

This research sets out to answer a valuable question: ‘What are the disparities in cardiovascular outcomes among women of varied racial backgrounds, factoring in their access to healthcare, socioeconomic status, and geographical location?’ Moving away from the norm, which often examines one variable at a time, this study uses a more comprehensive approach to understand women’s cardiovascular health as a whole. Drawing from Waves I, IV, and V of the National Longitudinal Study of Adolescent to Adult Health (Add Health), this research uses biomarker data to assess six cardiovascular-related risk factors—body mass index (BMI), diabetes, high-density cholesterol (HDL), low-density lipoprotein cholesterol (LDL), systolic blood pressure, and diastolic blood pressure. These assays are synthesized into a single six-point variable representing overall cardiovascular health and risk. I analyze race disparities in cardiovascular risk using six linear regression models, each building upon the other, to understand the complex interplay between race, access to care, socioeconomic status (income and education), geographical location, and cardiovascular risk. The results show that overall Black and American Indian women have the highest cardiovascular risk when compared to white women. In contrast, Asian and Other Non-Hispanic exhibited the lowest risk, and in some cases, they had a lower cardiovascular risk lower than White women. Lower education and income among the minoritized racial groups help to explain the cardiovascular risk disparities. Since cardiovascular disease is the most prevalent cause of adult morbidity and mortality in the United States, the results have a significant impact on how interventions and policies are developed to improve outcomes and reduce health disparities among women.