

Race and ethnicity are social constructs that group people by physical characteristics and cultural factors.<sup>1</sup> The Vermont [Behavioral Risk Factor Surveillance System \(BRFSS\) Survey](#) collects yearly data on self-identified race and ethnicity. In 2022, survey respondents were also asked about socially defined race and ethnicity, or the perception of their race by others.

### Socially Assigned Race and Ethnicity

It is well known that self-identified race and ethnicity can impact overall health and well-being. Socially assigned race and ethnicity further captures differences in health outcomes based on the lived experiences of adults of various racial and ethnic groups.<sup>2</sup> Socially assigned race and ethnicity is used in this report to explore these differences.

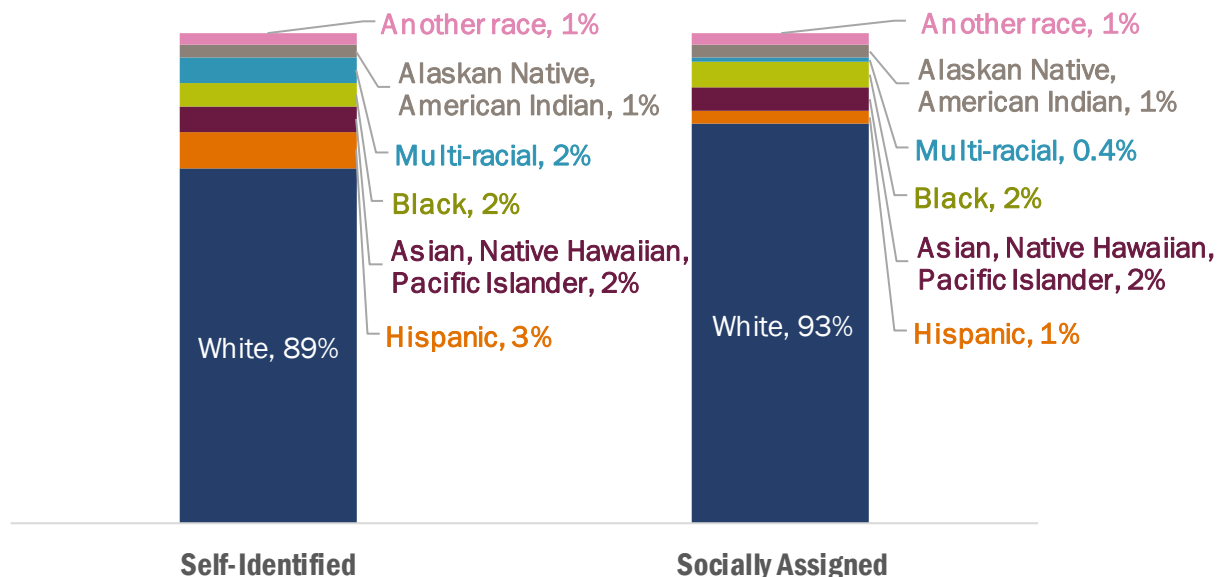
For this analysis, Black, Indigenous and people of color were grouped into a “BIPOC” category to compare to white, non-Hispanic adults. We acknowledge meaningful differences exist among subpopulations within these groupings. This report acts as a starting point in understanding unequal treatment and outcomes related to systemic racism.

#### KEY POINTS

- Both self-identified and socially assigned race and ethnicity have an impact on an individual’s health and well-being.
- Socially assigned race and ethnicity may be a determinant of unequal treatment, including in health care and the workplace.

### Self-Identified and Socially Assigned Race and Ethnicity Among Vermont Adults

Socially assigned race can differ from self-identified race.

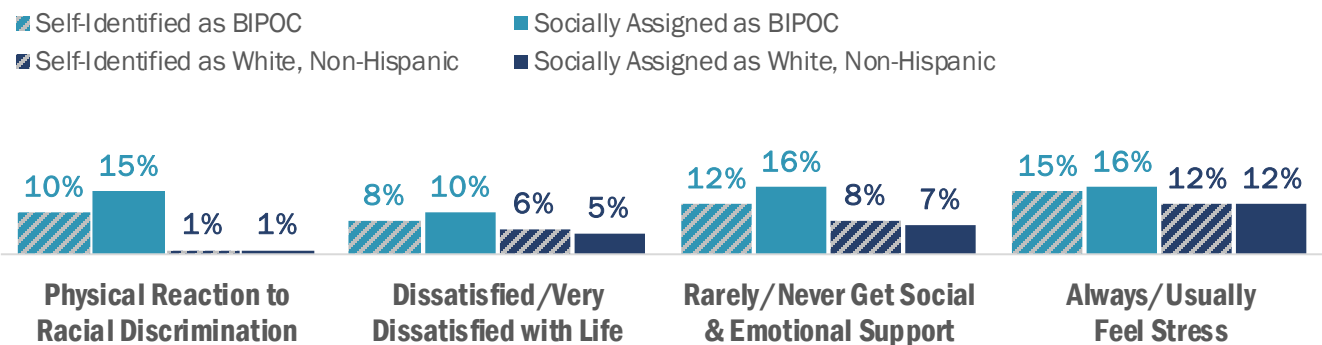


## Effects of Racism on Health

- In the past month, 15% of adults socially assigned as BIPOC experienced physical symptoms, such as a headache, upset stomach, muscle tensing or a pounding heart, as a result of how they were treated based on their race and ethnicity. This is statistically higher compared to 1% of adults socially assigned as white, non-Hispanic.
- Adults socially assigned as BIPOC are statistically more likely to rarely or never get the social and emotional support they need than adults socially assigned as white, non-Hispanic (16% vs. 7%).
- Although not statistically different, 10% of adults socially assigned as BIPOC report being dissatisfied or very dissatisfied with their life, compared to 5% of adults socially assigned as white, non-Hispanic.
- Similarly, 16% of adults socially assigned as BIPOC report always or usually feeling stress in the past month, compared to 12% of adults socially assigned as white, non-Hispanic.

