

What are the social needs of racialized people?

Background

In the 2021 census, 8.87 million people in Canada identified as a visible minority, making up almost 24% of the Canadian population, and representing a 130% increase over the past 20 years (Hou et al., [2023](#)). Visible minorities, as described here, predominately include South Asian, Chinese, Black, Filipino, Latin American, Arab, Southeast Asian, West Asian, Korean and Japanese peoples (Statistics Canada, [2021](#)). In addition to the visible minority population, Indigenous peoples account for an additional 1.8 million people (Statistics Canada, [2023](#)) – meaning that nearly one-in-three Canadians identify as belonging to a racial or ethnic minority community (Statistics Canada, [2023](#); Hou et al., [2023](#)).

Despite Canada’s diversity, structurally racist policies have undermined the wellbeing of racialized people – creating systematic barriers to social inclusion and general wellbeing. For example, the Indian Act, Chinese Head Tax, Japanese internment, and residential “schools”, provide just a few examples of how the settler-colonial state of Canada has excluded racialized people (*Library and Academic Services: Anti-Racism Learning Toolkit: History of Racism in Canada, n.d.*). Exclusion continues today in various forms of discrimination and racism. The Canadian Human Rights Commission reported that 25% of the discrimination complaints in 2016 were related to race, ethnicity, and/or religion (Government of Canada, [2020](#)). Additionally, 43% of reported hate crimes in 2017 were related to race or ethnicity, with 16% being attributed to anti-Black racism (Government of Canada, [2020](#)). These factors underscore the importance of understanding the experiences of racialization and how they impact social wellbeing.

Purpose

The purpose of this brief is to identify potential strategies to improve social inclusion for racialized people in Canada. To date, literature specific to different racialized communities has not been adequately supported. This presents a challenge since different racialized groups each have their own experiences and histories. As such, this evidence brief will not be able to provide comprehensive strategies applicable to all, but we hope that it can provide a foundation for understanding this important issue. Ultimately, communities must be empowered to advocate for their own specific needs. This brief provides a general framework for understanding these needs and what can be done to meet them.

Evidence from Existing Studies

Inequalities in Social Well-being

Empirical evidence on disparities in social well-being among racialized people in Canada is limited and evidence from other countries is mixed (Victor et al., [2020](#); Salway et al., [2020](#); Platt et al., [2009](#)). Generally, many studies find that ethnic minorities experience higher levels of

loneliness and greater levels of exclusion/discrimination compared to their mainstream counterparts (Khan et al., [2023](#); Kannan & Veazie, [2023](#); Salway et al., [2020](#); Visser & Fakiri, [2016](#); Lasgaard et al., [2016](#); Victor et al., [2012](#)). For example, research from the United States found that levels of social connection and support among older Black adults compared to their white counterparts were lower due to the systemic disadvantages they face in life (Taylor & Nguyen, [2020](#)). Similar findings were also identified in a study from the United Kingdom, which found that Black adults over age 65 (9%), in addition to Asian adults of the same age (7%), were more likely to report having no close friends compared to their white counterparts (4%) (Hayanga et al., [2021](#)). Conversely, other studies provide conflicting evidence for this association. For example, Taylor et al. ([2019](#)) report that Black older adults are less likely than non-Hispanic white older adults to live alone, be childless, or have limited contact with religious congregations – perhaps reflecting community resilience, cohesion, and collectivism and also stronger cultural expectations and economic pressures leading to more multi-generational cohabitation. As exemplified here, disparities in social health are frequently found to be attributed to other factors such as the built environment, lower levels of education, income, and gender (Agyemang, [2016](#); Choi et al., [2021](#); Creecy et al., [1983](#); Ebimngbo et al., [2021](#); Igbokwe et al., [2020](#); Nzabona et al., [2016](#); Phaswana-Mafuya & Peltzer, [2017](#); Victor et al., [2021](#)). Of course, these disparities also exist due to structural and social inequities, such as lack of investments in community, cultural, and material supports (Ojembe et al., [2023](#)).

