

Heart Disease Among Black/African American Women in Mecklenburg County, North Carolina

According to the Center for Disease Control and Prevention (2022), cardiovascular or heart disease is the number one cause of death among women living in the United States. In 2020, 1 out of 5 deaths (314,186 women) were caused by heart disease (Center for Disease Control and Prevention, 2022), “killing more women than all forms of cancer combined” (Go Red for Women, n.d.). Heart disease has also become an area for concern in Mecklenburg County, North Carolina, as it is the second leading cause of death for women (Mecklenburg County Government, 2022, p. 14). Cardiovascular disease can occur at any stage in a women’s life, which affects some women more than others; thus, posing as a risk factor and potential cause for concern (Go Red for Women, n.d.). Women should be aware of their own health and family history, as there are multiple causes for developing a heart condition (Go Red for Women, 2022). Although cardiovascular disease can be life threatening, starting and maintaining healthy living habits can prevent heart conditions (Go Red for Women, n.d.).

Unlike men, women are marginalized as it pertains to cardiovascular disease research and heart health; thus, resulting in physicians lack of knowledge on how to appropriately address and provide treatment for each woman individually (Go Red for Woman, n.d.). Furthermore, women do not receive proper care due to lack of education and health inequities (Go Red for Women, n.d.). Factors such as social determinants of health and systematic racism can lower a woman’s opportunities to obtain “a healthy lifestyle and access [to] quality, affordable healthcare” (Go Red for Women, n.d.). In Mecklenburg County, “lack of insurance and

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transportation are major barriers to accessing care” (Mecklenburg County Government, 2022, p. 15). With adequate research and development, healthcare professionals and social programs can be equipped with the necessary tools and education to approach diverse cases of women’s heart disease.

Originally, cardiovascular disease was only recognized as a “man’s disease”, hence why Go Red for Women exists today (Go Red for Women, 2022). Our mission at Go Red for Women is to provide awareness, advocacy, and education on heart disease to save the lives of women (Go Red for Women, n.d.). We recognize the need for additional research to fill in the gaps for cardiovascular disease (Go Red for Women, 2022). Implementing a strategic communication campaign can educate women who are in underserved communities on the risk factors of cardiovascular disease; in addition to raise awareness on the importance of conducting clinical research studies for these communities.

The first key public this campaign would reach are Black/African American women. 8.9% of African Americans have cardiovascular disease (Mecklenburg County Government, 2022, p. 22), making it the second leading cause of death for African Americans in Mecklenburg County (Mecklenburg County Government, 2022, p. 14). Compared to white women, African American women are at a higher risk for heart conditions, killing 50,000 black women per year (Go Red for Women, 2022). Due to high rates of diabetes and obesity, black women are more susceptible for stroke and hypertension (high blood pressure), as they are two times more likely to have a stroke and die at younger age (Go Red for Women, 2022). Social determinants of

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health such as income levels, education, transportation, and healthy food options can have a significant impact on attitudes and behaviors towards health issues. In Mecklenburg County, 9.3% of individuals with an income less than \$50,000 have heart disease, in addition to 8.4% of individuals with an education level below high school (Mecklenburg County Government, 2022, p. 16). For Go Red for Women, we view these unsettling truths as a call to action for advocacy and change.

The second key public this campaign would reach are pregnant women of color. Heart disease is the leading cause of death for new Moms (Go Red for Women, n.d.). From 2015-2020, pre-pregnancy hypertension increased by 47% and pre-pregnancy diabetes rose by 17% in Mecklenburg County (Mecklenburg County Government, 2022, p. 27). Higher rates of chronic diseases, heightens pre-existing risks among pregnant women of color. Both African American and Indian/Alaska Native women are two to three time more likely to die from pregnancy related complications than white women (Go Red for Women, n.d.). Furthermore, Black/African American women are three times more likely to die from heart issues due to pregnancy than white women (Go Red for Women, n.d.). Disadvantages due to health inequalities and systematic racism puts an additional strain on mothers to receive the proper healthcare or maintain a healthy lifestyle while pregnant. According to Dr. Mitchell Elkind, a neurologist at New York-Presbyterian/Columbia University Irving Medical Center in New York City, the constructs of racism that continue from the past into present day has formed communities that prevent “exercise and healthy behaviors, may have less nutritious food options, and certainly suboptimal educational experiences” (Go Red for Women, 2020).

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The third and final key public the campaign would reach are other researchers and policymakers. As previously stated, there is limited research in women studies regarding cardiovascular disease. However, there is an underrepresentation of diversity and inclusion in clinical trials and research studies. According to Boulware et al. (2022), “DEI [Diversity, Equity, and Inclusion] has long been acknowledged as a crucial mechanism for broadening the scope, creativity, and innovativeness of research that seeks to solve complex problems and reduce inequities in health and disease” (p. 201). “To reflect the diversity of the populations affected by the studied condition”, research studies and clinical studies should include participants from those specific groups (Boulware et al., 2022, p. 203). Furthermore, underrepresentation and “exclusion” of minorities from research “denies patients ‘state-of-the-art’ treatment for disease, frequent follow-up consultations and closer disease monitoring and management” (Hussain-Gambles, 2003, p. 139). At Go Red for Women, we believe that to resolve the current state of cardiovascular disease for marginalized and disadvantaged women, it is imperative that DEI and health equity is at the forefront of research for women to have a healthier sustainable life.

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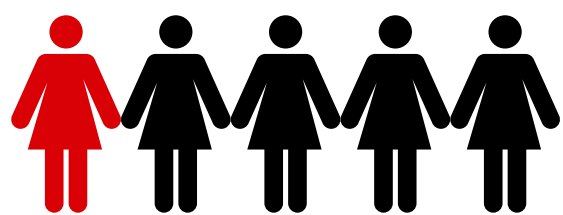
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National Snapshot



1 out of 5 deaths caused by heart disease in 2020

#1

Cause of death among women living the in U.S.

#2

Cause of death among women living in Mecklenburg County, NC

Risk Factors for Heart Disease

Other chronic diseases:

- Diabetes
- Obesity
- Hypertension
- Family history
- Systematic racism

Social determinants of health:

- Low Income levels
- Limited Education
- Lack of Transportation
- Barriers to Healthcare
- Unhealthy Food Options

9.3%

of individuals with an income **less than \$50,000** have heart disease

8.4%

of individuals with an education level **below high school** have heart disease

Pregnant Women & Heart Disease

From 2015-2020:

Pre-pregnancy hypertension increased by **47%**

Pre-pregnancy diabetes increased by **17%**

Higher rates of chronic diseases, heightens pre-existing risks among pregnant African American women.

3x

African American women are **more likely to die** from heart issues due to pregnancy than white women



Women are a marginalized population in heart health and research.

Resulting in physicians lack of knowledge to appropriately address and provide treatment.

What We Can Do

- **Advocate** to improve accessibility and affordability of healthcare in underserved populations.
- **Provide education** to women in underserved communities on the risk factors and prevention of cardiovascular disease.
- **Equip healthcare professionals and social programs** with the necessary tools and education to approach diverse cases of women's heart disease.
- **Raise awareness** on the importance of conducting clinical research studies on communities of color.
- **Increase representation** of diversity and inclusion in clinical trials and research studies.