

What do race and ethnicity mean?

The terms "race" and "ethnicity" are used to refer to people of similar cultural, religious, tribal, or geographic ancestry. However, both terms are notoriously difficult to define, and the divisions are not always based on biology rather than appearance.^{1,2}

Despite these troubled terms, doctors have found differences in health characteristics and treatment patterns between different racial and ethnic groups.^{3,4} Women who belong to certain groups are more likely to develop conditions that put them at risk for

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, so it is especially important that they work with their doctor to reduce their risk.

How do doctors classify racial or ethnic groups?

Racial and ethnic groups are defined in many different ways in different studies. However, the US government recommends using at least the following six major racial groups:⁵

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic or Latino
- Native Hawaiian or Other Pacific Islander
- White

For ethnicities, the government recognizes two categories: "Hispanic or Latino" and "Not Hispanic or Latino."

How can race or ethnicity influence the health of my arteries?

Your race and ethnicity can affect your health in two main ways: your environment and your genes.

Environment

Race and ethnicity often influence a person's environment, which includes education level, access to healthcare, cultural practices, and socioeconomic status. Lower socioeconomic status is linked to a diet high in saturated fat, cholesterol, and carbohydrates that puts you at risk for developing heart and blood vessel disease, including PAD.⁶

Some races may also be less likely to have health insurance, or to have access to healthcare services for prevention and treatment. Bias, stereotyping, prejudice, and uncertainty on the part of healthcare providers can also contribute to racial and ethnic disparities in health outcomes.⁷

Genetics

The second way that race and ethnicity can affect your health is through your genes. People of similar geographic ancestry share certain biological characteristics that may predispose them to certain diseases (see [Why are African Americans more likely to develop high blood pressure?](#))

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It has been shown that some of these genetic variations can increase a woman's risk of [coronary artery disease](#)

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This may also be true for PAD, because the two diseases are caused by many of the same processes and may be influenced by the same genes.

Is PAD more common in certain races?

PAD is more common in African Americans than in any other racial or ethnic group. About 8% of African Americans and 5% of Mexican Americans have PAD, compared with 3% of whites.⁹ Some studies find that African Americans are also less likely to receive proven treatments to prevent PAD, and tend to have worse outcomes than their white counterparts.

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Some of these differences are because certain conditions that increase a woman's risk for PAD are more common in African Americans than in whites, including [diabetes](#), [high blood pressure](#), and [obesity and overweight](#).

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See

[Are certain races more likely to have PAD risk factors?](#)

However, differences in PAD risk factors do not fully explain why African Americans are more likely to develop PAD.¹³ A population study of 2,343 people (66% were women) found that African Americans were 2.3 times as likely as whites to have PAD, even after risk factors for PAD were taken into account.

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Differences in PAD detection and treatment could be to blame for some of the racial disparities in PAD. African Americans may experience different PAD symptoms that make the disease more difficult to detect. In one study, African Americans were less likely to have leg pain that occurred with exercise (the classic symptom of PAD) and more likely to have pain at rest.¹¹ Some research indicates that control of PAD risk factors is similar in different races.

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However, other studies have found that African Americans and Hispanics are less likely to receive proven PAD treatments, such as aspirin to prevent heart attack and stroke and statin drugs to lower cholesterol and prevent heart attack and stroke.

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African Americans with PAD may be less likely than whites to be offered certain procedures to restore blood flow to blocked leg arteries, and more likely to require amputation of the affected leg.^{14,15} African Americans also tend to have more severe PAD, and are able to walk shorter distances, walk more slowly, and have more physical limitations caused by the disease.

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Although the reasons for many of the racial disparities in PAD are not known, it is clear that the high prevalence of PAD risk factors in certain races is partially responsible. If you are an African-American woman, it is especially important that you talk to your doctor about your PAD risk. Together you can develop a prevention plan to get your PAD risk factors under control and drastically reduce your risk of developing PAD.

Are certain races more likely to have PAD risk factors?

Yes. Some, but not all, of the racial disparities in PAD are explained by differences in risk factors, including:

- **[Diabetes](#)** - Diabetes is much more common among African Americans and Hispanics than it is among whites. Thirteen percent of African American women and Mexican American women have diabetes, compared with 6% of white women. The death rate from diabetes is 2.3 times higher for African American women than for white women. ¹⁶

- **[High blood pressure](#)** - High blood pressure is extremely common in African Americans, affecting 45% of women, compared with 32% of white and Mexican American women. ¹⁶

African Americans tend to develop high blood pressure earlier in life and have much higher average blood pressure. ¹⁷

High blood pressure appears to take a greater toll on the health of African American women, who are 2.6 times as likely to die from problems related to high blood pressure as white women are. ¹⁶

- **[High Cholesterol](#)** – Half of white and Mexican American women have high cholesterol, compared with 42% of African American women. Low HDL cholesterol, a strong risk factor for PAD in women, is more common in Mexican American women (12%) than in African Americans (7%) and whites (8%). ¹⁶

- **[Obesity](#)** - In the US, African Americans have the highest rates of overweight and obesity. About 80% of African-American women, 74% of Mexican American women, and 70% of Native American and Alaskan Natives are overweight or obese, compared with 58% of white women. ¹⁶

- **[Smoking](#)** – Smoking and smokeless tobacco use is highest among Native Americans and Alaskan Natives, and 28% of these women are current smokers. ¹⁸ Meanwhile, 21% of white women, 18% of African-American women, 11% of Hispanic women,

and only 5% of Asian women smoke.

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Should I tell my doctor about my racial or ethnic background?

Yes. Telling your doctor about your racial and ethnic background will help him or her to better estimate your disease risks. It is important to include this information on the social and family history section of the patient information form you fill out when you visit a doctor for the first time. Visual clues such as facial features or skin color have only a slim correlation with our race,

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so it is more helpful to tell your doctor where your ancestors are from than to have the doctor guess if you belong to some broad category such as black, white, or Asian.

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It is also important to let your doctor know how long you and your family have been living in the US because where you live now can sometimes reveal more about your health risks than your racial or ethnic background. For example, a study of Japanese and Japanese Americans living in Hawaii found that Japanese Americans had higher total cholesterol, a greater incidence of diabetes, and had more fatty plaque in their arteries than their peers still living in Japan.^{20,21}

If I cannot change my race, why it is important that I know how it affects my risk?

Because African American women are more likely to develop PAD than women of other races, it is especially important for them to take steps to lower their risk. Whatever your race or ethnicity, getting your risk factors under control can reduce your risk of developing PAD.

There is no evidence that treatment of PAD or blood clots should be different for women of different races, or that minority women receive less benefit from proven prevention strategies.²²

See [Preventing PAD: The Basics](#) to learn how you can control your risk factors and reduce your risk of developing peripheral artery disease.

See also:

[Race, Ethnicity & Vein Disease Risk](#)

[Race, Ethnicity & Heart Disease](#)

[Race, Ethnicity & Stroke](#)

For More Information

[Why the Difference? An Initiative on Racial/Ethnic Disparities in Medical Care](#)

[U.S. Department of Health & Human Services Office of Minority Health](#)

[CDC Office of Minority Health and Health Disparities](#)

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