## The Effects of Racism on Physical and Mental Health

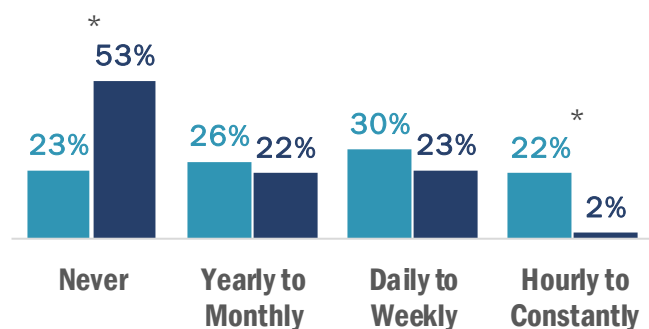
By Self-Identified and Socially Assigned Race and Ethnicity of Vermont Adults



## Racial and Ethnic Consciousness

Twenty-two percent of Vermont adults who are socially assigned as BIPOC think about their race and ethnicity hourly to constantly, which is statistically higher than the two percent of adults socially assigned as white, non-Hispanic. Comparatively, 53% of adults socially assigned as white, non-Hispanic never think about their race and ethnicity, which is statistically higher than the 23% of adults socially assigned as BIPOC.

**Socially assigned BIPOC adults think about their race and ethnicity at statistically higher rates than socially assigned white, non-Hispanic adults.**



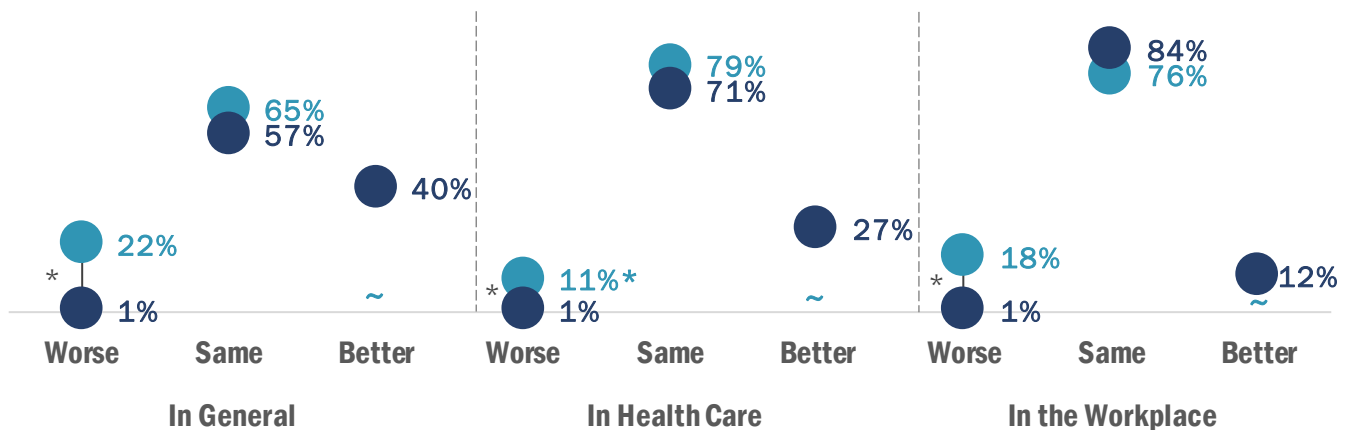
\*Statistical difference

## Treatment Based on Socially Assigned Race and Ethnicity

- In the past year, Vermont adults who are socially assigned as BIPOC were statistically more likely to feel they have been treated worse than adults of other races and ethnicities, compared to adults socially assigned as white, non-Hispanic (22% vs. 1%, respectively).
- In the past year when seeking health care, Vermont adults socially assigned as BIPOC were statistically more likely to feel they have been treated worse than adults of other races and ethnicities, compared to adults socially assigned as white, non-Hispanic (11% vs. 1%, respectively).
- In the past year at work, employed adults socially assigned as BIPOC were statistically more likely to feel they have been treated worse than adults of other races and ethnicities, compared to employed adults socially assigned as white, non-Hispanic (18% vs. 1%, respectively).

## Treatment Based on Socially Assigned Race and Ethnicity Among BIPOC and White, Non-Hispanic Vermont Adults

Compared to adults of other races and ethnicities



\*Statistical difference

~Data suppressed to due low statistical reliability

Note: The prevalence of white, non-Hispanic adults who answered either “worse than some races, better than others” or “only encountered people of the same race” was one percent in general, one percent in health care and three percent in the workplace. These data are suppressed among BIPOC adults.

### Data Notes:

Socially assigned race and ethnicity is defined by the question, *How do other people usually classify you in this country?* Employed adults include those who are employed for wages, self-employed or out of work for less than one year.

### References:

<sup>1</sup> Lewis C, Cohen PR, Bahl D, et al. Race and ethnic categories: a brief review of global terms and nomenclature. *Cereus*. 2023;15(7). [doi.org/10.7759/cureus.41253](https://doi.org/10.7759/cureus.41253)

<sup>2</sup> White K, Lawrence JA, Tchangalova N, et al. Socially-assigned race and health: a scoping review with global implications for population health equity. *Int J Equity Health*. 2020;19(25). [doi.org/10.1186/s12939-020-1137-5](https://doi.org/10.1186/s12939-020-1137-5)

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