

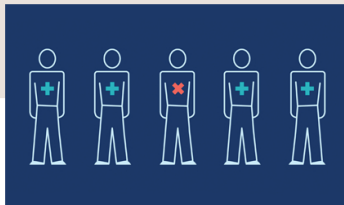
Health Article

5 ways race affects health in Canada

Racial bias affects health care in Canada. Understanding the health disparities that racialized and Indigenous peoples face can help create equal care for all Canadians.

JANUARY 17, 2022

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By Paula Kehoe

As Canadians, we may think that we have less racism than our neighbours to the south. But skin colour and ethnicity play a large part in diagnosing and treating people. Racialized and Indigenous Canadians [get sick more and face barriers](#) when they seek health care.

Experts are saying we need to address systemic racism in the health-care system. "We are all either overtly or inadvertently racist," the Canadian Public Health Association [said](#) in a 2018 statement.

More recently, the Black Lives Matter [movement](#) has gained momentum. With it have come appeals to dismantle racism and implicit bias. Health leaders have called on the Ontario government to declare anti-Black racism a [public health crisis](#).

Why are certain groups of people getting different care?

Racial inequality in health-care is often indirect, subtle and systemic, says a [report](#) published by the Ontario Human Rights Commission (OHRC). According to the OHRC report, these 5 factors contribute to health-care disparities:

1. Socio-economic status. Racial minorities are more likely to work in lower paying jobs without access to quality food, housing or education. This makes it harder to exercise and eat a healthy diet. It also makes it harder to get health care early to prevent a health issue from getting worse.
2. Representation in the medical profession. The OHRC says there is employment discrimination in Canada, including when it comes to promotions. Many immigrants also struggle to transfer their qualifications to Canada.
3. Communication. Poor communication between health-care providers and their patients hurts health. Communicating well builds trust, avoids mistakes and helps people get proper care.
4. Culturally sensitive care. While caring for a patient, health-care providers need to be sensitive to the patient's diversity and cultural traditions. This can be about the food served at hospitals, who treats whom, and language supports, among other things.
5. Health care decisions and outcomes. The OHRC cites studies that have shown racialized groups are less likely to get surgery than white people. They may also be less likely to get basic treatments for heart attacks and pain, for example. Racialized and Indigenous people are more likely to get many health conditions and die early.

How does race affect your chances of getting sick?

[Black](#), other racialized and [Indigenous communities](#) are more likely to get many chronic conditions. Where they live, work, poverty and health care all play a role. Here are some examples of health conditions where race plays a role.

Covid-19

The [Public Health Agency of Canada](#) has ongoing work to collect race-based data. [Data collected in Ontario](#) shows that white Ontarians had the lowest rates of COVID-19 infection. In the U.S., [data](#) shows COVID-19 has put racial and ethnic minority groups more at risk of getting sick and dying from the virus. In Canada, we know that many Black people work in [front-line jobs](#) like nursing and personal support work. They are more affected by the pandemic's financial strain too. For Indigenous people, close quarters and limited resources [increase](#) their vulnerability to the virus.

Diabetes

Your [race](#) affects your risk of diabetes. Those with the following ethnic background have a higher risk:

- African
- Arab
- Asian

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Diabetes [rates](#) are 3 to 5 times higher in Indigenous populations in Canada and they're often diagnosed younger. Indigenous women also experience higher rates of diabetes during pregnancy than non-Indigenous women.

Heart Disease

Heart disease [rates](#) for Indigenous people are as much as 50 per cent higher than in non-Indigenous populations. And the death rate from stroke is twice as high. One [study](#) showed that South Asian people have some of the highest rates of heart disease in Canada, compared to white people. Death rates for coronary artery disease are also high.

Maternity Care


We don't have the [full picture](#) of how often Black moms die during child birth. However, a 2015 [study](#) by McGill University found that Black women in Canada have substantially higher rates of premature births than white women. The numbers echo the [disparities](#) seen in the U.S.

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