

East Mississauga Community Consultation

Health, Access & Racism

Why racism and health?

Experiences and studies have shown that racism and discrimination have negative affects on our health mentally, physically and spiritually. Racism as a form of social exclusion can impede access to health care services and health resources.

- Obstacles can include institutionalized racism, whereby language barriers, lack of respect and sensitivity for cultural differences, and policies that ignore the reality of communities of colour, impacts the quality of health of racialized groups.
- Other barriers include the everyday racism related to other inter-linked social determinants of health, such as; income inequality, poor housing, inadequate employment, malnutrition, violence, etc. Racial discrimination may limit a person's basic rights to good employment, safe housing, and education.
- Racism is stressful and compounds the feelings of hopelessness and powerlessness associated with other poor socio-economic conditions that consistently and disproportionately affect our communities of colour in Canada.

How will we address this issue?

- ✓ Open dialogue
- ✓ Involvement of speakers with knowledge of this topic
- ✓ Awareness and acknowledgement of racism as a reality affecting health status and access of communities of colour
- ✓ Exploration of social determinants of health
- ✓ Healing focused interactions
- ✓ Group exercises and workshops
- ✓ Community stimulation for action and change

When and Where?

January 25, 2007
9:30am-5:00pm
Mississauga Valley Community
Centre, Larry Taylor Room

What is a Community Consultation?

A community consultation is intended to give people the opportunity to share their experiences with racism and their health in solidarity and healing with their peers. It is a gathering of agencies and organizations serving the agencies, residents, community groups, and others to share information openly. The intention is to creatively express our experiences with racism as a social determinant of health, and stimulate discussion on how we can tackle this important issue. The consultation will lead to further participatory community actions such as forums, workshops, and advocacy around racism, social exclusion and the social determinants of health.

Who will benefit?

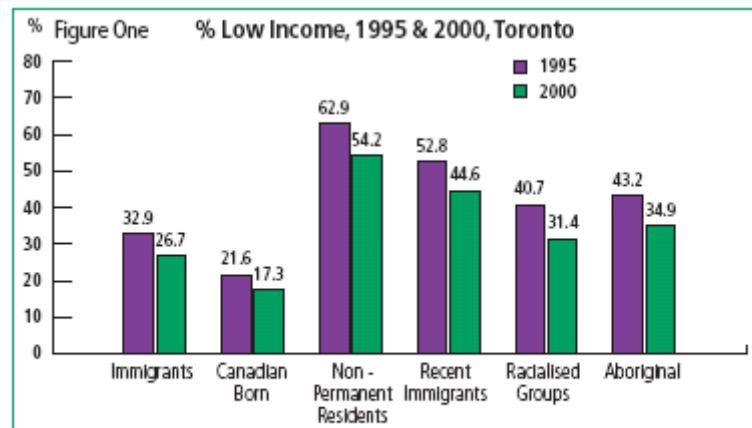
As we involve communities from a public health perspective, we anticipate the benefits will be for *residents & health care providers*. The opportunity to discuss this issue in a creative and open manner, in a safe and supportive environment has the potential to promote respect, acknowledge racist realities, and promote healthy communities. A unique element to the consultation is its role as a 'kick-off' for a series of community-centered workshops addressing racism and health.

Health, Access and Racism

What are we talking about?

- ❖ In a study of African Canadian Women and HIV/AIDS done by Women's Health in Women's Hands, Toronto, respondents said that **racist experiences with the health-care system** was one of the reasons African Canadian women reported a reluctance to access health services like HIV/AIDS treatment, education, and care. (Tharoa and Massaquoi, 2001).
- ❖ The close connection between *mental health* and race-based *discrimination* is too often overlooked or inadequately conceptualized in terms of psychopathologies rather than within the context of *racism* and a racist society. Individuals tend to be psychopathologised and therefore **blamed for their mental health state** while the role and adverse effects of *structural racism* and racial stratification on the mental health of racialised populations remain largely unexplored and neglected in research (as noted by Brown, 2003; Fernando, 2002; Karlsen & Nazroo, 2002a; Krieger, 2000 & 2003).

- ❖ Though there are many low-income White people, the significance of **income as a determinant** of health puts racialised groups in a particularly vulnerable position as the growing gap between the rich and poor is increasingly being defined along ethno-racial lines (Galabuzi, 2001).



Source: Canadian Council on Social Development, Statistics Canada Census Custom Tabulation, 1996 & 2001.

- ❖ **Michael Ornstein** (2000) also documents very high levels of poverty among several ethno-racial groups from Africa, South Asia and Southeast Asia. He notes that ethno-racial inequalities found in the analysis do not derive from "essential" differences among cultures, but reflect particular **historical processes** including the period in which non-Aboriginal groups came to Canada and the circumstances of their migration.
- ❖ The relationship between income, racism and health is certainly an area that requires research as no studies have actually been conducted in Canada looking at the interaction between these three variables. Of particular need is community-based research (CBR), through which racialised people, who have been socially excluded, can be recognized as knowledge producers and contribute to building richer understandings of **health inequalities** and to finding solutions to address poverty and improve health. The following are suggested areas for future research. To ensure the quality of the research, participation by racialised groups is required in all steps of any of these research ideas. (Access Alliance Multicultural Health Centre, 2005)