Racism, Health
And What You Can Do About It

Kwame McKenzie MD
Outline

• What is race?
• Concerns about differences in health by race
• How does racism cause health problems?
• Interventions that have been tried and you can steal
Race, racialization, racism

Race

• Phenotypic differences between people
• Pseudo-biological

Racialization

• Process by which phenotypic or cultural differences are attributed to groups and given social meaning

Racism

• Based on belief that it is reasonable to treat groups differently according to appearance.
• Oppressive (often subtle) system where one racial group benefits from dominating the other
• Racism = discrimination + power
Racism is complex & multi-level

- Cognitive – the way you think about yourself
- Interpersonal – interactions with others
- Ecological – your groups’ chances in life
- Institutional – interactions with organizations
- Macro-political – worth in the world

perceived vs not perceived
intentional vs unintended
direct vs indirect
Race and Health in Canada
Infant mortality in the UK: ONS

- Pakistani
- Caribbean
- African
- Bangladeshi
- Indian
- White British
- White Other
- All others
- Not stated

Infant mortality in US: CDC

Source: Center for Disease Control, retrieved from http://www.cdc.gov/nchs/fastats/infant-health.htm
Figure 2. U.S. Age-adjusted Death Rates for Select Populations: 2000 and Preliminary 2011

Age adjusted diabetes death rates US

First Peoples, Second Class Treatment

The role of racism in the health and well-being of Indigenous peoples in Canada

Download full report: www.wellesleyinstitute.com/publications/first-peoples-second-class-treatment/
Hepatitis B in Canada

Source: http://www.phac-aspc.gc.ca/id-mi/hepatitisBCan-hepatiteBCan-eng.php
# Suicide in Canada

![Graph showing suicide rates by age and gender for First Nations and Canadian populations.](chart.png)

<table>
<thead>
<tr>
<th>Age Group</th>
<th>First Nations Females</th>
<th>Canadian Female</th>
<th>First Nations Males</th>
<th>Canadian Males</th>
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<tbody>
<tr>
<td>0-14</td>
<td>4.1</td>
<td>0</td>
<td>3.6</td>
<td>0</td>
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<tr>
<td>15-24</td>
<td>35</td>
<td>4.5</td>
<td>125.7</td>
<td>24.1</td>
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<tr>
<td>25-34</td>
<td>28.1</td>
<td>6.2</td>
<td>93.3</td>
<td>26.7</td>
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<tr>
<td>35-44</td>
<td>18.8</td>
<td>7.8</td>
<td>50.3</td>
<td>26</td>
</tr>
<tr>
<td>45-54</td>
<td>11.1</td>
<td>8.2</td>
<td>30.9</td>
<td>24.5</td>
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<tr>
<td>55-64</td>
<td>9.1</td>
<td>6.5</td>
<td>24.7</td>
<td>23.9</td>
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<tr>
<td>65+</td>
<td>2.4</td>
<td>5.4</td>
<td>25.2</td>
<td>24.3</td>
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</tbody>
</table>

Other racialized groups less data but lots of concerns

Toronto Public Health
• 4 reports online

Centre for Research on Inner City Health
• Included questions is surveys and reporting

Wellesley Institute
• Color Coded Labor Market
• Colour Coded Health Care
• Impacts on health
Healthy immigrant effect lost after 5 years

Source: Newbold KB. Self-rated health within the Canadian immigrant population: Risk and the healthy immigrant effect. Social Science and Medicine, 2005.
But healthy immigrant effect only lost for non-Europeans

* Significantly different from estimate for Canadian-born (p < 0.01).
Note: All explanatory variables are based on the situation in 1994/95. Because of rounding, some confidence intervals with 1.0 as upper/lower limit are significant.
Some figures from Toronto

- Black population had more likely to have pain and discomfort
- Black or Latin American/Multiple/Other more likely to have high blood pressure

