



Article

Self-Reported Experiences of Racial Discrimination Among African Americans in Upstate New York

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Abstract

Racial discrimination in the United States continues to adversely affect health outcomes to the detriment of African Americans. To assess the experiences of residents of a metropolitan community with high rates of racial health disparities in upstate New York, we conducted a survey to measure the primary reasons for discrimination and their experiences with daily and lifetime discrimination, reactions to these experiences, and coping mechanisms. Of the 739 individuals who completed the survey in 2012, 71.5% self-reported as Black or African American. This article focuses on the experiences of Blacks or African Americans, among whom 76.2% reported having experienced racial discrimination at some point in their life. Respondents with higher levels of education and higher income were more likely to report experiencing racial discrimination at work, while for those with a high school education or less it was on the street or public spaces.

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The burden of these experiences affected individuals by making life more difficult and interfering with a productive life. In light of the known impact of racial discrimination on individual and population health and well-being, it is crucial that efforts to address social and health disparities take into account the high rates of experiences of racism.

Keywords

racial discrimination, experiences of racism, African Americans and discrimination, burden of racial discrimination, racism and health

Introduction

Racism, defined as beliefs, attitudes, institutional arrangements, and acts that tend to denigrate individuals or groups because of phenotypic characteristics or ethnic group affiliation, is evident in the fabric of American society (Smedley, 2018; Williams et al., 2010). Recent social and political events have brought to light racial ideologies that have historically affected and continue to heavily affect individuals and social systems in the United States (Loyd, 2012; Mays et al., 2013). Racial and ethnic groups continue to experience discrimination at the individual and institutional level (Pascoe & Smart Richman, 2009; Sellers & Shelton, 2003). A recent Pew study (2019) indicates that 56% of Whites and 71% of Blacks agree that race relations in the United States are “generally bad” (Horowitz et al., 2019). Various studies report a range of 69.45%–73.62% of Blacks who reported experiencing racial discrimination (Lee et al., 2019). African Americans suffer from discrimination in multiple areas of life, including practices in hiring, health care, housing, lending, education, prosecution, and sentencing (Lee et al., 2019).

Discrimination is the manifestation of racism and can be thought of as the gamut of behaviors that promote racial inequality (Ahmed et al., 2007; Alvarez et al., 2016). Discrimination has been characterized in the iceberg of discrimination model, in which there is overt forms of discrimination such as hate crimes and poor treatment at the tip of the iceberg, while below the surface there are covert/symbolic and structural discrimination which includes implicit attitudes, racial ideology, segregation, and institutional policies (Gee & Ford, 2011). Fundamental institutional policies have been posited to form the basis for health inequities leading to health disparities and the well-established link between perceived discrimination and health outcomes in African Americans (Dunlay et al., 2017; Pascoe & Smart Richman, 2009; Sims et al., 2016). African Americans have been marginalized to less desirable communities

where access to health care and education is sub-par, thus limiting their socioeconomic status and consequently the optimization of their health (Ahmed et al., 2007). Furthermore, African Americans fare worse in various sectors of the social determinants of health, including poverty, education, income, wealth, and housing, among others. When compared with their White counterparts, African Americans are 2.5 times more likely to be poor, are half as likely to have a college degree, and have an incarceration rate 6 times higher. Black workers make 82.5% on every dollar earned by White workers, the median White family has almost 10 times as much wealth as the median Black family, and Black homeownership is 30 points behind the White homeownership rate (Jones et al., 2018). Policies and social structures to the detriment of Blacks in America have negatively affected their health and well-being.

Examining the presence of racism and discrimination is crucial because it has been linked to adverse effects on the health of individuals who experience them (Alvarez et al., 2016; Lewis et al., 2015; Williams et al., 2019). The significance of health outcomes engendered by the effects of internalized and environmental racism can be seen in the marked health disparities patterns demarcated in American society (Lewis & Van Dyke, 2018).

