



# Addressing Anti-Black Racism in Cancer Care

May 13, 2022



***Onye Nnorom, MDCM, CCFP, MPH, FRCPC***

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- EDI Lead, DFCM, Faculty of Medicine, University of Toronto
- Black Health Theme Lead, MD Program, Faculty of Medicine, University of Toronto
- Associate Program Director, Public Health and Preventive Medicine Residency Program, Dalla Lana School of Public Health, University of Toronto
- Past President, Black Physicians' Association of Ontario

# FACULTY PRESENTER DISCLOSURE

1. **Faculty:** Dr. Onye Nnorom

- **Relationships with financial sponsors:**

- **Grants/Research Support:** (Not-for Profit) Sept 2019-Aug 2020: Remunerated by Patient-Centred Outcomes Research Institute (PCORI), a not-for-profit organization under the Affordable Care Act, for research at CAMH to examine treatment resistant depression in older adults
- **Speakers Bureau/Honoraria:** affiliated with Talent Bureau; provided education on anti-Black racism to Bayer pharmaceuticals, Wellington Management, TD Bank
- **Consulting Fees:** None **Patents:** None **Other:** None
- Potential for conflicts of interest within this presentation: None
- Steps taken to review and mitigate potential bias [N/A]

# LAND ACKNOWLEDGEMENT

I wish to acknowledge this land on which the University of Toronto operates. For thousands of years it has been the traditional land of the Huron-Wendat, the Seneca, and most recently, the Mississaugas of the Credit.

Today, this meeting place is still the home to many Indigenous people from across Turtle Island and I am grateful to have the opportunity to work on this land.

**INTERNATIONAL DECADE FOR  
PEOPLE OF AFRICAN DESCENT**

— 2 0 1 5 ▶ 2 0 2 4 —  
**RECOGNITION · JUSTICE · DEVELOPMENT**



**#AFRICANDESCENT**  
[WWW.UN.ORG/EN/EVENTS/AFRICANDESCENTDECADE](http://WWW.UN.ORG/EN/EVENTS/AFRICANDESCENTDECADE)



# OBJECTIVES

## Session Objectives

- Following this plenary session, participants will be able to:
  1. Describe the unlearning required to understand how anti-Black racism impacts patient care
  2. Identify and explore promising practices for ACTION to address inequities in cancer prevention and care

# ANTI-BLACK RACISM

“Prejudice, attitudes, beliefs, stereotyping and **discrimination** that is directed at people of African descent and is **rooted in their unique history and experience of enslavement**. Anti-Black racism is deeply **entrenched in Canadian institutions, policies and practices**, such that anti-Black racism is either functionally normalized or rendered invisible to the larger white society. Anti-Black racism is **manifested in the legacy of the current social, economic, and political marginalization of African Canadians in society...**” (African-Canadian Legal Clinic)







Unlearning #1

Race & Biology

***There are no Biological Races***



# RACE AS A SOCIAL CONSTRUCT



<http://www.imdb.com/name/nm3696388/mediaviewer/rm3243828224>

**Race** is a **socially constructed** way of judging, classifying and creating difference among people "on the basis of physical features such as **skin colour and hair texture**. "Despite the fact that there are no biological 'races,' the social construction of race is a powerful force with real consequences for individuals" (*Ontario Human Rights Commission, 2005*)

The European concept of race arose at the time of the **scientific revolution**, the age of **European imperialism** and **colonization**

*Toronto Public Health. <http://www.toronto.ca/legdocs/mmis/2013/hl/bgrd/backgroundfile-62904.pdf>  
Marks, Jonathan (2008). "Race: Past, present and future. Chapter 1". In Koenig, Barbara; Soo-Jin Lee, Sandra; Richardson, Sarah S. *Revisiting Race in a Genomic Age*. Rutgers University Press.*

## PERSPECTIVES

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# Race, Racism, and the Policy of 21st Century Medicine

Mia Keeys<sup>a,\*</sup>, Joaquin Baca<sup>b</sup>, and Aletha Maybank<sup>b</sup>