Strengthening Racial and Ethnic Communities

Despite experiencing vulnerability to loneliness, stigma, and discrimination, racialized communities are resilient and powerful and connections within these communities are beneficial to their wellbeing – helping them buffer against stress and discrimination (Ransome et al., [2023](#)). As such, the development and strengthening of such ethnic communities is important to supporting their health and wellbeing (Lewis et al., [2023](#); Haslam et al., [2021](#); Belle-Isle et al., [2014](#)). Of course, building ethnic communities requires strengthening a sense of culture and identity through intentional investments. One way these investments have been made is through the formation of geographic enclaves, which can create a source for bonding and bridging social capitals (Zaami, [2020](#)). When accompanied with appropriate programming, these geographic and social communities can become important sources of support (Ojembe et al., [2023](#)) – highlighting the importance of community connection with one’s community (Diaz et al., [2019](#)). Of course, too much insularity can also contribute to harms – particularly when communities become targeted or ignored through structurally racist policies (Omidvar & Richmond, [2004](#); Portes, [1998](#)) – which may lead to lower incomes, under-employment, and low-quality housing or neighbourhood resources (Omidvar & Richmond, [2004](#); Portes, [1998](#)). Nevertheless, despite these potential challenges, strengthening existing community-based services or programs within racialized communities is an integral part of improving social connections for racialized people in Canada.

Case Study: Strategizing to Strengthen Social Inclusion – The Agency of Black African Immigrant Youth in Alberta, Canada

Using qualitative research methodology, Zaami ([2020](#)) investigated how Sudanese and Ghanaian youth in Calgary, Alberta found social connection and inclusion in their communities. The study had three phases of recruitment. For phase one, the researcher utilized their direct community contacts by attending meetings and activities, such as the



Sudanese homework club. Following this, the researcher recruited more individuals through additional contacts with active community members. The final stage of recruitment used snowball sampling. There were a total of 40 participants, aged 18-30, who lived in Calgary for at least five years. Participants took part in interviews between 45 minutes to two hours in length. From these interviews, participants identified African ethnic community associations and religious organizations as significant places for inclusion, security, and comfort (Zaami, [2020](#)). For example, 30 to 40 percent of the Church of Pentecost in Calgary were current students or past students who were able to get permanent residency (Zaami, [2020](#)). Results from this study show that ethnic enclaves have a crucial part to play in social connection for racialized people in Canada because of the resources and culturally relevant activities available, as well as the opportunities to connect with individuals from similar racial or ethnic backgrounds.

Promoting Inclusion and Facilitating Connection Across Racialized Groups

In addition to supporting the development of racialized communities, it is also important to support community engagement and inclusion across ethnic groups (Hyman et al., [2023](#)). Community organizations and clubs can provide opportunities to bring groups together. For example, sports activities can bring people together on common ground – such as a shared passion for a particular sport (Rich et al., [2015](#)).

While community engagement provides one avenue for support, it is important to recognize that racialized people sometimes experience barriers to inclusion as a result of their engagement with mainstream communities. For example, racialized migrant farmworkers in Southwestern Ontario often experienced unwelcoming or outwardly racist behaviour from residents of the town, which exacerbated their experiences of loneliness (Basok & George, [2021](#)) – highlighting that in many instances community engagement can be a source for distress. Recognizing these challenges, inclusion efforts must be intentional and appropriate.

In addition to supporting inclusion within the broader community, it is also important to specifically support inclusion in key settings, such as workplaces (Mor Barak, [2016](#)) and schools. In the absence of such efforts, these institutions can contribute to broader social and economic inequalities (Umaña Taylor, [2016](#); Chavous et al, [2008](#)).; Juvonen & Graham, [2001](#); Kochenderfer & Ladd, [1996](#); Suarez-Orozco, Pimentel, & Martin, [2009](#)). Conversely, investment in these efforts can produce positive outcomes and help reduce inequities (Juvonen et al., [2019](#); Oxman-Martinez & Choi, [2014](#)). Such investments are proactive, welcoming, maximize cross-group contact, facilitate positive peer interactions, and explicitly encourage opportunities to meaningfully connect and engage over shared common ground (Juvonen et al., [2019](#); Slavin, [1995](#)). Additionally, strategies such as anti-racism training or conscious bias training might help set expectations and cultural norms, while also helping individuals be more thoughtful of potentially harmful actions.

