RACIALIZATION AND HEALTH INEQUALITIES: FOCUS ON CHILDREN

City of Toronto and Neighbourhood Highlights

INTRODUCTION:

Access Alliance Multicultural Community Health Centre (AAMCHC) works to increase access to services and promote health and well-being for immigrants and refugees living in Toronto by addressing medical, social, economic and environmental issues. We give priority to marginalized immigrant and refugee groups, in particular emerging newcomer groups and racialized groups living in underserved low income neighbourhoods. In order to ensure that our resources are reaching these populations, AAMCHC continuously reviews the most recent data available for neighbourhoods as well as immigrants and refugees. This data supports us in our organizational priority setting, program planning and partnership development.

COMMUNITY INFORMATION

Access Alliance is creating and sharing information about recent immigrant and racialized groups in Toronto as a tool for community engagement and community self-determination in research and knowledge translation. Access Alliance is committed to stewardship of information such as providing access to data that will be used to improve policy and services that enhance the lives and reduce the discrimination and marginalization of immigrant and refugee communities, particularly those from racialized backgrounds. The stewardship process also includes supporting the development of information from the community perspective that explains or comments on the data produced from research or data bases such as the Census; as well as supporting community-based research that creates community-owned community-defined knowledge. Please use this information freely, but acknowledge Access Alliance as the source when using it publicly. Your feedback is welcome – contact us at snerad@accessalliance.ca

RACIALIZATION

"Racialisation is the process whereby racial categories are constructed as different and unequal in ways that lead to social, economic and political impacts.[1] While Statistics Canada uses the term "*visible minorities*", Access Alliance and many other organizations including the Ontario Human Rights Commission[2] use the term "*racialized groups*" as the former term is more static and relates primarily to number and colour while the latter term recognizes the dynamic and complex process by which racial categories are socially produced by dominant groups in ways that entrench social inequalities and marginalization. This report looks at how racialization contributes to health inequalities experienced by children. Other reports will look at youth and working age adults.

RACIALIZATION AND HEALTH

By the early 1990s, many health organizations had identified racism as a major contributor to health problems, and a barrier to accessing and benefiting from health services[3,4,5,6,7]. Anti-racism strategies were recommended to address individual racism (attitudes and actions) and systemic racism (policies, procedures, lack of integration of diverse perspectives, racialized attitudes embedded in routine operations). Since then, racialized communities in Toronto have grown significantly in number and diversity. At the same time, poverty and income insecurity has become more concentrated in racialized groups. The level of poverty is particularly high in specific ethno-racial communities, certain geographic communities (with high immigrant and racialized population), and among immigrant children and lone parent families. And yet, racism remains a marginalized issue in health research and planning.

FOCUS ON CHILDREN

This document highlights analysis at the City level as well as at the neighborhood level. Appendix A provides the data used in these highlights. Detailed neighbourhood level information on children and families has also been prepared for 30 individual neighbourhoods in which Access Alliance is engaged in providing services, advocacy partnerships or community-based research. Some of the preliminary profiles (developed as a tool for community consultation) are on the website www.accessalliance.ca. These are being expanded and revised incorporating local community knowledge; and, will be updated with information from the 2006 Census.

The number and proportion of children in racialized groups has been increasing steadily, reaching 55.7% in 2001 (see Figure 1).

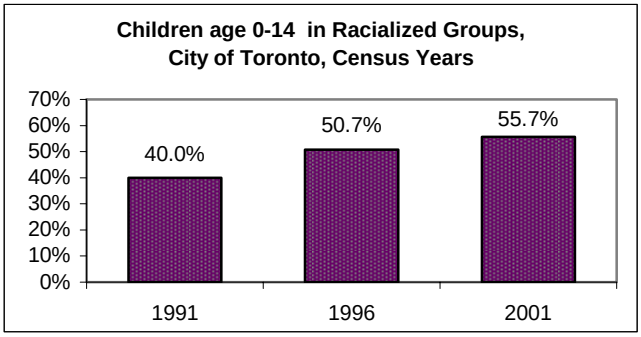

Figure 1: Percentage of children in racialized groups

The percentage of immigrant children in racialized groups is even higher, almost 80% for those immigrating during 1991-1996 as well as during 1996-2001 (Figure 2).

