



Social Determinants of Health: Social Inclusion/Exclusion

Social exclusion describes the structures and dynamic processes of inequality among groups in society.

Social exclusion refers to the inability of certain groups or individuals to participate fully in Canadian life due to structural inequalities in access to social, economic, political and cultural resources.

These inequalities arise out of oppression related to race, class, gender, disability, sexual orientation, immigrant status and religion.

Exclusion from social production is the denial of opportunities to contribute to and participate actively in society.¹

FFE Fast Facts: Barriers to Community Participation

Participation in community events and activities is health-enhancing^{2,3}, however, research suggests that people living on low incomes are less likely to participate in community events^{4,5}, and that numerous barriers may account for their limited participation^{5,6}.

The Families First Edmonton (FFE) primary caregivers reported many barriers to participating in community events and recreational activities.

The five most commonly listed 'important' barriers (rated by more than two thirds of FFE primary caregivers) are: 'not knowing what is available', 'not having enough money', 'not having enough time', 'not knowing how to get involved', and 'not having childcare'. (Table 1).

Table 1: Percentage of FFE primary caregivers who identified barriers as 'important', at baseline

Barrier	Very or somewhat important (%)
"I am not aware of what is available"	86.0%
"I do not have enough money"	85.6%
"I do not have enough time"	79.2%
"I do not know how to get involved"	73.1%
"I do not have childcare"	70.1%
"I do not have transportation"	46.0%
"I am nervous about participating"	45.1%
"I think the neighbourhood is too unsafe"	42.9%
"I think there are cultural or language differences that interfere"	34.3%
"I do not feel welcome"	32.5%
"I have a health problem"	31.1%

Source: Families First Edmonton⁷

'Not knowing what is available' was an important barrier for all FFE groups, with no significant difference based on place of birth, working or not-working, or lone-parent / co-parent status.

When comparing Foreign-born (immigrants and refugees) vs. Canadian-born (Aboriginal and non-Aboriginal) Caregivers:



Families First Edmonton

Families First Edmonton is a research project to determine whether delivering health, family support and recreation services in a coordinated way can lead to better outcomes for low-income families.

- **Not having time:** FFE immigrants were more likely to cite this as a barrier than FFE Canadian-born primary caregivers.
- **Not having enough money:** FFE Canadian-born primary caregivers (Aboriginal and non-Aboriginal) said this was more of a barrier than FFE foreign-born primary caregivers.
- **Childcare:** FFE Aboriginal primary caregivers were more likely to name this as a barrier than FFE immigrant or FFE non-Aboriginal primary caregivers.
- **Not knowing how to get involved:** FFE foreign-born primary caregivers were more likely to name this as a concern than FFE non-Aboriginal primary caregivers.
- **Health:** FFE Canadian-born primary caregivers were more likely to cite this as an important barrier than FFE immigrant populations.
- **Feeling unwelcome:** FFE Canadian-born primary caregivers, particularly Aboriginals, cited this as one of the most significant barriers.

Comparing Recent vs. Non-recent Foreign-Born Caregivers:

- **Cultural and language differences:** Recent (within 5 years) FFE immigrants/refugees were more likely than their non-recent counterparts to cite these as barriers.
- **Money, health, and being nervous about participating:** Non-recent FFE immigrants and refugees were more likely to report these issues as constraints to participation.

Comparing Working vs. Not Working Caregivers:

- **Not-working FFE primary caregivers** reported most barriers as being more important than did those who were working;



- **Working FFE primary care givers** were more likely to report time as an important barrier.
- There was no difference between working and not-working primary caregivers regarding barriers of money, knowing what is available, or how to get involved.

Comparing Lone- vs. Dual-parenting Caregivers:

- Lone parents were more likely to report barriers related to **feeling unwelcome, financial constraints, health problems, transportation, safety, nervous about participating, and lack of childcare.**
- Co-parents were more likely to report **cultural or language barriers, knowing how to get involved, and time constraints.**

Things to consider:

- What time of day are events planned? Can both working and non-working families attend?
- Is there a way to subsidize activities to assist low-income families in accessing community events?
- Knowing that transportation is an important barrier for many low-income families, how can programs build in transportation dollars to their budgets? What could funders do to support this?
- Is your organization using multiple methods (web, print, word of mouth, media, etc.) to advertise programs and services and community events?
- Does your organization provide childcare for events to increase the likelihood that families with young children can attend?
- Does your organization provide culturally appropriate programming?
- Does your organization know how to support families in accessing subsidies for community and recreation events?
- Are there ways your organization can partner with business or other organizations to better support family attendance at cultural and community events?



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² Lindstrom, M., Merlo, J., & Ostergren P. (2002). Individual and neighbourhood determinants of social participation and social capital: a multilevel analysis of the city of Malmo, Sweden. *Social Science and Medicine*, 54, 1779-1791.

³ Cattell, V. (2001). Poor people, poor places, and poor health: the mediating role of social networks and social capital. *Social Science and Medicine*, 52, 1501-1516.

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⁵ Stewart, M., Reutter, L., Makwarimba, E., Veenstra, G., Love, R., & Raphael, D. (2008). Left out: Perspectives on social exclusion and inclusion across income groups. *Health Sociology Review*, 17(1), 78-94,

⁶ Baum, F., & Palmer, C. (2002). 'Opportunity structures': Urban landscape, social capital, and health promotion in Australia. *Health Promotion International*, 17, 351-361.

⁷ Families First Edmonton. *Barriers to Community Participation and Perceived Social Support* presentation to Steering Committee, May 27, 2011. www.familiesfirstedmonton.ualberta.ca