Racism and Indigenous health

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What is racism?

- Racism is the inequitable distribution of opportunity, benefit, resources or capacity based on ethnicity, race, culture, religion and/or language

- Avoidable and unfair phenomena that: (i) further disadvantage minority ethnic/racial groups; or (ii) further advantage majority ethnic/racial groups

- Racism is expressed through attitudes, beliefs, behaviours, norms and practices and may be either intentional or unintentional

(Paradies et al. 2009)

Internalised racism	Interpersonal racism	Systemic racism
Acceptance of attitudes, beliefs or ideologies about the inferiority of one's own ethnic/racial group	Interactions between people that maintain and reproduce avoidable and unfair inequalities across ethnic/racial groups	Requirements, conditions, practices, policies or processes that maintain and reproduce avoidable and unfair inequalities across ethnic/racial groups
Believing that Blacks are naturally less intelligent than Whites	*Being racially abused when walking or driving in the street*	*Being much more more likely to be arrested and charged with an offence*

(Paradies et al. 2009)

Assessing interpersonal racism

- Awareness of racism and white privilege, ideologies (e.g., assimilation, color-blindness), ethnocentrism, beliefs, motivation, essentialism, intentions, behavior, contact

- Semantic differentials (e.g. intelligent-unintelligent, warmth-competence), stereotype endorsement, social distance (e.g. I could be friends with members of a specific groups), anxiety, hostility, discomfort, joy, trust, denial/tolerance of racism

- Implicit association tests, subliminal priming, skin conductance, heart rate, voice pitch, micro-expressions, word completion, sort, unscramble and recall tasks, neuroimaging

Implicit/unconscious bias

- Making decisions in favour of one group, to the detriment of others, without realising one is doing it

- Subtle barriers based on ingrained unexamined stereotypes that can impact on communication decision-making, assessment, interactions etc.

- Implicit racism against non-White people is widespread around the world; among both majority and minority populations, to varying degrees

Measuring the impact of racism

- Indirect inference via elimination of other possible explanation during design or analysis in experiments, audit studies, decomposition or causal inference

- As a direct perception or experience via various forms of self-report (e.g. surveys, interviews, diary or ecological momentary assessment methods)

- Implicit measures have also been developed including a version of the IAT that assesses associations between personal pronouns and being a victim of racial discrimination (Carney et al. 2009)

Direct impact measures

- Racism can be subtle, unintentional and unwitting; an incident perceived as racist may not be while incidents that are racist may not be perceived as such

- Overall, however, evidence indicates that under-reporting experiences of racial discrimination is most common due to attributional ambiguity, social norms against the recognition of racism (e.g. color-blindness)

Indirect impact measures

- Audit studies in which individuals matched on various traits, but of different racial groups, seek medical care, housing, work, finance, transport, retail and other services

