Preventing Harm and Deaths from Racism and Poverty

The Need to Eradicate Sources of Toxic Stress in Communities to Improve Public Health

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March 2021

THE INSTITUTE OF FAMILY & COMMUNITY IMPACT

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SUMMARY

Racism and poverty are two major drivers of toxic stress, which harms families and communities across the United States. This stress can lead to a large number of adverse health effects and outcomes, particularly in children, causing long-term health issues and even reducing life expectancy.

As one of Ohio's largest behavioral health agencies, OhioGuidestone recognizes our commitment to the families and communities we serve and the need to eliminate sources of toxic stress in their lives as a preventative public health goal. We call on health providers and public policymakers in all fields to address the interconnected systemic inequities and injustices of racism and poverty that harm the people we are dedicated to serve.

For health and wellness to flourish, racism and poverty both must be eliminated.

WHO SHOULD USE THIS PAPER

- Health providers
- Public health researchers
- Policymakers
- Community advocates

TAKEAWAYS & ACTION ITEMS

- Racism and poverty harm individuals and adversely affect health and wellness, mediated in particular through toxic stress.
- Racism is not limited to interpersonal harm but in fact causes the most damage where it is institutionalized and structural, especially in anti-Blackness and anti-Indigeneity. Building life-affirming institutions will take time, money, diligence, and humility.
- Poverty is profoundly stressful, limiting access to and fulfilment of basic human needs. This stress may be compounded by other direct negative health effects, such as malnutrition and substandard living conditions.
- Organizations dedicated to improving health and to the public good are obligated to address these social constructs, both through upstream preventative measures and culturally competent treatment options that recognize and account for their effects.
- Communities affected by racism and poverty must be the primary and final decision-makers in strategies to eliminate them.

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OhioGuidestone

WHERE NEW PATHS BEGIN

Preventing Harm and Deaths from Racism and Poverty

The Need to Eradicate Sources of Toxic Stress in Communities to Improve Public Health

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Introduction

Racism and poverty undermine health in a multitude of ways and across multiple sectors, and it is imperative for public health stakeholders to understand and address them (David & Collins, 2014; Doubeni et al., 2021). While closely entwined, these two social constructs drive distinct disparities in the United States, especially harming poor Black, Indigenous, and other people of color — as individuals, families, and communities.

The mechanisms through which racism and poverty cause harm and death are important to understand so that we can predict and prevent adverse outcomes while building and growing protective factors, both in individuals and in our social structures. Stress, trauma, and other profoundly harmful neurobiological and psychosocial effects — created or compounded by racism and/or poverty — are central to these processes. Since sustainable, effective public health strategies need to address the root causes of health inequities, we must attack and eradicate racism and poverty in order to save lives, improve health, and promote well-being.

As a leader in behavioral health in Ohio and one of the state's largest social services agencies, OhioGuidestone recognizes our particular commitment to our clients from vulnerable populations, wherever they live and work. It is vitally important to understand the roles of institutions, organizations, policies, and practices in perpetuating structural and institutional racism so that we can rebuild these structures to support and sustain each and every person, family, and community. Likewise, we need to continuously improve our social services network until poverty is eliminated, thus removing (or, at the very least, reducing) one of the major drivers of adverse childhood experiences, toxic stress, and psychological trauma.

In this paper, we will detail some of the ways that racism and poverty harm people via toxic stress and further actions needed by public health stakeholders to combat and prevent these effects.

Racism and Poverty Kill

Racism and poverty are deadly in many ways. In terms of public health, we often talk about racial and economic disparities and the innumerable harms they cause. Sometimes it sounds as if being Black or poor or undereducated are presumed to be risk factors for suboptimal health outcomes. But the risk isn't your race or your class; what actually kills people are racism and inequity (Poyner & Wagner, 2020).

We know this because of years of quantitative research and study, as well as decades of qualitative data from the communities themselves that have experienced poverty and racism. Structural solutions that will not just overcome but eradicate these social ills have been appearing — first coming directly from the communities and then, more recently, in the scientific literature (see Brown et al., 2019). Unfortunately, changing the structure of society is difficult work. However, if we do not, people will continue to suffer and die.

One of the most significant ways in which racism and poverty harm is through stress (Williams et al., 2019; Jones et al., 2020; Brisson et al., 2020). Our organization has dedicated ourselves toward understanding and responding to toxic stress, so called because it poisons the body like a toxin. Harmful stress can physically alter developing brains, compound over the course of the lifetime, and even impact future generations through epigenetic mechanisms such as DNA methylation (Boyce et al., 2021). While toxic stress and psychological trauma can be counteracted with therapeutic interventions, if we don't help remove the sources of stress and trauma, children and adults exposed to them will be in danger of being re-harmed, again and again.