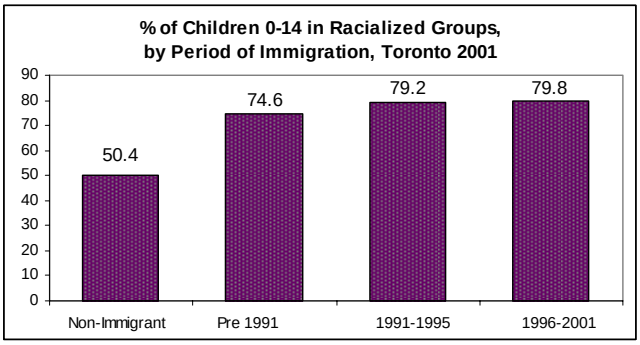

Figure 2: Percentage of Children in Racialized Groups by Period of Immigration

Most (80%) of the 242,400 racialized group children in Toronto in 2001 were born in Canada.

DIVERSITY OF IMMIGRANT CHILDREN

In 2001, over 79,000 (18%) Toronto children under fifteen years of age were born in a country other than Canada. This does not include children who are non-permanent residents (over 1%), refugee claimants, undocumented persons or whose parents are in Canada on work or student visas.

The majority (69%) of immigrant children were recent immigrants (1995-2001). The largest number of recent immigrant children were from Southern Asia (24%) and East Asia and China (21%), followed by West Central Asia and Middle East (13%) and Latin America and the Caribbean (10%); the number of children from Africa has been growing as well.

Of the 54,625 recent immigrant children, more than 75% had a mother tongue other than English or French; 38% were under the age of five when they arrived; and over 25% were Muslim. Several thousand came from refugee producing countries in Africa and East Europe.

IMMIGRATION, RACIALIZATION AND INTERSECTING MARGINALIZATION

Some of the diverse intersecting characteristics of children (Figure 3) present the potential for multiple forms of oppression (classism, racism, sexism, ethnocentrism, etc). These can affect health and access to services. When experience of discrimination is internalized, it also shapes how children see themselves.

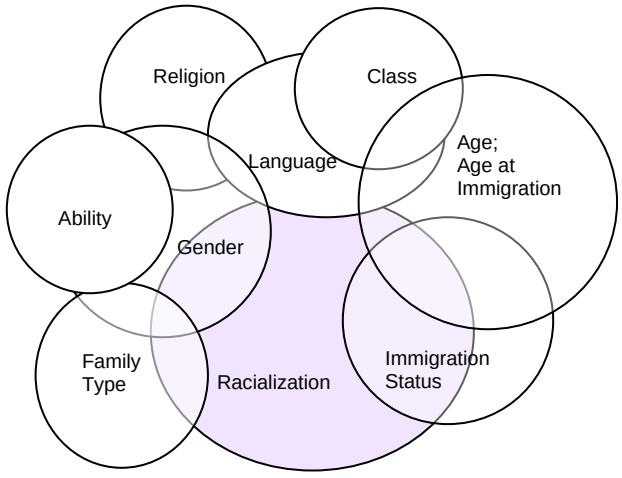

Figure 3: Intersecting Identity[8]

Adapted from Gender Based Analysis in the Settlement Sector, Canadian Council for Refugees. www.web.net/~ccr

Size, placement of bubble does not indicate importance or amount of overlap.

PERCENT LOW INCOME: CHILDREN

The low income rate was highest (>50%) among children who were recent immigrants (1996 to 2001) or non-permanent residents (Figure 4). Low income is defined as the percentage of children living in households with an income in 2000 below Statistics Canada's Low Income Cut-off.

