

# Reactions to Race

## Vermont Behavioral Risk Factor Surveillance System, 2023 July 2025

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 \(BRFSS\)](#) collects yearly data on self-identified race and ethnicity. In [2022](#) and 2023, survey respondents were also asked about socially defined race and ethnicity, or the perception of their race by others.

If you need help accessing or understanding this information, contact [ahs.vdhbrfss@vermont.gov](mailto:ahs.vdhbrfss@vermont.gov).

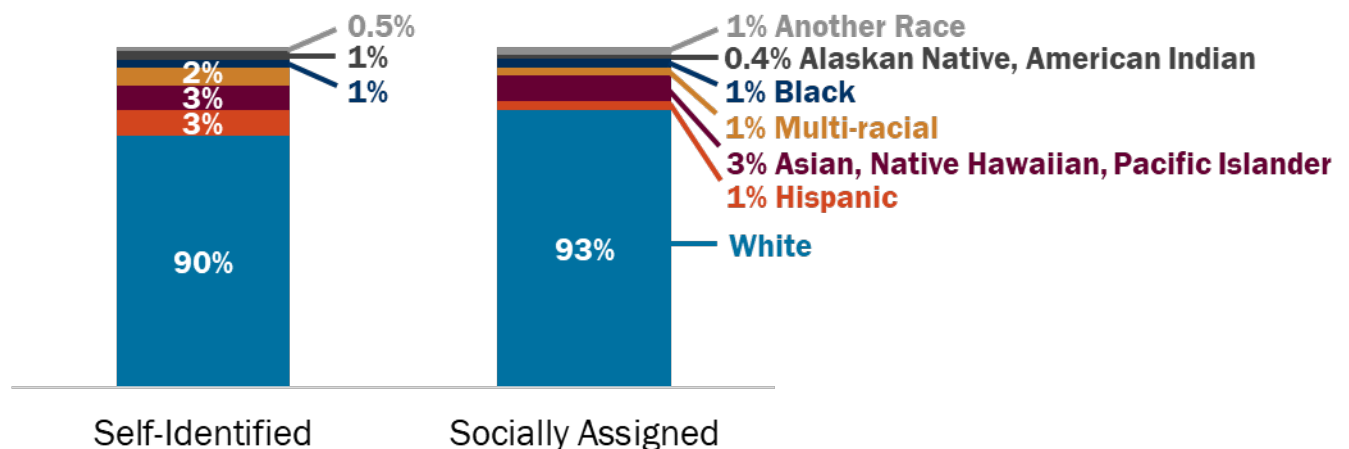
### Socially Assigned Race and Ethnicity

It is well known that self-identified race and ethnicity can impact overall health and well-being. Socially assigned race and ethnicity further capture 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, but doesn’t necessarily tell the whole story.

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

Statistically more adults are socially assigned as White, non-Hispanic than self-identify as such.



### 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.**



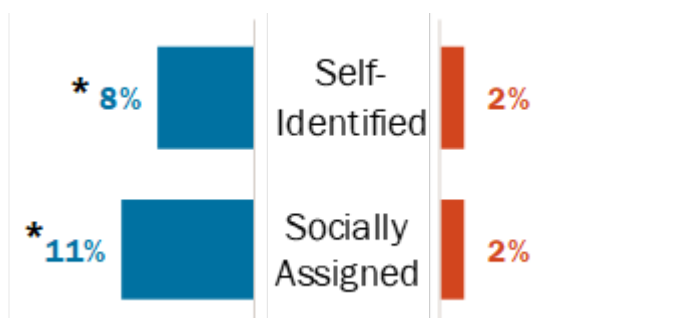
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## Effects of Racial Treatment on Health

In the past month, 8% of adults self-identified as BIPOC, and 11% 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. These are statistically higher compared to 2% of adults self-identified and socially assigned as white, non-Hispanic.

**BIPOC** adults experience statistically higher rates of physical symptoms from treatment based on their race than **white, non-Hispanic** adults.

