

## Focus of the Meeting

- Reviewed our last measure referenced in Bastos' et al systematic review on racial discrimination and health - **Scale of ethnic experience (SEE)** is available in long form (Malcarne et al., 2006) and short form (Malcarne, et al., 2022)
- Also looked at **Racial Microaggression Scale (RMAS)** (Torres-Harding, 2012) as a more recent example of a scale that has been developed with a focus on asking questions about belonging

## Scale of ethnic experience (SEE) (Malcarne et al., 2006); Short form (Malcarne, et al., 2022)

- We found the majority of questions had an indirect relationship to healthcare access. Examples of indirect healthcare access specific to 'perceived discrimination', included not being able to find a provider that provides supportive care, or less healthcare resources in your neighbourhood; rural and on reserve versus urban/ metropolitan area.
- Ethnic identity questions
  - As this was measure on ethnic experiences, we discussed how racism and discrimination may not always be part of these experiences, and in particular how the questions on 'ethnic identity' can reflect positive experiences.
  - For the ethnic identity questions, we found an indirect relationship to material circumstances. An example was given when people's previous experiences in freedom restrictions may influence their ability to obtain physical necessities.
  - How do these questions link to sense of belonging, and other social determinants of health around community roots and community cohesion? For example, being on reserve versus being off reserve and how these questions might relate to identity?
  - How could these questions relate to federal funding programs and sense of belonging - pharmaceuticals and dental, assistive technologies that are not through the medical services billing program.
- Perceived discrimination
  - Introduced additional considerations around Material hardship and access to safe drinking water.
- The questions on 'Mainstream Comfort' provided a unique perspective that we haven't seen in other measures. With universal healthcare being part of Canadian identity, questions like 'I feel like I belong to mainstream Canadian culture,;' 'I'm what most people think of as a typical Canadian' and 'I think of myself as a typical Canadian' may actually encourage people to access the Canadian healthcare system.

## Racial Microaggression Scale (RMAS) (Torres-Harding, 2012)

- Three questions on 'Foreigner/ Not Belong' connected with all three of our domains of focus. May help to uncover gaps in cultural competency, and assumptions around cultural background that may impact care delivery. For example, programs or services that may not fit with what a person may identify with (e.g., alternative medicine).
- Three questions on 'Criminality' connected with all three of our domains of focus. Illuminated how people may be discouraged from seeking care because of previous experiences. For example, if someone sees a security guard at healthcare clinic, they may avoid seeking care for concerns of being harassed. Another example was given,

where there are greater rates of incarceration for racialized groups, and relationship between incarceration, mental health, substance use, and care delivery in prisons.

- We didn't find a direct link to most of the nine questions focused on 'Low Achieving / Undesirable Culture'.
  - There were a couple of questions where we found they suggest an inverse relationship between healthcare access and racism and discrimination. For example, 'others suggest that my people of my racial background get unfair benefits'. In reality, many of these programs are based federally with historical policies that may deny access to my progressive services and benefits.
  - Racist perceptions of "dysfunctional or undesirable" may reinforce perceptions of the "non-compliant patient", when there may be other reasons that discourage people from staying on a medication regime (e.g., affordability of medications).
  - 'Focus only on the negative aspects of my racial background' may result in certain diagnoses based on racial background that can be re-stigmatizing.
- Three questions on 'Sexuality' connected with all three of our domains of focus. The questions people are asked during a care visit may discourage seeking future care. For example, studies with men who have sex with men, report how this population is asked questions about their sexual history and sexually transmitted diseases during unrelated care visits.
- We found all eight questions on 'Invisibility' connected directly to all three domains of focus
- Five questions on 'Environment'
  - 'When I interact with authority figures, they are usually of a different racial background' we found to be a direct relationship. Example was given for healthcare care where providers with different backgrounds may not understand patients' values and preferences for their care decisions. Example was given for material circumstances when the structures may not represent diverse populations and discourage people from seeking leadership roles and supports.
  - Other questions were found to have more of an indirect relationship to healthcare access. Example was given when people do not see their culture represented, they may be discouraged from asking questions and seeking care.
  - Material circumstances can also be impacted when people don't see how people from their culture are represented. It may discourage them to seek additional help when needed, as they feel they should be the same as everybody else in their workplace or class.

### Upcoming Schedule

- We have completed our review of the measures focused on 'racism and discrimination' and are shifting our structure of our meetings for the next couple of months:
- On June 1<sup>st</sup> we will have two presentations:
  - Laurel Lemchuk-Favel 'Measuring Indigenous cultural safety in BC health care'.  
Dana Riley, PhD, CIHI [Updated pan-Canadian primary health care data standard for performance measurement](#)
- On July 6th, we will be reviewing the initial draft of our summary report and Sarah DeSilvey, PhD The Gravity Project will be joining us