

Racism as a Stressor Impacting the Health of African Americans

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With the advent of the COVID-19 pandemic, who is getting sick and dying has been one of several focal points. One of the most significant racial/ethnic subgroups in the United States, African Americans, are disproportionately represented among COVID-19 deaths. Overall, African Americans make up about 13% of the United States population but represent 20% of the COVID-19 infections and 22% of the COVID-19 deaths. White Americans comprise 37% of the COVID-19 infections, and nearly 50% of the deaths. White Americans represent 61% of the American population; thus, their percentage of COVID-19 infections and deaths is below their representation in the American population. Hispanic Americans represent the most populous subgroup in the United States after White Americans (18% and 61%, respectively). Hispanics make up 32% of the COVID-19 infections, which exceeds their representation in the country's population; however, slightly more than half (17%) of the Hispanics infected by COVID-19 died. Thus Hispanic Americans are disproportionately overrepresented in the number affected, but their deaths from COVID-19 related illnesses are on par with their representation in the American population. Therefore of the three largest racial groups in the United States, African Americans are disproportionately represented in both the percentage of COVID-19 illnesses and deaths.¹ Abraar Karan of Brigham & Women's Hospital notes that counties in this country with the largest African American populations account for up to 60 percent of COVID-19 deaths in America. He also notes that Black patients are less likely to receive a COVID-19 test if they need it and that in most states in America, COVID-19 disproportionately affects Black Americans compared to Whites.² For example, African Americans and White Americans (non-Hispanic) each make up 32% of the population of Chicago, Illinois.³ However, African Americans represent 64% of the COVID-19 infections and 69% of the COVID-19 deaths.⁴

Several major medical and health organizations have expressed concerns about the disproportionality that exists for African Americans when there is a focus on health disparities. The American Academy of Pediatrics (AAP) has written that "racism is a core social determinant of health that is a driver of health inequities."⁵ The American Medical Association has formulated a policy that recognizes police violence among Black and Brown communities where those incidents are more prevalent "is a critical determinant of health."⁶ AMA supports additional research into the health impact of those types of violent interactions. The AMA authors also speak of police violence as a part of the legacy of racism in the United States.⁶ Perhaps the most outspoken organization regarding the classification of racism as a social determinant of health disparities and disproportionate illness and death rates for African Americans has been the American Public Health Association.⁷ APHA and organizations such as AMA and AAP are attributing the disproportionate severity of chronic illnesses such as cancer, heart disease, and diabetes, as well as COVID-19 illnesses and deaths among African Americans, to racism and the stressors that racism adds to everyday life.⁸ Pamela Aaltonen, Immediate Past President of APHA, has stated, "Let's respond to this growing [public health] problem by examining hatred and racism through a public health lens."⁹

Questions that are being raised by potential advocates for the classification of racism as a public health issue include: How is racism being defined? How do African Americans perceive racism? How is racism related to the disproportionate illnesses and deaths of African Americans? What data and research are available to support advocacy for racism as a public health issue? For purposes of this article, a definition of racism provided by Camara Phyllis Jones, MD, a past president of the APHA, is being utilized:

Jones states that,

“Racism is 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.”⁷

Georges Benjamin, APHA Executive Director, defines “a public health issue”:

“By definition, a public health issue is something that hurts and kills people “or impedes their ability to live a healthy, prosperous life... Racism certainly falls in that category.”²

Leading medical organizations such as the AMA, the American College of Physicians, and the AAP have already released statements citing racism as a public health issue. In addition to those leading medical and public health organizations, the State of Ohio and cities such as Cleveland, Ohio; San Bernardino County, California; and two counties in Maryland (Anne Arundel and Montgomery), have either declared racism as a public health issue or are in the process of doing so.¹⁰

A 2019 survey conducted by the Pew Research Center documents the perception of Black and White Americans that the United States has not made sufficient progress in eliminating racism.¹¹ Fifty-eight percent (58%) of the respondents to the 2019 Pew Research Center survey indicated that race relations in the United States are generally bad. Since 2016, fifty-six percent (56%) reported that race relations have gotten worse. Also, since 2016, sixty-six percent of the respondents (66%) agreed that it has become more common for racist views to be expressed publicly.¹¹ Another sixteen percent (16%) responded that it is not too likely that Black people will eventually have equal rights in the United States. Jones's reference to structuring opportunities and the distribution of opportunities, as well as Benjamin's definition of a public health issue, underpin this paper.

