



National Collaborating Centre
for Determinants of Health

Centre de collaboration nationale
des déterminants de la santé



LET'S TALK
RACISM AND
HEALTH EQUITY

PART OF THE LET'S TALK SERIES

This document is designed to encourage public health to act on racism as a key structural determinant of health inequities.¹⁻³

KEY DEFINITIONS

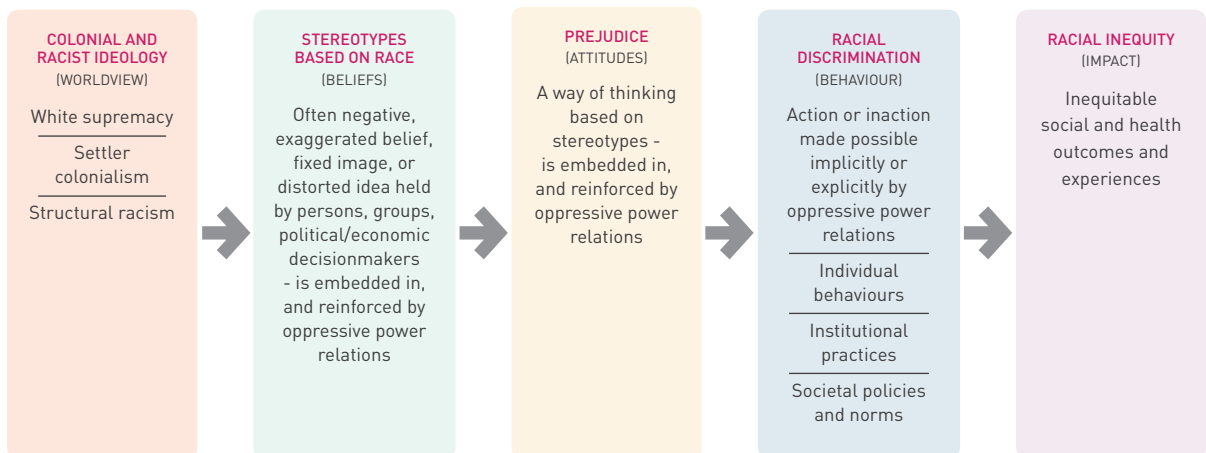
RACE: AN IDEA CREATED BY HUMANS, WITH NO BASIS IN BIOLOGY

Race is an idea developed by societies to create and categorize differences among groups of people based on physical features like skin colour and hair texture and sometimes culture and religion. Race is used to create and maintain a social hierarchy with human value assigned based on how close one is to Whiteness.⁴⁻⁷

RACISM: A SYSTEM THAT ADVANTAGES AND DISADVANTAGES BASED ON RACE

Racism is a structural system that assigns value and grants opportunities and privileges based on race.^{5,7-9} Structural racism exists in all aspects of society including history, culture, politics, economics, social systems, and institutions. Contemporary racism is pervasive and is often subtle and ordinary.^{5,8,10} Racism functions on multiple levels¹¹ and through various forms^{9,12,13} to create and reinforce stereotypes and prejudice, and normalize discriminatory practices (Figure 1). Racism interacts with other systems of oppression to influence the distribution of material (e.g. income and wealth) and symbolic resources (e.g. decision-making power, cultural images).

FIGURE 1: PATHWAYS TO RACIAL HEALTH INEQUITIES¹⁴⁻¹⁶



“If racism and privilege are the symptom, white supremacy is the disease.”²³

LEVELS OF RACISM	INTERNALIZED RACISM ^{9,11,17}	INTERPERSONAL OR RELATIONAL RACISM ^{9,11}	SYSTEMIC RACISM ^{9,11,18}
Definition	The mastery and ownership of attitudes, beliefs and actions that reflect White supremacist ideologies into one's interactions.	Racism expressed between people, assaults on dignity and social status (microaggressions ¹⁹), racial slurs, verbal or physical assaults, individual discriminatory behavior.	Policies and practices within private and public institutions such as racialized and colourblind norms, regulations and standard ways of operating that lead to racially biased outcomes and experiences.
Examples	White people socialized to act in ways which reflect a belief in their inherent superiority to racialized peoples. Racialized people failing to support each other's leadership, especially when it challenges White privilege and racism.	Indigenous people denied treatment or access to hospital care based on negative stereotypes and assumptions of service providers. ²⁰	The Indian Act officially defines who is "Indian" through criteria that have not been endorsed by indigenous peoples. ⁹ Racialized Canadians earn only 81.4 cents for every dollar earned by White Canadians. ²¹

