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Racially Informed Care: A Treatment Approach and Exploration of the Implications of Race Related Barriers in the United States

Abstract

Social factors surrounding race and ethnicity often create barriers to meaningful occupation and keep people of color from achieving a greater quality of life (Pooremamali et al., 2016). These barriers often result in occupational deprivation and feelings of alienation in society. Research has shown that these barriers created by systematic racism exist for individuals across different environments and persist over their lifetime (Pooremamali et al., 2016). Because of these barriers and the prolonged stress responses caused by racism, people of color, especially black and brown, have significantly higher rates of chronic illness than White Americans. People of color, specifically African Americans, experience increased levels of stress from discrimination, criminal victimization, and financial stress, compared to others, while also being disproportionately burdened by chronic disease (Geronimus et al., 2006). These facts make it clear that people of color face difficulties that significantly decrease quality of life. This article aims to describe the unique barriers facing people of color and investigate the many areas of a person's life affected by racism, which directly or indirectly influence occupational performance. In addition, it will explore occupational therapy interventions that use Racially Informed Care (RIC), a practice model that supports people of color in coping with racism to promote the fullness of life through successful engagement in meaningful occupations to which all human beings are entitled.

Comments

The author declares that they have no competing financial, professional, or personal interest that might have influenced the performance or presentation of the work described in this manuscript.

Keywords

occupational therapy, racism, race box, race-based stress, people of color, mental health

Cover Page Footnote

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Credentials Display

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Occupational therapy focuses on the interaction between an individual and the environment; but racial identity, a client factor that greatly impacts an individual in an environment, is often insufficiently addressed. Today, while blatant acts of racism are either illegal or deemed politically incorrect, many people continue to hold racial biases and participate in subtle and sometimes subconscious racially motivated behaviors (Nadal et al., 2014). This covert form of racism perpetuates unhealthy and hostile environments that minorities must inhabit every day (Gattis & Larson, 2017). The unique barriers experienced by people of color as a result of racism can create occupational deprivation and feelings of alienation in society, attributing negatively to health outcomes (Gattis & Larson, 2017). This article will define the various forms of racism and how they impact populations served by occupational therapists. In response to the racial impacts on occupational therapy, a novel practice model, Racially Informed Care (RIC), will be introduced and discussed in greater detail to explain its implications for occupational therapists.

Physiological and Psychological Impact

Many studies and health statistics confirm that people of color have significantly higher rates of health issues when compared to White Americans (Egede, 2006). However, there has been a recent shift in focus from race and health to the effects of racism on health (Hardeman et al., 2018). The events of history have shaped the environment in which all people live today. For groups whose history has been that of oppression, the remnants of such events continue to affect people hundreds of years later. Prolonged exposure to race-based stress from discrimination can lead to psychological, behavioral, and physiological health outcomes that are debilitating to those who experience them.

The Biopsychosocial Model of Racism explains how persistent exposure to race-based stress manifests in the onset of illness (Goosby & Heidbrink, 2013). On a psychological level, chronic stressors are experienced and stimulate the sympathetic nervous system and hypothalamic-pituitary-adrenal to release cortisol (Yi et al., 2016). The occurrence of this stress response in the brain is meant to serve as an acute reaction to promote survival (Tsigos & Chrousos, 2002). However, when one is exposed to stress responses for an extended period, as is true for those under race-based stress, it exhausts the homeostatic processes, eventually leading to pathogenic changes in the brain that manifest throughout the body (Zeiders et al., 2018). In a study by Zeiders et al. (2018), researchers analyzed the relationship between daily cortisol slopes and components of racial identity, discovering racial identity as a major correlate in the development and health outcome. As a prominent hormone in the hypothalamic-pituitary-adrenal axis, cortisol levels fluctuate in a diurnal pattern across the span of a day. Healthy slopes begin with high levels on waking and decrease to lower levels at bedtime, creating a steep slope. For people of color, the slopes were much flatter. This decrease in slope shown in the African American test group was because of the excess cortisol released from exposure to race-based stress throughout the day (Zeiders et al., 2018). The effects of living in perpetual states of stress go beyond mental processes, complicating the cardiovascular system, metabolic functioning, immune system, and accelerating cell degeneration (Goosby & Heidbrink, 2013). Left unchecked, prolonged exposure to race-based stress can even alter gene expression, permanently changing the way DNA is read and transcribed (Mychasiuk et al., 2016). Therefore, while adverse experiences have implications for the individual, the effects of racial trauma may also be passed down generationally.

