In this issue of *JAMA Network Open*, Gaston and colleagues used a nested case-control design to examine associations among self-reported experiences of racial and ethnic discrimination, education, and hypertension risk in a cohort of Black, Latina, and White women from the Sister Study. Interestingly, while reports of racial and ethnic discrimination were associated with hypertension risk in women from all racial and ethnic backgrounds, education only modified associations among Black women.

Consistent with findings from other large-scale cohort studies such as the Coronary Artery Disease in Young Adults (CARDIA) Study and the My Body My Story cohort, reports of discrimination were actually highest in college-educated Black women. This is in direct contrast to other forms of psychosocial stress (eg, negative life events, perceived stress, financial strain), which are typically lowest in college-educated adults. However, as argued by Gaston et al and others, college-educated Black women may be more likely than Black women without a college degree to live, work, and socialize in environments where they are exposed to individuals from other racial and ethnic groups. Consequently, their exposure to intergroup tensions and racial and ethnic discrimination is likely greater than that of their lower-educated counterparts. In support of this hypothesis, studies have found that Black women living in integrated environments report significantly more racial and ethnic discrimination than Black women living in predominantly Black environments.

It is important to note that Gaston et al found that college-educated Black women were not only more likely to be exposed to racial and ethnic discrimination, but in some instances they were also more at risk, such that associations between everyday racial and ethnic discrimination and hypertension risk were stronger for Black women with a college education compared with Black women with some college. Although researchers have known for decades that compared with their counterparts without a college degree, college-educated Black women (and men) are not advantaged with respect to health outcomes, very few studies have had enough statistical power to examine exactly why this may be. Thus, while the self-reported nature of hypertension in the current study is a potential limitation, a major strength of the Sister cohort is the large number of college-educated Black women. The unique risk for everyday discrimination observed among college-educated Black women in this study underscores arguments presented by Thomas, as well as Hudson and colleagues, who posit that the lack of an observed health benefit for higher education and income among Black adults is largely due to the “costs” associated with having a higher socioeconomic status for this group.

Although 1 of the costs is clearly everyday racial and ethnic discrimination as observed in the current study, other factors such as tokenism (being the only or 1 of very few Black professionals in an environment), hypervisibility, code-switching (eg, changing speech patterns, dress, and/or hair to fit in with dominant society), and the felt need to provide support for less educated Black family or community members may also play a role. Moreover, in their qualitative interviews with college-educated Black adults about the costs of their educational status, Hudson and colleagues found that racism-related vigilance, or the need to remain watchful and prepared to counter potential threats was a highly salient theme. This has been borne out in at least 1 other study of well-educated Black women, where Lewis et al found that higher reports of racism-related vigilance (ie, expectations of racism) were associated with greater levels of carotid intima media thickness, an outcome known to be affected by hypertension risk.

Black women have the highest rates of hypertension compared with women from all other racial and ethnic groups, and these disparities have persisted and been documented for decades. Yet, the majority of studies have focused on comparisons between Black women and women from other
rational and ethnic backgrounds. Although important for documenting differences, between-group analyses can be problematic because they treat Black women as a monolith, and obscure critical within-group differences that might provide important avenues for further inquiry and future intervention. Findings from the current study highlight the importance of focusing on heterogeneity within Black women (and men), in order to identify uniquely at-risk subgroups. Still, more in-depth research on Black women is clearly warranted.

What then is the message for college-educated Black women? The dearth of research on this group means that recommendations for interventions might at this point be fairly premature. However, future research is needed to fully understand whether and how additional race-related stressors (e.g., tokenism, code-switching, vigilance, providing support for less-educated Black community members) might enhance college-educated Black women's risk for hypertension and other forms of adverse cardiovascular outcomes. Examining the role of negative affect (i.e., depression, anxiety), along with emotional and/or instrumental support, as well as self-compassion, will also be an important direction for future studies. Ultimately, additional research is needed to inform interventions that provide further supports for college-educated Black women across the range of environments where they live, work, and play.

ARTICLE INFORMATION
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