

7 Addressing Sources of Inequality and Health Disparities: Ethnicity and the Life Course

Learning Objectives

- Differentiate between ethnic ancestry/origin and ethnic identity
- Situate ethnicity in relation to social location (social class, sex, age, etc.)
- Review and summarize the evidence examining the health status, utilization of health services, and determinants of health of ethnic subgroups and immigrants in Canada
- Describe the health outcomes of Aboriginal people and propose solutions to improve those outcomes and access to culturally appropriate health care
- Discuss the healthy immigrant effect
- Compare cultural differences in seeking health care
- Apply the life course approach that links social location and health, and examines how inequalities in health develop over time
- Critique the three theoretical frameworks that explain ethnic disparities in health and illness:
 - Biomedical
 - Political economy/conflict approach
 - Cultural behavioural perspective

Summary

Overall in Canada, little research is available on the relationship between ethnicity, cultural factors, and health. This is an important gap to address given our incredibly diverse society. There are two common health-related measures: ethnic ancestry/origin, which refers to either place of birth of the individual or their ancestors, and ethnic identity, which is a subjective definition of belonging. However, ethnicity needs to be situated in relation to social location (immigration or refugee status, social exclusion) and because of this, health research in this area is not straightforward.

Overall, all racialized groups report worse health than Caucasians do. Data on the health status of Aboriginal peoples show that their health outcomes are substantially poorer than the general Canadian population. Aboriginal Canadians have shorter life expectancy, higher rates of chronic illnesses and infectious diseases, increasing rates of cancer, and higher rates of suicide among the younger population. They also have different conceptions of health. The chapter reviews how variations of the medicine wheel are used by various First Nations. The very poor health status of Aboriginal people in particular can be explained by social exclusion and racism, extreme poverty, and under-utilization of health-care services. Colonization is considered to be an upstream determinant

of Aboriginal health. Canadian governmental policies (e.g. residential schools) have created intergenerational trauma, and these policies are still reflected in our health outcomes.

The chapter reviews how changes in the ethnic structure of our society are altering health-care practice and encounters with health-care providers, and describes various models for intercultural care that are being evaluated by professional health associations such as the Canadian Nurses Association.

New immigrants who arrive in Canada have better health than their Canadian-born counterparts, and their better health status lasts for 10 years after their arrival in Canada. This is known as the healthy immigrant effect. The effect, however, not only disappears after 10 years, but at times immigrants' worsens in contrast to those born in Canada. Various explanations have been considered to explain the healthy immigrant effect, including converging lifestyles, resettlement stress, and differential access to health care.

Immigrants are a diverse group with diverse experiences. Decisions to pursue health care when unwell are culturally determined. One possible explanation is that certain members of immigrant groups may experience negative interactions with family physicians, thus avoiding health-care services.

There are three theoretical frameworks that explain ethnic disparities in health and illness: the biomedical model examines differences in biophysical traits; the political economy or conflict approach believes the differences are due to social class; and the cultural behavioral perspective argues that culture shapes behavior, which in turn shapes health. The textbook authors argue that each approach on its own falls short in explaining ethnic disparities in health. Instead, they believe that a more comprehensive approach should draw on all three models that interact with one another and that also include a life course perspective, or an intersectional model of health.

Key Concepts/Terms

Aboriginal peoples: Under the Indian Act, indigenous groups in Canada are classified into four categories: registered North American Indians (First Nations), unregistered North American Indians, Metis, and Inuit (p. 196).

Culture: A complex collection of values, beliefs, behaviours and material objects shared by a group and passed on from one generation to the next (p. 194)

Cultural competency: A form of intercultural care in which health care providers are expected to understand how ethnocultural diversity affects the behavior of specific patient subpopulations such as ethnic groups and to tailor care accordingly (p. 203).

Cultural safety: An approach to intercultural care that gives the patient the power to judge whether a particular health care professional or treatment is safe from the perspective of their culture (p. 203).

Cultural sensitivity: An approach to intercultural care that emphasizes an awareness on the part of health care providers that patients may come from different cultural backgrounds (p. 203).

Ethnic ancestry: The place where an individual or her ancestors were born (p. 194).

Ethnic density effect: Health benefits associated with living in a neighbourhood with a high concentration of others from one's own ethnic group (p. 220).

Ethnic groups: Social groupings that exist within a particular cultural framework (p. 194).

Ethnic identity: A social characteristic by which a person locates and understands herself within the world based on ethnic group membership (p. 195).

Ethnic stratification: The unequal distribution of wealth, power, and privilege based on ethnic group membership, which has both direct and indirect effects on health (p. 213).

Ethnicity: A shared (whether perceived or actual) group identity that is rooted in cultural elements such as custom, language, religion, or history or some mixture of these factors (p. 194).

Ethnoculture: Cultural features associated with ethnic groups, which support patterns and processes of ethnic identification (p. 194).

