



An Emerging Canadian Challenge: Dealing with Systemic Racism in Health and Health Care¹



Ronald JB

Department of Organizational Studies, York University, Canada

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***Corresponding author:** Ronald J Burke, Department of Organizational Studies, York University, Canada, Email: rburke@schulich.yorku.ca

Opinion

A woman taking her child to a health clinic in a Toronto suburb said “Can I see a doctor please, that is white, that doesn’t have brown teeth, and speaks English.” When this became public, health care personnel took to the media suggesting that such racist outburst were not uncommon. There is also emerging evidence that hate crimes in Toronto, anti-Semitic and anti-Black, have increased recently, attributed in part to the influence of Donald Trump in our southern neighbor. This note explores bias against some groups of health care providers and bias in the health care system against some groups of patients.

Canada, my home country, is reputed to have a good health care system, but it probably is not yet a perfect system. Various levels of government, national and provincial, try to improve the system from year to year. But the health care system has to deal with some long standing challenges in meeting the health care needs of Canadians who are members of racial minorities and our indigenous peoples.

The Sinai Health System organized a symposium to identify and increase understanding of health inequalities reported by Black Ontarians and to propose ways to reduce these inequalities. A wide range of health disciplines participated. The overarching theme for the symposium was to deal with systemic racism and implicit biases to improve health care of Black citizens. Health care barriers included lack of access to health care services, gaps in health care provisions, and poor health outcomes among Black Ontarians. Black children drop out of the education system more often and have higher unemployment rates. Blacks have higher rates of hypertension and diabetes and have shorter life expectancies. Experiences of Black health care providers were also discussed, along with impact of caring resources both inside (e.g., primary care) and outside the health care system (e.g., rehabilitation). Recommendations that emerged included having the Ontario Ministry of Health collect race-based data, developing a Black Health Strategy, and support health equality training. Hospitals were encouraged to incorporate equity concerns into their health care provision initiatives, train staff

in health equality, support their Black health care providers, and deal with racial discrimination within their walls. Unintended racism is widespread in health care settings, but it is difficult to detect. Most physicians have better relationships with patients who are white than Black or Latino [1].

The Indigenous Health Working Group of the College of Family Physicians of Canada and the Indigenous Physicians Association of Canada also noted that systemic racism has influenced the relationship between indigenous patients and health care providers and reduced care levels to indigenous peoples [2]. In Canada, indigenous peoples include First Nations people or First People, Inuit and Metis.

Indigenous people are more likely to experience poorer housing and living conditions, have less access to affordable healthy food, and experience poorer health care. These socioeconomic differences help to explain observed differences in health outcomes [3]. Individual experiences of bias, harassment and racism have been shown to be associated with various indicators of psychological and physical health [3-5]. Indigenous people, for example, have higher levels of cardiac disease yet get lower levels of cardiac care. Indigenous children, particularly in Northern Canadian towns, drop out of school more often, have addiction issues, and are more likely to commit suicide. Canada recently created a commission to study the murders and disappearances of young indigenous women.

The Sinai Health System [6] and the College of Family Physicians of Canada [7] offered the following suggestions to support change and build better health outcomes:

- A. Continue having symposia that bring these issues front and centre.
- B. Include race in evaluations of health care initiatives.
- C. Reducing bureaucratic barriers in large hospitals.
- D. Have Black members on important decision-making committees relevant to the lives and health care experiences of Black women and men.

- E. Building alliances with health care providers and minority groups to improve care.
- F. Support the care of health care providers who face anti-Black issues on their jobs.
- G. Build links between Black community members and community health providers to provide better care
- H. Integrate health equity issues into the planning of health care programs.
- I. Build trust and longer lasting relationships with Indigenous patients.
- J. Involve Black and Indigenous patients in the health care decision-making process so their culture-biased ways of responding are respected.
- K. Identify your own biases and stereotypes that you may have about Black and Indigenous women and men.
- L. Learn how to create a setting that is emotionally and physically safe for individuals of all identities.
- M. Increase training in health equity, cultural concerns and discrimination at all levels of health care organizations.

- N. Consider the intersection of Black and indigenous people's experiences.

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