Racism as a Determinant of Immigrant Health

Exploring the Public Health of Immigrants and Refugees in Canada

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Outline

- Definitions and concepts: Racism and racialization
- Statistics: Race and racialization and selected outcomes in Canada
- Evidence:
  - Racialized inequities in health status, health access & quality of care
  - Racism and its direct and indirect impacts on health
- Recommended policy actions

Definitions

- *Racism* - the belief that race is the primary determinant of human traits and capacities and that racial differences produce an inherent superiority of a particular race (Merriam-Webster Dictionary, 2008)
- The Canadian Race Relations Foundation (CRRF) defines *racism* not only an attitude, but as the specific actions that result from this attitude which impact upon, marginalize and oppress some people

Racism – Forms

- Interpersonal - discriminatory interactions, both conscious and unconscious, between individuals
- Systemic or institutional racism - the collective failure of an organization or social structure to provide an appropriate and professional service to people because of their colour, culture, or ethnic origin

Racialization – Definition

- The social *process* whereby certain groups come to be designated as different and consequently subjected to differential and unequal treatment (Galabuzi, 2001; 2005)
- Lack of access to opportunities, marginalization, and exclusion among these groups suggest that their perceived racial membership plays a significant role in shaping their collective experience—that is, they are *racialized*, rather than "merely" *racial*, groups

Race and Racism in Canada

- Ethnoracial groups comprise over 13% of Canada's population. By 2017, this proportion will increase to 20%; 75% of recent immigrants to Canada belong to racialized groups
- Approximately 20% of visible minorities, compared with 5% of non-visible minorities, report having sometimes or often experienced discrimination or unfair treatment (Canadian Ethnic Diversity Survey, 2003).

Statistics

- Racialized people are two or three times as likely to be low-income than other Canadians (Ornstein, 2001). This disproportionate and persistent exposure to poverty among racialized groups has been termed the 'racialization of poverty' (Galabuzi, 2006)
- Despite higher levels of education, racialized Canadians earn less income, are more likely to be unemployed, and experience more precarious employment than other Canadians (Galabuzi, 2006)
- Unemployment rates for recent immigrants and visible minorities are nearly double those of the total labour force (Teelucksingh & Galabuzi, 2005)
- Poverty rates among recent immigrants have increased substantially since 1980 (Statistics Canada, 2003; Picot & Hou, 2003)

1. Racialized Inequities in Health Status

- Health inequities based on immigrant status, race and ethnicity persist, even after adjusting for age, gender, income, education level, and severity of disease
- In Canada, racialized group status has not been consistently been associated with poor health status (Wu et al., 2003; Wilkins et al., 2008)
- Exceptions highlight the importance of examining intersections between race, immigration status, gender, poverty etc., and health
  - Racial and ethnic health inequities are increasingly being documented in recent cohorts of racialized immigrants.
  - Enang's (2001) identified diabetes, CV disease, HIV/AIDS and mental health as major health concerns for Black women.
  - Refugees continue to experience an increased risk of mortality and mental health problems (Beiser, 2006; Rousseau, 2004; Beiser et al., 2002; Rousseau & Drapeau, 2003).

2. Racialized Inequities in Access to Health Care

- Racialized groups do not have equal access to health care and have more unmet health needs than non-racialized groups
- Less Canadian research
  - Racialized group members were less likely to be admitted to hospital compared to their non-racialized counterparts, although they were more likely to use a GP and equally likely see a specialist (Quan et al., 2006)
  - Recent immigrants were significantly less likely to have a regular medical doctor compared to non-recent immigrants and the Canadian-born population (Statistics Canada, 2008)
  - Immigrants and racialized group members were less likely to use preventive cancer screening services (Quan et al., 2006) and mental health services (Gadalla, 2008; Elliot & Gillie, 1998)

3. Racial and Ethnic Inequities in Quality of Health

- Racialized groups received and perceived lower quality and intensity of health care compared to non-racialized groups across a wide range of health services
- Language barriers contribute to differential experiences including diagnostic errors, adverse events, excessive or unnecessary tests, prolonged hospital stays and inappropriate use of the ED
- Little Canadian research
  - Focus on individual and structural issues that influence quality of care e.g. organizational policies (e.g. lack of interpretation services, lack of representation), financial barriers, and health values that conflict with the dominant ideology of the health system (Shahsiah & Yee, 2006; Oxman-Martinez & Hanley, 2005; AACHC, 2005; Whitley et al., 2006; Hrycak & Jacubec, 2006; Benjamin & David, 2003; Enang, 2001).
  - Racialized Peoples' Perceptions of and Responses to Differential Care Project (Access Alliance)