Managing stress symptoms without the abatement of stressors is not only inefficient, ineffective, and costly, it is unethical to treat any illness over and over again without addressing the causes. To improve health, we must invest in upstream efforts to eliminate these causes. We have seen success in massive public prevention campaigns aimed at diseases such as cancer (Jemal & Brawley, 2019). Regulation of carcinogenic materials and substances, fundraising for research, and awareness and education initiatives combine to form a formidable defense. Since racism and poverty are risking public health, preventing their harms at the root is key.

The Urgency of the Moment: 2020 in Retrospect

In 2020, life in the United States was dominated by a dangerous pandemic and widespread protests against police brutality and violence. Both highlight the cost of racism and poverty to life, health, and well-being, in direct and indirect ways (Krieger, 2020).

Families in every part of the country have felt the disparities of COVID-19 as the pandemic disproportionately affects Black, Indigenous, and Latinx Americans, including children (Centers for Disease Control and Prevention, 2020). COVID-19 is another example in a long line of inequities that underscore the systemic racism that plagues the nation, similar to HIV (Poteat et al., 2020). The overall numbers, from cases to hospitalizations to the almost incomprehensible death toll, become even more stark when we look at the breakdown by racial groups who are targets of structural racism. Thus, the worst health effects, both short- and long-term, are likely to fall heaviest on those who experience systemic racism (Gravlee, 2020; Poteat el al., 2020).

Likewise, the pandemic almost certainly will compound the inequality already present in the poorest neighborhoods (Fisher & Bubola, 2020). Many of the people living in poverty have no choice but to go to work outside their homes, often in service industries, and engage in other public activities to try to get their needs met, risking exposure at significantly greater percentages than people in higher-income communities (Wright et al., 2020).

In the midst of this, stories and videos of police brutality and other horrific injustices enacted against Black Americans have inundated the public consciousness. The trauma of racial violence experienced by families and communities throughout the country have sparked outrage and ongoing protests for years, culminating in mass protests this spring and summer. In a different but certainly connected way, structural and institutional racism are responsible for these deaths and suffering as well.

Mechanisms of Harm: Racism

Whether we like to admit it or not, social hierarchies in the United States persist along racial lines. While it may be easier for some to see the causal link between poverty and health outcomes — fewer resources mean fewer buffers against adversity — the role of racism also must be well understood beyond just the communities and cultures that experience it. Interpersonal and internalized racism are grasped more intuitively, since the harmful effect of an individual's racist actions is more direct. But institutional and structural racism not only cause even more harm, they compound over time and perpetuate interpersonal and internalized racism (Williams et al., 2019; Alloy, 2020).

FOUR LEVELS OF RACISM

- **Interpersonal racism**, or personally mediated racism, appears in any interaction between individuals where racist actions or prejudice cause harm, whether intentional or not.
- **Internalized racism** is the privately held set of racist beliefs and biases which privilege and/or disadvantage people, cultures, and communities based on racial categories.
- **Institutional racism** describes the particular ways institutions — in education, healthcare, business, law, government, and so on — historically have been designed around racial categories, producing policies and practices that engender inequity and disparity.
- **Structural racism** refers to the societal and cultural systems, customs, history, and ideology that stratify and stereotype people by racial category, creating a morphing, evolving caste system.

(Alloy, 2020)

Take, for example, the devastatingly disproportionate incarceration rates of Black men in the United States: nearly one in three will spend time in jail or prison in their lives (The Sentencing Project, 2020). Forced separation can be traumatic not only for the individual but for their family and community. Of course, systemic racism is by no means limited to incarceration. Social surveillance and restrictions for Black Americans have persisted across many aspects of 21st-century life, not just in criminal justice. Educational institutions have harmed Black families and children (Pierre, 2020), as have many other social structures (Ioannidou & Feine, 2020). When we add it all up, we begin to see how our entire social system perpetuates harm against Black families and communities (Brewer & Heitzeg, 2008), and in particular the risk institutional racism poses to children (Trent et al., 2019). As Dr. Sally Goza, president of the American Academy of Pediatrics, put it, "Racism harms children's health, starting from before they are born."

Sometimes to understand systemic racism, it is easiest to start from outcomes and then work backwards to see why. We know that race — a social construct with no genetic basis — has nothing to do with any function of biology, cognition, or skill, and to believe so is inherently racist and profoundly harmful. Thus, we can pinpoint the multitude of ways our institutions are culturally — not to mention financially — structured to privilege some and disadvantage others. Many key indicators, from early education and maternal health to long-term employment and life expectancy, underscore immense racial divides. That includes our home state of Ohio, and the reasons why these disparities persist have to do with longstanding and ongoing inequities and injustices — and inaction — in our institutions (James, 2020).

