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Health Impacts of Employment and Income Insecurity Faced by Racialized Groups

Research Bulletin
2
Income Security, Race and Health Project

This bulletin is the second in a four-part Research Bulletin series based on a study conducted by the Income Security, Race and Health working group. The study investigated the relationship between employment, income and health insecurities faced by precariously employed racialized groups in the Black Creek area of Toronto.

This bulletin discusses the health impacts of employment and income insecurity, and examines implications of racialized health inequalities in Toronto. Study results on self-rated health indicate that precariously employed racialized people are much more likely to report that their health is less than optimal ("fair" or "poor") compared to average Canadian adults. During focus group discussions, study participants concretely mapped the direct, indirect and mutually reinforcing ways that bad jobs and income insecurity lead to multiple negative health issues and cumulative deterioration of health status.

Results indicate that the prevalent health outcomes of labour market discrimination, employment precariousness and income insecurity include mental health issues (stress, depression, hopelessness, addictions), digestive disorders (e.g., ulcers, constipation, diarrhoea), physiological issues (e.g., fatigue, exhaustion, weight gain/loss, chronic pain), cardiovascular problems (e.g., high blood pressure), and direct workplace injuries. Participants also discussed the relationship between different health issues (for example, stress leading to ulcers) and how repeated and cumulative health strain results in overall deterioration of health.

Participants were particularly worried about the adverse effects on the health of their family and children, including their marital relationship, intergenerational communication, children's education and extracurricular activities, and parental involvement in mentoring their children. These family health impacts were in turn a critical stressor on participants. Additionally, participant narratives highlighted how conditions of economic insecurity can prevent people from taking care of their health and the health of their family.

More broadly, study findings provide new insights about the links between employment/income inequity, racialized discrimination and health disparities in Toronto. It is worth highlighting that study participants had a critical and grounded understanding that the root causes of many of their illnesses were linked to labour market discrimination and systemic employment and income insecurities they face, and thus cannot be remedied by medical treatment alone. There is a need to extend this critical perspective on social determinants of health to policymakers and health sector leaders. Study results and recommendations echo the priorities identified by Employment Conditions Knowledge Network (EMCONET) established by the World Health Organization (WHO). >

KEY FINDINGS

FINDING 1 Precariously employed racialized residents of the Black Creek area are facing numerous negative health issues and overall deterioration of health. Forty percent (40%) of racialized people that are precariously employed rate their health status as less than good.

FINDING 2 Employment and income insecurity appear to be key causes of many of the pressing health issues that precariously employed, low-income racialized groups face. Prevalent health outcomes include mental health issues, digestive disorders, physiological impacts, cardiovascular impacts and workplace injuries.

FINDING 3 Employment and income insecurity can result in adverse impacts on children's health and family wellbeing, and these impacts in turn cause significant stress on precariously employed racialized people.

FINDING 4 Protracted employment/income insecurity and negative health exposures mutually reinforce each other in ways that lead to disempowerment and long-term deterioration of health.

ABOUT THE STUDY METHOD AND FRAMEWORK

In line with community-based research principles, we recruited and trained several residents from the Black Creek area to collaborate with us as research partners (peer researchers) in this project. Peer researchers were actively involved in all phases of the project including developing the research questions, data collection, analysis and writing.

