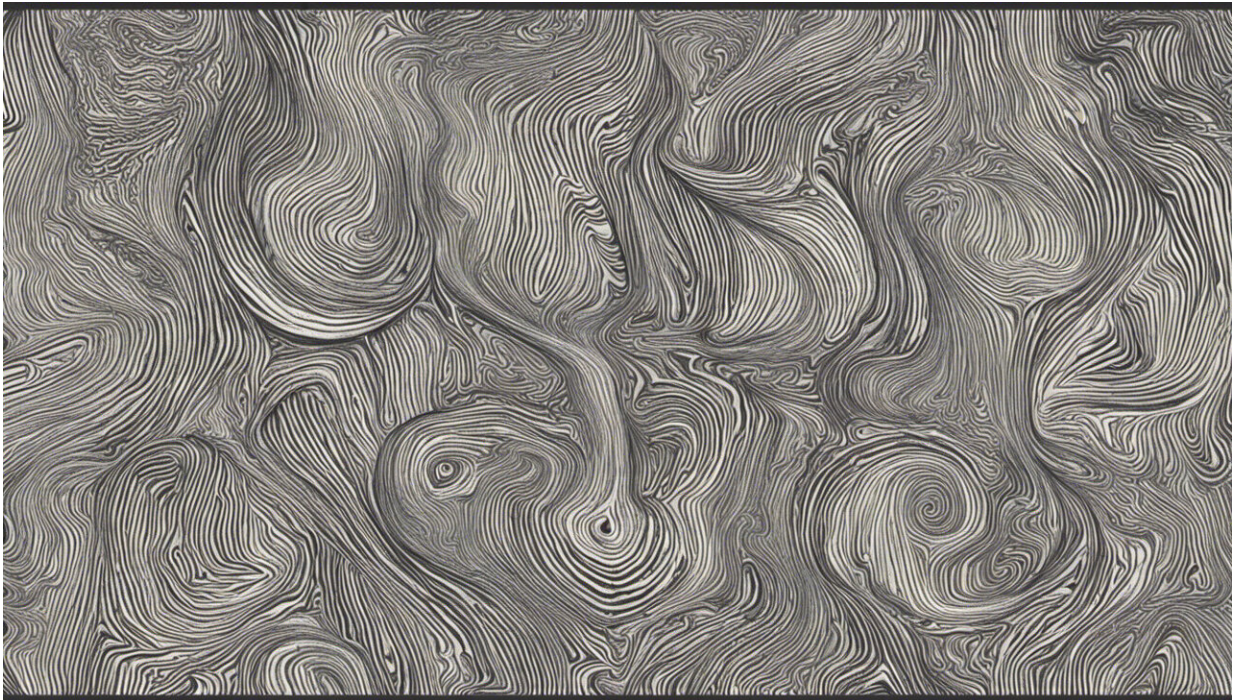


Why it's hard for blacks to "pull themselves up by bootstraps" when it comes to health

September 4 2018, by Shervin Assari



Credit: AI-generated image ([disclaimer](#))

Many Americans deeply believe that people should pull themselves up by their bootstraps. After all, individual responsibility is a core [American value](#). Too much emphasis on an individual's responsibility, however, may result in overlooking the societal and historically causes that keep racial minorities such as blacks at an economic and health

disadvantage.

As a member of University of Michigan's [Institute for Healthcare Policy and Innovation](#), [Poverty Solutions](#) and Department of [Psychiatry](#), I study [racial inequalities](#) in health. My [research](#) has shown that it is not lack of personal responsibility, low motivation or culture of poverty but deeply entrenched societal factors such as racism and discrimination that cause such disparities.

In fact, my research indicates that society differently rewards blacks and whites with the very same level of [self-reliance](#) and [education attainment](#). As long as such society treats social groups differently, any policy that over emphasizes individual responsibility has the potential to unintentionally widen the racial health inequalities.

Bootstraps better serve whites than blacks

In my research, I have compared the effects of three indicators of individualism and self-reliance on blacks and whites. Specifically, I looked at: the sense of control over one's life; [self-efficacy](#), or a person's belief in his or her ability to produce certain performance standards; and mastery, or a sense of feeling competent at life's tasks. Together, these indicators reflect one's ability to constructively control life and the environment, which has a direct effect on the quality of their health.

What I have found suggests that the idea of using bootstraps to pull oneself from poverty which is useful for whites is not similarly applicable to blacks in United States.

In a national sample of older Americans, having a high [sense of control](#) was associated with living longer, but this was the case for whites only and not blacks. That is, while a high sense of control was giving whites extra years to live, blacks were dying regardless of their sense of control