- Redlining, subprime loans (and loan application rejections, rates, and maturity) Google searches for racial slurs, Facebook and Twitter online sentiment, segregation, incarceration, hate crimes, historical lynching, police stop and search, financial sanctions
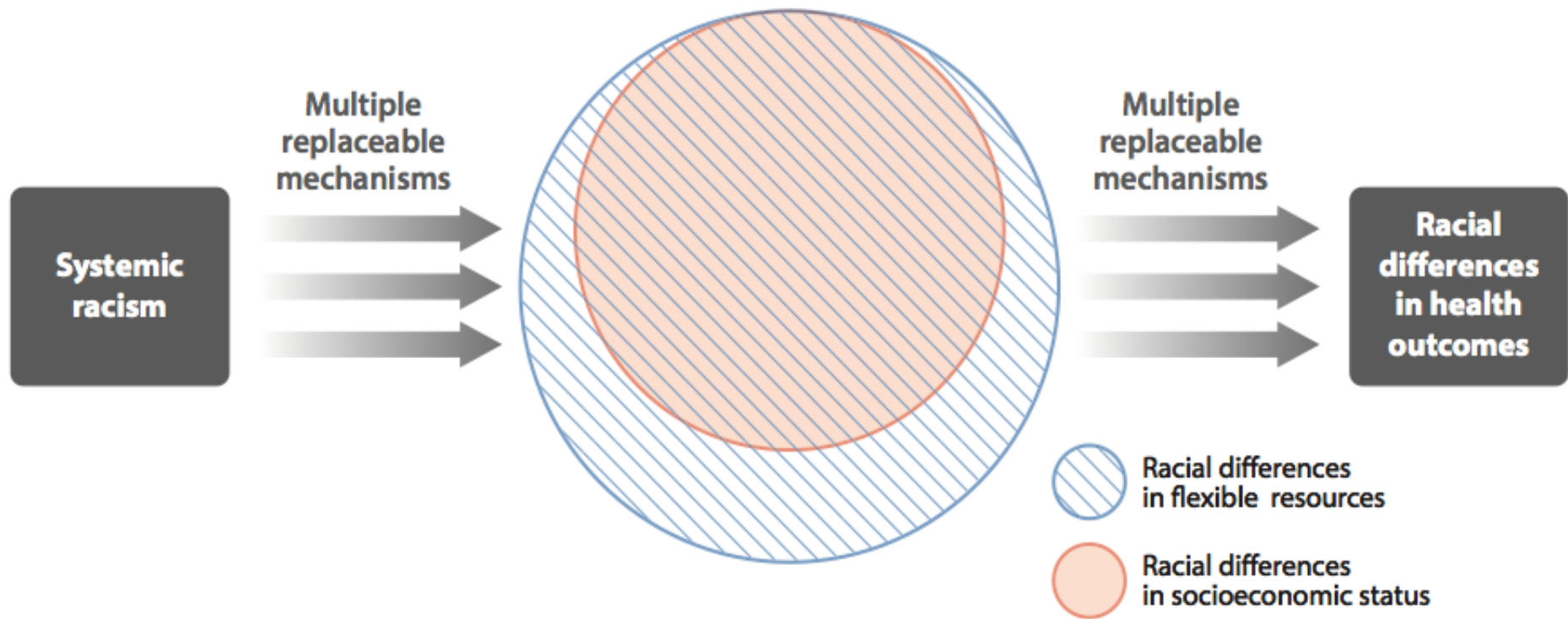
Broad impacts of racism

