

Resources to support action on race and health inequity

Health inequity arising from personal and systemic bias against Black people, Indigenous people, and people of color is a pressing issue in Canada, but resources for addressing this in Canadian medical practice are limited in number. To help physicians deepen their understanding of race-related health inequity, College librarians have selected resources for a race and health equity reading list (www.cpsbc.ca/files/

This article is the opinion of the Library of the College of Physicians and Surgeons of BC and has not been peer reviewed by the BCMJ Editorial Board.

[pdf/Race-and-Health-Equity-Resources-for-Informed-Practice.pdf](#)).

The collected material was filtered through many lenses: it was curated by librarians with White settler backgrounds, as most librarians in Canada have, and these backgrounds may have affected the curation process. The College Library had not historically prioritized collecting material on racism in health care, so we are committing to addressing that deficiency by expanding the collection of books to support the health of racialized people. Canadian content is limited: disaggregated race-based data in Canada that document health inequalities have not been thoroughly gathered. Accordingly,

foreign materials are included on the list to fill the gaps left in Canadian literature. On the other hand, the specifics of the experiences of Black and other racialized peoples in Canada make many of the available resources (e.g., from the USA and UK) insufficient for Canadian practice.

In spite of these limitations, these print and online reading materials have the potential to stimulate personal growth and inspire the vision needed for systemic change. The College Library welcomes suggestions and comments on the reading list (medlib@cpsbca.ca). ■

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HSDAs. Lowest rates were observed in the Northwest, Northeast, and Kootenay Boundary, and highest rates were observed in Central Vancouver Island and Okanagan.

- Women aged 50 to 69 years in lower education and income groups had lower breast cancer screening participation rates than those of higher education and income levels. The income disparity was consistent with more current published data.⁷
- The most materially deprived groups of women (50 to 69 years) had lower breast cancer screening participation rates compared with the least deprived groups.

Our findings provide important local evidence of disparities in cancer screening participation when we consider demographic, geographic, and socioeconomic factors. This information may help to inform targeted intervention strategies to improve cancer preventive care across BC. ■

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