RACIALIZATION: A PROCESS THAT ATTACHES RACIAL MEANING TO CREATE INEQUITY. Racialization gives meaning to relationships, social practices or groups based on race in ways that create social, political and economic inequities.²² This process is constantly evolving and creates distinct experiences for differently racialized groups in different geographic spaces. Racialization privileges White people and disadvantages Indigenous and racialized peoples.

WHITE SUPREMACY: A SYSTEM THAT ASSUMES THAT THE PRACTICES OF WHITENESS ARE THE RIGHT WAY OF ORGANIZING HUMAN LIFE. While the term evokes images of extremist hate groups, White supremacy refers to the, "presumed superiority of white racial identities, ..., in support of the cultural, political, and economic domination of non-white groups."²³ White supremacy rests on three pillars of colonialism, anti-black racism and orientalism^{7,23,24} that rely on and reinforce each other. These three pillars create powerful ideas that are supported by oppressive systems. People can participate in these various forms regardless of how they themselves are racialized.

ANTI-INDIGENOUS RACISM. Rooted in settler colonialism, "the permanent occupation of a territory and removal of indigenous peoples with the express purpose of building an ethnically distinct national community,"²³ anti-indigenous racism creates social and health inequities for Indigenous peoples.^{25,26} Anti-indigenous racism includes a history of assimilation, cultural genocide and myths of Canada as "a place of immigrant and settler founding."²⁷

ANTI-BLACK RACISM. Racism that targets black people. This includes a history of slavery in Canada, forced resettlements, immigration, legacies of colonialism and specific laws and practices that lead to a lack of equitable access, opportunities and outcomes for Black people.²⁸

ORIENTALISM. "Orientalism" is the process of the West defining itself as a superior civilization in opposition to an exotic and inferior other.²⁴ Orientalism positions certain peoples and nations as inferior and a threat to the interests of Western cultures and nations. For example, Islamophobia views Muslims as a security threat²⁹ and anti-immigration sentiments treats people of colour as perpetual foreigners as seen in the internment of Japanese-Canadians from 1941 to 1949 (four years after the Second World War).

RACISM AS A PUBLIC HEALTH ISSUE

Racism within institutions and society influences how opportunities for health and wellbeing are distributed.

To advance health equity, public health needs to adopt critical, decolonizing, and anti-racist approaches to understand, disrupt and transform the public policies, social and institutional practices and cultural views at the root of racial discrimination.

The Canadian Charter of Rights and Freedoms affirms “the right to equal protection and equal benefit of the law ... without discrimination based on race.”³⁰ However, racism continues to negatively impact the everyday social, economic, ecological and political conditions needed for wellbeing health outcomes for Indigenous and other racialized peoples.^{1,3,31-33} Indigenous and racialized peoples generally experience higher rates of poverty, precarious and under employment, discrimination and systemic disadvantages within housing, education, and public health systems.

Directly and indirectly, racism harms health and causes premature death through:^{3,18,34,35}

- state-sanctioned violence and disruption of relationships with traditional lands;
- racism-induced psychosocial trauma;
- economic and social deprivation and inequality such as reduced access to employment, housing and education;
- increased exposure to toxic social, physical, and environmental environments;
- inadequate or inappropriate health and social care;
- racially motivated individual and structural violence; and
- harmful changes to internal biological processes.

