

How Race Impacts an Individual's Cardiovascular Health in the U.S.

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ABSTRACT:

Background

Gaps in resources and racial groups can cause increases in cardiovascular disease (CVD) risks and decreases in overall cardiovascular health. Unfair treatment such as discrimination, stereotyping, and social stigmatization can play a large factor in terms of increased risk of CVD between minority groups and races. Implicit bias and racial gaps have led to solutions such as health campaigns from not being as effective.

Methods

I used PubMed and Google Scholar to better understand and study how an individual's race can impact their cardiovascular health. I specifically studied various races in the U.S. and their cardiovascular health and risk for Cardiovascular Disease (CVD). I did not include any non U.S. populations in the research.

Results

The highest (as in the best and healthiest) cardiovascular health is found in white individuals compared to their black counterparts. Black Americans had some of the lowest levels of cardiovascular health and instead some of the highest CVD rates. Out of the Asian American cohort, Chinese Americans had the lowest prevalence of CVD compared to their Southeast Asian and Pacific Islander counterparts..

Discussion

The results show a correlation between race and CVD. Minority groups such as Black Americans face higher CVD risk because of low socioeconomic status, less resources, less opportunities, institutional racism, perceived/personally mediated racism, and internalized racism. More educational programs and training healthcare workers regarding health disparities will minimize the impact of health disparities.

INTRODUCTION:

Significance of the Problem

Cardiovascular disease (CVD) is the leading cause of morbidity and mortality across the globe, making CVD a major public health issue [1]. One person dies every 33 seconds in the United States from CVD and every year, 805,000 people have a heart attack [2]. Race can impact an individual's cardiovascular health in the U.S. due to gaps in resources and access between racial groups. Black adults are more than twice as likely to pass away from cardiovascular diseases (CVD) compared to their white counterparts [3]. Minority groups, especially Black Americans, in the U.S. face social stigmatization, leading to unfair treatment, such as discrimination and stereotyping [4]. The reason underserved minorities face disparities in terms of access to high-quality cardiovascular health care is related to neighborhood, poor diet quality, and physical inactivity [5]. The disparities faced by underserved minority populations in the United States need to be addressed to better the cardiovascular health of these communities. Public health campaigns, policy changes, and community outreach have all been done in the past to reduce CVD, but the issues that made some of these initiatives less efficient were due to racial gaps in health and implicit bias in healthcare [6].

Objectives

This paper will investigate how race impacts cardiovascular health outcomes by investigating disparities and the risk factors as well as the incidence of disease among various races in the United States. The paper aims to educate and provide more insights to promote equitable cardiovascular health regardless of race and to increase better healthcare practices and policy initiatives to reduce the health disparities in terms of CVD.

METHODS:

I searched Pubmed and Google Scholar using the key search terms racism, cardiovascular health, United States, and language barriers. The inclusion criteria were studies that focused on populations in the U.S., and minority populations such as Hispanics, Black Americans, and Asians, immigrants, CVD risk also related to stress. Systematic reviews and meta-analyses were excluded.

RESULTS:

Race impacts cardiovascular health in the U.S. through high blood pressure (which 75% of respondents reported), racial discrimination (32% reported), and depressive symptoms (50% reported) [7]. These impacts were due to stressors related to the navigation of manhood (especially seen in Black American men), having high expectations with lack of resources, managing healthcare needs despite fear of discrimination, and environmentally through the people one is surrounded by [7]. It was also found that white women have the highest

cardiovascular health level [8]. After white women, it is followed by white men, black men, and then black women with the lowest cardiovascular health level [8]. When observing older Black women, reports of recent stressful events correlated with CVD [9]. It was also found that there was a lower prevalence of CVD among Asian Americans while there was a higher prevalence among the Pacific Islander population in the U.S. Among the Asian race, Filipinos had the highest CVD prevalence while Chinese had the lowest [10].

DISCUSSION:

The most significant results from the research showed that White individuals had overall better cardiovascular health compared to their Black American counterparts. The results show this is due to factors such as lack of resources, fear of discrimination, and the environment some of these minority groups are surrounded by impoverished communities in the U.S. This is also due to three types of racism Black Americans in the United States often face such as institutional racism, perceived/personally mediated racism, and internalized racism. Through these various types of racism minority groups, especially Black Americans, face outcomes such as limited socioeconomic mobility and opportunities, less access to resources, and poor living conditions. In terms of perceived/personally mediated racism can cause psychological reactions such as stress. There is also internalized racism, which is especially seen in the U.S., due to possible self-evaluations that could be negative and related to negative cultural stereotypes. These factors all largely play a role in impacting cardiovascular health. It was also found that in terms of Asian Americans, Chinese Americans had the lowest prevalence of CVD compared to their Filipino and Pacific Islander counterparts [10]. This could be due to many Asian Americans having higher education and more resources as a result. These results find a positive correlation between race and cardiovascular health due to racism and more resource accessibility. This research points to the need for programs to address disparities in cardiovascular health. This can be done by improving access to care by tailoring culturally relevant interventions, training healthcare professionals to be more competent and culturally understanding, promoting more screenings and checkups for CVD, and advocating for policies related to health equity promotion.

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