

Addressing Social Determinants of Health & Well-being: Equitable Services for Racialized Communities of Peel

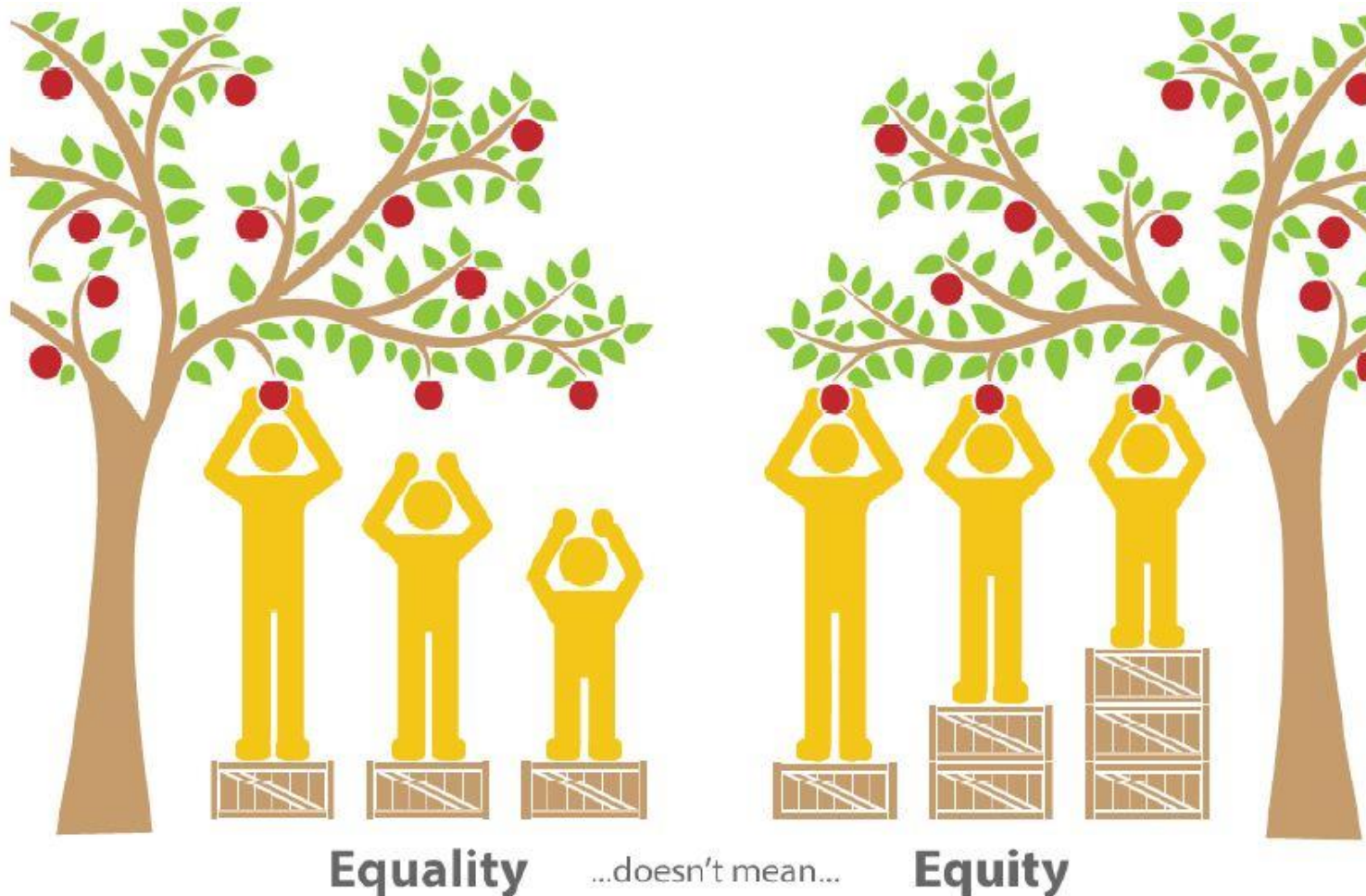
Peel Institute on Violence Prevention
May 2015



