

Health Disparities and Stress

STRESS

Stress is the physiological demand placed on the body when one must adapt, cope, or adjust (Nevid & Rathus, 2003). It can be healthful and essential in keeping an individual alert; however, intense or prolonged stress can be overwhelming on the body. Two of the major forms of stress are acute and chronic stress.

Types of Stress:

- **Acute stress**, the most common form of stress, is short-term and stems from the demands and pressures of the recent past and anticipated demands and pressures of the near future (APA, 2011).
- **Chronic stress**, a long term form of stress, derives from unending feelings of despair/hopelessness, as a result of factors such as poverty, family dysfunction, feelings of helplessness, and/or traumatic early childhood experience (APA, 2011). Chronic stressors associated with health disparities include **perceived discrimination, neighborhood stress, daily stress, family stress, acculturative stress, environmental stress, and maternal stress** (Djuric et al, 2010; NIH, 2011).

STRESS AFFECTS HEALTH

- When an individual experiences stress, certain hormones are released, such as catecholamines and cortisol, the primary stress hormone (NIH, 2011).
- Long-term activation of the stress-response system can disrupt almost all of the body's processes and increase the risk for numerous health problems (Mayo Clinic Organization, 2011; NIH, 2011).
- Allostatic load is the cumulative biological burden exacted on the body through daily adaptation to physical and emotional stress. It is considered to be a risk factor for several diseases—coronary vascular disease, obesity, diabetes, depression, cognitive impairment, and both inflammatory and autoimmune disorders (Djuric et al, 2010).
- Stress may prematurely age the immune system and could enhance the risk of illness as well as age-related diseases (Djuric et al, 2010; Geronimus et al, 2010).

THE ROLE OF CHRONIC STRESSORS IN HEALTH DISPARITIES AMONG RACIAL/ETHNIC GROUPS

- Racial and ethnic minorities have health that is worse overall than the health of White Americans. Health disparities may

stem from economic determinants, education, geography and neighborhood, environment, lower-quality care, inadequate access to care, inability to navigate the system, provider ignorance/bias, and/or stress (Bahls, 2011).

- Studies examining the role of social and biological stress on health suggests a link between socioeconomic status and ethnic disparities in stress and health (Warnecke et al, 2008). Some ethnic/racial groups are more economically disadvantaged and may be more susceptible to SES-related stress.

Perceived Discrimination

- Perceived discrimination (i.e. work place, gender-, race/ethnicity-, and sexual orientation-based), has been found to be a key factor in chronic stress-related health disparities among ethnic/racial and other minority groups (de Castro, Gee, & Takeuchi, 2008; Williams & Mohammed, 2009; Meyer et al, 2008; Guyll et al, 2001).
- African Americans, Native Hawaiians, and Latino Americans have been impacted greatly by hypertension and diabetes due to chronic stress resulting from discrimination (Williams & Neighbors, 2001; Kaholokula et al, 2010; McClure et al, 2010).
- Stress due to experiences of racism can contribute to adverse birth outcomes, when combined with the effects of general and maternal stress (Nuru-Jeter et al, 2009; Dominguez et al, 2008; Canady et al, 2008).
- Perceived discrimination/racism has been shown to play a role in unhealthy behaviors such cigarette smoking, alcohol/substance use, improper nutrition, and refusal to seek medical services (Lee, Ayers, & Kronenfeld, 2009; Peek et al, 2011).
- Perceived discrimination has been shown to contribute to mental health disorders among racial/ethnic groups such as Asian Americans and African Americans (Jang et al, 2010; Mezuk et al, 2010)
- Lesbian, Gay, Bisexual, and Transgendered (LGBT) individuals are at an increased risk for psychiatric morbidity compared to heterosexuals due to stigma resulting from perceived discrimination; which also contributes to LGBT youth having higher rates of externalizing behaviors, such as alcohol, tobacco, and poly-substance use (McCabe et al, 2010; Lehavot & Simoni, 2011).

Environmental Stress and Neighborhood Stressors

- Socioeconomic status and environmental stress has been found to contribute to many health disparities among ethnic/racial groups (Kendzor et al, 2009).
- Health disparities found to be associated with environmental stress include childhood asthma, hypertension, substance abuse, diabetes, obesity, and depressive symptoms (Quinn et al, 2010; Russell et al, 2010; Nandi et al, 2010; Lee, Harris, & Gordon-Larsen, 2009; Braveman, 2009; Latkin et al, 2007).

Acculturative Stress

- Acculturative stress refers to the feeling of tension and anxiety that accompany efforts to adapt to the orientation and values of dominant culture (Rathus & Nevid, 2003). It can have an influence on physical and mental health disparities such as hypertension and depression (Kaholokula et al, 2010; Jang & Chiriboga, 2010).
- Acculturation stress was found to be significantly associated with substance dependence and anxiety disorders (Ehlers et al, 2009).
- Empirical studies on immigrant adolescents and the children of immigrants found that acculturative stress increased depressive symptoms (Kim et al, 2011).
- Regardless of age at immigration, foreign-born women experience more depressive symptoms than native-born women during early adulthood (Tillman & Weiss, 2009).

Socioeconomic, Daily and Family Stress

- Daily stress, associated with lower social position and poor family functioning, can lead to adverse health outcomes (Kasper et al, 2008; Miech et al, 2007).
- In a longitudinal study with African American women, long-term poverty and family stress were strongly associated with less physical mobility and cognitive functioning at older ages (Kasper et al, 2008).
- The Soujourner syndrome and the Superwoman Schema (SWS) concepts are used to explain the phenomenon of early onset of morbidity among African American women in response to persistent chronic stress and active coping associated with meeting day-to-day demands and having multiple caregiver roles (Lekan, 2009; Woods-Giscombe & Black, 2010; Slopen et al, 2010)

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