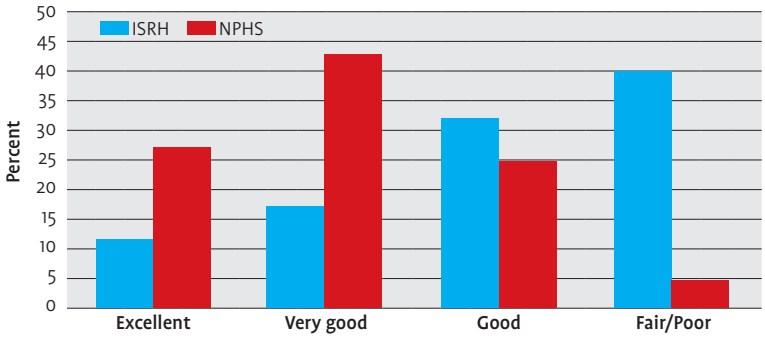
We conducted eight focus groups with different racialized groups living in the Black Creek area (n=105). Focus group participants completed a survey at the beginning of the focus group. The sample size for the survey is 78. All participants self identified as being precariously employed. Focus groups were organized by language and ethno-specific groups and were facilitated by peer researchers from these backgrounds (Vietnamese-speaking, Spanish-speaking, Hindi/Urdu-speaking, Arabic-speaking, Black community, Canadian-born community, an all-male focus group, and one mixed focus group). We also conducted three focus groups with service providers working in the employment, settlement and community services sector in the Black Creek area (two with front line staff and one with management staff). The Black Creek area was selected for the study because it has one of the highest proportions of racialized residents in Toronto, and high levels of poverty, unemployment and sub-standard housing and services. This community was also selected because of the rich history of resident-led social activism in the area.

By "racialized groups" we refer to non-dominant ethno-racial communities who experience race as a key factor in their identity through racialization (Galabuzi, 2001). Racialization is the process whereby racial categories are constructed as different and unequal in ways that lead to regressive social, economic and political impacts (Galabuzi, 2001). While Statistics Canada uses the term "visible minorities", Access Alliance and many other organizations including the Ontario Human Rights Commission use the term "racialized groups", as the former term is more static and relates primarily to number and colour while the latter recognizes the dynamic and complex process by which racial categories are socially produced by dominant groups in ways that entrench social inequalities.

FINDING 1

HEALTH ISSUES FACED BY PRECARIOUSLY EMPLOYED RACIALIZED PEOPLE

Precariously employed racialized residents of the Black Creek area are facing numerous negative health issues and overall deterioration of health. Forty percent (40%) of racialized people that are precariously employed rate their health status as less than good.



▲ Figure 1. Self-reported current health status

Self-rated health is considered a reliable indicator of overall health and wellbeing. Results from this study on self-rated health status are very alarming: 40% of study participants reported their current health status to be less than good ("Fair" or "Poor"). By comparison, the 1998 National Population Health Study (NPHS) found only 4.5% of Canadians report their health to be "Fair" or "Poor." The contrasting result for self-rated health in our study and NPHS is charted in Figure 1. In the Canadian Community Health Survey (CCHS), about 8% rated their health as "Fair" or "Poor." Similarly, in the Longitudinal Survey of Immigrants to Canada Wave Three interviews (four years after arrival in Canada) 8.1% of immigrants rated their health as "Fair" or "Poor." Other studies have found that, compared to other groups, low-income and precariously employed people are slightly more likely to rate their health as "Fair" or "Poor". For example, CCHS found that 12% of people in the lowest income category rate their health as fair/poor health. Similarly, a study by Lewchuck et al (2002) found that about 12% of precariously employed people rated their health as fair/poor. Precariously employed racialized people in this present study are three times more likely than other low-income and precariously employed people to rate their health as fair or poor.

Although this research was focused on a small group of racialized residents in the Black Creek area (and thus cannot be generalized to the broader population), study results underscore the need to pay closer attention to the role of race and racialization in determining health status. Canadian evidence on racialized health disparities remains thin because most researchers rarely consider race in their

TABLE 1. TYPES OF HEALTH ISSUES FACED BY PRECARIOUSLY EMPLOYED RACIALIZED PEOPLE

Physical Health	Digestive disorders (diarrhoea, constipation, ulcers); physiological issues (weight gain/loss, exhaustion, chronic headaches and backaches, lung damage, urinary tract infections); cardiovascular issues (high blood pressure); work related injury and disability; chronic conditions (diabetes); and others (loss of hair, etc.)
Mental Health	Addiction; anger; depression; feeling hopeless; self-doubt; stress; worry; insomnia, lack of self-care; lack of concentration; humiliation; loneliness; shame; disempowerment

