

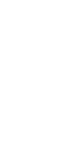
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## How We Can Fix Racial Disparities in Healthcare

Health is a fundamental human right for all. Yet our experiences accessing healthcare are greatly impacted by race. Across North America, BIPOC people face systemic racist barriers that make it harder for them and their families to receive quality care and live to their fullest potential.


 By League  
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This is the latest article in our series on [Anti-Racism and Inclusion](#). Read our previous posts on [The Importance of Health Equity](#), [Racism and Physical Health](#), [Racism in the Workplace](#), and [Racism and Mental Health](#).

## Health equity means that every person should have equal access to healthcare and the opportunity to live a long, healthy life. We all have a part to play in making it a reality.

Part of the movement to create health equity is to build understanding. As a society, we need to learn about how deeply these disparities affect BIPOC people and have clear actions on what we can do to help make them better.

To be part of that conversation, we hosted an interactive online discussion on [Racial Disparities in Healthcare and How We Can Begin to Fix Them](#) with panelist experts [Dr. Dana Labat](#), clinical psychologist, and [Dr. Arash Zohoor](#), physician and co-founder of Inkblot Health.

### Race-based health disparities are very real

Dr. Zohoor delivers babies as part of his practice and is well aware of the life-changing impact a new little person has on families and their futures. As joyous as the arrival of a baby is, he's also struck by the realization that two newborns — who should have similar health outcomes throughout their lives — will be treated very differently based on their race.

"Why is it that all the babies I see can't have similar outcomes? One of the underlying root causes is simply the unequal allocation of power and resources," says Dr. Zohoor. "Whether it's goods, services, or societal attention, racial discrimination causes unequal allocation."

BIPOC families will encounter discrimination, both in society at large and the healthcare system, that will make it more likely that they'll have chronic conditions and a harder time finding high-quality treatment. These health inequities are from "womb to tomb" and play out through all stages of a person's life.

For example, Dr. Zohoor notes that Indigenous people in Canada:

- are 6-11 times more likely to die of suicide
- have twice the rate of depression
- have 2-3 times more heart attacks
- are 4-5 times more likely to have diabetes
- are at significantly higher risk for all types of cancer

In fact, the most persistent predictor of disparity in health — more than socioeconomic status, gender, medical history, or any other factor — is race and ethnicity.

As a society, we've failed to address this reality.

Part of the problem is that non-BIPOC people are unaware of the lifetime impacts of on-going discrimination. For the most part, it's not one major traumatizing event that has the most effect on a BIPOC person's health: It's the constant experience of subtle, everyday racism and [microaggressions](#).

"A person, over and over, day after day, in place after place, has to be prepared to be treated with less respect by others. To be stopped by police and to be discriminated against in the healthcare system," says Dr. Zohoor. "It's like waking up every day and internally your physiology is attuned that you're going to experience this chronic stressor. That's the underlying cause that increases stress hormones and leads to increased illnesses, whether it's cancers, heart attacks, or strokes."

### The three layers of disparity in healthcare

Dr. Zohoor points out that there's a historical aspect that underpins all levels of healthcare disparities, and a common approach is to think of it in three layers.

#### 1. Individual

BIPOC people encounter [stereotype threat](#). Particularly prevalent in education, the workplace, and healthcare situations, it's a situation where a person who identifies as part of a discriminated group feels their performance or outcome will be negatively affected by confirming perceived stereotypes about themselves. It can cause BIPOC people to avoid seeking out healthcare, cause them to further internalize negative stereotypes, and build an on-going sense of self-doubt.

#### 2. Interpersonal

In healthcare, interpersonal disparities have mostly taken shape because of implicit racist biases.

"What this means is that people in society are biased and racist without being aware of it. If questioned, they'll be very insulted and upset even though the research and data would show that they're biased," Dr. Zohoor explains. "This is very true in healthcare because implicit biases tend to be most common in situations that are ambiguous, under time-constraints, and very stressful. Things that physicians, nurses, and healthcare providers are often experiencing."

Research shows there are huge disparities in how healthcare providers take care of patients of different races, even when they feel they're aware of discrimination in healthcare and are doing their best to address it.

#### 3. Institutional

The final layer is systemic. It includes how institutions racially profile individuals and the legacy impacts of racial segregation on BIPOC families across decades. Examples include the long-lasting destructive effects of the residential school system on Indigenous people in Canada.

"Racial segregation creates historical trauma. It percolates down generations," says Dr. Zohoor. "When a grandmother has been in a residential school and was segregated, the health outcomes for her children, and her children's children, are significantly altered. This cannot be ignored. Historical trauma really does live on."

