Racisms Effect on Health Outcomes of African Americans

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History and Background

Racism is defined as a system of advantage based on race. Racism cannot be explained simply by the expression of prejudice alone (Tatum, 1997). Racism is not just personal ideology based racial bias but a system involving policies and practices as well as beliefs and actions of individuals (Tatum, 1997). Racism is broken into 3 different levels, institutionalized, personally mediated, and internalized (Phyllis, 2000).   Institutionalized which relates to different access to goods, services, and opportunities, this is a structural and has been imbedded in our institutions in America (Phyllis, 2000). Personally, mediated racism where prejudice means differential assumptions about the abilities and intentions of others according to their race and internalized racism is acceptance by members of a stigmatized races of negative messages about their abilities and self-worth (Phyllis, 2000). African Americans are more likely to live sicker and to die sooner (Shavers & Shaver, 2006). Racial disparities in the American healthcare system have been a problem and have continued to affect the health outcomes of African Americans. Many people believe that the reason for racial health disparities is due to biological differences when the only biological thing about race is the phenotypic differences in skin, eye color, hair texture, and bone structure. The human genome initiative showed that humans are more than 99.9% the same and that less than one percent does not fall into racial boxes (Kennedy, 2015). Race is just a social construct created by society to solidify racial superiority (Trent et al., 2019). The disparities caused by race make African Americans more likely to suffer from chronic diseases (Shavers & Shaver, 2006) and more recently more likely to contract and die from COVID-19 (Maness et al., 2021).

Things like the social determinants of health (Shavers & Shavers, 2006) and provider bias (Bailey et al., 2021) are suggested to be some of the main reasons for the continuing disparities within the health care field and are caused by the systemic and institutional racism in America. The social determinants of health include economic stability, neighborhood and physical environment, education, community and social context, and access to healthcare system (Artiga & Hinton, 2018). Provider bias is most likely to present itself in implicit bias some evidence for false beliefs of biological differences between those of differing racial identity. (Hall et al., 2015). Implicit bias are thoughts that often exist outside of our conscious awareness (Hall et al., 2015), and research has shown that healthcare providers hold the same amount of implicit bias as the general public (Johnson, 2020). COVID-19 has exposed the inequality in the healthcare systems by showing that African Americans are 2.6 times more likely to contract COVID-19, 4.7 times more likely to be hospitalized, and 2.1 times more likely to die of COVID-19 (Maness, 2021).

The disparities caused by race in the healthcare field leads to poor health outcomes when it comes to chronic disease (Shavers & Shaver, 2006), maternal mortality (Taylor, 2020), more recently COVID-19 (Maness et al. 2021) and more. In the most recent set of data, the U.S international health ranking for life expectancy among the 36 countries of the Organization for Cooperation and Development was 33, for maternal mortality was 29, and for infant mortality was 33 (David & Collins, 2020). If we were to remove African Americans from that number, we be 25th for life expectancy, 24th for maternal mortality, and 28th for infant mortality (David & Collins, 2020). These numbers do not only show the poor health of African Americans but also the poor health of all people in the United States. These outcomes are not only a result of provider bias and social determinants of health but also medical mistrust that exists due to the

racist past of the healthcare field (Powell et al., 2019). Although there have been countless examples of the racist past of the healthcare field, the most notable one is the Tuskegee Syphilis study. The Tuskegee syphilis study was conducted by the U.S public health services and spanned about 40 years involved intentional deception and denied treatment to the study participants (Brandon et al., 2005). The study involved 600 black men and was performed without patients' informed consent and the participants were misled and not given all the facts (CDC, 2020). This research paper will aim to look at how the social determinants of health, provider bias, and medical mistrust impact the health outcomes of African Americans in the United States. It will also look at how the recent COVID-19 pandemic has exposed these inequalities for everyone in the United States to see.

Social Determinants of Health

The social determinants of health affect all aspects of health for not only African American's but everyone. Some would argue that the social determinants of health are caused by structural racism, because it influences all the major areas and help reinforce discriminatory beliefs and distribution of resources (Yearby, 2020). The racial disparities in healthcare occur in the broader context of social and economic inequality, housing, education (Shavers & Shavers, 2006). Structural racism exists due to the racist past of the United States dating all the way back to slavery creating interconnected systems that have embedded inequalities in laws and policies (Egede & Walker, 2020). Historical as well as contemporary structural racism deny African American's equal access to education, employment, housing, justice, and health care, which eventually has cumulative effects that have created the disparities within the social determinants (Snowden & Graaf, 2020). When we think about lack of access to housing, education, health care, and justice, the one common outcome is poor (Maness et al., 2021). The social

determinants cause African Americans to be more likely to receive a diabetes diagnosis, 40% more likely to have high blood pressure, 8.4 times more likely to be diagnosed with HIV/AIDS, a 40% higher chance of dying of liver cancer, and have 4 times the death rate from breast cancer (Maness et al., 2021) The disparities seen with COVID-19 deaths and hospitalizations can also be linked to race-based inequities within the social determinants specifically in areas of education, economic status, housing, community context, and access to care (Maness et al., 2021).

Housing and Redling

Housing and redlining have a huge impact on the health of African Americans. Redlining refers to the practice by the federal Homeowner's Loan Corporation where neighborhoods were marked as hazardous with red ink on the map, which was largely based on racial demographics (Johnson, 2020). Redlining has caused systematic denial of mortgage lending, capital investments and services, as well as lack of access to supermarkets which affects access to healthier foods (Johnson, 2020). African Americans are much more likely to live in segregated minorities and poorer neighborhoods that tend to have higher crime rates and poorer schools (Shavers & Shavers, 2006). Quality and stability of housing impact human health immensely (Maness, 2021). Residential segregation remains a large part of Black disadvantage (Bailey et al., 2021). Neighborhoods can influence health in different ways, like through physical characteristics, such as air quality and proximity to facilities that produce hazardous gas (Braveman et al., 2010). They can also be affected by lead paint, mold, dust, or pest infestation, as well as lack of access to health foods (Braveman et al, 2010). African Americans are more likely to have inadequate heating and cooling, electrical and fire hazards (Shavers & Shavers, 2006). About 11.2% of African Americans children contract lead poisoning as compared to the

2.3% of white American's children due to the poor housing conditions that African American's are more likely to live in (Shavers & Shavers, 2006).

Redlining can eventually cause preterm birth, cancer, tuberculosis, maternal depression, as well as mental health issues. These health issues can be due to exposure to environmental toxins like teratogens, carcinogens, as well as sustained physical impact of concentrated psychosocial stress (Bailey et al., 2021). White neighborhoods generally have lower air pollution levels due to lower airborne carcinogens and higher levels of tree-canopy coverage (Bailey et al., 2021). The high exposures to these environmental toxins can contribute to the higher levels of asthma in the Black communities (Bailey et al, 2021). African Americans have a 20% higher chance of being diagnosed with asthma (Maness et al., 2020).   The chronic exposures to these indoor allergens and the development of asthma can also cause other respiratory diseases which also disproportionately affect African American children (Shavers & Shavers, 2006). An example of high levels of toxins is the water crisis in Flint, Michigan where 54% of the residents are African American and 40% live below the poverty line (Maness et al., 2020). Black Americans have higher obesity rates due to the lack of access to healthy foods because of low amounts of supermarkets in low-income areas (Maness et al., 2020). African Americans are more likely to be hospitalized or die from COVID-19 from the underlying conditions due to the poor housing that African Americans live in (Maness et al., 2020). Social distancing is a privilege that is linked to ley areas of housing (Maness et al., 2020).

Education

Education impacts so much more in life than just your future career. It can also affect your socioeconomic status and health. Although the high school graduation rate of African American has gone up significantly over the years, as of 2019, 88% of African Americans

graduate high school, as opposed to the 90% national average (Census, 2019). The college graduation rate of African Americans is 26% as opposed to the 36% national average (Census, 2019). African Americans live in lower income areas that tend to have poor schooling than white people of similar socioeconomic status (Shavers & Shavers, 2006). African Americans children are more likely to attend schools where they are the majority race yet attend schools with the highest poverty and lower- than- average test scores (Maness et al, 2021). As a society we have fostered discrimination specifically when it comes to education which causes a problem with distribution of resources (Yearby, 2020). The distribution resources affect the schooling of African American's causing them to have a poorer education which in turn affects their health outcomes (Yearby, 2020). The systemic factors cause the limited educational opportunities which causes barriers of health outcomes. Individuals in the United States with less than a high school education have higher chances of diabetes-related mortality, similarly people with less than a college education are more likely to have less control of their diabetes (Walker, 2017). The high prevalence of diabetes due to the lack of quality education can be linked to the disparities in mortality rates connected to COVID-19, as people with type 2 diabetes are more likely to be hospitalized or die from COVID-19 (Maness et al., 2021). Access to education is also suggested to causes barriers in palliative care of African Americans (Gardner et al. 2018).

The lack of a good education causes a decrease in health literacy. Health literacy refers to the degree in which an individual can process, understand, and obtain basic health information (Hersh et al., 2015). Low health literacy may impair functioning in a health care environment, affect patient physician communication dynamics, and lead to substandard medical care (Berkman et al, 2004). The lack of health literacy makes it more difficult to understand and adhere to treatment plans which can cause poor health outcomes (Shavers & Shavers, 2006).

Patients often fail to identify their deficiencies in comprehension and tend to not ask for help (Hersh et al., 2015). The lack of health literacy contributes to the high amounts of chronic disease that African Americans experience (Shavers & Shavers, 2006).

Social and Community Context

Social and community context refers to people's relationship and interaction with family members, co-workers, and community members (Healthy People, 2021). This also deals with challenges people face and dangers that they cannot necessarily control (Healthy People, 2021). Some examples of social and community context are family members being in jail, and for African Americans the fear of being targeted by police, low food security, and harmful marketing tactics (Healthy People, 2021). African Americans struggle with the fear of being targeted by police as well as being mislabeled for a crime (Bailey et al., 2021). African Americans are incarcerated at more than 5 times the rate of White people and receive longer sentences (Maness et al, 2021). They are more likely to experience lethal force from law enforcement (Maness et al., 2021), as we have seen with Eric Gardner, Breonna Taylor, George Floyd, and countless more (BBC, 2021). The mass incarceration of African American's does not only affect the people within the criminal justice system but the families and communities that are left behind by causing family disruptions, financial strain, and emotional difficulties (Maness et al., 2021). The fear of these practices contributes to the public health problem because they perpetuate stress and trauma which have implications on long term health (Maness et al., 2021). Stress affects every aspect of the body, not just your mental health (APA, 2021). Stress causes issues with all the systems of the body (APA, 2021), and the chronic stress that African American's experience due to fear of incarceration impacts the disproportionate morbidity and mortality from conditions such as heart disease and strokes (Shavers & Shavers, 2006). African

Americans are also more likely to experience capital punishment and as stated before are more likely to be killed by the police (Bailey et al., 2021). Police brutality kills hundreds of Black people a year and nonfatally hurts thousands (Bailey et al., 2021). In terms of community context, wearing a mask during COVID-19 has become problematic for African American's due to the fear that they will be mistaken for criminals (Maness et al., 2021). The inability to social distance in a jail setting has also cost the lives of many African American's due to the disparate amount incarcerated and jails becoming a major site for the disease transmission (Bailey et al., 2021).

Food insecurity and marketing of harmful products like tobacco, alcohol, and high-fat foods also affect the health outcomes of Black people. Harmful products of this nature are often targeted to minority populations (Shavers & Shavers, 2006). African Americans experience a disproportionate number of smoking related deaths such as oral, esophageal and lung cancers, coronary disease and cerebral vascular disease (Shavers & Shavers, 2006). The disproportionate exposure to television advertisements that market unhealthy foods attributes to obesity, increase in diabetes, heart diseases, some cancers, stroke, arthritis, respiratory disease, and psychological disorders (Shavers & Shavers, 2006).

