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Definitions

- **Cardiometabolic Diseases (CMD)**: Health problems that affect the heart and metabolism, including heart disease, diabetes, and obesity.
- **Racial/Ethnic Discrimination**: Unfair treatment of people based on their race or ethnicity.
- **Biomarkers**: Biological markers, such as blood pressure or cholesterol levels, used to measure health conditions.
- **Hypertension**: Another word for high blood pressure.

Key Findings

- Racial and ethnic discrimination is linked to a higher risk of cardiometabolic diseases.
- African Americans show higher rates of CMD due to discrimination.
- The most common CMDs related to discrimination are hypertension and cardiovascular disease (CVD; such as stroke and coronary artery disease).

Introduction

This study reviews how racial and ethnic discrimination affects the risk of cardiometabolic diseases (CMD). The goal is to understand how discrimination contributes to health problems like heart disease and diabetes, especially among minority groups.

Main Content

Background

Cardiometabolic diseases (CMD) include conditions like heart disease, diabetes, and obesity. These diseases are more common in racial and ethnic minority groups, partly due to discrimination.

Objectives

The main goal is to understand the link between discrimination and cardiometabolic diseases and to identify useful biomarkers of this association.

Methods

- Researchers reviewed 123 studies that looked at the link between discrimination and CMD. They used data from various sources, focusing on studies conducted in the United States.
- Study Types: Most studies were cross-sectional, meaning they looked at data from one point in time. Others were longitudinal, following participants over time.
- Common CMDs: Hypertension and cardiovascular disease were the most frequently studied CMDs.

- Discrimination Measures: The Everyday Discrimination Scale was often used to measure discrimination.
- Population Studied: African Americans were the most studied group, followed by Whites, Hispanics, Asians, and other minorities.

Results

- **Positive Associations**: Of the studies reviewed, 73.2% found a positive link between discrimination and CMD, meaning discrimination was associated with higher CMD risk.
- **CVD and Hypertension**: Cardiovascular disease was the most common CMD found to be linked to discrimination, followed by hypertension.

Conclusion

The review shows that racial and ethnic discrimination is linked to a higher risk of cardiometabolic diseases. This link is particularly strong for hypertension and cardiovascular disease. Identifying and addressing discrimination is crucial for improving health outcomes in minority groups. Further research is needed to develop effective strategies to reduce the impact of discrimination on health.

Word Count: 376