

# Who is Black? The urgency of accurately defining the Black population when conducting health research in Canada

Jude Mary Cénat PhD MSc C.Psych

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In recent research evaluating the health of Black people in Canada, many terms have been used to define who is Black. These include “Black individuals, people or communities;”<sup>1,2</sup> “Black Canadians;”<sup>3</sup> “African-Canadians;”<sup>4</sup> “African;” “Caribbean;”<sup>5</sup> “Black Africans;”<sup>6</sup> “African-Caribbean or African and Caribbean communities;”<sup>7</sup> “African Caribbean and Black”<sup>8</sup> or “African, Caribbean and Black;”<sup>9</sup> “African Nova Scotians;” “Black Nova Scotians;” “Individuals or people with African Descent” and “Black ethnicity.”<sup>10,11</sup> The use of these varying expressions when describing Black people in health research hinders the comparability and usefulness of studies’ findings. I argue that researchers should aim to use accurate and discriminant terminology consistently to maximize the usefulness of Black health research in Canada.

The term “African-Canadians,” which mirrors the use of “African Americans” in the United States, may be considered problematic. It may exclude Black people of Caribbean and other origins and may include people who do not identify as Black, such as people from Northern or South Africa (e.g., Algeria, Morocco, Tunisia and Egypt). The term “Black Canadians” semantically excludes Black people living, working or studying in Canada who are not citizens. The term “African, Caribbean and Black communities” is increasingly used for the sake of maximal inclusion. However, it may be too unspecific to be useful in studies of health outcomes for Black people in Canada. In addition to potentially including people from Africa who do not identify as Black, it may include people from the Caribbean who identify as Latino. Health surveys and administrative questionnaires often ask people to identify themselves as “African, Caribbean or Black,” but people may be African and white or Arab, or Caribbean and Latino. The problem is not solved by asking people about their continental or subcontinental origin (e.g., Sub-Saharan Africa), which may be checked by people of many different ethnicities whose actual experiences differ remarkably when living in Canada. Moreover, studies rarely differentiate between Black people whose ancestors have resided in Canada for centuries and those who are recent immigrants. Further complicating the issue, the 2016 Canadian Census indicated that the 10th most commonly listed country of origin for people in Canada who self-identified as Black was the US.<sup>12</sup>

## Key points

- The terminologies commonly used in health research to define Black people in Canada today are neither precise nor accurate.
- Consequently, research on Black health may include individuals who do not identify as Black, which could limit its accuracy and usefulness.
- The term “Black individuals, people or communities” offers the possibility of incorporating aspects of origin to reflect the diversity of Black communities in health research.
- Careful data collection will allow for nuanced understanding of Black health research participants in Canada, by clarifying — among those who self-identify as Black — additional factors such as country of origin and other aspects of ethnicity.

Two reviews serve as examples of this problem: a 2019 scoping review of breast and cervical cancer among “Black Canadian” women included 23 studies,<sup>13</sup> of which only 7 had unambiguously Black participants. Some of these studies considered Africa as a single block (with a few clarifying that African-origin populations included many participants from North Africa who may actually self-identify as Arab)<sup>12</sup> and others included people from the Caribbean, and Latin and Central America. Potential inclusion of participants who are not Black makes interpretation of the findings of the review difficult. Some studies have clarified that their sample labelled “Africa” included populations from North Africa that were predominantly Arab.<sup>14,15</sup> A 2020 scoping review that reported on the prevalence of substance use among African, Caribbean and Black people in Canada included 25 studies; fewer than 5 included results from exclusively Black people.<sup>16</sup> Some of the included studies did not specify whether participants were Black, but rather whether they were immigrants, African or Caribbean.

Accurate, reliable and unambiguous data should be used for research to inform public health policies, training policies for health care workers and culturally appropriate and antiracist health care practices for Black communities. Inability to find a common term to describe Black people in health research in Canada may perpetuate inequities and hamper useful research on Black health in Canada.

Some researchers have proposed using the term “Black African, Caribbean and Canadian individuals, people or communities.” This term is cumbersome and does not consider Black people of other origins (e.g., Latin America). The term “Black individuals, peoples or communities,” which is already used in the Canadian Community Health Survey, is often criticized for being too simplistic, but it has the merit of being clear, unambiguous and accurate. “Black individuals, peoples or communities” could be adopted for use in all health surveys to better align with data captured by the Canadian Community Health Survey. However, this will not help produce studies that can properly inform better public health, prevention, health promotion and population health intervention programs for Black people in Canada, because the term does not consider the diversity of Black communities in Canada and is not sufficiently discriminant.

To obtain more accurate and precise demographic data for use in health research, researchers should request clarification when asking participants to identify their race. For example, if participants indicate that they identify as Black, they can then be asked to elucidate their country of origin or that of their parents, and generation status, if applicable. Researchers should also clarify subgroups (e.g., Nova Scotians, people of Caribbean origin, African origin or South and Central American origin) as well as ethnicity among other demographics. Thus, the answer to the question “Who is Black?” in health research is nuanced: self-identifying Black people of diverse ethnic backgrounds (e.g., African, Caribbean, South American or Canadian). It is also important to give participants the opportunity to indicate more than 1 answer when answering regarding racial identification, to allow multiracial people to accurately self-identify.

Qualitative research offers greater opportunity for researchers to collect nuanced data than quantitative research; such data may include information related to Black people’s experiences of being racialized when using health services. Qualitative health research can document the experiences related to different Black ethnicities (e.g., Caribbean or African), multiracial backgrounds and colourism (prejudices related to the degree of blackness of skin colour, which may be experienced within a person’s own community). Careful defining of populations can allow researchers to show, for example, not just that the prevalence of diabetes is higher in Black communities than in the general population, but which specific communities are most at risk among Black populations in Canada.

Probing questions related to race, ethnicity and region of origin may alarm people, but health researchers can explain that questions that enable detailed data collection may well improve research on the health of Black people in Canada and increase the chances of developing an inclusive, participatory and collaborative approach to health care.

Although more efforts and funding are needed, research on Black health has never received so much attention as now. It is urgent that both quantitative and qualitative studies collect accurate and detailed data. Without this essential effort, Black health research conducted now and in the upcoming years may not impact public policies, health care programs, and strategies and action plans as it should. If Black health research continues to be based on data that are unclear or inaccurate, there is a risk that policies and programs will be developed that do not meet the real needs of Black communities.

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**Affiliation:** School of Psychology, Interdisciplinary Centre for Black Health, University of Ottawa, Ont.

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**Correspondence to:** Jude Mary Cénat, [jcenat@uottawa.ca](mailto:jcenat@uottawa.ca)