▲ Figure 2. Body map of health impacts from Vietnamese-speaking focus group

analysis. Most studies on self-rated health, including NPHS, CCHS and Lewchuck et al (2002), do not include a race-based analysis. And yet, there is already growing evidence that racialized groups in Canada are disproportionately represented in low-income, unemployed and precariously employed categories (Galabuzi, 2002; Ornstein, 2006) and that being low-income and economically marginalized is strongly correlated with poor health (see WHO, 2003; Lightman et al, 2008; Toronto Public Health, 2008; Wilkins et al, 2006). Findings from this study also point to another determinant that deserves closer attention: **neighbourhood**. A small but growing body of literature is revealing that living in a marginalized and stigmatized "priority" neighbourhood can have multiple health damaging outcomes and thus lead to poor health status (Wilson, 2006; Osypuk and Acevedo-Garcia, 2010). See Research Bulletin #3 for more in-depth discussion of the relationship between neighbourhood, discrimination and health.

Using an innovative method called "body mapping", focus group participants mapped health issues they are facing onto a schematic drawing of a body. Participants could use a combination of clip art and self-created drawings and text to identify and map their health issues. Participants were then invited to discuss the causes and implications of these health concerns.

Each focus group produced complex body maps. See Table 1 for summary of key health issues and see Figure 2 for an example of one of the body maps. These multiple health concerns discussed in focus groups correlate with the low self-rated health status in the survey. The body maps symbolically represent the collective health status of precariously employed racialized groups in Black Creek.

FINDING 2 EMPLOYMENT AND INCOME INSECURITY AS DETERMINANTS OF HEALTH

Employment and income insecurity appear to be key causes of many of the pressing health issues that precariously employed, low-income racialized groups face. Prevalent health outcomes include mental health issues, digestive disorders, physiological impacts, cardiovascular impacts and workplace injuries.

The majority of participants in this study perceived that stable employment and income security are critical determinants of good health. Study participants closely linked bad jobs and income insecurity as leading causes of many of their pressing health issues.

More than 80% of study participants agreed that not having a stable job was negatively affecting their physical and mental health. Similarly, over 80% agreed that "poverty and lack of income security directly leads to poor health." These results are summarized in Table 2. About one-third of participants indicated that their current work negatively impacts their health at least half of the time. Just over one-third of participants indicated that their current work makes them depressed at least half of the time. Almost a quarter of the participants (22.2%) reported that they have suffered work-related injuries or illnesses.

Participant narratives from focus groups provide rich qualitative insights about the direct, indirect and mutually reinforcing ways that employment/income insecurity negatively impacts health and wellbeing. In particular, participants linked their health concerns to three dimensions of employment and income status: (i) insecure employment relations (access to employment and nature/quality of employment status, e.g. on-call, contingent work); (ii) insecure and unsafe conditions of work (workplace safety, as well as workplace

TABLE 2. SURVEY RESPONSES ON RELATIONSHIP BETWEEN STABLE JOBS, INCOME SECURITY AND HEALTH

Statement	Strongly Agree	Agree
In order to have good health, one needs to have stable job	69.6%	23.2%
Not having a stable job is negatively affecting my mental, emotional health	53.3%	33.3%
Not having a stable job is negatively affecting my physical health	45.3%	33.9%
Poverty and lack of income security directly leads to poor health	52.2%	36.2%

relations such as treatment by employer, discrimination); and (iii) income insecurity.

In terms of pathways, study findings suggest that health concerns related to digestive, physiological, cardio-vascular and mental health were the most prevalent, immediate and closely interlinked issues. For example, a number of participants traced how not having a stable job leads to stress, which in turn directly affects the stomach:

> *"And once you don't have [a job], stress increases directly into your stomach and the ulcer bleeds there. And every time your wife she fight, that is what have you got you came at morning and came at night. What happen? You got the job?"* —Participant from All-Male focus group

> *"Well, in my case, when I have any difficulties, it affects my colon: it becomes inflamed and I feel really bad. I have a lot of stress, nerves, when things don't come out right, when I can't find a job, so I begin to have stomach problems."* —Participant from Spanish-speaking focus group

Several participants, especially female participants, expressed concern about the increase in addiction in their family to high-risk substances (cigarettes, alcohol, etc.) as a way of coping with the stress of employment and income insecurities.

