Cardiovascular disease (CVD) remains the leading cause of death in the U.S. Black Americans have worse cardiovascular health (CVH) and the highest rates of CVD among all racial groups. Over the past 4 to 5 decades, such racial/ethnic disparities have grown as overall declines in cardiovascular-related mortality have been less pronounced in Black individuals compared to other groups. In current public health literature, structural racism is recognized as a major driver of racial/ethnic inequities. However, examinations of the role that structural racism plays in shaping the distribution of resources and opportunities across neighborhoods—which has been demonstrated to significantly impact numerous health outcomes—are largely absent. Specifically, there remains a critical gap in knowledge about how historical and contemporary forms of structural racism affect CVD risk, and in establishing the context of residential segregation as a geospatial manifestation of historical discriminatory policies, such as redlining. In this talk, I will provide an overview of the literature on structural racism and CVD and present results from The Multi-Ethnic Study of Atherosclerosis, where we examined associations between historical redlining and ideal CVH at baseline and 10 year changes in CVH.