In this slide set we are going to talk about race, talk a little bit more about ethnicity, and, particularly, talk about racism and discrimination as determinants of health.
The development of this presentation was supported by Cooperative Agreement Number 1U48DP005005 from the Centers for Disease Control and Prevention. The content is solely the responsibility of the authors and does not necessarily represent the official views of the Centers for Disease Control and Prevention.
References

  - Chapter 3:


Race and ethnicity are one of those things that have been widely studied in terms of their relationship to health outcomes. It is not uncommon to find that there are racial and ethnic differences in health outcomes, comparing different population groups. These relationships and the study of them have been the source of much controversy over many, many years. We have debated in the literature whether or not even the concepts of race and ethnicity are valuable in terms of our understanding about health conditions. We also often disagree about how race and ethnicity might be related to each other and/or related to wider social and economic issues and circumstances.

We have certainly debated, and continue to debate, what it is about race that seems to be associated or driving its relationship with health outcomes. Is it some sort of biologic differences between the groups? Is it culture? Is it differences in socioeconomic power? Is it something else? Is it any and all of those things in combination? No one knows but it’s some of the things we will be talking about during this module.

We as humans tend to categorize things. Research tells us that people tend to use seven plus or minus two categories -- so somewhere between five and nine categories for classifying objects, for classifying animals, for classifying behaviors. While it may or may not be good that people categorize things, there is a functional
reason for it. Categorization allows people to have some ability to predict, when we encounter a new object, animal, or whatever, how that animal is likely to interact with you, whether it is a dangerous animal or not. There is some reason, in evolution, for us to want to be able to predict our environment. Whether or not it is good to categorize humans – and how to categorize them, if you are going to do it -- is a matter that can be considered.
Just a reminder that ethnicity is membership in a group. That membership is conveyed internally or externally, but, typically, people self-identify with an ethnic group. These are groups that share a common identity. They have economic, social, cultural, and religious things in common. They are dynamic and changing, and the characteristics that define the group are chosen by the group. They define their own culture, their own ethnicity. This is different from perceived stereotypes that might be imposed on the group by others.

One can still point to the great heterogeneity within what we may consider to be a single ethnic group. The best example probably is the Latino population. There are relatively profound differences between Mexicans, Puerto Ricans, Cubans, those from Central America, South America, and so on, as well as those from Spain. Despite those strong cultural differences, people tend to group them all in one ethnic category. We should also remember that ethnicities are really subcultures within a culture -- and to extend that, there can be subgroups within the ethnic group within the culture. Gets to be complicated pretty quickly, doesn’t it?
Unlike ethnicity, race is, generally speaking, an externally assigned category to people - based on the color of their skin, on different facial characteristics, on different hair characteristics. It is not a matter of individual choice but others assign you, in essence, to a race group. (You may also self-identify with a race group, but not all people self-identify with the group that others assign them to.) So, unlike ethnicity, where you determine which groups you’re part of, race is typically externally assigned.
It is interesting that the whole concept of race really did not emerge until the 16th and 17th centuries. Prior to that time, you did not read about people characterizing people based on their race. They might have characterized them based on their place of origin or on their light or dark skin, but there really were not racial categories at that point in time.

Gradually over time, race became symbolic and white was really equated with “good” and black was equated with “undesirable,” at least in European thinking – and this was really a European concept when it developed. It developed about the same time that the European explorers were spreading out across other continents to explore and discover the world. They were seeing a lot of things that they had never seen before. Some countries, like Great Britain, Portugal, and Spain, were subjugating populations as they spread out from their homelands.
When those European explorers first started encountering peoples with whom they were unfamiliar and assigning those race categories, their underlying assumption was that race was a consequence of lineage rather than biology. They really reacted in a very paternalistic way, attributing differences that they saw to ignorance rather than inability. (Do not misunderstand – I am not endorsing this belief – just giving the history lesson.) Let’s face it: the Europeans were fairly arrogant as they went around and discovered other cultures, believing that they (the Europeans) were the right, the true, the best. By the end of the 18th century history, however, the perceptions were narrowing and there was some talk about how differences between groups were innate and a lot of statements about how some races couldn’t be “civilized.”