IMPACT OF RACISM ON HEALTH

- Indigenous and racialized Canadians experience high levels of individual and structural discrimination; e.g. the criminal justice system disproportionately targets Indigenous peoples and Black Canadians.
- Racism may increase the risk for hypertension; especially institutional racism compared to individual level racism.¹⁴
- 70% of Inuit households in Nunavut do not have enough to each compared to 8.3% of all households in Canada.³⁶
- Environmental toxins are disproportionately located close to Indigenous and racialized communities placing these communities at a higher risk of health complications.³⁷

TOWARDS RACIAL EQUITY: UNDOING RACISM

"If racism was constructed, it can be undone. It can be undone if people understand when it was constructed, why it was constructed, how it functions and how it is maintained."^{12, p7}

Achieving racial equity means that opportunities and outcomes for health and wellbeing are no longer assigned based on race. Through decolonial, anti-racist approaches, public health can address racism in a meaningful manner based on an analysis of settler colonialism, structural racism, power and privilege. The impact of anti-racism is measured by the extent to which the material and symbolic wellbeing of racialized peoples is improved.

Decolonial, anti-racist practice:

- makes Indigenous self-determination and resurgence a priority;
- provides Indigenous and racialized peoples with the tools to understand how racism distorts interactions with each other and acts on opportunities for solidarity across different Indigenous and racialized peoples;³⁸
- questions settler privilege for non-Indigenous people (racialized and non-racialized);
- analyzes the ways in which anti-racism can reinforce or disrupt ongoing colonial practices and processes;^{1,28,38} and
- equips White people to act against structural racism and settler colonialism.

Anti-racism is an “action-oriented, educational and political strategy for systemic and political change that addresses issues of racism and interlocking systems of social oppression.”^{28, p13}

Anti-racist action is grounded in leadership and accountability. Actions include:

- » individual transformation;
- » organizational change;
- » community change;
- » movement-building;
- » anti-discrimination legislation; and
- » racial equity policies in health, social, legal, economic and political institutions.

DISCUSSION QUESTIONS

1. How can your organization’s commitment to health equity better include racial equity goals?
2. How can your organization create spaces that encourage staff to challenge and examine racism within public health practice and society?
3. What actions can your organization implement to reduce racism?
4. What stereotypes and beliefs do you hold about Indigenous and racialized people? How and where did you learn these stereotypes?
5. How do your beliefs impact your behaviour and your practice?

STRUCTURAL ANTI-RACISM addresses racism in society using critical racial equity approaches that develop race consciousness, emphasize how structural racism functions in present day, centres the voices of racialized people, and merges research and practice.⁵

INSTITUTIONAL ANTI-RACISM creates institutional accountability for achieving racial equity, impacts all aspects of an organization’s work and incorporates racial equity into organizational systems.³⁹

The aim of anti-racist practice is not to prove the existence of racism but rather to reveal how racism is at work and proactively develop alternative practices. These alternatives transform the attitudes, beliefs, behaviors, laws, norms, and practices that create power imbalances.

EMBRACING DECOLONIAL, ANTI-RACIST PRACTICE

Racialization is a complex and often contradictory process. As such, a reflexive approach to anti-racism encourages individuals to accept that we are all a part of the systems we are trying to transform.⁷ Here are some tips to help public health stay focused on decolonial, anti-racist public health practice.

AVOID SUBSTITUTING SETTLER COLONIALISM AND RACISM WITH 'DIVERSITY' OR 'MULTICULTURALISM.'

Diversity and culture-based approaches which do not address power imbalances between Indigenous, racialized and White Canadians fail to change the structural dynamics of power and have not been successful in addressing racism.^{15,40} Undoing racism requires that we stay focused on how white supremacy, settler colonialism, and structural racism function and address both the symbolic and material displays of racism.

STAY FOCUSED ON SETTLER COLONIALISM AND RACISM.

Take an intersectional approach that recognizes the connection between multiple axes of social oppressions.^{28,41} This approach does not move away from racism (e.g. "But racism isn't the only thing that matters, we should really be talking about X, Y or Z) but analyzes how racism influences and is influenced by other systems of domination (e.g. How are racism, issues of poverty, gender and homophobia working together in X, Y, Z situation).²⁸

CENTRE THE LEADERSHIP OF INDIGENOUS AND RACIALIZED COMMUNITIES.