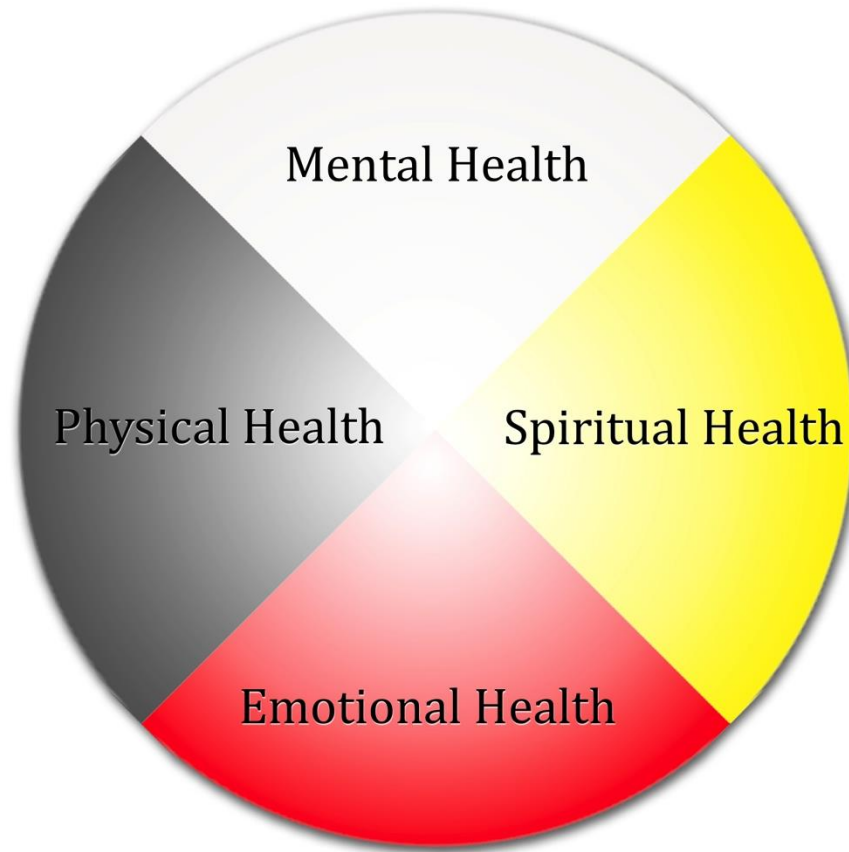
FAMILY SERVICES of PEEL

Since 1971

Equality vs. Equity

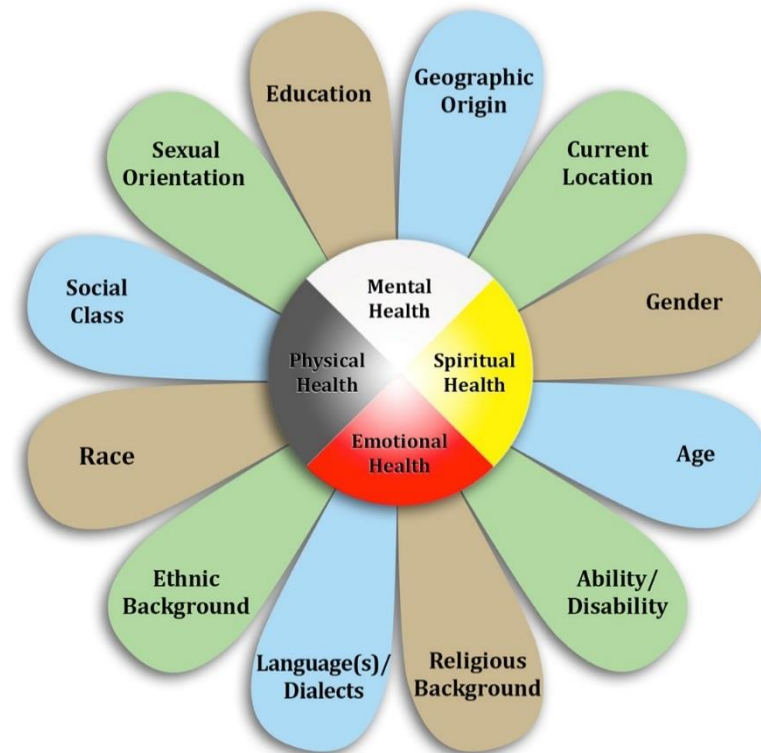


Aboriginal Circle of Health



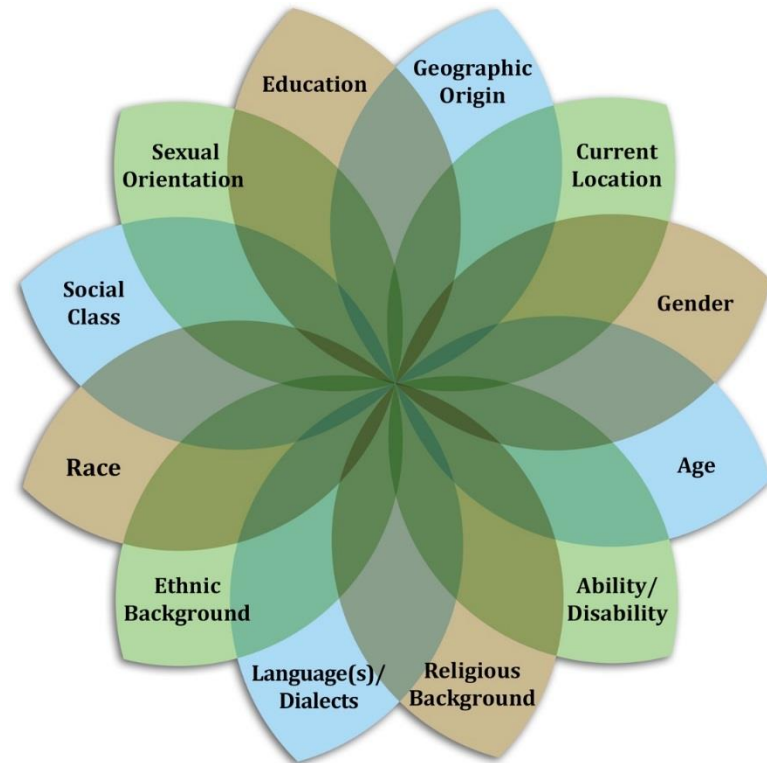
What are the Social Determinants?

- “The conditions in which people are born, grow, live, work and age. These circumstances are shaped by the distribution of money, power, and resources at global, national, and local levels” –WHO
- Determinants first seen in isolation from each other

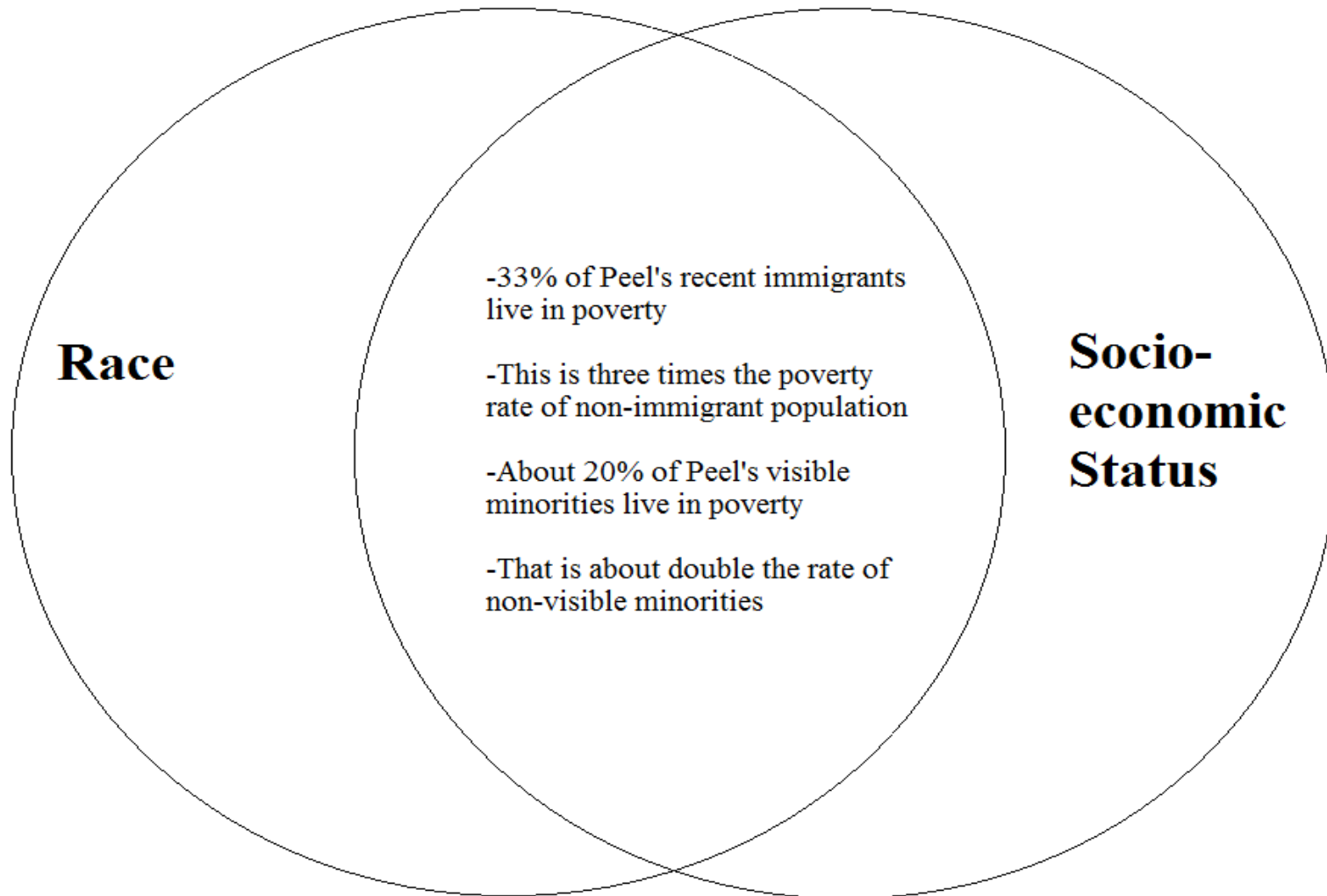


Intersectionality

- Tries to capture the *combined* experience at the axes of two or more social identities
- Assumes complexity in health and social outcomes. *Always* caused by numerous contributing factors
- Systems of privilege and oppression (racism, sexism, etc.) maintain disparities at the point of intersection
 - Especially for historically oppressed groups



Intersectionality in Region of Peel



Intersectionality's Key Question: *Who Has Power and Control Over Whom?*

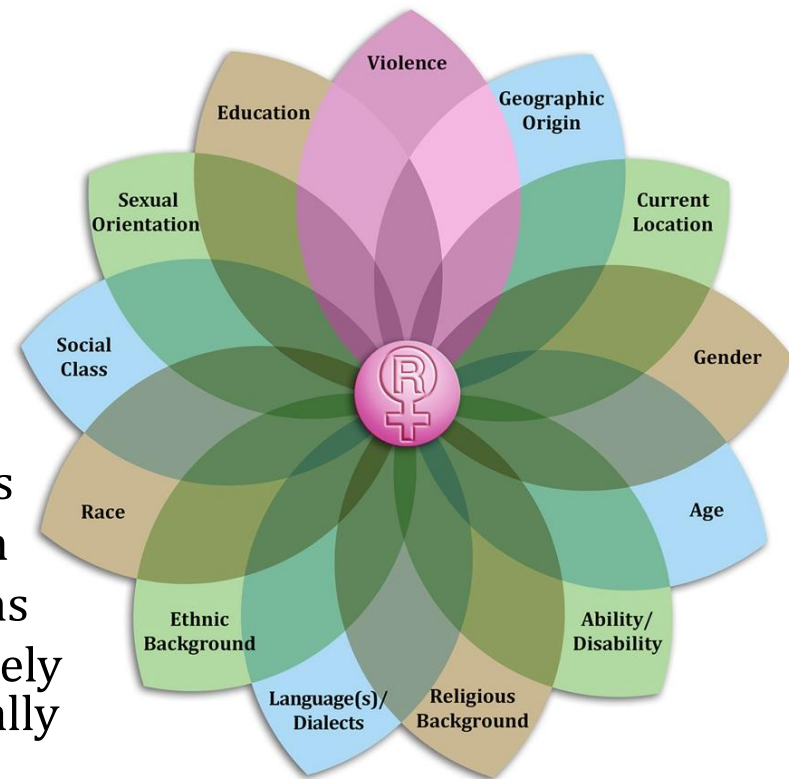
Canada's Societal Norms

- Shaped by those who are characterized by Euro-Centric Values
 - White
 - Able-bodied
 - Heterosexual
 - Middle class Men
- the norm against which all other groups are measured



