Top Ten Things to Know
Cardiovascular Health in African Americans

1 In 2012, the life expectancy of African Americans was 3.4 years shorter than that of whites (75.5 vs. 78.9 years, respectively). A recent analysis from the Centers for Disease Control and Prevention calculated that CV diseases were estimated to explain 32% of the mortality difference between African American and white men and 43% of the difference between African American and white women in 2009. Together, these conditions contributed to more than 2.0 million years of life lost in the African American population between 1999 and 2010.

2 This Science Advisory was designed to:
   • Describe CV health and the burden of CVD in the population.
   • Discuss the contribution of traditional CVD risk factors and adverse health behaviors to disparities in CV health between African Americans and whites.
   • Describe the contribution of comorbidities that are overrepresented among African Americans on CVD.
   • Identify and discuss genetic and biological mechanisms that might contribute to the disease pathways leading to CVD in African Americans.
   • Highlight unique considerations in disease prevention and management in African Americans.
   • Discuss the social, cultural and environmental factors that influence prevention and disease management in African Americans.

3 There are marked disparities in the onset of heart failure, stroke and peripheral vascular disease between African Americans and whites whereas rates of CHD are not significantly different—particularly among men. However, mortality from all CV diseases is significantly higher in African Americans as compared with whites, which suggests a role for healthcare to mitigate disparities with comprehensive screening, an enhanced specificity of diagnoses and tailored disease management.

4 There are significant disparities in the age of onset and prevalence of established CVD risk factors in African Americans. The implications of obesity, hypertension and diabetes on morbidity and mortality are reflected in the disparate life expectancy between African Americans and non-Hispanic whites.

5 Characterization of health behaviors such as poor diet quality, physical inactivity, exposure to cigarette smoke, and poor sleep quality in the African American population provides some explanation for the higher burden of CVD risk factors.

6 Certain health conditions that predispose individuals to CV diseases are more common among African Americans than whites. Although African Americans have excess burden of chronic kidney disease and end stage renal disease, the authors present some unexpected observations related to faster rates of progression to end stage renal disease, but better survival on dialysis. Further investigation of sickle cell trait and human immunodeficiency virus will provide additional insights into the CV implications of these conditions.

7 As a multi-factorial disease, CHD has both environmental and genetic underpinnings. Several genetic loci for inflammation, thrombosis, hypertension, lipid disorders, vascular structure, and arrhythmia risk are discussed. As more cohorts that include racial/ethnic minorities join these collaborative efforts, the prevalence of risk alleles in minority cohorts can be determined as well as their relationship with incident CVD risks.

8 There is ample evidence that the traditional risk factors for CVD predict clinical outcomes equally well in African Americans and whites. More recent risk prediction equations that include stroke risk are particularly useful for African Americans. The utility of these equations for counseling about disease risks, and ultimately for prevention, can be enhanced when coupled with the selection of pharmacotherapies specifically recommended for disease prevention among African Americans.

9 While African Americans face social and structural barriers to positive CV health, there are opportunities in the cultural environment that can be leveraged to disseminate behavioral health interventions (e.g., the central role of the church for reaching women and older adults). However, it is important to find environments that reach younger African Americans and men with disease prevention messages to change the trajectory of health in the African American community.

10 To make progress toward AHA’s goal of promoting health equity and achieving the AHA 2020 Impact Goals, the significant burden of morbidity and mortality from CVD among African Americans must be reduced. By successfully translating findings from across disciplines, scientists and practitioners from other disciplines can apply innovative strategies to improve the CV health of African Americans.