Sixty percent (60%) of African American respondents from the Discrimination in America survey reported that they or a family member had been unfairly stopped or treated by the police because they are Black.¹² Forty-five percent (45%) said in the same survey that the court system had mistreated them because they are Black. Recent examples that support the survey data include recent alleged homicides of African Americans that have received international attention. The recent video recorded murder of George Floyd by a police officer, kneeling for eight minutes and forty-six seconds on his neck, cutting off Floyd's ability to breathe while he continually uttered that he couldn't breathe, shocked the world.¹³ This event happened after the world became aware that a district attorney in Glynn County, Georgia, decided not to press charges against a White father and son, for the videotaped shooting of a second African-

American, Ahmaud Arbery.¹⁴ The father and son, private citizens, chased and shot Arbery after first assaulting him with their truck, based on their perception that he had stolen something. It took a video recorded by a third White suspect in the Aubrey death that resulted in all three White men being arrested and charged with murder and aggravated assault three months after Aubrey was murdered! The murder in Glynn County was considered inconsequential by the county district attorney, who never filed charges against Aubrey's assailants, and ultimately recused himself from the case after the arrest of the three men.

Those two police officer-involved deaths, as well as the shooting death of Breonna Taylor by police officers in Louisville, Kentucky, have caused a shock wave to erupt across the county and the world. In the Taylor case, police officers entered her home using a no-knock warrant while she was sleeping. Preliminary information indicates that it was the wrong home.¹⁵ These are examples of institutional forms of discrimination, acts inflicted on African Americans by institutional representatives who believed they possessed the power to act in the way that they did. The Discrimination in America survey¹² further documents that 50% of the African American respondents perceived that they had personally been discriminated against because they were Black when interacting with police. The three referenced died as a result of their interaction. Bor, Venkataramani, Williams, and Tsai reported that police killings and their spillover effects had created physiological stresses that have harmed the mental health of African Americans.¹⁶ This perspective has also been supported by the American Academy of Family Physicians (AAFP).¹⁷

Is racial attitudinal change afoot? After the inhumane murders of Floyd, Aubrey and Taylor became public knowledge, public demonstrations and protests began to explode across the United States and in international cities such as Barcelona, London, and Paris. Those protests so shocked humanity that the demonstrations, riots, and subsequent events have stimulated the active outcries, protests, and involvement of people of many different races, ethnicities, and orientations.¹³

For many people of color, especially African Americans, those incidents have provoked anger, stoked fears, and for some, angst. Most African Americans of a certain age can share incidences of being racially profiled falsely accused of crimes by law enforcement. African Americans have also been reported acts of discrimination and microaggressions in their personal and work lives.¹¹ These actions are ongoing and repeated and serve as daily stressors for African Americans; actions that have impacted their physiological health.^{11,18}

Anecdotally, I can remember being stopped by police when driving a high-end car in a predominantly White neighborhood that some law enforcement officers profiled as being out of place for an African American. I have colleagues who have reported being called into a Human Resources office for a face-to-face job interview only to experience a different tone to the conversation than was conveyed when interviewed by telephone. I have sat in meetings as a manager where the work quality and work ethic of an African American has been called into question when the work performance of a White employee performing the same work but at a subpar level has not.

National Public Radio partnered with the Robert Wood Johnson Foundation and Harvard's T.H. Chan School of Public Health in 2017 to conduct a large national statistically representative survey of 3,453 adults from January 26 to April 9, 2017, regarding their experiences with discrimination in the United States.¹² Summary data from the Discrimination in America survey

indicated that the top three areas in which African Americans respondents perceived racial discrimination “often” happens where they live are when interacting with police, being paid or promoted equally, and applying to jobs.¹²

Submerged anger about the discrimination and microaggressions of racism and the angst experienced by African Americans who are conscious of racism exploded with the apparent homicides by police officers. The responses by some law enforcement agencies and political representatives to the Floyd, Arbery, and Taylor murders has added additional fuel to the uproar. For example, the specter and reality of racism that regularly exists, sometimes compartmentalized in the lives of many African Americans, was triggered. Folk like me began to recall the incidences of racism we had experienced. Some of us, shocked by what we had seen and observed on the television, reflected on the impact racist experiences have had on our and our family's health and well-being.

