

THE BAY STATE Banner

Older black lives matter, says top researcher

Special Advertorial Health Section

Paul Kleyman, New America Media | 6/10/2015, 12:02 p.m.

DAVIS, Calif. — Prof. James S. Jackson says the overwhelming propensity among researchers to view data on health disparities among African Americans through the lens of race is highly misleading, and masks deeper truths about how blacks and others cope with societal stressors.

“We know that race matters,” Jackson said to scientists attending the Resource Centers for Minority Aging Research conference in April at the University of California, Davis. But the color of one’s skin is genetically irrelevant to understanding racial and ethnic disparities in health, he explained.

Jackson is the co-director of the Michigan Center for Urban African American Aging Research [<http://mcuaaar.wayne.edu/about.php>], at the University of Michigan and Wayne State University. During his keynote address at the national research conference, he described findings that challenge the very basis of racial categories in research on health disparities.

30 years of research

Extensive research by Jackson and his colleagues over three decades shows that persistent health disparities between African Americans and non-Hispanic whites result both from structural racism in the United States and how people respond differently to pervasive stress.

Their studies — both sociological and biochemical — have found that as they age, blacks, unlike other ethnic or racial groups, engage in “bad behaviors,” such as excessive smoking, overeating and substance abuse, that enable them to cope emotionally with their situations while also undermining their physical health.

Between African Americans and whites, Jackson said, aging matters: “You find very little disparity early in the life course. They tend to accelerate over the life course.”

Jackson, who also directs the University of Michigan’s Institute for Social Research, sharply criticized the research community for perpetuating the false notion that genetic differences can account for underlying health disparities.

“I think it’s very important to dispel the notion that the biology of blacks and whites is different,” Jackson stated.

Because race is such a slippery concept, he explained, it fails to serve as a reliable scientific variable that can be singled out to help researchers better understand the root causes of widespread problems, such as a group’s apparently self-defeating behavioral choices.

People’s lived experience

Race, Jackson said, “has to do with people’s lived experience,” not genetics. He asserted that too much research on health disparities divides findings according to racial groups without recognizing the complexity of race, which reflects “a wide set of experiences that are difficult to array along a simple dimension of black and white, or Asian, or whatever kind of group you might mean.”

Health studies that segment research racially, rather than by social and cultural factors, too often lead researchers to assume that black people escape their tensions by engaging in hedonistic behaviors leading to poor health outcomes.

Jackson stressed that racial framing of health disparities has generally led researchers to conclude that African Americans merely need to stop smoking, drinking and “doing all these bad things--and everything is going to be all right.”

By failing to dig more deeply, such shallow framing both reinforces racial stereotypes and misses important social and behavioral factors that can account for African Americans’ poor health outcomes across most disease categories, such as diabetes, stroke—and overall life expectancy.

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