

Anti-Black Racism and Discrimination in Nursing

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RESEARCH
INSTITUTE

Equity, Diversity and
Inclusion Office

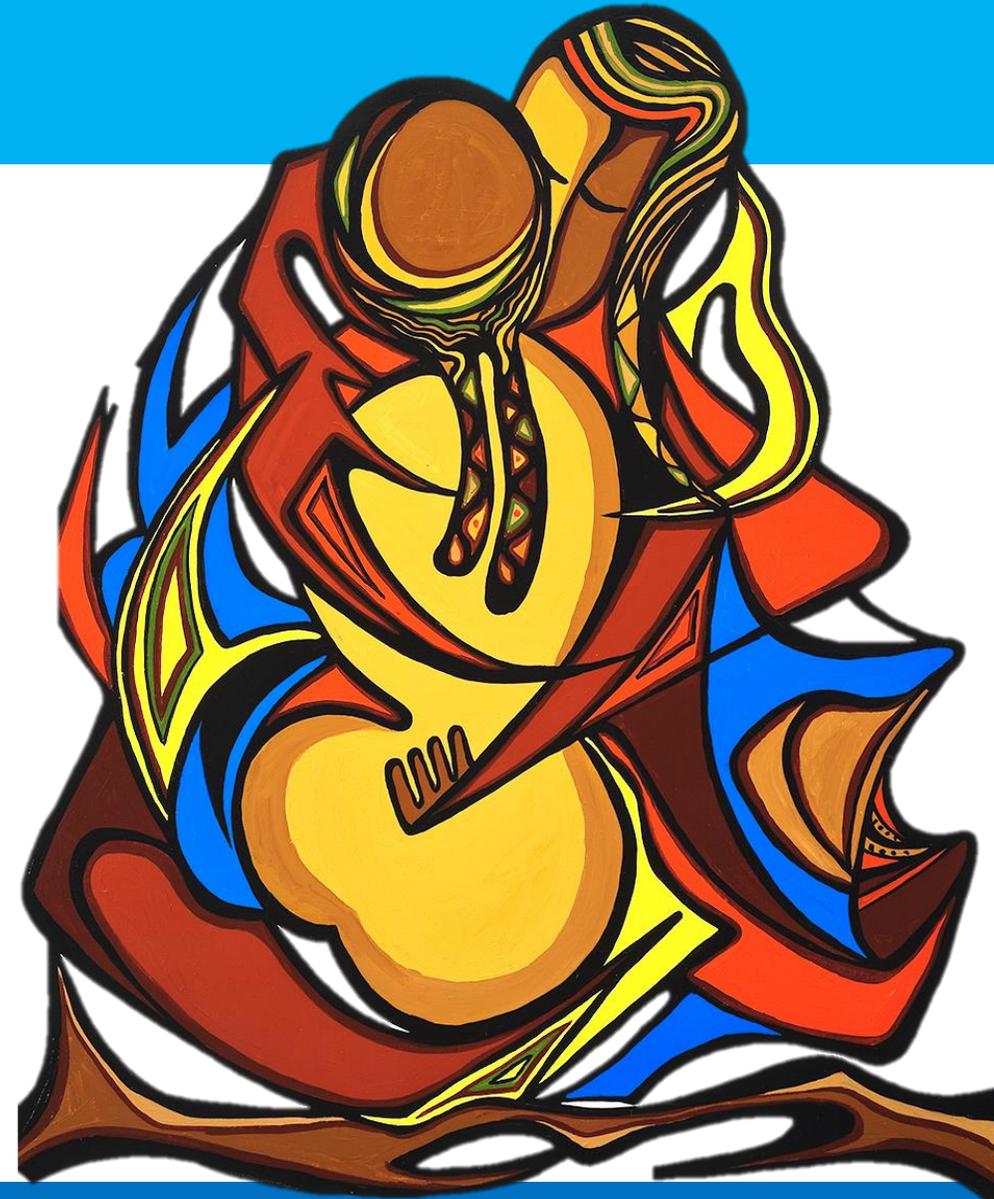


Suzanne M. Charles Watson
Snr. Program Manager, EDI
The Hospital for Sick Children
Research Institute

Land Acknowledgment

I recognize the enduring presence of Indigenous peoples connected to this land for thousands of years.

I am grateful for the opportunity to gather on this land; and work to in service of social justice.



In Solidarity

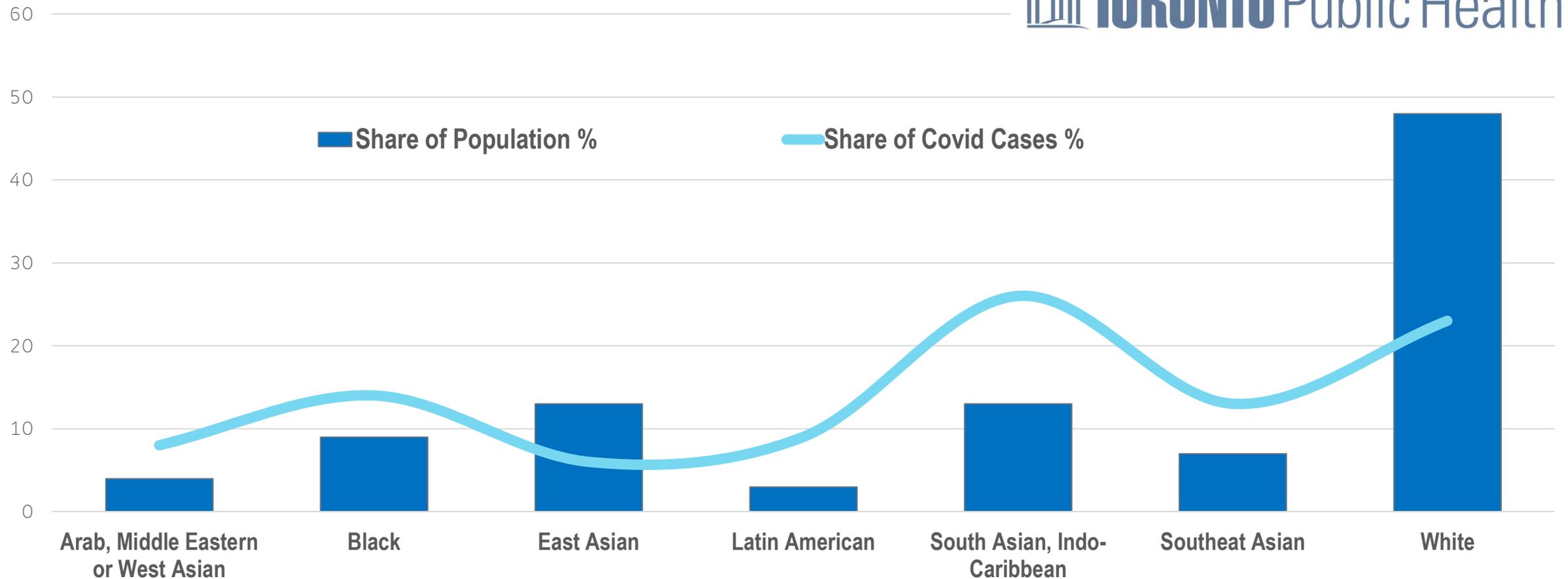


Solidarity
WE ALL ARE EARTH CITIZENS

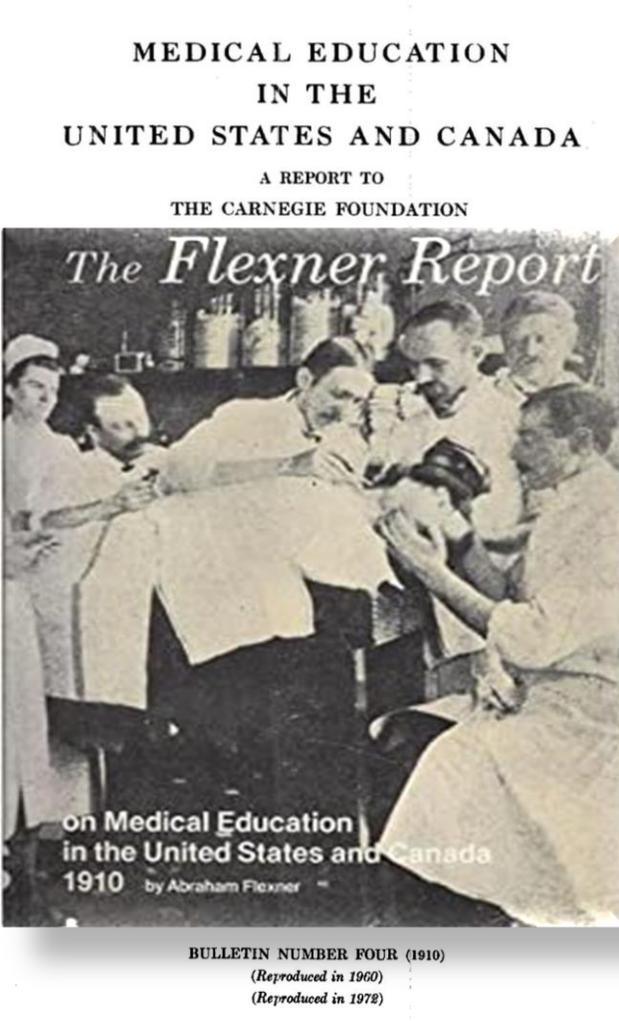
Social Determinants of Health



Social Determinants of Health



Historical Context



Race, gender, region, and class all intersect in the formation of ...a very narrow window of possibility... premised on Flexner's own indifference towards women, ...patronizing of Blacks and outright dismissal of Black women...a myopic and contingent equality that still reverberates in medical institutions and practice now.

The Flexner Report: Standardizing Medical Students Through Region, Gender, and Race-based Hierarchies
<https://www.racism.org/index.php/en/articles/basic-needs/health/access/2183-the-flexner-report-standardizing>

Progress for Whose Future? The Impact of the Flexner Report on Medical Education for Racial and Ethnic Minority Physicians
https://journals.lww.com/academicmedicine/Fulltext/2010/02000/Progress_for_Whose_Future_The_Impact_of_the.20.aspx

Historical & Contemporary Context

THE FOUR ^{OF} DIMENSIONS **RACISM**

INSTITUTIONAL

Policies and practices that reinforce racist standards within a workspace or organization.

STRUCTURAL

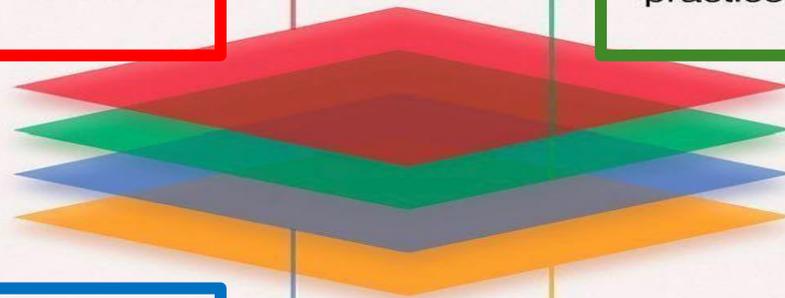
Multiple institutions collectively upholding racist policies and practices, i.e. society.

INTERPERSONAL

Racist acts and micro-aggressions carried out from one person to another.

INTERNALIZED

The subtle and overt messages that reinforce negative beliefs and self-hatred in individuals.