One comes to understand that as an African American in the United States, discrimination because of our race can occur in our personal and work lives, and we need to be prepared to respond or not to respond to such acts. Imagine the stress that must come with having to respond to an unexpected microaggression and on the spot determine how to react, not knowing if how we acknowledge the racist act will result in life or death consequences? Based on conversations with family, friends, and colleagues, most of us have concluded that little has changed in terms of the fact that African Americans are still experiencing racism and acts of discrimination. These concerns were documented in recent surveys of racism and discrimination.^{11,12,19}

So how is racism related to the disproportionate illnesses and deaths of African Americans? What is the relationship of ongoing stress and sublimation of negative experiences related to health conditions? Williams reported that the effect of day-to-day stress on African Americans creates physiological responses that contribute to premature aging. Williams indicates that:

“A large and growing body of research shows that day-to-day experiences of African Americans create physiological responses that lead to premature aging (meaning that people are biologically older than their chronological age).”¹⁹

Further, Williams and Mohammed reported that the stress from racial discrimination could also cause behavioral changes that further impede health conditions.²⁰ Behaviors can include erratic sleeping patterns, overeating, and substance abuse.

When our physiological system reacts to stress, the physical impact can result in hypertension, diabetes, premature aging, or other health issues.^{18,19} Health surveillance data on the incidence of cancer, heart attacks, and diabetes, stress-related illnesses in African Americans serve as examples of the failure of physiological systems.¹⁹ Additionally, Bor, et al. wrote that reports of unwarranted police killings of African Americans and their spillover effects had created physiological stresses that have harmed the mental health of African Americans.¹⁶ Persistent stress can cause our physiological system to become overwhelmed and subsequently to fail.

Williams, on the Robert Wood Johnson Foundation blog, reported that:

“Researchers have found that racial and ethnic discrimination can negatively affect health across lifetimes and generations. Health varies markedly by income within every racial group, and racial or ethnic differences can be seen at each level of income. These

patterns are seen across a wide range of health conditions. At the same time, findings from studies in the US and other countries have found that perceived racial/ethnic bias—and the resulting toxic stress—makes an additional contribution to racial or ethnic disparities in health.”¹⁹

Williams reminds us that discrimination, which is the evidence of racism, is often linked to historical experiences such as the denial of the right to vote, discriminatory practices in hiring, access to quality housing, and treatment in the court system.¹⁸ Discrimination exists in policies that are more institutionalized such as zoning codes, funding of schools, and the location of health facilities in communities as well as bank lending practices for home purchases. Those factors can impact your well-being, such as where you live, go to school, the quality of the school setting, proximity to libraries, the location of health care services, and access to grocery stores and pharmacies. The discriminatory factors noted are linked to racism and serve as everyday life stressors.

According to a survey administered jointly by NPR, the Robert Wood Johnson Foundation, and the Harvard University T.H. Chan School of Public Health, stress impacts health and quality of life issues.¹² For African Americans, the survey results indicated that:

“Overall, African Americans report extensive experiences of discrimination across a range of situations.