Racism undermines and silences the leadership of racialized peoples. Nonetheless, racism has always been challenged by the peoples it seeks to dehumanize.⁸ The voices and leadership of Indigenous and racialized communities need to be at the forefront of anti-racism. This leadership must tread away from "tokenism" and be adequately resourced and supported.

BROADEN YOUR CONCEPT OF RACISM.

Develop skills to analyze and understand the systemic and ideological roots of racism and what racism looks like in Canada today. This approach underlines that individual racist behaviour and practice are supported by structural practices, norms, and policies.

FOCUS ON THE IMPACT RATHER THAN THE INTENT.

Become more skilled at identifying individual and institutional racist practices that may be subtle, indirect and fluid rather than treating racism as solely intentional and deliberate acts that are overt and easy to identify.¹⁰

ADDRESS INTERNALIZED, INTERPERSONAL, AND INSTITUTIONAL RACISM.

Recognize beliefs and practices which are not aligned with racial justice, apply strategies to counter stereotypes and reduce discriminatory behavior as an individual, within the organization, and externally with other community stakeholders.

PUBLIC HEALTH ROLES FOR RACIAL HEALTH EQUITY

CAPACITY

Anti-racism action is not integrated into public health practice in a regular and consistent manner. Consequently, as a field, public health has minimal understanding of racism as a structural determinant of health or how public health institutions contribute to ongoing racism. As such, public health systems and organizations need to build capacity to analyze and act on the structural forces that drive racial inequities.¹³

KNOWLEDGE

There is limited and inconsistent data and research on racial health inequities in Canada.^{33,42} As such, public health organizations and their partners need to *assess and report* on the impact of racialization and racism. This involves collecting race-based data, analyzing health status data through a critical anti-racism lens, and measuring racial discrimination at the individual and structural levels.

INTERVENTIONS

Modify and orient public health and social interventions to ensure that they are designed to reduce and eliminate racialized health inequities.^{39,43,44}

POLICY

Participate in policy development that explicitly seeks to address racism e.g. support anti-discrimination policies; apply critical, decolonizing and anti-racist methodologies and theories to policy development and analysis; implement racial equity assessments.

PARTNERSHIPS

Partner with other sectors and communities that work on racial equity to shift cultural and societal values and norms and create substantive change in the lives of racialized people. This includes applying allyship skills and principles, public education and awareness, and engaging with broad social movements.^{45,46}