*<sup>a</sup>Center for Health Equity, American Medical Association, Washington, DC, USA; <sup>b</sup>Center for Health Equity, American Medical Association, Chicago, IL, USA*

**This perspective describes three new policies passed at the November 2020 Special Meeting of the American Medical Association House of Delegates. These policies**

- 1. Denounce racism as a public health threat;**
- 2. Call for the elimination of race as a proxy for ancestry, genetics, and biology in medical education, research, and clinical practice;**
- 3. Decry racial essentialism in medicine**



Unlearning #2

Racism & SDH

***Systemic Racism Drives Inequities***

# SYSTEMIC RACISM AS A SOCIAL DETERMINANT OF HEALTH

## Social Influences

### History

- Religion
- Media
- Art
- Culture



## Racism (Conscious)/ Unconscious Bias

- Individual/internalized
- Interpersonal
- Systemic  
(Organizational,  
Institutional/societal)



## Health Outcomes

- Direct: chronic disease, mental health, access to care
- Indirect: poverty, lost opportunities (SDOH)

# REMEMBER... MIREILLE, JOHN, JOYCE

CTV NEWS

MONTREAL | News

## Family of woman claims Quebec hospital gave her medicine she was allergic to before her death

Stephane Giroux CTV News Montreal Videojournalist  
@SGirouxCTV | Contact

Luca Caruso-Moro CTV News Montreal Digital Reporter  
@LucaCarusoMoro | Contact

Published Friday, March 12, 2021 9:48PM EST  
Last Updated Friday, March 12, 2021 9:48PM EST



Family of south shore woman demands answers  
A south shore woman died from cancer on Tuesday. Before her death, her family says she was given meds she was allergic to. They want answers.

NOW PLAYING



**JOHN RIVER**  
RECOVERING FROM BRAIN FLUID LEAK

WED 2°

<https://www.youtube.com/watch?v=40V43lz0QCM>



<https://time.com/5898422/joyce-echaquan-indigenous-protests-canada/>

<https://montreal.ctvnews.ca/family-of-woman-claims-quebec-hospital-gave-her-medicine-she-was-allergic-to-before-her-death-1.5345874?cache=yes%231.811558%2F7.542545>

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## Health Outcomes

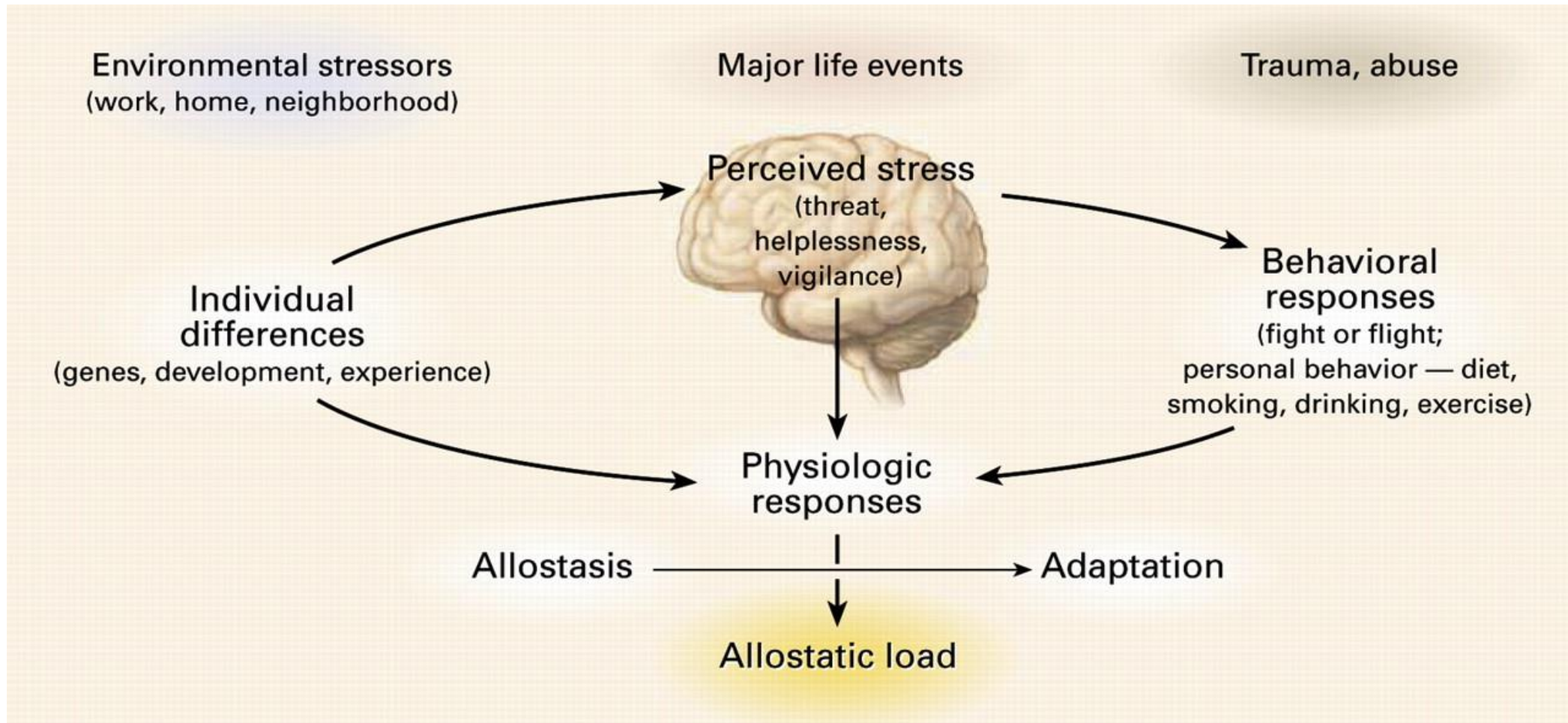
- Direct: chronic disease, mental health, access to care
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# RACISM AS TRAUMA

