



The Hidden Cause of Hypertension: The Role of Racial Microaggressions

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Introduction

Hypertension, or high blood pressure, is an incredibly common health issue that is characterized by an excessive amount of pressure placed on artery walls over an extended period. As designated by the American Heart Association and American College of Cardiology (2017), a blood pressure reading consistently at or above 130/80 mm Hg is considered hypertension. If left untreated, it can lead to debilitating or even deadly symptoms including heart attack or heart failure, stroke, aneurism, weakened kidney functioning, vision loss, metabolic syndrome, & short- or long-term memory issues including vascular dementia (Mayo Clinic, 2021). Age, race, family history, obesity, being physically inactive, using tobacco, having too much salt and/or too little potassium in one's diet, heavy drinking, stress, and chronic conditions such as diabetes, kidney disease, and sleep apnea have all been identified as major risk factors that can lead to the development of hypertension (Mayo Clinic, 2021).

While this disease is incredibly common, Black/Indigenous communities are disproportionately affected; which contributes to the preexisting health disparities between racial groups within the US (CDC & Mayo Clinic, 2020). In order to better understand this disparity, specific to the prevalence of hypertension between Black/Indigenous People of Color (BIPOC) and non-Hispanic Whites, our current presentation aims to explore existing literature to identify the links between experiences of microaggressions and hypertension across diverse racial communities. Microaggressions are defined as "the bothersome, subtle, and pervasive everyday experiences with racism or racist insults" (Sittner, Greenfield, & Walls, 2018). Moreover, the impact of microaggression experiences on various chronic health conditions among BIPOC communities need particular attention for research and practice to promote awareness and prevention strategies

Methods

This research project was originally completed for an undergraduate psychology class. Authors engaged in collecting existing online literature on racial microaggressions experience and explored the risk factors for hypertension using meta-analyses of the study findings

Findings

Of the 11 risk factors for hypertension, 7 were identified as being exacerbated by racial microaggressions. These risk factors include diabetes, kidney disease, stress, being overweight, too much salt and/or too little potassium in one's diet, and heavy drinking. Sittner et. al. found that microaggressions inflicted against American Indian/Alaskan Natives worsened diabetes within this population (2018). Microaggressions perpetrated by healthcare professionals against Black Americans create a barrier to accessing appropriate medical care for kidney disease (Scharper, 2020). Nadal, Erazo, & King identified the link between microaggressions, stress, and post-traumatic stress (2019). Longmire-Atival & McQueen found that microaggressions were associated with stress eating, weight-gain, and obesity in Black women (2019). BIPOC individuals are also more likely to live in food deserts, where they are less likely to be able to attain a balanced diet with the right levels of potassium and sodium (Harkins, 2018). Finally, Blume, Thyken, Lovato, & Denny discovered that microaggressions were significantly positively associated with binge drinking events among college students of color (2012). These findings indicate a close link between microaggressions and the health condition of hypertension, particularly among BIPOC communities, which can be attributed towards inadequate access as well as barriers to basic necessities and healthcare resources. In addition, racial microaggressions cause traumatic stress and further aggravate chronic physical and mental health issues among BIPOC communities.

Discussion & Implications

As it stands, the medical field views hypertension as a disease caused by lifestyle choices, such as choosing not to exercise enough or not eat a balanced diet. Subsequently, blame, shame, and stigma are created around the diagnosis and treatment of this disease; which further perpetuate the cycle of marginalization that BIPOC face. In order to effectively treat hypertension in BIPOC communities, medical providers must acknowledge and take into consideration the impact that microaggressions have on this disease and begin to develop treatments that focus on societal factors, not just personal lifestyle factors. It is certainly essential to address the serious health impact of microaggressions among BOPIC members. Moreover, necessary steps must be taken to create interprofessional collaboration between medical and mental health professionals to develop better insight and treatment strategies to build awareness, prevention and intervention modalities. Finally, educators, advocacy groups, healthcare providers and policy makers must engage in collective efforts to reduce these health risks and promote wellbeing among communities at large.

Figure 1: Hypertension Risk Factors & Microaggressions

Risk Factors of Hypertension:

1. Age
2. Race
3. Family History
4. Being Overweight
5. Physical Inactivity
6. Tobacco Use
7. Too Much Salt in One's Diet
8. Too Little Potassium in One's Diet
9. Excessive Alcohol Consumption
10. Stress
11. Chronic Conditions Such as Diabetes & Kidney Disease

= Associated
with Race or Racial
Microaggressions

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