Introduction

Historical evidence has continued to show the immense disparities between the health status of minority groups such as African Americans and Latinxs and that of the white population. These disparities have always been evident with very little work done to discover the root causes, let alone address them. According to a report by the (National Center For Health Statistics, 2020), diabetes prevalence levels were shown to be highest in Hispanics and Non-Hispanic Black at about 12.3 and 12.1 respectively, while for Non-Hispanic White, it was recorded to be about 7.4. Although abolishing racial segregation laws such as the Jim Crow law and even establishing more racially inclusive policies such as the Civil Rights Acts have proved beneficial in reducing these inequities and closing the huge gaps in the quality of healthcare delivery between racial groups (National Center for Health Statistics (US), 2016).

In this paper, we consider the dimensions of racism (Priest & WIlliams, 2017) and how they proliferate health disparities, we also looked at interventions that have been put in place and recommendations for further work to be done on the subject matter of health disparities in the United States. It is important to note that the usage of racism in this literature, is based on color due to the demographics and population of the United States of America. The terms “health disparities” “health inequities” and “health inequalities” have been used interchangeably in this literature review.

Race

The Merriam-Webster dictionary defines the word race as any group, humans are divided into based on physical traits regarded as common among those who share the same ancestry. Helms and colleagues (2005) mentioned that race has no theoretical or scientific meaning in psychology, although it is often used in theories and research as it would if it had a definite meaning.

(Williams, 1997) noted that race is essentially a categorization based on nationality, phenotype (physical appearance), ethnicity, and other pointers of social differentia; all of which capture a gap in access to power and resources in the society. Regardless of the numerous amount of evidence pointing towards the fact that race is a social construct, Winant in his 2006 article recorded that the idea of race was thought to be natural and that the naturality of race as an ideology, was infallible.

While some think of the idea of race as a product of racism, others just agree with the naturality of it. At times, race is even confused with ethnicity and culture, this is because people that are classified as being part of a particular race are likely to be of the same ethnicity or share the same cultural and ancestral roots.

Racism

Racism is an organized social system wherein the 'dominant' racial group ranks other social groups based on the ideology of inferiority and subsequently uses that same mindset and the power it holds to devalue, demoralize, and dissimilarly allocate essential resources and opportunities to groups characterized as inferior (Bonilla-Silva, 1997; Williams, Lawrence, & Davis, 2019).

Bailey and colleagues (2017) alluded to the fact that since the 18th century, scientific racism (which is based on the 'oppressionistic' ideology of race established around Aryan or white supremacy, became a foundation for many other manifestations of forms of scientific racism around the world.

Grosfoguel in his 2016 article describes racism as a global hierarchy involving superiority and inferiority along the lines of the human that have been culturally, socio-economically, and politically created and recreated for decades and even centuries by institutions of the "capitalist/patriarchal western-centric/Christian-centric modern/colonial world-system".

Racism as defined by (Grosfoguel, 2016) highlights the different forms in which racism occurs. In diverse areas of the world (areas with diversity in population) there is always some form of pecking order where certain populations are placed higher than others. This classification is done by racial markers, these racial markers can include color (phenotype), ethnicity, language, culture, and religion.

Regardless of these various markers, racism has been associated with color in most parts of the world. More often than none, we generalize the social markers of racism that we are accustomed to, such as color, to be the only form or the exclusive definition of racism. This in itself is problematic and causes a lot of ambiguity and conceptual problems when trying to address the issues related to a modern/colonial problem such as racism (Grosfoguel, 2016).

A typical example of other forms of racism that is not based on color was how the British concocted and established their racial superiority over the Irish, this was not done by the marker of color but of religion (Ignatiev, 2008).

D.R. Williams and colleagues describe racism to be a structured system that interacts with other institutions, molding and being remolded by them to strengthen, buttress and perpetuate a racial hierarchy (Williams, Lawrence, & Davis, 2019).

Racism and Health

It has been shown that racism entails that a certain group of people is classified as above the human line, which comes with all the benefits of being a human being, while others have been put below the line of human and are denied access to resources and things that they should be privileged to as human beings.

