**The Cardiovascular Implications of Racial Discrimination**

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Abstract

The purpose of this study is to evaluate how racism and discrimination can be detrimental to cardiovascular health (CVH). The choice to focus specifically on CVH as cardiovascular diseases (CVD) was made because they are some of the main causes of death in the United States; CVD account for 1 out of every 3 deaths in the nation. History has shown that racial minorities, especially black people, are at an extremely high risk to damaging stressors such as lack of housing, poor medical care, hate crimes, unemployment, etc. There is reason to believe that these stressors, brought about by discrimination, put racial minorities at risk for CVD. The methodology will include a cohort of black and white men and women with an age randgeof 18-35. Each participant will complete two surveys: The expanded everyday model of the Experiences of Discrimination survey (EOD) and the ABCD CVH questionnaire. The EOD survey will evaluate the level and severity of discrimination they face in their lives. The ABCD CVH questionnaire will evaluate their cardiovascular health and knowledge of their health. Both surveys will be administered digitally. The results of these surveys will be compared and grouped with each section of the cohort: white male, white female, black male, and black female. The data should reveal that black men and women have higher rates of experienced discrimination and thus have worse overall CVH than their white peers. Similar studies have revealed that racial discrimination drives poor CVH and is linked to CVD like hypertension and obesity. The intention is to give racial minorities the compensation they deserve when it comes to healthcare, housing, education, and treatment. For future studies, class and gender should be considered.

Introduction

Racism having an effect on one’s cardiovascular health is not a new concept. For decades, scientists and activist have been pointing out the link between racial oppression and illness (Slopen, 2010). This is due to several factors such as systemic oppression that forces minorities into poverty and leaves them with inadequate resources and healthcare (Krieger, 2008). Additionally, discrimination in the most direct sense, like harassment and hate crimes, can put stress on the body and mind (Gee, 2011). In a more recent observation, discrimination was linked to sedentary behavior, smoking, hypertension, obesity, and heart disease (Udo & Grilo, 2017). It was also found that racism drives poor cardiovascular health (Ferdinand & Nasser, 2017). Therefore, observing the cardiovascular implications of racial discrimination can further support the dismantling of racism and racist institutions (Chae, 2008). With scientific backings, issues like the ones previously mentioned that are endangering minorities can be addressed and hopefully solved in the near future.

When evaluating racism’s effects on cardiovascular health, more often than not, the participants are offered a questionnaire to evaluate their experiences with discrimination. This is the best way to gauge and measure experiences of discrimination as they exist nowhere but in one’s memories and feelings. However, a major issue is that one’s perception of a situation may not be entirely accurate; their accounts might be exaggerated or toned-down dependent on the individual (Nystedt, 2019). A study conducted on the intersectional effects of racial and gender discrimination on cardiovascular health (Bey, 2019), 42% of white men reported some kind of racial or gender discrimination and those who did had the worst overall cardiovascular health than any other group. White men do not face any institutional or systemic oppression as the world’s current institutions and systems were built by and for them. However, the questionnaire revealed that their perception of this is different. Therefore, a failing of this method of observation is that it is entirely based in an individual’s feelings. There are no “facts” to speak of.

In this study, the experiences of racial discrimination from the participants will be measured to compare and justify each participant’s cardiovascular health. Each of participant’s responses will be indicative of how much racial discrimination had an effect on their health. It is important to note that all experiences mentioned will be scored in the same way and not examined individually. No two lives are the same, so details must be left out of the analysis. In the creation of the Experiences of Discrimination (EOD) survey (Kreiger, 2005), each event of discrimination was assigned a point value using a scoring system designed for this questionnaire. The scoring system accounts for both the event actually occurring and the severity of the event. As this is the survey I chose to implement, the same rules will apply.

I intend to directly observe the effect racial discrimination has on cardiovascular health. Many studies have shown that both the amount and severity of discrimination has some effect on one’s health and wellbeing (Beatty-Moody, 2011). The health factor is typically measured through some kind of physical examination, which is dependent on which aspect of health the study is focused on. In a study centered around the emotional response to perceived racism, nocturnal heart rate was measured to gage this (Bell, 2019). Participants were given an overnight polysomnography and actigraphy. From then on participants were instructed that every night they are to place electrodes across their sternum and ribs before bed to measure their heart rate variability and blood pressure. Medical exams have proven time and time again to be the most effective method in measuring discrimination’s effect on health.

One thing I would hope to address in this study that I have not seen addressed thus far is the institutional/systemic side of discrimination. In most studies I have reviewed, the way discrimination is evaluated singles out hate crimes and aggressions between individuals. although these factors are still very important, past methods leave out something much bigger and more difficult to tackle. Most people might depersonalize themselves from racism because they know they would never “do such a thing” which can nullify the impact of studying hate crimes and aggressions. However, when focusing on institutional and systemic discrimination like unequal housing, bias in the justice system, and unequal employment, it is clear that the world’s institutions are largely at fault, not a few bad people. Many studies have revealed that people of color in America, specifically black Americans, suffer the most when it comes to discrimination on both the institutional and interpersonal level, but only focusing on small encounters leaves out their experiences while also inflating the few experiences of majority groups. Therefore, I hypothesize that American people of color experience worse cardiovascular health due to experiences of racial discrimination.

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