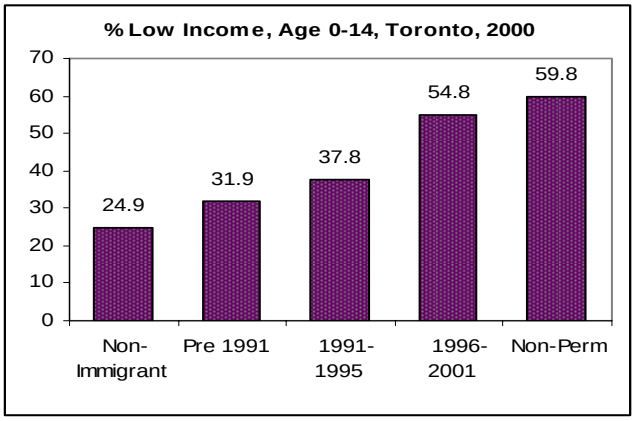

Figure 4: Low Income by Period of Immigration

The concentration of racialized children in low income groups is increasing. Racialized children constituted **67%** of all children in low income households in 1995; increasing to **75%** in 2000.

Low Income In Specific Racialized Groups

Analysis of the 2000 ethno-racial vertical mosaic at the Toronto Census Metropolitan Area level includes low income rates for 111 groups. High levels of child poverty (40% to 68%) were reported for 18 groups – primarily refugee groups and groups that report experiencing higher rates of discrimination (e.g. Aboriginal, African, Afghan, Arab, Black, Bangladeshi, Pakistani,Tamil)[9,10,11,12].

Families with Children

Among families, the low income rate is higher among lone parent families (52%), than among two-parent families (21%). Figure 5 shows the low income rate among racialized two-parent families (30%) was higher than the rate among other two-parent families (10.5%); The rate among racialized lone-parent families (59.1%) is also higher than other families. ("Other families" includes families with no member in a racialized group; this data includes aboriginal families which also have a higher than average rate of low income.)

PERCENT LOW INCOME: FAMILIES

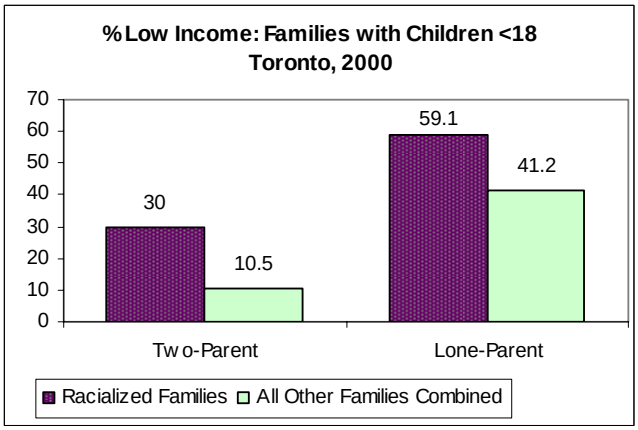

Figure 5: Low Income by Family by Racialization

Figure 6 shows low income rates among racialized families are highest for those that are recent immigrants.

