

## Healthy Populations Institute Flagship Project Snapshot: Improving the Health Outcomes of People of African Descent

### The case for action

#### Discrimination influences the health outcomes of people of African descent in Canada

People of African descent in Canada have a longstanding history of systemic racism, which has been documented by a United Nations General Assembly report released in 2017 (1). The report notes that, in general, people of African descent in Canada have worse health outcomes and that social factors such as poverty, unemployment, racism and other forms of discrimination increase the risk of illness and inhibit timely and equitable treatment. As a result, people of African descent in Canada experience disproportionate rates of chronic health conditions such as hypertension, diabetes, HIV and AIDS, cancers, mental health problems, and sickle cell disease. Also contributing to these disparities are lack of cultural specificity in health education and the underrepresentation of health professionals of African descent in the health system (2). A year after the UN report, the Canadian Public Health Association (CPHA) released a position statement acknowledging the influence of racism on the health of individuals and populations, and making a commitment to eliminate racist processes within the Association, as well as to advocate for the elimination of racist and oppressive systems, laws, regulations, and policies in Canada's public institutions and society in general (3). In the statement, CPHA recognized that systemic racism, although subtle, causes harm in every aspect of life and is correlated to poorer health outcomes for racialized communities, such as negative mental health outcomes, negative physical health outcomes (hypertension, infant low birth weight rate, heart disease and diabetes), and negative health-related behaviours (cigarette smoking, alcohol use, and substance use). CPHA asserts that anti-Black racism is systemically embedded within Canadian institutions and underlies long-standing inequalities experienced by people of African descent, including unemployment, poverty, racial profiling, law enforcement violence, incarceration, immigration detention, deportation, exploitative migrant labour practices, disproportionate child removal, and low graduation rates.

#### Institutional and structural change is needed to address oppressive systems and improve health outcomes

Understanding the complex web of inequalities that impacts the health of people of African descent and other racialized communities requires an appreciation for structural or distal determinants of health. Structural racism is characterized by the ways in which societies foster racial discrimination through mutually reinforcing inequitable and interconnected systems that are historically rooted and culturally reinforced over generations. These systems (including education, employment, health care, criminal justice among others), in turn, reinforce discriminatory beliefs, values, and distribution of resources, which together affect the risk of adverse health outcomes (4). However, the relationship between racism and health has been difficult to assess in Canada since care registry data does not regularly record race or ethnicity statistics (2). Only recently, at the beginning of May 2020 and in the context of the global coronavirus pandemic, it was announced that Ontario, Manitoba and Quebec will begin to collect race-based data. The goal is that race-based analysis is extended to other health and health care issues in Nova Scotia and across Canada.

### What is the Nova Scotia context on this issue?

People from historical African Nova Scotian communities are the oldest Black population in Canada. They descend from African slaves and freedmen, Black Loyalists from the United States, the Nova Scotian colonists of Sierra Leone, the Maroons from Jamaica, and the refugees of the War of 1812. They have been present in the province since the early to mid-1700's in the French settlement of Cape Breton. After the British gained control in 1763, people of African descent

were among the new settlers who came from New England, they were slaves used by plantation owners. By 1785, at the close of the American Revolution, over three thousand people of African descent had arrived in Nova Scotia as part of the Loyalist migration. They were promised freedom in exchange for fighting for Britain, however, once in the Maritimes they were denied equal status, cheated of land, and forced to work on public projects. Approximately 2,000 escaped slaves came from the United States during the War of 1812 and were offered freedom and land in Nova Scotia. More recently, newcomer populations have arrived from African and Caribbean countries, and from other provinces in Canada. During the 1920s, Caribbean people flocked to Cape Breton to work in coal mines and the steel factory. Today, Black people represent the largest racially visible community, constituting 2.4 percent of the total Nova Scotian population (5, 6). The majority of people from historical African Nova Scotian communities continue to reside in rural and isolated communities as a result of institutionalized racism during the province's early settlement (7, 8). A report by the Halifax RCMP in 2017 found that in the first ten months of 2016, 41 percent of 1,246 street checks involved African Nova Scotians (9). In addition, statistics collected by the provincial Department of Justice show that between 2014 and 2015, African Nova Scotians were over-represented in the province's jail system, particularly youths in custody (10). Consistently, a thorough report by the Nova Scotia Human Rights commission, shows that over the past decade, the equivalent of one-third of Halifax's Black male population (32.3%) was charged with a crime, in contrast to 6.8% of the total White male population of the Halifax region (11).

Nova Scotia provides a much needed opportunity to develop, test and study health care services that are structurally competent in how they understand and address causal factors (e.g., racism) in our social structures (employment, education, criminal justice, health care, etc.). Consequently, the *African Nova Scotian Health Strategy (2)* was created to hold conversations directly with people of African descent and collect survey data about their experiences with the healthcare system. Data collected as part of this work is currently being used by the Health Association of African Canadians (HAAC), Nova Scotia Health Authority (NSHA), and the IWK Health Centre (IWK) to develop the first-ever targeted, culturally competent strategy that addresses health inequities among people of African descent by creating equitable health care services and programs. Recommendations emerging from this work outline various strategies for addressing health priorities for people of African descent in the province, including:

- **Data Collection, Research & Evaluation.** Collection of disaggregated health data based on race and other social identifiers to inform health programs, policies, and services.
- **Employment Equity in Hiring & Representation of People of African Descent in the Health System** Implementation of employment equity in hiring processes and increased representation of people of African descent at all levels of the health system.
- **Training & Education.** Provision of culturally and structurally competent training and education to health professionals.
- **Partnerships with Community Organizations** Enable, fund and support partnerships with other agencies, government departments, and community organizations across the structural determinants of health to improve African Nova Scotian health and well-being.
- **Health & Mental Health Service Delivery** Increased availability of health and mental health services that are delivered in culturally and structurally competent ways.
- **Rural African Nova Scotian Communities.** Improve accessibility of health care services and information that helps communities navigate the health care system in rural communities.
- **African Newcomer Populations** focus on the specific needs and priorities of African newcomer populations.

HPI's "Improving the Health Outcomes of People of African Descent" project is committed to working with people of African descent in Nova Scotia to bring change. One of the first steps is to continue calling on the provincial and federal governments to collect disaggregated health data based on race and other social identifiers.

## References

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