Issue At A Glance:

Racism as a Public Health Issue

Racism acts at various levels in society and can pose barriers to health equity. This issue brief will highlight the three levels of racism and how racism adversely impacts the health of certain racial and ethnic groups in the United States.

What is Racism?

The American Public Health Association's Past President, Dr. Camara Phyllis Jones, defines racism as "a system of structuring opportunity and assigning value based on the social interpretation of how one looks (which is what we call "race"), that unfairly disadvantages some individuals and communities, unfairly advantages other individuals and communities, and saps the strength of the whole society through the waste of human resources."[1] Racism can be broken down into the following three levels:[2]

1. **Institutionalized racism** is defined as "differential access to goods, services, and opportunities of society by race."[2] Examples include discriminatory zoning, residential segregation, redlining, and mortgage discrimination.[3] This level of racism is sometimes legalized due to laws, customs, and practices that support differential access to certain goods (e.g., housing, food, health care, etc.).

2. **Personally mediated racism** is defined as "prejudice and discrimination, where prejudice means differential assumptions about the abilities, motives, and intentions of others according to their race, and discrimination means differential actions toward others according to their race."[2] Examples include shopkeeper's vigilance, surprise at competence, and purse clutching because of one's race.

3. **Internalized racism** is defined as "acceptance by a stigmatized race of negative messages about their abilities and intrinsic worth."[2] Examples include whitening one's skin or straightening one's hair to "embrace whiteness."[2]

Declarations of Racism as a Public Health Crisis[5]

California	San Bernardino County issued a declaration on June 23, 2020.[14]
Michigan	Governor Whitmer issued an executive order on August 5, 2020.
Nevada	Governor Sisolak issued a proclamation on August 5, 2020.
Wisconsin	Milwaukee County made their declaration on April 4, 2019.

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How is Racism Tied to Health?

Different forms of racism can adversely affect health and wellbeing. Residential segregation, a form of institutionalized racism, can adversely affect health by affecting one's socioeconomic status (SES), which is a strong predictor of variations in health.[3] Research has found that residential segregation can reduce access to employment opportunities, reduce one's economic status in adulthood, and widen the racial/ethnic differences in SES.[3] Also, residential segregation can negatively impact health by forming communities of concentrated poverty that are disadvantaged on multiple levels with government and private sectors that demonstrate disinterest and divestment from these communities. Thus, these communities have poor quality of living and social conditions such as poor-quality housing and social disorders linked to poverty.[3] Such conditions can lead to elevated exposure to physical and chemical hazards, reduced access to resources that enhance health, and co-occurrences of acute and chronic psychosocial stressors. Residents who live in poor communities have decreased access to affordable and quality health care and live in an environment that is not conducive to making healthy choices. Lastly, residential segregation contributes greatly to lower access to high-quality specialty care, primary care, and pharmacy services, resulting in poor health outcomes.[3]

Discrimination, a form of personally mediated racism, also adversely impacts health. A study found that youth between the ages of 12 and 18 who reported experiencing discrimination were significantly more likely to experience mental health problems such as depression and anxiety compared to those who did not.[4] Internalized racism can also impact mental health and self-esteem.

Milwaukee County, Wisconsin

After the killing of George Floyd in Minneapolis, there has been an uptick in states and local governments that have declared racism as a public health crisis. Milwaukee County in Wisconsin took this declaration further by not only declaring racism a public health crisis, but also taking the necessary steps to address this issue. For one, after issuing their declaration, the county passed a resolution pledging to address racial disparities.[5] In April 2020, the county passed an ordinance outlining a framework to improve health outcomes in the community and address biases in its government.[5] The county is committed to evaluating how it spends its budget, evaluating what services it offers, and ensuring that its leadership reflects the population, among other objectives.[6]

What Racial/Ethnic Health Disparities Exist?

Background

Individuals from historically marginalized racial/ethnic groups tend to have poorer survival, more aggressive progression of disease, and earlier onset of illness.[3] Also, research suggests that even after adjusting for one's socioeconomic status, racial differences persist in playing a pivotal role in one's health outcomes. This section will highlight some of the health disparities associated with different racial/ethnic groups.

Black/African Americans

African Americans disproportionately have poorer health outcomes compared to their white counterparts in multiple areas of health. For one, African Americans have a higher prevalence of asthma, heart disease, and stroke when compared to Whites. Also, African Americans are more likely to be uninsured compared to Whites (10.6% vs. 5.9%).[7] When compared to their white counterparts, African American adults who perceived they were subjected to racism were more likely to experience mental health problems and more likely to report a lower quality of life.[8] Lastly, African American mothers face a significantly higher maternal mortality risk and are three to four times more likely to die from giving birth compared to their white counterparts.[9]

Asian/Pacific Islanders

In 2017, tuberculosis was 35 times more common among Asians compared to their white counterparts.[10] Also, Asians were more likely to develop and die from Hepatitis B compared to Whites.[7] Native Hawaiians and Pacific Islanders are more likely to be uninsured, develop heart disease, and be obese compared with non-Hispanic whites.[7] Lastly, the COVID-19 pandemic has caused an increase in anti-Asian discrimination and assaults that have a slew of health impacts.[11]

Hispanics/Latinx

When comparing Hispanic/Latinx individuals to their non-Hispanic white counterparts, they tend to have a higher prevalence of chronic health conditions such as diabetes and hypertension.[7] Also, Hispanic women are more likely to develop and die from cervical cancer than non-Hispanic white women.[7] Lastly, Hispanics have reduced access to health care when compared to their white counterparts. In 2017, 16.1 percent of Hispanics were uninsured compared to 5.9 percent of non-Hispanic whites.[7] Reduced access to health care can result in patients not presenting to a healthcare facility until their condition is unbearable and at a later stage of the disease. Also, it often precludes them from accessing health screenings that could prevent or mitigate the progression of preventable diseases.

American Indians/Alaska Natives

American Indians and Alaska Natives are more likely to be obese, develop and die from diabetes, and be uninsured when compared to non-Hispanic whites. Also, the rate of HIV infection in this group is twice as high as that of their white counterparts.[7]

How do we Move Forward?

The impact of racism on health is alarming and disheartening. The sad reality is that these racial/ethnic disparities in health will only widen if something is not done to address the root causes. Addressing deeply rooted racism is a complex and multifaceted task because it could be difficult to change one's personal beliefs, attitudes, and opinions about certain groups.

However, some tactics can be used in the workplace, school, neighborhood, and community to reduce racism. In the workplace, active recruitment and hiring of a racially and ethnically diverse staff would be a good step in the right direction to increase representation.[12] Also, discussing barriers or biases people of color face at work, school, and beyond would be beneficial in understanding where potential interventions can take place. In the schools, forming a diversity task force or a club that can create events or opportunities that build awareness about various racial issues could be beneficial. At the community level, the identification and reformation of policies that are exclusive and racially discriminatory would be beneficial to reducing racism.[12] At the state and national level, policymakers need to change or introduce new policies to better address institutionalized racism.

It is imperative we make strides to address the multiple forms of racism to improve the health and well-being of those who are suffering. This initiative would require deliberate action from multiple stakeholders from different disciplines to bring about fruitful change. Though challenging, it is high time we make the changes necessary to ensure whole health for all members of our society.

Did you know?

"Babies born to Black women are more than twice as likely to die in the first year of life as babies born to White women."[13]

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