

Socioeconomic status may be an uneven predictor of heart health

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Improvements in socioeconomic status (education, income, employment status and health insurance) for ideal cardiovascular health may not benefit people from all racial or ethnic groups equally, as white adults

were more likely to benefit than Black, Hispanic and Asian adults in the U.S., according to new research published today in the *Journal of the American Heart Association*.

"The goal of economic interventions and societal policies, such as improving employment, [health care access](#) and education, is that they will lead to improvements in health for everyone," explained senior study author Joshua J. Joseph, M.D., M.P.H., FAHA, an associate professor of internal medicine at The Ohio State University College of Medicine in Columbus. "However, our study found that improvements in these socioeconomic interventions may not benefit people in all racial or [ethnic groups](#) equally."

The researchers suggest that additional factors including psychosocial stress experienced by people in different groups due to racism, medical mistrust, and/or unequal access to care may also drive cardiovascular health inequities.

This study assessed the measures of socioeconomic status with the [American Heart Association's Life's Essential 8](#) metrics of ideal heart health across racial and ethnic groups in the United States using the diverse, nationally representative National Health and Nutrition Examination Survey (NHANES 2011-2018) data for about 13,500 adults.

The analysis found that across all participants, higher socioeconomic status was linked with better heart health, as indicated by higher average Life's Essential 8 scores, which has a 0-100 scale. However, this link was greatest among white adults compared to people in other racial and ethnic groups. For example:

- College education was associated with a 15-point increase in ideal heart health score among white adults, compared to about a

10-point increase in ideal health scores for Black and Hispanic adults and about an 8-point increase among Asian adults.

- Medicaid versus private [health insurance](#) was associated with a 13-point decline in Life Essential's 8 scores among white adults, compared to a 5- to 6-point decline for people in other racial and ethnic groups.

The study had several limitations, including that it could not prove cause and effect between [socioeconomic status](#) and Life's Essential 8 score. It also did not include information about the potential effects of wealth or racism over time; data was based on self-reported information; and the study did not differentiate between country of birth or immigration status.

More information: Association of Socioeconomic Status With Life's Essential 8 Varies by Race and Ethnicity, *Journal of the American Heart Association* (2023). [DOI: 10.1161/JAHA.122.029254](https://doi.org/10.1161/JAHA.122.029254)

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