

“Skin Deep Resilience” Among Disadvantaged Blacks: Critical Questions, Elusive Answers

Sherika N. Hill, PHD, MHA,^a Gary R. Maslow, MD, MPH,^{a,b} Richard J. Chung, MD^{b,c}

In the article “Resilience in Adolescence, Health, and Psychosocial Outcomes,” in this issue of *Pediatrics*, Brody et al¹ present thought-provoking findings on the associations between race/ethnicity, social disadvantage, and personal striving at age 16 and psychosocial and physical health outcomes at age 29. They found that black and white high-striving adolescents experienced more positive psychosocial outcomes at age 29 than nonstrivers.¹ However, among the strivers, blacks from disadvantaged backgrounds had an increased risk of type 2 diabetes in adulthood compared with black adolescents who came from less-disadvantaged backgrounds.¹ The compelling question raised by their work is whether striving among disadvantaged black youth leads to poor health outcomes despite positive progress and resilience in other aspects of life.

In the United States, blacks aged ≥ 20 years have disproportionately higher prevalence rates (13.2%) of diabetes than do whites (7.6%) and are twice as likely to die of this condition than whites.^{2,3} Similarly, adults aged ≥ 25 years with less than a high school education or living in poverty have elevated risks and are twice as likely to have diabetes-related mortality.⁴ It follows that disadvantaged blacks could have compounded risks. This study suggests that the risks are more complex than this.

A key question is: Does childhood or adult socioeconomic status have a greater influence on health outcomes

in adulthood? Pediatricians might be inclined to believe that it is in childhood that the influence is the greatest, but in reality, the answer depends on the context. Superficial snapshots are insufficient to understand a young person’s well-being or to forecast future health. As a result, exploring the actual lived experiences of each youth is essential. Without a broadened perspective of vital signs beyond temperature, heart rate, and blood pressure that includes social and community contexts,⁵ health care providers may overlook opportunities to intervene.

The study’s proposition that “skin deep” resilience among blacks could have detrimental health effects is supported by decades of health disparity research. For example, the “weathering effect” is a phenomenon that has been studied among blacks to explain how chronic stressors such as racism lead to sustained, high-effort coping and subsequently wear and tear on biological systems.⁶ A recent study on weathering and cumulative biological risk among blacks and whites in the United States observed that the health profile of accomplished blacks, particularly women, was worse than both whites and less-successful blacks according to key biomarkers of chronic diseases.⁶

With this knowledge in hand, what is the role of the pediatrician, the parent, and the researcher in safeguarding the future health of black youth? Albeit thought-provoking, we believe the study’s findings are not conclusive



Departments of ^aPsychiatry and Behavioral Sciences, ^bPediatrics, and ^cMedicine, Duke University School of Medicine, Durham, North Carolina

Opinions expressed in these commentaries are those of the author and not necessarily those of the American Academy of Pediatrics or its Committees.

DOI: 10.1542/peds.2016-3063

Accepted for publication Sep 28, 2016

Address correspondence to Richard J. Chung, MD, Departments of Pediatrics and Medicine, Duke University School of Medicine, 4020 North Roxboro St, Durham, NC 27704. E-mail: richard.chung@duke.edu

PEDIATRICS (ISSN Numbers: Print, 0031-4005; Online, 1098-4275).

Copyright © 2016 by the American Academy of Pediatrics

FINANCIAL DISCLOSURE: The authors have indicated they have no financial relationships relevant to this article to disclose.

FUNDING: Funded by the National Institute of Child Health and Human Development (T32-HD07376) through the Center for Developmental Science, University of North Carolina at Chapel Hill. Funded by the National Institutes of Health (NIH).

POTENTIAL CONFLICT OF INTEREST: The authors have indicated they have no potential conflicts of interest to disclose.

COMPANION PAPER: A companion to this article can be found online at www.pediatrics.org/cgi/doi/10.1542/peds.2016-1042.

