

## How skin color matters for the physical and mental health of African Americans

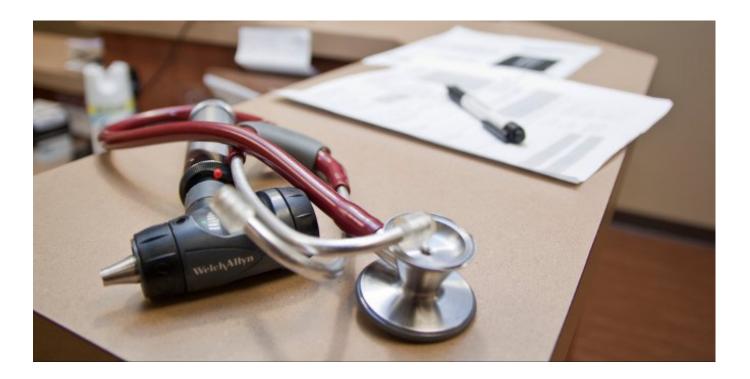
Research in recent decades has found that African Americans have worse health outcomes compared to white Americans. In new research Ellis P. Monk, Jr. investigates this disparity. Using a unique dataset to examine intra-racial skin color discrimination, he finds that the more discrimination African Americans felt from other African Americans and non-blacks, the worse their physical and mental health was. With this in mind, he argues that in not capturing skin color, current census 'race' categories make it harder to understand how social inequalities are reproduced through discrimination.



Most research on health disparities between ethnic groups focuses on differences in health outcomes, both mental and physical, between blacks and whites (or between other ethnoracial categories, e.g., Latinos, Asians, etc.). This research finds generally finds that white Americans have better physical health outcomes. One study, for example, estimated that in 1980, black male youths in Harlem, New York City, were less likely to survive to the age of 65 than male youths in Bangladesh. In fact, it was not until 1990 that African Americans achieved the life expectancy that whites had in 1950. A more recent study finds that despite gains in life expectancy for blacks and whites, the 7 year gap in life expectancy between these categories in 1960 was still 5.1 years in 2005; and for some health outcomes the disparities are actually worsening.

Existing research suggests that closing socioeconomic gaps between African Americans and whites would help mitigate health disparities. While this may be true, studies are now reporting that even after adjusting for socioeconomic status (SES) and health behavior, African Americans tend to suffer from an increased risk of hypertension, inflammation, and various forms of metabolic issues. In order to shed light on these important issues, I analyzed data from the National Survey of American Life (2001-2003). This data set is unique in that it is not only one of the largest nationally-representative studies of African Americans, but it includes multiple measures of discrimination, health, and even skin color (rated by interviewers and another measure based on self-assessment). These measures are important because I argue that one of the central issues leading to persistent puzzles in research on ethnoracial health disparities are the coarseness of so many of our common measures of perceived discrimination and "race."

I find that skin color is significantly associated with perceptions of discrimination and that higher levels of perceived discrimination are a key predictor of poor health among African Americans. Specifically, the darker an African American's skin is the more likely they are to report suffering from discrimination in their everyday lives. This is associated with worse health outcomes among darker-skinned African Americans. While some have hypothesized that skin color may be linked to perceptions of discrimination among African Americans, mine's is the first study to establish a skin color to discrimination to health pathway using nationally-representative data.



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This work extends existing research by considering the role of skin color as a *key marker* of "race" to pick up on gradational differences in ethnoracial appearance within the black population. Here, the basic idea is that skin color can be used to measure perceptions of "race" along a continuum, instead of the coarse dichotomy captured using census categories. For example, I find that there is as much inequality in educational attainment among African Americans along the color continuum from the lightest to the darkest skinned than there is between whites and African Americans as a whole. Similarly, I find, in another study, that skin color is significantly associated with occupational prestige, spousal status, and much more.

It also extends existing research on health disparities by considering the association of *multiple* measures of discrimination with health outcomes among African Americans. In addition to everyday instances of discrimination, I also examine how intra-racial skin color discrimination may play a key role in shaping health outcomes among African Americans. This approach helps resolve long-standing puzzles in research on health disparities in the United States. While existing research has found that socioeconomic status definitely plays a role in health disparities between blacks and whites, SES alone is an insufficient explanation for physical health disparities. Perhaps even more puzzling, however, is that when it comes to *mental* health outcomes, researchers find that African Americans may actually have similar or even better outcomes than whites – despite dire deficits in socioeconomic status (SES).

This is why researchers have attempted to examine how much discrimination matters for health. Discrimination has been shown to be an important stressor that leads to negative health outcomes at each and every level of SES and across ethnoracial categories. Still, the role discrimination may play in health disparities is not well understood despite how much research has been conducted to examine it in the past few decades.

By using multiple measures of discrimination and skin color, I was able to document substantial heterogeneity among African Americans in their health. Centrally, even after controls for a whole range of relevant sociodemographic factors, the more discrimination African Americans perceived from other African Americans and non-blacks, the worse their health was. With respect to mental health, this was also the case. Consequently, while some maintain that African Americans may actually 'flourish' in the face of discrimination, which explains the 'Race Paradox in Mental Health,' my findings tell a different story. I not only find that intra-racial skin color discrimination is a key predictor of negative health outcomes, but it is patterned differently than out-group discrimination.

By looking *within* the black population along the skin color continuum, I find that those in the medium skin color category (the majority of African Americans), actually have better mental health than all other African Americans. Both the lightest and darkest-skinned African Americans report suffering from higher rates of intra-racial skin color discrimination. This suggests that *averages* in mental health outcomes are driven by those in the medium category, but those on either extreme of the color continuum (the lightest and darkest-skinned) have mental health that is worse than the overall average for African Americans and comparable to white Americans.

My research highlights the need to look beyond census categories when examining ethnoracial inequality. That is, despite common parlance that uses skin color and "race" interchangeably, the fact is that census "race" categories do not actually capture skin color; and by not capturing this meaningful variation in physical appearance, these categories miss out on capturing the complexities of the production and reproduction of social inequality. Census categories obscure substantial intra-categorical heterogeneity in perceptions of discrimination, socioeconomic outcomes, and even health because they do not capture socially salient and significant variation in ethnoracial appearance (e.g. skin color) among African Americans. Without taking this into account, we may miss out on deeply understanding how ethnoracial inequality is produced and reproduced – and fail to adequate interventions and policies to address these persistent inequalities.

This article is based on the paper, 'The Cost of Color: Skin Color, Discrimination, and Health among African-Americans', in the American Journal of Sociology.

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## About the author

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Ellis P. Monk, Jr. is the Neubauer Family Assistant Professor of Sociology at the University of Chicago. His articles on ethnoracial inequality in the U.S. and Brazil have appeared or are forthcoming in the *American Journal of Sociology*, *Social Forces*, and *Social Problems*. In addition to finishing a series of articles on skin color stratification in comparative perspective and *bodily capital* as a theoretical framework to systematically examine the role of the body in social inequality (e.g. skin color, height, weight, and physical attractiveness), he is also completing a book for University of Chicago Press on the salience and consequentiality of skin color and hair as markers of ethnoracial division in the U.S. and Brazil in everyday life.



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