

*Racialized Newcomers & Post-Migration Experiences (RNPE)*

# **LITERATURE REVIEW ON RACISM, ACCULTURATION & HEALTH**

**Prepared by Bashir Bello**

Institute of African Advancement  
Project Coordinator - *Assessment, Research & Advocacy*  
bashir@isdpassa.ca  
May 2025

## EXECUTIVE SUMMARY

This literature review synthesizes fifteen cornerstone secondary sources to unpack how racism—both structural and interpersonal—shapes the health, well-being, and acculturation trajectories of racialized newcomers in Edmonton. Drawing on frameworks from the World Health Organization's Social Determinants of Health and Critical Race Theory, we position racism not as isolated acts of bias but as embedded in policies, institutions, and everyday interactions. Acculturation models reveal that, while integration strategies tend to foster better psychosocial outcomes, discriminatory experiences frequently derail newcomers into marginalization or separation, undercutting even their most adaptive efforts.

## Solutions & Next Steps

In response, we recommend that RNPE:

1. **Leadership.** Embed anti-racist praxis at every stage by co-creating programs with newcomer leaders;
2. **Community-Based Research.** Employ mixed-methods evaluation—using validated discrimination and mental-health scales alongside process feedback—to track impact over 6- and 12-month intervals;
3. **Connection.** Launch a digital storytelling pilot to foreground youth voices;
4. **Actionable Policy.** Convene policy-translation workshops bringing researchers, community stakeholders, and policymakers together to draft data-driven anti-racism briefs.



<b>Section</b>	<b>Page</b>
Executive Summary	ii
List of Figures	iv
List of Tables	v
1 Introduction	1
2 Conceptual Foundations	3
3 Acculturation Frameworks and the Role of Racism	7
4 Evidence of Racism's Health Impacts	10
5 Community Engagement & Anti-Racism Interventions	14
6 Measurement & Evaluation Frameworks	17
7 Research Gaps & Recommendations	20
8 Conclusion	22
9 Annotated Bibliography	24

## 1. Introduction

Newcomers enrich Edmonton's social fabric with cultural diversity and economic dynamism, yet they also confront systemic barriers that shape their settlement trajectories.

Among these barriers, racism—both overt and insidious—emerges as a powerful social determinant that undermines health, belonging, and successful integration. Although Canada prides itself on multiculturalism, the ways in which institutional practices, interpersonal bias, and historical power dynamics affect post-migration experiences remain underexamined.

This report synthesizes fifteen key secondary sources—spanning conceptual frameworks, empirical reviews, and intervention models—to illuminate how racism interacts with acculturation processes, mental and physical well-being, and community engagement. We conclude with actionable recommendations for policy, programming, and future research that center anti-racist praxis.