Several studies have demonstrated that elevated stress levels produced by the perception of discrimination can reduce the efficiency of the immune system to ward off disease and thus can induce a disproportionate share of ailments (Ahmed et al., 2007; Berger & Sarnyai, 2015). Stress derived from racial discrimination is just as potent as stress from other sources and induce the same poor health outcomes (Sims et al., 2009). This scientific insight is fundamental to understanding the causal chain of stress on health outcomes, since high and/or chronic stress has been linked to a number of health conditions including hypertension (Williams & Neighbors, 2001), breast cancer survival (Taylor et al., 2007), cardiovascular diseases (Mody et al., 2012; Wyatt et al., 2003), chronic obstructive pulmonary disease (Sims et al., 2009), depression and overall mental health (Hudson et al., 2016), psychological distress (Ajrouch et al., 2010), low birth weight, and infant mortality (Williams et al., 2010). These health outcomes mirror observed statistics in these conditions for African Americans who demonstrate elevated numbers compared with Whites. Health inequities are exacerbated further by systems-level discriminatory practices affecting African Americans' access to goods, services, quality health care, health insurance, and education (Feagin & Bennefield, 2014; Gee, 2008; Williams et al., 2008).

Socioeconomic differences are often asserted to explain the disproportionate statistics for African Americans in certain health outcomes including HIV/AIDS, hypertension, cardiovascular disease, breast cancer, diabetes, and

infant mortality. However, public health researchers have come to recognize the added burden of the direct and indirect effects of racially based discrimination (C. N. Bell et al., 2018; Goodreau et al., 2017; Williams et al., 2019).

Racial discrimination is a notable contributor to communities with poor health outcomes. This article explores the dynamics of racial discrimination based on self-report as measured by a standardized instrument.

Study Setting

Located in upstate New York, Rochester is a community that requires special attention due to the marked disproportionate rates of poverty and adverse health outcomes in African Americans and because the extent of discriminatory experiences by persons who reside here has not been explored. Rochester is one of the poorest cities in the United States, with more than 50% of children living in poverty, the highest for any comparably sized city in the United States. In terms of children living below the poverty level, 49% are attributed to African Americans and 22% to Whites. Compared with their White counterparts, the African American years of potential life lost (premature deaths) rates are significantly higher for several causes of death, including heart disease, cancer, and premature birth disorder. The 2018 City School District graduation rates among Whites (85%) is higher than African Americans' (56%) ("Rochester City School District Graduation Rate Data," 2018). African Americans (29%), compared with Whites (16%), were more likely to have three or more adverse childhood experiences (ACEs; 2016 Joint Community Health Assessment, 2018). In addition, Rochester, NY, has a racially charged history, with several race riots, an important one occurring in July 1964.

Methods

Community Participation and Collaboration

The study was premised on the principles of community-based participatory research (CBPR), a proven research method for investigating socio-behavioral phenomenon, particularly for sensitive topics and in historically disadvantaged or vulnerable populations (Olshansky & Zender, 2011). Given the marked racial health disparities, with Blacks bearing a disproportionate burden, members of the Rochester African American Health Coalition of Common Ground Health collaborated with investigators at the University of Rochester to unearth possible mechanisms behind these observed health trends. Common Ground Health is an independent community health

planning organization set up to improve quality, access, and eliminate health care disparities. In keeping with principles of CBPR, partners identified the need and assigned a sub-committee to closely work with investigators to design and execute the study, and assist with the interpretation, analysis, and dissemination of the findings.

Research Community: Rochester, NY

The U.S. Census Bureau 2018 estimate for the City of Rochester's population was 206,284, approximately the same as in 2012 when it was 210,684 (United States Census Bureau, 2018). The racial composition is 46.6% White, 40.7% Black or African American, and 17.8% Hispanic or Latinx of any race.