In this country, going back to the early settlements and Jamestown, the major cash crop was tobacco. You know, I have never worked in a tobacco field, but I understand it is a very dirty, demanding type of labor, and many times people did not survive for extended periods of time. So, there was a perceived need among the landowners to bring in cheap labor to help in the fields. Their first source of labor was indentured servants from primarily Great Britain. These individuals were Caucasians who were impoverished; they would sign on for a certain amount of time to be an indentured servant. Basically, they would work off their indebtedness over time and, when they reached the end of their period of indebtedness, they became free. They were the first labor source for the tobacco farmers.
Then, in the 17th century, an individual – a “negra” according to the ship's manifest -- was brought in from the Caribbean and put to work in the fields. Gradually, over time, they realized that there was a ready source of inexpensive labor that they could oppress and put into slavery to work the fields. That is the origins of the slave trade – one individual -- and, of course, we all know the history of the slave traders.
As these Western Europeans spread out across the world to other continents, establishing their kingdoms and empires, it was very useful for them to develop sort of a concept of a “chain of being” or a biological hierarchy. They, of course, were at the top and everyone else was ranked lower and lower down. They were looking for labor and other resources to support their new industries. Ultimately, it was psychologically convenient and comfortable to believe that certain groups were more inherently suited to certain tasks like working in fields, picking tobacco and chopping cotton.
So, that whole concept of “chain of being” or the biological hierarchy, which started out as an economic imperative or as a function of economic initiatives, came to be ingrained. It became a way of justifying segregation and ensuring that minority groups were confined to the least advantaged positions, that they were kept in their socially less powerful positions. Unfortunately, there also came to be a growing acceptance of biological determinism -- the belief that differences between people were natural and unchangeable. It was really a justification for bad behavior, if you will.
Even in the face of limited, if any, scientific support for the existence of systematic relationships between race, or phenotype, and behavior, these ideological processes became rooted and were used to justify the exploitation of the less powerful by the more powerful. With the work that was done on the human genome and as our understanding of genetics, phenotypes, genotypes, and all those sorts of things, has evolved over the past few decades, Krieger may very well have been right when she says that the fact that we know what “race” we are says more about society than it does biology.

It has been shown in the gene typing research that there is much more variability within a race category, in terms of genes, than there is between races. There really are no biologic bases for thinking about race, except for the surface characteristics. The genes which tend to vary between ‘races’ are the ones that determine skin color, width of the nose, thickness of the lip, eye characteristics, hair color and type, and things of that nature.

So one might ask, “Why do we talk about race? Why do researchers continue to analyze by race category?” I’ve asked myself that question many, many times. I think it is important to continue to break populations out by race, to point a finger to the health disparities that persist in our society based on race and ethnicity. If we did not analyze, it would be the same as ignoring those disparities. And those
disparities, as we all know, are critical to overcome. I also think that it is essential to understand that race as a construct is really a proxy for something else. It is not an indicator of biology. It is a proxy for some other factor or group of factors that are interacting together to create those differences between groups.
So, from a sociological and anthropological perspective, at some point, it began to be common to expand the perception of differences between groups from economic and work perspectives into what is being called racialization, which is blaming the ethnic minority or migrant groups for unwanted social changes, increased social tension, reduced social stability, and economic shortage. Racial meanings were being attached to non-racial social situations. This is happening now in this country with the immigrant, predominantly Mexican, population -- with them being blamed for some of the social things that we are dealing with, such as drugs and crime. It happened when there was an influx of Cuban immigrants in the 70s and 80s. A lot of things were blamed on the Cubans in Florida. It happened even before that when the Polish immigrants came into this country, and when the Irish immigrated during the Irish Potato Famines -- and right after the Civil War when, in the South predominantly, Blacks were blamed for things. There are many examples of the blaming of racial and ethnic minorities, throughout history, for unwanted social changes and economic problems.
It does not take much to jump from racialization to racism and racial discrimination which is, of course, defined as the unequal treatment or exploitation of social groups with associated assumptions of inherent superiority or inferiority of different social groups. There is that biological hierarchy again. We would argue that there are both institutional and individual practices that create and reinforce those systems and have enormous implications for the lives of those people who are being discriminated against.
Similarly, we also talk about at least two different kinds of racism. One is institutional racism, and the other is a more interpersonal racism. Institutional racism is, unfortunately, imbedded in our society. It is that continued, conscious or unconscious, adherence of large-scale enterprises to racially discriminatory policies, assumptions, or procedures.

An example was brought to our attention a while back. Two universities, or colleges, both affiliated with the same religious organization, one predominantly white and the other predominantly African American -- and the financial support that was provided to the two institutions was systematically different. The church or the church body that ostensibly was supporting both institutions was differentially supporting the two. The predominantly white college got substantially more support, both financially and in other ways, than did the predominantly African American school. This might have been a good example of institutional racism. There are lots and lots of these -- banking policies, educational policies, separate but equal public school policies, or other sorts of policies. Institutional racism tends to be insidious – hard to see but it is there.
What we usually think about, in terms of racism, are those examples of interpersonal racism -- the direct, personal interaction that could be considered racial harassment or demeaning, derogatory, violent, or otherwise offensive behavior. This is most commonly seen in racially motivated behavior by individuals from one group toward those of another. It is not unrelated to institutional racism, and it has been argued that if you fail to condemn institutional racism you are in some ways engaging in interpersonal racism. But it is the interpersonal racism that most people think about when you say racism.

