

This bulletin is a quick inventory of recent social research information. Its purpose is to promptly disseminate the most current external and internal research relevant to social policy.

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**Experiences of Violent Victimization and Discrimination Reported** by minority populations in Canada, 2014, Statistics Canada, March 2018.

According to the most recent data from the General Social Survey on Canadians' Safety (Victimization), immigrants—regardless of citizenship or how long they have resided in Canada—were less likely than the Canadian-born population to report being victims of violent crime. In 2014, immigrants reported experiencing violent victimization—sexual assault, robbery or physical assault—at a rate of 39 incidents per 1,000 population, compared with a rate of 86 incidents per 1,000 people among the Canadian-born population.

- According to Census of Population data, 65% of immigrants in Canada are visible minorities, 63% of visible minorities are immigrants
- Approximately one in six (17%) immigrants reported that they had experienced discrimination in the five years preceding the survey, compared with 12% of the Canadian-born population
- More than four in ten (42%) of those recent immigrants who experienced discrimination indicated that it was due to their language, compared with just over one-quarter (27%) of established immigrants
- More than three in five (63%) believed that they were discriminated against because of their race or skin colour

For link to the study:

<http://www.statcan.gc.ca/daily-quotidien/180412/dq180412d-eng.pdf>

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**How Canadian Health Care Differs from Other Systems** by Nadeem Esmail and Bacchus Barua, Fraser Institute, March 2018.

Canada has one of the most expensive universal health-care systems in the developed world. However, there is an imbalance between the value Canadians receive and the relatively high amount of money they spend on their health-care system. Of particular concern is the fact that Canada has significantly fewer physicians and acute-care beds, and also ranks poorly for the availability of important medical technologies like MRIs and CT scanners.

- Canada had significantly fewer physicians (ranking 25th out of 29) and acute care beds (27th out of 27) compared to the average OECD country in the cohort in 2015
- In 2014, roughly 4.5 million of Canadians (14.9%) aged 12 and older, reported that they did not have a regular medical doctor
- Canada ranked last among the 10 countries with universal health care included in the Commonwealth Fund's measurement of wait times for elective surgery

- Canada is the only country of the nine where private financing for medically necessary services is disallowed and where the private sector is for the most part shut out of delivering medically necessary treatment

For link to the report:

<https://www.fraserinstitute.org/sites/default/files/how-canadian-health-care-differs-prerelease.pdf>

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**Europe's Youth: Between Hope and Despair** by José-Manuel Fresno; Stefan Meyer; Skye Bain; Alia Chahín; Cornelia Rauchberger; Peter Verhaeghe; Shannon Pfohman, Caritas Europa, Homeless Hub, 2018.

According to Eurostat, 1 out of 3 youth in Europe are suffering from the consequences of poverty. The findings are alarming as they document the rising exclusion of young men and women, emerging sentiments of intergenerational injustice, and a loudening claim that the European promise for equal opportunities and the levelling out of regional disparities is broken and in need of serious attention.

- The aftermath of the 2008 financial crisis has hit certain groups of young people more heavily, for instance, single-parent families, migrants and refugees, Roma youth, and young people with disabilities, among others
- Youth in the Southern and Eastern peripheries of Europe tend to face greater obstacles overall which affects young women and men's ability to access specific sets of social rights, such as housing, work and education
- Poverty is transmitted from one generation to the next with long-term negative impacts for young people

For link to the report:

<http://homelesshub.ca/sites/default/files/caritas-europesyouth-en-web%202.pdf>

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**Healthcare Costs in Canada: Stopping Bad News Getting Worse** by William B.P. Robson, C.D. Howe Institute, April 2018.

According to this report, preliminary figures show faster growth in the amounts governments are budgeting for healthcare over the past three years. Historical increases in government health budgets that have outpaced Canada's economy have caused concerns about the fiscal sustainability of our healthcare system.

Some of the recommendations:

- Adopting reforms that introduce more market-like incentives – such as appropriately blended mixtures of per-patient and per-treatment remuneration for providers, and deductibles and co-payments for some services – to steer the behavior of providers and patients toward more cost-effective treatments
- Avoiding budgeting practices that foster spending overruns – in particular, under-projecting revenue to produce “windfalls” that fuel ad hoc spending

- Long-term capital budgeting to mitigate pressures to spend more, or less, in response to near-term fiscal and political pressures

For link to the report:

[https://www.cdhowe.org/sites/default/files/attachments/research\\_papers/mixed/e-brief\\_275\\_web.pdf](https://www.cdhowe.org/sites/default/files/attachments/research_papers/mixed/e-brief_275_web.pdf)

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**The Supplemental Poverty Measure: 2016** by Liana Fox, United States Census Bureau, September 2017.

Since the publication of the first official U.S. poverty estimates, researchers and policymakers have continued to discuss the best approach to measure income and poverty in the United States. Beginning in 2011, the U.S. Census Bureau began publishing the Supplemental Poverty Measure (SPM), which extends the official poverty measure by taking account of many of the government programs designed to assist low-income families and individuals that are not included in the official poverty measure.

Some of the highlights:

- In 2016, the overall SPM rate was 14.0 percent. This was 0.5 percentage points lower than the 2015 SPM rate of 14.5
- SPM rates were down for children under age 18 and adults, aged 18 to 64. SPM rates for individuals aged 65 and older were up, from 13.7 percent in 2015 to 14.5 percent in 2016
- The SPM rate for 2016 was 1.3 percentage points higher than the official poverty rate of 12.7 percent
- Social Security continued to be the most important anti-poverty program, moving 26.1 million individuals out of poverty. Refundable tax credits moved 8.1 million people out of poverty

For link to the report:

<https://www.census.gov/content/dam/Census/library/publications/2017/demo/p60-261.pdf>

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Previous issues of the SPAR Monitor can be viewed online at: <http://bit.ly/2iltgRQ>

Social Policy, Analysis and Research Information Resources:

Wellbeing Toronto: [www.toronto.ca/wellbeing](http://www.toronto.ca/wellbeing)

City of Toronto Data, Research & Maps: <https://web.toronto.ca/city-government/data-research-maps/>