Procedures

We conducted an exploratory study using a cross-sectional approach to assess racial discrimination in Rochester, NY. The cross-sectional survey methodology has a number of attractive features: it aims to provide data on the entire population under study; it is a descriptive study that is neither longitudinal nor experimental (Aaronson & Kingry, 1988). We used the Jackson Heart Study Discrimination Instrument (JHSDI), a psychometrically sound (overall Cronbach's alpha = .78, .84, and .77, respectively, for the everyday and lifetime subscales) multidimensional measure of perceived discrimination for use in health studies (Sims et al., 2009). It combines a life-course approach to assessing perceived discrimination with domains of everyday (e.g., treated with less respect, receive poorer service, people act as if they are afraid of you, called names or insulted, etc.) and lifetime situations (e.g., at work, school, getting a job, getting housing, etc.) with measures of frequency, attribution (i.e., due to race, skin shade, age, weight, etc.), response (e.g., speak up, accept it, ignore it, pray, get violent, etc.), and burden (i.e., it has made life difficult, stressful, harder, etc.). The instrument consists of 30 items and takes approximately 20 minutes to complete. The survey also included a free response, open-ended response section for respondent comments.

Recruitment

Our main mode of recruitment was posting flyers in strategic community locations such as churches, hospitals, community centers, grocery stores, barber-shops, beauty salons, community health clinics, and various community events (e.g., health fairs). Primary recruitment efforts were made through and

by community partners, primarily the African American Health Coalition and the Rochester Faith Collaborative, a faith-leadership coalition. Study participants received \$5.00 in cash after completing the self-administered survey. When needed, trained researchers were available to assist participants by verbally reading questions or survey items if requested.

Data were collected between January and June 2012. Demographic, behavioral, and knowledge information on 739 participants who completed the survey were collected. All respondents were Rochester metropolitan area residents and at least 18 years of age. All persons who completed the survey gave verbal consent in accordance to the University of Rochester Research Subjects Review Board (RSRB) study protocols.

Statistical Analysis

Socio-demographic characteristics of the sample included race/ethnicity, gender, age, education, income, employment status, and skin shade (light, medium, dark). Respondents who self-identified as African American, Afro-Latino, Black Latino, Afro-Caribbean, Jamaican, Haitian, African, or Black were collapsed to the category "Black" for the purpose of analysis. Frequencies and their means for the forms of everyday discrimination were calculated (*never* = 0, *a few times a year/less than a few times a year* = 1, *at least once a week/a few times a month* = 2, and *several times a day/almost every day* = 3). Chi-square tests were used to determine differences based on self-reported skin color and treatment by other Blacks and Whites.

Blacks who reported race as their primary reason for discrimination were examined in more depth. The frequencies were calculated for the different possible responses to everyday and lifetime racial discrimination and where people experience major lifetime discrimination by gender, age, education, and income. Chi-square tests were used to assess the significance of gender, income, age, and education on the level of burden experienced by the subgroup of Blacks. The chi-square tests used a significance level of .05. All analyses were conducted using SAS 9.2.

Results

The majority of respondents were Black (71.5%) and female (58.7%). Close to half (40.9%) had a bachelor's degree or higher, with 61% of Blacks and 64.4% of Whites reporting at least some college. There were differences regarding the highest income level group. For Blacks, the largest income group was \$20,000–\$49,999 for both women and men (41.9% and 36.2%, respectively). For Whites, the largest income group

was \$0–\$9,999 for both women and men (33.6% and 46.2%, respectively). Among the overall sample, 71% reported discrimination due to race (6% of Whites reported discrimination due to race), 17% due to age, 15% due to gender, and 14% each due to height and weight. Overall experiences with “other” types of discrimination (14% of sample) for all respondents were most prominently sexual orientation and being deaf. Blacks identified race as the primary reason for discrimination, while for Whites, discrimination due to age (34%) and gender (23%) was the most common (Table 1).

