



# Discrimination and hypertension risk among African Americans in the Jackson Heart Study

## Purpose of the study

African Americans have higher rates of high blood pressure (or hypertension) compared to other racial or ethnic groups in the United States. One reason for this could be racial discrimination or unfair treatment. Using the Jackson Heart Study, researchers looked at how reports of discrimination were related to the chance of getting high blood pressure between visit 1 (2000-2004) and visit 3 (2008-2013) among African Americans.

## Major findings

- More than half of African Americans (52%) who did not have high blood pressure at the first visit had it by the third visit.
- Participants who reported a lot (compared to a little) of discrimination during their lifetime had a greater chance of getting high blood pressure between visit 1 and visit 3.
- Some people reported that high levels of stress resulted from discrimination over their lifetime. This stress was also related to a greater chance of getting high blood pressure.

## Take away message

Racial discrimination that occurs over the lifetime of many African Americans may increase their chance of getting high blood pressure over time. Healthcare providers (including doctors, nurses and public health workers) could monitor how a stressor such as discrimination may affect their patients' blood pressure. They could then connect them to resources that reduce stress and promote heart health. Public policies that address discrimination may improve the health of African Americans.



**Citation:** Forde AT, Sims M, Muntner P, Lewis T, Onwuka A, Moore K, Diez Roux AV. Discrimination and Hypertension Risk Among African Americans in the Jackson Heart Study. *Hypertension*. 2020;76(3):715-723. doi:10.1161/HYPERTENSIONAHA.119.14492. PMID: 32605388.

**Acknowledgements for JHS Manuscripts:** The Jackson Heart Study (JHS) is supported and conducted in collaboration with Jackson State University (HHSN2682018000131), Tougaloo College (HHSN2682018000141), the Mississippi State Department of Health (HHSN2682018000151) and the University of Mississippi Medical Center (HHSN2682018000101, HHSN2682018000111 and HHSN2682018000121) contracts from the National Heart, Lung, and Blood Institute (NHLBI) and the National Institute for Minority Health and Health Disparities (NIMHHD). The authors also wish to thank the staffs and participants of the JHS.