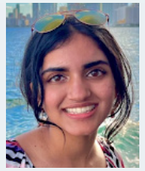
RACISM AND PUBLIC HEALTH: Health in Color



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For a project in my public health class freshman year, I researched racial disparities in health care. One article I came across was a study conducted by researchers from the University of Virginia, which highlighted racial bias in pain management. Participants (white laypersons, medical students and residents) were given a test where they examined the biological differences between Black and white people. The researchers found that a little more than half white lay people, medical students and residents assumed that Black people had "thicker skin" and had a higher pain tolerance than their white counterparts and believed they would need a less dosage of pain medication. The quality of life decreases for those in pain, and because of such biases, the quality of life of many Black patients decreases.

Racism has also affected the health of many Asian Americans. Researchers from University of California, Los Angeles analyzed data from public opinion polls, field studies and surveys from Asian Americans and found that discrimination leads to issues with mental and physical health. Immigrants were found to be healthier than nonimmigrants but that "immigrant advantage" of being more healthy disappeared over time in the United States. This could be explained by a cultural change or discrimination. "Positive" stereotypes, such as being good at school, can cause stress due to pressure and thus cause their mental health to dwindle. Not to mention, 16 studies were analyzed by the study "Racial Discrimination and Health Among Asian Americans: Evidence, Assessment, and Directions for Future Research," and data showed that there was a correlation between discrimination and increased risk of diabetes, breathing problems and obesity.

Racism's relation to public health cannot be overlooked. There are many other instances where minorities are affected by discrimination and many go unreported. Racism has been recognized as a public health crisis across 37 states but is still unacknowledged by many states including Missouri. Racism has affected the health of minorities for centuries, however, it has not been recognized by 13 states as a public health issue and therefore has not been properly addressed. This can lead to further health disparities amongst minority communities.

The Centers for Disease Control and Prevention (CDC) has created guidelines in order to determine which health problems to prioritize. The criteria include the following: prevalence, socio-economic impact, public perception and concern, ability to prevent and control the health problem and capacity for the health system to implement control measures. Based on these criteria, the CDC has recognized racism as a public health crisis. However, there is no federal law that enforces states to follow CDC guidelines in regards to racism in public health. The CDC found that African Americans (ages 18-49) are twice as likely to die of heart disease than their white counterparts. Due to genetic differences (and any health differences that may have arised from structural racism), it becomes more important that any inequities are addressed in the health care system. Therefore, treatment is individualized and quality of care is not limited for people of color. The United States can take steps to control racism in health care, at the federal, state and local levels. Several states and cities have already taken the step by passing a policy that declares racism as a public health crisis, yet there are still many that have yet to acknowledge it as a crisis.

The American Public Health Association (APHA) has analyzed the actionable steps different states and cities are taking to address racism as a public health issue. 209 declarations have been passed in over 37 states as of August 2021. The declarations have been adopted by city/town councils, education boards and health associations. APHA recognizes that the policy may not be legally enforceable and there will not be any consequences for those who do not follow the declarations. However, it is essential for calling attention toward racism and contributing to alterations in law and policy. While the declarations differ by states and cities, the intention remains the same: preventing and controlling racism in the health care field. More than a third of the declarations, according to the APHA, identifies activities to increase diversity and incorporates anti-racism principles across the staff. The declarations also include forming partnerships with communities that address racism, advocating for policies that directly address systematic racism and improving minority health.

These policies were initially developed to address how racism affects the social determinants for health. Economic stability, health care access, health care quality and the built environment can all affect the health of an individual. Due to structural racism from issues such as redlining, a practice that kept people of color living in poor quality neighborhoods, minority health could be affected by air pollution and lack of access to quality health care

There is evidence that racism itself is a social determinant of health. A comprehensive meta-analysis was conducted by a collaboration of universities from the United Kingdom, United States, and Australia in 2015. The meta-analysis focused on the relationship between reported racism and mental and physical health outcomes. Data from 293 studies reported in 333 articles were analyzed, and data shows that racism was associated with poorer mental health outcomes including "depression, anxiety, psychological stress, and various other outcomes." Also, racism was associated with poorer general health and physical health. By identifying racism as a public health crisis and implementing regulation within the health care system, it may be more likely that the health outcomes can progress. The policy would of course involve implementation of skills and knowledge gained from racial bias training but also support for communities negatively impacted by health care entities with historical and contemporary practices that support racism. The goal is to hold the health system accountable to enact change and document the impact.

Implementation of the policy could also invoke backlash. According to a study conducted by organizations from across the states including researchers from University of California, Los Angeles, University of Washington, and National Birth Equity Collaborative, in the journal Frontiers in Public Health, any discussion about racism as a public health crisis would only invoke harm if there is no information about how America's political system is "rooted in death and exploitation of historically oppressed populations." Furthermore, this policy is needed because previously it has been up to community-based organizations to address racial issues, but now public health agencies and surveillance systems will be utilized to determine effects of racism on health and reduce racial barriers in health care.

Racism needs to be recognized as a public health issue for governments to become accountable for the problem. This policy openly identifies racism as a public health crisis, and governments would be finally encouraged to take action within themselves by preventing discrimination in access to care and treatment. Missouri, and specifically St. Louis, have yet to address racism as a public health crisis even though St. Louis is one of the largest racially divided cities in America. As students at Saint Louis University, by continuing to speak to our legislators and work with community-based organizations, we can push for this policy to pass in the near future. Racism in health care is not something that can just die down by itself. Specific measures such as a state policy that recognizes racism as a public health crisis with effective guidelines can bring transparency to health in color.

Different states have different declarations with the sole intent of reducing and possibly eradicating racism in health care. More than a third of the declarations were committed to the same type of measures: identifying specific activities to increase anti-racism principles and diversity across staff, strengthening partnerships with community organizations addressing who are addressing racism, advocating at local, state, and federal levels for policies that directly affect systematic racism, and/or advocating for policies that improve health for communities of color. If these effective declarations are combined and a personalized policy for each state in health care is created minority health will progress. Students should advocate for this policy to their legislatures in towns/states where the policy is not passed. They should host meetings with legislators, make calls and educate the members in their community and therefore allow this policy to get the attention it deserves.