For the purposes of this article, the remaining analyses focus on the Black sub-population of this study in order to delve into discrimination based on race. When asked about lifetime discrimination, 76.2% of Black participants stated that they had experienced some form of racial discrimination at some point in their life, while 67% reported experiencing racial discrimination regularly and 67.6% reported a memorable experience with racial discrimination in their lifetime.

A total of 141 (25.7%) Black respondents provided written comments about their experiences with discrimination in the Rochester area. Select quotes have been included to supplement quantitative results.

Blacks' Experiences with Everyday Racial Discrimination

When Blacks responded to questions regarding their experiences of everyday discrimination, the average response was 1.4 (mean value or each score), which corresponded to experiencing it at least multiple times per month. The questions that were used to calculate this average cover respondent experience with lack of courtesy, lack of respect, poor service, display of fear, and verbal insults, based on their race. The form of everyday discrimination that yielded the highest average was “people act as if they think you are not as good as they are” indicating that it was the most frequently experienced type, while verbal insults occurred the least often (Table 2). Respondents described examples of overt and covert experiences with discrimination:

I have never been so insulted than about a month ago when I went to purchase a \$3.95 item and was questioned about a “bar-code,” insinuating that I changed it. (Black female survey respondent)

As a child, my teacher used to tell me the world was better, until they freed the niggers. (Black male survey respondent)

Sometimes white people will treat me different to show that they are not racist. Some white people treat me like an ordinary person. Certain areas [suburbs]

Table 1. Demographics of Total Study Sample Stratified by Gender and Race.

Characteristics	All (N = 739)	Black (N = 535)		White (N = 104)	
		Women (n = 319) n (%)	Men (n = 216) n (%)	Women (n = 56) n (%)	Men (n = 48) n (%)
Age, years ^a	41.6 (15.2)	44.8 (15.3)	41.6 (14.4)	35.0 (15.7)	39.0 (12.6)
Male	305 (40.6)				
Race					
Black	537 (71.5)				
White	104 (13.9)				
Asian	4 (0.5)				
American Indian/ Alaskan native/ Pacific Islander	4 (0.5)				
Other	44 (5.9)				
Mixed	38 (5.1)				
Education					
<High school	45 (6.2)	14 (4.4)	17 (7.9)	2 (3.6)	2 (4.2)
High school grade	241 (33.0)	88 (27.8)	87 (40.3)	19 (33.9)	14 (29.2)
Some college	146 (20.0)	75 (23.7)	39 (18.1)	9 (16.1)	4 (8.3)
≥Bachelor's degree ^b	299 (40.9)	137 (43.2)	71 (32.9)	26 (46.4)	28 (58.3)
Income (\$)					
0–9,999	194 (25.8)	66 (23.8)	61 (35.1)	19 (33.6)	18 (46.2)
10,000–19,999	122 (16.3)	57 (20.6)	28 (16.1)	12 (25.0)	5 (12.8)
20,000–49,999	230 (30.6)	116 (41.9)	63 (36.2)	10 (20.8)	8 (20.5)
50,000–75,000	59 (7.9)	27 (9.8)	15 (8.6)	4 (8.3)	7 (18.0)
>75,000	24 (3.2)	11 (4.0)	7 (4.0)	3 (6.3)	1 (2.6)
Primary reason for everyday discrimination					
Age	131 (19.2)	44 (14.9)	40 (20.4)	15 (30.0)	14 (31.1)
Sex	81 (11.8)	30 (10.1)	13 (6.6)	12 (24.0)	3 (6.7)
Height/weight	63 (9.2)	36 (12.2)	12 (6.1)	8 (16.0)	2 (4.4)
Race	366 (53.5)	180 (60.8)	123 (62.8)	7 (14.0)	14 (31.1)
Other	43 (6.3)	6 (2.0)	8 (4.1)	8 (16.0)	12 (26.7)
Reason for lifetime discrimination					
Age	93 (14.5)	30 (10.5)	28 (14.9)	8 (22.2)	12 (28.6)
Sex	84 (13.1)	44 (15.4)	14 (7.5)	7 (19.4)	3 (7.1)
Height/weight	44 (6.9)	26 (9.1)	10 (5.3)	6 (16.7)	0 (0.0)
Race	381 (59.4)	175 (61.4)	127 (67.6)	11 (30.6)	17 (44.5)
Other	40 (6.2)	10 (3.5)	9 (4.8)	4 (11.1)	10 (23.8)