> *"I feel bad. I feel bad because my husband feels the same way and his depression is alcohol [pause]. Sometimes I have to calm myself with him, because he is a professional and he feels that as a man, he cannot cry. His refuge is alcohol."* —Participant from Spanish-speaking focus group

> *"My husband drinks coffee and smokes a lot so he can think and get over his stresses. He is very stressed and has a lot of anxieties, so he goes to smoking, etc. so he can escape from reality. In addition, he harms his health and after all it is a waste of time. Since he has no job he goes to things that might harm his health, his physical and psychological health."* —Participant from Arabic-speaking focus group

Many participants, particularly those with low English language fluency, talked about having to take on unsafe and difficult jobs and the health risks associated with unsafe conditions of work.

> *"My friend's husband didn't know English. He didn't have time to study English either; he has family to support and he needs to find an apartment and pay the rent. So he went to work in a factory, but it was metallic and steel things. Imagine, he has a disability now, because he didn't know how to speak the language so they sent him to do the most difficult work and he used the wrong equipment. He worked there for 10 years. He had back aches, and when he went to the doctor to check with his back aches, he told him that the work you were doing was harsh – it is a machine work, not human."* —Participant from Spanish-speaking focus group

One participant recalled how her husband injured his feet at work (due to not having access to proper safety equipment) and that the foot pain in turn affects his sleep pattern. A female participant shared how she developed an allergy and respiratory problems because she had to use harsh cleaning chemicals. Another participant noted how doing heavy work and eating right after gives him a stomach ache.

The mental health of precariously employed racialized groups in the Black Creek area also appears to be seriously undermined by employment and income insecurity. Many participants symbolically mapped broken hearts, raging fire, and tears around the heart and head of the body map to identify the tremendous stress, worry, depression, anger, low self-esteem and hopelessness that they are feeling. A few participants broke down in tears as they shared their sadness. The following quote highlights how even a single unpleasant job interview can result in recurring mental distress:

> *"Yeah, it has impacted [me] mentally and that has distressed me all the time. When I go to interview, sometimes the same particular event recalls me back. And even though I do not try to recall that moment… [and] I can confidently say that with regards to the skills and qualities for the job I am targeting to I do have everything, but sometimes the particular unpleasant event recalls me back and I am mentally distressed even in the interview."* —Participant from All-Male focus group

Immigrant participants from different focus groups talked about the sadness, humiliation and depression resulting from their credentials and previous work experiences not being recognized. In the words of one participant:

> *"He could not work in Canada. He had 18 years of experience in his field elsewhere. He suffered a lot really.*

Sometimes my husband would cry." —Participant from Arabic-speaking focus group

Participants also discussed in detail how poverty and income insecurity (resulting from employment insecurity) affected their health. The majority of survey respondents (88.4%) indicated that they either "strongly agree" or "agree" with the statement that poverty and lack of income security directly leads to poor health, with 52.2% saying they "strongly agree." Over three-quarters (76.4%) reported that they have "difficulty" or "great difficulty" meeting their "basic needs" (within this 25% indicated that they have "great difficulty" meeting basic needs from their monthly household income). One participant discussed how the stress of not having secure income and not being able to pay bills and rent leads to heart problems, including high blood pressure.

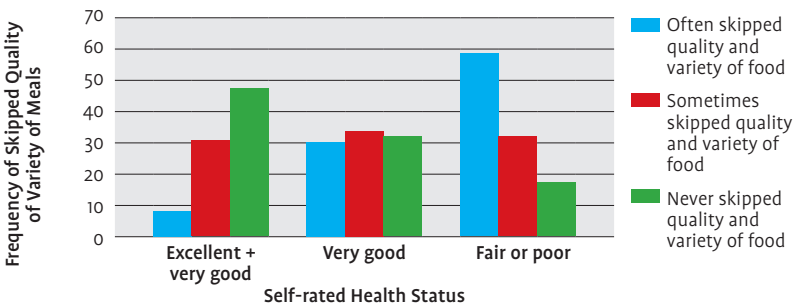
> *"Heart problem. I mean stress as a result of you're unable to pay your bills, rent and all of that. More stressful on the heart. High blood pressure and people that have all these economical and environmental issues, they may affect their health overall."* —Participant from All-Male focus group