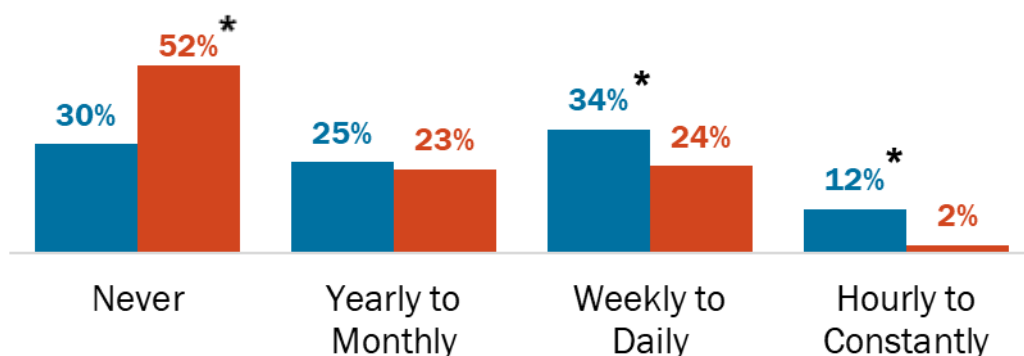


\*Statistical difference.

## Racial and Ethnic Consciousness

- Fifty-two percent of adults socially assigned as white, non-Hispanic never think about their race and ethnicity, which is statistically higher than the 30% of adults socially assigned as BIPOC.
- Comparatively, 34% of Vermont adults socially assigned as BIPOC think about their race and ethnicity weekly to daily, which is statistically higher than the 24% of adults socially assigned as white, non-Hispanic.
- Twelve percent of Vermont adults socially assigned as BIPOC think about their race and ethnicity hourly to constantly, which is statistically higher than the 2% of adults socially assigned as white, non-Hispanic. This is also statistically lower compared to the 22% of adults socially assigned as BIPOC in [2022](#) (data not shown here).

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



\*Statistical difference.

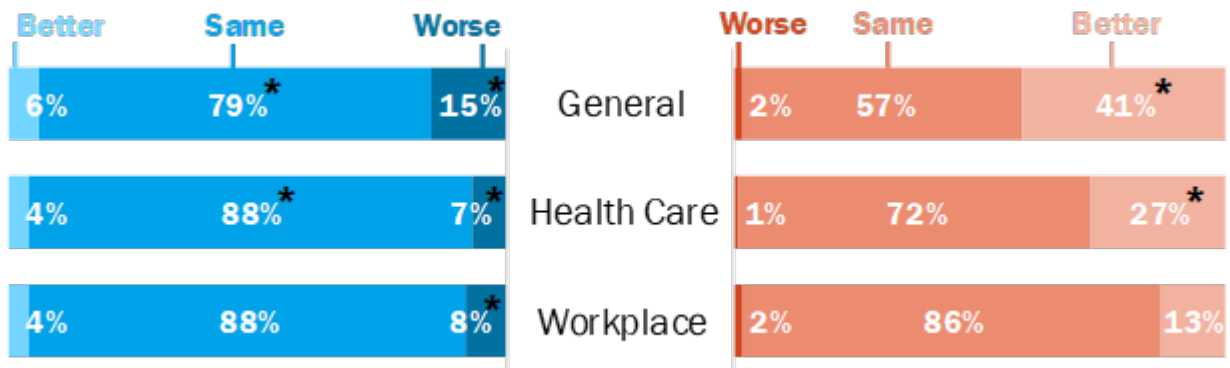
## Treatment Based on Socially Assigned Race and Ethnicity

- 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 (15% vs. 2%, 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 (7% 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 (8% vs. 2%, respectively). This is statistically lower than the 18% of adults socially assigned as BIPOC in [2022](#) (data not shown here).

### Treatment Based on Socially Assigned Race and Ethnicity

#### Among BIPOC and White, Non-Hispanic Vermont Adults

Socially assigned BIPOC adults report worse treatment compared to adults of other races and ethnicities



\*Statistical difference.

## Notes and References

- 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.
- <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).
  - <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).