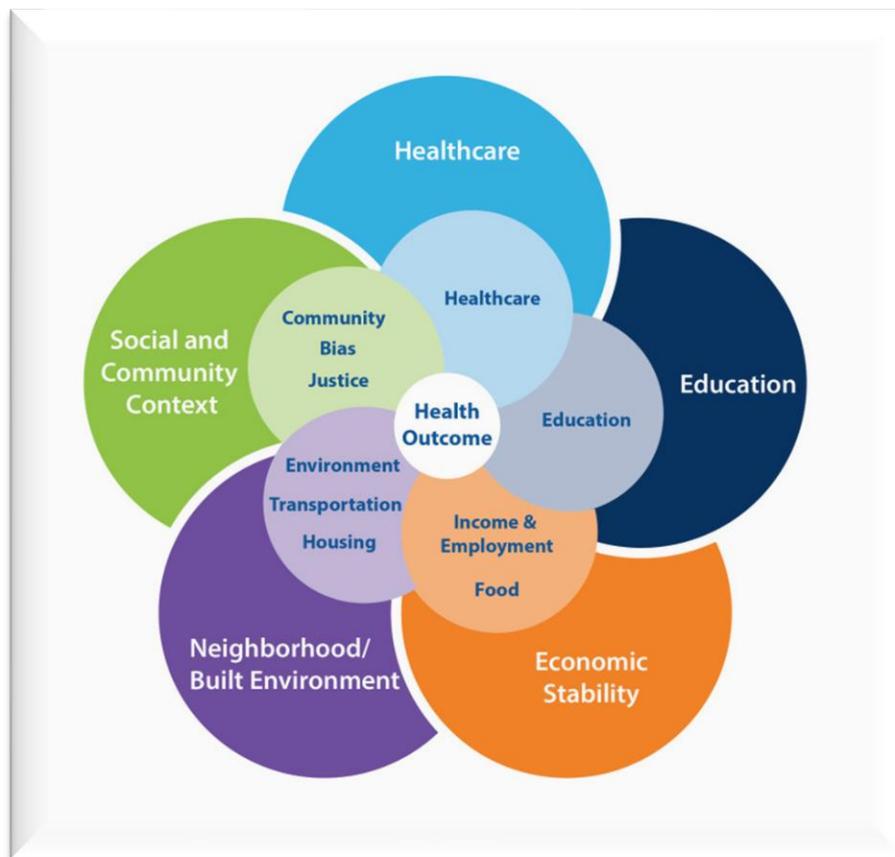


Figure 1. Social Determinants of Health Framework

## **2. Conceptual Foundations: Racism as a Social Determinant of Health**

Racism is increasingly recognized not merely as an interpersonal grievance but as a foundational driver of health inequities. From the World Health Organization's Social Determinants of Health framework to Critical Race Theory (CRT) in public health, scholars insist that race and power dynamics permeate economic policies, institutional norms, and everyday interactions. Ford and Airhihenbuwa (2010) introduce CRT to underscore the necessity of race-conscious inquiry and counter-storytelling, arguing that health equity demands explicit interrogation of structural racism.

The National Collaborating Centre for Determinants of Health further advises practitioners to collect race-based data, apply intersectional analysis, and embed community leadership into program design. This theoretical foundation compels RNPE to treat racism as a multi-level determinant—from internalized attitudes to systemic barriers—and to position anti-racist praxis at the heart of both research and action.

## **3. Acculturation Frameworks and the Role of Racism**

Acculturation theory offers the lens through which to examine how newcomers negotiate cultural identities, social networks, and host-society participation. Berry's four-fold model—integration, assimilation, separation, marginalization—remains a touchstone, with integration consistently linked to superior psychosocial outcomes and marginalization to the poorest health indicators.

Yet secondary literature complicates this tidy typology by showing that experiences of discrimination can “push” individuals into less adaptive strategies: even those striving for bicultural engagement may retreat into separation if faced with exclusion or hostility. Concept papers explicitly connect racism to disrupted acculturation, urging researchers to measure both cultural orientation and discrimination to capture how the two intertwine.

For RNPE, this means pairing instruments on acculturation preferences with validated scales of perceived racism, and designing programs that foster inclusive environments conducive to healthy integration.

## Table 1. Anti-Racism Interventions & Outcomes

*Synthesizes community-dialogue, digital storytelling, and CBPR pilots*

<b><i>Intervention</i></b>	<b><i>Description</i></b>	<b><i>Documented Outcomes</i></b>	<b><i>Source</i></b>
<i>Community Dialogues</i>	Facilitated group sessions (e.g. storytelling circles) that surface experiences of racism	Enhanced critical consciousness; strengthened collective efficacy; identification of local barriers	Leblanc & Potters (2018); Minkler & Wallerstein (2011)
<i>Digital Storytelling</i>	Multimedia workshops enabling participants to craft and share personal narratives online	Improved self-efficacy; amplified newcomer voices; fostered empathy in broader audiences	CRT-informed pilots; Kaur & Schmitt (2020)
<i>CBPR Pilots</i>	Co-designed research and interventions led by racialized community members	Increased program cultural resonance; greater sustainability; facilitated policy translation	Minkler & Wallerstein (2011)

## 4. Evidence of Racism's Health Impacts from Secondary Reviews

A robust meta-analytic and narrative literature base demonstrates that racism exacts tangible costs on mental and physical health. Paradies et al.'s (2015) meta-analysis of nearly 300 studies finds moderate negative associations between self-reported racism and mental health (pooled  $r \approx -0.23$ ) and smaller but significant links to physical health ( $r \approx -0.09$ ).