REFERENCES

- Allan B, Smylie J. First Peoples, second class treatment: the role of racism in the health and well-being of Indigenous peoples in Canada. Toronto: The Wellesley Institute; 2015. 71 p.
- Galabuzi GE. Race. In: Mikkonen J, Raphael D, editors. Social determinants of health: the Canadian facts. 1st ed. Toronto: York University School of Health Policy and Management; 2010. p. 47-49.
- Paradies Y, Ben J, Denson N, Elias A, Priest N, Pieterse A, Gupta A, Kelaher, Gee G. Racism as a determinant of health: a systematic review and meta-analysis. PLoS ONE. 2015; 10(9): 1-48.
- Brace C. Race is a four letter word. Oxford [UK]: Oxford University Press; 2005. 336 p.
- Ford CL, Airhihenbuwa CO. Critical race theory, race equity, and public health: toward antiracism praxis. 2010; 100(Suppl 1):S30-35.
- Allen T. The invention of the white race. New York: Verso; 1994. 310 p.
- Hooks B. Teaching community: a pedagogy of hope. New York and London: Routledge; 2003. 200 p.
- Bonilla-Silva E. Rethinking racism: toward a structural interpretation. American Sociological Review. 1997; 62(3):465-480.
- Reading C. Understanding racism. Prince George (BC): National Collaborating Centre for Aboriginal Health; 2013. 8 p.
- Bonilla-Silva E. Racism without racists: color-blind racism and the persistence of racial inequality in America. 4th ed. Lanham: Maryland: Rowman & Littlefield Publishers; 2013. 363 p.
- Jones CP. Levels of racism: a theoretic framework and a gardener's tale. Am J Public Health. 2000; 90(8):1212-1215.
- Shapiro I. Training for racial equity and inclusion: a guide to selected programs. Washington (DC): The Aspen Institute; 2002. 138 p.
- DiAngelo R. White fragility. International Journal of Critical Pedagogy. 2011; 3(3):54-70.
- Etowa J, McGibbon EA. Race and racism as determinants of health. In: McGibbon Elizabeth Anne, editor. Oppression: a social determinant of health. 1st ed. Black Point (NS); Winnipeg, (MB): Fernwood Publishing; 2012. p. 73-88.
- McGibbon E, Etowa J. Anti-racist health care practice. 1st ed. Toronto (ON): Canadian Scholars' Press Inc; 2009. 234 p.
- Jackson, L. The psychology of prejudice. American Psychological Association. 2011 adapted in Ward C. Facing Racism in Health through Pedagogy. Indigenous Cultural Safety Learning Series: Setting the Context for Racism in Health. [Webinar]. 2016 [cited 17 May 2017]. Available at <http://www.icscollaborative.com/webinars/setting-the-context-for-indigenous-cultural-safety-facing-racism-in-health>.
- Tappan MB. Reframing internalized oppression and internalized domination: from the psychological to the sociocultural. Teachers College Record. 2006; 108(10):2115-2144.
- Came H. Sites of institutional racism in public health policy making in New Zealand. Soc Sci Med. 2014; 106:214-220.
- Sue DW, Capodilupo CM, Torino GC, Bucceri JM, Holder AMB, Nadal KL, Esquilin M. Racial microaggressions in everyday life. Implications for Clinical Practice. 2007; 62(4):271-286.
- Tang SY, Browne AJ. 'Race' matters: racialization and egalitarian discourses involving Aboriginal people in the Canadian health care context. Ethn Health. 2008; 13(2):109-127.
- Block S, Galabuzi G. Canada's Colour Coded Labour Market: The gap for racialized workers. Ottawa & Toronto: Canadian Centre for Policy Alternatives & Wellesley Institute; 2011. 20p.
- Galabuzi GE. Canada's economic apartheid: the social exclusion of racialized groups in the new century. Toronto: Canadian Scholar's Press; 2006. 256 p.
- Bonds A, Inwood J. Beyond white privilege: geographies of white supremacy and settler colonialism. Prog Hum Geogr. 2016; 40(6):715-733.
- Smith A. Indigeneity, settler colonialism, white supremacy. In: Ho S, Martinez D, LaBennett O, Pulido L, editors. Racial formation in the twenty-first century. University of California Press; 2012. p. 66-90.
- Greenwood M, de Leeuw S, Lindsay NM, Reading C, editors. Determinants of Indigenous peoples' health in Canada: beyond the social. Canada: Canadian Scholars' Press; 2015. p. 291.
- Reading C, Wien F. Health inequalities and the social determinants of aboriginal peoples' health. Prince George (BC): National Collaborating Centre for Aboriginal Health; 2009. 47 p.
- Simpson A. RACE 2014 Keynote 1: 'The Chief's two bodies: Theresa Spence and the gender of settler sovereignty.' Unsettling Conversations. 2014 [cited 17 May 2017]. Available from: <https://vimeo.com/110948627>.
- Dei GS, Calliste A. Mapping the terrain: power, knowledge and anti-racism education. In: Dei GS, Calliste A, editors. Power, knowledge and anti-racism education: a critical reader. Halifax (NS): Fernwood Publishing; 2000. p. 11-19.
- Anti-Racism Directorate of Ontario. A better way forward: Ontario's 3-year anti-racism strategic plan. (ON): Anti-Racism Directorate; 2017. 60 p.
- Government of Canada. Canadian Charter of Rights and Freedoms, Part I of the Constitution Act, c 15. Ottawa: Government of Canada; 1982.
- Hyman I, Wray R. Health inequalities and racialized groups – a review of the evidence. Toronto: Toronto Public Health; 2013. 56 p.
- Larocque E. Racism runs through Canadian society. In: McKague O, editor. Saskatoon: Fifth House Publishers.; 1989. p. 73-76.
- Nestel C. Colour coded health care: the impact of race and racism on Canadians' health. Toronto: The Wellesley Institute; 2012. 30 p.
- Brandolo E, Gallo LC, Myers HF. Race, racism and health: disparities, mechanisms, and interventions. 2009; 32(1):1-8.
- Krieger N. Epidemiology and the people's health. Oxford [EN], New York [NY]: Oxford University Press; 2011. 400 p.
- Obed N. Towards health equity for Inuit: a presentation on the National Inuit Suicide Prevention Strategy. Denver (CO): 7th International Meeting on Indigenous Child Health; 1 April 2017.
- National Collaborating Centre for Determinants of Health. Learning from practice: advocacy for health equity - environmental racism. Antigonish, (NS): National Collaborating Centre for Determinants of Health, St. Francis Xavier University; 2017. 8 p.
- Amadahy Z, Lawrence B. Indigenous peoples and black people in Canada: settlers or allies? In: Kempt A, editor. Breaching the colonial contract: anti-colonialism in the US and Canada. Netherlands: Springer Science, Business Media; 2009. p. 105-136.
- Chin MH, Clarke AR, Nocon RS, Casey AA, Goddu AP, Keesecker NM, Cook SC. A roadmap and best practices for organizations to reduce racial and ethnic disparities in health care. J Gen Intern Med. 2012; 27(8):992-1000.
- Henry F, Tator C, Mattis W, Rees T. The colour of democracy: racism in Canadian society. 2nd ed. Toronto: Harcourt Brace; 2000. 428 p.
- Bowleg L. The problem with the phrase women and minorities: intersectionality-an important theoretical framework for public health. Am J Public Health. 2012; 102(7):1267-1273.
- Smylie J, Firestone M. Back to the basics: identifying and addressing underlying challenges in achieving high quality and relevant health statistics for Indigenous populations in Canada. Stat J IAOS. 2015; 31(1):67-87.
- Jones CP. Confronting institutionalized racism. Phylon. 2002; 50(1):7-22.
- Pedersen A, Iain W, Rapple M, Wise M. Anti-racism – what works? An evaluation of the effectiveness of anti-racism strategies. Perth (AU): Murdoch University; 2003. 81 p.
- Paradis G. Idle no more for First Nations rights. Can J Public Health. 2013; 104(1):e1.
- Garcia JLL, Sharif MZ. Black lives matter: a commentary on racism and public health. 2015; 105(8):27-30.



