

“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

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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

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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.

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