

Culturally effective care to improve racialized health inequities

In a country as diverse as Canada, health practitioners must be able to care for individuals from different backgrounds and cultures. Neglecting this crucial component of health can lead to health inequities and poorer health outcomes. This became even more evident during the COVID-19 pandemic when the health of many—specifically immigrant, racialized, and Indigenous communities—was more negatively impacted when compared with Caucasian communities. COVID-19 highlighted the racialized inequities in health care in British Columbia. Unfortunately, this continues to go under-recognized due to the inability to accurately collect and report data on these disparities.

Other Western countries have had mechanisms set up to collect data based on both ethnicity and religion. For example, in the United Kingdom, the Office for National Statistics has continually reported on this. Between 10 January 2022 and 16 February 2022 (when Omicron was the main variant), rates of deaths involving COVID-19 were higher for many ethnic minority groups, such as the Bangladeshi and Pakistani populations, compared with the White British population.¹

It is a necessity of living in an antiracist society to identify racialized disparities, understand the factors driving them, and inform policy to minimize the disparities. In summer 2020, South Asians in Surrey, British Columbia, experienced a disproportionate impact from COVID-19 restrictions. Mandates were

introduced for individuals to stay at home, wear masks, and be physically distant. However, according to census data, 52% of workers in Surrey are doing labor jobs that don't allow them the luxury to work from home. After English, Punjabi is the most spoken language in Surrey. One-third of residents do not speak English at home. Many also live in multigenerational homes where if one person gets COVID-19 often the entire household gets it. The privilege required to abide by public health restrictions went under-recognized in provincial mandates.

While information was being provided about COVID-19 from health authorities and the government, it was not effectively reaching this community. Daily COVID-19 briefings were held in English, with no translations initially provided. It became evident that culturally effective health promotion was lacking. Culturally effective care involves the delivery of care through knowledge, understanding, and appreciation of cultural beliefs and values in order to optimize health outcomes. It also helps to improve health communication and health literacy.

Thus, many public health professionals, medical students, residents, and physicians from the South Asian community created grassroots campaigns and organizations to deliver culturally effective care to South Asians across BC. One initiative involved bringing together stakeholders such as medical professionals, gurdwaras, and health authorities to deliver information about COVID-19 in a culturally effective way. Gurdwaras are known as community hubs for Sikhs in particular. Patrons were provided lessons in Punjabi at gurdwaras on proper hand hygiene, the importance of wearing masks, and the meaning of physical distancing. Information was made easily accessible, and the guidelines were contextualized in a way

that allowed individuals to understand how to protect themselves and their loved ones.

The Government of British Columbia recently announced the Anti-Racism Data Act.² The goal of this Act is to identify gaps in service delivery that contribute to systemic racism. While it is an important milestone in celebrating diversity and formalizing our government's commitment to minimizing the impacts of colonialism, we have a long way to go.

Advancing culturally effective care has many benefits to reducing health inequities, particularly in racialized communities. Some of these benefits include improved communication, trust, and satisfaction; improved team-based care; improved patient-centred care; improved patient participation and care coordination; and overall improved health outcomes.

It is about time. ■

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