



Modeling racial disparities in physical health via close relationship functioning: A life course approach

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ABSTRACT

Objective: The aim of the present study was to test a life course model in which racial disparities in physical health between Caucasian and African Americans are driven by disparities in close relationship functioning. This model also examined relative evidence for intergenerational transmission of relationship functioning and ongoing exposure to prejudice and discrimination as two pathways that might shape adult relationship functioning. **Method:** A sample of 523 Caucasian and African American men and women were prospectively tracked from a birth cohort initiated in the 1960s. Reports of parental relationship functioning were obtained from participants and their mothers in adolescence. In midlife, participants completed measures of perceived discrimination (lifetime and everyday discrimination), close relationship functioning (relationship strain and support) and physical health (self-rated health, resting heart rate and systolic blood pressure).

Results: As hypothesized, close relationship functioning was a strong predictor of physical health in adulthood. Furthermore, we observed that perceived discrimination over the life course was linked to impaired relationship functioning. Evidence for intergenerational transmission of relationship functioning was more equivocal.

Conclusion: Racial disparities in physical health may be maintained via social factors throughout the life course. Although such factors have sometimes been considered outside the purview of the medical field, it is vital that researchers and clinicians begin to more fully address the implications of social forces in order to remediate racial health disparities.

1. Introduction

Scientists have increasingly attended to racial disparities in physical health over the past few decades, chronicling numerous instances of increased morbidity and mortality among racial minorities (Adler and Rehkopf, 2008; Beck et al., 2014; Williams and Mohammed, 2009). Governmental and non-governmental organizations have responded by prioritizing the elimination of racial gaps in physical health. For example, a primary objective of Healthy People 2020, a strategic program of the United States Department of Health and Human Services (HHS), is “to achieve health equity, eliminate disparities, and improve the health of all groups” (HHS, 2015). In order to accomplish these aims, it is necessary to understand processes that link minority racial status and physical health (Adler and Rehkopf, 2008; Brondolo et al., 2009; Williams and Mohammed, 2009). Drawing upon research connecting social relationships to physical health (Berkman et al., 2000; Hawkey and Cacioppo, 2010; House et al., 1988), we propose and test a model in which disparities in close relationship functioning account for

disparities in physical health between African and Caucasian Americans. Utilizing a life course approach (Ben-Shlomo and Kuh, 2002; Pearlin et al., 2005), this model also examines whether disparities in relationship functioning are reproduced across generations—that is, does one's parents' relationship functioning in childhood influence one's own close relationship functioning in adulthood? Finally, processes related to racial minority experience are explored in order to ascertain whether exposure to prejudice and discrimination is responsible, in part, for determining close relationship functioning (Doyle and Molix, 2014b) and thereby physical health.

1.1. Racial disparities in physical health and social relationships

Prior research has demonstrated poorer self-rated health among African Americans relative to Caucasian Americans (e.g., Farmer and Ferraro, 2005; McGee et al., 1999; Subramanian et al., 2005). This disparity in self-rated health has persisted over time and across generational cohorts (Beck et al., 2014). African Americans also suffer from

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disparities in cardiovascular disease (Hertz et al., 2005; Kramer et al., 2015; Mensah et al., 2005; Mozaffarian et al., 2015): numerous studies indicate elevated systolic blood pressure (SBP; e.g., Carson et al., 2011) and heart rate (HR; e.g., Osei and Schuster, 1996) among African Americans relative to Caucasian Americans, even at relatively young ages. Critically, poor self-rated health (Idler and Benyamini, 1997), elevated HR (Greenland et al., 1999) and elevated SBP (Miura et al., 2001) have all been shown to prospectively predict mortality. Consequently, these disparities, along with others, contribute to an increased mortality rate among African Americans (equating to an almost four-year gap in lifespan with Caucasian Americans; Kochanek, Arias and Anderson, 2013).

One way to understand these disparities in physical health may be through disparities in social relationships between African and Caucasian Americans. Dating from groundbreaking work on anomie and suicide (Durkheim, 1951), researchers have been interested in the hypothesis that social relationships might be tied to physical health and mortality (Berkman & Syme, 1979). This hypothesis has been supported across myriad studies employing various indicators of both social relationships and physical health (see Berkman et al., 2000; Hawkey and Cacioppo, 2010, for reviews). Of many forms of social relationships examined (e.g., friends, parents, neighbors), close relationships (e.g., romantic relationships, marital relationships) have frequently been shown to be especially predictive of physical health and well-being (Proulx et al., 2007; Robles et al., 2014), even after accounting for the effects of other forms of social relationships (e.g., Glenn and Weaver, 1981).

