

How have social constructs and environmental factors influenced health adversities in minorities--especially Black and Hispanic populations--in America?

Social Constructs and Environmental Factors: Influences on Racial and Ethnic Minorities' Health

Systemic racism is a withstanding aspect of American society. It has become a norm that makes participating and excelling in society and the economy harder for BIPOC— Black, Indigenous, and People of Color. System racism is a force that creates social constructs that purposefully limit prospective successes or well-beings of people of color—especially Black Americans and Hispanic Americans. These social constructs specifically restrict certain minority groups' opportunities to receive proper healthcare, to have stable jobs that would ensure that work and living environments do not contribute to health problems, and to have a stress-free and healthy life.

The media influences Americans everyday—from the articles they read, the news reports they watch, the movies they enjoy, and beyond. According to “Racism and the Media: A Textual Analysis,” media bias began with white people portraying their perspectives of Black Americans and black culture. This exposure was proven to have developed micro-aggressions by Bandura's Learning Theory. News channels have been reported to include the word “black” to identify a person—usually a criminal—three times as many times as the identifier “white.” Through this repeated use of “black,” implicit micro-aggressions develop and the portrayals of black people acting loud, disruptive, and aggressive begin to formulate negative connotations surrounding “black.” In media, black men are labeled as criminals and violent persons. On the other hand, if a white person were to be involved in a crime, their actions would be justified and the person would be victimized. After the school shootings where the shooters were white students, a larger emphasis was placed on mental health than the act of murder. This continual

notion of black people being “scary” and violent may lead to perceptions—like how they are biologically different and more tolerant of physical pain—that contribute to the development of social constructs that degrade minorities—especially Black Americans.

Social constructs—magnified by media, daily acts of microaggression, cultural appropriation, and more—influence civilians’ perceptions of people in other communities. Over the years, systemic racism has been facilitated by adverse media portrayals of minority groups: black people are widely represented by criminals and uneducated, or “ghetto,” personas. These lead to shifted perceptions that lead to shifted treatment of said people. It is known that Black Americans are less likely to receive pain medications—and if they do receive them, they are in low quantities—than their white counterparts going through similar procedures and reporting similar pain levels. According to a 2016 study regarding cognitive sciences by Hoffman, Trawalter, Axt, and Oliver, 74% of white patients receive pain-relievers for fractures, while only 57% of black patients do. This unjust treatment of minorities is not limited to adults, as further statistics revealed that black children were less likely to be prescribed opioids than white children. In the study, it was proven that medical students, residents, and general white populations genuinely believed that black people felt less pain than white people. This may stem from the belief that white and black people are biologically and fundamentally distinct. Going back to America’s roots of systemic racism, slave owners often justified their cruel treatment of black people due to assumptions that black people feel less pain and are inhumane. The prospective doctors’ beliefs may not originate from racist attitudes, however years of media and the public creating divisions between people of different races have led to this incorrect assumption. 33.5% of physicians underestimate nonblack people’s self-reports of pain compared to 47% in regards to black people’s pain reports. This has led to under-prescription and

increased levels of pain for Black Americans, adding validity to the US Institute of Medicine's statement regarding bias and stereotyping's effects on the quality of healthcare minorities receive. Alongside the lack of validation and treatment for black people's pain, according to the *Agency for Healthcare Research and Quality*, black patients are 1.7 times as likely to leave emergency departments without being checked and seen in comparison to white patients. Racial disparities in health stem from hospitals and doctors themselves: the fact that white medical students and residents believe that black people feel less pain is a product of social constructs and uncorrected misconceptions.

Systemic racism and resulting social constructs catalyze misinformation, or rather the complete lack of information, in all people. In the previous instance, scientists, doctors, and professionals-to-be made assumptions that led to unfair treatment of Black Americans in hospitals. However, there are issues regarding access to healthcare and the transmissibility of standard procedures in respect to individual cultures. According to an article by the Center for Disease and Control Prevention (CDC) explicating why minorities are more at risk of contracting and dying from COVID-19 than white populations, the issue of distrust in healthcare systems and the government alongside the lack of health literacy in minority groups prevents minorities from receiving proper care. This distrust has stemmed—once again—from America's racist foundation that allowed for historical proceedings like, as mentioned by CDC's article, the Tuskegee Study of Untreated Syphilis in the Black American Male from 1931 to 1972—where 600 black patients did not give consent and the black patients with syphilis did not receive proper treatment. For some, not getting proper treatment comes down to simple facts and the lack of cultural competence amongst medical professionals and health advertisers. According to the article by the CDC and statistics by the *Agency for Healthcare Research and Quality*, Hispanic

