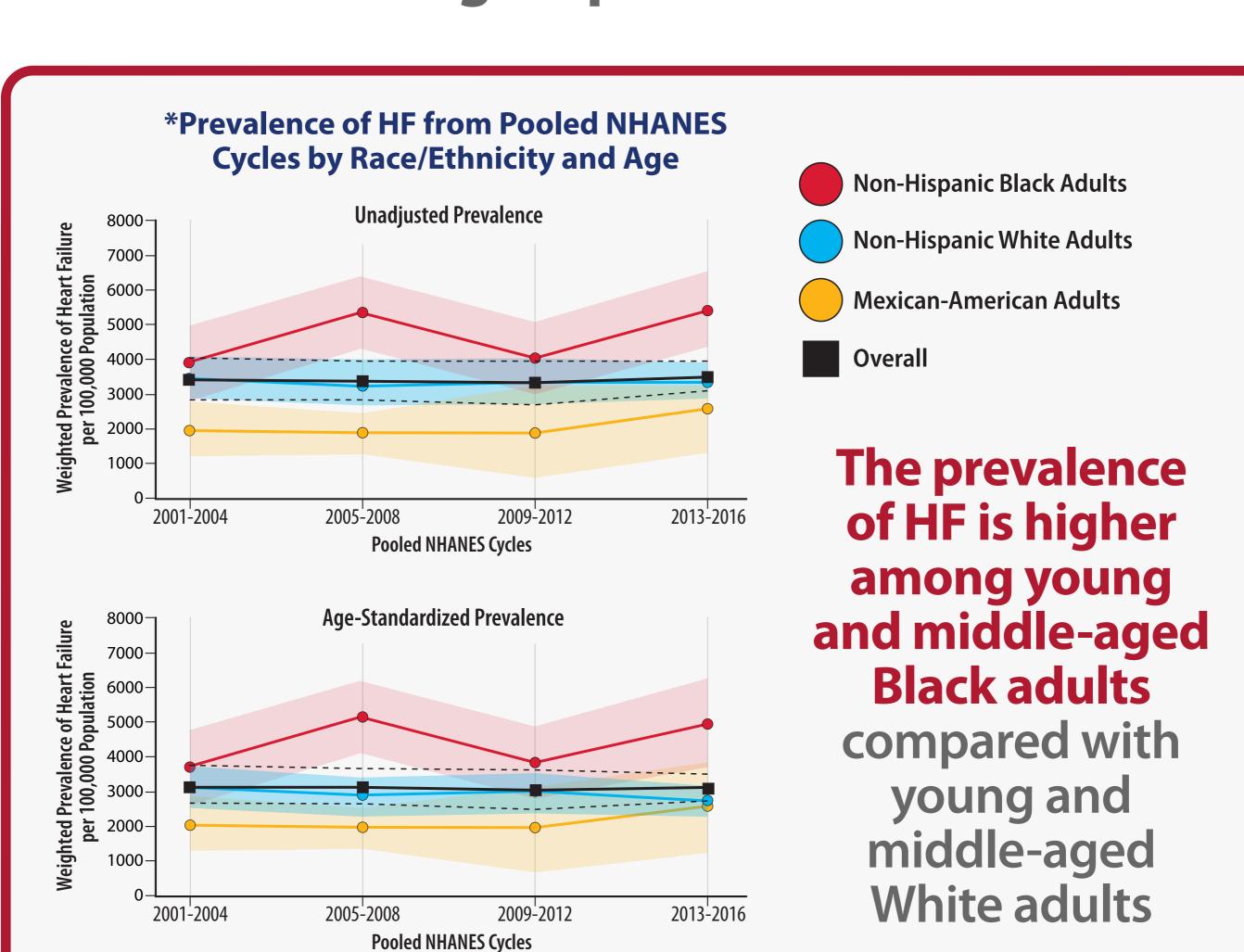
## **ESTIMATES BY RACE/ETHNICITY**

The incidence and prevalence of HF is higher among Prevalence Black individuals has increased among Black & Hispanic individuals

over time\* 1/1000 P' White 2.4/1000 PY Hispanic compared Black 4.6/1000 PY

with Hispanic, White, and Chinese ethnic groups

Median follow-up: 4.0 years (log-rank test: P=0.01)



The higher prevalence of cardiometabolic risk factors in Black and Hispanic populations is related to disparities in **SDoH and structural racism.** 

which contribute to accelerated aging and earlier development of disease: Higher allostatic loads

