CANADA'S COLOUR CODED LABOUR MARKET HEALTH IMPLICATIONS | FLIP SHEET

RACIALIZATION OF POVERTY

Barriers to good jobs and the resulting racialized income gap has a profound impact on the health and well-being of racialized Canadians. It influences the very nature of poverty in Canada and the experience of health and well-being among its citizens.

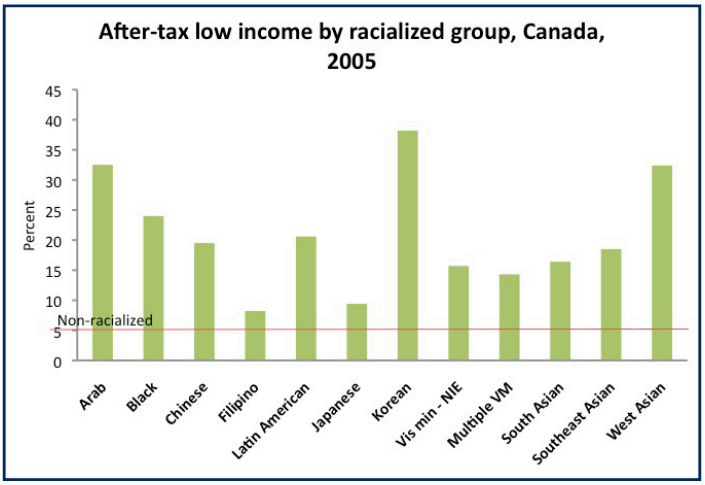
The data from the last long form Census survey point to an entrenchment of the racialization of poverty, a phenomenon where poverty becomes disproportionately concentrated and reproduced among racialized group members, in some cases inter-generationally. The emergence of precarious work as a major feature of Canadian labour markets is an important contributor to this phenomenon.

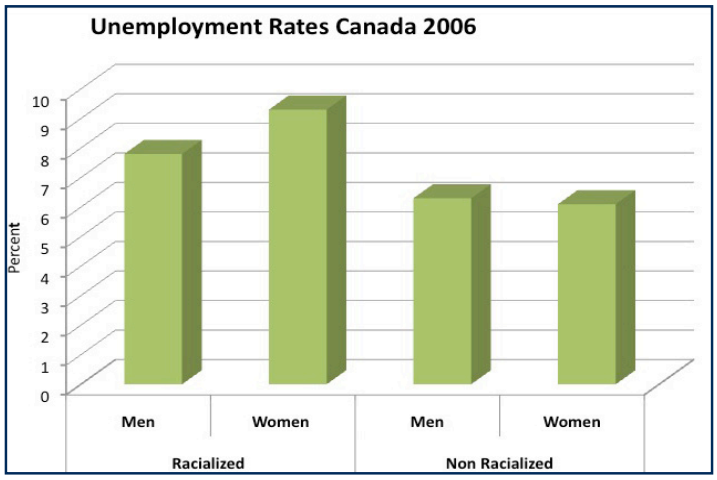
The impact of these forces contribute to social and economic marginalization. The result of this marginalization is a disproportionate vulnerability to poverty among racialized communities. The racialization of poverty is also linked to the entrenchment of privileged access to the economic resources in Canadian society by a powerful minority. This access explains the growing income inequality we are witnessing in Canada as a whole.

> While 6.4% of non-racialized families lived in poverty in 2005, three times that number, 19.8%, of racialized families lived in poverty in that same year.

The 2006 Census data bolsters previous evidence that racialized Canadians are disproportionately among Canada's poorest, particularly in our urban centres.

Poverty rates for racialized families are three times higher than non-racialized families. While 6.4% of non-racialized families lived in poverty in 2005, three times that number, 19.8%, of racialized families lived in poverty in that same year. These higher poverty rates cut across all racialized groups. Families who identify as Arab, West Asian and Korean have poverty rates above 30% — a shocking figure given the rate of economic growth during this time period. Only two groups, those who identify as Japanese and those who identify as Filipino, have poverty rates in the single digits. And those are still more than 25% higher than the poverty rate for non-racialized families.





A QUESTION OF RACIAL DISPARITIES IN HEALTH

A wealth of international data makes the link between jobs, income, health and well-being. A social determinants of health approach (SDOH), considers the full range of modifiable economic and political conditions that lead to poor health outcomes and systemic health disparities. The World Health Organization Commission on the Social Determinants of Health, stated:

> Employment and working conditions have powerful effects on health and health equity. When these are good they can provide financial security, social status, personal development, social relations and self-esteem and protection from physical and psychological hazards — each important for health. In addition to the direct health consequences of tackling work-related inequities the health equity impact will be even greater due to work's potential role in reducing gender, ethnic, racial and other social inequities.

Work affects our health through a number of different pathways. These include the nature of work we do — whether it is full-time, part-time or contract — the income we draw, the physical or psychological strain, and the conditions of work. The chart below

describes some of these pathways.

A recent report from Statistics Canada provides a stark Canadian example of the impact of income and income inequality on health outcomes. It showed a clear socio-economic gradient for life expectancy at age 25 for both men and women, based on data from 1991 to 2001. The difference in life expectancy between the poorest 10% and the richest 10% of Canadians was 7.4 years for men and 4.5 years.

