TORONTO

STAFF REPORT
ACTION REQUIRED

Racialization and Health Inequities in Toronto

Date:	October 24, 2013
To:	Board of Health
From:	Medical Officer of Health
Wards:	All Wards
Reference Number:	

SUMMARY

A large number of international studies have found that members of racialized groups experience poorer health outcomes compared to members of non-racialized groups and that experiencing racial discrimination contributes to poor health outcomes. Canadian research has only recently begun to look at these issues. Greater understanding of racialization and health inequities in Toronto is important as almost half of the city's residents identify as members of a group that has been racialized.

Toronto Public Health (TPH) reviewed available evidence and conducted new data analyses on racialization and health inequities in Toronto. The analyses found some health inequities for specific racialized groups and that experiencing racial discrimination is associated with poorer health outcomes. The analysis also examined factors that contribute to racialized inequities in health, including racial discrimination, socioeconomic status, access to health care, and health behaviours.

The findings presented in this report contribute to an emerging body of evidence on racialized health inequities and factors contributing to these inequities in Toronto. The evidence raises concerns about the future health of racialized groups in Toronto if income disparities and experiences of discrimination persist. The report recommends action to improve data and increase knowledge, reduce racialized socioeconomic disparities, reduce the prevalence of racial discrimination, and address emerging evidence of racialized health inequities.

RECOMMENDATIONS

The Medical Officer of Health recommends that:

1. The Board of Health request the Medical Officer of Health to:

    a. Collaborate with researchers to exchange knowledge on racialization and health in Toronto, identify research gaps, and develop strategies to address these gaps;

    b. Collaborate with the Executive Director, Social Development, Finance and Administration to identify how racial discrimination and the racialization of poverty could be addressed through the Strong Neighbourhoods Strategy 2020;

    c. Meet with the Chief Commissioner of the Ontario Human Rights Commission concerning the findings of this report and the implications of racial discrimination for health in Toronto;

2. The Board of Health forward this report to the Premier of Ontario requesting that:

    a. Relevant ministries and provincially funded agencies include comprehensive socio-demographic indicators, including racialized group, in surveys and administrative databases related to health outcomes and the social determinants of health;

    b. The Ontario Poverty Reduction Strategy address racialized inequities in poverty;

3. The Board of Heath share this report with Ontario health sciences faculties requesting that they include information on racialization and health inequities in their curricula;

4. The Board of Health forward this report to Local Health Integration Networks (LHINs) in Toronto requesting that:

    a. The Toronto Central LHIN share best practices in the collection of comprehensive socio-demographic data, including racialized group, with other Toronto LHINs and that all other Toronto LHINs enhance their collection of socio-demographic data, including racialized group;

    b. Toronto LHINs work with health care providers to address barriers to quality health care for members of racialized groups;

    c. Toronto LHINs build provider and system capacity to address the mental health impacts of racial discrimination;

5. The Board of Health forward this report to the Prime Minister of Canada requesting that:

a. The mandatory long-form Census be reinstated in 2016;

b. Statistics Canada include a measure of racial discrimination in the Canadian Community Health Survey;

6. The Board of Health forward this report to the Canadian Institutes of Health Research requesting they identify research on racialization and health inequities as a priority;

7. The Board of Health forward this report to the Canadian Public Health Association, the Association of Local Public Health Agencies, the Ontario Public Health Association, the Chief Medical Officer of Heath, the Minister of Health and Long-Term Care, Public Health Ontario, the Ontario Human Rights Commission, Centre for Research on Inner City Health, and City of Toronto Social Development, Finance, and Administration.

Financial Impact

There are no financial impacts arising from the adoption of this report.

DECISION HISTORY

At its meeting on October 22, 2008, the Board of Health received a report entitled "The Unequal City: Income and Health Inequalities in Toronto 2008." The report recommended that the Medical Officer of Health report regularly to the Board of Health on key health inequality indicators for the City of Toronto and monitor the impact of the social determinants of health, including racialization (http://www.toronto.ca/legdocs/mmis/2008/hl/bgrd/backgroundfile-16291.pdf).