Intersectionality of Gender, Race, & Violence

- Interpersonal violence includes the following:
 - youth violence
 - child maltreatment
 - elder abuse
 - sexual violence
 - intimate partner violence
 - The most common form of violence against women
- Violence is **not** inherent in race
- Rooted in gender and racialized inequities
 - Violence victimization associated with and economically isolated populations
 - Racialized groups are disproportionately represented in socially and economically disadvantaged communities



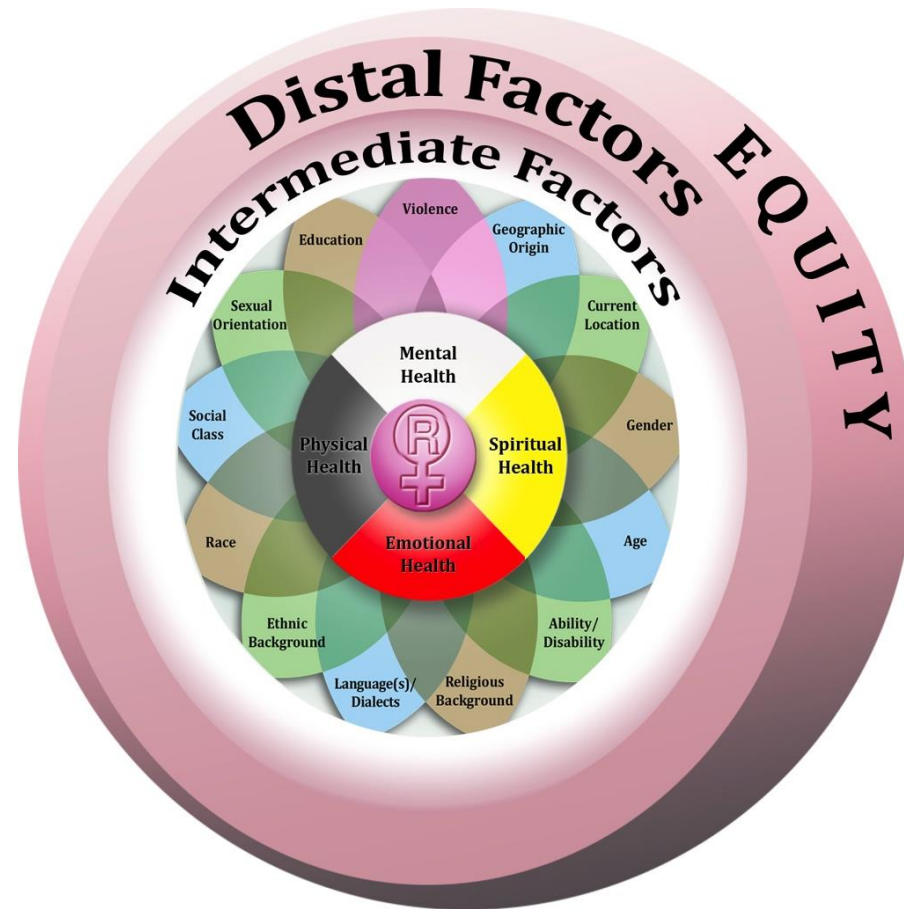
Equity Framework

Types of Determinants

Proximal: most immediate behavioural and environmental factors to the individual

Intermediate: community infrastructures, systems, resources, and capacities

Distal: historic, social, political, and economic factors



Role of Health and Social Service Agencies

- Reflect upon any internal inequities
 - *Are we structured according to systems of domination—racism, sexism, classism?*
 - *Does that hinder us from promoting services that reflect empowerment, diversity, and sustainable social justice?*
 - *Are the inequitable norms and values of dominant culture embedded in our organizational policies and practices?*

The Goal

To incorporate anti-oppressive and equitable practices in health and social service agencies of Peel in order to eliminate inequities experienced by Peel's racialized populations



What's Next?

- 1. To establish a Peel working group to engage in a process of selection of appropriate tools for measuring and monitoring the implementation of the framework**
- 2. Analysis of health and social equities and their impact on services for survivors of violence separately for men and women**
- 3. Build health and social services for survivors of violence on equity principles**
- 4. Monitor the possibilities of doing harm**
- 5. To develop a training model**
- 6. To establish knowledge transfer strategy**

References

- **Persisting Inequities at the Intersection of Multiple Identities of Victims of Violence Due to Inequities in Social Determinants of Health and Well-being: Literature Review.** *Peel Institute on Violence Prevention. May 2015.*

www.fspeel.org *Our Services – Research and Development*

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