^aMean and standard deviation.^bAlso includes professional training.

may not go out of their way to verbally express racism, but their actions or interactions speak just as loud as anything they could say. (Black female survey respondent)

Table 2. Frequency and Characteristics of Everyday Discrimination Experiences of Black Respondents ($N = 535$).

Experiences	Several times a day/almost everyday <i>n</i> (%)	At least once a week/a few times a month <i>n</i> (%)	A few times a year/less than a few times a year <i>n</i> (%)	Never <i>n</i> (%)	<i>M</i>
You are treated with less courtesy than other people	91 (17.0)	183 (34.2)	203 (37.9)	58 (10.8)	1.6
You are treated with less respect than other people	66 (12.4)	189 (35.5)	222 (41.7)	56 (10.5)	1.5
You receive poorer service than others at restaurants	42 (7.9)	130 (24.3)	276 (51.7)	86 (16.1)	1.2
People act as if they think you are not smart	107 (20.1)	152 (28.6)	205 (38.5)	68 (12.8)	1.6
People act as if they are afraid of you	102 (19.1)	131 (24.6)	190 (35.7)	110 (20.6)	1.4
People act as if they think you are dishonest	86 (16.2)	117 (22.1)	216 (40.8)	111 (20.9)	1.3
People act as if they think you are not as good as they are	135 (25.1)	139 (25.9)	205 (38.2)	58 (10.8)	1.7
You are called names or insulted	43 (8.1)	84 (15.9)	252 (47.7)	149 (28.2)	1.0
You are threatened or harassed	26 (5.0)	42 (8.1)	213 (41.2)	236 (45.7)	1.4

Blacks' Responses to Everyday Discrimination

In response to these forms of everyday discrimination, participants were asked about how they handle the experience, given two options: either actively confronting the situation or passively internalizing it (Table 3); 89.1% of Blacks who experience race as their primary reason for discrimination stated that they have had active responses. Even after stratifying by gender, 94% of women and 81.9% of men who experienced everyday discrimination reported an active response, the most common including “speaking up,” “working harder to prove them wrong,” and “trying to change it.” This was also observed for lifetime discrimination (Table 3). Additional stratified analyses were done by income and age groups for lifetime discrimination. There were no differences by income group on responding actively to everyday or lifetime discrimination ($p > .05$). There was a significant difference in those who responded passively (praying,

Table 3. Black Respondents' Active versus Passive Responses to Everyday and Major Event of Racial Discrimination.^a

Type of Response	Everyday discrimination			Major life event discrimination		
	Total n (%)	Female n (%)	Male n (%)	Total n (%)	Female n (%)	Male n (%)
Active response	320 (89.1)	202 (94.0)	118 (81.9)	351 (97.8)	211 (98.1)	140 (97.2)
Passive response	185 (51.5)	106 (49.3)	79 (54.9)	300 (83.6)	178 (82.8)	122 (84.7)
External/other response	26 (7.2)	14 (6.5)	12 (8.3)	216 (60.2)	121 (56.3)	95 (66.0)

^aParticipants were able to select multiple options, which results in the numbers and percentages not totaling 100%.

ignoring it, avoiding it) to discrimination when examined by income level ($p < .05$). When assessing the difference in active response to discrimination by age group, there were no significant differences for everyday or lifetime discrimination ($p > .05$). However, there were significant differences in passive response by age group for everyday and lifetime discrimination ($p < .05$). A young male respondent's comment demonstrates resilience in the face of discrimination:

As a young educated black male, you have to build up levels of confidence and barriers to help you cope with the daily acts of discrimination against you.

