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How racism and microaggressions lead to worse health

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November 10, 2017



From the recent events in Charlottesville, Virginia to the racial slurs that were scribbled outside black students' doors at the U.S. Air Force Academy's preparatory school, it is clear that the United States is not a post-racial society as some pundits in the media have argued. Researchers have found that racism in all forms takes its toll on people of color. Racism, both in blatant, overt forms as well as subtler forms such as microaggressions, can have a detrimental impact on the health and overall well-being of targeted

individuals.

Overt racial discrimination and health

There's a lot evidence to suggest that overt racism and discrimination lead to worse health outcomes for people of color. Researchers at Columbia University have found that the experience of racism can result in traumatic stress. This stress is linked to negative mental health outcomes, such as depression, anger, physical reactions, avoidance, intrusion, hypervigilance, and low self-esteem.

Doctors and psychologists tell us that discrimination contributes to poor health, both directly and indirectly. The presence of high levels of stress hormones in the bloodstream for long periods of time can lead to wear-and-tear on the body. In addition, stress caused by racism has been linked to heart disease in African-American populations. Public health researchers surveyed a sample of 3,105 adults across three racial groups (African-Americans, Latinos and whites) and found a positive correlation between hypervigilance caused by race-based stress and a higher incidence of heart disease amongst African-Americans.

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Moreover, data show that perception of racial discrimination is associated with reduced trust in physicians as well as reduced adherence to medication among African-American adults suffering from chronic disease Lack of trust in providers due to discrimination is also related to lower levels of cancer screening among lower-income and African-American adults. Finally, racial discrimination is linked to unhealthy behaviors such as overeating, consumption of fatty foods and decreased exercise. Repeated exposure to discrimination has also been linked to substance use, including marijuana, alcohol and tobacco among African American teenagers and adults.

The connection between microaggressions and health

More often these days, racism is expressed subtly through what are called "microaggressions." Psychologist at Columbia University have defined microaggressions as "brief and commonplace daily verbal, behavioral, or environmental indignities, whether intentional or unintentional, that communicate hostile, derogatory, or negative ... slights and insults." While individuals may not openly discriminate against people of color, they may engage in acts such as avoiding eye contact on the street or making assumptions about someone's intelligence or mental state. This subtler type of discrimination also negatively impacts health outcomes. Microaggressions have been described as "death by a thousand cuts."

Research on microaggressions provides strong evidence that they lead to elevated levels of depression and trauma among minorities. In a sample of 405 students at an undergraduate university, depressive symptoms were the link in the relationship between racial microaggressions and thoughts of suicide.

In addition, one recent study showed that Native Americans diagnosed with type 2 diabetes experienced racial microaggressions from their health care providers. Among those sampled in the study, a correlation was found between microaggressions and self-reported histories of heart attack, depressive symptoms, and prior-year hospitalization.

Not only do microaggressions harm mental and physical health, they can also undermine trust in service providers and caregivers. In some of my own research, we have found that homeless youth of color routinel experience microaggressions from health care and service providers and that these microaggressions serve a barriers to care. Study participants indicated that because of their homeless status, they did not receive adequate care from providers.

What can be done?

So how can we work to minimize the physical and psychological harm of overt racism and microaggressions? First, workplaces and health care training programs (such as medical and nursing schools) can provide better training to employees and students. Such training must include information on the impact of racism and microaggressions on health outcomes and should also increase awareness of one's own biases. Training should include dialogues designed to promote mutual understanding. They should be facilitated by training experts and focus on the impact of overt racism and microaggressions. We then need to evaluate whether the training is working.

Second, health care institutions can create online resources for employees and patients. For example, The New School University's Health Services created a microaggressions site that assists students with understanding the nature and impact of microaggressions.

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Third, policymakers should consider creating policies that address microaggressions. Similar to sexual harassment policies, racial microaggressions policies can be created to protect individuals from experiencing microaggressions. Moreover, prevention policies targeting young children should include anti-racism and anti-microaggression information as a way to counter the spread of such racist attitudes and beliefs.

Fourth, journalists can play an important role by writing stories about the incidence and impact of racial microaggressions on health outcomes. News and media outlets can create more programming related to issues of race, racism and microaggressions. In these and other ways, we can all work toward a society in which fewer and fewer people suffer health problems as a result of discrimination, overt or otherwise.

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