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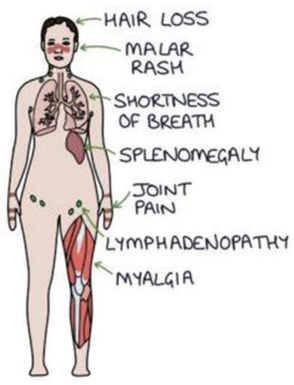
Examining Debt and Inflammation in African-American Women with Lupus

This project investigates how debt shapes inflammatory markers of early cardiovascular disease in African-American women with and without systemic lupus erythematosus. Using three years of longitudinal data from the VISTA cohort, findings will identify debt as a potentially modifiable driver of cardiovascular disparities in this population.

SYSTEMIC LUPUS ERYTHEMATOSUS (SLE)

- SLE is the most common form of lupus
- Chronic autoimmune disease: immune system attacks the body's own tissues
- Causes systemic inflammation affecting skin, joints, kidneys, heart, and more
- Disproportionately affects women, and African-American women most severely

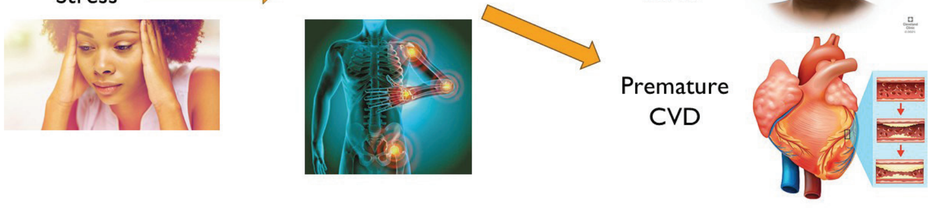


THE PROBLEM

- African-American women develop lupus at rates 2-3x higher than their white counterparts and at younger ages
- African-American women with lupus die from heart disease nearly 20 years earlier than African-American women without lupus
- This gap is not fully explained by traditional risk factors



STRESS → INFLAMMATION → DISEASE



In African-American women with lupus, debt is especially consequential

- Diagnosed young, before finishing education or careers
- Disease interrupts work
- Medications are expensive and lifelong
- Wealth takes time this population does not get

POLICY AND CLINICAL PRACTICE

Medication access, financial counseling, structural reform

INTERVENTION STUDIES

Test whether targeting debt reduces cardiovascular risk

MEDIATION AND CAUSAL INFERENCE

Clarify how debt drives inflammation over time

THIS WORK: FOUNDATIONAL EVIDENCE

First longitudinal study of debt and inflammation

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