Blacks' Experiences with Lifetime Discriminatory Events

As stated above, 67% of Black respondents reported a memorable experience of being discriminated against due to their race. When asked whether this discriminatory event had taken place, 78.6% of men and 68.6% of women stated that they had experienced some form of discrimination on the street or in a public place (Figure 1). Second to public places or on the street, Black males reported that they experienced high amounts of discrimination in trying to get a job (68.6%). Black women mainly experienced discrimination at work (73%). For example, a female respondent explains:

Just this past week I resigned from a job where I was discriminated against. I am the only African American woman working in a plant with majority white males.

To further assess locations of discrimination, additional stratified analyses by age, income, and education level were conducted. For participants aged

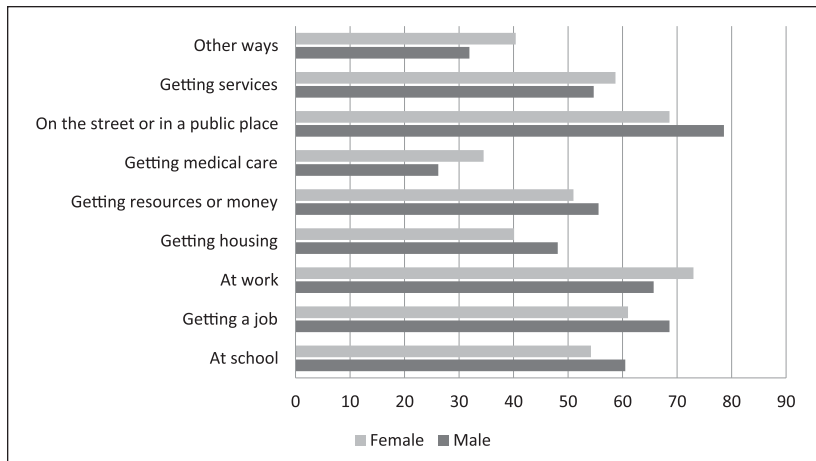


Figure 1. Black respondents’ reported lifetime experience with racial discrimination by setting and by gender. This figure represents the settings where Black respondents reported experiencing a major experience with racial discrimination in their lifetime. Results are presented by gender.

0–29 and 30–49 years, the primary location for experiencing discrimination was on the street or in a public location (74.1% and 76.5%, respectively), while for participants aged 50 or older, the primary location for discrimination was at work (78.0%). Based on income level, there was no significant difference in the location of discrimination. There were significant differences in the location of discrimination by education status. The primary location identified for experiencing discrimination by participants with a high school education or less and those with a college degree or more was on the street or in a public place (75.5% and 80.9%, respectively). The primary location for discrimination identified by participants with a community college education was at work (76.7%). A Black male respondent described a traumatic experience:

I was falsely arrested and jumped on by 3 to 4 cops when I was only 18. They called me names like “Bitch” and “Bastard.” Told me I was lying about my name, and questioned me about having a father. I now have a bad back as a result of the cop’s “bad judgment.” When I went to court all the charges were dismissed against me. I saw the inside of a jail cell for no reason and that is a memory you never forget.

Table 4. Black Respondents' Burden of Stress, Productivity, and Difficulty as a Result of Lifetime Racial Discrimination by Gender.