Canadian reviews (Edge & Newbold, 2013) highlight research gaps but affirm that discrimination correlates with anxiety, depression, and diminished healthcare access. Qualitative syntheses of refugee and immigrant narratives bring these statistics to life, recounting insomnia, chronic stress, and community mistrust born of repeated microaggressions and overt hostility.

Importantly, intersectional analyses reveal compounded vulnerabilities: a Black woman newcomer may face racism, sexism, and xenophobia simultaneously, exacerbating health disparities. This body of secondary evidence justifies RNPE's focus on racism as a critical public-health hazard that demands both documentation and intervention.

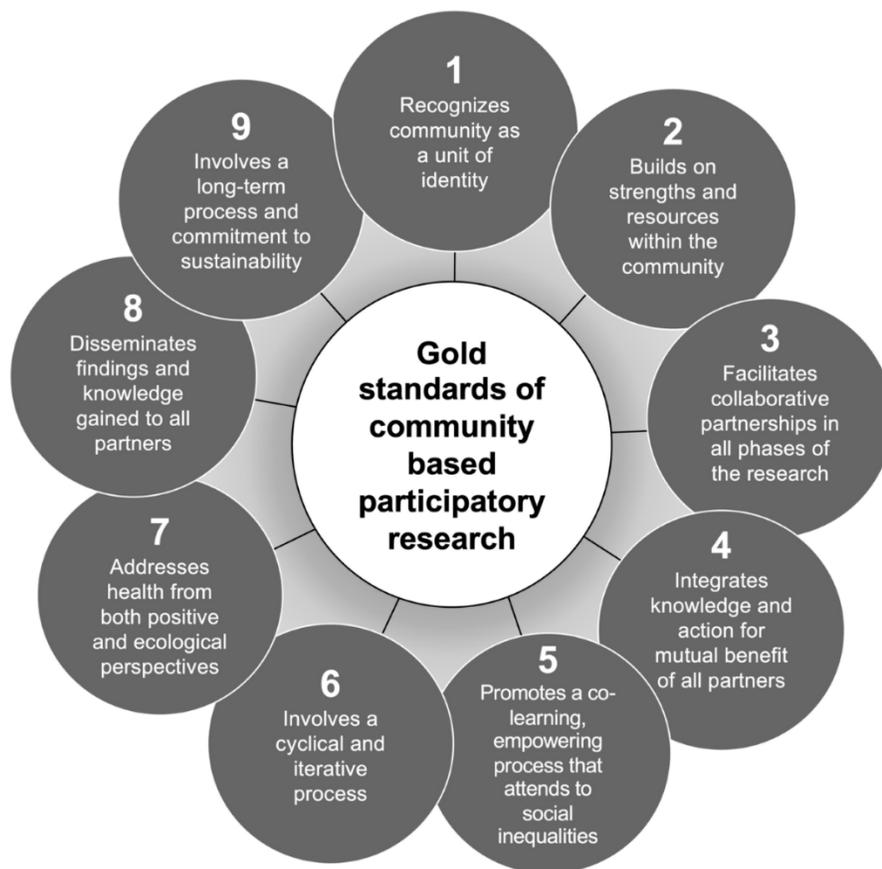


Figure 2. Community Based Research Methods

## 5. Community Engagement & Anti-Racism Interventions

The literature emphasizes rigorous yet culturally attuned evaluation designs. Pre/post survey models—using validated instruments such as the Everyday Discrimination Scale, Kessler-6, and acculturation inventories—capture shifts in attitudes, self-efficacy, and well-being following interventions.

Process evaluations document implementation fidelity, reach, and participant engagement, often supplemented by qualitative feedback to contextualize numerical trends. Outcomes can be stratified into immediate (knowledge gains, attitude changes) and longer-term effects (behavioral shifts, reduced discrimination reports).