Discrimination is linked to factors

- Telomere shortening Oxidative stress
- Tissue inflammation

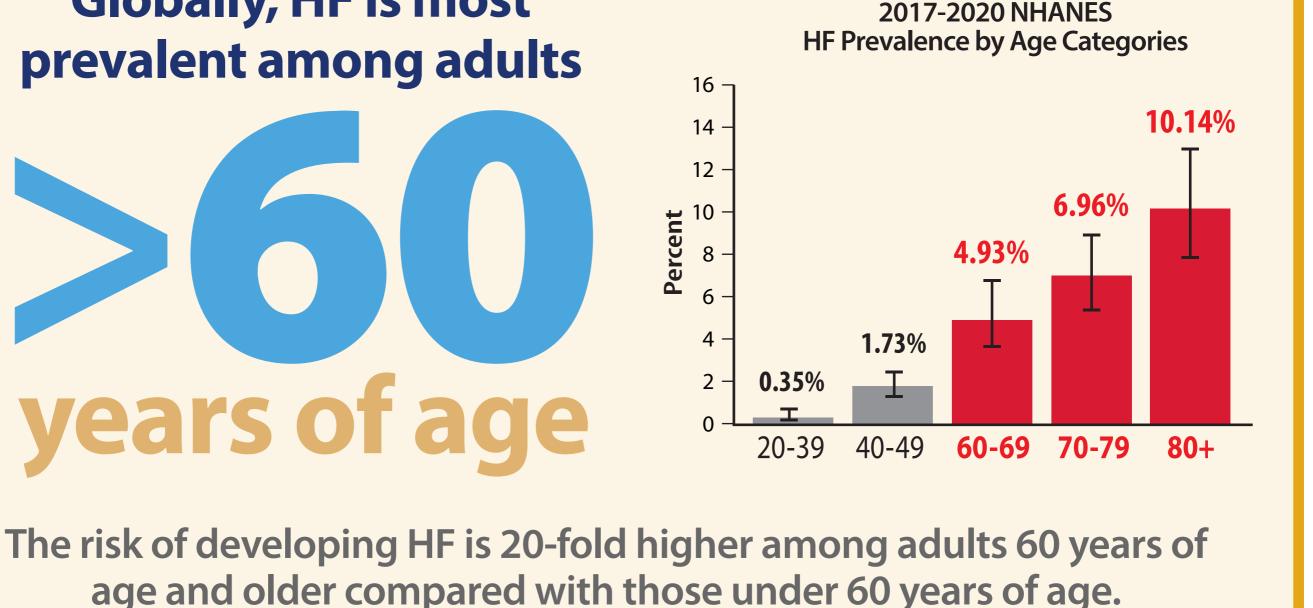


## Globally, HF is most

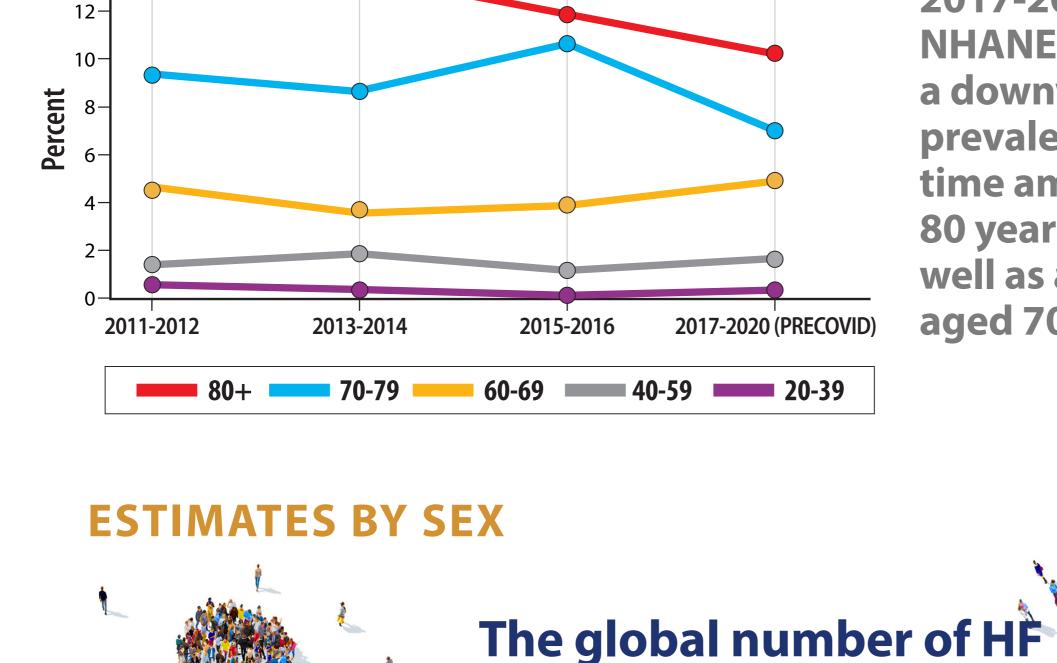
**ESTIMATES BY AGE POPULATION** 

prevalent among adults

years of age



**NHANES Trends in HF Prevalence by Age Categories** 



a downward trend in the prevalence of HF over time among adults aged 80 years and older, as well as among adults 2017-2020 (PRECOVID) aged 70-79 years.

Based on 2011-2012 to

**NHANES** data, there was

2017-2020 pre-COVID

14-

cases has increased with More HF cases in women compared with 29.5 34.8 men million million women men Per GBD Study 2017 HF prevalence peaked at HF prevalence peaked at 70–74 years 75–79 years

in women

**HF risk factors:** 

Age **Diabetes mellitus Hypertension Tobacco** 

Women experienced more

**HF risk factors: Body mass index** 

in men

Coronary

heart disease Men experienced more

Ischemic heart disease, COPD, Chagas Disease,

Hypertensive heart disease Rheumatic heart disease **Alcoholic Cardiomyopathy** 

All information, including graphics, tables, and text in this infographic are from the

report published in the *Journal of Cardiac Failure*, and should be referenced as follows:





