The Impact of Racism on Health

WASHINGTON Medical Commission
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An increasing collection of evidence has documented America's long history of racism and its detrimental impact on people of color. The consequences of racism are broad and deeply ingrained in our society, affecting where people live, learn, work, pray, and play, as well as causing inequities in access to social and economic benefits. These unequal distributions of resources lead to disparate health outcomes. When compared to their White counterparts, racial and ethnic minority groups in the United States have greater rates of mortality and morbidity across a wide variety of health issues[1], including maternal mortality[2], hypertension[3], obesity[4], and heart disease[5].

Definitions
Allostatic load: the wear-and-tear on the body and brain that results from chronic dysregulation (overactivity or inactivity) of mediators of allostasis[6].

Allostasis: the active process of responding to a challenge to the body by triggering chemical mediators of adaptation (HPA, autonomic, metabolic, immune) that operate in a nonlinear network. Allostasis is essential for maintaining homeostasis in the face of challenges or demands imposed by changes in the environment and an individual's behavioral state that are registered by the brain[7].

How does racism impact health?
Researchers have coined the terms "allostatic load[8]" and "weathering[9]" to define and describe the ways in which systemic and individual racism can make people physically vulnerable to illness and premature death. Allostatic load refers to the damage caused by chronic stress, which overtakes the body's regulatory mechanisms—including the immune, endocrine, and circulatory systems, as well as those that regulate blood sugar and mood. A review of representative sample of general population and clinical studies on consequences of allostatic load on both physical and mental health across a variety of settings found a positive association between allostatic load and poor health outcomes[10]. The chronic activation of stress response in Blacks has led to higher allostatic load and weathering than whites and these racial differences were not explained by poverty[11].

Maternal Mortality
Allostatic load contributes to adverse outcomes during pregnancy[12]. Non-Hispanic Blacks have higher rates of mortality and morbidity than any other ethnic group at every education and income level[13]. In populations with equal access to healthcare, such as members of the US military, racial disparities in pregnancy outcomes are reduced but not eliminated. Non-Hispanic Black women receiving military medical care are still at increased risk for low birth weight, preterm birth, and placental abruption, implicating the role of additional factors in poor maternal-fetal outcomes among women of color[14]. A study conducted at a large US military installation clinic found black women to have twice the risk of preterm delivery than whites[15]. The risk of preterm delivery was also observed in black women of all military ranks[16]. Black women with graduate degrees have higher rates of severe maternal morbidity than non-Hispanic White women who never graduated from high school[17]. For black Americans, social determinants of health factors including income, education, socio-economic status are not protective as they are for white Americans[18].

Peripheral Arterial Disease
Allostatic load has also been linked to increased risk for cardiovascular diseases, particularly peripheral arterial disease (PAD)[19] . Nelson et al. analyzed data from the 1999-2002 National Health and Nutrition Examination Survey for individuals 40 years of age and higher with a measured ankle brachial index greater than 0.9. The authors performed bivariate and multivariate analyses to describe the association of race/ethnicity with PAD, controlling for sociodemographic factors, clinical risk factors and allostatic load. The national representative sample indicated African Americans to have highest rates of PAD even when conventional risk factors such as hypertension and hyperlipidemia were controlled. African Americans with PAD had higher allostatic load scores when compared with other ethnicities.[20]

The two studies above highlight the detrimental cumulative physiological effects of stress over the life course. There are actions practitioners can take to mitigate the consequences of racism on our health.

The WMC can address racial equity in the following ways:

- Raise awareness of racial inequities via the adoption of an Anti-Discrimination Policy (In Progress).
- Redacting complaints submitted to the WMC complaint department. This eliminates implicit and explicit bias during the complaint review process (Process Completed).
- Institute equity lenses in all administrative processes, policies and procedures (Ongoing).
- Advocate for legislation and regulatory policies that address inequities.

Allostatic Load: Pre-indicator of Disease

Workplace:

- Mentor people of color interested in pursuing medicine.
- Encourage diversity and promote inclusive workplace.
- Advocate disaggregation of quality control practice data.
- Encourage your facility to share equity and performance outcomes data to identify areas in need of improvement.
- Institutionalize community outreach programs that promote healthy behaviors and connect patients with wrap-around social services in at-risk communities.

Individual:

- Support causes that promote social integration and improve quality of life.
  - Northwest Justice Project: provides legal help to all low-income individuals.
  - Equal Justice Initiative: provides legal representation and assistance to formerly incarcerated people.
- Advocate for social safety net policies (federalize Medicare/Medicaid, paid maternity/paternity leave) that improve quality of life.
- Volunteer at WA state free and Charitable Clinics serving underinsured populations.

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