

FACT SHEET # 4

RACIALIZED POVERTY IN HEALTH & CHILD WELFARE

How are racialized people disadvantaged in health and child welfare?

- **Racism:** Studies suggest that a number of factors negatively affect the health of Indigenous Peoples and people of colour in Canada, including: the psychological stress of living in a racist environment; unequal economic opportunities; poor housing; lack of food security; inequitable access to education and other social resources; disproportionate exposure to environmental toxins; employment in dangerous and precarious work; mistrust of the health-care system; and under-utilization of screening programs.
- **Cultural Access:** The psychiatric system is still Eurocentric in values, worldview and practice, thus presenting systemic challenges at every stage of the system's interaction with people from racialized groups.
- **OHIP:** New immigrants must wait 3 months for OHIP - leading to unaffordable costs or unaddressed health needs.

AN INDIGENOUS FOCUS

- **Racial Bias:** Despite white families having a rate of child maltreatment that is similar to families from racialized communities, a recent study concluded that: Black children and youth are 40% more likely to be investigated compared to White children. Only Indigenous children showed greater disparities than Black children.
- **Over-representation:** Indigenous, Black, and other racialized children are heavily over-represented in the child welfare system. In Toronto, Black Canadians constitute 8.5% of the population, but 40% of the children in care.
- **Treatment:** Indigenous Peoples and people of colour report being subjected to rude, disrespectful, harsh, or dismissive treatment by health care staff, due to racially discriminatory stereotypes. The Ontario Human Rights Commission found in 2017 that health workers often do not treat Indigenous Peoples' symptoms seriously because of assumptions that they are drunk or high. Similarly, Black patients' symptoms of sickle cell anemia are frequently dismissed as pain related to drug habits.
- Indigenous Peoples experience the worst health outcomes of any population group in Canada. Indigenous women experience higher rates of hypertension, heart disease, diabetes, cervical and gallbladder cancer, HIV/AIDS, substance abuse, mental illness, and suicide.
- Indigenous children are only 4.1% of the Ontario under age 15 population but are approximately 30% of foster children. They are over-represented at all points of child welfare decision-making, and that increases as decisions become more intrusive.
- Federal-provincial jurisdictional disputes deprive Indigenous children of funding for health services. While Jordan's Principle is meant to ensure that the government of first contact pays for the service without delay, the Principle has been restrictively applied by governments in practice, excluding many Indigenous children with health needs.



Suicide rates among First Nations youth are up to seven times higher than among non-Indigenous youth. In April 2016 five children tried to take their own lives on a Friday night in Attawapiskat First Nation in northern Ontario.

- **Healthy Immigrant Effect:** Studies suggest that the healthy immigrant effect (a healthy immigrant experiences a decline of health after arriving to the host country) is stronger for immigrants from poor or culturally distant countries
- **Screening:** Women from lower income groups and racialized women are less likely to have clinical breast exams, mammogram X-rays to test for breast cancer, or PAP smears to test for cervical cancer.
- **Life Expectancy:** Nearly 70% of men living in wealthiest neighbourhoods will live to age 75, while only 50% of men living in the poorest neighbourhoods will reach that age.
- **Access:** In 2014, almost 13% of low-income Canadians, compared to 10% of middle- and high-income Canadians, had unmet health care needs, suggesting that they had difficulty accessing health care.

Quick Notes

- When we refer to peoples of colour we speak of Canadians of non-European background or heritage - both people of colour who are Canadian-born as well as those who are born elsewhere.
- When we refer to Indigenous Peoples, we speak of First Nations, Inuit, and Métis persons.
- In Toronto, 62% of all persons living in poverty are from racialized groups.
- 52% of Canada's racialized people living in poverty reside in Ontario.
- Households that fall below Canada's low income cut-off (LICO) or low income measure (LIM), spend a much larger percent of their income on basic necessities like food and shelter than the average family; this is how we measure poverty.
- Systemic racism is often caused by hidden institutional biases in policies, practices and processes that privilege or disadvantage certain groups of people. It can be the result of doing things the way they have always been done without considering how they affect particular groups differently.

Racialized children are vulnerable to racialized forms of abuse and culturally inappropriate treatment in foster homes.

One Vision, One Voice (2016), a report documenting systemic anti-Black racism in Ontario child welfare services states that White foster parents frequently shave off the hair of Black girls placed in their care, causing psychological harm.

The Truth and Reconciliation Commission heard that "the child welfare system continued a multigenerational cycle of displacement and alienation. Many children lost contact with both their families and their Aboriginal identity forever."



WHAT'S BEING DONE?

Across Boundaries provides a dynamic range of mental health supports and services and works within anti-racism/anti-Black racism and anti-oppression frameworks. These frameworks address the negative impact of racism and discrimination on mental health and well-being.

www.acrossboundaries.ca / info@acrossboundaries.ca

Community Health Centres (CHC's) such as - Access Alliance Multicultural Health and Community Services, Anishnawbe Health Toronto, Hamilton Urban Core, and TAIBU - and their sister **Aboriginal Health Access Centres (AHAC's)** such as - Anishnawbe Mushkiki and Shkagamik-Kwe Health Centre - are providing culturally safe, relevant, and responsive primary health care in the communities where it is needed.

www.aohc.org / mail@aohc.org