In particular, many participants reflected on the close relationship between income insecurity and food insecurity (not being able to afford good healthy food) and how this in turn leads to poor overall health and reduced capacity. As one participant put it:

> *"Of course, then it comes to the low paying job and that affects your health as well because of course you can not afford a good meal and all types of things and ultimately cannot support your family as you like to maintain it."* —Participant from All-Male focus group

This is consistent with our survey data that found very strong correlation between income insecurity, food insecurity and negative health status. Almost two-thirds (61.5%) of respondents who reported they "often" are not able "to eat quality or variety of foods they want due to lack of money" also reported their current health status to be fair or poor (see Figure 3.).

Some of the negative health impacts are due to limitations with the provincial healthcare system. The Ontario Health Insurance Program (OHIP) does not cover "extended" health services, thus only individuals with stable jobs offering extended health coverage benefits are likely to use these services. Many participants mentioned that they cannot afford prescription medicine and services like physiotherapy. The gravity of this problem comes to light when one realizes that the working poor are the very population that would benefit most from these extended health services like prescription drugs, dental care, eye care, massage therapy, physiotherapy and chiropractors and yet they appear to be perpetually stuck in types of employment that do not offer extended health benefits. There is an urgent need for governments and the healthcare sector to make extended health coverage more accessible for working poor.



▲ Figure 3. Relationship between health status and skipped meals

FINDING 3

IMPACT ON HEALTH OF FAMILY AND CHILDREN

Employment and income insecurity can result in adverse impacts on children's health and family wellbeing, and these impacts in turn cause significant stress on precariously employed racialized people.

Participants from all groups were especially concerned about their worsening family health status due to the employment/income insecurity they face. Many participants talked openly about weakening marital relationships and family cohesion. As one participant put it, "There is absolutely no family life." Some noted an increase in domestic tension due to insecure jobs/income. Several participants mentioned that they hardly get to spend time with their spouses. One participant indicated that she talks to her husband more on the phone than in person.

A male participant openly shared his concern about increases in marital tension (due to income insecurity and not being able to spend time with family due to long work hours):

> *"Everyday myself and wife we fight. You go in morning and come at night. This is night and what have you got? What you have got is three children there for you and they have the demand. I don't have the car to take them to any public place and if I tell them, 'Okay, we go', we need $20 for the public transport. So every time we fight."* —Participant from All-Male focus group

One of the biggest concerns that a large number of participants raised was the negative impact on their children's health. Participants were very worried that their children's health was being compromised because they

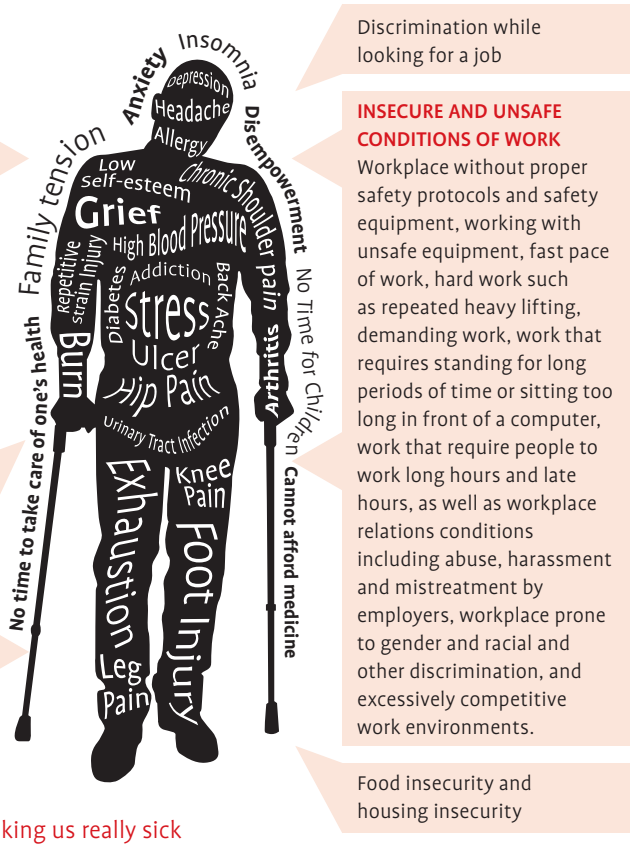
could not afford nutritional food, educational fees, fitness and other extra-curricular activities. Participants were also concerned about not being able to give quality time and teach positive life skills to their children because of their unstable work schedules. The following quote illustrate this:

> *"Yeah, [it's] an emotional stress on her [the child] because she's not actually spending time with you, so it gets the child kind of irritable… and sometimes they will say, 'Mommy, you are so boring,' because you take them outside [but] you are so tired you don't wanna move."* —Participant from Black Community focus group

Several participants mentioned that not being able to afford educational costs for their children was a major source of stress, particularly because they are aware that investing in education is one of best strategies for overcoming employment and income insecurity.

> *"Education. Lack of education. Some people may lose hope and despair because they cannot afford to go to school and pay school bills. You have the ability but can't afford the program or course so it creates stress. So for parents, if they know the children have the ability but they can't afford to send them to a certain school or program, you know it affects their wellbeing."* —Participant from All-Male focus group

Study evidence indicate that employment/income insecurity is a major risk to family wellbeing and has intergenerational impacts, including negatively affecting children's education.



▲ Figure 4. Bad jobs are making us really sick

FINDING 4

DISEMPOWERMENT AND LONG-TERM HEALTH IMPACTS

Protracted employment/income insecurity and negative health exposures mutually reinforce each other in ways that lead to disempowerment and long-term deterioration of health.

A closer analysis of study results points to a more salient finding: that protracted economic insecurity and negative health exposures and "health strain" mutually reinforce each other to produce cumulative, compounding cycles of adverse impacts that result in overall and long-term deterioration in health and socio-economic capacities. Figure 4 captures the multiple strain and deterioration of health due to protracted conditions of employment insecurity.

Many study participants appear to be caught in this negative cycle of deteriorating health and economic disempowerment. In the words of one participant:

> *"By not having money, I can't buy food that [inaudible] so then I have to go to a food bank, and the food bank gives food that is leftover. If it gives vegetables, the vegetables are about to go bad so that affects me. If I get sick and I can't buy my medicine, can't feed my children well. I can't give them medicine if they get sick because I don't have a stable job. Is a part-time job going to give me benefits? No. It's like a cycle, like we say, [inaudible] it's garbage. When I don't work, when one is in poverty, it's something that affects the whole body: mental health, physical health. The stress makes me gain weight; my children are not fed well; they are not with a fresh mind because they don't have fresh vegetables, everything that feeds the mind."* —Participant from Spanish-speaking focus group

Another participant poignantly underscored how precariously em-

ployed families do not have the "time" nor the "state of mind" to proactively address the multiple and mutually reinforcing health problems they are facing and those facing their families:

> *"Health is affected. Long-term health problems: high blood pressure, diabetes. General health is affected, when one is engaged in working or thinking about work, no time to take care of one's kids. You're always stressed, [with] no time to do anything else for one's heath. All this have negative effects on you and on your kid's health. You can't give your kids their attention or rights, you want to give them a lot of things but you neither have time nor your state of mind and mood, so it makes me feel bad."* —Participant from Arabic-speaking focus group

Similarly, another participant spoke about how economic distress weakens the ability of family to deal with internal stresses:

> *"Of course! The family won't be healthy if there are economic distresses. Of course when I am busy looking for a job I won't have time for my kids to take care of them. Instead of being calm with them and sit and have quality time with them to teach them positive life skills… no I might be angry and I might be harsh on them and have no patience for them. Anything, any problem, a family like that won't be able to deal with its internal stresses. It will be an unhealthy family."*
> —Participant from Arabic-speaking focus group

Several advocates of social determinants of health (e.g. Raphael, 2006) have pointed out that marginalized communities may be impacted by multiple determinants in ways that undermine their capacity to deal with internal stresses and take care of their health. ■

CONCLUSION

This study has generated rich insights about the relationship between economic insecurity, poor health and racialization. Findings indicate that compared to average Canadians, precariously employed, low-income racialized people (living in a marginalized neighbourhood) are more likely to rate their health as less than good.

