

# Race Masks Health-Disparity Complexity

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There are considerable health disparities in American society that seem to be tied to race. White people, for instance, live many years longer on average than African Americans. In his keynote address at the 24<sup>th</sup> APS Annual Convention, James S. Jackson of the University of Michigan, who is African American, joked that he could live seven more years just by saying on a survey he was White.

There's a lot more to health disparities than how people self-report their race on questionnaires. The statistical complexity of social-group outcomes has led Jackson to challenge the "easy" idea of race as an explanation for physical and mental health disparities.

[James S. Jackson – The Masquerade Of Racial Group Differences](#) from [Psych Science](#) on [Vimeo](#).

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"Racial group differences that we observe are really only a masquerade — and in fact, they are not really racial group differences at all," Jackson said.

Whites tend to have better physical health than African Americans. By middle age, Black people have worse rates of smoking, obesity, physical activity, and alcohol and drug use. The same pattern exists for Type II diabetes in women and hypertension in men.

But oddly enough, there are hardly any physical health differences between Whites and Blacks during infancy and early childhood. That fact would seem to negate the idea of race as a "smoking gun" for health disparities.

Meanwhile, African Americans have better mental health than Whites. The lifetime prevalence rates for all major depressive disorders have been lower for African Americans since the 1980s, said Jackson. That's not what researchers would expect to find if socioeconomic status, which tends to favor Whites, were the defining marker of racial health differences.

"There's no one single factor that produces the observed physical and mental health disparities," Jackson said. "It's a group of small differences that accumulate over the life-course that indeed produce the observed differences we see in middle-age and older ages among groups."

His work over the years has shown that these differences can be explained not by race alone but by a confluence of cultural factors and behavioral responses to stress. When faced with stress, people tend to turn to coping mechanisms such as comfort foods, alcohol, cigarettes, or drug use.

Jackson has found that these coping strategies have different effects on Blacks and Whites. For instance,

bad coping behaviors tend to increase the probability of depression in White people. In contrast, bad coping behaviors tend to buffer Blacks from developing psychiatric disorders. These habits may save African Americans mental anguish, but at the expense of physical health problems, such as Type II diabetes.

Jackson proposes that these behaviors are adaptive rather than hedonic. As he succinctly put it: African Americans may buy reduced rates of mental health problems with higher rates of physical ones.

“Race itself is a very complex construct that in adulthood captures a wide set of life experiences that are very difficult to array along the simple dimension of Black-White,” he said. “We’re actually arguing that individuals become racialized through their experiences over the life-course within a particular culture during unique periods of historical time — that Blacks actually don’t start off life as Black. They end life as Black, but that’s not where they start out.”

The reason Whites don’t receive the same protective benefit from bad behaviors is because their material resource advantages “lead them to be protected in general,” Jackson said. He and his collaborators underscored this point by manipulating the statistics to make a White profile look Black and vice versa. Doing this — essentially controlling for race — demonstrates that even as race disappears, the health trends remain.

The reconfigured numbers make a clear case. In Whites with statistical similarities to African Americans, the protective effect of bad behaviors on mental health exists just as it does for Black people. In Blacks who are statistically similar to Whites, the reverse trend holds true. Simply put, social criteria matter more than race when predicting health outcomes.

“This is not a story about race, but it is a story about the ways in which privilege is conveyed,” said Jackson. “When you unpack that and look at people, regardless of what their race is, where they have not lived those protected kinds of lives, you indeed get these kinds of effects. It’s *not* a race effect.”