Racism does not stand or act alone, the majority of the time, it acts through systems. Where groups of people deemed as inferior are treated unjustly and are not granted the equal opportunity and equal access to these systems. The danger is that racism interacts with these agencies and systems within the society and collectively shapes them to reinforce and carry out racial hierarchy ((Peek, et al., 2010; Williams & Mohammed, 2013; Williams, Lawrence, & Davis, 2019).

Racism has also been discovered to be evolutionary in the sense that it has been able to pervasively maintain its unpleasant effects through multiple apparatus and structures, thereby being able to reappear in another right after one has been dealt with and reduced or eradicated. (Phelan & Link, 2015; WIlliams & Mohammed, 2013).

Williams and colleagues conceptualized that, racial inequities in health could be understood in the context of social structures surrounding our existence that determine access to opportunities, resources, and information that determine health. These social structures operate through institutional and cultural means to act as the basis for racial health disparities.

As much as we identify racism as the major cause of racial healthcare inequity, Heider and colleagues gathered in their review that there are three angles to this healthcare inequities, these angles involve the systems (structural racism), the patient, and the provider. They summarized their findings regarding these factors in a diagram illustrating that these factors are not exclusive but interact with each other in creating the endemic of racial inequity.

Structural racism and health disparities

Structural or institutional racism, both depict the same meaning according to multiple pieces of literature (Bonilla-Silva, 1997; John, 1997; Reskin, 2012). Structural racism is a form of racism that is perpetuated and embedded in laws, policies, and institutions of the society that create advantages for a racial group deemed as superior or above the line of human, while prejudicially oppressing and taking advantage of groups otherwise recognized as inferior (Priest & WIlliams, 2017).

Structural racism is recounted as the major instrument by which racism affects health and healthcare. Essentially, structural racism works through already established institutions that are important to human life. This form of racism occurs when a group of people is denied or restricted access, unfairly treated, and adversely affected by the standards of these institutions (Williams, Lawrence, & Davis, 2019; Yearby, 2018) (Bailey, et al., 2017) (Sexton, et al., 2021).

Structural racism reportedly has the most impact on health inequity than any other type of racism, according to pieces of evidence (Bailey, et al., 2017), (Haider, et al., 2013). The systems interconnect with each other to create pathways that cause unequal health in minor communities. The pathways through which structural racism causes health inequity is perpetrated include but are not limited to the following.

Structural pathways of health inequities

One of the most common ways by which institutional racism is manifested is in the segregation of individuals as regards residence, housing, ability, and inability to live in a certain community. Racial segregation affects health in multiple ways, (Bailey, et al., 2017; Yearby, 2018; Haider, et al., 2013). The first and maybe the most important is the direct determining factor that residency and real estate occupancy has on a person's socioeconomic status (SES), this is important because of the established relationship between socioeconomic status and a person's health status (Reiss, 2013).

The population of a particular community determines the quality of jobs available, quality of education offered, quality of income, and many other factors. The health of the individuals residing in these communities is then affected when they do not get access to proper medical care. This is because minority neighborhoods are considered bad for business and the potential for real estate

growth is not recognized, hence private and government endeavors toward building facilities such as hospitals, schools, and businesses in such areas are minimal (Yearby, 2020) .

There is the financial aspect where individuals living in these areas are struggling with wage and wealth gaps. A lack of well-funded primary and secondary education institutions translates to an inability to get into good tertiary institutions (O'Brien *et al.*, 2020). Lack of real estate establishments and businesses means unavailability of proper restaurants and majorly fast-food restaurants (WIlliams & Mohammed, 2013). The majority of food sold in Fast food restaurants contains unhealthy amounts of cholesterol and non-essential fatty acids that are harmful to the circulatory systems of the body.