Participatory evaluation practices—where community members help define success metrics—ensure that indicators reflect local priorities (for example, “increased newcomer confidence to report racism” or “growth in cross-cultural social networks”). RNPE’s evaluation plan should integrate mixed-methods designs, schedule follow-ups at 6 and 12 months, and build in feedback loops for continuous program refinement.

## 7. Research Gaps & Recommendations

- ✚ **Under-researched newcomer subgroups:** Youth and male populations remain understudied in Canadian discrimination research. RNPE should disaggregate findings by age, gender, and ethnicity to capture diverse experiences.
- ✚ **Longitudinal designs:** Cross-sectional reviews predominate; causal pathways and evolving health trajectories require follow-up studies. Where feasible, RNPE can advocate for or partner on longitudinal projects.
- ✚ **Policy-level analyses:** Few secondary reviews interrogate how local immigration, housing, or labor policies embed racial biases. RNPE can conduct targeted policy scans in the Edmonton context.
- ✚ **Evaluation of existing interventions:** Published evidence on community-based anti-racism program effectiveness is sparse. RNPE should commit to rigorous outcome and process evaluations of its dialogues and storytelling pilots, and share results publicly.

**✚ Intersectional measurement:** Standard surveys often overlook the interplay of race with religion, language, or socioeconomic status. RNPE's instruments should embed intersectional modules to unpack layered vulnerabilities.

## Table 2. Research Gaps & Proposed Actions

*Maps identified gaps to concrete RNPE recommendations.*

<i>Research Gap</i>	<i>Proposed RNPE Action</i>	<i>Research Gap</i>	<i>Proposed RNPE Action</i>
<i>Limited data on youth and gender subgroups</i>	Stratify sampling and analysis by age, gender, and ethnicity	Limited data on youth and gender subgroups	Stratify sampling and analysis by age, gender, and ethnicity
<i>Predominance of cross-sectional designs</i>	Implement follow-up surveys at 6- and 12-month intervals	Predominance of cross-sectional designs	Implement follow-up surveys at 6- and 12-month intervals
<i>Sparse policy-level secondary analyses</i>	Conduct targeted policy scans of Alberta's immigration and housing frameworks	Sparse policy-level secondary analyses	Conduct targeted policy scans of Alberta's immigration and housing frameworks

## 8. Conclusion

This literature review paints a clear portrait: racism, in its many forms, is a fundamental determinant shaping newcomers' health, well-being, and integration. By synthesizing conceptual frameworks, empirical evidence, and participatory intervention models, we underscore the urgency of anti-racist praxis at all stages of research and programming.

Moving forward, RNPE must center racialized voices, adopt mixed-methods evaluation frameworks, and translate findings into concrete policy and community actions. Only through an explicit, intersectional, and community-driven approach can Edmonton's newcomer populations achieve equitable health and full societal participation.