Burden of Discrimination	Total n (%)	Female n (%)	Male n (%)	p-value
How stressful has lifetime discrimination made your life?				.46
Not stressful	178 (52.5)	102 (50.8)	76 (55.1)	
Moderately stressful	65 (19.2)	37 (18.4)	28 (20.3)	
Very stressful	96 (28.3)	62 (30.9)	34 (24.6)	
Has discrimination interfered with you having a full and productive life?				.04
Not at all	133 (38.8)	88 (42.7)	45 (32.9)	
Some	187 (54.5)	109 (52.9)	78 (56.9)	
A lot	23 (6.7)	9 (4.4)	14 (10.2)	
How much harder has life been because of discrimination?				.01
Not at all	60 (17.4)	46 (21.8)	14 (10.5)	
Some	229 (66.4)	136 (64.5)	93 (69.4)	
A lot	56 (16.2)	29 (13.7)	27 (20.2)	

Burden of Racial Discrimination on Blacks

Impact of discrimination in terms of stress, difficulty, productivity, and burden was assessed. Overall, most participants (52.5%) did not find lifetime discrimination stressful. However, a majority stated that it interfered with having a productive life (61.2%) and made life much harder (82.6%). There were significant gender differences ($p < .05$) in reports of discrimination interfering and making life more difficult, with men reporting a higher negative impact on their lives than women (Table 4). There were no significant differences based on age, income, and education groups (Table 4). Two women described the burden of living in all-White communities:

I live in a suburban neighborhood so my children can go to good schools, and as a result, we are the minority in our community and everyday things can be a little stressful/difficult.

I am a Black 44 year old woman that was raised in a White town, Henrietta, outside of Rochester; from K-12th grade I had it hard, which made my life stressful—plus being the only black on the street and in school.

Discussion

Our study reveals that 76% of Blacks surveyed in the Rochester, NY, metropolitan region report having experienced discrimination of any kind in their lifetime, which is consistent with the other literature that highlights that Blacks still experience varying extents of discrimination throughout the United States (Alvarez et al., 2016; Evans et al., 2018; Lewis et al., 2015; Lewis & Van Dyke, 2018). It is worth noting that many Blacks in this study, in open-ended comments, echoed the sentiment that the environment hides behind a façade of “color blindness” and in less overt forms, discrimination and fundamental roots of racism are still very much present and evident in the lack of advancement opportunities for Blacks, arrests and sentencing, for example.

Another point of consideration is the role of gender in the experience of discrimination. Various studies report higher amounts of discrimination in men than in women, particularly Black men (Sims et al., 2012; Thompson, 2002). Our study however, revealed no significant differences in the experience of discrimination by gender in Rochester, which can be due to a variety of reasons including sample size or sampling methods. Furthermore, in our sample, women reported higher levels of educational attainment than men, which could potentially account for increased amounts of discrimination in this group. Our findings, consistent with other studies, reflected that persons having greater educational attainment report significantly more experiences with discrimination (Alvarez et al., 2016).

As for discrimination by income level, some studies have found that middle and upper class Blacks still experience great amounts of discrimination, despite their improved access to resources to help cope with stress from racism (e.g., psychotherapy; Utsey et al., 2000). Since there are fewer Blacks operating in predominantly White work environments where both conscious and sub-conscious racially prejudicial thinking is still prevalent, they are therefore more isolated and more susceptible to discriminatory practices and attitudes. These experiences vary, including feeling that their White counterparts did not respect them as much as they should, or most significantly, that they (Blacks) were not as good as they (Whites) were, which resulted in the differential treatment experienced in job promotional opportunities and overall treatment by fellow colleagues.

In our sample population, individuals below the age of 49 years reported experiencing discrimination more on the street or in public places, compared to older individuals (50 years and above) who reported their experiences to occur more often in the work place. Although our study did not seek explanation for such reports, potential reasons may reflect differences in perceptions

which might change with age and/or differences in places frequented by generations. Past studies have found mixed results when assessing self-reported racial discrimination by age, some finding higher reporting among younger Blacks (Broman et al., 2000; Lee et al., 2019), and some finding that some youth report less experience with racial discrimination as a result of higher awareness of positive socialization from parents (Harris-Britt et al., 2007). As youth spend much time with peers in their neighborhoods and in schools, self-reported experiences with racial discrimination could depend on factors, such as demographics of the neighborhood and schools they attend, or whether they are predominantly Black or White.

