

Social Factors Influence Heart Disease in Black Americans

Racial disparities in heart disease mortality are linked to factors such as poor access to health, low income and unemployment.

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To understand why Black Americans have a greater risk of death from [heart disease](#) compared with whites, Tulane University researchers examined the link between social factors, such as poor access to care and food insecurity; clinical risk factors, such as [obesity](#) and [diabetes](#); and lifestyle factors, such as smoking, lack of exercise, unhealthy diet and too little or too much sleep.

Published in the [Annals of Internal Medicine](#), the study found that Black Americans are 54% more likely to die of heart disease compared with white Americans. Social factors such as unemployment, low income, lack of routine access to health care and lack of a partner contributed to this [racial disparity](#), according to a [Tulane University news release](#).

“For so many years, we have focused on smoking, diet, physical activity, obesity, [high blood pressure], diabetes and high cholesterol—and we know those are important for the prevention of cardiovascular disease,” said lead author Jiang He, MD, PhD, chair in epidemiology at Tulane University’s School of Public Health and Tropical Medicine, in the news release.

Using health data on more than 50,000 adults, researchers examined links between heart-related deaths and social risks, such as unemployment, limited education, low income, food insecurity, lack of private health insurance and access to health care and not being married or living with a partner.

While the study found that Black adults had a 54% higher [cardiovascular](#) disease mortality rate compared with whites, this rate dropped to 34% and 31%, respectively, when adjusted for clinical and lifestyle risk factors. What’s more, this racial difference in heart disease mortality was nonexistent when adjusted for social risk factors.

“When we adjusted for lifestyle and clinical risk factors, the Black-White disparity in cardiovascular disease mortality was diminished but still persisted,” He said. “However, after adjusting for social risk factors, this racial difference totally disappeared.”

The findings emphasize the importance of health care access, well-paying jobs and social support

in reducing health and racial disparities.

“It is essential to develop novel community-based interventions for reducing cardiovascular disease risk in Black populations,” He said.

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