

- Speaker 1: [00:01](#) Quality improvement in the time of COVID-19 is brought to you by the American Heart Association with support from Novartis Pharmaceuticals. As physicians, scientists, and researchers worldwide struggle to understand the COVID-19 pandemic, the American Heart Association has developed its COVID 19 CVD Registry powered by Get With the Guidelines, to aggregate data and aid research on the disease, treatment protocols, and risk factors tied to adverse cardiovascular outcomes. For more information, visit us at heart.org/covidregistry.
- Sandeep Daas: [00:32](#) Hello and welcome to the American Heart Association Podcast series on quality improvement in the time of COVID-19. My name is Sandeep Daas, and I'm a cardiologist at the University of Texas Southwestern Medical Center in Dallas. In addition to clinical work, I spend a lot of my time thinking about systems approaches to improve quality of care. Today, we're going to talk about another aspect of quality of care in the time of COVID 19. I have the pleasure of hosting Dr. Brian Smith, an advanced heart failure and transplant cardiologist from the University of Chicago and an expert on healthcare disparities. Together, we'll talk about health equity in the care of COVID-19, but first I'll let Dr. Smith tell you a little about himself. Brian.
- Brian Smith: [01:09](#) Thanks, Sandeep. Thanks so much for having me. I really appreciate it. Again, my name is Brian Smith. I am an advanced heart failure cardiologist at the University of Chicago. I'm also the director of our Advanced Heart Failure Hemodynamic Laboratory. I do research on health disparities, also interested in equity and inclusion at University of Chicago. And I'm on the board for the American Heart Association in Chicago. And I'm the co-chair of the American Heart Association Health Equity Advisory Committee here in Chicago. So thanks again for having me.
- Sandeep Daas: [01:37](#) Wonderful. So I'm really excited to be talking about this issue today, because I think it's one that hasn't been historically emphasized, and we see the downstream effects of that very strongly today. So could you maybe start us off with a working definition of health equity?
- Brian Smith: [01:51](#) Yeah. So health equity basically means that everyone has a fair and equal opportunity to be as healthy as possible. Even though that sounds very simple, it's not very simple because we all have different backgrounds and it requires us to take into account

things like access to care, fair and equal opportunities for education and housing and safety and those sort of things. So

and to take a vaccine. It's hard to do in an immediate basis. But I do think that we think of it more as a problem for healthcare providers and less of a problem that the patients are dealing with.

Sandeep Daas: [07:00](#)

So what do patients tell you about why they may not be comfortable with the vaccine?

Brian Smith: [07:04](#)

All kinds of things. I feel like most of my clinics, we discussed this, the most common things I hear are, number one, this vaccine came out too fast. I don't know where it came from. It came out too fast. I don't know what's in it. I'm not sure who made it. So I think for a lot of people, they think that they heard nothing about this vaccine, then all of a sudden, a few months ago, everyone was talking about it. So I think that's number one. Number two, I hear a lot of people say, "My family or my friend got COVID-19 after they got the vaccine. So why are people getting COVID-19 after they get the vaccine? Does the vaccine give you COVID?" And as we know that, especially with Pfizer and Moderna, we know that you have to get the second dose and wait about 10 days after that dose until it's maximally effective.

So it's probably likely that people might've gotten it in that interim period. So discussing that as well. I have a lot of patients who have religious objections.

one comment that you made really resonates with me, which is the preponderance of bad information that's out there now. And I feel like, maybe I'm just fooling myself, but it feels like it's been escalating in the last five years or so. It really feels like there's been a rise of these conspiracy theory type. At first, it was okay when it was just [inaudible 00:09:13] the statins and we had to fight a war every day to get people to take a statin. But now, it's like, this is even more obviously life-saving and it's super frustrating.

So let's really strikes to the heart of health equity, in my opinion, because an initial take some people may have, which is more process-related, is that if we just offer everybody the vaccine equally, that's fair. But if you think about it in terms of achieving equity and outcomes, are we really doing all we can

Sandeep Daas: [15:25](#) Yeah, absolutely. I agree. So Brian, one of the things that I'm really struck by is the passion of the younger doctors coming out now. And people really seem committed to concepts such as diversity, equity, inclusion in a way that I think that, historically, we may have intellectually understood as important, but perhaps we didn't feel it as viscerally. I'm wondering if you're feeling the same thing in Chicago and if you have any thoughts on where we're going and what the future holds.

Brian Smith: [15:54](#) Thanks for asking that question. I think it's very, very relevant. And like you, I'm so impressed with this new generation of residents and fellows and trainees, because exactly as you said, they are... I think my generation questioned why we don't have as much diversity as we should, why we're not as inclusive as we should be. But this next generation is not only questioning it, they're demanding it, as they should. And they're making sure that if there are trainees are saying, "Why doesn't our training class look like the people that we serve? Why don't we have different voices at the table?"

And I think that passion is really translating to real outcomes and it's holding all of us accountable. I think that's all we can really hope for is that making sure that we all feel that accountability and make sure that we are making the next generations of physicians, make sure that we continue to move equity and diversity and inclusion forward. Again, I'm just so impressed with them and impressed with how passionate they are about these issues. And I think we're only going to get better as a medical field, and I'm happy to part of that. I'm really happy to be part of this new movement.

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