**FINAL PAPER**

**DIABETES HYPERTENSION AND HEART DISEASE IN AFRICAN AMERICANS**

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**Executive Summary**

Diabetes, hypertension, and heart disease are just a few of the major health issues affecting people of the African diaspora particularly those living in underprivileged or impoverished neighborhoods. Racial disparities have affected modalities of care delivery, health maintenance, and disease management in patients with diabetes, hypertension, and heart disease among African-Americans. There is an increased prevalence in these diseases among black Americans as opposed to whites.

The underprivileged are less likely to seek treatment as a result of their socio-economic status. Many of them have no health insurance and often use the emergency room as a substitute for the doctor’s office with the end result being no follow-up care. Often time there is knowledge deficit about the disease process and reluctance to seek out information for fear of embarrassment.

There are a lack of relevant and culturally proficient projects for African-Americans in under-served areas. Healthier food choices are often expensive and in limited supply. Supermarkets serving the underprivileged offer foods with high sodium and sugar content at cheaper prices. This negates a positive and healthy lifestyle thus enabling poorer disease management. Hospitals in poorer neighborhoods often lack vital resources necessary for the treatment of patients requiring emergent treatment for complications from heart attacks, hypertension, and diabetes. The life expectancy of the geriatric population has been increasing over the past decades and as such it is a struggle them to survive with these co-morbidities.

**Introduction**

I have chosen to address diabetes, hypertension, and heart disease among African-Americans since these topics are interrelated. My future career goal is to become an Adult Nurse Practitioner. The life-expectancy of the geriatric population has been increasing for the past decades and as such it is a struggle for them to survive with these co-morbidities. One of the roles of the nurse practitioner is to facilitate disease management and to offer guidance in health maintenance practices. The above mentioned topics are just a few of the major health issues affecting people of the African diaspora particularly those living in underprivileged or impoverished neighborhoods. Racial disparities have affected modalities of care delivery, health maintenance, and disease management in patients with diabetes, hypertension, and heart disease among African-Americans in underserved neighborhoods. There is an increased prevalence in these diseases among black Americans as opposed to whites.

The underprivileged are less likely to seek treatment as a result of their socioeconomic status. There is limited availability of healthy or cost-effective options to facilitate lifestyle changes thus enabling proper disease management as well as lack of culturally proficient projects for African Americans. Another contributing factor for these disparities is the limited availability of resources for treatment at hospitals in poorer neighborhoods.

A direct relationship exist between diabetes, hypertension, and heart disease but the causes are complex. An individual can either be diagnosed with type one diabetes which is insulin dependent; this means that pancreatic cells does not produce insulin to break down sugars in food or type two diabetes in which the cells produce some insulin but not enough. Type one diabetics must inject insulin whereas type two diabetics are prescribed oral medications to help control their blood glucose levels. Increased serum blood glucose causes damage to nerves and blood vessels which can cause heart disease. The integrity of the lining of arteries are compromised as a result making them more vulnerable to the formation of atherosclerotic plaque. High blood viscosity in diabetics causes cells to clump together forming clots which can occlude arteries supplying blood to the heart ultimately causing heart attacks. It has been noted that diabetic are less likely to experience a very common symptom of an impending heart attack which is chest pain. This occurs secondary to nerve damage from diabetes.

Hypertension or high blood pressure is the most common cardiovascular disorder which result from too much force pushing blood against the arterial walls. This increased pressure damages the integrity of arteries causing heart disease. Hypertension is a major cause of heart disease. According to Web Md, in the United States alone, more than 30% of American adults have high blood pressure. Web Md also states that high blood pressure is more likely in people who have a family history of high blood pressure, heart disease, or diabetes, are African Americans, are overweight, not physically active, and eat foods high in saturated fats or with high sodium content.

According to the American Heart Association (AHA), the prevalence of high blood pressure in African Americans is among the highest in the world. The AHA also states that high blood pressure affects more than 40 percent of African Americans, develops earlier in life in blacks as opposed to whites and is usually more severe. Because there is sometimes no symptoms, it is often dubbed the “silent killer”. Thus it is of paramount importance to have your blood pressure checked regularly in order to decrease the risk of developing further complication like kidney dysfunction, strokes, heart failure, vision loss, or erectile dysfunction.

There are many risks factors that make someone prone to the development of high blood pressure. Race, heredity, age, and sex are uncontrollable whereas diet, obesity, alcohol consumption, and lack of physical activity are controllable. The AHA mentions that blacks develop high blood pressure earlier in life and their average blood pressures are higher than the blood pressure of whites. There is also a tendency for high blood pressure to run in families. Diet modification decreased salt intake, minimal intake of foods with high saturated fat content, increased intake of healthy fruits and vegetables, and a strict exercise regimen are some lifestyle changes which can be adapted to decrease ones risk of being diagnosed with hypertension.