Current literature indicates a significant relationship between exposure to the discussed forms of racism and mental health status (Nadal et al., 2014). The chronic stress brought on by racism is associated with an array of psychological and cognitive symptoms, such as impaired executive function,

depression, emotional dysregulation, negative affect, anxiety, and decreased behavioral control (Mychasiuk et al., 2016). A study conducted by Nadal et al. (2014) formally examined this relationship by administering the Mental Health Inventory (MHI) and the Racial and Ethnic Minority Microaggressions Scale (REMS) to a sample of 508 men and women of various ethnic groups. The REMS examined six factors: microinvalidations, assumption of inferiority, exoticization/assumptions of similarity, second class citizen/assumptions of criminality, environmental microaggressions, and subscale workplace/school microaggressions. The MHI assessed for positive and negative characteristics of mental health in the domains of depression, anxiety, positive affect, behavioral control, and general distress (Nadal et al., 2014). Average REMS scores were found to be significant predictors of average MHI scores, proving that higher cumulative experiences with racial microaggressions correlated with more mental health issues. While differences in the total microaggression scores were not statistically significant between racial groups, the ANOVA results revealed that African American and LatinX participants reported experiencing more inferiority-related microaggressions than Asian participants, African American participants reported more criminality-related microaggressions than LatinX and Asian participants, and Asian participants reported more environmental and exoticization microaggressions than African American participants (Nadal et al., 2014). This suggests that microaggressions, though constant, are experienced differently across racial groups, thus impacting mental health status in distinct ways across groups (Nadal et al., 2014).

Structural Racism

While much of the research focuses on racism at the interpersonal level, racism is not limited to personal encounters with other individuals. Racism is embedded in many social, political, and institutional systems that make up our society. Structural racism refers to the interaction of macro level systems to create and reinforce inequities among racial groups (Hardeman et al., 2018). This form of racism exists in health care, labor and housing markets, and the school and criminal justice systems (Bailey et al., 2017). The phenomenon of structural racism is clearly illustrated by the Social Security Act of 1935, a piece of legislation that created a compensation system for people as they became injured or too old to work. The terms of the act barred domestic servants and agricultural workers, occupations primarily held by African Americans at the time, from receiving the benefits in the event of injury or old age (Bailey et al., 2017). This act allowed white workers the opportunity to gain wealth that could be passed down to their children, while many elderly and disabled black workers were forced to depend on their children to support them financially, which stifled the next generation. While beneficial to White Americans, this act further widened the gap of intergenerational accumulation of wealth between racial groups. The effects of such systems, even though outdated, continue to leave their mark on the current state of racial economic inequality (Bailey et al., 2017).

In addition, many studies have uncovered strong evidence of racial discrimination in hiring decisions. A meta-analysis conducted by Quillian et al. (2017) investigated discrimination in hiring decisions over several decades. The research showed that since 1989, White applicants have received 24% more callbacks than LatinX applicants, and 36% more callbacks than African Americans. Furthermore, follow-up showed that over the past 25 years, there has been no significant change in the rate of hiring discrimination against African Americans, and only modest improvements for LatinX applicants (Quillian et al., 2017). Economic inequalities such as these lead to residential segregation, as lower wages force many people of color into poorer housing conditions with substandard quality,

decreased opportunity for high-quality education and employment, and limited access to quality health care (Bailey et al., 2017).