To cite: Hill SN, Maslow GR, Chung RJ. “Skin Deep Resilience” Among Disadvantaged Blacks: Critical Questions, Elusive Answers. *Pediatrics*. 2016;138(6):e20163063

enough for the development of targeted clinical screenings or community-based interventions. Yet, the work is still informative for clinicians. It is not enough to ensure that young people are avoiding overt health-risking behaviors. We must also ensure they are practicing behaviors to preserve long-term physical health, such as eating nutritious diets, exercising regularly, and engaging in positive relationships with family and friends. Doing so would be a practical implementation of the American Academy of Pediatrics' policy statement on poverty and child health.⁷

This study is an important reminder of the necessity to focus on the social determinants of health in our patients. Physician advocacy to improve social disparities that may exist in our communities can have a meaningful, widespread, and lasting effect. As stated by Gruen et al,⁸ "physicians are ideally placed, and

perhaps uniquely so, to observe the health effects of socioeconomic factors." It is hoped that the picture of resilience painted by Brody et al in this study will provide child and adolescent health advocates even greater standing to advocate for changes to address the barriers against which far too many young people struggle.

REFERENCES

1. Brody GH, Yu T, Miller GE, Chen E. Resilience in adolescence, health, and psychosocial outcomes. *Pediatrics*. 2016;138(6):e20161042
2. Centers for Disease Control and Prevention. National Diabetes Statistics Report: estimates of diabetes and its burden in the United States, 2014. Atlanta, GA: Centers for Disease Control and Prevention, US Dept of Health and Human Services; 2014. Available at: www.cdc.gov/diabetes/pubs/statsreport14/national-diabetes-report-web.pdf. Accessed September 5, 2016
3. US Department of Health and Human Services, Office of Minority Health. Diabetes and African Americans. Available at: <http://minorityhealth.hhs.gov/omh/browse.aspx?lvl=4&lvlID=18>. Accessed September 5, 2016
4. Saydah S, Lochner K. Socioeconomic status and risk of diabetes-related mortality in the U.S. *Public Health Rep*. 2010;125(3):377–388
5. Hughes LS, Phillips RL Jr, DeVoe JE, Bazemore AW. Community vital signs: taking the pulse of the community while caring for patients. *J Am Board Fam Med*. 2016;29(3):419–422
6. Geronimus AT, Hicken M, Keene D, Bound J. "Weathering" and age patterns of allostatic load scores among blacks and whites in the United States. *Am J Public Health*. 2006;96(5):826–833
7. Council on Community Pediatrics. Poverty and child health in the United States. *Pediatrics*. 2016;137(4):e20160339
8. Gruen RL, Pearson SD, Brennan TA. Physician-citizens—public roles and professional obligations. *JAMA*. 2004;291(1):94–98

**"Skin Deep Resilience" Among Disadvantaged Blacks: Critical Questions,
Elusive Answers**

Sherika N. Hill, Gary R. Maslow and Richard J. Chung

Pediatrics 2016;138;

DOI: 10.1542/peds.2016-3063 originally published online November 28, 2016;

**Updated Information &
Services**

including high resolution figures, can be found at:
<http://pediatrics.aappublications.org/content/138/6/e20163063>

References

This article cites 5 articles, 2 of which you can access for free at:
<http://pediatrics.aappublications.org/content/138/6/e20163063#BIBL>

Subspecialty Collections

This article, along with others on similar topics, appears in the following collection(s):
Adolescent Health/Medicine
http://www.aappublications.org/cgi/collection/adolescent_health:medicine_sub

Permissions & Licensing

Information about reproducing this article in parts (figures, tables) or in its entirety can be found online at:
<http://www.aappublications.org/site/misc/Permissions.xhtml>

Reprints

Information about ordering reprints can be found online:
<http://www.aappublications.org/site/misc/reprints.xhtml>

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™



PEDIATRICS®

OFFICIAL JOURNAL OF THE AMERICAN ACADEMY OF PEDIATRICS

**"Skin Deep Resilience" Among Disadvantaged Blacks: Critical Questions,
Elusive Answers**

Sherika N. Hill, Gary R. Maslow and Richard J. Chung
Pediatrics 2016;138;

DOI: 10.1542/peds.2016-3063 originally published online November 28, 2016;

The online version of this article, along with updated information and services, is
located on the World Wide Web at:

<http://pediatrics.aappublications.org/content/138/6/e20163063>

Pediatrics is the official journal of the American Academy of Pediatrics. A monthly publication, it has been published continuously since 1948. Pediatrics is owned, published, and trademarked by the American Academy of Pediatrics, 141 Northwest Point Boulevard, Elk Grove Village, Illinois, 60007. Copyright © 2016 by the American Academy of Pediatrics. All rights reserved. Print ISSN: 1073-0397.

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™