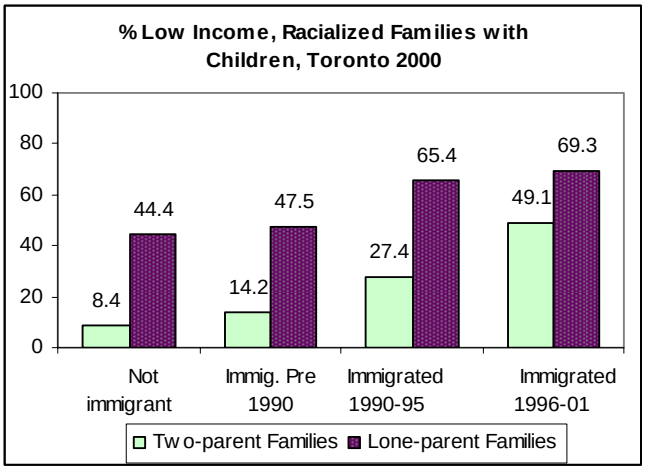

Figure 6: Low income Families by Racialization

Low Income in Specific Racialized Families

An even higher rate of low income is found among lone-parent recent immigrant African/Caribbean/Black families (77.1%). Families categorized as Black by Statistics Canada were 21% of all lone-parent families; 30% of all low income lone-parent families; and, 44% of all racialized group lone-parent families. More of these families were lone-parent than two-parent; and more than half had immigrated prior to 1991. The low income rate among lone-parent recent immigrant South Asian families was also very high (64.7%). Among two-parent households, Arab/West Asian recent immigrant families had the highest rates of low income (55.5%). Households categorized as Chinese or South Asian by Statistics Canada each make up about 28% of both two-parent and multiple-family households. Two-parent and multiple-family households generally have lower rates of poverty because these families are more likely to have multiple income earners.

NEIGHBOURGHOOD CONCENTRATION

Living in communities with shared language, culture, religion, etc. can contribute to consolidation of ethnic identity; it also strongly determines access to social support systems protective for the health of immigrant children, youth and families. Concentration is a risk to health if immigrant and racialized groups are segregated in neighbourhoods with poorer quality of housing, and poor access to transportation, nutritious food, services and safe play spaces.

Census Tracts:
There are 520 census tracts in the City of Toronto with information on income, immigration and racialized groups. Over 50% of the racialized children in low income households in Toronto live in just one-quarter of these census tracts. The low income rate for children age 0-14 in racialized groups in these census tracts ranges between 47% and 85%. These one-quarter of all census tracts include 27% of children; 35% of children in racialized groups; and 37% of immigrant children.

Neighbourhoods:
There are 140 neighbourhoods used in planning in the City of Toronto[13]. Neighbourhoods (grouped census tracts) produce a less precise concentration, but are a meaningful unit for community action research and planning. Half (50%) of the racialized groups families with children under 18 live in just 40 neighbourhoods with low income rates among racialized children ranging from 40.2% to 81%. These 40 neighourhoods (28.6% of all 140 city neighbourhoods) include 39% of lone parent families, 44% of all low income families, and, 46% of families immigrating in the past 10 years.

Most of the neighbourhoods emerging from the above are included in Access Alliance's priority neighbourhoods. Further analysis of the depth and breadth of low income and local conditions (housing, health, services) and community priorities is underway. Access Alliance is also coordinating multi-collaborative research working groups such as the Income Security, Race and Health Working Group (being piloted in Black Creek); Racialized Groups and Access to Health Care Working Group; and Race Based Discrimination and Mental Health Working Group. Past research reports are on the website www.accessalliance.ca

HEALTH INEQUALITIES

Examples of Social Determinants of Health:
In addition to unemployment, lack of income security and employment benefits, many racialized families in Toronto face additional health risks; many of which stem from racial discrimination. These include: neighbourhood segregation in areas with poor quality housing or lack of access to services and transportation; lack of formal or informal child care; exposure to violence; criminalization and racial profiling; educational streaming; racial/cultural stereotyping; unequal access to information; and, discrimination in access to housing, financial, social and health services[14,15,16,17].

Racial Discrimination: Some children and youth experience high rates of racial discrimination. In a study of Afghan youth, two-thirds reported experiencing racism, discrimination and Islamaphobia[11]. Bullying and name calling are ways that younger children experience overt discrimination. Organizations working in communities with a high concentration of racialized youth note the racism they observe and the stereotyping that agencies working in these communities can experience which affects their ability to obtain services for their clients[18].

Acculturation/Identity Formation/Belonging:
Research on acculturation stress and ethnic identity formation is relevant to racialized newcomers. Sibling experiences differ in families as preschoolers integrate more quickly and learn English in less time than older siblings. It takes longer to develop a sense of belonging when experiencing greater levels of stress. Parents who do not speak English or work at many jobs to make ends meet may be unable to help with homework; and, both parents and children experience stress in their separate realms, as well as conflict with each other as they negotiate between the differing norms and expectations at home, school, workplace, etc.).[19,16,20]

Social Exclusion: When Eurocentric institutions such as education, health care do not integrate and reflect back the diversity of the children and their families, they socially exclude, marginalize, and dis-empower these communities (immigrant and non-immigrant)[18,20,21].

