

### 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.<sup>1,2</sup>

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

[vein disease](#)

, 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:<sup>5</sup>

- 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 veins?

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 unhealthy diet that makes you more likely to become [overweight or obese](#) and to develop

[diabetes](#)

, both risk factors for vein disease.

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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.<sup>7</sup>

### 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, such as diabetes.<sup>4</sup> See also: [Family History & Vein Disease Risk](#) .

### Is vein disease more common in certain races?

Disease in the peripheral veins is more common in certain races. African Americans are at the highest risk, and are 30% more likely than whites to suffer a blood clot in the veins of the legs ( [deep vein thrombosis](#)

, or DVT) that can travel to the lungs and cause a potentially deadly pulmonary embolism.

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People of Asian or Native American backgrounds have a much lower risk, 70% less than whites.

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The reasons for these differences are not well understood. Differences in blood clot risk factors may be partly to blame: African-Americans who suffer a DVT or pulmonary embolism are more likely to have diabetes and kidney disease, while whites are more likely to have cancer.<sup>11</sup>

African Americans who suffer a DVT or PE are five times as likely to have complications, and 30% more likely to die within 30 days than whites are.<sup>12,13</sup> However, there is no evidence that African Americans are less likely to receive proper treatment or recommended diagnostic tests.

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### Are certain races more likely to have vein disease risk factors?

Yes. Some, but not all, of the racial disparities in vein disease 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.<sup>15</sup>

- **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.

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- **Smoking** – Smoking and smokeless tobacco use is highest among Native Americans and Alaskan Natives, and 28% of these women are current smokers.<sup>16</sup>

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,<sup>17</sup>

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 were more likely to have diabetes than their peers still living in Japan.<sup>18</sup>

### **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 blood clots in the veins than women of other races, it is especially important that they take steps to lower their risk. Whatever your race or ethnicity, working with your doctor to get your risk factors under control can reduce your risk of developing vein disease.

African Americans may be at particularly high risk for blood clots after "triggers" like surgery or hospitalization.<sup>8</sup> Because of this, African-American women in particular need to know their [DV T risk](#) and work with their healthcare team to prevent blood clots when undergoing surgery or long periods of immobility.

There is no evidence that treatment of blood clots should be different for women of different races, or that minority women receive less benefit from proven prevention strategies.<sup>19</sup>

See [Preventing DVT: The Basics](#) to learn how you can control your risk factors and reduce your risk of developing blood clots in the veins.

See also: [Race, Ethnicity, & PAD Risk](#)

### 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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