Cultural racism and health

Cultural racism is defined by Williams and Colleagues as the establishment of the mentality that symbols of a person's culture such as language, imagery, and unstated assumptions, are inferior to another racial classification. It manifests itself through stereotyping, media, and generalizations within systems and institutions (Williams, Lawrence, & Davis, 2019). This form of racism is more internalized than any other, it is even mostly inconspicuous, owing to the fact that most people do not even see it as racism, and it inadvertently leads to implicit bias and continuous negative imagery.

Cultural racism affects the health of racialized individuals by creating an environment that leads to the creation and maintenance of factors that enable differential access to resources. These resources include housing and the valuation of housing in all-black or all-white neighborhoods. Cultural racism also causes a form of internalized bias among healthcare providers where it has been found that black or minority groups are more likely to receive inadequate information about their health status, and also receive less than optimum medical care as opposed to majority groups (Institute of Medicine, 2003). There are also communication problems where medical officers and other healthcare providers and the patients have a disparity in language, this is most common in the immigrant population, and because of this, they are unable to deliver quality healthcare to such persons (Misra, et al., 2021).

Discrimination and Health

Discrimination is the most common form of racism, this is the form of racism that minority groups face every single day of their lives. From childhood, they are taught and prepared for this form of discrimination. Even with all the preparations and education, they are still faced with the possibility that things may go wrong. Almost all, if not all black families have 'the talk' with their black children especially their sons on how the society views them as a threat, they are taught how to respond to authorities like police and other forms of authority they might have interactions with so that hopefully, they come out of that situation alive.

All of this pressure and constant reminders cause an immeasurable amount of stress on individuals because of these stressful situations, and events. Causes the body's physiological response to releasing stress hormones such as cortisol, which when constantly produced and released to the body has negative effects on the circulatory system and also indirect effects on other aspects of the human body systems. This stress leads individuals, mostly young people to look for coping mechanisms that involve abuse of alcohol and drugs (Kreiger *et al*., 2011; Taylor, 2019).

Possible Interventions

Recounting the times of civil rights policies of the 1960s which was a race-targeted policy that had a tremendous impact in bridging the socio-economic gaps between white and black Americans in the 1960s and 1970s, equally reducing the levels of health inequities (Almond, Chay, & Greenstone, 2006; Krieger, Chen, Coull, Waterman, & Beckfield, 2013).

Several other interventions have been set in place to address poverty and improve the socio-economic situation of minority groups, these interventions have directly or indirectly improved the health status of individuals. Bailey and colleagues (2017) emphasized place-based, multisector, equity-oriented initiatives, this summarily describes initiatives directed towards black and Latinx communities, essentially racialized and marginalized communities that have been most hit by poverty, health inequities, and other products of structural racism. these initiatives are supposed to address these inequities by cross-cutting these issues.

Educating the health workers against racial bias, and advocating for unbiased medical care are great steps towards achieving equality in health, and eradicating racial health disparities.

One commonality in all of these approaches is that they all function to combat the root cause of health inequity, which is the problem of racism and racial inequality.

Conclusion

Truly, we have come a long way in the past years in recognizing the relationship between racism or racial inequalities and health disparities. In the past times, literature stated that there was no sufficiently available research on how much of causal factor racism was to the far health gap between people of different races.

In the United States, racism has existed probably since the colonial era when people were taken from their homes and turned into slaves, some of the institutions and structures that we have now such as the police were initially created to act as watchmen over slaves, this acted as the foundation on which most institutions are built, to oppress the racial minority and be advantageous to the white population.

We have looked at the ways by which different forms of racism can hinder health equality, and promote disparities. Mechanism of racial injustice has taken several forms in several industries therefore the solutions have to address those root causes at a time, through multi-sectoral interventions. If this is not done, it would be as good as taking one step forward and another backward. Historically, when an intervention was created to address one problem, another pathway to health inequity came up.

Continuous research effort still needs to be put in place, in proving the relationship between racism and health inequalities, but more work should shift to creating these multi-sectoral cross-cutting interventions rather than dwelling on the problems.

This effort to eradicate these health disparities is going to involve everyone, starting with policymakers who shape and reshape the systems, healthcare workers, and even the population.

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