



Update from the Anti-Discrimination Committee

Central Toronto Community
Health Centres

November 2008

Perspective of our Work

To be proactive in our response to issues of diversity and anti-oppression in our work

Support staff

With support, staff will work from an anti-discrimination perspective

Service and program planning

Focus on equity

Critically analyze community trends to identify and breakdown barriers (e.g. racism, classism).

Tailor services to client needs.

Use demographic information to guide planning. Stay up to date on demographics changes

Reflect the diversity of the neighbourhoods/communities we serve in our services and programs

Support marginalized populations and serve the whole catchment area

Address gaps in accessing services and supports

Good practice

Refine our collection of statistics and evaluation processes towards an evidence based approach

Raise Awareness

Raise awareness among all stakeholders

Be a leaders in the sector (non-profit, CHC, health)

Support partner agencies in their anti-discrimination work

HR practices and governance

Ensure equitable hiring and Board recruitment

Plans for the Upcoming Year

The committee is planning a series of all-staff trainings:

- Cultural and Ethnic Diversity (April 2009)
- LGBTTTIQQ (Fall 2009)
- Homelessness (Spring 2010)

These trainings will focus on building the core-competencies of all staff and a shared understanding of the concepts and practices within the organization

What is Diversity?

Diversity is a broad term that refers to the variety of differences among people.

Diversity is commonly understood in terms of dimensions that include but are not limited to race, age, place of origin, religion, ancestry, aboriginal status, skin colour, citizenship, sex, gender, identity, sexual orientation, ethnic origin, disability/ability, marital, parental or family status, same-sex partnership status, creed, language, educational background, literacy level, geographic location, income level, cultural tradition and work experience.

Committee members

Tammy Décarie

Michael John

Michelle Joseph (co-chair)

Anthony Linton

Maurice Micheline

Yi Man Ng

Jadie Schettino

Judy Tsao (co-chair)

Some statistics to consider

The three cities within Toronto

http://www.urbancentre.utoronto.ca/pdfs/researchbulletins/CUCSRB41_Hulchanski_Three_Cities_Toronto.pdf

A striking trend has emerged in the city: the looming disappearance of the average, mixed-income neighbourhood that once defined Toronto.

In 1970, two-thirds of all census tracts reported individual incomes in the middle range for the city as a whole.

By 2001, that share had dropped by a full third: Only 32 per cent of census tracts in the 21st-century city could be described as average.

Some neighbourhoods moved up, led by the once-poor but now chic "inner city" south of Bloor Street. But far more went the other way, led by former suburbs

built for the vanishing average family.

The changing face of the city shows poverty surging northward while an increasingly affluent, overwhelmingly white elite holds the core

• **City#1** (high-income) is clustered around the two subway lines, much of the area south of

Bloor/Danforth, some of the waterfront, and central Etobicoke. It includes about 17% of

Toronto's residents. In this "city," incomes have *increased* by 71% over the 30-year study period.

The ethnic origins of residents are mostly White (84%), a small minority are immigrants (12%),

and their occupations are mostly white-collar (60%).

City#2 (middle-income) sits between the other two cities, with some neighbourhoods in the core and south of Bloor-Danforth, and others in the former North York. Forty-two per cent of Toronto's residents live City #2. Average incomes have changed little over the study period (a slight *decrease* of 4%). The ethnic makeup of City#2 is 67% White and 21% Black, Chinese or South

Asian, 48% are immigrants, and their work is 39% white collar and 18% blue collar.

• **City#3** (low-income) comprises much of northern Toronto, outside the Yonge Street subway corridor, plus large parts of Scarborough. It comprises 40% of the city's population. Incomes in City#3 have *decreased* by 34% between 1970 and 2000; its residents are 43% Black, Chinese or

South Asian in origin (40% are White); 62% were born outside of Canada; and 32% work in white-collar and 25% in blue-collar jobs.

Queen West and Shout are both located in the high-income neighbourhoods of

City 1

How do we best support people who are marginalized?

Racialization of Poverty <http://www.colourofpoverty.ca/>

More and more people in Ontario come from racialized groups (i.e. communities of colour). These persons face a much higher risk of being poor and being affected by factors linked to poverty—like unstable/unsafe work conditions and poor health. While poverty can be a concern for anyone, its causes, forms and lived consequences aren't the same for all. Racialized

group members face particular challenges—made still worse when combined with any additional basis of exclusion—is. Gender, disability, sexuality or class

"Racialized communities are experiencing a disproportionate level of poverty. In Toronto, they are three times more likely to be poor than others because of the barriers and challenges they face in the job market"

Grace-Edward Galabuzi, a professor at Ryerson University and the author of *Canada's Economic Apartheid – The Social Exclusion of Racialized Groups in the New Century*. As the face of immigration to Canada has changed dramatically over the past few decades poverty rates among newcomers have risen dramatically and critical settlement support services remain severely underfunded. People without status

cannot easily access healthcare, education, fair work or police protection.

Street Health 2007 <http://www.streethhealth.ca/Downloads/SHReport2007.pdf>

Poverty is the leading reason people become and remain homeless.

Mental health diagnoses, depression, emotional crisis, suicide attempts, physical and sexual assault are common among people who are homeless.

Five times as many homeless people are hospitalized in a year than the general population.

Racialized groups have higher levels of under-housing & homelessness due to poverty and unemployment, cuts to social programs, & lack of housing services.

Racialized persons also face discriminatory & prohibitive demands from landlords.

The majority of newcomers to Toronto live in unsafe, sub-standard housing.