**Slow Factory
Foundation**

*Inspired by
Race Forward Trainings*

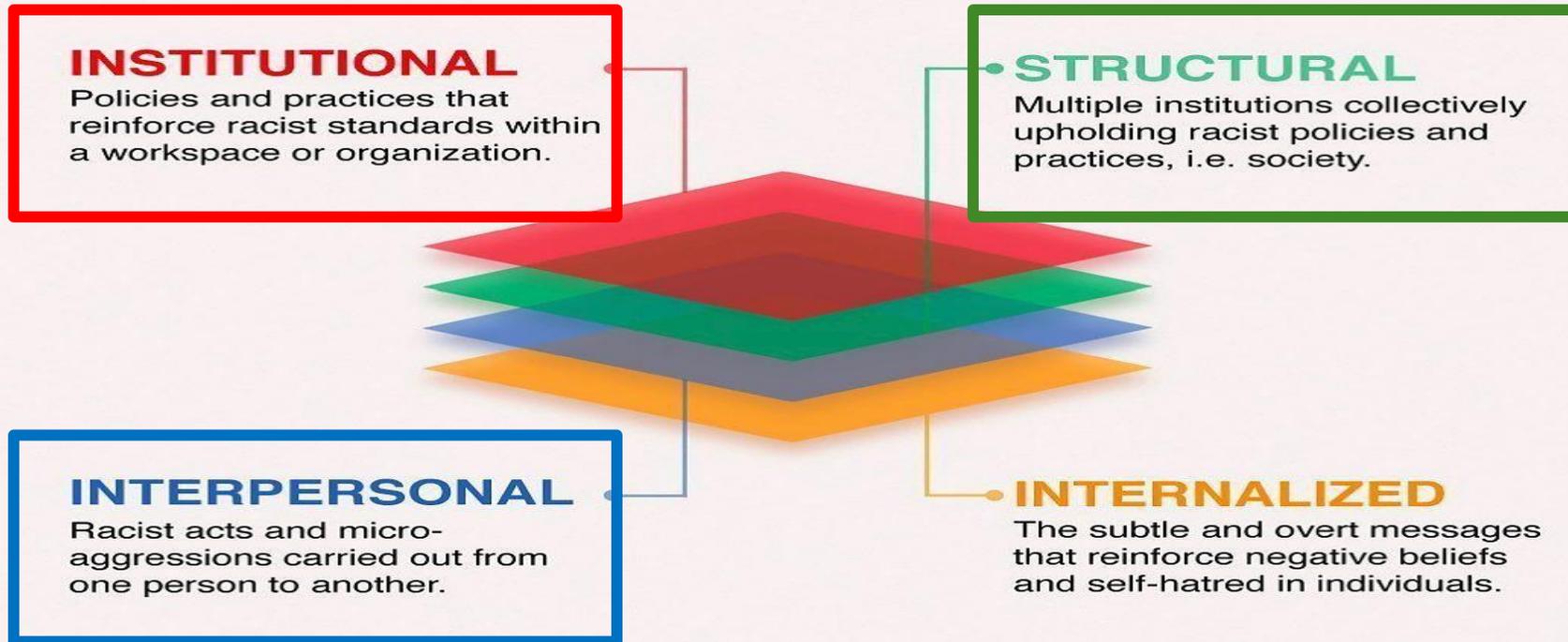


UNITED NATIONS
HUMAN RIGHTS
OFFICE OF THE HIGH COMMISSIONER

1. Infrastructure
2. Power
3. Rights and privileges
4. Denial of access
5. Long-established prejudices

Historical & Contemporary Context

THE FOUR OF DIMENSIONS **RACISM**



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Ontario
Human Rights Commission
Commission ontarienne des
droits de la personne

1. Patterns of behaviour
2. Policies or practices
3. Structures of an organization
4. Disadvantage
5. Fail to reverse the ongoing impact and legacy of historical disadvantage of racialized persons.

Anti-Black Racism



The term ‘Anti-Black Racism’ was first expressed by Dr. Akua Benjamin. It highlights:

1. the unique nature of systemic racism on Black-Canadians
2. the history as well as experiences of slavery and colonization of people of Black-African descent in Canada.

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.