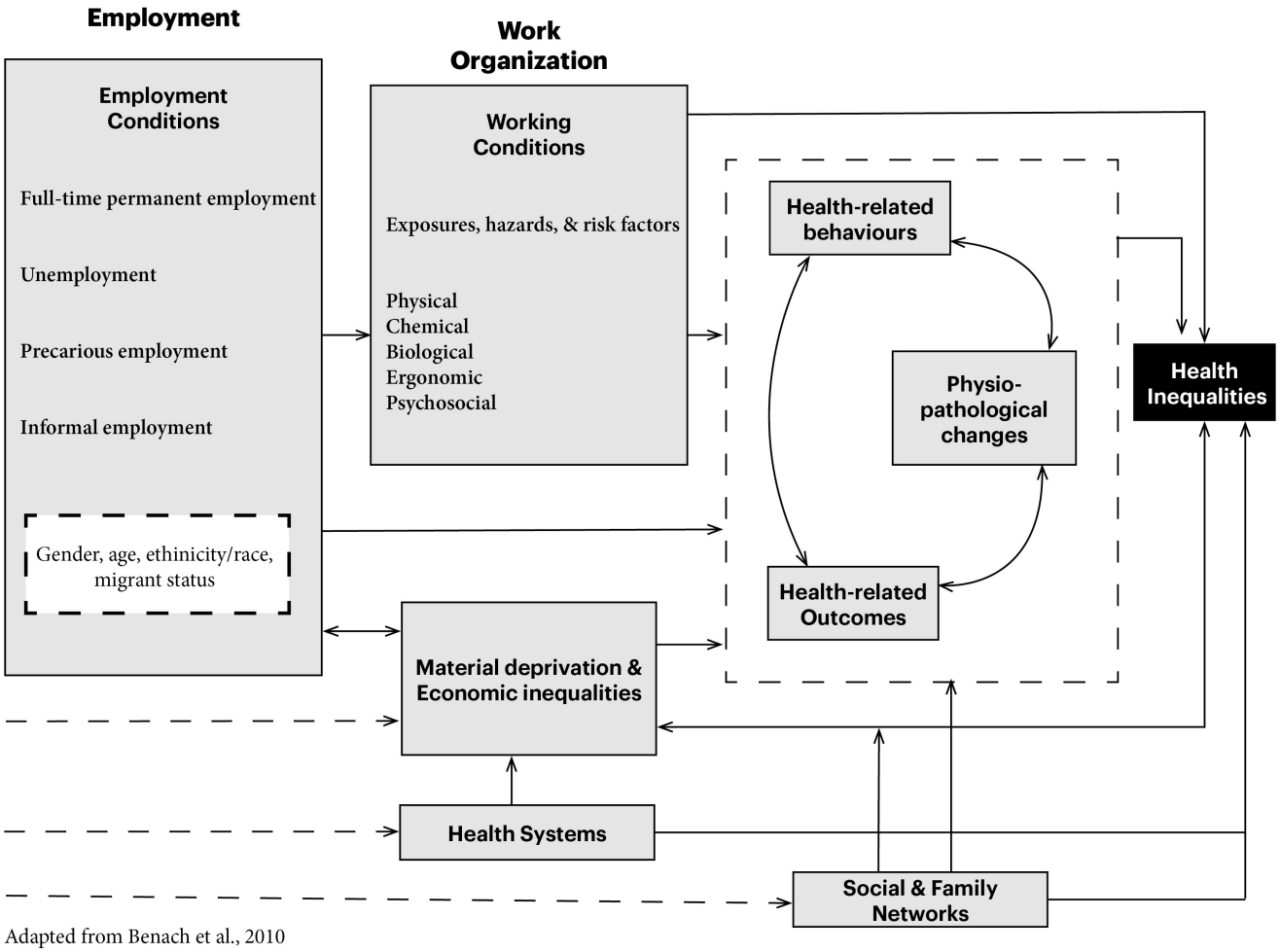
While these differences are striking, an equally important finding is that life expectancy increases with each and every decile. The more you earn, the longer your life expectancy in Canada.

Unemployment, precarious work, and job strain have a negative impact on health. In the Canadian context, a growing number of studies exploring the link between unemployment, underemployment, precariousness, and poor health establishes an increase in health risks among poor Canadians.

Research shows that immigrant workers are at high risk for occupational injuries, diseases and death. While these studies did not deal directly with the social distinction related to race, they provide an indication of the health impacts of the outcomes of labour market inequality for racialized Canadians.

The 2006 Census data suggest that the labour market experience of racialized workers in Canada puts their health at risk. This is an area that requires future research to deepen our understanding of the problem of racialized poverty, barriers to good jobs in Canada and their impact on the health of racialized Canadians.

For references and more information, see the full text Canada's Colour Coded Labour Market: the gap for racialized workers *by Sheila Block and Grace-Edward Galabuzi at www.wellesleyinstitute.ca*



Adapted from Benach et al., 2010

WELLESLEY INSTITUTE
advancing urban health

THE WELLESLEY INSTITUTE
Advancing population health through rigorous research, pragmatic policy solutions, social innovation, and community action.
45 Charles Street E., Suite 101
Toronto, ON M4Y 1S2
www.wellesleyinstitute.com