Closing the gap in African-American cardiovascular health disparities helps open up health equity
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The latest statistics paint an unsettling picture. White Americans survive an average of 78.9 years, while African-Americans live about 75.5 years. High blood pressure, obesity and diabetes start earlier among African-Americans, who experience higher rates of heart attacks, sudden cardiac arrest, heart failure and strokes than white Americans.

Although heart disease and stroke don’t discriminate, race and its social factors can play a big part in who’s hardest hit by them. We’ve highlighted the main reasons for the gap in the burden of cardiovascular disease and its risk factors between African-Americans and other racial and ethnic groups in “Cardiovascular Health in African-Americans: A Scientific Statement from the American Heart Association,” published today in our journal Circulation.

The statistics are alarming. That’s why I’m urging action to seize opportunities and forge new strategies to promote health equity.

While research shows that deaths from cardiovascular diseases are declining, largely because of advances in prevention and treatment, the benefits have not been equal across economic, racial and ethnic groups. Because adverse socioeconomic factors are important contributors to disparities, the positive trends we’ve observed may be threatened if we fail to address the social dynamic of cardiovascular disease. This will become even more vital as our national demographic shifts to a higher proportion of non-white people.

In addition to the biological and genetic factors that influence cardiovascular health, it’s essential that the American Heart Association and other organizations give sufficient attention to factors such as race, income, environment and education so we can be catalysts for achieving equitable health. This has implications for how healthcare providers counsel and recommend treatment for patients, as well as for advocacy efforts that push for healthy changes.

Working together across disciplines, we must:

- Conduct and fund cutting-edge science and technology research.
- Work with individuals and organizations to transform communities.
- Improve systems and policies, both regionally and nationally, to strengthen prevention efforts and access to quality care in our communities.
- Train and mentor the next generation of leaders and stakeholders to be committed to improving health equity.
We can’t create a healthier nation without systems and policy changes that make healthier foods more affordable, accessible and attractive. Making neighborhoods safer and more walkable will benefit us all. And improving access to quality care is critical to tackling disparities head-on.

The American Heart Association’s Center for Health Metrics will help lead these efforts as we generate best practices for transforming systems, environments and policies to improve health outcomes for all people. As the association’s president-elect, I am honored to help advance the Center’s vision for optimal health. Working together, we can all play a role in building a brighter, healthier future.