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# HEALTH DISPARITIES, SOCIAL DETERMINANTS OF HEALTH, AND SYSTEMIC ANTI-BLACK RACISM DURING COVID-19: A CALL TO ACTION FOR SOCIAL WORK

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### Article abstract

Systemic anti-Black racism is deeply rooted in the social, political, economic, ontological, and epistemological foundations of Canadian society. Driven by our code of ethics and the most recent call to reckon with anti-Black racism in society, the social work profession's advocacy agenda requires reconceptualization to eradicate anti-Black racism and the creation of equitable environments within which Black communities can thrive. This article examines the anti-Black racism exhibited during the COVID-19 pandemic through the lens of health equity and health disparity. The interplay between health disparities, social determinants of health, and systemic anti-Black racism is highlighted and the urgency for social workers to respond to the causes of poor Black health outcomes is emphasized. Social workers are called upon to engage in a more intentional framework of Black health equity, which includes a practice that ensures the well-being and survival of Black people and their communities. The authors conclude that for the social work profession to reach its full potential, it must recognize and use its distinctive qualities to eradicate anti-Black racism.

# HEALTH DISPARITIES, SOCIAL DETERMINANTS OF HEALTH, AND SYSTEMIC ANTI-BLACK RACISM DURING COVID-19: A CALL TO ACTION FOR SOCIAL WORK

*Notisha Massaquoi*

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**Abstract:** Systemic anti-Black racism is deeply rooted in the social, political, economic, ontological, and epistemological foundations of Canadian society. Driven by our code of ethics and the most recent call to reckon with anti-Black racism in society, the social work profession's advocacy agenda requires reconceptualization to eradicate anti-Black racism and the creation of equitable environments within which Black communities can thrive. This article examines the anti-Black racism exhibited during the COVID-19 pandemic through the lens of health equity and health disparity. The interplay between health disparities, social determinants of health, and systemic anti-Black racism is highlighted and the urgency for social workers to respond to the causes of poor Black health outcomes is emphasized. Social workers are called upon to engage in a more intentional framework of Black health equity, which includes a practice that ensures the well-being and survival of Black people and their communities. The authors conclude that for the social work profession to reach its full potential, it must recognize and use its distinctive qualities to eradicate anti-Black racism.

**Abrégé :** Le racisme systémique contre les personnes noires est profondément enraciné dans les fondations sociales, politiques,

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économiques, ontologiques et épistémologiques de la société canadienne. À partir de notre code d'éthique et des appels les plus récents nous encourageant à reconnaître le racisme contre les personnes noires, le travail social doit reconceptualiser ses objectifs de défense des droits pour viser à éradiquer le racisme contre les personnes noires et créer des environnements de travail au sein desquels les communautés noires peuvent s'épanouir. Cet article examine le racisme contre les personnes noires durant la pandémie de COVID-19 sous l'angle des iniquités de santé. Il met en évidence les interactions entre les iniquités en santé, les déterminants sociaux de la santé et le racisme systémique contre les personnes noires, et insiste sur l'importance pour les travailleuses sociales et les travailleurs sociaux d'attaquer les causes des mauvais résultats en matière de santé pour les personnes noires. Les travailleuses sociales et les travailleurs sociaux sont interpellé.e.s afin de s'engager de manière plus intentionnelle en ce qui a trait à l'équité en matière de santé pour ces personnes, y compris en pratiquant leur profession d'une manière permettant d'assurer le bien-être et la survie des personnes noires et de leurs communautés. Les auteur.e.s concluent que, pour atteindre son plein potentiel en tant que profession, le travail social doit reconnaître et utiliser ses caractéristiques distinctives pour éradiquer le racisme contre les personnes noires.