These generational impacts are proven by research. In fact, a person's postal or ZIP code is a better predictor of life expectancy than their genetic code. The strongest predictor of life expectancy is whether or not they've graduated from high school, which is closely connected to where a person lives and if they've been socially segregated.

## Racism and Mental Health

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### Mental health and the importance of anti-racist language

Dr. Labat agrees on the long-term harm of microaggressions over time and that they have just as much damage to mental health as to physical.

To begin to address this, we need to step back and look into the implications of the language we use to describe BIPOC people's experiences and how they cope in a racist world. The way that we use language is incredibly important. When we talk about unconscious biases, we have to be aware of the terms we use and how they direct the ways we think about ourselves and other people.

"The way we describe people, like the terms 'minority' and 'majority,' by avoiding those and talking about people as people, and how that person might self-identity, is incredibly important," explains Dr. Labat.

"When we talk about the BIPOC community as a newer, trending term, what we're doing is helping to identify a Black person, an Indigenous person, a person of color... and being able to know that the language we use in talking about that person's experience really begins to guide the experience. If I'm talking to a client, and refer to them as a 'minority,' then what we need to understand is that even that language is inextricably linked to race and position in society."

We have to be aware of the language we use and the way we refer to people. This can help us to recognize a person's experience without invalidating it. In turn, BIPOC people can feel seen, heard, and understood.

### Our challenge to change and what to do next

Acknowledging these disparities is an important first step, but it's not enough. All of us have an opportunity to help. Dr. Labat sees this taking shape on both an individual and community level for both BIPOC and non-BIPOC people.

#### If you identify as a BIPOC person:

##### 1. Know that your experiences are valid

"Racial trauma exists and is real. It can exacerbate experiences of anxiety and depression. It can make you hyper-vigilant, aware, and always looking out for microaggressions and microaggressions," says Dr. Labat.

##### 2. Ask your providers for their perspectives

"One of the problems that I see is clinicians and other health professionals assume that their perspectives, because they take care of diverse populations, include [cultural competency](#)," suggests Dr. Labat. "I think it's important to make it explicit and ask the questions: Have you engaged in implicit bias training? How has the organization you work for engaged in implicit bias training?"

##### 3. Seek community experiences that build you up

No individual is alone. Become a member of community groups that are geared toward validation, focus on self-love, and inspire community building.

#### If you identify as white or a non-BIPOC person:

##### 1. Be curious and non-judgemental

Unconscious biases can be difficult to address because of their very nature — they're unseen. It's our responsibility to root them out and we can start to do that by shifting our mindset. Think of how you see people you identify as being the "same" as you and why do you see others as "different?"

##### 2. Talk about race with other white people

"Promote cultural awareness. Talk openly in your spaces. Those who identify as white can help foster safe conversations with other white-identified people and expand these discussions... Ask how do you and those you care about interact with issues of race and culture? What can you do differently and what can we do differently?"

##### 3. Understand white privilege

Learn about and recognize the concept of [white privilege](#). It plays out strongly in healthcare settings, and many white-identified people are hesitant to proactively know more about it because they fear it's inherently racist.

Dr. Labat disagrees. "The idea of having white privilege, and recognizing it, in and of itself is not racist. It's invisible, but recognizing that it's present allows you to dismantle it and engage with other communities that do not have that privilege, and for you to be able to use your privilege to support them."

### Dr. Labat's recommended resource list

- [Understanding and Allyship – Worksmart Advantage](#)
- [100 Things White People Can Do for Racial Justice](#)
- [Showing Up for Racial Justice](#)
- [Key Public Health Resources for Anti-Racist Action: A Curated List](#)
- [Anti-Racism Educational Resources – Archives Association of Ontario](#)
- [Anti-Racism Resources – Western Canadian Theatre](#)
- [1619 – New York Times podcast](#)
- [Pod for the Cause – Leadership Conference on Civil & Human Rights](#)