In focus group discussions, study participants mapped and discussed specific pathways (physical, physiological, psychosocial, and compounding) through which their employment and income insecurities lead to a host of negative health impacts, particularly related to digestion, physiology, cardiovascular performance and mental health. Participants were very concerned about the detrimental impact on the health of their family and children. Study evidence indicate that protracted economic insecurity and negative health exposures and "health strain" mutually reinforce each other to produce cumulative, compounding cycles of adverse impacts that result in overall long-term deterioration in health and socio-economic capacities.

Participant narratives highlight that low-income racialized people have a critical awareness that insecure employment and income are root causes of many of their pressing health issues, and that these issues cannot be remedied by medical treatment alone. While the social determinants of health framework enabled participants to better understand the systemic causes of the negative health impacts they are facing, the realization that cause of the deterioration of health was often out of their control actually added to their stress.

We argue that the catalyst for change lies in replicating this critical awareness of the social determinants of health among policy makers and service providers—those people who are legally accountable for making systemic changes that can address the social and economic determinants of poor health.

HEALTH STRAIN

The ISRH team has found the concept of "health strain" useful in mapping the continuum of bad jobs, income insecurity and deterioration of health. Health strain refers to cumulative strain or negative effects (visible or invisible) on overall health due to multiple stressors impacting in single, repeated or compounding ways. This concept of health strain is being put forth to encapsulate the following relational aspects about health.

First, even when negative stressors may not have direct, immediate and visible impacts on health, these stressors may have indirect strain on health that may manifest in other ways at a later time.

Second, some health impacts may not be completely rectified and could continue to strain a person's health even after cause of the health impact is overcome. For example, a workplace-related injury incurred in an unsafe workplace may continue to affect a person long after the person has found safer work.

Third, the accumulation of multiple stressors and strain on health creates a negative pathway to poor health, including high morbidity and mortality.

Study evidence show that conditions of employment and income insecurity triggers repeated health strain to produce long term health deterioration.

ABOUT THE INCOME SECURITY, RACE AND HEALTH PROJECT

The Income Security, Race and Health (ISRH) Working Group is a multi-stakeholder collaborative research group comprising academic, community agency, and peer researchers established in 2006 in Toronto under the leadership of Access Alliance. Using community-based research (CBR) principles, the key goal of the working group is to investigate the systemic causes of growing racialized inequities in employment and income, and to document the health impact. The ISRH working group intends to use evidence from this study to mobilize progressive policy changes to overcome the systemic income and health inequalities that racialized groups in Toronto face.

In 2007, we used photovoice methodology to document the impact of poverty on racialized residents of Black Creek. For the second phase (2008-2009), we conducted eight focus groups with different racialized groups in Black Creek. Focus group participants also completed a survey about employment and health status. We also conducted three focus groups with service providers (management and frontline). In line with CBR principles, we trained and engaged low-income racialized community members as research collaborators (peer researchers) at all phases of the project.

This study has generated rich evidence about the types of systemic barriers and challenges that racialized groups experience in the labour market and the multiple, compounding negative effects these have on their health (at individual, family and community levels). Study findings about labour market barriers are discussed in this research bulletin. The remaining three research bulletins and other reports from this study can be obtained from: http://accessalliance.ca/research/activities/isrh

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Access Alliance
Multicultural Health and Community Services

340 College St., Ste. 500
Toronto, ON M5T 3A9
tel: 416-324-8677
Fax: 416-324-9074
www.accessalliance.ca

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