Facing Racism in Health

Racism has an impact on both physical and mental health. A growing body of community-based research reveals that racialized individuals often face discrimination, barriers to access, and negative health experiences. Repeated perceived discrimination triggers the physiological stress response, increasing the probability of chronic disease and mental health issues (Williams et al., 2003).

A recent literature review, conducted on behalf of Health Nexus and the Health Equity Council (Patychuk, 2011), provides ample documentation to show how racism and discrimination can affect the health of racialized communities. The review also identifies several gaps in health promotion and healthy equity practice. The authors observe, for example, that systemic racism is not well recognized as a determinant of health, and “anti-oppression” has not been well integrated within existing equity lenses.

The literature review is written primarily for people and organizations engaging in health promotion. The main objective is to support awareness and action based on understanding systemic racism that is embedded (often hidden) in institutional policies, practices, ideology, discourse, and social environments. The literature review asks: “What would health promotion look like if it used an anti-oppression/anti-racism approach?”

Health Nexus and the Health Equity Council have also created a practical resource guide, “Addressing Health Inequities for Racialized Communities” (2011). This tool is intended to support the capacity and effectiveness of those who are engaged in health promotion to reduce racialized health inequities. The focus on physical activity, mental health promotion, healthy eating and food security provides an entry point to begin addressing racialized health inequities, while directing attention to the broader, underlying causes.
Mental Health Promotion, Physical Activity, Healthy Eating and Food Security

Mental health and physical health are fundamentally linked. People living with a serious mental illness are at higher risk of experiencing a wide range of chronic physical conditions. Conversely, people living with chronic physical health conditions experience depression and anxiety at twice the rate of the general population. Co-existing mental and physical conditions can diminish quality of life and lead to longer illness duration and worse health outcomes.

Physical activity and healthy eating are recommended strategies to help prevent and manage chronic physical conditions such as diabetes and heart disease. At the same time, recent research confirms that physical activity and healthy eating are also effective approaches to mental health promotion.

For members of racialized communities, promoting physical activity and healthy eating cannot be limited to education programs or improving access to facilities for sport and recreation that are inclusive and non-discriminatory. While these approaches are important, it may be more effective to shift our focus upstream, from lifestyle interventions to the social determinants of health. Level of income, job security, access to food, education, social inclusion, and other factors affect us both mentally and physically.

Food security initiatives are important ways in which communities can empower themselves and their health. However, mainstream food security initiatives based on Eurocentric models may not always address the food insecurity that racialized communities face.

Definitions

**HEALTH PROMOTION**: The process of enabling individuals and communities to increase control over the determinants of health (WHO, 1986).

**SOCIAL DETERMINANTS OF HEALTH**: The economic and living conditions that influence the health of individuals, including income and income distribution, education, unemployment and job security, employment and working conditions, early childhood development, food insecurity, housing, social exclusion, social safety network, health services, aboriginal status, gender, race, and disability (Mikkonen and Raphael, 2010).

**HEALTH INEQUITIES**: Differences in health that are unfair and avoidable because they result from social conditions and from health, social, economic and environmental policies and practices that can be changed. Health equity is achieved when all people have an equal opportunity to develop and maintain their health through fair and justice access to resources for health (WHO, 1996).
An Intersectional Approach to Health Equity

While the literature review uses racialized groups as the entry point, it also draws attention to the diversity within racialized groups and to the many intersecting ways that communities can experience oppression and social exclusion from mainstream decision-making processes along with, or in addition to, racism (e.g., age, gender, education, income, language, immigration, faith, mental health, etc.).

An intersectional approach to health equity involves understanding that there are multiple identities and social determinants of health that shape health outcomes for individuals experiencing racism. Intersectionality takes into consideration all aspects of an individual’s identity.

The experience of different racialized groups and the communities among them can vary widely. For example, Black Francophones experience triple marginalization — as members of a racialized group, as a linguistic minority and as a racial minority within the Francophone language group. Minorities within the Francophone group are left out when Francophone communities are treated as one single linguistic entity and where racial minority needs are not addressed effectively.

Definitions

RACIALIZATION: The process by which societies construct race as real, different and unequal by attributing certain personality traits, behaviours, and social characteristics to groups of people.

