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Commentary

Response to the letter to the editor by Silverman-Lloyd et al. entitled: “Race is not a risk factor: Reframing discourse on racial health inequities in CVD prevention”



We thank Silverman-Lloyd and colleagues for their letter [1] in response to an article published in March 2021 in the *Journal* entitled, “Ten things to know about ten cardiovascular disease risk factors” [2]. This article accurately portrayed and nicely summarized important points about key risk factors, including the findings of many studies showing differences in risk factors and disease among persons self-identifying themselves in different racial and ethnic groups. Nevertheless, we are in agreement with Silverman-Lloyd and colleagues that the authors did not adequately define race and ethnicity.

Race is socially constructed and is problematic when used as a proxy for an underlying biologic process or as a genetic category. In doing so, race becomes a non-modifiable risk factor than can undervalue and obscure the identification of structural causes of health disparities and impede progress toward health equity. However, this socially constructed classification of race does have implications for health outcomes and identifies groups who experience health disparities.

More importantly, the all-important issue of structural racism as the underlying cause of many of the identified disparities in cardiovascular disease and its risk factors was unfortunately absent in the article [2]. Unquestionably, we cannot agree more for the need to address racism and structural inequities as recent American Heart Association statements have recommended [3,4]. Finally, the language describing different racial and ethnic groups as identified in the paper was not optimal to fulfill the standards of the *Journal*.

Clearly, the *Journal* must be committed, as the authors point out, to the use of inclusive language, as well as promoting diversity, including the appropriate representation of the diverse populations discussed in many of our published papers. To this end, the *Journal* will continue to increase the diversity of our editorial board. Moreover, further instructions are being included to authors to ensure the use of inclusive language while avoiding the use of potential derogatory language. Finally, the *Journal* has assembled a Diversity Task Force, including several key editorial board members, who will help to promote a culture of inclusivity that will ensure the *Journal*'s priorities in publishing research, reviews, and practice statements that aim to reduce disparities in cardiovascular disease prevention among diverse and disadvantaged populations.

Declaration of Competing Interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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