At its meeting on November 21, 2011, the Board of Health received a report entitled "The Global City: Newcomer Health in Toronto." The report recommended that the Medical Officer of Health identify the pathways and mechanisms through which specific determinants affect newcomer health (http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2011.HL9.1).

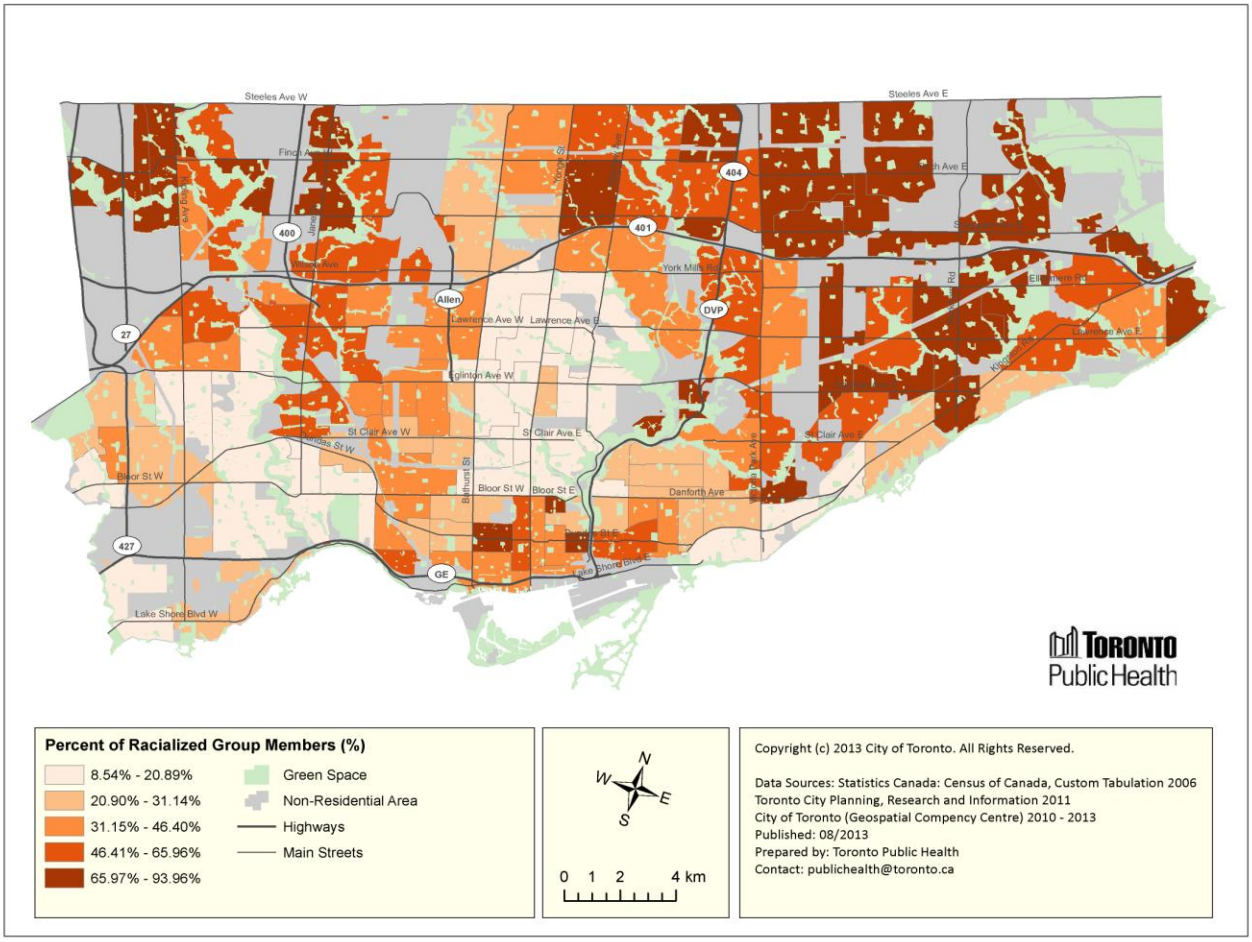
ISSUE BACKGROUND

A large number of international studies have found that members of racialized groups[1] experience poorer health outcomes compared to members of non-racialized groups, and that racial discrimination is associated with poorer health outcomes. A review of the Canadian evidence related to racialization and health outcomes and access to health care concluded that Canadian research has only recently begun to look at whether there are differences in health outcomes between racialized and non-racialized groups, and very few studies have examined the impact of racial discrimination on health. Furthermore, Toronto-specific research on racialization and health outcomes is even more limited. The background report "Health Inequalities and Racialized Groups: A Review of the Evidence" is available at: www.toronto.ca/health/reports.

[1] Racialization is "the process by which societies construct races as real, different and unequal in ways that matter to economic, political and social life."[1] Racialized groups "can be understood as non-dominant ethno-racial communities who, through the process of racialization, experience race as a key factor in their identity and experience of inequality."[2]

Toronto's ethno-racial diversity makes understanding racialization and health inequities in the city an important public health issue. Toronto is the most diverse city in Canada. In 2006, 47 percent of the City's population reported being a member of a racialized group. This was an 11 percent increase from 2001, when 43 percent of the population was a racialized group member and a 32 percent increase from 1996. Research also shows that the percentage of racialized group members in the population will continue to increase. Figure 1 shows the distribution of racialized group members in Toronto.

Figure 1: Percent of Racialized Group Members by Toronto Neighbourhoods, 2006



Toronto Public Health initiated a project to increase understanding of racialization and health inequities in Toronto. The project benefitted from input from a Project Advisory Committee made up of Toronto-based community and academic researchers with expertise on racialization and/or health inequities in the city. A leading American researcher on racialization and health was also a member of the advisory committee.

