

Racial discrimination and health problems



Racial Discrimination and Health Problems of the of the Concerned Professor
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This research proposal is an endeavor to highlight the research question: "Does racial discrimination affects ones' health as one gets older" As policy makers all over the world are striving to formulate action plans and preventive strategies for stress related health disorders, especially in the context of an aging and geriatric population, this study plan is very relevant as it attempts to evaluate whether stress caused by experiencing racial discrimination may affect the health of aging persons.

Emotional stress has been implicated in causation and /or further worsening of diseases usually seen in the later years of life such as hypertension, diabetes, ulcers and various psychiatric problems such as depression, anxiety and altered mood and there are ample studies and data to prove it. However, how much of this stands true for racism specific stress has also been the subject focus of many studies. Researchers found an association between perceived racism and ambulatory blood pressure in African American college students (Hill et al, 2007). Also at workplace, stressful racism places African Americans in a high probability group for the development of higher blood pressures (Health and Medicine Week, 2004). This clearly shows that racism can hasten the onset of hypertension even in younger age group and possible conclusion that can be drawn is that in an aging population the superimposed ill effects of stress induced by racism may be even greater. Similarly, women with higher stress scores who were subjected to high levels of internalized racism were at a higher risk of developing metabolic disorders such as obesity and diabetes due to altered

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hormone secretion (Tull et al, 2005). Studies have also attempted to assess objectively, mental and psychological implications of racism specific stress (Chakraborty et al, 2009).

Further research is required to reach a conclusion linking the association of stress per se resulting from experiencing racial discrimination per se leading to changes in the health status of people who are getting older. Various measured variables will have to be compared with a control group in the same age group without any exposure to racial prejudice taking into account confounding factors such as lifestyle habits, presence of other risk factors such as smoking, environmental factors and preexisting or propensity for other age related diseases because of heredity. A cross sectional study will collect all the data at the same point of time in both the age groups. Stress scores have been developed in relation to perceived racism and they will be utilized to collect data regarding the levels of racism-induced stress. Data pertaining to other variables including but not limited to BMI, systolic and diastolic blood pressure, blood glucose levels, stress hormone levels and mental questionnaires, which in totality may characterize the health status of a person, can be compared in the study group and the control group.

It is probable that the stress theory based on neuro-endocrine mechanisms is responsible for a differential health status in the racism-affected aging populations. However, other variable such as poverty, lack of access to better health facilities, education and awareness, and other socio-cultural factors could be responsible for this as is universally applicable. Taking into account the bias induced by these confounding variables, exploration of racism induced stress as a causative/ contributory factor in the poor health of such populations is likely to put a new light on this issue and thus aid in

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making a difference to their present health status.

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