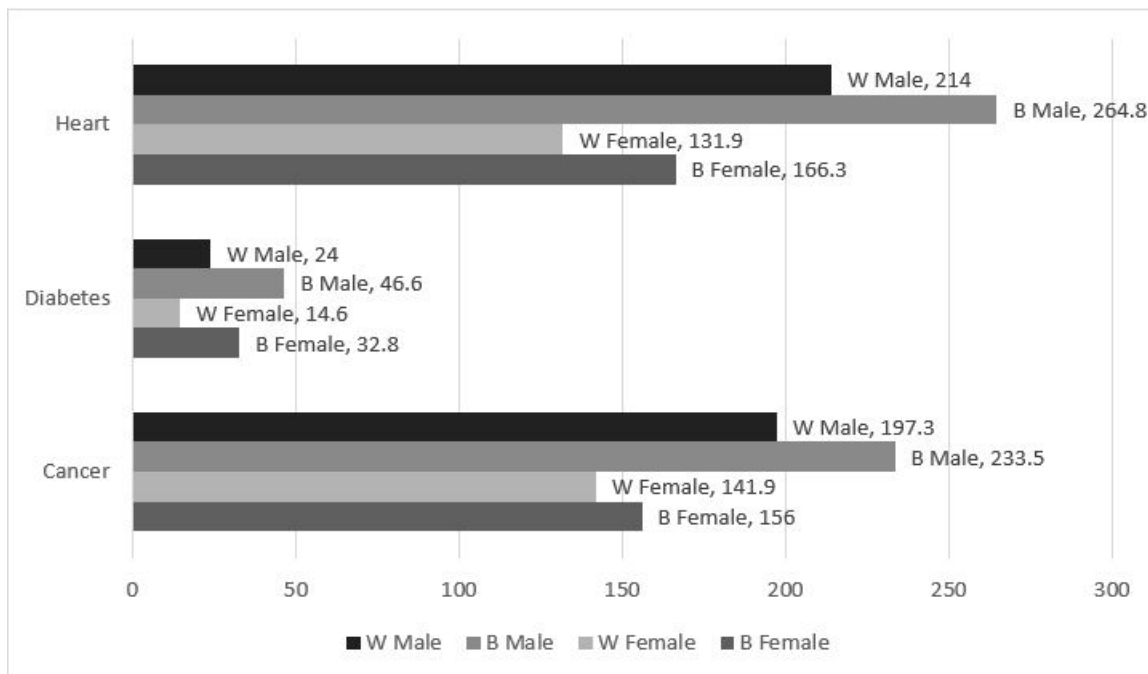
- In the context of institutional forms of discrimination, half or more of African Americans say they have personally been discriminated against because they are Black when interacting with police (50%), when applying to jobs (56%), and when it comes to being paid equally or considered for promotion (57%).
- 60% of African Americans say they or a family member has been unfairly stopped or treated by the police because they are Black, and 45% say the court system has mistreated them because they are Black.
- Blacks living in suburban areas are more likely than those in urban areas to report being unfairly stopped or treated by police and being threatened or harassed because they are Black.
- In the context of individual discrimination, a majority of African Americans have personally experienced racial slurs (51%) and people making negative assumptions or insensitive or offensive comments about their race (52%).
- Four in ten African Americans say people have acted afraid of them because of their race, and 42% have experienced racial violence.
- Higher-income Black Americans are more likely to report these experiences.
- African Americans also report efforts to avoid potential discrimination or to minimize their possible interactions with police.
- Nearly a third (31%) say they have avoided calling the police.
- Around 22% say they have avoided medical care, even when in need, both for fear of discrimination.

- Similarly, 27% of Black Americans say they have avoided doing things they might regularly do to minimize the possibility of interacting with police.”¹²

Several researchers have conducted or reviewed research related to the connections between racial discrimination and health disparities among African Americans. Owens states that when one has a racial encounter, not only is your mind reacting, your heart is reacting as well.²¹ This phenomenon is known as sympathetic overactivity and is occurring because the person experiencing racism is facing a social threat. Your body is attempting to prepare itself for whatever happens next. Other physical aspects of your body also begin to react to the social threat; blood vessels contract, your hormonal system starts to react, kidneys begin to function at a faster pace as the adrenaline begins to kick in, and glucose levels start to rise. These are physiological reactions to threats that happen in an average body. These physiological responses raise the stress level and contribute to the reason why health experts are concerned with the stresses of racism as a health concern, particularly if those physiological reactions are regularly occurring as a result of racial discrimination. The impact of racism and the stresses associated with racial discrimination on the physiological health of African Americans, as well as issues such as the lack of access to adequate health care and health insurance, contributes to the public health perspective of racism as a public health issue.^{2,18,19,21}

Figure 1 shows that the overall age-adjusted death rates for cancer, diabetes and heart disease for Black females and males exceed the rates of White females and males based on 2017 data provided by the Centers for Disease Control and Prevention (for diabetes and heart disease) and the 2016 data provided by the National Cancer Institute (for cancer).²²