Toronto Public Health analysed self-reported data for the City of Toronto from the long-form Census (2006), Canadian Community Health Survey (2005-2011), and the Neighbourhood Effects on Health and Well-Being (NEHW) study (2009-2011), which is the only population-level data with recent information on Toronto residents' experiences of racial discrimination

(O'Campo, et al 2012). The analyses examined differences in health outcomes between racialized and non-racialized groups, as well as possible factors that could explain different outcomes. The most basic cause of racialized health inequities is institutional racism (social processes and policies that produce inequities). A number of pathways contribute to racialized health inequities. These include the physiologic stress associated with racial discrimination and other stressors, socioeconomic inequities, differences in access to quality health care, and health behaviours.

This report summarizes the findings of TPH's review of evidence, discussed in depth in the attached technical report. The report "Racialization and Health Inequities in Toronto" is available at: www.toronto.ca/health/reports.

COMMENTS

Racialized Groups and Health Inequities

Research in the US and UK has found racialized health inequities, including higher infant mortality rates, and higher rates of fair or poor self-rated health, high blood pressure, and diabetes among racialized group members compared to non-racialized group members.[3-13] Canadian evidence on racialized inequities is more limited. Racialization has not consistently been associated with poorer self-rated health. However, chronic diseases, including high blood pressure and diabetes have been found to be significantly higher among some racialized groups. There has been extremely limited Canadian research on the mental health outcomes of non-immigrant racialized group members.[14]

Toronto Public Health examined whether there were differences between racialized and non-racialized groups across a number of health outcomes in Toronto. This analysis examined self-rated health, overweight or obesity, pain or discomfort, high blood pressure, self-rated mental health, and depressive symptoms.

Self-Rated Health – There were no differences in self-rated health between racialized and non-racialized groups.

Overweight or Obesity – Compared to non-racialized group members, people who identified as East/Southeast Asian were less likely to report being overweight or obese. People who identified as Black were more likely to report being overweight or obese.

