

STROKE HEALTH DISPARITY AMONG AFRICAN AMERICANS: CALL TO ACTION

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Cardiovascular disease (CVD) is the leading cause of death in Americans and particularly among African American and racial minorities.¹ African Americans are 2-5 times more likely to experience stroke than their Caucasian counterparts² and they tend to suffer from stroke at younger ages.³ For reasons that are not completely clear, stroke affects African American communities at a higher rate, with earlier age of onset, and leads to worse outcomes compared with people from other races. This is partially attributed to the higher frequency of modifiable stroke risk factors such as hypertension, diabetes and obesity in African Americans.⁴

In 2010, the American Heart Association (AHA) introduced Life's Simple 7 (LS7), a guideline targeting health behaviors and risk factors, as a means to promote ideal cardiovascular health.⁵ It consists of 7 modifiable risk factors, including cigarette smoking, body weight, physical activity, diet, blood pressure, total cholesterol and blood glucose. Ideal cardiovascular health is defined by the seven factors 1) smoking abstinence or cessation, 2) BMI < 25 kg/m², adequate level of physical activity (150 minutes per week of moderate-intensity aerobic activity or 75 minutes per week of vigorous aerobic activity, or a combination of both), healthy diet, total cholesterol < 200 mg/dL, blood pressure < 120/80 and fasting glucose < 100 mg/dL in the absence of diabetes mellitus by AHA guideline.⁵ Research has shown that ideal metrics on these 7 risk factors are associated with reduced risk of stroke and CVD and overall better health outcomes. Studies have consistently shown an association of attainment of LS7 with lower risk of cardiovascular disease, cancer and diabetes.⁶ Yet, achieving optimal levels of these risk factors is difficult; national data show that fewer than 15% of Americans report optimal levels on 5 of 7 risk factors, with even lower rates among Blacks.⁷⁻⁸

In addition to individual lifestyle factors, there are social and behavioral factors that contribute to health disparity. Notably, a September 2020 systematic review on community-engaged research to promote Life's Simple 7 among African Americans suggests a lack of consensus on best practices on intervention efficacy. Further, it was found that interventions that were guided by formative research data were more effective in engaging the communities and reducing the burden of CVD. Community engagement is essential for building trusting relationships with African American communities.⁹

Community based participatory research (CBPR) is a type of community engaged research that is collaborative and cooperative in nature, engaging community to implement and test interventions toward a shared community goal.¹⁰ By engaging the community and utilizing the expertise of individuals involved, a sense of empowerment develops toward achieving optimal health in the community. Considering the nature of the health disparity among African Americans, CBPR is critical in establishing trust, getting a better understanding of the roots of social and behavioral components of health disparities and ultimately engaging the community in achieving shared goals. Future studies targeting reduction in health disparities will benefit from CBPR strategies in improving health in the community by listening to the community and engaging them in achieving sustainable goal of optimal health.

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