- Impaired social inclusion and cohesion

- Lower returns on education investment

- Distrust, disengagement, conflict, violence

- Compromised social and civic participation

- Reduced economic innovation and productivity

Racism and ill-health
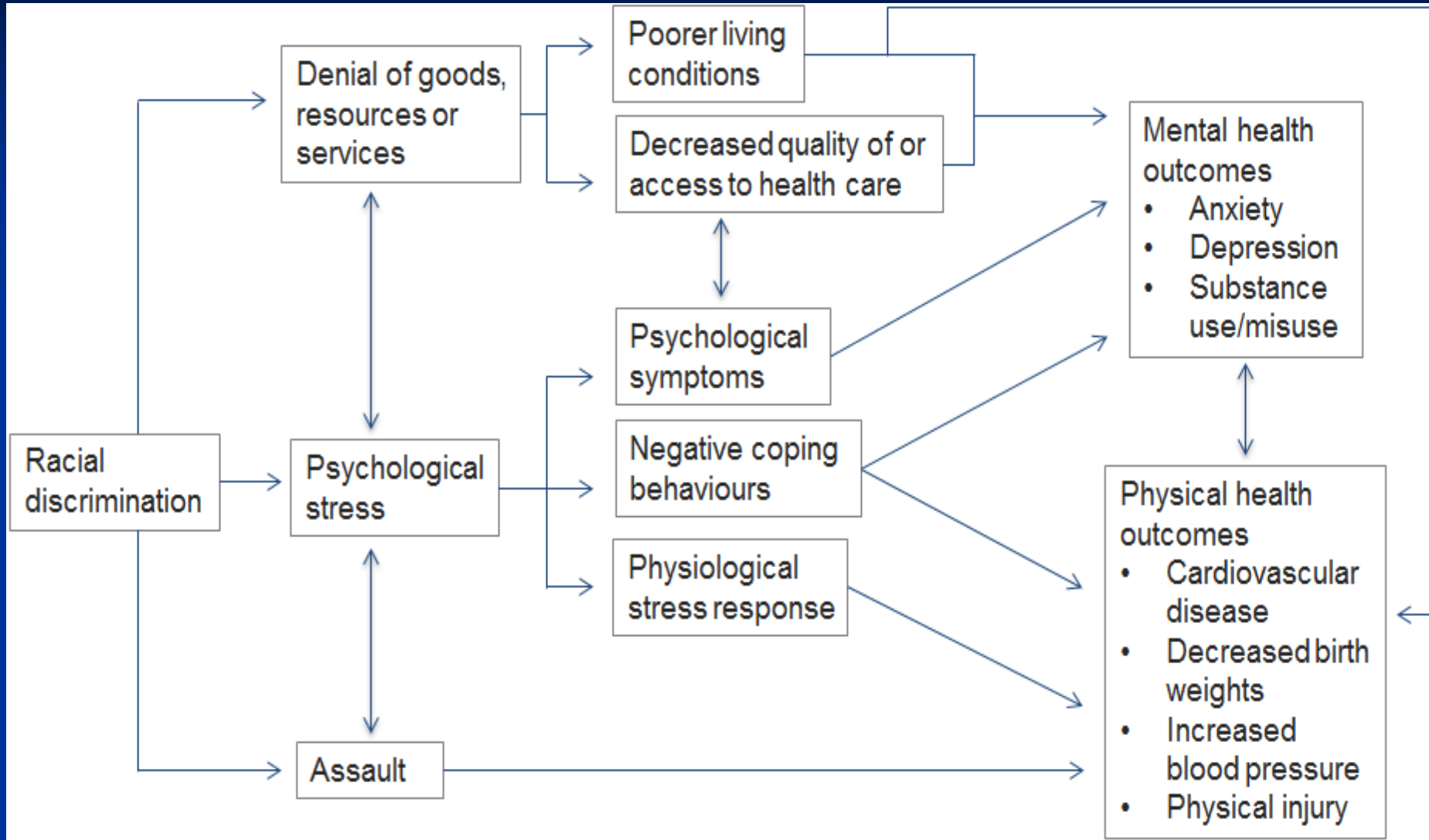
(Paradies et al. 2013)

"Even if…SES differences were eliminated, racial differences in health would persist...[As such] "racism must be the ultimate target in attempts to effectively and permanently reduce racial inequalities in health and mortality."

(Phelan & Link 2015)

Racial discrimination is historically and socially situated and constituted
Social location is fluid and contextualized

Critical Race Theories
Institutionalization of race/racialization in
- policy and law
- discourses
- Media

Critique of 'colour-blindness'
Categorization as divisive
Internalized racism

Postcolonial Theories
Race as entwined with imperialism/(neo)colonialism
- Othering
- Exploitation/appropriation
- Material and cultural consequences
- history

Black and Material Feminist Theories
Intersectionality: Critique of primacy of any social category
Racialization/institutionalization of poverty
Whiteness/subaltern decentering

Indigenous Perspectives
Historical and ongoing political and economic contexts sustain racism

Institutional and individual racism are inseparable
Racial discrimination is a relational socio-historical concept
Decentering begins with experiences
All people are part of the solution

(Varcoe et al. 2019)

Colonisation, racism and indigenous health

Yin Paradies[1] iD

Abstract In settler-colonies such as Canada, Australia, New Zealand and the United States, the historical impacts of colonisation on the health, social, economic and cultural experiences of Indigenous peoples are well documented. However, despite being a commonly deployed trope, there has been scant attention paid to precisely how colonial processes contribute to contemporary disparities in health between indigenous and non-indigenous peoples in these nation-states. After considering pertinent issues in defining indigeneity, this paper focuses on operationalising colonisation as a driver of indigenous health, with reference to emerging concepts such as historical trauma. Conceptualisations of coloniality vis-à-vis health and their critiques are then examined alongside the role of racism as an intersecting and overlapping phenomenon. To conclude, approaches to understanding and explaining Indigenous disadvantage are considered alongside the potential of decolonisation, before exploring ramifications for the future of settler-indigenous relations.