- Race-based stress and trauma does not only occur in the context of an interpersonal encounter
- Other forms of race-based traumas can include:
  - witnessing ethno-violence or discrimination of another
  - historical or personal memory of racism
  - institutional racism
  - micro-aggressions
  - the constant threat of racial discrimination



# RACISM => PHYSIOLOGIC STRESS RESPONSE





# SYSTEMIC RACISM AS A SOCIAL DETERMINANT OF HEALTH

## Social Influences



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# UNITED NATIONS' WORKING GROUP OF EXPERTS ON PEOPLE OF AFRICAN DESCENT

“Several factors contribute to these *health disparities*, including historic barriers to access and continuity of health care, *long-standing systemic racism*, low socioeconomic status, lack of cultural specificity in *health education* and *underrepresentation of Black health professionals* in the system.”



2015 - 2024

INTERNATIONAL DECADE FOR PEOPLE OF

**AFRICAN DESCENT**

RECOGNITION, JUSTICE AND DEVELOPMENT





## Unlearning #3

Data is **not** required to prove [anti-Black]  
racism exists

## THE WELLESLEY INSTITUTE'S DEFINITION

“**Institutional racism** is an ecological form of discrimination. It refers to inequitable outcomes for different racialized groups. There is a lack of effective action by an organization or organizations to eradicate the inequitable outcomes.”

In other words: “**Institutional racism is seeing racial disparities and doing nothing effective about them.**”

<http://www.wellesleyinstitute.com/wp-content/uploads/2017/05/Rethinking-the-Definition-of-Institutional-Racism.pdf>



