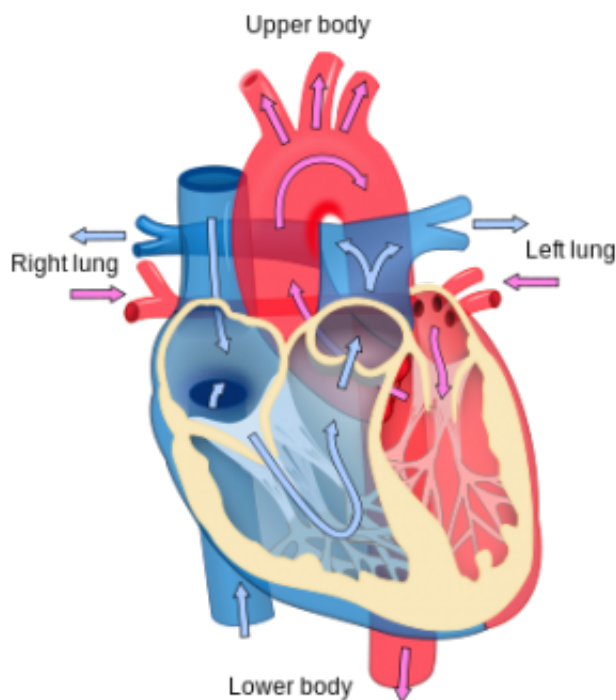


Inner-city neighborhood may affect risk of developing of heart disease, research finds

August 31 2015



Heart diagram. Credit: Wikipedia

The inner-city neighbourhood in which someone lives may affect his or her risk of developing or dying from cardiovascular disease, a new research paper suggests.

Some residents of inner-city neighbourhoods have adopted sedentary lifestyles and poor diets due to a lack of grocery stores, limited green

space and transportation options, fewer recreation centres and high rates of violent crime.

These factors can contribute to [heart disease](#), heart failure, stroke and cardiac death, according to the paper published today in the *Canadian Journal of Cardiology*.

"We have to think about how we can improve the [neighbourhood](#) and urban environment in a way that reduces risk," said Dr. Stephen Hwang, director for the Centre for Research on Inner City Health of St. Michael's Hospital.

Residents of inner-city neighbourhoods also have less access to preventative and in-hospital cardiovascular care, which may be due to financial disincentives for caring with patients with [low socioeconomic status](#), capacity issues in inner-city neighbourhoods, and the fact that they may be less inclined to seek [health](#) services.

Inner-city neighbourhoods are characterized by an above-average concentration of residents who are unemployed, sick or disabled, living in poor-quality housing, working full-time on low pay, or single parents.

"You can try to develop programs that target marginalized individuals, but the challenge is that you also have to also think about the environment and consider the social world that the person lives in that also has an effect on them," Dr. Hwang said.

Dr. Hwang said individuals with mental illnesses in disadvantaged neighbourhoods may also be at increased risk of [cardiovascular disease](#) compared to those living in higher income neighbourhoods. These individuals are more likely to lead unhealthy lifestyles, and less likely to get appropriate physical health care, since the care they receive is so often focused solely on their mental health issues.

Physicians and [health care workers](#) in inner-city communities should encourage positive health behaviours in their patients, and advocate for public policy that supports healthy physical and social environments in their communities, Dr. Hwang wrote in the paper.

Mobile clinics, health coaching and case management approaches have demonstrated some success in improving cardiovascular outcomes in individuals, but Dr. Hwang said there is a need for further research into community-wide interventions in disadvantaged neighbourhoods.

Provided by St. Michael's Hospital

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