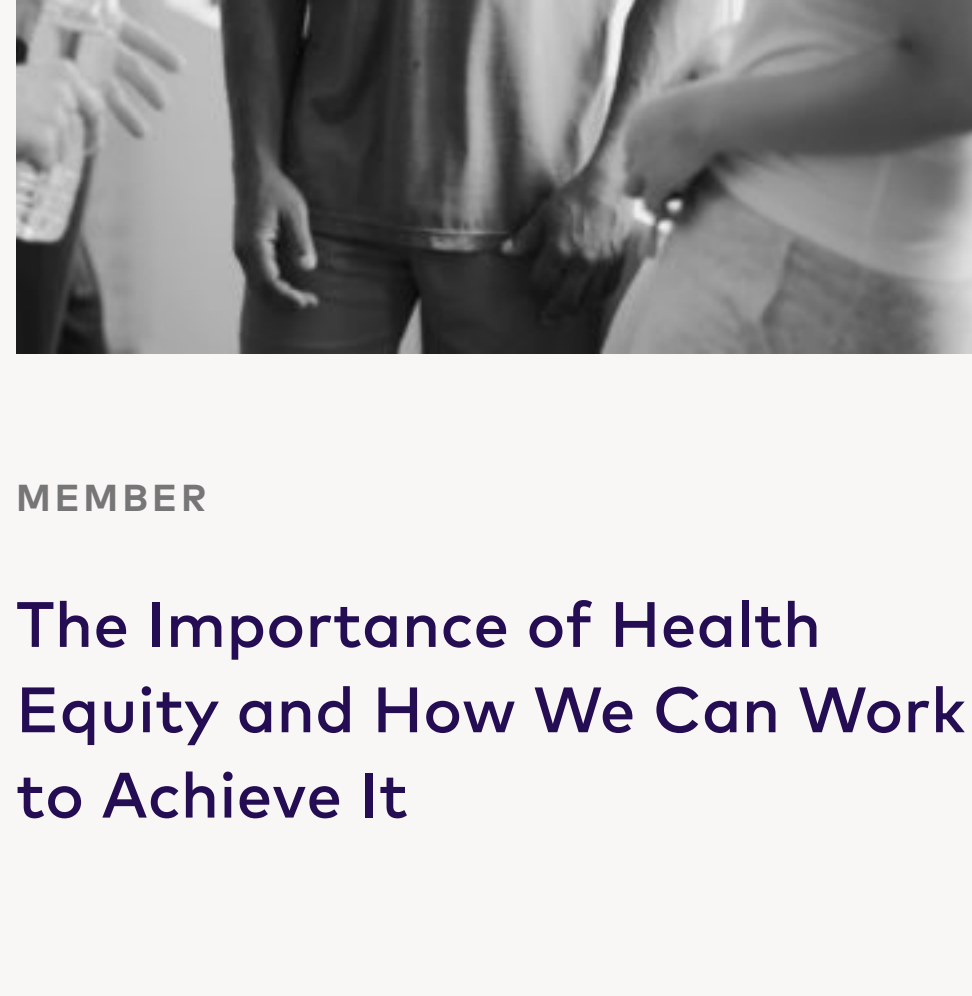
This recap is just the beginning. Watch the full in-depth discussion and Q&A to learn more, including how racism and stigma work together to reduce BIPOC people's access to mental health care.