The term “racialized health disparities” describes health inequities that result from policies, practices and conditions that systematically privilege dominant groups and systematically disadvantage, ignore or exclude non-dominant racialized groups.

Communities that face racism are considered racialized and can consist of Canadian-born and immigrant populations. About 75% of Canadian immigrants are from racialized groups (Nestel, 2012). The First Nations, Inuit, and Métis have unique status as Canada’s original peoples and face distinct and complex forms of systemic racism and barriers considered separately from those faced by racialized groups.
From Colour-Blindness to Anti-Oppression

The literature review proposes a continuum, from colour-blind universalism to cultural competence to anti-oppression/anti-racism. The use of a continuum suggests moving from “less” on one end to “more” on the other. In this continuum, “more” means more explicit use of a structural/anti-oppression approach in analysis and decision making. “Race consciousness” is a beginning antidote to colour blindness. Cultural competency is necessary but not enough. Historical and current structural injustice in Canada comes into focus when using a racial justice lens.

Healthy Eating/Food Security: Along the Continuum (Examples)

<table>
<thead>
<tr>
<th>Universalism / Colour Blindness</th>
<th>Diversity / Cultural Competency</th>
<th>Anti-Racism / Anti-Oppression</th>
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<td>Culturally appropriate food seen as a luxury, rather than a necessity; expecting food service users to adapt, adjust and “make do” with available food regardless of faith, health or dietary requirements. Healthy Food Policies in schools and public facilities.</td>
<td>Diversity of food choices in vending machines, grocery stores, school cafeterias, food banks. Providing culturally diverse food options, translations, multilingual staff where resources are available.</td>
<td>Recognize aspects of the food system that are based on historical racism (low paid migrant workers without job security/safety; food processing workers are disproportionately low income racialized groups); nutritious food variety and cost differences disadvantage low-income racialized neighbourhoods.</td>
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Access to Physical Activity/Recreation and Sport: Along the Continuum (Examples)

<table>
<thead>
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<td>Universal access for all children and youth to free publicly funded recreation programs to reduce stigma/shame and red-tape/other barriers in applying for subsidies.</td>
<td>Consider culture, gender and family preferences when planning physical activity, as well as specific barriers, influences/societal norms, media, work, income, neighbourhood, environment, etc.</td>
<td>Provide funding for access to physical activity, recreation and sport for racialized communities, delegate decision-making authority to those communities and involve a diversity of underrepresented and marginalized minority community voices (gender, youth, low income, newcomer, LGBT, disabled, etc.).</td>
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Examples adapted from “Health Equity and Racialized Groups: A Literature Review” (Patychuk 2011).
Strategies to Address Racism

Leading Canadian researchers suggest these strategies for addressing racism:

- Expose and measure racialized health disparities and commit to reducing them.
- Ensure racialized groups and communities have decision-making roles and power and resources to participate in designing and delivering health promotion strategies.
- Institute organizational change by including an anti-racism approach within policies, practices, staff training, working tools, community engagement, governance and communications.
- Advocate for change in policies and practices that discriminate against racialized groups in access to employment, income security, housing and freedom from violence.
- Learn from racialized groups to inform methodology, best practices, and expand your knowledge base with rich, diverse sources of information.

See below for a selected list of resources for implementing anti-racism policies and practices.

Sources

http://healthnexus.ca/projects/building_capacity/Final_resource_guide_English.pdf

http://www.thecanadianfacts.org


Selected Resources for Implementing Anti-Racism Policies and Practices

SERVICE PLANNING AND DELIVERY

http://www.unac.org/yfar/The_KIT.pdf

http://www.evaluationtoolsforracialequity.org

http://www.healthnexus.ca/projects/building_capacity/Final_resource_guide_English.pdf


http://www.preventioninstitute.org


ORGANIZATIONAL DEVELOPMENT


http://www.children.gov.on.ca/htdocs/English/documents/topics/specialneeds/residential/achieving_cultural_competence.pdf

RESEARCH


CMHA Ontario, Network, Spring 2010,
www.ontario.cmha.ca/network

Focus on Equity: Exploring the Diverse Faces of Mental Illness

This resource was prepared by Gaurav Sharma, Vincenza Spiteri DeBonis and Scott Mitchell for Minding Our Bodies and Health Equity and Race Ontario, 2012. Available online at www.mindingourbodies.ca.