Anti-Black Racism

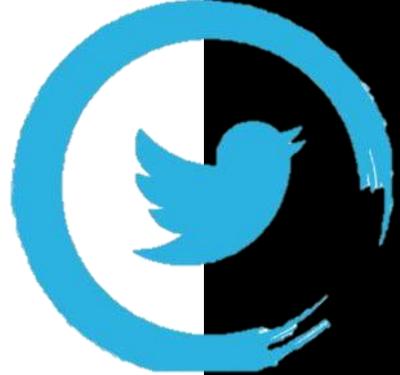


Nursing curriculum continues to be riddled with colonial, anti-Black, heteronormative and hegemonic content. For most of nursing's history, aspiring nurses have been taught how to care for white, straight and gender-binary patients. If this is not you, even a routine hair, skin or health history assessment can pose a challenge.

Recognizing History Of Black Nurses A First Step To Addressing Racism And Discrimination In Nursing

Keisha Jefferies - May 13, 2020

Anti-Black Racism



Anti-Black racism exists in social structures across Canada. Longstanding negative impacts of these structural determinants of health have created and continue to reinforce serious health and social inequities for Black people in Canada. Like all sectors of society in Canada, the nursing profession has taken part in this centuries-old injustice, even if unintentionally, helping to reinforce and maintain it. CNA is committed to joining a global movement to dismantle these practices.



Anti-Black Racism

.... impacts the health and well-being of patients, from the care we provide to the inequitable outcomes we see in the health disparities literature.

There is a growing body of evidence to support the need for open and honest discussions about race, racism, and their impact on health disparities in medical education. Recently, there have been calls to action to move beyond these outdated frameworks and to explicitly name and discuss race, racism, and other forms of oppression as a social determinant of health.



HEALTH

Black neighbourhoods in Toronto are hit hardest by COVID-19 — and it's 'anchored in racism': experts



By **Olivia Bowden & Patrick Cain** · Global News

Posted June 2, 2020 3:18 pm · Updated June 2, 2020 3:28 pm

as



Frameworks

*... we all dread them. We can call those **Courageous Conversations**, because they oftentimes require so much courage to handle....*

On the other hand, there is the other option — avoidance. We might have tried that option before, even several times. The reality is that in a situation where a courageous conversation needs to take place, avoidance will only lead to a deterioration of the situation.

Dr. Michelle Rozen (2015)

Frameworks



Glenn E. Singleton, Founder of Pacific Educational Group



- STEP **1**
- STEP **2**
- STEP **3**
- STEP **4**

RACIAL LITERACY
 This is the ability to understand what race is, why it is, and how it is used to reproduce inequality and oppression.