Racism and global Indigenous health

Oxford Research Encyclopedia of Global Public Health

Racism and Indigenous Health FREE

Yin Paradies

Subject: Global Health, Special Populations   Online Publication Date: Sep 2018
DOI: 10.1093/acrefore/9780190632366.013.86

- Health impacts of racism related to ongoing colonisation

- A third of indigenous adults and a fifth of Indigenous children experience racism at least once during their lives

Racism and global Indigenous health

- Racism has been associated with psychological distress, anxiety, depression, suicide, posttraumatic stress disorder, asthma, physical illness, obesity, cardiovascular disease, increased blood pressure, excess body fat, poor sleep, reduced general physical and mental health, poor oral health, increased alcohol, tobacco, and marijuana use, underutilisation of medical and mental healthcare services as well as disparities in medical care

Racism and Indigenous adults in Australia

- Poor self-assessed health status, psychological distress, diabetes, smoking and substance use in the NATSIHS

- Depression, poor self-assessed health status and poor mental health in the DRUID study (Paradies & Cunningham, 2006; 2012)

- Mental ill-health in the Adelaide Indigenous Urban Location and Health project (Ziersch et al., 2011)

- Reduced general physical and mental health in a rural Western Australian town (Larson et al., 2007)

Experiences of Racism among Older Aboriginal and Torres Strait Islander People: Prevalence, Sources, and Association with Mental Health

Jeromey B. Temple, Margaret Kelaher, Yin Paradies

- Among a nationally representative Australian sample of 2,730 persons ≥ 45 years of age racism was associated with psychological distress, amplified by the severity of racism and avoidance of racism; especially in health care, education, and the workplace

Exposure to interpersonal racism and avoidance behaviours reported by Aboriginal and Torres Strait Islander people with a disability

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Abstract

Using the National Aboriginal and Torres Strait Islander Social Survey, this paper examines exposure to interpersonal racism and avoidance reported by Aboriginal and Torres Strait Islander people with disabilities. We find that in 2014–2015, 32 per cent of people aged 15–64 without a disability experienced racism compared with 42 per cent of those with a disability. Half of those living with an intellectual or psychological disability reported racism, and about 20 per cent of those with any disability avoided settings such as healthcare, education or the general public due to past instances of racism, relative to 11 per cent of those without a disability. After adjusting for confounding factors and complex survey design, presence of a disability was associated with a 1.6–1.8 odds increase in exposure to racism, more frequent racist exposure and avoidance. Dis-

Racism and Indigenous youth in Australia

- Alcohol consumption, cigarette and marijuana use as well as emotional/behavioural difficulties and suicidal thoughts in the Western Australian Aboriginal Child Health Survey (Zubrick et al., 2005)

- Anxiety, depression, suicide risk, mental ill-health and poor oral health in the Aboriginal Birth Cohort study (Jamieson et al., 2011; Priest et al., 2011)

- Poor general/mental health and depression among Indigenous youth in Victoria (Priest et al., 2011)

Effects of racism on the socio-emotional wellbeing of Aboriginal Australian children

D. M. Macedo[1*], L. G. Smithers[2], R. M. Roberts[3], Y. Paradies[4] and L. M. Jamieson[1]

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Abstract

Background: Racism is a pervasive experience in the life of Aboriginal Australians that begins in childhood. As a psychosocial stressor, racism compromises wellbeing and impacts developmental trajectories. The purpose of the present study was to estimate the effect of racism on indicators of Australian Aboriginal child socio-emotional wellbeing (SEWB) at one to two years after exposure. Age-related differences in the onset of symptoms were explored.

Methods: Data from the B- and K-cohorts of the Longitudinal Study of Indigenous Children were used (aged 6 to 12 years). Racism, confounding variables, and the Strengths and Difficulties Questionnaire (a measure of SEWB) were collected by questionnaires and guided interviews with each child's main caregiver. Adjusted Poisson regression was used to estimate the relative risk (RR_a) effects of racism on SEWB for both cohorts separately. RR_a were pooled in a random effects meta-analysis.

Results: Exposure to racism was associated with an adjusted point estimate indicating a 41% increased risk for total emotional and behavioural difficulties, although the confidence intervals were wide (pooled RR_a 1.41, 95% CI 0.75, 2.07). Analyses by cohort showed younger children had higher RR_a for total difficulties (RR_a 1.72, 95% CI 1.16, 2.54), whilst older children had higher RR_a for hyperactive behaviour (RR_a 1.66, 95% CI 1.01, 2.73).