# WHY WE SHOULD NOT COLLECT SOCIODEMOGRAPHIC DATA TO PROVE RACISM EXISTS

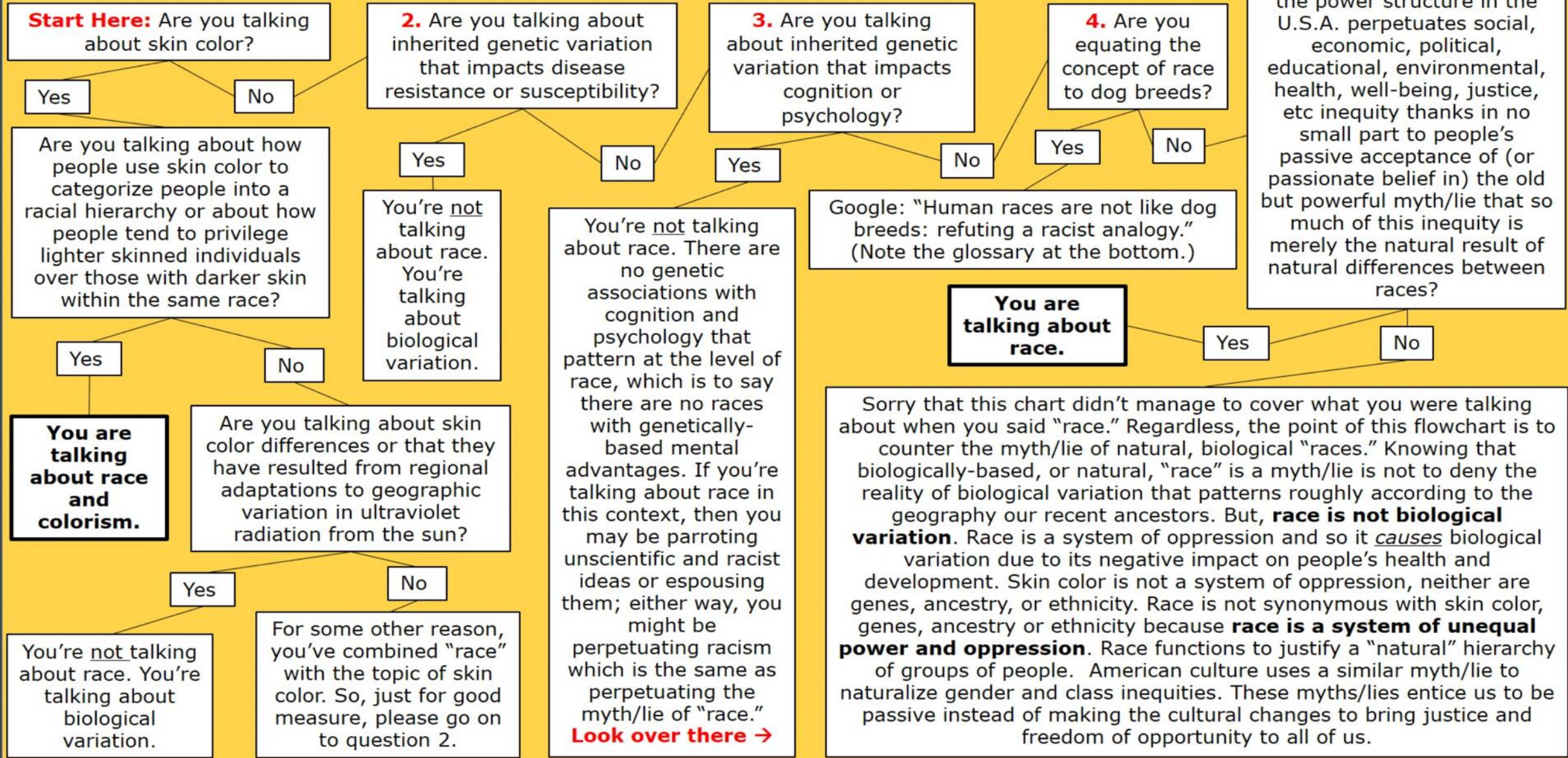


“The function, the very serious function of racism is distraction. It keeps you from doing your work. It keeps you explaining, over and over again, your reason for being. Somebody says you have no language and you spend twenty years proving that you do. Somebody says your head isn’t shaped properly so you have scientists working on the fact that it is. Somebody says you have no art, so you dredge that up. Somebody says you have no kingdoms, so you dredge that up. None of this is necessary. There will always be one more thing.”

