Racial Discrimination in the United States: A National Health Crisis That Demands a National Health Solution

Evidence shows that exposure to racial discrimination leads to poor health among racial/ethnic minority individuals (henceforth, minorities) in adolescence and throughout the lifespan. In the United States, racism is a cultural system of values, symbols, and institutions which claims White racial superiority and uses this assertion to subordinate minorities, which are considered inferior [1]. Racial discrimination is the enactment of this cultural system in behaviors by Whites that harm minorities [2]. Systematic reviews and meta-analyses provide support for the notion that racial discrimination is related to multiple forms of illness, including depressive symptoms, anxiety, post-traumatic stress disorder, hypertension, and diabetes [3,4]. These negative health consequences may be exacerbated during adolescence, a developmental transition marked by enhanced socioemotional processing [5]. Racial discrimination is especially harmful in countries such as the United States that have a pronounced history of racism [1,6].

Despite robust evidence linking negative health consequences to racial discrimination, several issues remain unclear. First, how does racial discrimination negatively affect health? Second, can normative developmental processes, such as ethnic-racial identity, mitigate its impact? Volpe et al. [7] address these questions in a study included in this issue of the JAH. They investigated the moderating role of ethnic-racial identity in the link between past experiences of racial discrimination and acute physiological reactivity to racial discrimination in a sample of 119 Black young adults. They found that more frequent racial discrimination in the past year was related to greater parasympathetic reactivity and recovery, but only among participants low in racial centrality. These findings are in contrast to a past study in which private regard and public regard moderated this link, but not centrality [8]. Volpe et al. [7] showed the importance of considering the role of ethnic-racial identity in interventions aimed at reducing cardiovascular risk posed by experiences of racial discrimination. Their study also shows that more research is needed to clarify inconsistent findings on racial discrimination and health [9].

The study by Volpe et al. [7] has several strengths. First, their hypotheses were driven by theory and evidence [8], promoting a cumulative science on racial discrimination and health. Second, their measurement included both retrospective accounts of racial discrimination in the past year and an experimental exposure to a vignette about experiences of racial discrimination, helping to elucidate cumulative and reactive effects. Third, Volpe et al. [7] sampled a homogenous population in terms of race and age (i.e., Black young adults). By sampling a single minority group, Volpe et al. [7] were able to reduce some heterogeneity attributed to sociodemographic differences and compute more valid estimates of these associations [10]. In turn, future studies should examine these relations across different minority groups. This line of research is important because the role of ethnic-racial identity in the link between racial discrimination and health is likely influenced by skin color, nativity, and sex given the history of particular groups in the United States [11].

Volpe et al. [7] also raises many important questions. For instance, how is racial discrimination related to acute physiological responses among other minority individuals? Do dimensions of ethnic-racial identity play different roles in the link between racial discrimination and health during different developmental transitions? Do different measures of racial discrimination (e.g., lifetime vs. past year) reveal different patterns of parasympathetic reactivity? How do these patterns relate to other stress-sensitive components of the autonomic nervous system, hypothalamic-pituitary-adrenal axis, and immune mechanisms? It is unlikely that these questions can be resolved by a single team of researchers. Instead, these questions can be better answered through a national collaborative effort.

Racial discrimination is a prevalent experience among minorities in the United States, with up to 25% experiencing interpersonal discrimination attributed to race, ethnicity, or ancestry, and up to 60% experiencing at least some form of discrimination [12]. This signals a major health problem that has been aggravated since 2016. Recent evidence suggests an increase of racial discrimination since the election of Donald J. Trump because he actively promotes racism in his speech and in federal policies. Latino youth and their families have been impacted by anti-Latino and anti-immigrant rhetoric, cumulative science on racial discrimination and health. Second, their measurement included both retrospective accounts of racial discrimination in the past year and an experimental exposure to a vignette about experiences of racial discrimination, helping to elucidate cumulative and reactive effects. Third, Volpe et al. [7] sampled a homogenous population in terms of race and age (i.e., Black young adults). By sampling a single minority group, Volpe et al. [7] were able to reduce some heterogeneity attributed to sociodemographic differences and compute more valid estimates of these associations [10]. In turn, future studies should examine these relations across different minority groups. This line of research is important because the role of ethnic-racial identity in the link between racial discrimination and health is likely influenced by skin color, nativity, and sex given the history of particular groups in the United States [11].

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a draconian enforcement of immigration policies leading to more deportations, detentions, and family separations [13], and stigmatization through negative media portrayals and calls for mass deportations [14]. This affects not only undocumented immigrant youth but also their whole communities by creating a climate of fear and stress that has a negative impact on mental health [15,16]. The rise in racial discrimination is not limited to Latinos, as evidence suggests a nation-wide increase in hate crimes against other minority groups [17]. For instance, anti-Semitic incidents increased nearly 60% in 2017 [18].

Based on these data, we argue that racial discrimination in the United States is a national health crisis that demands a national health solution. Valid and reliable research is central to create evidence-based policy, intervention, theory, and training. We argue that a nationally representative study on racial discrimination and health is needed. It should ideally use probability-based, random sampling to include youth from all minority groups across states in the United States and use a longitudinal design to help elucidate causality and developmental trajectories as a function of racial discrimination. It should also include Whites and investigate why, how, and when do they embrace racism, develop racial bias, enact racial discrimination, and benefit from racial privilege [9]. Such study should be designed by an interdisciplinary team from all health, behavioral, and cultural sciences (e.g., medicine, psychology, anthropology) and include multiple valid measures of different forms of racial discrimination, health outcomes, and putative cultural and biological mediating and moderating processes. To properly test them, a national study on racial discrimination and health should be adequately powered.

To design and launch this study, scientists should partner with other citizens and decision-makers. Research institutions and nongovernmental organizations should drive this effort, together with corporations, city and state governments, and other groups. Scientists should work in networks to decentralize research design and data collection, encourage crowdsourcing, and promote accountability and transparency through best research practices. This study would inform a national plan to promote accountability and transparency through best research design and data collection, encourage crowdsourcing, other groups. Scientists should work in networks to decentralize to together with corporations, city and state governments, and be adequately powered.

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References