peoples are more likely to be uninsured than white people with 66.7% and 87.5% having health insurance respectively. Referring back to health literacy, minorities often lack knowledge of healthcare access and utilization due to education and promotion not having a wide enough outreach and inaccessible content. In the book *Inequalities in Health Care for Migrants and Ethnic Minorities*, the effects of various forms of cultural incompetence are stressed. Cultural competency is driven by societal perceptions due to constructs. According to reports by the Pew Research Center, the inconsideration of the one-third of Hispanics that are not proficient in English results in that population being unable to access thorough guides on the healthcare system, because they are written exclusively in English. These results are amplified when considering minority groups that have high illiteracy rates. Assuming that a minority was able to take time off of work to make and go to an appointment—as this is very difficult, supported by the CDC article, for minorities who get paid by the hour to put food on the table and do not work flexible jobs due to social structures imposing restrictions—, some may have to refuse treatment. When a BIPOC person is at the hospital, communication may be hindered due to a language barrier. Healthcare systems should take traditions and religious principles into consideration. This could mean the difference between a Muslim woman getting proper treatment by a female doctor and halal food in the hospital versus having to suffer due the lack of suitable resources. Education for healthcare professionals and minorities can reverse the effects of systemic racism and cultural incompetence to formulate an equitable system for all.

Environmental implications can have devastating effects on animals, peoples, and whole ecosystems. However, societal paradigms can augment such implications in regards to effects on minority groups. Based on a survey by Neil Lewis Jr. of the College of Agriculture and Life Sciences at Cornell University, minorities identified human factors including racism as

environmental issues, in addition to the ecological issues that are more commonly addressed.

Lewis deduced that where people lived influenced their responses to the survey: white people mostly did not include human factors as environmental issues. This response is also dependent on the average income of Hispanic and black minorities versus that of white Americans.

According to Pew Research Center, as of 2014, white households generated around \$71,200 annually while Hispanic and black households made around \$43,300. This plays a significant role in the determination of locations for homes. The underrepresentation of minorities in determination of environmental policies and decisions is widely due to social constructs. This results in minorities' issues being unheard and there being little to no legislative amends. The article from the *Journal of Environmental Health*, regarding the effects of waste sites on the health of minorities, further emphasizes the role of education and representation in health determinants. Epigenetics play a vital role in the interaction between the environment and gene expressions that may cause diseases. Such interactions have been reported to contribute to disparities within minorities' health. Many are not aware of the detrimental consequences of the hazardous substances that are emitted by waste facilities and disregarded waste sites as a result of media concealing such facts—according to the article. By hiding the negative consequences, minorities are less likely to question the safety of their living environment. Due to this and the lack of representation in climates surrounding environmental decisions, minorities do not even have the chance to fight for their health. Mostly living in crowded, urban settings, minorities that live by hazardous waste sites are at higher risks of cancer, death, birth defects, and additional sicknesses. A study by the US General Accounting Office revealed that 75% of the communities near hazardous waste sites are made up of a majority of Black Americans. To connect socioeconomic status with race, most of the 25% of impoverished people living in all the

high risk communities were Black American. In addition to the location making minority communities more susceptible to toxins, it may also restrict chances for sufficient education, employment, and healthcare options. Overall, this explicates how the health risks due to environmental factors—that stem from living locations—are effects of systemic racism and the lack of high paying job opportunities and education for minorities.

Stress plays a significant role in health. Stress is a significant product of abusive and discriminatory actions towards a group or person. Specifically, stress can be heightened by fears over financial stability due to lower income jobs, safety due to urban living, the lack of support from society—including the government, the police force, and other civilians—, and remarks displaying prejudice. According to research published by *Health Equity*, prolonged stress can lead to sicknesses in itself: hypertension, lower function immune system, disrupted digestive system, and more. The system of normalized racism creates a cycle where minorities take on loads of stress that negatively affect their health and then begin to adopt coping responses that further develop health adversities. These coping mechanisms can include smoking, which negatively affects people's respiratory systems and gums—gum disease is closely related to heart disease, diabetes, Alzheimer's disease and numerous cancers. The article mentions how mental health, blood pressure, and cortisol levels are also results of elongated periods of stress: for minorities, stress may last their entire adult years if they live in societies where social constructs are prevalent. The media has added to and sustained the beliefs behind systemic racism that has, in turn, effected the stress levels and consequent health of Black Americans.

In America, systemic racism exists. In America, systemic racism influences social constructs that disproportionately impact minorities in negative ways. In America, social constructs create misconceptions, distrust, discrepancies in job and living opportunities, and

normalize cultural incompetency. Social constructs are behind inequities in the healthcare system that do not validate minorities' pain, do not educate minorities on access to the system, and do not take cultural values into account, but instead lead to increased sicknesses and deaths of minorities. Social constructs—driven in part by the media—are behind the toxins that contaminate minorities' water and air. They restrict minorities from receiving basic, proper, and equal healthcare.

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