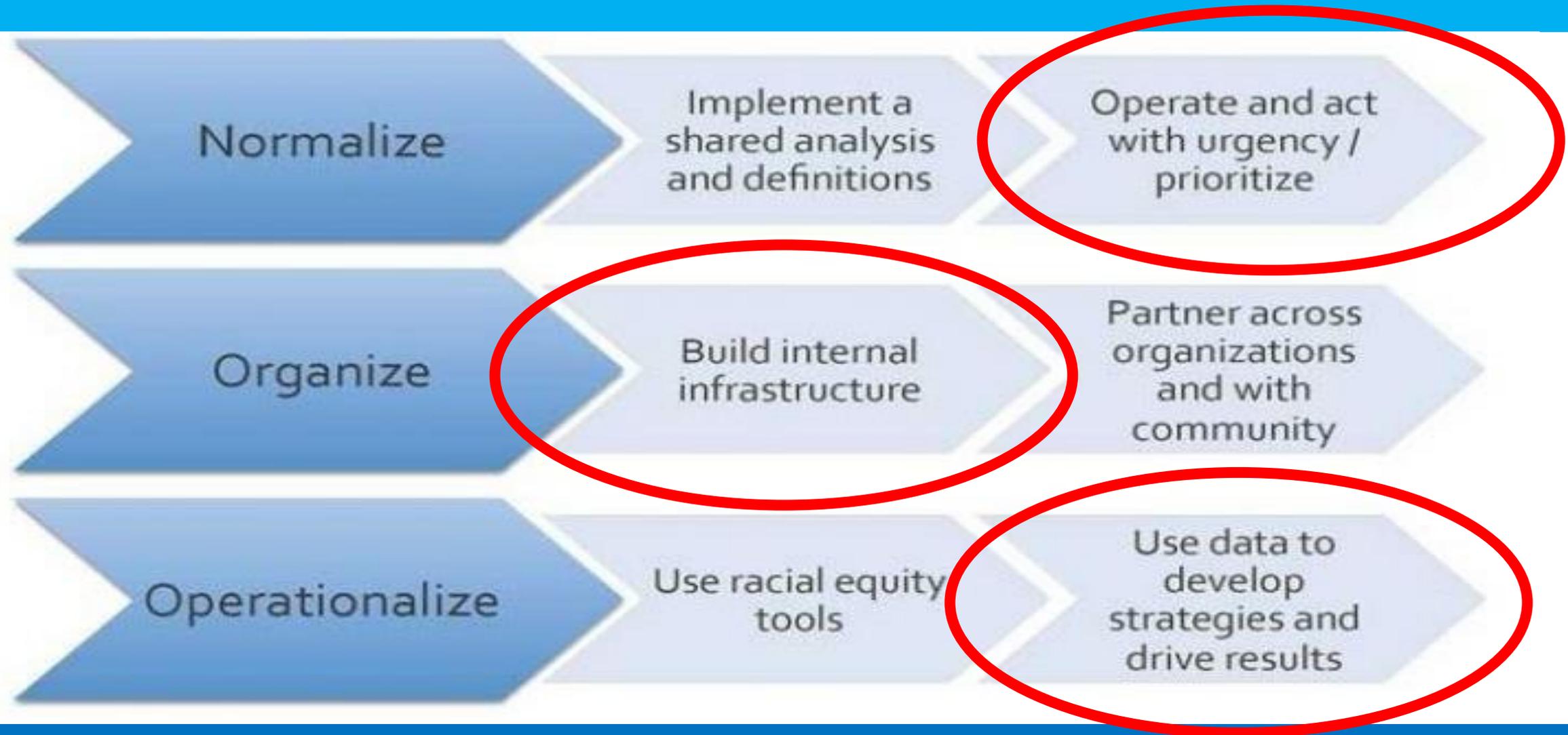
RACIAL REALISM
 This is the acknowledgment of the history, pervasiveness, and salience of race and racism in U.S. society, including its schools, and the pitfalls associated with liberal education ideology, policy, and practices.

RACIAL RECONSTRUCTION
 This is the process of ascribing new meaning to race in order to transform the ways we think about and subsequently, act on, our racial assumptions, attitudes, and biases.

RACIAL RECONCILIATION
 This is the process that seeks to heal the soul wounds and damage that has been done in schools and society as it relates to race and racism.

Coined by **France Winddance Twine**
 Professor of Sociology,
 University of California at Santa Barbara

Frameworks



Frameworks



Inclusion as a Growth Strategy:

INCLUSIVE HIRING AND INCLUSIVE WORKING

How do you create inclusive cultures that attract top talent, strengthen the employer brand, and build high-performance teams to generate growth?

Build Inclusion Into the Structure

Create a strong infrastructure for best practice sharing and open communication.

Let People Grow Out of Your Department

Allow people to use their talents in different ways, to learn about other positions throughout the organization, and to continue to build their skill sets.

Break the Cycle of Exclusion

Understand that experience and education are not the only indicators of potential. Give at least equal weight to individual capabilities.

