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Dr. Commodore-Mensah's research seeks to reduce the burden of cardiovascular disease using epidemiological (the distribution and determinants of health conditions) and community-engaged methods.

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Black Women and Matters of the Heart

02/14/19 AT 9:44 AM

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February is Black History Month, and also

happens to be American Heart Month!

Every 38 seconds, someone's wife, mother, sister, or daughter dies from heart disease and stroke. In the U.S. rates are highest among Black women; more than 60 percent of us are living with some form of heart disease, placing us at higher risk for frequent hospitalizations and/or premature death than any other group.

Let's face it: Black women are at risk for heart disease, which is deadly and costly. So let's talk about what heart disease is, the obstacles in our path, and what we can do about them.

First, "heart disease" includes heart attack, peripheral vascular disease, heart failure and other diseases of the heart or blood vessels. Persons with heart disease may have risk factors they can modify, such as being overweight or obese, smoking, having high blood sugar or high blood pressure, living a sedentary lifestyle, or eating a high fat/sugar diet. They may also have risk factors they cannot modify, such as their age (people over 55 are at greater risk), a family history of early heart disease, or preeclampsia during pregnancy. Even if you don't have any of these risk factors, it is important that you know you and monitor your heart health.

In addition to risk factors for *having* the disease, women, especially Black women, are also at risk for poor health outcomes. For one thing, symptoms of heart attack may present differently in women and are sometimes more difficult to identify. As a result, women may delay seeking treatment or [a provider could misdiagnose you](#). Black women who live in low-income, urban areas are particularly at risk; they are more likely to experience poorer outcomes because they lack access to health care, live in poor housing conditions, or experience housing instability. High blood pressure affects more than half of Black women, yet only 1 in 5 of us believe we are at risk for heart disease, and only half know the signs and symptoms of a heart attack.

So what can health care providers do to improve health outcomes for Black women? The American Heart Association suggests we promote seven key health behaviors and factors ([Life's Simple 7®](#)) for better heart health:

- Maintain a normal blood pressure (less than 120/80)
- Maintain a low total cholesterol (less than 200 mg/dL)
- Maintain a normal blood sugar (less than 100 mg/dL)
- Maintain a normal weight, (consistent with your recommended BMI)
- Get regular physical activity (at least 150 minutes of moderate intensity or 75 minutes of vigorous activity)
- Eat a heart healthy diet
- Don't smoke

Although these recommendations have been shown to help improve health outcomes, Black women are still at risk. We are less likely to have ideal levels of all seven metrics than any other racial/ethnic group.

Through our research at the Johns Hopkins School of Nursing, we are developing and implementing sustainable interventions to reduce risk and incidence of cardiovascular disease among Black women in east Baltimore, as well as the whole community, greater Baltimore, and beyond. As we celebrate Black History Month, American Heart Month, and Go Red for Women, let's remember that heart disease can be a silent killer for Black women, and we must work together to promote Black women's heart health. So as we approach

Valentine's Day, keep those bright red hearts in mind! Let's continue seeking ways to keep our hearts, and all women's hearts, healthy.

Let's get to the heart of the matter to save Black women's lives

ABOUT THE AUTHORS:



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