Conclusions: The effects observed contributes to our understanding of the impact of racism on Aboriginal Australian children. Support for emotional and behavioural difficulties, and hyperactive behaviour, for Aboriginal children might help counteract the effects of racism. Future longitudinal research and policies aimed at reducing racism in Australian society are necessary.

Keywords: Racism, Social and emotional wellbeing, Mental health, Aboriginal Australian children, Childhood
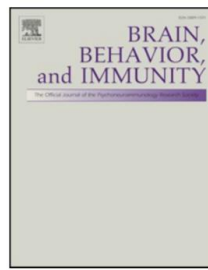
Full-length Article

Experiences of racial discrimination and cardiometabolic risk among Australian children

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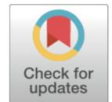
Naomi Priest[a,b,*], Mandy Truong[a,b], Shiau Chong[a,b], Yin Paradies[c], Tania L King[d], Anne Kavanagh[d], Tim Olds[e], Jeffrey M Craig[f], David Burgner[g,h,i]

- A total of 124 children (73 female) aged 11.4, 79 identified as an Indigenous or minority

- Two or more reported experiences of racism were associated with increased BMI, waist circumference, systolic blood pressure and IL-6 and marginally associated with TNF-α after adjusting for socio-demographic covariates

Indigenous healthcare racism

- More than a dozen Australian studies have found disparities in medical care experienced by Indigenous patients compared to non-indigenous patients after adjusting for a range of confounders (age, sex, martial status, SES, place of residence, hospital type, co-morbidities etc.)

- These include disparities in hospital procedures across all conditions (Cunningham 2002), lung cancer (Hall *et al.* 2004), cancer survival (Condon et al. 2014; Moore et al. 2014), cervical cancer diagnosis and treatment (Diaz et al. 2015), head and neck cancer diagnosis (Gibberd et al. 2015), coronary procedures (Coory & Walsh 2005; Lopez et al. 2014) and kidney transplants (Cass *et al.* 2003)

Patient journeys

- In a metropolitan hospital, patients identified as Indigenous were 23% less likely to have a medication review at admission, up to 22% less likely to be screened for CVD risk factors and 14% less likely to have an arranged follow up appointment, compared to non-Indigenous patients

- However, this disparity did not exist for Indigenous patients incorrectly identified as non-Indigenous (Mahoney 2017)

Specific impacts of healthcare racism

- Among 755 Aboriginal Australians, about a third reported experiencing racism in health settings, a relatively low prevalence compared to other settings such as public, education, employment or sport

- However, with an odds ratio of 4.5, these respondents were much more likely to have high or very high levels of psychological distress (Kessler-5) compared to those who experienced racism in other settings (OR=2.7)

(Kelaher et al. 2014)

Racism and Indigenous health in Canada

The tools at their fingertips: How settler colonial geographies shape medical educators' strategies for grappling with Anti-Indigenous racism

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Insiders' Insight: Discrimination against Indigenous Peoples through the Eyes of Health Care Professionals

Lloy Wylie[1] · Stephanie McConkey[2]

Abstract
Discrimination in the health care system has a direct negative impact on health and wellbeing. Experiences of discrimination are considered a root cause for the health inequalities that exist among Indigenous peoples. Experiences of discrimination are commonplace, with patients noting abusive treatment, stereotyping, and a lack of quality in the care provided, which discourage Indigenous people from accessing care. This research project examined the perspectives of health care providers and decision-makers to identify what challenges they see facing Indigenous patients and families when accessing health services in a large city in southern Ontario. Discrimination against Indigenous people was identified as major challenges by respondents, noting that it is widespread. This paper discusses the three key discrimination subthemes that were identified, including an unwelcoming environment, stereotyping and stigma, and practice informed by racism. These findings point to the conclusion that in order to improve health care access for Indigenous peoples, we need to go beyond simply making health services more welcoming and inclusive. Practice norms shaped by biases informed by discrimination against Indigenous people are widespread and compromise standards of care. Therefore, the problem needs to be addressed throughout the health care system as part of a quality improvement strategy. This will require not only a significant shift in the attitudes, knowledge, and skills of health care providers, but also the establishment of accountabilities for health care organizations to ensure equitable health services for Indigenous peoples.