How does racism cause health problems?
Pathways to racism’s health impact

- Socially inflicted trauma
- Economic and social inequality
- Inadequate or inappropriate medical care
- Targeted marketing of commodities that can harm health: alcohol, tobacco, drugs, food

Source: Cheryl Nestel, *Colour Coded Labour Market*, Wellesley Institute, 2011
Social inflicted trauma - cognitive

Kiri Davis repeated the Clark Doll Test

15 out of 21 children chose the white dolls over the black and associated the white dolls with being "pretty" or "good" and black with "ugly" or "bad"

Confirmatory bias – 120 children understanding of stereotypes about their groups and this is linked to how they do on tests

Source: http://childrenandthecivilrights.blogspot.ca/p/g.html
Social inflicted trauma: hate crimes

HATE CRIMES
THERE WERE 1,332 HATE CRIME INCIDENTS REPORTED BY POLICE SERVICES IN 2011, MARKING A 5% DECREASE FROM 2010.

NATIONAL RATE (PER 100,000 POPULATION)

<table>
<thead>
<tr>
<th>Year</th>
<th>Rate</th>
</tr>
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<tbody>
<tr>
<td>'06</td>
<td>3.1</td>
</tr>
<tr>
<td>'07</td>
<td>2.7</td>
</tr>
<tr>
<td>'08</td>
<td>3.5</td>
</tr>
<tr>
<td>'09</td>
<td>5.0</td>
</tr>
<tr>
<td>'10</td>
<td>4.1</td>
</tr>
<tr>
<td>'11</td>
<td>3.9</td>
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</table>

BY MOTIVATION (NUMBER)

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
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</thead>
<tbody>
<tr>
<td>Race or ethnicity</td>
<td>679</td>
</tr>
<tr>
<td>Religion</td>
<td>326</td>
</tr>
<tr>
<td>Sexual orientation</td>
<td>240</td>
</tr>
<tr>
<td>Other*</td>
<td>68</td>
</tr>
<tr>
<td>Unknown</td>
<td>19</td>
</tr>
</tbody>
</table>

*Other includes mental or physical disability, language, sex and other similar factors.

CENSUS METROPOLITAN AREAS (RATE PER 100,000 POPULATION)

<table>
<thead>
<tr>
<th>Area</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peterborough</td>
<td>17.9</td>
</tr>
<tr>
<td>Hamilton</td>
<td>15.9</td>
</tr>
<tr>
<td>Ottawa</td>
<td>8.7</td>
</tr>
<tr>
<td>K.W.--Cambridge</td>
<td>7.7</td>
</tr>
<tr>
<td>Guelph</td>
<td>6.3</td>
</tr>
<tr>
<td>Halifax</td>
<td>5.9</td>
</tr>
<tr>
<td>Vancouver</td>
<td>5.9</td>
</tr>
<tr>
<td>Brantford</td>
<td>5.3</td>
</tr>
<tr>
<td>Calgary</td>
<td>5.1</td>
</tr>
<tr>
<td>Toronto</td>
<td>5.1</td>
</tr>
<tr>
<td>Barrie</td>
<td>5.0</td>
</tr>
<tr>
<td>Gatineau</td>
<td>4.8</td>
</tr>
<tr>
<td>Sherbrooke</td>
<td>4.7</td>
</tr>
<tr>
<td>Abbotsford–Mission</td>
<td>4.5</td>
</tr>
<tr>
<td>London</td>
<td>4.4</td>
</tr>
<tr>
<td>Moncton</td>
<td>4.3</td>
</tr>
<tr>
<td>Greater Sudbury</td>
<td>4.3</td>
</tr>
<tr>
<td>St. Catharines–Niagara</td>
<td>4.3</td>
</tr>
<tr>
<td>Kingston</td>
<td>3.7</td>
</tr>
<tr>
<td>Saskatoon</td>
<td>3.6</td>
</tr>
<tr>
<td>Winnipeg</td>
<td>3.5</td>
</tr>
<tr>
<td>Victoria</td>
<td>3.3</td>
</tr>
<tr>
<td>Québec</td>
<td>2.8</td>
</tr>
<tr>
<td>Kelowna</td>
<td>2.7</td>
</tr>
<tr>
<td>Windsor</td>
<td>2.6</td>
</tr>
<tr>
<td>Montréal</td>
<td>2.6</td>
</tr>
<tr>
<td>Regina</td>
<td>2.3</td>
</tr>
<tr>
<td>Trois–Rivières</td>
<td>1.3</td>
</tr>
<tr>
<td>Edmonton</td>
<td>1.3</td>
</tr>
<tr>
<td>St. John's, N.L.</td>
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</tr>
<tr>
<td>Thunder Bay</td>
<td>0.8</td>
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<tr>
<td>Saguenay</td>
<td>0.0</td>
</tr>
<tr>
<td>Saint John, N.B.</td>
<td>0.0</td>
</tr>
</tbody>
</table>