Economic Status and Employment

African Americans are affected economically through systemic racism and are held back from accumulating wealth over time (Maness et al., 2021). African Americans have the lowest median household income amongst all other races in the United States coming in at about $40,258 as opposed to a white person's $68,145 median household income (Census, 2017). Wealth is accumulated over time and is available through individual or family growth however due to systemic racism is much mor challenging (Maness et al., 2021). Many of the other social

determinants of health are linked to the ability to have higher socioeconomic status like education and housing (Shavers & Shavers, 2006). The generational effect of wealth provides opportunities and help ensure a higher education (Maness et al., 2021). African American's are more likely to make less than a white person working the same job due to interpersonal racism (Shavers & Shavers, 2006).

Wealth is highly dependent on employment and African American adults are more likely to be unemployed; about 11.8% of Black men and about 10.1% of Black woman are unemployed, and COVID-19 has only increased that number (Maness et al., 2021). African Americans less frequently than whites are unemployed due to voluntarily leaving of their jobs (Shavers & Shavers, 2006). Interpersonal prejudice impacts minority employee advancement and layoffs (Shavers & Shavers, 2006). They are also more likely to work low-income jobs that do not provide health insurance (Yearby, 2020). The disproportionate difference in employment base health insurance contributes to the racial disparities in access to timely and appropriate health care (Shavers & Shavers, 2006). African Americans only account for 13.4% of the United States population, however they account for the large percentage of low income, essential worker jobs such as cashiers (19.9%), bus drivers (27%), taxi drivers (29.5%), housekeeping (14.4%), janitorial staff (18.2%), and sanitation workers (18.2%) (Maness et al., 2021). Jobs like this leave African Americans without union representation and paid sick leave, which forces them to go to work when they are sick, this causes them to put off doctors' appointments out of fear of getting fired or not being able to afford the day off (Yearby, 2020). Also, about 21% of African American's work jobs that can put them at high risk for injury as opposed to 13% of white people (Yearby, 2020).

Many of these lower-wage jobs were deemed essential workers in the beginning of the COVID-19 pandemic (Maness et al., 2021). African Americans consequently are more likely to be exposed to COVID-19 due to the lack of paid sick leave (Yearby, 2020) and inability to work from home (Maness et al., 2021). Office-based jobs are much more likely to be able to work from home through teleworking, thereby decreasing the risks for white people (Maness et al. 2021).

Access to Care

African Americans are also more likely to lack of access to care (Maness et al., 2021) or just lack of access to quality health care (Bailey et al., 2021). The experience that African American's have in the healthcare system may attribute to the high mortality and morbidity as a result of systematic racism (Maness et al., 2021). African American's are less likely to be insured which makes it much more difficult for them to go see a doctor (Maness et al. 2021). Lack of insurance causes problems because it causes African Americans to put off going to see the doctor because they cannot afford it, which can cause health problems to pile up (Maness et al., 2021). Segregated Black neighborhoods has resulted in under resourced facilities, that are less likely to attract experienced primary care providers (Bailey et al., 2021). African Americans are significantly less likely to access to hospice services as well (Gardner et al., 2018). Bias provided by providers affects the quality of healthcare that African Americans experience (Bailey et al., 2021).

Provider Bias

Race blinds doctors from patient history, symptoms, and family history (Kennedy, 2015). A 2016 study, found that half of White medical students and residents hold unfounded beliefs

that there are intrinsic biological differences between White and Black people (Bailey et al., 2021) False beliefs cause African American patients' assessments to be incorrect when going to the doctors which causes less appropriate treatment decisions for Black patients (Bailey et al., 2021). White healthcare providers have problematic ideas about African Americans, like viewing them as less intelligent, less able to adhere to treatment regiments, and more likely to engage in risk health behaviors, this causes adverse long term health outcomes (Hall et al., 2015). The Institute of Medicaine reviewed over 100 studies and concluded that bias both conscious and implicit, prejudice, and stereotyping contributed to the differences in health outcomes by race (Bailey et al., 2021).

