Trauma, Racism, Chronic Stress and the Health of Black Americans.

SAMHSA's Office of Behavioral Health Equity (OBHE)

June 3, 2020

OBHE received the following request:

"We're also looking for anything that can help us approach individual and community level trauma and racism. I'm particularly interested in the health impact of chronic stress for Black Americans. Are you aware of anything that's out there?"

OBHE's response:

<u>What the Research Says</u>

There is significant research on the connection between racism, racial violence and health and behavioral health. Leading researchers in this area include David Williams (Harvard School of Public Health), James Jackson (University of Michigan), Ted Corbin and colleagues from Drexel University School of Public Health, and Thelma Bryant-Davis (Pepperdine University, examines police violence and excessive force through a trauma lens).

Summary Findings: racism and associated trauma and violence contribute to mental health disorders, particularly depression, anxiety and PTSD, and chronic health conditions such as cardiovascular disease, hypertension, diabetes, maternal mortality/infant mortality and morbidity in African Americans. Racism is considered a fundamental cause of adverse health outcomes for racial/ethnic minorities and racial/ethnic inequities in health. The primary domains of racism - structural/institutional racism, cultural racism, and individual-level discrimination— are linked to mental and physical health outcomes. Racism and violence targeting a specific community is increasingly associated with complex trauma and intergenerational trauma, all of which have physical and behavioral health consequences.

Below are some key reported findings, followed by selected interventions.

Key Findings

- Racial discrimination damages individuals, hurts their health and prospects and shortens lives. Racism affects health in profound ways through systems built up over the years and now "locked in place, replicating social inequality."

- The stress and trauma of racism and its manifestation affects victims and witnesses; individuals and entire communities. Repeated violent altercations between residents in communities of color and police traumatize whole communities, and contribute to depression, anxiety, anger, fear, mistrust and other psychosocial problems. Those who have

been directly victimized are likely to develop PTSD. Complex and historical, intergenerational trauma are retriggered by these events.

- The burden of being a person of color in America includes the stress from the anticipation of violence in everyday life; diminished access to good health care and education; and, more broadly, socioeconomic differences that might not exist if the individuals were not targeted, marginalized and deprived of the tools to make their lives better.

- For example, African-Americans are known to be relatively more susceptible to hypertension, or abnormally high blood pressure, than White Americans. In the past, the perception that they were genetically disposed to the condition was common. What predicts hypertension is the social context. It's not consistent with a simple Black gene causing high blood pressure. White Americans have higher blood pressure than Black people living in Africa.

- "At every level of income and education, there is still an effect of race," even wealthy Black Americans are statistically less healthy than affluent White people. "Health disparities are large and persistent over time. About 220 African-Americans die every day in the United States who would not die if their death rates were similar to those of White people."

- Housing segregation is the most pernicious agent of racism in the country, a system of public policies and lending practices that channel Black people into neighborhoods where no one else wants to live. This happens in every sizable city in the country, and has for many decades, forcing most African-Americans to live in less desirable circumstances than White people do. "Even when they are living in the same city, Blacks and Whites are living under very different environmental conditions." "If you could eliminate residential segregation in America, you would completely erase Black–White differences in income, education and unemployment, and reduce single motherhood by two-thirds. All that is driven by the opportunities linked to geographic space. That is the power of racism."

- Mechanisms connecting stress to disease have been established for decades. Similarly, mechanisms linking the stress, burden and omnipresence of racism have more recently been identified. Chronic stress produces hormones that damage the body over time. This damage, called allostatic load, can be measured and scored using health data (e.g., cholesterol, blood pressure, cortisol levels) and is a measure of cumulative adversity and disadvantage. High allostatic load scores have been linked to lower life expectancy and higher rates of chronic disease.

- Evidence suggests that environmental and social factors contribute to differences in allostatic load scores by race and gender. For example, upon arriving in the United States, Black African immigrants have lower allostatic load scores than Black people born in the country. Studies also show that Black immigrants' allostatic load scores increase the longer they live in the United States. Race and gender differences in allostatic load scores are not explained by different rates of poverty: At all income levels, Black women have the highest allostatic load scores.

- In part, this mechanism has been used to explain the higher rates of infant mortality/morbidity among African American women, including poor pregnancy outcomes, such as pre-term birth and low birthweight.

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Gross, E., Efetevbia, V., & Wilkins, A. (2019, April 18). *Racism and sexism against Black women may contribute to high rates of Black infant mortality.* Child Trends. https://www.childtrends.org/racism-sexism-against-black-women-may-contribute-high-rates-black-infant-mortality

Williams, D. R., Lawrence, J. A., & Davis, B. A. (2019). Racism and health: Evidence and needed research. *Annual Review of Public Health*, *40*, 105-125. https://doi.org/10.1146/annurev-publhealth-040218-043750

INTERVENTIONS

Effective interventions are needed at multiple levels to reduce and prevent racism and ameliorate its adverse health effects. These need to address the institutional, cultural and community, and individual level. A few selected interventions are presented below.

Addressing Institutional Racism

The systemic nature of racism implies that effective solutions to addressing racism need to be comprehensive and emphasize upstream/structural/institutional interventions. The civil rights policies of the 1960s are prime examples of race-targeted policies that improved socioeconomic opportunities and living conditions, narrowed the Black–White economic gap between the mid-1960s and the late 1970s, and reduced health inequities. Interventions to improve household income, education and employment opportunities, and housing and neighborhood conditions have also demonstrated health benefits.

Bold housing interventions are rare but effective. Taking individuals out of their disadvantaged neighborhoods improves their health, but people shouldn't have to move. In "purpose-built communities" like the East Lake neighborhood in Atlanta, Ga., a formerly dangerous, depressed, mostly African-American area with high crime and low school-completion rates was transformed. A wealthy patron volunteered to help, and East Lake was subsequently transformed physically and otherwise into a safe, pleasant place to live. These interventions are rare due to lack of political will and an "empathy gap."