4. Racism and Health

- A large and growing body of research demonstrated significant associations between self-reported racism and a variety of health outcomes including mental health, hypertension, self-reported health, heart disease, pain, respiratory conditions and health risk behaviours
- Few Canadian studies
  - Perceived discrimination was associated with depressive symptoms (Noh & Kaspar 2003)
  - Racial discrimination was a predictor of depression among Southeast Asian refugees in Canada (Beiser, 2006)
  - Racism was a major source of stress and a health risk (Etowa et al., 2007)
  - Almost 1 in 5 participants (N = 81) reported that they experienced racism in the health care system (Ali et al., 2003)
- Other researchers identified policies, processes and practices that deter racialized Canadians from accessing and receiving quality care

4. Racism and Health - Mechanisms

- *Direct:* through the increased and prolonged stimulation of the body's physiological stress responses

- *Indirect:* through differential exposures and opportunities related to other determinants of health e.g. work, education. These include institutional racism i.e., not having equal access to social, economic, political, and cultural systems that determine the distribution of society's resources due to racial or ethnic characteristics

Summary of Main Points:

- Racialized inequities in health status, access to health care and quality of health care exist in Canada and elsewhere.
- Race and racism are social constructs that contribute to health inequities.
- Racism directly impacts on health, primarily through the body's physiological stress response.
- Racism indirectly impacts on health through differential exposures and opportunities related to other determinants of health.
- Institutional policies and practices act to perpetuate racial and ethnic health inequities and impede access to and quality of health care.

Recommended Policy Actions:

1. Increase public awareness and validation of racism and its impacts on health, access to health care and quality of health care.
2. Implement and enforce policies and procedures to eliminate institutional racism in all sectors.
3. Undo institutional racism in health policy, administration and practice.
4. Reduce the negative impact of racism on health.
5. Allocate funding for research and monitoring activities.
6. Consider the formation of a Standing Committee, similar to the Commission for Racial Equality in the UK.

Increase public awareness and validation of racism and its health impacts

- Reframe health as a human rights issue
- Work towards structural solutions and social change i.e. “social policy is health policy”
- Foster professional and community partnerships, alliances and coalitions to name, understand and dismantle racism
- Support local and regional efforts that address racism

Implement and enforce policies and procedures to eliminate institutional racism in all sectors

- Increase representation of racialized groups throughout the organization
- Ensure decision making processes do not exclude or marginalize certain groups

Undo institutional racism in health policy, administration and practice

- Aim to recruit and retain professional staff that reflect the diversity of Canadian society and understand the ethnic and cultural backgrounds of the populations they serve
- Integrate cultural competence and anti-racism perspectives into governance, organizational policy and staff recruitment
- Support the training of health professionals in the provision of inclusive and anti-discriminatory health care
- Ensure the availability of professional linguistic and cultural interpretation services in all health care facilities
- Translate health promotion materials in more than the two official languages
- Implement monitoring systems to collect data on access and quality of care received by racialized and non-racialized health care consumers

Reduce the negative health impacts of racism

- Advocate for reforms in government policies that adversely affect the health of racialized Canadians
- Build capacity of healthcare and other agencies to address the negative health impacts of racism
- Increase the capacity of health care consumers to exercise their rights to complain and to respond pro-actively to racism. Increase the capacity of health care consumers to their exercise rights to complain and to respond pro-actively to racism
- Increase capacity of health care consumers to participate in knowledge transfer and exchange activities aimed at improving health care practice and promoting institutional change
- Support anti-racism programs and programs aimed at social inclusion in schools and communities
- Support school-based and community programs that enhance ethnic pride and community cohesion

Allocate funding for research and monitoring activities

- Develop indicators of discrimination for use in provincial and national health surveys
- Initiate discussions with government and community stakeholders regarding the inclusion of immigration and racial/ethnicity-related variables in health databases for health planning and monitoring purposes
- Support research on racism, to understand and document the multiple and complex ways in which racialised groups experience racism and it's impacts on health, access to health care and quality of care
- Establish national, regional and local systems to monitor health disparities and evaluate policies and procedures designed to eliminate racism and reduce health disparities

Consider the formation of a Standing Committee, similar to the Commission for Racial Equality in the UK

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