**Analysis**

Socioeconomic status is usually a hindrance to seeking treatment and obtaining proper medical care. The underprivileged are less likely to seek treatment due to lack of adequate financial resources. Many of them have no health insurance and often use the hospital emergency room as substitute for the doctor’s office and do not keep follow-up appointments because of the inability to pay.

An observational study was conducted to examine racial disparities in diabetes care processes, outcomes, and treatment intensity. As a result of their research, Heisler et al concludes that Americans with diabetes have a higher incidence of illness and mortality than do white Americans. The sample of participants included 801 white Project survey at Veterans Affairs facilities. It has been noted there is increased prevalence of diabetes among other chronic illnesses in the United States of America. Black American are documented to have a greater burden of illness to bear compared to whites. Contributory factors include lack of, and inadequate access to healthcare. Data collected examined patient medical records as well as the facilities quality improvement measures. These findings revealed that there were disparities in treatment processes and outcomes but not in intensity. The authors took into account the racial, ethnic and socioeconomic status of the research participants as well as resources available for treatment in their research process.

Race, class, and gender have definitely influenced health disparities among African Americans. Even though there has been significant advancement in the diagnosis and treatment of illnesses such as diabetes, hypertension and cardiovascular disease, African-Americans continue to experience significantly higher mortality rates compared to white Americans with the same diagnoses. (Brown, April 8, 2006) states that hypertension is the biggest and an almost entirely treatable cause of cardiovascular disease, and even small ethnic differences in its optimum management have great implications for health resources.

The limited availability or lack thereof of proficient resources for African Americans in disenfranchised neighborhoods further complicates disease management and hinders lifestyle changes. . Healthier food choices are often expensive and in limited supply. Supermarkets serving the underprivileged offer foods with high sodium, fat, and sugar content at cheaper prices. The pathogenesis of hypertension is analyzed through measurement of plasma renin and the renin-angiotensin pathway. Low levels of plasma renin is almost always indicative of high serum sodium levels. Increased sodium intake through canned or processed foods activates thirst receptors which leads to excessive water consumption leading to hypertension. From a cultural perspective, African Americans are notorious for their consumption of foods with high sodium and fat content. It must be noted that blacks tend to be diagnosed with hypertension at an earlier age and end organ damage varies compared to whites. Studies conducted in the United States and the United Kingdom have shown higher prevalence and lower awareness among blacks when compared to white people. Being classified as hypertensive means having a systolic blood pressure of 140mmHg or a diastolic blood pressure of 90mmHg or greater, or having to take medication for blood pressure maintenance (Brown, April 8, 2006). Research has shown that the mortality rate due to hypertension is extremely high in the United States.

Elgie McFayden(2009) not only acknowledges that disparities exist but also examines the extent to which ethnicity and socioeconomic status is responsible for such disparities. The principal factors contributing to such an affirmation was an examination of morbidity and mortality rates among blacks with chronic diseases and other ethnic groups. The author addresses this problem from a structural perspective examining the inequalities in diagnosis, treatment, and disease management. It is quite unfortunate that these disparities in mortality rates can be identified with African-Americans. They were often subjected to sub-standard and poor quality care. Being a member of a higher socioeconomic class usually guaranteed better access to and improved quality of healthcare services.

The sojourner Syndrome framework was developed by Mullings for a community based research program that examined the social components of health disparities among African American women. It was an attempt to explain the injustices and inequalities suffered by women. It was designed to further elaborate on the intermingling of race, class, and gender and their relationship with negative health outcomes. This syndrome is patterned after the life of Sojourner Truth; an African American woman who lived during the pre-Civil War era. She was born a slave in New York and had an oppressive upbringing. She became the voice of disenfranchised black women everywhere. In her article “Sojourner Syndrome and Health Disparities in African American Women”, Lekan affirms that African Americans in the United States experience poorer health status than other racial or ethnic groups because of health disparities and that the quality of healthcare varies according to race. It is also stated that African American women have a shorter life expectancy and experience earlier onset of chronic diseases and more years of disability than do white women. Health disparities are so prevalent that it is regarded as a social justice issue among women of color but research have failed to thoroughly explain the cause of these conditions that lead to poor outcomes. There are disparities occurring in many forms and at different levels of care. Upcoming research is giving more attention to environmental, social, and economic factors such as poverty, discrimination, and segregation which have contributed to stress and negative health outcomes in African American women.