HEALTH INEQUALITIES CONTINUED

Service Access Barriers:
Immigrant and racialized children face language and cultural barriers (e.g. if speech and language assessment is only available in English; if their family religious beliefs and practices are marginalized). Eligibility barriers to health care faced by recent immigrants can extend to several years compromising access to health services for children and families without OHIP) or creating large debts incurred for health care costs (such as having a baby)[22]. With unemployment or precarious employment, and thus the lack of health benefits experienced by many racialized families puts dental care, prescription drugs, eyeglasses, and other services out of reach. Other identified barriers to accessing prenatal and other services include: employment issues (e.g. can't get time off work); hectic and demanding personal lives, and geographic location[22].

Service Appropriateness, Relevance and Quality:
Experience of discrimination (direct, internalized or systemic); inaccessibility of culturally acceptable services, and fear of authorities, (police, immigration, children's aid, etc.) are related to underutilization of prevention and health care, including prenatal care, and in some cases even essential or emergency services[17,22,23]. Some health care organizations may articulate a commitment to anti-racism that is not integrated into practice. Strategies emerging from this in mental heath care include adopting alternative models of care that are not Eurocentric such as narrative-based, holistic approaches to understanding individual, family and community that also include community capacity building[18].

Resilience:
Children and youth are largely resilient, However, exposure to multiple threats and discrimination present a compounded and cumulative negative threat to health and well-being [24]. If the hallmark of resiliency is hope - the belief that tomorrow is going to be better than today - then this hope might help to explain why newcomer children and their families manage to cope with multiple stresses and risks to health. However, the analysis in this paper shows persistent and growing income disparities that some groups experience while working for a better future.

WHAT WE LEARNED

The analysis conducted for this document points to the importance of giving attention to communities that may have immigrated five or ten or more years ago that would not be considered "recent immigrants" but face many of the same types of barriers to access to jobs, services, power, etc. This includes communities with many lone parents and certain racialized groups experiencing on-going discrimination.

Given the higher poverty among lone-parent families in general, most of whom are female-led, a gender-based approach is particularly important for understanding and tackling child health inequalities and supporting the lone parent families (families become lone-parents for many different reasons).

Access to appropriate equally good quality, discrimination-free services is important. However, given the importance of the social determinants of health across the lifespan, equally good health cannot be achieved through providing health care services alone; proactive strategies are needed which increase socio-economic equity and reduce social exclusion and racial discrimination of parents and children.

Social discomfort in talking about racism is an obstacle to service organizations examining discriminatory practices or processes[18]. There are many limitations to available data (the categories that data comes in, the averaging out of diverse perspectives when large combined categories such as "immigrant" or "racialized groups" are used). However we are making this information available in order support sharing and learning for change to make racialization and anti-racism a more central feature of health research, planning and decision making.

And finally, meaningful ways to learn from families and listen to youth – who have a lot of experience of youth discrimination on top of racial discrimination – are needed. We plan to incorporate more of the views of families, youth, service providers, residents and staff more prominently in future analysis and are implementing strategies to do that.

Appendix A: Children and Families: Immigration, Racialization and Income Indicators

Children age 0-14

Census	Total	Immigrant (#/%)		Racialized (#/%)	
1991[a]	376,860	N/A		150,905	40.0%
1996[b]	423,115	74,455	17.6%	207,455	50.7%
2001[b]	435,420	79,240	18.2%	242,365	55.7%

Families with Children Under 18 years of Age

2001 Census[b]	Total	Immigrant (#/%)		Racialized (#/%)	
Two-Parent	218,570	165,895	75.9%	119,325	54.5%
Lone-Parent	58,720	37,515	63.9%	35,330	60.2%
Total	277,290	203,410	73.4%	154,655	55.7%

34% of families with children in Toronto in 2001 had immigrated within 10 years including 15% that had immigrated within 5 years

