

Perceptions of Discrimination in Health Services Experienced by Immigrant Minorities in Ontario

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Objectives

- Does racism and/or discrimination in Ontario's health care environment exist?
- What are the perceptions of discrimination in health care (if they exist) as experienced by immigrants, and how does this impact on their health?



Methods

- Literature review: What is the state of knowledge?
 - Academic papers, policy documents, ‘grey’ literature, LSIC
- Data collection
 - Develop survey instrument to be administered to (i) health care providers, and (ii) New Canadians in three selected cities (Hamilton, K-W, Cambridge) through focus groups and/or in-depth interviews.



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Progress to Date

- Literature review completed (Sara Edge)
- Survey (Grace Pollock):
 - Script developed and under ethics review (WLU, followed by McMaster)



Findings to Date (1)

- Evidence-base demonstrating discrimination's detrimental effects upon health primarily focuses on race or the experiences of visible minorities (e.g. African Americans in the U.S, Maori in New Zealand, Caribbean and South Asian populations in the UK)

Findings to Date (2)

- Poor health outcomes include:
 - Physical health (e.g. poor self-rated health, hypertension, cardiovascular disease, respiratory conditions)
 - Mental health problems (e.g. psychological distress, depression, anxiety)
 - Adverse lifestyle practices (e.g. smoking, drinking)



Findings to Date (3)

- Canadian evidence regarding link between discrimination and health is surprisingly limited
- Limited Canadian research includes:
 - Discrimination and health outcomes
 - Perceived experiences of discrimination
 - Explaining differences in perception and response to discrimination

Discrimination and Health Outcomes

- LSIC (De Maio and Kemp, 2009)
 - Visible minorities and immigrants who experienced discrimination or unfair treatment in Canada are most likely to experience a decline in self-assessed health and worsening self-reported mental health (i.e., increased sadness, depression, and loneliness).
 - Almost 30% of respondents in the LSIC reported experiencing discrimination or unfair treatment because of ethnicity, culture, race or skin colour, language or accent, or religion.



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Discrimination and Health Outcomes

- Overt forms of discrimination associated with erosion of positive affect, while subtle discrimination is associated with depressive symptoms.
- Strong ethnic identity enhances symptoms of distress associated with discrimination
- Immigrant and refugee women are also at significantly higher risk for symptoms of post-partum depression



Perceived Experiences of Discrimination

- Perceived discriminatory experiences range from incidences of insensitive or ignorant treatment from providers, to unfriendly attitudes, name-calling, racial slurs, stereotyping, and receipt of inferior care
 - Discrimination as barrier to care
 - Providers assert differences in treatment for newcomers reflects need for culturally “appropriate” care.



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Explaining Differences in Perception and Response

- Variances in the propensity and willingness of newcomers to *perceive* acts of discrimination
 - VM more likely to perceive discrimination, although varies by context and community size
- Range of coping styles (active, passive)



Conclusions

- Review reinforces need for further research, including:
 - Comparative analyses of the experiences facing a range of groups defined by ethno-cultural origins, immigrant type, gender, etc.
 - Enhanced understanding of associations between variables and outcomes – need for longitudinal research
 - Efforts to combat discrimination





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