Mechanisms of Harm: Poverty

It is almost impossible to overstate the role of poverty as a social determinant of health. But we also have to understand that poverty does not simply equal income level, as it can be mediated by other social factors as well.

A community — whether urban or rural — designated as "poor" may be less likely to receive investments from vital businesses and industries. Since communities are expected to pay for the vast majority of their children's education, neighborhoods with fewer resources often find themselves with ill-equipped and understaffed schools. Food deserts risk the health and well-being of children and older adults in particular. Residents of rural areas may have to travel long distances to receive quality healthcare. Meanwhile, as we have witnessed in Ohio, access to high-quality care does not, by itself, translate into optimal health outcomes (Health Policy Institute of Ohio, 2019).

Transportation and time still are major barriers, even for city dwellers. Housing, too, is of particular concern, as safe, stable housing is extremely beneficial to health outcomes yet often unavailable to low-income and impoverished families.

Without assurances of basic needs being met consistently and sustainably, stress can compound into a number of health issues. At the same time, poorer neighborhoods experience greater environmental threats to health, such as lead poisoning and air pollution. Taken all together, it becomes clear why living in poverty is itself an adverse childhood experience (Hughes & Tucker, 2018).

It's also important to keep in mind that poverty, like racism, is socially constructed. People who live in poverty do not choose their socioeconomic status, and that status — whether built around wealth or poverty — is often inherited generationally, entrenching inequality (Pfeffer & Killewald, 2018). If it were simple and easy to provide quality food, safe housing, accessible transportation, medical care, and the many items of leisure and entertainment that make life enjoyable, then certainly everyone would do it for their children, their families, and themselves.

Unfortunately, that is not the world we live in. But, if we want to keep people alive and healthy and thriving, then it's the world we must strive for.

Why the Stress of Poverty and Racism Is So Dangerous

Toxic stress is at the core of our theory of change at OhioGuidestone. A wide variety of adverse health outcomes are either a direct result of or compounded by stress, particularly when children are put at risk. As mentioned above, poverty is certainly an environment that can breed toxic stress for children, but it is likewise disturbing how harmful the stress of all levels of racism can be to children (Center on the Developing Child, 2020; Trent et al., 2019).

Stress activates responses in the brain and body that are not intended to be "turned on" for extended periods of time. Environments of anti-Black racism and poverty, even when the dial of stress is turned down to background noise, can keep these processes activated to the point of becoming toxic, potentially producing psychological trauma and risking future health and well-being.

While behavioral health experts, like those at our agency, can intervene to reduce toxic stress and aid the posttraumatic healing process, these and many other health issues will not be addressed adequately until the sources of stress are accounted for. Allowing these systems of stress to exist is antithetic to the very mission of public health, medicine, or any entity invested in child welfare, family life, community building, and the public good in general. So how do we eliminate them?

Public Health Strategies

The goal of public health is to remove that which harms individuals, families, and communities. If pollution is harming a community, for instance, we should reduce the pollution to levels that are definitively and demonstrably harmless or remove the source of the pollution entirely. Since no amount of racism or poverty can be said to be harmless, we must eliminate them.

Although racism and poverty entangle and feed off each other, distinct approaches to each must be undertaken simultaneously or else risk perpetuating harm. In a recent brief, the Health Policy Institute of Ohio (Aly et al., 2020) summarized several action steps for power-holders to combat racism in Ohio: explicitly acknowledge racism as a public health crisis; rebuild community trust by engaging and empowering communities affected by racism; extend and share power with these communities, especially in decision-making; and sustain anti-racism efforts into the future (p. 8).

It is vitally important that all of our institutions — schools, government, medicine, etc. — make very clear that racism is real and is a pandemic, while always asserting that race is not biologically based but a social construct (Doubeni et al., 2021). The harm of racism will not be undone until our society begins to take responsibility for it.

Anti-poverty initiatives have seen varying degrees of success. Many efforts have focused on employment and education, but neither have proved to be a panacea. That's because poverty is much more complex than simply income, and education that leads to living wages often is itself costly, helping to perpetuate poverty through class-based gatekeeping while saddling students with massive debt.

To be able to provide for their families, people need not just jobs but jobs that pay well enough to sustain healthy and less stressful lives. Stress compounds the already adverse health effects experienced when people do not have access to quality food, healthcare, housing, transportation, and other basic needs.

Civil rights expansions to marginalized groups — often accompanying seismic shifts in the structure of our society — have had strong positive effects on public health, yet their curtailing and the failures of our laws and governance to ensure them have meant many individuals and families continue to suffer significantly worse health outcomes (Hahn et al., 2018).

