Center of Excellence for Cultural Competence
New York State Psychiatric Institute
Cultural Competence Matters

December 15. 2008 Issue 1

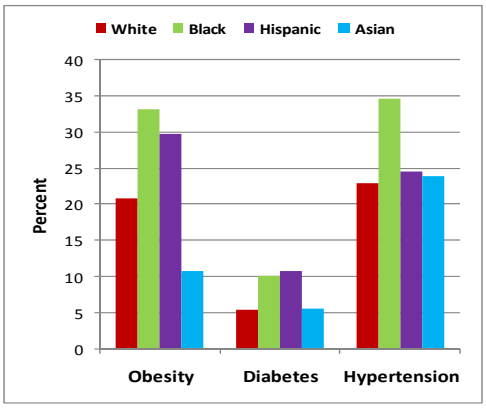
# Cardiovascular Disease: The Combined Effects of Race/Ethnicity and Mental Illness

## Problem:

Cardiovascular diseases (CVD) - including heart attacks and strokes - are the leading cause of death for both men and women in the United States. Chronic illnesses, such as obesity, diabetes and hypertension, put people at greater risk of developing CVD. Racial and ethnic minorities, as well as people with Serious Mental Illness (SMI), are at increased risk for developing these chronic illnesses due to preventable causes, adding to the enduring health disparities among these groups.

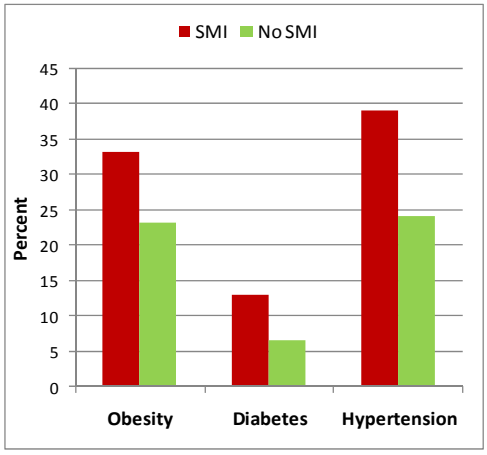
## Findings:

Research shows that chronic illnesses (e.g., diabetes, hypertension) linked to CVD are much more common in racial/ethnic minorities than non-Hispanic Whites (see Graph 1). For example, US born Blacks and Hispanics are almost two times more likely to have diabetes than Whites and Asian Americans. Further, rates of obesity are about two times higher in Blacks and Hispanics than Whites, and three times higher than in Asian Americans.




**Graph 1. Percent of U.S.-born Adults with Obesity, Diabetes, and Hypertension; by Race/Ethnicity**

Research also shows that adults with SMI, like schizophrenia, major depression and bipolar disorders, are more likely to have diabetes, obesity, and hypertension than the general U.S. adult population (see Graph 2). On average, people who suffer from SMI die 25-30 years younger than the general population. This means that while the average American adult can expect to live up to 78 years, an adult who suffers from schizophrenia is expected to live to be about 50 years old. This shocking difference in life expectancy is largely due to higher rates of chronic illnesses, such as CVD, and lack of appropriate medical care among the SMI population.




**Graph 2. Percent of U.S. Adults with and without SMI, with Obesity, Diabetes, and Hypertension**

## Implications:

What the current research and health policy does *not* address is the additional burden that racial and ethnic minorities with SMI must face. These underserved communities may be at higher risk than Whites with SMI of developing diabetes, hypertension, and obesity because of their mental illness as well as the cultural, linguistic, and socioeconomic barriers they face in accessing quality health care. More research is needed to understand the causes of health disparities among racial and ethnic minorities who suffer from SMI and use this knowledge to develop culturally and linguistically appropriate mental and physical health care services. The Center of Excellence in Cultural Competence at the NY State Psychiatric Institute is currently working to analyze data on these combined effects from both national and New York-based samples. Our work is focused on eliminating disparities in health and improving culturally and linguistically appropriate healthcare for people with this double burden of disease.

**REFERENCES:**

-Colton & Manderscheid (2006). *Congruencies in increased mortality rates, years of potential life lost, & causes of death among public mental health clients in 8 states. Preventing Chronic Disease, 3(2), A42.*
-Dey & Lucas (2006). *Physical and mental health characteristics of U.S.- and foreign-born adults: US, 1998-2003* Hyattsville, MD: NCHS. #369.
-Parks, Svendsen, Singer, Foti, & Mauer (2006). *Morbidity and Mortality in People with Serious Mental Illness*. Alexandria, VA: (NASMHPD) MDC. V 13.
-Pratt, Dey, & Cohen (2007). *Characteristics of adults with serious psychological distress as measured by the K6 scale: US, 2001-04*. Hyattsville, MD: NCHS. #382.

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