

Minorities don't receive same health benefits of college completion as white peers

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A new study from the University of North Carolina at Chapel Hill finds that black and Hispanic young adults from disadvantaged childhoods do not enjoy the same health-promoting benefits of college completion as their upwardly mobile white peers. The paper is the first to document improved mental health but worse physical health risk associated with college completion among disadvantaged minority young adults and it illustrates the importance of programs and policies that support the upward mobility of minorities.

"Our findings provide a piece of the puzzle for why racial disparities in health persist at equal levels of education," says senior author Kathleen Mullan Harris, James Haar Distinguished Professor at UNC and faculty fellow at UNC's Carolina Population Center (CPC). "The physical health of disadvantaged minorities who manage to get ahead and achieve upward mobility is compromised in [young adulthood](#)."

The study draws on data from the National Longitudinal Study of Adolescent to Adult Health (Add Health), the largest, most comprehensive longitudinal study of adolescents ever undertaken. First interviewed in the mid-1990s, the adolescents have been followed for more than 20 years into young adulthood. The research team used characteristics of the adolescents' family, neighborhood, and school environment to measure socioeconomic disadvantages in early life. Among those from [disadvantaged backgrounds](#), the researchers then contrasted depression and [metabolic syndrome](#) (a cluster of physical health conditions that increase the risk of heart disease, stroke, and diabetes) for [college](#) graduates and non-college graduates in young

adulthood among whites, blacks, and Hispanics.

Gaydosh, Harris and colleagues examined depressive symptoms as an outcome of mental health, and metabolic syndrome as a measure of physical health. The team found that college graduates had lower depression in young adulthood regardless of childhood socioeconomic background, race, or ethnicity. But the study suggests that while whites who complete college had lower rates of metabolic syndrome than non-graduates, blacks and Hispanics from disadvantaged backgrounds were more likely to have metabolic syndrome if they completed college, compared to those who did not complete college.

Take for example two individuals who were raised in severely disadvantaged backgrounds - one who completes college, and the other does not. Our statistical analyses predict that if these two individuals are white, the [college graduate](#) is 3 percentage points less likely to have metabolic syndrome than the non-graduate (31 percent compared to 34 percent). If the two individuals are black, the pattern is reversed; the black college graduate is 9 percentage points more likely to have metabolic syndrome than his/her less educated peer (43 percent compared to 34 percent). Similarly, for Hispanics, the college graduate is 8 percentage points more likely to have metabolic [syndrome](#) than the non-graduate (45 percent compared to 37 percent).

The study will be published on Dec. 18, 2017 in the *Proceedings of the National Academy of Sciences* (an embargoed version is available on the EurekaAlert link below).

"American minorities we studied, who strive to overcome backgrounds of socioeconomic disadvantage by completing college, continually face barriers that impede their progress and inflict wear and tear on their bodies," says Lauren Gaydosh, postdoctoral scholar at CPC and the study's first author.

"We found upwardly mobile minorities are psychologically hardy, which may in part explain how they are able to persevere in the face of significant adversity," says Gaydos. "But the constant effort needed to overcome obstacles blocking their opportunity —discrimination, isolation—is stressful, and takes a toll on their [physical health](#)."

"It's clear that there is something distinct about achieving upward mobility for minorities in the United States that prevents them from receiving the same health benefits as whites," Harris adds. "We have yet to see whether such health risks continue through adulthood, or whether later in life they are able to translate their new socioeconomic advantage into [health](#) protection. But we collectively need to develop programs and policies that make success more common and less stressful."

More information: Lauren Gaydos et al., "College completion predicts lower depression but higher metabolic syndrome among disadvantaged minorities in young adulthood," *PNAS* (2017).
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