Figure 1. Death rates per 100,000 for Black and White Americans by gender²²



Ong, Williams, Nwizu, and Gruenewald reviewed research contained in sixty-six publications that studied the relationship between self-reported discrimination and unfair treatment as determinants of mental and physical health.²³ The authors reported that chronic exposure to discrimination regularly seems to increase risk factors related to poor health. The process of

coping with day-to-day discrimination can trigger several physiological responses that, over time, are detrimental to good health. Their review of research concluded that the sixty-six studies add to the body of confirmatory knowledge that unfair treatment and discrimination over time can contribute to physiological issues that result in increased morbidity and mortality among African Americans.

The American Academy of Family Physicians reported that the US health care system has historically been segregated and has discriminated against patients of color based on race and ethnicity, which has resulted in inequities in access to quality health care. The AAFP supports its member's efforts to dismantle racism and discriminatory practices.¹⁷ Williams, Lawrence, and Davis studied the various types of racial discrimination, and how structural racism, cultural racism, and individual discrimination continue to impact the mental and physical health outcomes of African Americans and other racial/ethnic minorities.²⁴ Structural racism focuses on the institutional factors that determine where one lives and the quality of life that one has as a result of where they are permitted to live. Structural racism can impact such things as the economic status for adults affecting access to education in quality schools for their children, which influences the type of colleges and jobs that their children can secure. Segregation can box people into settings where criminal activity is pervasive and where lack of access to grocery stores, access to health care, health insurance, and the availability of health care facilities.

Williams et al. further stated that:

“Segregation can also adversely affect health by creating communities of concentrated poverty with high levels of neighborhood disadvantage and low-quality housing stock, and with both government and the private sector demonstrating disinterest or divestment from these communities. In turn, the physical conditions (poor-quality housing and neighborhood environments) and the social conditions (co-occurrence of social problems and disorders linked to concentrated poverty) that characterize segregated geographic areas lead to elevated exposure to physical and chemical hazards, increased prevalence and co-occurrence of chronic and acute psychosocial stressors, and reduced access to a broad range of resources that enhance health.”²⁴

Cultural racism focuses on ideology, including notions of the inferiority of minority racial groups language, values, imagery, symbols, and other assumptions based on the values, beliefs, and mores of the majority racial group.²⁴ Williams et al. reported that:

“Cultural racism can also lead to individual-level unconscious bias that can lead to discrimination against outgroup members. In clinical encounters, these processes lead to minorities receiving inferior medical care compared with care received by Whites. Research indicates that across virtually every type of diagnostic and treatment intervention Blacks and other minorities receive fewer procedures and poorer-quality medical care than do Whites. Recent research documents the persistence of these patterns and reveals that higher implicit bias scores among physicians are

associated with biased treatment recommendations in the care of Black patients.”²⁴

Discrimination, the most studied area of racism as it relates to health care, exists in two forms:

- The actual differential treatment of minority racial groups by institutions or individuals which results in inequitable access of African Americans and other racial/ethnic groups to resources such as health care, education or employment, and
- Self-reported discrimination, where a minority group member or individual is conscious of the bias.

Williams et al. posit that:

“Linkages between self-reported racial discrimination and physical health outcomes have been documented in multiple recent reviews, with research indicating positive associations between reports of discrimination and adverse cardiovascular outcomes, body mass index (BMI) and incidence of obesity, hypertension and nighttime ambulatory blood pressure, engagement in high-risk behaviors, alcohol use and misuse, and poor sleep. Research also indicates that experiences of discrimination can shape health care-seeking behaviors and adherence to medical regimens. A 2017 review and meta-analysis of studies on discrimination and health service utilization revealed that perceived discrimination was inversely related to positive experiences with regards to health care (e.g., satisfaction with care or perceived quality of care) and reduced adherence to medical regimens and delaying or not seeking health care.”²⁴

Priest, Paradies, Trenerry, Truong, Karlsen, and Kelly conducted a systematic review of 121 studies examining the relationship between reported racism and health and well-being for children and youth 12-18 years of age.²⁵ Overall, mental health outcomes such as depression and anxiety were most often reported outcomes from the studies that were statistically related to racial discrimination in over two-thirds of the studies. Like Priest, et al., Pieterse, Todd, Neville, and Carter conducted a meta-analytic review of the perceived racism and mental health of African American adults addressed in 66 research studies.²⁶ The authors found a positive association between the participant's perceived racism and psychological distress. The psychological factors had a stronger association with racism than with quality of life factors analyzed in their meta-analysis.