Unmet health needs and discrimination by healthcare providers among an Indigenous population in Toronto, Canada

George Tjensvoll Kitching[1,2] · Michelle Firestone[3,4] · Berit Schei[1] · Sara Wolfe[5] · Cheryllee Bourgeois[5] · Patricia O'Campo[3,4] · Michael Rotondi[6] · Rosane Nisenbaum[3,4] · Raglan Maddox[3,7] · Janet Smylie[3,4]

Abstract
Objectives Inequalities between Indigenous and non-Indigenous peoples in Canada persist. Despite the growth of Indigenous populations in urban settings, information on their health is scarce. The objective of this study is to assess the association between experience of discrimination by healthcare providers and having unmet health needs within the Indigenous population of Toronto.
Methods The Our Health Counts Toronto (OHCT) database was generated using respondent-driven sampling (RDS) to recruit 917 self-identified Indigenous adults within Toronto for a comprehensive health assessment survey. This cross-sectional study draws on information from 836 OHCT participants with responses to all study variables. Odds ratios and 95% confidence intervals were estimated to examine the relationship between lifetime experience of discrimination by a healthcare provider and having an unmet health need in the 12 months prior to the study. Stratified analysis was conducted to understand how information on access to primary care and socio-demographic factors influenced this relationship.
Results The RDS-adjusted prevalence of discrimination by a healthcare provider was 28.5% (95% CI 20.4–36.5) and of unmet health needs was 27.3% (95% CI 19.1–35.5). Discrimination by a healthcare provider was positively associated with unmet health needs (OR 3.1, 95% CI 1.3–7.3).
Conclusion This analysis provides new evidence linking discrimination in healthcare settings to disparities in healthcare access among urban Indigenous people, reinforcing existing recommendations regarding Indigenous cultural safety training for healthcare providers. Our study further demonstrates Our Health Counts methodologies, which employ robust community partnerships and RDS to address gaps in health information for urban Indigenous populations.

What are the conditions that sustain racism in modern societies?

Wilful ignorance

- Racism is based on "white misunderstanding, misrepresentation, evasion and self-deception on matters related to race" (Mills 1997:19)

- This produces "the ironic outcome that whites will in general be unable to understand the world they themselves have made" (Mills 1997:18)

- In fact, this failure to comprehend the realities of racism and its underlying conditions is one of the defining social achievements of white supremacy

Eight Stages of White Settler-Colonial Denial

1. **"They didn't exist"**   **(terra nullius)**
Complete denial of Indigenous presence in a given area (country, province, etc).
Includes denial of Indigeneity, e.g. "Indigenous Peoples are Settlers too".

2. **"If they did, they weren't here"**   **(terra nullius)**
Denial that Indigenous People inhabit/travel/harvest/exist in a specific area.
Often based on euro-centric definitions of evidence of occupation.

3. **"If they were, they didn't use the land"**   **(doctrine of discovery)**
Denial that Indigenous People have a connection with the Land. Often based
on euro-centric worldviews of the land as something to be owned and extracted.

4. **"If they did, they didn't deserve it"**   **(great chain of being)**
Denial that Indigenous People have rights to their Lands. Often based on euro-
centric value judgements of "primitive vs. civilized", "nomadic vs. sedentary".

5. **"If they did, they lost it"**   **(right of conquest)**
Denial that Indigenous People retain their rights to their Lands. Often based on
colonially imposed European systems of law / "might makes right" worldviews.

6. **"If they didn't, it doesn't matter any more"**   **(Westphalian sovereignty)**
Denial that Indigenous Rights are still binding and take precedence. Often
based on false claims of supremacy of colonial legal institutions and systems.

7. **"If it does, we need to move on".**   **(liberalism)**
Denial that violations of Indigenous Rights requires redress. Often based on
claims redress is "disruptive/unfair/reverse racism" & false calls for "equality".

8. **"If we can't, we are you"**   **(self-indigenization)**
Denial of separateness of Indigenous Peoples and Rights. Often based on
attempts to reduce Indigenous Rights to Human Rights, claim Indigeneity, etc.

