

Social Exclusion, Race and Immigration as Social Determinants of Health

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Social exclusion as a determinant of health

- Social exclusion
- Dimensions of social exclusion
- Social disparities and Health Status
- Racialization of poverty
- Racialization, immigrant status and social determinants of health
- Reversing Social exclusion and declining health status

Social Exclusion

- Describes
 - structures of inequality
 - processes of inequality
 - unequal outcomes among groups in society.
- A form of alienation and denial of full citizenship experienced by particular groups of individuals and communities.
- Its characteristics occur in multiple dimensions.
- In industrialized societies, a key determinant of social exclusion is uneven access to the processes of production, wealth creation and power.

Key aspects of Social Exclusion

- Denial of civil engagement through legal sanction and other institutional mechanisms.
- Denial of access to social goods - health care, education, housing.
- Denial of opportunity to participate actively in society.
- Economic exclusion.

Social Exclusion in the Canadian context

- Social exclusion is manifested through structural inequalities in access to social, economic, political and cultural resources.
- Structural inequalities persist on the basis of income, race, gender, disability, sexual orientation, and immigrant status, etc.
- These inequalities in turn generate health disparities and increase health risks among affected groups

Social exclusion and health status

- The most important consequences of health disparities are avoidable death, disease, disability, distress and discomfort
- However, health disparities also cost individuals, communities, the health system and Canadian society as a whole.
- Health disparities are inconsistent with Canadian values of equality:
 - They threaten the social cohesiveness of community and society,
 - They challenge the sustainability of the health system,
 - They undermine the Canadian economy

Understanding health disparities

- According to Health Disparities Taskforce, (2004):
 - Socio-economic status (SES),
 - Aboriginal and other racial identity,
 - Gender status
 - Geographic location (neighbourhood selection)are the most important factors associated with health disparities in Canada

Impact of health disparities on individual and group health status

- The death rate from injury among Aboriginal infants is 4 times the rate for Canada as a whole, and 3 times among teenagers.
- Young blacks are four times (10.1 per 100,000) as likely to be victims of gun related homicides as other members of the population (2.4 per 100,000).
- Only 47% among Canadians in the bottom income quintile report their health as excellent or very good compared with 73% in the top quintile
- People in the lowest quintile are five times more likely to rate their health as fair or poor than people in the highest
- Aboriginal peoples are twice as likely to report fair or poor health status than non-Aboriginal peoples with the same income levels.
- Infant mortality rates have been declining overall, but the rates in the poorest neighbourhoods remain two-thirds higher than in the richest, and the gaps have not closed since 1996

Dimensions of Social Exclusion

Racialized groups and new immigrants experience differential life chances. Characteristics include:

- A double digit racialized income gap
- Chronically higher than average levels of unemployment,
- Deepening levels of poverty
- Differential access to housing and neighbourhood segregation
- Disproportionate contact with the criminal Justice system
- Higher health risks

Economic exclusion

- **Attachment to the labour market is central to full membership in any society and in a liberal democratic society, it is the foundation of full citizenship**
- **It is a source of livelihood as well as a means for identity formation and provides a sense of belonging**
- **Attachment to the labour market is central to the successful achievement of all types of inclusion, integration of immigrants as well as the social inclusion of marginalized groups.**
- **Research on income disparities arising from uneven attachment to labour markets shows that these have adverse impacts on health status**

Exclusion in the Labour Market

Labour market segregation

- Over representation in low income sectors and occupations
- Under representation in high income sectors and occupations

Higher rates of unemployment and underemployment

- In 2001, the unemployment rate for racialized groups was 12.6% compared to a general rate of 7%
- In 1998, 6% of new immigrants were unemployed all year compared to 2% among Canadian -born
- In 1998, 11% of new immigrants were unemployed at some point during the year compared to 6% in population
- Black youth unemployment stood at 21% in 2001
- Aboriginal youth rates were at 22% compared to 7% for the rest of the population

Employment rates for Immigrants, Non-Immigrants, and Visible Minorities (%)

	<u>1981</u>	<u>1991</u>	<u>2001</u>
Total labour force	5.9	9.6	6.7
Canadian born	6.3	9.4	6.4
All immigrants	4.5	10.4	7.9
Recent Immigrants	6.0	15.6	12.1
Visible Minorities	n/a	16	12.6

Source: Statistics Canada, 2001 Census Analysis Series. The Changing Profile of Canada's Labour Force, February, 11, 2000 and 2001 Employment Equity Act Report, Human Resource and Development Canada.