Supporting Structural and Systemic Change to Remove Barriers

In addition to building ethnic communities and bridging across communities, it is also critical to dismantle structural prejudice. Indeed, systemic racism is a foundational component that leads to the social exclusion of racialized people in the first place (Hyman et al., [2011](#)). Research shows that experiencing social exclusion at an institutional, community, or individual level can

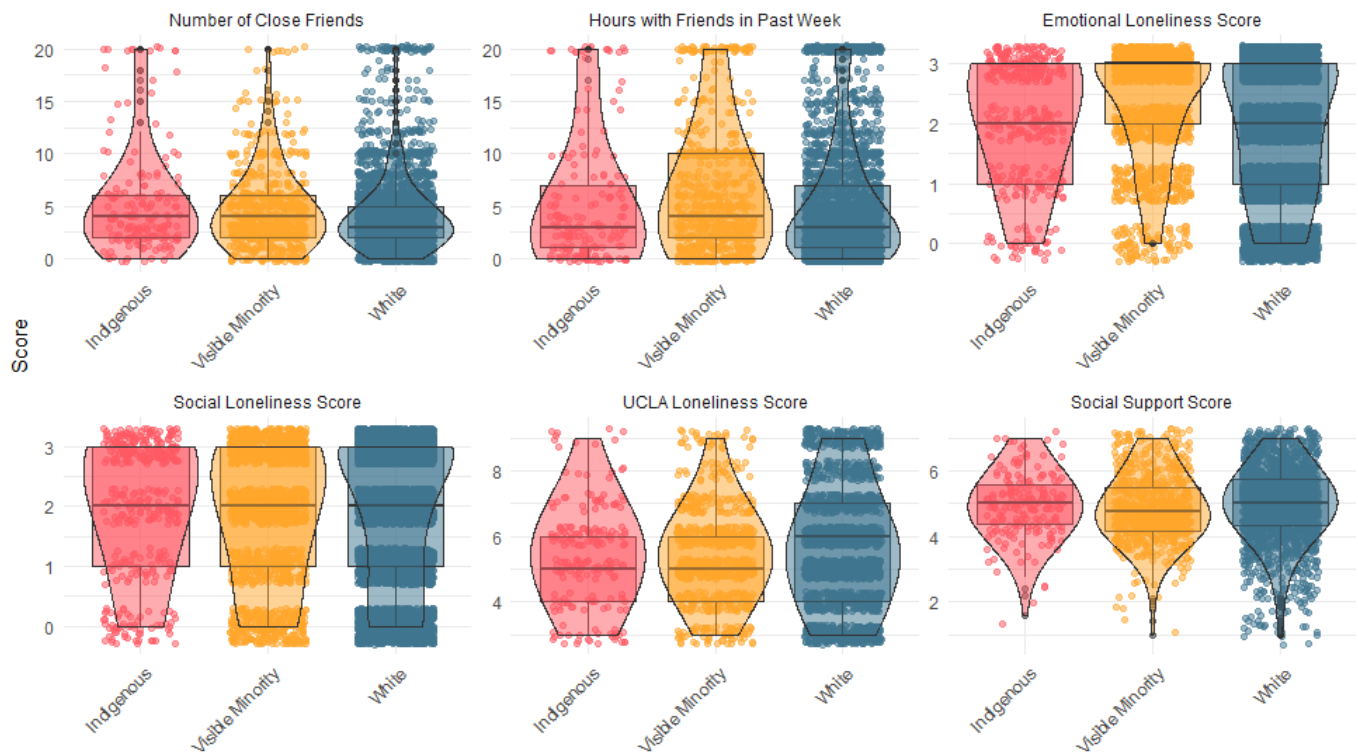


contribute to a lower sense of belonging, social connection, and even health inequities among racialized people, especially for immigrants and youth (Oxman-Martinez & Choi, [2014](#)); Fuentes et al., [2019](#); Priest et al., [2013](#); Reitz & Banerjee, [2007](#)). However, in addition to inclusion strategies at community and organizational levels, equitable decision-making and policy at an institutional level must be present (Hyman et al., [2011](#)) – particularly to ensure that racialized communities are supported equitably (Uchechi et al., [2023](#)). These processes and policies must be based on anti-oppression and anti-racism by addressing other factors influencing social health such as poverty and access to health care and education. (Everett, [2009](#)). Moreover, it would be important to evaluate the impact of these policies to assess the true effects on racial equity and justice, which an Ontario-based organization, Colour of Change has advocated for this in the past (Hyman et al., [2011](#)).

