Playing the Race Card? The Impact of Social Discrimination on Hypertension in African Americans

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African Americans are more susceptible to hypertension, a chronic disease characterized by high blood pressure, than other ethnic groups. This racial disparity has existed for decades in the US, and researchers have attributed this difference in prevalence of hypertension to exercise, eating habits, smoking, and other similar social determinants (Centers for Disease Control and Prevention, 2016). Unfortunately, the epidemiological evidence backing these claims has not been challenged, and the discussion regarding elevated risk of hypertension in African Americans has usually revolved around conventional environmental factors or unavoidable circumstances such as genetics and salt sensitivity. However, extensive research on the effect of these traditional environmental agents of disease on different populations has led many researchers to conclude that these causes do not account for the large gap in prevalence between African Americans and other ethnic groups.

The Centers for Disease Control and Prevention estimate that 75 million American adults suffer from hypertension. In the black community, approximately 58% of men and women are diagnosed with hypertension, compared to 44% of white Americans (Centers for Disease Control and Prevention, 2016). To explain this substantial disparity, discussion has shifted to the social discrimination that members of the black community encounter. Because African Americans experience more social injustice due to their race, such as income inequality, fewer chances to access higher education, and lack of access to health care, these particular psychosocial stressors result in an increased allostatic load.

Allostasis concerns the ways in which the body responds and adapts to stressors in order to regain homeostasis, its stable condition. To adapt to less-than-favorable situations, the body activates certain behavioural reflexes, such as the “fight or flight” response. Usually, the

response is associated with immediate danger to one's physical safety. However, it can also be activated in instances of more subtle stress, which in this case is the less overt presence of racism and discrimination. During these moments of lightened arousal, cortisol and other neuroendocrine hormones race through the bloodstream, increasing one's sensory sensitivity and cognitive function. While beneficial in many situations, if the response is activated constantly over an extended period of time, one's allostatic load increases (Logan 2008, pp. 201-208). Allostatic load refers to the cumulative wear and tear of the system, mainly the arteries through which neuroendocrine responses travel, and ultimately can result in heart disease and shorter lifespan (Kamarck 2012). Because of the increase in allostatic load, social discrimination manifests as hypertension, and ultimately shortens the lives of millions of African Americans.

I will be examining the various racism-fueled stressors that are experienced by African Americans. Psychosocial stressors can exist in many settings, from environmental tension to sociocultural expectations. By analyzing these different stressors, in addition to exploring their effects on allostatic load, health initiatives can be formed to combat against the prevalence of the disease in the black population.

In order to examine the effect of certain psychosocial stressors on African Americans' increased susceptibility to hypertension, I will follow two lines of inquiry. Firstly, I will justify that social discrimination is a major culprit of increased rates of hypertension in the black community. Additionally, in order to investigate the stressors of members of the black community, I will use common social beliefs among African American to explore the daily instances of social discrimination that members of the black community encounter. Researching

specific examples of social discrimination that cause dispersal of neuroendocrine hormones will result in the creation of an action plan to assist in combating the health disparity.

Culprits of Hypertension within African Americans

Researchers have found that the increased susceptibility of hypertension is found in all age groups among African Americans, thus disparaging the assumption that simply exercising and eating healthy will treat mass hypertension. An assessment was conducted to measure the blood pressure of black males and females aged 8-17. The blood pressures of black boys and girls were 2.9 and 1.6 mmHg higher, respectively, than those of white boys and girls (Muntner et al. 2004, pp. 2107-2113). Though the study was administered in 2000, the prevalence rates have only increased in both races since this time period, and patterns regarding adolescent hypertension are predicted to emulate this study. Because hypertension is developed at an earlier age in African Americans than Caucasians, researchers have concluded that this entails that hypertension is a "lifetime consideration" (Lackland 2014, pp. 135-138). With hypertension proven to be a disease that is found in African Americans regardless of age or behaviors such as smoking or insufficient nutrient intake, some researchers turn to genetics as a more reliable determinant susceptibility to hypertension.

Patterns that are specific to certain ethnic groups are often attributed to hereditary determinants. Although family history can influence the probability of disease of an individual, the hypertensive rates that affect the majority of the black population in the United States remains unexplained. Previous studies of hypertensive observations in African Americans portray tendencies that are not found in other African ethnic groups. For example, blood pressure usually acts in accordance with a circadian rhythm, and a decrease in blood pressure is often

experienced at nighttime. In African Americans, however, smaller drops in blood pressure are observed, and this nocturnal "nondipping" can lead to cardiovascular damage due to constant pressure on arterial walls (Spruill 2016, pp. 904-912). Because this pattern is not found in other black ethnic groups worldwide, it can be inferred that the black community in America is experiencing a detrimental factor on their health that their racial counterparts elsewhere in the world are not (Cooper et al. 1999, pp. 56-63). When analyzing differences between African Americans and their fellow ethnic groups in the Caribbean and Africa, a history of discrimination in America has increased the presence of psychosocial factors that are fueled by discrimination. The presence of racism in America, mostly absent in native regions, results in the increase in hypertension in black Americans.

