



Understanding Health Inequities

Impacts of Discrimination, Racism, and Hate

What are health inequities & health equity?

Health inequalities are differences in health among people and groups.

The social determinants of health include things like being able to have enough money, food, safe housing, an education, a job, healthcare, friends, and a safe and nurturing childhood. These social factors have a big impact on health, even more than people's genes or family history of illness.

They also include how people are seen and treated by others, especially their ethnicity, racialized identity, gender, sexuality, ability/disability, and whether they are new to Canada. For example, Canadians who experience racism often have more health problems than those who do not face such discrimination.

Health inequities happen when inequalities are unjust and can be prevented. For example, people in London, Ontario who face bias because of their gender and/or sexuality do not have the same access to good healthcare as those who do not experience such discrimination. This could be fixed by adapting existing services, or creating new ones, to support their needs.

*Health equity
is achieved
when everyone
has the chance
to reach their
best possible
health.*

What are the impacts on healthcare & health?

- Discrimination, hate, and racism in healthcare can make people wait longer for care or avoid it altogether. This can make their health problems worse and affect how long and well they live. It also makes healthcare more expensive for all of us.
- Discrimination can cause stress and anxiety. Long-term stress from discrimination can lead to health problems like high blood pressure, heart disease, diabetes, and depression.
- Discrimination, hate, and racism make it harder for people to get things they need for good health, like education, jobs, safe housing, and friends. This can make their health and well-being worse.
- Chronic poverty and homelessness, made worse by stigma and discrimination, can affect families for generations. Children born into these situations often face the same health problems as their parent(s), creating a cycle of poor health.
- The toxic drug crisis, causing about a dozen deaths a month in London, hits Indigenous communities hardest. Systemic racism and a lack of safe, culturally appropriate care make the situation worse.

Who is affected by hate & discrimination in health settings?

- Racism affects how racialized people (those seen by others as different because of skin colour or other physical features) access and receive healthcare.
- Racism in healthcare has made it harder for Indigenous Peoples in London to get good care, or any care, and have good experiences.
- Newcomers in London, especially those who are racialized or are learning English, often find it too hard to get the care they need.
- People who use substances often face stigma, making it hard for them to get good healthcare. This stigma can be worse for those who also face other forms of discrimination, like racism.
- On top of physical barriers to accessing health care, people with disabilities often encounter attitudes and discrimination that make them feel like providers don't think they deserve good care.
- Living in poverty in London adds extra barriers to accessing healthcare. This can include transportation and childcare costs, being unable to afford medications, or having the money or time to get treatments not covered with a Health Card.
- Those without stable housing face extreme barriers to accessing healthcare,. Their health needs are often complex, and can involve poor mental health, substance use, and chronic conditions made worse by their living conditions.
- People who identify as lesbian, gay, bisexual or otherwise non-heterosexual may encounter stigma and discrimination, impacting their mental health and creating barriers to receiving comprehensive and respectful healthcare. This can be worse if they are "outed" while trying to get care.
- Women and people whose gender identity is seen as different (i.e., trans, queer, Two Spirit, and non-binary) often face sexism and lack of understanding in healthcare settings.
- Of course, a person has more than one way they identify or are viewed, for example a middle-class Muslim woman or a Black older man with a disability or a young queer person. The way a person's identities come together, or intersect, can also determine how much stigma and discrimination they do or do not experience.



*Being treated like this impacts
whether and when people get the
health care they need.*



What does hate & discrimination in healthcare look like?

- Lack of basic courtesy and respect, such as not making eye contact, not introducing oneself, avoiding handshakes, or using a condescending tone.
- Disrespectful questions and assumptions, including about why people are seeking health care (e.g., "just looking for drugs").
- Stigma and judgement, including dismissive attitudes based on stereotypes about someone's social group(s).
- Lack of culturally appropriate services.
- Limited access to health professionals from the person's community (e.g., low rates of Indigenous or Black doctors and nurses in a hospital).
- Lack of service in the language that is best for the individual, and no or limited access to safe interpretation services.
- Not being offered programs, tests, or treatments (e.g., withholding needed pain medication), and/or not being offered choices or allowed to make decisions in their own best interests.
- Lack of privacy in reception, waiting and care spaces.
- Harmful notes in medical charts that can follow people around the health system.

What are the impacts on access to healthcare?

- Avoiding needed care because of expecting to be treated poorly can lead to delayed diagnosis and treatment, leading to worse outcomes. Treating illness at later stages is often more expensive, painful and less effective than when caught earlier.
- Not meeting people's language, cultural and literacy needs means they might not know what testing/treatment they are consenting to, what they are supposed to do after they leave their appointment, or how to find care they have been referred to.
- Not being able, or wanting, to go back to the same provider or clinic due to discrimination and stigma may lead to inconsistent treatment and lack of monitoring. This can lead to worsening conditions or the need for more intensive and expensive treatments later on.