Implications for Occupational Therapy

While discussion of diversity is continuing, much of the occupational therapy literature on race remains at the surface of the issue. The subject of race is often undistinguished from social and cultural issues, which causes race specific challenges experienced by individual clients to be overlooked by therapists who may not have explicit knowledge and awareness of how race affects their clients' daily occupations. Increasing racial consciousness and effectiveness in occupational therapy practice may propel the profession toward its centennial vision of "maximiz[ing] health, well-being, and quality of life for all people, populations, and communities through effective solutions that facilitate participation in everyday living" (American Occupational Therapy Association, 2017). Addressing the issue with intentionality is especially important, as according to the most recent data from the U.S. Department of Human Services, 83.8% of occupational therapists were identified as White (U.S. Department of Health and Human Services, 2017). This lack of diversity in the profession creates a potential barrier in an occupational therapist's therapeutic use of self and intervention, as well as the ability to recognize and assess the need for race-based interventions. Neglecting to acknowledge and address the client factor of race and its impact on occupational performance is often an issue of "white privilege" in the profession in the US. Up until now, much of the theoretical and conceptual frameworks that guide occupational therapy practices have been Euro-centric and created from a White vantage point, a perspective that lacks the lived experiences of personal or structural racism. This concern became more apparent during my doctoral capstone experience at a community-based mental health program. The program's occupational therapists served mostly people of color, whose racial experiences greatly impacted their occupational performance. Despite genuine interests and concern for their clients, the occupational therapists admittedly expressed that though they were aware of race as a significant factor in the lives of their clients, the topic was usually not addressed in treatment. In search of solutions, RIC, a novel practice model, was conceived as part of the capstone project. The conception of RIC was intended to explore and address symptoms and barriers caused by race-based stress as experienced by clients of color served by the capstone site. Occupational therapy is uniquely positioned to adopt the practice of RIC by consciously exploring racial issues to discover potential racial trauma as a factor that affects occupations, and identify interventions that enhance the performance of such affected occupations.

Racially Informed Care

The components of the proposed RIC model include recognizing, understanding, and addressing the psychological and physiological effects of various forms of racism. RIC operates by giving special consideration to racial identity as part of an individual's context of environment, which is how a person views their world. Clinicians need to acknowledge and understand how the context of one's racial identity impacts the performance of tasks to see its influence on meaningful occupation (Dunn et al., 1994). The Ecology of Human Performance (EHP) model asserts that the interrelation between person and context determines if a task is within a person's range of performance (Dunn et al., 1994). Racial identity intrinsically influences self-esteem and self-efficacy (Lige et al., 2017). In addition, it shapes how people experience their external environment through the experience of implicit bias, microaggression, and various forms of racism. These factors limit one's access and mental capacity to perform various tasks. Occupational therapists who target these limitations have significant potential to expand one's performance range for greater quality of life.

The intention behind the RIC model is to further explore the context of racial identity and equip therapists to support their clients in healing and coping with race-based stress. This is achieved by way of the practice model's three pillars of intervention: racial socialization, coping strategies, and building positive racial self-concept. In recent years, many have attempted to address racial issues by way of cultural competency training for clinicians, with the goal of creating cultural humility through curriculum and encouragement of behavior modifications. The RIC approach emphasizes a continual focus on racial impacts of the client and reducing the effects of race-based stress. Through bearing witness to the perspectives of the client, the occupational therapist may better understand the client's lived experiences, leading to cultural humility in a way that is useful and authentic.

Racial Impact Questionnaire

The capstone experience in which the model was conceived began with an exploration of the target population at my capstone site, a non-profit mental health organization that serves youth and young adults in the San Francisco area. The common barriers for those served included mental health challenges, learning and emotional disabilities, low socioeconomic status, involvement with the juvenile justice system, and developmental delays. In addition to these difficulties, the majority of the clients served by the organization are also people of color. After shadowing occupational therapists across the program's multiple settings, a need for racially informed interventions was discovered through interacting with the clients and listening to their concerns and perceived barriers. With the aim to better understand the effects of racism on health and well-being, several clients served by the occupational therapists were asked to complete an anonymous and open survey that captured their experiences with racism and microaggression. Twenty-eight clients responded to the survey in written form. The collective survey responses were carefully reviewed and used as a guide to develop the Racial Impact Questionnaire (RIQ), a tool intended to inform occupational therapists of how racism and microaggressions may affect their clients' daily lives. The RIQ is a self-report questionnaire that uses a Likert scale to capture how frequently individuals are faced with certain race-based situations and how they handle them. This tool measures the impact of race-based stressors across five categories: school, community, society, peer groups, and behavior. The behavioral section of the RIQ differentiates it from existing assessments of its kind by identifying whether the subject is a passive or assertive reactor to race-based stressors. This is an important feature in facilitating understanding between the individual and their occupational therapist.

