

Title Page High Blood Pressure in the Black Community: A Public Health Crisis

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Abstract

High blood pressure, or hypertension, disproportionately affects the Black community in the United States. This report explores the complex social, cultural, and structural factors that have made hypertension a silent epidemic among African Americans. Drawing on public health data, historical injustices, and personal reflection, the report underscores the need for systemic change. From lack of access to nutritious food to the enduring mistrust in healthcare systems, this issue touches every part of Black life. With empathy and urgency, this report advocates for holistic and culturally responsive solutions to protect future generations.

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1. Introduction

High blood pressure is a national concern, but in the Black community, it is a generational curse. This condition, often undiagnosed and untreated, contributes to some of the highest mortality rates from heart attacks, strokes, and kidney failure. We must ask ourselves why this disease disproportionately affects our people, and what we can do to stop it. The answer lies in a tangled web of history, inequality, cultural identity, and survival.

2. Understanding Hypertension

Hypertension is when the blood in our arteries pushes too hard against the walls, wearing down the heart over time. According to the CDC (2023), nearly 1 in 2 adults in the United States have high blood pressure, but Black Americans have the highest rates of all racial and ethnic groups. This isn't just about biology. It's about environments, stress, and access to care.

3. Disproportionate Impact on the Black Community

African Americans are 40% more likely to have high blood pressure than whites, and almost twice as likely to die from it (American Heart Association, 2022). These are not just numbers. They represent parents, brothers, daughters, and grandmothers. My own grandmother, a strong woman from rural Mississippi, has lived with hypertension for decades. I remember the brown pill bottles on her table and the worried looks exchanged when her pressure “shot up again.” She survived a minor stroke, but her energy has never been the same. Watching her struggle to walk, to cook, to laugh the way she used to, showed me the long shadow hypertension casts.

4. Historical Context: Trust and Trauma

We cannot talk about health in the Black community without mentioning Tuskegee. The infamous Tuskegee Syphilis Study, where Black men were denied treatment so researchers could watch their symptoms, remains a wound that never fully healed (Washington, 2006). Medical apartheid has bred a mistrust that lingers in waiting rooms and prescription bottles. As Smith (2021) noted, “Black patients are more likely to be dismissed, misdiagnosed, or under-treated,” leading to fatal consequences. When the system treats you as less than human, why trust it with your life?

5. Socioeconomic Barriers and the Food Desert Dilemma

Healthy food is expensive. In many Black neighborhoods, fast food joints outnumber grocery stores. You might pass three liquor stores and four fried chicken spots before finding fresh produce. This is not coincidence—this is systemic. According to the CDC (2023), food insecurity directly correlates with higher rates of hypertension. Whole Foods and Trader Joe’s are often associated with affluent white areas. When I asked my uncle why he eats fast food every day, he said, “I ain’t got time to be gourmet. Burgers are \$2. Salad is \$10.” That false economy is killing us.

6. Cultural Influences and Family Traditions

Our food is our heritage. Sunday dinners with collard greens, cornbread, and smothered pork chops are sacred. But they can also be deadly. These traditions, rooted in survival and love, now clash with modern health challenges. Education must not shame our history but build on it. Programs like “Healthy Soul” cooking classes are teaching families to make nutritious versions of cultural staples. Sweet potatoes roasted with olive oil and cinnamon instead of drowning in sugar. Turkey necks instead of pork. This is how culture evolves.

7. Mental Health and Racial Stress

Chronic stress from racism, financial hardship, and over-policing contributes directly to high blood pressure. The body keeps score. As the National Institute of Mental Health (2022) explains, constant stress activates the body’s fight-or-flight response, raising blood pressure and wearing down organs. For many Black men, expressing emotion is discouraged. We bottle it up until it bursts—in our hearts, in our heads, in our homes. Therapy, spiritual guidance, and emotional wellness must be central in public health approaches.

8. Community-Based Interventions and Case Studies

In South Los Angeles, a barbershop-based blood pressure screening program helped reduce undiagnosed hypertension by 25% (Murray et al., 2018). In Kansas City, a church hosts “Heart Sundays” with health professionals checking blood pressure and offering counseling. In both cases, the key was meeting people where they are. No white coats. No judgment. Just neighbors helping neighbors. As one participant shared, “I came for a haircut, left with a plan to live longer.”

9. Personal Reflection and Observations

I think about my grandmother often. Her hands that held me as a baby now tremble. Her once-booming laugh now comes out in short breaths. And I ask myself, how many other Black grandmothers are out there, suffering silently? This report is for them. For the children who will inherit our legacy—good or bad. Public health is not just policy. It’s a fight for our families, our futures, and our freedom.

10. A Call to Action

We need community gardens. Mobile health units. Nutrition education in schools. Representation in medicine. Cultural humility in healthcare. Churches, schools, and barbershops must become centers of health, not just culture. We must normalize checkups the way we normalize haircuts. And yes, we must fight for policies that bring grocery stores to our neighborhoods and hold healthcare providers accountable.

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