– Toni Morrison

<https://www.goodreads.com/quotes/3228728-the-function-the-very-serious-function-of-racism-is-distraction>

# You said "race" but are you actually talking about race?





ARTICLE

## Dying to Learn: A Scoping Review of Breast and Cervical Cancer Studies Focusing on Black Canadian Women

Nnorom, Onye ; Findlay, Nicole ; Lee-Foon, Nakia K ; Jain, Ankur A ; Ziegler, Carolyn P ; Scott, Fran E ; Rodney, Patricia ; Lofters, Aisha K

Journal of health care for the poor and underserved, 2019, Vol.30 (4), p.1331-1359; United States: Johns Hopkins University Press

1934 articles → 23 met our criteria

### Themes:

- Black women from Sub-Saharan Africa appear to have lower cervical and breast cancer screening rates
- Caribbean women appear to have screening rates that are comparable to the general population
- **GAPS:** no studies reported breast or cervical cancer **prevalence or mortality rates** for Black Canadian women

Journal of Immigrant and Minority Health (2021) 23:1305–1342

<https://doi.org/10.1007/s10903-021-01161-3>

REVIEW PAPER

# Differences in Breast Cancer Presentation at Time of Diagnosis for Black and White Women in High Resource Settings

Jo-Ann Osei-Twum<sup>1</sup> · Sahra Gedleh<sup>2</sup>  · Aisha Lofters<sup>2,3</sup> · Onye Nnorom<sup>4</sup>



# INTERVENTIONS THAT WORK...



# CFP MFC

CANADIAN FAMILY PHYSICIAN • LE MÉDECIN DE FAMILLE CANADIEN

The official journal of the College of Family Physicians of Canada

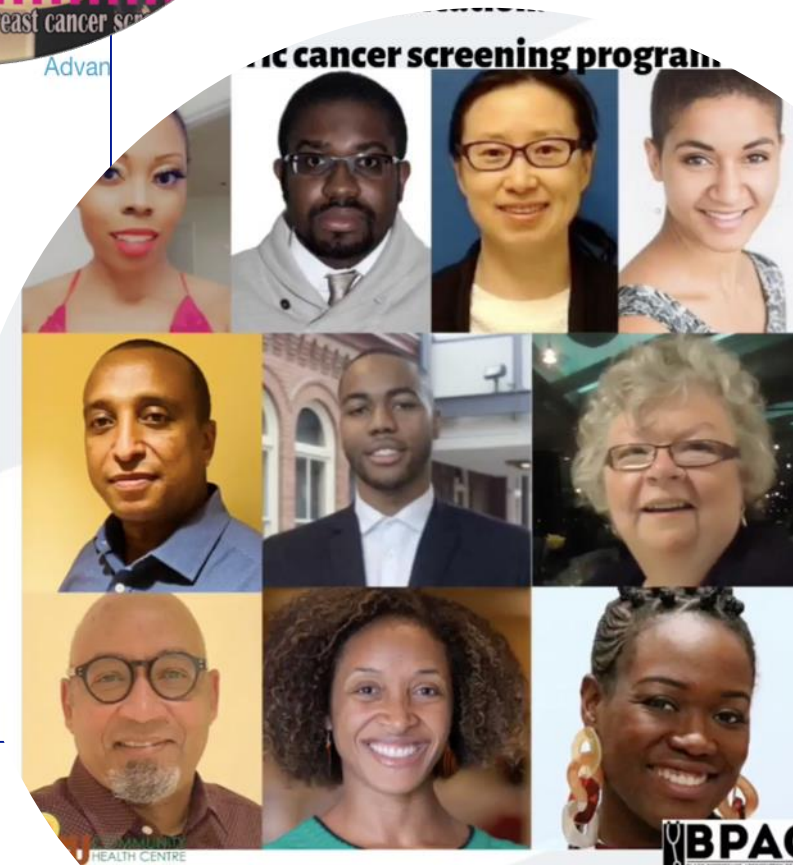
Home Articles Info for About CFP Feedback Blogs Mainpro+ Credits

Research Article | Program Description

## Afrocentric screening program for breast, colorectal, and cervical cancer among immigrant patients in Ontario

Onye Nnorom, Antonia Sapping-Kumankumah, Oluwatobi R. Olaiya, Mervin Burnett, Nancy Akor, Nan Shi, Patricia Wright, Abel Gebreyesus, Liben Gebr Aisha Lofters

