

Addressing and Eliminating Systemic Racism in the Healthcare System

Suggested Actions and Implications for HealthCareCAN Members



OVERVIEW

HealthCareCAN supports actions to address and eliminate systemic racism in the healthcare system and to improve inequities that undermine the health of Canadians. In this brief, HealthCareCAN overviews actions and offers suggestions for healthcare organizations to undertake to address systemic racism and social disparities.

CURRENT SITUATION

In the wake of social justice demonstrations taking place across Canada and the world earlier this year, Prime Minister Justin Trudeau acknowledged that “There is systemic discrimination in Canada, which means our systems treat Canadians of colour, Canadians who are racialized, differently than they do others.” The systemic racism and social inequities experienced by Black, Indigenous and people of colour (BIPOC) is an

urgent matter we can no longer overlook. The federal government has pledged to address systemic racism, and “committed to do so in a way informed by the lived experiences of racialized communities and Indigenous Peoples.”¹

Racism undercuts our nation’s ability to ensure good health and racialized communities face a healthcare system with a history of institutional racism and deep-rooted cultural biases.^{2,3} In October, Indigenous Services Minister Marc Miller held a high-level emergency meeting of ministers and Indigenous leaders to address and eliminate systemic racism in the health system. This followed after Joyce Echaquan, a member of the Atikemekw Nation of Manawan, died at a hospital in Juliette, Quebec after seeking emergency medical care. Ms. Echaquan filmed staff members make disparaging and insulting comments to her as she lay dying in a hospital bed.

The meeting included Crown-Indigenous Relations Minister Carolyn Bennett, Health Minister Patty Hajdu and the Hon. Daniel Vandal, Minister of Northern Affairs, in addition to Indigenous health care officials, provincial representatives, Indigenous health and civil society organizations and provincial and federal health care organizations, including HealthCareCAN. A second gathering is to take place in January 2021 for government, Indigenous leaders and health organizations to co-design concrete actions to change the course of systemic racism across the Canadian healthcare system.

ADDRESSING ANTI-INDIGENOUS RACISM IN CANADA’S HEALTHCARE SYSTEM

As described in the recently published report addressing Indigenous-specific racism and discrimination in British Columbia’s healthcare system, *In Plain Sight*, “Systemic racism requires systemic action to address it, including to address deficiencies in governance, leadership, education, policy, transparency, regulation, complaints processes and accountability.”

The United Nations Declaration on the Rights of Indigenous Peoples is considered a crucial tool in addressing systemic racism for Indigenous Peoples in Canada. On December 3rd, 2020, the federal government tabled legislation to implement the UN Declaration. If passed, the bill would require the federal government to work with First Nations, Metis, and Inuit to take all necessary measures to ensure Canadian law is in harmony with the rights and principles set out in the UN Declaration. Adoption and implementation of the UN Declaration as a framework for reconciliation was identified as one of the 94 *Calls to Action* in the Truth and Reconciliation Commission’s landmark report.

HealthCareCAN is committed to reconciliation and advancing the health-related *Calls to Action* within healthcare organizations. Our report, entitled *Bringing Reconciliation to Healthcare in Canada: Wise Practices for Healthcare Leaders*, gives guidance to health leaders, including Boards of Directors, Executive Teams, and other senior administrators on ten “Wise practices” (Appendix A) organizations can employ to effect change at the level of the organization or institution. HealthCareCAN is recommending these 10 wise practices for healthcare leaders in-light of concrete solutions to address the issue of racism in health care and close the gaps in inequalities between Indigenous and non-Indigenous people.

¹ Government of Canada (2020). *A Strong and More Resilient Canada: Speech from the Throne*. <https://www.canada.ca/en/privy-council/campaigns/speech-throne/2020/stronger-resilient-canada.html>

² Hon. Dr. M.E. Turpel-Lafond (2020). *In plain sight: addressing Indigenous-specific racism and discrimination in B.C. health care*.

³ Public Health Agency of Canada (2019). *Addressing stigma: towards a more inclusive health system*.

SUGGESTED ACTIONS TO ADDRESS AND ELIMINATE RACISM IN THE HEALTH SYSTEM

Actions to eliminate systemic racism in the healthcare system are a pressing subject of consideration by healthcare organizations across the globe. [HealthCareCAN members have shown innovative and multi-faceted efforts](#) to address and close the racial and social disparities in health care and improve the health and well-being of Black, Indigenous and people of colour. This important issue demands continued action and here are five measures that health organizations can take right now to begin to address racism in the healthcare system. Each suggested measure is followed by a brief description of examples or scenarios.

ADDRESS SOCIAL INEQUITIES

Although this scenario is aimed at concrete actions to address the social inequities within the context of COVID-19, comprehensive and effective policies and practices that affect change in socio-economic disparities will have lasting beneficial health and well-being outcomes.

In the midst of a resurgence of COVID-19 across much of Canada in the fall of 2020, reducing racial disparities in health care will be crucial to prevent COVID-19 outbreaks. Epidemiological data shows that racially diverse neighbourhoods are disproportionately affected by the COVID-19 pandemic.

