Racial Discrimination Causes Inflammation and Related Chronic Illness Among African American Women at Midlife

By Monica Li

This study explores how persistent racial discrimination leads to increased inflammation and, consequently, more chronic diseases for African American women. The research uses the weathering hypothesis, which proposes that African Americans experience premature aging and related health issues due to the cumulative impact of the stress of enduring racial discrimination, including its social, economic, and political exclusion. In other words, the weathering hypothesis asserts that higher rates of disease, disability, and mortality seen in African Americans are physiological responses to structural and interpersonal racism rather than lifestyle contributions and lower economic status that are attributed to racial health disparities. Data were collected from 391 African American women, with a mean age of 49, who participated in the Family and Community Health Study.

The researchers collected blood assays provided by the women and assessed inflammation using "seven cytokines central to the inflammatory response" (p.7). Women also reported their discrimination experiences and doctor-diagnosed chronic diseases. While socioeconomic status (SES), in part, contributed to the women's chronic diseases, the findings support the weathering hypothesis, showing that over and above the effect of SES, persistent racial discrimination predicts higher inflammation levels, which in turn relates to chronic diseases, such as heart disease, diabetes, and liver disease. According to the researchers, "in large measure, heightened inflammation (physiological weathering) accounted for (mediated) much of the association between racial discrimination and number of chronic diseases reported." (p. 12)

Sources

Simons, R. L., Lei, M.-K., Klopack, E., Zhang, Y., Gibbons, F. X., &; Beach, S. R. (2020). Racial discrimination, inflammation, and chronic illness among African American Women at Midlife: Support for the weathering perspective. Journal of Racial and Ethnic Health Disparities, 8(2), 339–349. doi:10.1007/s40615-020-00786-8