         "Eight Stages of Settler Denial", Revision 1

Illusions of Whiteness

- Separation from ourselves, other people/beings, land, sea and sky (denial of dependence and vulnerability)

- Human selfishness, entitlement, merit and innocence (denial of systemic violence and complicity in harm)

- Unending growth, progress, extraction, consumption and waste (denial of the limits of the biosphere)

- Certainty, mastery and control that offer simplistic solutions to complex problems (denial of the magnitude of the challenges we collectively face)

# Colonial processes sustaining promises of whiteness

	Modern promise	Colonial process
Global capitalist economic system	Continuous growth without consequence; fulfilment through wealth accumulation (*accumulation*)	Racialised expropriation and exploitation of humans beings and other than-human-beings
Nation-state political system	Security through protection of property; cohesion through shared national identity (*security*)	Sanctioned violence in the form of policing borders and 'othered' people, and global militarism
Universal (Eurocentric) knowledge system	A single, universally-relevant rationality and set of values that offer certainty, predictability, and consensus (*certainty*)	Denial of the gifts of other knowledge systems; treating knowledge as a means to index, control, and order the world and define existence
Hierarchical social system	Socio-economic status and upward mobility as earned reward for hard work and 'natural ability' (i.e., 'merit') (*mobility*)	Worthiness is conditional and determined by a person's/being's perceived capacity to produce value within modern economies
Foundation of separation	Total independence and autonomy of (certain) humans; relationality and responsibility are optional and based on choice and free will (*autonomy*)	Denial of interdependence and responsibilities (before will) to each other and a wider ecological metabolism; objectification and instrumentalisation of other beings

(Stein 2019)

Indigenous perspectives

- Circular, rhythmic and cyclic time where the future can be remembered, the past is yet to come and the 'now' experienced as thick, textured and everywhen

- And/both holistic alongside either/or binary thinking

- Wisdom, humility, respect, generosity and autonomy with knowing, being and doing across many senses

- Combining reason, emotion, intuition and imagination

- Connected embodied relationship with (non-)humans, including the land, sea and sky within a living cosmos