Pain or Discomfort – People who identified as Black were more likely to report pain or discomfort than the non-racialized group.

High Blood Pressure – People who identified as Black or Latin American/Multiple/Other were more likely to have high blood pressure compared to the non-racialized group.

Mental Health – There were no differences between racialized and non-racialized groups on self-rated mental health or depressive symptoms.

Racial Discrimination and Health Inequities

Many international studies have shown that people who experience racial discrimination are more likely to report poorer mental and physical health compared to those who have not experienced racial discrimination.[13,15-17] In Canada, there is limited data on this topic. Small studies in Toronto and surrounding areas have found that racialized group members report experiencing racial discrimination and perceive that racism negatively affects their physical and mental health.

Toronto Public Health's analysis examined the relationship between experiencing racial discrimination and health outcomes. The specific health outcomes examined were self-rated health, high blood pressure, and depressive symptoms.

Self-Rated Health – People who reported experiencing racial discrimination were more likely to report fair or poor self-rated health compared to people who did not report experiencing racial discrimination. The likelihood of reporting fair or poor self-rated health increased with any report of racial discrimination, regardless of the frequency.

High Blood Pressure – There was no association between experiencing racial discrimination and high blood pressure.

Depressive Symptoms – People who reported experiencing racial discrimination were more likely to report depressive symptoms than people who did not report experiencing racial discrimination.

Experiences of Racial Discrimination and Other Stressors

Racial discrimination, as well as other forms of stress, has been shown to negatively affect health by triggering responses in the cardiovascular, immune and endocrine systems.[16,18-21] Toronto Public Health examined racial discrimination as well as other stressors which can contribute to poor health, specifically life stress and work stress.

Two-thirds (67 percent) of racialized people reported experiencing discrimination because of their race, ethnicity, or culture. This analysis provides further evidence of racial discrimination in Canada, which has been reported in other studies.

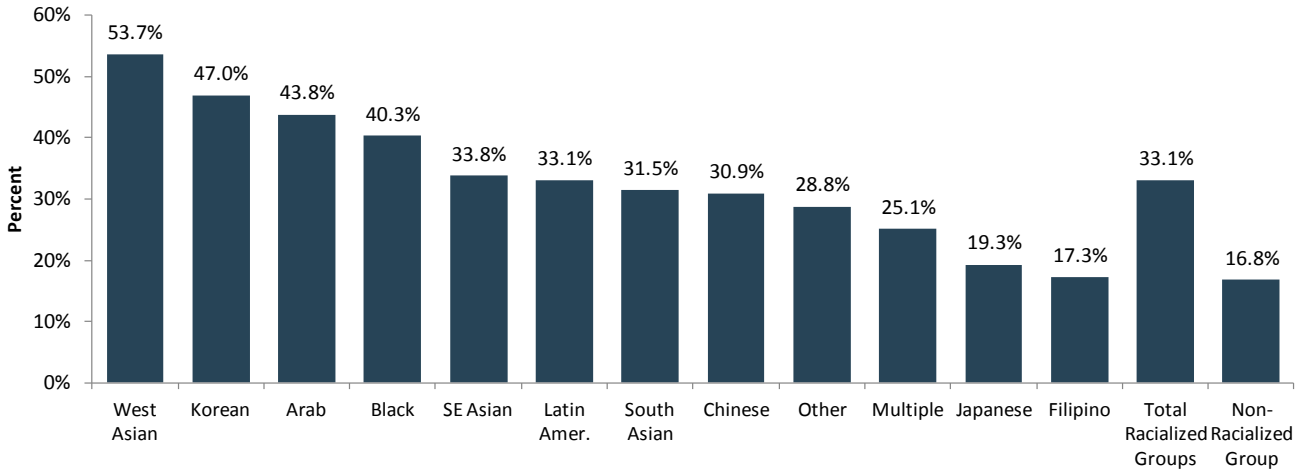
Racialized group members were more likely to report high levels of life stress and work stress compared to non-racialized group members. High levels of life stress for racialized group members were explained by income. Racial discrimination was associated with higher likelihood of high life and work stress.