Canadian Family Physician November 2021, 67 (11) 843-849; DOI: <https://doi.org/10.46747/cfp.6711843>



# STEPS FOR ACTION

## Time to dismantle systemic anti-Black racism in medicine in Canada

OmiSoore Dryden PhD, Onye Nnorom MD MPH

“

*The field of medicine can no longer deny or overlook the existence of systemic anti-Black racism in Canada and how it affects the health of Black people and communities.*

*Dryden & Nnorom, 2021*

- 
- TRAINING & STRUCTURAL CHANGE IS NEEDED
- 

# BLACK EXPERIENCES IN HEALTHCARE REPORT 2020

## BLACK EXPERIENCES IN HEALTH CARE SYMPOSIUM:

Bringing together community and health systems for improved health outcomes

### RECOMMENDATIONS

This report provides an overview of the core themes, challenges and recommendations that emerged from the Symposium. It highlights the importance of participants' personal lived experience as Black people working in and/or engaging with the health care system, and it signals the dire need for a more equitable health system going forward. These recommendations were developed by the BEHCS Planning Committee and our advisory table based on the rich discussion and a wealth of input generated throughout the Symposium. Together they summarize the key themes of the day and point to future directions and actions over the coming weeks and months.

**1** Require all publicly funded government agencies and health service providers (including Ontario Health and Ontario Health Teams) to be held accountable for:

**4** Standardize and mandate anti-Black racism, anti-oppression, and decolonization training for health care providers, professionals, leaders, and health system planners.

**5** Create accessible and culturally competent mental health services throughout the province for all Black people and their communities.

**6** Expand funding to create more integrated services that support the families and loved ones of Black people experiencing mental illness.

**7** Establish a mechanism to routinely monitor and assess diversity in health system



<https://www.healthcommons.ca/blackhealth>

# BLACK HEALTH EDUCATIONAL RESOURCES

- A suite of educational resources for students, faculty and clinicians/practitioners in health disciplines, grounded in CRT:
  - **Black Health Primer (BHM)** for students
  - **Anti-racism pedagogy primer** for faculty
  - **Continuing Professional Development** for clinicians
  - **Virtual platform = Community of Practice** for educators
  - **Development of National Learning Objectives**
- Amplifying Black community voices
  - First person/story-telling resources on effective actions to disrupt racism & anti-racist practice



Dr. OmiSoore Dryden, Dalhousie University



Dr. Onye Nnorom, University of Toronto

- 
- RESPECTFUL, ETHICAL, COLLABORATIVE COLLECTION OF SOCIODEMOGRAPHIC DATA (INCL. RACE) IS NEEDED
- 

**ENGAGEMENT, GOVERNANCE,  
ACCESS, AND PROTECTION (EGAP)**

# A Data Governance Framework for Health Data Collected from Black Communities in Ontario



# BLACK PHYSICIAN AND COMMUNITY EXPERTS



REFRAMING CANCER, SELF-ADVOCACY AND FINDING PEACE FOR BIPOC WOMEN WITH DR. OMOLE

Oct. 9, 2021 | by Madina Tabesh



**The Olive**  
**Branch of Hope**  
Cancer Support Services

## Black Patients Matter

September 17, 2020

Reading time: 13 minutes



Dr. Aisha Lofters, a family physician at Women's College Hospital in Toronto. (Photo credit: Arash Moallemi)



