Your participation in the Family and Community Health Study (FACHS) since 1998 has helped us learn a lot about how stress affects the mental and physical health of Black parents and their offspring and what protects them from these stressors. Here are some highlights of what we have learned.

**DISADVANTAGE, RACISM, AND BIOLOGICAL WEATHERING**

FACHS researchers were the first to show that stressful conditions common to low-income black families, such as financial hardship, discrimination, or living in a disadvantaged neighborhood, speeds biological aging. This accelerated aging is important because it increases the chances of chronic illnesses, such as cardiovascular disease, high blood pressure, diabetes, and stroke. Our research indicates that these stressful conditions do more to speed aging than traditional medical predictors like obesity, drinking, and exercise.

FACHS was also the first to show that incarceration, regardless of the gender, tends to increase depression, the speed of biological aging, and onset of chronic illness. Further, the stress of having an adult child spend time in jail or prison tends to reduce the health of the parent.

Finally, in a more optimistic vein, we were the first to find that when middle-age Black Americans experience an increase in financial resources, are able to eat a more healthy diet, and decrease their use of tobacco, they significantly decrease their speed of biological aging and thereby stave off the chronic illnesses of old age.

**WHAT PROTECTS BLACK AMERICANS?**

Support from family, friends, and neighbors, and participation in religious events and activities, are important coping resources that enable Black Americans to maintain positive physical and mental health in the face of financial hardship and discrimination. FACHS researchers were among the first to show that religious participation and having a strong network of Black friends reduces chronic inflammation (a risk factor for chronic illness) and increases the abundance of a protein that guards against cancer.

A positive, long-term romantic relationship in adulthood counters distrust and depression, slows the speed of aging, and delays onset of chronic illness. These protective effects operate for both Black men and Black women.

Our study was among the first to document that affirmation of Black identity is a key protective response by Black families. We found that Black parents who talked with their children about well-known and widely admired African Americans, and about Black culture and history, were less likely to have children who used substances or engaged in delinquent behavior.

Similarly, we found that racial pride and a strong Black identity have many positive effects, including high self-esteem, strong friendship networks, and an optimistic outlook on life.

**PUTTING OUR FINDINGS INTO ACTION**

Using what we learned, we developed programs for families and youth that recognize the strength of Black families and how to use those strengths to achieve healthy, positive outcomes. Our Strong African American Families (SAAF) and Strong African American Families–Teen (SAAF–T) programs, and more recently, Promoting Strong African American Families (ProSAAF), are now being offered in many cities around the U.S. They promote the protective processes we found in parenting, marital relationships, and strengthening racial identity. We have found that participating in these programs leads to better health and greater protection from the negative effects of financial strain and discrimination.

In addition to these programs, we have published over 200 articles and have made scores of presentations to various research and policy groups regarding our findings and the need for political initiatives to address the discrimination and structural racism in the U.S. that impact the economic well-being and the physical and mental health of Black Americans.

**WHAT’S AHEAD**

It is important to better understand the impact of financial hardship, discrimination, and broader systems of oppression on Black families as a matter of public health. We will continue to document these effects as the FACHS participants transition into middle age and then their senior years. You have been and continue to be the key to making FACHS a success. We hope you will continue this journey with us over the next decade.

Learn more at cfr.uga.edu

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Here’s a little about what we learned