It is important to note that people experience and perceive racism differently. Certainly persons in the majority group do not have the same experience or perception of racism as do persons within the minority group. But it is also the case that within the minority group (the targets of the racist language or actions), there will be different perceptions and experiences, even in regard to the same act or situation.
There are at least two dimensions on which you can think about discrimination. One is, of course, direct discrimination where an individual is treated unequally as a consequence of one’s racial group. This is typically perceived to be intentional. Now, I want to point out here that there are a lot of “-isms” out there. We are talking specifically in this module about racism, which is discrimination based on race, but there is also genderism, as well as discrimination against gays, lesbians, transsexuals, and other gender-identity groups. There is regionalism. How many people up North think of people in the South in terms of a stereotype? There are lots of opportunity for -isms and discrimination against a group. That said, in these slides we are going to be talking specifically about racism and racial discrimination.

There is direct discrimination, but there is also indirect discrimination, where the individual is either unable to comply with a requirement that cannot be justified on other than racial grounds or is less likely to be able to do so than other racial groups. The best example that I can come up with for this one is some of the voter registration laws. Even recently, states have tried to pass a voter ID law saying that the voter has to produce a picture ID to be able to vote. Which subgroups in our population, by race or other characteristics, are going to be less likely to be able to do that and, therefore, less likely to be able to vote?

Indirect discrimination against one or more groups really pervades our society in
many ways. I am always reminded of the requirement that, hopefully, academic institutions have begun to move away. Back when I was applying to college, colleges looked for people who were well-rounded, people who had a lot of different experiences. The prospective student may have traveled a good bit, may have had different jobs or volunteer positions, played sports while going to school. Unfortunately, students coming from a white middle-class culture had much more opportunity to engage in those sorts of things than someone who was coming from a disadvantaged background -- so there was a kind of systematic bias built into the way that they reviewed applications for college.
Discrimination percolates through our lives in a variety of ways. People may experience group-level discrimination. The individual who is a black transgender woman may experience multiple forms of discrimination at the same time. The individual may experience different types of discrimination from both personal and public perspectives. The discrimination may be overt, or it may be institutional and more invisible. And the discrimination is likely occurring as a result of a long history of racial attitudes in the US.
Given that discrimination exists, there are a number of major pathways that have been suggested through which discrimination may influence health. For example, the discrimination over time may lead to economic and/or social deprivation. Because of living and working conditions, it may lead to excess exposure to toxins, hazards, and pathogens. There may be social trauma associated with the experience of discrimination. The individual may resort to health-harming behaviors, such as smoking, consuming alcohol, or illicit drug use, to cope with the discrimination.

It is a sad fact that industries, e.g., the tobacco industry, target minority populations to encourage them to purchase things that may be harmful. Further, minorities often receive health care that is of lesser quality and otherwise inadequate, which is another way that institutional and interpersonal discrimination may affect individuals.

Thus, there are many many ways that discrimination an influence one's health.
So, when faced with a chronic condition like racism and the experience of discrimination in one’s life, people cope with it in various ways. The literature has identified several different coping strategies, often characterizing them as problem-focused or emotion-focused. Problem-focused coping is confrontation, like what we have been seeing in the news lately in communities around the country -- or it might be an individual challenge to an experience of racism.

Emotion-focused coping has to do more with passive acceptance or emotional distraction. “I cope with it by accepting it.” It has been suggested that there is a generational difference, that older generations have tended to utilize more emotion-focused coping while younger generations have adopted more of a problem-focused approach.
We have tried in this module to review a bit of the history of race, the construct of race, and to point out that it is a multi-dimensional construct. In my world view, if you are going to look at race as a predictor of health outcomes, you need a comprehensive assessment of all relevant domains because it is not as simple as a single category, a multiple choice answer on a questionnaire. We really need to do a better assessment of institutional racism and its influence on health.
We strongly suggest that you review the video linked here.

https://www.youtube.com/watch?v=1QFCcChCSMU
Thought questions

- What did you read or hear in this discussion that was new information for you?
- What surprised or challenged you?
- What did you agree with or disagree with and why?
- How does this information make sense in terms of your work in the field of public health?