THE KEY OBJECTIVE FOR SOCIAL WORK practice is the pursuit of social justice towards equal treatment and protection of all under the law and to challenge injustices, especially those that affect the vulnerable and disadvantaged (Canadian Association of Social Workers, 2005). Despite social work's particular attention to those who are vulnerable, oppressed, and living in poverty, there is little evidence that current social work interventions have dramatically improved the health of members of Black communities in Canada. Given social work's expertise in understanding the social determinants of health and the potential impacts of racism on health and mental health outcomes, it is surprising that anti-Black racism has not taken up more space within the profession's advocacy agenda. It is crucial for social workers to be aware of ways in which Black people experience racism at the individual, organizational and structural levels, and how race-based discrimination impacts their ability to participate fully in their lives (Van Sickle & Adamson, 2020). Noting that health disparities have become entrenched during the COVID-19 pandemic, this article tackles the connection between health disparities, social determinants of health and systemic racism, and calls for Canadian social workers to champion meaningful social change.

## Health Equity and Health Disparity

Social work practice shaped by the pursuit of justice recognizes that the most vital factors shaping the health of any population are not simply medical interventions or the lifestyle choices of individuals, but societal living conditions and associated inequities. These systemic inequities and the political, social, behavioural, and economic factors that shape the health of individuals and communities are known as the social determinants of health (Ashcroft & Adamson, 2022; Raphael, 2019). Social determinants of health include social conditions and public policies and their interaction with immediate social and physical contexts and individual-level factors (Gehlert, 2014; Walters et al., 2016; Warnecke et al., 2008). It follows that risk conditions rather than risk factors are of utmost importance. These non-medical factors profoundly influence health outcomes and directly impact racialized populations (Nestel, 2012; World Health Organization [WHO], 2013). Health disparity refers to differences that emanate from social or economic disadvantages connected to societal positionality (United States Department of Health and Human Services, 2008, p. 28). Health equity focuses on the elimination of avoidable and unfair disparities in health (Braveman, 2014; WHO, 2013) and requires the elimination of social inequalities maintained systematically through disadvantage, lack of access to health services, and discriminatory practices as well as attention to the higher rates of stress from racism and the impact on escalated health disparities (Bayoumi, 2009). Health disparities experienced by Black communities are unjust, unnecessary and are due systematically to social inequality, social exclusion, and anti-Black racism (Massaquoi & Mullings, 2021).

Anti-Black racism refers to racial discrimination that has historically marginalized and excluded Black people from equitable or just participation in major social institutions and to the harm inflicted by social institutions on Black communities (Lopez, 2020). It is rooted in the assertion of the inferiority of Black people and the systemic promotion of the superiority of whiteness (Duhaney et al., 2022; Lopez & Jean-Marie, 2021). Anti-Black racism exacerbates the impact of each social determinant of health for Black communities in Canada, through limiting access to, and thus choice, regarding areas such as affordable housing, meaningful employment opportunities, career advancement, public systems and services, and determines the level of (state sanctioned) violence (Massaquoi & Mullings, 2021). Black people are overrepresented in the criminal justice system (Ontario Human Rights Commission, 2018); school expulsions (Zheng, 2020); and in child welfare systems (One Vision One Voice, 2016). Inequitable access and treatment in healthcare settings have resulted in the overrepresentation in the national rates of several health conditions

(Burt et al., 2012; Curling et al., 2009; Etowa et al., 2020; Hernandez et al., 2017; Husbands et al., 2019; Massaquoi, 2022; Siddiqi et al., 2017; Tharao & Massaquoi, 2013; Veenstra & Patterson, 2016). Intervening on any particular social determinant of health without addressing anti-Black racism is unlikely to improve health or reduce health inequalities in Black communities (McEwen & Gianaros, 2010; Phelan & Link, 2015; Williams & Mohammed, 2013). While health disparities are no longer at the margins of healthcare, and though universal health care has positioned Canada well for addressing inequities in access to health services, the system does not take into account the effects of social determinants on the health of Black communities, and hence little progress has been made toward narrowing or eliminating the disparities experienced by Black Canadians.

