Exploring the Linkage between Racism and Health

Racism is a social construct built upon the belief that one race or ethnicity is more superior or inferior than others and operates across three societal domains – structural or institutional racism; cultural racism; and individual racial discrimination. Decades of research on racism in the United States has established a connection between adverse health outcomes and discriminatory acts against racial and ethnic minorities. To date, most evidence supports the link between self-reported discrimination and poor mental, behavioral, and physical health conditions; however, emerging studies underscore the role of systemic racism in shaping enduring racial health disparities in the U.S. As EHF and our partners work to improve community health, especially among low-income and vulnerable populations, we recognize the role of racial justice work to reduce health disparities.

The origins of health inequities are rooted in the chronic mistreatment of racial and ethnic minorities, deriving from the wealth divide created through slavery in the U.S. and perpetuated by the Jim Crow Laws and other racially driven federal and local policies. The relationship between structural racism and health outcomes is presented in a framework developed by Paradies and colleagues. By withholding and denying equal opportunities to minority groups, in the form of goods, services, and resources, America produced a racial wealth gap that has persisted across generations. The New Deal's FHA loan program, the 1935 Social Security Act, and the post-World War II GI Bill are recent examples of institutionalized racism working to oppress minority populations. Although these policies helped many impoverished individuals rise to middle class wealth, they were implemented in a manner that made them available only to non-Hispanic white Americans. The underlying discrimination in these federal policies prevented African Americans and other minorities from gaining wealth like their white counterparts, resulting in systemic disadvantages that continue to exist today. Residential segregation has a demonstrated impact on health outcomes, exacerbated by the effects of non-medical factors that contribute to health, known as the Social Determinants of Health (SDOH). Many racially segregated communities have lower income and employment levels, limited educational resources, fewer grocery stores, higher crime rates, and increased exposure to environmental toxins.

As organizations and institutions strive to eliminate inequities in health, interventions must address racism as a fundamental cause of racial disparities, entrenched in the country's political and legal structure. Funders and community-based organizations must reach beyond targeted services for individuals and move racial justice work toward an upstream approach. This includes multi-sectoral collaboration to inform and advocate for policy reform at the federal, state, and local levels. Federal policies such as the Affordable Care Act (ACA) can reduce health disparities by expanding access to health care and increasing health insurance coverage to racial and ethnic minority populations. Interventions for systemic change are most effective when they target the entire population and are established early in life, building a foundation for individuals to thrive during early childhood development. At the individual level, social

connection and resources such as [religious organizations](#) and [social belonging interventions](#) have been shown to improve health outcomes among stigmatized minority groups.

Texas is one of the most racially and ethnically diverse states in the country, where different cultures, customs, and beliefs intersect. For many individuals, congregations provide a safe space to escape from personal hardships and be one with their community. The Episcopal Health Foundation believes that congregations offer a unique voice in the fight against systemic racism, directly countering the negative effects of racism in individuals and supporting the fight communally. Congregations can continue to be a voice for racial justice by providing mental health support, through services and communal activities, and leading conversations that bridge divides and build relationships.