RIQ is not only a way to assess the many areas that an individual may experience race-based stress, but it is also the first point in the practice model at which the occupational therapists begins to gain more concrete insight into the client's racial experiences. This may be the foundation on which racially inclusive rapport is built, allowing for a more global occupational profile for the client. Since the creation of RIQ, it has been widely used by occupational therapists at the discussed community-based program. It has also been included as a resource in a psychosocial occupational therapy textbook, the subject of research on the effects of racism on occupational therapy students in fieldwork, and used by Samuel Merritt University in Oakland, CA, as a means of teaching culturally competent care to occupational therapy students.

Intervention Strategies

Based on the survey findings and literature review, RIC was conceptualized and supplemental intervention materials were created to support the use of the model. Administration of the RIQ with a client provided the therapist notable information on significant areas of racial impacts on the client. A

client may be found to be particularly impacted in any one or more of the questionnaire's categories: school, community, society, peer groups, or behavior; likewise, an individual may benefit from intervention across a combination of areas. Based on the areas of need, the occupational therapists may select evidence-based interventions that align with the RIC pillars of racial socialization, the building of a positive racial self-concept, and coping strategies.

Racial Socialization

Racial socialization is defined as the verbal and nonverbal racial communication about racialized experiences (Anderson & Stevenson, 2019). In their study titled "RECASTing Racial Stress and Trauma: Theorizing the Healing Potential of Racial Socialization in Families," Anderson and Stevenson explain their model for coping with race-based stress. The RECAST approach most commonly occurs naturally in the familial setting; however, adopting this practice for the context of occupational therapy interventions has the potential to facilitate healing from racial trauma through authentically relevant occupations for minority populations. Studies on racial socialization distinguish it as a protective factor against the effects of discrimination for its positive effects on academic outcomes, self-esteem, and racial identity (Anderson & Stevenson, 2019). Occupational therapists can practice racial socialization by promoting positive race self-concept, helping to prepare clients to cope with racial bias, and acknowledging the existence of discrimination.

Building Positive Racial Self-Concept

Building a positive racial self-concept through affirmation practices often counters the negative influence of race-based stressors (Zeiders et al., 2018). This process serves as a stark contrast to negative stereotypes that may have been imposed on the client's racial identity by way of society. Affirmational interventions reinforce positive ideas and boost one's good feelings about their membership in a particular racial group. This may include engagement in projects and activities, or simply exposure to media and literature that highlights positive characteristics of one's ethnic group.

Coping Strategies

In addition, the use of coping strategies is also effective in mitigating the psychological and physiological effects of racism (Bronodolo et al., 2009). When coping with a problem, one can choose to take either an active approach to confronting stressors or engage in avoidance strategies. Microinvalidations and lack of acknowledgment experienced by people of color often cause them to choose avoidance as a non-confrontational approach to racial issues; however, avoidance strategies are associated with an increase in the development of PTSD symptoms, while active coping strategies are associated with resilience in individuals (Thompson et al., 2018). Active coping strategies can be transferable to therapeutic interactions using the RIC practice model. Intervention methods based on RIC include the teaching of evidence-based stress management strategies; exposure to positive media and material about one's ethnic group; and games and activities designed to unite people, both of similar ethnic backgrounds to create a healing sense of comradery as well as from different backgrounds to create understanding and dispel stereotypes across racial groups. Coping mechanisms for race-based stress can be regularly incorporated; for example, breathing techniques or nature walks can be used to address the negative effects of race-based stressors. These intervention strategies may positively affect a person's racial context through improving their perspective and providing tools to deal with external influences that remain outside of the individual's control.

