

Racial discrimination linked to higher risk of chronic illness in African American women

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Less-educated African American women who report experiencing high levels of racial discrimination may face greater risk of developing chronic diseases, says a new study by UC Berkeley researchers.

The study of 208 middle-aged African American women from the San Francisco Bay Area is the first to examine the links between [racial discrimination](#) and allostatic load, a measure of chronic physiologic stress in the body that is a predictor of a variety of chronic diseases. Higher levels of educational attainment may buffer some of the negative [health](#) effects of discrimination, the team found.

"Racial discrimination has many faces. It is not being able to hail a cab, getting poor service in stores and restaurants, being treated unfairly at work, being treated unfairly by police and law enforcement and being followed around in stores because of racial stereotypes," said Amani M. Allen, an associate professor of epidemiology and community health sciences in UC Berkeley's

School of Public Health. "We found that experiencing racial discrimination repeatedly can create a state of biological imbalance that leaves certain groups of people more susceptible to chronic disease."

Numerous studies show that African American women have higher levels of allostatic load, a collection of biological factors like high blood pressure and high blood sugar that collectively raise an individual's risk of developing chronic illness. African American women are also more likely than other racial and gender groups to experience chronic diseases, including heart disease, stroke, diabetes and cancer.

While previous research has linked racial discrimination to specific conditions, this study, appearing online this month in the journal *Psychoneuroendocrinology*, is the first to examine the association between racial discrimination and allostatic load.

"We know that African American women suffer disproportionately from chronic disease, and we know a lot about what contributes to these diseases—diet, physical activity, access to care and even genetics in some cases," Allen said. "However, these factors fall short of explaining the disparities faced by African American women. The goal of our study was to examine whether racial discrimination is in itself a type of stressor that may be related to higher levels of allostatic load, thereby increasing risk of chronic illness among this group."

Education may be a powerful predictor of health

Each participant completed a questionnaire rating their experiences of racial discrimination in different contexts, including finding housing, finding employment, at work, at school, getting credit for a bank loan or mortgage, and in healthcare settings. The team also gave each participant a physical exam, recording their height, weight, blood

pressure, blood sugar and measures of inflammation and other health indicators that can contribute to allostatic load.

Study participants were provided with the results of their physical exams and given educational materials about health risks facing African American women. "It was important to us that this be an informative experience for them," Allen said.

The team broke down the analysis by educational attainment and poverty status, unearthing some surprising trends. For African American women with a high school diploma or less, experiencing a high level of racial discrimination correlated with much higher allostatic load. However, this trend was reversed for highly educated women, for whom very high levels of racial discrimination correlated with lower allostatic load.

The researchers hypothesize that these differences may be partly attributed to how women interpret the racial discrimination they face.

"There are better health outcomes associated with those who attribute their racial discrimination experiences to systemic racism and do something about it as opposed to just accepting it and engaging in self-blame," said Marilyn D. Thomas, a doctoral candidate in epidemiology at Berkeley. "Since we found that less-educated women were less likely to report racial discrimination, we suspect that those who have higher education may be more prepared to acknowledge and report racism versus internalizing it and blaming themselves."

While the relationship between racial discrimination and allostatic load also varied by poverty status, the trends were not as pronounced as they were for education level.

The researchers stress that while education is a powerful predictor of health, it should not be seen as an antidote to the potential adverse health effects of racial [discrimination](#).

"We need to think about the determinants of health in different ways," Allen said. "They are not just access to care, genetics or even socioeconomic position. We need to look at the social conditions of

people's day-to-day lives, and how we might improve those conditions so that every person, regardless of their race, their gender or anything else, has an equitable opportunity to live optimally. Unequal treatment is bad for health."

More information: Amani M. Allen et al. Racial discrimination, educational attainment, and biological dysregulation among midlife African American women, *Psychoneuroendocrinology* (2018). [DOI: 10.1016/j.psyneuen.2018.09.001](https://doi.org/10.1016/j.psyneuen.2018.09.001)

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