



Running out of Time

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Women of color are experiencing negative health outcomes at an alarming rate. Poor health outcomes and the factors that contribute among women of color have not been comprehensively defined independent of the white, male paradigm. Recent high profile health incidents with Serena Williams and Shalon Irving post-partum challenges highlight the need for a change not only in the lives of women of color but also a change in the healthcare system [1].

The impact of stress and racism among women of color is having deleterious effect. Combined with a health system that continuously fails women on the basis of color, gender, and phenotypic appearance women of color are experiencing the highest mortality rates in the United States. The high levels of stress among women of color has been decried for more than a century, Fannie Lou Hammer, a casualty of the deep racism of the south, unethical medical practices and the associated stress stated at the 1968 Democratic National Convention “I’m sick and tired of being sick of tired...” it was evident then that women of color were buckling under the pressure of existing in America. Since then the expectation for women of color to continue to do more with less has only increased across the lifespan.

As defined by Lazarus, et al. [2], stress occurs when individuals experience demands or threats without sufficient resources to meet these demands or mitigate the threats [2]. The high stress levels among women of color have been found to contribute significantly to the disproportionate occurrence of CVD, cancer and premature mortality. Research has begun to identify the role of stress has on psychological and physiological wellbeing however, there is a dearth of research defining how different stressors intersect across multiple life levels such as: national, community, family and individual and impact across the lifespan [3]. The totality of stress and its psychological and physiological impacts across the lifespan are being explored and defined within the context of health disease and the social determinants of health. Chronic stress has been shown to create cellular inflammation, as well as derail apoptosis which can lead to the development of cancerous cells, hypertension, an increase in cortisol levels, suppression of the immune system, and depression [4-6]. Women of Color report experiencing both gender and race/ethnic Micro aggressions (MA) and implicit bias (IB) that impact their stress levels, as well as life perceptions and health outcomes across the lifespan [7, 8].

Micro aggression have been defined broadly as verbal, behavioral, or environmental indignities, intentional or unintentional, that communicate hostile, derogatory or negative slights towards people of difference [1, 9]. Implicit Bias has been best defined within the context of health care but can and does occur in various settings and environments and is defined as a negative evaluation of one group and its members relative to another [10]. These experiences contribute to the recipient of MA and/or IB stress levels thus increasing the risk factors associated with CVD and cancer. The impact of MA/IB across the lifespan has yet to be well defined. In recent years, there has been an emergence of research that has focused on defining what exactly MA and IB are but little has been done to measure how often they occur and what is the immediate, as well as long term impact on health outcomes among women of color. Consequently, few evidence-based, gender and culturally tailored interventions have been developed for women of color to identify and adapt successful coping mechanisms to allay the long term if not immediate impact of MA and/or IB.

Women of Color seem to be losing to the proverbial life clock. Their life and health outcomes are impacted by the world around them and their mortality and morbidity rates higher than any group in the U.S [11]. Cardiovascular disease and cancer have remained the leading causes of death and reproductive challenges remain disproportionately high among women in the United States [12]. In the midst of health incidents women of color are expected to identify and diagnose their conditions and still face the possibility of being dismissed and ultimately sent home to their death. It is time to change the story and the paradigm creates women of color centered paradigms so that lives can be spared and health can be achieved.

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