Psychosocial Stressors of Environmental Discrimination

The daily social discrimination that African Americans experience can manifest in many different forms, from microaggressions to physical violence. It is not difficult to fathom that overt violence and hate crimes result in adrenalinic responses and increase allostatic load over time. However, even subtle acts of racism, though more inconspicuous, can result in the skyrocketing of an allostatic load, thus increasing the rates of hypertension in the black community. These quieter instances of racism may be exhibited through institutional racism, or sociodemographic implications. Many African Americans attribute income inequality, inferior housing, and lack of promotion within jobs to ethnic discrimination (Clark et al. 1999, pp. 805-816). An intriguing dichotomy between beliefs is established, as The Pew Research Center, an institute of demographic research, presents a popular belief among Caucasians that African Americans are not as economically and socially disadvantaged as much as they believe they are.

The Center also provided the statistic of black people being twice as likely to point to discrimination as a reason as to why they have a difficult time getting ahead (Pew Research Center 2016). The same pattern of discrimination perception has been observed for decades. It should be noted that the pattern of hypertensive black Americans strongly correlates with their perception of environmental racism as well. Environmental discrimination in the form of economic instability, fewer opportunities of employment, and substandard health care are only some of the extreme stressors for African Americans and, while these are instances of external factors that have the ability to increase allostatic load, internal expectations of the black population can have similar effects.

Psychosocial Stressors of Internalized Discrimination

Sociocultural factors within the black community can greatly influence the allostatic load of a black individual. Social constructs, such as colorism, are damaging to the mental health of African American psyche, and such internalized oppression stems in part from a status that could be referred to as "the best black." This is the idea that there are requirements for social equity with other ethnic groups, and many of these necessities are in opposition with certain inclinations of African American culture in the forms of language and appearance. This influences the way in which many African Americans believe they must look and speak, whether it be to acquire a certain job, or to increase their attractiveness. The consistent strain that these stressors induce over time results in greater activation of adrenalic substances in the bloodstream, as well as increased blood pressure levels (Mays et al. 2007, pp. 201-225). Analyzing these stressors that are within black society will assist in combating the effect that racism has on African American health.

The idea of colorism, different treatment based on shade of skin color, is prevalent within the black community. Descriptive terms such as “light-skinned” or “dark-skinned” are more than adjectives that describe complexion. Certain traits and behaviors can be implicitly associated with a person due to the complexion of their skin. Those of darker complexion face more racial profiling because of the stereotypes that darker African Americans are more troublesome than their lighter counterparts (Knight 2015). The possibility of being pulled over by law enforcement, automatically being viewed as a suspect in legal matters, and overall preference of lighter complexion over dark are great burdens to the psychosocial burden of an individual. Equally important are the politics of African American hair. While more applicable to black females than males, long, straight hair is often implicitly preferred in the black community in the same way that lighter-skin is valued (Parmer et al. 2004, pp. 230-242). The sentiment that qualification for certain positions, whether it be occupational or social, can be achieved through physical appearance is damaging to mental well-being, burdening the allostatic load of African Americans.

Similarly, the vernacular of many black Americans is adjusted in certain environments, and the constant concern of “linguistic code-switching” can serve as a common source of stress. This code-switching is the act of shifting between different language varieties. Ebonics, black speech, is a blend of the words ‘ebony’ and ‘phonics.’ Also known as African American Vernacular English, this type of speech includes different pronunciations and uses of words that are not usually used in the context of ‘regular’ English (Rickford). This is the nature of speech for many African Americans, but many outside of the black community have negative connotations associated with this style of language.

Makoni uses the term “linguistic profiling” which is used commonly to determine professionality and respectability. Humans have an innate understanding that intelligence is reflective of speech, and ebonics can make a white listener feel as though the speaker is less capable based on their speech patterns (Makoni et al. 2003, pp. 155-168). While the need to adhere to this discriminatory judgment may prompt an African American to speak formally, this is not the general consensus among all black Americans. “Talking white,” or speaking in a more formal version of English, can be viewed as less favorable in the eyes of African Americans, youth especially, as it is assumed that one is attempting to sound self-righteous or egotistical (Bouie 2014). These pressures of physical appearance and linguistics from within the black community are some frequent psychosocial stressors that can be experienced on a daily basis.

Discrimination is a health factor that is exclusive and common to minorities, specifically African Americans, and adequately explains the increased prevalence of hypertension in black Americans. The racist preferences of society have tainted the expectations for physical and social behavior, thus resulting in increased stressors as African Americans when they feel as though they must meet these discriminatory standards. In order to combat the health disparity of hypertension, schools could offer specialized time during the day to address common stereotypes and prepare African American schoolchildren for some of the stressors that they encounter on a daily basis. Because hypertension is developed at earlier ages in African Americans, education should be directed towards the youth in areas of discriminatory inclinations. Many would argue that to attempt to combat a biological problem caused by a social construct is futile. However, the public health arena has the ability to distribute educational materials and training against the effects of social discrimination on the health of black Americans.

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