Be Truly Authentic

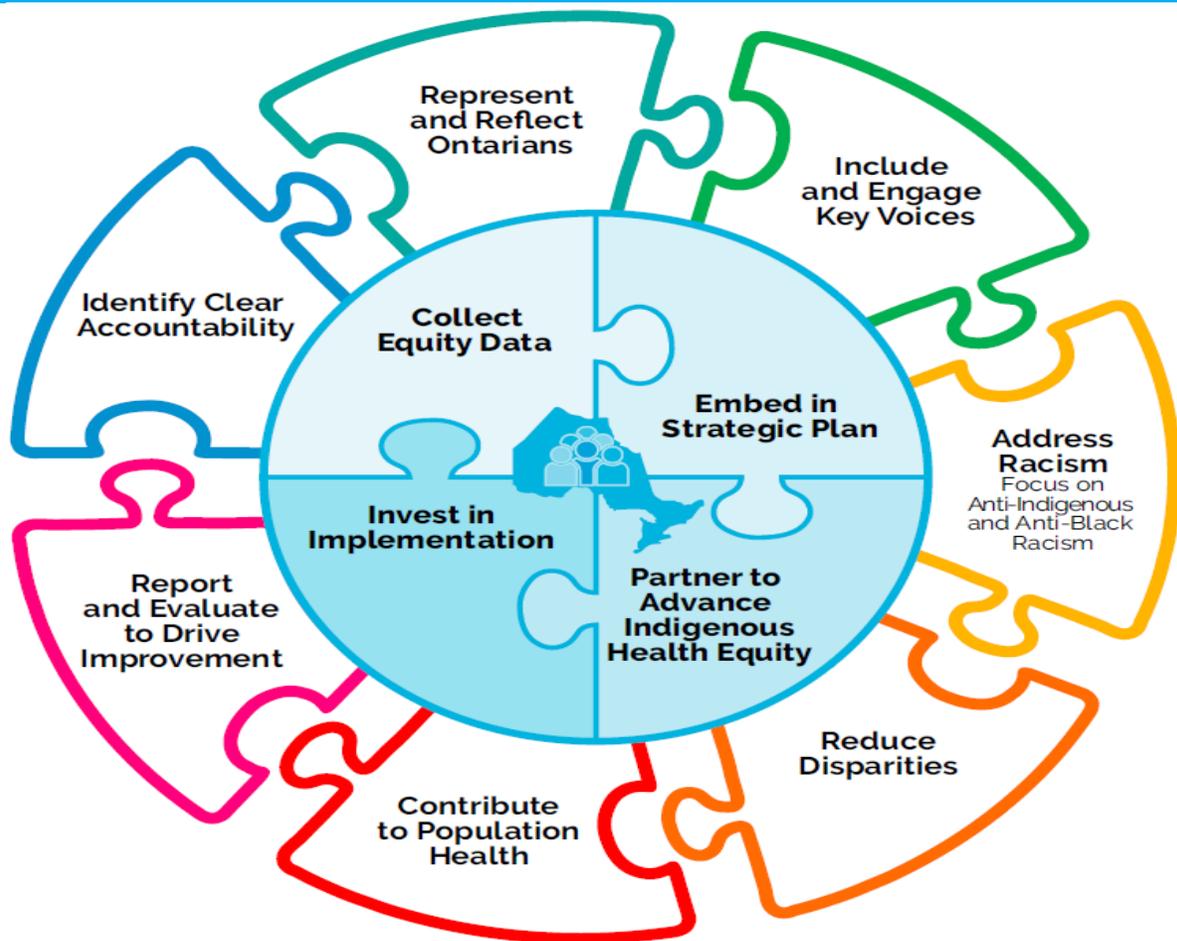
Have a structure in place to enable difficult conversations when needed. This allows people to feel safe to be their authentic selves at work.

Facilitate Inclusive Working

Provide tools for helping employees bridge silos and functions, to get cross-functional support to make better decisions and improve outcomes across the enterprise.



Frameworks



Ontario Health's Equity, Inclusion, Diversity and Anti-Racism Framework With a focus on addressing anti-indigenous and anti-Black Racism

1. Collect Equity Data
2. Set up systems and supports to collect, analyze and use equity data to report findings and inform future decisions
3. Embed in Strategic Plan
4. Ensure efforts to address equity, inclusion, diversity, anti-Indigenous and anti-Black racism are at the highest priority for the organization
5. Invest in Implementation
6. Apply the resources needed for success and ongoing sustainability

Frameworks



Source: Association of American Medical Colleges

<https://www.aamc.org/news-insights/achieving-excellence-through-equity-diversity-and-inclusion>

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Thank You

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