This means that, as healthcare providers, we must resist the temptation to focus solely on treating the individual or even the family unit in our professional lives. To solve the underlying issues afflicting our clients and patients, we must address the structural violence enacted against them (Farmer et al., 2006). That does not mean we ignore our basic duties. Of course we must treat the toxic stress effects in the individuals, families, and communities we serve, but at the same time we must work to build structural protections against future harm if we truly are committed to improving health.

Communities as Leaders in Public Health Initiatives

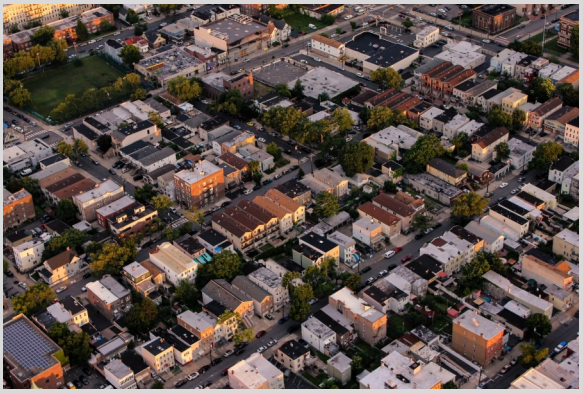
The first step toward solutions must always be community-level determinations of what each community's needs, issues, and obstacles are — and, more importantly, what are their desires, wishes, and dreams (Tuck, 2009). For public health initiatives to work, direct input and planning must come from community members themselves, first and foremost (Centers for Disease Control and Prevention, 2013).

With this information, power-holders — lawmakers, policymakers, community leaders, executives, administrators, institutions — must then respond directly to the identified needs and wants of stakeholders — individuals, clients, employees, students, families, neighborhoods. Otherwise, vulnerable communities will continue to suffer.

We need ground-up solutions because top-down ones fail to fully address issues in breadth, width, and depth. Sometimes it's as if we're trying to bore through the trunk of a tree to get to its roots instead of giving the ground water and the leaves sunlight. Service providers too often tell communities what they need rather than ask what they need. Executives and administrators may believe their expertise and positions of power entitle them to prioritize their own agendas. This is not a viable public health framework. Instead, communities in need should be involved every step of the way: in research, planning, implementation, and — most importantly — demonstrable growth (Green & Mercer, 2001).

WHAT IS A COMMUNITY?

A community can have a broad range of definitions. Some considerations for demarking a community are that the people within it rely on each other to meet their needs, interact with each other socially, live together in a relatively small or geographically consistent area, and have a sense of shared identity that doesn't rely (at least exclusively) on family kinship.



Conclusion

In 2016, *New York Times* journalist Jenna Wortham wrote eloquently about her personal experience with the stress of racism and its violence: "All the rage and mourning and angst works to exhaust you; it eats you alive with its relentlessness" (para. 8). Wortham further explored the ways our healthcare system has failed Black patients and clients, particularly in addressing stress, and contrasted that with the efforts of supportive local communities in offering stress-reducing interventions. The commentary serves as a first-hand account of unmitigated stress due to widespread anti-Black racism and the potential impact it can have across entire communities.

In the five years since Wortham wrote about her experience, little has been done to assuage the toxic stress of systemic racism. In fact, the more time passes, the more it becomes clear that our health institutions have been negligent by failing to prioritizing antiracist health policy.

From a wide body of scientific research and lived experiences, it is obvious that racism and poverty are public health crises — pandemics, in fact — which are distinct from each other yet interrelated. Political competitions for power have leveraged the pain and suffering of people in order to gain favor, but have followed it up with minimal mandates to tackle the core issues at their source. It seems that maintaining the status quo has taken precedent to addressing harm. From a public health standpoint, this is an inexcusable failure.

Our mission, therefore, is clear: racism and poverty must end.

Fortunately, some changes to appear to be on the horizon. In January, the United States Preventative Services Task Force released recommendations on addressing systemic racism (Doubeni et al., 2021). More information and resources for Black mental health and well-being are being shared and disseminated (Braithwaite, 2020). The more momentum we can put behind a push for health equity, the better. Because the problem is not going away on its own.

How we achieve these goals is perhaps the main point of contention, at least among those who care to solve the problems, and this gargantuan twin task may appear to some to be overwhelmingly difficult and thorny. But it doesn't need to be. Asking communities what goals and outcomes they want and then collaboratively creating and implementing multi-pronged approaches to reach those desires does not have to be complex or overwrought. It does, however, require humility, sharing power, and unwavering commitment to planning, implementing, and sustaining practices that are antiracist and that create equity.

Where racism and poverty fester, toxic stress and trauma show up to rob our children, families, and neighborhoods of life and health. By eliminating the sources of harm, we can redouble the positive health effects of our interventions and give everyone a path to joy and wellbeing.

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