## Download our app here

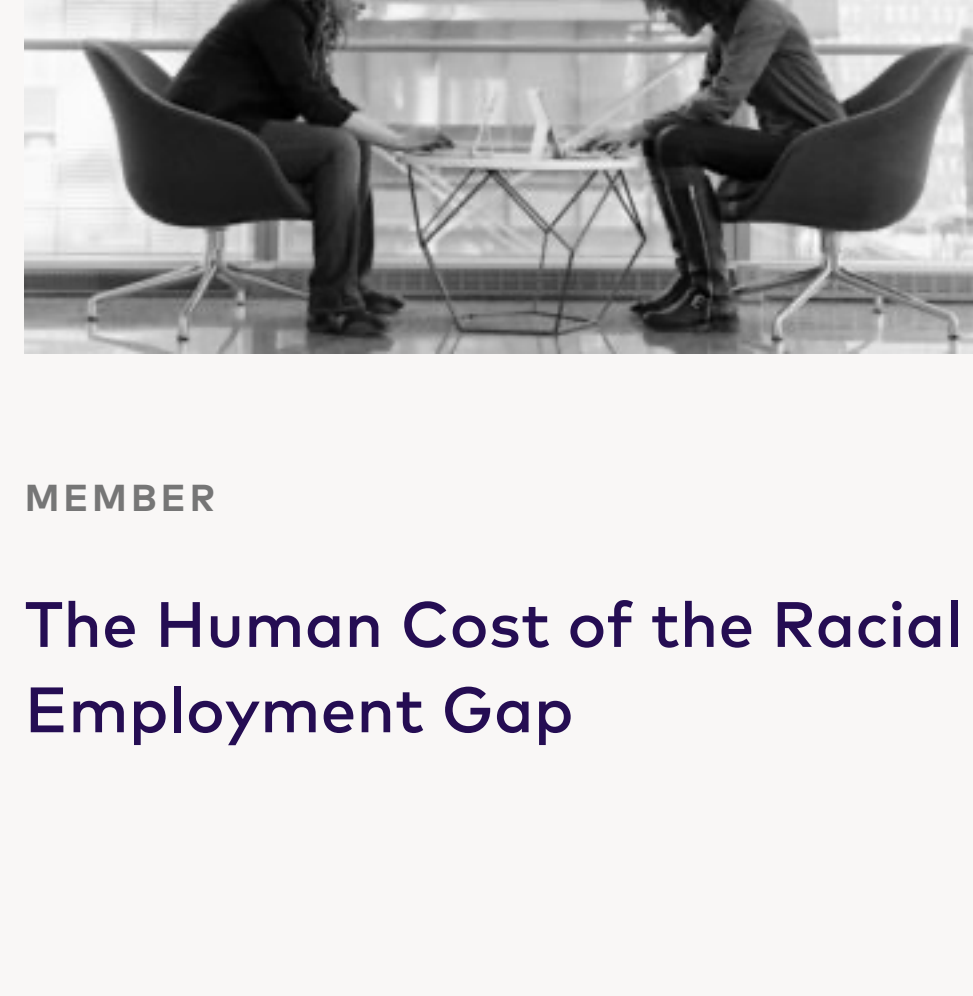


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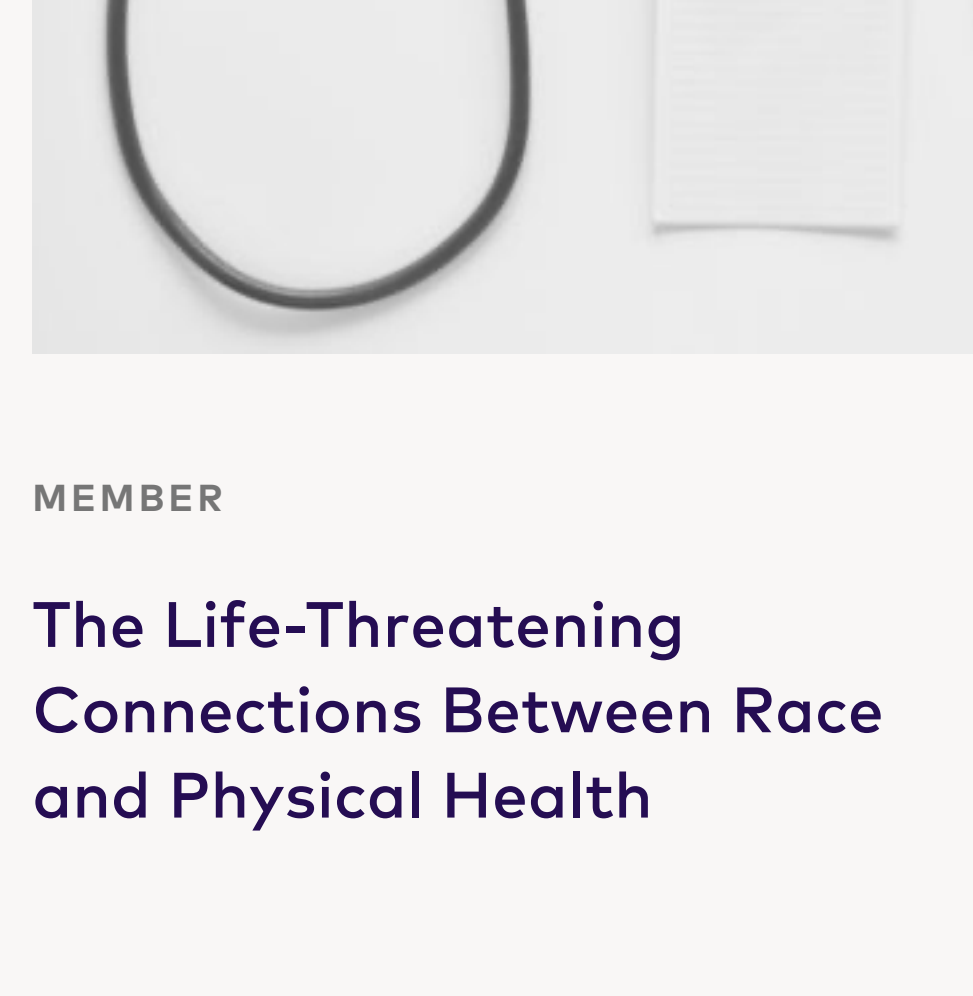
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### The Importance of Health Equity and How We Can Work to Achieve It



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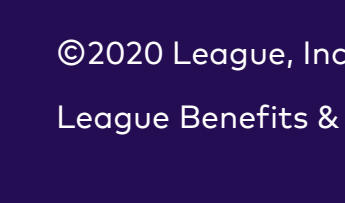
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