

## Addressing structural racism is central to reducing cardiovascular disease disparities across the U.S.

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The existence of structural racism creates a barrier to equitable access to health care and as a result is a fundamental driver of health disparities in the U.S., concluded a 2020 American Heart Association Presidential Advisory.



A new policy statement from the American Heart Association, Addressing Structural Racism Through Public Policy Advocacy, offers <a href="mailto:public policy">public policy</a> considerations to address several key social determinants of health, such as <a href="health care">health care</a>, healthy food and nutrition access, access to capital, housing, education and the environment.

The paper is <u>published</u> in the journal *Circulation*.

The new policy statement builds on the Presidential Advisory, which identified structural racism as a cause of poor health and premature death from heart disease and stroke and discussed specific opportunities to leverage public policy to promote overall health and well-being and rectify structural barriers that impede progress toward optimal health for all people in their communities. During the past few years, the largest increases in cardiovascular disease deaths were among Asian, Black and Hispanic adults in the U.S.

"Structural racism has had a profound impact on the health and survival of many people, particularly in diverse racial and ethnic communities," said writing group Chair Michelle A. Albert, M.D., M.P.H., FAHA, immediate past volunteer president of the American Heart Association; immediate past president of the Association of Black Cardiologists; and director of the University of California, San Francsico Center for the Study of Adversity and Cardiovascular Disease (NURTURE Center), where she is the Walter A. Haas-Lucie Stern Endowed Chair in Cardiology and professor of medicine.

"Improving <u>health outcomes</u> in communities of color is imperative and requires addressing strategic public policy shifts at the intersection of structural discrimination and <u>health equity</u>, including but not limited to public health institutions and data infrastructure, health information technology and civic engagement. This statement has more than 60 policy ideas intended to help serve as a framework or template among



collaborators at national and even international levels," she continued.

The statement presents policy considerations in the spirit of shared responsibility and collective action. The Association encourages a multidimensional approach to address structural racism through public policy that is centered on health equity, informed through lived experience, inspired by cross-sector partnerships and accountable through defined metrics for success.

"Removing barriers to health equity will require ongoing, specific and collaborative efforts," said the Association's current volunteer President Joseph C. Wu, M.D., Ph.D., FAHA, director of the Stanford Cardiovascular Institute and professor of Medicine and Radiology at Stanford University School of Medicine. "We welcome and call for a broad coalition of stakeholders across disciplines and industries to address structural racism in both policy and practice. The American Heart Association commits to being a leader and an ally in improving social determinants of health and tackling the root causes of health inequities."

**More information:** Michelle A. Albert et al, Addressing Structural Racism Through Public Policy Advocacy: A Policy Statement From the American Heart Association, *Circulation* (2024). DOI: 10.1161/CIR.000000000001203

## Provided by American Heart Association

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