Children in Racialized Groups by Immigration

2001 Census [b,c]	Age 0-14 Total	Racialized Groups (#/%)	
Total	435,420	242,365	55.7%
Non-Immigrant	356,185	179,455	50.4%
Immigrant	79,235	62,910	79.4%
Before 1991	4,525	3,380	74.6%
1991-1995	20,085	15,915	79.2%
1996-2001	54,625	43,610	79.8%

Immigrant Families with Children: % Racialized

2001 Census[b]	Two-Parent	Lone Parent	Multiple Family
Before 1991	52.2%	59.4%	65.6%
1991-1995	79.7%	84.3%	89.4%
1996-2001	76.2%	74.9%	91.7%

Half (52.2%) of two-parent economic families with children with at least one family member immigrating before 1991 had at least one member in a racialized group compared to over three-quarters of two parent families immigrating since 1991.

Children 0-14 in Toronto: % Low Income, 2000[c]

By Period of Immigration:	Live in low income households (#/)	
Born in Canada	86,510	24.9%
Immigrated Before 1991	1,440	31.9%
Immigrated between 1991-95	7,555	37.8%
Immigrated between 1996-01	29,660	54.8%
Non-Permanent Residents	3,350	59.8%
By Racialization:		
In Racialized Group:	96,480	40.0%
All Others:	32,405	16.9%
Aboriginal	1,265	48.0%
All Children in Low Income:	128,880	29.8%

While rates of low income decreased between 1995 and 2000, the difference between the low income rates of racialized group children and the average for all other children combined widened from a difference of 110% (2.1 times as high) to 140% (2.4 times as high).

Toronto Families with Children: % Low Income, 2000[c]

By Period of Immigration:	Live in low income households (%)		
	Two Parent	Lone Parent	Total
No member is an Immigrant	8.4%	44.4%	18.7%
Immigrated Before 1990	14.2%	47.5%	20.5%
Immigrated between 1990-95	27.4%	65.4%	35.6%
Immigrated between 1996-01	49.1%	69.3%	51.9%

CCSD custom tabulations use 1990 not 1991 for recent in this table.

By Racialization:			
In Racialized Group	30.0%	59.1%	36.6%
All Others	10.5%	41.2%	16.3%
Aboriginal	33.3%	71.2%	63.9%
All Families with Children:	21.2%	51.9%	27.7%

Racialized Families by Immigration:	Two Parent	Lone Parent	Multiple Family
Non-Immigrant	13.3%	49.3%	25.6%
Immigrated Pre 1991	16.8%	38.4%	12.2%
Immigrated 1991-95	30.1%	54.9%	12.3%
Immigrated 1996-01	49.9%	67.1%	32.8%

Data Sources: For the 1991 Census[a]: Metropolitan Toronto, Chief Administrator's Office. (1995). The composition and implications of Metropolitan Toronto's ethnic, racial and linguistic populations 1991. Municipality of Metropolitan Toronto. For 2001 & 2006 Census: Custom Tabulations, Canadian Council on Social Development Urban Poverty Project 2001[b] Tables 9EF Part B (provided through Toronto Public Health, City of Toronto CCSD partnership. Toronto Public Health is a partner in the AAMCHC research project under which this analysis began and continues). This information was supplemented by Custom Tabulations 2001 Statistics Canada Census Co0748 Table 2 & G00528 Table 2. provided by the Centre for Excellence in Research on Immigration and Settlement (CERIS)[c]. As an information steward, Access Alliance uses data standards in preparing and transforming data and creating indicators; and, is responsible for the views expressed here.

Notes on Statistics Canada definitions:
Because families can have members with different characteristics, families are categorized as racialized or as immigrant if they have at least one member of the family with this characteristic. The best available information for the racialization of families with children by immigration stats in Toronto is by economic family household type (e.g. one-family two-parent or lone-parent households with children and multiple family households). These are categorized according to the immigrant and racial status of the primary household maintainer. Immigrants refer to those who have obtained permanent resident status by year status obtained rather than year of arrival. There was an estimated census undercount of 5.17% in the Toronto Census Metropolitan Area that undercountspeople with a non-official Mother Tongue, and young males. Aboriginal and non–permanent residents.

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