Stress is also a major contributing factor to heart disease. Research has shown that stress in African Americans has been shown to be related to racial and ethnic discrimination, living in disadvantaged neighborhoods, financial instability, unfair interactions with government services, and crime and safety issues. (Jan Warren-Findlow, 2010) describes a stress and coping model which is culturally specific to African Americans, gender specific to women; particularly those with heart disease. A qualitative study was conducted examining a stress and coping framework. In their research among African Americans, it was found that stress-coping were related to experiences with racism and oppression and the need to rely on family and community resources. The concept of John Henryism was explained as a sort of “survival mentality” whereby it was believed that hard work, determination, and resiliency can overcome environmental, socioeconomic, and other hardships. However this type of coping correlated with high blood pressure. Stress has been known to be a contributing factor to chronic hypertension and acute cardiac events such as myocardial infarction and cardiac arrest.

Research participants understanding of “Bad Heart” and the role that stress played in causing heart attacks was explored as well as the coping mechanisms employed by participants to deal with their stress. The importance of effective coping strategies are emphasized through incorporation of culturally appropriate everyday practices thereby portraying a heart-healthy model.

The United States of America may be regarded as the one of the richest countries in the world today but social and economic inequality is a paramount social problem. The uneven distribution of wealth is a major contributing factor to the racial and ethnic disparities existing in healthcare affecting African Americans. To be poor means lacking money or assets thus being unable to maintain a standard of living that is considered normal or acceptable by society in order to fulfill ones basic needs. Poverty is the state of being poor and not being able to provide for one’s family; it is the degree to which a person is not able to provide for his or her family. According to Katz (1989, p. 7) poverty no longer is natural; it is a social product. He states “As nations emerge from the tyranny of subsistence, gain control over the production of wealth, develop the ability to feed their citizens and generate surpluses, poverty becomes not the product of scarcity, but of political economy”. Politicians usually have a tendency once elected to implement laws and policies accommodating the interest of those offering them financial support.

**Conclusion**

Lekan states that health disparities are widely viewed as a chain of events that have an adverse impact on health status based on differences in a person’s environment, their access to and utilization of healthcare resources, and the quality of care received. Hospitals in poorer

Neighborhoods often lack vital resources necessary for the treatment of patients requiring emergent treatment for complications from heart attacks, hypertension, and diabetes. Having worked in the healthcare industry as a registered nurse for the past thirteen years I’ve witnessed disparities in care occurring on numerous occasions. Diagnostic procedures are performed but if that patient requires a higher level of care he or she must be transferred to another hospital with pertinent resources to treat his or her condition. Sometimes too, medical doctors are willing to facilitate transfer of patients to other facilities but insurance company restrictions prevent them from doing so. Our nation’s healthcare system in still far off in finding solution towards elimination of racial disparities in treatment modalities and delivery of care for patients with diabetes, hypertension and cardiovascular disease.

The role of the registered nurse as an advocate and educator is of paramount importance in guiding an enlightening clients about disease prevention and health maintenance. As nurses we need not only concentrate on caring for our client at the bedside but be proactive and get involved with the social, economic, and political issues affecting the health care industry. We need to embrace the legacy of Sojourner Truth and challenge our politicians and legislators about public health issues affecting the underprivileged in the African diaspora; particularly African Americans afflicted by the triple threat of diabetes, hypertension, and heart disease.

**BIBLIOGRAPHY**

(n.d.). Retrieved from The Society for Cardiovascular Angiography and Interventions: http://www.scai.org

(n.d.). Retrieved from American Heart Association: http://www.heart.org

(n.d.). Retrieved from WebMD: http://www.webmd.com/hypertension-high-blood-pressure/guide/understanding-high-blood

Brown, M. J. ( April 8, 2006). Hypertension and Ethnic Group. *British Medical Journal*, 833-836.

Deborah Lekan, M. R. (2009). Sojourner Syndrome and Health Disparities in African American Women. *Advances in Nursing*, 307-321.

Elgie McFayden, j. (2009). Key Factors Influencing Health Disparities Among African Americans. *Race, Gender, & Class*, 120-132.

Jan Warren-Findlow, P. a. (2010). Stress and Coping in African American Women With Chronic Heart Disease: A Cultural Cognitive Coping Model. *Journal of Transcultural Nursing*, 45-54.

Katz, M. B. (1989). *The Undeserving Poor.* New York: Pantheon Books.

Michele Heisler, D. M. (2003). Racial Disparities in Diabetes Care Processes, Outcomes, and Treatment Intensity. *Medical Care*, 1221-1232.