The impact of racial discrimination on both physical and mental well-being has been well documented. In our study, the majority of Blacks recognized that discrimination interfered with having a full and productive life, and made their life harder in some way. However, less than half indicated that discrimination was in fact very stressful or moderately stressful. This result, although seemingly contradictory, is not surprising given the “suck it up,” “I have to be strong” mentality of the Black community (Thompson et al., 2004), as well as the stigma associated with the term “stress.” Historically, Blacks have been taught to suppress stress, to accept hardship as a something not to be dwelt upon but rather to be minimized to create more community adulated “heroic striving,” or to avoid being preyed upon (Alvidrez, 1999; Blank et al., 2002; Ward et al., 2013). Among many minority groups, particularly the Black community, mental illness has been stigmatized (Gary, 2005; Thompson et al., 2004). Instead of admitting, discussing the negative impact of stress or mental instabilities, and seeking professional support, studies report that most Blacks will either not admit to having an issue or seek informal means of social support such as guidance from a faith leader or respected community member. Distrust of medical institutions and a legacy of systemic discriminatory practices in research and psychiatric facilities have also stymied Blacks’ progression toward seeking more established ways of coping with the stress of discrimination (Gary, 2005; Thompson et al., 2004). It is this internalized stress, whether consciously or unconsciously acknowledged by the Black individual, that has been linked to many deleterious health effects in the Black community, including poor mental health, increased infant mortality for Black women, higher rates of obesity, cardiovascular disease, and hypertension (C. N. Bell et al., 2018; Geronimus et al., 2010; Goodreau et al., 2017; Matoba & Collins, 2017). The health ramifications of discrimination have been highlighted in research and provide glaring insights into the observed racial health disparities seen in the United States.

Responding to and Coping With Racial Discrimination

In our study, responses to perceived acts of discrimination were different by age groups. While older individuals tended to “avoid” potential sources or places of discrimination, younger individuals tended to “ignore it” [discrimination]. Overall, the majority of our study sample reported actively responding to the discrimination by speaking up, trying to change it, or working harder to prove them wrong, as opposed to passively responding, namely, “ignoring it” or “praying about it.” Since religion, more specifically the Black Church, has played a critical role in African American society and culture (Brondolo et al., 2012; Hays, 2015; Jeffries et al., 2017; Lincoln & Mamiya, 1990; Parrill & Kennedy, 2011), it comes as no surprise that prayer thus remains a staple in Black individuals’ coping mechanisms repertoire particularly when faced with a seemingly insurmountable stressor as discrimination.

Study Limitations

Potential limitations of any study assessing perceived discrimination relate to the debates on the appropriateness of measures of racism, and measuring actual versus perceived discrimination. To alleviate these concerns, the instrument selected for this study has been tested and validated in a large population. In addition, racism, whether experienced personally or vicariously, perceived or “real,” has been associated with poor health outcomes. A limitation of this study is that it was conducted in 2012. However, given the current heightened racial tension and increase in overt acts of racism in the United States, our study is not only still relevant but is most likely an underestimate. The present state of affairs, along with persisting racial disparities in health outcomes, indicates that it is even more important to redouble our efforts to undo the effects of discrimination based on race.

Conclusion

The presence of racist thinking and discriminatory practices has wide-reaching adverse implications, particularly for people of color and needs to be addressed on multiple levels. Empirical research on racial discrimination and health still has not determined how best to measure the relevant exposures—whether structural, institutional, interpersonal, or internalized. Furthermore, the physiological mechanisms behind its impact on health in various communities still warrant further examination for more direct and evidence-based approaches to reducing the effects of racial discrimination on health outcomes. Addressing

discrimination and effectively diminishing its presence in society is neither an individual nor an overnight fix, but will take sustained community efforts by a society that truly recognizes and understands its adverse impact on the progression of our society toward equity and peaceful resolution to the current climate of racial tension.

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