

What Black women in their 20s and 30s can do to prevent heart disease

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Michelle Bradley Emebo's maternal grandmother had open heart surgery. Her mother had a stroke at age 37, and her father has vascular

dementia that has been linked to his smoking.

Bradley Emebo's family [medical history](#) came into play during the third trimester of her pregnancy, when she was diagnosed with high [blood pressure](#) at age 30. Before she got pregnant, she said, her health metrics were "pretty normal."

According to the Tinley Park, Illinois resident, after the birth of her daughter Sarai, now 5, her physician told her that her [blood pressure](#) would likely go back down. But three months later, Bradley Emebo's internist put her on a low-dose medication for hypertension. Over a year later, the high blood pressure lingered, and her doctor wanted to increase her medication.

"I knew that if I didn't do anything to course-correct my high blood pressure, that it could lead to further health complications down the line. ... That was a huge thing for me," she said.

High blood pressure, a heart [disease](#) risk factor, is "a huge thing" for many Black [women](#), according to new research coming out of Emory University Hospital. The Atlanta institution's Women's Heart Center 10,000 Women Project, which offers free cardiovascular risk screenings with a focus on Black women, found that this population had high rates of risk factors as early as in their 20s and 30s that put them on the trajectory to develop heart disease.

Dr. Nishant Vatsa, an internal medicine resident at Emory University Hospital in Atlanta and the study's lead author, analyzed data collected from 2015 to 2018 from 945 Black women enrolled in the project. Researchers looked at health markers like body mass index, blood pressure and cholesterol levels; socioeconomic factors like education, income and health insurance; and lifestyle choices like smoking, diet and exercise.

The average body mass index for Black women ages 20 to 39 was 31, a level considered clinically obese; for all age groups in the study, it was 30 or above. From ages 20 to 39, Black women had an average systolic blood pressure of 122 mmHg—higher than the 120 mmHg considered normal according to the 2017 American College of Cardiology/American Heart Association Guideline. That number got worse with age. Middle-aged and older Black women had an average systolic blood pressure of nearly 133 and 142, respectively.

Nearly one in three of the women in the study ages 20 to 39 reported eating fast food at least three times per week, and two out of five consumed more than the recommended amount of salt daily, tying into key risk factors for heart disease—obesity and high blood pressure.

Heart disease is the No. 1 killer of both women and men, killing more people than all cancers combined. Cardiovascular diseases kill nearly 50,000 African American women annually, according to the American Heart Association.

Vatsa is hoping the study increases awareness about heart disease with the public and with [health care providers](#), so that they are able to educate, monitor and properly treat their patients.

Dr. May Bakir, a cardiologist and medical director at Loyola Medicine's newly launched Women's Heart Health Program, agrees that there is a need for more education of the public and health practitioners. But she thinks strategies for raising public awareness will have to be multilayered because of genetic and socioeconomic variables, as well as unconscious bias in the health care system.

"People are living to be older, we're having children at older ages, there's different stressors on a day-to-day basis. ... These all play into why we may be seeing heart disease present itself at an earlier age," Bakir said.

"Two out of every three women have (at least one risk factor for) heart disease. One out of every three will die from it. And not enough people know that."

What is driving the increase in heart disease? "The answer to that is not entirely clear," Bakir said, "although we know that some likely explanations are (that) complex interactions between genetic and environmental factors contribute to cardiovascular disease risk, and also powerful social justice inequities that are exacerbating these processes and contributing to disparities."

Vatsa suggests bringing up cardiovascular health with your primary care provider when you're in your late teens and having more conversations about nutrition and exercise, which can mitigate [heart](#) disease. He said screening initiatives like the 10,000 Women project need to be brought to all communities.

Once patients are screened and told that they might have these risk factors, he said, they are more likely to be more active about their health and try to mitigate those risk factors. Also helpful, he said, are making preventive care more accessible through telemedicine, having more female doctors of color and getting rid of food deserts.

"Now that we know certain risk factors occur earlier and that preventive care does well to mitigate that, I think studies that examine different preventive care strategies, and the timing of these strategies, and their effect on Black women's cardiovascular disease, morbidity and mortality would be very, very useful," he said.

Bakir would like to see greater investment in more gender-specific and racial-specific research to get a better understanding of sex and racial disparities in cardiovascular disease. Where chest pains and tightness may be symptoms men report with [heart disease](#), Bakir said, many more

women complain of fatigue and shortness of breath.

Bradley Emebo, 36, took control of her blood pressure problem with exercise, help from a nutritionist and controlling her stress levels. When she gave birth to her daughter, the clinical researcher weighed 232 pounds. Over two years, she lost weight and currently weighs 157 pounds. She was able to get her blood pressure back to normal and leave her blood pressure medication behind.

"Know that you have the power to take control of your health," she said. "When you say certain buzzwords like cancer, people understand how deadly that is. A lot of people don't understand how deadly obesity is, how deadly [high blood pressure](#) is. How deadly even being prediabetic is. Heart disease is our issue, and we have to start really pushing that point in our community, and when I say our community, I mean African American women."

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