Labour force participation

Patterns of lower labour force participation among immigrants coincided with the shift to immigration from the global South

	1981	1991	2001
Total labour force	75.5	78.2	80.3
Canadian born	74.6	78.7	81.8
All immigrants	79.3	77.2	75.6
Recent Immigrants	75.7	68.6	65.8

Racialized Youth in the Labour Market, 2001

Age 15-24	Labour Market Participation	Unemployment Rate
All 'Youth' persons	58.4%	13.3%
Immigrant Youth	55.0%	14.8%
Racialized Youth	43.7%	16.1%
Racialized youth – Can born	48.4%	15.5%
Black Youth – Can. Born	33.2%	21.4%
Aboriginal Youth	-	22.8%

Source: Census of Canada. Catalogue 97F0012XCB200102.

Inequality in employment incomes

Average Income (all sources) by select racialized community, 2001

	Men	Women	Total dollars
All Canadian earners	36,800	22,885	29,769
• African community	27,864	19,639	23,787
• Arab community	32,336	19,264	26,519
• Caribbean community	29,840	22,842	25,959
• Chinese community	29,322	20,974	25,018
• Filipino community	27,612	22,532	24,563
• Jamaican community	30,087	23,575	26,412
• Haitian community	21,595	18,338	19,782
• Japanese community	43,644	24,556	33,178
• Korean community	23,370	16,919	20,065
• Latin American community	27,257	17,930	22,463
• South Asian community	31,396	19,511	25,629
• Vietnamese community	27,849	18,560	23,190
• West Asian community	28,719	18,014	23,841

Source: Statistics Canada, 2001 Census of Canada.

The Racialization of Poverty

- The Racialization of poverty represents a disproportionate and persistent experience of low income among racialized groups
- It is linked to the process of the deepening social exclusion of racialized and immigrant communities.
- A key contributing factor is the concentration of economic, social and political power in fewer hands that has emerged as the state has retreated from its regulatory role in the economy.
- The experience of poverty includes powerlessness, marginalisation, voicelessness, vulnerability, and insecurity.
- The various dimensions of the experience of poverty interact in important ways to reproduce and reinforce social exclusion
- *Racialized people are two or three times as likely to be poor than other Canadians*

Racialization of Poverty

Low income by select racialized community, 2000

	Adult	Adult Unattached	Children under15
Total Canadian population	15%	38%	18%
• African Community	39%	56%	47%
• Arab community	36%	52%	40%
• Caribbean community	26%	44%	33%
• Chinese community	26%	55%	27%
• Filipino community	16%	48%	18%
• Jamaican community	26%	41%	34%
• Haitian community	39%	61%	47%
• Japanese community	18%	48%	16%
• Korean community	43%	72%	48%
• Latin American community	28%	53%	32%
• South Asian community	23%	49%	28%
• Vietnamese community	27%	49%	35%
• West Asian community	37%	56%	43%

Source: Statistics Canada, 2001 Census of Canada.

Low-income rates rise among successive groups of immigrants

During the past two decades, low-income rates have increased among successive groups of recent immigrants

- In 1980, 24.6% of immigrants who had arrived during the previous five-year period were below the poverty line.
- By 1990, the low-income rate among recent immigrants had increased to 31.3%.
- After peaking at 47.0% in 1995, the rate fell back to 35.8% in 2000.

Neighbourhood dimensions of racialization and Social Exclusion

- In Canada's urban areas, the spatial concentration of poverty or residential segregation is intensifying along racial lines.
- Immigrants in Toronto and Montreal are more likely than non-immigrants to live in neighbourhoods with high rates of poverty
- Young immigrants living in low income areas often struggle with alienation from their parents and community of origin, and from the broader society.
- They are also the disproportionate targets of crime and criminalization.

Racialized neighbourhoods

Toronto Area racialized enclaves experience high poverty rates

	<u>University</u>	<u>unemployment</u>	<u>low income</u>	<u>loneparent</u>
Chinese	21.2%	11.2%	28.4%	11.7%
South Asian	11.8%	13.1%	28.3%	17.6%
Black	8.7%	18.3%	48.5%	33.7%

Racism as a determinant of health

- Health disparities compromise health status and lead to disproportionate exposure to such conditions as diabetes and hypertension
- The psychological pressures of daily resisting racism and other forms of oppression add up to a complex of factors that undermine the health status of racialized and immigrant group members.
- Many racialized and immigrant workers are forced to accept work in workplaces where they face poor and sometimes hazardous working conditions that compromises their health.

