Racism and Health

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Introduction

Since the publishing of the Heckler Report in 1985,[1] health disparities have been at the forefront of the public health agenda in the United States. Indeed, *Ethnicity & Disease,* for 30 years now, has existed to further the discussion, illuminate the research and advance our understanding of, and solutions for, ameliorating the effects of structural and individual racism and other determinants of health that negatively impact the health of minority groups around the world. During the past three decades, a substantial amount of research has been conducted to document stark disparities in health indicators among African Americans and other ethnic groups compared with Whites[2]; and to seek an understanding of the etiology of racial and ethnic disparities in health outcomes. Sustained exposure to chronic stressors in the form of structural and individual practices has been postulated as a pathway of how racism, not race, influences health and health outcomes of racial groups.[3-6] Although there is a plethora of work focusing on the connection between race and health, not as much has focused on racism.

Racism is a fundamental determinant of health that impacts a number of risk factors and health outcomes. [2,3,6,7] Racism is deeply rooted in the American society and represents how multiple sectors operated synergistically to influence the allocation of resources to prevent the early onset of disease, management of disease, and premature mortality death among African Americans compared with Whites.[3,6,8-10] Moreover, racism influences health directly through shaping environmental and institutional conditions and practices[4,10] and through intermediate and proximate factors that impact health outcomes.[6,11]

In this Issue

Racism and Health

This themed issue of *Ethnicity & Disease* presents a collection of articles that addresses racism and health. Research from the featured authors provides key insights into how racism can be mitigated as well as the impact of racism on health and well-being of racial/ethnic groups. Each of the articles is briefly described below.

In the first article, Griffith and his colleagues demonstrate the po-

tential that art has to influence ways of thinking and reframe potential wrong information while strengthening an individual's ability to think creatively about efforts of anti-racism and its effects on health. These scholars provided outstanding arts-based examples to show how art can be used to strategically address racism and achieve health equity. Griffith et al conclude "Art may be particularly important in efforts to illuminate how racism operates in organizational or institutional contexts and to communicate hope, resilience, and strength amid what seems impossible."

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The second article by Neely and colleagues makes the case that a transdisciplinary collaboration is needed to address structural racism and its implications for health inequity. These scholars describe a process that spans several academic disciplines to create an integrated framework that has implications in areas necessary to combat structural racism across multiple levels and sectors: 1) to develop research agendas aimed at documenting racial health inequities and their determinants; and, 2) to align the efforts of researchers and policymakers in developing and implementing interventions.

Next, using data from the 2019 County Health Rankings, Owens-Young and Bell examine the relationship between structural racism and race-specific infant mortality rates (IMR) and the role of urban-rural classification on race-specific IMR and racial gaps in IMR. These scholars found that that racial inequities in socioeconomic indicators such as education, work, and home-ownership negatively impact Black IMR. In addition, structural racism was associated with Black-White gaps in IMR. Findings suggest that factors related to structural racism may vary as it relates to overall IMR, race-specific IMR, and racial differences in IMR across places.

Onukwugha and her colleagues used the 2014 Behavioral Risk Factor Surveillance System (BRFSS) public use file to assess perceptions of reactions to race and determine whether the perceptions of reactions to race were associated with cost-related non-utilization (CRNU): not attending a physician visit and/or not getting prescriptions filled because of cost. The authors reported that a worse experience with the health care system was associated with not attending a physician visit. In addition, the experience of physical symptoms because of treatment due to race were associated with not attending a physician visit and not getting prescriptions filled because of cost. These findings have implications for how health and health care disparities affect racial/ethnic groups.

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In the final paper of this themed section, Webb Hooper and colleagues examined racial and ethnic differences in experiences of discrimination in the previous year and associations between discrimination and smoking abstinence. Using data from a randomized controlled trial that sought to test the effects of a group cessation intervention plus pharmacotherapy in Tampa, FL and Miami, FL, smoking abstinence was derived from a biochemically verified 7-day point prevalence abstinence

that was measured at post-intervention and at 6-month follow-up. The authors found that experiences of perceived racial/ethnic discrimination in the previous year was greater among African American/Black smokers compared with non-Hispanic Whites. Perceived discrimination in the previous year was negatively associated with smoking abstinence in the overall sample, and for African Americans at 6-months post-intervention. This work calls for strategies that include coping with perceived discrimination among African Americans who smoke.

COVID-19 Perspectives

This issue of *Ethnicity & Disease* also includes a series of perspectives in response to today's challenges brought on by the COVID-19 pandemic. In keeping with the Racism and Health theme, these perspectives provide insights on the impact of COVID-19 in light of racism and other social determinants of health affecting minority ethnic populations. Payton and Echeverria discuss the structural inequities in health that exist in the United States and how, in today's pandemic, the structural systems influence cardiovascular health equity. The authors cite three common needs being unmet including: access to disaggregated data; ability to integrate community-engaged approaches in telehealth; and policy initiatives that have not yet integrated health equity principles. In his perspective, Bruce encourages African American religious institutions to continue to be a key actor in their communities by addressing disparities in COVID-19 infection and death. Lackland and colleagues comment on the lack of participation of at-risk groups in randomized clinical trials and brings attention to the additional harm the pandemic may have in exacerbating these disparities. However, the authors also consider the pandemic as an opportunity to address this lingering clinical research issue. Wells and colleagues offer lessons learned in a previous community-partnered participatory research (CPPR) effort and suggest that these lessons could be applied to COVID-19 solutions. The authors encourage the use of CPPR principles to ensure the advances from science (eg, vaccine deployment, antibody testing, etc) are available to all communities. Finally, Beech and Woodard call for national standards for contact tracing training programs that can ultimately lead to a certification process. These authors highlight the significant impact of contact tracing as a public health tool in preventing COVID-19. They emphasize the importance of training and expanding the public health workforce.

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Dismantling Racism and Racist Policies/ Practices

Taken altogether, the articles in this special issue underscore the importance of racism and its impact on health and well-being of racial/ethnic groups and offer innovative approaches to dismantling racism or racist policies and practices – especially in the time of COVID-19. Although racism is a part of the fabric of the United States, we have only begun to understand how it operates within and across racial/ethnic groups and different sectors of society. This themed issue is intended to reinvigorate a discourse on racism and health, and will hopefully serve as a catalyst to encourage new research that moves us closer to a better understanding of how and why health equity for all in this country remains a far-fetched goal. Within today's world, there is no better time than now to re-invigorate our commitment to make this goal more attainable.

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