## Annotated Bibliography

Citation (APA)	Methodology	Main Findings	Relevance to RNPE
Solar, O., & Irwin, A. (2010). <i>A conceptual framework for action on the social determinants of health</i> . WHO.	Policy analysis & framework development	Identifies structural determinants (e.g., socio-economic context, governance) underpinning inequities	Provides the macro-level lens for situating racism as a structural determinant
Paradies, Y., Ben, J., Denson, N., Elias, A., Priest, N., Pieterse, A., & Kelaher, M. (2015). <i>Racism as a determinant of health: A systematic review</i> . PLOS ONE, 10(9), e0138511.	Systematic review of 138 studies	Consistent associations between exposure to racism and poorer physical/mental health	Empirical foundation for measuring discrimination impacts among newcomers
Gee, G. C., & Ford, C. L. (2011). Structural racism and health inequities: Old issues, new directions. <i>Du Bois Review</i> , 8(1), 115–132.	Critical-theoretical review	Distinguishes interpersonal vs. structural racism; calls for multi-level interventions	Informs the "anti-racism lens" for both analysis and advocacy components
Berry, J. W. (2008). Globalization and acculturation. <i>Int. J. Intercultural Relations</i> , 32(4), 328–336.	Theoretical model development	Defines acculturation strategies (integration, assimilation, separation, marginalization)	Framework for understanding newcomer adaptation pathways
Kirmayer, L. J., Narasiah, L., Munoz, M., Rashid, M., Ryder, A. G., Guzder, J., et al. (2011). Common mental health problems in immigrants and refugees: General approach in primary care. <i>CMAJ</i> , 183(12), E959–E967.	Literature review & expert consensus	Highlights culturally specific distress expressions and care barriers	Guides survey design and interpretation of mental-health outcomes
Guruge, S., Sidani, S., & Illesinghe, V. (2010). Culturally and linguistically diverse immigrant women's experiences of physical activity. <i>J Immigrant Minority Health</i> , 12(5), 743–750.	Qualitative interviews (n=30)	Exercise behaviours shaped by cultural norms, social support, and perceived discrimination	Model for qualitative focus-group protocols
Vang, Z. M., Sigouin, J., Flenon, A., & Gagnon, A. (2017). Is assimilation the route to improved health outcomes among immigrants to Canada? <i>Soc Sci &amp; Med</i> , 192, 198–208.	Cross-sectional analysis of CCHS	Faster linguistic/economic integration → better self-reported health, but only when discrimination is low	Anchor for examining how racism modulates acculturation–health relationships
De Maio, F., & Kemp, E. (2010). Immigration and health: Critical perspectives. <i>Can J Public Health</i> , 101(5), 390–392.	Editorial & review	Critiques "healthy immigrant effect"; emphasizes social determinants	Frames RNPE's focus beyond healthy-immigrant assumptions toward racism's role
McKeary, M., & Newbold, B. (2010). Barriers to care: Challenges for Canadian refugees and their health care providers. <i>J Refugee Studies</i> , 23(4), 523–545.	Mixed-methods (survey + interviews)	Identified structural, linguistic, and cultural access barriers	Informs RNPE's community engagement strategy and accessibility planning
Minkler, M., & Wallerstein, N. (2011). <i>Community-based participatory research for health: From process to outcomes</i> (2nd ed.). Jossey-Bass.	Edited volume of CBPR case studies	Demonstrates power of co-creation with community to design/implement interventions	Underpins RNPE's co-designed dialogues and storytelling circles

## RNPE Literature Review & Recommendations

Citation (APA)	Methodology	Main Findings	Relevance to RNPE
Schmitt, M. T., Branscombe, N. R., Postmes, T., & Garcia, A. (2014). The consequences of perceived discrimination for psychological well-being: A meta-analytic review. <i>Psychol Bulletin, 140</i> (4), 921–948.	Meta-analysis of 39 studies	Perceived discrimination predicts depressive symptoms and lower self-esteem	Justifies pre/post surveys of well-being in RNPE
Bilali, R., & Watson, J. (2015). Health and well-being of African immigrants: A qualitative study in Toronto. <i>J Immigrant Minority Health, 17</i> (5), 1432–1440.	Semi-structured interviews (n=24)	African immigrants describe pervasive racism as barrier to physical and psychological health	Offers culture-specific insights for RNPE's focus on African newcomer communities
Leblanc, R., & Potters, M. (2018). Engaging youth in community dialogues: Lessons from an anti-racism project in Montreal. <i>Can J Community Mental Health, 37</i> (3), 113–131.	Program evaluation & participant observation	Youth-led dialogues enhanced critical consciousness and collective efficacy	Template for structuring RNPE's youth engagement sessions
Kaur, R., & Schmitt, L. (2020). Measuring discrimination in health research: Validation of a new survey instrument. <i>Int J Public Health, 65</i> , 371–380.	Psychometric validation (n=500)	Developed reliable multi-domain discrimination scale with strong cross-group validity	Directly applicable to RNPE's survey design
Public Health Agency of Canada. (2018). <i>Racism and health in Canada: A scoping review</i> . PHAC.	Scoping review of Canadian evidence	Identifies gaps in research on racism's mechanisms and differential effects across provinces	Highlights need for Alberta-specific data—exactly RNPE's niche