Racism and health Status

Racialization in the health care system often takes the form of:

- language barriers leading to barriers to access
- lack of cultural sensitivity in service delivery
- absence of cultural competencies
- systemic barriers to access of health services
- inadequate funding for community health services
- Inadequate funding for research and treatment of certain conditions

Racism and Mental Health

- Many racialized group members and immigrants with mental health issues and mental illness' identify racism as a critical issue in their lives.
- One of the reasons the health status of immigrants declines is because of the experiences of dealing with everyday forms of racism.
- A study conducted by Noh and Beiser confirms that Southeast Asian refugees in Canada reporting discrimination experienced higher depression than their counterparts who reported none.
- Skilled immigrants experiencing mounting barriers in gaining employment and access to civil society, also report impacts on their mental health
(Beiser, 1988)

Immigrants and health status

- The selection process imposes a high standard of health status and so immigrants tend to start out with higher than average levels of good health. It is reasonable to expect that the health status of immigrants will decline with length of stay in Canada
- Some increased health risks arise from inability to access key health services because of the cultural competence gaps in the health care system or the inability of the immigrants to optimally make demands on the system. Some relate to other socio-economic vulnerabilities.
- Studies also show adverse psychopathological results from exposure to adversity and other vulnerabilities that are part of the process of migration.
- Until recently though, immigrants health status, while it declines somewhat, post immigration, kept pace with that of other Canadians. But there are some new developments that suggest that immigrant health is slipping below that of other Canadians.

Reversing Social exclusion and declining health status

- International research consistently shows that most health disparities can be traced to non-medical determinants

(See: UK Whitehall Studies)

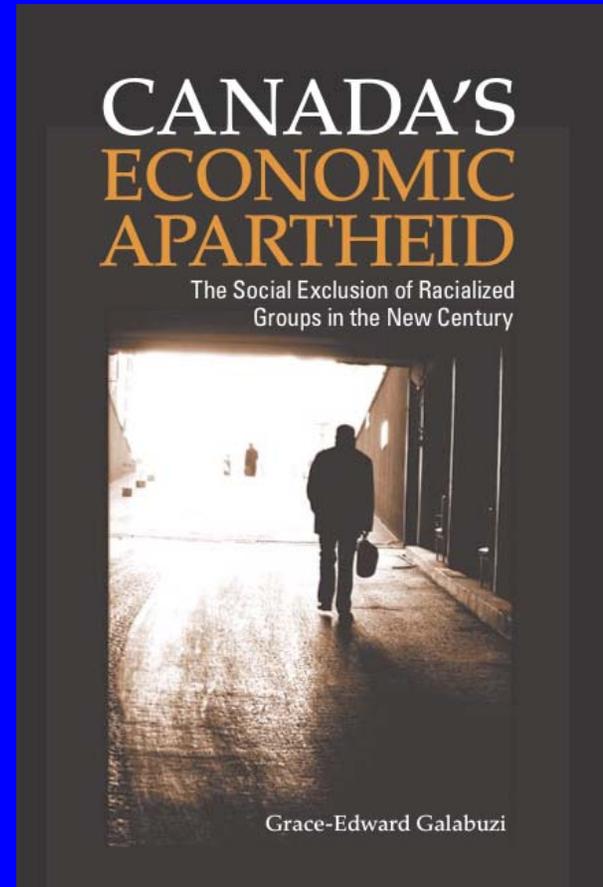
- Therefore, the most appropriate and effective way to improve overall population health is by improving the health of those disproportionately affected by health disparities
- Taking action on the social factors known to influence health is essential to reducing health disparities.
- The focus should be on poverty as experience and other bases of disadvantage in society – race, gender, immigrant status, disability
- The Public health system has an important role to play in mitigating the causes and effects of social determinants of health through interventions with socially marginalized individuals, populations and communities

Reducing Health disparities

- Based on experiences in other countries, comprehensive approaches to reducing health disparities should include:
 - understanding and acknowledging the various determinants of health disparities
 - documenting the extent of disparities,
 - developing evidence-based public health policies,
 - committing to targeted interventions
 - evaluating interventions for success

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It is all in the book!

- *Canada's Economic Apartheid* calls attention to the growing racialization of the gap between rich and poor, which, despite the dire implications for Canadian society, is proceeding with minimal public and policy attention. This book challenges some common myths about the economic performance of Canada's racialized communities. These myths are used to deflect public concern and to mask the growing social crisis. Galabuzi points to the role of historical patterns of systemic racial discrimination as essential in understanding the persistent over-representation of racialized groups in low paying occupations.

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