First Nations peoples: 617 First Nations or Indian bands representing more than 50 cultural groups and living in about 1,000 communities across the country, who are indigenous to Canada (p. 196).

Healthy immigrant effect: The finding that immigrants to Canada typically have better health than those born in Canada (p. 206).

Intercultural care: An approach to health care that recognizes the cultural uniqueness of individual patients from different ethnic backgrounds (p. 203).

Intergenerational trauma: Negative emotional effects stemming from an initial terrible experience felt throughout the life course and reproduced through subsequent generations as a legacy of suffering (p. 198).

Medicine wheel: A symbol in Aboriginal culture that represents understandings of wholeness, interconnectedness and balance. The wheels usually contain four quadrants, representing a healthy balance between four aspects of wellness: physical, emotional, mental and spiritual (p. 205).

Race: A scientifically discredited concept that nonetheless is an important social construction that has significant consequences for people's lives, bodies, and health in that it is a major basis of social exclusion (p. 217).

Racialization: Processes by which people are systematically categorized and socially excluded according to perceived racial differences (p. 215).

Racism: Prejudicial treatment of groups and individuals according to subjective understandings of race (p. 215).

Religiosity: The degree of adherence to and participation in religious belief and practice (p. 221).

Study Questions

1. What does ethnic identity refer to?
2. What is social exclusion?
3. Describe the socio-demographic profile of Aboriginal Canadians.
4. What are the upstream determinants of Aboriginal health?
5. Why do Aboriginal people tend to underutilize health care services?
6. What is the healthy immigrant effect?
7. What is ethnic stratification?
8. Describe three hypotheses to explain ethnic differences in health outcomes.
9. What is the ethnic density effect?
10. What is the Roseto effect?

Explore and Discuss Questions

1. What is the relationship between social exclusion of Aboriginal people and health status?
2. How could Aboriginal conceptions of health such as the medicine wheel contribute to salutogenic models of health?
3. After living in Canada for 15 years, Lee finds that her family's health is deteriorating overall. Discuss the healthy immigrant effect and policy solutions needed to reverse its effect.
4. How has colonization contributed to Aboriginal people's poor health outcome?
5. Explore and discuss the various models of intercultural care in the context of your or your family members' experiences with health care in Canada.

Further Exploration

- Beiser, M. and F. Hou. Mental Health Effects of Premigration Trauma and Postmigration Discrimination on Refugee Youth in Canada. *Journal of Nervous and Mental Disease*, 204(6), 264-270.
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- Du Mont, J. and T. Forte. 2016. Perceived discrimination and self-rated health in Canada. *BMC Public Health*, 16: 742.
- Hole, R.D., M. Evans, L.D. Berg et.al. 2015. Visibility and Voice: Aboriginal People Experience Culturally Safe and Unsafe Health Care. *Qualitative Health Research*, 25(12), 1662-1674.
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Initiatives and Innovations Directorate (SIID) of the Public Health Agency of Canada.

Kim, I.H. and S. Noh, 2016. Racial/ethnic variations in the main and buffering effects of ethnic and nonethnic supports on depressive symptoms among five ethnic immigrant groups in Toronto. *Ethnicity and Health*, 21(3), 215-232.

Kwak, K. 2016. An evaluation of the healthy immigrant effect with adolescents in Canada: Examinations of gender and length of residence. *Social Science and Medicine*, 157, 87-95.

LaDuke, Winona. 1999. *All Our Relations: Native Struggles for Land and Life*. Cambridge, MA: South End Press.

Logie, C.H., J.I.R. Jenkinson, V. Earnshaw, et.al. 2016. A structural equation model of HIV-related stigma, racial discrimination, housing insecurity and well-being among African and Caribbean Black women living with HIV in Ontario, Canada.

Spence, ND, S. Wells, K.Graham and J. George. 2016. Racial discrimination, cultural resilience and stress. *Canadian Journal of Psychiatry*, 61(5), 298-307.

Waldram, James, Ann Herring and T. Kue Young. 2007. *Aboriginal Health in Canada: Historical, Cultural and Epidemiological Perspectives*. Toronto: University of Toronto Press.

Recommended Films

Drumbeat for Mother Earth

Toxic chemicals are the greatest threat to the survival of indigenous peoples.

<http://www.bullfrogfilms.com/catalog/dfme.html>

Recommended Websites

1. **First Nations and Inuit Health, Health Canada**

www.hc-sc.gc.ca/fniah-spnia/index-eng.php

2. **National Aboriginal Health Organization**

www.naho.ca

3. **Dynamics of immigrants' health in Canada: Evidence from the National Population Health Survey, Statistics Canada**

www.statcan.gc.ca/pub/82-618-m/82-618-m2005002-eng.htm

4. **Heart risks vary by ethnicity: Ontario study, CBC**

<http://www.cbc.ca/news/technology/heart-risks-vary-by-ethnicity-ont-study-1.881296>