### **Black Health Disparities and COVID-19**

Early in the COVID-19 pandemic, public health experts in the United States and the United Kingdom recognized that the pandemic and its reverberations disproportionately impacted vulnerable individuals and communities (Brown et al., 2022) and, because of structural racism, particularly burdened racial and ethnic minority groups (Fu et al., 2022; Kirby, 2020; Lessale et al., 2020; Price-Haywood et al., 2020). Black Canadians, too, experienced dramatically higher rates of COVID-19 and worse clinical outcomes compared to other populations (Cheung, 2020; McKenzie et al., 2021). The COVID-19 mortality rate was significantly higher for racialized populations (Statistics Canada, 2022). Ultimately health disparities worsened for Black Canadians during the pandemic (Centers for Disease Control and Prevention, 2022; Cyrus et al., 2020; Etowa et al., 2020).

What accounted for these significantly poorer outcomes? Existing underlying health conditions acted as risk factors for severe COVID-19 infection. But more importantly, long-standing conditions of socioeconomic vulnerabilities placed Black people at greater risk of harms associated with COVID-19. Also, anti-Black racism constrained appropriate access to healthcare services during the pandemic (Miller et al., 2020; Mukhtar, 2021; Rinfrette, 2021). As such, despite evidence that situated Black community members at significant COVID-19 risk, a color-blind approach to the vaccination rollout in the UK, US, and Canada, exacerbated pandemic-related inequities and eroded trust in the health care system (Johnson et al., 2021; Osama et al., 2021; WHO, 2020). While vaccination strategies that prioritized essential healthcare workers included the significant proportion of the frontline workforce comprised of Black Canadians and other racialized people (Bain et al., 2020; Etowa et al., 2020; McKenzie, 2020), targeting individuals over the age of 65 and/or 75 years overlooked, for example, that in Toronto, Canada, 60%

of the Black community was below the age of 30 (Khenti, 2021). There was no political appetite to publicly prioritize the survival and well-being of Black community members.

The COVID-19 pandemic thus has entrenched and exacerbated pre-existing health disparities and inequities related to the social determinants of health for Black people (McKenzie et al., 2021). Improving Black health outcomes and achieving health equity requires urgent and broad approaches, addressing social, economic, and environmental factors influencing health and the urgent addressing of anti-black racism.

### **Social Work and Black Health Equity – A Call to Action**

Canadian social work has failed to prioritize the needs of Black communities and, accordingly, has contributed to poor health outcomes and the disproportionate rates of chronic illness that we see for Black people today. “The social work profession finds itself at a critical intersection, facing both the COVID-19 and structural racism pandemics” (Quinn et al., 2022, p. 710). Thus, with concerns of social justice at the heart of addressing health disparities (Braveman, 2014) and social work’s guiding foundational values of social justice, respect for diversity, and collective responsibility, social work ought to strive for health equity and alleviate existing and future disparities (Ashcroft & Adamson, 2022; Ashcroft et al., 2021; Hermans & Roets, 2020; Massaquoi, 2017; Walters et al., 2016).

A meaningful response aimed at the reduction and elimination of Black health disparities requires new paradigms that are interdisciplinary, are focused on societal factors and viewed through the lens of anti-Black racism. A social work agenda that centralizes the needs of Black communities recognizes the root causes of Black health inequity as diverse, complex, evolving, and interdependent (Walton et al., 2021) and, accordingly, demands equally complex and effective interventions to promote and improve Black health equity. Focused attention that supports program development, policies directing resource investment, and the addressing of discriminatory societal conditions, will aid in the improvement of the health and well-being of Black communities and reduce health disparities. Knowledge on Black health equity should also be translated into practice and requires research to develop the expertise regarding relevant theories, the design of Black community-led interventions and models of Black community – academic partnerships; improved gather of relevant data; strategies to close the disparity gap in Black health-related outcomes; and supporting the development of health policies that address systemic discrimination and anti-Black racism. Social workers are essential to addressing health equity for Black communities in Canada.

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