

The Association of Race and Socioeconomic Status with Cardiovascular Disease Indicators among Older Adults in the Health ABC Study (published)

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We hypothesized that older Blacks would have a higher prevalence of cardiovascular disease (CVD) than Whites, as indicated by elevated systolic blood pressure (SBP), low ankle-arm blood pressure index (AAI), and left ventricular hypertrophy (LVH). But, accounting for a broad interpretation of socioeconomic status (SES) (i.e. education, family income, home ownership, and other assets) would reduce these differences. Data are from the Health, Aging, and Body Composition study, a longitudinal clinical research study of 3,075 well-functioning adults aged 70-79, where 46% of women and 33% of men are Black. Logistic regression modeled racial and SES differences in CVD indicators. Being Black was significantly associated with elevated SBP (men only), low AAI, and LVH, and remained significant after accounting for each SES measure. The racial association with CVD was reduced the most by income for elevated SBP in men, other assets for low AAI in women and men, and other assets for LVH in men. Contrary to the age-as-leveler theory, being Black was strongly associated with CVD indicators, and accounting for SES did not reduce this association. Whether other SES measures, such as access to care, could explain the racial association remains to be explored.

Reducing Racial Differences in Cardiovascular Disease Indicators among Older Adults: Does Health Care Matter? (in progress)

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Improvements in health care are often associated with better health outcomes by way of prevention and improved control, but is health care related to racial health disparities in older adults? We hypothesize that adjusting for health care [i.e. health insurance and access to care] will reduce the higher prevalence of cardiovascular disease (CVD) in Black versus White adults. Logistic regression modeled CVD indicators [i.e. hypertension, low ankle-arm index (AAI), and left ventricular hypertrophy] using the Health, Aging, and Body Composition study. The only significant health care association existed between low AAI and not having a HMO or doctor for regular access to care in men. Overall, health care slightly reduced the significant association between being Black and CVD (except where there were no differences in hypertension among women), after adjusting for demographics, socioeconomic status, body mass index, and comorbidity. A continued exploration of why racial disparities in CVD exist should include anti-hypertension medication under-treatment and health-related behaviors.