

Higher education may boost heart health—but not equally for all races, ethnicities

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More education is linked to better heart health, but it may not overcome the effects of race, a new study says.

The research, which used data from a large national survey to examine the overlapping connections between race, [education](#) and [cardiovascular health](#), found that while white people saw a big benefit from [higher education](#), other racial and ethnic groups saw less.

"Some of the research that has come out previously has suggested that we can overcome race-based inequality by improving education," said the study's co-lead author Dr. Amber Johnson, an assistant professor of medicine at the University of Pittsburgh School of Medicine. "And this study shows the opposite."

Previous studies have looked at race and [heart](#) health, and education and heart health, Johnson said. "But how those two things interact to predict outcomes has been less clear."

The new study, published Wednesday in the *Journal of the American Heart Association*, examined that three-way interaction.

The study used responses from 7,771 people who took part in the long-running National Health and Nutrition Examination Survey. About 69% of them were white.

Researchers measured heart health with a score derived from seven well-established measures, such as smoking, blood pressure and physical activity.

When the researchers compared education levels with those measures, they found that people who completed college had more than four times the odds of having an ideal heart health score than those who had not finish high school.

But when the researchers broke the numbers down by race and ethnicity, differences emerged.

For white people, having a college degree still improved the odds of a high heart health score by more than fourfold. But Black people at that same [education level](#) saw only a twofold improvement.

For white participants, earning a high school diploma or its equivalent increased the odds of having a high heart health score by almost 50%. No other racial or ethnic group saw such a benefit at that level.

Asian and Hispanic participants did not obtain the same degree of health benefit from education as did their white counterparts. Researchers speculated that among Asians, the benefits might appear low because their heart health scores and education levels were higher to begin with.

Researchers factored in variables such as income, whether people had health insurance and whether they had access to regular health care, Johnson said. "And despite adjusting for those things, our findings were still the same."

The study was not designed to identify the root cause of the differences, Johnson said, but such disparities have appeared elsewhere. "And what a lot of race scholars believe is that it has to do with racism."

Dr. Rita Hamad, an associate professor at the University of California, San Francisco who has led research examining education levels and health, said although the findings were not necessarily new, few studies had attempted to look closely at how race, health and education intersect.

Understanding how they do so is "definitely important, especially these days when we talk about the importance of social factors for health in general, but also specifically heart disease, and especially the role of race

and racism," said Hamad, a social epidemiologist and family physician who was not involved in the study.

Black people might not reap the benefits of education in the same way white people do, she said. Historically, the quality of education available to Black people has been well below that available to [white people](#).

And even where Black students are able to get the same level of education as white students, "we still know that when they leave school, there's [racial discrimination](#) in hiring processes, in access to safe housing—because of things like redlining—and in medical settings, so that even a highly educated Black person might not be able to benefit as much from that education as a highly educated white person."

That has nothing to do with DNA, Hamad said. "We know it's not something about biology or genetics that keeps Black people from being able to attain that same level of heart health, but rather structural racism."

The study implies, she said, that health care professionals should be sensitive about the ways structural racism in medical settings might prevent Black people, including those who are highly educated, from achieving optimal heart health.

Johnson said the new findings showed that although individual lifestyle choices are crucial, people can't be blamed for problems that arise from a lack of education.

"In an ideal world, cardiovascular [health](#) should be achievable by all," Johnson said. "It shouldn't have to do with how much money you make, or how much education you have, or what's the color of your skin. This research is helpful to show us patterns within the society in which we currently live."

More information: Amber E. Johnson et al, Educational Attainment, Race, and Ethnicity as Predictors for Ideal Cardiovascular Health: From the National Health and Nutrition Examination Survey, *Journal of the American Heart Association* (2022). [DOI: 10.1161/JAHA.121.023438](https://doi.org/10.1161/JAHA.121.023438)

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