Socioeconomic Inequities

The impact of socioeconomic status on health has been well documented in literature on the social determinants of health.[22,23] This is a particular concern for racialized group members, as there is a significant body of Canadian and Toronto-specific evidence showing that racialized group members have lower incomes and are more likely to live in poverty than non-racialized group members.[2,24-26] There is also evidence to suggest that precarious work and discrimination in the labour market may be contributing to the income disparity.[27-29]

Toronto Public Health's analysis of the socioeconomic status of racialized and non-racialized groups found that racialized groups had substantially lower income levels than non-racialized group members and were approximately twice as likely to live in poverty as non-racialized group members (Figure 2).

Figure 2: Before-Tax Low Income Rate by Racialized Group, Toronto, 2006



Notes: Not a visible minority includes Aboriginal Peoples.

Data Source: Statistics Canada, 2006 Census of Canada.

Prepared by: City of Toronto, Social, Development, Finance & Administration, Profile of Low Income in the City of Toronto, 2010.

The analysis also found that differences in income were not explained by education levels, whether or not someone was born in Canada or the length of time in Canada. While racialized and non-racialized group members were equally likely to be in the labour force, racialized group members had higher unemployment rates than non-racialized group members.

Racialized and non-racialized group members are not equally distributed throughout Toronto (Figure 1). In 2006, almost half of racialized group members lived in neighbourhoods where they made up two-thirds or more of the population. These neighbourhoods are concentrated in the inner-suburbs in the north- and east-ends of the city. Racialized group members are also more likely to live in neighbourhoods with high poverty rates than those who are non-racialized. These neighbourhoods, in addition to being areas with higher poverty rates, also have limited economic opportunities and access to services. This includes limited employment opportunities, poor access to transportation, fewer health and social services, and generally inequitable public investment.[28,30-32]

Access to Health Care

International research has demonstrated that members of racialized groups experience systemic barriers in accessing health care and have health care quality concerns.[8,33] In Canada, studies have found that racialized and non-racialized group members have equal access to a primary care physician.[34-37] However, disparities in access to specialist care and screening tests for cancer have been noted.[35,36] Moreover, studies have found that members of racialized groups experience

lower patient satisfaction and have health care quality concerns. Qualitative research in Toronto and surrounding areas describes a lack of neighbourhood-based health care, user fees, prescription drug expenses, and the cost of transportation to appointments as particular problems. Racialized group members have also reported experiencing racial discrimination when accessing health care.[38-43]

Toronto Public Health's analysis compared the likelihood of having a regular medical doctor and a dental visit in the last 12 months between racialized and non-racialized groups. People who identified as South/West Asian/Arab and East/Southeast Asian were more likely to have a regular medical doctor than the non-racialized group. Racialized group members were less likely to have had a dental visit in the last 12 months because they were more likely to have lower income levels than non-racialized group members.

Health Behaviours

Experiencing racial discrimination has been associated with engaging in unhealthy behaviours in some international research.[44,45] There are a limited number of Canadian studies on this topic and the studies overall find that racialized group members have equal or better health behaviours compared to non-racialized group members.[46,47]

Toronto Public Health's analysis examined whether the likelihood of engaging in specific behaviours differed between racialized and non-racialized group members. The health behaviours examined were physical activity, fruit and vegetable consumption, alcohol use, and tobacco use. People who identified as South/West Asian/Arab or East/Southeast Asian were less likely to report being moderately active or active compared to the non-racialized group. No differences were found in fruit and vegetable consumption between racialized and non-racialized groups. The likelihood of exceeding the low-risk drinking guidelines or being a smoker was lower among all racialized groups compared to the non-racialized group.