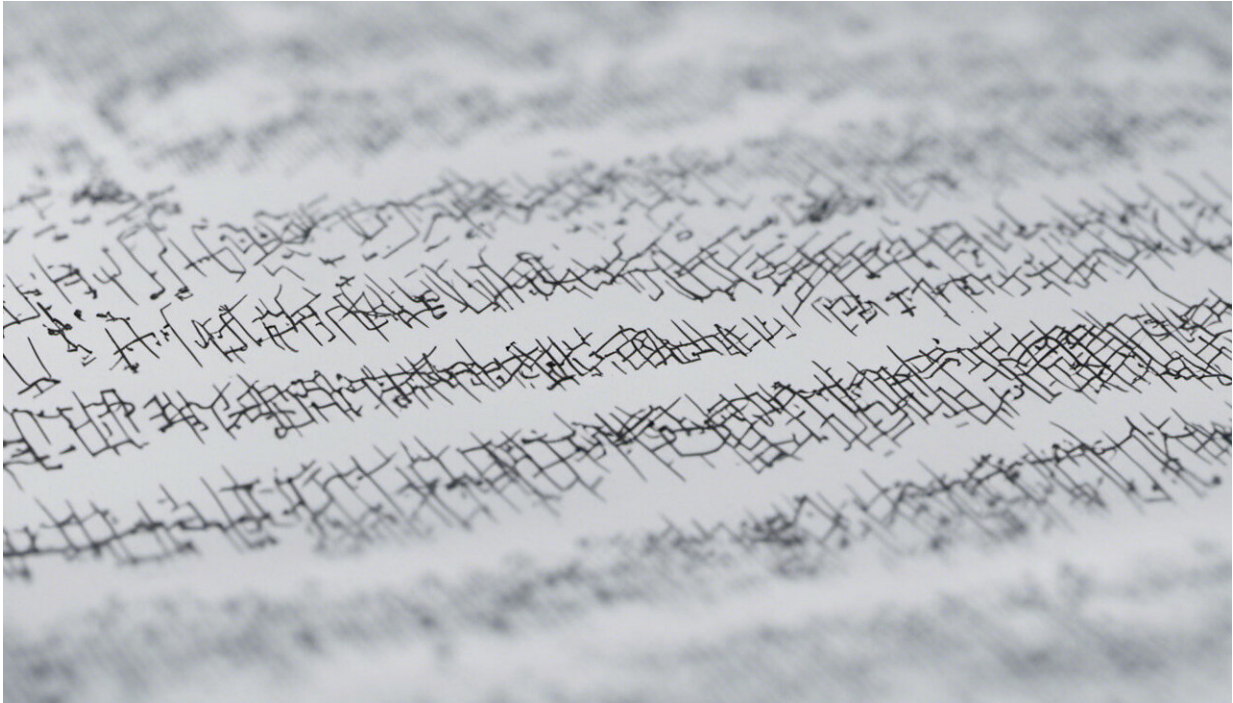
over their lives.

In a 25-year longitudinal study of adults from 1986 to 2011, I found similar results for the effects of [self-efficacy](#) on mortality. Again, only whites, but not blacks, lived longer if they had high self-efficacy.

I found similar results for the link between depression and sense of [mastery](#), or a feeling of having command of one's life. While whites with a high sense of mastery experienced less depression, blacks with a high sense of mastery still showed symptoms of depression.

Although indicators of individualism are beneficial to the health and well-being of whites, according to [several studies](#) by my team, these indicators fail to protect blacks. Ironically, a high sense of desire to take control over their lives puts blacks at an [increased](#) risk for mortality.

So, it appears that, due to systemic, [persistent injustice and pervasive inequalities](#), the health gain from being able to pull oneself up by the bootstraps is considerably smaller for blacks compared to whites.



Credit: AI-generated image ([disclaimer](#))

Whites gain more from better jobs, income and education

My results also show that health gains do not accrue to all races equally. For example, health gains due to [education](#), [employment](#), and [income](#) are systemically smaller for blacks than whites. For example, the effects of education on [smoking](#), [drinking](#) and [diet](#) are smaller for blacks than whites.

[Black men](#) gain very little life expectancy from being employed. The largest gain from employment goes to white men.

In the same manner, blacks' [physical](#) and [mental](#) health benefit from marriage is smaller compared to whites.

Also, there is a smaller gain with increased income for blacks when it comes to health. Typically, as income increases, the number of chronic diseases and risk of depression decreases. The protective effect of income on [depression](#) and [chronic disease](#), however, are smaller for blacks than whites. In other words, the same dollar buys less physical and [mental health](#) for blacks than whites. While [white](#) children from wealthy families are protected against [obesity](#) and [asthma](#), family wealth fails to protect black children against same conditions.

Thus, highly educated [racial minorities](#) are not enjoying the fruits of their labor, with the returns of their investment being minimum for them. My studies suggest that when a minority family climbs the social ladder, the system holds them back by giving them [smaller](#) economic and health returns for their investment.

Studies have shown these patterns also hold across generations; parents' socioeconomic status does not beget tangible health outcomes for their [children](#).

Wealthy and highly educated black men are more depressed

And, blacks sometimes face further hurdles when they succeed. For example, black [youth](#) and [adults](#), high socioeconomic status sometimes means more [discrimination](#). This explains why securing more [education](#) and [wealth](#) means a higher, not a lower, risk of depression for black families who do achieve higher education and wealth.

For example, in a nationally representative study of [black boys](#), high income was a risk factor for depression. In a 25-year follow-up [study](#), most educated [black men](#) showed an increase in their depression. In the same study, education was protective for other race by gender groups.

These findings are also replicated in [other studies](#) I have conducted and those done by [others](#).

It could be the case that [LeBron James](#) was onto something when he said, "No matter how much money you have, no matter how famous you are, no matter how many people admire you, being [black](#) in America is tough." Just because the U.S. had a [black president](#) does not mean racism is dead.

There is little doubt that blacks have to fight existing racism and discrimination at many levels. Police shootings, mass incarceration, residential and job segregation, and concentration of poverty and crime in urban areas are some examples of the barriers that many blacks, particularly [black men](#) deal with on a daily basis. My research indicates that these structural barriers to social advancement manifest themselves in health, notably how long people live and the [health](#) they enjoy during their lifetimes.

I believe that good policies are those that are designed based on [evidence](#), not political ideologies and values. The idea of pulling oneself up by own bootstraps does not equally apply to all race and ethnic groups, given the history of slavery and Jim Crow as well as the existing racism and segregation.

This article was originally published on [The Conversation](#). Read the [original article](#).

Provided by The Conversation

Citation: Why it's hard for blacks to "pull themselves up by bootstraps" when it comes to health (2018, September 4) retrieved 25 April 2024 from <https://medicalxpress.com/news/2018-09-hard-blacks-bootstraps-health.html>

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