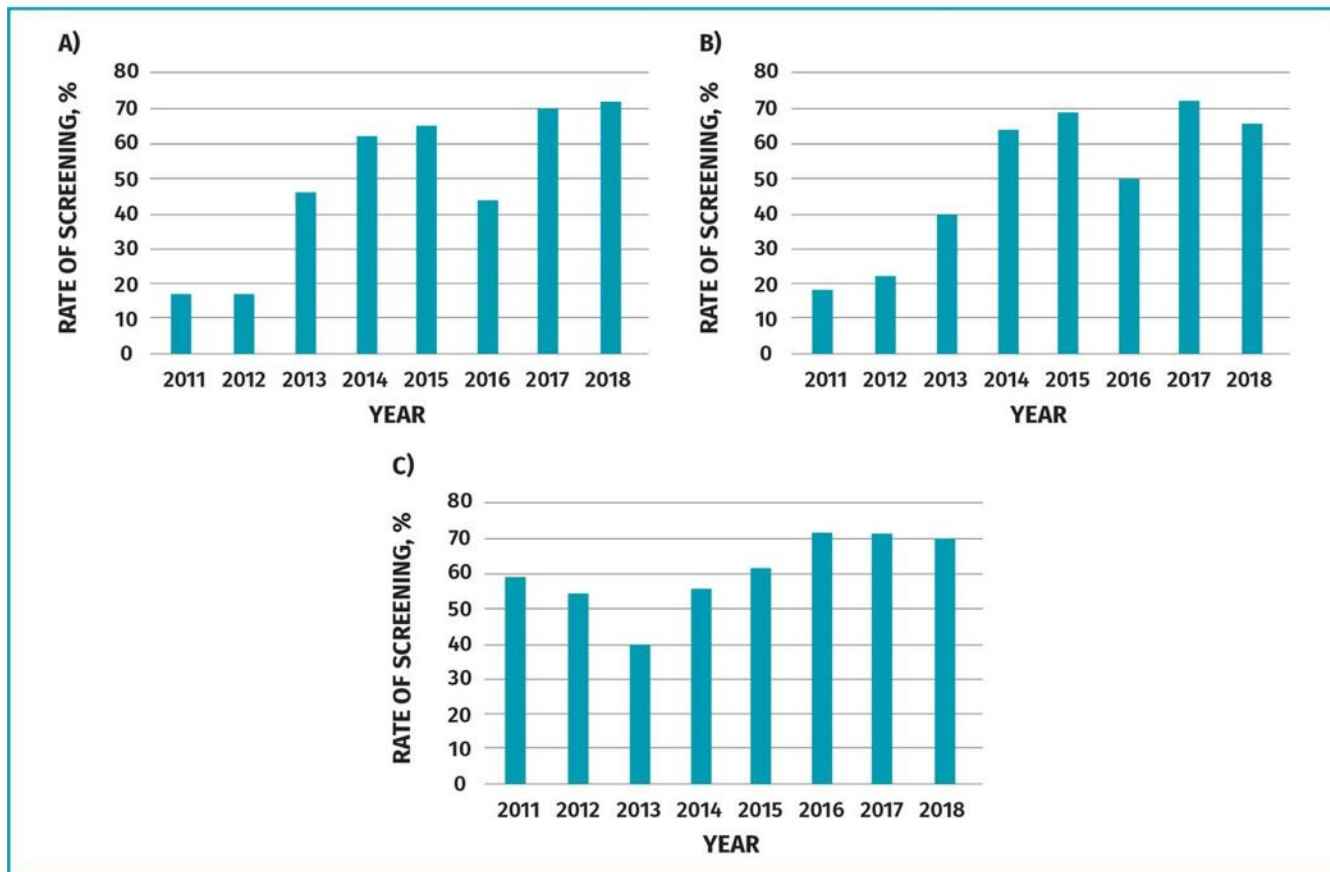


**WHAT DOES SUCCESS LOOK LIKE?**



# INCREASING CANCER SCREENING AT TAIBU CHC

Figure 1. Rates of cancer screening offered to patients at TAIBU Community Health Centre from the 2011-2012 fiscal year to the 2017-2018 fiscal year: A) Breast cancer screening, B) colorectal cancer screening, and C) cervical cancer screening.



<https://www.cfp.ca/content/67/11/843.long>



## **Ko-Pamoja: the feasibility of a lay health educator-led breast and cervical screening program for Black women in Ontario, Canada (short report).**

Lofters A<sup>1,2,3,4</sup>, Jain A<sup>5</sup>, Siu W<sup>6</sup>, Kyte M<sup>7</sup>, Lee-Foon N<sup>8,6</sup>, Scott F<sup>6,9</sup>, Nnorom O<sup>10,6,5</sup>.



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# THANK YOU!



 @dr.o.nnorom

 @OnyeActiveMD