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

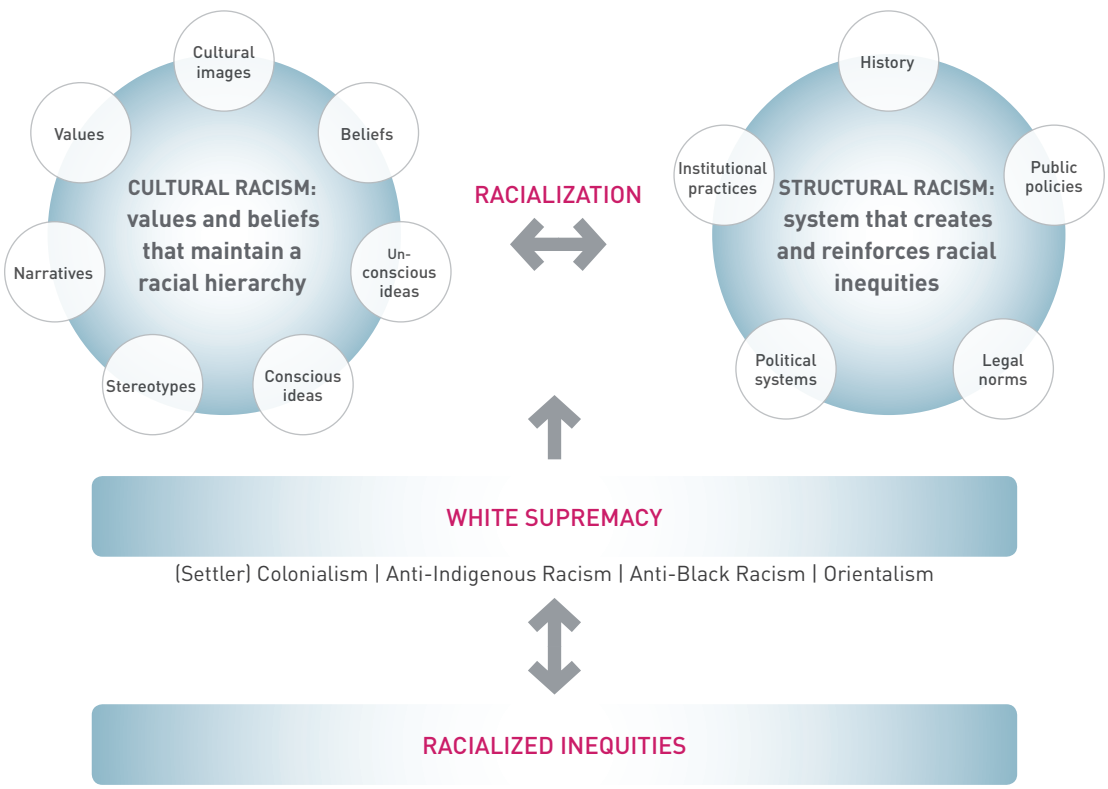
RACE: AN IDEA CREATED BY HUMANS, WITH NO BASIS IN BIOLOGY

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 cultural and structural system[8] that assigns value and grants opportunities and privileges based on race.[5,7,9,10] Racism exists in all aspects of society including history, culture, politics, economics, institutions and social systems. Contemporary racism is pervasive and is often subtle and ordinary.[5,9,11] Racism functions on multiple levels[12] and through various forms[10,13,14] (e.g. cultural and structural) to create and reinforce beliefs, prejudices and stereotypes, and to normalize discriminatory practices.[15-17] Stereotypes and prejudices can function through both explicit and implicit ideas and bias. Racism interacts with other systems of oppression to influence the distribution of material (e.g. income and wealth) and symbolic or cultural (e.g. decision-making power, cultural images, values) resources. Figure 1 brings together concepts discussed above and on the adjacent page.

FIGURE 1: PATHWAYS TO RACIAL HEALTH INEQUITIES



DEFINITIONS AND EXAMPLES OF DIFFERENT LEVELS OF RACISM

EXAMPLES OF LEVELS OF RACISM	INTERNALIZED RACISM[10,12,18]	INTERPERSONAL OR RELATIONAL RACISM[10,12]	SYSTEMIC RACISM[10,12,21]
Definition	The "mastery and ownership"[18, p 2125] 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 are 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 continues to officially define who is "Indian" through criteria that have not been endorsed by Indigenous peoples.[10] Racialized Canadians earn only 81.4 cents for every dollar earned by White Canadians.[22]

RACIALIZATION: A PROCESS THAT ATTACHES RACIAL MEANING TO CREATE INEQUITY. Racialization attaches social meaning to groups, relationships and practices in ways that create racial inequities in social, cultural, political and economic life.[23] This process is constantly evolving and creates distinct experiences for differently racialized groups in different geographic spaces. Racialization provides privileges to White people and disadvantages Indigenous and racialized peoples.

> *"If racism and privilege are the symptom, white supremacy is the disease."*[24, p720]

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."[24, p720-21] White supremacy rests on three pillars of colonialism, anti-black racism and orientalism[7,24,25] 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,"[24, p716] anti-Indigenous racism creates social and health inequities for Indigenous peoples.[26,27] Anti-Indigenous racism includes a history of assimilation and cultural genocide myths of Canada as "a place of immigrant and settler founding."[28]

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.[29]

ORIENTALISM. "Orientalism" is the process of the West defining itself as a superior civilization in opposition to an exotic and inferior "Other."[25] 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 threat[30] and anti-immigration sentiments treat racialized people as perpetual foreigners, as seen in the internment, expulsion and exploited labour of Japanese-Canadians in the 1940s during and after the Second World War.[31]

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."[32, c15] 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.[1,3,33-35] 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:[3,21,36,37]

- 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 unsuitable care in social and health systems;
- racially motivated individual and structural violence; and
- harmful physiological changes resulting from exposure to chronic stress

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.[15]
- 70% of Inuit households in Nunavut do not have enough to eat, compared to 8.3% of all households in Canada.[38]
- Environmental toxins are disproportionately located close to Indigenous and racialized communities, placing these communities at a higher risk of health complications.[38,39]

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."[13, 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;[41]
- 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;[1,29,41] 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."[29, 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

- **How can your organization's commitment to health equity better include racial equity goals?**
- **How can your organization create spaces that encourage staff to challenge and examine racism within public health practice and society?**
- **What actions can your organization implement to reduce racism?**
- **What stereotypes and beliefs do you hold about Indigenous and racialized peoples? How and where did you learn these stereotypes?**
- **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, centre the voices of racialized people and merge 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.[42]

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 practitioners 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.[16,43] 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.[29,44] 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* or *z* situation?").[29]

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.[9] 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.[11]

ADDRESS INTERNALIZED, INTERPERSONAL AND INSTITUTIONAL RACISM. Recognize beliefs and practices which are not aligned with justice, and also 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.[14]

KNOWLEDGE

There is limited and inconsistent data and research on racial health inequities in Canada.[35,45] 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.[42,46,47]

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 peoples. This includes applying allyship skills and principles, public education and awareness, and engaging with broad social movements.[48,49]

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National Collaborating Centre for Determinants of Health

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NATIONAL COLLABORATING CENTRE FOR DETERMINANTS OF HEALTH

St. Francis Xavier University
Antigonish, NS B2G 2W5
tel. (902) 867-6133
fax. (902) 867-6130
nccdh@stfx.ca www.nccdh.ca
Twitter: @NCCDH_CCNDS

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