Neighbourhood “COVID-19 hot spots” maps published by Toronto and Ottawa Public Health, for example, show that low-income and racialized neighbourhoods in these cities have higher rates of transmission of COVID-19. Residents of these neighbourhoods often live in multi-person dwellings, are frontline workers who cannot work remotely, have little or no job security or sick leave, and they are more likely use transit to go to work, school, run errands, and go to medical appointments.

As suggested by community leaders, local, accessible, culturally safe, and nimble testing for residents in racialized, low-income neighbourhoods is essential. If a person tests positive there must be options available for the person to self-isolate if they live in a multi-person dwelling and support must be available to families who may depend on a single individual’s income for food and rent.

INCREASE DIVERSITY IN THE HEALTH AND HEALTH RESEARCH WORKFORCE

Increasing the diversity of the healthcare workforce and in the health and life sciences sector at-large is necessary to address systemic racial discrimination in healthcare and health research. Progress is being made in this area: the highest number of Black students ever were admitted to the University of Toronto’s Faculty of Medicine for the Fall 2020 semester⁴.

However, structural barriers, such as cost of attaining post-graduate education contribute to this lack of diversity. BIPOC students are also much more likely to experience discriminatory comments and public humiliation during their clinical training, for example, and within the workplace. Collaboration and partnerships with organizations such as [Black Physicians of Canada](#) and the [Canadian Black Scientists Network](#), are important steps to alleviate racial discrimination in the fields of medicine and science and promote a culturally and psychologically safe workplace.

⁴ Institute for Canadian Citizenship (2020). <https://www.inclusion.ca/article/racism-in-canadas-health-care-system-was-a-risk-to-bipoc-canadians-before-covid-19/>

FOSTER EQUITY, DIVERSITY, AND INCLUSION MEASURES

A coordinated systems-level response to equity, diversity, and inclusion (EDI) is required in the workplace. Representation matters at all levels of the healthcare system.

The Ontario Hospital Association's (OHA) Health Research and Innovation Committee created an Anti-Racism task force in the summer of 2020. The task force goal is to identify common issues across research institutions and provide prospective solutions to challenge and change the values, structures, and behaviors that perpetuate differential treatment on the basis of racial and ethnic identity within the hospital research ecosystem. The intent is to leverage existing Equity, Diversity, Inclusion, and Accessibility efforts and insights that can be applied more broadly, including maximizing opportunities for coordination and collaboration.

The task force is populated by a diverse group of representatives from hospitals across the province, including researchers and staff, with expertise and interest in EDI. Two Vice-Presidents of Health Research serve as task force Champions (Dr. Allison Sekuler, Vice-President Research, Baycrest Health Sciences, and Dr. Jason Berman, CEO & Scientific Director, CHEO Research Institute), and liaise between task force members and the Health Research and Innovation Committee. In addition to meetings of the full group, four Rapid Action Working Groups have been established each chaired by a volunteer member, focused on issues related to:

1. Research Institutes as a workplace (including issues of recruitment, retention, and recognition);
2. Participation in Research (including design of, and recruitment for, foundational research, translational research, and clinical trials);
3. Scholarships, Grants, and Application Processes (including both internal and externally sponsored applications), and
4. Mentors, Role Models, and Youth Engagement.

Each of these Rapid Action Groups has been tasked with identifying short-, medium-, and long-term recommendations and solutions that will be shared and consolidated across the Rapid Action Working Groups, and advanced for adoption and further dissemination to Ontario's hospital-based research institutes. HealthCareCAN is pleased to collaborate to include input from and spread these best practices across Canadian research institutions and member organizations. The intent is that that these solutions will be shared collectively and implemented locally as deemed appropriate, and whenever possible, hospitals will work collaboratively with each other, and with partner academic institutions, in advancing solutions across institutes.

DEVELOP CULTURAL SAFETY TRAINING AND GUIDANCE

Individuals who have prior experience of racial discrimination in a healthcare setting might avoid seeking medical care, resulting in severe, even fatal consequences. A lack of culturally safe care keeps Black, Indigenous and people of colour from receiving equitable, accessible, and quality healthcare services.

[The San'yas Indigenous Cultural Safety training program](#) delivered by the Provincial Health Services Authority (PHSA) of British Columbia is described as a unique educational initiative which provides organizations and professionals with the knowledge, self-awareness, and skills to promote safe experiences for Indigenous people in the healthcare system. Cultural safety training programs like this are necessary to foster positive relationships between racialized groups, care providers and health organizations.

Along with training programs, cultural safety guidance helps strengthen the practice of culturally safe healthcare. E.g. the Royal College of Physicians of Surgeons of Canada developed [cultural safe guidance for clinicians during the COVID-19 pandemic](#).

IMPROVE NAVIGATING THE SYSTEM

Provincial and territorial healthcare systems are complex. Alberta Health Services recently hired a “patient navigator” to help Indigenous people find their way through the complicated health care system. The new position is a three-year research project that could see similar positions open across the province or the country. Patient navigators are not a new concept to the health system, many provinces and territories have patient navigators to help patients navigate their cancer care.

