

Increasing our Understanding of Experiences of Discrimination and Chronic Stress

Manik Ahuja¹  and Angela Haeny²

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The United States spends more on healthcare than any other nation and yet ranks 46th in life expectancy.¹ It is well established that health inequities in the U.S. contribute to lower rates of life expectancy. The life expectancy among marginalized populations and burden of chronic disease is significantly worse among marginalized populations. While we have decades of research on diet, physical activity, genetics, socioeconomic status, and other factors leading to poor health outcomes, recent work on discrimination has given us new perspective.

Discrimination is the unfair or prejudicial treatment of people and groups based on characteristics such as race, gender, age, socioeconomic status, and sexual orientation.² Recent studies have shown about 50–75% of Black, Hispanic, and Asian people, women, and people with sexual and gender minoritized identities have reported experiencing discrimination.^{3–5} Experiencing discrimination can lead to a host of stress-related emotional, physical, and behavioral changes. This includes emotional responses such as distress, sadness, anger and also increases in behaviors to cope with stress such as alcohol or illicit drug use, and also abstains from activities such as exercise, sleep, and engaging in socialization.^{6–8} Discrimination is an emerging risk factor for disease and a contributor to racial disparities in health. For many, experiencing discrimination can occur on a daily basis and may occur several times on any given day. A growing body of literature investigates the consequences of experiencing discrimination. As the chronic stress associated with discrimination may be lifelong, so further understanding its impact, and coping mechanisms has potential to be highly beneficial.

We have spent the last few decades understanding discrimination including how experiencing discrimination puts people at higher risk of illicit drug use, cannabis use, alcohol, suicidal behaviors, and other adverse outcomes.^{9–12} This has included presenting at national conferences, discussions in the community, and raising greater awareness of the risks associated with discrimination. While we have increased our understanding through this work, that discrimination has deleterious effects on one's health, the next step is to identify how to address

these challenges. This Special Collection provided a space where individuals from a broader range of fields could share their research expanding on the literature on the impact of stressful experiences of discrimination across minoritized groups.

This opportunity for the Special Collections *Discrimination, Stress, and Coping* brought in a broad range of expertise, novel topics, and new ideas for addressing discrimination into one comprehensive collection. Findings ranged from topics such as supporting people with lived experiences with discrimination, sexual stigma, racial stress and depression, discrimination during the COVID-19 pandemic, and the impact of discrimination among transgender people.^{13–16} The findings across the studies from the Special Collections revealed new knowledge, that we hope will translate into practice. Beyond addictive behaviors and mental health outcomes associated with discrimination, the papers provide a broader range of knowledge and identify gaps in the literature. Moving forward, it is essential to develop improved methodology and instruments for collecting experiences of discrimination, further understanding biological stress response, and identifying mechanisms for reducing discrimination in the community. If employers, teachers, law enforcement, and other stakeholders increase their awareness and understand the negative consequences and chronic stress associated with discrimination, we may have improved health outcomes moving forward.

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¹Health Services Management and Policy, East Tennessee State University, Johnson City, TN, USA

²Department of Psychiatry, Yale University School of Medicine, New Haven, CT, USA

Corresponding Author:

Manik Ahuja, Health Services Management and Policy, East Tennessee State University, Johnson City, TN, USA.
Email: ahujam@etsu.edu



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ORCID iD

Manik Ahuja  <https://orcid.org/0000-0002-3446-9216>

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