SOURCE: STATISTICS CANADA

THE CANADIAN PRESS
Racism stress is different

3 stage model:

1) Stress because of life event
2) Stress because event considered unfair
3) Stress because of inability to do anything about it
Stress getting under the skin

Acute stressor (life events)

Chronic stressor (micro-aggression)

Body reaction:

- adreno-corticoids
- t-cell change
- early aging
- weathering
- foetal growth
Reaction to trauma – stress and health behaviors: Pascoe and Richman

*Figure 1.* Pathways by which perceived discrimination influences health outcomes. Solid lines indicate analyzed pathways; dashed lines represent pathways hypothesized by past research.

Race and other social determinants
MAP 1: CHANGE IN AVERAGE INDIVIDUAL INCOME, CITY OF TORONTO, RELATIVE TO THE TORONTO CMA, 1970-2005

Average individual income from all sources, 15 years and over, census tracts

Change in the Census Tract Average Individual Income as a Percentage of the Toronto CMA Average, 1970-2005

- **City #1**: Increase of 20% or More
  100 Census Tracts, 20% of City

- **City #2**: Increase or Decrease is Less than 20%
  208 Census Tracts, 40% of City

- **City #3**: Decrease of 20% or More
  206 Census Tracts, 40% of City

Note: Census Tract 2001 boundaries shown. Census Tracts with no income data for 1970 or 2005 are excluded from the analysis. There were 527 total census tracts in 2001

2 The Three Cities Within Toronto
The proportion of middle-income neighbourhoods in Toronto:

<table>
<thead>
<tr>
<th>IN 1970</th>
<th>IN 2005</th>
</tr>
</thead>
<tbody>
<tr>
<td>66%</td>
<td>29%</td>
</tr>
</tbody>
</table>

The proportion of low-income neighbourhoods in Toronto:

<table>
<thead>
<tr>
<th>IN 1970</th>
<th>IN 2005</th>
</tr>
</thead>
<tbody>
<tr>
<td>19%</td>
<td>53%</td>
</tr>
</tbody>
</table>

$88,400

The average income earned by individuals (15 and older) in City #1 in 2005

$26,900

The average income earned by individuals (15 and older) in City #3 in 2005

Percentage of white and visible minorities in City 1, 2, 3
15 Interventions To Reduce Impact Of Racism On Health

Please steal…
Decreasing impacts of racism

- Decrease amount of racism

- Increase resilience
  - Social support
  - Active coping styles
  - Group identification = pride

- Improve service equity
Decrease amount of racism
Decrease geographical segregation – proximity and shared goals decrease racism

One Toronto?