IMPLICATIONS

HealthCareCAN will participate in the federal government’s second *Urgent Meeting to Address Racism Experienced by Indigenous Peoples in Canada’s HealthCare Systems* in January 2021. Governments, Indigenous and health organizations will bring forward proposed and implemented measures. HealthCareCAN will profile our members’ actions on anti-Indigenous racism and will keep members informed to include their voice in the January meeting.

HealthCareCAN is asking members to complete a short survey about the approaches we can adopt to support health organizations. This will help us as we prepare for the January 2021 gathering. The survey will take 5 to 10 minutes to complete and we are asking for your responses by January 15, 2021.

- [SURVEY HERE](#) -

HealthCareCAN and its members across the country champion the critical importance of inclusion, diversity, and creating culturally and psychologically safe workspaces that serve all Canadians with humility, empathy, and compassion. Read the [HealthCareCAN Statement Against Racism](#) adopted by the HealthCareCAN Board of Directors in June 2020.

The Ministry of Innovation, Science and Industry launched a new campaign to increase diversity in the workplace. The 50-30 Challenge is a joint initiative with the private sector to advance and recognize diversity across Canada. Minister Bains announced an investment of \$33 million for the Challenge. Several HealthCareCAN members are some of 470 participating organizations which have already signed up for the challenge! More details on the 50-30 Challenge, including how to participate, can be found [here](#).

As an important step to work towards achieving a more equitable, diverse and inclusive health and research community in Canada, HealthCareCAN is instituting an Equity, Diversity and Inclusion policy for its Board of Directors. HealthCareCAN has also recently held a consultation session at its December VPR meeting with Dr. Tammy Clifford, Vice-President, Research Programs, CIHR, to discuss [Canadian Institutes of Health Research](#) EDI initiatives.

Collaboration among our partners and stakeholders is key to eliminate systemic racism within the healthcare system and to break down barriers in accessing appropriate and culturally safe care. HealthCareCAN is also pleased to support a new project being developed by HealthCareCAN Board member Dr. Alika Lafontaine focusing on a new software system to promote the confidential reporting of incidents that will promote quality improvement and limit risk to healthcare organizations.

HealthCareCAN is committed to using our voice to fight racism and to work on ways to eliminate social disparity and marginalization that so severely undermines the health of Canadians. As the first approved COVID-19 vaccine rolls out across Canada, the healthcare community has to earn the confidence and trust of historically marginalized Canadians. A national vaccine campaign will not be successful without the inclusion of Black, Indigenous and people of colour.

FOR FURTHER INFORMATION

HealthCareCAN remains attentive to our members – if your organization has any questions or feedback in connection with these developments, we encourage you to contact us.

Emily Follwell
Policy and Research Analyst
efollwell@healthcarecan.ca

Jonathan Mitchell
Vice President – Research and Policy
jmitchell@healthcarecan.ca

Appendix A: Wise Practices for Healthcare Leaders

Policy and Systems Change

1. Support local First Nations, Inuit, and Métis leaders in conjunction with their national counterparts at the Assembly of First Nations, Inuit Tapiriit Kanatami, and Métis National Council as they negotiate, develop, implement, and evaluate health transformation agreements, and advocate for policy and systems change.

Community Engagement

2. Identify key stakeholders for community engagement and build relationships with them. Stakeholders include representatives from local and regional FN/I/M governments and local Indigenous health service organizations, Indigenous clients, and others. When reaching out to key stakeholders, follow engagement protocols articulated by their respective organizations. Create partnership agreements that include process evaluations and accountability measures for any shared initiatives related to Indigenous health and wellness.
3. Make reconciliation and Indigenous health equity part of the organization's strategic plan.

Recruitment and Retention of Indigenous Staff and Health Care Providers

4. Promote the involvement of Indigenous peoples in the organization by recruiting them for governance and leadership positions, advisory circles, community liaisons, Elders' councils, and other roles; formalize reporting and action-based accountability by the non-Indigenous leadership to prevent tokenistic or non-meaningful engagement.
5. Recruit, retain, and mentor Indigenous staff and health care providers at all levels of the organization, including procurement; create working and learning environments where they can thrive, and where Indigeneity and Indigenous knowledge are valued.

Anti-Racism and Cultural Safety Education

6. Provide anti-racism and cultural safety education to all members of the organization; develop and implement safe processes for both employees and clients to debrief racist or culturally unsafe experiences in the organization; develop and implement processes to document these instances and track progress.
7. Support Indigenous learners in the health professions by creating safe and respectful clinical learning environments that are free of racism and discrimination; participate in health science outreach programs for younger students.

Indigenous Client Care and Outcomes

8. Enhance the journey of Indigenous clients through the practice of trauma-informed care and programs such as Indigenous navigators, access to traditional foods and healing practices, support from Elders, and land-based healing; the specific initiatives should emerge from the recommendations made by local Indigenous communities, advisors, and clients.
9. In jurisdictions where data related to race and ethnicity is available, track health outcomes for Indigenous vs. non-Indigenous clients in the organization; appropriate Indigenous data stewardship agreements must be developed and followed.
10. Understand and support changes to address Indigenous social determinants of health.