Implicit Bias

Negative implicit attitudes about people of color contribute to racial disparities within the healthcare community (Hall et al., 2015). White physicians may spend more time with a White patient and may take a more collaborative approach when considering treatment options when with a White patient as opposed to a Black patient (Hall et al., 2015). A study that was published in the American Journal of Public Health sought out to find if there is implicit bias towards African Americans among the healthcare field and if there is a relationship between implicit bias and poor health outcomes (Hall et al.,2015). Of all 15 of the reviewed studies 14 found evidence of implicit bias against people of color (Hall et al., 2015). It was found within the study that White healthcare providers may spend more time with White patients than people of color and are more likely to approach patients with a condescending tone (Hall et al., 2015). White providers with implicit bias are less likely to provide treatment for pain control, urinary tract infections, ADHD, and asthma control (Hall et al., 2015). Racial differences have been found within giving pain medication even during the last 7 days of life (Gardner et al., 2018). African

American's seemed to be negatively affected by their interactions with White doctors (Hall et al., 2015). African American patients often have medical mistreatment within the community, and cancer patients of color were more likely than White patients to feel overlooked by providers when delivering information and referrals for supportive care services (Gardner et al., 2018).

Medical Mistrust

All African Americans experience medical mistrust, but African American men are especially weary of the healthcare system (Gardner et al., 2018). Mistrust of the healthcare system is higher among African American's than any other race and is associated with poor health outcomes such as decreased care satisfaction, treatment adherence, and utilization of services (Powell et al., 2019). Although, the Tuskegee syphilis study plays a part in the history of medical mistrust among African Americans and specifically Black men, poor interactions with the health system are likely to be more important in terms of creating medical mistrust (Brandon et al., 2005). African Americans tend to delay routine checkups, blood pressure screenings, and cholesterol screening (Powell et al., 2019). Medical mistrust affects the decision making about use of health screenings and treatments that are more invasive like prostate, cancer, and HIV/AIDS (Powell et al., 2019). Putting off these routine health procedures and check-ups can cause doctors to miss important information before a condition gets severe. The lack of routine procedures and screening may contribute to the chronic health conditions that African Americans experience. Medical mistrust has also been a barrier in terms of COVID-19 treatment as well as trust in the virus itself (Bogart et al., 2020). The medical mistrust experienced by African Americans has created low levels of patient satisfaction with care, decreased participation in health promotion, lower participation in health research and less willingness to donate blood or cadaveric organs (Brandon et al., 2005). Frequent emergency room visits accumulate to expect

unfair treatment and exacerbates the mistrust in the community even more (Powell et al., 2019).

The discrimination as well as dismissal that African American's experience fosters an

environment of skepticism and mistrust for the healthcare system as a whole and for individual

providers (Brandon et al., 2005).

Conclusion

The articles have shown that racism does affect the health outcomes of African Americans in the

United States. The social determinants of health, provider bias, and medical mistrust are

suggested to be some of the main factors. COVID-19 has exposed the problem that the United

States faces in terms of racism in healthcare. Each of the social determinants of health is

impacted by racism and affects the health outcome of African Americans. For example, poor

housing causes asthma, preterm birth, cancer, and more (Bailey et al., 2021). White healthcare

providers are more likely to spend time with White patients and treat Black patients in a

condescending way and were less likely to provide adequate treatment (Hall et al., 2015). The

mistrust in the healthcare field often decreases African Americans use of preventative screenings

and health services (Powell et al., 2019).

Solutions

Although racism in healthcare is a huge issue, there are plenty of solutions to help improve the

problem. First, there is a need to address the social determinants of health to help reduce

disparities that affect quality of life and lifespan of African Americans (Maness et al., 2021). By

examining the relationship between racism and the social determinants of health we can

implement societal change that will not only help health outcomes but also improve systemic

racism (Maness et al., 2021). Improving availability of data that includes race and ethnicity and

putting effort into developing a measurement for structural racism can also help (Bailey et al., 2021). Medical professionals need to understand the inequities and how they affect health outcomes (David & Collins, 2021). Doctors needs to understand that oppression results in sickness in our patients (David & Collins, 2021). Medical schools also need to increase addressing racial bias in a clinical setting, by relating to patients and understanding it can make a huge difference in the health outcomes of African Americans (David & Collins, 2021). Addressing the under-representation of Black medical students can help increase the trust in the medical community, by providing African Americans with someone who looks like them when they go to the doctor (Bailey et al., 2021).

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