Discrimination Elevates Hypertension Risk for African Americans

Those who experienced even moderate levels of bigotry daily showed an almost 50% greater risk of developing high blood pressure.

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In the United States, African Americans are more likely than other racial and ethnic groups to develop high blood pressure. While traditional factors, such as diet and physical activity, play a major part in this health disparity, new findings published in the American Heart Association (AHA) journal Hypertension suggest that being discriminated against throughout their lifetime also increases Black people's risk of developing this cardiovascular illness.

For the study, researchers reviewed the data of 1,845 African Americans ages 21 to 85 enrolled in the Jackson Heart Study. The inquiry focused on heart disease among Black people in areas of Jackson, Mississippi.

Researchers found no cases of hypertension among participants during their first medical visits between 2000 and 2004. Individuals also completed two follow-up visits; the first during 2005 through 2008 and the second from 2009 through 2013. (Participants self-reported their experiences with discrimination through at-home interviews, questionnaires and exams at the clinic.)

Results showed that approximately 52% of people in the investigation developed hypertension during follow-up. Compared with participants who reported low levels of lifetime discrimination, those who said they experienced medium levels of racism saw their risk for hypertension increase by almost 50% after scientists accounted for other risk factors.

Participants were considered to have hypertension if they were taking medication to lower their blood pressure or their systolic blood pressure measured 140 mm Hg or above or they posted a diastolic blood pressure higher than 90 mm Hg at follow-up appointments. (Systolic pressure is indicated by the top number in a blood pressure reading, while diastolic pressure is indicated by the bottom number.)

According to the AHA, a blood pressure reading of 120/80 or above is considered elevated; a reading of 130/89 to 139/89 indicates Stage 1 hypertension; and a reading of 140/90 or above indicates Stage 2 hypertension. A reading of 180/120 or higher signals a hypertensive crisis,

requiring immediate medical attention.

“Our findings highlight the need for health care professionals to recognize discrimination as a social determinant of health,” said Allana T. Forde, PhD, MPH, a postdoctoral research fellow at the Urban Health Collaborative at Drexel University in Philadelphia and the study’s first author. “Health care professionals who understand the importance of unique stressors like discrimination that impact the health of African Americans will be better equipped to provide optimal patient care to this population.”

However, Forde stressed that medical care isn’t enough. Social factors such as racism and discrimination must also be addressed to reduce chronic disease rates among Black Americans.

For related coverage, read “Black Moms’ Midlife Decline in Health Linked to Discrimination Faced by Kids” and “Medical Groups Call Racism a Public Health Issue.”

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