Trauma Informed Community Building: A Model for Strengthening Communities in Trauma Affected Neighborhoods (pdf) addresses the challenges trauma poses to traditional community building strategies. TICB strategies de-escalate chaos and stress, build social cohesion and

foster community resiliency over time. The TICB model effectively takes into account the real-life experiences of low-income and public housing residents who experience cumulative trauma resulting from daily stressors of violence and concentrated poverty as well as historic and structural conditions of racism. Its application ensures that community building promotes community healing.

Building Resilient and Trauma-Informed Communities—Philadelphia, PA (pdf) The Philadelphia model is characterized by a population health approach to prevention, treatment and recovery and partnerships among the behavioral health agencies, schools, police, judicial system, housing, hospitals and universities.

Addressing Cultural Racism

Most interventions aimed at reducing cultural racism focus on addressing implicit biases or enhancing cultural competence. A recent review found that cultural competency interventions can lead to improvements in provider knowledge, skills and attitudes regarding cultural competency, and health care access and utilization, but little evidence indicates that these interventions affect health outcomes and health equity.

Addressing Individuals Experiencing Racialized Traumatic Incidents

Interventions, which focus on individuals and seek to neutralize cultural racism, have shown positive socioeconomic and health benefits. Values affirmation interventions (in which youth enhance their sense of self-worth by reflecting on and writing about their most important value) and social belonging interventions (which create a sense of relatedness) have been shown to markedly improve academic performance and health of stigmatized racial groups. An emerging body of evidence suggests that similar self-affirmation strategies can enhance an individual's capacity to cope with stressful situations and lead to improved health behaviors.

Stress-reducing interventions, such as mindfulness-based stress reduction, meditation and support groups have improved health indicators and coping with stress. Prime-Time Sisters Circle is a theory-driven, empirically supported behavioral health intervention geared for middle-aged African American women. This course-based intervention is an integrated model of care that focuses on emotional health and risks; and promotes positive, healthy decision-making and establishing social supports. Studies of the intervention have shown that participants were able to mitigate high-risk health behaviors. This intervention was noted by a major insurance provider because of the significant changes in the primary and mental health conditions of women in the community.

Holistic Life Foundation is a Baltimore-based nonprofit organization committed to nurturing the wellness of children and adults in underserved communities. Through a comprehensive approach which helps children develop their inner lives through yoga, mindfulness, and self-care HLF demonstrates deep commitment to learning, community, and stewardship of the

environment. HLF is also committed to developing high-quality evidence based programs and curriculum to improve community well-being.

Preventing Long-term Anger and Aggression in Youth (PLAAY) is an intervention that empowers youth, families and individuals to address the impact of trauma and chronic stress on African American boys. Presented in a group format, the intervention also focuses on high risk, racialized encounters, including with law enforcement. Successful implementation of PLAAY has resulted in improved school attendance, reduced suspension rates and improved relationships among African American youth, their peers and teachers. The work in one school district has evolved into a national model for school and community-based mental health care for youth at risk for academic failure and juvenile justice involvement. See also Racial Empowerment Collaborative and the Forward Promise.

Moving Toward Healing: Trauma and Violence and Boys and Young Men of Color (pdf). The National Network of Hospital-based Violence Intervention Programs (NNHVIP) is a coalition that focuses on meeting the needs of victims of violence in the healthcare system across the country. Built on the original hospital-based intervention program, Caught in the Crossfire, these programs endeavor to decrease recurrent violent injury, involvement with the criminal justice system, and the physical and mental health consequences of trauma. NNHVIP also seeks to transform the culture in hospitals such that practitioners understand the importance of addressing trauma and humanize the treatment of young victims of violence.

Healing Hurt People (HHP) is a hospital-based violence intervention program in Philadelphia, Pennsylvania that provides comprehensive case management and trauma-informed therapies for young victims of violence. HHP is being replicated at all level I trauma centers across the city with funding from the Philadelphia Department of Behavioral Health and Intellectual Disability Services. The program is built on a foundation of trauma-informed practice and incorporates emerging science on trauma into its training, program activities, and evaluation. HHP has previously been successfully been replicated in Chicago, Illinois and Portland, Oregon.

Addressing the Trauma of Excessive Force Encounters with Police

Emotional Emancipation Circles – Community Healing Network (EECs) are evidence-informed, psychologically sound, culturally grounded, and community-defined self-help support groups designed to help heal the trauma caused by anti-Black racism, including police-involved violence. In EECs, participants deepen their understanding of the impact of historical forces on their sense of self-worth, relationships, and communities; and learn essential emotional wellness skills. In early evaluations, EEC participants have reported significant improvements in their mental health, and transformations in their mindsets and lives.

Collaborate and Partner with Faith Based Organizations in the Community and Form Community Partnerships (pdf). Historically in the U.S., the Black/African American church has been a key institution for providing support and spiritual leadership in addressing unmet needs

including health and social concerns in these communities. Where traditional, mainstream social services have not addressed critical needs, the Black/ African American church has stepped in. Where social justice has floundered, the church has initiated advocacy and social movements. The "dual mission of the faith community is to provide spiritual support as well as attend to unmet social issues and needs in the community."

Involve the community and develop multi-sectoral, diverse community partnerships. Community-based organizations are often the engines managing crises. Involving the community residents, leaders and organizations in solving community issues and particularly racialized crises with public and governmental institutions is critical. Multi-sectoral partnerships and collaborations to leverage resources and expertise and the task of developing trusted relationships and agreements is essential to healing from racialized trauma.

Additional References

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