Summary

APHA Past President Jones defined racism as a system of structuring opportunity and assigning value based on the social interpretation of how one looks (which 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.⁷

This paper has documented some of the literature, press reports, and anecdotes which confirm the reality that racism and its expression in acts of discrimination and microaggressions continue

to exist as stressors for the African Americans.^{8,10-12} Racially related stressors negatively impact the health conditions experienced by African Americans.^{18,19,25,26} Several studies and meta-analyses document that perceived racism is associated with adverse psychological and physiological outcomes for African Americans.^{21,23,24} Owens focused on the physiological aspects of racial discrimination and health by summarizing the changes that take place in the human body that produce stress when confronted with a racial situation.²¹ Williams et al. also focus on the changes that take place in the body and noted that persistent stress could result in chronic illnesses.²⁴ Ong et al.,²³ Priest, et al.,²⁵ and Pieterse, et al.²⁶ shared information on the harmful impact of racism on mental health, especially depression and anxiety, of children, youth and adults. Perhaps this following statement from Williams best summarizes the impact of racism on health factors.

“...Research has shown that the impact of race on health stems largely from differences in access to resources and opportunities that can hurt or enhance health. Additionally, researchers have found that racial and ethnic discrimination can negatively affect health across lifetimes and generations.”²⁴

The research cited in this article indicates that African Americans experience racism, which has implications for their health and the health of the country. Overall, 92% of African Americans believe that discrimination against African Americans exists in America today.¹² Of these, nearly half (49%) say that discrimination is based on the prejudice of individual people, compared to 25% who say the more significant issue is discrimination based on laws and government policies. Another 25% say both are equally problematic. The survey data shared the respondent's perception that, rather than isolated incidents, these racialized experiences reflect a broader, systemic pattern of discrimination in America, with significant implications for the health of both individual Americans and the nation as a whole.¹²

Is there light at the end of the tunnel regarding the amelioration of health disparities for African Americans? APHA President Benjamin has some thoughts about this:

“While jurisdictions are framing racism as a public health issue isn’t going to dismantle racist institutions and support community healing on its own,” Benjamin says, “it’s a step in a positive direction. Looking at racism in this way offers legislators, health officials, and others a clear way to analyze data and discuss how to dismantle or change problematic institutions. Public health can be part of that process in a meaningful way,” he says. “It remains to be seen whether or not many of the pushes to declare racism as a public health issue will succeed, and if so, whether those declarations will provoke meaningful change. Communities need to start looking at racism in their particular context, he says. That could mean changes as straightforward as removing outmoded, and no-longer-used racist legislation from the books, or as complex as looking at how police violence impacts specific local communities of color. But it’s not just about actions from the top,” he says. “At the end of the day, you have to continue to win over people. Not just their heads, but you have to really win over their hearts and

minds. And then we can have a real, serious public discussion around racism. We have to not be afraid of the word.”²

Whether APHA’s efforts to have racism declared as a public health issue will receive traction, and if it does, what specific changes to racism as a critical societal and public health issue in the United States remains to be seen. Since Africans were introduced to the United States 401 years ago as slaves, racism and acts of discrimination have existed. Neither emancipation of slaves in 1863, nor the various Civil Rights or Voting Rights Acts, the Interstate Commerce Act, Supreme Court decisions (e.g., *Brown v Board of Education*), nor college/graduate degrees have moved the needle very much in terms of eliminating racist actions directed towards African Americans in the United States. If the door is now open for a renewed focus to upend racism, it will take many strategies, desensitization, and time for the full effect of any efforts to make a difference. Perhaps the notion of formalizing racism as a public health issue is one of the strategies that will help in the effort to ease the burden of racism in the United States.

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