Funding initiatives and calls only given if those proposing them demonstrate how they are linking cities 1, 2 and 3 and working across different areas. (EU did this)

Mentor across not within communities
Bring kids together: proximity decreases racism

• Policy initiative in the UK
• Based on national service experience
• Run shared camps to bring together socially diverse kids – mix them up
• Add to the Ontario curriculum away weeks where different schools and kids from different areas have to do something together – some sort of project
• Ensure that this happens every year
Get involved in politics

- What government says makes a difference
- Differences between individual and ecological understandings
- 1980-1990s white supremacists targeted the Reform Party and Social Credit Party of Ontario to try to move away from multiculturalism
Race impact assessment (RIA) of new policy

You can use the same structure as the HEIA to do a race equality or race impact assessment of a policy or service.

This was used in the UK for public policy.
Getting into people’s fantasy: can change reality

• Othello, King Kong, Doctor Who

Fantasy…more success?

• President Palmer before President Obama
• The next James Bond?
Decrease racism in workforce

• Produce diversity in leadership and in the board room e.g. Maytree
• Have race relations strategy and make sure it is enforced
• Have it part of the CEOs performance measurement
• Increase diversity of hiring
Strengthen hate crimes law in Canada

- Under human rights law you have to prove harm but not intent
- Under criminal code you have to prove intent, which is difficult. Changing this will increase prosecution rates
Print media

• Organize – develop a coalition of local leaders to advocate with media to reduce racism
• Individual – write letters to the editor, write letters to people who post racist articles, write a blog
• Legal – Discrimination levers (e.g. in UK there was a law about only mentioning a person’s race in an article if it was important to the story)
Murdoch university Australia for office of multicultural interests on public awareness strategy

• Provide the practical skills to help people to speak out against racism
• Invoke empathy for others
• Emphasizing similarities first before diversity and plurality.
• Focus on behaviors and actions
• Offer sound alternative explanations to people’s justifications for racist views
• Unambiguous political leadership.
• Coalition e.g. academia, sport, police, celebs and a consistent message
• Support by sector and communities
• Long-term plans rather than one-shot interventions, as change, by necessity, takes time
Increase Resilience
Resilience teaching in schools

- Teach strengths based curriculum in schools
- Teach resilience
- Teach how to negotiate
- Teach how to combat discrimination
- Teach that it is everyone’s business
- Teach how to get around the Ford situation – e.g. the difference between you did something racist and you are a racist
Service Equity
Race relations amendment act

- Stephen Lawrence and Macpherson
- Race relations amendment act
  - Promote good race relations
  - Offer equitable services
  - Demonstrate they offer equitable services
- If you did not do this you could be punished by law
- Audit commission said this was the most important lever for improving services
UK funding based on compliance with race relations duty

- London Mayor Ken Livingston
- Have to demonstrate that you have an race relations strategy in place to get city funding
- Current NHS leadership
- Have to demonstrate that you have pathways for people of color to get up the echelons in order to get public funding

Photo Source: http://www.wharf.co.uk/2014/11/tower-hamlets-livingstone-and.html
Collect data, report and have someone explain disparities

• If you are not counted, you do not count
• Data collected in UK to allow access measurement to public services
• Used in DRE action plan for NHS services
• Allowed visibility to disparities
• In Toronto socio-demographic data collection - can ask ICES for a report yearly if the data gets there
• Data on OHIP card

Count me in: Results of a national census of inpatients in mental health hospitals and facilities in England and Wales, November 2005
Get the right research

• NIH – include diversity in research – have to do it*
• Move from equity of access to equity of outcome
• Guidelines to ensure research is published properly
• Report whether Canadian journals publish research that reflects the population of Canada

* Source: http://www.nigms.nih.gov/Research/Mechanisms/Pages/PromoteDiversity.aspx
Form a local anti-racism group

- Do not ignore hate groups, they do not go away, they take silence as license
- Decrease recruitment to racist groups
- Expose racist groups
- Change the narrative
- Produce an anti-racist alliance at school or in your community, or join one

http://www.stopracism.ca/
http://www.debwewin.ca/antiracismcommunity.htm
Thank you

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www.wellesleyinstitute.com