Relevant to the current research, evidence suggests that close relationship functioning may be differentially patterned throughout the population (Doyle and Molix, 2014b; Umberson and Montez, 2010). Some scholars have previously suggested that African American health may benefit from more extensive and supportive social relationships, but this proposition has failed to find confirmation in a number of empirical studies (e.g., Kiecolt et al., 2008; Mouzon, 2013, 2014). Conversely, marital rates are lower while both divorce and separation rates are higher among African Americans relative to Caucasian Americans (Dixon, 2009; Elliott et al., 2012). Studies have also demonstrated that African Americans tend to report lower marital quality on average (e.g., Bulanda and Brown, 2007). Therefore, impaired close relationship functioning may be a pathway to poorer physical health outcomes for African Americans (Umberson et al., 2014).

1.2. Intergenerational transmission of relationship functioning

One way in which racial disparities in relationship functioning may be maintained is through intergenerational transmission. Some past research has found that marital quality in adulthood (including divorce risk) may be shaped by dynamics in parental relationship functioning (e.g., Amato and Booth, 2001; Kim et al., 2009; Story et al., 2004). Researchers have argued that this may be especially true for African Americans, who are more likely to be exposed to family instability in childhood, which could spill over to contaminate their own perceptions

of close relationships in adulthood (Allen and Mitchell, 2015; Simons et al., 2012). Potential mechanisms for intergenerational transmission of relationship functioning that have been proposed include negative affectivity and emotion dysregulation as well as social observational learning, although evidence for each of these mediators is mixed (e.g., Amato and Booth, 2001; Kim et al., 2009).

As informative as this research has been, much of it has relied on retrospective reports—that is, researchers ask adult relationship partners to report on their parents' relationship functioning in childhood. This approach is vulnerable to recall biases and relies upon the ability of adults to accurately perceive and evaluate their parents' relationships. Overcoming this limitation requires a prospective longitudinal study that includes measurements of parents' relationship functioning in youth as well as follow-up assessments of adult close relationship functioning (see Amato and Booth, 2001; Kim et al., 2009, for examples). To date, we are unaware of any studies that prospectively assessed African and Caucasian Americans across the life course to explore intergenerational transmission of racial disparities in relationship functioning.

1.3. Perceived discrimination and relationship functioning

A critical facet of experience that might influence close relationship functioning across the life course for racial minorities is exposure to prejudice and discrimination. As social stressors, prejudice and discrimination have been shown to contaminate close relationships for racial minorities (e.g., Doyle and Molix, 2014a, 2014c; Lincoln and Chae, 2010; Murry et al., 2001). The majority of extant research on discrimination and relationship functioning has been cross-sectional, limiting causal inference. However, Doyle and Molix (2014b, Study 2) found that exposure to the salience of discrimination (via a newspaper article highlighting the continued prevalence of racism) led to impaired self-reported close relationship quality for African Americans involved in shorter relationships (approximately 2 years and less). This finding suggests that prejudice and discrimination may have causal effects on relationship functioning for racial minorities; an important next step in this line of research is to test whether prejudice and discrimination account for racial gaps in close relationship functioning. Relatedly, previous research has shown that perceived discrimination explains disparities in social relationships between sexual minorities and heterosexuals (Doyle and Molix, 2016), but this hypothesis has yet to be tested among racial minorities.

1.4. The current study

The aim of the present study was to test a model explaining gaps in physical health between African and Caucasian Americans (shown in Fig. 1). This model, developed with consideration of the life course, positioned adult close relationship functioning as a key proximal predictor of physical health. At a more distal level, parental relationship functioning in adolescence and perceived discrimination throughout the life course were positioned as determinants of adult close

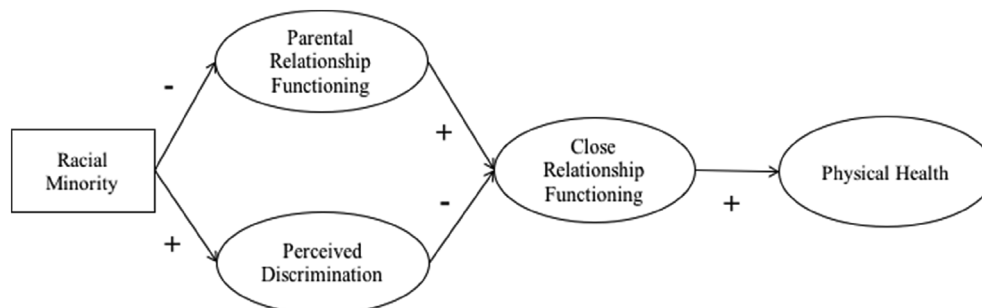


Fig. 1. Theoretical model of the influence of race on physical health via close relationship functioning including life course factors.

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