CNA's Key Messages on **Anti-Black Racism in Nursing and Health**

KEY MESSAGES

- Anti-Black racism is a public health crisis in Canada, creating and reinforcing serious health and social inequities for Black Canadians.
- The absence of health data on race and ethnicity prevents us from fully understanding disparities in care and health outcomes. This has led to gaps in research on the relationships between race, ethnicity, racism and health.[1, 2, 3] CNA supports the call for enhanced collection and analysis of race and ethnicity data in partnership with racialized communities. We further call for collaborative structures to ensure identified health disparities are addressed.[4]
- CNA acknowledges that anti-Black racism is a part of the history of Canadian nursing and has contributed to a lack of representation of Black nurses in leadership and advanced practice positions.
- CNA is committed to listening to and learning from our members, patients and communities about how we can overcome anti-Black racism and take decisive actions to address systemic racism within the profession.
- CNA is committed to reviewing our own policies, procedures, practices and training to ensure they are anti-racist and anti-oppressive.
- CNA calls on all levels of the nursing profession — including students and faculty, recruitment and retention specialists, and entry-to-practice and career nurses — to incorporate innovative strategies to address anti-Black racism within their processes and institutions. In particular, nursing schools should integrate anti-racist and anti-oppressive pedagogies in their curriculums.

ANTI-BLACK RACISM IN CANADA

Black, Indigenous and people of colour in Canada have been subjected to racism that has plagued Canada since its inception. In particular, the recent tragic events of violence and brutality in the United States have brought into sharp focus the impacts of anti-Black racism on Black Canadians. The history of Black people in Canada spans over 400 years, with significant contributions to our nation's deep and rich history.[5] The violent

history of colonization and slavery in Canada have laid the foundation for anti-Black racism to permeate society today. Anti-Black racism, which refers to racism targeting Black people, can be used by individuals as well as institutions to reinforce beliefs, attitudes, stereotypes and discrimination, often through longstanding policies and practices.[6, 7] The dialogue has never been more pronounced than it is now and it is time to take action to identify, eliminate and heal communities from this crisis.

ANTI-BLACK RACISM AND HEALTH

Racism is an important determinant of health, contributing to unacceptable health and social inequities. While there is no quick fix to this massive systemic problem, CNA believes ongoing racism and discrimination are root causes of health disparities. This needs to be tackled aggressively at all levels.

Anti-Black racism continues to reinforce inequitable outcomes for Black people in Canada. Research has found that race is related to other social determinants of health, leading to significant disparities for Black communities in terms of life expectancy,[8] diabetes,[9] household food insecurity,[10] and rates of those who are considered the working poor.[11] In addition, the impact of experiencing racism affects psychological and physiological well-being.[12] However, this data only tells a small part of the story.

It has been well documented that health data for Black people is unavailable because it is not collected consistently. The collection of race and ethnicity data is inconsistent between provinces and across health systems. The COVID-19 pandemic has made this problem conspicuous in Canada. The U.S., for example, is showing an increasing fatality rate for Black and Latino COVID-19 cases; in Canada, national data for Black communities is unavailable, so we are left to rely on neighbourhood demographic data to infer the increased burden in some Black communities.[13] Without this data, the gaps in services and health challenges remain invisible, making much-needed targeted interventions and policies difficult or impossible. The same claim can be made for health research more broadly, where a lack of race and ethnicity data makes it challenging for health-care providers to do what's best for their patients.

Systemic anti-Black racism within the health-care system has also affected access to services, with some people reluctant to seek care due to racist and discriminatory experiences and, therefore, potential under-screening.[14, 15, 16] In particular, patients can lose trust in the system when access to mental health services is limited or linked to interactions with police.[17] Trust can also be undermined when clinical tools fail to address unique risk protective factors of Black communities.[18] Tailored services developed in partnership with communities are needed to address their concerns and develop culturally competent health assessments; this should be accompanied by a review of policies and procedures that aims to improve equity and eliminate racism.[19, 20]

Anti-racist and anti-oppressive interventions should be a routine part of all nursing practice. Nurses need to be equipped with the knowledge and skills to apply culturally competent and anti-racist interventions and treatments essential to supporting Black communities. It is also important to ensure that the workforce represents the population we serve. Although race and ethnicity data is not collected nationally on the nursing

workforce, research has identified that Black nurses are underrepresented in the workforce and particularly in leadership, senior and advanced practice roles. This also impacts services, as clients may find greater comfort in seeing health-care providers who look like them.

ANTI-BLACK RACISM AND NURSING

Nurses and all other health-care providers are just as susceptible to unconscious racial bias or inappropriate beliefs that can affect interactions with patients, communities and even fellow co-workers.[21] Historically, Canadian nursing schools, administrators, associations and regulatory bodies have all contributed to establishing white, European-centric models of nursing and health,[22] thus explicitly or implicitly maintaining anti-Black racism. For example, in academia, prospective Black students were refused admission into nursing schools until the 1940s[23] and institutions continue to lack anti-racist and anti-oppressive curricula within nursing education.[24, 25] In the workforce, nurses have experienced racism and discrimination[26] and there continues to be a lack of diverse representation in leadership, senior and advanced practice positions.[27]

Individual and systemic action is needed to de-colonize the nursing profession and ensure the profession can continue to provide safe, compassionate and ethical care to Black and racialized clients and communities.

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