Key Themes and Implications

Toronto Public Health's analyses found racialized inequities for specific racialized groups on some health outcomes examined in this project. People who identified as Black had higher rates of pain or discomfort, high blood pressure, and overweight or obesity than non-racialized group members. People who identified as Latin American/Multiple/Other reported higher rates of high blood pressure than non-racialized group members. People who identified as South/West Asian/Arab or East/Southeast Asian were less likely to be moderately active or active compared to non-racialized group members. However, all racialized groups had comparable self-rated health, self-rated mental health, and depressive symptoms as non-racialized group members. All racialized group members were as likely as non-racialized group members to eat fruit and vegetables and were less likely to smoke or drink alcohol.

Two-thirds of racialized group members reported experiencing racial discrimination because of their race, ethnicity, or culture. People who experienced racial discrimination were more likely to experience poorer self-rated health, depressive symptoms, high work stress, and high life stress than those who did not report experiencing racial discrimination.

Despite reports providing evidence of racism in Ontario and Canada, including in employment, housing, education, policing, the justice system, immigration, and the media,[48-52] and the Ontario Human Right's Commission's assertion that "racial discrimination and racism must be acknowledged as a pervasive and continuing reality [in Ontario],"[1] TPH was not able to specifically examine institutional racism, which is suggested to be a fundamental cause of racialized health inequities. The Chief Commissioner of the Ontario Human Rights Commission has a leadership role to play in reducing all forms of racism and this report can be used to inform discussions with the Commissioner regarding racial discrimination in Toronto.

Another concern is the extent of labour market and income inequities between racialized and non-racialized groups. Members of racialized groups had substantially lower income levels than non-racialized group members. This is especially troubling given the overwhelming evidence that income is a key contributor to health, as well as evidence on precarious work and discrimination in the labour market. The provincial government is currently developing their second poverty reduction strategy and reducing poverty among racialized group members should be a priority focus of the strategy.

Members of racialized groups are concentrated in some city neighbourhoods, which also have limited economic opportunities and access to services. Toronto's Strong Neighbourhoods Strategy 2020, currently in the community consultation phase, will provide investments in specific Toronto neighbourhoods to advance equitable outcomes for all neighbourhoods. The Strong Neighbourhoods Strategy presents an opportunity to address racial discrimination and the racialization of poverty.

Racialized group members are as likely or more likely to have a regular medical doctor as non-racialized group members. However, research in Toronto and adjacent communities has identified several barriers to quality health care. These findings require action by health care providers and educators of future health care providers to reduce barriers to accessing quality health care, including addressing racism and discrimination in health care policies and practices.

The emerging picture of the health of Toronto's racialized group members is incomplete. TPH's analyses were limited because Canadian data do not allow for a comprehensive exploration of racialization and health given that few data sources collect information on racialized group and fewer still collect information about people's experiences of racial discrimination as it relates to health. Vital Statistics databases, disease registries, and administrative data need to include data on racialized group to allow analysis of racialized differences across a broad range of health outcomes. At a local level, the Toronto Central LHIN hospitals are now collecting socio-demographic information following a pilot initiative in which TPH participated. Extending this initiative to all LHINs serving Toronto's population will assist all Toronto hospitals and the broader health sector to track and address health inequities.

A number of areas for future research were identified from TPH's exploration of racialization and health inequities. Further research on racism and racial discrimination in Toronto and Canada is needed. A second area for future research is to explore how racialization interacts with other determinants of health to impact health outcomes. A third area for future Canadian research is to incorporate a life course perspective enabling an examination of experiences of racial

discrimination and its impact on health outcomes over time. Toronto Public Health will collaborate with researchers given its diverse client population and mandate to reduce health inequities.

Despite data limitations and the early stage of research knowledge on racialization and health inequities, the data presented in this report identifies areas of concern about the health and well-being of racialized groups in Toronto. While better data are needed to provide a more comprehensive understanding of racialization and health inequities in Toronto, this report recommends that action is required to reduce racialized socioeconomic disparities, reduce the prevalence of racial discrimination, and address emerging evidence of racialized health inequities.

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