Seek a grateful humble ethical life that tunes in, heals, and fosters radical abundance for yourself, others and all life
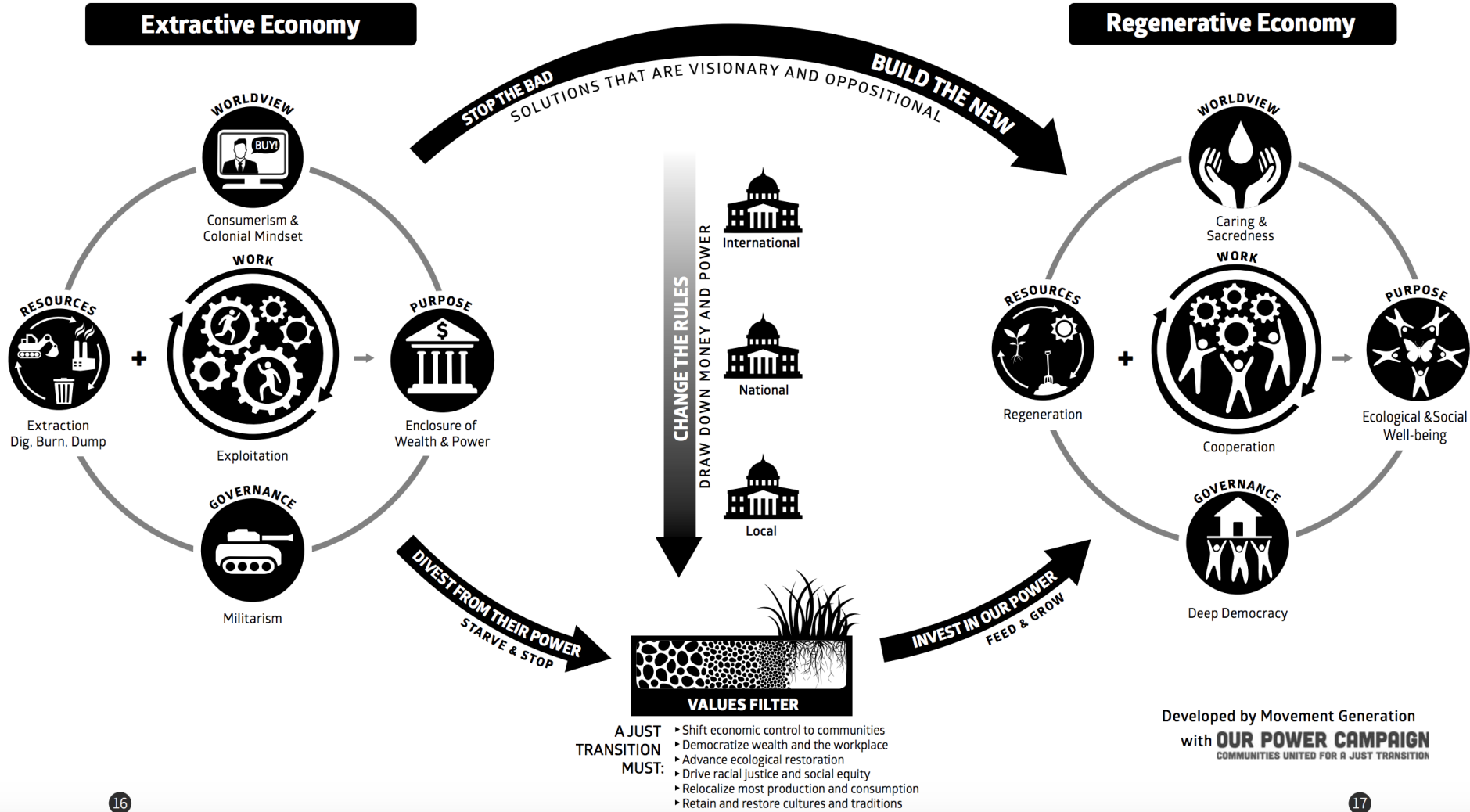
Abolish stock/labour/financial markets, interest, commercial banking, speculative construction, planned obsolescence, redundant trade (tariffs), high-wealth tax breaks, evasion, havens, bailouts and subsidies

CREATE CIRCLES, NOT LINES

Create less hierarchy and more dialogue, inclusion, and empowerment.

BE HUMBLE LEARNERS WHO PRACTICE DEEP LISTENING

Listen deeply and approach the work with an attitude towards learning, without assumptions and predetermined solutions. Take criticism without dispute.

PLAN WITH, DESIGN WITH

Walk with people as they imagine and realize their own futures. Be connectors, conveners, and collaborators—not representatives.
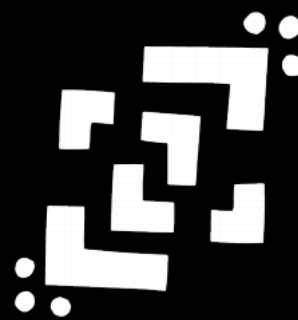
MOVE AT THE SPEED OF TRUST

Grow trust and move together with fluidity at whatever speed is necessary.

CENTER LIVED EXPERIENCE

Lived experience is an important expertise; center it so it can be a guide and touchstone of all work.

SEEK PEOPLE AT THE MARGINS

Acknowledge the structures that create, maintain and uphold inequity. Learn and practice new ways of intentionally making space for marginalized voices, stories, and bodies.

Unsettling truths: modernity, (de-)coloniality and Indigenous futures

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ABSTRACT

In our world of fractured truths, unparalleled disparities and technological wizardry, it is vital that we interrogate the largely unquestioned political axioms that have brought us to the brink of extinction. In this article, I explore the broader landscape in which settler-coloniality is ensconced through an examination of global modernity. I briefly outline some well-known, but largely subsumed, and mostly unremarked, realities of the contemporary world. I then argue that debt, property, institutions and nation states are the constituent devastations of modernity that we must simultaneously aver and avert. I suggest that the path towards decoloniality entails radical land-based re-localisation, revitalised communalism and embodied kinship with all life. This will necessitate an Indigenisation in which we, collectively across difference and distance, embrace fundamentally transformed relationships of mutuality so as to bring about flourishing egalitarian societies.