Analyses from The Canadian Social Connection Survey

Using data from the Canadian Social Connection Survey (N = 7,275), we compare Indigenous (n = 382), Visible Minority (n = 1,424), and White (n = 5,469) participants across multiple indicators of social health (See **Figure 1**). Plots and regression models were constructed to demonstrate differences.

Figure 1. Differences in Social Health, Across Ethnic Categories



Regression models were constructed separately for each indicator. Bivariable tests were conducted in addition to multivariable tests, which controlled for age, gender, and household income. Summarizing modelling results, differences were generally small and produced mixed characterizations of ethnic disparities in social health outcomes. For all results, “White” participants were used as the referent group.



Table 1. Adjusted and Unadjusted Regression Models for Social Health Indicators

Ethnic Group (vs. White)	Bivariable Model				Multivariable Model			
	β	SE	t	P	β	SE	t	P
Number of Close Friends								
Indigenous	1.262	0.291	4.344	0.000	1.385	0.298	4.647	0.000
Visible Minority	0.428	0.162	2.637	0.008	0.317	0.175	1.811	0.070
Number of Hour with Friends								
Indigenous	0.156	0.437	0.358	0.720	-0.272	0.430	-0.633	0.526
Visible Minority	1.294	0.235	5.499	0.000	-0.097	0.247	-0.394	0.694
Emotional Loneliness Score								
Indigenous	0.260	0.057	4.575	0.000	0.033	0.057	0.587	0.557
Visible Minority	0.437	0.032	13.626	0.000	0.137	0.034	4.054	0.000
Social Loneliness Score								
Indigenous	0.111	0.062	1.784	0.074	0.063	0.065	0.973	0.331
Visible Minority	-0.093	0.035	-2.666	0.008	-0.054	0.038	-1.393	0.164
UCLA Loneliness Score								
Indigenous	-0.213	0.128	-1.666	0.096	-0.230	0.137	-1.682	0.093
Visible Minority	-0.201	0.076	-2.644	0.008	-0.170	0.085	-1.997	0.046

In these comparisons, the strongest differences were observed for emotional loneliness (i.e., *feeling disconnected from intimate relationships or close emotional attachments*) with elevated levels observed among Indigenous and visible minorities. Conversely, Indigenous and visible minorities were observed to have a higher number of close friends and visible minorities reported spending more time with friends. Similarly, we also observed that both UCLA loneliness (i.e., *a general overall measure of loneliness*) and social loneliness (i.e., *Lacking a broader social network or sense of community*) were actually lower in visible minorities. Taken together, these results underscore a troubling burden of emotional loneliness among racialized people, though may also reflect patterns of social adaptation and resilience among racialized individuals who are able to form close friendships and find community. Further research is needed to understand these patterns to further strengthen social relationships across all communities – while also mitigating the emotional disruption experienced by some individuals and groups.

Discussion

Strategies for social inclusion for racialized people will depend on the setting and the intersecting demographic factors that a racialized person holds. For example, differences in income, ability, and gender, in addition to race, will influence the social connection needs of an individual. Further research is needed to understand how intersectionality affects social connection, which will require race-based data, to better inform these interventions.

Power, privilege, and other upstream factors must also be addressed for systems to be inclusive. This then leads to the question, what does *meaningful* social inclusion look like? Although there is no concrete answer, it should be understood that meaningful inclusion is not tokenistic and is foundationally anti-racist and anti-oppressive. For example, racialized people



without status who are here temporarily or long-term should have the right to be included despite their circumstances. But, to be socially included should not be conflated with assimilation; racialized people should not have to change their values or behaviours to feel socially included, rather the system and surroundings must change for social inclusion to be possible.

Conclusion

Overall, to improve social inclusion for racialized people in Canada, a multilevel approach is needed. An emphasis must be placed on systemic change since improving conditions at individual, organizational, and community levels must be supported by inclusive policies and decision-making processes that reflect the needs of racialized people. Throughout this process, racialized communities should be at the forefront of change since they have the agency and lived experience to determine what they need to be meaningfully included.

Suggested Citation: Jocelle Refol, Adam Frost, Shabnam Raufi, Kiffer Card. (2024) "Evidence Brief – What are the social needs of racialized people?" Canadian Alliance for Social Connection and Health.

