MEDICAL COUNCIL OF CANADA | LE CONSEIL MÉDICAL DU CANADA

Black Health

(April 2024)

Rationale

In Canada, Black[a] people continue to be overrepresented in experiencing some of the worst health outcomes throughout their lifespan. Medical professionals play a prominent role in reducing health inequities and addressing anti-Black racism[b]; lack of awareness can contribute to or worsen Black health outcomes. Improving Black health outcomes must be a key component of medical education and training.

The United Nations Working Group of Experts on People of African Descent noted, in its mission to Canada, that "across the country, many people of African descent continue to live in poverty and poor health, have low educational attainment and are overrepresented in the criminal justice system"[1] and that systemic anti-Black racism is an upstream factor contributing to these outcomes. Physicians must understand the impacts of anti-Black racism on the health of Black people to better advocate and provide better care for Black people in Canada to reach their full health potential.

Causal Conditions

(list not exhaustive)

1. The current state of Black health is the result of the historical roots and legacies of colonialism, the afterlife of slavery,[2] medical racism, and anti-Black racism in Canadian society.
2. Fundamental pillars of colonization in North America include the theft of Indigenous land, the enslavement and trafficking of African people from their lands, and the dehumanization of Indigenous and African people.
3. Medical racism[c] is one of the by-products of scientific racism[d], purporting that race is biological and that Black people are both genetically different from white people (e.g., having a higher pain threshold), inferior to white people (e.g., having lower intelligence), and could be experimented on without consent.

4. Present-day Black health inequities are not due to biological differences between races but rather social and structural factors, including historic barriers to access and continuity of health care, long-standing systemic anti-Black racism, underrepresentation of Black health professionals in the system, and other factors.[1]

Key Objectives

1. Understand the complexities of Black health and well-being through Afrocentric and critical race methods, including intersectional realities (e.g., misogynoir[e], anti-Black homophobia, anti-Black transphobia) and heterogeneity of experiences among Black people, and recognize the contributions of Black medical and health care professionals (both historical and contemporary).
2. Recognize that race is a sociopolitical and historical construct, acknowledging the legacy and afterlife of slavery[2], historical medical atrocities, intergenerational trauma, and the pervasiveness of anti-Black racism and colonization within health care systems.
3. Describe anti-Black racism as a structural determinant of health that impacts how Black peoples and communities experience the social determinants of health.
4. Distinguish between different types of anti-Black racism (e.g., interpersonal, structural, institutionalized) and the disproportionate impacts on various groups of Black people (maternal health, environmental health of children, chronic illnesses of elderly).
5. Reflect on the manifestations of anti-Black racism in clinical, public health, and community health settings (e.g., in the delivery of care and health services, in patient-provider relationships, and in institutions and policies).
6. Advance the health and well-being of Black communities through trauma-informed and culturally affirming care, and recognize the ability of Black people and communities to advocate for their own health and well-being.
7. Reflect on one's own identity, social position, agency, biases, and stigmatizing language while recognizing one's contribution to perpetuating oppression, inequities, and anti-Black racism.
8. Advocate with Black communities for the creation of culturally affirming spaces by moving from bystander to upstander approaches, committing to critical allyship, and disrupting performative "allyship."
9. Improve access to health care services for Black people who may be excluded due to geographical, financial, cultural, or communication barriers, and commit to the ongoing work of addressing anti-Black racism.

Enabling Objectives

1. Learn and describe the four key manifestations of racial discrimination in the United Nations report of the Working Group of Experts on People of African Descent on its Mission to Canada.[1]
2. Demonstrate an understanding of the diversity of Black communities, the historical and contemporary manifestations of anti-Black racism in Canada, and its impact on the attitudes and beliefs placed on and knowledge produced about Black peoples and communities. Recognize the health and safety needs of Black people and communities, as well as their expectations and relationships with Canadian health care systems.
3. Describe how intersectional Black identities (e.g., gender, sexuality, ability, mental health status) experience multiple forms of oppression (e.g., misogynoir,[e] anti-Black homophobia, anti-Black transphobia).
4. Describe and confront structural white supremacy, structural and lateral violence, and colour evasiveness and their impacts on Black health and Black colleagues' and peers' well-being.
5. Define and adopt anti-oppressive and antiracist practice to clinical interventions, policies, and best practices in health care, education, and research.
    a. Demonstrate the ability to integrate this information into the continuum of care (prevention, diagnosis, treatment, rehabilitation, and health promotion) and into your scope of practice.
6. Describe the relationship between structural factors (including social, political, cultural, and economic systems) and Black patients' and communities' experiences of illness, health, and well-being.
7. Design and implement interprofessional, interdisciplinary, and intersectoral interventions that address anti-Black racism and its manifestations across the social determinants of health (e.g., treatment plans, policies, and programs).
8. Define racial trauma (race-based traumatic stress) and list its cumulative psychological and physiological impacts on Black patients' health.
9. Recognize one's own racial identity and social location, value system, power, privileges, and existing biases. Describe how these affect one's agency, personal and professional complicity in perpetuating different forms of anti-Black racism in medicine, including the lack of Black representation.
10. Differentiate between genetic variation, genetic ancestry, and sociologically derived (race and racism) risk factors for Black patients and communities.

11. Critically evaluate the content and gaps within academic, government, and journalistic research and publications on health and health care in Black communities.

[a]The term *Black* people refers to people of African descent including Afro-Indigenous, Black Indigenous people, African Nova Scotian, Black Scotian people, and those with more recent diasporic experiences, who identify as Black African, Black Caribbean, Black Afri-Latinx, Black Middle-Eastern, Black North American, or multi-racial, and identify with their African ancestry, specifically including Black women (cis and trans), Black people with disabilities, and Black and Afri-Indigenous 2SLGBTQQIA+ people.

[b]Anti-Black racism (first applied in the Canadian context by social work scholar Dr. Akua Benjamin) is defined as policies and practices rooted in Canadian institutions—such as, education, health care, and justice—that mirror and reinforce beliefs, attitudes, prejudice, stereotyping and/or discrimination towards people of Black-African descent. Discrimination against Black people is deeply entrenched and normalized in Canadian institutions, policies, and practices, and is often invisible to those who do not feel its effects.

[c]The term *medical racism* refers to racism against people of color within the medical system.[4]

[d]Scientific racism is a historical pattern of ideologies that generate pseudoscientific racist beliefs and perpetually influences racial bias and discrimination in science and research. It is an organized system of misusing science to promote false scientific beliefs in which dominant racial and ethnic groups are perceived as being superior.[5]

[e]The term *misogynoir* refers to “the uniquely co-constitutive racialized and sexist violence that befalls Black women [and feminine/femme presenting Black people] as a result of their simultaneous and interlocking oppression at the intersection of racial and gender marginalization.”[6]

[f]The term *racial trauma* refers to the mental and emotional injury caused by encounters with racial bias and ethnic discrimination, racism, and hate crimes.[7]