Prevalence of Heart Disease in African-American Men: The Influence of Cultural Factors
Anthony D. Smith, Department of Biological Sciences, College of Arts and Sciences, and Honors College
Faculty Mentor: Susan B. Eve, Department of Sociology, College of Public Affairs and Community Service, and Honors College

RESEARCH TOPIC
My research topic, the prevalence of heart disease among African American men and the causes of heart disease in this population.

BACKGROUND INFORMATION
Heart disease is the leading cause of death in the United States. All races and ethnicities are affected but African-American men suffer staggeringly higher rates than white men. In the analysis of heart disease, many factors affect the development of the disease but psychosocial factors may be the root cause of the difference between African Americans and whites.

LITERATURE REVIEW
How Heart Disease Affects African-American Men
Heart disease is the number one cause of death nationally and internationally. Studies conducted by the Centers of Disease Control and Prevention found that African-American’s blood pressure was higher than that of White or Mexican-American men across time from the late 1980s, early 2000s, and mid 2000s (Centers of Disease Control and Prevention, 2010).

African-American Men’s Knowledge of Heart Disease
The proportion of African American men who were aware of hypertension was greater than among Mexican-American men and similar to white men, but knowledge of treatment and control methods was lower (Centers of Disease Control and Prevention, 2010).

Cultural Influence and Heart Disease
Cultural factors, such as attitude, skewed standards, and superficial behaviors were analyzed to help further understand the causes of the heart disease rates. Culturally, African Americans may have a lack of trust in healthcare, have unhealthy lifestyle habits that have been passed down from generation to generation, and have stressful social interactions within a community (Mackay, Mensah, Mendis, & Greenland 2004).

METHODOLOGY
In an attempt to find a quantitative relationship between culture and heart disease among African-American men, I would develop a social survey with a minimalistic set of relevant questions that focus on cultural influences and reported heart disease. The sampling would focus on men between the ages of 25 and 65. I would then collect data and analyze it to find relationships between cultural factors and reported heart disease. To illustrate the relationships, I would then construct graphs to show the relationship. From these relationships, I would propose potential prevention and treatments strategies to prevent and cure heart disease.

REFERENCES


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