National Collaborating Centre
for Determinants of Health

Centre de collaboration nationale
des déterminants de la santé

NATIONAL COLLABORATING CENTRE FOR DETERMINANTS OF HEALTH

St. Francis Xavier University
Antigonish, NS B2G 2W5
tel: (902) 867-5406
fax: (902) 867-6130
nccdh@stfx.ca www.nccdh.ca
Twitter: @NCCDH_CCNDs

Written by Sume Ndumbe-Eyoh. Special thanks to internal reviewers Dianne Oickle, Connie Clement, Pemma Muzumdar; and external reviewers Khalidah Bello, Anthony Morgan, Christine Post, Diane Smylie and Cheryl Ward for their thoughtful comments on earlier drafts.

Please cite information contained in the document as follows: National Collaborating Centre for Determinants of Health (2017). *Let's Talk: Racism and Health Equity*. Antigonish, NS: National Collaborating Centre for Determinants of Health, St. Francis Xavier University.

ISBN: 978-1-987901-86-3

Production of this document has been made possible through a financial contribution from the Public Health Agency of Canada through funding for the National Collaborating Centre for Determinants of Health. The views expressed do not necessarily represent the views of the Public Health Agency of Canada.

This document is available in its entirety in electronic format (PDF) on the National Collaborating Centre for Determinants of Health website at www.nccdh.ca.

La version française est également disponible au: www.ccnds.ca sous le titre *Le racisme et l'équité en santé : Parlons-en*.