

# Understanding Race Differences in Health Disparities

December 01, 2007

The knowledge of racial inequities in America is hardly breaking news. Our country's long history of segregation and discrimination continues to reverberate in many areas of our society. Nowhere are the effects of discrimination more evident than in the health status of black Americans.

“Over the life-course, blacks, more than any other [racial] group, live the fewest years and a high proportion of those years are in poor health” said APS Fellow and Charter Member James S. Jackson during his James McKeen Cattell Fellow Award Address at the APS 19th Annual Convention. Jackson is leading the charge to understand and curb these differences. As a professor of psychology and director of the Institute for Social Research at the University of Michigan, he examines the health gap between African Americans and non-Hispanic Caucasians.

The James McKeen Cattell Fellow Award recognizes APS Members for a lifetime of outstanding contributions to applied psychological research that addresses a critical problem in society. Jackson has dedicated his life to applied social research. He is the principal investigator on over two dozen NIH and NSF grants and, according to the University of Michigan, directs “the most extensive social, political, behavioral, and health surveys on the American and Caribbean populations ever conducted.” Jackson was elected to the Institute of Medicine of the National Academies of Science in 2002 and also served on the Board of Scientific Counselors of the National Institute on Aging.

In his talk, Jackson outlined some of his recent findings and provided hypotheses for the causes of racial health disparities. Throughout the lifetime, small group differences in genes, race, stress, and socioeconomic status have interacted to create interesting patterns in health disparities, said Jackson. Up until age one, death rates are much higher for blacks than for whites. The ultimate result is an African American population that is heartier than average, or “selected” in the evolutionary sense. African Americans who survive beyond infancy are much more resilient than their white counterparts, leading to a relative lull in health problems early in life. But as they age, the everyday stressors of being materially disadvantaged and geographically segregated begin to wear this resiliency down. Jackson explained that “African Americans are suffering stressors over their life-course, but because they are more highly selected, they are able to resist those stressors in early years of life, but [health difficulties] arise because they can only suffer for so long.”

As stressors become overwhelming, individuals begin to utilize stress-coping mechanisms. Doctors and therapists preach that simple activities such as jogging or taking a swim are excellent remedies to alleviate such stress. But, as Jackson noted, it is considerably easier to instead reach for readily available junk food, cigarettes, or alcohol, especially in low-income areas where parks, pools, and gyms are likely to be unavailable. Exercise becomes an even less viable option as a person ages and the body begins to break down, further contributing to declining health in middle age.

Jackson's resilience hypothesis falls in line with public health data: Rates of smoking, alcohol use, and

obesity increase in later years of life, whereas vigorous activity declines precipitously.

He extends his perspective on racial health disparity to mental illness. One could reasonably expect that with such continuous stress in life, African Americans would demonstrate much higher rates of mental disorders than would whites. This is not the case, however, as whites tend to have higher rates of mental disorders than African Americans.

So how does Jackson reconcile these differences? To be certain, stress remains the main culprit. But the poor health behaviors that African Americans have been shown to engage in may actually be warding off mental illness.

To understand this fully, Jackson referred to the neurological underpinnings of our stress response. In stressful situations, the hypothalamic-pituitary-adrenal (HPA) axis releases the chemicals corticotropin releasing factor (CRF) and cortisol, and the brain continues to release them while under constant stress. Long-term activation of this system is related to the development of some mental disorders, particularly mood and anxiety disorders.

Comfort foods, which are high in fats and carbohydrates, have been shown in animal studies to inhibit the release of CRF, which in turn may aid in the shutdown of the stress response. Alcohol, nicotine, and drug use stimulate the release of dopamine and beta-endorphins, which lead to feelings of relaxation and calm. Paradoxically, these substances may also further activate the HPA axis. Thus, “individuals may be psychologically released from stress, but are not physically relieved of the effects of stress,” said Jackson.

“Poor health behaviors buffer the relationship between negative stressful events on the one hand and major depression on the other hand,” he continued. This results in an unfortunate situation in which mental illness is averted at the cost of physical health and a shortened lifespan, something that Jackson described as a “perverse interaction.”

Dan Quayle once quipped “a mind is a terrible thing to lose,” a regrettable play on the United Negro College Fund’s banner “a mind is a terrible thing to waste.” But Jackson noted that Quayle’s misstatement described a burgeoning phenomenon in the African American community, where maintaining sanity was becoming a major task requiring considerable psychological resources. Unfortunately, the components that could aid in stress reductions — the swimming pools, the playgrounds, and the recreation centers — have either gone missing or have been underutilized, and the consequences are being displayed in the form of major health problems.