The aforementioned interventions are only a few examples of using RIC to address an individual's need for racial socialization and affirmation. Approaching intervention planning through the

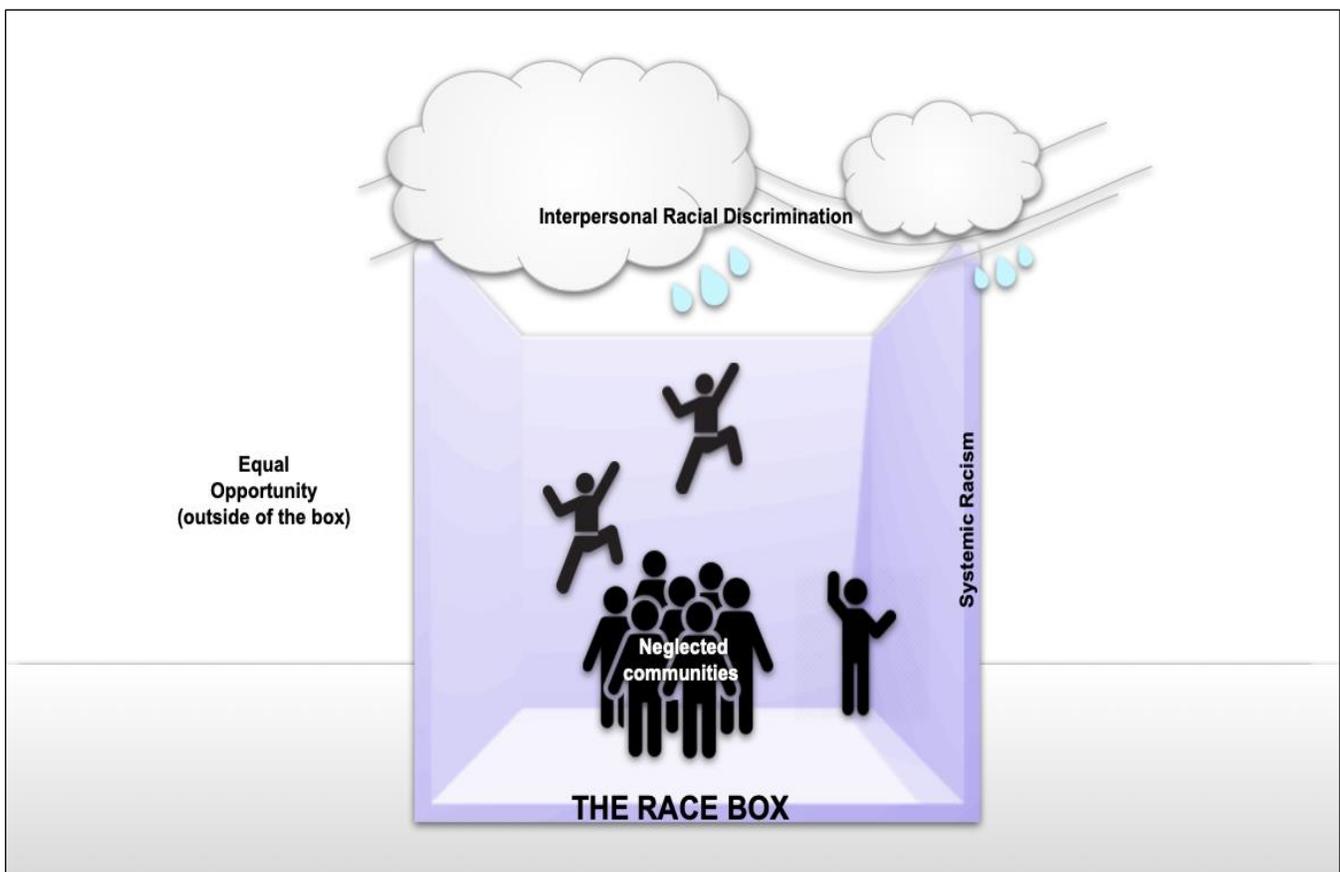
lens of RIC may aid occupational therapists in addressing underlying factors to their client's symptomatology more holistically.

The Race Box

The subject of racism is both sensitive and complex, and while the proposed model is an introductory approach, it is a critical action toward a much-needed change in occupational therapy practice. In exploring and solidifying the practice of RIC, the concept for the race box emerged to further delve into and explain the concepts of RIC. The race box conceptual model promotes depth of thought and guides the navigation of the intricacies of race-based issues by illustrating how explicit and implicit racial groupings occur in today's society and the impact they have on individuals in a given racial group. The race box (see Figure 1) illustrates one's specific racial grouping as a giant open box. Often, the race box refers to an often marginalized racial group in the US, such as Black, Latinx, or Native American. The box acts as a barrier to the external environment, which is the major racial group, often White, separating those inside from the opportunities, resources, and pleasures that only exist outside of the box. In the box, one cannot freely access all that the outside world has to offer. A person may attempt to make their way out of the box or continue to inhabit whatever space they occupy within it.

Figure 1.

The Race Box



To become integrated with the outside, an individual must journey toward the box's perimeter for the opportunity to climb the walls. The higher that a person climbs, the more contact they have to the outside; however, they are also more exposed to the inherent racial elements. In this illustration, the elements represent different forms of discrimination. For example, a minority youth from a middle-class family, attending a predominantly white school often has a greater likelihood of encountering aversive acts of racism from peers than a youth attending a school where students share their racial identity. The same is true in workplaces, neighborhoods, and communities. The strain associated with leaving the box can be mentally and physically exhausting, hindering the overall well-being of the individual. However, staying in the box presents its own difficulties. The center of this theoretical box floor depicts the neglected communities of color that tend to have substandard living conditions and fewer opportunities for high paying employment, with greater poverty, poorer education, and increased crime rates. For those who reside at the center of the box floor, the walls that lead to greater opportunity can appear to be far away, which discourages many from venturing to the outside, perpetuating inequalities. Different races have boxes of different characteristics and sizes, presenting varying levels of challenge. The race box is an attempt designed to increase the insight of mental health practitioners into racial implications when addressing the occupational needs of their clients. Clinicians must recognize that the social context of race is a dynamic one that reaches beyond socioeconomic status and cultural norms.

Discussion

Occupational therapists of today yearn to understand the complexity of navigating the world as a person of color. Unfortunately, barriers associated with race and racism are too often not adequately addressed in many occupational therapy practice settings. Taking on the taboo topic of racism allows occupational therapists to better serve clients of color who are often left to handle these issues on their own. In today's racial climate, RIC is especially timely. There remains a large void of knowledge surrounding how to best handle these issues, and the RIC model is one step of many toward producing more inclusive and equitable care in occupational therapy. The RIQ and the race box conceptual model are tools to create a groundwork of understanding between occupational therapists and their clients, while the pillars of intervention recommendations serve to guide clinicians in addressing the race-based needs of their clients to promote healing, security, and overall well-being. RIC, while embryonic in stage, has great potential to add value to the occupational therapy profession and improve care for underrepresented populations. So far, RIC has gained the interest of many clinicians and occupational therapy organizations. The model and its components have since been adopted by the community-based mental health site that hosted the author's capstone project. Occupational therapists who have incorporated RIC into their practice have reported success in better connecting with their clients through the use of its tools. The RIC practice model and intervention tools have been included for publication in an occupational therapy textbook, and in presentations for the Psychiatric Occupational Therapy Action Coalition, the Occupational Therapy Association of California, and Samuel Merritt University's chapter of the Coalition of Occupational Therapy Advocates for Diversity. It is hoped that RIC would be increasingly adopted, studied, and further strengthened by occupational therapists to further guide the profession toward authentic client-centered care. In the future, more robust research, validity testing, and the development of RIC tools would greatly solidify the work that has been done thus far. There is much to do to improve occupational therapy practice in the areas of race and racism. This paper intends to serve as an invitation to our professional community to partner together and challenge the status quo toward equity and inclusivity.

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